



HEDIS[®] Lunch and Learn

General Preventive Health

Alana Hoover

Quality Practice Advisor

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HEDIS[®]

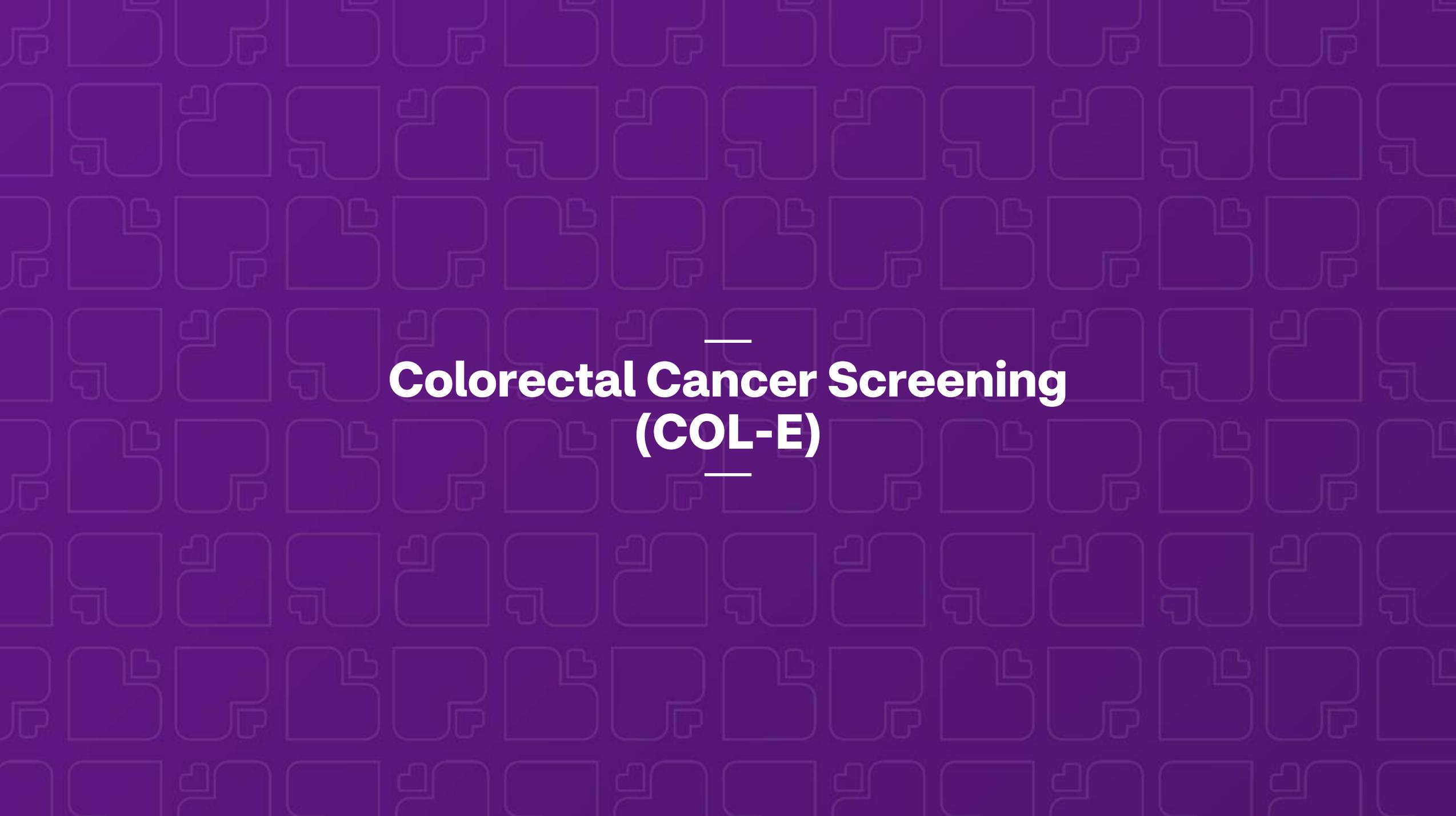
News You can Use



Lunch and Learns will reinforce and elaborate on HEDIS News You Can Use information

Monthly Webinars: 30 minutes, 1 HEDIS topic





**Colorectal Cancer Screening
(COL-E)**



Colorectal Cancer Screening (COL-E) - Criteria

Who is in the measure (denominator)?

