HEDIS® Lunch and Learn

July 2021

Gaps in Care

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Gaps in Care

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HEDIS®
News You can Use

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Lunch and Learns will reinforce and elaborate on HEDIS News You Can Use information

Monthly Webinars: 30 minutes, 1 HEDIS topic

Measure Criteria

Measure Coding

Why still Gaps in Care?

Action

Key takeaways to consider for practice

Challenges and Barriers

Resources

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Improving Gaps in Care

Introduction

The **Healthcare Effectiveness Data and Information Set (HEDIS**®) includes more than 90 measures across *6 domains of care* that address important health issues:

- ❖ 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

- – NCQA accredits health care organizations
- – HEDIS is a measurement tool that evaluates performance of organizations
- – Apples-to-apples comparison
- – HEDIS is a retrospective review of services and performance of care from the prior calendar year.

HOWEVER,

HEDIS should be addressed *prospectively!*

Introduction – cont.

Currently, there are two types of HEDIS data collected:

Administrative

Submitted claims and encounters

Most HEDIS measures are administrative methodology

CODING is CRITICAL!

Hybrid

Comes from 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

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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

Why Gaps in Care?

Member
Challenges

Challenges

Why Gaps in Care?

Various reasons can cause gaps in care...

- **Member no-shows**

- **Member lack of understanding importance of required test or service (especially when/if feels well!)**

- **Member lack of understanding of medications, medication regimen, when/where/why/how to take medication**

- **Fear/anxiety**

- **Transportation issues**

- **Other logistic challenges (childcare, work, juggling duties, bringing children to appointments)**

- **Parental/caregiver behaviors and beliefs. Examples include:**
  – Asthma controller vs rescue
  – Dental health impacting child dental care
  – Perception antibiotic always needed
  – Vaccine refusals

- **Stigma surrounding mental health/ substance use**

- **Additional location necessary (labs, eye exams)**

- **Lingering COVID-19 concerns**

- **General member compliance**

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Provider & MCO Challenges

Challenges

Why Gaps in Care?

Various reasons can cause gaps in care...

- Service provided without claim/encounter data submitted

- FQHC – T1015 without CPT/ HCPCS codes identifying services included

- Exclusions not documented/coded

- ABHWV without historical claims data info (from another MCO, exclusions, COB)

- Lack of referral (i.e., diabetic eye exam, dental visit, mammogram, or other testing)

- Specialist letter/note not in PCP chart (pap, eye exam)

- High blood pressures not re-taken

- Lingering COVID-19 issues

- Service provided, but outside of the required time frame. Examples include:
  - Lead screening performed after 2nd birthday
  - Childhood immunizations performed after 2nd bday
  - Adolescent immunizations performed after 13th bday
  - Postpartum visit occurring before or after 7-84 days
  - Services after 12/31 of measurement year

- Incomplete services
  - Tdap given but no Meningococcal or HPV for adolescent immunizations

- Missing or incomplete required documentation components , including telehealth visit documentation

- 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 EMR capabilities and location of documentation

- Coordination of behavioral health/ medical care

- Facility discharge planning

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Take-Away Actions

Closing Gaps in Care

Take-Away Actions-Closing Gaps in Care

CODING

Ensures compliance!

Most measures can be collected through claims when complete and accurate coding is used!

Utilize the HEDIS Provider Toolkit to help your practice understand HEDIS measure coding and compliance requirements

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

Contact Tosha Morris at MorrisT5@aetna.com if you are interested in exploring EMR data file transfer options

Consider ABHWV remote access during HEDIS MRR

Consider submitting penny charge claims when service was performed (usually COB or eligibility situations)

Code for exclusions when appropriate Many measures have exclusions that make the member not appropriate to keep in the measure

