

HEDIS 2018 Required medical documentation guide

Patient information/registration form, including name and date of birth, should accompany each record.

HEDIS measure identifier	Send ALL the following medical record documentation for each measure
ABA: Adult BMI assessment (ages 18–74)	Medical record dates: Jan. 1, 2016 – Dec. 31, 2017 < 20 years of age on date of service (18 – 19): <ul style="list-style-type: none"> BMI percent or graph showing BMI percentile plotted Progress notes showing documentation of height and weight 20 – 74 years of age: Progress notes or vitals sheet showing: <ul style="list-style-type: none"> BMI — date and result Weight — date and result
AWC: Adolescent well care visits (ages 12 – 21) W34: Well-child visits in the 3 rd , 4 th , 5 th and 6 th years of life W15: Well-child visits in the first 15 months of life, 6+ visits (some may have occurred in 2017)	Medical record dates: Jan. 1, 2017 – Dec. 31, 2017 <ul style="list-style-type: none"> Progress notes Documentation of BMI percent and growth charts Handouts provided to parent/guardian Documentation of anticipatory guidance discussion or topics Problem list Mental developmental history Health history (past medical history) Physical exam
BCS: Breast cancer screening (ages 50 – 74)	Medical record dates: Oct. 1, 2015 – Dec. 31, 2017 <ul style="list-style-type: none"> Documentation indicating the date of screening Diagnostic and tomosynthesis (3D) mammograms are acceptable* Transgender population should be counted (possible hormone use could cause breast cancer) Biopsies, breast ultrasounds, tomosynthesis or MRI do not count Documentation of a bilateral mastectomy
CBP: Controlling high blood pressure (ages 18 – 85)	Medical record dates: Jan. 1, 2017 – Dec. 31, 2017 <ul style="list-style-type: none"> Documentation of hypertension diagnosis found in medical record prior to June 30, 2017 Diagnosis history showing diagnosis state Problem list showing hypertension diagnosis Progress notes showing diagnosis date and last blood pressure reading Vitals/blood pressures Jan. 1, 2017 – Dec. 31, 2017

* Denotes change for 2018

CCS: Cervical cancer screening (ages 24 – 64 pap smear only, ages 35 – 64 pap with HPV co-testing)	Medical record dates: Jan. 1, 2015 – Dec. 31, 2017 <ul style="list-style-type: none"> • Documentation of all pap smears 2015 – 2017 • Documentation of pap smears and HPV co-testing 2013 – 2017 • If applicable, provide documentation of hysterectomy with no residual cervix (total hysterectomy, complete hysterectomy or radical hysterectomy)
CDC: Comprehensive diabetes care (ages 18 – 75 with type 1 or type 2)	Medical record dates: Jan. 1, 2017 – Dec. 31, 2017 <ul style="list-style-type: none"> • Dated problem list, progress notes, diabetic flow sheets, medication lists and consultation report from specialists • Nephropathy screening in measurement year, urine tests • HbA1c testing, one or more in the measurement year (most recent) • Eye exam, retinal or dilated in measurement year or negative exam in prior year • Most recent blood pressure reading in the measurement year
CIS: Childhood immunization status	Medical record dates: Jan. 1, 2015 – Dec. 31, 2017 <ul style="list-style-type: none"> • Immunization records (copies of Department of Health immunization records are acceptable) • Progress notes, including antigen name and date • Progress notes documenting an immunization was administered for those immunizations not recorded on the immunization record • Documentation of contraindication to immunization or parental refusal, if applicable • Copy of birth record indicating if immunization was given “at delivery” or “in hospital”
COA: Care of older adults (ages 65+)	Medical record dates: Jan. 1, 2017 – Dec. 31, 2017 <ul style="list-style-type: none"> • Progress notes, including copies of any Medicare well visits • Medication list showing review completed in 2017 • Documentation of functional status assessments completed (IADL, ADL, etc.) • Documentation of all pain assessments • Documentation of advanced care plans, living wills, end of life discussions or advanced care planning discussions in 2017
COL: Colorectal cancer screening (ages 51 – 75)	Medical record dates: Jan. 1, 2008 – Dec. 31, 2017 <ul style="list-style-type: none"> • Colonoscopy between 2008 and 2017 • Flexible sigmoidoscopy between 2013 and 2017 • Fecal occult blood test in 2017 (samples collected during a digital rectal exam are NOT acceptable) • FIT/DNA (Cologuard) between 2015 and 2017* • CT colonography between 2013 and 2017* • Dated documentation of a colonoscopy or flexible sigmoidoscopy on a medical history form, problem list or health maintenance form • If applicable, documentation of colorectal cancer or a total colectomy with date of occurrence

<p>IMA: Immunizations for adolescents Tdap/meningococcal (ages 10 – 13)</p> <p>HPV: Human papillomavirus vaccine (males and females who turn 13 in 2017) * 146 days must be between 1st and 2nd dose</p>	<p>Medical record dates: Jan. 1, 2013 – Dec. 31, 2017</p> <ul style="list-style-type: none"> Immunization records (copies of Department of Health immunization records are acceptable) Progress notes, including antigen name and date Progress notes documenting that an immunization was administered, for those immunizations not recorded on the immunization record If applicable, documentation of contraindication to immunization or parental refusal
<p>LSC: Lead screening in children (age 2 by Dec. 31, 2017)</p>	<p>Medical record dates: Jan. 1, 2016 – Dec. 31, 2017</p> <ul style="list-style-type: none"> Lead testing (Pb) — need test result and date (capillary or venous) Documentation of reason testing was not completed
<p>MRP: Medication reconciliation post discharge (all Medicare members ages 18 and older discharged Jan. 1, 2017 – Dec. 1, 2017)</p>	<p>Medical record dates: Jan. 1, 2017 – Dec. 31, 2017</p> <ul style="list-style-type: none"> Progress notes Medication lists Documentation of all medication reconciliations post discharge (should indicate it is a discharge review) Documentation of all discharge medications and discharge summaries in 2017 Documentation of a non-acute inpatient admission during 2017, if applicable
<p>WCC: Weight assessment and counseling for nutrition and physical activity (ages 3 – 17)</p>	<p>Medical record dates: Jan. 1, 2017 – Dec. 31, 2017</p> <ul style="list-style-type: none"> Progress notes Vitals (height, weight, BMI percent documented or plotted on growth chart for members < 20 years of age on date of service OR BMI value for members > 20 years of age on date of service) Nutrition counseling — documentation of discussion or anticipatory guidance on nutrition or a referral for nutritional counseling that occurred in 2017 Physical activity counseling — documentation of discussion or anticipatory guidance on physical activity or referral for physical activity that occurred in 2017
<p>TRC*: Transitions of care (ages 18+)</p>	<p>Medical record dates: Jan. 1, 2017 – Dec. 31, 2017</p> <ul style="list-style-type: none"> Notification of inpatient admission to the member's PCP or ongoing care provider Documentation of discharge information to the member's PCP or ongoing care provider Documentation of patient follow up or patient engagement within 30 days of discharge (e.g., office visits, home visits, telehealth) to the member's PCP or ongoing care provider Medication reconciliation within 30 days of discharge (31 total days) to the member's PCP or ongoing care provider