

What is HEDIS? The Healthcare Effectiveness Data and Information Set (HEDIS) is a performance improvement tool established by the National Committee for Quality Assurance (NCQA). Medi-Cal Managed Care Plans are mandated by the state of California to participate in HEDIS. Patients are included in quality review if they maintain continuous enrollment with no more than one gap in enrollment (up to 45 days during measurement year).

What is your role?

- Understand HEDIS requirements and timelines for measures.
- Be aware of gaps in care prior to member arrival to avoid missed opportunities.
- Ensure medical documentation is clear and accurate.
- Ensure the correct diagnosis and procedure codes are utilized and submit reimbursement in a timely manner.

How is HEDIS data collected?

- Claims and encounters
- Supplemental data
 - Standard
 - Non-standard
- Medical documentation for abstraction (chart reviews)

HEDIS data collection methods

- **Administrative Method:** Administrative rates calculated using claim and encounter data and supplemental data
- **Hybrid Method:** Medical record review (chart reviews) to further support the claims and encounters
 - **Hybrid Season:**
 - **Jan-May:** HEDIS audit and medical record retrieval
 - **Jun:** HEDIS results are certified and reported to NCQA and DHCS
 - **Sept-Oct:** NCQA releases quality compass results
 - **Jun-Dec:** Proactive outreach, closing member care gaps
- **Supplemental Data:** Additional clinical information that was not captured via claims and encounters

Contact us

- Medi-Cal Intervention Team: QIMediCal@blueshieldca.com
- HEDIS Supplemental Data Setup: HEDISSUPPDATA@blueshieldca.com
- EMR Access Setup: Victor.Leal@blueshieldca.com
- **Depression Screening Submissions:** Please fax the member's medical record to our secure fax line at (844) 893-1204. Please include evidence of the depression screening tool used, the screening outcome, and the members behavioral health follow-up plan, if applicable. This applies for Prenatal Depression Screening and Follow-up and Postpartum Depression Screening and Follow-Up. For additional information, please visit our website at www.blueshieldca.com/promise and click the following: Providers > Our Programs > [Behavioral Health Services Program](#).

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MCAS HEDIS Measures held to MPL		Data Collection	Telehealth Applicable
ADMINISTRATIVE MEASURES			
BCS	Breast Cancer Screening	Administrative	
CHL	Chlamydia Screening in Women	Administrative	
HYBRID MEASURES			
CCS	Cervical Cancer Screening	Hybrid	
CIS-10	Childhood Immunization Status: Combination 10	Hybrid	
CDC-H9	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	Hybrid	
CBP	Controlling High Blood Pressure	Hybrid	X
IMA-2	Immunizations for Adolescents: Combination 2	Hybrid	
PPC-PRE	Prenatal and Postpartum Care: Timeliness of prenatal care	Hybrid	
PPC-PST	Prenatal and Postpartum Care: Postpartum care	Hybrid	
WCC-BMI	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment	Hybrid	X
WCC-N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	Hybrid	X
WCC-PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	Hybrid	X
CHILDHOOD WELLNESS VISITS			
W30	Well-Child Visits in the First 30 Months of Life (0-14 Months)	Administrative	X
W30	Well-Child Visits in the First 30 Months of Life (15-30 Months)	Administrative	X
WCV	Child and Adolescent Well-Care Visits	Administrative	X

MCAS is the Medi-Cal Managed Care Accountability Set, and **MPL** is the minimum performance level (50th percentile). The measures included in this reference guide are the MCAS measures held to the minimum performance level for measurement year 2021, reporting year 2022 per the California Department of Health Care Services (DHCS).

Telehealth Applicable Codes: Telehealth Modifier: 95, GT Telehealth POS: 02 Online Assessment CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 Online Assessment HCPCS: G2010, G2012, G2061, G2062, G2063 Telephone Visit CPT: 98966, 98967, 98968, 99441, 99442, 99443

