

In an effort to improve the quality of health care across the nation, the National Committee for Quality Assurance (NCQA) created the Healthcare Effectiveness Data and Information Set (HEDIS®) more than 25 years ago. HEDIS® consists of more than 90 measures across six domains of care and is used by nearly all the nations' health plans to evaluate their performance. HEDIS® measurements are essentially technical specifications that define how to calculate rates for important quality indicators.

The Centers for Medicare and Medicaid Services (CMS) use HEDIS® data to monitor and rank managed care organizations' performance and compare health plans through their Stars Performance Program. The Stars Performance Program uses 46 of the 90+ HEDIS® measures to measure a plan's overall performance in multiple areas such as clinical care, customer satisfaction, plan performance, and more. Note that each measure has an assigned 'weight,' with some measures determined to have a more significant impact when demonstrating quality performance.

Top-performing plans set the bar for determining the categories or 'Star ratings' that plans receive. Star ratings range from 1 to 5, with 1 being the lowest and 5 indicating a top-performing plan. CMS posts health plans' Star ratings on their website annually.

Measure	Eligible Members & Measure Description	Details for Care Needed	Codes & Medications that Meet Measure Requirements
<p><b>Breast Cancer Screening</b></p>	<p>Female patients ages 50-74 who had at least one breast cancer screening any time from October 1, 2018 -December 31, 2020</p>	<p><b>Mammogram can be any of the following types:</b> screening, diagnostic, film, digital, or digital breast tomosynthesis</p> <p><b>Patients ages 35-39:</b> one baseline mammogram is covered</p> <p><b>Patients ages 40 and older:</b> annual mammogram is covered</p>	<p><b>HCPCS codes:</b> G0202, G0204, G0206</p> <p><b>CPT codes:</b> 77061-63, 77065-067</p>
<p><b>Comprehensive Diabetes Care (CDC)</b></p>	<p>Patients ages 18-75 diagnosed with diabetes (type I or II) who have controlled blood sugar during current calendar year</p>	<p><b>Hemoglobin A1C test</b></p> <p><b>Note:</b> Only the last A1C lab taken in current calendar year counts and <b>only a controlled result</b> counts (&lt;8%)</p> <p><b>Note:</b> glycohemoglobin, glycated hemoglobin and glycosylated tests count</p>	<p><b>CPT/CPT II codes:</b></p> <ul style="list-style-type: none"> <li>• <b>A1C lab result 7.0-9.0:</b> 3045F</li> <li>• <b>A1C lab result &gt; 9.0:</b> 3046F</li> <li>• <b>A1C lab result &lt; 7.0:</b> 3044F</li> <li>• <b>A1C tests:</b> 83036, 83037</li> </ul>

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<p><b>Comprehensive Diabetes Care (CDC)</b></p>	<p>Patients ages 18-75 diagnosed with diabetes (type I or II) who had medical attention for nephropathy during the current calendar year</p>	<p><b>Medical attention for nephropathy includes any of the following:</b></p> <ul style="list-style-type: none"> <li>• Dispensed prescription for ACE/ARB medication</li> <li>• Nephrology office visit</li> <li>• Urine protein test                             <ul style="list-style-type: none"> <li>• 24-hour urine for albumin or protein</li> <li>• Timed urine for protein</li> <li>• Spot urine (e.g., urine, dipstick, or test strip) for albumin or protein</li> <li>• 24-hour urine for total protein</li> <li>• Random urine for protein/creatinine ratio</li> </ul> </li> </ul> <p><b>Also meets criteria:</b> renal dysfunction, acute and chronic renal failure, chronic kidney disease, dialysis, hemodialysis or peritoneal dialysis</p>	<p><b>Evidence of medical attention for nephropathy</b></p> <p><b>ICD-10 Dx. codes:</b>                      E08.21-E08.22, E08.29, E09.21-E09.22, E09.29, E10.21-E10.22, E10.29, E11.29, E13.21-E13.22, E10.29, E11.21-E11.22, E11.29, E13.21-E13.22, E13.29, I12.0, I12.9, I13.0, I13.10-I13.11, I13.2, I15.0-I15.1, N00.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N04.A, N05.0-N05.09, N05.A, N06.0-N06.9, N06.A, N07.0-N07.9, N07.A, N08, N14.0-N14.4, N17.0-N17.2, N17.8-N17.9, N18.1-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1-N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8-Q61.9, R80.0-R80.3, R80.8-R80.9</p> <p><b>CPT/CPT II codes:</b>                      3066F, 4010F</p>

