

Please note that example documentation provided in this presentation is for demonstration purposes only, not legal health records. Dates included may be out of range for MY2025 compliance.



HEDIS® MY 2025 Measure Specs Review

Amy Stiles
Coordinator of Quality Management
June 3, 2025

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Agenda

- 1) Welcome and General Guidelines
- 2) CBP - Controlling High Blood Pressure
- 3) GSD – Glycemic Status Assessment for Patients With Diabetes
- 4) EED - Eye Exam for Patients With Diabetics
- 5) KED – Kidney Health Evaluation
- 6) TRC - Transitions of Care
- 7) FMC – Follow up after ED Visit
- 8) Breast Cancer Screening
- 9) Colorectal Cancer Screening



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General Guidelines

General Guideline: Date of Service for Laboratory Tests

Must have proof that the test was completed and not just ordered, i.e. the test date and result.

- The result/reported date may be used as the test date (the date when results were calculated and/or 1st reported).
- Order date and documented date are **not** eligible for use in HEDIS reporting.

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General Guidelines

General Guideline: Date Specificity

- Date must be specific enough to determine that an event occurred during the time frame established in the measure. "Recent," "At a prior visit," "most recent" are not compliant.

General Guideline: Member-Collected Samples

- Test results from member-collected samples may be used, but samples must be sent to the laboratory or provider's office for analysis.

General Guideline: Member-Reported Services and Biometric Values

- Member-reported services and biometric values are acceptable only if the information is collected by a PCP or specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient's history.
 - The information must be recorded, dated and maintained in the member's legal health record.

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General Guidelines

Medical Record Specifics

- All medical records must include the member's name and DOB.
- The member's name must match the name we have on file.
 - If the name is different, e.g. a nickname or other version of a last name, we must have documentation of the name variance.
 - Reach back out to the provider for evidence of the name variance.
 - In Epic, the information under the member's name may include the "legal name", or there may be a list of aliases – take a screenshot and attach to your record.
- DOB must match what we have on file; if there is a difference, we need additional evidence to prove the DOB.
- Record naming convention: Last, First DOB Measure (Smith, Ava 04.15.52 CBP)
- Highlighting Charts (Health Partners colleagues):
 - If entering charts into HDE: Highlight member name, DOB, measure data within the record. Multi-page documents - place a sticky note (comment) on the first page to denote the page # where the information is located, e.g. "BP p. 27".
 - If dropping charts to shared folder: Do not highlight.

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CBP

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Controlling High Blood Pressure (CBP)

MEASURE DESCRIPTION

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

INTENT OF THE MEASURE

To ensure that members' blood pressure was monitored during the measure year and assess whether the blood pressure is adequately controlled.

MEDICAL RECORD CRITERIA

1. Identify the appropriate outpatient medical record
2. Identify the most recent qualifying BP in the measurement year
3. The BP reading must occur on or after the date of the second hypertension diagnosis



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Controlling High Blood Pressure (CBP)

IDENTIFYING THE MEDICAL RECORD

- Identify the member's PCP
- More than one PCP:
 - Identify the PCP who most recently provided care to the member
- No PCP:
 - Identify the practitioner who most recently provided care to the member.
- Provider who manages the hypertension (e.g. a cardiologist).
- Other provider types



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Controlling High Blood Pressure (CBP)

NUMERATOR COMPLIANCE

Adequately Controlled

- A representative systolic BP <140 mm Hg and
- A representative diastolic BP of <90 mm Hg

Representative BP

- The most recent BP reading during the measurement year (2025) on or after the second diagnosis of hypertension.
- If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.
- If no BP is recorded during the measurement year, assume that the member is “not controlled.”

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Controlling High Blood Pressure (CBP)

OTHER ACCEPTABLE BPs

- BP readings taken by the member and documented in the member's medical record are eligible for use if taken using a digital device
- A BP documented as an “average BP” (e.g., “average BP: 139/70”) is eligible for use.
- BP readings taken on the same day as a low-intensity or preventive procedure are acceptable (p. 111).



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Controlling High Blood Pressure (CBP)

DO NOT CAPTURE BPs:

- 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 tests (see p.111 for examples, details).
- 3) Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.



OTHER Non-COMPLIANT BPs

- 1) BPs documented as ranges or thresholds (e.g. "BP running under 140/90")
- 2) BP reading $\geq 140/90$
 - In HDE, enter NC code

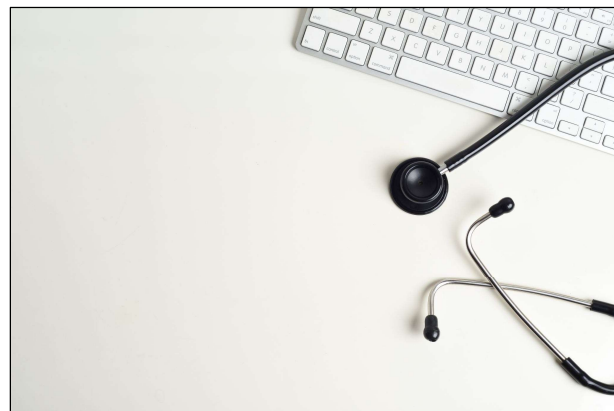
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Controlling High Blood Pressure (CBP)

EXCLUSIONS Mandatory

- Death in MY 2025
- Hospice or palliative care in MY 2025
- Members with evidence of end-stage renal disease (ESRD), nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year (admin data).



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Controlling High Blood Pressure (CBP)

What to Look For

- PCP or provider managing the member's HTN
- Documentation of most recent blood pressure reading recorded during 2025
- If exclusionary evidence is found, get supporting documentation.

Where to Look

- Vital signs section of visit note
- Flow sheet – must be able to validate OP visit, no intensive procedure

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Controlling High Blood Pressure (CBP)

FLWSHEETS

- The flowsheet must include key elements that ensure accurate tracking and compliance
 - Mbr name, DOB
 - Date of measurement
 - Distinct numerical values
 - Indication taken during OP visit
- Ensure the DOS can be tied back to an OP visit, no disqualifying procedure



Flowsheet History
5/7/2024 0000 EDT - 6/6/2024 2359 EDT

Date/Time	Temp	Temp Source	Heart Rate	Heart Rate Source	Resp	BP	BP Location	BP Method	Position	Flow	Pain Assessment
06/06/24 0958	36.3 °C (97.3 °F)	Temporal	—	Monitor	—	113/73	—	—	—	—	No/denies pain
06/06/24 0945	—	—	67	Monitor	19	113/66	—	—	—	—	No/denies pain
06/06/24 0939	36.7 °C (98.1 °F)	Temporal	63	Monitor	15	106/54	—	—	—	—	—
06/06/24 0938	—	—	63	—	15	—	—	—	—	—	—
06/06/24 0924	—	—	—	—	—	—	—	—	—	—	—
06/06/24 0920	—	—	—	—	—	—	—	—	—	—	—
06/06/24 0910	—	—	82	—	17	—	—	—	—	—	—
06/06/24 0910	36.8 °C (98.3 °F)	Temporal	81	Monitor	17	156/70	Left arm	Automatic	Lying	—	No/denies pain
06/06/24 0906	—	—	82	—	18	—	—	—	—	—	—
06/06/24 0907	—	—	77	—	—	—	—	—	—	—	—

reserved

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CBP in HDE

Systolic

Enter a date of service between 1/1/2025 and 12/31/2025 and the CPTII code

Add

Systolic	Diastolic	CPTII code	Description
	3074F	< 130 mmHg	
	3075F	130-139 mmHg	
Most recent d between 1/12/31	NC-001	Value is outside of compliant range	
	NC-002	Date is outside of compliant range	
	NC-003	do not include list	
	NC-004	Not the most recent blood pressure	
	NC-015	Refused Screening	
	NC-016	Other	