Patients between 45–75 years of age in the measurement period.

What makes a member compliant (numerator)?

Patients with one or more screening for colorectal cancer; **any of the following meet the criteria:**

- Fecal occult blood test (FOBT) during the measurement period
- Stool DNA with fecal immunochemical test (FIT) during the measurement period or the two years before the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years before the measurement period
- Colonoscopy during the measurement period or nine years before the measurement period
- CT colonography during the measurement period or four years before the measurement period

Colorectal Cancer Screening (COL-E) Coding Information

Commonly Used Codes:

Colonoscopy

CPT: 44388-44392, 44394, 44397, 44401-44408, 45378-45393, 45398

HCPCS: G0105, G0121

Flexible sigmoidoscopy

CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350

HCPCS: G0104

Computed tomography (CT) colonography

CPT: 74261-74263

Fecal Occult Blood Test (FOBT) reported by a lab

CPT: 82270, 82274

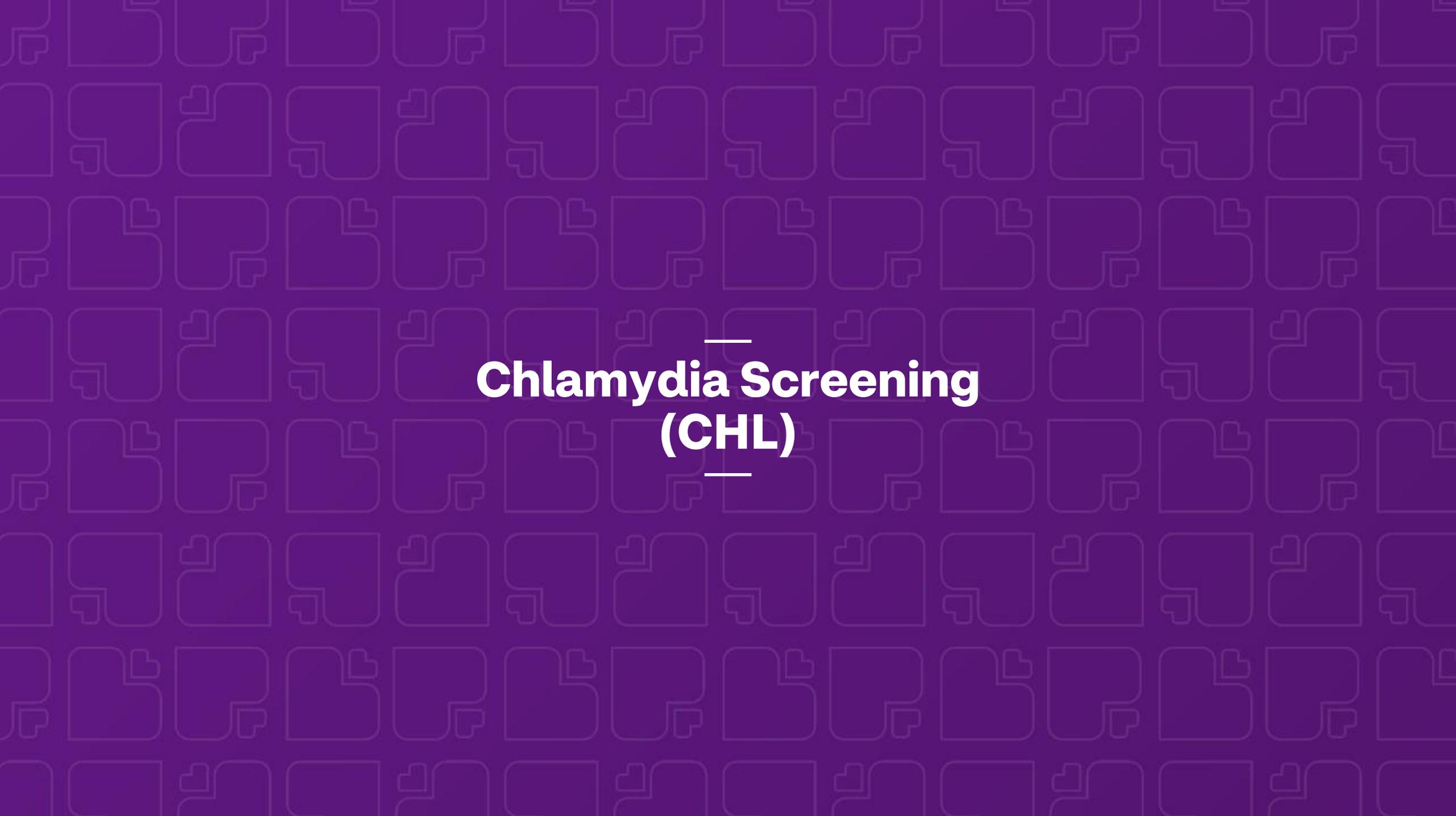
HCPCS: G0328

Fecal immunochemical test (FIT) Non-DNA or fecal occult blood test (FOBT)

CPT: 82270, 82274, 81528, 0464U

HCPCS: G0328





**Chlamydia Screening
(CHL)**



Chlamydia Screening (CHL)

Who is in the measure (denominator)?

Patients 16 to 24 years old and identified as sexually active as of the measurement year.

Report two age stratifications and a total rate:

- 16 to 20 years
- 21 to 24 years
- Total

Two methods identify members:

- pharmacy data, even if they are not sexually active, **OR**
- claim/encounter data

A member only needs to be identified by one method to be eligible for the measure.

What makes a member compliant (numerator)?

Patients who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Documentation needed

Document results of at least one chlamydia test during the measurement year. Indicate the date and the results of the test.

Measure Changes for 2025!

