



HEDIS[®] Lunch and Learn

August 2022

Gaps in Care



Sherry Griffith RN, BSN CCM



Improving Gaps in Care

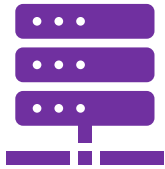
Annual HEDIS medical record review is used to capture data in charts, that were not captured via claims or supplemental data file, to ensure members are receiving the care they need for their health conditions.

Improving Gaps in Care (cont.)

Late February 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.

Introduction – cont.

There are two types of HEDIS data collected:



Administrative

Submitted claims and encounters

There are 90+ HEDIS measures

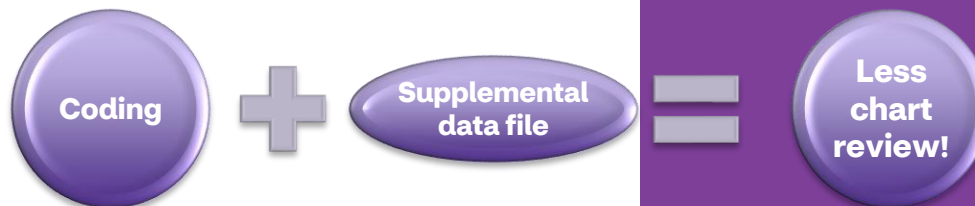
Most measures
are administrative methodology



