



# HEDIS<sup>®</sup> Lunch & Learn

## Gaps In Care

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## Improving Gaps in Care

Annual HEDIS medical record review is used to capture data in charts, that were not captured via claims or supplemental data, to ensure members are receiving the care they need for their health conditions.

Beginning in January and through the end of April, ABHWV sent provider offices a list of members with a medical record request for each member. The following information includes common observations from the HEDIS medical record review season, that resulted in gaps in care remaining open.

When documentation for a specific date of service is requested, please return all documentation for that date, even if seems unrelated to the measure. HEDIS reviewers may utilize different types of documentation to meet requirements.

# Improving Gaps in Care (cont.)

## Types of HEDIS data collected:



### Administrative

#### Electronic Clinical Data System (ECDS)

Submitted claims and encounters, supplemental data, digital data

#### There are 87 HEDIS measures

Most measures are administrative or ECDS methodology

No chart review



### Hybrid

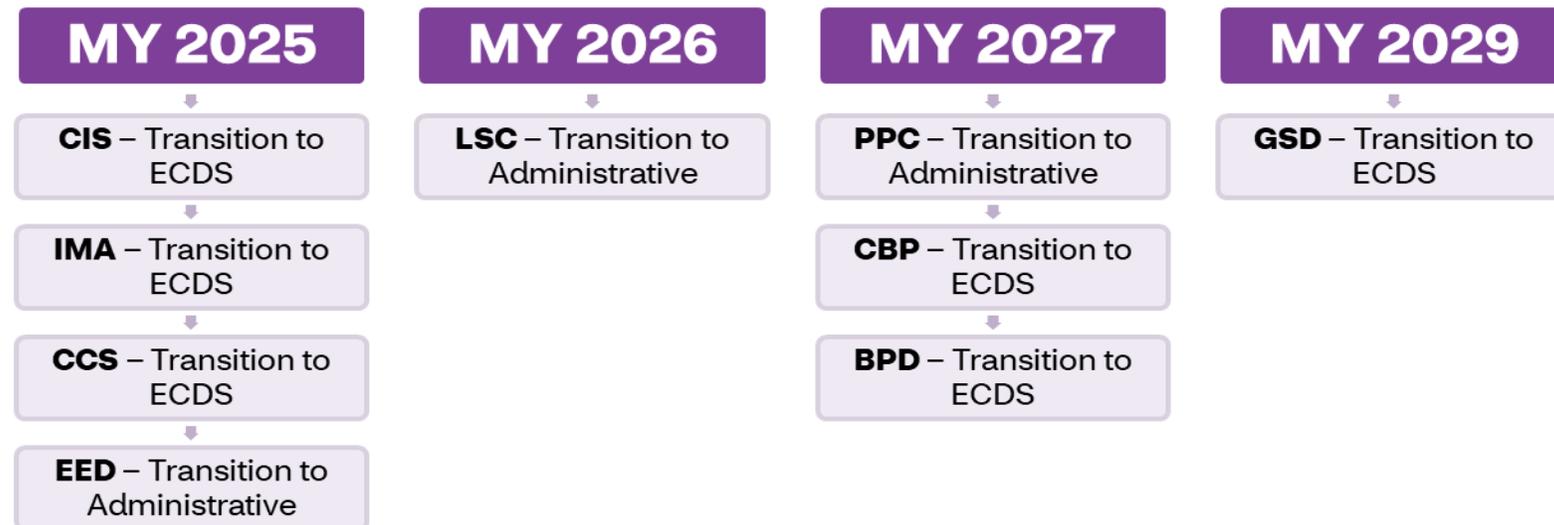
Administrative data **PLUS** chart collection/review

