

Federal Employee Program (FEP)
Measurement Year 2022 Quick Reference Guide
Healthcare and Effectiveness Data and Information Set (HEDIS®)

PLEASE USE THIS GUIDE IN CONJUNCTION WITH THE MY2022 HEDIS DOCUMENTATION AND CODING GUIDE

[Click here](#) for a complete list of HEDIS Measures and Tip Sheets.

HEDIS Measure	Description	Exclusion
<p>Breast Cancer Screening (BCS)</p>	<ul style="list-style-type: none"> • Ages 50 - 74 with one or more mammograms (screening, diagnostic, film, digital or digital tomosynthesis) on or between October 1, two years prior to the measurement year through December 31 of the measurement year • Biopsies, breast ultrasounds and MRIs do not count as appropriate methods for primary breast cancer screening 	<ul style="list-style-type: none"> • Appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Bilateral mastectomy or unilateral mastectomy with bilateral modifier from the same procedure or history bilateral mastectomy or unilateral mastectomy found in clinical data with a bilateral modifier or any combination of codes that indicate mastectomy on both left and right side on the same breast or different dates of service or absence of breasts • Hospice care or palliative care • Age 66 or older as of December 31 of the measurement year with frailty and advanced illness (two or more outpatient visits, emergency department (ED) visits, telephone visits, e-visits, virtual check-ins or non-acute inpatient encounters on different dates with advanced illness diagnosis) or one acute inpatient encounter with advanced illness diagnosis or one acute inpatient discharge with advanced illness diagnosis on the discharge claim or dispensed dementia prescription medication
<p>Comprehensive Diabetes Care Hemoglobin A1c Control for Patients with Diabetes (HBD)</p>	<ul style="list-style-type: none"> • Ages 18 - 75 with diagnosis of diabetes (type 1 or type 2) with a hemoglobin A1c (HbA1c) test <8.0% on the most recent visit during the current measurement year • Documentation must include note indicating date when A1c test was performed and the test result. The patient is compliant if the most recent A1c level during the measurement year is <8.0% • Ranges and thresholds do not meet criteria for this measure. A distinct numeric result is required for compliance • Available HbA1c CPT II codes: <ul style="list-style-type: none"> • 3044F: <7% • 3051F: 7-8% 	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD 10 codes must be submitted through claims to Florida Blue for exclusion • Patients ages 66 and older as of December 31 of the measurement year with frailty and advanced illness, documented as two outpatient visits, observation visits, ED visits, telephone visits, e-visits, virtual check-ins or non-acute inpatient encounters on different dates of service with advanced illness diagnosis or one acute inpatient encounter with advanced illness diagnosis or dispensed one dementia medication: donepezil, galantamine, rivastigmine, memantine or donepezil-memantine • Patients without diagnosis of diabetes during the measurement year or one year prior and who had diagnosis of either polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes • Hospice care or palliative care

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Controlling Blood Pressure (CBP)	<ul style="list-style-type: none"> • Ages 18 - 85 with BP <140/90 mmHg • Measure compliance determined by most recently recorded BP of the year noted in the medical record for measurement year. If multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading are utilized. Do not include BP readings: <ol style="list-style-type: none"> 1. Taken during an acute inpatient stay or an ED visit 2. Taken on the same day as a diagnostic test, or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure (with the exception of fasting blood test) 3. Taken by the member using non-digital devices such as a manual blood pressure cuff with a stethoscope • Remote BP monitoring CPT codes available: 93784, 93788, 93790, 99091 	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • ESRD, dialysis, nephrectomy or kidney transplant during the measurement year (must include note indicating evidence of ESRD, dialysis, nephrectomy, or kidney transplant) • Pregnancy during the measurement year • Hospice care or palliative care • Ages 81 or older as of December 31 of the measurement year with frailty during measurement year • Ages 66 - 80 or older as of December 31 of the measurement year with frailty and advanced illness during the measurement year
Colorectal Cancer Screening (COL)	<ul style="list-style-type: none"> • Ages 50 - 75, screening for colorectal cancer by any of the following: <ul style="list-style-type: none"> ○ Fecal occult blood test (FOBT) during the measurement year; either guaiac (gFOBT) or immunochemical (FIT) <ul style="list-style-type: none"> – A sample collected via digital rectal exam (DRE) or FOBT test performed in an office setting does not count ○ Flexible sigmoidoscopy during measurement year or four years prior ○ Colonoscopy during measurement year or nine years prior ○ CT colonography during measurement year or four years prior ○ FIT-DNA test during measurement year or two years prior 	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Colorectal cancer in medical record any time in patient's history through December 31 of measurement year • Total colectomy in medical record any time in patient's history through December 31 of measurement year • Patients ages 66 or older as of December 31 of measurement year with frailty and advanced illness during the measurement year • Hospice care or palliative care

