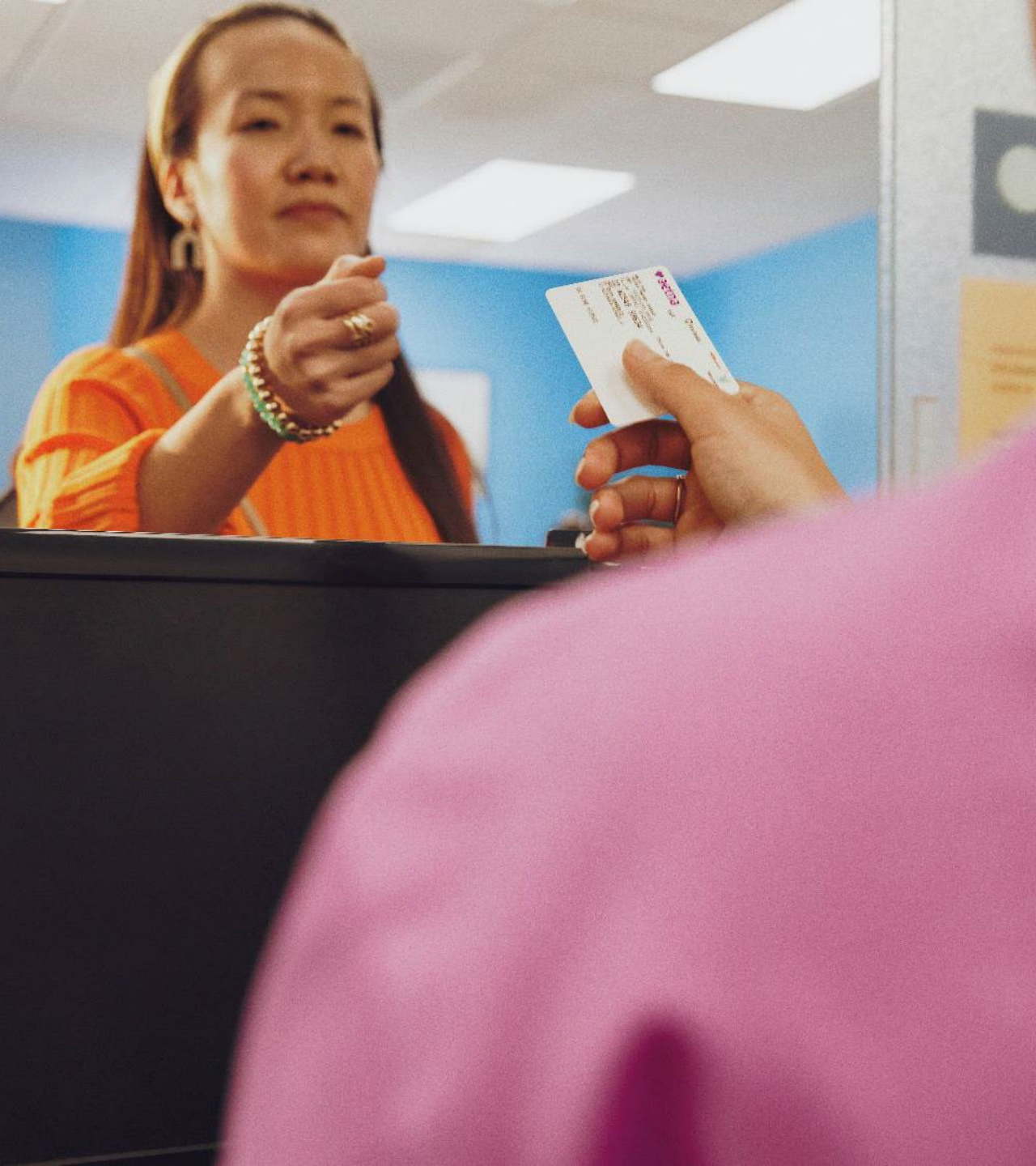




# HEDIS Lunch and Learn – Gaps in Care

**Sherry Griffith RN, BSN**  
Quality/HEDIS Project Manager





## Improving Gaps in Care

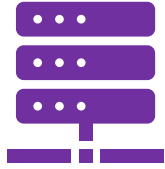
Annual HEDIS medical record review is used to capture data in charts, that were not captured via claims or supplemental data, to ensure members are receiving the care they need for their health conditions.

