



HEDIS[®] Lunch and Learn

January 2024

Medical Record Review
(for MY 2023)



Sherry Griffith RN, BSN



HEDIS[®] News You can Use



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

Monthly Webinars: 30 minutes, 1 HEDIS topic



HEDIS

Medical Record Review

What is Medical Record Review?

It's that time of year again, **HEDIS 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.

A random sample of members will be selected to perform medical record review. If the member belongs to your office, we will fax you a list of members and the information needed.



What is Medical Record Review cont.?

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 in the EMR besides office notes.

Timely and complete responses will significantly decrease the need to keep refaxing information or calling your office.

Please send a face/demographic sheet back with the member's requested medical record. This can greatly minimize any additional outreach to your office to verify member information.

Detailed instructions will be on the HEDIS fax request of where to fax , upload or mail records back to ABHWV.

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/Chart Review Measures

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

Cervical Cancer Screening



Cervical Cancer Screening (CCS)

Who is in the measure (denominator)?

- Females aged 24-64 as of 12/31
- Continuous enrollment = the measurement year

Documentation Needed:

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

Common Deficiencies:

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

For HEDIS medical record review requests, please send all pap tests in look back period (including from other providers), GYN history or any documentation where pap or total hysterectomy documentation live!

Prenatal and Postpartum Care (PPC)

Prenatal and Postpartum Care (PPC)

Who is in the measure (denominator)?

- Women who delivered a live birth on or between October 8th of the year prior to the measurement year and October 7th of the measurement year.
- Continuous enrollment (with no gaps) during the pregnancy with the start date closest delivery date

Documentation Needed:

- **Prenatal care:** Prenatal visit during the first trimester, on or before the enrollment state 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 timeframe
- Member does not have postpartum visit or postpartum visit is late

For HEDIS medical record review requests, please send member's prenatal & postpartum record for pregnancy requested.



Weight Assessment and Counseling for Children and Adolescents (WCC)



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

Who is in the measure (denominator)?

- Member who turn 3-17 years of age as of 12/31
- Continuous enrollment = the measurement year

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 filled out
- No physical activity discussion documented for younger ages
- Counseling on physical activity and nutrition was related to illness and not general education or discussion

For HEDIS medical record review requests, be sure to include all measurement year visits (2023) AND include BMI percentile plots IF the BMI% does not drop into the office note.

Also please include any MY 2023 EPSDT forms as well.

Diabetes Care and Management (HBD/BPD/EED)

Diabetes Care (A1c, BP, Eye Exam)

Who is in the measure (denominator)?

- Members aged 18 – 75 with Diabetes (Type 1 or Type 2) as of 12/31

Documentation Needed:

1. BPD: Blood Pressure- Last documented blood pressure in the measurement year. A compliant blood pressure is less than 140 systolic AND less than 90 diastolic
2. HBD: A1c - Most recent A1C date AND result
3. EED: Retinal eye exam -2023 and 2022

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 and eye exams ordered, but not completed.
- Member received eye exam, but did not receive retinal exam to check for retinopathy

For HEDIS medical record requests, be sure to include 2023 office visits, 2023 A1c results, 2022 and 2023 eye exams, **AND** any 2023 A1c results, including POCT A1cs/ done in-office.



Controlling High Blood Pressure (CBP)



Controlling High Blood Pressure (CBP)

Who is in the measure (denominator)?

- Members aged 18 – 85 who had a diagnosis of hypertension (HTN)

Documentation Needed:

- Last documented blood pressure in the measurement year. A compliant blood pressure is less than 140 systolic AND less than 90 diastolic
- Date and result are needed, ranges not acceptable (i.e., running in the 130s/80s)
- NCQA will accept patient reported blood pressures (i.e., telemedicine visit)

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

For HEDIS medical record requests, be sure to include the most recent office visit & BP of 2023, including any telehealth visits/member-reported blood pressures that were documented in the medical record.

Immunizations (CISQ/IMA)

Immunizations & Lead (CIS, IMA, & LSC)

Who is in the measure (denominator)?