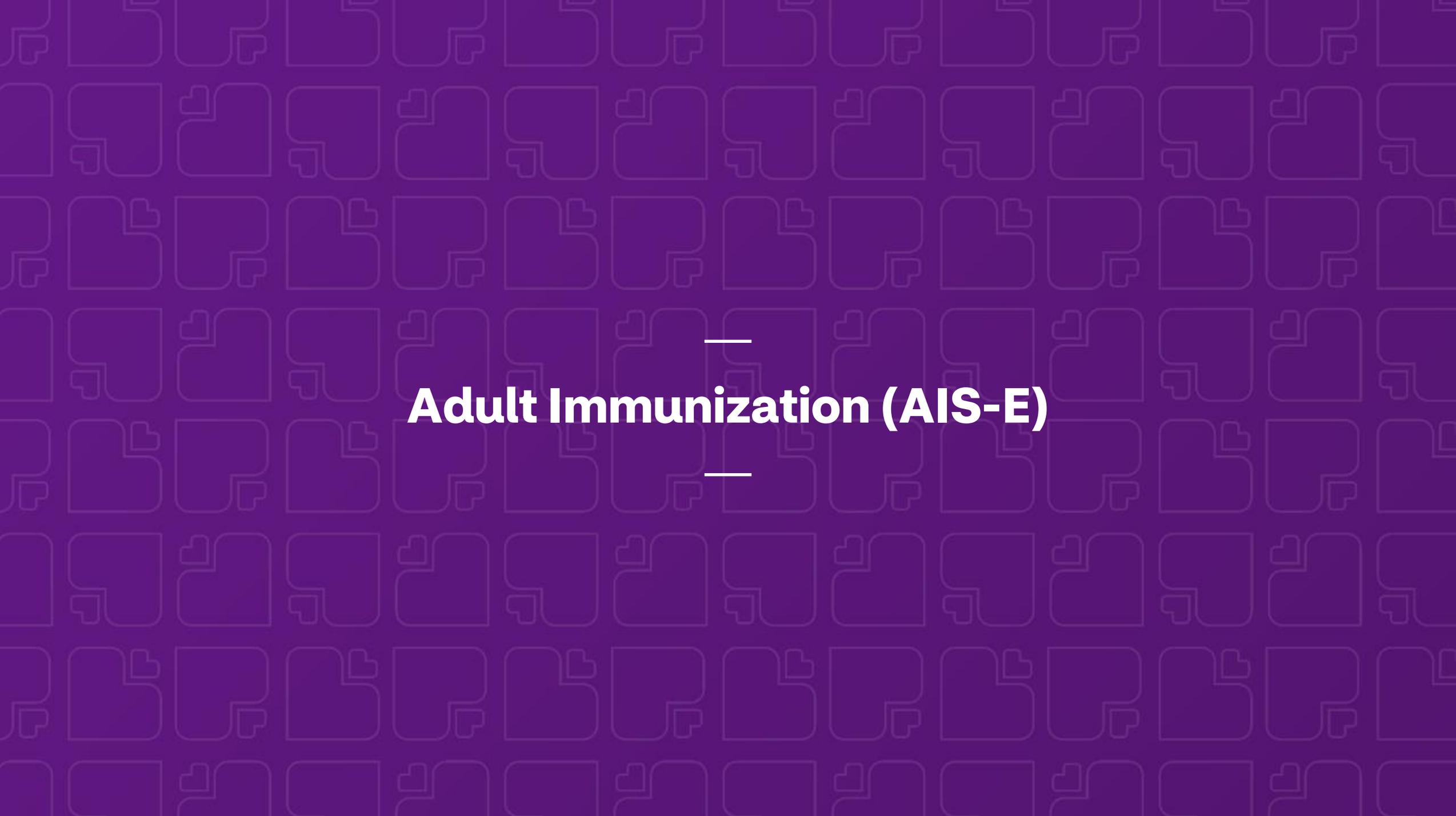




Chlamydia Screening (CHL) Coding Information

Commonly Used Codes:

CPT: 87110, 87270, 87320, 87490-87492,
87810



Adult Immunization (AIS-E)

Adult Immunization (AIS-E)

Who is in the measure (denominator)?

Patients 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.