Measure	Eligible Members & Measure Description	Details for Care Needed	Codes & Medications that Meet Measure Requirements
<b>Comprehensive Diabetes Care (CDC)</b>	Patients ages 18-75 diagnosed with diabetes (type I or II) who have controlled blood pressure during current calendar year	Controlled blood pressure reading  <b>Note:</b> Only the <b>last blood pressure reading taken in the current calendar year</b> is used and it must be a controlled blood pressure to count ( $\leq 140/90$ mmHg)	<b>CPT II codes:</b>  <b>Systolic codes:</b> <130 mmHg: 3074F 130-139 mmHg: 3075F, 3077F  <b>Diastolic codes:</b> <80 mmHg: 3078F 80-89 mmHg 3079F, 3080F
<b>Colorectal Cancer Screening (COL)</b>	Patients ages 50-75 who are current for at least one colorectal cancer screening	<b>Colorectal cancer screening, to include any of the following:</b> <ul style="list-style-type: none"> <li>• <b>Colonoscopy:</b> Once in current calendar year or the nine years prior (2011-2020)</li> <li>• <b>CT Colonography:</b> Once in current calendar year or the four years prior (2016-2020)</li> <li>• <b>Flexible sigmoidoscopy:</b> Once in current calendar year or the four years prior (2016-2020)</li> <li>• <b>gFOBT/FIT:</b> Once in current calendar year</li> <li>• <b>FIT-DNA:</b> Once in current calendar year or the two years prior (2018-2020)</li> </ul>	<b>ICD-10 DX code:</b> Z12.11  <b>CPT and G codes:</b> 44388-94, 44397, 44401-44408, 45355, 45378-93, 45398, G0121  <b>CPT code:</b> 74263  <b>CPT and G codes:</b> 45330-35, 45337-42, 45345-47, 45349-50, G0104  <b>CPT and G codes:</b> 81528, 82770, G0328  <b>CPT and G codes:</b> 81528 (Cologuard), G0464

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<p><b>Cervical Cancer Screening (CCS)</b></p>	<p>Cervical Cancer Screening-CCS Women 21-64 years of age who have had cervical cytology performed within the last 3 years</p> <p>Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</p> <p>Women 30-64 years of age who had cervical cytology/hi-risk human papillomavirus (hrHPV) testing within the past 5 years</p>	<p>Documentation in the medical record must include both a note indicating the date when the cervical cytology was performed, and the result or finding</p> <p><b>Do not count biopsies for diagnostic and therapeutic reasons</b></p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Documentation of complete, total, or radical hysterectomy (abdominal, vaginal, or unspecified)</li> <li>• Documentation of vaginal hysterectomy</li> <li>• Documentation of vaginal pap smear in conjunction with documentation of hysterectomy</li> <li>• Documentation of hysterectomy, in combination with documentation that the patient no longer needs pap testing/ cervical cancer screening</li> </ul>	<p><b>Cervical Cytology CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p><b>HPV CPT:</b> 87620-87622, 87624, 87625</p> <p><b>HPV HCPCS:</b> G0123, G0124, G0141, G0143, G0145, G0147, G0148</p> <ul style="list-style-type: none"> <li>• <b>Exclusion (Hysterectomy) CPT:</b> 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58575, 58951, 58953, 58954, 58956, 59135</li> </ul>

