



2025 HEDIS® Provider Reference Guide



Table of Contents

Introduction.....	2
What is HEDIS?	3
How are HEDIS Rates Calculated?.....	3
How to Submit Data to Improve HEDIS Scores.....	4
Importance of Coding Exclusions in HEDIS Measures	5
Best Practices to Close HEDIS Gaps in Care	6
Medication Adherence Measures: Cholesterol, Diabetes, and Hypertension.....	7
What is the Consumer Assessment of Healthcare Providers and Systems (CAHPS).....	8
What is HOS?	9
Utilization of Z Codes for Social Determinants of Health (SDOH) Among Plan Members	10
HEDIS Measures	14
Glossary of Key Terms.....	44

HEDIS PART C MEASURES		
BCS-E	Breast Cancer Screening	16
CBP	Controlling Blood Pressure	18
COA-FA	Care for Older Adults / Functional Status Assessment	20
COA-MR	Care for Older Adults / Medication Review	21
COL-E	Colorectal Cancer Screening	22
EED	Eye Exam for Patients with Diabetes	24
FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	26
GSD	Glycemic Status Assessment for Patients with Diabetes	28
KED	Kidney Health Evaluation for Patients with Diabetes	30
OMW	Osteoporosis Management in Women Who Had a Fracture	31
PCR	Plan All-Cause Readmissions	32
SPC	Statin Therapy for Patients with Cardiovascular Disease / Received Statin Therapy	33
TRC-MRP	Transitions of Care / Medication Reconciliation Post-Discharge	35
TRC-NOI	Transitions of Care / Notification of Inpatient Admission	36
TRC-PED	Transitions of Care / Patient Engagement After Inpatient Discharge	38
TRC-RDI	Transitions of Care / Receipt of Discharge Information	39
HEDIS PART D MEASURES		
COB	Concurrent Use of Opioids and Benzodiazepines	40
MAC	Medication Adherence for Cholesterol	41
MAD	Medication Adherence for Diabetes	42
MAH	Medication Adherence for Hypertension (RAS)	42
POLY-ACH	Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	43
SUPD	Statin Use in Persons with Diabetes	43

INTRODUCTION

HEDIS® Provider Reference Guide

At Doctors HealthCare Plans, we are dedicated to enhancing the health and well-being of the communities we serve by fostering collaboration, communication, and a shared commitment to excellence in healthcare. A key component of this mission is addressing gaps in care and adhering to the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS, developed by the National Committee for Quality Assurance (NCQA), is a standardized set of performance measures that ensures the delivery of timely, high-quality care to our diverse membership.

We recognize the critical role providers and their office staff play in helping us achieve these goals. Your efforts in tracking and reporting HEDIS measures are vital to ensuring our members receive the tools and resources they need to achieve better health outcomes. This reference guide is designed to support you in this process by offering practical tips, documentation requirements, and insights into Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures.

Together, we can make a significant impact by improving care coordination, enhancing patient experiences, and closing gaps in care. If you have any questions about the content of this guide or need additional copies, please do not hesitate to contact our Quality Improvement Department at 786-584-2068 or email to quality@doctorshcp.com.

Thank you for your ongoing partnership and dedication to advancing quality healthcare. Your commitment helps us create healthier lives, one member at a time.

Stay Healthy,

Edward Cabrera, MD

Dr. Edward Cabrera
Chief Medical Officer

Stacey W. Friedman

Stacey W. Friedman
Sr. Director, Quality & HEDIS/Stars

What is HEDIS®?

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a standardized tool developed by the National Committee for Quality Assurance (NCQA) and used by more than 90% of America's health plans to measure performance on critical dimensions of care and service. By providing a framework for direct, objective comparisons across health plans, HEDIS promotes transparency and accountability in healthcare quality.

HEDIS measures are developed collaboratively by a committee representing purchasers, consumers, health plans, providers, and policymakers, ensuring they are comprehensive and meaningful. These measures are reported annually by health plans and fall into two categories: administrative and hybrid. The data collection process, which involves gathering medical records from care providers, typically occurs in the first half of the year. The results are used to evaluate the quality of care provided, calculated by dividing the measure numerator by the denominator.

HEDIS supports standardized measurement, accurate reporting, and effective evaluation, helping to drive improvements in healthcare delivery. For more information, visit [NCQA.org](https://www.ncqa.org).

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

How are HEDIS Rates Calculated?

HEDIS rates are calculated using three primary methods:

- **ADMINISTRATIVE DATA**
- **HYBRID DATA**
- **ELECTRONIC CLINICAL DATA SYSTEMS (ECDS)**

Administrative data relies on claims or encounter data submitted to the health plan. Hybrid data combines administrative data with a random sample of medical record data to capture services rendered that were not reported through claims or encounter submissions. This process involves reviewing member medical records to abstract missing information. Accurate and timely submission of claims or encounter data is critical, as it reduces the reliance on medical record reviews. When services are not billed or are billed inaccurately, they are excluded from HEDIS calculations, which may impact reported performance rates.

How to Submit Data to Improve HEDIS Scores

ADMINISTRATIVE CLAIMS

- **Submit Claims/Encounter Data:** Ensure all services rendered are submitted with the appropriate billing codes.
- **Include Applicable Exclusion Codes:** Submit codes when members should be excluded from specific HEDIS measures.
- **Timely and Accurate Submission:** Submitting claims data promptly is the most effective way to ensure all services are captured and accounted for.

SUPPLEMENTAL DATA

- **EMR/EHR Access:**
Partner with our HEDIS team to set up onsite or remote access to your EMR/EHR system. This access supports year-round medical record collection for health plan-prioritized HEDIS measures, streamlining the gap closure process. For setup details contact quality@doctorshcp.com.
- **Medical Record Submission:**
 - **Fax:** Send medical record documentation to (786) 578-0330 (Attention: HEDIS Team).
 - **Email:** Submit medical record documentation to hedis_stars@doctorshcp.com via secure email.
 - **Upload:** Go to the DHCP website:
<https://www.doctorshcp.com/medical-records-collection-form>
 - **Mail:**
Doctors HealthCare Plans, Inc.
2020 Ponce de Leon Blvd., Ste. PH1
Coral Gables, FL 33134
Attention: HEDIS Team
 - **Pickup or On-Site Review:** Call (786) 584-2068 to arrange a convenient date and time for pickup or on-site review of records.

By leveraging these methods, your organization can ensure accurate and efficient data submission, helping to improve your HEDIS scores while reducing administrative overhead.

Importance of Coding Exclusions in HEDIS Measures

Properly identifying and coding exclusions is a critical component of HEDIS measures reporting. Exclusions are specific criteria that allow certain members to be removed from a HEDIS measure population, ensuring the measure accurately reflects the performance of healthcare delivery for eligible members. This process not only helps health plans demonstrate compliance but also ensures fair assessment of quality metrics.