Diastolic

Enter a date of service between 1/1/2025 and 12/31/2025 and the CPTII code

Add

Systolic	Diastolic	CPTII code	Description
	3078F	< 80 mmHg	
	3079F	80-89 mmHg	
Most recent d between 1/12/31	NC-001d	Value is outside of compliant range	
	NC-002d	Date is outside of compliant range	
	NC-003d	do not include list	
	NC-004d	Not the most recent blood pressure	
	NC-015d	Refused Screening	
	NC-016d	Other	

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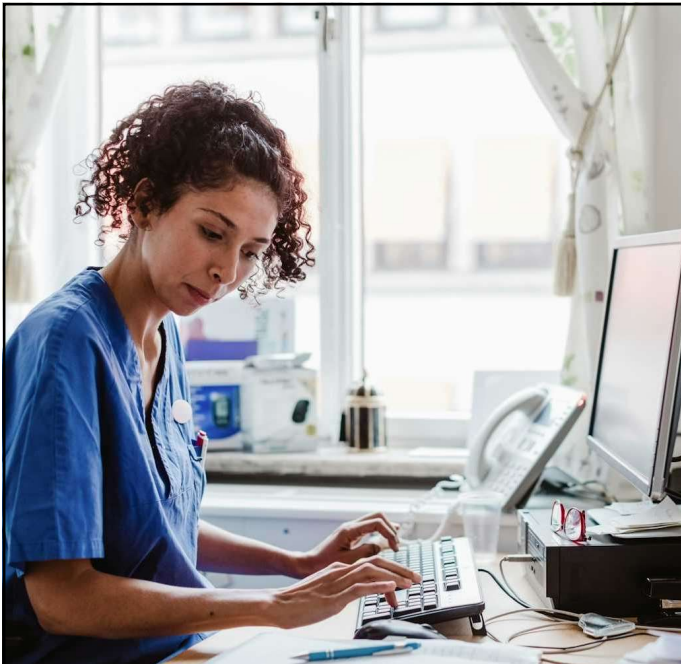
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GSD

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Glycemic Status Assessment for Patients With Diabetes (GSD)

MEASURE DESCRIPTION

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0% (CMS Star: ≤ 9)

INTENT OF THE MEASURE

To monitor and improve the management of blood sugar levels in patients with diabetes.

EXCLUSIONS

- Death in MY 2025
- Hospice or palliative care in MY 2025

Metric	GMI	HbA1c
Source of Data	Continuous Glucose Monitoring (CGM)	Blood Test
Data Duration	~2 weeks	2-3 months
Measurement	Average glucose levels from CGM data	Percentage of glycated hemoglobin
Frequency of Measurement	Can be checked frequently	Typically checked quarterly
Use	Immediate glucose management	Long-term glucose control

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Glycemic Status Assessment for Patients With Diabetes (GSD)

MEDICAL RECORD

	Requirement	Explanation
1	Type of glycemic status assessment	HbA1c lab test or GMI from CGM
2	Date when the glycemic status assessment was performed	MY 2025 Must have an independent date
3	Result of test	A distinct numeric result is required for numerator compliance. Ranges and thresholds do not meet criteria for this indicator. "Unknown" is not a result.

Note: If multiple glycemic status assessments were recorded for a single date, use the lowest result.

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Glycemic Status Assessment for Patients With Diabetes (GSD)

HbA1c Testing – Tests that are Compliant

- | | | |
|----------|-----------------------|---------------------------|
| • A1c | • HB1c | • Glycohemoglobin |
| • HbA1c | • Hemoglobin A1c | • Glycated hemoglobin |
| • HgbA1c | • Glycohemoglobin A1c | • Glycosylated hemoglobin |

HbA1c Testing – Tests that are Not Compliant

Tests that are NOT compliant
A1cP
HbA1cP

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Glycemic Status Assessment for Patients With Diabetes (GSD)

General Guideline: Date of Service for Laboratory Tests

- Laboratory tests can have multiple dates of service:
 - Order Date
 - Collection Date
 - Results/Report Date (the date when results were calculated and 1st reported)
 - Claim Date
 - Documentation Date (the date the provider documented the result in the medical record)
- Order Date & Documentation date are not eligible for use in HEDIS reporting.
- We use the resulted date when it's available (the date when results were calculated and reported).
 - May see a "last reported" or "reported" date documented in the chart; that date may be outside of the 7-day window. Look for a resulted date within 7 days

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Glycemic Status Assessment for Patients With Diabetes (GSD)

Petersen, Sloan, 08/19/1952
616-666-6666 MRN: AN00000000

1234 CLEVELAND AVENUE STE 1, COLUMBUS, OH 432112755
614-291-2657

ABCHHealth Plus Pc

FINAL RESULT

Accession ID: 12345678 Lab Ref ID: 45678910

Order Date: 05/19/2025 Result Recd: 05/20/2025 06:15:18
Coll. Date: 05/19/2025 06:06:00 Report: 05/20/2025 08:08:00

Requesting Physician: YESU OFFEL PAW Ordering Physician: YESU OFFEL PAW

Hemoglobin A1c

NAME	VALUE	REFERENCE RANGE	LAB
F Hemoglobin A1c	7.4 H	4.9-5.6 (%)	CB
- Prediabetes:	5.7 - 6.4		
- Diabetes:	>6.4		
- Glycemic control for adults with diabetes:	<7.0		

PERFORMING LAB: Labcorp Dublin, 6370 Wilcox Road, Dublin, Phone - 8002827300, Director - PhDRicchiuti

Petersen, Sloan, 08/19/1952 Accession ID: 13930528670

Hemoglobin A1c and in office blood glucoses:		
Lab Results		
Component	Value	Date
POCHGBA1C	8.6	08/10/2022
POCHGBA1C	6.8	01/18/2021
HGBA1C	5.1	04/18/2024
HGBA1C	5.1	02/08/2024
HGBA1C	5.0	10/23/2023
HGBA1C	5.7	06/29/2023
HGBA1C	5.7	06/28/2023
HGBA1C	7.4 (A)	03/21/2023
HGBA1C	7.9 (H)	12/16/2022
HGBA1C	7.3 (H)	04/04/2022
HGBA1C	6.7 (H)	12/03/2021
HGBA1C	5.9	10/18/2021
HGBA1C	6.4 (H)	04/15/2021
HGBA1C	8.1 (H)	09/16/2020
HGBA1C	11.1 (H)	06/19/2020
HGBA1C	10.1 (H)	03/14/2020
GLUCOSE	169 (A)	06/04/2024
GLUCOSE	80	05/24/2024

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Glycemic Status Assessment for Patients With Diabetes (GSD)

Glucose Management Indicator (GMI) – Example Documentation

Patient Name: Michael Johnson
Date of Birth: 07/22/1955
Date of Assessment: November 4, 2025

Continuous Glucose Monitoring (CGM) Data Range: October 22 - November 4, 2025

Mean Glucose Level: 135 mg/dL

Glucose Management Indicator (GMI): 7.4%

Notes:

- GMI is derived from 13 days of CGM data.
- The **terminal date in the range (November 4, 2025)** is used to assign the assessment date.
- The CGM report includes the average glucose level and GMI calculation.



