

## REQUIRED MEASURE REPORTING PROVIDER REFERENCE GUIDE

Measure Type	Measure Name	Measure Description	Medical Record and/or Claim Documentation Guidelines	Collection Method
HEDIS <sup>®1</sup>	<b><i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis<sup>3</sup> (AAB)</i></b>	Members ages 18 to 64 who were diagnosed with acute bronchitis	Member: <ul style="list-style-type: none"> <li>Must have been diagnosed with Acute Bronchitis, <b>AND</b></li> <li>DID NOT receive a dispensed antibiotic prescription within the 30 days prior to, or seven days following, diagnosis.</li> </ul>	Administrative <sup>2</sup>
HEDIS <sup>®1</sup>	<b><i>Ambulatory Care (AMB)</i></b>	All members ages 1 to 85 in measurement year	Measures total number of ambulatory care visits within the outpatient and ED settings.	Administrative <sup>2</sup>
HEDIS <sup>®1</sup>	<b><i>Asthma Medication Ratio (AMR)</i></b>	Members ages 5 to 85 diagnosed with having persistent asthma	Members must have been diagnosed with persistent asthma and: <ul style="list-style-type: none"> <li>Had a ratio of controller medications <b>TO</b></li> <li>Total asthma medications of 0.50 or greater during the measurement year.</li> </ul>	Administrative <sup>2</sup>
HEDIS <sup>®1</sup>	<b><i>Breast Cancer Screening (BCS)</i></b>	Women ages 50 to 74	Measures women who have received a mammogram to screen for breast cancer during the measurement year or two years prior.	
HEDIS <sup>®1</sup>	<b><i>Children and Adolescents' Access to Primary Care Practitioners (CAP)</i></b>	Members ages 12 months to 19 years who had a visit with a Primary Care Physician (PCP)	Members must have: <ul style="list-style-type: none"> <li>Had one or more ambulatory or preventive care visits with a PCP during the measurement year.</li> </ul> Compliance for this measure requires: <ul style="list-style-type: none"> <li>Members ages 12 months to 6 years to have one or more PCP visits within the measurement year.</li> <li>Members ages 7 to 19 years to have one or more visits with the PCP during the measurement year or the year prior.</li> </ul>	Administrative <sup>2</sup>

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HEDIS <sup>®1</sup>	<b>Controlling Blood Pressure (CBP)</b>	Members ages 18 to 85 during the measurement year and: <ul style="list-style-type: none"> <li>Who had a diagnosis of Hypertension (HTN)</li> <li>Whose Blood Pressure (BP) was <b>adequately controlled</b></li> </ul>	Medical Record must include: <ul style="list-style-type: none"> <li>Diagnosis of HTN, <b>AND</b></li> <li>Date and systolic and diastolic blood pressure reading.</li> </ul> <b>Adequately controlled</b> BP is based on the following criteria: <ul style="list-style-type: none"> <li>Ages 18 to 59 whose BP was &lt;140/90 mm Hg</li> <li>Ages 60 to 85 with a diabetes diagnosis whose BP was &lt;140/90 mm Hg</li> <li>Ages 60 to 85 without a diabetes diagnosis whose BP was &lt;150/90 mm Hg</li> </ul>	Hybrid <sup>3</sup>
HEDIS <sup>®1</sup>	<b>Cervical Cancer Screening (CCS)</b>	Women ages 21 to 64 during the measurement year who were screened for cervical cancer	Medical Record must include: <ul style="list-style-type: none"> <li>Date the cervical cytology and/or HPV test was performed, <b>AND</b></li> <li>The result or finding.</li> </ul> Criteria used for compliance: <ul style="list-style-type: none"> <li>For women ages 21 to 64, a cervical cytology screening every three years, <b>OR</b></li> <li>For women ages 30 to 64, a cervical cytology/HPV co-testing every five years.</li> </ul>	Administrative Hybrid <sup>3</sup>
HEDIS <sup>®1</sup>	<b>Comprehensive Diabetic Care (CDC)</b>	Members ages 18 to 75 years with a diagnosis of diabetes	During the measurement year, each member diagnosed with diabetes must have received the following: <ul style="list-style-type: none"> <li>HbA1c testing (<b>lab report</b>) <ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%)</li> <li>HbA1c control (&lt;8.0%)</li> </ul> </li> <li>Retinal eye exam and result (<b>completed and documented by an eye care professional</b>)</li> <li>Medical attention to nephropathy (<b>medication list or lab report</b>)</li> <li>BP control (&lt;140/90 mm Hg)</li> </ul>	Administrative Hybrid <sup>3</sup>