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 seems unrelated to the measure. HEDIS reviewers may utilize different types of documentation to meet requirements.

# Improving Gaps in Care (cont.)

## Types of HEDIS data collected:



### Administrative

### Electronic Digital Clinical Measures (ECDS)

Submitted claims and encounters, supplemental data, digital data

**There are 88 HEDIS measures**

Most measures are administrative or ECDS methodology

No chart review



### Hybrid

Administrative data **PLUS** chart collection/review

- Cervical Cancer Screening *(only through MY 2024/2025 project)*
- Controlling High Blood Pressure
- Diabetes (A1c, Eye Exam, BP)
- Childhood Immunizations *(only through MY 2024/2025 project)*
- Lead Screening
- Adolescent Immunizations *(only through MY 2024/2025 project)*
- Prenatal and Postpartum Care
- BMI percentile and Nutrition/ Physical Activity counseling for children



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# **Cervical Cancer Screening (CCS)**

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# Cervical Cancer Screening (CCS)

## Measure Requirements:

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 observed:

- PAP results not found in chart.
- GYN pap history not always documented and/or sent (date last done and results. Can be documented in history, not just in a lab report)
- Co-testing not done for members ages 30-64 (i.e., only PAP test present).
- Documentation of specific type of hysterectomy not clear.



**Prenatal and Postpartum  
Care  
(PPC)**

# Prenatal and Postpartum Care (PPC)

## Measure Requirements:

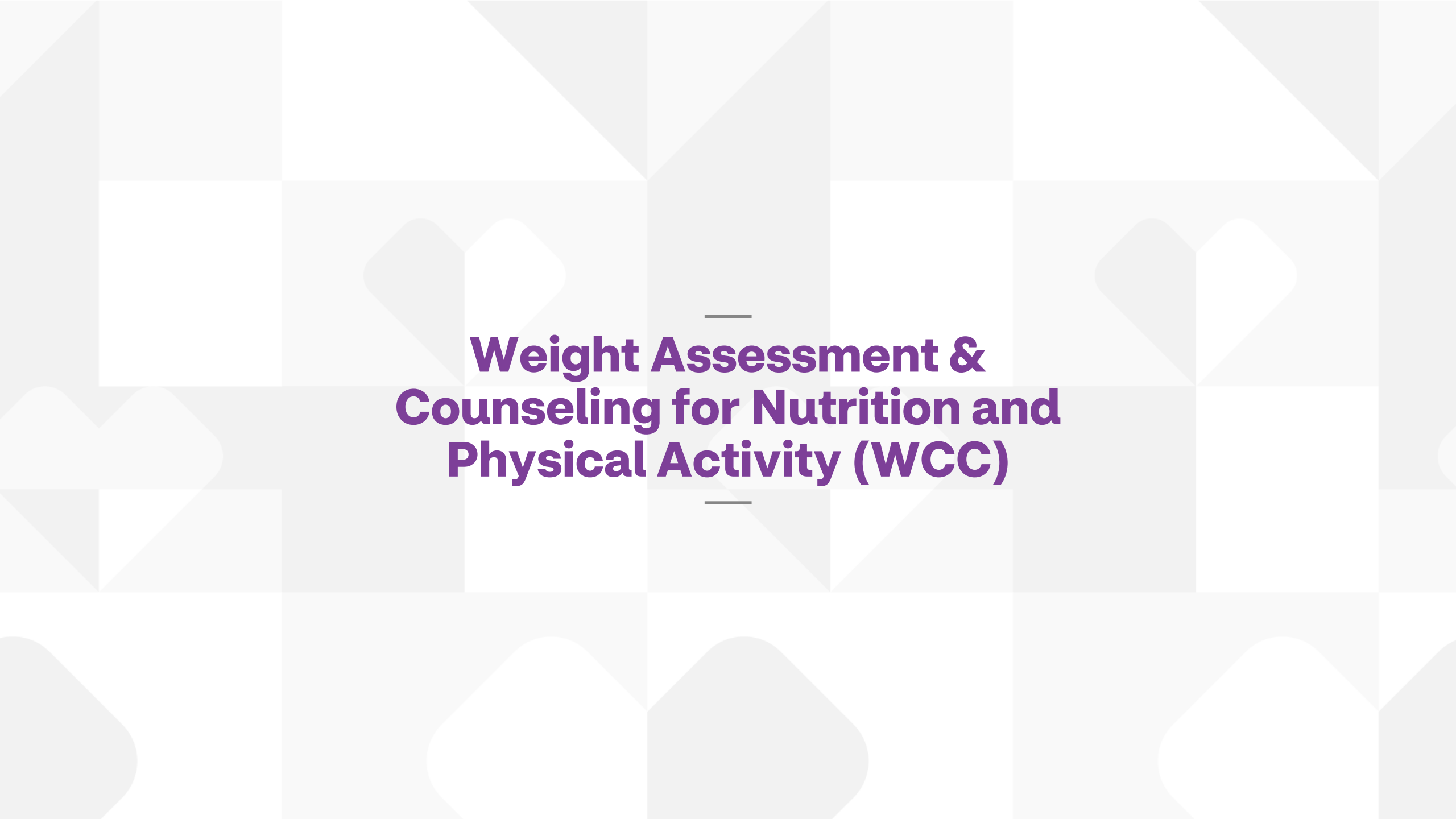
The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year:

- 1. 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.
- 2. Postpartum** - postpartum visit on or between **7 & 84** days after delivery (*OB/GYN or PCP*).

## Common deficiencies observed:

- Prenatal care not completed or not completed within the timeframe (late start prenatal care).
- Member does not have a postpartum visit or visit is late.
- Member had a visit within postpartum time frame, but documentation did not meet criteria for a postpartum visit.
- Certain date of service requested, but received note back stating it was not a PPC visit. Please send all dates of services requested.





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





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


## Measure Requirements:

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

1. BMI percentile or BMI percentile plotted on growth chart (ht and weight also required!)
2. Counseling for nutrition
3. Counseling for physical activity

## Common deficiencies observed:

- BMI value only and no **BMI percentile** documented.
- BMI growth charts not submitted.
- EPSDT form not always filled out (extremely helpful at times for nutrition/physical activity counseling!)
- No physical activity discussion documented for younger ages (usually in the 3-5 yr old range).
- Counseling on physical activity and nutrition was related to *an acute or chronic* illness, and not general education or discussion.



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**Immunizations and Lead  
Screening  
(CIS/LSC/IMA)**

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# Immunizations and Lead Screening (CIS)(LSC)(IMA) Measure Requirements:

**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*
- At least one capillary or venous lead blood test.

**IMA:** Adolescents that 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. If two doses, must be at least 146 days apart.*

## Common deficiencies observed:

- FLU for CIS; HPV for IMA – most often preventing full compliance!
- Flu and HPV vaccines not offered again at next well-child when parent/guardian declined prior
- Immunizations received too early or too late.
- Immunization record missing from chart.
- Vaccine series not completed (i.e., three of four DTaPs for CISQ, one of two/three HPVs for IMA, etc).
- Rotavirus not documented as 2 or 3 dose
- Birth hep B not documented
- Not at least 146 days apart for two doses of HPV
- Blood lead test not ordered, not completed when ordered, or completed after 2<sup>nd</sup> birthday; Blood lead test completed, but not submitted with HEDIS medical record requests. This includes in-office lead tests.



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**Diabetes Management  
(BPD, EED, HBD)**

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# Diabetes (BPD, EED, HBD)

## Measure Requirements:


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

1. HbA1c control <8.0%
2. Retinal or Dilated eye exam
3. Blood Pressure Control **<140 systolic and <90 diastolic**.

## Common deficiencies observed:

- 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 ordered, but not completed
- A1c uncontrolled
- Documentation stating A1c had been completed day of visit, but no results sent with documentation
- In-office A1cs not included with submitted records
- Eye exams ordered or referred, but not completed
- Retinal eye exam gap in care not assessed/documentated to result in a referral/education
- Member received eye exam, but did not receive retinal exam to check for retinopathy





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**Controlling High Blood  
Pressure  
(CBP)**  
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# Controlling High Blood Pressure (CBP)

## Measure Requirements:

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.
- Blood Pressure is **<140 systolic and <90 diastolic**.