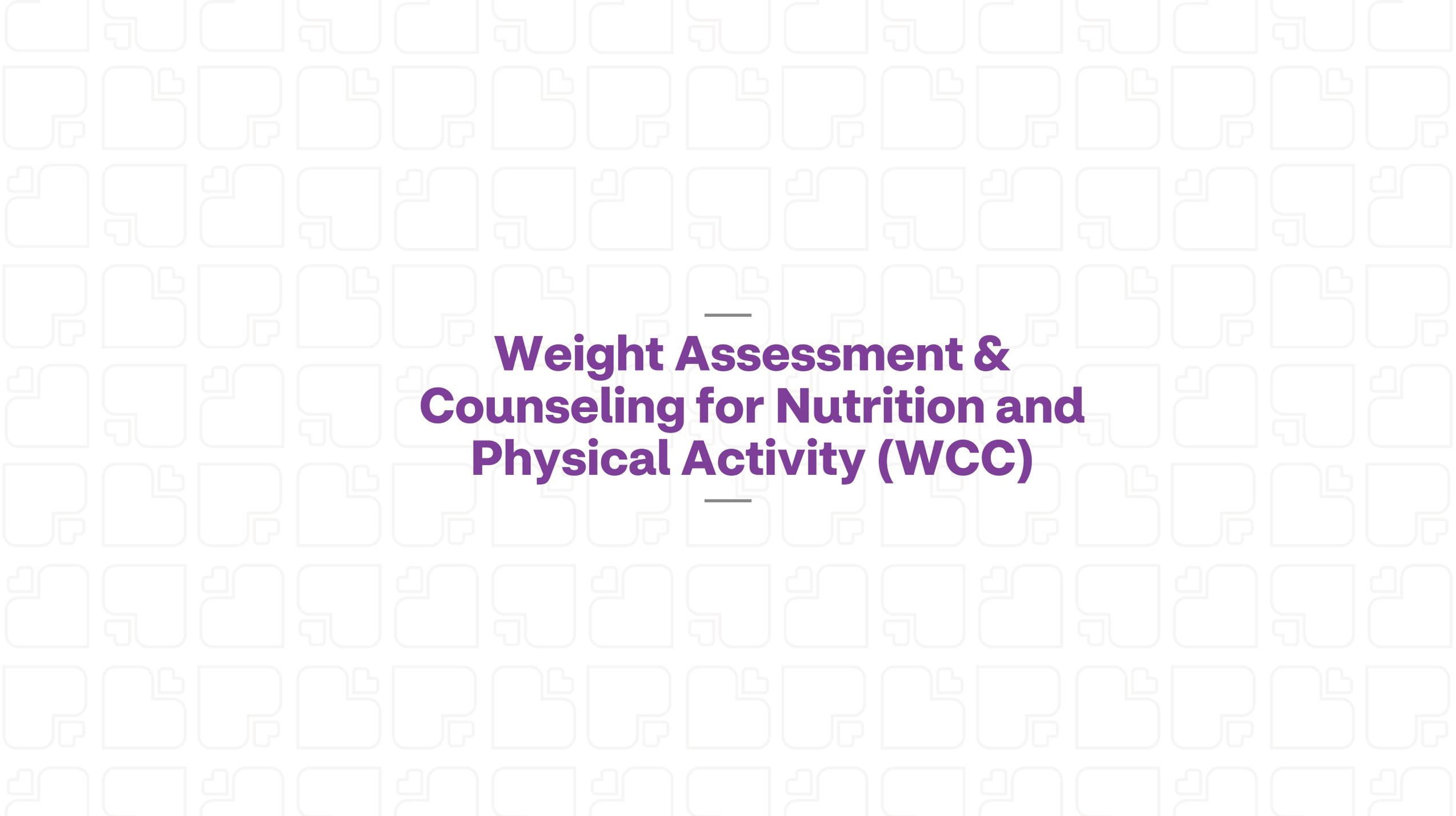
- Weight Assessment & Counseling for Nutrition and Physical Activity (WCC)
- Lead Screening for Children (LSC)
- Prenatal and Postpartum Care (PPC)
- Controlling High Blood Pressure (CBP)
- Diabetes (A1c, Eye Exam, BP) (GSD, BPD)

# Did You Know?

NCQA plans to phase out the hybrid method by MY2029. As measures transition to administrative or ECDS specifications, chart review sampling is no longer used, and the data is reported for the full population.

- Consider adding supplemental data feeds. This can streamline data collection and save time and resources for your practice.
- Grant remote EMR access. This minimizes the need for record review.





