

# Provider Documentation Reference Guide

HEDIS Measurement Year 2025



## Electronic Clinical Data Systems (ECDS) Measures

| HEDIS Measure                                | Measure Description   | Documentation Required  |
|--|---|---|
| <b>Breast Cancer Screening (BCS-E)</b>       | Percentage of members 50–74 years of age who had a mammogram to screen for breast cancer October 1st two years prior to the measurement year through December 31st of the measurement year.   | Documentation must include one of the following: <ul style="list-style-type: none"> <li>■ Dated Mammogram report</li> <li>■ History of Mammogram with a date</li> <li>■ Mastectomy (bilateral or unilateral) <ul style="list-style-type: none"> <li>- If unilateral, note which side and have mammogram on the other</li> </ul> </li> <li>■ Palliative or Hospice care during the measurement year</li> <li>■ Members who had gender affirming chest surgery any time in the members history through the measurement year.</li> </ul>   |
| <b>Cervical Cancer Screening (CCS-E)</b>     | Percentage of members 21–64 years of age who were screened for cervical cancer.<br>Measure criteria: <ul style="list-style-type: none"> <li>■ Members 21–64 years of age who had cervical cytology performed in the last 3 years.</li> <li>■ Members 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) test in the last 5 years.</li> <li>■ Members 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing in last 5 years.</li> </ul> | Documentation must include one of the following: <ul style="list-style-type: none"> <li>■ Reports for cervical cytology and/or HPV including DOS and result <ul style="list-style-type: none"> <li>- Biopsies are not compliant for cervical cancer screening</li> </ul> </li> <li>■ Evidence of hysterectomy with no residual cervix <ul style="list-style-type: none"> <li>- Compliant: total abdominal, vaginal, radical, complete, absence of cervix</li> </ul> </li> <li>■ Palliative or Hospice care during the measurement year</li> </ul>   |
| <b>Childhood Immunization Status (CIS-E)</b> | The percentage of children two years of age who had all the following immunizations by their 2nd birthday: <ul style="list-style-type: none"> <li>■ 4 DTaP</li> <li>■ 3 IPV</li> <li>■ 1 MMR</li> <li>■ 3 HiB</li> <li>■ 3 HepB</li> <li>■ 1 VZV</li> <li>■ 4 PCV</li> <li>■ 1 HepA</li> <li>■ 2 or 3 Rotavirus</li> <li>■ 2 Flu</li> </ul>   | All immunizations need to be completed on or before the child's second birthday <ul style="list-style-type: none"> <li>■ Document initial HepB on immunization form if given at delivery</li> <li>■ Clearly document Rotavirus type: 2-dose or 3-dose</li> <li>■ Certificate of immunization prepared by an authorized healthcare provider or agency</li> <li>■ Documentation of history of illness or anaphylaxis due to the vaccine</li> <li>■ Documentation of history of any immunocompromising condition</li> </ul> <p><b>*Documentation of "up-to-date" on immunizations is not compliant</b></p> <p>Hospice care during the measurement year</p> |
| <b>Colorectal Cancer Screening (COL-E)</b>   | Percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.   | Documentation must include date (at least the year) and type of test/history <ul style="list-style-type: none"> <li>■ Colonoscopy - 10 years</li> <li>■ Flexible sigmoidoscopy - 5 years</li> <li>■ CT colonography - 5 years</li> <li>■ FIT-DNA (Cologuard) - 3 years</li> <li>■ FOBT (guaiac or immunochemical/FIT) - 1 year</li> <li>■ History of Total Colectomy</li> <li>■ History of Colorectal Cancer</li> <li>■ Palliative or Hospice care during the measurement year</li> </ul> <p>Noncompliant documentation (not specific enough): C-scope, colorectal screening, colon cancer screening</p>  |
| <b>Immunizations for Adolescents (IMA-E)</b> | The percentage of adolescents 13 years of age who had all the following immunizations by their 13th birthday: <ul style="list-style-type: none"> <li>■ 1 Tdap</li> <li>■ 1 Meningococcal</li> <li>■ HPV vaccine series</li> </ul>   | Timing for this measure is crucial <ul style="list-style-type: none"> <li>■ <b>Tdap:</b> one between 10th and 13th birthdays</li> <li>■ <b>Meningococcal:</b> one between 10th and 13th birthdays</li> <li>■ <b>HPV:</b> <ul style="list-style-type: none"> <li>- two doses with DOS at least 146 days apart between 9th and 13th birthdays or</li> <li>- three doses between 9th and 13th birthdays</li> </ul> </li> <li>■ Documentation of anaphylaxis due to the vaccine</li> </ul> <p><b>*Documentation of "up-to-date" on immunizations is not compliant</b></p> <p>Hospice care during the measurement year</p>                                   |