ADMINISTRATIVE MEASURES	
BCS	<p>Description - Women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year.</p> <p>Value Sets to Code - Mammography CPT: 77055, 77056, 77061, 77062, 77063, 77065, 77066, 77067 Mammography HCPCS: G0202, G0204, G0206 Telehealth POS: 02 Online Assessment CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 Online Assessments HCPCS: G2010, G2012, G2061, G2062, G2063 Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Exclusions: Palliative Care Encounter HCPCS: G9054, M1017 Palliative Care Encounter ICD10CM: Z51.5 Bilateral Mastectomy ICD10CM: 85.42, 85.44, 85.46, 85.48 Bilateral Modifier: 50 History of Bilateral Mastectomy ICD10CM: Z90.13 Left Modifier: LT Right Modifier: RT Unilateral Mastectomy CPT: 19180, 19200, 19240, 19303, 19304, 19305, 19306, 19307</p>
	<p>Description - Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Members are identified as being sexually active by a pregnancy test or a diagnosis, sexually active, or contraceptive prescriptions being captured in claims. Guidelines – (1) Sexual history may be captured in history & physical. (2) Screen all sexually active women for chlamydia. (3) Provide STD education on abstinence and for sexually active members, includes education on signs, symptoms, and treatment.</p> <p>Value Sets to Code - Chlamydia Test CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810 Chlamydia Test LOINC: 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31775-0, 31777-6, 31775-0, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7</p>
HYBRID MEASURES	
CCS	<p>Description - Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: (1) Women 21-64 years of age who had cervical cytology performed within the last 3 years. (2) Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. (3) Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.</p> <p>Documentation - Women 24-64 years of age: Date of service of when the cervical cytology was performed with the result or finding. Women 30-64 years of age: Date of service when the cervical cytology and the HPV test were performed. Cervical cytology and HPV test must be from the same data source and same date of service with the result or finding.</p>
	<p>Value Sets to Code - Cervical Cytology Lab Test CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 Cervical Cytology Lab Test HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 Cervical Cytology Lab Test LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 High Risk HPV Lab Test CPT: 87620, 87621, 87622, 87624, 87625 High Risk HPV Lab Test HCPCS: G0476 High Risk HPV Lab Test LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0 Exclusions: Hysterectomy with no residual cervix CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 Absence of Cervix ICD10CM: Q51.5, Z90.710, Z90.712 Palliative Care Encounter HCPCS: G9054, M1017 Palliative Care Encounter HCPCS: G9054, M1017 Palliative Care Encounter ICD10CM: Z51.5</p>
	<p>Description - Children who had the following vaccines on or before their second birthday: DTaP: 4 diphtheria, tetanus, and acellular pertussis HiB: 3 haemophiles influenza type B Hep A: 1 hepatitis A IPV: 3 polio VZV: 3 hepatitis B (HepB), one chicken pox RV: 2 or 3 rotavirus MMR: 1 measles, mumps, and rubella PCV: 4 pneumococcal conjugates Flu: 2 influenza</p> <p>Documentation - Medical record should include immunization evidence: (1) Note indicated name of specific antigen and date of immunization. (2) Certificate of immunization prepared by authorized health care provider or agency including the specific dates and types of immunizations administered (3) Note indicating member received Hep B: at delivery: or: in the hospital" meets criteria.</p> <p>Value Sets to Code - DTaP CPT: 90698, 90700, 90721, 90723 DTaP CVX: 106, 107, 110, 120, 20, 50 HiB CPT: 90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748 HiB CVX: 120, 148, 17, 46, 47, 48, 49, 50, 51 Hep A CPT: 90633 Hep A CVX: 31, 83, 85 Hep B CPT: 90723, 90740, 90744, 90747, 90748 Hep B</p>

