

Date: March 14, 2025

To: FHCP Contracted Primary Care, Cardiologists, Endocrinologists and

OB/GYN Offices

From: Florida Health Care Plans Quality Management Department

Re: HEDIS Measures

Soon Florida Health Care Plans will begin reaching out to offices to extract information from member's charts.

The attached information from Florida Health Care Plans President/Chief Executive Officer, Steven Blumberg outlines the information medical record reviewers will be looking for during the on-site visits.

If there are any questions or concerns regarding this announcement, please contact one of the following Florida Health Care Plans Team Members:

Debbie Biggs 386 676-7100 Extension 7491

Amber Thompson 386 676-7100 Extension 4185



Dear Provider:

As you know, each year Florida Health Care Plans selects and examines a sample of medical records to measure quality. These quality studies, called HEDIS®, are part of a nationally recognized quality improvement initiative. HEDIS is used by the Center for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and the State of Florida (AHCA) to monitor the performance of managed care organizations. Florida Health Care Plans is pleased to participate in these studies and appreciates the support from our provider community in continuously improving our scores.

We anticipate that you may have questions about whether these studies are permissible under the privacy regulations including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In particular, you may question whether a specific authorization is required from your patient (our member) prior to releasing a copy of the medical record to us.

We want to assure you that a special authorization is NOT needed.

Section § 164.504 of HIPAA defines *Health care operations* to include quality assessment and improvement activities.

Florida Health Care Plans is a covered entity under HIPAA and we are continuing to implement procedures to constantly improve our level of privacy protection for health information that we receive.

The following is a list of the data elements our medical record reviewers will be abstracting from the member's chart during their on-site visit beginning in March.

Measure	Required HEDIS Information
Blood Pressure Control for Patients with Diabetes (BPD)	Documentation of the following: Last recorded BP during 2024 where the member was <u>not</u> undergoing a surgical procedure (e.g. removal of mole, sigmoidoscopy), or major diagnostic or surgical procedure (e.g. stress test, admin of IV contrast for a radiology procedure, endoscopy).
Controlling High Blood Pressure (CBP)	Last recorded BP during 2024 where the member was <u>not</u> undergoing a surgical procedure (e.g. removal of mole, sigmoidoscopy), or major diagnostic or surgical procedure (e.g. stress test, admin of IV contrast for a radiology procedure, endoscopy).
Cervical Cancer Screening (CCS)	 Documentation of a screened cervical cancer using either of the following: Cervical cytology between 2022-2024 or Cervical cytology/human papillomavirus (HPV) co- testing between 2020-2024 or Documentation of a "complete", "total", "radical" abdominal or vaginal hysterectomy.
Glycemic Status Assessment for Patients With Diabetes (GSD)	Documentation of the following: Most recent HbA1c or glycohemoglobin A1c test date and result performed in 2024

Measure	Required HEDIS Information
Childhood Immunization Status (CIS)	Evidence of immunizations documented by the child's second birthday: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hepatitis B, 1 VZV, 4 pneumococcal conjugate, 1 Hepatitis A, 2 two-dose or 3 three-dose Rotavirus, and 2 Influenza* (*administered at least 6 months after birth) Or documentation of illness and date - valid for MMR, HepB, varicella, HepA Or a seropositive test date and result - valid for MMR, HepB, varicella, HepA
Eye Exams for Patients with Diabetes (EED)	Documentation of the following: Documentation of a retinal eye exam performed by an eye care professional in 2024 or 2023. The 2023 exam <u>must</u> include documentation to prove negative retinopathy to meet criteria. Valid exclusions: gestational diabetes in 2024, steroid induced diabetes in 2023 or polycystic ovary disease diagnosis without the diagnosis of diabetes in 2024.
Immunizations for Adolescents (IMA)	 Evidence of immunizations documented by the child's 13th birthday: 1 Meningococcal (administered on or between 11th and 13th birthdays) 1 Tdap (administered on or between 10th and 13th birthdays) 2 HPV with 146 days between doses (administered on or between 9th and 13th birthdays) or 3 HPV (administered on or between 9th and 13th birthdays)
Prenatal / Post-Partum Care (PPC)	 Prenatal Care: Documentation that confirms member delivered a live birth on or between 11/06/23 and 11/05/24 Documentation that confirms member received a basic physical exam that includes auscultation for fetal heart tones or pelvic exam with OB observations or measurement of fundus height (include documentation of EDC, LMP and Date of delivery) by an OB practitioner, Family Practitioner or midwife within their first trimester or within 42 days of enrollment with MCO. Or documentation that prenatal care procedure was performed: uterine ultrasound, prenatal labs (Prenatal labs, Torch, rubella titer, ABO/Rh incompatibility) within their first trimester or within 42 days of enrollment with MCO. Or documentation of LMP or EDD with evidence of prenatal care with an OB history, risk assessment, counseling or education within first trimester or within 42 days of enrollment with MCO. Post Partum Care: Documentation of a visit on or between 7-84 days after delivery which includes any of the following: pelvic exam, a notation of post partum care, or an evaluation of weight, BP, breasts and abdomen.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Documentation of all three of the following elements in MY 2024: BMI Percentile or BMI Percentile plotted on a growth chart And Counseling for Nutrition And Counseling for Physical Activity (Strongly recommend the use of the applicable ICD-10 DX codes on claims)

If your member(s) are selected for audit, you will be contacted to schedule an onsite visit. Most onsite visits will occur between March and April.

Again, we value your support of our efforts to measure and improve quality. We look forward to demonstrating your quality of care in our statistics this year.

Sincerely, Steven Blumberg President/Chief Executive Officer