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This reference guide is not intended to be a complete guide for all HEDIS measures and requirements. For additional details and specifications for HEDIS measures please go to ***http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017***.

DEFINITIONS
Administrative Measures - Measure compliance is accessed by claims only
Hybrid Measures - Medical Records may be required for assessment of measure compliance

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
AAB Administrative measure **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis** The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were **NOT** dispensed an antibiotic prescription. The intake period is 1/1 to 12/24 each year.	Members treated for acute bronchitis (J20.9) should **NOT** be prescribed antibiotics unless there are co-morbid conditions (see table) or competing diagnoses that require antibiotic therapy. *Asthma (J45) Tobacco use (F17 or Z72.0) wheezing (R06.2), fever (R50.9) and Diabetes (E08 – E13) are not co-morbid or competing diagnosis exclusions to this measure.*	**Claims:** ▪ Submit a claim with all appropriate diagnosis codes including any competing conditions (i.e. cellulitis) and any co-morbid condition diagnoses. **Medical Record documentation not applicable.**

EXCLUSIONS/CO-MORBID CONDITIONS	ICD -10 CM
HIV	B20, Z21
Malignant Neoplasms	C00.0 – C96.9; Z85.0 – Z86.008
Emphysema	J43.0– J43.9
COPD	J44.0 – J44.9
Cystic Fibrosis	E84.0 – E84.9
TB	A15 – A 19.9; O98.011-O98.03
Aspergillosis	B44.81
Sickle Cell Disease with Acute Chest	D57.01, D57.211, D57.411, D57.811
Chronic Bronchitis	J41.0 – J42
Other respiratory diagnoses	J22; J47.0, J47.1, J47.9, J60 – J96.92; J99, M30.1, M32.13, M33.01, M33.11, M33.21, M33.91, M34.81, M35.02

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
ABA aka BMI Hybrid measure **Adult BMI Assessment** The percentage of members 18-74 years of age whose body mass index (BMI) or BMI percentile, was documented during the measurement year or the year prior to the measurement year. The measurement period is 1/1 to 12/31 each year.	For patients 20-74 years of age document BMI, at least every 2 years. For patients 18-19 years of age document BMI **percentile** at least every 2 years. ***Height, weight and BMI or BMI percentiles are required.***	**Claims:** • Submit a claim for patients 20-74 with the appropriate ICD10 CM code for BMI Z68.1 – Z68.45* • Submit a claim for patients 18 and 19 with the appropriate ICD10 CM code for BMI percentile Z68.51 to Z68.54* * These codes are not currently eligible for reimbursement; correct coding guidelines still apply. **Medical Record documentation of:** • BMI or BMI percentile within the measurement year or the prior year. ***"For members 20 years of age or older on the date of service, BMI (BMI Value Set) during the measurement year or the year prior to the measurement year.*** ***For members younger than 20 years of age on the date of service, BMI percentile (BMI Percentile Value Set) during the measurement year or the year prior to the measurement year."*** **See Appendix 1 and 2 for ICD10 codes for BMI and BMI percentiles.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
ADD Administrative measure **Follow Up Care for Children Prescribed ADHD Medication.** The percentage of children newly prescribed, or *restarting a medication commonly used for ADHD following a lapse of 120 days*, who had at least three follow-up care visits within a 10-month period, *one of which was with a prescribing provider within 30 days of when the medication was dispensed.* The intake period is 3/1 of the prior year to the end of February of the current year.	**Initiation Phase:** The member must have an appointment with a provider with prescribing authority for a follow up visit within 30 days of starting or restarting a medication commonly used to treat ADHD. **Continuation and Maintenance Phase:** Then the member must have at least 2 additional follow up visits after the Initiation visit within the next 9 months.	**Claims:** • Submit a claim for a follow up visit with a prescribing provider and the appropriate CPT and ICD10 ADHD codes within 30 days of staring the medication and then at least 2 additional visits with a provider in the 9 months following the 30 day visit. ***Please use the Patient Care Summary to verify the date of medication fills and refills.*** **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
AMM Administrative measure **Antidepressant Medication Management** The percentage of members 18 years of age and older with a diagnosis of major depression who were treated with anti-depressant medication and who remained on the medication treatment for: • 84 days (12 weeks) - Acute Phase. • 180 days (6 months) - Continuation Phase. The intake period is 5/1 of the prior year to 4/30 of the current year.	Members with a **diagnosis of Major Depressive Disorder** will remain on medication therapy for at least 180 days (6 months) - **Continuation Phase**	**Claims:** • Submit a claim for the appropriate member diagnosis. • Receipt of pharmacy claims for 6 months of medication fill. **Medical record documentation not applicable.** ***Members placed on antidepressant therapy for other disorders such as episodic mood disorders, anxiety disorders, acute reaction to stress, or adjustment disorder are not included in this measure.***

