



HEDIS[®] Tip Sheet

Medicaid Child and Adolescent

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 Blue Cross Community Health PlansSM (BCCHPSM) members.

HEDIS Measures

- Well-Child Visits in the First 30 Months of Life (**W30**)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (**WCC**): Body mass index (BMI) Percentile Documentation
- Childhood Immunization Status (**CIS**) Combo 10
- Immunizations for Adolescents (**IMA**)



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. You may also refer to the **HEDIS Quick Reference Guide for BCCHP**, which can be found in the Clinical Resources/HEDIS section of our Provider website at bcbsil.com/provider.

Well-Child Visits

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

Well-Child Visits in the First 15 Months of Life:

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

Well-Child Visits for Age 15 Months-30 Months:

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.

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 and submit the appropriate codes
- Be sure to code all well-child visits with the NCQA approved codes to accurately capture all data.

Weight Assessment and Counseling for Nutrition and Physical Activity: BMI Percentile Documentation

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 BMI percentile documentation. This includes the percentile ranking based on the Center for Disease Control and Prevention (CDC) BMI-for-age growth charts, which indicates the relative position of the patient's BMI number among others of the same gender and age.

Documentation Requirements

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%).

Addition of Member Reporting

NCQA has added member reporting for biometric values (body mass index, height and weight).

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



Childhood and Adolescent Immunizations

Measure definition for CIS-Combo 10: Children who had the following vaccines by their second birthday (please refer to the Clinical Practice Guidelines for range of recommended ages for all children):

- Diphtheria Tetanus Pertussis (DTap): 4 doses
- Chickenpox (VZV): 1 dose
- Polio (IPV): 3 doses
- Pneumococcal Conjugate (PCV): 4 doses
- Measles Mumps Rubella (MMR): 1 dose
- Hepatitis A (HepA): 1 dose
- Haemophilus Influenzae Type B (HiB): 3 doses
- Rotavirus (RV): 2 or 3 doses
- Hepatitis B (HepB): 3 doses
- Influenza (Flu): 2 doses

Measure definition for IMA: Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

Documentation Requirements

- Vaccine name and date administered
- Document vaccines administered in State Immunization Information System
- 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

Helpful Tips

- Review child's immunization record before every visit and administer 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
- Call parents and/or give appointment cards to remind parents when vaccinations are due



Refer to the **BCCHP Quick Reference Guide** and use appropriate HEDIS codes to reduce the need to send medical records later for review. **Clinical Practice Guidelines** can be found in the Clinical Resources/Clinical Practice Guidelines section of our Provider website at bcbsil.com/provider.

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