

# Pediatric Healthcare Effectiveness Data and Information Set (HEDIS®) Measures RY2018

MY = Measurement Year, usually the calendar year prior to HEDIS reporting season (PY is the year prior to MY)

	Name of HEDIS Measure	Who Code (Denominator)	Who Experience (Event/Diagnosis - Denominator)	Measured Service or Outcome (Numerator)	Medical Records Should Document	Changes Notable for Providers RY18	NOTES
Pediatric Preventive Care Quality Index	Well-Child Visits in the First 15 Months of Life	W15	15 months old during MY	N/A	6+ well child visits with a PCP	No	NCQA defines PCP as physician/NP/PA who offers primary care; not a nurse; does not have to be assigned PCP. Services specific to acute/chronic do not count. May happen over multiple visits. For AWC, NCQA allows school-based clinic to count (must meet criteria and be in medical record).
	Well-Child Visits in the Third, Fourth, Fifth, Sixth Years of Life	W34	3-6 years old as of 12/31 MY	N/A	1+ well child visit with a PCP	No	
	Adolescent Well-Care Visits	AWC	12-21 years old as of 12/31 MY	N/A	1+ well visit with PCP or OB/GYN during MY	No	
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	WCC	3-11 & 12-17 years old	OP Visit with PCP/OB/GYN during MY	1)BMI 2)Nutrition Counseling 3)Physical Activity Counseling	1)Height, weight, AND BMI percentile 2)Date and one of the following: nutrition behavior; checklist with nutrition addressed; counseling/referral for nutrition counseling; anticipatory guidance for nutrition; weight/obesity counseling 3)Date and one of the following: Discussion of physical activity; checklist indicating physical activity was addressed; counseling/referring for physical activity; educational materials on physical activity in face-face visit; weight/obesity counseling  2018 clarification that documenting "appetite" does not count as nutrition counseling	1) BMI can be plotted on an age-growth chart or percentile documented as a specific percentile; ranges and thresholds do not meet criteria. BMI numerical value only does not meet the criteria. 2) Counseling before/after MY does not count. Notation of just "anticipatory guidance" without specific mention of nutrition does not count. Physical exam (e.g. "well nourished") does not count as nutrition counseling. 3) Notation of "cleared for gym class" alone does not count. Notation solely related to safety (e.g. "wears helmet") does not count. Notation solely related to screen time (computer/television) without specific mention of physical activity does not count. Services specific to acute/chronic condition does not count.

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Women's Health Quality Index	Prenatal and Postpartum Care	PPC	Event	Live birth 11/6 PY - 11/5 MY	1) Prenatal visit while enrolled in first trimester or within 42 days enrollment with OB/GYN or, in the case of some value sets, PCP 2) Postpartum visit to OB/midwife/FP/other PCP on or between 21-56 days after delivery	1) PRENATAL Date of prenatal visit and at least one: basic OB physical with auscultation for fetal heart tone or pelvic with obstetric observations or measurement of fundus; evidence of prenatal care like obstetric panel, TORCH antibody panel, rubella antibody test with Rh incompatibility blood typing, or echography; documentation of LMP or EDD with either prenatal risk and counseling/education or complete OB history 2) POSTPARTUM Date of visit and at least one of the following: pelvic exam; evaluation of weight, BP, breasts and abdomen; or notation of postpartum care ("postpartum care" "PP care" "PP check" "6-week check" Postpartum Care form in which information was documented during the visit)	Certain codes must be on same claim; others may be on different claims	Services that occur over multiple visits count if all are within time frame. Ultrasound and lab results must be combined with a practitioner office visit to count; cannot count alone. Pap test does not count as prenatal visit but is acceptable for postpartum care as evidence of pelvic exam. Colposcopy alone is not compliant for either prenatal or postpartum care. For enrollment decision rules, it's best to refer directly to the specifications for information if needed.
	Chlamydia Screening in Women	CHL	Women 16-20 & 21-24	Sexual activity (claims and pharmacy)	1+ chlamydia test during the year	N/A (compliance determined by administrative data like claims)	Only that medication tables were replaced with medication lists	None

