

2014 HEDIS MEASURES QUICK REFERENCE: PREVENTIVE HEALTH CARE

WOMEN AND ADOLESCENT GIRLS			
Breast Cancer Screening (Age *50 – 74) <i>*Tech Spec change as of 7/2013 from age 40</i>	Women who had a mammogram to screen for breast cancer	Documentation of mammogram in 2012 or 2013 OR Documentation of having bilateral mastectomy (may occur on the same or separate dates of service)	Adult Access to Preventive/ Ambulatory Service
	Women who had a screening test to for cervical cancer by 1 of 2 methods	Documentation of one of following: Women age 21–64 who had cervical cytology performed every 3 years. OR Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	
Cervical Cancer Screening (Age 21 – 64) <i>* Tech Spec change as of 7/2013 allowing 2 screening methods</i>	Women identified as presumed sexually active by pharmacy data or claims data indicating potential sexual activity who had at least one test for Chlamydia	Documentation of Chlamydia test in 2013	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents
	Women who had a Prenatal visit within first trimester (or within 42 days of enrollment) and a Postpartum visit notation between 21 and 56 days after delivery	Copy of Prenatal Record for delivery of live birth between 11/06/12 and 11/05/13 AND Copy of Postpartum Visit related to delivery of live birth between 11/06/12 and 11/05/13	
Chlamydia Screening (Age 16 – 24)			Childhood Immunizations
Prenatal and Postpartum (Pregnant Women)			
ADULTS – MALE AND FEMALE			
Adult BMI Assessment (Age 18 – 74)	Members who had their body mass index (BMI) documented during an outpatient visit either by a claim or as a medical record	Documentation of recorded BMI and weight in Physician office notes from 2012 or 2013	Immunizations for Adolescents and Human Papillomavirus Vaccine (HPV) for Female Adolescents
	Members who had appropriate screening for colorectal cancer	Documentation of fecal occult blood test (FOBT) results in 2013 (3 results required) OR Documentation of Flexible sigmoidoscopy between 2009 and 2013 (measure year and 4 years prior) OR Documentation of Colonoscopy between 2004 and 2013 (measure year and 9 years prior)	
Colorectal Cancer Screening (Age 50 – 75)			Well Child Visits in the First 15 Months of Life
Glaucoma Screening in Older Adults (Age 65 and older) <i>*Medicare only</i>	Members without a prior diagnosis of glaucoma or glaucoma suspect who received a glaucoma eye exam by an ophthalmologist or optometrist	Documentation of glaucoma eye exam by an ophthalmologist or optometrist	Well Child Visits in the Third, Fourth, Fifth and Sixth years of Life
			Men and Women who have accessed services for ambulatory or preventive health care
			Claim or documentation of the visit in 2013
			CHILDREN
			Children 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:
			Documentation of the BMI percentile and counseling for nutrition and physical activity in 2013
			<ul style="list-style-type: none"> • BMI Percentile • Counseling for nutrition • Counseling for physical activity
			Children 2 years of age receiving the following immunizations by their 2 nd birthday:
			Immunization record or documentation of immunizations being given.
			<ul style="list-style-type: none"> • Four Tdap (diphtheria, tetanus and acellular pertussis) • One MMR (measles, mumps and rubella) • Three Hepatitis B • One Hepatitis A • Two Influenza (flu) • Three IPV (polio) • Three HIB (H-influenza-type B) • One Varicella (chicken pox) • Rotavirus (number of vaccines dependent on type) • Four Pneumococcal Conjugate
			And/or Documentation of the disease (MMR, Hepatitis A or B, VZV) And/or Seropositive test And/or Documentation of contraindication e.g. anaphylaxis reaction to vaccine or component, encephalopathy, immunodeficiency, leukemia, multiple myeloma.
			Adolescents 13 years of age who have received the following immunizations:
			Immunization record or documentation of immunizations being given. If parents refuse the immunizations, then documentation to support the refusal.
			<ul style="list-style-type: none"> • One Meningococcal • One Tdap or Td • Females – 3 doses of HPV
			The number of well child visits for each child 15 months of age since birth (7 different rates are reported designed to measures utilization) Rates for 0,1,2,3,4,5,6 or more visits)
			Documentation from the medical record indicating a visit with evidence of a health and developmental history, a physical exam and health education/ anticipatory guidance
			Children 3 – 6 years of age who had one or more well child visits in 2013
			Documentation from the medical record indicating a visit with evidence of a health and developmental history, a physical exam and health education/ anticipatory guidance