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Glycemic Status Assessment for Patients With Diabetes (GSD)

Non-compliant Example

12/17/2024 - Office Visit in TriHealth Group Health - West Chester (continued)
Clinical Notes (continued)
Speech has been slower gradually, but does not report dysphagia however he has weight loss No family history of dementia reported He said he had only 1 brother who is healthy otherwise He has seen Riverhills neurologist and had an EMG, Alzheimer LabCorp biomarkers, Brain MRIs, no diagnosis, CPK was elevated at some point August 2024 Patient agreed to get rid of his shotgun given visual disturbances Right eye injury childhood limited vision and mobility Patient has college education Borderline diabetes A1c 5.8, he quit drinking alcohol and beer not too long ago

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GSD in HDE

Assigned	Code	Description
3044F	HbA1c level < 7.0%	
3051F	HbA1c level > OR = 7.0% and < 8.0%	
3052F	HbA1c level > OR = 8.0% and < OR = 9.0%	
NC-001	Value is outside of compliant range	
NC-002	Date is outside of compliant range	

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EED

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Eye Exam for Patients With Diabetes (EED)

MEASURE DESCRIPTION

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

INTENT OF THE MEASURE

To ensure that members with diabetes receive appropriate preventive assessments.

EXCLUSIONS

- Death in MY 2025
- Hospice or palliative care in MY 2025
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year*

**Previously reported in the numerator*



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Eye Exam for Patients With Diabetes (EED)

EYE EXAM CRITERIA

Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (2025).
- A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year (2024 - 2025).
- Both eyes must be examined. If one eye is not accessible, leading to an indeterminate result, this is not considered a result/finding.
- An eye exam result documented as “unknown” does not meet criteria.
- Member-reported eye exams are acceptable provided the date of service, eye exam results, and eye care professional's name with credentials are documented in the medical record.

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Eye Exam for Patients With Diabetes (EED)

EYE EXAM CRITERIA - MEDICAL RECORD Option 1

	Requirement	Explanation
1	Note or letter prepared by a provider	Ophthalmologist, optometrist, PCP or other health care professional
2	Evidence ophthalmoscopic exam was completed	Fundus, fundal exam, etc.
3	By an eye care professional	Optometrist or ophthalmologist
4	Date	MY 2025 or year prior if negative (2024)
5	Results	• Do not assume that the date of the letter is the same as the date of the exam. Look for independent date for the exam. • If only one eye is positive, the results are positive.

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Eye Exam for Patients With Diabetes (EED)

Subject: Diabetic eye exam results for patient John Smith

Dear JENNIFER J HARTMAN,

John Smith recently completed a diabetic eye exam 11/30/2025. Our records indicate that you are the primary care physician for this patient. We have enclosed a copy of the results with this letter.

Save these test results. Please put the results in the patient's medical record so they are available for Healthcare Effectiveness Data and Information Set (HEDIS®) review.

If you have any questions, please call us at 866-344-2692. Our office hours are Monday – Friday, 9 a.m. – 5 p.m., ET, excluding holidays.

Sincerely,

Retina Labs (USA), Inc.

Enclosure

DIABETIC EYE EXAM REPORT

PROVIDER INFORMATION		PATIENT INFORMATION	
Provider Name:	JENNIFER J HARTMAN	Patient Name:	John Smith
Group:		Gender:	M
Address:	1560 S HIGH ST COLUMBUS, OH 43207	DOB:	08/14/1955
Phone:	6142741455	Patient Phone:	
Fax:		Exam Date:	11/30/2025
		Session ID:	
		Health Plan:	MediGold

EXAM RESULTS	
RIGHT EYE	LEFT EYE
No diabetic retinopathy found	No diabetic retinopathy found

CARE PLAN RECOMMENDATION	
Please re-image in 12 months. Encourage good blood sugar and blood pressure control. This test does not replace an ophthalmologist exam and if you notice any change in your vision you should see your eye care specialist immediately.	

Interpreting Provider:	Dr. Deepak Mangla	Electronically Signed:	
NPI #:	1942648902	Credentials:	Ophthalmologist, Retina and Vitreous Physician Surgeon

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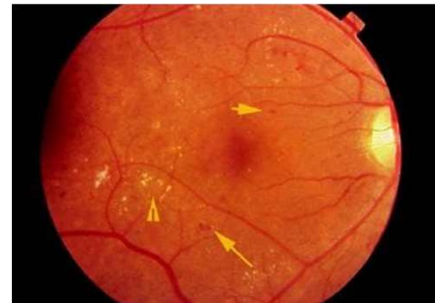
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Eye Exam for Patients With Diabetes (EED)

EYE EXAM CRITERIA - MEDICAL RECORD Option 2

A chart or photograph (look for a picture) indicating the date when the fundus photography was performed and one of the following:

- Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results, OR
- Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist, OR
- Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.



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Eye Exam for Patients With Diabetes (EED)

RESULTS

Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy;

- It must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present.
- A statement in a progress note that indicates “diabetes without complications” alone DOES NOT meet criteria.
- A statement in an eye exam report that indicates “diabetes without complications” in which the retina was detailed does meet criteria.

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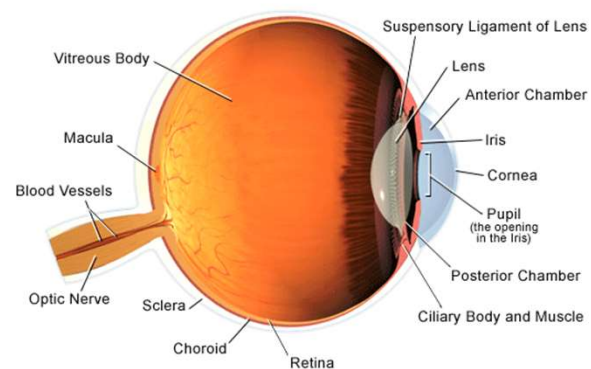
Eye Exam for Patients With Diabetes (EED)

HELPFUL TIPS – Type of Exam

To determine if an eye exam is a retinal exam, look for key words such as:

- ✓ Fundus
- ✓ Fundal exam
- ✓ Macula
- ✓ Posterior chamber
- ✓ Vessels
- ✓ Dilating Agents
- ✓ Provider statement/diagnosis that retinopathy is or is not present

Anatomy of the Eye



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Eye Exam for Patients With Diabetes (EED)

Common Abbreviations for Retinopathy (not limited to):

1. NPDR – Non-Proliferative Diabetic Retinopathy
2. PDR – Proliferative Diabetic Retinopathy
3. BDR – Background Diabetic Retinopathy
 - Mild BDR
 - Severe PDR

Indications of Positive Findings (+ Retinopathy)

- Hard Exudate
- **Dot and Blot Hemorrhages**
- Neovascularization
- Foveal Thickening
- Cotton Wool Spots
- Hypertensive Retinopathy
- Diabetic Macular Edema (DME)

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Eye Exam for Patients With Diabetes (EED)

Posterior Examination:			Dilation Refused Did not bring a driver					
			Fundus Exam Method: 90D					
	OD	OS						
Vessels	NORMAL CALIBER	NORMAL CALIBER						
A/V	2/3	2/3						
Media	CLEAR	CLEAR						
Macula	CLEAR	CLEAR						
Post Pole	FLAT, NORMAL	FLAT, NORMAL						
Vitreous	CLEAR	CLEAR						
Disc Margins	DISTINCT	DISTINCT						
C/D Ratio	0.25/0.25	0.25/0.25						
Peripheral Retina	Flat / Attached	Flat / Attached						
Foveal Light Reflex	Absent	Absent						
Notes:			11/19/2024 ANDERSON, NATHAN Multiple dot-blot hemorrhages through retina.					

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Eye Exam for Patients With Diabetes (EED)

Examples of Negative Exams

- Example 1: Assessment of the fundus and macula were “normal”
- Example 2: Assessment DM without ophthalmic complications + Retina details
- Example 3: Retinal exam normal is considered a negative exam
- Example 4: Posterior segment: vessels normal, macula normal, peripheral retina fully attached no breaks, vitreous normal, fundus detail well visualized

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Eye Exam for Patients With Diabetes (EED)



Is this record compliant?

Subject: Diabetic eye exam results for patient GABBY FORREST,

Dear MARTA GRYNIUK null

GABBY FORREST recently completed a diabetic eye exam on 08/20/2024. Our records indicate that you are the primary care physician for this patient. We have enclosed a copy of the results with this letter.

Save these test results. Please put the results in the patient's medical record so they are available for Healthcare Effectiveness Data and Information Set (HEDIS®) review.

If you have any questions, please call us at 866-344-2692. Our office hours are Monday – Friday, 9 a.m. – 5 p.m., ET, excluding holidays.

Sincerely,

Your Retina Labs (USA), Inc.

Enclosure

REF: MediGold2-DRE-MEM

DIABETIC EYE EXAM REPORT

PROVIDER INFORMATION		PATIENT INFORMATION	
Provider Name:	MARTA GRYNIUK null	Patient Name:	GABBY FORREST
Group:		Gender:	F
Address:	5605 DUPONT CIR STE A MILFORD, OH 45150	DOB:	
Phone:	7403358608	Patient Phone:	08/20/2024
Fax:	7403350137	Exam Date:	
		Session ID:	870756531904524-2
		Health Plan:	MediGold

EXAM RESULTS	
RIGHT EYE	LEFT EYE
No diabetic retinopathy found	Image insufficient quality for grading

CARE PLAN RECOMMENDATION	
Please re-image in 12 months. Encourage good blood sugar and blood pressure control.	
This test does not replace an ophthalmologist exam and if you notice any change in your vision you should see your eye care specialist immediately.	

Interpreting Provider:	Dr. Peter A. Karth, MD	Electronically Signed:	
NPI #:	1508181355	Credentials:	Ophthalmologist, Retina and Vitreous Physician & Surgeon

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EED in HDE

Enter the code and the date of service

Add		Select A
Assigned	NC-006	EED: No retinal or dilated eye exam
Pro	NC-015	Refused Screening
	NC-016	Other
	2022F	Diabetic Retinal Screening (Positive Result)
	2023F	Dilated retinal eye exam (Negative Result) without evidence of retinopathy from an eye-care specialis
	3072F	Diabetic Retinal Screening (Negative Result) Low risk for retinopathy (no evidence of retinopathy in

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KED

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Kidney Health Evaluation for Patients with Diabetes (KED)

MEASURE DESCRIPTION

The percentage of members 18–85 years of age with diabetes (type 1 or type 2) who had both of the following during the measurement year:

- 1. A serum estimated glomerular filtration rate (eGFR)
- 2. A urine albumin creatinine ratio (uACR) identified by either of the following:
 - a. Both a quantitative urine albumin test and a urine creatinine test with service dates **four days or less apart**, OR
 - b. Urine albumin creatinine ratio test (uACR)

INTENT OF THE MEASURE

Improve the rate of comprehensive kidney health evaluation to more consistently identify and treat chronic kidney disease (CKD) in the high-risk diabetic population.

EXCLUSIONS

- Death in MY 2025
- Hospice or palliative care in MY 2025
- Members with ESRD or dialysis

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Kidney Health Evaluation for Patients with Diabetes (KED)

Documentation Specifics

- Both tests must be completed **within the measurement year** (either on the same or different dates of service).
- Proper documentation should include test dates, results, and site where services were performed.
- Urine albumin and creatinine tests must be quantitative to meet the HEDIS KED measure requirements; look for **exact numeric results**, not ranges or categories

Patient Lab Report

Patient Name: John Doe Date of Birth: 05/10/1975 Patient ID: 123456 Date of Test: 05/27/2025 Ordering Physician: Dr. Jane Smith Facility: ABC Medical Laboratory

Test Information

Tests Ordered:

- 1. Quantitative Urine Albumin Test
- 2. Urine Creatinine Test
- 3. Urine Albumin-to-Creatinine Ratio (uACR) Test
- 4. Estimated Glomerular Filtration Rate (eGFR) Test

Results

Test	Result	Reference Range	Units
Urine Albumin	38	< 30	mg/L
Urine Creatinine	110	20 - 300	mg/dL
Albumin-to-Creatinine Ratio (uACR)	34.5	< 30	mg/g
eGFR	72	> 60	mL/min/1.73m ²



Kidney Health Evaluation for Patients with Diabetes (KED)

Microalbumin Test Example

A microalbumin test (along with a quantitative urine creatinine test and an estimated glomerular filtration rate (eGFR) test) qualifies for the HEDIS KED measure, but only if the microalbumin test is **quantitative** and may be used to calculate the urine albumin-to-creatinine ratio (uACR). If the microalbumin test is **semi-quantitative**, it does **not** meet the criteria for the KED measure.

Quantitative Microalbumin

Results			
Test	Result	Reference Range	Units
Urine Albumin (Microalbumin)	42	< 30	mg/L
Urine Creatinine	110	20 - 300	mg/dL
Albumin-to-Creatinine Ratio (uACR)	38.2	< 30	mg/g

Semi-quantitative Microalbumin

Results			
Test	Result	Reference Range	Units
Urine Microalbumin	Moderate	Negative - Severe	mg/L

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Kidney Health Evaluation for Patients with Diabetes (KED)

Microalbumin creatinine urine ratio

Order: [REDACTED]

Status: Final result Visible to patient: No (not released) Dx: Type 2 diabetes mellitus without comp...

Component	5 mo ago
Ref Range & Units	
Creatinine, Urine	120.1
mg/dL	
Microalb, Ur	20.6
mg/L	
Microalb/Creat Ratio	17
<30 mg/g creat	
Resulting Agency	MOUNT CARMEL CORE OH (MCCLB) LAB
Specimen Collected: 12/12/24 08:44 EST	Last Resulted: 12/12/24 14:12 EST

[Order Details](#)
[View Encounter](#)
[Lab and Collection Details](#)
[Routing](#)
[Result History](#)

Result Care Coordination

[Patient Communication](#)

☒ Not Released
 ☒ Not seen

☒ Satisfied Health Maintenance Topics
 Diabetes: Annual Urine Albumin-Creatinine Ratio (uACR) (Yearly)

Next due on 12/12/2025

[Address Topic](#)

Comprehensive metabolic panel	
Status: Final result	Visible to patient: No (not released) Dx: Adult general med
Component	12/12/24 0844
Ref Range & Units	
Sodium	141
136 - 145 mmol/L	
Potassium	4.2
3.6 - 5.1 mmol/L	
Chloride	107
98 - 107 mmol/L	
CO2	26
22 - 32 mmol/L	
Anion Gap	8
6 - 18	
Glucose	90
70 - 99 mg/dL	
BUN	22 ^
8 - 20 mg/dL	
Creatinine	0.91
0.60 - 1.30 mg/dL	
eGFR	83
>=60 mL/min/1.73m2	
Comment: Calculation based on the Chronic Kidney Disease (CKD-EPI) equation refit without adjustment for race.	
BUN/Creatinine Ratio	24.2 ^
12.0 - 20.0	
Calcium	9.5
8.9 - 10.3 mg/dL	
AST (SGOT)	16
15 - 41 unit/L	
ALT (SGPT)	15
7 - 52 unit/L	
Alkaline Phosphatase	82
32 - 91 unit/L	
Total Protein	7.1
6.1 - 7.9 g/dL	
Albumin	4.1
3.5 - 4.8 g/dL	
Total Bilirubin	0.6
0.3 - 1.2 mg/dL	
Resulting Agency	MOUNT CARMEL CORE OH (MCCLB) LAB

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TRC

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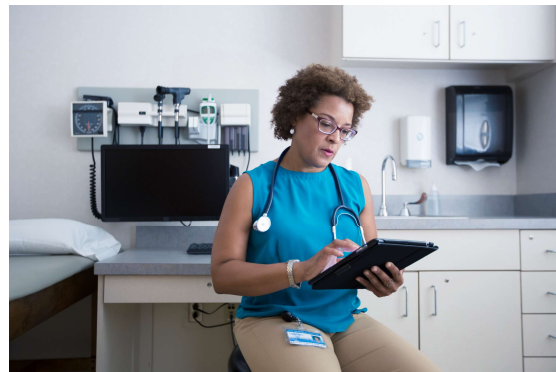
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Transitions of Care (TRC)

MEASURE DESCRIPTION

The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:

- Notification of Inpatient Admission.
- Receipt of Discharge Information.
- Patient Engagement After Inpatient Discharge.
- Medication Reconciliation Post-Discharge.



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Transitions of Care (TRC)

EXCLUSIONS



- Hospice or using hospice services anytime during the measurement year are a required exclusion
- Death during the measure year
- Palliative care is **NOT** an exclusion

EVENT DESCRIPTION (denominator): An acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year.

- Note: The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.

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Transitions of Care (TRC)

Identifying the Medical Record

Documentation in the outpatient medical record **that is accessible** to the PCP or ongoing care provider is eligible for use in reporting.

Multiple Admissions and Discharges: (Readmission or Direct Transfer)

- Use the admit date from the first admission
- Use the discharge date from the last discharge.

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Transitions of Care (TRC) - NIA

Notification of Inpatient Admission

Documentation of receipt of notification of inpatient admission on the day of admission or on the day of admission through 2 days after the admission (3 total days).

Documentation must include:

- Documentation in the **outpatient** medical record must include **evidence of receipt of notification** of inpatient admission on the day of admission through 2 days after the admission (**3 total days**).
 - See page 257 of the MY2025 Tech Specs for examples of documentation that meet criteria for NIA
- 2 ELEMENTS REQUIRED:
 - Date Stamp (serves as evidence of when the document was received)
 - Notice of an inpatient admission by the appropriate person/organization (who sent the notification? what did it say?)

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Transitions of Care (TRC) - NIA

Shared EMR example – screenshot of encounter filed in EMR accessible to PCP or on-going care provider

Note: When using a shared EMR system, documentation of a “received date” in the EMR is not required to meet criteria. Evidence that the information was filed in the EMR and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after the discharge (3 total days) meets criteria.

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Transitions of Care (TRC) - NIA

Fax Received: Family Physicians of Ohio 11/02/2023 12:01am

Receipt of Notification of Hospital Admission

Date – 11/02/2023 PCP – John Doe
Patient Name – Sam Smith
Patient Date of Birth – 01/01/1945

Name of Hospital – ABC City Regional Hospital

Hospital Inpatient Admission Date – 11/01/2023 10:30pm

Dear Dr. HEDIS

Your patient has been admitted on Nov. 1, 2023 for Pulmonary Embolism.

Sincerely,

Electronically Signed by Dr. John Doe- Chief ED Resident ABC Hospital

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Transitions of Care (TRC) - RDI



Receipt of Discharge Information

Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).

Documentation in the outpatient record must include:

- Content - Evidence of receipt of discharge information
- Timeframe- on the day of discharge through 2 days after with evidence of the date when the documentation was received.
- Discharge information may be included in, but not limited to, a discharge summary or summary of care record or be located in structured fields in an EHR.

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Transitions of Care (TRC) - RDI

Receipt of Discharge Information

At a minimum, the discharge information **must include ALL of the following:**

1. The practitioner responsible for the member's care during the inpatient stay.
2. Procedures or treatment provided.
3. Diagnoses at discharge.
4. Current medication list.
5. Testing results, or documentation of pending tests or no tests pending.
6. Instructions for patient care post-discharge (must be addressed to the member or caregiver)
7. Time stamp



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Transitions of Care (TRC)- RDI

Receipt of Discharge Information

1. Attending Provider
2. Procedures/Treatment
3. Diagnosis at Discharge
4. Current Medication List
5. Test results/Pending
6. Instructions for F/U care
7. Date/Time stamp

TRC: Discharge Documentation

Reviewed by: J2 Doctor, DO (1234) 04/29/2021 11:07 AM

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MD	PHYSICIAN	SIGNED
INTERNAL	DISCHARGE	04/29/2021
MEDICINE	SUMMARIES	11:59 AM
HOSPITALIST		

1

PHYSICIAN DISCHARGE SUMMARY

ADMIT DATE: 04/28/2021
DISCHARGE DATE: 04/29/2021

ADMITTING PHYSICIAN: J Doctor, MD
DISCHARGE PHYSICIAN: J Doctor, MD
PCP: J Doctor, DO

3

DISCHARGE DIAGNOSIS: Hematoma LLE

ALLERGIES: No Known Allergies

MEDICAL HISTORY:
HPI: 35 y/o M, history of mental delay, presents with 3 days of left lower extremity swelling per caretaker. Care-taker denies any other symptoms including fever and denies any trauma. Of note, patient was seen here on 4/14/2021 for left leg pain, when X-rays were obtained and negative. Patient was not walking at the time, but is now able to ambulate without difficulty. Found to have L thigh fluid collection cannot exclude mass/tumor—referred for MRI—transferred due to insurance. He has a hx of seizures (none in at least 7 years), developmental delay, HTN, who initially went to the ER for left thigh pain. He'd been there two weeks ago when he was limping with same c/o and had neg X-rays and was discharged home. He continued to have left thigh pain and maybe some more swelling so went back for evaluation. US done showed some mass/fluid so CT done which showed fluid collections and orthopedics recommended MRI for further evaluation. He was given vancomycin X 1 g, 1 L IV and ibuprofen. He is unable to answer any questions. Caregiver doesn't think there's been any trauma and they watch him very closely.

#1 Hematoma of left thigh—most likely
Patient was not given any further dx as no signs of infection, WBC normal, no fever, not erythematous, unable to do MRI, patient was uncooperative. Repeat CT leg was done which showed abscess vs hematoma again. Per Gen Surgery—most likely hematoma. Venous pulses of left leg/feet were monitored which were normal. Patient was given large ACE bandage to Left thigh until his hematoma resolves.

2

#2 Essential HTN
Takes atenolol 50 am and 100 pm

#3 Seizure c/o
Continue same meds.

#4 Developmental delay with h/o agitation
Caregivers from home planning on staying at bedside Zyraxa 1 qhs, abilify 10 mg qhs, Thorazine 50 mg qhs

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Consults Obtained:
General Surgery 4/29/2021
Thigh fluid collection that appears stable when today's CT is compared with CT scan from yesterday. It appears to have a blush so is most likely a hematoma that is stable. Pulse exam (pulse positive) Recommend snug ace wrap to LLE, q4 vascular checks, serial H&H. Repeat CT in am.