WHY EXCLUSIONS MATTER

1. **Accuracy in Measurement:** Excluding ineligible members prevents distortion of performance rates and ensures the data accurately represents the population intended to be measured.
2. **Regulatory Compliance:** Proper coding ensures compliance with NCQA guidelines and supports validation during audits.
3. **Resource Allocation:** Removing members who meet exclusion criteria allows organizations to focus resources on the population that can benefit from interventions.
4. **Performance Scores:** Incorrect or missed exclusions can negatively impact quality scores, such as HEDIS and STARS ratings.

COMMON TYPES OF EXCLUSIONS

- **Clinical Exclusions:** Conditions or circumstances that make the member ineligible for a specific measure (e.g., hospice care, palliative care, chronic conditions unrelated to the measure focus).
- **Demographic Exclusions:** Specific age groups or members with limited enrollment during the measurement year.
- **Administrative Exclusions:** Members who do not meet continuous enrollment criteria or other technical specifications.

BEST PRACTICES FOR CODING EXCLUSIONS

1. **Use Standardized Codes:** Apply accurate diagnosis, procedure, and other codes (e.g., ICD-10, CPT) that align with NCQA guidelines.
2. **Integrate with EHR:** Ensure exclusions are captured during routine documentation in electronic health records (EHRs) and billing systems.
3. **Audit and Validate:** Regularly review coding practices and validate exclusions with clinical documentation.
4. **Educate Staff:** Train coding teams, providers, and quality staff on the importance of exclusions and how to document them accurately.

By properly identifying and coding exclusions, healthcare organizations can improve the precision of their HEDIS reporting, enhance quality metrics, and better allocate resources for member care.

Best Practices to Close HEDIS Gaps in Care

Speak with your patients about the availability of the DHCP transportation benefit to assist with access to care.

Ensure that patients are aware of the option for home delivery from MED-care for prescription refills, especially with medication that is included in the adherence measures.

Remember that you are now able to prescribe 100DS of medications for both retail and mail-order.

Conduct preventive care visits annually and ensure your patients are up to date with their recommended screenings (i.e. mammograms, colonoscopies, etc.).

Submit claim/encounter data for each and every service rendered.

Make sure that chart documentation reflects all services billed.

Ensure that all claim/encounter data is submitted in an accurate and timely manner.

Include CPT II codes to provide additional details and reduce medical record requests.

Respond timely to medical records requests.

Submit supplemental data throughout the measurement year.

Early Engagement with Pharmacy Adherence is key — once a member loses days on a prescription, those days cannot be recovered.

Speak with the members about any barriers to medication adherence.

Medication Adherence Measures: Cholesterol, Diabetes, and Hypertension

Medication adherence is a critical component of effective disease management. The Pharmacy Quality Alliance (PQA) has developed measures to evaluate medication adherence, specifically for chronic conditions like cholesterol, diabetes, and hypertension. These measures focus on ensuring patients, aged 18 years and older, take their medications as prescribed to achieve better health outcomes. Below are the three key adherence measures from PQA:

1. MEDICATION ADHERENCE FOR CHOLESTEROL (STATINS)

This measure assesses adherence to statin medications, which are critical for managing cholesterol and preventing cardiovascular events.

2. MEDICATION ADHERENCE FOR DIABETES MEDICATIONS

This measure evaluates adherence to oral antihyperglycemic agents or insulins prescribed for diabetes management.

3. MEDICATION ADHERENCE FOR HYPERTENSION (RENIN-ANGIOTENSIN SYSTEM ANTAGONISTS - RAS)

This measure monitors adherence to medications used to manage hypertension, such as ACE inhibitors, ARBs, or direct renin inhibitors.

- **GOAL:** Patients need to fill their medications to reach a proportion of days covered (PDC) of 80% or higher.

- **Importance:** Adherence to statins reduces LDL cholesterol levels and lowers the risk of heart attacks and strokes.
- **Importance:** Consistent use of diabetes medications prevents complications such as neuropathy, retinopathy, and cardiovascular events.
- **Importance:** Adherence to antihypertensive therapy helps maintain controlled blood pressure, reducing risks of heart disease, stroke, and kidney damage.

SIGNIFICANCE OF PQA ADHERENCE MEASURES

These measures are vital for tracking and improving medication adherence, as they directly impact patient health outcomes. High adherence rates correlate with fewer complications, reduced hospitalizations, and better quality of life for patients with chronic conditions.

STRATEGIES TO IMPROVE ADHERENCE

- **Patient Engagement:** Using educational materials to explain the importance of adherence.
- **Pharmacy Support:** Encouraging pharmacists to engage in medication therapy management (MTM).
- **Technology Solutions:** Leveraging apps or automated reminders for medication schedules.
- **Accessibility:** Providing affordable options, such as generic medications or co-pay assistance programs.

PQA's adherence measures guide healthcare organizations in evaluating and improving patient care, fostering better outcomes for individuals with chronic diseases.

What is the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems or CAHPS is a survey that is conducted between February and May of each year and sent to members/patients to measure their satisfaction with their providers and the health plan. The goal of CAHPS is to capture accurate and complete information about the member-reported experiences. This information measures how well the member's expectations and goals were met. It helps determine the areas of service that have the greatest impact on overall satisfaction and opportunities for improvement, which aid in increasing the quality of provided care. The CAHPS survey results are shared with consumers, which provides them with information they can use to choose physicians and healthcare systems.

THE SURVEY COVERS TOPICS INCLUDING, BUT NOT LIMITED TO:

- How well providers communicate with patients.
- How providers use information to coordinate patient care.
- If the office staff is helpful and courteous.
- Patients' rating of the provider.

By leveraging these insights, DHCP can identify strengths and address areas needing improvement, ensuring a better overall member experience.

CAHPS surveys are developed by the Agency for Healthcare Research and Quality (AHRQ) to assess patient experiences with healthcare. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

What is the Health Outcomes Survey (HOS)?

The Medicare Health Outcomes Survey or HOS, surveys each member's perception of their physical and mental health status at the beginning and the end of a two-year period. The two-year change score is calculated, and each member's physical and mental health status is categorized as better than expected, same as expected or worse than expected, considering death and risk adjustment factors. Organization-specific results are assigned as percentages of members whose health status was better, the same or worse than expected. The survey provides general indication how DHCP is managing our members' physical and mental health. The survey also includes questions addressing "Effectiveness of Care" such as lack of physical activity, the risk of falls and urinary incontinence.

