

HEDIS[®] 2020

Hybrid Measure Medical Record Required Documents



Adult BMI Assessment (ABA)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **One (1)** Progress Note from **2018** or **2019**:
 - If 20 years and older: Weight and BMI value.
 - If Younger than 20: Height, Weight, and BMI in Percentile only.

Controlling High Blood Pressure (CBP)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - **Progress note with last Blood Pressure Reading** taken in **2019**
 - **Blood Pressure Log in 2019**

Comprehensive Diabetes Care (CDC)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - All Progress Notes in **2019**
 - All Lab Tests in **2019**
 - All Medication Lists in **2019**
 - All Retinal Eye Exam Reports and Referrals in **2018 - 2019**
 - Last BP Reading taken in **2019**
 - Diabetic Care and Health Maintenance Logs in **2019**

Care of the Older Adult (COA)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - One (1) Advance Care Plan – (i.e. Advance Directive, POLST, living will, Medical Power of Attorney as example of Advanced Care Plan, Five Wishes, or No DNR on or prior to **2019**)
 - Progress Note with Discussion of Advance Life Planning in **2019**
 - Annual Wellness Exam in **2019**
 - All Progress Notes in **2019**
 - All Medication Lists in **2019**
 - All ADL/IADL Assessments in **2019**
 - All Pain Assessments in **2019**

Colorectal Cancer Screening (COL)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - Fecal Occult Blood Test (gFOBT or FIT) in **2019**
 - Colonoscopy (within 10 years) **2010 - 2019**
 - Flexible Sigmoidoscopy **2015 - 2019**
 - CT colonography **2015 - 2019**
 - FIT-DNA Test or Cologuard **2017 - 2019**
 - Progress Note indicating Colorectal Cancer or Total Colectomy

Medication Reconciliation Post Discharge (MRP)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - All Progress Telehealth Notes indicating follow-up after hospital discharge in **2019**
 - All Hospital/SNF/Rehab discharge medication summaries in **2019**
 - Medication List(s) in **2019**
 - Evidence of medication reconciliation by the MD/Pharmacist/RN within **30 days after discharge in 2019**
 - Home Health Oasis Forms and/or RN Visit Notes in **2019**
 - Progress Note indicating No Discharge Medications ordered upon discharge in **2019**

Transitions of Care (TRC)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - All Progress Notes in **2019**
 - All documentation of notification of inpatient admission on the day of admission or the following day in **2019**
 - All documentation of receipt of discharge information on the day of discharge or the following day in **2019**
 - All Discharge Summaries or summaries of care in **2019**
 - All office visits, visits to the home, or telehealth provided within 30 days after discharge in **2019**
 - Current Medication List in **2019**
 - Evidence of medication review or reconciliation of current medications with discharge medications in **2019**

Adolescent Well-Care Visits (AWC)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - All Progress Notes in **2019**
 - Developmental Milestone/Anticipatory Guidance Form in **2019**
 - Well Care Visit Form in **2019**
 - **Dated & Signed.** Staying Healthy Assessment (SHA) Form in **2019**

Childhood Immunization Status (CIS)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - Complete Immunization Record and History Form
 - Copy of Current Yellow Immunization Card
 - CAIR records
 - Progress notes with dates of immunization
 - Notation of allergy or contraindication to vaccine
 - Documentation of illness (MMR, VZV, Hep A, Hep B)
 - Any documentation with notation of parental refusal

Immunizations for Adolescent (IMA)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - Complete Immunization Record and History Form
 - Copy of Current Yellow Immunization Card
 - CAIR records
 - Progress notes with dates of immunizations
 - Notation of allergy or contraindication to vaccine
 - Any documentation with notation of parental refusal

Well-Child Visits in the First 15 Months of Life (W15)

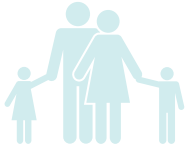
When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - All Progress Notes in **2018 - 2019**
 - Developmental Milestone/Anticipatory Guidance Form in **2018 - 2019**
 - Well Care Visit Form in **2018 - 2019**
 - **Dated & Signed.** Staying Healthy Assessment (SHA) Form in **2018 - 2019**

Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life (W34)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - All Progress Notes in **2019**
 - Developmental Milestone/Anticipatory Guidance Form in **2019**
 - Well Care Visit Form in **2019**
 - Staying Healthy Assessment (SHA) Form in **2019**

Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - All Progress Notes in **2019**
 - Dated Height, Weight, BMI % in **2019**
 - Dated BMI Growth Chart in **2019**
 - Developmental Milestone/Anticipatory Guidance Form in **2019**
 - What Does Your Child Eat Form in **2019**
 - **Dated & Signed.** Staying Healthy Assessment (SHA) Form in **2019**
 - Nutrition and Physical Activity Form in **2019**
 - Counseling and Referrals for Nutrition and Physical Activity in **2019**
 - Weight and Obesity Counseling in **2019**
 - Any documentation on referral to WIC program in **2019**

Cervical Cancer Screening (CCS)

When faxing over the medical records, please include:



1. Demographic Sheet
2. Submit **all** of the following:
 - Cervical cytology/Pap testing in **2017 - 2019**
 - Cervical high-risk human papillomavirus (hrHPV) testing in **2015 - 2019**
 - Notation of Complete, Full, Total or Radical - (abdominal/vaginal) **Hysterectomy, cervical agenesis or acquired absence of cervix**