

HEDIS® Documentation Requirements for Missouri Care Health Plan
(based on HEDIS® 2011 Technical Specifications)

HEDIS Measure	Medical Record Documentation Required for Medicaid Members
Childhood Immunization Combinations 2-10	Members who turned two years old in the calendar year Evidence of the following vaccines by the member's 2 nd birthday: <ul style="list-style-type: none"> • Four DTaP vaccines • Three IPV vaccines • One MMR vaccine • Three HiB vaccines • Three Hepatitis B vaccines • One Varicella (chickenpox) vaccine (or evidence of disease) • Four Pneumococcal conjugate vaccines • Two Hepatitis A vaccines • Two-dose/Three-dose Rotavirus vaccines • Two influenza vaccines
Lead Screening in Children	Members who turned two years old in the calendar year Documentation of one or more capillary or venous lead blood tests for lead poisoning by the members 2 nd birthday.
Adolescent Immunization Combination 1 (Meningococcal and Tdap/Td)	Members who turned 13 years old in the calendar year Evidence of the following vaccines by the member's 13 th birthday: <ul style="list-style-type: none"> • One meningococcal conjugate or polysaccharide vaccine • One Tdap or Td vaccine
Well-Child Visits in the First 15 Months of Life	Members who turned 15 months old in the calendar year Documentation of six or more well-child visits by the time the member is 15 months old. Documentation* should include: <ul style="list-style-type: none"> • Health and developmental history (physical and mental) • Complete physical exam • Health education / anticipatory guidance
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Members who turned 3 – 6 years old in the calendar year Documentation of one well-child visit in the calendar year for members who turned 3 – 6 years old in the calendar year. Documentation* should include: <ul style="list-style-type: none"> • Health and developmental history (physical and mental) • Complete physical exam • Health education / anticipatory guidance
Adolescent Well Care	Members who turned 12 – 21 years old in the calendar year Documentation of one well-child visit in the calendar year for members who turned 12 – 21 years old in the calendar year. Documentation* should include: <ul style="list-style-type: none"> • Health and developmental history (physical and mental) • Complete physical exam • Health education / anticipatory guidance
Appropriate Medications for People with Asthma (no chart review is conducted)	Members with persistent asthma and who turned 5 – 50 years old in the calendar year Documentation of appropriate medications for members who are persistent asthmatics. Members should have filled at least one prescription for antiasthmatic combinations, antibody inhibitor, inhaled corticosteroids, mast cell stabilizers, Methylxanthines, or leukotriene modifiers. Note: The above is considered the preferred asthma therapy medications.

Appropriate Testing for Children with Pharyngitis	Children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode
Appropriate Treatment for Children with Upper Respiratory Condition	Children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription
Follow-Up Care for Children Prescribed ADHD Medication	<p>Children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <p>Initiation Phase. The percentage of members 6–12 years of age as of the IPSD 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.</p> <p>Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed 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</p>

* To be in compliance with Missouri Medicaid guidelines, well-child visits should include all of the following components:

- Health and developmental history (physical and mental)
- Complete physical exam
- Health education (including anticipatory guidance)
- Immunizations and lab tests, as indicated
- Lead screening and testing, as indicated
- Developmental screening
- Fine motor / gross motor skills screening
- Hearing, vision, and dental screening

All components should be captured on the HCY Screening Guide (for providers who use paper medical records) or in an easily-accessible electronic format (for providers who use electronic medical records).