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HEDIS <sup>®1</sup>	<b><i>Screening for Clinical Depression and Follow-Up Plan (CDF)</i></b>	Members ages 18 and older screened for clinical depression	<p>Measure requires that members who are screened for clinical depression have their encounter documented on an age-appropriate standardized depression screening tool and if positive, a follow-up plan be documented on the same date as the positive screening.</p> <p>Approved age-appropriate screening tools are as follows:</p> <ul style="list-style-type: none"> <li>• Adolescent (12 to 17 years) – PHQ-A; Beck Depression Inventory Primary Care Version (BDI-PC); Mood Feeling questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), and Prime MD-PHQ2</li> <li>• Adult (18+) - PHQ-9; Beck Depression Inventory (BDI or BDI-II); Center for Epidemiologic Studies Depression Scale (CES-D); Depression Scale (DEPS); Duke Anxiety-Depression Scale (DADS); Geriatric Depression Scale (GDS), Cornell Scale Screening; and Prime MD-PHQ2</li> </ul>	Hybrid <sup>3</sup>
HEDIS <sup>®1</sup>	<b><i>Childhood Immunization Status (CIS)</i></b>	Members who were vaccinated before turning two during the measurement year	<p>Members should have received the following immunizations before their second birthday:</p> <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 4 PVC</li> <li>• 3 IPV</li> <li>• 3 Hib</li> <li>• 3 Hep B</li> <li>• 1 MMR</li> <li>• 1 VZV</li> </ul> <p>Medical Record must include:</p> <ul style="list-style-type: none"> <li>• A note indicating the name of the specific antigen and the date of the immunization, <b>OR</b></li> <li>• A certificate of immunization prepared by an authorized health care provider or agency including specific dates and types of immunizations administered.</li> </ul>	Administrative <sup>2</sup> Hybrid <sup>3</sup>

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HEDIS <sup>®1</sup>	<b><i>Appropriate Testing for Children with Pharyngitis (CWP)</i></b>	Members ages 2 to 18 who were diagnosed with Pharyngitis	Members who were diagnosed with Pharyngitis must have: <ul style="list-style-type: none"> <li>• Been dispensed an antibiotic prescription within three days of the episode.</li> <li>• Received a group A strep test either three days before or three days after the episode.</li> </ul>	Administrative <sup>2</sup>
HEDIS <sup>®1</sup>	<b><i>Immunizations for Adolescents (IMA)</i></b>	Members 13 years of age during the measurement year	Members should have received the following vaccines before their 13th birthday during the measurement year: <ul style="list-style-type: none"> <li>• One dose of meningococcal vaccine</li> <li>• Three doses of HPV vaccine, <b>AND</b></li> <li>• One tetanus, diphtheria toxoids and acellular pertussis (Tdap), <b>OR</b></li> <li>• One Tetanus, diphtheria toxoids vaccine (Td)</li> </ul> <p>Medical Record must include:</p> <ul style="list-style-type: none"> <li>• A note indicating the name of the specific antigen and the date of the immunization, <b>OR</b></li> <li>• A certificate of immunization prepared by an authorized health care provider or agency including specific dates and types of immunizations administered.</li> </ul>	Administrative <sup>2</sup> Hybrid <sup>3</sup>
HEDIS <sup>®1</sup>	<b><i>Use of Imaging Studies for Low Back Pain<sup>4</sup> (LBP)</i></b>	Members ages 18 to 50 with a primary diagnosis of low back pain	Members who received a diagnosis of low back pain and <b>DID NOT</b> receive an imaging study (x-ray, MRI, CT Scan) within 28 days of the diagnosis.	Administrative <sup>2</sup>

