

# Streamlining Medical Record Submission Practices

Reducing the Burden.....

May 2022



# Section I: Submitting Medical Records to Close Gaps in Care

Understanding the MVP Gaps in Care Report



# The Anatomy of MVP's Gaps in Care Report

The monthly electronic report is provided in both Excel and PDF formats to accommodate provider preference.

## Sections of the Report: At-A-Glance

Left section										Pink center section										Blue right section								
Member Geographic Information										Gaps in Care Members Listed in appropriate Medical Record for patients where it says "Service Required" in blue text																		
Gender	Language	Age	Address	Number	Provider Name	Provider Phone	State	Group	Plan ID	Primary Care	BCS	CCS	CBL	COL	HPV	Tdap	Nonseasonal	LSC	OHV	Exp Exam	Medical Attention for Hypertrophy	Comprehensive Diabetes Care (CDC)	Advanced Well-Care Visits	Well-Child Visits in the Past 12 Months of Life	Well-Child Visits in the Past 12 Months of Life	Annual Breast Visit		
M	ENGL	34.1m	1000000000	518.345.3233	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100																		
M	ENGL	18.7m	1000000000	518.577.4118	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100																		
F	ENGL	34.4m	1000000000	518.134.1533	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100		Service Required																
M	ENGL	35.3m	1000000000	518.255.8356	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100				Service Required														
M	ENGL	35.3m	1000000000	518.384.8143	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100				Pass														
F	ENGL	38.11m	1000000000	518.384.8143	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100		Pass		Service Required														
F	ENGL	44.3m	1000000000	518.388.8174	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100		Pass																
F	ENGL	38.4m	1000000000	518.792.2395	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100		Pass									Pass	Pass	Pass		Service Required			
M	ENGL	44.3m	1000000000	518.477.2467	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100				Pass														
M	ENGL	41.3m	1000000000	518.463.4282	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100																	Service Required	Service Required
F	ENGL	41.4m	1000000000	518.283.8838	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100																	Service Required	Pass
F	ENGL	14.4m	1000000000	446.224.7358	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100																		Service Required
F	ENGL	33.8m	1000000000	518.477.2467	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100	Pass	Pass		Service Required														Service Required
F	ENGL	33.2m	1000000000	518.312.3335	Ronan J Quicker, MD	518.477.2467	NY	State Blvd	1000000000	100		Pass																Service Required

Cover Letter

**Detail**

The "Detail" tab reveals specific gaps in care for each member and is divided into 3 sections, scrolling left to right. Next, let's examine each section in detail.

## Left Section: Member Demographics

### *Member geographic information*

Member ID	Full name	Dob	Lob	Gender	Language	Age	Member address	Member phone	Provider name	Provider phone	Medical group	Group site	Tax ID	Provider NPI
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1. Unique member information is displayed on each line of the report under these columns.
2. The **“Medical Group”** name reflects that of a larger organization, “The University Hospital System”, for example.
3. The **“Group Site”** name reflects that of an individual practice operated by the larger Medical Group, such as “Main Street Family Practice”.
4. The unique **Tax ID Number (TIN)** is assigned to each Medical Group. For stand-alone practices, the TIN will be that assigned to the Group Site.
5. Each practice submitting medical record information for the purpose of gaps closures, must **note the Group and/or site names, as well as the TIN on the cover sheet accompanying the submission.**
6. An MVP dedicated cover sheet is included with each monthly Gap in Care report for your use and will be shown in an upcoming slide. This promotes efficiency in processing records received.

## Center Pink Section: Gaps in Care Detail

**Submit appropriate medical record documentation when "service required" is shown for a measure**

Gaps in Care Measures : Send in appropriate Medical Record for patients where it says "Service Required" to close gaps							
Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Colorectal Cancer Screening	Immunizations for Adolescents (IMA)	Lead Screening in Children	Eye Exam for Patients with Diabetes	Hemoglobin A1C Control for Patients with Diabetes
BCS	CCS	CHL	COL	HPV	LSC	EED	HBD
	Pass						
Service Required	Service Required		Service Required				
			Service Required				
Pass	Pass		Pass			Pass	

- Services *IN THIS SECTION* shown to be **"Required"** reflect those gaps in care that can **ONLY** be closed by submitting appropriate medical record documentation for the measure. These specifications are detailed under the **"Cover Letter"** tab and will be discussed in an upcoming slide.
- Gaps that have already been closed for a Member are shown on the report as **"Pass"** and nothing further is required for the measure. The Gap has been closed.