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Diabetes Quality Index	Hemoglobin A1c testing	CDC	age 18-75 as of 12/31 of the MY	During the MY or the PY: 1) at least two outpatient, observation, or ED visits or nonacute inpatient encounters on different dates of service with a diagnosis of diabetes or 2) at least one acute inpatient encounter with a diagnosis of diabetes or 3) who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis	HbA1c test performed during MY	Note indicating date of test and result or finding	None	None
	HbA1c poor control (>9%)				Most recent HbA1c test during MY is >9% (an inverse measure)	Note indicating date of test and result or finding	None	This is an inverse measure: lower numbers indicate better outcomes. HEDIS counts CPT II codes for this measure, as well as medical record data. Ranges and thresholds noted in medical record do not meet criteria; a distinct numeric result is required.
	Retinal eye exam performed				Retinal or dilated eye exam by an eye care professional in the MY or a negative retinal or dilated eye exam in the MY or PY or bilateral eye enucleation anytime in the member's medical history prior to 12/31 of the MY.	The HEDIS specifications include several ways this could be documented, generally with dated results from an eye care professional or evidence of bilateral eye enucleation or acquired absence of both eyes.	Added bilateral eye enucleation	None
	Medical attention for nephropathy				Nephropathy screening or monitoring test or evidence of treatment for nephropathy or ACE/ARB therapy or at least one ACE/ARB dispensing event or evidence of stage 4 chronic kidney disease or evidence of ESRD or evidence of kidney transplant or a visit with a nephrologist during the MY	Dated urine test for albumin or protein with the result or documentation of: a visit to a nephrologist; a renal transplant; medical attention for diabetic nephropathy, ESRD, chronic renal failure, CKD, renal insufficiency, proteinuria, abuminuria, renal dysfunction, acute renal failure, or dialysis, hemodialysis, or peritoneal dialysis; or evidence that an ACE inhibitor/ARB prescription was written, filled, or taken by the member during the MY.	Clarified medical record requirements; added sacubtril-valsartan to antihypertensive combination list	None
NOTE: the CDC HEDIS measure also includes other rates related to diabetes care that are not part of SCDHHS's Diabetes Quality Index. Briefly, those rates include measurements for HbA1c control (<8%); HbA1c control for a selected population (<7%); and blood pressure control (,140/90 mm Hg).								

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Behavioral Health Quality Index (New)	Follow-Up Care for Children Prescribed ADHD Medications	ADD	6-12 years old between 3/1 PY and 2/28 MY	1) Initiation Phase - new dispense of ADHD medication (no evidence of medication in four months prior to dispensing date) 2) Continuation and Maintenance Phase - remain on medication for at least 210 days	1) Initiation Phase - at least one followup visit with practitioner with prescribing authority within 30 days 2) Continuation and Maintenance Phase - at least two follow-up visits with a practitioner within 270 days after Initiation Phase ends (day 31-300)	N/A (compliance determined by administrative data like claims)	Added telehealth; clarified that visits must be on different dates  Prescribing practitioner is a practitioner with prescribing privileges, including NP, PA, and other non-MDs who have the authority to prescribe medications
	Follow-Up After Hospitalization for Mental Illness	FUH	6+ years old at discharge	Acute inpatient discharge with principal diagnosis of mental illness between 1/1 and 12/1 of MY	1) Follow-up visit with a mental health practitioner within 7 days after discharge 2) Follow-up visits with a mental health practitioner within 30 days after discharge	N/A (compliance determined by administrative data like claims)	Added telehealth modifiers.  Measure applies to each discharge; members may have more than one discharge during the measurement period.
	Metabolic Monitoring for Children/Adolescents on Antipsychotics	APM	1-5; 6-11; 12-17 years old	2+ Antipsychotic dispensing events	Metabolic testing including both: 1) at least one blood glucose or HbA1c test and 2) at least one LDL-C or cholesterol test	N/A (compliance determined by administrative data like claims)	No  None
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	IET	13+ as of 12/31 with a new episode of AOD	New diagnosis of AOD abuse or dependence (no evidence of AOD diagnosis within 60 days before first diagnosis in intake period of 1/1 - 11/15)	1) Initiate treatment within 14 days of diagnosis 2) Initiate treatment and have 2+ additional services within 34 days of initiation visit	N/A (compliance determined by administrative data like claims)	Added medication-assisted treatment and telehealth. Extended timeframe from 30 days to 34 days.  Treatment could be inpatient AOD admission, outpatient visit, intensive outpatient visit or partial hospitalization, telehealth or medication assisted treatment (MAT).
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP	1-5; 6-11; 12-17 years old	New prescription for antipsychotic medication	Psychosocial care	N/A (compliance determined by administrative data like claims)	Added telehealth  None

