

# HEDIS® News You Can Use

Aetna Better Health® of West Virginia

August 2024



## Let's Close Care Gaps Together!

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

Beginning in January and 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.

When documentation for a specific date of service is requested, please return all documentation for that date, even if it seems unrelated to the measure. HEDIS reviewers may utilize different types of documentation to meet requirements.

## Immunizations & Lead (CIS, LSC, IMA)

**CIS and LSC:** Children who turn 2 years of age in the measurement year and receive the following **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 one capillary or venous lead blood test.

**IMA:** Adolescents who 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*.

### Common Deficiencies:

- Immunizations received too early or too late.
- Immunization record missing from chart.
- Lead blood test not completed or completed after 2<sup>nd</sup> birthday.
- Lead blood test completed, but not submitted with HEDIS medical record requests. This includes in-office lead tests.
- Vaccine series not completed.

## Prenatal and Postpartum Care (PPC)

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.

**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.

**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.

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

Members 3-17 years who had evidence of the following in the measurement year:

- BMI percentile documented or BMI percentile plotted on growth chart, counseling for nutrition, and counseling for physical activity.

### Common Deficiencies:

- BMI value only and no BMI percentile documented.
- BMI growth charts not submitted.
- EPSDT form not always completely 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.

## Controlling High Blood Pressure (CBP)

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.

- Members 18-85 years of age whose Blood Pressure is **<140 systolic and <90 diastolic**.

### Common Deficiencies:

- Elevated blood pressures not reassessed and documented during the same encounter.
- Chart will include ranges and not the exact blood pressure.

## Diabetes Care (BPD, EED, HBD)

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

- HbA1c control <8.0%, Retinal or Dilated eye exam, and Blood Pressure Control (<140/90 mm Hg).

### Common Deficiencies:

- Elevated blood pressures not reassessed and documented during the same encounter.
- 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.
- A1c results and eye exam tests are not always included when faxing HEDIS requests back to ABHWV.

## Cervical Cancer Screening (CCS)

Members 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.
- hrHPV Co-testing not done for members ages 30-64 (i.e., only PAP test present).
- Documentation of specific type of hysterectomy not clear so members cannot be excluded.

## Great Resources

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

## Here for you!

**Thank you for the care you provide to our members!**

For questions or for more information, please contact **Alana Hoover** at **ABHWVHEDIS@aetna.com**.



## Best Practices

- Work with copy vendors to ensure adequate turn-around time for HEDIS medical record submission.
- Work with office staff that will be responding to HEDIS medical record requests to ensure they are aware of locations in EMR of all potentially required documentation.
- Send all forms of immunization records available, including vaccine administration logs and vaccine school certificates.
- Recheck and document blood pressure if elevated (equal to or greater than 140/90).
- Encourage members to record blood pressure at home and document member reported blood pressure in the record.
- Fill out EPSDT forms completely.
- Send plotted BMI percentile.
- When clinically appropriate, utilize sick visits to recommend and administer vaccines, capture BMI percentiles, and address nutrition and physical activity.
- Speak with parents and members about the HPV vaccine in terms of cancer prevention.
- Document specific type of Hysterectomy (i.e. total, complete, radical, vaginal, abdominal) .
- Include retinal eye exams and A1c test results with medical record. This includes in-office/point-of-care A1c tests.
- Schedule postpartum care visits prior to hospital discharge.
- If using an EMR system, use flags to alert staff when screening is due. If not, consider creating a template to track necessary screenings and due dates.