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
AMR Administrative measure **Asthma Medication Ratio** The percentage of members 5-85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. The measurement period is 1/1 to 12/31 each year.	Patients with persistent asthma will receive Asthma controller prescriptions that account for at least 50% of their total asthma medications. (Controller meds versus rescue medications.)	**Claims:** • Submit a claim for any exclusions that apply. • Receipt of claims for asthma controller medications that account for at least 50% of all asthma medication prescriptions filled. **Medical record documentation not applicable.**

EXCLUSIONS	
Emphysema	J43.0 – J43.9
COPD	J44.0 – J44.9
Chronic conditions due to inhaled fumes/vapors	J68.4
Cystic Fibrosis	E84.0-E84.9
Acute Respiratory Failure	J96.0; J96.2

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
ART Administrative measure **Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis** The percentage of members who were diagnosed with rheumatoid arthritis & who were dispensed at least 1 prescription for a DMARD medication. The measurement period is 1/1 to 12/31 of the current year.	Member will receive at least one ambulatory prescription for Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy. All patients with RA diagnosis not currently treated with a DMARD should be referred for a rheumatology consult to confirm diagnosis & assess for DMARD therapy.	**Claims:** • Receipt of a claim for at least one ambulatory prescription medication to treat Rheumatoid Arthritis. • Submit a claim for exclusions that apply. > HIV anytime during the member's history to 12/31 of the measurement year. > Pregnancy anytime during the measurement year. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
BCS Administrative measure **Breast Cancer Screening** The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. The measurement period is 1/1 to 12/31 of the current year. There is a 27 month look back period from 10/1 two years prior to 12/31 of the current year.	Members between the age of 52 and 74 years will have one or more mammograms **at least** every 2 years. Educate your patients on the importance breast cancer screening. ***This measure is for primary screening. Biopsies, ultrasounds, MRIs and bretomosynthesis (3D mammography) are not counted as they are not primary breast cancer screening methods.***	**Claims:** • Receipt of a claim for mammogram from the radiology facility where the mammogram was performed anytime between October 1st two years prior to the measurement year and 12/31 of the measurement year. • Submit a claim for exclusions: > ICD10 Z90.13 for history of bilateral mastectomy or > Z90.11 Absence of right breast and Z90.12 Absence of left breast.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CBP Hybrid measure **Controlling High Blood Pressure** The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was controlled during the measurement year. • 18-59: BP goal <140/90 • 60-85 with diabetes: BP goal <140/90 • 60-85 without diabetes: BP goal <150/90 mm Hg The measurement period is 1/1 to 12/31 of the current year.	Control of high BP <140/90 is extremely important to prevent additional cardiovascular conditions. **Educate** on risk factors associated with poor control. **Assess** medication compliance. **Inform** patients of their goal BP. **Encourage** patient to obtain a BP cuff and log BP at least 3 times a week.	Compliance for this measure is assessed annually as part of the HEDIS hybrid medical review, and codes cannot be accepted for gap closure. **Medical record documentation of:** • Diagnosis of HTN. • The last member BP in the patient record is used for the measure.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CCS Hybrid measure **Cervical Cancer Screening** The percentage of women 21-64 years of age who were screened for cervical cancer. The measurement period is 1/1 to 12/31 of the current year.	Women 21-64 will have a cervical cytology (Pap smear) every 3 years **OR** Women age 30-64 will have cervical cytology with HPV every 5 years	**Claims:** • Submit a claim for procedures completed with appropriate codes. • Submit a claim using appropriate ICD10 code for history of exclusion. **ICD-10-CM CODES FOR EXCLUSIONS** Agenesis and Aplasia of Cervix — Q51.5 Acquired Absence of cervix and uterus — Z90.710 Acquired Absence of cervix with remaining uterus — Z90.712 **Medical Record documentation of:** • Screening completed in the last 3-5 years as applicable. • Exclusions as above.

DEFINITION
Comprehensive Diabetes Care - The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following during the measurement period (1/1 to 12/31 of the current year).

