



HEDIS is the acronym for **Healthcare Effectiveness Data and Information Set**. HEDIS is intended to inform providers and health plans about the quality of care and services provided to the members we serve. Community Health Group uses HEDIS measures as a key indicator to measure the exceptional care it provides its members.

If you need additional information or training regarding any HEDIS measures, please feel free to contact **Gabriela Rubalcava, HEDIS Manager** at (619) 498-6535 or grubal@chgsd.com. Additional information is available on our secured webpage. If you need help setting up your online account, please contact our provider relations department at (619) 498-6457.

HEDIS required measure by line of business:

Medi-Cal	Cal Medi-Connect
<ul style="list-style-type: none"> • Annual monitoring for patients on persistent medications <ul style="list-style-type: none"> ○ ACE inhibitors or ARBs ○ Digoxin ○ Diuretics • Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis • Cervical cancer screening • Children’s Access to Primary Care Practitioners: <ul style="list-style-type: none"> ○ Ages 12-24 months ○ Ages 25 months – 6 years ○ Age 7 years-11 years ○ Age 12-18 years • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ Eye Exam (retinal) performed ○ A1c control (<8%) ○ A1c Poor Control (>9%) ○ A1c testing ○ Medical Attention for Nephropathy • Childhood Immunization Status (Combo 3) • Controlling High Blood Pressure • Immunizations for Adolescents <ul style="list-style-type: none"> ○ Meningitis ○ Tdap/TD • Asthma Medication Management • Use of Imaging Studies for Low Back Pain • Timeliness of prenatal care • Postpartum Care • Well-child visit in the 3rd, 4th, 5th, and 6th years of life • Weight assessment and counseling for nutrition and physical activity for children/adolescents: <ul style="list-style-type: none"> ○ BMI percentile ○ Counseling for nutrition ○ Counseling for physical activity 	<ul style="list-style-type: none"> • Colorectal cancer screening • Care of older adults <ul style="list-style-type: none"> ○ Advance care planning ○ Medication review ○ Functional status assessment ○ Pain screening • Controlling high blood pressure • Annual monitoring for patients on persistent medications <ul style="list-style-type: none"> ○ ACE inhibitors or ARBs ○ Digoxin ○ Diuretics ○ Anticonvulsants • Medication reconciliation post-discharge • Adult BMI assessment • Adults’ access to preventive/ ambulatory health services • Breast Cancer Screening • Disease modifying anti-rheumatic drug therapy in rheumatoid arthritis • Initiation of alcohol and other drug dependence treatment • Engagement of alcohol and other drug dependence treatment • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ Eye Exam (retinal) performed ○ A1c control (<8%) ○ A1c Poor Control (>9%) ○ A1c testing ○ Medical Attention for Nephropathy • Use of high-risk medications in the elderly: <ul style="list-style-type: none"> ○ One prescription ○ Two-prescription • Use of spirometry testing in the assessment and diagnosis of COPD • Pharmacotherapy management of COPD exacerbation: <ul style="list-style-type: none"> ○ Systemic corticosteroid ○ Bronchodilator • Persistence of beta-blocker treatment after a heart attack • Osteoporosis management in women who had a fracture • Antidepressant medication management: <ul style="list-style-type: none"> ○ Effective acute phase treatment ○ Effective continuation phase treatment • Follow-up after hospitalization for mental illness: <ul style="list-style-type: none"> ○ 7-day follow-up • Potential harmful drug-disease interactions in the elderly: <ul style="list-style-type: none"> ○ Falls+ tricyclic antidepressants or antipsychotics ○ Dementia + tricyclic antidepressants or anticholinergic agents ○ Chronic renal failure + nonasprin NSAIDs or Cox-2 selective NSAIDs

**Hybrid Measure*

****Subject to change when regulatory agencies update the required reportable measures.**