**PROVIDERS HAVE A DIRECT
IMPACT ON HOS BECAUSE
PATIENTS' PERCEPTIONS OF
THEIR HEALTH OUTCOMES
ARE PRIMARILY DRIVEN
BY HOW WELL THE
PROVIDERS COMMUNICATE
WITH PATIENTS.**

HOS MEASURES:

- **Physical Activity in Older Adults** assesses the percentage of patients who had a doctor's visit in the past 12 months and who spoke with a doctor or other health practitioner about their level of exercise or physical activity.
- **Management of Urinary Incontinence in Older Adults** assesses the percentage of patients who reported having urine leakage in the past 6 months and discussed it with a healthcare provider.
- **Fall Risk Management** assesses the percentage of patients who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.
- **Improving/Maintaining Physical Health** measures the percentage of members whose physical health remained stable or improved over a two-year period.
- **Improving/Maintaining Mental Health** measures the percentage of members whose mental health remained stable or improved over a two-year period.

The Medicare Health Outcomes Survey (HOS) is conducted by the Centers for Medicare & Medicaid Services (CMS) to measure health outcomes in Medicare beneficiaries.

Utilization of Z Codes for Social Determinants of Health (SDOH) Among Plan Members

Healthy People 2030 defines social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

These SDOH are now widely known important predictors of access and engagement in health care, as well as predictors of health outcomes. For this reason, it is critical that hospitals, providers and health systems work together to address the societal factors that influence health, including the social needs of their patients, social determinants of health in their communities and the systemic causes that lead to health inequities.

Robust social needs data is critical to all providers and Doctors Healthcare Plans (“DHCP” or “the Plan”) efforts to improve the health of the DHCP members and communities we serve. Employing an approach to screening, documenting and coding social needs will enable us all to track the social needs of each individual we serve, allowing personalized care that addresses their medical and non- medical needs.

Doctors Healthcare Plans (“DHCP”) has an established Social Services and Case Management Department dedicated to working with our members, assisting in eliminating social barriers to healthcare. This may include but not be limited to financial, food and housing insecurities; transportation to medical appointments as well as non-medical related transport need; and education and literacy related barriers.

For this reason, DHCP is requesting that all Plan network providers incorporate a social needs assessment, as part of their regular patient health care assessment, to identify any social barriers and challenges patients may encounter that is or may adversely affect their health needs, thus their health outcome.

Additionally, DHCP is requesting providers to report any patient social needs to the Plan via the use of ICD-10-CM coding. Assigning all relevant Social Determinant of Health (“SDOH”) Z codes supports CMS’ and the Plan’s SDOH quality improvement initiatives; and will allow the Plan’s Case Management and/or Social Services Department staff



to assist our members in addressing and overcoming these social challenges. Providers can capture data on the social needs of their patient population using the ICD-10-CM codes included in categories Z55-Z65 (“Z codes”), which identify nonmedical factors that may influence a patient’s health status. These are included in the following page.

SDOH Z CODE CATEGORIES

Z55

Problems related to education and literacy

Z55.5

Less than a high school diploma

Z55.6

Problems related to health literacy

Z56

Problems related to employment and unemployment

Z57

Occupational exposure to risk factors

Z58

Problems related to physical environment

Z58.6

Inadequate drinking-water supply

Z58.8

Other problems related to physical environment

Z58.81 – Basic services unavailable in physical environment

Z58.89 – Other problems related to physical environment

SDOH Z CODE CATEGORIES

Z59

Problems related to housing and economic circumstances

Z59.0

Homelessness

Z59.00 – Homelessness unspecified

Z59.01 – Sheltered homelessness

Z59.02 – Unsheltered homelessness

Z59.1

Inadequate Housing

Z59.10 – Inadequate housing, unspecified

Z59.11 – Inadequate housing environment temperature

Z59.12 – Inadequate housing utilities

Z59.19 – Other inadequate housing

Z59.4

Lack of adequate food

Z59.41 – Food insecurity

Z59.48 – Other specified lack of adequate food

Z59.4

Other problems related to housing and economic circumstances

Z59.81 – Housing instability, housed

- **Z59.811** – Housing instability, housed with risk of homelessness

- **Z59.812** – Housing instability, housed, homelessness in past 12 months

- **Z59.819** – Housing instability, housed unspecified

Z59.82 – Transportation insecurity

Z59.86 – Financial insecurity

Z59.87 – Material hardship due to limited financial resources, not elsewhere classified

Z59.89 – Other problems related to housing and economic circumstances

Z60

Problems related to social environment

SDOH Z CODE CATEGORIES

Z62

Problems related to upbringing

Z62.2

Upbringing away from parents

Z62.23 – Child in custody of a non-parental relative

Z62.24 – Child in custody of non-relative guardian

Z62.8

Other specified problems related to upbringing

Z62.81 – Personal history of abuse in childhood

- **Z62.814** – Personal history of child financial abuse

- **Z62.815** – Personal history of intimate partner abuse in childhood

Z62.82 – Parent-child conflict

- **Z62.823** – Parent-step child conflict

Z62.83 – Non-parental relative or guardian-child conflict

- **Z62.831** – Non-parental relative-child conflict

- **Z62.832** – Non-relative guardian-child conflict

- **Z62.833** – Group home staff-child conflict

Z62.89 – Other specified problems related to upbringing

- **Z62.892** – Runaway, from current living environment

Z63

Other problems related to primary support group, including family circumstances

Z64

Problems related to certain psychosocial circumstances


Z65

Problems related to other psychosocial circumstances

ACRONYM	HEDIS MEASURES A TO Z / SUBMEASURE	PAGE
PART C MEASURES		
BCS-E	Breast Cancer Screening	16
CBP	Controlling Blood Pressure	18
COA-FA	Care for Older Adults / Functional Status Assessment	20
COA-MR	Care for Older Adults / Medication Review	21
COL-E	Colorectal Cancer Screening	22
EED	Eye Exam for Patients with Diabetes	24
FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	26
GSD	Glycemic Status Assessment for Patients with Diabetes	28
KED	Kidney Health Evaluation for Patients with Diabetes	30
OMW	Osteoporosis Management in Women Who Had a Fracture	31
PCR	Plan All-Cause Readmissions	32
SPC	Statin Therapy for Patients with Cardiovascular Disease / Received Statin Therapy	33
TRC-MRP	Transitions of Care / Medication Reconciliation Post-Discharge	35
TRC-NOI	Transitions of Care / Notification of Inpatient Admission	36
TRC-PED	Transitions of Care / Patient Engagement After Inpatient Discharge	38
TRC-RDI	Transitions of Care / Receipt of Discharge Information	39


ACRONYM	HEDIS MEASURES A TO Z / SUBMEASURE	PAGE
PART D MEASURES		
COB	Concurrent Use of Opioids and Benzodiazepines	40
MAC	Medication Adherence for Cholesterol	41
MAD	Medication Adherence for Diabetes	42
MAH	Medication Adherence for Hypertension (RAS)	42
POLY-ACH	Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	43
SUPD	Statin Use in Persons with Diabetes	43