What makes a member compliant (numerator)?

Numerator 1 - Immunization Status: Influenza

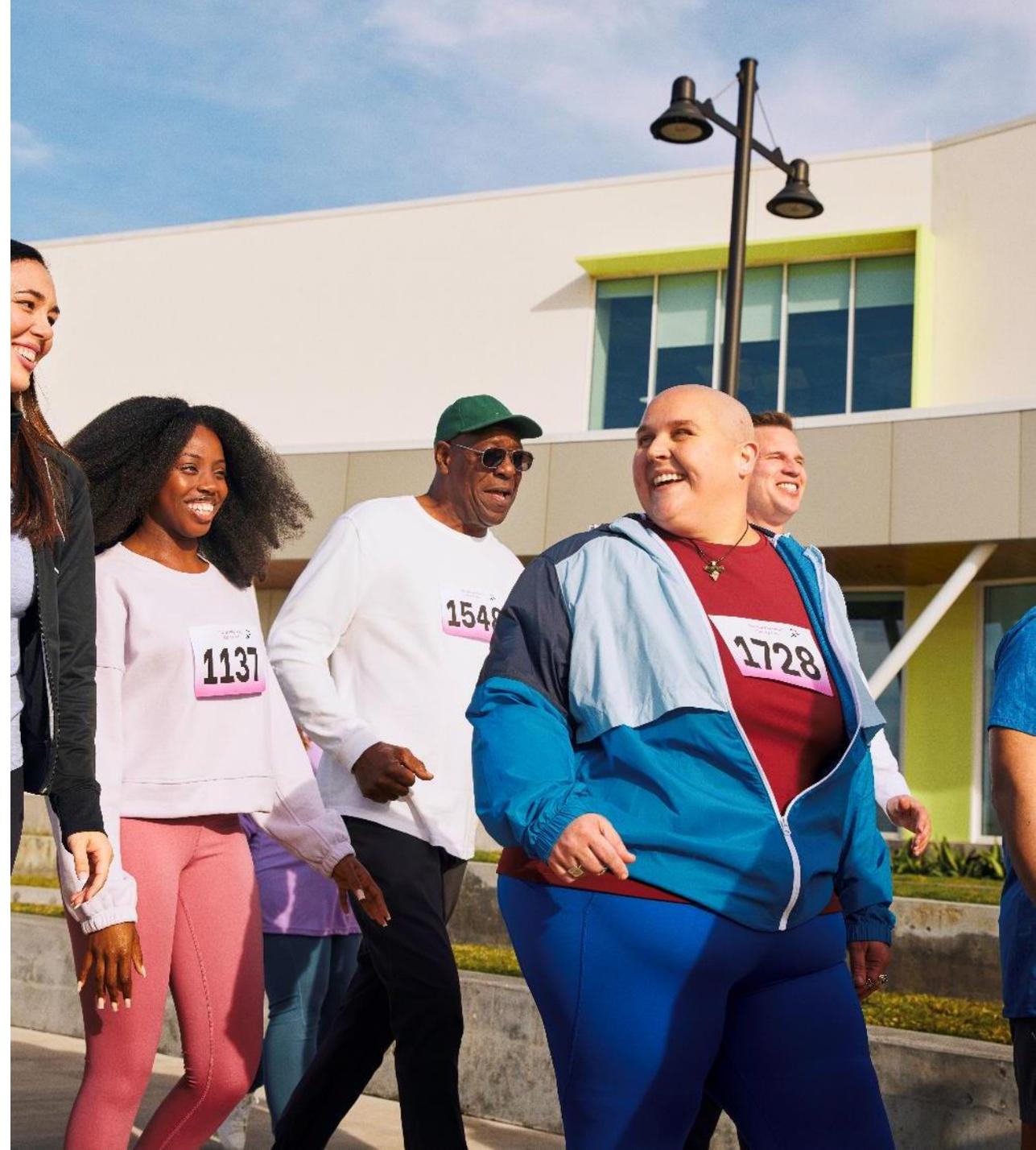
- Patients 19 years and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period. **OR**
- Patients with anaphylaxis due to the influenza vaccine any time before or during the measurement period.

