Principles of Preventive Health Care and Disease Management: HEDIS® 2017 Updates

Below are a list of updates for the 2017 edition of health care’s most widely used performance improvement tool, the Healthcare Effectiveness Data and Information Set (HEDIS). Review all items in the table and incorporate them into your implementation processes.

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<thead>
<tr>
<th>Measure</th>
<th>Summary of changes or clarification provided</th>
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| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | - The following examples of services specific to the assessment or treatment of an acute or chronic condition that **do not count** toward the Counseling for Nutrition and Counseling for Physical Activity indicators:  
  - Nutrition  
    - No documentation of counseling/education on nutrition and diet.  
    - Counseling/education before or after the measurement year.  
    - Notation of “health education” or “anticipatory guidance” without specific mention of nutrition.  
    - A physical exam finding or observation alone (for example, well-nourished) is not compliant because it does not indicate counseling for nutrition.  
  - Physical activity  
    - No counseling/education on physical activity.  
    - Notation of “cleared for gym class” alone without documentation of a discussion.  
    - Counseling/education before or after the measurement year.  
    - Notation of “health education” or “anticipatory guidance” without specific mention of physical activity.  
    - Notation of anticipatory guidance related solely to safety (for example, wears helmet or water safety) without specific mention of physical activity recommendations.  
    - Notation solely related to screen time (computer or television) without specific mention of physical activity.  
- Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present (regardless of the primary intent of the visit); however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the Counseling for Nutrition and Counseling for Physical Activity indicators. For example, the following documentation is specific to the assessment or treatment of an acute or chronic condition and does not meet criteria:  
  - Notation that a member with chronic knee pain is able to run without limping.  
  - Notation that a member has exercise-induced asthma.  
  - Notation that a member with diarrhea is following the BRAT diet.  
  - Notation that a member has decreased appetite as a result of an acute or chronic condition. |

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind.

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<td><strong>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</strong></td>
<td>Well-child preventive services count regardless of the primary intent of the visit; services that are specific to the assessment or treatment of an acute or chronic condition do not count towards the measure.</td>
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<td><strong>Childhood Immunization Status (CIS)</strong></td>
<td>Severe combined immunodeficiency, history of intussusception</td>
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| **Immunizations for Adolescents (IMA)** | Description: Adolescents ages 13 years who had the following by their 13th birthday:  
  - 1 meningococcal conjugate vaccine (MCV)  
  - 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap)  
  - 3 human papillomavirus vaccine (HPV) |
| **Comprehensive Diabetes Care (CDC)** | Required documentation:  
  - Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year where results indicate retinopathy was not present (for example, documentation of normal findings for a dilated or retinal eye exam performed by an eye care professional).  
  - Documentation does not specifically have to state “no diabetic retinopathy” to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does not meet criteria.  
  - Must include a note indicating the date of HbA1c test and the result; acceptable notations of HbA1c include the following:  
    - A1c  
    - HbA1c  
    - HgbA1c  
    - Hemoglobin A1c  
    - Glycohemoglobin A1c  
    - Glycohemoglobin  
    - Glycated hemoglobin  
    - Glycosylated hemoglobin |
| **Controlling High Blood Pressure (CBP)** | When confirming the diagnosis of hypertension, the intent is to identify the date when the provider became aware of the hypertension diagnosis and documented the diagnosis of hypertension in the medical record (versus the time the patient acquired hypertension). |
| **Cervical Cancer Screening (CCS)** | Description: Women ages 21 to 64 years who were screened for cervical cancer using either of the following criteria:  
  - Step 1  
    - Women ages 21 to 64 years who had cervical cytology performed every three years (done in 2014, 2015 and 2016)  
    - A note indicating the date when the cervical cytology was performed and the result or finding |
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<tr>
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<td>Step 2</td>
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<td>- Women ages 30 to 64 years who had cervical cytology/HPV co-testing performed every five years (done 2012, 2013, 2014, 2015, 2016)</td>
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<td>- A note indicating the date when the cervical cytology and the HPV co-test performed on the same date of service and the result or finding</td>
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<td>Breast Cancer Screening (BCS)</td>
<td>This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, MRIs or diagnostic screenings because they are not appropriate methods for primary breast cancer screening.</td>
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### New CMS measure

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<td>Screening for Clinical Depression and Follow-Up Plan (CDF)</td>
<td>Patients ages ≥ 12 years who were screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screening.</td>
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**Examples of depression screening tools include but are not limited to:**

- **Adolescent screening tools (12 to 17 years)**
  - Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D) and PRIME MD-PHQ2
- **Adult screening tools (18 years and older)**
  - Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale Screening and PRIME MD-PHQ2

**Follow-up plan — Documented follow-up for a positive depression screening must include one or more of the following:**

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression