



The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures intended to inform providers and health plans about the quality of care and services provided to health plan members. Every year, Santa Clara Family Health Plan (SCFHP) collects HEDIS data to monitor the quality of care we provide our members and meet the requirements of the Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS).

If you need additional information or training regarding any HEDIS measure, please feel free to contact Vanessa Lagemann, SCFHP HEDIS Project Manager at 1-408-874-1758 or email lagemvan@scfhp.com.

HEDIS rates are calculated in one of two ways:

- **Administrative data** consists of claim or encounter data submitted to the health plan.
- **Hybrid data** consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. In the table below, measures calculated using hybrid data are indicated in *italicized orange*.

Medi-Cal	Cal MediConnect
<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 • Asthma Medication Management • Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis • <i>Cervical cancer screening</i> • <i>Childhood Immunization Status (Combo 3)</i> <ul style="list-style-type: none"> ○ <i>4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV shots, BEFORE child's 2nd birthday.</i> • Children's Access to Primary Care Practitioners: <ul style="list-style-type: none"> ○ Ages 12-24 months ○ Ages 25 months – 6 years ○ Ages 7-11 years ○ Ages 12-18 years • <i>Comprehensive Diabetes Care:</i> <ul style="list-style-type: none"> ○ <i>Eye Exam (retinal) performed</i> ○ <i>A1c control (<8%)</i> ○ <i>A1c Poor Control (>9%)</i> ○ <i>A1c testing</i> ○ <i>Medical Attention for Nephropathy</i> • <i>Controlling High Blood Pressure</i> • <i>Immunizations for Adolescents</i> <ul style="list-style-type: none"> ○ <i>Meningitis</i> ○ <i>Tdap/TD</i> 	<ul style="list-style-type: none"> • <i>Adult BMI assessment</i> • Adults' access to preventive/ ambulatory health services • Annual monitoring for patients on persistent medications <ul style="list-style-type: none"> ○ ACE inhibitors or ARBs ○ Digoxin ○ Diuretics ○ Anticonvulsants • Antidepressant medication management: <ul style="list-style-type: none"> ○ Effective acute phase treatment ○ Effective continuation phase treatment • Breast Cancer Screening • <i>Care of older adults</i> <ul style="list-style-type: none"> ○ <i>Advance care planning</i> ○ <i>Medication review</i> ○ <i>Functional status assessment</i> ○ <i>Pain screening</i> • Use of high-risk medications in the elderly: <ul style="list-style-type: none"> ○ One prescription ○ Two prescription • <i>Colorectal cancer screening</i> • <i>Comprehensive Diabetes Care:</i> <ul style="list-style-type: none"> ○ <i>Eye Exam (retinal) performed</i> ○ <i>A1c control (<8%)</i> ○ <i>A1c Poor Control (>9%)</i> ○ <i>A1c testing</i> ○ <i>Medical Attention for Nephropathy</i> • <i>Controlling high blood pressure</i>

Medi-Cal	Cal MediConnect
<ul style="list-style-type: none"> • Postpartum Care • Timeliness of prenatal care • Use of Imaging Studies for Low Back Pain • 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 • Well-child visit in the 3rd, 4th, 5th, and 6th years of life 	<ul style="list-style-type: none"> • Disease modifying anti-rheumatic drug therapy in rheumatoid arthritis • Engagement of alcohol and other drug dependence treatment • Follow-up after hospitalization for mental illness: <ul style="list-style-type: none"> ○ 7-day follow-up • Initiation of alcohol and other drug dependence treatment • Medication reconciliation post-discharge • Osteoporosis management in women who had a fracture • Persistence of beta-blocker treatment after a heart attack • Pharmacotherapy management of COPD exacerbation: <ul style="list-style-type: none"> ○ Systemic corticosteroid ○ Bronchodilator • 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 + nonaspirin NSAIDs or Cox-2 selective NSAIDs • Use of spirometry testing in the assessment and diagnosis of COPD

Note: This table is subject to change as regulatory agencies update the required reportable measures. Please contact SCFHP for the most up-to-date information.