

WHITEPAPER: WHAT IS HEDIS?

For Health Care Providers

Updated November 2023

Introduction

The Healthcare Effectiveness Data and Information Set (HEDIS®)* is one of the most widely used set of health care performance measures in the United States. The term HEDIS originated in the late 1980s as the product of a group of forward-thinking employers and quality experts, and was entrusted to the National Committee for Quality Assurance (NCQA) in the early 1990s. NCQA has expanded the size and scope of HEDIS to include measures for physicians, preferred provider organizations (PPOs), and other entities. Please visit [ncqa.org](https://www.ncqa.org) for more information on NCQA and HEDIS.

How is HEDIS developed?

NCQA's Committee on Performance Measurement (CPM), which includes representation from purchasers, consumers, health plans, providers, and policy makers, oversees the evolution of the measurement set. Multiple Measurement Advisory Panels (MAPs) provide the clinical and technical knowledge required to develop the measures. Additional HEDIS expert panels and the Technical Measurement Advisory Panel (TMAP) provide invaluable assistance by identifying methodological issues and providing feedback on new and existing measures.

Why is HEDIS important?

The HEDIS performance measures are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. Additional information is available on the Centers for Disease Control and Prevention website at [cdc.gov](https://www.cdc.gov).

HEDIS medical record review request

Cigna Healthcare collects data for HEDIS on an annual basis from providers. Each year, initial requests are sent to providers' offices in January and February. The request includes a list of patients and a detailed description of what is needed from each customer's medical records. There may be a list for one or multiple providers in a practice. The patients identified on each list are chosen through a randomized selection process, and each patient on the list is associated with claims that have been submitted by the office. If the information is incorrect or the patient is seen in another office in the practice, providers should contact the HEDIS Project Manager as identified in the letter.

All personal health information (PHI) is kept confidential and only shared to the extent permitted by federal and state law. Only the presence or absence of a particular service or test will be documented. These activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.

HEDIS measures and what is requested

Cigna Healthcare performs medical record reviews for specific HEDIS performance measures as required by NCQA. Prior to submitting requests to providers, medical claims, pharmacy claims, and other supplemental data is compiled for the identified customers. For the measures and customers where claims data substantiates that the care was provided or the procedure was performed and NCQA requirements were met, medical record review is not required. These requests are noted as complete.

Medical claim data is limited and often does not include specific values or results for tests and screenings performed as required by NCQA. Pharmacy data can also be limited because it is only captured for

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customers who have a Cigna Healthcare pharmacy benefit. Therefore, requests for medical record documentation from patient records supplement what we have already captured in claims. Documentation requests may vary based upon the specific measure and criteria specified by NCQA and the claims and pharmacy data we already have for a particular customer.

Noted below are the HEDIS performance measures required by NCQA for medical record reviews, including a description of the measure and the documentation that may be requested for each. The measurement year (MY) is generally the full year prior to the current year of the request. For instance, a review being conducted in 2024 would look at records from 2023, unless otherwise specified.

Cervical Cancer Screening (CCS)

Description: This measure looks at women ages 21 to 64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed within the last three years
- Women ages 30 to 64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- Women ages 30 to 64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last five years

A copy of the medical record documentation required:

- Demographic sheet verifying the patient’s name and date of birth
- 2023 Preventive health/wellness exam, sick and telehealth visits
- History and physical, past medical/surgical history
- 2021 – 2023 Pap test with date and results
- 2019 – 2023 C HPV test with date and results

Childhood Immunization Status (CIS)

Description: This measure looks at two-year-old customers to assess for documentation of their immunization history. The following are the nationally recommended immunizations to be completed by age two:

DTaP	At least four DTaP vaccinations, with different dates of service on or before the child’s second birthday. Do not count a vaccination administered prior to 42 days after birth.
IPV	At least three IPV vaccinations, with different dates of service on or before the child’s second birthday. IPV administered prior to 42 days after birth cannot be counted.
MMR	At least one MMR vaccination, with a date of service on or between the child’s first and second birthdays
HiB	At least three HiB vaccinations, with different dates of service on or before the child’s second birthday. HiB administered prior to 42 days after birth cannot be counted
Hepatitis B	At least three hepatitis B vaccinations, with different dates of service on or before the child’s second birthday.
VZV	At least one VZV vaccination, with a date of service on or between the child’s first and second birthdays.
Pneumococcal conjugate	At least four pneumococcal conjugate vaccinations, with different dates of service on or before the child’s second birthday. Do not count a vaccination administered prior to 42 days after birth.
Hepatitis A	One hepatitis A vaccination, with a date of service on or between the child’s first and second birthdays.