Part C Measures

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
BSC-E Breast Cancer Screening <i>star measure weight</i> 	The percentage of members 50-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer anytime on or between 10/1 two years prior to the measurement period and at the end of the measurement period.	REQUIRED EXCLUSIONS: Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Receive palliative care any time during the measurement year. • Die anytime during the measurement year. • Had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. • Had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period. • Are 66 years of age and older who are enrolled in an I-SNP or living in long-term institution. • Are 66 years of age and older as of 12/31 with: <ul style="list-style-type: none"> ◦ Two indicators of frailty with different dates of services AND ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine). 	COLLECTION/REPORTING METHOD ECDS CPT Mammogram: 77062, 77061, 77066, 77065, 77063, 77067 SNOMED Mammogram: 833310007, 726551006, 723780005, 450566007, 723779007, 723778004, 241055006, 241057003, 439324009, 241058008, 71651007, 866235004, 43204002, 866234000, 572701000119102, 866236003, 566571000119105, 866237007, 24623002, 384151000119104, 392531000119105, 392521000119107, 258172002, 12389009 EXCLUSIONS Hospice: 99377, 99378, G0182 Bilateral Mastectomy: 0HTV0ZZ, 27865001, 870629001, 14714006, 1279986002, 456903003, 52314009, 17086001, 726636007, 76468001, 726636007, 76468001, 22418005, 836436008, 1269061009, 1268980002, 1469306, 6063004 Unilateral Mastectomy Left: 0HTU0ZZ, 428571003, 726437009, 451211000124109, 726429001, 741009001, 741009001, 836437004, 726435001, 741018004


Continued on next page >


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
BSC-E Breast Cancer Screening <i>Continued</i>			EXCLUSIONS CONTINUED Unilateral Mastectomy Right: OHTT0ZZ, 429400009, 726436000, 451201000124106, 726430006, 741010006, 836435007, 726434002, 741019007 Clinical Unilateral Mastectomy: 66398006, 359740003, 287654001, 1208601007, 359734005, 318190001, 406505007, 395702000, 447421006, 384723003, 274957008, 359728003, 172043006, 447135002, 446420001, 446109005, 428564008, 70183006, 287653007, 237367009, 237368004, 359731002 History of Bilateral Mastectomy: Z90.13, 428529004, 136071000119101, 16087411000119102 Gender Dysphoria: F64.1, F64.2, F64.8, F64.9, Z87.890 Hospice: 99377, 99378, G0182 Members receiving palliative care: Z51.5 Frailty: 99509, 99504


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
CBP Controlling Blood Pressure <i>star measure weight</i> 	The percentage of members, 18-85 years of age, who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. • Receive palliative care any time during the measurement year. • Are diagnosed with ESRD at any time in their history. • Are on Dialysis. • Had a kidney transplant or nephrectomy. • Are 66 years of age and older who are enrolled in an I-SNP or living in long-term institution. • Are 66-80 years of age and older as of 12/31 with: <ul style="list-style-type: none"> ◦ Two indicators of frailty with different dates of services AND ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine). • Are 81 years and older as of 12/31 with two or more indications of frailty with different dates of services during the measurement year. 	COLLECTION/REPORTING METHOD Hybrid CPTII Diastolic: 3078F: <80 mm Hg 3079F: 80-89 mm Hg 3080F: ≥90 mm Hg Systolic: 3074F: <130 mm Hg 3075F: 130-139 mm Hg 3077F: ≥140 mm Hg EXCLUSIONS Hospice: 99377, 99378, G0182 Members receiving palliative care: Z51.5 ESRD: N18.5, N18.6, Z99.2 Dialysis: 90947, 90945, 90937, 90935, 90997, 99512, 90999, S9339, G0257 Frailty: 99509, 99504

Continued on next page >

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
CBP Controlling Blood Pressure <i>Continued</i>		ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> Blood pressure (BP) readings are not compliant if taken: <ul style="list-style-type: none"> During an acute patient stay or ED visit On the same day as a diagnostic test, diagnostic procedure, or therapeutic procedure that requires a change in diet and/or a change in medication the day before or the day of the test and/or procedure, with the exception of fasting blood tests. By the member using a non-digital device, such as a manual BP cuff and/or stethoscope. The most recent BP reading during the measurement year. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. 	


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
COA-FA Care for Older Adults <i>star measure weight</i>  SUBMEASURE Functional Status Assessment	The percentage of adults, 66 years of age and older, who had a functional status assessment during the measurement year.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> • At least one functional status assessment. Not valid for services provided in an acute patient setting. Notations must include one of the following: Notation that Activities of Daily Living (ADL) were assessed or that, at least, have 5 of the following were assessed: bathing, dressing, eating, transferring (e.g. getting in and out of chairs), using toilet, walking. • Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least 4 of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances. • Result of an assessment using a standardized functional status assessment tool, not limited to: SF-36, ALSAR, ADLS Scale, B-ADL Scale, Barthel Index, EADL Scale, Groningen Frailty Index, ILS, Katz Index of Independence in ADL, Kenny Self-Care Evaluation, Klein-Bell ADL Scale, KELS, Lawton & Brody's IADL Scales, PROMIS Global or Physical Function Scales. 	COLLECTION/REPORTING METHOD Administrative - Claim/Encounter Data CPT Functional Status Assessment: 99483 CPTII Functional Status Assessment: 1170F HCPCS Functional Status Assessment: G0438, G0439 SNOMED Functional Status Assessment: 304492001, 196681000000107, 385880002 EXCLUSIONS Hospice: 99377, 99378, G0182

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
COA-MR Care for Older Adults <i>star measure weight</i>  SUBMEASURE Medication Review	The percentage of adults, 66 years of age and older, who had a medication review during the measurement year.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> • Both of the following during the same visit where the provider is a prescribing practitioner or clinical pharmacist. <ol style="list-style-type: none"> 1. At least one medication review. 2. The presence of a medication list in the medical record. 	COLLECTION/REPORTING METHOD Administrative - Claim/Encounter Data CPT Medication Review: 90863, 99483, 99605, 99606 Transitional Care Management Services: 99495, 99496 CPTII Medication List: 1159F, 1160F Both codes must be on the same claim. HCPCS Medication List: G8427 SNOMED Medication List: 432311000124109, 428191000124101 EXCLUSIONS Hospice: 99377, 99378, G0182