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CDC 1 and 2 **Diabetes HbA1c** Three rates are reported.	• Members will have a HbA1c test performed during the measurement year. • HbA1c poor control >9%. • HbA1c Control <8%. Three rates are reported.	**Claims:** • Gap would be closed by submitting a claim with the actual codes for a urine protein test, the NDC codes for the ACE/ACE, or by submitting a claim identifying nephropathy screen or evidence of nephropathy during the measurement year utilizing one of the following CPTII codes: > **3046F** - HbA1c >9%. > **3045F** - HbA1c between 7.0 - 9.0%.** > **3044F** - HbA1c less than 7.0%. * CPTII codes are not eligible for reimbursement. ** CPTII code 3045F (HbA1c 7.0-9.0%) is not specific enough to denote numerator compliance for non-Medicare. BCBSNC will need to use other sources (laboratory value, chart reviews) to identify if the HbA1c was <8%. **Medical Record documentation of:** • Date and value of last HbA1c result during the measurement year.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CDC 7 **Medical Attention for Nephropathy** Annual screening test or evidence of treatment for nephropathy with ACE/ARB therapy.	Members will have an annual urine screen for albumin/protein done during the measurement year. **OR** Evidence of treatment for nephropathy. **OR** ACE/ARB therapy.	**Claims:** • Submit a claim identifying nephropathy screen or evidence of nephropathy during the measurement year utilizing one of the following CPT II codes: > **3060F** or **3061F** - Screening tests for nephropathy. > **3062F** - positive macroalbuminuria. > **3066F** - documentation of treatment for nephropathy. > **4010F** - patient prescribed or taking ACE or ARB. **Medical record documentation of:** • Results of nephropathy screen. • Evidence of nephropathy during the measurement year. • Evidence of stage 4 chronic kidney disease during the measurement year. • Evidence of ESRD during the measurement year. • Evidence of kidney transplant during the measurement year.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CDC = BP Control <140/90	Members with diabetes will have blood pressure control of <140/90.	**Claims:** • Submit a claim with the 2 appropriate CPTII codes to report results of the BP. > **3074F** Systolic <130mm Hg. > **3075F** Systolic 130-139mm Hg. > **3077F** Systolic = or >140mm Hg. > **3078F** Diastolic <80mm Hg. > **3079F** Diastolic 80-89mm Hg. > **3080F** Diastolic = 90mm Hg. **Medical record documentation of:** • Results of most recent blood pressure within the measurement period. **Note:** CDC BP Control measure has different specifications than the Controlling High Blood Pressure (CBP) measure. Coding is allowed for CDC-BP measure to close care gaps, however this is not the case for CBP.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CDC 4 **Annual Eye Exam** (Retinal)	Member will have dilated retinal eye exam annually **OR** ***Within two years if low risk of retinopathy in the prior year.***	**Claims:** If you have a report from the patient's ophthalmologist or optometrist • Submit a claim with the appropriate CPTII code: > **2022F** - Dilated eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed. > **2024F** - Seven (7) standard field stereoscopic photos with interpretation by an Ophthalmologist or optometrist documented and reviewed. > **2026F** - Eye Imaging validated to match diagnosis from seven (7) standard field stereoscopic photos results documented and reviewed. > **3072F** - Low risk for retinopathy (no evidence of retinopathy in the prior year). **Medical record documentation of:** • Results of most recent eye exam by an eye care professional within the measurement year or within 2 years if documented low risk of retinopathy.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CHL Administrative measure **Chlamydia Screening in Women ages 16-24** The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. The measurement year is 1/1 to 12/31 of the current year.	Annual screening for Chlamydia is required for all sexually active females ages 16-24. Obtain a urine sample or obtain a direct sample (i.e. cervix, urethra, vagina) for chlamydia culture yearly.	**Claims:** • Receipt of a Microbiology claim for chlamydia screening with appropriate CPT or LOINC codes. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CWP Administrative measure **Appropriate Testing for Children with Pharyngitis** The percentage of children 3-18 years of age who were diagnosed with pharyngitis dispensed an antibiotic and had a group A streptococcus (strep) test. The measurement period is 7/1 of the prior year to 6/30 of the current year.	Children 3-18 years of age diagnosed with pharyngitis/ tonsillitis must receive a strep test prior to receiving a prescription for antibiotics. *Other family members with strep, parental refusal or clinical exam are not exclusions to this measure.*	**Claims:** • Submit a claim for a rapid strep test done in your office or send specimen for culture. • Submit a claim for all additional competing diagnoses that would require antibiotic therapy. **Medical record documentation not applicable.**

