

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

January 2022



Let's Improve Medical Record Review Together!

It's that time of year again, medical record abstraction season! Aetna Better Health of West Virginia (ABHWV) will be collecting members' medical records for our annual Healthcare Effectiveness Data and Information Set (HEDIS) review.

Annual HEDIS medical record review is used to capture data in charts to ensure members are receiving the care they need for their health conditions.

Late January through the end of April, ABHWV will be sending offices a list of members with the information needed for medical record review. It is important to closely read the HEDIS fax sheet and send over the information requested. This includes:

- Ensuring it is the correct member, year, and medical information.
- Checking if member was a patient during Measure Year (MY) and/or measure lookback period prior to responding that the member is not a patient.
- Being aware some requested information may be in other places of the EMR besides office notes.

Timely and complete responses will significantly decrease the need to keep refaxing information. If you wish to have access to the portal to upload records please contact ABHWV immediately.

Cervical Cancer Screening (CCS)

Documentation needed:

- Date and result of cervical cancer screening (ages 21-64)
- Date and result of cervical cancer screening and date of HPV test (ages 30-64)
- Documentation of total, complete or radical hysterectomy

Common Deficiencies:

- PAP results not found in chart
- Member not up-to-date with cervical cancer screening
- Documentation of specific type hysterectomy not clear

Prenatal and Postpartum Care (PCC)

Documentation needed:

- Prenatal Care: Prenatal visit during the first trimester, on or before the enrollment start date, or within 42 days of enrollment.
- Postpartum Care: Postpartum visit within 7-84 days of delivery

Common Deficiencies:

- Prenatal care not completed or not completed within the timeframe
- Member does not have a postpartum visit or visit is late

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

Documentation needed:

- BMI percentile, height, and weight
- Counseling for nutrition
- Counseling for physical activity

Common Deficiencies:

- BMI value only and no BMI percentile documented
- BMI growth charts not submitted
- EPSDT not always completely filled out
- No physical activity discussion documented for younger ages
- Counseling on physical activity and nutrition was related to an illness and not general education or discussion

Controlling High Blood Pressure (CBP)

Documentation needed:

- Most recent blood pressure. A compliant blood pressure is less than 140 systolic AND less than 90 diastolic.
- Date and result are needed (ranges not acceptable).
- NCQA will accept patient reported blood pressures (i.e., telemedicine visits).

Common Deficiencies:

- Elevated blood pressures not reassessed and documented.
- Chart will include ranges and not the exact blood pressure.

Comprehensive Diabetes Care (CDC)

Documentation needed:

- Most recent blood pressure. A compliant blood pressure is less than 140 systolic AND less than 90 diastolic.
- Most recent A1c date AND result.
- Retinal Eye Exam (2020/2021)

Common Deficiencies:

- Elevated blood pressures not reassessed and documented.
- Documentation in chart includes ranges and not the exact blood pressure (i.e., running in the 130s/80s).
- A1C and eye exams ordered, but not completed.
- Member received eye exam, but did not receive retinal exam to check for retinopathy.
- A1c results and eye exam tests are not always included when faxing HEDIS requests back to ABHWV.

Immunizations (CISQ) (IMA)

Documentation needed:

- Complete immunization records.
- Documentation of parent refusal.
- List of allergies.
- Lead test and value (CISQ).

Common Deficiencies:

- Immunizations received too early or too late.
- Immunization record missing from chart.
- No documentation of parent refusal.
- No documentation of allergies or contraindications.
- Blood Lead test not completed or completed after 2nd birthday.
- Blood Lead test completed, but not submitted with HEDIS medical record requests. This includes in-office lead tests.

Great Resources

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

Here for you!

Thank you for the care you provide to our members!

For questions or for more information, please contact **Sherry Griffith** at ABHWVHEDIS@aetna.com.



Best Practices

- Work with copy vendors to ensure adequate turn-around time for HEDIS medical record submission. If received after the NCQA deadline, documentation cannot count!
- Work with office staff that will be responding to HEDIS medical record requests to ensure they are aware of locations in EMR of all potentially required documentation.
- Send all forms of immunization records available, including vaccine administration logs and vaccine school certificates.
- Recheck blood pressure if elevated (equal to or greater than 140/90).
- Encourage members to record blood pressure at home and document member reported blood pressure in the record.
- Fill out EPSDT forms in their entirety.
- Send plotted BMI with medical record.
- When clinically appropriate, utilize sick visits to recommend and administer vaccines, capture BMI percentiles, and address nutrition and physical activity.
- Speak with parents and members about the HPV vaccine in terms of cancer prevention.
- Document parent/caregiver refusal of immunizations.
- Include retinal eye exams and A1c test results with medical record. This includes in-office/point-of-care A1c tests.
- Schedule postpartum care visits prior to hospital discharge.
- If using an EMR system, use flags to alert staff when screening is due. If not, consider creating a template to track necessary screenings and due dates.