Recent Labs:

	04/28/2021	04/29/2021
WBC	5.8	6.1
HGB	12.0	11.8
HCT	38.4	36.8
PLT	248	240

4

CURRENT DISCHARGE MEDICATION LIST
Acetaminophen (TYLENOL) q4h prn
ABRipiracle (ABILIFY) 50 mg 1hs
Atenolol (TENORMIN) 100 mg qhs
Thorazine 50 mg qhs

Activity: as tolerated
Diet: low salt
Wound Care: none needed

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CODE STATUS: Full Code
Follow-up with PCP in 2 wks.

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Transitions of Care (TRC)- RDI

Receipt of Discharge Information

Note:

If the PCP or ongoing care provider is the discharging provider, the discharge information must be documented in the medical record on the day of discharge through 2 days after the discharge (3 total days).

Shared EMR Exception:

When using a shared EMR system, documentation of a “received date” in the EMR is not required to meet criteria. Evidence that the information was filed in the EMR and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after the discharge (3 total days) meets criteria.

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Transitions of Care (TRC)- RDI

Receipt of Discharge Information - Shared EMR – Example

The screenshot displays a medical record interface for a patient named Taylor Swift. The patient's information includes MRN: 111222333 and a code prior to ACP doc. The chart review shows a list of encounters, including a recent admission on 04/18/2023 for 'Bilateral pulmonary embolism (CMS/HCC)'. The admission was discharged on 04/23/2023. The chart also shows a discharge summary for Benjamin P. Meacham, DO, dated 4/18/2023. The interface includes tabs for Encounters, Notes, Labs, Imaging, Cardiovascular, Procedures, Meds, LDAs, Media, Letters, Episodes, Referrals, Other Orders, and Snapshot.

Documentation – Required Elements:

1. Screenshot of the encounter filed in the shared EMR
2. Copy of the discharge summary

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Transitions of Care (TRC)- RDI

Receipt of Discharge Information - Shared EMR – Example

10/18/2023 11:07 AM Swift, Taylor MRN 111222333 10/25/2023 Encounter Date: 04/19/2023

Swift, Taylor MRN: 111222333

Admission
4/18/2023 - 4/23/2023 (5 days)
Status: Discharged
Mount Carmel St. Ann's Westerville

Last attending: Benjamin P Meacham, DO • with Treatment team
Principal problem: Bilateral pulmonary embolism (CMS/HCC)

Discharge Summary Benjamin P Meacham, DO (Physician) • Internal Medicine

**CENTRAL OHIO
PRIMARY CARE
HOSPITALISTS**

Benjamin P Meacham, DO COPC Hospitalists	Discharge Summary
Swift, Taylor	MRN: 111222333
Admit Date: 4/18/2023	Discharge Date: 4/24/2023
Primary Care Physician: Cassandra Tamayo, DO	

Clinical Summary and Hospital Course

Taylor Swift is a 76 y.o. female who presented from outside ER on 4/18/2023 with acute hypoxic respiratory failure secondary to COVID-19, new onset atrial fibrillation with RVR, and bilateral PE demonstrated on outside CTA imaging. Patient was started on Cardizem drip and spontaneously converted to normal sinus rhythm. Patient was started on heparin ggt. Cardiology was consulted and patient was started on metoprolol. Echocardiogram revealed cardiomyopathy with an EF of 28% for which further ischemic evaluation once she has recovered. Patient has been initiated on GDMT and has incidentally found to have intramural thrombus within the aorta as well as a 3.7 x 3.7 cm saccular aneurysm. Vascular surgery consulted, recommended continued anticoagulation without acute intervention. Patient remains on 3L supplemental oxygen for likely multifactorial acute hypoxic respiratory failure in the setting of COVID-19, bilateral PE, and likely underlying COPD. Patient refused any further remdesivir after the first dose as she states she "does not believe in COVID." She has been treated with IV decadron and bronchodilators and respiratory status now seems to be stable although she is still requiring 3L supplemental oxygen. Patient to be discharged home with oxygen and home health care with decadron, bronchodilators (including trelegy inhaler), eliquis, and GDMT for cardiomyopathy including metoprolol, lisartan and spironolactone. She will need close outpatient follow up with her PCP and cardiology.

**Acute hypoxic respiratory failure
COVID-19 pneumonia**

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Transitions of Care (TRC)- RDI

Receipt of Discharge Information - Faxed Discharge Info Example

10/28/2023 14:05 6740-687-8053 Fairfield Medical Center RRD-17406875898 3/5

Fairfield Medical Center
401 N EWING ST
Lancaster, OH 43130-

Patient: Walker, Paul
MRN: 00022232
FIN: 12563421
DOB/Age/Gender: 11/14/1937 85 years Male
Location: 5 Med Surg; 510; A

Admit: 10/24/2023
Disch: 10/28/2023
Admitting: Sodhi, MD, Ajay Paul
Copy To: Lloyd, MD, John E
PCP: Lloyd, MD, John E

Discharge Summary

DOCUMENT NAME: Discharge Summary
SERVICE DATE/TIME: 10/28/2023 13:32 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Riffle, DO, Gregory K (10/28/2023 13:37 EDT)
SIGN INFORMATION: Riffle, DO, Gregory K (10/28/2023 13:37 EDT)

Discharge Diagnosis and Plan

1. Hematuria Z75.1
2. Urinary retention due to occlusion of Foley catheter 1493630322
3. Supratherapeutic INR R79.1
4. Acute kidney injury superimposed on chronic kidney disease N17.9
5. Anemia Z79.0
6. Type 2 diabetes mellitus E11.9
7. Long term current use of antibiotics Z79.2

Hospital Course

PCP should make sure patient medical history, also found for recently, Esophageal endoscopy currently on PPI antibiotic via RDC. See...

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Transitions of Care (TRC) - PED

Patient Engagement After In-patient Discharge

Documentation of patient engagement (e.g., office visits, visits to the home, or telehealth) provided within 30 days after discharge.

DO NOT include patient engagement that occurs on the date of discharge.

Documentation must include:

Evidence of patient engagement within 30 days after discharge. The following meet criteria:

- An outpatient visit, including office visits and home visits- or,
- A telephone visit- or,
- A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication.
- An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider).



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Transitions of Care (TRC)- MRP

Medication Reconciliation Post Discharge (MRP)

Medication reconciliation conducted by:

- ☐ Prescribing Practitioner,
- ☐ Clinical Pharmacist,
- ☐ Physician Assistant, or
- ☐ Registered Nurse,

on the date of discharge through 30 days after discharge (31 total days).

Medical Record Documentation:

- Evidence member was seen for post discharge follow up
- Date of Visit
- Verification of medication list review
- Correct setting and provider type



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Transitions of Care (TRC)- MRP

Medication Reconciliation Post Discharge (MRP)

Medical Record:

Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria (p. 259 MY 2025 Tech Specs):

1. Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.
2. Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).

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Transitions of Care (TRC)- MRP

Medication Reconciliation Post Discharge (MRP)

Medical Record:

3. Documentation of the member's current medications with a notation that the discharge medications were reviewed.
4. Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
5. Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
 - Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge. (see Note on p. 260 of the MY2025 Tech Specs for more details.)

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Transitions of Care (TRC)- MRP

Medication Reconciliation Post Discharge (MRP)

Medical Record:

6. Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
7. Notation that no medications were prescribed or ordered upon discharge.