Numerator 2 - Immunization status: Pneumococcal

- Patients who are 65 years and older at the start of the measurement period who received at least one dose of an adult pneumococcal vaccine on or after their 19th birthday, before or during the measurement period; **OR**
- Patients with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period

Numerator 3 - Immunization status: Zoster

- Patients who are 50 years and older at the start of the measurement period who received two doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 1, 2017, through the end of the measurement period; **OR**
- Patients with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period



Adult Immunization (AIS-E)

Numerator 4 - Immunization Status: Tetanus Diphtheria Toxoids Acellular Pertussis (Td/Tdap)

Patients who are 19 and older who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period. **OR**

Patients with a history of at least one of the following any time before or during the measurement period:

- Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine
- Encephalitis due to the diphtheria, tetanus or pertussis vaccine

Numerator 5 - Immunization status: Hepatitis B

- Patients who are 19-59 years and older at the start of the measurement period who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday: **OR**
- Patients who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period. **OR**
- A hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period, **OR**
- A history of hepatitis B illness any time before or during the measurement year, **OR**
- Anaphylaxis due to the hepatitis B vaccine any time before or during the measurement year

Adult Immunization (AIS-E) Coding Information

Commonly Used Codes:

Hepatitis B:

CPT: 90697, 90723, 90740, 90744, 90747, 90748, G0010

Influenza:

CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756

LAIV:

CPT: 90660, 90672

Pneumococcal:

CPT: 90670, 90671, 90677, 90684, 90732, G0009

Tdap:

CPT: 90715

Td:

CPT: 90714

Zoster:

CPT: 90750



Gaps in Care

Challenges

Why Gaps in Care?



Colorectal Cancer Screening

- **Untimely follow-up after positive results of stool-based tests.**
- **Identification of targeted patients most in need of testing.**
- **Patients unaware of the importance of being tested for colorectal cancer.**
- **Not offering at-home screening test.**
- **Patient-level factors like fear of the procedure, embarrassment, and lack of awareness.**
- **Lack of transportation, and limited access to care.**



Chlamydia Screening

- **Providers find it challenging to discuss sexual history with patients.**
- **Patient confidentiality concerns, particularly with adolescents.**
- **Providers don't integrate chlamydia screening into their clinical workflows.**
- **Parents hesitate to have their child tested because they are unaware of the child's sexual activity.**
- **Incorrect or inconsistent coding**