# Far Right Blue Section: Other Quality Measures

**These Measures Do Not Require Medical Record Submissions**  
Other Quality Measures to monitor for your patients

Blood Pressure Control for Patients with Diabetes	Well-Child Visits in the First 30 Months of Life (W30)		Child and Adolescent Well Care Visits	Osteoporosis Management in Women Who Had a Fracture	Annual Dental Visit	Follow-Up Care for Children Prescribed ADHD Medication	Use of Spirometry Testing in the Assessment & Diagnosis of COPD	Asthma Medication Ratio	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Adherence Medications for Schizophrenia
BPD	Well-Child Visits in the First 15 Months	Well child visits for age 15 30 months	WCV	OMW	ADV	ADD	SPR	AMR	APM	
Service Required										

- Measures *IN THIS SECTION* shown to be **“Required”** reflect gaps that will be closed upon MVP’s receipt of **CLAIMS** for the services. *No further documentation from your office is required.*
- The purpose for including them in the report is to bring awareness at the practice level to schedule patients for the services to improve HEDIS rates for Participating Providers.

# "Service Required By" Dates

Immunizations for Adolescents (IMA)			Lead Screening in Children
HPV	Tdap	Meningococcal	LSC
Service Required by 05/31/2020			

**IMA:** This Immunization measure requires a vaccination or vax series be completed by the adolescent's 13<sup>th</sup> birthday; This measure will show a date **after which** the vaccine administration or contraindication cannot be accepted.

**CIS and LSC:** These measures require vaccinations and lead screening be administered on or before the child's 2<sup>nd</sup> birthday; These measures will show a date **after which** the vaccine administration, contraindication or lead screening cannot be accepted. **Note: a lead "risk assessment" alone cannot be accepted in place of a lead screening test.**

Childhood Immunization Status (CIS)									
DTaP	IPV	MMR	HiB	Hep B	VZV	Pneumococcal	Hep A	Rotavirus	Influenza
								Service Required by 07/04/2020	

# Documentation Requirements

Documentation requirements for each of the GIC measures can be found in the report's "Cover Letter" tab, as shown here:

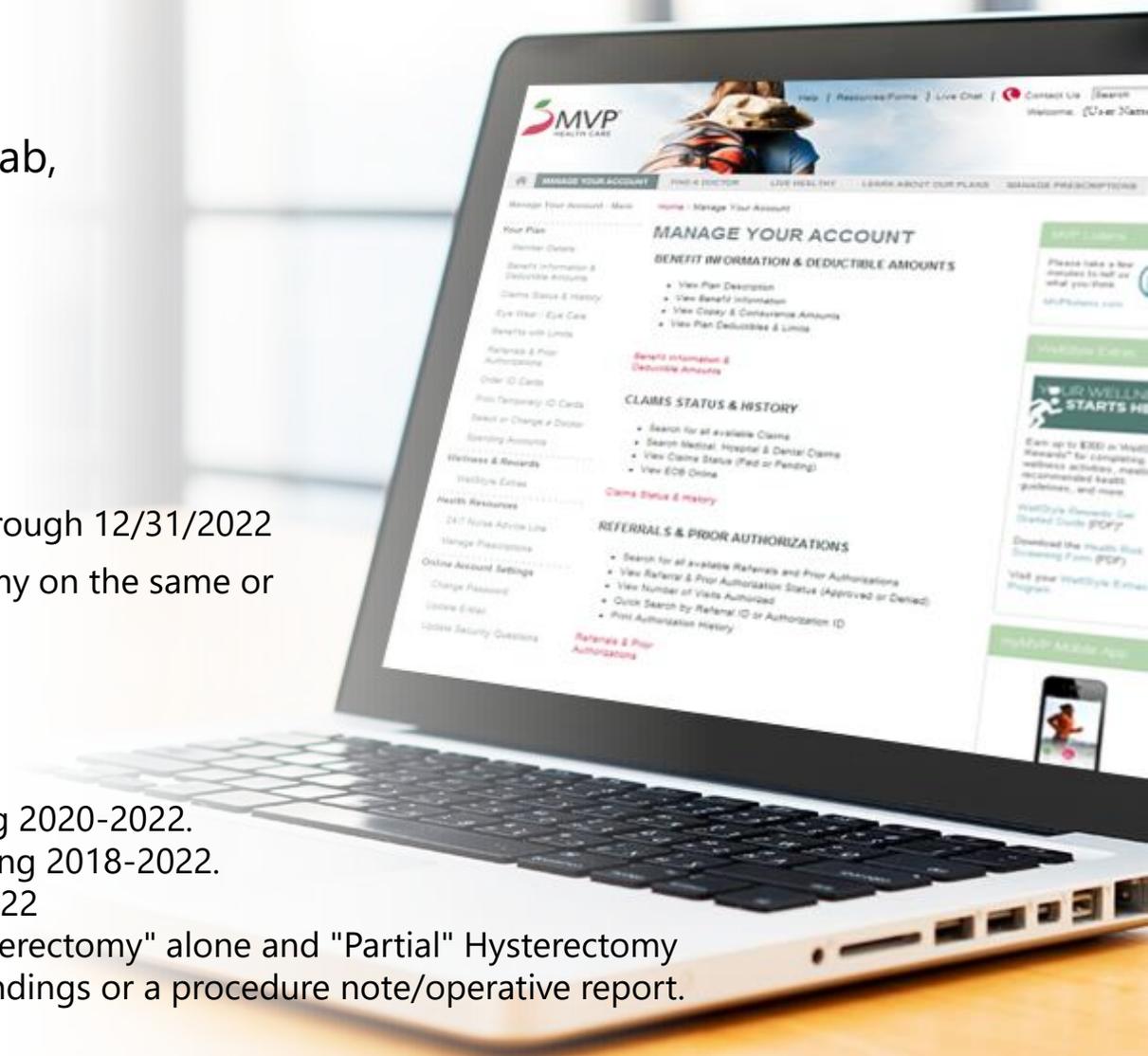


## 1. Breast Cancer Screening (BCS)

- Documentation of **one** of the following
  - A mammogram completed on or between 10/1/2020 through 12/31/2022
  - Documentation of left breast and right breast mastectomy on the same or different dates of service.

## 2. Cervical Cancer Screening (CCS)

- Documentation of **one** of the following.
  - All ages: Cervical cytology (Pap Smear) performed during 2020-2022.
  - Ages 30-64: Pap Smear with HPV testing performed during 2018-2022.
  - Ages 30-64: HPV testing only performed during 2018-2022
  - Hysterectomy (Complete, Total, Simple or Vaginal). "Hysterectomy" alone and "Partial" Hysterectomy cannot be accepted without documented pelvic exam findings or a procedure note/operative report.



# Documentation Requirements

The cover letter details the necessary documentation to turn a “Service Required” into a “Pass” on the Gaps List.

**Observe these guidelines to streamline your current process, save the work of sending more documentation than required, and reduce phone calls from MVP for incomplete documentation.**

✓ Please do not submit documentation that is not specifically outlined in the cover letter specifications

✓ Avoid submitting more pages than necessary such as visit notes, lab and test reports that are in addition to the listed specifications

✓ Do not submit documentation for Members who are not shown on the most current monthly gap list

✓ Please use only the dedicated MVP cover page to transmit all medical record documentation—this will be provided with monthly gap lists (shown next)

## **To comply with CMS documentation requirements:**

1. Make sure Member name and DOB are noted on each document. If a record does not include DOB, add a demographic sheet (or similar) to confirm the identity of the patient.
2. Send all pages of an office note or procedure report to include Provider signature page.

