2024 MA HEDIS Measures Quick Tips

Measure	Requirement	Coding Assistance
Percentage of patients aged 18-85, who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during	Patients with essential hypertension (I10) on two different dates of service from January 1 of the prior year (PY) and June 30 of the (MY) place the member in the denominator. Medical record type – outpatient	 3074F – Systolic BP < 130 mmHg 3075F – Systolic BP between 130 – 139mmHg 3077F – Systolic BP ≥ 140 mmHg
 Exclusions: Hospice, Palliative care, member death, or pregnancy – anytime in MY ESRD, Dialysis, Nephrectomy(total or partial), Kidney transplant- anytime in history thru 12/31/24 Members 81+ with Frailty on 2 diff. DOS in MY Members 66+ with Advanced Illness and Frailty: - Frailty diagnosis on 2 diff DOS in MY AND 	Medical record type – outpatient If multiple BPs are taken on the same day, combine the lowest systolic and diastolic. Example: 142/ 82 & 138/ 94 = 138/82 Acceptable documentation: vital sign flowsheets, progress note, and consult notes Members self-reported BP's are acceptable and must have been taken on a digital device, full dates. BP's cannot be used from these events (not all inclusive): Inpatient or ED visit Taken on the same day as a diagnostic test or procedure that requires a change in the diet or medication on or one day before the test or procedure, except for fasting labs (e.g., colonoscopy, nebulizer treatment with albuterol, lidocaine with epinephrine).	3078F - Diastolic BP < 80 mmHg 3079F - Diastolic BP between 80 - 89 mmHg 3080F - Diastolic BP ≥ 90 mmHg N18.5 - Chronic kidney disease, Stage 5 N18.6 - ESRD 299.2 - Dependence on renal dialysis 294.0 - History of kidney/renal transplant



Measure	Requirement	Coding Assistance
Breast Cancer Screening (BCS-E)	Acceptable mammograms: Screening, Diagnostic,	Z90.13 – Absence of breast bilaterally
Females aged 52-74 who had a mammogram	Digital, Film, or Tomosynthesis 3D	Z90.12 – Absence of left breast
performed in the prior 27 months; Oct.1 two years prior to MY thru Dec. 31, MY.	NEW! Unilateral mammogram meets criteria	Z90.11 – Absence of right breast
Exclusions:	NEW! Transgender members (male to female) are	F64.1 – Dual role transvestism
 Gender -affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria – any time in 	eligible for BCS reporting. Can obtain from outpatient and inpatient records.	F64.2 – Gender identity disorder of childhood
history thru Dec. 31, MY Hospice, Palliative care, Member death – Any	In lieu of BCS radiology report, acceptable documentation notation of BCS complete with	F64.8 – Other gender identity disorders
time in MY Bilateral Mastectomy; Transgender (female to	date.	F64.9 - Gender identity disorder, unspecified
male) w/ evidence of bil. Mastectomy – Anytime in members history thru Dec. 31, MY	Documented BCS event in the past medical history, health maintenance or preventive care	Z87.890 – Personal history of sex
Members 66+ with Advanced Illness and Frailty:	sections can be used for reporting.	reassignment
 Frailty diagnosis on 2 diff DOS in MY AND Advanced Illness on 2 diff. DOS in PY or MY OR 	MRI's, Ultrasounds, and Biopsies do not meet criteria.	
- Dispensed a dementia medication		



Measure	Requirement		Coding Assistance
Colon Cancer Screening (COL-E)	Screening	Frequency	Z85.038 - Personal history of other
Patients aged 45 - 75 who had an appropriate screening for colon cancer.	Fecal Occult Blood (FOBT)	Annually	malignant neoplasm of large intestine 785 048 - Personal history of other
screening for colon cancer. Exclusions: • Hospice, Palliative care, members death – Anytime in MY • Colon cancer, or Total colectomy – Anytime in member history thru Dec. 31, MY • Patients 66+ with Advanced Illness and Frailty: - Frailty diagnosis on 2 diff DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication		Every three years Every five years Every five years Every ten years cific test and completion gy or incomplete tests advanced beyond	Z85.048 - Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5 - Colon cancer, active
	 Evidence that the scope the sigmoid colon for a c sigmoidoscopy. Specimens collected via d not accepted. 	complete flexible	



