

Closing Gaps in Care with Supplemental Data



Supplemental Data refers to additional clinical documentation about members beyond administrative claims.

MVP collects supplemental data not only during the official annual HEDIS project, but all year round. The process of year-long data submission means shorter monthly gap lists and no overwhelming end-of-year “catch-up” for practices. It can also mean fewer annual HEDIS reviews for network providers. Consider electing an office “HEDIS Champion” to develop a process to automatically submit the following documentation to MVP as it arrives to your office.

We are able to accept supplemental data to satisfy only the measures listed below. Refer to our companion Tip Sheet, "How to Close HEDIS Gaps in Care" for detailed documentation requirements. All remaining HEDIS measures become compliant ("passed") at the time the service is rendered and a claim is received.

Adult Preventative Measures

BCS (Breast Cancer Screening)

CCS (Cervical Cancer Screening)

COL (Colorectal Cancer Screening)

CHL (Chlamydia Screening in Women)

Child and Adolescent Measures

CIS, LSC, IMA (Childhood Immunization Status, Lead Screening in Children & Immunizations for Adolescents)

Chronic Condition Management Measures

CDC (Comprehensive Diabetes Care)—Controlling BP, HbA1c Testing, Medical Attention for Nephropathy, Retinal Eye Exam

OMW (Osteoporosis Management in Women Who Had a Fracture)

See reverse for tips about efficiency in tracking HEDIS data in your practice. >

Tips for Tracking HEDIS Data Efficiently

- Appoint an office “HEDIS Champion” to act as a subject matter expert with regard to the current HEDIS specifications and documentation requirements.
- Consider adding this role to the Champion’s job description; include incentives and rewards for excellent performance in tracking.
- Develop a HEDIS tracking flow sheet. Add it to every member’s medical record, checking each measure the member qualifies for. Review/update the form as visits occur, immunizations are given, and test results are received.
- Develop a process to perform internal HEDIS audits quarterly, selecting a determined number of records for review to ensure each HEDIS tracking form is being utilized and is up-to-date.
- Appoint staff member(s) to follow up on lab reports, preventive screening tests and related consultant notes to ensure HEDIS supplemental documentation is submitted to MVP as it arrives in the office, and to update the tracking sheet accordingly.
- Appoint staff member(s) to follow up on missing vaccines by contacting members to schedule.
- Establish an office protocol requiring all clinical staff members to re-take and document all patient blood pressure measurements if they are initially elevated.
- For patients with elevated BP readings, establish a protocol for a re-check appointment in 2-3 weeks.
- Incorporate HEDIS related inquiries with the patient intake process in your practice. For example:
 - “When was your last pap smear?”
 - “Have you visited a consultant, urgent care or ED since your last visit?”
 - “When was your last colon cancer screening or mammogram?”Follow up to ensure copies of all HEDIS required screenings are obtained and submitted to MVP.
- Fax all supplemental data submissions to: **518-388-2476**. Identify which HEDIS measure(s) are addressed with your submission for each member.
- If you are using an EMR in your practice, we can work with you to collect HEDIS data through your EMR.
- For inquires or discussion about the process, contact Debra Carr, Program Manager, HEDIS Operations, at **1-800-777-4793**, ext. **42267** or **dcarr@mvphealth care.com**.

NCQA’s HEDIS project is the “Gold Standard” tool used for health care performance measurement. HEDIS measures are critical to the overall health care environment, ensuring MCOs collect and analyze data as it relates to provider performance. Many payers use Value Based reimbursement models to help meet HEDIS benchmarks, in turn closing gaps in care and rewarding quality of care. This helps align incentives for provider networks to focus on preventive care and coordination of care initiatives.