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Follow-Up After Emergency Dept Visit for Mental Illness	FUM	6+ years old at ED visit	Emergency department visit with principal diagnosis of mental illness between 1/1 and 12/1 of MY	1) Follow-up visit with a mental health practitioner within 7 days after ED visit 2) Follow-up visits with a mental health practitioner within 30 days after ED visit	N/A (compliance determined by administrative data like claims)	No	NCQA recognizes telehealth for this measure.
Childhood Immunization Status	CIS	turn 2 years old during MY	N/A	MMR, 3 Hepatitis B, VZV, Hepatitis A, 4 DTAP, 3 IPV, 3 HiB, 4 pneumococcal conjugate, 2-3 rotavirus, 2 influenza	MMR, Hepatitis B, VZV, Hepatitis A: Antigen or combo vaccine or documented Hx of the illness or seropositive test for each antigen. Evidence from medical record must be either a note indicating the name of the specific antigen and the date of the immunization or a certificate of immunization prepared by authorized health care provider/agency including specific dates and types of immunizations offered.	None	Doses within 42 days of birth do not count for pneumococcal conjugate DTaP and IPV and HiB
Immunizations for Adolescents	IMA	turn 13 years old during MY	N/A	Meningococcal conjugate, tetanus, diphtheria, Tdap, HPV series	Meningococcal conjugate, Tdap, HPV: evidence of the antigen or combination vaccine. Evidence from medical record must be either a note indicating the name of the specific antigen and the date of the immunization or a certificate of immunization prepared by authorized health care provider/agency including specific dates and types of immunizations offered.	Now counts 2-dose HPV vaccination series	For the two-dose HPV vaccination series, there must be at least 146 days between first and second dose. Meningococcal polysaccharide or meningococcal recombinant do not count as meningococcal conjugate but generic "meningococcal vaccine" meets criteria for the measure.
Lead Screening in Children	LSC	turn 2 years old during MY	N/A	One lead capillary or venous blood test	Both date when test was performed and result or finding	None	None

Other General Pediatric HEDIS Measures

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Appropriate Testing for Children with Pharyngitis	CWP	ages 3-18	OP or ED visit with only a diagnosis of pharyngitis and dispensed antibiotic from 7/1 PY to 6/30 MY, with no antibiotic history during 30 days prior to pharyngitis episode	Group A strep test in the 7-day period from 3 days before and after day of service with diagnosis of only pharyngitis	N/A (compliance determined by administrative data like claims)	Exclude members with any other diagnosis	None
Asthma Medication Ratio	AMR	ages 5-11; 12-18 (also adults)	Persistent asthma (one ED visit or one inpatient visit or 4+ outpatient or observations visits with at least 2 asthma medication dispensing events for controller or reliever medication or 4+ medication dispensing events)	Controller medication ratio of 0.50 or greater (units of controller medications divided by total units of asthma medications including reliever medications)	N/A (compliance determined by administrative data like claims)	None	See specification if more details are needed about what counts as a dispensing event
Medication Management for People With Asthma	MMA	ages 5-11; 12-18 (also adults)	Persistent asthma (one ED visit or one inpatient visit or 4+ outpatient or observations visits with at least 2 asthma medication dispensing events for controller or reliever medication or 4+ medication dispensing events)	Proportion of days covered by at least one asthma controller medication (rates calculated at 50% and 75% days covered)	N/A (compliance determined by administrative data like claims)	None	See specification if more details are needed about what counts as a dispensing event
Non-Recommended Cervical Cancer Screening in Adolescent Females	NCS	females 16-20 years old as of 12/31	None	Cervical cytology or HPV test (see notes)	N/A (compliance determined by administrative data like claims)	None	This measure is called an inverse measure, i.e. lower rate indicates better performance.

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Appropriate Treatment for Children with Upper Respiratory Infection	URI	3 months - 18 years of age with Dx of URI	OP, observation, or ED visit with diagnosis of only upper respiratory infection	Dispensed antibiotics on or three days after OP or ED visit with a diagnosis of only URI (see notes)	N/A (compliance determined by administrative data like claims)	None	This measure is called an inverse measure, i.e. lower rate indicates better performance.
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	APC	1-5; 6-11; 12-17 years old as of 12/31	90 days continuous antipsychotic medication treatment during MY	2+ concurrent antipsychotic medication treatment (see notes)	N/A (compliance determined by administrative data like claims)	None	This measure is called an inverse measure, i.e. lower rate indicates better performance.
Children and Adolescents' Access to Primary Care Practitioners	CAP	12-24 months; 25 months - 6 years; 7-11 years; 12-19 years	None	Visit with PCP during MY	N/A (compliance determined by administrative data like claims)	None	NCQA defines PCP as physician/NP/PA who offers primary care; not a nurse; does not have to be assigned PCP.
Annual Dental Visit	ADV	2-3; 4-6; 7-10; 11-14; 15-18; 19-20 years old	None	At least one visit with a dental practitioner during MY	N/A (compliance determined by administrative data like claims)	None relevant to pediatric medical practices	HEDIS defines a dental practitioner is a practitioner who holds a DDS or DMD degree from an accredited school of dentistry and is licensed to practice dentistry by a state board of dental examiners. Certified and licensed dental hygienists are considered dental practitioners.
Follow-Up After ED Visit for Alcohol/Other Drug Abuse	FUA	13-17; 18+ at ED visit	ED visit with principal diagnosis of AOD abuse/dependence between 1/1 and 12/1	Follow-up visit with any practitioner with principal diagnosis of AOD within 7 days and within 30 days	N/A (compliance determined by administrative data like claims)	Added telephone visits and online assessments	Visits on same day as ED visit count as compliant with the measure