2014 HEDIS MEASURES QUICK REFERENCE: CONDITION SPECIFIC CARE

CARDIOVASCULAR		
Cholesterol Management for Members with Cardiovascular Condition (Age 18 - 75)	Members who were discharged alive 01/01/12 – 12/31/2012 for:	Documentation of LDL or LIPID Panel test in 2013 and; Result of most recent LDL in 2013 is <100
	<ul style="list-style-type: none"> Acute Myocardial Infarction (AMI) Coronary Artery Bypass Graft (CABG) Percutaneous Coronary Interventions (PCI) 	
Controlling High Blood Pressure in Hypertensive Members (Age 18 - 85)	OR: Who had a diagnosis of ischemic vascular disease in 2012 or 2013	
	Members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled	A dated physician notation of hypertension on or before June 30, 2013 and dated documentation of most recent blood pressure taken in a physician office in 2013. For compliance result must be SBP ≤139 and DBP ≤ 89 on same date of service OR: An updated problem list including diagnosis of hypertension (HBP, HTN, etc...) documentation of most recent blood pressure taken in a physician office in 2013.
Persistence of Beta-blocker Treatment After Heart Attack (Age 18 and older)	Members who were hospitalized and discharged alive from 07/01/12 through 6/30/13 with a diagnosis of AMI who received treatment with beta-blockers for six months after discharge.	Documentation of persistent beta-blocker treatment for at least 6 months post-discharge. (*dispensed days must be ≥ 135 of 180 days)
	DIABETES	
Comprehensive Diabetes Care (Age 18 - 75)	Members with diabetes who had EACH of the following:	Documentation of EACH:
	<ul style="list-style-type: none"> Hemoglobin A1c test LDL or LIPID Panel Test Nephropathy screening test or evidence of nephropathy Diabetic Retinopathy Eye Exam Blood Pressure 	<ul style="list-style-type: none"> Hemoglobin A1c test in 2013 (result <9) LDL or LIPID Panel Test in 2013 (LDL <100) Urine test for microalbumin in 2013 or on ACE/ARB Diabetic Retinal Eye Exam (DRE) in 2012 (with negative result) or DRE 2013 Blood pressure <140/90 collected from a physician's office (or claim)
Osteoporosis Management in Women Who Had a Fracture (Age 67 and older) *Medicare Only	MUSCULOSKELETAL CONDITIONS	
	Women who had a fracture who had a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after a fracture.	Documentation of Bone Mineral Density (BMD) screening in 2013 OR Prescription for an Osteoporosis drug in 2013.

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (Adults 18 years and older)	Members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).	Documentation of at least one prescription for a DMARD in 2013.
RESPIRATORY		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (Age 40 and older)	Members with a new diagnosis of COPD as of July 2012 who received spirometry testing to confirm the diagnosis.	Documentation of Spirometry Testing in 2013.
MEDICARE MEDICATION MANAGEMENT		
High Risk Medication in the Elderly (including antihistamines, skeletal muscle relaxants, estrogens, and others. (Age 65 and older)	Medicare Members 65 and older who received at least one prescription for a drug with high risk of side effects in the elderly. A full list may be accessed at www.ncqa.org/tabid/1091/Default.aspx (Age 65 and older)	Review medication history for high risk medication in the elderly and consider alternative therapy choices.
Diabetes Treatment	Medicare members with diabetes and hypertension who received a prescription for an ACE-1 or ARB, which are recommended for people with diabetes.	Consider prescribing an ACE-1 or ARB medication with diabetes and hypertension where applicable.
Adherence for Oral Diabetic Medications (biguanides, sulfonylureas, thiazolidinediones and DPP-IV Inhibitors)	Medicare members 18 and older who adhere to their prescribed oral diabetes medications.	Ask your patient about adherence to their oral diabetes medication and encourage appropriate adherence techniques.
Medication Adherence for Hypertension (ACE-1 or ARB)	Medicare diabetic members 18 and older who adhere to their prescribed blood pressure medications.	Ask your patient about adherence to their anti-hypertensive drug and encourage appropriate adherence techniques.
Medication Adherence for Cholesterol (Statins)	Medicare diabetic members 18 and older who adhere to their prescribed statin cholesterol medications.	Ask your patient about adherence to their cholesterol medication and encourage appropriate adherence techniques.