## 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

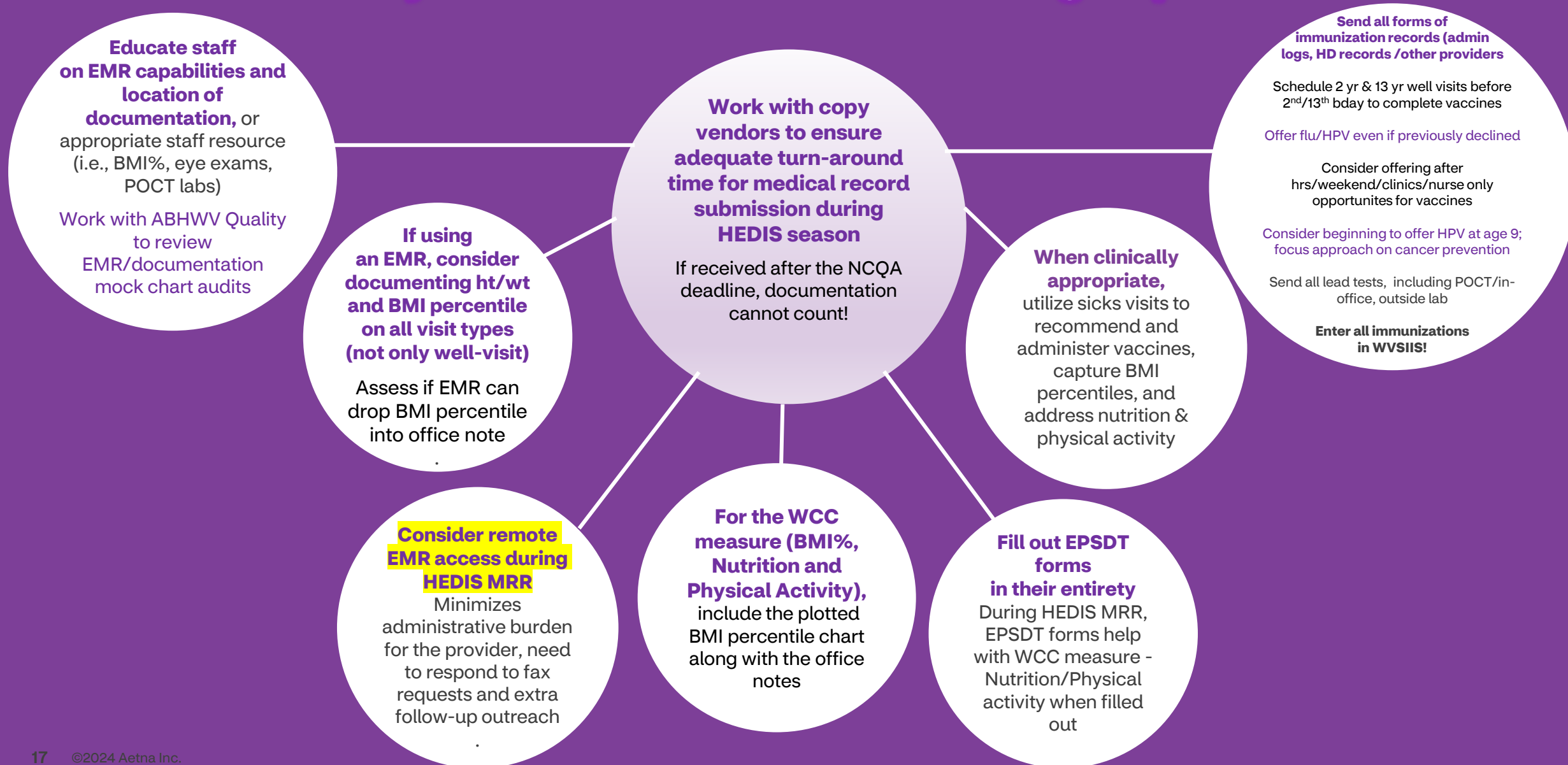
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# **Gaps in Care Take-Away Actions**