**Weight Assessment &  
Counseling for Nutrition and  
Physical Activity (WCC)**



# Weight Assessment & Counseling for Nutrition for Physical Activity (WCC)

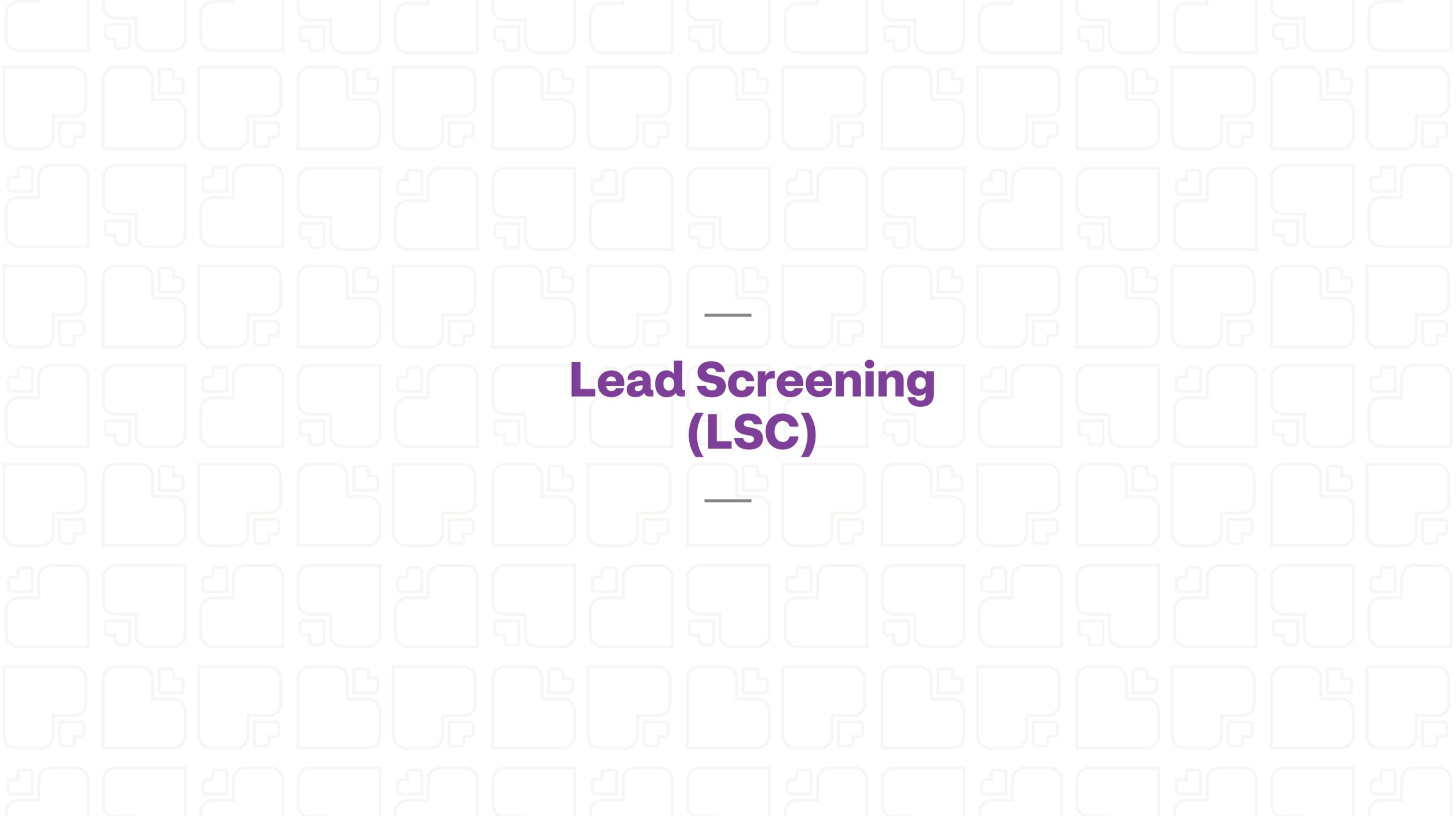
## Measure Requirements:

Members 3-17 years who had evidence of the following in the measurement year:

1. BMI percentile or BMI percentile plotted on growth chart (height and weight also required!)
2. Counseling for nutrition
3. Counseling for physical activity

## Common deficiencies observed:

- BMI value only and no **BMI percentile** documented.
- BMI growth charts not submitted.
- EPSDT form not always filled out (extremely helpful at times for nutrition/physical activity counseling!)
- No physical activity discussion documented for younger ages (usually in the 3-5 yr old range).
- Counseling on physical activity and nutrition was related to *an acute or chronic* illness, and not general education or discussion.