Adult Immunization

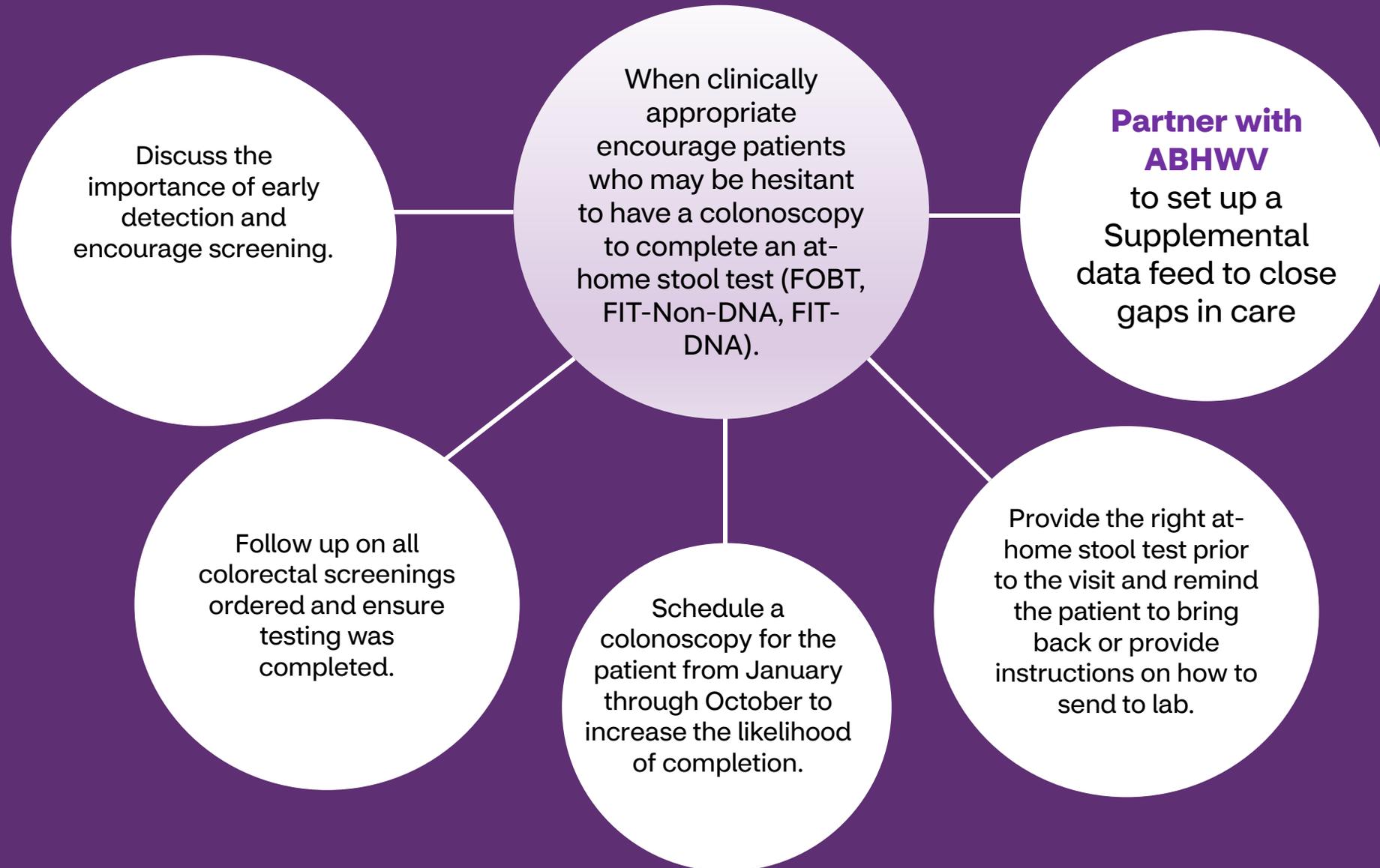
- **Patients' inconsistency to come in for regular well-care visits**
- **Patients lack of understanding regarding immunizations**
- **Patients fears about vaccine safety**
- **Lack of transportation**
- **Medical staff not trained to answer questions about vaccinations, administer vaccinations.**
- **Patients medical chart isn't documented with vaccinations.**

