What is HEDIS?
HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons. Consult NCQA's website for more information: www.ncqa.org

What are the scores used for?
As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company’s ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as ‘pay for performance’ and ‘quality bonus funds’. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.

How are the rates calculated?
HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claim/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review.

How can I improve my HEDIS scores?
- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.
- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as BMI screenings and lab results.

Administrative Data
Administrative data consists of claim or encounter data submitted to the health plan.

Hybrid Data
Hybrid data consists of both administrative data and a sample of medical record data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claim/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review.

Medication Management for People with Asthma

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office or outpatient services</td>
<td>99001-99012, 99021-99025, 99441-99445</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home services</td>
<td>99341-99345, 99347-99350</td>
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<tr>
<td>Preventive medicine</td>
<td>99381-99385, 99387-99390, 99401-99404, 99411-99414, 99420, 99429, 99441-99445, 99450, 99459, 99463</td>
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<td></td>
</tr>
<tr>
<td>General medical examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Screening in Children</td>
<td></td>
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<tr>
<td>Medication Management for People with Asthma</td>
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</table>

CONTINUED ON BACK
### Childhood and Adolescent Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Details</th>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-9 CM Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>At least 4 doses - age 2</td>
<td>90698, 90700, 90701, 90703</td>
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<tr>
<td>IPV</td>
<td>At least 3 doses - age 2</td>
<td>90698, 90701, 90703</td>
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<tr>
<td>MMR</td>
<td>At least 1 dose - age 2</td>
<td>90707, 90710</td>
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<tr>
<td>Hib</td>
<td>At least 3 doses - age 2</td>
<td>90645-90648, 90698, 90701, 90704</td>
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<tr>
<td>Hepatitis B</td>
<td>At least 3 doses - age 2</td>
<td>90721, 90740, 90744, 90747, 90748</td>
<td>G0100</td>
<td>070.2, 070.3, V02.61</td>
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<tr>
<td>VZV</td>
<td>At least 1 doses - age 2</td>
<td>90710, 90716</td>
<td>012, 033</td>
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<tr>
<td>Pneumococcal</td>
<td>At least 4 doses - age 2</td>
<td>90669, 90670</td>
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<tr>
<td>Hepatitis A</td>
<td>At least 1 doses - age 2</td>
<td>90633</td>
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<td>070.2, 070.3</td>
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<tr>
<td>Rotavirus*</td>
<td>Before age 2: 2 doses of 0-dose vaccine; 1 dose of the 0 dose vaccine and 2 doses of the 3 dose vaccine or 3 doses of the 3 dose vaccine</td>
<td>2 dose schedule-90661</td>
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<tr>
<td>influenza</td>
<td>At least 2 doses - age 2</td>
<td>90635, 90636, 90661, 90662, 90673, 90685</td>
<td>G0008</td>
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</tr>
</tbody>
</table>

**Adolescent Immunizations - percentage of adolescents turning 13 who had all the required immunizations listed below.**

- Meningococcal: 1 on or between 11th – 13th birthdays
- Tdap/Td: 1 on or between 10th – 13th birthdays
- Human Papillomavirus (HPV): Three doses by 13th birthday

### Follow Up Care For Children Prescribed ADHD Medication

Measure demonstrates the percent of members ages 6 to 12 newly prescribed an ADHD medication that had at least three follow-up care visits within a 10 month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates:

- **Initiation Phase:** one face-to-face outpatient follow-up visit with a practitioner with prescribing authority within 30 days after the date the ADHD medication was newly prescribed.

<table>
<thead>
<tr>
<th>CPT</th>
<th>POS</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90795, 90796, 90801, 90802, 90803, 90806, 90807, 90816, 90817, 90818, 90819, 90820, 90821, 90822, 90823, 90824, 90825, 90826, 90827, 90828, 90829, 90830, 90831, 90832, 90833, 90834, 90835, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90853, 90855, 90862, 90875, 90876</td>
<td>WITH</td>
<td>3, 5, 7, 9, 11, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 79</td>
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<tr>
<td>90920, 90921, 90922, 90923, 90924, 90925, 90930, 90932, 90933, 90938, 90939, 90951, 90953, 90955, 90957, 90959, 90961</td>
<td>WITH</td>
<td>52, 53</td>
</tr>
</tbody>
</table>

### Continuation and Maintenance Phase

- Two more follow-up visits from 31 to 300 days after the first ADHD medication was newly prescribed. One of the two visits may be a telephone visit with a practitioner.

### Weight Assessment and Counseling for Nutrition and Physical Activity

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>ICD-9-CM Procedure</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI Percentile</td>
<td>V85.0-V85.5</td>
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<tr>
<td>Counseling for Nutrition</td>
<td>97802-97804</td>
<td>V83.3</td>
<td>G0270, G0271, G0447, G9449, G9452, G9470</td>
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<tr>
<td>Counseling for Physical Activity</td>
<td>V85.41</td>
<td>G0447, G9451</td>
<td></td>
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</table>

### Well Child Visits

- **Components of a comprehensive well visit include:**

- **Visit must be with a primary care practitioner (pediatrician, family practice, OB/GYN), even though the PCP does not have to be the practitioner assigned to the child.**

- **Well Child Visits in the First 15 Months of Life**
  Measure evaluates the percentage of infants who had 6 well child visits (EPSDT) visits within the first 15 months of life.

- **Well Child Visits, Ages 3 to 6 Years Old**
  Measure evaluates the percentage of children ages 3, 4, 5 or 6 years old who had at least one comprehensive well care visit (EPSDT) per year.

- **Adolescent Well Care Visits**
  Measure evaluates the percentage of adolescents age 12 to 17 years old who had at least one comprehensive well care visit (EPSDT) per year.

### Use age-appropriate codes when submitting well child visits.