

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	Members who turned two years old in the calendar year
Combination 2-10	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	Members who turned 13 years old in the calendar year
Combination 1 (Meningococcal and Tdap/Td)	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 that 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 that 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

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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
Cervical Cancer Screening	Female members who turned 21 – 64 years old in the calendar year Documentation of a Pap test result in the calendar year or the two years prior (or documentation of a complete hysterectomy with no residual cervix prior to the end of the calendar year)
Chlamydia Screening in Women (no chart review is conducted)	Female members who turned 16 – 24 years old in the calendar year Among sexually active women, documentation of a Chlamydia test in the calendar year
Prenatal and Postpartum Care	Members with a live birth between 11/5 of the calendar year and 11/6 of the year prior Documentation of a <u>prenatal care visit</u> during the first trimester or within 42 days of enrollment with Missouri Care. Documentation – with date of service and diagnosis of pregnancy – must include: <ul style="list-style-type: none"> • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height, OR • Evidence that a prenatal care procedure was performed, such as: <ul style="list-style-type: none"> --A screening test in the form of an obstetric panel --TORCH antibody panel alone or a rubella antibody test/titer with and RH incompatibility (ABO/Rh) blood typing --Echography of a pregnant uterus, OR • Documentation of LMP or EDD in conjunction with either: <ul style="list-style-type: none"> • A prenatal risk assessment and counseling/education • A complete obstetrical history Documentation of a <u>postpartum visit</u> on or between 21 and 56 days after delivery. Documentation – with date of service – must include: <ul style="list-style-type: none"> • A pelvic exam, OR • An evaluation of weight, blood pressure, breasts and abdomen OR • A notation of “postpartum care”
Frequency of Prenatal Care	Women who had an unduplicated count of <21 percent, 21 percent–40 percent, 41 percent–60 percent, 61 percent–80 percent or ≥81 percent of the number of

	expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age.
Cholesterol Management for Patients With Cardiovascular Conditions	Members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year. LDL-C screening LDL-C control (<100 mg/dL)
Controlling High Blood Pressure	Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.
Comprehensive Diabetes Care	Members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • HbA1c control (<7.0%) for a selected population* • Eye exam (retinal) performed • LDL-C screening • LDL-C control (<100 mg/dL) • Medical attention for nephropathy • BP control (<140/80 mm Hg) • BP control (<140/90 mm Hg)
Follow-Up Care for Children Prescribed ADHD Medication	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: <ul style="list-style-type: none"> • 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. • 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

* 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).