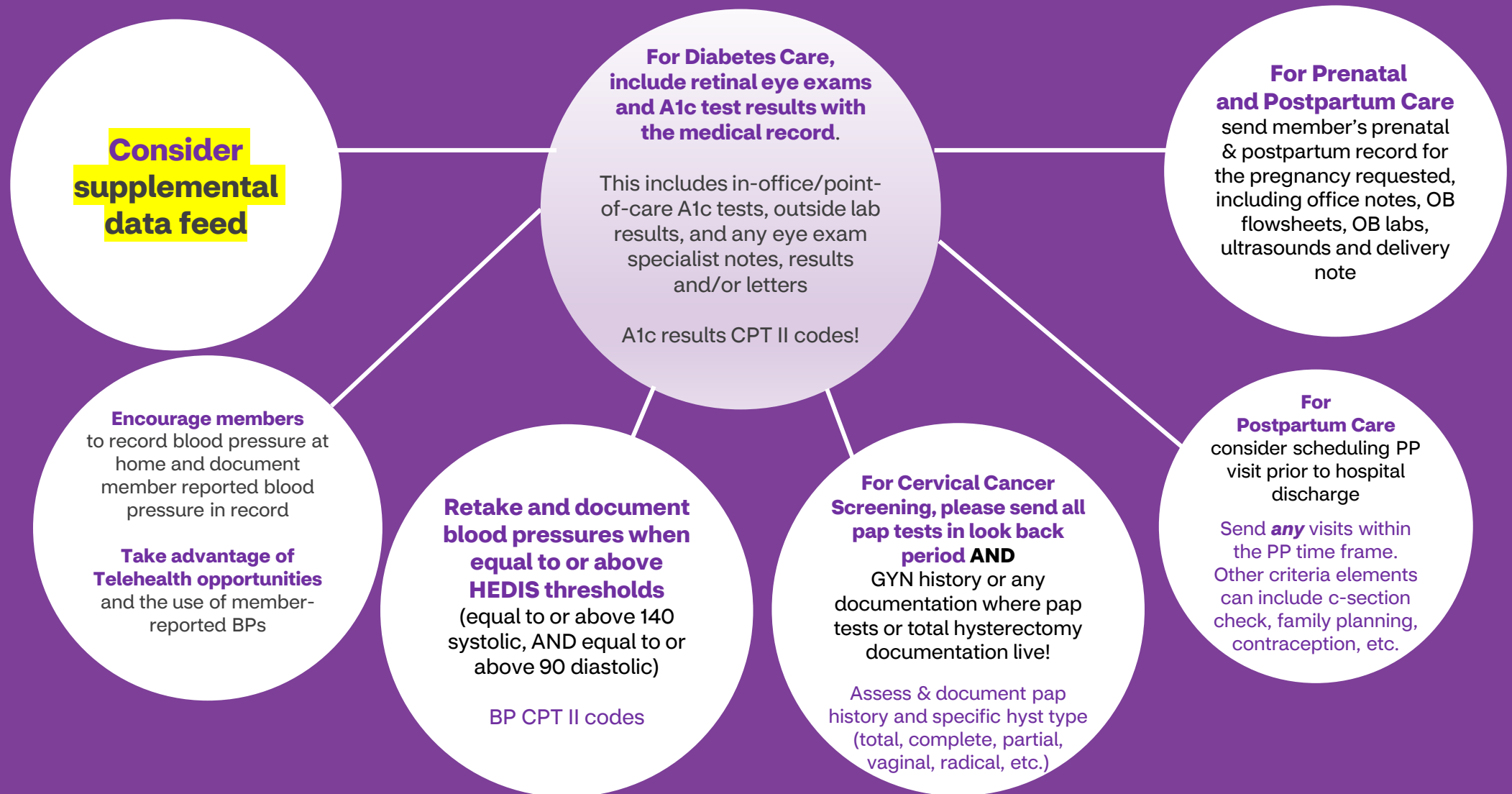
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# Take-Away Actions-HEDIS MRR & Closing Gaps in Care



# Take-Away Actions-HEDIS MRR & Closing Gaps in Care



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# Questions

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# ABHWV website HEDIS Section

## NEW Provider

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](mailto:ABHWVHEDIS@Aetna.com)

### Event Partnering

#### David Roberts

[ABHWVHEDIS@Aetna.com](mailto:ABHWVHEDIS@Aetna.com)

304-539-9046

### EMR supplemental feed options

#### Tosha Morris

[morrist5@aetna.com](mailto:morrist5@aetna.com)

### Quality Practice Liaison

#### Alana Hoover

[HooverA2@aetna.com](mailto:HooverA2@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>

**Thank You for  
making a  
difference!**



