June 2018

Brian Clark

Diana Charlton

Debbie Barkley

Thank you for attending today's Webinar.

We will begin shortly.

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Welcome Illinois, New Jersey, Florida, Louisiana, Ohio, Pennsylvania, Texas, Kentucky, Michigan Maryland, and Virginia

"Takeaways from the 2018 HEDIS medical record review"

Brian Clark

Diana Charlton

Debbie Barkley

June 2018

Integrity, Excellence, Inspiration, and Caring

Integrity
We do the right thing for the right reason.

Excellence
We strive to deliver the highest quality and value possible through simple, easy and relevant solutions.

People we serve

Inspiration
We inspire each other to explore ideas that can make the world a better place.

Caring
We listen to and respect our customers and each other so we can act with insight, understanding and compassion.

What we hope to accomplish today

Goals

- Lessons learned and takeaways as a health plan

- Discuss the provider experience with MRR

- Tips and recommendations (from both provider and health plan) for future success

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Agenda

- Provider experience with the 2018 HEDIS medical record review
  - ➢ Questions for the audience
- Administrative data vs Medical Record Review (MRR)
- Remote access and onsite review

What is HEDIS®?

What does HEDIS® stand for?

<u>H</u>ealthcare

<u>E</u>ffectiveness

<u>D</u>ata and

<u>I</u>nformation

<u>S</u>et

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What is HEDIS® , who uses it, and what does it measure?

HEDIS®

- State requirement

- NCQA accreditation

- Effectiveness of care

- Pay for Quality programs:
  - ✓ Some states may offer certain pay for quality programs based upon achieved HEDIS rates, such as Value Based Services contracting or quality incentive programs

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What is HEDIS® , who uses it, and what does it measure?

Who uses HEDIS® data?

- the public
- regulatory bodies
- payers
  - ✓ the health plan uses HEDIS information to improve the effectiveness of care our members are receiving
- Providers
  - ✓ some providers utilize HEDIS data for their own internal quality improvement activities

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Questions?

- Please type in any questions or comments in to the Q/A box

- Send question/comment to "all panelists"

HEDIS® terminology

Denominator

- The total members that fall in to the measure.

Numerator

- The count of adherent members

Hit

- When the administrative data and/or medical record meet all the HEDIS® requirements for a measure

HEDIS® terminology

Administrative data

- **Healthcare information captured by means other than medical record (i.e. claims, immunization data banks, and historical encounters)**

Hybrid review

- When medical record review is used to satisfy HEDIS measures that were not captured administratively.

Provider experience with the 2018 HEDIS medical record review

# Admin data vs MRR

Administrative data:

- Year over year HEDIS rates are showing improved data capture in the following ways:
    - More NCQA-accepted codes are being used by providers.
    - Other methods of data sharing are being used by Providers and Health Plans to close gaps without medical record review (MRR)

Medical record review (MRR):

- Not the most cost and time effective way to gather records for HEDIS purposes.

Total hours spent gathering records across the 10 plans involved with this series:

- Care to take a guess as to what the total was this year?
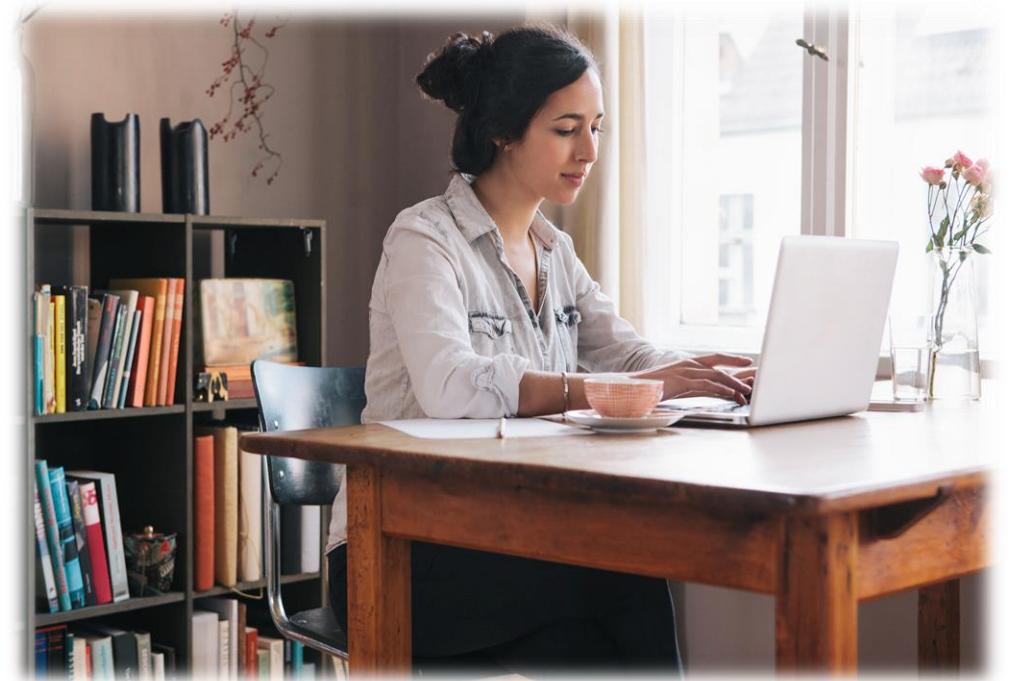
Total hours required to complete the 2018 HEDIS project

10 states involved

50,000 hours

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Your organization/office worked with us during that time

What are the benefits of reducing the total hours required to complete the HEDIS MRR project next year and how will we get there?

