HEDIS® Hybrid Measure Reporting
Measurement Year (MY) 2025 / Reporting Year (RY) 2026
Measure Instruction Sheets

This document is designed to guide providers in gathering measure specific medical record documentation needed for members whose HEDIS® records are being requested. Included in this document is an instruction sheet for each measure explaining what documentation is required.

What are HEDIS® Hybrid Measures? These measures combine data collected from administrative sources (claims / encounters, lab data, etc.) and are abstracted from member medical charts (paper and EMR).

Please review the instructions carefully for each measure and return the requested records via your chosen retrieval method: ShareFile (use the link sent during scheduling) or fax to Partnership's secure fax line: **(707) 863-4314**.

Return the following:

- Measure instruction sheet(s)
- Copies of the member records (as outlined on the measure instruction sheet)
    - For ARRA* compliance, DO NOT fax the entire chart.
    - Partnership is not responsible for copy service charges.
    - If you do not have the requested records, please note the reason in the designated section of the measure instruction sheet.

The Hybrid Measure Reporting member list provided to you by Partnership **expires on April 25, 2026**.

HIPAA allows the release of patient information to health plans for treatment, payment, and health care operations, without specific signed consent or authorization. KDJ Consultants, Inc. is covered under this provision as well. Your assistance in completing the data collection within the mandated time frame is very much appreciated.

*Healthcare Effectiveness Data & Information Set (HEDIS®) is an annual study required of Health Plans by the NCQA. HEDIS® is the most widely used set of performance measures in the managed care industry. HIPAA final privacy regulations eliminate the consent requirement when personal health information is used or disclosed for Treatment, Payment, and Health Care Operations (67 FR 53182). The final privacy regulations clarify that the definition of "Health Care Operations" includes quality improvement activities which includes HEDIS® (45 CFR 164.506). *The American Recovery and Reinvestment Act of 2009 (ARRA) also permits release of records.*

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Measure Instruction Sheet

Blood Pressure Control for Patients with Diabetes (BPD)

The percentage of patients 18-75 years of age with diabetes (type 1 or 2) who had the following indicator during the measurement year: BP Control <140/90.

1. **Confirm that the patient's name and date of birth (DOB) match the charts.**
2. **Documentation required:**
   - All blood pressure readings in 2025 on or before December 31, 2025. Include progress notes (including both telehealth and in-person office visits) and vital signs flow sheet, if available.
   - If no blood pressure is found, all 2025 visit notes (including both telehealth and in-person office visits) and vital signs flow sheet.
3. **If any of the following criteria apply, please provide supporting documentation (i.e., problem list, medical history, medication list, and all visit notes for 2024 and 2025):**
   - Patient received hospice or palliative care services anytime during 2025
   - Patient died anytime during 2025
   - Patient does not have diabetes
4. **If the requested documentation is unavailable, indicate the reason(s) below:**
   - ☐ Patient was never seen here
   - ☐ Unable to retrieve patient chart from remote storage
   - ☐ No office visits during pertinent time frame. Patient last seen on _____
5. **Please send the following documents to Partnership:**
   - This instruction sheet
   - The patient's demographics page with at least 3 identifiers (i.e., [1] Name, [2] DOB, [3] CIN/Medi-Cal Number, Address, or Phone Number)
   - The requested chart copies (with the patient name clearly shown on each page)
6. **ShareFile retrieval:** Upload records to the folder link provided to you during scheduling. **Fax retrieval:** Send records to Partnership's secure fax line at **(707) 863-4314**.

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Measure Instruction Sheet

Controlling Blood Pressure (CBP)

The percentage of patients 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.

1. **Confirm that the patient's name and date of birth (DOB) match the charts.**
2. **Documentation required:**
   - All blood pressure readings in 2025 on or before December 31, 2025. Include progress notes (including both telehealth and in-person office visits) and vital signs flow sheet, if available.
   - If no blood pressure is found, all 2025 visit notes (including both telehealth and in-person office visits) and vital signs flow sheet.
3. **If any of the following criteria apply, please provide supporting documentation (i.e., problem list, medical history, medication list, and all visit notes for 2025):**
   - Patient has history of end-stage renal disease, dialysis, nephrectomy, or kidney transplant
   - Patient admitted to a skilled nursing or other non-acute facility in 2025
   - Patient was pregnant during 2025
   - Patient received hospice or palliative care services anytime during 2025
   - Patient died anytime during 2025
4. **If the requested documentation is unavailable, indicate the reason(s) below:**
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Glycemic Status Assessment for Patients with Diabetes (GSD)