CWP VALUE SET	
ICD 10 CWP value set	J02 all codes - Pharyngitis J03 all codes - Tonsillitis
IF YOU USE ONE OF THE CODES ABOVE THE MEASURE REQUIRES A STREP TEST.	
CPT strep test codes	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
CIS Combo 10 Hybrid measure **Childhood Immunization Status** The percentage of children 2 years of age who had all the following immunizations in combo 10. The measurement period is 1/1 to 12/31 of the current year.	By the 2nd birthday children will have the following vaccinations: • 4 DTap • 1 MMR • 3 HepB • 4 PCV • 2 or 3 RV • 2 flu vaccinations • 3 IPV • 3 HiB • 1 VZV • 1 HepA	**Claims:** • Submit a claim for all immunizations given. • Report all immunizations to the North Carolina Immunization Registry. **Medical record documentation:** • A note indicating the name of the specific antigen and the date of the immunization **OR** • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
COL Hybrid measure **Colorectal Cancer Screening** - The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer. The measurement period is 1/1 to 12/31 of the current year.	The member will have one of the following screening tests during the indicated period. • Fecal occult blood test between 1/1 and 12/31 of the measurement year.* • Flexible sigmoidoscopy performed between 1/1 four (4) years prior to the measurement year and 12/31 of the measurement year. • Colonoscopy performed between 1/1 nine (9) years prior to the measurement year and 12/31. *"***FOBT tests performed on a sample collected from a digital rectal exam do not meet the measure requirements.***"*	**Claims:** • Submit claims for 3 Fecal Occult Blood (FOBT) or 1 Fecal Immunochemical (FIT) test using code **82279**, **82274**, or **G0328**. • Receipt of a claim for a sigmoidoscopy. • Receipt of a claim for a colonoscopy. • Receipt of a claim for CT colonography • Receipt of a claim for 1 FIT-DNA testing** • Submit a claim for exclusion (Personal History of Other Malignant Neoplasm of the Large Intestines (ICD 10 =Z85.038) or Personal History of Other Malignant Neoplasm of the rectum, rectosigmoid junction and anus (ICD10 Z85.048). **Medical record documentation of:** • FOBT (3) done during the measurement year. • FIT (1) done during measurement year • Sigmoidoscopy done within 4 years prior to the measurement year and 12/31 of the measurement year. • Colonoscopy done within 9 years prior to the measurement year and 12/31 of the measurement year. • CT colonography done within 4 years prior to the measurement year and 12/31 of the measurement year • Documentation of **exclusion**: at any time during the member's history through 12/31 of the measurement year of colorectal cancer or a total colectomy. • FIT- DNA test done within 2 years prior to the measurement year and 12/31 of the measurement year** ** FIT-DNA testing would close gap per HEDIS specifications but are considered investigational by BCBSNC and claims received for this test may be denied.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
FUH Administrative measure **Follow-Up After Hospitalization for Mental Illness** The percentage of discharges for members 6 years & older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: 1) Follow up within 7 days after discharge. 2) Follow up within 30 days of discharge. The intake period is 1/1 to 12/1 each year.	The goal is: 1) Members that had an inpatient hospitalization for a mental health diagnoses will be seen by a **mental health practitioner** within **7 days of discharge**. 2) Members that had an inpatient hospitalization for a mental health diagnoses will be seen by a **mental health practitioner** within **30 days of discharge**. ***Follow up with a PCP does not meet the measure. The visit must be with a Behavioral Health Practitioner.***	**Claims:** • Receipt of a claim for an outpatient visit, intensive outpatient visit or partial hospitalization **with a mental health practitioner** on or within 7 days after discharge. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
IMA Hybrid measure **Immunizations for Adolescents** The percentage of adolescents 13 years of age who had 1 dose of meningococcal vaccine, 1 dose of Tdap vaccine, and 3 doses of HPV vaccine by their 13th birthday. The measurement period is 1/1 to 12/31 each year.	**By** the 13th birthday Members will have received: • One dose of meningococcal vaccine. • One dose of tetanus, diptheria toxoids and acellular pertussis vaccine (Tdap). • Three doses of HPV (human papillomavirus) vaccine.	**Claims:** • Report all immunizations to the North Carolina Immunization Registry. • Submit **a claim** for all vaccinations members receive. • Submit **a claim** for exclusion if appropriate. > **Exclude adolescents** who had a contraindication for a specific vaccine. > **Anaphylactic reaction** to the vaccine or its components or anaphylactic reaction – serum any time on or before the member's 13th birthday. **Medical record documentation of:** • A note indicating the name of the specific antigen and the date of the immunization **OR** • A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
IET Administrative measure **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment** The percentage of adolescent and adult members, 13 years and older with a new episode of alcohol or other drug (AOD) dependence who received the following: **Initiation -** The percentage of members who initiate treatment through an outpatient visit, inpatient AOD admission, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. **Engagement -** The percentage of members who initiated treatment and had **two or more** additional services with a diagnosis of AOD within 30 days of the initiation visit. The intake period is 1/1 to 11/15 each year.	Members who are diagnosed with alcohol or drug dependence will be referred immediately to an appropriate provider for treatment of alcohol or other drug dependence. **OR** Schedule a follow up visit within 14 days at your practice, to initiate treatment of AOD dependence and then 2 additional follow up visits for AOD treatment in the 30 days following the Initiation visit. ***If member is noncompliant with Initiation within 14 days the member is then noncompliant for both Initiation and Engagement.***	**Claims:** • Receipt of a claim for a visit to a behavioral health provider, **OR** • Claim for follow up visit with the provider who diagnosed the AOD dependence within 14 days of the AOD diagnosis, utilizing an appropriate treatment code for AOD diagnosis. • Claim for 2 additional visits for AOD treatment in the 30 days following the first treatment visit. ***Inform the behavioral health provider they are required to use an AOD dependence diagnosis code to meet the measure. (I.e. anxiety (F41) does not meet the measure for AOD treatment. The provider needs to use alcohol induced anxiety disorder (F10.280).*** **Medical record documentation not applicable.**