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# Lead Screening (LSC)

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# Lead Screening (LSC)

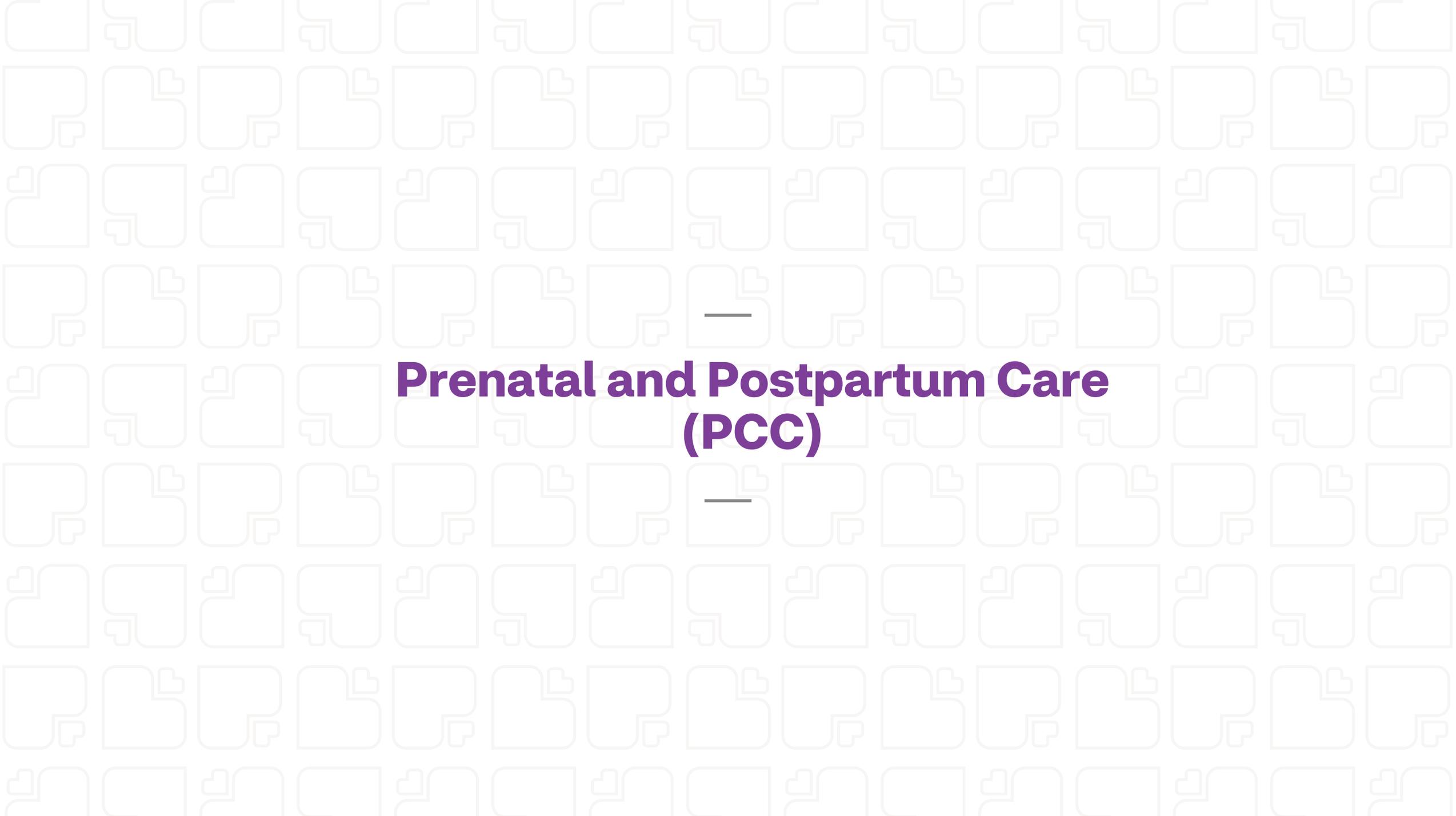
## Measure Requirements:

Children who turn 2 years of age in the measurement year and receive the following **by their 2nd birthday**:

At least one capillary or venous lead blood test.

