

CLINICAL QUALITY IMPROVEMENT REFERENCE

Working Together to Improve Patient Health

Blue Cross and Blue Shield of New Mexico (BCBSNM) appreciates the care and attention that you, as an independently contracted network provider, furnish to BCBSNM’s commercial and retail (individual) members. This resource contains clinical quality measures selected from the Healthcare Effectiveness Data and Information Set (HEDIS®) standardized performance measures for those members.¹ HEDIS results facilitate clinical quality management and assist in the focus of member healthcare improvement initiatives. BCBSNM hopes this resource will convey a better understanding of the measures and your key role in required documentation.

Please keep in mind that this tool is reflective of HEDIS measures and not necessarily other guidelines and/or resources.

Measure	Measurement Guidelines	Documentation
Childhood Immunization Status Girls and Boys Age Birth to 2 Years	Complete the following immunizations on or before the 2nd birthday: <ul style="list-style-type: none"> • 4 doses - DTaP • 3 doses - IPV • 3 doses - Hep B • 3 doses - HiB • 4 doses - PCV • 1 dose - MMR (Give on or between first and second birthday) • 1 dose - VZV (Give on or between first and second birthday) • 1 dose - Hep A (Give on or between first and second birthday) • 2-3 doses - Rotavirus • 2 doses - Influenza 	Include one of the following: <ul style="list-style-type: none"> • Vaccine name and date administered. Vaccines that require multiple doses MUST be administered on different dates of service • Contraindications: Date and history of illness or seropositive result for the following—measles, mumps, rubella, chicken pox, hepatitis B or hepatitis A • Hep B - At least three hepatitis B vaccinations (Hepatitis B Immunization Value Set; Hepatitis B Vaccine Procedure Value Set) with different dates of service • Rotavirus - Indicate Rotarix 2 dose or RotaTeq 3 dose • “Up to date on immunizations” is NOT acceptable documentation • Document vaccines administered in State Immunization Information System (state immunization registry): https://nmsiis.health.state.nm.us/webiznet_nm/Login.aspx.
Immunizations for Adolescents Girls and Boys Age 9–13 Years	Complete the following immunizations before the 13th birthday: <ul style="list-style-type: none"> • 1 dose - Meningococcal conjugate (Age 11-13 years) • 1 dose - Tdap (Age 10-13 years) • 2-3 doses - HPV (Age 9-13 years) 	Include the following: <ul style="list-style-type: none"> • Vaccine name and date administered • HPV - 2 doses IF at least 146 days between first and second dose • Document vaccines administered in State Immunization Information System (state immunization registry): https://nmsiis.health.state.nm.us/webiznet_nm/Login.aspx.

¹Please refer to www.bcbsnm.com/provider and/or your Provider Toolkits for resources applicable to Blue Cross Community Centennial and Blue Cross Medicare members.

Measure	Measurement Guidelines	Documentation
<p>Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents</p> <p>Girls and Boys Age 3–17 Years</p>	<p>Body Mass Index (BMI) percentile</p> <ul style="list-style-type: none"> • Measure height and weight, calculate BMI percentile <p>Nutritional review/counseling</p> <ul style="list-style-type: none"> • Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors) • Checklist indicating nutrition was addressed • Counseling or referral for nutrition education • Member received educational materials on nutrition <p>Physical activity review/counseling</p> <ul style="list-style-type: none"> • Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation) • Checklist indicating physical activity was addressed • Counseling or referral for physical activity • Member received educational materials on physical activity 	<ul style="list-style-type: none"> • Date • Height • Weight <ul style="list-style-type: none"> – BMI value or a range is NOT acceptable documentation – The height, weight and BMI percentile MUST be from the same data source – BMI percentile documented as a value (e.g., 85th percentile) or BMI percentile plotted on an age-growth chart • Assessment and counseling or referral for nutrition • Assessment and counseling or referral for physical activity • Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation) • Checklist indicating physical activity was addressed • Counseling or referral for physical activity • Member received educational materials on physical activity during a face-to-face visit • Anticipatory guidance specific to the child’s physical activity • Weight or obesity counseling
<p>Adult BMI Assessment</p> <p>Age 18–74 Years</p>	<p>Perform yearly</p> <ul style="list-style-type: none"> • Height, weight and (BMI) <ul style="list-style-type: none"> – BMI Value (20-74 years) – BMI Percentile (18-19 years) 	<p>20-74 years:</p> <ul style="list-style-type: none"> • Date performed • Weight • BMI Value - A range is NOT acceptable documentation <p>18-19 years:</p> <ul style="list-style-type: none"> • Date performed • Height • Weight • BMI Percentile - BMI value or a range is NOT acceptable
<p>Breast Cancer Screening</p> <p>Women Age 50–74 Years</p>	<ul style="list-style-type: none"> • Biennial mammogram 	<ul style="list-style-type: none"> • Date mammogram performed

