HEDIS® News You Can Use

Let's Improve Closing Gaps in Care Together!

The Healthcare Effectiveness Data and Information Set (HEDIS®) includes more than 90 measures across 6 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjustment Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

As a provider, patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

What is a Gap in Care?

Gaps in Care (GIC) identify missing medical services members require based on their medical conditions, age, or gender. Gaps in Care on HEDIS measures could impact quality scores.

- Members overdue for medical care needed for their medical conditions, age, or gender
- Members overdue for preventive care.
- Members with uncontrolled medical conditions (i.e., blood pressure and/or A1C)
- Members not taking medication as prescribed

Coding Information:

Proper coding is the best way to ensure compliance. It can increase your HEDIS rates and decrease the need for chart review.

Refer to the Provider Toolkit for additional coding information.
https://www.aetnabetterhealth.com/ westvirginia/providers/hedis/hedis-toolkit

Why do Members have Gaps in Care?

Various reasons can cause gaps in care among members. Some common reasons include:

- Missing or incomplete required documentation components.
- Service provided without claim/encounter data submitted.
- Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy, mammogram, or other diagnostic testing).
- Service provided, but outside of the required time frame (i.e. lead screening performed after age 2, postpartum visit occurring before or after 7-84 days).
- Incomplete services (i.e. Tdap given but no Meningococcal or HPV vaccine for adolescent immunization measure or incomplete vaccine series such as 3 DTaP verses 4).
- Failure to document or code exclusion criteria for a measure.
- Slow copy vendor process and turn-around time for HEDIS medical record submission can impede the provider office HEDIS reviews, final rate and subsequent Value Based payments.
- Staff unfamiliar with EHR capabilities and location of documentation.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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How to Close Gaps in Care?

- Work with Aetna Better Health of West Virginia (ABHWV) HEDIS team to identify members with gaps in care or if you need assistance contacting members to close gaps.
- Educate members on importance of preventive care.
- Schedule the next well-visit/preventive care at the end of the current appointment.
- Encourage members to participate in wellness events coordinated by ABHWV. If you would like to set up a wellness event please contact David at RobertsJ13@aetna.com.
- Study member behaviors from the past and adjust your approach, if necessary. This might include changing communication methods or utilizing telemedicine visits when appropriate.
- Schedule members for appointments if they have not been seen in the measurement year.
- Accurate coding will make a member compliant and decrease the need for chart review.
- Contact Tosha at MorrisT3@aetna.com if you are interested in exploring EMR data file transfer options. (Thresholds may apply)

🛠 Great Resources!

https://www.ncqa.org/hedis/
https://www.aetnabetterhealth.com/westvirginia/providers/hedis

🖥 Patients trust you:

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

🎧 Here for you!

Thank you for the care you provide to our members!
For questions or for more information, please contact
Shelly Rouse, ABHWV Quality HEDIS Manager at
ABHWVHEDIS@aetna.com or **304-348-2923**.

Best Practices

- Use member rosters to contact patients due for an exam or who are new to your practice.

- Utilize the Provider Toolkit, coding information, and the on-line resources to help your practice understand HEDIS measures, compliance, and requirements. **Most measures can be collected through claims when complete and accurate coding is used!**

- Obtain Gaps in Care Reports from the provider portal. Contact your provider relations representative for more information.

- Outreach to members to remind of appointments and preventive screenings.

- Utilize your Electronic Health Records (EHRs) abilities to create alerts and flags for required HEDIS services.

- Educate staff on EHR capabilities and location of documentation.

- Take advantage of telehealth opportunities and the use of member reported data, when appropriate (such as blood pressure logs and self reported height and weight).

- FQHCs/ RHCs – When billing a T1015 encounter code, it is essential to also list on the claim the actual CPT/HCPCS procedure codes to identify the services included in the encounter.

- Attend monthly Lunch and Learns to learn more and ask questions.