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HEDIS <sup>®1</sup>	<b><i>Annual Monitoring for Patients on Persistent Medications (MPM)</i></b>	Members 18 years and older who received at least 180 days of ambulatory medication therapy for a select therapy agent, and at least one therapeutic monitoring event for a therapeutic agent	Member must have received 180 treatment days of either: <ul style="list-style-type: none"> <li>• An ACE Inhibitor <ul style="list-style-type: none"> <li>» With at least one serum potassium and serum creatinine therapeutic monitoring test</li> </ul> </li> <li>• An ARB <ul style="list-style-type: none"> <li>» With at least one serum potassium and serum creatinine therapeutic monitoring test</li> </ul> </li> <li>• Digoxin <ul style="list-style-type: none"> <li>» With at least one serum potassium, at least one serum creatinine, <b>AND</b> at least one serum digoxin therapeutic monitoring test</li> </ul> </li> <li>• Diuretic <ul style="list-style-type: none"> <li>» With at least one serum potassium and serum creatinine therapeutic monitoring test</li> </ul> </li> </ul>	Administrative <sup>2</sup>
HEDIS <sup>®1</sup>	<b><i>Prenatal and Postpartum Care (PPC)</i></b>	Women who had a live birth delivery and met the criteria for timeliness and postpartum care	<p><b>Criteria for Timeliness of Prenatal Care:</b></p> <ul style="list-style-type: none"> <li>• Member must receive a prenatal visit within the first trimester or within 42 days of enrollment into GCHP.</li> </ul> <p><b>Criteria for Postpartum Care:</b></p> <ul style="list-style-type: none"> <li>• Member must receive a postpartum visit on or between 21 and 56 days after delivery.</li> </ul> <p><b>Prenatal Care – Member’s medical record must include:</b></p> <ul style="list-style-type: none"> <li>• A note indicating date of prenatal care AND</li> <li>• Evidence of any of the following: <ul style="list-style-type: none"> <li>» Obstetrical exam that includes auscultation for fetal heart tone.</li> <li>» Pelvic exam with obstetric observation.</li> <li>» Measurement of fundus height.</li> <li>» Evidence that a prenatal care procedure was performed.</li> <li>» Documentation of LMP or EDD in conjunction with either prenatal risk assessment or complete obstetrical history.</li> </ul> </li> </ul> <p>(continued)</p>	Administrative <sup>2</sup> Hybrid <sup>3</sup>

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	<b><i>Prenatal and Postpartum Care (PPC)</i></b> <i>(continued)</i>		<p><b>Postpartum Care – Member’s medical record must include:</b></p> <ul style="list-style-type: none"> <li>• A note indicating the date the postpartum visit occurred.</li> <li>• Evidence of one of the following: <ul style="list-style-type: none"> <li>» Pelvic exam.</li> <li>» Evaluation of weight, BP, breasts, and abdomen.</li> <li>» Notation of postpartum care (PP care, 6-week check, or pre-printed postpartum care form).</li> </ul> </li> </ul>	Administrative <sup>2</sup> Hybrid <sup>3</sup>
HEDIS <sup>®1</sup>	<b><i>Appropriate Treatment for Children With Upper Respiratory Infection<sup>3</sup> (URI)</i></b>	Members ages 3 months to 18 years who received a diagnosis of upper respiratory infection	Members must have been diagnosed with upper respiratory infection and <b>NOT</b> dispensed an antibiotic prescription on or three days following the episode.	Administrative <sup>2</sup>
HEDIS <sup>®1</sup>	<b><i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</i></b>	Members ages 3 to 6 who had one or more encounter with their PCP during the measurement year	<p>The compliant medical record <b>MUST</b> include all of the following documentation:</p> <ul style="list-style-type: none"> <li>• A note indicating a visit with a PCP.</li> <li>• The date of the well-child care visit.</li> <li>• Health history.</li> <li>• Physical development history.</li> <li>• Mental development history.</li> <li>• Complete physical exam.</li> <li>• Health education / anticipatory guidance.</li> </ul> <p>Note: Preventive services may also be rendered on well-child visits</p>	Administrative <sup>2</sup> Hybrid <sup>3</sup>
HEDIS <sup>®1</sup>	<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</i></b>	Members ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity	<p>The compliant medical record <b>MUST</b> include all of the following documentation:</p> <ul style="list-style-type: none"> <li>• <b>BMI Percentile:</b> Height, weight and BMI percentile or BMI percentile plotted on an age-growth chart. <b>Note:</b> Ranges and thresholds do not meet criteria for this indicator.</li> <li>• <b>Counseling for Nutrition:</b> Documentation <b>MUST</b> include a note indicating the date and, at a minimum, one of the following components discussed during the visit: <ul style="list-style-type: none"> <li>» Current nutrition behaviors (e.g., eating habits, dieting behaviors).</li> </ul> </li> </ul> <p><i>(continued)</i></p>	Administrative <sup>2</sup> Hybrid <sup>3</sup>