Rotavirus	The child must receive the required number of rotavirus vaccinations on different dates of service on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth. The following vaccine combinations are compliant: <ul style="list-style-type: none"> • Two doses of the two-dose vaccine; or • One dose of the two-dose vaccine and two doses of the three-dose vaccine; or • Three doses of the three-dose vaccine
Influenza	Two influenza vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to six months (180 days) after birth. One of the two vaccinations can be a Live Attenuated Influenza Vaccine (LAIV) administered <u>on</u> the child's second birthday. Do not count a LAIV administered before the child's second birthday.

A copy of the medical record documentation required:

- Demographic sheet verifying the patient's name and date of birth
- 2021 – 2023 Preventive health/wellness exam, sick and telehealth visits.
- Immunization record birth to two years

Colorectal Cancer Screening (COL)

Description: This measure looks at customers ages 45 to 75 to assess for documentation of the recommended screening for colorectal cancer.

A copy of the medical record documentation required:

- Demographic sheet verifying the patient's name and date of birth
- 2022 – 2023 Preventive health/wellness exam, sick and telehealth visits
- History and physical, past medical/surgical history with date of last colorectal cancer screening
- 2014 – 2023 Colonoscopy report with date and results; **or**
- 2021 – 2023 Stool DNA (sDNA) with FIT test (i.e., Cologuard®) with date and results; **or**
- 2019 – 2023 Flexible sigmoidoscopy or CT colonography test with date and results; **or**
- 2023 FOBT screening with date and results

Hemoglobin A1c Control for Patients With Diabetes (HBD)

Description: This measure looks at customers ages 18 to 75 with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was controlled (<8.0%) or poorly controlled (>9.0%) during the measurement year.

A copy of the medical record documentation required:

- Demographic sheet verifying the patient's name and date of birth
- 2023 Preventive health/wellness exam, sick and telehealth visits
- 2023 HbA1c tests and results

Blood Pressure Control for Patients With Diabetes (BPD)

Description: This measure looks at customers ages 18 to 75 with diabetes (type 1 and type 2) whose blood pressure (BP) was controlled (<140/90 mm Hg) during the measurement year.

A copy of the medical record documentation required:

- Demographic sheet verifying the patient's name and date of birth
- 2023 Preventive health/wellness exam, sick and telehealth visits
- 2023 Vital Sign Flowsheets (including BP)
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Eye Exam for Patients With Diabetes (EED)

Description: This measure looks at customers ages 18 to 75 with diabetes (type 1 and type 2) who had a retinal eye exam by an eye care professional (optometrist or ophthalmologist) using either of the following criteria:



- A retinal or dilated eye exam (positive or negative for retinopathy) in the measurement year
- A negative retinal or dilated exam (negative for retinopathy) in the year prior to the measurement year

A copy of the medical record documentation required:

- Demographic sheet verifying the patient’s name and date of birth
- 2022 – 2023 Preventive health/wellness exam, sick and telehealth visits
- 2022 – 2023 Retinal or dilated eye exams and results with an eye care professional

Controlling High Blood Pressure (CBP)

Description: This measure looks at customers ages 18 to 85 with a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

A copy of the medical record documentation required:

- Demographic sheet verifying the patient’s name and date of birth
- 2023 Preventive health/wellness exam, sick and telehealth visits
- 2023 Vital Sign Flowsheets (including BP)

Immunizations for Adolescents (IMA)

Description: This measure looks at adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