CODES TO IDENTIFY AOD DEPENDENCE	NOT INCLUDED REMISSION AND OTHER CODES
F10.10 - 10.29, F11.10 - 11.29, F12.10 - 12.29	F10.21, F10.9, F11.21, F11.9, F12.21, F12.9
F13.10 - 13.29, F14.10 - 14.29, F15.10 - 15.29	F13.21, F13.9, F14.21, F14.9, F15.21, F15.9
F16.10 - 16.29, F18.10 - 18.29, F19.10 - 19.29	F16.21, F16.9, F18.21, F18.9, F19.21, F19.9

Primary care clinicians can provide and bill for counseling without conducting a review of systems, and should use Counseling codes in place of E/M codes (99211-15).

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
LBP Administrative measure **Use of Imaging Studies for Low Back Pain** The percentage of members with a primary diagnosis of low back pain who did **NOT** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The intake period is 1/1 to 12/3 each year.	Members 18 to 50 years of will **NOT** receive imaging studies within 28 days of the initial diagnosis of low back pain. ***This includes a plain X-ray.*** Consider referral for physical therapy evaluation before X-rays are ordered.	**Claims:** ▪ Submit a claim with a code for low back pain with first symptom of low back pain. ▪ Submit a claim with code for exclusion if appropriate > *Per NCQA HEDIS exclusion specifications: "**Any member who had a diagnosis for which imaging is clinically appropriate. Any of the following meet criteria."*** ▪ Malignant Neoplasms ▪ History of Malignant Neoplasm ▪ Neurologic Impairment ▪ HIV ▪ Prolonged Use of Corticosteroids ▪ Other Neoplasms ▪ IV Drug Use ▪ Recent Trauma ▪ Major Organ Transplant ▪ Spinal Infection in previous year **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
MPM Administrative measure **Annual Monitoring for Patients on Persistent Medications** The percentage of members ≥ 18 years of age who received 180 + days of medication for a select therapeutic agent and at least one monitoring event in the measurement year. The measurement period is 1/1 to 12/31 of each year.	Members ≥ 18 years old who remain on an ACE or ARB, digoxin, or a diuretic medication for 180 days will have lab tests done for the following: **MPM 1** - ACE and ARB-K+, creatinine **MPM 2** - digoxin- K+, creatinine, digoxin level **MPM 3** - diuretics K+, creatinine	**Claims:** ▪ Receipt of a claim for laboratory testing for required labs during the measurement year. > **ACE & ARB** - at least one serum potassium and creatinine > **Digoxin** - at least one serum potassium, creatinine, and digoxin level > **Diuretics** - at least one serum potassium and creatinine **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
MMA Administrative measure **Medication Management for People With Asthma** The percentage of members 5-85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: • 75% adherence with controller medication • 50% adherence with controller medication The measurement period is 1/1 to 12/31 of each year.	Members with persistent asthma will be dispensed asthma control medications and will be compliant with use of the medication at least **75%** of the treatment period. Assess member compliance with use of medication as prescribed. Consider refill x 11 (1 per month) or 90 day supply. ***Treatment period begins on the earliest prescription dispensing date for any asthma controller medication during the measurement year through the last day (12/31) of the measurement year.***	**Claims:** • Receipt of claims for asthma controller medication throughout the measurement year that will total 75% compliance. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
NCS Administrative measure **Non-Recommended Cervical Cancer Screen for Adolescent Females** The percentage of females 16-20 years of age who were screened unnecessarily for cervical cancer. The measurement period is 1/1 to 12/31 of the current year.	Females 16-20 will **NOT** be screened for cervical cancer unless there is a clinical reason for the screening.	**Claims:** • Appropriate exclusion diagnosis history must be included in the claim for cervical cancer screening in a female age 16-20. **EXCLUSIONS** Cervical Cancer History: Z85.41; C53-D06 HIV disease: B20 Asymptomatic HIV state: Z21 Disorders of the Immune System: D80; D81.0, 81.1, 81.2, 81.4, 81.6, 81.7, 81.89, 81.9; D82, D83, D84, D89.3, D89.810-D89.9 **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
OMW Administrative measure **Osteoporosis Management in Women Who Had a Fracture** The percentage of women 67-85 years of age who suffered a fracture and had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. The measurement period is 7/1 of the prior year to 6/30 of the current year.	Members 67-85 years of age, who had a fracture, will have a BMD within 6 months of the date of fracture. Consider BMD every 2 years in this age group.	**Claims:** • Receipt of a claim for BMD within 6 months of a fracture. • Receipt of claim for medication to treat osteoporosis within 6 months of the fracture. **Medical Record documentation not applicable.** **Exclusions:** • Members who have had a bone density test during the 24 months prior to the fracture. • Members who during the 12 months prior to the fracture received a dispensed prescription or had an active prescription to treat osteoporosis. • Members who had a claim/encounter for osteoporosis therapy in the 12 months prior to the fracture.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
PBH Administrative measure **Persistence of Beta Blocker Treatment after a Heart Attack** The percentage of members ≥ 18 years of age who were hospitalized and discharged with a diagnosis of AMI and who remained on beta-blocker treatment for six months after discharge. The intake period is 7/1 of the prior year to 6/30 of the current year annually.	Member's ≥ 18 years of age with new diagnosis of AMI will remain on beta-blocker treatment for six months after hospital discharge. Consider 90 day supply or refills x 6 if appropriate.	**Claims:** • Receipt of pharmacy claims for 180 days supply of a beta blocker medication. • Submit **a claim** if member has one of the following exclusions. **Medical record documentation not applicable.**