The percentage of patients 18-75 years of age with diabetes (type 1 or type 2), whose most recent status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during 2025:

- Glycemic Status <8.0%
- Glycemic Status >9.0%

1. **Confirm that the patient's name and date of birth (DOB) match the charts.**
2. **Documentation required:**
   - Most recent lab results for 2025: HbA1c
   - Most recent visit note with lab date and result for HbA1c
   - Most recent GMI results derived from continuous glucose monitoring (CGM) data for 2025, with CGM data start and terminal date
3. **If there is no evidence found for HbA1c, please send:**
   - All lab reports and visit notes for 2025
4. **If any of the following criteria apply, please provide supporting documentation (i.e., problem list, medical history, medication list, and all visit notes for 2024 and 2025):**
   - Patient received hospice or palliative care services anytime during 2025
   - Patient died anytime during 2025
   - Patient does not have diabetes
5. **If the requested documentation is unavailable, indicate the reason(s) below:**
   - ☐ Patient was never seen here
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Lead Screening in Children (LSC)

The percentage children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

1. **Confirm that the patient's name and date of birth (DOB) match the charts.**
2. **Documentation required:**
   - Progress notes or lab notes indicating the date of a venous or capillary blood test and the result of the test on or prior to the child's second birthday.
   - If no lead screening is completed, please send progress notes from child's birth to second birthday.
3. **If any of the following criteria apply, please provide supporting documentation:**
   - Patient received hospice services anytime during 2025
   - Patient died anytime during 2025
4. **If the requested documentation is unavailable, indicate the reason(s) below:**
   - ☐ Patient was never seen here
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Measure Instruction Sheet

Prenatal and Postpartum Care (PPC) – Page 1 of 2

The percentage of deliveries of live births on or between October 8, 2024, and October 7, 2025. The measure assesses the following indicators:

- *Timeliness of Prenatal Care*: Percentage of deliveries that received a prenatal visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment to Partnership.
- *Postpartum Care*: Percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

1. **Confirm that the patient's name and date of birth (DOB) match the charts.**
2. **Documentation required:**
   - Complete prenatal flow sheet (ACOG, EMR, or other)
   - All visit notes (including both telehealth and in-person office visits) for duration of pregnancy, if prenatal flow sheet not available or complete
   - Prenatal lab reports (OB panel, TORCH antibody panel, Rubella antibody test, ABO, and Rh)
   - Ultrasound reports or results used to confirm most recently recorded EDD, if not documented on prenatal flow sheet
   - Documentation of delivery date (copy of hospital delivery record or notation on prenatal flow sheet or postpartum visit note)
   - All postpartum visit notes (including both telehealth and in-person office visits) within three months after delivery
3. **If any of the following criteria apply, please provide supporting documentation (all evidence and complete prenatal flow sheet if available):**
   - Patient was not pregnant
   - Pregnancy did not result in live birth
   - Patient did not deliver between October 8, 2024, and October 7, 2025
   - Patient received hospice services anytime during 2025
   - Patient died anytime during 2025
4. **If the requested documentation is unavailable, indicate the reason(s) below:**
   - ☐ Patient was never seen here
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Note: This instruction sheet continues onto the next page.

Prenatal and Postpartum Care (PPC) – Page 2 of 2

5. **Please send the following documents to Partnership:**
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Measure Instruction Sheet

Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents (WCC)

The percentage of patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a BMI percentile documentation during the measurement year.

1. **Confirm that the patient's name and date of birth (DOB) match the charts.**
2. **Documentation required:**
   - Documentation of height, weight, and BMI percentile
   - BMI percentile in a progress note or documented on a BMI-for-age growth chart in 2025
   - Height and weight documented in 2025
3. **If well visits are not available, please provide the following:**
   - Sick visits (including both telehealth and in-person office visits) for the year 2025
4. **If any of the following criteria apply, please provide supporting documentation:**
   - Patient had diagnosis of pregnancy in 2025
   - Patient received hospice services anytime during 2025
   - Patient died anytime during 2025
5. **If the requested documentation is unavailable, indicate the reason(s) below:**
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