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Cervical Cancer Screening Women Age 24–64 Years	Screen for cervical cancer with cytology: <ul style="list-style-type: none"> • Age 24-64: Cervical cytology every 3 years • Age 30-64: Cervical high-risk human papillomavirus (hrHPV) testing every 5 years <ul style="list-style-type: none"> – Cervical cytology note with date – Result or finding 	<ul style="list-style-type: none"> • Date performed and result • Cervical biopsy is considered diagnostic and does NOT meet screening criteria • “Reflex testing” (HPV testing only if cytology warrants) does NOT meet screening criteria Exclusion criteria: <ul style="list-style-type: none"> • “No residual cervix” documented with “complete,” “total,” or “radical” hysterectomy or agenesis of cervix
Flu Vaccinations for Adults Age 18 Years and Older	<ul style="list-style-type: none"> • Provide influenza vaccination annually, as appropriate 	<ul style="list-style-type: none"> • Determined by Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey • Member will be surveyed during the annual CAHPS® member experience survey and asked to answer a question if their practitioner administered or discussed the flu vaccine with them
Chlamydia Screening Women Age 16–24 Years	<ul style="list-style-type: none"> • Screen all sexually active women annually 	<ul style="list-style-type: none"> • Date performed
Medical Assistance with Smoking and Tobacco Use Cessation Age 18 Years and Older	Provide medical assistance with smoking and tobacco use cessation: <ul style="list-style-type: none"> • Advise smokers and tobacco users to quit • Discuss cessation medications • Discuss cessation strategies 	<ul style="list-style-type: none"> • Determined by CAHPS® survey • Member will be surveyed during the annual CAHPS® member experience survey and asked to answer a question if their practitioner recommended or discussed cessation medications and were provided cessation methods or strategies
Postpartum Care	<ul style="list-style-type: none"> • A postpartum visit on or between 7 and 84 days after delivery 	Date of postpartum visit and one of the following: <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, BP, breasts and abdomen <ul style="list-style-type: none"> – “Breastfeeding” is acceptable for the “evaluation of breasts” component • Postpartum care note, including, but not limited to: <ul style="list-style-type: none"> – Note of “Postpartum Care,” “PP care,” “PP check,” “6-Week Check” – A preprinted form titled “Postpartum Care” in which information was documented during the visit • Perineal or cesarean incision/wound check • Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders • Glucose screening for women with gestational diabetes

Measure	Measurement Guidelines	Documentation
Colorectal Cancer Screening Age 50–75 Years	One or more screening for colorectal cancer: <ul style="list-style-type: none"> • Annual guaiac-based fecal occult blood test (gFOBT); fecal immunochemical test (FIT) • Every 3 years multitargeted stool DNA test (FIT-DNA) • Every 5 years CT colonography; flexible sigmoidoscopy • Every 10 years colonoscopy; flexible sigmoidoscopy with FIT every year 	<ul style="list-style-type: none"> • Date and type of test performed • Exclusion criteria: Colorectal cancer or total colectomy
Comprehensive Diabetes Care Age 18–75 Years	Diagnosis of Diabetes Type 1 or Type 2 <ul style="list-style-type: none"> • HbA1c testing at least yearly (criteria < 8%) • BP yearly (criteria < 140/90) • Nephropathy screening/monitoring yearly • Diabetic retinal disease screening/monitoring yearly (unless in the year prior to the measurement year), where results indicate retinopathy was not present (e.g., documentation of normal findings) 	Eye Exam <ul style="list-style-type: none"> • Date performed • Results of dilated retinal eye exam; eye exam MUST be performed by an optometrist or ophthalmologist • Evidence indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results • Bilateral enucleation any time during member's lifetime Nephropathy screening/monitoring evidenced by one of the following: <ul style="list-style-type: none"> • ACE inhibitor/ARB therapy • Urine test for albumin or protein (date and result) • Date of visit to a nephrologist • Date of renal transplant • Note addressing medical attention to current clinical renal status and/or function
Controlling High Blood Pressure Age 18–85 Years	BP at least annually with the following criteria: <ul style="list-style-type: none"> • Ages 18-85, BP < 140/90 	<ul style="list-style-type: none"> • Date and BP reading <ul style="list-style-type: none"> – Must occur on or after the second diagnosis of hypertension – If BP is \geq 140/90, recheck and document the BP

Go to <http://www.bcbsnm.com/provider> and click on the Clinical Resources tab to access the following:

- Clinical Practice Guidelines
- Preventive Care Guidelines
- Childhood Obesity Toolkit
- Diabetes Guidelines and Resources (Online diabetes continuing educational units are available)

The information in this document is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. Regardless of any benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

Additional limitations and requirements may apply. Members should contact the customer service number on the back of their Blue Cross Blue Shield member card for any benefit or coverage questions.

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