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Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	<ul style="list-style-type: none"> • Ages 18 - 64 with diagnosis of acute bronchitis/bronchiolitis who are not prescribed an antibiotic medication • CDC recommends writing a post-dated prescription or contacting the patient three days after the clinical visit/evaluation • The bolded differential diagnoses are useful in excluding your patients from the HEDIS measure. pharyngitis, tonsillitis, otitis media, mastoiditis, sinusitis, pneumonia, and UTI 	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Any one of the following: <ul style="list-style-type: none"> ○ HIV ○ malignant neoplasms or ○ other malignant neoplasm of skin ○ emphysema, COPD ○ comorbid conditions such as TB, pulmonary insufficiency, respiratory failure among others ○ disorders of the immune system such as autoimmune, Ig deficiency, graft to host among others • Hospice care
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> • Women ages 21 - 64, using either of the following criteria: <ul style="list-style-type: none"> ○ Ages 21 - 64; cervical cytology performed within the last three years ○ Ages 30 - 64; cervical cytology/hrHPV co-testing performed within the last five years • Documentation must include date of cervical cytology and HPV test performed and results of testing <p>Note: Self-reporting by the patient is accepted with proper documentation in the medical records: date when Pap and/or hrHPV were done and results of test</p>	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Total, radical, complete abdominal or vaginal hysterectomy with no residual cervix through December 31 of the measurement year • Cervical agenesis or acquired absence of cervix through December 31 of the measurement year • Documentation of a vaginal pap smear in conjunction with documentation of hysterectomy • Documentation of hysterectomy with documentation that the member no longer needs pap testing/cervical cancer screening (documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed) • Hospice care or palliative care
Flu Vaccination for Adults (FVA)	<ul style="list-style-type: none"> • Ages 18 - 64 who received an influenza vaccination (flu shot) between July 1 of measurement year and date when CAHPS survey was completed • Documentation received from CAHPS survey with year and date • Please remind your patients to get their flu vaccines 	<ul style="list-style-type: none"> • No exclusions for flu vaccine. Compliance is achieved when patient confirms on CAHPS survey that they received the flu vaccine

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Follow-up after Emergency Department Visit for Mental Illness (FUM)	<ul style="list-style-type: none"> • Ages 6 and older who were discharged from an ED visit with a primary diagnosis of mental illness or intentional self-harm • Patient can be seen by PCP, behavioral health specialist or any provider (not limited to a behavioral health provider) that will document the primary diagnosis for visit as mental health or intentional self-harm • Follow up must be completed within 30 days of the ED visit. The follow up visit cannot occur on the date of discharge. <p>Note: Telephone, e-visits, virtual check-in and Telehealth visits also count to close the care gap with PCP or behavioral health providers or Teladoc®</p>	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Admission or direct transfer to an acute or non-acute inpatient care setting within the 30-day follow up period of the ED visit regardless of the principal diagnosis for the admission • Hospice care
Follow-up after Emergency Department Visit Substance Use (FUA)	<ul style="list-style-type: none"> • Ages 13 and older who were discharged from an ED visit with a primary diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose • Patient can be seen by PCP, behavioral health specialist or any provider (not limited to a behavioral health provider) that will document the diagnosis for visit as alcohol or other drug abuse or dependence • Follow up must be completed within 30 days of the ED visit <p>Note: Telephone, e-visits, virtual check-in and Telehealth visits also count to close the care gap. providers or Teladoc®</p>	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Admission or direct transfer to an acute or non-acute inpatient care setting within the 30-day follow-up period of the ED visit regardless of the principal diagnosis for the admission • Hospice care

