The National Committee for Quality Assurance (NCQA) has developed Healthcare Effectiveness Data and Information Set (HEDIS) measures as a tool for performance improvement. We collect HEDIS data from our providers to measure and improve the quality of care our members receive. The NCQA recommends tracking the following HEDIS measures for our members.

How to improve HEDIS scores
On the following page are measure definitions, documentation requirements and helpful tips you may choose to follow to improve HEDIS scores. Compliance with HEDIS measures reduces the need for you to send additional medical records later for review and also supports Alliance Provider Care-Based Incentive payment outcomes.

HEDIS Measures:

**APM**: Metabolic Monitoring for Children and Adolescents on Antipsychotics (1 – 17 years of age)

**CIS**: Childhood Immunization Status Combo 10 (2 years of age)

**IMA**: Immunizations for Adolescents (13 years of age)

**W30**: Well-Child Visits in the first 30 months of Life

**WCC**: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body mass index (BMI) Percentile Documentation (3 – 17 years of age)

**WCV**: Child and Adolescent Well-Care Visits (3-21 years of age)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Why is the HEDIS APM Measure Important?
Ongoing use of antipsychotic medications in children and adolescents increases the risk of developing diabetes and high cholesterol that can extend into adulthood. Metabolic monitoring can help ensure early detection and management of these potential complications.¹

APM Measure Description²
The measure evaluates if metabolic testing occurred for members ages 1 to 17 who were dispensed two or more antipsychotic medications during the year. If the medications are dispensed on different dates, even if it’s the same medication, test both blood glucose with either a glucose or HbA1c test, and cholesterol with either a cholesterol or LDL-C test.

Best Practices:
• Reach out to caregivers who cancel appointments and assist with rescheduling as soon as possible
• Obtain a full family history of disorders that may increase the risk of complications from antipsychotic medications (e.g., diabetes, hypercholesterolemia, cataracts)
• Measure baseline lipid profiles, fasting blood glucose level and body mass index
• Measure any abnormal involuntary movements before starting an antipsychotic medication, at regular intervals during treatment and while tapering medication
• Frequently monitor for side effects
• When prescribing antipsychotics consider a “start low and go slow” approach to find the lowest effective dose; target dosing should be supported in the medical literature
• When one antipsychotic fails, consider an alternative class of drugs
• Avoid abrupt discontinuation of antipsychotic medications if possible
• Coordinate care with the patients treating behavioral health specialists

Primary care providers (PCP) can improve their quality score and help our members by:
• Ordering a blood glucose and cholesterol test every year and building care gap alerts in the electronic medical record
• Testing blood glucose and cholesterol at a member’s annual checkup or school physical to reduce additional visits
• Encouraging shared decision-making by educating members and caregivers about the:
  o Increased risk of metabolic health complications from antipsychotic medications
  o Importance of screening blood glucose and cholesterol levels

Behavioral health providers can improve their quality score and help our members by:
• Ordering blood glucose and cholesterol screening tests for members who do not have regular contact with their PCP
• Ordering blood glucose and cholesterol screening tests within 1 month of changing a member’s medication

Coding: Refer to the HEDIS Code Set for coding information.

² NCQA HEDIS MY 2020 & MY 2021 Technical specifications for health plans, volume 2, Washington DC, 2020
HEDIS is a registered trademark of the NCQA
Childhood Immunizations (CIS)*

Measure definition for CIS-Combo 10: Children who had the following vaccines by their second birthday:

- **Diphtheria Tetanus Pertussis (DTaP): 4 doses** (first dose after 42 days after birth)
- **Varicella (Chickenpox) (VZV)**: 1 dose (on or between child’s 1st and 2nd birthday)
- **Polio (IPV): 3 doses** (first dose after 42 days after birth)
- **Pneumococcal Conjugate (PCV): 4 doses** (first dose after 42 days after birth)
- **Measles Mumps Rubella (MMR)**: 1 dose (on or between child’s 1st and 2nd birthday)
- **Hepatitis A (HepA)**: 1 dose (on or before child’s 2nd birthday)
- **Haemophilus Influenzae Type B (HiB): 3 doses** (first dose after 42 days after birth)
- **Rotavirus (RV)**: 2 or 3 doses
- **Hepatitis B (HepB)**: 3 doses (first dose 0-4 weeks)
- **Influenza (Flu): 2 doses** (vaccines given after 180 days after birth up to or on the child’s 2nd birthday)

**Members may need 2 or 3 rotavirus doses, depending on the brand of vaccine that was administered.**

Any of the following will make the member compliant for this vaccine:

- 3 doses for RotaTeq®
- 2 doses Rotarix®
- 1 Rotarix AND 2 RotaTeq® (not the other way around)

Adolescent Immunizations (IMA)*

Measure definition for IMA: Adolescents who had the following vaccines by their 13th birthday:

- **Meningococcal conjugate: 1 dose** (At least one vaccine administered with a date of service on or between the member’s 11th and 13th birthdays)
- **1 Tetanus, Diphtheria, and Pertussis (Tdap): 1 dose** (At least one vaccine administered with a date of service on or between the member’s 10th and 13th birthdays)
- **2 Human Papillomavirus (HPV)** (Two vaccines administered with a date of service on or between the member’s 9th and 13th birthdays, with services dates at least 146 days a part, or at least three HPV vaccines with different service date on or between the member’s 9th and 13th birthday.)