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<p><b>Controlling High Blood Pressure (CBP)</b></p>	<p>Patients 18-85 years of age as of December 31, 2020</p>	<p>Must have had at least 2 visits on different dates of service with a diagnosis of hypertension on or between January 1 of the prior year, and June 30 of the measurement year</p> <ul style="list-style-type: none"> <li>• Outpatient visit with any diagnosis of hypertension</li> <li>• Telephone visit with any diagnosis of hypertension</li> <li>• E-visit or virtual check in with any diagnosis of hypertension</li> </ul> <p><b>Compliant values:</b>                      ≤ 140 Systolic reading                      ≤ 80-89 Diastolic reading</p> <p>Exclusions:                      Any patient with end-stage renal disease (ESRD), patients on dialysis, patients with a nephrectomy or kidney transplant, any patient with a diagnosis of pregnancy</p>	<p><b>ICD-10:</b> I10</p>

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<p><b>Childhood Immunization Status (CIS)</b></p>	<p>Children 2 years of age who have had 4 diphtheria, tetanus and acellular pertussis (DTaP); 3 polio (IPV), 1 measles, mumps and rubella (MMR); 3 haemophilus influenza type B (HiB); 3 hepatitis B (Hep B), 1 chicken pox (VZV); 4 pneumococcal conjugate (PCV); one hepatitis A (Hep A); 2-3 rotavirus (RV); and 2 influenza (flu vaccines) by their 2nd birthday</p>	<ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 3 IPV</li> <li>• 1 MMR</li> <li>• 3 HiB</li> <li>• 3 Hep B</li> <li>• 1 VZV</li> <li>• 4 PCV</li> <li>• 1 Hep A</li> <li>• 2-3 doses of Rotavirus Vaccines</li> <li>• At least (2) Influenza Vaccines</li> </ul>	<p><b>ICD-10:</b> Z23</p> <p><b>DTaP CPT:</b> 90698, 90700, 90721, 90723</p> <p><b>IPV CPT:</b> 90698, 90713, 90723</p> <p><b>HiB CPT:</b> 90644-90648, 90698, 90721, 90748</p> <p><b>Hepatitis B CPT:</b> 90723, 90740, 90744, 90747, 90748</p> <ul style="list-style-type: none"> <li>• <b>HCPCS:</b> G0009</li> </ul> <p><b>VZV CPT:</b> 90710, 90716</p> <p><b>Pneumococcal Conjugate CPT:</b> 90760</p> <ul style="list-style-type: none"> <li>• <b>HCPCS:</b> G0009</li> </ul> <p><b>Rotavirus (2 dose schedule) CPT:</b> 90681</p> <p><b>Rotavirus (3 dose schedule) CPT:</b> 90680</p> <p><b>Influenza CPT:</b> 90655, 90657, 90661, 90662, 90673, 90685-90688</p> <ul style="list-style-type: none"> <li>• <b>HCPCS:</b> G0008</li> </ul> <p><b>* Exclusion from this measure (Anaphylactic Reaction) ICD-10:</b> T80.52XA, T80.52XD, T80.52XS</p>



Measure	Eligible Members & Measure Description	Details for Care Needed	Codes & Medications that Meet Measure Requirements
<b>Immunizations for Adolescents (IMA)</b>	Children ages 9-13	Vaccinations for Meningococcal Vaccine, DTaP, HPV <ul style="list-style-type: none"> <li>• 1 Meningococcal vaccine between 11th and 13th birthdays</li> <li>• 1 DTaP between 10th and 13th birthdays</li> <li>• 2 HPV vaccines at least 146 days apart, or</li> <li>• 3 HPV vaccines on different dates of service between 9th and 13th birthdays</li> </ul>	<b>ICD-10:</b> Z23  <b>Meningococcal CPT:</b> 90734  <b>DTaP CPT:</b> 90715  <b>HPV CPT:</b> 90651  <b>• Exclusion (Anaphylactic Reaction):</b> ICD-10: T80.52XA, T80.52XD, T80.52XS



