

Point32Health

HEDIS® Hybrid Measures Tip Sheet

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HEDIS Hybrid Measures Tip Sheet

The following slides contain helpful tips on the HEDIS hybrid measures that require medical record review each year.

They include:

- Best practices and what documentation should be in the medical record for each HEDIS hybrid measure
- What documents and time periods will be requested from the provider office for each measure during the annual HEDIS Medical Record Review (February-April)

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	CARE FOR OLDER ADULTS	CERVICAL CANCER SCREENING	CHILDHOOD IMMUNIZATIONS	COLORECTAL CANCER SCREENING
INDICATOR	COA	CCS	CIS	COL
Date Range:	Current measurement year	Performed within 3-5 years of current measurement year	Birth to 2 nd Birthday	Performed within 10 years of current measurement year
What is needed:	<ul style="list-style-type: none"> <input type="checkbox"/> All office/telehealth visit notes with physician signed medication list in measurement year <input type="checkbox"/> Medication review, functional status assessment, and pain assessment each year 	<ul style="list-style-type: none"> <input type="checkbox"/> Cervical Cytology (Pap) test results within last 3 years; or <input type="checkbox"/> Cervical High-Risk Human Papillomavirus (hrHPV) test results within last 5 years; or <input type="checkbox"/> Documentation of complete/total/radical hysterectomy indicating cervix was removed - <i>If available, include surgical note with date of service</i> <input type="checkbox"/> Documentation in the medical record that pap or HPV was done with date (must include year) and result 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete immunization record or immunization flowsheet with vaccination name and date administered prior to or on patients 2nd birthday <input type="checkbox"/> Documentation of hepatitis B immunization given at birth <input type="checkbox"/> Documentation of rotavirus vaccine type administered <p><i>If immunization not administered:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit evidence of contraindications; or <input type="checkbox"/> Documentation of parental/guardian refusal or deferment in office visit note 	<ul style="list-style-type: none"> <input type="checkbox"/> Colonoscopy report with result performed within the last 10 years <p><i>Do not use abbreviations for "colonoscopy"</i></p> <p><i>If no colonoscopy, send:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sigmoidoscopy results or CT Colonography performed within last 5 years; or <input type="checkbox"/> Stool DNA (sDNA) with FIT test results within last 3 years; or <input type="checkbox"/> Fecal Occult Blood Test (FOBT) in Measurement Year <p><i>For all, document exact year colorectal cancer screening test/procedure was performed</i></p>
Other:		If cervical cancer screening not performed or required, send last office or telehealth visit note	If no information found, send last office or telehealth visit note	If no information found, send last office or telehealth office visit note

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	CONTROLLING HIGH BLOOD PRESSURE	BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES	EYE EXAM FOR PATIENTS WITH DIABETES	HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES
INDICATOR	CBP	BPD	EED	HBD
Date Range:	Current measurement year	Current measurement year	Current measurement year	Current measurement year
What is needed:	<ul style="list-style-type: none"> <input type="checkbox"/> All blood pressure flowsheets in current measurement year <input type="checkbox"/> All office/ telehealth visit notes with dated blood pressure readings in measurement year <input type="checkbox"/> Repeat blood pressure if initial BP is $\geq 140/90$ (controlled is $< 140/90$) <input type="checkbox"/> Specify the exact dates and readings for patient-reported blood pressures taken at home with a digital device 	<ul style="list-style-type: none"> <input type="checkbox"/> All blood pressure flowsheets in current measurement year <input type="checkbox"/> All office/ telehealth visit notes with dated blood pressure readings in measurement year <input type="checkbox"/> Repeat blood pressure if initial BP is $\geq 140/90$ (controlled is $< 140/90$) <input type="checkbox"/> Specify the exact dates and readings for patient-reported blood pressures taken at home with a digital device 	<ul style="list-style-type: none"> <input type="checkbox"/> All eye exams in measurement year and prior year <input type="checkbox"/> Two most recent office/ telehealth visits notes in measurement year <input type="checkbox"/> Clearly document positive or negative for diabetic retinopathy <input type="checkbox"/> Document eye exam date. Include provider signature (written or electronic) and clearly printed provider name under signature to indicate who signed off and performed the eye exam 	<ul style="list-style-type: none"> <input type="checkbox"/> Last hemoglobin A1c (HbA1c) date and result in measurement year <input type="checkbox"/> Two most recent office/telehealth visit notes in measurement year
Other:	If no blood pressure reading available, send last office or telehealth visit note	If no blood pressure reading available, send last office or telehealth visit note	If no eye exam in last 2 years, send most recent eye exam with name of eye provider	If there was no A1c result, send last office/telehealth visit note