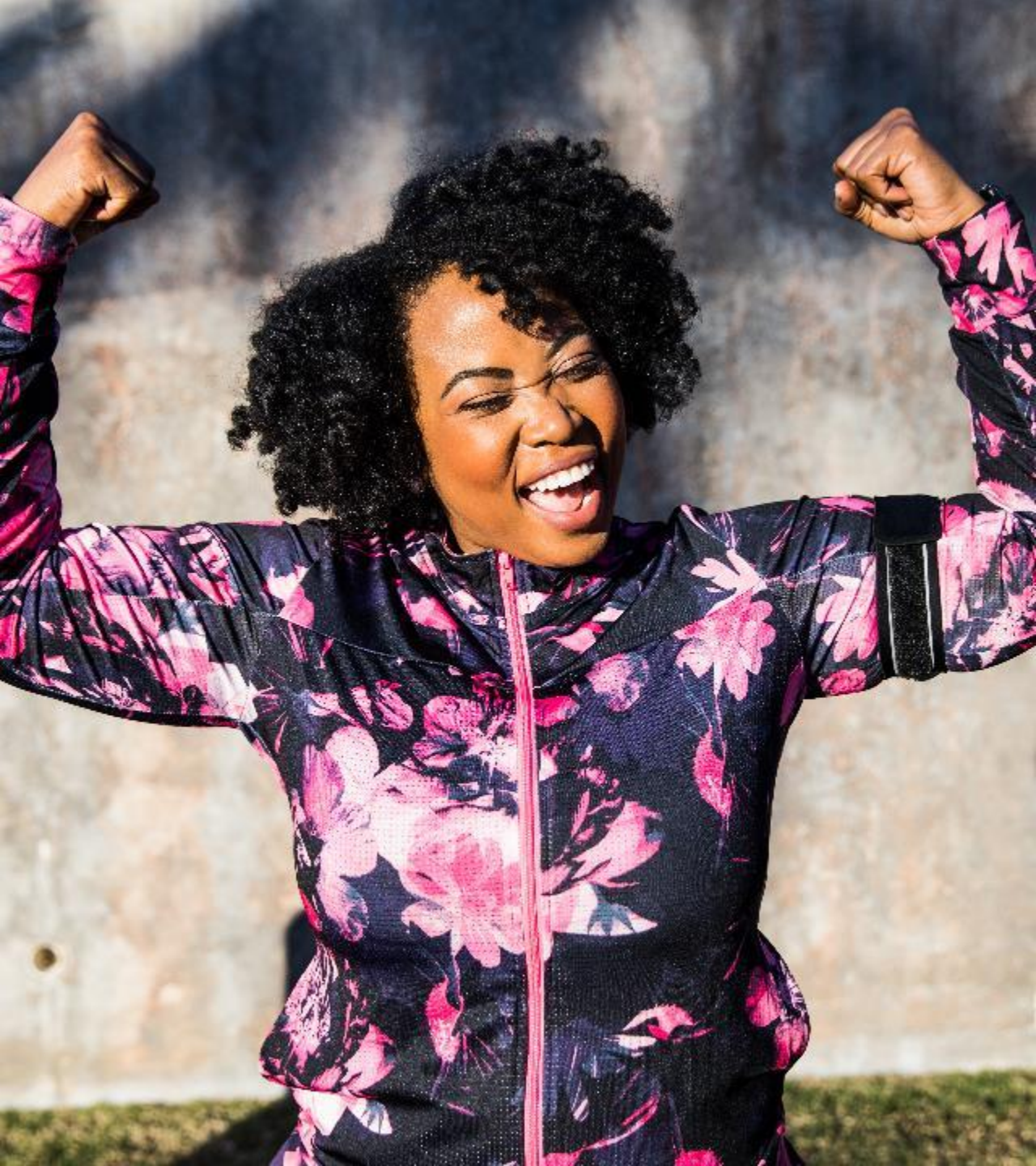
Hybrid

Administrative data PLUS chart collection/review

- Cervical Cancer Screening
- Controlling High Blood Pressure
- Diabetes (A1c, Eye Exam, BP)
- Childhood Immunizations
- Adolescent Immunizations
- Prenatal and Postpartum Care
- BMI percentile and Nutrition/ Physical Activity counseling for children



Cervical Cancer Screening



Cervical Cancer Screening (CCS)

Measure Requirements:

Women 21-64 years of age that were screened for cervical cancer using either of the following criteria:

- Age 21-64 - Cervical cytology performed within the last 3 years.
- Age 30-64 – Cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Age 30-64 - Cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last five years.

Common Deficiencies:

- PAP results not found in chart.
- GYN pap history not always documented.
- Co-testing not done for women ages 30-64 (i.e., only PAP test present).
- Documentation of specific type of hysterectomy not clear.

Prenatal and Postpartum Care (PPC)

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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** - 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** - postpartum visit on or between **7 & 84** days after delivery (*OB/GYN or PCP*).

Common Deficiencies:

- Prenatal care not completed or not completed within the timeframe.
- 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.



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 (ht and weight also required!)
2. Counseling for nutrition
3. Counseling for physical activity

Common Deficiencies:

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

Immunizations (CISQ/IMA)



Immunizations (CISQ)(IMA)

Measure Requirements:

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

- 4 DTaP, 4 PCV, 3 IPV, 3 Hib, 3 Hep B, 1 MMR, 1 VZV, 1 Hep A, 2 or 3 Rotavirus, 2 Influenza, *and*
- At least one capillary or venous lead blood test.

IMA: Adolescents that turn 13 years of age in the measurement year and receive the following immunizations **by their 13th birthday:**

- 1 Meningococcal *between 11th and 13th birthday,*
- 1 Tetanus, diphtheria toxoids and acellular pertussis (Tdap) *on or between the 10th and 13th birthday, and*
- At least 2 HPV vaccines *on or between the 9th and 13th birthday. If two doses, must be at least 146 days apart.*

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.
- Vaccine series not completed (i.e., three of four DTaPs for CISQ, one of two/three HPVs for IMA, etc).
- Rotavirus not documented as 2 or 3 dose
- Not at least 146 days apart for two doses of HPV
- 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.

Diabetes Care and Management (CDC)

Comprehensive Diabetes (CDC)