Measure	Eligible Members & Measure Description	Details for Care Needed	Codes & Medications that Meet Measure Requirements
<p><b>Cardiac Rehabilitation (CRE)</b></p>	<p>The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event</p> <p><b>Age categories:</b> 18-64, 65 and older</p> <p><b>Qualifying event(s):</b></p> <ul style="list-style-type: none"> <li>• Myocardial Infarction (MI)</li> <li>• Percutaneous coronary intervention</li> <li>• Coronary Artery Bypass Grafting (CABG)</li> <li>• Heart and Heart/Lung transplantation or heart valve replacement</li> </ul> <p><b>Episode Date:</b> The most recent cardiac event during the intake period. For MI, CABG, heart or heart/lung transplant or heart valve repair/replacement, the Episode Date is the date of discharge</p> <p><b>For PCI:</b> The Episode Date is the Date of Service (DOS)</p> <ul style="list-style-type: none"> <li>• For inpatient claims, the Episode Date is the date of discharge. For direct transfers, the Episode Date is the discharge date from the last admission</li> </ul>	<p><b>Initiation:</b> The percentage of members who attended (2) or more sessions of cardiac rehabilitation within 30 days after a qualifying event</p> <p><b>Engagement 1:</b> The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event</p> <p><b>Engagement 2:</b> The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event</p> <p><b>Achievement:</b> The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event</p>	<p><b>CPT:</b> 93797, 93798</p> <p><b>HCPCS:</b> G0422, G0423, S9472</p>



Measure	Eligible Members & Measure Description	Details for Care Needed	Codes & Medications that Meet Measure Requirements
<p><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b></p>	<p>The percentage of members 3-17 years of age who had an outpatient visit with PCP or OB/GYN and who had evidence of the following during the measurement year</p> <ul style="list-style-type: none"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>	<p>BMI percentile documented as a value</p> <p>BMI percentile plotted on an age-growth chart</p> <p>Documentation of counseling for nutrition or referral for nutrition education</p> <p>Documentation of counseling for physical activity or referral for physical activity during the measurement year as identified by administrative data or medical record review</p>	<p><b>BMI: ICD-10:</b> Z68.51-68.54</p> <p><b>Nutrition Counseling:</b></p> <ul style="list-style-type: none"> <li>• <b>ICD-10:</b> Z71.3</li> <li>• <b>CPT:</b> 97802-97804</li> <li>• <b>HCPCS:</b> S9470, S9452, S9449, G0270, G0447</li> </ul> <p><b>Physical Activity Counseling:</b></p> <ul style="list-style-type: none"> <li>• <b>ICD-10:</b> Z02.5, Z71.82</li> <li>• <b>HCPCS:</b> S9451, G0447</li> </ul>
<p><b>Prenatal and Postpartum Care (PPC)</b></p>	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year, and October 7 of the measurement year</p>	<p>For these women, the measure assesses the following:</p> <p><b>Timeliness of Prenatal Care:</b> The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date-OR- within 42 days of enrollment</p> <p><b>Postpartum Care:</b> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery</p>	<p><b>ICD-10:</b> Z39.2</p> <p><b>CPT:</b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622, 57170, 58300, 59430, 99501</p> <p><b>CPT II:</b> 0503F</p> <p><b>HCPCS:</b> G0101</p>



Measure	Eligible Members & Measure Description	Details for Care Needed	Codes & Medications that Meet Measure Requirements
<p><b>Antidepressant Medication Management (AMM)</b></p>	<p>The percentage of adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications</p> <p><b>Intake Period:</b> The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year</p>	<p><b>Two Rates Reported:</b></p> <ul style="list-style-type: none"> <li>• <b>Effective Acute Phase Treatment:</b> Adults who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li>• <b>Effective Continuation Phase Treatment:</b> Adults who remained on an antidepressant medication for at least 180 days (6 months)</li> </ul>	<p><b>ICD-10:</b> F32.0, F32.1, F32.2, F32.3, F32.4, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p><b>CPT:</b> <b>Acute Inpatient:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291</p> <p><b>BH Outpatient:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510</p> <p><b>ED:</b> 99281-99285</p> <p><b>Electroconvulsive Therapy:</b> 90870</p> <p><b>Non-acute Inpatient:</b> 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337</p> <p><b>Observation:</b> 99217-99220</p> <p><b>HCPCS:</b> <b>BH Outpatient HCPCS:</b> G0176, G0177, G0155, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p>