Documentation Requirements for CIS and IMA Measures:

- Member name, date of birth, provider/clinic name, vaccine name, site of vaccine administration, name of staff administering vaccine and date administered
- Document vaccines administered in State Immunization Information System (CAIR and RIDE (Healthy Futures))
- History of illness (date) or seropositive result for the following: measles, mumps, rubella, chickenpox, or Hepatitis B
- Hepatitis B: Assess if first dose provided at birth. If so, document in medical record ‘Hep B’ at delivery
- For the two-dose HPV vaccination series, there must be at least 146 days between the first and second dose of the HPV vaccine, or at least three HPV vaccines, with different dates of service on or between the members 9th and 13th birthdays.
- *For MMR, HepB, HepA and VZV documentation of history of illness or a seropositive test result for the antigen would meet compliance
Childhood Immunizations (CIS)* and Adolescent Immunizations (IMA)*

Continued

Helpful Tips:
- Request Parent to bring child’s immunization records with every visit and administer any needed vaccines
- Recommend immunizations to parents and educate parents on common misconceptions about vaccinations
- Administer the HPV vaccine at the same time as other vaccines. Inform parents that the full HPV vaccine series requires two or three shots
- Anaphylactic reaction due to vaccination can take place, and the appropriate codes should be used to document
- Always schedule the next well-child visit before member leaves the office
- Call parents and/or give appointment cards to remind parents when vaccinations are due

*Coding: This measure is in the CBI 2021 program. Refer to the CBI Technical Specifications for coding information.
Well-Child Visits (W30)

NCQA has made updates to its HEDIS measures, including changing W15 to W30.

Eligible Population - Two age stratifications

1. Children who turned 15 months old during the measurement year and had six or more well-child visits
2. Children who turned 30 months old during the measurement year and had two or more well-child visits.

Documentation Requirements

Medical records must include a note indicating a visit with a PCP and the date when the well-child visit occurred and evidence of all the required data.

Components of a Well-Child Visit

The well-child visit must occur with a PCP type practitioner, but the PCP does not have to be the practitioner assigned to the child. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. Do not include services rendered during an inpatient or ED visit. The following are some examples of acceptable criteria for all the components in a well-child visit:

**Health History**
- Past illness (or lack of illness)
- Past surgeries/hospitalizations (or lack of surgery or hospitalization)
- Social history
- Family health history
- Allergies/medications/immunizations documented together

**Physical Developmental History** (Physical skills seen in children as they grow and develop)
- Tanner Stage/Scale
- Sitting up/standing up/crawling/walking - Sucking on objects
- Teething
- Rolls on tummy
- Number of wet diapers
- Holds objects or is developing hand/eye coordination
- Follows parents with eyes
- Kicks ball
- Walking up stairs
- Running without falling

**Mental Developmental History** (Behaviors seen in children as they grow and develop)
- Responds to sound/makes eye contact
- Cries for assistance/calms or quiets down when picked up
- Laughs when tickled
- Plays interactive games (peek-a-boo)
- Uses 50 words; combines 2 words into short phrase or sentence
- Name at least 5 body parts

**Physical Exam**
- Comprehensive head to toe exam with vital signs and assessment of at least 3 body systems including oral exam.
Well-Child Visits (W30)
Continued

Anticipatory Guidance (Regarding anticipation of emerging issues that a child and family may face)
- Nutrition
- Exercise
- Oral Health
- Substance abuse counseling
- Safety
- Notation that age appropriate anticipatory guidance was provided

Addition of Telehealth
NCQA has made changes to its HEDIS measures. Telehealth has been added to the W30 measure.

Removal of Hybrid Methodology
NCQA has eliminated the Hybrid methodology for the W30 measure.

Helpful Tips:
- Take advantage of every office visit (including sick visits, daycare and sports physicals) to provide an ambulatory or preventive care visit, including vaccinations.
- Educate staff to schedule visits within the guideline time frames.
- Be sure to code all well-child visits with the NCQA approved codes to accurately capture all data. Additional information on NCQA HEDIS codes can be found in the HEDIS Code Set.

Coding: Refer to the HEDIS Code Set for coding information.
Weight Assessment and Counseling for Nutrition and Physical Activity (WCC):

**Measure definition for WCC:** Members 3 to 17 years of age who had an outpatient visit with a PCP or obstetrician/gynecologist (OB/GYN) and who had evidence of the following in the measurement year: BMI percentile documentation, counseling for nutrition, and counseling for physical activity.