## Common Deficiencies:

- Lead blood test not completed or completed after 2nd birthday.
- Lead blood test completed but not submitted with HEDIS medical record requests. This includes in-office lead tests



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# **Prenatal and Postpartum Care (PCC)**

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# Prenatal & Postpartum Care (PPC)

## Measure Requirements:

The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year:

- 1. Prenatal Care** - The percentage of deliveries that received a prenatal care visit (*with an OB/GYN or PCP*) in the first trimester, on or before the enrollment start date or within **42 days** of enrollment in the organization.
- 2. Postpartum Care**- postpartum visit on or between **7 & 84 days after delivery** (*OB/GYN or PCP*).

## Common deficiencies observed:

- Prenatal care not completed or not completed within the timeframe (late start prenatal care).
- Member does not have a postpartum visit or visit is late.
- Member had a visit within postpartum time frame, but documentation did not meet criteria for a postpartum visit.
- Certain date of service requested, but received note back stating it was not a PPC visit. Please send all dates of services requested.



**Controlling High Blood  
Pressure  
(CBP)**

# Controlling High Blood Pressure (CBP)

## Measure Requirements:

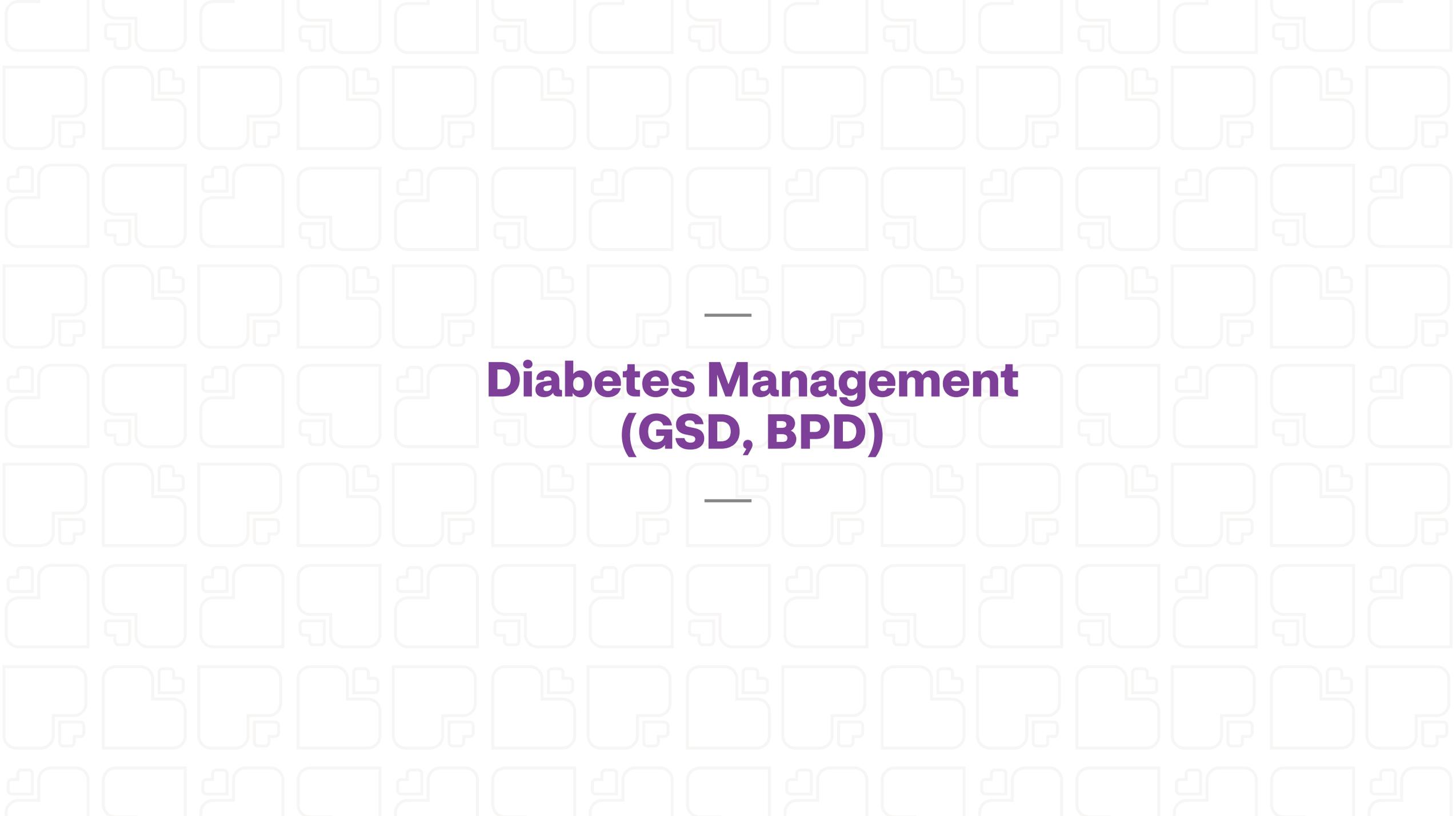
Members 18-85 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled.