Measure	Requirement	Coding Assistance
Glycemic Status Assessment for Patients With Diabetes (GSD) Formerly HBD Members aged 18 – 75 who have Type 1 or Type 2 diabetes and whose A1c or glucose management indicator (GMI) levels in the MY was ≤ 9.0% Exclusions: • Hospice, palliative care, patients' death – Anytime in MY • Patients 66+ with Advanced Illness and Frailty: - Frailty diagnosis on 2 diff. DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication • Patients 81+ with Frailty on 2 different DOS in MY	Documentation must include a date when the glycemic status assessment (HbA1c or GMI) was performed/ resulted. GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign the assessment date. Member reported glycemic status assessments are eligible for reporting.	3044F - A1c < 7.0% 3051F - A1c 7.0% - 7.9% 3052F - A1c 8.0% - 9.0% 3046F - A1c > 9.0%
Kidney Health Evaluation for Patient with Diabetes (KED) Members aged 18-85 years of age who have type 1 or type 2 diabetes and received a kidney health evaluation by both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) in the MY Exclusions: • Hospice, palliative care, members death – Anytime in MY • ERSD, dialysis – Anytime in history thru Dec. 31, MY • Patients 66+ with Advanced Illness and Frailty: - Frailty diagnosis on 2 diff. DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication	eGFR and a uACR can be completed on the same or different dates of service. At least one eGFR At least one uACR identified by either of the following: Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart. Arkansas BlueCross BlueShield	N18.5 - Chronic kidney disease Stage 5 N18.6 - End stage renal disease Z99.2 - Dependence on renal dialysis

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Measure	Requirement	Coding Assistance
Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) Members aged 18 and older who have multiple high- risk conditions who had a follow-up service within 7 days of an ED visit. ED visits between January 1 – December 24, MY. Exclusions: • Hospice, or members death – Any time in MY • ED visit resulting in an acute or non-acute inpatient care on day of visit or within 7 days after the ED visit	Eligible chronic conditions diagnoses are those that the member was diagnosed with two or more times during the PY or MY prior to the ED visit: Alzheimer's disease and related disorders Chronic kidney disease COPD and asthma Depression Heart failure Acute myocardial infarction Stroke or TIA The following visits meet criteria: Outpatient, telephone, telehealth visit Transitional care management, case management, or complex case management visit Behavioral health visits and ECT Intensive outpatient, partial hospitalization, observation, or Community Mental Health Center visit	
Medication Adherence for Cholesterol (MAC) Members aged > 18 with two fills of a statin any intensity who remained adherent 80% or more through the end of the MY. Exclusions: Hospice, ESRD	Adherence rate begins on the date of the first fill and denominator eligible on the date of the second fill, with compliance then calculated thru 12/31/MY Members can switch between any one of the drug classifications for the respective measures and still be considered adherent while staying within their refill dates	Captured via pharmacy claims only



Measure	Requirement	Coding Assistance
Medication Adherence for Diabetes (MAD) Members with 2 fills of diabetic medication (Biguanides, DDP-4, Meglitinides, SGLT2 inhibitors, Sulfonylureas, Thiazolidinedione) who remained adherent 80% or more through the end of MY Exclusions: Hospice, ESRD, pharmacy claim for Insulin	Adherence rate begins on the date of the first fill and denominator eligible on the date of the second fill, with compliance then calculated thru 12/31/MY Members can switch between any one of the drug classifications for the respective measures and still be considered adherent while staying within their refill dates	Captured via pharmacy claims only
Medication Adherence for Hypertension (MAH) Members with 2 fills of ACE, ARB, or DRI medication who remained adherent 80% or more through the end of MY Exclusions: Hospice, ESRD, one or more prescription claim of Sacubitril / Valsartan (Entresto)	Adherence rate begins on the date of the first fill and denominator eligible on the date of the second fill, with compliance then calculated thru 12/31/MY Members can switch between any one of the drug classifications for the respective measures and still be considered adherent while staying within their refill dates.	Captured via pharmacy claims only



Measure	Requirement	Coding Assistance	
Osteoporosis Management in Women who	MY- is from July 1 prior year thru June 30	Osyeoporos	sis Medication
had a Fracture (OMW)	current year.	J0897	Injection, denosumab, 1mg
Females aged 67 – 85 who suffered a fracture and had either within six months after the fracture: Bone mineral density (BMD) test or utpatient,	Fractures of the fingers, toes, face, or skull are not included in this measure. Medical records – Inpatient and outpatient	J1740	Injection, ibandronate sodium, 1mg
telephone, telehealth visit Received a prescription of an osteoporosis	Must include the date the test was completed.	J3110	Injection, teriparatide, 10mg
medication	BMD test 730 days (2 years) prior to the fracture date will remove member from the denominator.	J3111	Injection, Romosozumab,
• Hospice, Palliative care, members death – Anytime	Members with a pharmacy claim or an active prescription of an osteoporosis medication during	J3489	Img Injection, zoledronic acid, 1mg
in MY • Members 81+ with frailty on 2 diff. DOS in MY	the 365 days prior to the fracture date will remove	Bisphosphonates	Alendronate Alendronate- cholecalciferol
 Members 66+ with Advanced Illness and Frailty: Frailty diagnosis on 2 diff. DOS in MY AND Advanced Illness on 2 diff. DOS in PY or MY OR 			IbandronateRisedronateZoledronic acid
- Dispensed a dementia medication		Other Agents	AbaloparatideDenosumabRaloxifeneRomosozumabTeriparatide



