

HEDIS® Documentation Requirements for Missouri Care Health Plan

(based on HEDIS® 2011 Technical Specifications)

Measure	Medical Record Documentation Required for Medicaid Members
<p>Cervical Cancer Screening</p>	<p>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)</p>
<p>Chlamydia Screening in Women</p> <p>(no chart review is conducted)</p>	<p>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</p>
<p>Prenatal and Postpartum Care</p>	<p>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 – must include:</p> <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 <p>Documentation of a <u>postpartum visit</u> on or between 21 and 56 days after delivery. Documentation – with date of service – must include:</p> <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”
<p>Frequency of Prenatal Care</p>	<p>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.</p>