

Quick Reference Guide

General Measures

Measure	Description	Required Documentation	Coding Tips
Ambulatory Care (AMB-ED) NCQA HEDIS® Administrative Measure	Summarizes the rate of outpatient and ED encounters for members, all ages	Of outpatient or ED visit, including telehealth	Please Click Here for a list of acceptable codes Procedures (10000-69999) must be performed within the ED place of service in order to be counted towards compliance
Concurrent Use of Opioids and Benzodiazepines (COB) CMS Administrative Measure	Members age 18 and older with concurrent use of prescription opioids and benzodiazepines.* A lower rate indicates better performance. *Members with a cancer diagnosis are excluded from this measure.	Of at least one of the following criteria during the measurement year: » Members dispensed opioids January 1 through December 2 of the measurement year with ≥ 2 prescriptions for the same or different opioid medications on separate dates of service, and with a ≥ 15 cumulative day supply during the measurement year. Note: If multiple prescriptions for opioids are dispensed on the same day, prescriptions with the longest day supply will be used. » Members with ≥ 2 prescription claims for opioid medications on different dates of service (same or different prescriptions), and with a cumulative days' supply of ≥ 15 days during the measurement year.	Please Click Here for a list of acceptable codes
HIV Viral Load Suppression (HVL) CMS Administrative Measure	Members age 18 and older with a diagnosis of Human Immunodeficiency Virus infection (HIV) who had an outpatient visit and HIV viral load < 200 copies/mL at last HIV viral load test during the measurement year.	Documentation of HIV viral load test with < 200 copies/mL.	Please Click Here for a list of acceptable codes
Plan All-Cause Readmissions (PCR) NCQA HEDIS® Administrative Measure	Members 18 to 64 years who had an unplanned acute readmission within 30 days of an inpatient stay.	Of an unplanned inpatient readmission encounter within 30 days following an inpatient stay.	Please Click Here for a list of eligible codes

*MY (measurement year) represents the care that was delivered to Alliance members in 2019. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

MY* 2019 HEDIS Measures

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General Measures *Continued*

Measure	Description	Required Documentation	Coding Tips
<p>Use of Opioids at High Dosage in Persons Without Cancer (OHD)</p> <p>CMS Administrative Measure</p>	<p>Members age 18* and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.</p> <p>*Members with a cancer diagnosis are excluded.</p> <p>A lower rate indicates better performance.</p>	<p>Of at least one of the following criteria during the measurement year:</p> <ul style="list-style-type: none"> » Members dispensed opioids January 1 through October 3 of the measurement year with ≥ 2 or more prescriptions for the same or different opioid medications on separate dates of service, and with a 15 or more cumulative day supply during the measurement year. <p>Note: If multiple prescriptions for opioids are dispensed on the same day, prescriptions with the longest day supply will be used.</p>	<p>Please Click Here for a list of acceptable depression screening codes</p>
<p>Screening for Depression and Follow-up Plan: 12 years and older (CDF)</p> <p>CMS Administrative Measure</p>	<p>Members age ≥ 18 screened for depression using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.</p>	<p>Of age appropriate standardized depression screening (i.e. PHQ-A, PHQ-9, GDS-5, or EPDS – not an inclusive list)</p> <p>If screening is positive: Documentation of related follow-up care within 30 days of positive screening. See Depression Screening Tip Sheet for a list of qualifying follow-up plans.</p>	<p>Please Click Here for a list of acceptable depression screening codes</p>
<p>Adult BMI Assessment (ABA)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Hybrid Measure</p>	<p>Percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.</p>	<ul style="list-style-type: none"> » Members ≥ 20 years old on DOS show evidence of weight and BMI value in 2018 and/or 2019. » Members < 20 years on DOS show BMI percentile, height, weight and age-growth chart in 2018 and/or 2019 	<p>Please Click Here for a list of acceptable BMI codes</p>