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	IMMUNIZATIONS FOR ADOLESCENTS	LEAD SCREENING IN CHILDREN	WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY
INDICATOR	IMA	LSC	WCC
Date Range:	Birth to 13 th birthday	Birth to 2 nd birthday	Current measurement year
What is needed:	<ul style="list-style-type: none"> <input type="checkbox"/> Complete immunization record or immunization flowsheet on or prior to 13th birthday; and <input type="checkbox"/> Include vaccination name and date administered on or prior to 13th birthday <p><i>If immunization not given:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Send office/telehealth notes indicating contraindication to immunization(s); or <input type="checkbox"/> Documentation of patient/parental/guardian refusal or deferment and reason 	<ul style="list-style-type: none"> <input type="checkbox"/> All lead screening results prior to or on patient 2nd birthday <p><i>If lead screening not performed:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Send documentation of parental/guardian refusal or deferment and reason 	<ul style="list-style-type: none"> <input type="checkbox"/> Body Mass Index (BMI) percentile, height, weight and date in office visit note <input type="checkbox"/> Growth charts with legible BMI percentile (%), height and weight values <input type="checkbox"/> Visit notes from measurement year <input type="checkbox"/> Documentation of nutrition and physical activity discussion in well visit note (or sick visit note if no well visit) <input type="checkbox"/> Include after visit summary with patient education/anticipatory guidance related to nutrition and physical activity (ex, Bright Futures or other educational materials)
Other:	If no information found, send last office or telehealth visit note	If no information found, send last office or telehealth visit note	If no information found, send last office or telehealth visit note

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	PRENATAL AND POSTPARTUM CARE	TRANSITIONS OF CARE	
INDICATOR	PPC	TRC	
Date Range:	October of prior year through end of measurement year	Current measurement year	
What is needed:	<ul style="list-style-type: none"> <input type="checkbox"/> All prenatal office and telehealth visits <input type="checkbox"/> All prenatal/ACOG flowsheets signed and dated with practitioner name <input type="checkbox"/> First and last ultrasound with estimated date of delivery <input type="checkbox"/> Documented date of delivery <input type="checkbox"/> Postpartum visit or any office/telehealth visit(s) after the date of delivery <input type="checkbox"/> Ensure provider signs off on any nurse visit notes both on pregnancy flowsheets and regular EMR visit notes <input type="checkbox"/> For postpartum problem visits, make sure notation of routine postpartum care is also present 	<p>Admission: Documentation in outpatient medical record that PCP or ongoing care provider received notification of patient admission on the day of admission or up to 2 days after inpatient admission</p> <p>Documentation may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Email/fax notification of admission <input type="checkbox"/> Pre-operative or pre-admission examination for scheduled admissions or orders for tests/procedures during stay <input type="checkbox"/> Emergency Department progress note indicating patient disposition: <i>Patient Admitted</i> 	<p>Discharge: Documentation in outpatient medical record of the following 3 components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge information received* on date of discharge through 2 days after discharge. Must include: inpatient practitioner responsible for care; procedures or treatment provided; discharge diagnoses; medication list; test results; and instructions for patient care post-discharge <input type="checkbox"/> Patient engagement with PCP or ongoing care provider within 30 days after discharge date via office/home/telehealth visits, telephone or email encounters <input type="checkbox"/> Documentation of medication reconciliation on date of discharge through 30 days. Include current and discharge medication list when reconciling medications and reference to hospital admission in visit note after discharge
Other:	Send all of the documentation listed above	* If shared EMR, evidence that information was filed and accessible to PCP or ongoing care provider within 2 days of discharge date meets criteria	

HEDIS Submissions, Timeline and Questions

HEDIS Submissions

HEDIS information may be submitted via fax, email or secure file transfer portal:

- **Fax Number:** 617-673-0754
- **Email:** HEDIS@point32health.org
- **SFTP Setup:** Speak with provider quality performance to set up your team with a Point32Health secure file transfer trading partner arrangement

Questions regarding HEDIS

- **Call:** 888-766-9818, option #1, extension 52809
- **Email:** HEDIS@point32health.org

HEDIS Timeline

Jan – Feb	<ul style="list-style-type: none">❑ HEDIS request letters mailed to provider offices late Jan/early February<ul style="list-style-type: none">• Response due on or before Feb. 28th
March	<ul style="list-style-type: none">❑ Provider outreach begins<ul style="list-style-type: none">• Non-responders• Request for follow-up information
April – May	<ul style="list-style-type: none">❑ Provider outreach continues❑ HEDIS data is submitted to NCQA for final review first week of May
June – Dec	<ul style="list-style-type: none">❑ HEDIS provider preplanning sessions begin<ul style="list-style-type: none">• HEDIS contact established• Remote EMR arrangements are confirmed and finalized❑ Secure file transfer portal<ul style="list-style-type: none">• Set up new SFTP Trading Partner Agreements• Last date a file is accepted for HEDIS review is Dec. 1st