EXCLUSIONS: ICD-10-CM DIAGNOSIS	
Asthma	J45.20-J45.52; J45.901 – J45.998
Hypotension	I95.0-953; I95.81-95.89
Heart block >1 degree	I44.1-44.7 (excluding I44.3); I45.0-45.3; I45.6, I 49.5; I95.0
Sinus bradycardia	R00.1
COPD	J44.0 – J44.9
Obstructive Chronic Bronchitis	J41.0 – J42
Chronic conditions due to inhaled fumes/vapors	J68.4

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
PCE 1 – PCE 2 Administrative measure **Pharmacotherapy Management of COPD Exacerbation** The percentage of COPD exacerbations for members' ≥ 40 years old who had an inpatient or ED visit and were dispensed appropriate medications. Two rates are reported: **Systemic Corticosteroid** dispensed within 14 days of discharge date. **Bronchodilator** dispensed within 30 days of discharge date. The measurement period is 1/1 to 11/30 of the current year.	Assess if patient was given appropriate medication Rx at the time of discharge. **AND** has filled the Rx **AND** is taking medications as prescribed. Prescribe appropriate systemic corticosteroid within 14 days of the discharge date and bronchodilator within 30 days of discharge **IF** member was not given Rx at the time of discharge.	**Claims:** • Receipt of pharmacy claims. > For a systemic steroid within 14 days of date of discharge and a bronchodilator within 30 days from inpatient stay or ER visit **OR** > An adequate supply of either medication for treatment after discharge from ER or Acute Inpatient stay. **There are no exclusions to this measure.** **Medical record documentation not applicable.** * *NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org in November of the measurement year.*