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Chronic Condition Measures

Measure	Description	Required Documentation	Coding Tips
<p>Antidepressant Medication Management (AMM-Acute & AMM-Cont)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Administrative measure</p>	<p>Members 18 years of age and older who were diagnosed with major depression were treated with antidepressant medication (Initial prescription: May 1, 2018 to April 30, 2019), and remained on an antidepressant medication treatment for 84 acute days through 180 days convalescent.</p> <p>Two rates will be reported for this measure:</p> <ol style="list-style-type: none"> 1. Effective Acute Phase Treatment: members who remained on antidepressant medication for at least 84 days (12 weeks) 2. Effective Continuation Phase Treatment: members who remained on an antidepressant for at least 180 days (6 months) 	<p>Medication treatment for 84 days (12 weeks) of treatment or 180 days (6 months) beginning on the date the medication was dispensed.</p>	<p>Diagnosis codes for depression: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p>Please Click Here for a list of antidepressant medication codes.</p>
<p>Asthma Medication Ratio (AMR)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Administrative measure</p>	<p>Members ages 5-64 who have persistent asthma and had a rate of ≥ 0.50 of controller medications for 2019.</p> <p>At least one of the following criteria in 2018 and 2019:</p> <ul style="list-style-type: none"> » At least 1 ED visit with principle diagnosis (DX) of asthma » At least 1 Inpatient visit with principle DX of asthma » At least 4 Outpatient or Observation visits with a DX of asthma AND at least 2 asthma medications dispensing events (only 3 of the 4 visits may be a telehealth visit, telephone visit or online assessment) » At least 4 asthma medication dispensing events 	<p>Refer to Asthma Medication Ratio Tip Sheet for information on exclusions and rate calculation.</p>	<p>ICD-10 codes indicating persistent asthma:</p> <ul style="list-style-type: none"> » J45.20 - J45.22 » J45.30 - J45.32 » J45.40 - J45.42 » J45.50 - J45.52 » J45.901 - J45.909 » J45.990 - J45.998 <p>For a list of asthma controller medications, please Click Here.</p>

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Chronic Condition Measures *Continued*

Measure	Description	Required Documentation	Coding Tips
<p>Comprehensive Diabetic Care (CDC) HbA1c Testing & Poor Control >9.0% (CDC-HT & CDC-Hg)</p> <p>These measures are held to the MPL</p> <p>NCQA HEDIS® Administrative Measures</p>	<p>Adults ages 18-75 with a diagnosis of diabetes (type 1 and type 2) who had EACH of the following:</p> <ul style="list-style-type: none"> » Hemoglobin A1c test » Hemoglobin A1c control (>9.0%) A lower rate indicates better performance. 	<p>Hemoglobin A1c test in 2019 and result $\leq 9.0\%$.</p>	<p>Please Click Here for list of eligible codes</p>
<p>Controlling High Blood Pressure (CBP)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Hybrid Measure</p>	<p>Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) at least two visits on different dates and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.</p>	<p>Most recent BP reading during the measurement year on or after the second diagnosis of hypertension</p>	<p>Eligible CPT II Codes: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F</p>

Women's Measures

Measure	Description	Required Documentation	Coding Tips
<p>Breast Cancer Screening (BCS)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Administrative Measure</p>	<p>Women ages 50-74 who had a mammogram to screen for breast cancer</p>	<p>One or more mammograms anytime on or between October 1, 2017 and December 31, 2019</p>	<p>Eligible mammogram CPT codes:</p> <ul style="list-style-type: none"> » 77055-77057 » 77061-77067 » G0202-G0206
<p>Cervical Cancer Screening (CCS)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Administrative Measure</p>	<p>Women ages 21-64 who had cervical cancer screening by 1 of 3 methods</p>	<p>Women ages 24-64:</p> <ul style="list-style-type: none"> » Cervical cytology (Pap) performed 1/1/17 - 12/31/19 with result or finding <p>Women ages 30-64:</p> <ul style="list-style-type: none"> » Cervical cytology AND human papillomavirus (HPV) co-testing performed between 1/1/15 & 12/31/19 with results or findings; <li style="text-align: center;">or » Cervical HPV testing 1/1/14 - 12/31/19 with result or finding <p>Documentation of patient reported date of Pap with test result.</p>	<p>Please Click Here for a list of eligible codes</p>

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Women's Measures Continued

Measure	Description	Required Documentation	Coding Tips
<p>Chlamydia Screening in Women 16 - 24 years (CHL)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Administrative Measure</p>	<p>Women ages 16 to 24 years old who are identified as sexually active and who had at least one screening for chlamydia during the measurement year.</p>	<p>One or more chlamydia tests in the measurement year.</p>	<p>Eligible CPT Screening Codes: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p>
<p>Contraceptive Care - All Women: Most or Moderately Effective Contraception (CCW-MMEC & CCW-LARC)</p> <p>CMS Administrative Measure</p>	<p>Percentage of women ages 15 to 44 at risk of unintended pregnancy, that:</p> <ol style="list-style-type: none"> Were provided a most effective or moderately effective method of contraception. Were provided a long-acting reversible method of contraception (LARC). 	<p>The following categories will qualify members to be included in this measure:</p> <ul style="list-style-type: none"> » Women with no pregnancies in the measurement year » Women who had live birth in the first 10 months of the measurement year » Women who had a known miscarriage, stillbirth or ectopic pregnancy, or induced abortion. 	<p>Please Click Here for list of eligible codes</p>
<p>Contraceptive care - Postpartum Women: Most or Moderately Effective Contraception (3 Days & 60 Days) (CCP - MMEC3 & CCP - MMEC60)</p> <p>(For live births between 1/1/19 - 10/31/19)</p> <p>CMS Administrative Measure</p>	<p>Percentage of effective or moderately effective method of contraception provided to women ages 15 - 44 years of age within 3 and 60 days after delivery in 2019.</p> <p>*Rates for 3 and 60 days after delivery will be reported separately.</p>	<p>Of most or moderately effective contraception within the measurement year.</p>	<p>Please Click Here for list of eligible codes</p>
<p>Contraceptive Care - Postpartum Women: LARC (3 Days & 60 Days) (CCP-LARC3 & CCP-LARC60)</p> <p>(For live births between 1/1/19 - 10/31/19)</p> <p>CMS Administrative Measure</p>	<p>Percentage long-acting reversible method of contraception (LARC) provided to women ages 15 - 44 years of age within 3 and 60 days after delivery in 2019.</p> <p>*Rates for 3 and 60 days after delivery will be reported separately.</p>	<p>Of long-acting reversible method of contraception (LARC) within the measurement year.</p>	<p>Please Click Here for list of eligible codes</p>