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Statin Therapy for Patients with Cardiovascular Disease (SPC)	<ul style="list-style-type: none"> Males ages 21-75 and females ages 40-75 during the measurement year identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and remained on a high-intensity or moderate statin medication at least 80% of the treatment period Measure compliancy determined by pharmacy claims 	<ul style="list-style-type: none"> The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion Pregnancy or In Vitro Fertilization (IVF) during the measurement year or year prior to the measurement year Dispensed at least one prescription of Clomiphene ESRD or dialysis during the measurement year or year prior to measurement year Cirrhosis during the measurement year or year prior to measurement year Myalgia or myositis or myopathy or rhabdomyolysis during measurement year Patients age 66 or older as of December 31 of the measurement year with frailty and advanced illness during the measurement year Hospice care or palliative care Prescribed and dispensed dementia medications: Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-memantine
Prenatal and Postpartum Care (PPC) Timeliness of Prenatal Care	<ul style="list-style-type: none"> Patients with live birth between October 8 of the prior year and October 7 of the measurement year with the following: <ul style="list-style-type: none"> Prenatal care visit in first trimester (12 weeks) or within 42 days of enrollment with Florida Blue Diagnosis of pregnancy must be present Documentation in medical record must include note indicating date when prenatal care visit occurred and evidence of one of the following: <ul style="list-style-type: none"> Basic physical OB exam with auscultation fetal heart tones or pelvic exam with OB observations or measurement fundus height (standardized prenatal flow sheet may be used) Screen labs (OB panel) to include hematocrit, differential white blood cell count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing or a TORCH test or rubella antibody test/titer with ABO/Rh or ultrasound pregnant uterus Documented LMP, EDD or gestational age along with prenatal risk assessment/counseling/education or complete OB history 	<ul style="list-style-type: none"> The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion Hospice care Non-live births

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Use of Imaging Studies for Low Back Pain (LBP)	<ul style="list-style-type: none"> • Ages 18 - 50 who did not have an imaging study (plain X-ray, MRI, CT scan) on or up to 28 days after diagnosis with a primary diagnosis of low back pain on the claim • An outpatient visit, ED visit, osteopathic/chiropractic visit, physical therapy, telephone, e-visit or virtual check-in with a primary diagnosis of low back pain are included in the eligible population 	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Active cancer or personal history of cancer any time during their lifetime through 28 days after the episode start date of low back pain • Recent trauma or injury (including sprain or strain of lower back) anytime during 90 days prior to episode start date through 28 days after episode start date • Intravenous drug use or abuse (IV drug), neurological impairment, HIV, spinal infection, and major organ transplant anytime during the 12 months prior to the episode start date through 28 days after the diagnosis • Prolonged use of corticosteroids (90 consecutive days of treatment) • Patients age 66 or older as of December 31 of the measurement year with frailty and advanced illness during the measurement year • Hospice care
Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> • Children who had the following number of well-child visits with a PCP during the specified timeframes, with the following rates reported: <ol style="list-style-type: none"> 1. Six well-child visits in the first 15 months of life 2. Two well-child visits between 15 months and 30 months of life • Does not include services rendered during ED visit or inpatient visit • The well-child visit must be with a PCP, but does not have to be the practitioner assigned to the child 	<ul style="list-style-type: none"> • The appropriate CPT, HCPCS or ICD-10 codes must be submitted through claims to Florida Blue for exclusion • Services provided via telehealth, Teladoc® do not count towards well-child care gap closure • Hospice care