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Transitions of Care (TRC)- MRP

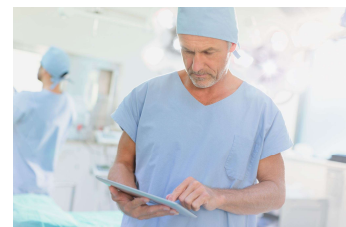
Medication Reconciliation Post Discharge (MRP)

Evidence of Medication:

- Reconciliation and or Review
 - The record does not have to specifically state “reconciled” or “reviewed” to be valid.
 - Search for other key words or phrases.
 - Look for medications being titrated, refilled, or cancelled

Appropriate Provider:

- The medication reconciliation and or review can be done by a:
 - ✓ prescribing physician,
 - ✓ clinical pharmacist,
 - ✓ physician assistant, and/or
 - ✓ registered nurse (RN)



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Transitions of Care (TRC)- MRP

Medication Reconciliation Post Discharge (MRP)

Helpful Hints for identification of Medication Review

Look for additional statements such as (along with medication list):

- Continue current meds
- Medications were updated
- Increase/decrease in medication dosage (for meds which are mentioned in the current medication list)
- Discontinuation of medication(s)
- Refill medication(s)
- Medication reviewed/reconciled
- Continue current medication regimen/treatment
- No changes in medications
- No medications prescribed
- Taking or stopping medication(s)



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Transitions of Care (TRC)- MRP

Medication Reconciliation Post Discharge (MRP)

What to Look For – 4 Elements

Look For	Place a
A reference to the member being hospitalized	1
Current med list	2
Evidence that the med list was reviewed or reconciled	3
The practitioner type	4

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Transitions of Care (TRC)- MRP

Medication Reconciliation Post Discharge (MRP) - Example

Essa M Essa
Physician
Specialty: Cardiology

Progress Notes Signed
Encounter Date: 8/25/2023

OUTPATIENT CARDIOLOGY FOLLOW UP NOTE

ASSESSMENT AND RECOMMENDATIONS
In summary, [REDACTED] is a 58-year-old female retired chiropractor with hypertension, azygous continuation of the IVC, history of hemangioblastoma of the spine status post surgery in 2010 resulting in postoperative bilateral upper/lower extremity weakness, history of postoperative lower extremity DVT in 2010 status post IVC filter about 13 years ago after spine surgery and recurrent DVT/PE in August 2023 who presents for hospital follow-up.

Please see HPI for details regarding her hospitalization in August 2023.

REASON FOR VISIT
Hospital Follow-up

HISTORY OF PRESENT ILLNESS
[REDACTED] is a 58-year-old female retired chiropractor with hypertension, azygous

MEDICATIONS
Home Medications

apixaban (ELIQUIS) 5 mg tablet Take 1 tablet (5 mg) daily. START AFTER

DATA REVIEW
I have **independently reviewed** medications, laboratory data, EKGs and radiology images. Pertinent data is summarized below or under assessment and plan.

Medication Changes
As of 8/25/2023 2:45 PM

None

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Transitions of Care (TRC)

TRC REVIEW

Sub Measure	# of Days
Notification of Inpatient Admission	on the day of admission through 2 days after the admission (3 total days).
Receipt of Discharge Information	on the day of discharge through 2 days after the discharge (3 total days).
Patient Engagement	within 30 days after discharge
Medication Reconciliation Post-Discharge	on the date of discharge through 30 days after discharge (31 total days).

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TRC in HDE

Enter a date of service between
1/1/2025 and 12/31/2025

Add

1111F	Discharge meds reconciled with meds in outpatient record
NIA-MDG	Notification of Inpatient Admission (any evidence on admit date thro
NIP-MDG	Notification of Inpatient Admission (evidence of PCP ordering tests/t
PED-MDG	Patient Engagement After Inpatient Discharge
RDI-MDG	Receipt of Discharge Information
NC-001	Value is outside of compliant range
NC-002	Date is outside of compliant range
NC-010	RDI: Missing Data
NC-011	RDI/NIA: Missing Date Stamp
NC-012	MRP: Missing Provider Credentials
NC-013	MRP: No Medication List
NC-014	MRP: No Admission Noted
NC-015	Refused Screening
NC-016	Other

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FMC



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Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

MEASURE DESCRIPTION

The percentage of ED visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

MEASURE DENOMINATOR

Patients 18 years of age and older with two or more different high-risk chronic conditions that had an ED visit between January 1 and December 24 of the measurement year.

Note: If a patient has more than one ED visit, they could be included in the measure more than once.

High-risk chronic conditions (diagnosed prior to ED visit within the measurement year or year prior)		
Alzheimer's disease and related disorders	COPD, asthma, or unspecified bronchitis	Myocardial infarction - acute
Atrial fibrillation	Depression	Stroke and transient ischemic attack
Chronic kidney disease	Heart failure	

EXCLUSIONS

Death in MY 2025

Hospice care in MY 2025

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Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

MEASURE COMPLIANCE - NUMERATOR

A follow-up service within seven days on or after the emergency department visit (eight total days). Any of the following meet criteria for follow-up:

- Outpatient visit
- Virtual care visit
- Behavioral health visit
- Case management visit
- **Transitional care management (TCM) services***
- Substance use disorder service
- Community mental health center visit
- Complex Care Management Services
- Intensive outpatient or partial hospitalization
- Electroconvulsive therapy

DOCUMENTATION

FMC is an administrative measure, collected primarily through claims and encounter data. Supplemental data, standard (EMR feed) and non-standard (medical records), may also be accepted.

***TCM calls conducted by a non-billing provider and documented in the medical record may be eligible to close the FMC measure.**

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Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

5/17/25, 10:42 AM Lee, Darla (MRN: 123456789) DOB: 08/16/1949 Encounter Date: 03/02/2025 MRN: 123456789

Lee, Darla

Patient Outreach 3/2/2025 Mount Carmel ACO/SCP Care Manager
 Provider: Erica Jones, RN (Care Management) Primary
 diagnosis: Hospital discharge follow-up

Progress Notes Erica Jones, LPN (Licensed Nurse) • Care Management
ED Post-Discharge Call Care Manager Note: Non Face-to-Face Visit

Patient: Darla Lee
DOB: 8/16/1949
MRN: 123456789
PCP: Gregory House, MD
Care Manager: Erica Jones, RN
Date of Emergency Visit: 02/28/25

Situation:
 Darla Lee is a 75 y.o. female Discharged from : Mount Carmel East Emergency Room. Call Status: Completed with the patient.

Background:
 Date of Emergency Visit: 02/28/25
 Discharged from : Mount Carmel East Emergency Room with discharge Diagnosis: Fall Acute cystitis without hematuria
 Patient has written copy of discharge instructions: Yes
 Patient understands discharge instructions: Yes

TCM Call Note Example

Assessment

Patient received, or should have received, any medical supplies/DME since discharge: No
 Follow up appointment scheduled with PCP or specialist: Yes (PCP 4/12/25)
 Patient receive any new medications: Yes (cephalexin 500 mg capsule - Commonly known as: KEFLEX. Take 1 capsule (500 mg total) by mouth 2 (two) times a day for 7 days)
 New prescriptions filled: Yes
 Spoke with patient's daughter Jill today who stated no worsening of symptoms since discharge from ED.
 Patient doing well since discharge. Patient taking ATB and to follow up with PCP 4/12/25.

Recommendations

Episode to close. Will send to Longitudinal Care Management RN for evaluation of ongoing needs and services.