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
COL-E Colorectal Cancer Screening <i>star measure weight</i> 	<p>The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.</p> <p>Screening methods include:</p> <ol style="list-style-type: none"> 1. gFOBT - guaiac-based fecal occult blood test - Yearly 2. FIT - multitargeted stool DNA with FIT test - Every 3 years 3. Colonoscopy - Every 10 years 4. CT colonography - Every 5 years 5. Flexible sigmoidoscopy - Every 5 years 	<p>REQUIRED EXCLUSIONS:</p> <p>Members who:</p> <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Receive palliative care any time during the measurement year. • Die anytime during the measurement year. • Had Colorectal cancers any time during the member's history. • Had a total colectomy any time during the member's history. • Are 66 years of age and older who are enrolled in an I-SNP or living in long-term institution. • Are 66 years of age and older as of 12/31 with: <ul style="list-style-type: none"> ◦ Two indicators of frailty with different dates of services AND ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine). 	<p>COLLECTION/REPORTING METHOD</p> <p>ECDS</p> <p>—</p> <p>CPT</p> <p>Colonoscopy: 44388, 44401, 44389, 44391, 44408, 44404, 44403, 44402, 44406, 44390, 44392, 44394, 44405, 44407, 45378, 45388, 45398, 45380, 45382, 45393, 45381, 45390, 45389, 45391, 45379, 45384, 45385, 45386, 45392</p> <p>FOBT Lab Test: 82274, 82270</p> <p>sDNA FIT Lab Test: 81528</p> <p>Flexible Sigmoidoscopy: 45330, 45346, 45350, 45331, 45334, 45337, 45335, 45349, 45341, 45347, 45332, 45333, 45338, 45340, 45342</p> <p>CT Colonography: 74261-74263</p> <p>HCPCS</p> <p>Colonoscopy: G0105, G0121</p> <p>FOBT Lab Test: G0328</p> <p>Flexible Sigmoidoscopy: G0104</p> <p>SNOMED</p> <p>Colonoscopy: 851000119109, 73761001, 446745002, 709421007, 446521004, 789778002, 447021001, 443998000, 48021000087103, 710293001, 48031000087101, 711307001, 12350003, 275251008, 174185007, 302052009, 36735003, 8180007, 25732003, 1209098000, 174158000, 444783004, 235150006</p>

Continued on next page >

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
COL-E Colorectal Cancer Screening <i>Continued</i>			SNOMED CONTINUED FOBT Lab Test: 442554004, 442563002, 441579003, 442516004, 442067009, 104435004, 59614000, 71711000112103, 167667006, 389076003 Flexible Sigmoidoscopy: 84100019107, 425634007, 44441009, 396226005 CT Colonography: 418714002 sDNA FIT Lab: 708699002 EXCLUSIONS Colorectal Cancer: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 Total Colectomy: 44156, 44158, 44157, 44155, 44151, 44150, 44153, 44152, 44210, 44211, ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
EED Eye Exam for Patients with Diabetes <i>star measure weight</i> 	The percentage of members 18-75 years of age with diabetes (Type 1 & 2) who had a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year or had a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Have bilateral eye enucleation with a bilateral modifier (CPT 50). • Have two unilateral eye enucleations with service dates 14 days or more apart. • Have left unilateral eye enucleation and right unilateral eye enucleation on the same or different dates of services. • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. • Receive palliative care any time during the measurement year. • Are 66 years of age and older who are enrolled in an I-SNP or living in long-term institution. • Are 66 years of age and older as of 12/31 with: <ul style="list-style-type: none"> ◦ Two indicators of frailty with different dates of services AND ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine). 	COLLECTION/REPORTING METHOD Administrative CPT Retinal Eye Exam: 99235, 92230, 92250, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99215, 99213, 99214, 92018, 92019, 92004, 92002, 92014, 92012, 92202, 92201, 92134 Retinal Imaging: 92227, 92228 CPTII Eye Exam With Evidence of Retinopathy: 2024F, 2022F, 2026F Eye Exam Without Evidence of Retinopathy: 2025F, 2023F, 2033F HCPCS Retinal Eye Exam: S3000, S0621, S0620 SNOMED Retinal Eye Exam: 410453006, 314971001, 252788000, 391999003, 252780007, 722161008, 426880003, 390852004, 308110009, 410450009, 252789008, 6615001, 427478009, 274795007, 274798009, 252784003, 252790004, 314972008, 410451008, 416369006, 417587001, 410452001, 420213007, 21593001, 56204000, 53524009, 18188000, 56072006, 410441007, 30842004, 36844005, 700070005, 252782004, 252781006, 252846004, 392005004, 252783009, 252779009, 410455004, 425816006

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
EED Eye Exam for Patients with Diabetes <i>Continued</i>			EXCLUSIONS Bilateral modifier: 50 Unilateral Eye Enucleation: 65105, 65103, 65101, 65093, 65091, 65110, 65114, 65112, 205336009, 172132001, 397994004, 398031005, 59590004, 397800002 Hospice: 99377, 99378, G0182 Members receiving palliative care: Z51.5 Frailty: 99509, 99504

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
FMC Follow-Up After Emergency Department Visit for People with Multiple High- Risk Chronic Conditions <i>star measure weight</i> 	The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow- up service within 7 days of the ED visit.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. 	COLLECTION/REPORTING METHOD Admin — CPT Outpatient and Telehealth: 99483, 99345, 99342, 99344, 99341, 99350, 99348, 99349, 99347, 99385, 99386, 99387, 99384, 99382, 99381, 99383, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99202, 99211, 99215, 99213, 99214, 99212, 99422, 99423, 99421, 99395, 99396, 99397, 99394, 99392, 99391, 99393, 99401, 99402, 99403, 99404, 99411, 99412, 98971, 98972, 98970, 99458, 99457, 98981, 98980, 98967, 98968, 98966, 99442, 99443, 99441, 99429, 99456, 99455 Transitional Care Management: 99495, 99496 Case Management Encounter: 99366 Complex Care Management: 99439, 99490, 99491, 99489, 99487 BH Outpatient: 99483, 98961, 98962, 98960, 99345, 99342, 99344, 99341, 99350, 99348, 99349, 99347, 99510, 99385, 99386, 99387, 99384, 99382, 99381, 99383, 99494, 99492, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99202, 99211, 99215, 99213, 99214, 99212, 99395, 99396, 99397, 99394, 99392, 99391, 99393, 99078, 99401, 99402, 99403, 99404, 99411, 99412, 99493


Continued on next page >


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
FMC Follow-Up After Emergency Department Visit for People with Multiple High- Risk Chronic Conditions <i>Continued</i>			HCPCS Case Management Encounter: T1016, T2022, T1017, T2023 Complex Care Management: G0506 BH Outpatient: G0176, H0040, H0039, H0004, H0002, T1015, H0037, H0036, H2015, H2016, H2010, H2000, H2011, G0463, H0034, H0031, H2013, H2017, H2018, G0512, G0155, H2014, G0409, H2019, H2020, G0177 SNOMED Case Management Encounter: 386230005, 425604002, 416341003 BH Outpatient: 866149003, 444971000124105, 84251009, 77406008, 50357006, 281036007, 209099002, 90526000, 456201000124103, 391261003, 391257009, 391260002, 391225008, 391223001, 391224007, 3391000175108, 185464004, 86013001, 439740005, 391242002, 391237005, 391239008, 39123009, 185463005, 185465003 EXCLUSIONS Hospice: 99377, 99378, G0182