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Asthma Medication Ratio (AMR)	<p>The percentage of members ages 5 - 64 who were identified as having persistent asthma and had a ratio of controller medication to total asthma medications of 0.50 or greater during the measurement year. 50% of the medications must be dispensed with an asthma controller medication:</p> <p>Asthma Controller Medications</p> <table border="1" data-bbox="527 610 1190 1390"> <thead> <tr> <th>Description</th> <th>Prescription Medications</th> </tr> </thead> <tbody> <tr> <td>Antiasthmatic combinations</td> <td>Dyphylline guaifenesine</td> </tr> <tr> <td>Antibody inhibitors</td> <td>Omalizumab</td> </tr> <tr> <td>Anti-interleukin 4</td> <td>Dupilumab</td> </tr> <tr> <td>Anti-interleukin 5</td> <td>Benralizumaba, Mepolizumaba, Reslizumab</td> </tr> <tr> <td>Inhaled steroid combinations</td> <td>Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, formoterol-mometasone</td> </tr> <tr> <td>Inhaled corticosteroids</td> <td>Beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone</td> </tr> <tr> <td>Leukotriene modifiers</td> <td>Montelukast, zafirlukast, zileuton</td> </tr> <tr> <td>Methylxathines</td> <td>Theophylline</td> </tr> <tr> <td colspan="2">Measured compliancy is determined by pharmacy claims</td> </tr> </tbody> </table>	Description	Prescription Medications	Antiasthmatic combinations	Dyphylline guaifenesine	Antibody inhibitors	Omalizumab	Anti-interleukin 4	Dupilumab	Anti-interleukin 5	Benralizumaba, Mepolizumaba, Reslizumab	Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, formoterol-mometasone	Inhaled corticosteroids	Beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone	Leukotriene modifiers	Montelukast, zafirlukast, zileuton	Methylxathines	Theophylline	Measured compliancy is determined by pharmacy claims		<ul style="list-style-type: none"> • COPD • Emphysema • Obstructive chronic bronchitis • Chronic respiratory conditions due to fumes or vapors • Cystic fibrosis or acute respiratory failure • Hospice care
Description	Prescription Medications																					
Antiasthmatic combinations	Dyphylline guaifenesine																					
Antibody inhibitors	Omalizumab																					
Anti-interleukin 4	Dupilumab																					
Anti-interleukin 5	Benralizumaba, Mepolizumaba, Reslizumab																					
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, formoterol-mometasone																					
Inhaled corticosteroids	Beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone																					
Leukotriene modifiers	Montelukast, zafirlukast, zileuton																					
Methylxathines	Theophylline																					
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HEDIS Measure	Description	Exclusion
<p>Childhood Immunization Status (CIS)</p> <p><i>CIS continued next page</i></p>	<p>The percentage of 2-year-olds who by their second birthday in the measurement year have had:</p> <ul style="list-style-type: none"> • DTaP <ul style="list-style-type: none"> ○ Four diphtheria, tetanus and acellular pertussis (DTaP) with different dates of service. ○ Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine ○ Encephalitis due to the diphtheria, tetanus, or pertussis vaccine • IPV <ul style="list-style-type: none"> ○ Three polio (IPV) with different dates of service • MMR <ul style="list-style-type: none"> ○ One measles, mumps, and rubella (MMR) on or before the child's first and second birthday ○ All the following anytime on or before the child's second birthday <ul style="list-style-type: none"> ▪ History of measles illness ▪ History of mumps illness ▪ History of rubella illness • HiB <ul style="list-style-type: none"> ○ Three haemophiles Influenza type B (HiB) with different dates of service ○ Anaphylaxis due to the HiB vaccine • Hepatitis B <ul style="list-style-type: none"> ○ Three hepatitis B (Hep B) with different dates of service. One of the three vaccination can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth. ○ History of hepatitis illness ○ Anaphylaxis due to the Hepatitis B vaccine 	<ul style="list-style-type: none"> • Immunodeficiency • HIV • Lymphoreticular cancer, multiple myeloma, or leukemia • Intussusception • Hospice Care

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<p>Childhood Immunization Status (CIS)</p> <p><i>Continued from prior page</i></p>	<p>The percentage of 2-year-olds who by their second birthday in the measurement year have had:</p> <ul style="list-style-type: none"> • VZV <ul style="list-style-type: none"> ○ One chicken pox (VZV) on or between the child’s first and second birthday ○ history of varicella zoster on or before the child’s second birthday • Pneumococcal conjugate <ul style="list-style-type: none"> ○ Four pneumococcal conjugate (PCV) with different dates of service on or before the child’s second birthday. • Hepatitis A <ul style="list-style-type: none"> ○ One hepatitis A (Hep A) on or before the child’s first and second birthdays. ○ history of hepatitis A illness on or before the child’s second birthday • Rotavirus <ul style="list-style-type: none"> ○ Two doses or three doses rotavirus (RV) on different dates of service ○ Anaphylaxis due to the rotavirus vaccine • Influenzas <ul style="list-style-type: none"> ○ Two influenza (flu) vaccination with different dates of service on or before the child’s second birthday. one of the two vaccinations can be the LAIV vaccination administered on the child’s second birthday <p>Do not count vaccination administered prior to 42 days after birth for DTaP, IPV, HIB, PCV and RV.</p> <p>Documentation in the note must occur on or prior to the child’s second birthday.</p> <p>Do not count a vaccination administered prior to six months (180 days after birth for influenza).</p> <p>A note in the medical record that the member is up to date with the immunization, but which does not list the dates of all immunizations and the names of the immunization agent does not constitute sufficient evidence of immunization for HEDIS reporting.</p>	<ul style="list-style-type: none"> • See prior page

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