Women's Measures *Continued*

Measure	Description	Required Documentation	Coding Tips
<p>Postpartum Care (PPC-Post)</p> <p>(For live births between 10/8/18 & 10/7/19)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Hybrid Measure</p>	<p>Women who had a postpartum visit between 7-84 days after delivery</p>	<p>Of dated postpartum visit and one of the following:</p> <ul style="list-style-type: none"> » Pelvic exam » Evaluation of weight, BP, breasts and abdomen » Notation of postpartum care or preprinted "Postpartum Care" form with documented during the visit Perineal or cesarean incision/wound check. » Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. » Glucose screening for women with gestational diabetes. 	<p>Please Click Here for list of eligible codes</p>
<p>Prenatal Care (PPC-Pre)</p> <p>(For live births between 10/8/2018 & 10/7/2019)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Hybrid Measure</p>	<p>Women who had a prenatal visit within the first trimester (or within 42 days of enrollment)</p>	<p>Of dated prenatal visit and one of the following:</p> <ol style="list-style-type: none"> 1. Physical exam with one of the following: <ul style="list-style-type: none"> » Auscultation of fetal heart tone; or » Pelvic exam with obstetric observations; or » Measurement of fundus height (use of standardized prenatal flow sheet is encouraged) 2. Evidence of prenatal care procedure performed, such as: <ul style="list-style-type: none"> » Screening test in the form of an OB panel, or » TORCH antibody panel alone, or » A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or » Echography of pregnant uterus 3. LMP & EDD with either of the following: <ul style="list-style-type: none"> » Prenatal risk assessment/counseling or education or » Complete obstetrical history 	<p>Please Click Here for a list of eligible codes</p>

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Children / Adolescent Measures

Measure	Description	Required Documentation	Coding Tips
<p>Adolescent Well-Care Visits (AWC)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Measure</p>	<p>Children 12 - 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.</p>	<p>Medical record documentation must include a note indicating a visit with a PCP or OB/GYN practitioner, date of service, and evidence of the following:</p> <ul style="list-style-type: none"> » Health history » A physical and mental and developmental history » A physical exam » Health Education/anticipatory guidance 	<p>Eligible codes include:</p> <ul style="list-style-type: none"> » 99384-99385 » 99394-99395
<p>Children & Adolescent Access to PCP (CAP)</p> <p>NCQA HEDIS® Administrative Measure</p>	<p>Children & adolescents ages 12 months-6 years who had a visit with PCP during 2019; Children ages 7-19 who had a visit with PCP during 2018 or 2019</p>	<p>Of outpatient or preventive care visit with PCP</p>	<p>Eligible codes include:</p> <ul style="list-style-type: none"> » 99201-99215 » 99241-99245 » 99341-99350 » 99381-99397 » 99401-99404 » 99411-99412 » 99429
<p>Childhood Immunization Status – Combo 10 (CIS-10)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Hybrid Measure</p>	<p>Children who receive the following Immunizations on or before their 2nd birthday:</p> <ul style="list-style-type: none"> » 4 DTaP » 3 IPV » 3 Heb B » 3 HiB » 1 VZV » 1 MMR » 4 PCV » 2 or 3 RV* » 1 Hep A » 2 Flu <p>* Members may need 2 or 3 doses, depending on the brand of vaccine; see CIS Tip Sheet.</p>	<p>Indicating name of specific antigen or vaccine and date of immunization, or Immunization Record</p> <p>All PCPs are required to enter vaccines into your local immunization registry. DHCS recommends entering information within 14 days of administering an immunization.</p> <p>Enter historical data into the registry to ensure that members only receive immunizations that are needed.</p> <p>http://cairweb.org/images/docs/BasicGuide.pdf</p> <p>http://www.myhealthyfutures.org/</p>	<p>Eligible CPT codes include:</p> <p>90644-90648, 90655-90662, 90670-90673, 90680-90681, 90685-90689, 90698, 90700, 90704-90716, 90721-90723, 90732, 90734, 90740, 90744, 90747-90748</p>
<p>Developmental Screening In The First 3 Years of Life (DEV)</p> <p>CMS Administrative Measure</p>	<p>The percentage of members ages 1-3 years screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.</p>	<p>Age appropriate screening with use one of the following tools:</p> <ul style="list-style-type: none"> » Ages and Stages Questionnaire (ASQ) » Ages and Stages Questionnaire - 3rd Edition (ASQ-3) » Battelle Developmental Inventory Screening Tool (BDI-ST) » Bayley Infant Neuro-developmental Screen (BINS) - » Brigance Screens-II Child Development Inventory (CDI) » Infant Development Inventory » Parents' Evaluation of Developmental Status (PEDS) » Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM) 	<p>Eligible CPT Code:</p> <p>96110</p>