	<p>CVX: 08, 110, 44, 45, 51 IPV CPT: 90698, 90713, 90723 IPV CVX: 10, 110, 120, 89 Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689 Influenza CVX: 135, 140, 141, 150, 153, 155, 158, 161, 88 Influenza virus LAIV CPT: 90660, 90672 Influenza virus LAIV CVX: 111, 149 Measles CPT: 90705 Measles CVX: 05 Measles Rubella CPT: 90708 Measles Rubella CVX: 04 MMR CPT: 90707, 90710 MMR CVX: 03, 94 Mumps CPT: 90704 Mumps CVX: 07 Pneumococcal Conjugate CPT: 90670 Pneumococcal Conjugate CVX: 133, 152 Rotavirus (2nd dose schedule) CPT: 90681 Rotavirus (2nd dose schedule) CVX: 119 Rotavirus (3rd dose schedule) CPT: 90680 Rotavirus (3rd dose schedule) CVX: 116, 122 Rubella CPT: 90706 Rubella CVX: 06 Varicella Zoster (VZV) CPT: 90710, 90716 Varicella Zoster (VZV) CVX: 21, 94</p>
<p>CDC-H9</p>	<p>Description - Members that are 18-75 years of age with diabetes (type 1 & type 2) who had each of the following in the measurement year:</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • Eye exam (retinal) performed • BP control (<140/90 mm Hg) <p>Documentation - HbA1c: Documentation in medical record, or lab result, must include a note indicating the date when the HbA1c test was performed and result of finding during the measurement year. Eye Exam: (1) A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. (2) A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. (3) Bilateral eye enucleation anytime during the members history through December 31 of the measurement year. (4) Eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria. Blood Pressure: (1) Identify most recent BP reading taken during an outpatient visit, telephone visit, e-visit/ virtual check-in, or a nonacute inpatient or remote monitoring during the measurement year. (2) BP readings from digital monitoring devices.</p> <p>Value Sets to Code - HbA1c Lab Test CPT: 83036, 83037 HbA1c Lab Test LOINC: 17856-6, 4548-4, 4549-2 HbA1c Level Less Than 7.0 CPT-CAT-II: 3044F HbA1c Level Greater Than 9.0 CPT-CAT-11: 3052F HbA1c Level Greater Than or Equal to 7.0 and less than 8.0 CPT-CAT-II: 3051F HbA1c Level Greater Than or Equal to 8.0 and Less Than or Equal to 9.0: 3052F HbA1c Test Result or Finding CPT-CAT-II: 3044F, 3046F, 3051F, 3052F. Diabetic Retinal Screening CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 65105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 Diabetic Retinal Screening HCPCS: S0620, S0621, S3000 Diabetic Retinal Screening Negative in Prior Year CPT-CAT-II: 3072F See below for Controlling High Blood Pressure Codes.</p>
<p>CBP</p>	<p>Description - Members who are 18-85 years of age that had a diagnosis of hypertension (HTN) and whose Blood Pressure (BP) was adequately controlled (<140/90mm Hg).</p> <p>Criteria - Members who had at least two visits on different dates of service with a diagnosis of hypertension during the first six months of the measurement year or the year prior to the measurement year. Any of the following combinations meet criteria: (1) Outpatients visit with or without a telehealth modifier, with any diagnosis of hypertension. (2) A telephone visit with any diagnosis of hypertension. (3) An online assessment with any diagnosis of hypertension</p> <p>-Do not include BP readings taken during an acute inpatient stay, an ED visit, or the same day as a diagnostic test or diagnostic/therapeutic procedure.</p> <p>Value Sets to Code - Remote BP Monitoring CPT 93784, 93788, 93790, 99091, 99453, 99454, 99457 Systolic BP LOINC: 8480-6 BP Systolic Greater than or Equal to 140 CPT-II: 3077F BP Systolic Less than 140 CPT-II: 3074F, 3075F BP Diastolic LOINC: 8462-4 BP Diastolic 80-89 CPT-II: 3079F BP Diastolic Greater than or Equal to 90 CPT-II: 3080F BP Diastolic Less than 80 CPT-II: 3078F</p>
<p>IMA-2</p>	<p>Description - Adolescents 13 years of age who had the following vaccines: Tdap: 1 tetanus, diphtheria toxoids and acellular pertussis on or between member's 10th and 13th birthday HPV: 2 or 3 human papillomaviruses on or between the member's 9th and 13th birthday MCV4: 1 meningococcal on or between the member's 11th and 13th birthday.</p> <p>Documentation - (1) Note indicated name of specific antigen and date of immunization. (2) Certificate of immunization prepared by authorized health care provider or agency including the specific dates and types of immunizations administered.</p>