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
PPC 1 – PPC 2 Hybrid measure **Prenatal Care** The percentage of deliveries that received a pre-natal visit in the first trimester. **Postpartum Care** The percentage of deliveries that had a postpartum visit on or between 21 & 56 days after delivery. The intake period is 11/6 of the prior year to 11/5 of the current year.	Members will receive a prenatal visit in the first trimester of pregnancy (or within 45 days of enrollment in BCBSNC). Members will receive a postpartum visit with their provider between day 21 and day 56 postpartum.	**Claims:** • All providers must submit **a claim** for the **prenatal visit on the date of service** using the following codes: **0500F or 0501F** and the appropriate ICD-10 diagnosis. • All providers must submit **a claim** for the **post partum visit on the date of service** using the following code: **0503F and the ICD 10 diagnosis code** for Postpartum Care **Z39.2**. • **For Global Billing** - You **must** submit an additional claim with the dates of the prenatal and postpartum visits. Refer to Corporate Reimbursement Policy (CRP). **OR** **Medical record documentation:** • Date service rendered. • Service rendered. • EDC or LMP or Date of delivery.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
SPR Administrative measure **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** The percentage of members ≥ 40 years of age with a new Dx of COPD who received spirometry testing to confirm the diagnosis. The intake period is 7/1 of the prior year to 6/30 of the current year.	Members ≥ 40 years old with a new or newly active diagnosis of COPD will have spirometry testing completed to confirm the diagnosis.	**Claims:** • Submit a claim for spirometry testing on the date of service using appropriate CPT code. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
URI Administrative measure **Appropriate Treatment for Children With Upper Respiratory Infection** The percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were **NOT** dispensed an antibiotic prescription. The Intake period is 7/1 of the prior year to 6/30 of the current year.	Antibiotics will **NOT** be prescribed to children who are diagnosed with URI only. If there is another diagnosis that requires antibiotic treatment you need to add that coding information to your claim.	**Claims:** • Submit a claim for all additional competing diagnoses requiring antibiotic therapy on or within 3 days after the date of claim for URI. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
W15 Administrative measure **Well-Child Visits in the First 15 Months of Life** The percentage of members who turned 15 months old during the measurement year and who had: none, one, 1, 2, 3, 4, 5, 6, or more well-child visits. (7 rates are calculated) The measurement period is 1/1 to 12/31 of the current year.	The goal is to have 6 or more well child visits by the time the child is 15 months old.	**Claims:** • Submit a claim for all member visits with proper coding for the visit service. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
W34 Administrative measure **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life** The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year. The measurement period is 1/1 to 12/31 of the current year.	Every child between 3 and 6 years of age will have a well child visit at least annually.	**Claims:** • Submit a claim for all member visits with proper coding for the visit service. **Medical record documentation not applicable.**

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
WCC Hybrid measure **Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents** **WCC 1 - BMI Percentile** The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN & had the following during the measurement year: BMI percentile. The measurement period is 1/1 to 12/31 of the current year.	Members will be assessed for BMI percentile in the measurement year.	**Claims:** • Submit a claim including the appropriate code below. **Medical record documentation of:** • Height, Weight and **BMI percentile** or **BMI percentile plotted on age-growth chart** during the measurement year. The height, weight & BMI must be from the same data source.

ICD 10 CODES	PERCENTILE
Z68.51	Pediatric < 5th
Z68.52	Pediatric ≥ 5th - <85th
Z68.53	Pediatric ≥ 85th ≤ 95th
Z68.54	Pediatric ≥ 95th

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
WCC2 **Counseling for Nutrition** Documentation of counseling for nutrition or referral for nutrition education during the measurement (**current**) year as identified by administrative data or medical record review. Documentation of counseling for nutrition. The measurement period is 1/1 to 12/31 of the current year.	Members will be counseled on nutrition in the measurement year.	**Claims:** ▪ Submit **a claim** with the appropriate code: **Z71.3** Dietary Counseling and surveillance. **G0447** Face to Face behavioral counseling for obesity - 15 minutes. **Medical record documentation of:** ▪ A note indicating the date of service and at least **one** of the following: > Discussion of nutrition behavior (i.e. eating or diet behaviors). > Checklist indicating nutrition was address. > Educational materials on nutrition given to the member during face to face visits. > Anticipatory guidance for nutrition. > Counseling or referral for nutrition education. > Weight or obesity counseling.

HEDIS QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
WCC3 **Counseling for Physical Activity** Documentation of counseling for physical activity or referral for physical activity during the measurement year as identified by administrative data or medical record review. The measurement period is 1/1 to 12/31 of the current year.	Members will be counseled on physical activity in the measurement year.	**Claims:** • Submit a claim with the appropriate code if applicable. **G0447** Face to face behavioral counseling for obesity - 15 min. **Medical record documentation:** • A note indicating the date of service and at least **one** of the following: > Discussion of current physical activity behaviors (i.e. exercise routine, sports activities, exam for sports participation). > Checklist indicating physical activity was addressed. > Counseling or referral for physical activity. > Member received educational materials on physical activity during a face-to-face visit. > Anticipatory guidance for physical activity.

MEDICARE PART D PHARMACY MEASURES

MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
HRM Administrative measure **High Risk Medications** The percentage of Medicare Part D beneficiaries 65 years and older who receive 2 or more prescriptions for the same HRM drug with high risk of side effects in the elderly. The measurement period is 1/1 to 12/31 of the current year.	Patients 65 and older will **NOT** receive 2 or more prescriptions for HRM. If an HRM is indicated, limit use to the shortest time and lowest dose possible without refills	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical Record documentation not applicable.**

MEDICARE PART D PHARMACY MEASURES

MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
Rx - Cholesterol Adherence Administrative measure **Medication Adherence for Cholesterol (Statins)** The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for statin cholesterol medications during the measurement period. The measurement period is 1/1 to 12/31 of the current year.	**Consider** 90 day supply of medication. **Educate** your patient re: medication compliance & risk factors. **Assess** compliance and remove barriers to compliance.	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical Record documentation not applicable.** **Adherence defined as:** ***A proportion of days covered (PDC) at 80% or over for statin cholesterol medication(s) during the measurement period.***