## Administrative Measures

| HEDIS Measure  | Measure Description  | Documentation Required   |
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| <b>Eye Exam for Patients with Diabetes (EED)</b>   | Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam in the measurement year or a negative retinal or dilated eye exam in the year prior to the measurement year   | Documentation includes: <ul style="list-style-type: none"> <li>■ Dated retinal exam</li> <li>■ Results</li> <li>■ Evidence done or reviewed by an eye care professional</li> <li>■ Documentation of bilateral eye enucleation</li> <li>■ Fundus photography that includes a chart or photo with evidence that it was reviewed by an eye care professional, qualified reading center, or AI system.</li> <li>■ Note: Blindness is not an exclusion.</li> <li>■ Palliative or Hospice care during the measurement year</li> </ul>  |
| <b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>                             | Percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation and had each of the following during the measurement year: <ul style="list-style-type: none"> <li>■ Estimated glomerular filtration rate (eGFR)</li> <li>■ Urine albumin creatinine ratio (uACR)</li> </ul> *Testing can be on the same or different dates of service | Documentation includes: <ul style="list-style-type: none"> <li>■ Estimated glomerular filtration rate (eGFR) <b>AND</b> one of the following:</li> <li>■ Urine albumin creatinine ratio (uACR)</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>■ Quantitative urine albumin test and urine creatinine test with service dates four days or less apart</li> <li>■ End stage renal disease or dialysis any time during the member's history</li> <li>■ Palliative or Hospice care during the measurement year</li> </ul>   |
| <b>Osteoporosis Management in Women Who had a Fracture (OMW)</b><br><br><b>Medicare only</b> | Percentage of women ages 67–85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture (does not include fractures to the finger, toe, face or skull).   | The following meet requirements: <ul style="list-style-type: none"> <li>■ Report of bone mineral density test within 24 months prior to the fracture <ul style="list-style-type: none"> <li>- If included in history, need type and date of test</li> </ul> </li> <li>■ Report of bone mineral density test performed within six months after the fracture <ul style="list-style-type: none"> <li>- Include type and date of test in documentation</li> </ul> </li> <li>■ Osteoporosis medications administered or dispensed 12 months prior to the fracture or within six months after the fracture (i.e., samples given must include name, dose, route, frequency, and number of doses dispensed)</li> <li>■ Palliative or Hospice care during the measurement year</li> </ul> |
| <b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>                         | Percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.  | Documentation must include one of the following during the measurement year: <ul style="list-style-type: none"> <li>■ Myalgia</li> <li>■ Myopathy</li> <li>■ Myositis</li> <li>■ Rhabdomyolysis</li> <li>■ Palliative or Hospice care</li> <li>■ Pregnancy/IVF</li> <li>■ Prescription for clomiphene</li> <li>■ ESRD/Dialysis</li> <li>■ Cirrhosis</li> </ul>   |