- CIS: Children that turn 2 years old in the measurement year
- LSC: Children that turn 2 years old in the measurement year
- IMA: Adolescents that turn 13 years of age in the measurement year

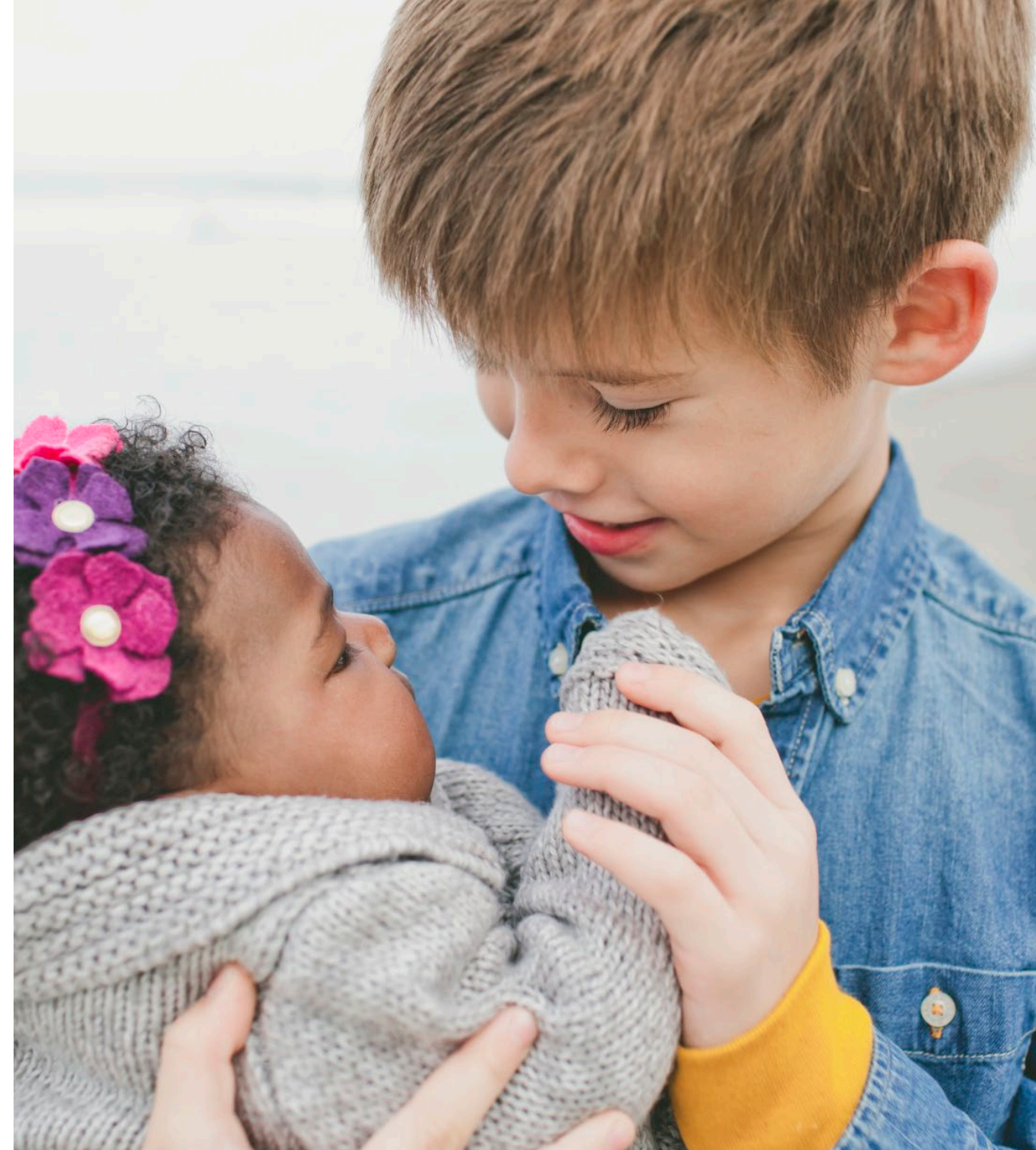
Documentation Needed:

- Complete Immunizations records
- Documentation of parent refusal. A statement of parent refusal does not exclude the member, but it can prevent subsequent follow-up phone calls.
- List of allergies
- Lead test and value (CISQ)

Common Deficiencies:

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

For HEDIS medical record review requests, be sure to include ALL sources of immunization records such as administration logs, school certificates, and records from HD or other providers if separate. Also don't forget lead, including in-office/ PCOT lead tests.