**Date:**

**To: MVP Health Care: Quality Improvement Review Team**

**Gaps in Care Submissions**

Secure email: [mvgapclosures@myphealthcare.com](mailto:mvgapclosures@myphealthcare.com)

OR Fax: 888-219-5623

**HEDIS Submissions**

Secure email: [hedisrecordsubmission@myphealthcare.com](mailto:hedisrecordsubmission@myphealthcare.com)

OR Fax: 888-219-5634

**From:**

**Name of Practice and TIN#:**

**Name of Organization if applicable:**

**Contact name for follow-up:**

**Phone:**

**Fax:**

**Indicate purpose for this transmission:**  Gaps in Care closures  HEDIS Review

**No. of Pages** (Including this cover sheet):

**Comments:**

***\*Please Note: Medical records submitted without this cover sheet will be returned to the practice for completion and re-submission.***

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2/17

## Closing Gaps in Care: Best Practices

**MVP emphasizes the importance of scheduling Members for preventive health maintenance screenings and diagnosis-related services that need to be completed by the end of the year.**

The monthly GIC report helps Provider Practices identify those Members and is a valuable tool to improve HEDIS/quality scores.

### IMPORTANT TO REMEMBER

**Gap closures can take 60 - 90 days to appear as a “pass” on your GIC report. This is due to the flow of claims processing. Following these guidelines will help us to all work smarter instead of harder to resolve gaps in a timely manner.**



# Closing Gaps in Care: Best Practices

## Consider Tracking Your Monthly GIC Submissions

- Creating a tracking process helps to monitor the members, measures, and dates for records that have been submitted to MVP
- When Gap reports are accessed in subsequent months, practices will be able to determine if 90 days have passed since submitting a member's documentation
- This can prevent the need for duplicate submissions. Creating notifications in EMR systems can be used for this purpose; as can the use of "flags" for paper charts
- With either process, the use of color coding for months of the year, measures, or even for health plans can also be helpful
- MVP has developed a notification process to inform practices of the status of medical record submissions when documentation received does not meet measure criteria

# Closing Gaps in Care: Best Practices

**What if a patient remains on your Gap List even after submitting documentation 90 days previously?**

Here are the most common reasons:

**Documentation received was not specified for the measure as indicated in the cover letter**

**Documentation received was not within the timeframe shown with each measure specification in the cover letter**

**Documentation received shows that a patient refused the service. Only services *provided* can close gaps in care**

**Documentation received was incomplete or Illegible**

**Gaps will be closed only if submitted documentation meets measure criteria**

**Practices will be notified before the next gap list is published if submitted documentation was not compliant**

# Section II: Submitting Medical Records for the Annual HEDIS Review Project

Understanding the Annual HEDIS Review



## GIC Program vs. HEDIS Annual Review: What's the Difference?

- **Both programs** assess the quality and timeliness of diagnosis-specific care and preventive care provided to our Members
- Required elements of care and prevention for **both programs** are outlined in the HEDIS specifications for each measure
- Health Plans collect documentation of care in the form of claims, medical record review and clinical data feeds for **both programs**
- **Both programs** contribute heavily to annual health plan ratings. Ratings are assigned as a tool for consumers to use when choosing to enroll in a health plan; not unlike a hotel's star ratings
- The efficiency of **both programs** greatly improves when Provider Practices grant MVP remote access to their EMR systems or engage in a Clinical Data Exchange arrangement with MVP. For more information email [mvpgapclosures@mvphealthcare.com](mailto:mvpgapclosures@mvphealthcare.com) or contact your MVP Provider Relations representative

*Which specific HEDIS measures and when that documentation is collected are the defining differences between the May to January GIC program and the HEDIS Review project that takes place from early February through April annually*

# At-a Glance: MVP GIC Program vs. HEDIS Annual Review

## HEDIS Gaps in Care Program

- Monthly from May through January
- Includes all plan members eligible for a select group of HEDIS Measures. Each HEDIS measure specifies which members are eligible for that measure
- All reviews are conducted electronically by MVP HEDIS Operations Quality Review Team

## HEDIS Review Project

- Conducted from early February through April, annually
- Includes a large, random sample of members eligible for a greater variety of measures; consists of approximately 21,000 chart reviews
- Reviewed by a team of contracted HEDIS abstractors with QA oversight and collaboration by the MVP HEDIS Operations Quality Review Team



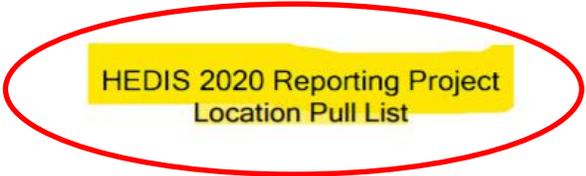
# GIC Program Medical Record Collection

GIC medical record requests are provided to practices via *monthly* reports showing the documentation required for members with Gaps in Care for the current year.