Measure	Requirement	Coding Assistance
Plan All-Cause Readmissions (PCR)	This measure is based on discharges, not	Captured via claims only.
For members 18 years of age and older, the number	members.	
of acute inpatient and observation stays between	Behavioral health discharges are included in this	
January 1st and December 1st of MY, that were	measure.	
followed by an unplanned acute readmission for any		
diagnosis, within 30 days of discharge.		
Exclusions:		
Hospice – Anytime in MY		
Hospital stays where the patient expired		
Principal diagnosis of pregnancy on the discharge claim		
Principal diagnosis of a condition originating in the perinatal period on the discharge claim		
 Acute hospitalizations where the discharge claims has a diagnosis for: 		
- Chemotherapy maintenance		
- Principal diagnosis of rehabilitation		
- Organ transplant		
 Potentially planned procedure without a principal acute diagnosis 		



Statin Therapy for Patients with
Cardiovascular Disease (SPC)

Measure

Males aged 21 - 75 and females aged 40 - 75, who are identified as having clinical ASCVD and who had at least one high-intensity or moderate-intensity statin dispensed in the MY.

Exclusions PY or MY: Pregnancy, In vitro fertilization, ESRD, Dialysis, Cirrhosis, one claim for clomiphene

Exclusions MY: Hospice, Palliative care, Members death, Myalgia, Myositis, Myopathy, Rhabdomyolysis

- Members 66+ with Advanced Illness and Frailty:
- Frailty diagnosis on 2 diff. DOS in MY AND
- Advanced Illness on 2 diff. DOS in PY or MY OR
- Dispensed a dementia medication

Inclusion event and/or diagnosis in the PY: MI, CABG, PCI or other revascularization, or IVD

Requirement

Inclusion diagnosis of IVD in the PY and MY

High-intensity Statin Therapy	Moderate-intensity Statin Therapy
Atorvastatin40 – 80mg	Atorvastatin10 – 20mg
Amlodipine- atorvastatin 40 – 80mg	Amlodipine- atorvastatin10 – 20mg
Rosuvatatin 20 – 40mg	Rosuvatatin 5 – 10mg
Simvastatin 80mg	Simvastatin 20 – 40mg
Ezetimibe- simvastatin 80mg	Ezetimibe- simvastatin20 – 40mg
	Pravastatin40 – 80mg
	Lovastatin 40mg
	Fluvastatin40 – 80mg
	Pitavastatin1 – 4mg

Exclusion	ICD-10 Code
Myalgia	M79.10 - M79.12, M79.18
Myositis	M60.80-M60.819; M60.821-M60.829; M60.831-M60.839; M60.841-M60.849; M60.851-M60.859; M60.861-M60.869; M60.871-M60.879, M60.88, M60.89, M60.9
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82
Cirrhosis	K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81
ESRD	N18.5, N18.6, Z99.2



Measure	Requirement	Coding Assistance	
Statin Use in Patients with Diabetes (SUPD)	Any statin at any intensity meets criteria.	Exclusion	ICD-10 Code
Members aged 40 – 75 with diabetes, who receive at least one fill of a statin medication in MY.		Myopathy	G72.0, G72.89, G72.9
Exclusions: Hospice, ESRD, Dialysis, Pregnancy, Lactation, In vitro fertilization, Pre-diabetes, PCOS, Cirrhosis, Rhabdomyolysis, Myopathy		Myositis	M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9
		Rhabdomyolysis	M62.82
		Cirrhosis	K70.30, K70.31, K71.7, K74.3 -5, K74.60, K74.69
		ESRD	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2



Measure	Requirement	Coding Assistance
Transition of Care (TRC) Members aged 18 and greater, who had an acute or non-acute inpatient discharge on or between January 1st and December 1st of MY and each of the following: Notification of Inpatient Admission (NIA) Receipt of Discharge Information (RDI) Patient Engagement after Inpatient Discharge (PED) Medication Reconciliation Post-discharge (MRP) Exclusions: Hospice or members death - Anytime in MY	NIA and RDI must have evidence that the documentation is added, scanned, or received in the outpatient medical record. Communication between inpatient providers, staff, emergency department and PCP/OCP. Communication from the health plan, specialists, or shared EMR to the PCP/OCP regarding the patients admission. NIA: Documentation/ evidence of notification of admission on the day of or up to two days after admission – total of 3 days Documentation of a pre-admission exam received communication of a planned inpatient admission is not limited to the NIA timeframe. RDI: Documentation must include: The practitioner responsible for care Procedures or treatments provided Diagnoses at discharge Current medication list Test results, pending tests or no tests pending Instructions for patient care post discharge PE: Office visit, Home visit, Telehealth visit within 30 days after discharge MRP: Medication reconciliation on date of D/C through 30 days after discharge; member does not need to be present for MRP to be completed.	1111F - discharge meds reconciled with current medication list 99483, 99495, 99496 - Transitional Care Management Services (TCM) includes medication reconciliation

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