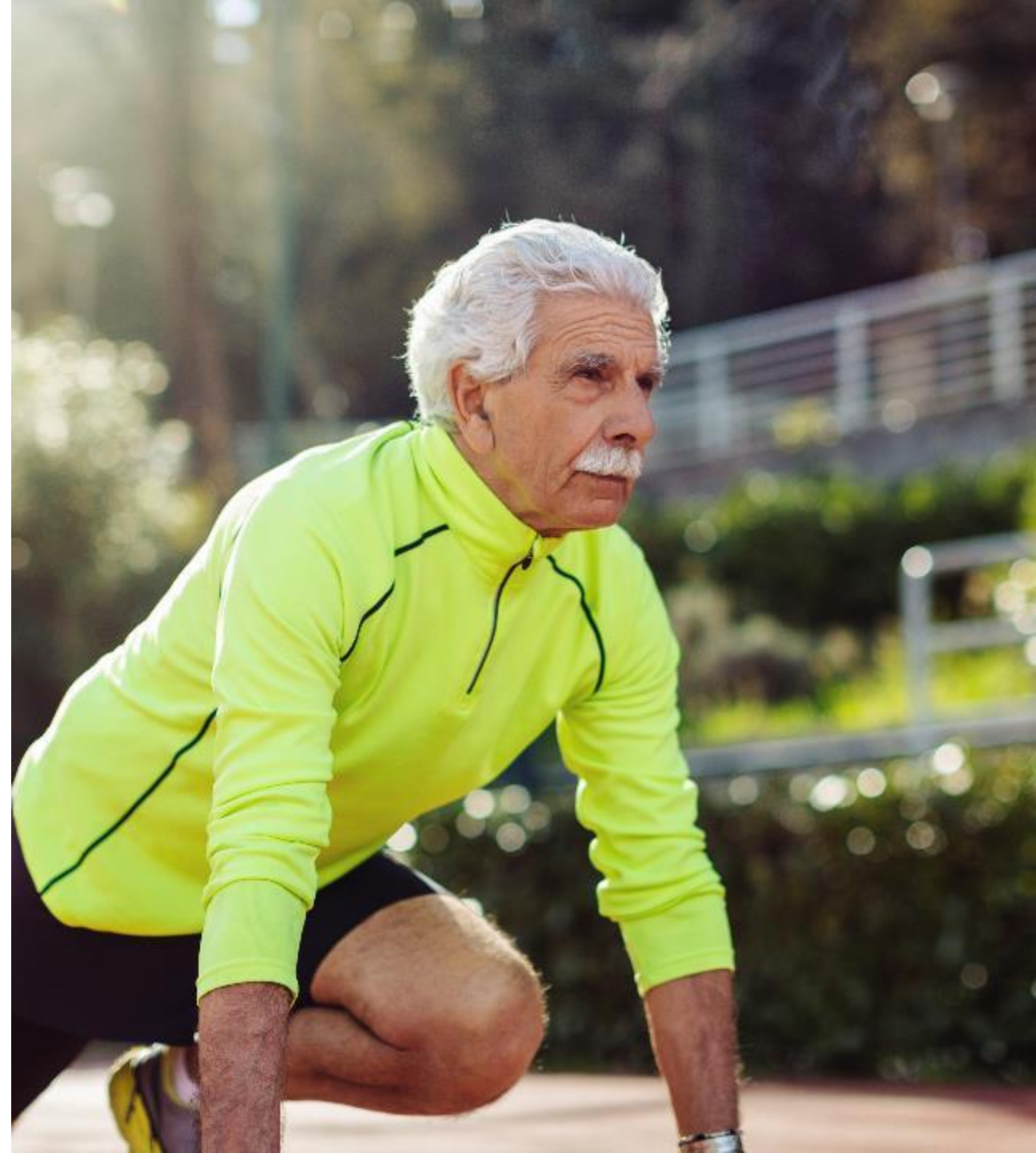
Measure Requirements:

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

1. HbA1c control <8.0%
2. Retinal or Dilated eye exam
3. Blood Pressure Control (<140/<90 mm Hg).

Common Deficiencies:

- 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)
- A1c ordered, but not completed
- Documentation stating A1c had been completed day of visit, but no results sent with documentation
- Eye exams ordered or referred, but not completed
- Retinal eye exam gap in care not assessed/documentated to result in a referral/education
- Member received eye exam, but did not receive retinal exam to check for retinopathy



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.