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	<p><b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</i></b> <i>(continued)</i></p>		<ul style="list-style-type: none"> <li>» Checklist indicating nutrition was addressed.</li> <li>» Counseling or referral for nutrition education.</li> <li>» Member received educational materials on nutrition during a face-to-face visit.</li> <li>» Anticipatory guidance for nutrition.</li> <li>» Weight or obesity counseling.</li> <li>• <b>Counseling for Physical Activity:</b> Documentation <b>MUST</b> include a note indicating the date and, at a minimum, one of the following components discussed during the visit:               <ul style="list-style-type: none"> <li>» Current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)</li> <li>» Checklist indicating physical activity was addressed.</li> <li>» Counseling or referral for physical activity.</li> <li>» Member received educational materials on physical activity during a face-to-face visit.</li> <li>» Anticipatory guidance specific to the child’s physical activity.</li> <li>» Weight or obesity counseling.</li> </ul> </li> </ul> <p style="text-align: center;"><b>Non-Compliant examples of documentation:</b></p> <p><b>BMI</b></p> <ul style="list-style-type: none"> <li>• No BMI percentile documented in the medical record or plotted on an age-growth chart.</li> <li>• Notation of BMI value only.</li> <li>• Notation of height and weight only.</li> </ul> <p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• No counseling/education on nutrition and diet.</li> <li>• Counseling/education before or after measurement year.</li> <li>• Notation of “health education” or “anticipatory guidance” without specific mention of nutrition.</li> </ul> <p><i>(continued)</i></p>	

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	<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</i></b> <i>(continued)</i>		<ul style="list-style-type: none"> <li>A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition.</li> </ul> <b>Physical Activity</b> <ul style="list-style-type: none"> <li>No counseling/education on physical activity.</li> <li>Notation of “cleared for gym class” alone without documentation of a discussion.</li> <li>Counseling/education before or after measurement year.</li> <li>Notation of “health education” or “anticipatory guidance” without specific mention of physical activity.</li> <li>Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations).</li> <li>Notation solely related to screen time (computer or television) without specific mention of physical activity.</li> </ul>	
HEDIS <sup>®1</sup>	<b><i>All-Cause Readmission (ACR)</i></b>	For members 21 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30-days	<p>This measure reviews inpatient claims data to evaluate the percentage of inpatient readmissions during the measurement year.</p> <p>Time frames for admission and readmission:</p> <ul style="list-style-type: none"> <li>Initial Acute Inpatient Encounter: January 1 to December 1 of the measurement year.</li> <li>Readmission Acute Inpatient Encounter: Readmission for any diagnosis within 30-days of the most recent discharge.</li> </ul> <p>Excluded admissions and readmissions:</p> <ul style="list-style-type: none"> <li>Inpatient rehabilitation</li> <li>Admission and discharge dates are the same</li> <li>Admissions related to pregnancy and/or perinatal care</li> </ul>	Administrative <sup>2</sup>



## Appendix

- 1 HEDIS<sup>®</sup> is a standardized set of performance measures called the Health Effectiveness Data and Information Set, which are developed and maintained by the National Committee for Quality Assurance (NCQA). California's Medi-Cal Managed Care Plans are mandated by the Department of Health Care Services (DHCS) to report HEDIS<sup>®</sup> measures annually to DHCS and NCQA.
- 2 Administrative: Transaction data or other administrative data are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after exclusions, if applicable) and who are found through administrative data to have received service required for the numerator. Transaction data would include data submitted via claims and encounters.
- 3 Hybrid: Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations review administrative data to determine if members in the systematic sample received the service and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who received the service required for the numerator.
- 4 Reflects an inverted measure: These measures are reported as an inverted rate  $[1 - (\text{numerator}/\text{eligible population})]$ . A higher rate indicates appropriate treatment.
- 5 The All-Cause Readmission (ACR) measure was developed for the Medi-Cal Managed Care Statewide Collaborative Quality Improvement Project by DHCS and is a modified version of NCQA's Plan All-Cause Readmission (PCR) HEDIS<sup>®</sup> measure.