

WOMEN'S MEASURES		
MEASURE	DESCRIPTION	REQUIRED DOCUMENTATION
Prenatal Care (for live births between 11/6/14 & 11/5/15)	Women who had a prenatal visit within the first trimester (or within 42 days of enrollment)	Documentation of dated prenatal visit and ONE of the following: <ol style="list-style-type: none"> Physical exam with ONE of the following: <ul style="list-style-type: none"> Auscultation of fetal heart tone Pelvic exam with obstetric observations Measurement of fundus height (use of a standardized prenatal flow sheet is encouraged) Evidence of prenatal care procedure performed, such as: <ul style="list-style-type: none"> Screening test in the form of an OB panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or TORCH antibody panel alone, or A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or Echography of pregnant uterus Documentation of LMP & EDD with <i>either</i> of the following: <ul style="list-style-type: none"> Prenatal risk assessment/counseling or education Complete obstetrical history
Postpartum Care (for live births between 11/6/14 & 11/5/15)	Women who had a postpartum visit between 21-56 days after delivery	Documentation of dated postpartum visit and ONE of the following: <ul style="list-style-type: none"> Pelvic exam Evaluation of breasts, abdomen, weight, BP Notation of postpartum care <i>or</i> preprinted "Postpartum Care" form in which information was documented during the visit
Frequency of Ongoing Prenatal Care (for live births between 11/6/14 & 11/5/15 – same population as above measures)	Compares number of prenatal visit a woman received during pregnancy with number of expected prenatal visits.	Required documentation mirrors Prenatal Care measure * The number of expected prenatal visits ranges between 1– 17 visits & is determined by using both the gestational age (in weeks) on date of delivery and stage of pregnancy at time of enrollment (month of pregnancy when member enrolled)
Cervical Cancer Screening	Women who had a cervical cancer screening by 1 of 2 methods	Documentation of the following: Women ages 21-64: <ul style="list-style-type: none"> Cervical cytology performed in 1/1/13 & 12/31/15 with result or finding Women ages 30-64: <ul style="list-style-type: none"> Cervical cytology WITH human papillomavirus (HPV) co-testing performed between 1/1/11 & 12/31/15 with results or findings

To obtain a copy of the qualifying billing codes (including ICD-10) for these measures, please contact AAH Provider Relations Department

2015 HEDIS MEASURES: Quick Reference Guide

ADULT PREVENTION & CHRONIC CONDITION MEASURES		
MEASURE	DESCRIPTION	REQUIRED DOCUMENTATION
Adult BMI Assessment	Adults age 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2014 or 2015	Documentation of the following in 2014 or 2015: <ul style="list-style-type: none"> • Ages 18 – 20: Medical record must indicate the height, weight, and BMI percentile or BMI percentile plotted on an age-growth chart • Ages 21-74 : Medical record must indicate weight and BMI value
Colorectal Cancer Screening	Adults 50-75 years of age who had appropriate screening for colorectal cancer	Documentation of the following: <ul style="list-style-type: none"> • FOBT during 2015 with result • Flexible sigmoidoscopy performed between 1/1/11 & 12/31/15 • Colonoscopy performed between 1/1/06 & 12/31/15
Controlling High Blood Pressure	Members 18-59 years of age whose BP was <140/90 Members age 60-85 <u>with a diagnosis of diabetes</u> whose BP was <140/90 Members age 60-85 <u>without a diagnosis of diabetes</u> whose BP was <150/90	Documentation of the following: A notation of hypertension between 1/1/14 – 6/30/15 <u>OR</u> Undated problem list including the diagnosis of hypertension <u>AND</u> A dated documentation of the most recent BP taken in a physician office in 2015
Comprehensive Diabetes Care	Members 18-75 years of age with diabetes who had EACH of the following: <ul style="list-style-type: none"> • Hemoglobin A1c test • Nephropathy screening test or evidence of medical attention for nephropathy • Diabetic retinopathy eye exam • Blood pressure 	Documentation of EACH of the following: <ul style="list-style-type: none"> • Hemoglobin A1c test in 2015 and result (goal is <8.0%) • Urine test for microalbumin in 2015 <u>OR</u> on ACE/ARBs • <u>Negative</u> diabetic retinal eye exam in 2014 <u>OR</u> diabetic retinal eye exam in 2015 (regardless of result) • Most recent blood pressure collected from a PCP's office (goal is <140/90)

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CHILDREN/ADOLESCENTS MEASURES		
MEASURE	DESCRIPTION	REQUIRED DOCUMENTATION
Well Child Visits (ages 3-6 years)	Children 3-6 years of age who had at least one well-child visit with a PCP in 2015	Documentation of a well-child visit with evidence of <i>all</i> of the following in 2015: <ul style="list-style-type: none"> • Health history • A physical <i>and</i> mental and developmental history • A physical exam • Health education/anticipatory guidance
Childhood Immunizations	Children who received the following Immunizations before the before their 2nd birthday: <ul style="list-style-type: none"> • 4 DTaP • 3 IPV • 3 Hep B • 3 HiB • 1 VZV (chicken pox) • 1 MMR • 4 PCV (pneumo) 	Documentation indicating name of specific antigen and date of immunization OR Immunization record
Weight Assessment & Counseling for Nutrition and Physical Activity	Children and adolescents 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity	Documentation of the following in 2015: <ul style="list-style-type: none"> • BMI percentile <i>or</i> BMI percentile plotted on an age-growth chart • Counseling, education, or anticipatory guidance for nutrition (at least one)* • Counseling, education, or anticipatory guidance for physical activity (at least one)* *Weight or obesity counseling meets the criteria for both nutrition and physical activity indicators
Immunizations in Adolescents	Adolescents who received the following by their 13th birthday: <ul style="list-style-type: none"> • 1 dose of meningococcal vaccine AND <ul style="list-style-type: none"> • 1 Tdap OR • 1 tetanus, diphtheria toxoids (TD) vaccine 	Documentation indicating name of specific antigen and date of immunization OR Immunization record

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