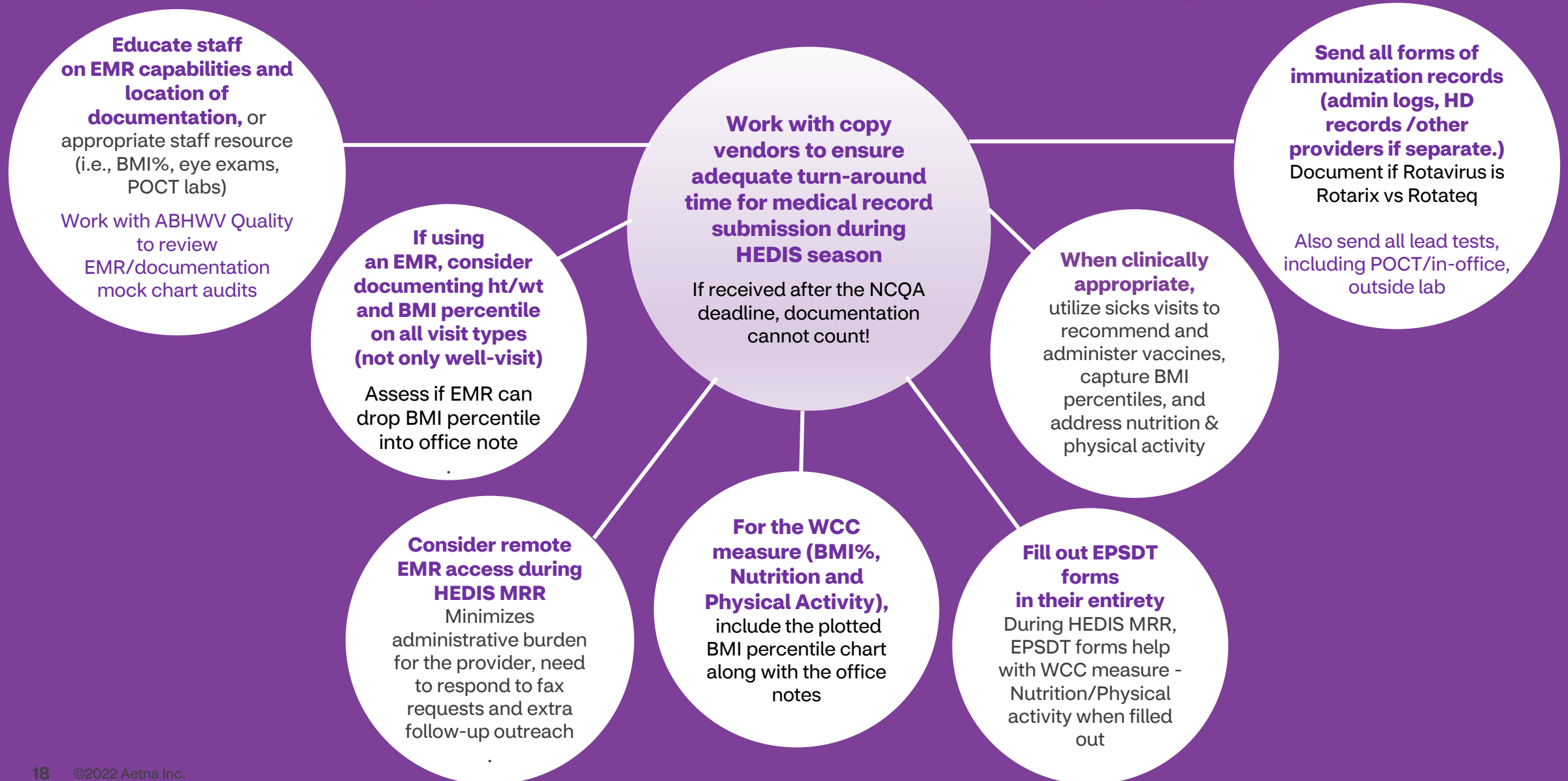
- Must be the last blood pressure reading in the measurement year.
- Blood Pressure is **<140 systolic and <90 diastolic**.

