HCPCS

HEDIS defines ‘adequately controlled blood pressure’ as:

- <140/90 for ages 60 to 85 with a comorbid diabetes diagnosis
- <150/90 for ages 60 to 85 without a diagnosis of diabetes
- <140/90 for ages 18 to 59 years old

Updated to reflect NCQA HEDIS 2017 Technical Specifications

HEDIS QUICK REFERENCE GUIDE - MEDICARE

Initiation and Engagement of Alcohol & Other Drug Dependence Treatment: Members with a new episode of alcohol or other drug dependence (AOD) should receive:

- 2) Verify prescription for hypertension medication – an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug
- 3) Discuss any medication side effects.

To manage their hypertension medication adherence:

- 1) Discuss the need for adherence to any hypertension medications
- 2) Verify prescription for hypertension medication – an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug
- 3) Discuss any medication side effects.
Medication Reconciliation After Discharge: Members discharged from either an acute or non-acute setting should have their medications at discharge reconciled or reviewed with the medications prescribed in the outpatient setting by a prescribing practitioner or pharmacist within 30 days of discharge.

Monitoring of Persistent Medications: Members who are prescribed and remain on certain medications should have at least annually monitoring of the medication.

Ensure that the following are obtained for each medication as applicable:
1. Digoxin – one serum lab panel and a serum digoxin test OR a serum potassium, creatinine and digoxin test
2. ACE Inhibitors orARBs – one lab panel OR a serum potassium and a serum creatinine
3. Diuretics – one lab panel OR a serum potassium and a serum creatinine

Monitoring of Physical Activity: Measure examines percentage of members who discussed exercise with their doctors and were advised to start, increase, or maintain their physical activity during the year.

Discussion questions for each of the members appointments:
1) What types of physical activities are you currently doing (walking, golf, cleaning the house)?
2) How often are you doing these activities and for how long?
3) Do you feel that you could add another activity to your current items?
4) Do you feel you could lengthen the time you are currently doing activities?
5) During the last 4 weeks has it been more difficult for the member to carefully complete a hobby or craft?

Osteoporosis Management in Women Who Had a Fracture: All female members over the age of 65 need a bone density test to check for osteoporosis. If female members age 67 to 85 years have also suffered a fracture, a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the 6 months after the fracture

Plan All-Cause Readmissions: This measure is for members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute re-admission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Details in the medical record should identify:
1) Any planned hospital stays for chemotherapy, rehabilitation, organ transplants, or other potentially planned procedures should be documented in the medical record.
2) Exclusions (Non-acute Inpatient Stay, Perinatal Conditions, and Pregnancy)

Reducing the Risk of Falling: Measure examines percentage of members with a problem falling, walking, or balancing who discussed it with their doctor and received treatment for it.

Rheumatoid Arthritis Management: Measure is the percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Medications
- Aminosalicylates (Sulfasalazine)
- Anti-rheumatics (Anakinra, Gold, Hydroxychloroquine, Lefunomide, Methotrexate, Penicillamine, Prednisone)
- Immunosuppressants (Abatacept, Adalimumab, Anakinra, Certolizumab, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab)
- Immunosuppressive agents (Azathioprine, Cyclosporine, Mycophenolate)
- Biologic agents (Cyclophosphamide, Tocilizumab, Tetracyclines, Methotrexate)

Addressing the Need for Medications: There are multiple Medication Measures that can be supported during an office visit.

Discussion items for members appointments if they have reported a fall:
1) Discuss the last hearing check.
2) Discuss vision tests.
3) Review medications that could affect balance.
4) Discuss medication to assist with mobility.
5) Discuss physical therapy options.

Spirometry Testing for New COPD: Adults age 40 and over need a spirometry test within 6 months of a new diagnosis or exacerbation for conditions listed below.

Discussion questions for each patient's appointement if they are on or over 40:
1) Have you been to a physical therapist?
2) How often are you doing these activities and how long?

1. Perform the Spirometry testing within 6 months
2. Refer member to a specialist if unable to perform test in office (Allergist or Pulmonologist)
3. Ensure that results of specialist testing are kept in the members medical record

Use of High Risk Medications in the Elderly: Members 66 years of age and older should not be prescribed high risk medications. Measure evaluates members taking 2 high risk medications. Switch members off of high risk medications when it is possible. If member is staying on the high risk medication ensure their supply and dosage do not exceed the recommended amount.

High-Risk Medications
- Anticholinergics: first-generation antihistamines or anti-Parkinson agents
- Antagonists, Antidepressants
- Cardiovascular, alpha agonists, central or other
- Central nervous system: antidepressants, barbiturates, sedatives, or other
- Endocrine system: estrogenic with or without progestins: include only oral and topical patch products, sulfonylureas, long-duration, or other
- Pain medications - skeletal muscle relaxants or other

High-Risk Medications with Days Supply Criteria
- Anti-infectives, other Nonbenzodiazepine hypnotics

High-Risk Medications with Average Daily Dose Criteria
- Alpha agonists, central
- Cardiovascular, other Tertiary TCAs (as single agent or as part of combination products)