Time spent with patient (minutes):
 ERICA JONES, RN
 3/2/2025 10:07 AM EST

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FMC in HDE

Enter a date of service between 1/1/2025 and 12/31/2025

Add

98966	Hc pro phone call 5-10 minutes
98967	Hc pro phone call 11-20 minutes
98968	Hc pro phone call 21-30 minutes
99212	Follow Up Visit
NC-001	Did NOT speak to member
NC-002	Outside of Date Range
NC-016	Other

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Breast Cancer Screening (BCS - E)

MEASURE DESCRIPTION

The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

MEASURE DENOMINATOR

Members ages 50–74 during the measurement year.

MEASURE COMPLIANCE - NUMERATOR

Mammogram screening (bilateral or unilateral) performed any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year, as evidenced by the following:

- Documentation indicating a mammogram was completed and the date it was performed.

Note: A breast thermogram does not meet criteria for this measure.



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Breast Cancer Screening (BCS - E)

EXCLUSIONS

- History of mastectomy on both the left and right side on the same or different dates of service (if exact date is unknown, the year is acceptable)
- Gender-affirming chest surgery (CPT code 19318) AND a diagnosis of gender dysphoria any time during the patient's history
- Received hospice services anytime during the measurement year
- Received palliative care during the measurement year
- Deceased during the measurement year

PROCEDURES

CPT Code	Description
77061	Breast tomosynthesis procedure, aka 3D mammography, unilateral
77062	Breast tomosynthesis procedure, aka 3D mammography, bilateral
77063	Breast tomosynthesis procedure, aka 3D mammography, bilateral; typically performed in conjunction with a traditional 2D mammogram.
77065	Diagnostic mammography, including CAD when performed; unilateral.
77066	Diagnostic mammography, including CAD when performed; bilateral.
77067	Screening mammography, bilateral (two-view study of each breast), including CAD when performed.

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Breast Cancer Screening (BCS - E)

DOCUMENTATION

ACCEPTABLE EXAMPLES:

- Mammography report with results dated on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
- Chart note indicating the date a mammogram was performed on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
- Documentation of the mammography in the medical or surgical history (with date).
 - Month and year, or year alone are acceptable for mammography noted in the medical or surgical history.
- Patient reported mammogram is acceptable provided the date is documented in the history or note.

UNACCEPTABLE EXAMPLES:

- MRIs, ultrasounds, or biopsies alone are not acceptable for this measure.
- Documentation of completed mammogram without a valid date of service.
- Documentation of an order for a mammogram without evidence the screening was completed.



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BCS in HDE

This member had a history of mastectomy at any time on or before 12/31/2025

Enter a date of service between 10/1/2023 and 12/31/2025 and the code or an Exclusion at any time on or before 12/31/2025

ICD 10

Add

77056	Screening Mammography Bilateral
77057	Screening Mammography Under the breast
77061	Screening Mammography Under the breast
77062	Screening Mammography Under the breast
77063	Screening Mammography Digital Exam
77065	Screening Mammography Diagnostic Unilateral
77066	Screening Mammography Diagnostic Bilateral
77067	Screening Mammography Diagnostic Under the
NC-001	Value is outside of compliant range
NC-002	Date is outside of compliant range
NC-015	Refused Screening
NC-016	Other
Z90.13	History of Mastectomy (Exclusion)

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COL-E

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Colorectal Cancer Screening (COL-E)

MEASURE DESCRIPTION

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

INTENT OF THE MEASURE

To ensure that members have been screened for colon cancer.

REQUIREMENTS OF THE MEASURE

- Type of Screening
- Date of Screening
- Result (maybe)
- Exclusion



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Colorectal Cancer Screening (COL-E)

EXCLUSIONS

- Death in MY 2025
- Hospice or palliative care in MY 2025
- Colorectal cancer or Total colectomy (NOT partial)
 - Documented as any time during the member's history through December 31 of the measure year.
 - Do not confuse "colectomy" (surgery-removal of colon) with "cholecystectomy" (removal of gallbladder).

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Colorectal Cancer Screening (COL-E)

Screening	Compliant Years
Colonoscopy	2016 - 2025
Flexible sigmoidoscopy	2021 - 2025
CT colonography	2021 - 2025
FIT – DNA (Cologuard, Stool DNA)	2023 - 2025
Fecal Occult Blood Test (gFOBT, iFOBT, or FIT)	2025

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Colorectal Cancer Screening (COL-E)

MEDICAL RECORD

- Note indicating the date when the screening was performed
- Type of screening performed
- No result is required IF the test is clearly part of the members "medical hx." If this is not clear – you must have a result

Note:

- "Colon Screening" alone is insufficient to meet criteria – need to know what type of screening
- Unacceptable Terminology: Colon, C-Scope, Colo, C-Scopy.

SCREENING DATES SPECIFICITY

Example	Info Given	What to Enter
Pt. had a colonoscopy in 2023	Year only "2023"	01/01/2023
Pt. had a colonoscopy in Feb of 2023	Year and month	02/01/2023

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Colorectal Cancer Screening (COL-E)

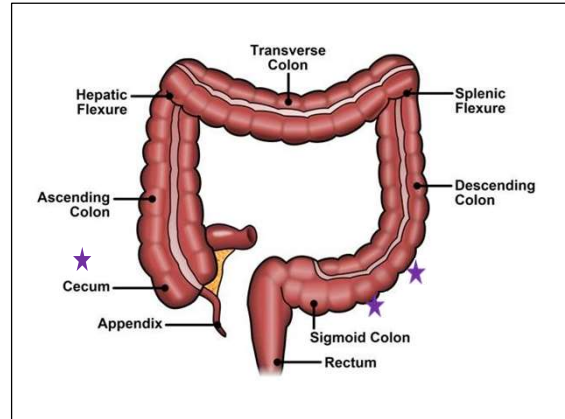
COLONOSCOPY & SIGMOIDOSCOPY

PATHOLOGY REPORTS:

- Type of screening + Date = Compliant
- What if the type of screening is not noted?

Note: Incomplete colonoscopy due to poor bowel prep or patient's inability to tolerate the procedure alone is Not Compliant!

Colonoscopy	Flexible Sigmoidoscopy
Evidence that the scope advanced to the cecum* + date	Evidence that the scope advanced into the sigmoid colon + date
Between 2016 - 2025	Between 2021 - 2025



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Colorectal Cancer Screening (COL-E)

What to Look For

- A dated note and/or lab report showing a FOBT (iFOBT or gFOBT) test was done in 2025.
- A dated note and/or procedure report showing a Flexible Sigmoidoscopy was done any time from 2021 to 2025.
- A dated note and/or procedure report showing a Colonoscopy was done any time from 2016 to 2025.
- A dated note showing a CT Colonography was done any time from 2021 to 2025.
- A dated note and/or lab report showing a FIT-DNA was done any time from 2023 to 2025.

Where to Look

- Lab reports
- Procedure notes
- Surgical report or pathology report
- Office notes mentioning COL testing
- Reports from outside labs (e.g., ColoGuard)
- Patient history

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COL in HDE

Enter a date of service for FOBT or Flexible sigmoidoscopy or Colonoscopy or CT colonography or FIT-DNA and the code

Add

74263	CT Colonography
81528	Cologuard (FIT) DNA
G0104	Flexible Sigmoid
G0105	Colonoscopy- high risk
G0121	Colonoscopy- not high risk
G0328	FOBT
G0464	stool-based dna and fecal occult hemoglobin (e
NC-001	Value is outside of compliant range
NC-002	Date is outside of compliant range
NC-007	Missing Samples
NC-008	Non-compliant
NC-015	Refused Screening

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Questions?