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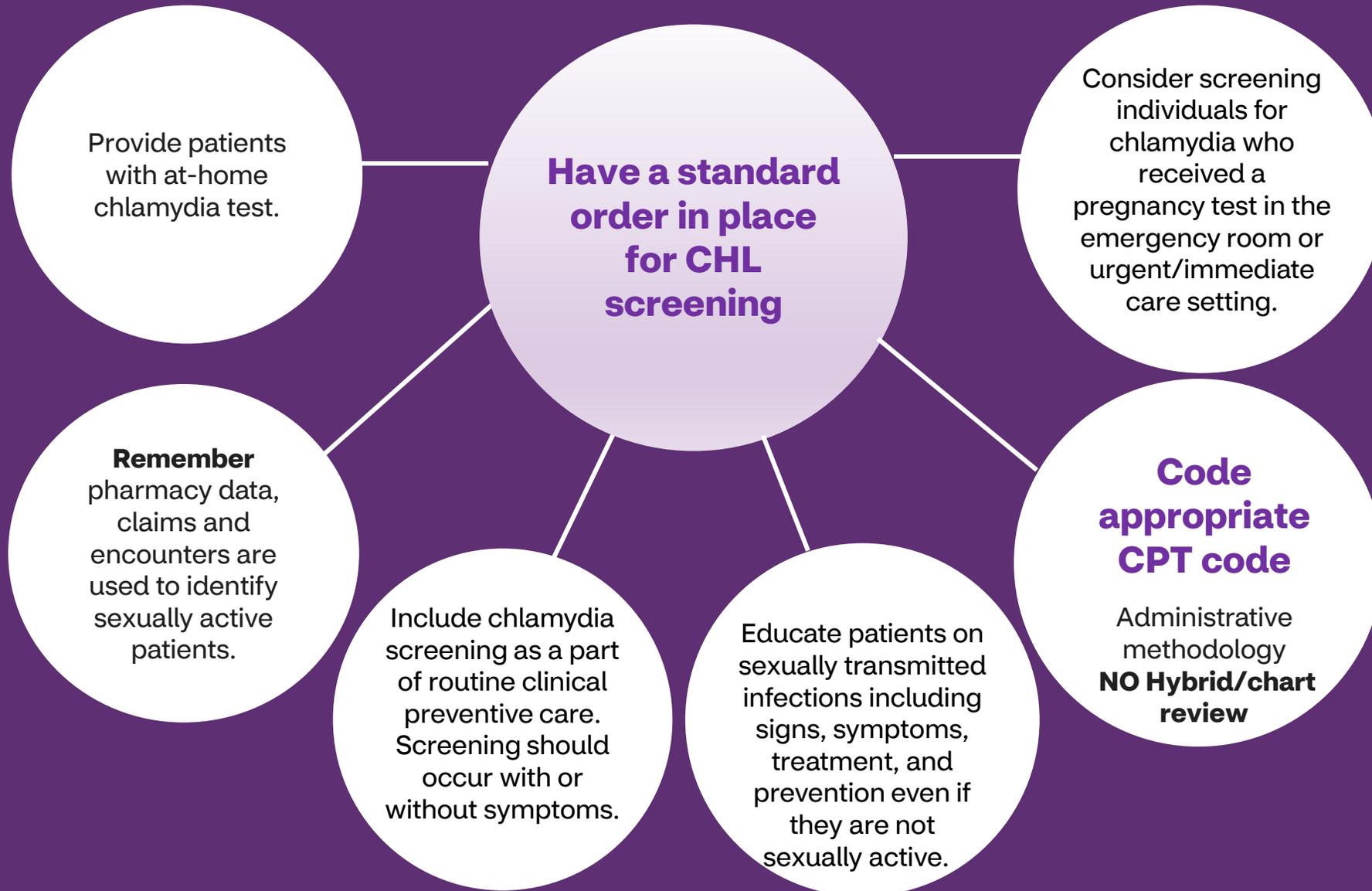
Take-Away Action