MEDICARE PART D PHARMACY MEASURES

MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
Rx - Hypertension Adherence Administrative measure **Medication Adherence for Hypertension (RAS antagonists)** The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for renin angiotensin system (RAS) antagonists [angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications]. The measurement period is 1/1 to 12/31 of the current year.	**Consider** 90 day supply of medication. **Educate** your patient re: medication compliance and risk factors. **Assess** compliance and remove barriers to compliance.	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical Record documentation not applicable.** **Adherence defined as:** ***A proportion of days covered (PDC) at 80% or over for appropriate medication(s) during the measurement period.***

MEDICARE PART D PHARMACY MEASURES

MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
Rx - Diabetes Medication Adherence Administrative measure **Medication Adherence for Diabetes Medications** The percent of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy across classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, and DiPeptidyl Peptidase (DPP)-IV Inhibitors, incretin mimetics, and meglitinides. The measurement period is 1/1 to 12/31 of the current year.	**Consider** 90 day supply of medication. **Educate** your patient re: medication compliance and risk factors. **Assess** compliance and remove barriers to compliance.	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical Record documentation not applicable.** **Adherence defined as:** ***A proportion of days covered (PDC) at 80% or over for appropriate medication(s) during the measurement period.*** **Exclusion:** Members who take insulin are not included in this measure.

APPENDIX 1.

ICD-10-CM BMI CODES

Z68.1	Body mass index (BMI)	19 or less	adult
Z68.20	Body mass index (BMI)	20.0-20.9	adult
Z68.21	Body mass index (BMI)	21.0-21.9	adult
Z68.22	Body mass index (BMI)	22.0-22.9	adult
Z68.23	Body mass index (BMI)	23.0-23.9	adult
Z68.24	Body mass index (BMI)	24.0-24.9	adult
Z68.25	Body mass index (BMI)	25.0-25.9	adult
Z68.26	Body mass index (BMI)	26.0-26.9	adult
Z68.27	Body mass index (BMI)	27.0-27.9	adult
Z68.28	Body mass index (BMI)	28.0-28.9	adult
Z68.29	Body mass index (BMI)	29.0-29.9	adult
Z68.30	Body mass index (BMI)	30.0-30.9	adult
Z68.31	Body mass index (BMI)	31.0-31.9	adult
Z68.32	Body mass index (BMI)	32.0-32.9	adult
Z68.33	Body mass index (BMI)	33.0-33.9	adult
Z68.34	Body mass index (BMI)	34.0-34.9	adult
Z68.35	Body mass index (BMI)	35.0-35.9	adult
Z68.36	Body mass index (BMI)	36.0-36.9	adult
Z68.37	Body mass index (BMI)	37.0-37.9	adult
Z68.38	Body mass index (BMI)	38.0-38.9	adult
Z68.39	Body mass index (BMI)	39.0-39.9	adult
Z68.41	Body mass index (BMI)	40.0-44.9	adult
Z68.42	Body mass index (BMI)	45.0-49.9	adult
Z68.43	Body mass index (BMI)	50.0-59.9	adult
Z68.44	Body mass index (BMI)	60.0-69.9	adult
Z68.45	Body mass index (BMI)	70 or >	adult

APPENDIX 2.

ICD-10-CM BMI PERCENTILE

Z68.51	Body mass index (BMI) pediatric	less than 5th percentile for age
Z68.52	Body mass index (BMI) pediatric	5th percentile to less than 85th percentile for age
Z68.53	Body mass index (BMI) pediatric	85th percentile to less than 95th percentile for age
Z68.54	Body mass index (BMI) pediatric	greater than or equal to 95th percentile for age

APPENDIX 3.
MEASURES USED IN MEDICARE STAR RATINGS

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to promote improvement in quality. The following weighted Measures are utilized when calculating an overall Medicare Star Rating:

MEASUREMENT		WEIGHT
Rx	Cholesterol Adherence (Statins)	3
Rx	Diabetes Medication Adherence	3
CDC2	Comprehensive Diabetes Care- HbA1c poor control	3
HRM	High risk Medications	3
Rx	Hypertension Adherence	3
OMW	Osteoporosis Management	1
COL	Colorectal Cancer Screening	1
CDC7	Comprehensive Diabetes Care-Medical Attention for Nephropathy	1
ABA	Adult BMI Assessment	1
ART	Drug Therapy for Rheumatoid Arthritis	1
BCS	Breast Cancer Screening	1
CDC4	Comprehensive Diabetes Care- Eye Exam	1