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
GSD Glycemic Status Assessment for Patients with Diabetes <i>star measure weight</i> 	The percentage of members 18-75 years of age with diabetes (Type 1 & 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was <9% during the measurement year.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. • Receive palliative care any time during the measurement year. • Are 66 years of age and older who are enrolled in an I-SNP or living in long-term institution. • Are 66 years of age and older as of 12/31 with: <ul style="list-style-type: none"> ◦ Two indicators of frailty with different dates of services AND ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine). ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> • Documentation in the medical record must include a note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed and the result. When identifying the most recent glycemic status assessment, GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date. 	COLLECTION/REPORTING METHOD Hybrid CPTII HbA1c Levels: 3044F = <7.0% 3051F = ≥7.0% and ≤8.0% 3052F = ≥8.0% and ≤9.0% 3046F = >9.0% SNOMED HbA1c Levels: 165679005 = <7.0% 451061000124104 = >9.0% EXCLUSIONS Hospice: 99377, 99378, G0182 Members receiving palliative care: Z51.5 Frailty: 99509, 99504


Continued on next page >

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
GSD Glycemic Status Assessment for Patients with Diabetes <i>Continued</i>		ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> GMI results collected by the member and documented in the member's medical record are eligible for use in reporting. There is no requirement that there be evidence the GMI was collected by a PCP or specialist. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for compliance. "Unknown" is not considered a result/finding. 	

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
KED Kidney Health Evaluation for Patients with Diabetes <i>star measure weight</i> 	<p>The percentage of members 18-85 years of age with diabetes (Type 1 & 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR)*, during the measurement year.</p> <p><i>*Both a urine albumin test and urine creatinine test must be performed with service dates four days or less apart.</i></p>	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. • Receive palliative care any time during the measurement year. • Are diagnosed with ESRD at any time in their history. • Are on Dialysis. • Are 66 years of age and older who are enrolled in an I-SNP or living in long-term institution. • Are 66-80 years of age and older as of 12/31 with: <ul style="list-style-type: none"> ◦ Two indicators of frailty with different dates of services AND ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine). • Are 81 years and older as of 12/31 with two or more indications of frailty with different dates of services during the measurement year. 	COLLECTION/REPORTING METHOD Administrative <hr/> CPT eGFR: 80047, 80048, 80053, 82565, 80050, 80069 Quantitative Urine Albumin Test: 82043 Urine Creatinine Lab Test: 82570 SNOMED eGFR: 18207002, 444336003, 446913004, 763355007, 12341000, 444275009, 706951006, 241373003 Quantitative Urine Albumin Test: 104486009, 104819000 Urine Creatinine Lab Test: 36793009, 8879006, 444322008, 271260009 <hr/> EXCLUSIONS Hospice: 99377, 99378, G0182 Members receiving palliative care: Z51.5 ESRD: N18.5, N18.6, Z99.2 Dialysis: 90947, 90945, 90937, 90935, 90997, 99512, 90999, S9339, G0257 Frailty: 99509, 99504


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
OMW Osteoporosis Management in Women Who Had a Fracture <i>star measure weight</i> 	<p>The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.</p> <p><i>*Fractures of finger, toe, face and skull are not included in this measure.</i></p>	<p>REQUIRED EXCLUSIONS</p> <p>Members who:</p> <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. • Receive palliative care any time during the measurement year. • Are 67 years of age and older who are enrolled in an I-SNP or living in long-term institution. • Are 67-80 years of age and older as of 12/31 with: • Two indicators of frailty with different dates of services AND <ul style="list-style-type: none"> ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine). • Are 81 years and older as of 12/31 with two or more indications of frailty with different dates of services during the measurement year. <p>ADDITIONAL INFORMATION/TIPS</p> <ul style="list-style-type: none"> • Dispensed at least one of the following medications within 180 days of their discharge for a fracture: <ul style="list-style-type: none"> ◦ Biphosphonates: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic Acid ◦ Other Agents: Abaloparatide, Denosumab, Raloxifene, Romosozumab, Terparatide 	<p>COLLECTION/REPORTING METHOD</p> <p>Administrative</p> <hr/> <p>CPT</p> <p>Bone Density Test: 77086, 76977, 77085, 77080, 77081, 77078</p> <p>HCPCS</p> <p>Osteoporosis Medication Therapy: J0897, J1740, J3111, J3110, J3489</p> <p>ICD-10 DIAGNOSIS</p> <p>Bone Density Test: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, PB4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1</p> <p>SNOMED</p> <p>Bone Density Test: 707218004, 449781000, 385342005, 312681000, 4211000179102, 22059005, 440083004, 391059003, 440099005, 440100002, 391061007, 391060008, 391057001, 391058006, 391064004, 391066002, 391065003, 391063005, 391062000, 391069009, 391070005, 391074001, 3910076004, 391073007, 391072002, 391080009, 391082001, 391081008, 391078003, 391079006</p> <hr/> <p>EXCLUSIONS</p> <p>Members receiving palliative care: Z51.5</p> <p>Hospice: 99377, 99378, G0182</p> <p>Frailty: 99509, 99504</p>


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
PCR Plan All-Cause Readmissions	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicated probability of an acute readmission.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. 	EXCLUSIONS Hospice: 99377, 99378, G0182

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
SPC Statin Therapy for Patients with Cardiovascular Disease <i>star measure weight</i>  SUBMEASURE Received Statin Therapy	The percentage of males, 21-75 years of age, and females, 40-75 years of age, during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Receive an ESRD diagnosis during the measurement year or the year prior • Receive a Cirrhosis diagnosis during the measurement year or the year prior • Are on dialysis during the measurement year or the year prior • Receive a diagnosis of myalgia, myositis, myopathy or rhabdomyolysis during the measurement year • Have myalgia or rhabdomyolysis caused by a statin any time during the member's history • Use hospice services or elect to use a hospice benefit at any time during the measurement year • Die anytime during the measurement year • Receive palliative care any time during the measurement year • Are diagnosed with ESRD at any time in their history • Are on Dialysis • Had a kidney transplant or nephrectomy • Are 66 years of age and older who are enrolled in an ISNP or living in long-term institution • Are 66 years of age and older as of 12/31 with: <ul style="list-style-type: none"> ◦ Two indicators of frailty with different dates of services AND ◦ Two indicators of advanced illness or dispensed a dementia medication (Donepezil, Memantine, Donepezil-memantine, Galantamine, Rivastigmine) 	COLLECTION/REPORTING METHOD Administrative EXCLUSIONS Members receiving palliative care: Z51.5 Muscular Pain and Disease: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.10, M79.11, M79.12, M79.18 Muscular Reactions to Statins: 787206005, 16462851000119106, 1652433100019104, 1652429100019105 Dialysis: 90947, 90945, 90937, 90935, 90997, 99512, 90999, S9339, G0257 ESRD: N18.5, N18.6, Z99.2 Cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81 Hospice: 99377, 99378, G0182 Frailty: 99509, 99504