## Hybrid Measures

| HEDIS Measure  | Measure Description  | Documentation Required  |
|--|--|---|
| <b>Blood Pressure Control for Patients with Diabetes (BPD)</b>     | Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year  | <p>Documentation includes:</p> <ul style="list-style-type: none"> <li>Compliant BP is <b>LESS THAN</b> 140/90 for both systolic and diastolic</li> <li>If BP noncompliant, retake and document both blood pressures.</li> <li>*If multiple readings are recorded on a single date, the lowest systolic and lowest diastolic BP will be abstracted.</li> </ul> <p>Document member reported BP</p> <ul style="list-style-type: none"> <li>Documentation must be specific enough to link it to a date: “last Wednesday,” “yesterday,” “last week,” etc.</li> <li>Documentation not specific enough includes: “recent,” “last,” “previously,” etc.</li> </ul> <p>Palliative or Hospice care during the measurement year</p>   |
| <b>Controlling High Blood Pressure (CBP)</b>                       | Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.   | <p>Compliant BP is <b>LESS THAN</b> 140/90 for both systolic and diastolic</p> <ul style="list-style-type: none"> <li>If BP noncompliant, retake and document both blood pressures.</li> <li>**If multiple readings are recorded on a single date, the lowest systolic and lowest diastolic BP will be abstracted.</li> </ul> <p>Document member reported BP</p> <ul style="list-style-type: none"> <li>Documentation must be specific enough to link it to a date: “last Wednesday,” “yesterday,” “last week,” etc.</li> <li>Documentation not specific enough includes: “recent,” “last,” “previously,” etc.</li> </ul> <p>Palliative or Hospice care during the measurement year</p> <p>Documentation of ESRD, dialysis, nephrectomy, kidney transplant, pregnancy</p> |
| <b>Glycemic Status Assessment for Patients With Diabetes (GSD)</b> | <p>Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (HbA1c) or glucose management indicator (GMI) was at the following levels during the measurement year</p> <ul style="list-style-type: none"> <li>Glycemic Status &lt;8.0%</li> <li>Glycemic Status &gt;9.0%</li> </ul> | <p>Documentation includes:</p> <ul style="list-style-type: none"> <li>A1c lab reports</li> <li>A1c result documented within a progress note must have a date</li> <li>POC A1c needs a result documented</li> <li>Member reported GMI or A1c must be specific enough to link to a date</li> <li>GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value</li> <li>Documentation must be specific enough to link it to a date: “last Wednesday,” “yesterday,” “last week,” etc.</li> <li>Documentation not specific enough includes: “recent,” “last,” “previously,” etc.</li> </ul> <p>Palliative or Hospice care during the measurement year</p>   |
| <b>Prenatal and Postpartum Care (PPC)</b>                          | <p>Percentage of deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.</p> <ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>  | <p>Timeliness of patient encounters is crucial</p> <ul style="list-style-type: none"> <li>Prenatal - first trimester</li> <li>Postpartum – between 7 and 84 days after delivery</li> </ul> <p>If initials are used, send a signature log including titles (MD, DO, NP, CNM, etc.)</p> <ul style="list-style-type: none"> <li>RN visits need to be cosigned by the supervising provider to be compliant</li> </ul> <p>Services provided during a telephone visit, e-visit, or virtual check in are eligible for reporting.</p> <p>Hospice care during the measurement year</p>   |