Please type your answer in to the Q/A box and send to all panelists.

Benefits of reducing the total hours required to complete the HEDIS MRR project next year and **how** we'll get there

Benefits:

➢ Less time required to process fax requests for records on the providers end during MRR season

➢ More time to spend with patients

➢ More time to spend on outreach and scheduling and working your HEDIS gaps in care list

Benefits of reducing the total hours required to complete the HEDIS MRR project next year **how** we'll get there.

How:

➢ Work with your point of contact to close HEDIS gaps throughout the year administratively and utilize the NCQA coding tips in this webinar series.

➢ Go to the NCQA website and purchase a copy of the 2018 HEDIS technical specifications to ensure you are coding appropriately to close gaps in care throughout the measurement year.

Polling

Who is our audience today?

What type of office are you calling in from?

A. OBGYN

B. Primary care

C. Pediatrics

D. Laboratory

E. Behavioral Health

F. Other (Please specify)

Please check all that apply.

What is your title?

A. Office manager

B. Medical records coordinator

C. Physician

D. Nurse

E. Billing specialist

F. Other (Please specify)

Daily office activities

Did the 2018 HEDIS medical record review change your daily office activities?

A. Yes

B. No

C. Somewhat

Medical record review hits

WCC (Weight assessment and counseling for nutrition and physical activity for children and adolescents):

9,181

ABA (Adult BMI assessment)

2,585

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Coordinating medical record transmission

Who was responsible for coordinating medical record transmission?

A. 3rd party copy service

B. Centralized medical record contact

C. Provider office staff

Which was the most effective way to submit records to us?

A. Faxing

B. Secure email

C. Portal upload

D. Onsite

E. Remote

F. 3rd party copy service

Please check all that apply.

Barriers to addressing HEDIS measures

What types of barriers do you experience when addressing the following HEDIS measure categories?

➢ Condition specific - Diabetes, Hypertension

➢ Pediatric - Well care, immunizations, and weight assessment

➢ Women's screenings - CCS/HPV

➢ Maternity care

Please type your answer in to the Q/A box and send to all panelists.

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Tips and recommendations for future success

Code appropriately for Admin. Data capture	Use accepted NCQA HEDIS CPT, CPT II, and ICD-10 codes to ensure care is captured administratively. Gather record of care from chart and submit appropriate NCQA accepted HEDIS codes administratively ➤ www.ncqa.org (complete list of all HEDIS codes) - click on "publications and products" and order *HEDIS 2018 Technical Specifications for Physician Measurement*
Remote access benefits	Remote access benefits: • Correct records will be pulled for gaps in care closure. • Limits the need for follow up requests due to missing components of the record. • Remote access is scheduled ahead of time so as to not disrupt the offices. • Your staff does not have to pull the records and you can focus on patient care.

Tips and recommendations for future success

Lab results	Ideally, lab results should be coded for appropriately so as to cut down on record requests. ➢ Always code for lab results if you are performing the lab in house.
Complete documentation in member chart	• If it was discussed , addressed, or mentioned – make sure to note that in the member chart. • Include refusals of services in chart.

Process improvement

What are some suggestions from you as a Provider as to how the medical record review season's overall process could improve…. How can we make it easier on you at the office?

Please type your answer in to the Q/A box and send to all panelists.

HEDIS chart guidelines document

Key	Description	Definition	Service Dates Requested
ABA18	Adult BMI Assessment	**One office note or vital sheet that documents the member's height, weight and calculated BMI.** *A BMI percentile is required if the member is under the age of 20	2016 and 2017
AWC18	Adolescent Well-Care Visits	**All office notes in 2017, including sick visits, that may include the following:** • Health History • Physical Exam • Mental and Physical Developmental History • Anticipatory Guidance/Health Education	ALL 2017 visits
CBP18	Controlling High Blood Pressure	**Records from at least 2 different dates of service** • One office note that shows documentation of a diagnosis of HTN before June 30, 2017 AND • An office note or vital sheet with the last date of service the member was seen in 2017 documenting the blood pressure reading. (i.e. HTN diagnosis 01.01.2011 – BP reading 12.02.2017)	HTN dx – on or before 6/30/2017 Last BP reading 2017
CCS18	Cervical Cancer Screening	An office note or vital sheet showing a cervical cancer screening (PAP Test) with result **OR** An office note or vital sheet showing a cervical cancer screening (PAP test) and HPV co-test with result	2015-2017 2013-2017
CDC18	Comprehensive Diabetes Care	**An office note or vital sheet from 2017 for member's diagnosed with diabetes and had any of the required diabetic screenings:** • 2017 Hemoglobin A1C (A1c, HgbA1c, A1c) • 2017 nephropathy screening (urine albumin/protein test) • 2017 nephropathy diagnosis or treatment (ACE/ARB medication, or specialist consult) • Last recorded (most recent) BP reading in 2017 • All retinal or dilated diabetic eye exams in 2016 (-) and 2017 (- or +)	2017 2017 2017 2017 2016-2017