Continued on next page >


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
SPC Statin Therapy for Patients with Cardiovascular Disease Continued		ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> High and Moderate Intensity Statin Medications: <ul style="list-style-type: none"> High Intensity: Atorvastatin 40-80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimbe-simvastatin 80mg Moderate Intensity: Atorvastatin 10-20mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimbe-simvastatin 20-40mg, Pravastatin 40-80mg, Lovastatin 40mg, Fluvastatin 40-80mg, Pitavastatin 1-4mg 	


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
TRC-MRP Transitions of Care <i>star measure weight</i>  SUBMEASURE Medication Reconciliation Post-Discharge	<p>The percentage of discharges for members 18 years of age and older who had: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). The review consists of discharge medications are reconciled with the most recent medication list in the outpatient medical record.</p>	<p>REQUIRED EXCLUSIONS</p> <p>Members who:</p> <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. <p>ADDITIONAL INFORMATION/TIPS</p> <ul style="list-style-type: none"> • Documentation of a medication reconciliation, in the outpatient medical record, conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse must include evidence and date performed. • Any of the following meet criteria: <ul style="list-style-type: none"> ◦ Documentation of current medications with a notation that the provider reconciled the current and discharge medications ◦ A notation that there were no changes, same medications at discharge or discontinue all discharge medications in the record ◦ Notation that no medications were prescribed or ordered upon discharge. 	<p>COLLECTION/REPORTING METHOD</p> <p>Administrative - Claim/Encounter Data</p> <p>—</p> <p>CPT</p> <p>Medication Reconciliation Encounter: 99483, 99495, 99496</p> <p>CPTII</p> <p>Medication Reconciliation Encounter: 1111F</p> <p>SNOMED</p> <p>Medication Reconciliation Encounter: 430193006, 428701000124107</p> <p>—</p> <p>EXCLUSIONS</p> <p>Hospice: 99377, 99378, G0182</p>

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
TRC-NOI Transitions of Care <i>star measure weight</i>  SUBMEASURE Notification of Inpatient Admission	The percentage of discharges for members 18 years of age and older who had: Documentation of receipt of notification of inpatient admission on the day of the admission through 2 days after the admission (3 total days).	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> • Documentation in the outpatient medical record must include evidence of receipt of notification (IP) of IP on the day of admission through 2 days after the admission (3 total days). • Any of the following examples meet criteria: <ul style="list-style-type: none"> ◦ Communication between PCP/staff/ongoing care provider via phone call, email, fax ◦ Communication between ED and PCP/ ongoing care provide via phone call, email, fax ◦ Communication to PCP/ongoing care provider via health information exchange (HIE) ◦ Communication through shared electronic medical record (EMR) ◦ Communication to PCP/ ongoing care provider from member's health plan, communication about admission to the member's PCP or ongoing care provider from the member's health plan ◦ Indication that the member's PCP or ongoing care provider admitted the member to the hospital 	COLLECTION/REPORTING METHOD Hybrid EXCLUSIONS Hospice: 99377, 99378, G0182

Continued on next page >


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
TRC-NOI Transitions of Care <i>Continued</i>		ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay. 	


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
TRC-PED Transitions of Care <i>star measure weight</i>  SUBMEASURE Patient Engagement After Inpatient Discharge	The percentage of discharges for members 18 years of age and older who had: Documentation of patient engagement (e.g. office visit, telehealth, home visit) provided within 30 days after discharge.	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> • Documentation in the outpatient medical record must include evidence of patient engagement within 30 days after discharge. • Any of the following meet criteria: <ul style="list-style-type: none"> ◦ Outpatient visit, including office visits and home visits ◦ Telephone visit ◦ Synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication ◦ E-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not in real-time, occurred between the member and provider) ◦ If the member is unable to communicate with the provider, interaction between the member's caregiver and the provider meets criteria. 	COLLECTION/REPORTING METHOD Administrative - Claim/Encounter Data CPT Outpatient and Telehealth: 99493, 99345, 99342, 99344, 99341, 99350, 99348, 99349, 99347, 99385, 99386, 99387, 99384, 99382, 99381, 99383, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99202, 99211, 99215, 99213, 99214, 99212, 99422, 99423, 99421, 99395, 99396, 99397, 99394, 99392, 99391, 99393, 99401, 99402, 99403, 99404, 99411, 99412, 98971, 98972, 98970, 99458, 99457, 98981, 98980, 98967, 98968, 98966, 99422, 99443, 99441, 99429, 99456, 99455 Transitional Care Management: 99495, 99496 HCPCS Outpatient and Telehealth: G0439, G0438, G2252, G2012, G2251, T1015, G0463, G0402, G0071, G2250, G2010 SNOMED Outpatient and Telehealth: 866149003, 444971000124105, 84251009, 77406008, 50357006, 281036007, 209099002, 90526000, 456201000124103, 3391000175108, 185464004, 86013001, 439740005, 386472008, 314849005, 185317003, 386473003, 401267002, 185463005, 185465003 EXCLUSIONS Hospice: 99377, 99378, G0182


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
TRC-RDI Transitions of Care <i>star measure weight</i>  SUBMEASURE Receipt of Discharge Information	The percentage of discharges for members 18 years of age and older who had: Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).	REQUIRED EXCLUSIONS Members who: <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Die anytime during the measurement year. ADDITIONAL INFORMATION/TIPS <ul style="list-style-type: none"> • Discharge information may be included in, but not limited to, a discharge summary or summary of care record or be located in structured fields in an EHR. • At minimum, discharge information must include all of the following: <ul style="list-style-type: none"> ◦ Practitioner responsible for member's care during IP ◦ Procedures or treatment provided ◦ Diagnosis at discharge ◦ Current medication list ◦ Testing results or documentation of pending tests or no tests pending ◦ Instructions for patient care post-discharge 	COLLECTION/REPORTING METHOD Hybrid EXCLUSIONS Hospice: 99377, 99378, G0182


Part D Measures


HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
<div>COB</div> <div>Concurrent Use of Opioids and Benzodiazepines</div> <div>star measure weight</div> <div>★</div>	<p>The percentage of individuals ≥18 years of age with concurrent use of prescription opioids and benzodiazepines.</p>	<div>REQUIRED EXCLUSIONS:</div> <p>Members who:</p> <ul style="list-style-type: none">• Use hospice services or elect to use a hospice benefit at any time during the measurement year.• Are diagnosed with any type of cancer.• Are diagnosed with Sickle cell disease. <div>ADDITIONAL INFORMATION/TIPS</div> <ul style="list-style-type: none">• Clinicians should consider whether benefits outweigh risks when co-prescribing opioid and benzodiazepines. Limit prescribing both medications to only those members for whom alternative treatment options are not adequate.• If new prescriptions are needed, limit the dose and duration. After a member has been prescribed a total of 30 days on both medications, they will be non-compliant from the measure.• Due to increased risk of significant outcomes for members that are already on benzodiazepines and opioids, consider tapering long-standing medications gradually, and when possible, discontinue.	<div>COLLECTION/REPORTING METHOD</div> <p>Pharmacy Data</p> <div>EXCLUSIONS</div> <p>Hospice: 99377, 99378, G0182 Sickle Cell: D57.00</p>

