



**L.A. Care**  
HEALTH PLAN®

# HEDIS 2017 MEASURES



MEASURE	DESCRIPTION	MEDICAL RECORDS NEEDED
<b>ABA</b>	<b>Adult BMI Assessment</b> 18 - 74 yrs	One (1) progress note in <b>2015 or 2016</b> : 20 years and older: Weight and body mass index value Younger than 20: height, weight, and BMI in percentile only.
<b>CBP</b>	<b>Controlling High Blood Pressure</b> 18 - 85 yrs	One (1) progress note with latest BP reading in <b>2016</b> One (1) progress note with HTN diagnosis any time on or before <b>June 30, 2016</b> Chronic Problem List
<b>CDC</b>	<b>Comprehensive Diabetes Care</b> 18 - 75 yrs	Latest hemoglobin A1C testing in <b>2016</b> (lab report or progress note) One (1) urine lab/office test in <b>2016</b> Retinal eye exam and result ( <b>2015 and 2016</b> ) One (1) progress note with latest BP reading in <b>2016</b> Current medication list One (1) Nephrologist note in 2016 If no retinal eye exam report, referral for retinal eye exam ( <b>2015-2016</b> ) Health Maintenance log Diabetic Care log
<b>COL</b>	<b>Colorectal Cancer Screening</b> 50 - 75 yrs	One (1) FOBT (Immunochemical (FIT) or gFOBT) test (lab/progress note) in <b>2016, or</b> One (1) Sigmoidoscopy report/progress note between <b>2012 - 2016, or</b> One (1) Colonoscopy report/progress note between in <b>2007 -2016, or</b> CT Colonography report/progress note between <b>2012 - 2016</b> FIT-DNA test between <b>2014 - 2016</b> Pathology report of colonoscopy or sigmoidoscopy. Any document with notation of history of colorectal cancer or total colectomy
<b>MRP</b>	<b>Medication Reconciliation Post Discharge</b> 18 yrs and older	All hospital/SNF/rehab discharge medication summaries in <b>2016</b> Current Medication list in <b>2016</b> Progress notes indicating follow up after hospital discharge in <b>2016</b> Evidence of medication reconciliation by PCP/Pharmacist/RN within <b>30 days after hospital discharge in 2016</b> Home Health Oasis Initial Certification form in <b>2016</b> A notation that “no medications” were prescribed or ordered upon discharged in <b>2015</b>
<b>COA</b>	<b>Care for Older Adults</b> 66 yrs and older	Advance Directives, Advance Care Planning, Medical Power of Attorney Physician Orders for Life Sustaining Treatment form (POLST) Current medication list Functional Assessment form – (i.e. ADLs/ IADLs) in <b>2016</b> Pain assessment (i.e. face scale, numeric scale) in <b>2016</b> Any document with evidence of medication review in <b>2016</b> Documentation of “No Meds” in <b>2016</b> Completed Annual Wellness Exam form (AWE) or IHSS form in <b>2016</b>



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<b>CCS</b>	<b>Cervical Cancer Screening</b> 21 - 64 yrs	One (1) Cytology report/Pap test between <b>2014 - 2016, or</b> One (1) Cytology-Pap/HPV co-test between <b>2012 - 2016</b> Any documentation of "complete, total, radical" abdominal or vaginal hysterectomy Any document with notation of date and result of Pap test or Pap/HPV co-test Any documentation of hysterectomy with notation that patient no longer needs pap test
<b>FPC/PPC</b>	<b>Frequency of Ongoing Prenatal Care</b> <b>Prenatal and Postpartum Care</b> Live Births (11/6/15 through 11/5/16)	ACOG record in <b>2015-2016</b> All OB visits with PCP/OB-GYN in <b>2015-2016</b> Complete OB labs in <b>2015-2016</b> Ultrasound reports in <b>2015-2016</b> All postpartum progress notes in <b>2015-2016</b>
<b>CIS</b>	<b>Childhood Immunization Status</b> 2 yrs	Immunization Record and History form PM160 with immunization data Copy of the "Yellow Card" immunization record All progress notes with dates of immunizations Any document with history of illness with measles, mumps, rubella or chicken pox Any document with notation of allergy and contraindication to vaccine Any document with notation of parental refusal Notation of parental refusal
<b>IMA</b>	<b>Immunizations for Adolescents</b> 13 yrs	Immunization Record and History form PM160 with immunization data Copy of the "Yellow Card" immunization record All progress notes with dates of immunizations Any document with notation of allergy and contraindication to vaccine Any document with notation of parental refusal
<b>WCC</b>	<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> 3 - 17 yrs	All progress notes in <b>2016</b> PM160 in <b>2016</b> BMI growth chart in <b>2016</b> Staying Healthy Assessment (SHA) form in <b>2016</b> Nutrition and Physical Activity form in <b>2016</b> What Does Your Child Eat form in <b>2016</b> Anticipatory Guidance form in <b>2016</b> Counseling and referral for Nutrition and Physical Activity in <b>2016</b> Weight and obesity counseling in <b>2016</b>
<b>AWC/W34</b>	<b>Adolescent Well-Care Visits</b> <b>Well-Child Visits in the 3rd, 4th, 5th &amp; 6th Years of Life</b> 3 - 6 yrs	All progress notes in <b>2016</b> PM160 in <b>2016</b> Staying Healthy Assessment (SHA) form in <b>2016</b> Developmental Milestones/Anticipatory Guidance form in <b>2016</b>