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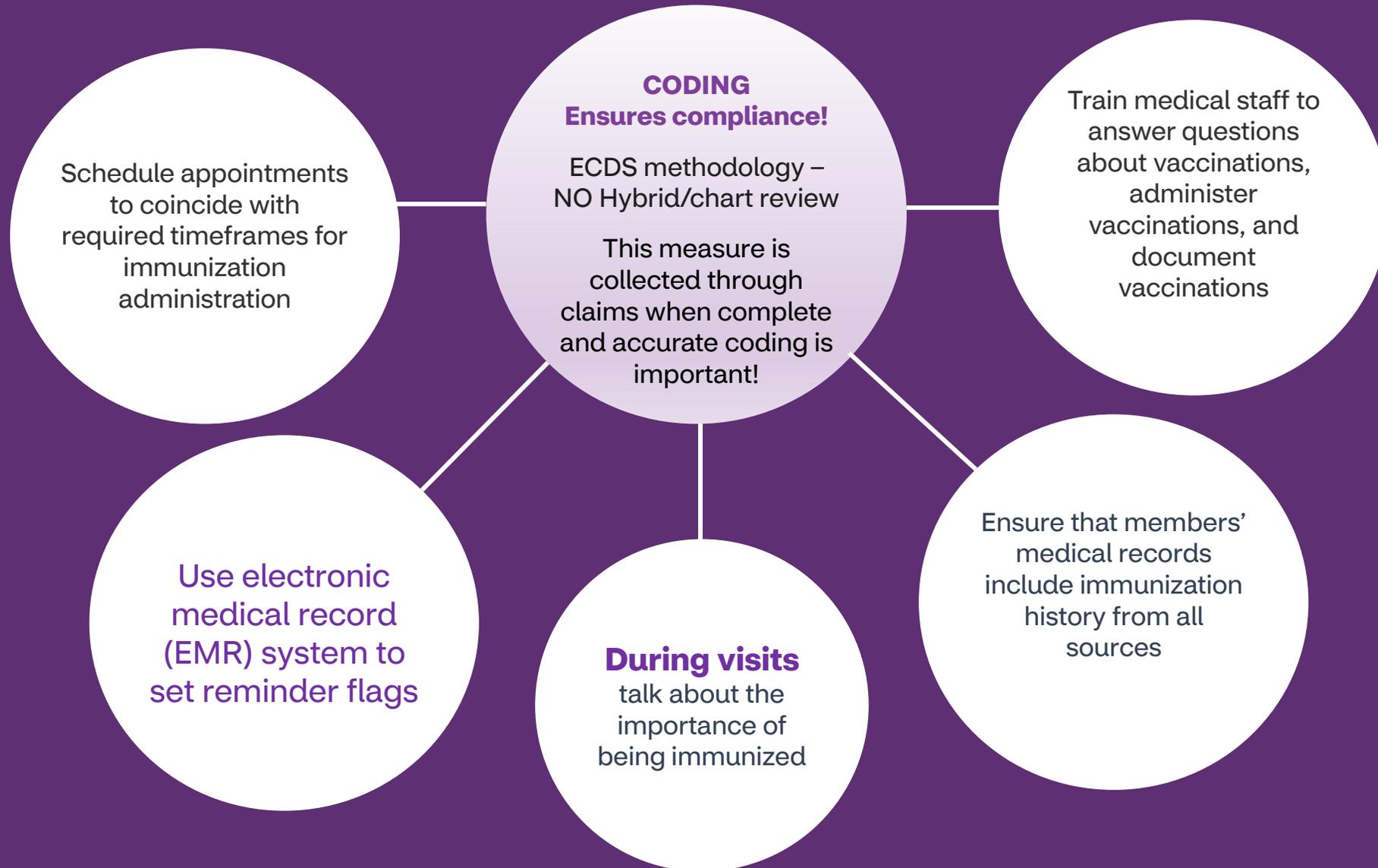
Take-Away Actions – Colorectal Cancer Screening (COL-E)



Take-Away Chlamydia Screening



Take-Away Actions – Adult Immunization (AIS-E)



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Questions?
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ABHWW website - Provider HEDIS Section

There is a HEDIS tab within the Provider Tab on the ABHWW website. The following are now available:

- 1. What is HEDIS?** – a short description of HEDIS
- 2. HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
- 3. HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>

Closing Thoughts and Resources

Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their health management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

ABHWV Quality Partnerships

Melani McNinch, Senior Director, ABHWV Health Care Quality Mgt

- ABHWVHEDIS@aetna.com

EMR supplemental feed options

Tosha Morris

ABHWVHEDIS@aetna.com

304-348-2003

Wellness Event Partnering

David Roberts

ABHWVHEDIS@aetna.com

304-539-9046

Alana Hoover, ABHWV Quality Practice Advisor

HooverA2@aetna.com

Other Resources

ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922.

NCQA Links:

[HEDIS MY 2025: What's New, What's Changed, What's Retired – NCQA](#)

[HEDIS Electronic Clinical Data Systems \(ECDS\) Reporting – NCQA](#)

[HEDIS ECDS Frequently Asked Questions - NCQA](#)