**Documentation requirements:**

**BMI percentile:** Must include height, weight and BMI percentile during the measurement year.

Either of the following meets criteria for BMI percentile:
- BMI percentile documented as a value (e.g., 85th percentile)
- BMI percentile plotted on an age-growth chart
- Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile is required for numerator compliance.

Documentation of >99% or <1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%).

**Counseling for Nutrition:** Notes showing the date and at least one of the following:
- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist showing nutrition was addressed.
- Counseling or referral for nutrition education.
- Member received educational materials on nutrition during a face-to-face visit.

**Counseling for Physical Activity:** Notes showing the date and at least one of the following:
- Discussion of current physical activity behaviors (e.g., exercise routine, take part or exam for sports activities).
- Checklist to indicate physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.

- Scheduled guidance specific to the child’s physical activity.
- Weight or obesity counseling.

**New for HEDIS MY2021:** NCQA has added member reporting for biometric values (body mass index, height and weight).

Member reported information needs to be clearly documented in the medical record with the date of when the reading was completed.

**Helpful Tips**
- Place BMI percentile charts near scales as a reminder to gather the information.
- Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.
- Along with BMI documentation, it’s good to provide counseling for nutrition and physical activity to provide medically necessary comprehensive care.
- Use sick visits and sports physicals to complete this measure. Include and document all three measure components during a sick visit for a compliant WCC record.
- Use telehealth services to complete the physical activity and nutrition counseling components.
- When counseling for nutrition, discuss proper food intake, healthy eating habits, eating disorders, and issues, such as body image.
- When counseling for physical activity, discuss organized sports or after school programs and record activity, such as “ride bike for 30 minutes a day”

**Coding:** Refer to the [HEDIS Code Set](#) for coding information.
Child and Adolescent Well-Care Visits (WCV)

**Measure definition for WCV:** Children and Adolescents 3-21 years if age who had a well-visit with a PCP or OB/GYN during the measurement year.

**Components of a Well-Child Visit**
The well-child visit must occur with a PCP type practitioner, but the PCP does not have to be the practitioner assigned to the child. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. Do not include services rendered during an inpatient or ED visit. The following are some examples of acceptable criteria for all the components in a well-child visit:

**Health History** (Applies to all children and adolescents from ages 3-21)
- Past illness (or lack of illness)
- Past surgeries/hospitalizations (or lack of surgery or hospitalization)
- Social history
- Family health history
- Allergies/medications/immunizations documented together

**Physical Developmental History**, Ages 3-6 (Physical skills seen in children as they grow and develop)
- Can skip
- Hops on one foot
- Runs and climbs well
- Can ride a tricycle
- Has good articulation/language skills
- Can count to 10
- Names 4 or more colors

**Physical Developmental History**, Ages 12-21 (Assessment of whether the adolescent is developing skills to become a healthy adult)
- Tanner Stage/Scale - Growth spurts/acne/puberty onset
- Breast development/menstruation
- Participation in sports/school activities
- Facial or pubic hair

**Mental Developmental History**, Ages 7-11
- Gaining independence
- Temper problems
- Conflict resolution
- Understanding of rule and consequences

**Mental Developmental History**, Ages 12-21
- Education/learning/readiness for school or current grade
- Depression or suicide awareness
- Relationships
- Smoking/ETOH/drug use
- Sexual activity/puberty

**Physical Exam** (Applies to all children and adolescents from ages 3-21)
- Comprehensive head to toe exam with vital signs and assessment of at least 3 body systems, includes oral exam

**Anticipatory Guidance**, Ages 3-6 (Regarding anticipation of emerging issues that a child and family may face)
- Nutrition
  - Exercise
  - Substance abuse counseling
  - Safety
  - Notation that age appropriate anticipatory guidance was provided

**Mental Developmental History**, Ages 3-6
- Education/learning (alphabet and numbers)
- Understands and responds to commands
- Competent with fork and spoon
- Imaginative play
Anticipatory Guidance, Ages 7-11 (Regarding anticipation of emerging issues that a child and family may face)

- Nutrition
- Exercise
- Oral health care & wear mouth guard during sports
- Safety
- Use of booster seat
- Social determinants of health
- Notation that age appropriate anticipatory guidance was provided

Anticipatory Guidance, Ages 12-21 (Regarding anticipation of emerging issues that a child and family may face)

- Nutrition
- Exercise
- Substance abuse counseling
- Safety
- Notation that age appropriate anticipatory guidance was provided

New HEDIS MY2021: Addition of Telehealth

Telehealth visits have been added to the WCV measure.

Removal of Hybrid Methodology:

NCQA has eliminated the Hybrid methodology for the WCV measure.

Helpful Tips

- Take advantage of every office visit (including sick visits, daycare and sports physicals) to provide a preventive care visit that includes vaccines and submit the appropriate codes.
- Be sure to code all well-child visits with the NCQA approved codes to accurately capture all data. Additional information on NCQA HEDIS codes can be found in the HEDIS Code Set.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website for more information about well-child visits https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide

Coding: Refer to the HEDIS Code Set for coding information.