Gaps in Care

Challenges

Why 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 and documented



- 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
- **Not receiving all applicable documentation**
 - Sometimes information is in the record/EMR, but not sent back with fax (i.e., labs, eye exams, immunizations, etc)

Various reasons can cause gaps in care...



- 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

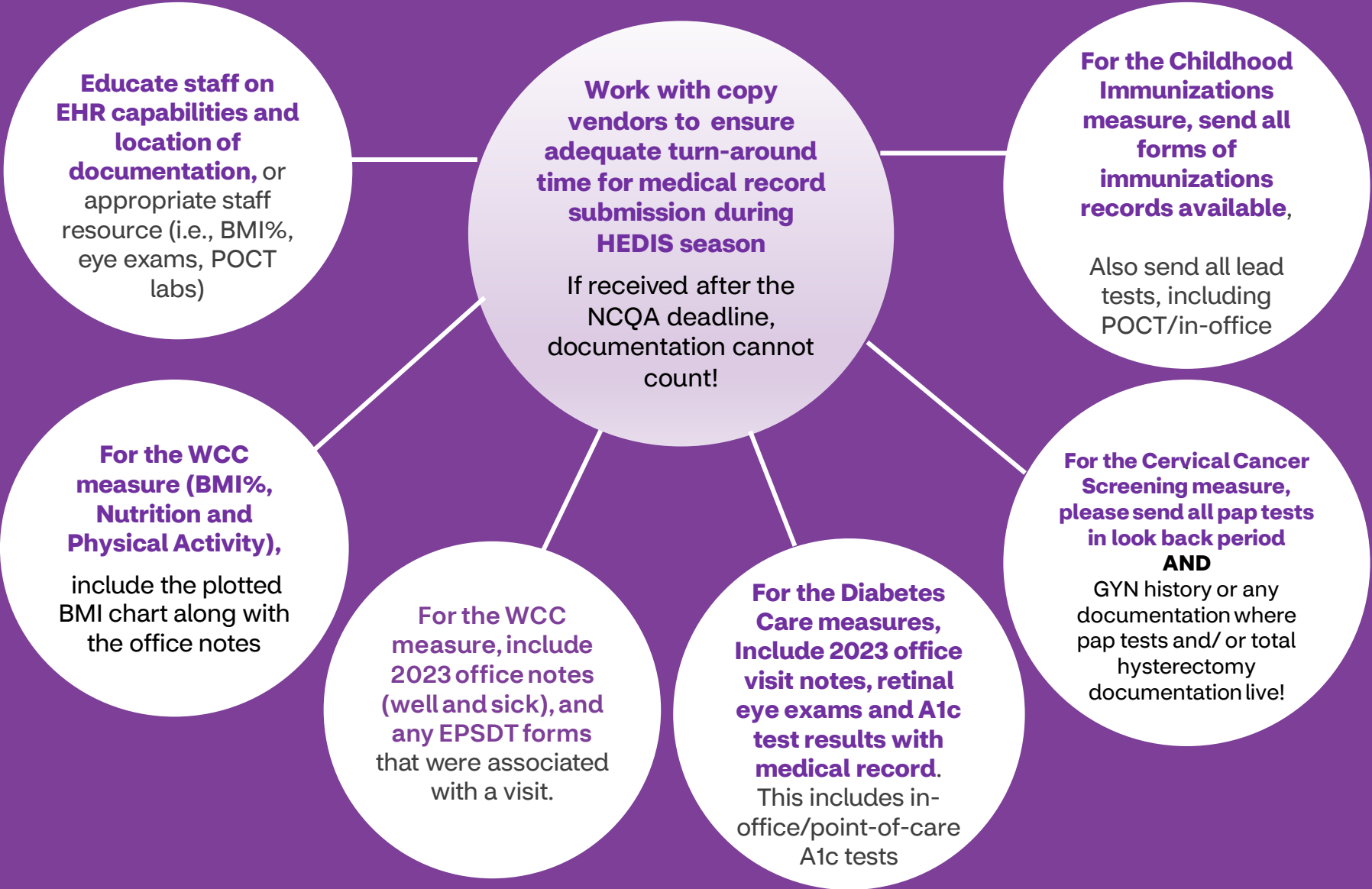


Take-Away Actions

HEDIS MRR & Closing 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

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>

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

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

Event Partnering

David Roberts

ABHWVHEDIS@Aetna.com

304-539-9046

EMR data file transfer options

Tosha Morris

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.html>