

HEDIS Minimum Documentation Guide For Measurement Year 2024

Key indicators for select Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) measures for commercial and Medicare health care plans are outlined below. These measures require additional information from the medical chart to complement claims data for a full picture of the care or services provided. Compliance can be reported via claims (administrative specification) and through medical record documentation (hybrid specification).

This guide focuses on documentation that meets the hybrid specifications for these HEDIS measures.

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The medical record, lab reports, progress notes, and documents must have the following information:

- Member's name and date of birth on each page
- Physician's name and signature
- The provider office or facility

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| Controlling Blood Pressure (CBP) | Documentation from the treating provider: Last office visit, telehealth visit, encounter, or vital sign flow sheet in 2024 documenting the most recent blood pressure (BP) Evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant Pregnancy during the measurement year Hospice or palliative care during the measurement year |
| Glycemic Status Assessment for Patients with Diabetes (GSD) | Most recent HbgA1c, glycohemoglobin or glycated hemoglobin test date and result in 2024 Progress notes with test date and result Lab report Hospice or palliative care during the measurement year |
| Blood Pressure Control for Patients with Diabetes (BPD) | 2024 office visit, telehealth visit, encounter, or vital sign flowsheet documenting the most recent BP reading during the measurement year Hospice or palliative care during the measurement year |

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| Eye Exam for Patients with Diabetes (EED) | Diabetic eye exam in 2023 or 2024: Copy of the dilated eye exam read by an eyecare professional or artificial intelligence Progress note indicating the date it was completed, with the results and the name of eyecare professional Consultation note/letter from eyecare professional indicating an ophthalmic exam was completed, including date and results of the exam Documentation indicating bilateral eye enucleation anytime during the member's life or acquired absence of both eyes Hospice or palliative care during the measurement year |
|---|--|
| Childhood Immunization Status (CIS) | Documentation of all immunizations administered by the second birthday: DTAP: 4 doses HIB: 3 doses HEP A: 1 dose IPV: 3 doses HEP B: 3 doses Pneumococcal: 4 doses MMR: 1 dose Varicella: 1 dose Rotarix: 2 doses or RotaTeq: 3 doses (rotavirus vaccine) Influenza: 2 doses with two different dates of service; LAIV administered on the second birthday meets criteria Immunization record Immunization registry (Florida SHOTS) History of encephalopathy on or before the second birthday History of the illness or seropositive test for MMR, Hep B, Hep A, VZV on or before the second birthday History of anaphylactic reaction on or before the second birthday History of anaphylactic reaction on or before the second birthday Hospice care during the measurement year |
| Cervical Cancer Screening (CCS) | Pap smear with results and findings between 2022 and 2024 Pap smear with HPV co-testing performed between 2020 and 2024 Evidence of cervical high-risk HPV between 2020 and 2024 History of total hysterectomy (no cervix) or vaginal hysterectomy Hospice or palliative care during the measurement year |
| Immunizations for Adolescents (IMA) | Documentation of the following immunizations by the thirteenth birthday: 1 dose of Tdap 2 doses (at least 146 days apart) or 3 doses (with different dates of service) of HPV 1 dose of meningococcal Immunization record (flow sheet) Immunization registry (Florida SHOTS) History of encephalopathy on or before member's thirteenth birthday History of anaphylactic reaction on or before member's thirteenth birthday Hospice care during the measurement year |
| | Documentation of the initial prenatal visit: Documentation of the physical prenatal exam that includes one of the following: |



| | - Lab – OB panel |
|---|---|
| | TORCH testing (toxoplasma, rubella, cytomegalovirus, herpes simplex) |
| | Ultrasound of a pregnant uterus |
| Prenatal and Postpartum | Documentation of first day of last menstrual period (LMP) or estimated due date (EDD) in conjunction with either a prenatal risk assessment and counseling and education or complete OB history |
| Care | Documentation of postpartum visit: |
| (DDC) | Pelvic exam |
| (PPC) | Evaluation of blood pressure, weight, breasts, and abdomen |
| Do not submit | Perineal or cesarean incision/wound check |
| hospital or | Glucose screening for women with gestational diabetes |
| <u>delivery</u> | 3. Documentation of any of the following: |
| <u>records</u> | Infant care or breastfeeding |
| | Resumption of intercourse |
| | Sleep/fatigue |
| | Resumption of physical activity or healthy weight Right appairs or family planning. |
| | Birth spacing or family planning Desumentation of pan live birth (fetal demise) |
| | 4. Documentation of non-live birth (fetal demise)5. Telephone, telehealth/virtual and office visits meet the criteria to report |
| | prenatal/postpartum care |
| | 6. Hospice care during the measurement year |
| | Documentation of each of the following: |
| | Receipt of notification of the inpatient admission on the day of admission |
| Transition of Care (TRC) | through two days after the admission with a date and time stamp |
| | Communication between inpatient providers or the emergency room department and the primary care providers (faxes, emails, phone calls) |
| | Receipt of the discharge information on the day of discharge through two days after the discharge |
| | Discharge summary/summary of care record |
| | Patient engagement within 30 days of discharge |
| | Clear documentation of member being seen for a post hospital follow-up |
| | Documentation of medication reconciliation completed post-discharge |
| | including the date it was performed |
| | Hospice care during the measurement year |
| Weight Assessment Counseling forChildren/ Adolescents (WCC) | Weight assessment (documented in 2024) 1. Weight assessment (documented in 2024) |
| | Documentation of BMI percentile as a value or BMI percentile plotted on age-growth chart (must include height, weight, and BMI percentile) |
| | Office visit, telephone visit, e-visits or virtual check-in, or encounter |
| | documentation anytime in the measurement year |
| | 2. Nutrition counseling (documented in 2024) |
| | Office visit, telephone visit, e-visits or virtual check-in, or encounter |
| | documentation anytime in the measurement year |
| | Discussion of current nutrition behaviors (e.g., eating habits, dieting |
| | behaviors) |
| | Checklist indicating nutrition was addressed Counseling or referral for nutrition education |
| | Counseling of referral for nutrition education Received educational materials about nutrition during a face-to-face visit |
| | - Necessal additional materials about number during a race-to-race visit |



MEDICARE

- Anticipatory guidance for nutrition
- Weight or obesity counseling
- Referral to Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- 3. Counseling for physical activity (documented in 2024)
 - Office visit, telephone visit, e-visits or virtual check-in, or encounter documentation anytime in the measurement year
 - Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
 - Checklist indicating physical activity was addressed
 - Counseling or referral for physical activity
 - Received educational materials on physical activity during a face-to-face visit
 - Anticipatory guidance specific to the child's physical activity
 - · Weight or obesity counseling
- 4. Hospice care during the measurement year
- 5. Diagnosis of Pregnancy during the measurement year

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