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Other Utilization Measures	Frequency of Ongoing Prenatal Care	FPC	No age specified	Delivered a live birth 11/6 PY - 11/5 RY	Percentage of expected prenatal visits, adjusted for the month of pregnancy at the time of enrollment and gestational age	See PPC measure	Clarified that multiple visits on same date of service count as one visit. Refer to table FPC-A in the specifications for number of expected visits. If gestational age is not available, assume a gestational age of 40 weeks.
	Frequency of Selected Procedures	FSP	No age specified	None specified	Tonsillectomy; bariatric weight loss surgery; hysterectomy; cholecystectomy; back surgery; percutaneous coronary intervention; cardiac catheterization; CABG; prostatectomy; total hip replacement; total knee replacement; carotid endarectomy; mastectomy; lumpectomy	N/A (rate of each procedure is a calculation derived from claims data)	None None
	Ambulatory Care	AMB	No age specified	None specified	Outpatient visits; ED visits	N/A (rate of each procedure is a calculation derived from claims data)	None None
	Inpatient Utilization - General Hospital/Acute Care	IPU	No age specified	None specified	Total inpatient; maternity inpatient; surgery inpatient; medicine inpatient	N/A (rate of each procedure is a calculation derived from claims data)	None None
	Identification of Alcohol and Other Drug Abuse Services	IAD	No age specified	Members with an alcohol and other drug claim	The following chemical dependency services: inpatient; IOP/partial hospitalization; OP or an ambulatory MAT dispensing event; ED; telehealth; any service	N/A (rate of each procedure is a calculation derived from claims data)	None None



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Mental Health Utilization	MPT	No age specified			N/A (rate of each procedure is a calculation derived from claims data)	None	None
Antibiotic Utilization	ABX	No age specified	None specified	Outpatient utilization of antibiotic prescriptions during the MY	N/A (rate of each procedure is a calculation derived from claims data)	None	None
Standardized Healthcare-Association Infection Ratio	HAI	No age specified	Acute inpatient discharge between 4/1 PY and 3/31 MY	Central line-associated blood stream infections (CLABSI); catheter-associated urinary tract infection (CAUTI); MRSA bloodstream infections; clostridium difficile intestinal infections (CDIFF)	N/A (rate of each procedure is a calculation derived from claims data)	None	None

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ECDS Measures	Depression Screening and Follow-Up for Adolescents and Adults	DSF	12-17 years (12 as of 1/1 RY); plus adults	N/A	Depression screening using standardized tool (see notes) and follow-up care within 30 days on positive screen	N/A (compliance determined by ECDS such as electronic health records/health information exchanges)	FIRST-YEAR MEASURE	HEDIS identifies appropriate depression screening tool for adolescents as: PHQ-9, PHQ-9M, PRIME MD-PHQ2, BDI-FS, MFQ, CES-D, PROMIS Depression. Follow-up care is defined as at least one of the following: behavioral health encounter (which can include telehealth); follow-up outpatient visit with diagnosis of behavioral health condition; telephone visit with diagnosis of behavioral health condition; follow-up with a case manager with documented assessment of depression symptoms; dispensed an antidepressant medication.
	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	DMS	12-17 years; plus adults	Diagnosis of major depression or dysthymia	Outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter	N/A (compliance determined by ECDS such as electronic health records/health information exchanges)	N/A	None
	Depression Remission or Response for Adolescents and Adults	DRR	12-17 years; plus adults	Diagnosis of depression and an elevated PHQ-9 score	Evidence of response or remission within 4-8 months of elevated score	N/A (compliance determined by ECDS such as electronic health records/health information exchanges)	Expanded follow-up period to 4-8 months; expanded age criteria	None

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Member Satisfaction Measures	CAHPS Health Plan Survey, Child	CPC	Caregivers of child members are surveyed anonymously through random sample by third party survey vendor	None	Global ratings of: all health care; health plan; personal doctor; specialist seen most often. Composite summary scores of: health plan customer service; getting care quickly; getting needed care; how well doctors communicate; shared decision making. Also, health promotion and education; and coordination of care.	N/A (rates determined by member survey)	
	CAHPS Health Plan Survey, Children with Chronic Conditions	CCC	Caregivers of child members with chronic conditions are surveyed anonymously through random sample by third party survey vendor	None	Composite summary scores of: access to specialized services; family centered care: personal doctor who knows child; and coordination of care for children with chronic conditions. Also, access to prescription medicines; and family centered care: getting needed information.	N/A (rates determined by member survey)	