Common Deficiencies:

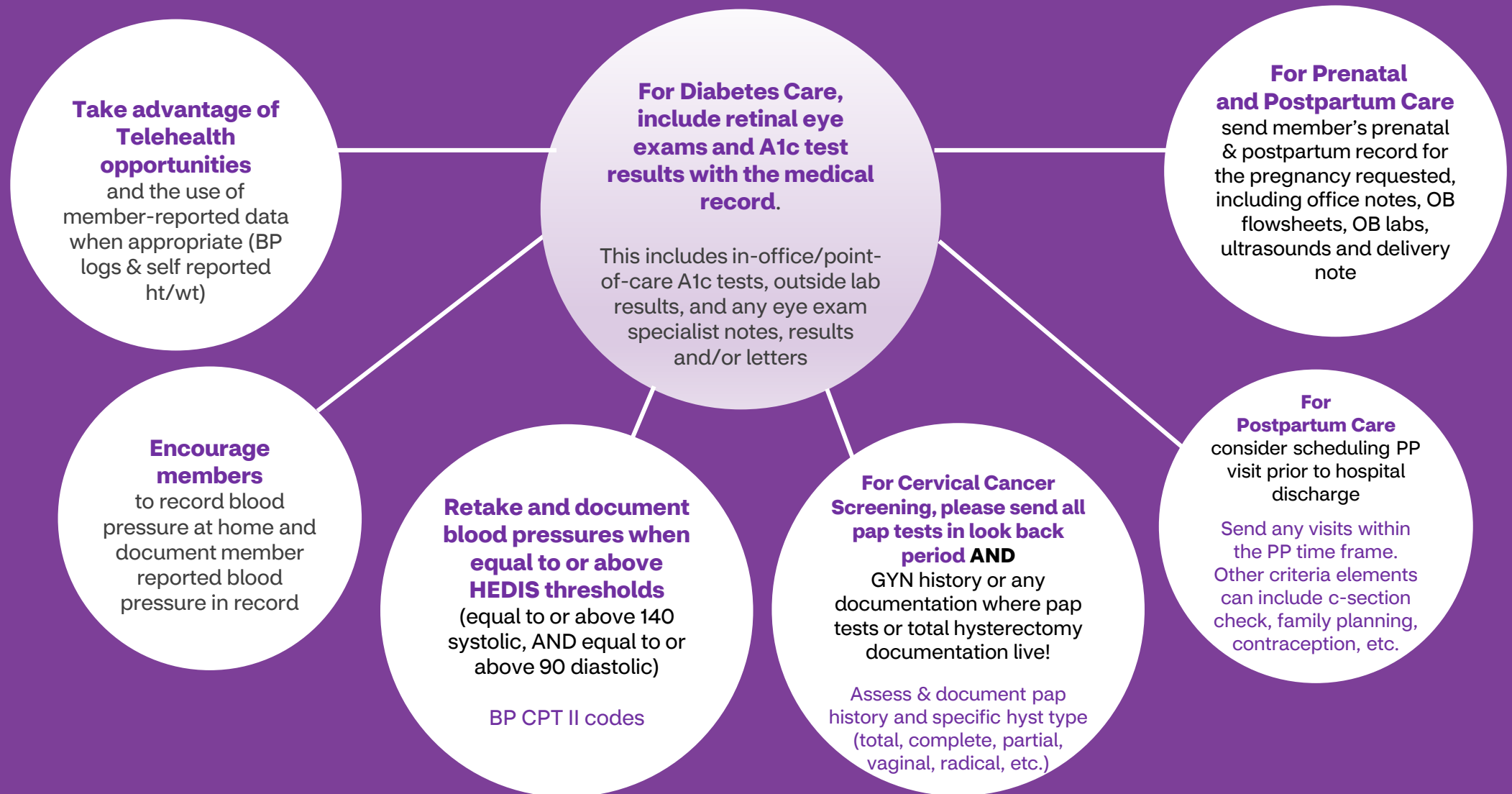
- Elevated blood pressure not reassessed and documented
- Documentation in chart includes ranges and not the exact blood pressure (i.e., running in the 130s/80s)
- Blood pressures from telemedicine visits not documented

Gaps in Care

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



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



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Questions?
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ABHWV website HEDIS Section

NEW Provider

There is now a HEDIS tab within the Provider Tab on the ABHWV 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 Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **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>

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, ABHWV Quality HEDIS Manager

ABHWVHEDIS@Aetna.com

Event Partnering

David Roberts

ABHWVHEDIS@Aetna.com

304-539-9046

EMR data file transfer options

Tosha Morris

ABHWVHEDIS@Aetna.com

Quality Practice Liaison

Diann Bopp

ABHWVHEDIS@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

Great Resources:

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

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

**Thank
You for
making a
difference!**