## Hybrid Measures

| HEDIS Measure  | Measure Description   | Documentation Required   |
|--|---|--|
| <b>Transitions of Care (TRC)</b><br><br><b>Medicare only</b> | Percentage of discharges for members 18 years of age and older who had each of the following: <ul style="list-style-type: none"> <li>■ Notification of Inpatient Admission</li> <li>■ Receipt of Discharge Information</li> <li>■ Patient Engagement After Inpatient Discharge</li> <li>■ Medication Reconciliation Post-Discharge</li> </ul> | <p><b>Notification of Inpatient Admission:</b><br/>           Outpatient medical record of the ongoing care provider must include receipt of notification of admission on day of admission through 2 days after admission<br/>           *Date of receipt or file date must be documented<br/>           Compliant Examples:           <ul style="list-style-type: none"> <li>■ Preadmission exam about a planned inpatient admission any time prior to the admission meets criteria</li> <li>■ Communication from inpatient providers or ED about admission to the ongoing care provider Hospice care during the measurement year</li> </ul> </p> <hr/> <p><b>Receipt of Discharge Information:</b><br/>           Outpatient medical record of the ongoing care provider must include receipt of discharge on day of discharge through 2 days following discharge<br/>           *Date of receipt or file date must be documented<br/>           At minimum, discharge information must include:           <ul style="list-style-type: none"> <li>■ Practitioner responsible for care during inpatient stay</li> <li>■ Procedures and treatment provided</li> <li>■ Diagnosis at discharge</li> <li>■ Current med list</li> <li>■ Testing results, pending tests or no tests pending</li> <li>■ Instructions for post discharge care</li> </ul>           Hospice care during the measurement year         </p> <hr/> <p><b>Patient Engagement:</b><br/>           Outpatient medical record of the ongoing care provider must include documentation of any type of patient engagement within 30 days after discharge           <ul style="list-style-type: none"> <li>■ Documentation of office visit, telephone visit, e-visit, or telehealth visit</li> <li>■ *Cannot be done on the day of discharge</li> </ul>           Hospice care during the measurement year         </p> <hr/> <p><b>Medication Reconciliation Post-Discharge:</b><br/>           Outpatient medical record of the ongoing care provider must include medication reconciliation conducted by a prescribing provider, clinical pharmacist, physician assistant or registered nurse on the day of discharge through 30 days after discharge.<br/>           Compliant examples:           <ul style="list-style-type: none"> <li>■ Evidence of medication reconciliation of current medications to discharge medications</li> <li>■ Documentation of current medication list and evidence the patient is being seen for "post hospital discharge follow-up"</li> <li>■ *Per NCQA: "post-transplant," "post hip replacement," "post op f/u" are not sufficient documentation.</li> </ul>           Hospice care during the measurement year         </p> |

## Hybrid Measures

| HEDIS Measure  | Measure Description   | Documentation Required  |
|--|---|---|
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b> | Percentage of members 3-17 years of age who had evidence of the following during the measurement year: <ul style="list-style-type: none"> <li>■ BMI percentile</li> <li>■ Counseling for Nutrition</li> <li>■ Counseling for Physical Activity</li> </ul> | <p><b>Weight Assessment:</b></p> <ul style="list-style-type: none"> <li>■ Must document BMI Percentile, height, and weight</li> <li>■ BMI percentile can be documented on a <b>BMI graph</b>, flowsheet or in the narrative</li> </ul> <p>*Distinct BMI percentiles must be documented: ranges are not compliant</p> <p>Pregnancy or Hospice care during the measurement year</p> <hr/> <p><b>Counseling for Nutrition:</b></p> <ul style="list-style-type: none"> <li>■ Compliant: Eating habits, dieting behaviors, checklist indicating nutrition, referral for nutritional education, anticipatory guidance for nutrition, weight or obesity counseling, educational material on nutrition</li> <li>■ Noncompliant: “well nourished”, “good appetite”</li> </ul> <p>Pregnancy or Hospice care during the measurement year</p> <hr/> <p><b>Counseling for Physical Activity:</b></p> <ul style="list-style-type: none"> <li>■ Compliant: Current physical behaviors (exercise routine, sports participation, or sports exam), checklist indicating physical activity, referral for physical activity, anticipatory guidance for physical activity, weight or obesity counseling, educational material on physical activity</li> <li>■ Noncompliant: documentation of developmental milestones, “cleared for gym class” without discussion, anticipatory guidance related solely to safety or screen time</li> </ul> <p>Pregnancy or Hospice care during the measurement year</p> |