HEDIS chart guidelines document

Key	Description	Definition	Service Dates Requested
CIS18Q	Childhood Immunization Status w-Lead	Immunization office note or Immunization record AND state immunization registry print outs AND One capillary or venous lead blood test for lead poisoning	2015-2017 2015-2017
FPC18	Frequency of Prenatal Care	All Prenatal care office notes including ACOG flowsheets, obstetrical examinations, prenatal risk assessments, ultrasounds & lab results	2016-2017
IMA18	Immunizations for Adolescents	Immunization office note or Immunization record AND state immunization registry print outs showing member completed specified doses of the following vaccinations: 1 meningococcal, 1 Tdap and 2 or 3 HPV vaccinations.	Meningococcal: 2015-2017 Tdap: 2014-2017 HPV: 2013-2017
PPC18	Prenatal and Postpartum Care	Prenatal care office notes including ACOG flowsheets, obstetrical examinations, prenatal risk assessments, ultrasounds and lab results within the first trimester or within 42 days of enrollment with the plan AND Postpartum medical record occurring 21-56 days after delivery OR Documentation of the delivery not producing a live birth	2016-2017
W1518	Well-Child Visit in the First 15 Months of Life	**All office notes from 2015-2017, including sick visits, that may include the following:** • Health History • Physical Exam • Mental and Physical Developmental History • Anticipatory Guidance/Health Education	2015-2017
W3418	Well-Child Visit in the 3rd, 4th, 5th and 6th Years of Life	**All office notes from 2017, including sick visits, that may include the following:** • Health History • Physical Exam • Mental and Physical Developmental History • Anticipatory Guidance/Health Education	2017
WCC18	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	**Office note(s) or vital sheet(s) that show evidence of the following being completed:** • Height, Weight and BMI percentile • Counseling for Nutrition • Counseling for Physical Activity	2017

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Regarding the HEDIS chart guidelines document

How can we make the HEDIS chart guidelines document more user friendly?

Please type your answer in to the Q/A box and send to all panelists.

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Point of contact

What is a point of contact?

- A representative at the health plan.

- Someone who can inform you on how to access your organization's/office's gaps-in care reports.

- Someone you can always turn to.

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Point of contact

Point of contact

- Utilize the Q/A box now!

- Type in your name, your comment/question, your state, and your email address.

- Your single point of contact will be in touch with you within 24 hours after the webinar.

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Who is my point of contact in my state?

Point of contact by state

- Florida

  - **Michelle Delarosa**

  - Health Care Quality Management Consultant (DelarosaM1@aetna.com)

- Texas

  - **Joanna Rhodes** (RhodesJH@aetna.com)

  - TXProviderEnrollment@aetna.com

  - Director Provider Relations

- Virginia

  - **Jennifer Forsythe** (ForsytheJ@aetna.com)

  - Supervisor – Health Care Quality Management

Who is my point of contact in my state?

- Pennsylvania
  - **Diana Charlton**
  - Quality Management Nurse Consultant (CharltonD@AETNA.com)

- Louisiana
  - **Frank Vanderstappen**
  - Manager Health Care QM (VanderstappenF@aetna.com)

- Michigan
- **Dante' Gray**
- Manager Health Care Quality Management (dagray@aetna.com)

Who is my point of contact in my state?

- Illinois
- **Anya Alcazar**
- Director Quality Management AlcazarA@aetna.com

- Maryland
- **Donald Miller**
- Health Care QM manager (MillerIiiD@aetna.com)

- New Jersey
- **Sami Widdi**
- Health Care Quality HEDIS manager (WiddiS@aetna.com)

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Who is my point of contact in my state?

- Ohio

- **Sara Landes**

- Director Quality Management (LandesS1@aetna.com)

- **Valerie Smith**

- HEDIS Manager (SmithV4@aetna.com)

- Kentucky

- **Kathy Recktenwald**

- Quality Management Nurse Consultant (kmrecktenwal@aetna.com)

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Future Webinars

July 2018

"Back to school physicals and HEDIS measures affecting 0-11 year old members and EPSDT"

August 2018

"Back to school physicals and HEDIS measures affecting 12-21 year old members"

September 2018

"HEDIS measures affecting 21 and older male and female members"

Thank you for attending

Point of contact

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Past webinar recordings – Link to website

http://devwww.aetnabetterhealth.aetna.com/what/videos

- All interested colleagues within your organization/team:

  ✓ Please send email and state to MRYonlisky@aetna.com to be added to the invite list for the live runs.

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Have a great day

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