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Children / Adolescent Measures Continued

Measure	Description	Required Documentation	Coding Tips
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase (ADD-INT) CMS Administrative Measure	Members 6–12 years of age as of the prescription start date with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.	An outpatient, intensive outpatient, observation visit, behavioral health assessment, a community health center visit, or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the start date of the prescription.	Please Click Here for list of eligible codes
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase (ADD-C&M) CMS Administrative Measure	Members 6–12 years of age as of the prescription dispensed date with an ambulatory prescription for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Members who were prescribed ADHD medication and filled the prescription who had 2 follow-up visits on different dates of service with any practitioner, from 31 - 300 days (9 months) after the initial dispensed date.	Please Click Here for list of eligible codes
Immunizations of Adolescents (IMA-2) This measure is held to the MPL NCQA HEDIS® Hybrid Measure	Have the following immunizations by their 13th birthday: <ul style="list-style-type: none"> » 1 MCV (given 11-13 yrs) » 1 Tdap (given 10-13 yrs) » 2 HPV (given 9-13 yrs) (at least 146 days a part) Note: NCQA age ranges do not match ACIP guidelines.	Indicating name of specific antigen or vaccine and date of immunization, or Immunization Record All PCPs are required to enter vaccines into your local immunization registry. DHCS recommends entering information within 14 days of administering an immunization. Enter historical data into the registry to ensure that members only receive immunizations that are needed. http://cairweb.org/images/docs/BasicGuide.pdf http://www.myhealthyfutures.org/	Eligible codes include: Meningococcal Vaccine <ul style="list-style-type: none"> » 90644 (MenHibrix) » 90734 (Menactra, Menveo) Tdap Vaccine <ul style="list-style-type: none"> » 90715 (Adacel, Boostrix) HPV Vaccine <ul style="list-style-type: none"> » 90649 (Gardasil) » 90650 (Cervarix) » 90651 (Gardasil9)
Weight Assessment & Counseling for Nutrition and Physical Activity (WCC-BMI) This measure is held to the MPL NCQA HEDIS® Hybrid Measure	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation.	Of height, weight and BMI percentile. The height, weight and BMI percentiles must be from the same data source. Either of the following meets criteria for BMI percentile: <ul style="list-style-type: none"> » BMI percentile documented as a value (e.g., 85th percentile). » BMI percentile plotted on an age-growth chart. Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.	Utilize BMI percentile ICD-10 codes: <ul style="list-style-type: none"> » Z68.51-Z68.54 Please Click Here for list of eligible codes

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Children / Adolescent Measures *Continued*

Measure	Description	Required Documentation	Coding Tips
<p>Well-Child Visits in the First 15 Months of Life (W15)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Hybrid Measure</p>	<p>Members who turned 15 months old during the measurement year and had six or more visits with a PCP during their first 15 months of life.</p>	<p>Well-child visit with evidence of all of the following in 2019:</p> <ul style="list-style-type: none"> » Health history » A physical and mental and developmental history » A physical exam » Health Education/anticipatory guidance 	<p>Eligible codes:</p> <ul style="list-style-type: none"> » 99381-99382; » 99391-99392; » 99461 » Z00.110-Z00.111 » Z00.121-Z00.129
<p>Well-Child Visits (Ages 3-6 years) (W34)</p> <p>This measure is held to the MPL</p> <p>NCQA HEDIS® Hybrid Measure</p>	<p>Children ages 3-6 who had at least 1 well-child visit with PCP in 2019</p>	<p>Well-child visit with evidence of all of the following in 2019:</p> <ul style="list-style-type: none"> » Health history » A physical and mental and developmental history » A physical exam » Health Education/anticipatory guidance 	<p>Eligible CPT/ICD-10 codes:</p> <ul style="list-style-type: none"> » 99382-99383 » 99392-99393 » Z00.121-Z00.129