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
MAC Medication Adherence for Cholesterol <i>star measure weight</i> 	<p>The percentage of members 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% for statins during the measurement year.</p> <p>Members are included in the denominator who claimed 2 or more prescriptions for any statin or statin combination product on different dates of services in the treatment period.</p>	<p>REQUIRED EXCLUSIONS:</p> <p>Members who:</p> <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Have End Stage Renal Disease (ESRD). • Are on Dialysis. 	<p>COLLECTION/REPORTING METHOD</p> <p>Pharmacy Data</p> <hr/> <p>EXCLUSIONS</p> <p>ESRD: N18.5, N18.6, Z99.2</p> <p>Dialysis: 90947, 90945, 90937, 90935, 90997, 99512, 90999, S9339, G0257</p> <p>Hospice: 99377, 99378, G0182</p>

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
MAD Medication Adherence for Diabetes <i>star measure weight</i> 	<p>The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% for any of the diabetes medications during the measurement year.</p> <p>Members included in the denominator who claimed 2 or more prescriptions for any of the diabetes medications on different dates of services in the treatment period.</p>	<p>REQUIRED EXCLUSIONS:</p> <p>Members who:</p> <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Have End Stage Renal Disease (ESRD). • Are prescribed Insulin. 	<p>COLLECTION/REPORTING METHOD</p> <p>Pharmacy Data</p> <hr/> <p>EXCLUSIONS</p> <p>Hospice: 99377, 99378, G0182 ESRD: N18.5, N18.6, Z99.2</p>

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
MAH Medication Adherence for Hypertension (RAS) <i>star measure weight</i> 	<p>The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% for renin angiotensin system antagonists (RASA) during the measurement year.</p> <p>Members are included in the denominator who claimed 2 or more prescriptions for any RAS combination product on different dates of service in the treatment period.</p>	<p>REQUIRED EXCLUSIONS:</p> <p>Members who:</p> <ul style="list-style-type: none"> • Use hospice services or elect to use a hospice benefit at any time during the measurement year. • Have End Stage Renal Disease (ESRD). • Are prescribed sacubitril or valsartan. 	<p>COLLECTION/REPORTING METHOD</p> <p>Pharmacy Data</p> <hr/> <p>EXCLUSIONS</p> <p>Hospice: 99377, 99378, G0182 ESRD: N18.5, N18.6, Z99.2</p>

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
POLY-ACH Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults <i>star measure weight</i> 	The percentage of individuals ≥65 years of age with concurrent use of ≥2 unique anticholinergic medications.	REQUIRED EXCLUSIONS: Members who: <ul style="list-style-type: none"> Use hospice services or elect to use a hospice benefit at any time during the measurement year. 	COLLECTION/REPORTING METHOD Pharmacy Data EXCLUSIONS Hospice: 99377, 99378, G0182

HEDIS MEASURE	DESCRIPTION	EXCLUSIONS / ADDITIONAL INFORMATION	COMMONLY USED CODES
SUPD Statin Use in Persons with Diabetes <i>star measure weight</i> 	The percentage of individuals ages 40 - 75 years who were dispensed a medication for diabetes that receive a statin medication.	REQUIRED EXCLUSIONS: Members who: <ul style="list-style-type: none"> Use hospice services or elect to use a hospice benefit at any time during the measurement year. Have End Stage Renal Disease (ESRD). Are diagnosed with rhabdomyolysis or myopathy. Are pregnant, lactating or fertile. Are diagnosed with liver disease. Are diagnosed with pre-diabetes. Are diagnosed with Polycystic ovary syndrome (PCOS). 	COLLECTION/REPORTING METHOD Pharmacy Data EXCLUSIONS Hospice: 99377, 99378, G0182 ESRD: N18.5, N18.6, Z99.2 Muscular Reactions to Statins: 1652429100019105, 16524331000119104, 16462851000119106, 787206005

Glossary of Key Terms

MEASUREMENT YEAR

Typically refers to a 12-month period, most often from January 1 to December 31, during which healthcare services are delivered. Data from this period is analyzed and reported in the subsequent reporting year.

REPORTING YEAR

This is the timeframe when data is reviewed and submitted. The data reflects services provided in the measurement year, usually the year immediately prior. In some cases, data may include services from even earlier periods. For instance, the 2022 reporting year would analyze services delivered in 2021 or earlier. Results from this reporting year are often available by June 2022, depending on the specific quality program.

DENOMINATOR

Represents the total number of members eligible for a specific measure, as defined by the NCQA's technical guidelines.

NUMERATOR

The subset of members within the denominator who meet compliance standards for appropriate care, treatment, or service, as determined by NCQA specifications.

MEDICAL RECORD DATA

This refers to details extracted directly from a member's medical records to confirm services provided that may not be documented in claims, encounter data, or other supplemental data sources.

DATA COLLECTION AND REPORTING METHODS

- **Administrative Reporting:** Uses the entire eligible population as the denominator. The numerator consists of claims for medical, pharmacy, and encounter data, supplemented by approved data where applicable.
- **Hybrid Reporting:** Relies on a randomized sample of 411 members from the eligible population for the denominator. The numerator combines claims data with medical record reviews and may include auditor-approved supplemental information.
- **Supplemental Data:** Refers to additional clinical data collected by health plans to enhance HEDIS reporting accuracy. This data complements standard claims data.
- **Electronic Clinical Data Systems (ECDS):** Involves multiple data sources to provide comprehensive insights into care quality. Examples of eligible data systems include:
 - Claims data
 - Member eligibility files
 - Electronic health records
 - Clinical and disease management registries
 - Health information exchanges

REQUIRED EXCLUSIONS

Certain members are excluded from measure denominators due to specific diagnoses or procedures noted in their claims, encounters, or pharmacy data. These exclusions are applied after claims data is processed using certified HEDIS software. Examples include:

- Exclusion of members with end-stage renal disease (ESRD) from the statin therapy measure (SPC).
- Exclusion of members who received hospice care during the measurement year from applicable measures.

PROPORTION OF DAYS COVERED (PDC)

Defined by the Pharmacy Quality Alliance (PQA), this metric calculates the percentage of days within a measurement period for which a member has active prescription coverage for a given medication or a similar drug within the same therapeutic class.



2020 PONCE DE LEON BLVD., PH 1
CORAL GABLES, FLORIDA 33134

MEMBER SERVICES DEPARTMENT

DIRECT (786) 460-3427
TOLL-FREE (833) 342-7463 (TTY:711)
7 DAYS A WEEK, 8AM TO 8PM

WWW.DOCTORSHCP.COM



H4140_QUALITYHEDISGUIDE2025_C