Meningococcal Serogroups A, C, W, Y	At least one meningococcal serogroups A, C, W, Y vaccine with a dates of service on or between the adolescent’s 11 th and 13 th birthdays
Tdap	At least one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine with a date of service on or between the adolescent’s tenth and 13 th birthdays.
HPV	The adolescent must receive the required number of HPV vaccinations on or between the ninth and 13 th birthdays. Either of the following are compliant: <ul style="list-style-type: none"> • At least two HPV vaccines with dates of service at least 146 days apart • At least three HPV vaccines with different dates of service

A copy of the medical record documentation required:

- Demographic sheet verifying the patient’s name and date of birth
- 2023 Preventive health/wellness exam, sick and telehealth visits.
- Immunization record 9 –13 years

Prenatal and Postpartum Care (PPC)

Description: This measure looks at female customers who delivered a live birth on or between October 8, 2021 and October 7, 2022 for:

- A prenatal care visit in the first trimester on or before the enrollment start date, or within 42 days of enrollment in the organization
- A postpartum visit on or between seven and 84 days after delivery

A copy of the medical record documentation required:

- Demographic sheet verifying the patient’s name and date of birth
- 2022 – 2023 Prenatal care record (e.g., obstetrical flow sheets including virtual/telehealth, laboratory tests, Ultrasound, and estimated date of delivery [EDD])
- 2022 – 2023 Postpartum visit notes (including virtual/telehealth, postpartum assessments, glucose, depression, or other screenings)
- 2022 – 2023 Vital Sign Flowsheets (including weight and BP)
- Documentation that patient did not deliver a live birth or was not pregnant, if applicable

Lead Screening in Children (LSC)

Description: This measure looks at children two years of age to assess for documentation of one or more capillary or venous lead blood test for lead poisoning by their second birthday.



A copy of the medical record documentation required:

- Demographic sheet verifying the patient's name and date of birth
- Lead blood test (capillary or venous) and results birth to two years

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Description: This measure looks at customers ages three to 17 who had an outpatient visit with a primary care provider (PCP) or OB/GYN and evidence of the following during 2023:

- Body mass index (BMI) percentile documentation*
- Counseling for nutrition
- Counseling for physical activity

** Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

A copy of the medical record documentation required:

- Demographic sheet verifying the patient's name and date of birth
- 2023 Preventive health/wellness exam, sick and telehealth visits (including nutrition and sports physical exams)
- 2023 BMI percentiles, height and weight (i.e., Vital Sign Flowsheets)

Returning medical record information to Cigna Healthcare

Providers' offices are asked to return the requested medical record information and documentation to the Cigna Healthcare HEDIS Project Manager as identified in the letter by the date shown. **Please submit only one medical record per customer including all documents requested for their assigned measure(s). Also include the record request list with the medical records.**

The most efficient and secure way for Cigna Healthcare to retrieve the requested medical record documentation is via access to a secure electronic medical record (EMR) system by Cigna Healthcare staff through our secure network. Medical records may also be returned directly and securely by uploading to our Secure File Transfer Portal (SFTP). The other method to return requested medical records is via fax to Cigna's secure system. If submitting medical records by secure fax, we recommend sending no more than three medical records at a time to avoid transmission failure.

Benefits to providing Cigna Healthcare access to secure EMR systems

- Reduce the administrative burden of the annual HEDIS record collection by granting our staff remote access to your EMR system.
- More secure and reduces the risk of records being misdirected.
- More time to devote to patient care.
- Our team will ensure compliance with HIPAA privacy laws.

Note: Due to HIPAA concerns, Cigna Healthcare is not able to receive medical records by mail.

If a large group or association has a centralized medical records system, all requests can be directed to a central point of contact. This information would need to be communicated to your Cigna Healthcare HEDIS Project Manager before requests are mailed.

Additional information

- NCQA website ([ncqa.org](https://www.ncqa.org)) > HEDIS & Performance Measurement)
- The provider's Provider Services Analyst or HEDIS Project Manager listed on the letter of request
- Cigna Healthcare Provider Service at 800.88Cigna (882.4462)