Be aware of DX coding functionality in EMR and ensure accurate for each claim Could potentially impact members being eligible for a measure
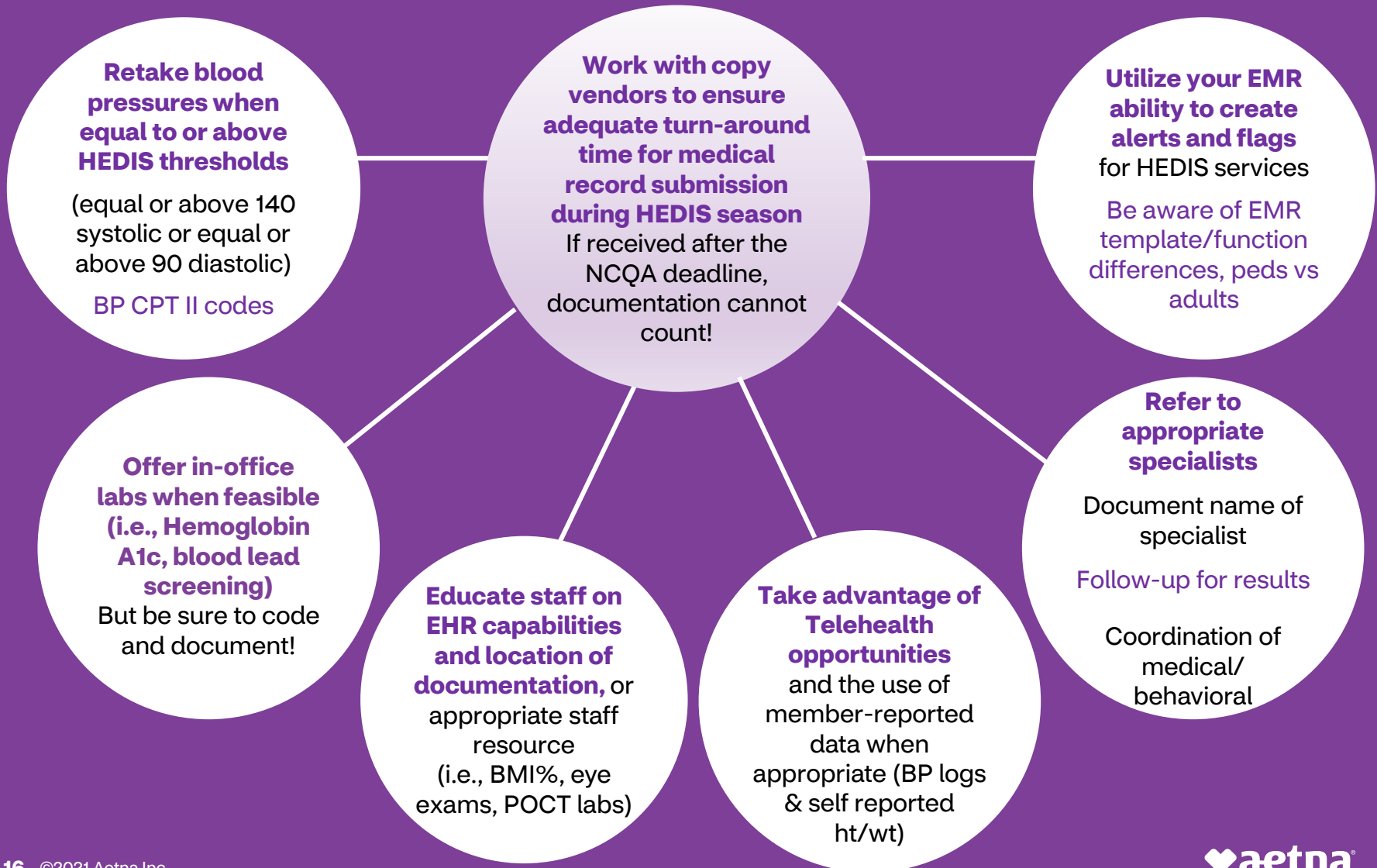
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Take-Away Actions-Closing Gaps in Care (cont.)

Retake blood pressures when equal to or above HEDIS thresholds

(equal or above 140 systolic or equal or above 90 diastolic)

BP CPT II codes

Work with copy vendors to ensure adequate turn-around time for medical record submission during HEDIS season
If received after the NCQA deadline, documentation cannot count!

Utilize your EMR ability to create alerts and flags for HEDIS services

Be aware of EMR template/function differences, peds vs adults

Offer in-office labs when feasible (i.e., Hemoglobin A1c, blood lead screening)
But be sure to code and document!

Educate staff on EHR capabilities and location of documentation, or appropriate staff resource (i.e., BMI%, eye exams, POCT labs)

Take advantage of Telehealth opportunities and the use of member-reported data when appropriate (BP logs & self reported ht/wt)

Refer to appropriate specialists

Document name of specialist

Follow-up for results

Coordination of medical/behavioral

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Take-Away Actions-Closing Gaps in Care (cont.)

Work with the ABHWV HEDIS team to identify members with GIC
or if you need assistance contacting members to close gaps

Encourage members to participate in wellness events coordinated by ABHWV
If you would like to set up a wellness event, please contact David Roberts at RobertsJ13@aetna.com

Study member behaviors from the past and adjust approach, if necessary
Might include changing communication methods or utilizing telemedicine visits when appropriate

Educate members on importance of preventive care
Schedule the next well-visit/ preventive care at the end of the current appointment

Educate members (parents) regarding medications, when/ where/why/how to take medication
Assess understanding

Educate regarding the importance of required test/ service
(even if feels well!)
Assess logistic and/ or transportation barriers

Outreach to members to remind of appointments and preventive screenings
Use member rosters to contact members due an exam or who are new to your practice

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Questions?

ABHWV website
NEW Provider HEDIS Section

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

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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

Shelly Rouse, ABHWV Quality HEDIS Manager

ABHWVHEDIS@aetna.com

304-348-2923

- ABHWV can outreach to your members to assist in getting them into the office.

Event Partnering

David Roberts

robertsj13@aetna.com

304-539-9046

EMR data file transfer options

Tosha Morris

MorrisT5@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

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Thank You for making a **difference!**