- Must be the last blood pressure reading in the measurement year.
- Blood Pressure is **<140 systolic and <90 diastolic.**

## Common Deficiencies:

- Uncontrolled Blood pressure results
- Elevated blood pressure not reassessed and documented
- Documentation in chart includes ranges and not the exact blood pressure (i.e., running in the 130s/80s)
- Blood pressures from telemedicine visits not documented





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# **Diabetes Management (GSD, BPD)**

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# Diabetes Care (GSD, BPD)

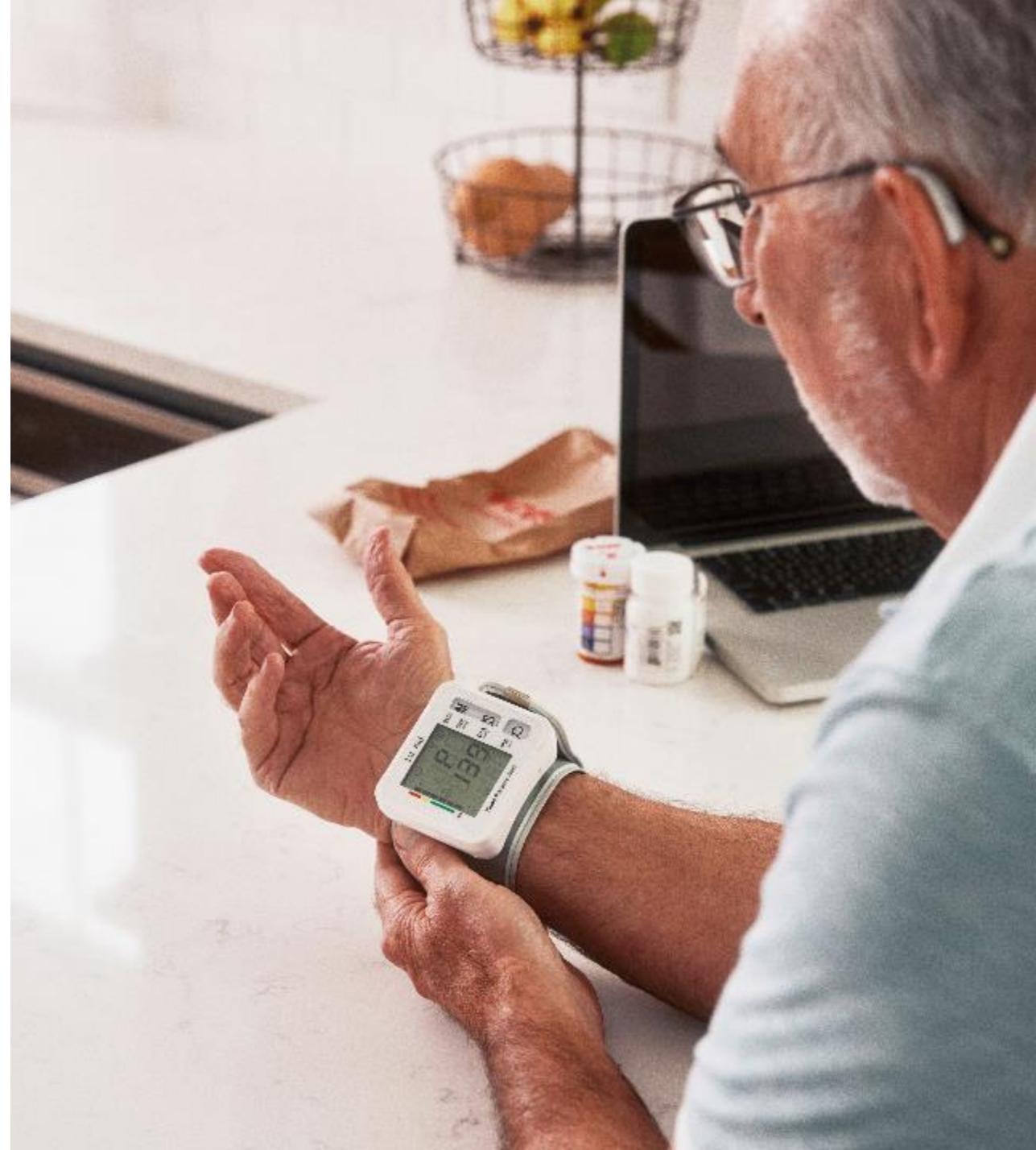
## Measure Requirements:

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or 2) and who have each of the following performed annually:

- Glycemic Status Assessment: HbA1c or glucose management indicator (GMI) control <8.0%, **and**
- Blood Pressure Control (<140/<90 mm Hg)

## Common Deficiencies:

- Uncontrolled blood pressure and/or A1c results.
- Elevated blood pressures not reassessed and documented during the same encounter.
- Documentation in chart includes ranges and not the exact blood pressure (i.e., running in the 130s/80s).
- A1c ordered but not completed.
- A1c results are not always included when faxing HEDIS requests back to ABHWV. (This includes in-office A1c)

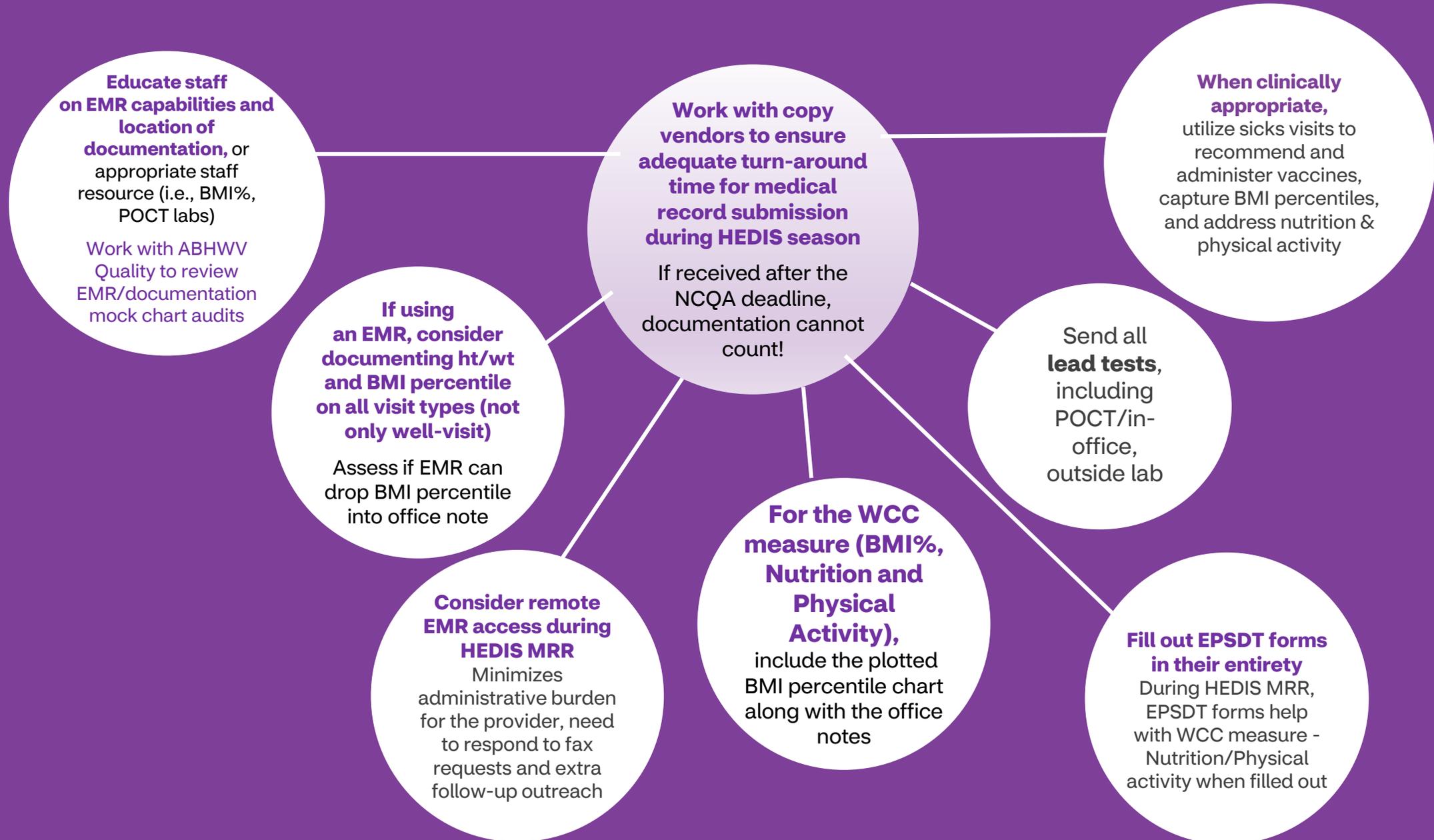


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# **Gaps in Care Take-Away Actions**

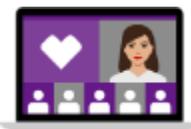
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# Take-Away Actions – HEDIS MRR & Closing Gaps in Care



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# HEDIS Resources for Providers

## HEDIS News You Can Use

- Monthly informational newsletter related to a change or actionable content to incorporate into clinic workflows to improve HEDIS outcomes

## HEDIS Lunch and Learn Webinars

- Monthly 30-minute webinars for providers related to HEDIS News You Can Use topics to reinforce content and take deeper dives into best practices and recommendations

## Quality Reference Guide

- A guide to understand HEDIS requirements, find and use commonly referenced codes, support patient safety and promote preventive care through easy-to-follow steps.

## ABHWV Provider Website – HEDIS Center

- <https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>
- Comprehensive repository of all resource and webinar content

**The Power of the PCP**

The PCP has a vital role in the ability to impact Dental Care  
Addressing dental care, dental visits and benefits during well-child visits can be the catalyst for members going to have a dental visit.

**Member visit with PCP** + **PCP dental visit education** = **Dental Visit**  
Increases chances parent takes child

The PCP office might be the only opportunity to receive dental referrals, education and assistance establishing a dental home

**You make a difference!**

**HEDIS News You Can Use**  
Let's Clear Care Gaps Together!

**Controlling High Blood Pressure (COP)**

**Best Practices**

# Closing Thoughts and Resources

## Members trust you!

Patients often view you as their most trusted source of medical information.

Your guidance and encouragement are crucial to their ability to manage their health.

Taking time for discussion and addressing their questions can help foster greater confidence and comfort in their care decisions.

## ABHWV Quality Partnerships

**Melani McNinch, Senior Director, ABHWV Health Care Quality Mgt**

- [ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

### EMR supplemental feed options

**Tosha Morris**

[ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

**304-348-2003**

### Wellness Event Partnering

**David Roberts**

[ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

**304-539-9046**

### ABHWV Quality Practice Advisors

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## 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

### Great Resources:

<https://www.ncqa.org/hedis/>

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