	<p>Value Sets to Code - Tdap CVX: 115 Tdap CPT: 90715 HPV CVX: 118, 137, 165, 62 HPV CPT: 90649, 90650, 90651 MCV4 CVX: 108, 114, 136, 147, 167 MVV4 CPT: 90734</p>
PPC - PRE	<p>Description - 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. For these women, the measure assesses the following facets of prenatal and postpartum care. For Timeliness of Prenatal Care, 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 in the organization.</p>
	<p>Documentation - (1) Medical record indicating the woman is pregnant or references to the pregnancy. Evidence that a prenatal care procedure was performed. (2) A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).</p>
	<p>Value Sets to Code - Prenatal Bundled Services CPT: 59400, 59425, 59426, 59510, 59610, 59610, 59618 Prenatal Bundled Services HCPCS: H1005 Prenatal care, at-risk enhanced service package includes H1001-H1004 and H1005. Stand Alone Prenatal Visits CPT: 99500 Stand Alone Prenatal Visits CPT-CAT-II: 0500F, 0501F, 0502F Stand Alone Prenatal Visits HCPCS: H1000-H1004 Prenatal Visits CPT: 99201-99205, 99211-99215, 99241-99245, 99483 Prenatal Visits HCPCS: G0463, T1015 Pregnancy ICD-10: O00.0, O00.00, O00.01, O00.1, O00.10, O00.101, O00.102, O00.109, O00.11, O00.111, O00.112, O00.119, O00.2, O00.20, O00.202, O00.209, O00.21, O00.211, O00.212, O00.219</p>
PPC - PST	<p>Description - 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. For these women, the measure assesses the following facets of prenatal and postpartum care. For Postpartum Care, the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</p>
	<p>Documentation - Must include a note indicating the date when a postpartum visit occurred and one of the following: (1) A pelvic exam (2) Evaluation of weight, BP, breasts, and abdomen. Notation of "breastfeeding" is acceptable. (3) Notation of postpartum care, include but not limited to – notation of "postpartum care," "PP care," "PP check," "6- week check." (4) A preprinted "Postpartum Care" form. (5) Perineal or cesarean incision/wound check. (6) Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders (7) Glucose screening for women with gestational diabetes. (8) Documentation of any of the following topics: infant care or breastfeeding; resumption of intercourse, birth spacing or family spacing; sleep/fatigue; resumption of physical activity; or attainment of healthy weight.</p>
	<p>Value Sets to Code - Postpartum Bundled Services CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Postpartum Visits CPT: 57170, 58300, 59430, 99501 Postpartum Visits CPT-CAT-II: 0503F Postpartum Visit HCPCS: G0101 Postpartum Visits ICD-10: Z01.411, Z01.412, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 Cervical Cytology Lab Test CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164- 88167, 88174, 88175</p>
WCC - BMI	<p>Description - The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.</p>
	<p>Documentation must include height, weight, and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source. Either of the following meets criteria for BMI percentile: (1) BMI percentile documented as a value or (2) BMI percentile plotted on an age-growth chart.</p>
	<p>Value Sets to Code - BMI Percentile ICD10CM: Z68.51, Z68.52, Z68.53, Z68.54 BMI Percentile LOINC: 59574-4, 59575-1, 59576-9 Physical Activity HCPCS: G0447, S9451 Physical Activity ICD10CM: Z02.5, Z71.82</p>
WCC - N	<p>Description - The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of Counseling for nutrition during the measurement year.</p>
	<p>Documentation must include a note indicating the date and at least one of the following: (1) Discussion of current nutrition behaviors. (2) Checklist indicating nutrition was addressed. (3) Counseling or referral for nutrition education. (4) Member received educational materials on nutrition during a face-to-face visit. (5) Anticipatory guidance for nutrition. (6) Weight or obesity counseling.</p>
	<p>Value Sets to Code - Nutrition Counseling CPT: 97802, 97803, 97804 Nutrition Counseling HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 Nutrition Counseling ICD10CM: Z71.3</p>

WCC - PA	Description - The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of Counseling for physical activity during the measurement year.
	Documentation - Must include a note indicating the date and at least one of the following: (1) Discussion of current physical activity behaviors. (2) Checklist indicating physical activity was addressed. (3) Counseling or referral for physical activity. (4) Member received educational materials on physical activity during a face-to-face visit. (5) Anticipatory guidance specific to the child's physical activity. (6) Weight or obesity counseling.
	Value Sets to Code - Physical Activity HCPCS: G0447, S9451 Physical Activity ICD10CM: Z02.5, Z71.82
CHILDHOOD WELLNESS VISITS	
W30	Description - The percentage of members who had the following number of well-child visits with a PCP during the last 15 months: (1) First 15 Months. Children who turned 15 months old during the measurement year: <i>Six or more</i> well-child visits. (2) Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: <i>Two or more</i> well-child visits.
	Value Sets to Code - Well-Care CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 Well-Care HCPCS: G0438, G0439 Well-Child ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z761.1, Z76.2
WCV	Description - The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
	Value Sets to Code - Well-Care CPT: 99381-99385, 99391-99395, 99461 Well-Care HCPCS: G0438, G0439, S0302 Well-Care ICD-10: Z00.00, Z00.01, Z00.2, Z00.3, Z02.5, Z02.5, Z76.1, Z76.2

Reference:

- <https://www.dhcs.ca.gov>
- National Committee for Quality Assurance, HEDIS Volume 2: Technical Specifications for Health Plans. For more information, please visit the NCQA website at: www.ncqa.org or contact NCQA Customer Support: (888) 275-7585