Member Geographic Information										Gaps in Care Measures : Sent to appropriate Medical Record for patients where it says "Serious Required" in blue gaps										Comprehensive Diabetes Care [CDC]						
Gender	Language	Age	Member Address	Member Phone	Provider Name	Provider Phone	Medical Group	Group Site	Plan ID	Plan ID	BCS	CCS	CBL	COL	HPV	Tdap	Hepatitis	LSC	OHV	Comprehensive Diabetes Care [CDC]	Comprehensive Diabetes Care [CDC]	Annual Well-Care Visit	Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life	Well-Child Visits in the First 15 Months of Life	Annual Dental Visit	
																					Diabetes Treatment	Control Blood Pressure < 140/90	A1C	MSA	MSL	ADT
M	ENGL	54 1m	KRISTO	510.343.3733	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335													Pass		Pass	
M		10y 7m	COLUMBI	510.577.4110	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335												Serious Required				
F		51y 6m	STREET	510.534.1633	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335	Serious Required															
M		55y 3m	THOMAS	510.355.8555	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335			Serious Required													
M		55y 3m	TUNNEL	510.384.8143	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335				Pass												
F		58y 11m	TUNNEL	510.384.8143	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335		Pass		Serious Required												
F		44y 3m	PP DOG	510.388.8174	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335		Pass														
F		54y 1m	HADLE	510.732.2285	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335		Pass									Pass	Pass	Pass	Serious Required		
M		54y 3m	PP DOG	510.388.8174	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335				Pass												
M	ENGL	44y 3m	ST FL	510.463.4282	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335														Serious Required		Serious Required
F	ENGL	54y 1m	KINCKER	510.283.8838	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335														Serious Required		Pass
F	ENGL	11y 6m	DE	846.224.7858	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335																Serious Required
F		55y 8m	HILLES	510.477.7273	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335	Pass	Pass		Serious Required												
F	ENGL	33y 2m	NIHT	510.312.3585	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335																
F	ENGL	24y 3m	GABRIEL	510.482.8814	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335																Serious Required
F	ENGL	16y 8m	ROUTE 3	510.424.5555	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335																Serious Required
F	ENGL	24y 5m	ROUTE 3	510.424.5555	Ronan J Quindel, MD	510.477.2167	33 Empire State Blvd	33 Empire State Blvd	101000031	335																Serious Required

# Annual HEDIS Medical Record Collection

Practices receive faxed member “pull-lists” from the HEDIS abstraction vendor in early February. Documentation requirements for each measure are outlined in an accompanying cover letter.



Name: MAIN STREET FAMILY MEDICINE  
Address: ANYWHERE, NY 12345

Phone1:  
Fax:

Member Name

HIPAA

<u>DOB</u>	<u>Sex</u>	<u>Measure</u>	<u>Chase ID</u>
11/07/1943	F	Med Rec Post Dis 20	3074394
11/07/1943	F	Transition Care 20	2568761
07/18/2006	F	Imms Adolescents 20	2744546
07/18/2006	F	Imms Adolescents 20	2744549
04/15/1967	M	Adult BMI Assmt 20	2311440
12/16/1957	M	Comp Diab Non MCR	3004641
09/16/1966	F	Cervical Cancer 20	2793526
02/03/1954	M	Comp Diab MCR 20	3116366

# Improving HEDIS Scores

## How Can Provider Practices Improve HEDIS Scores For Both Programs ?

- Accurate coding practices using ICD-10 diagnostic codes and CPT II billing codes
- Conduct, document and code for a well visit *with* a sick visit for members who have not had an annual physical
- Expand a basic sports physical to include education and anticipatory guidance, especially for adolescents—documenting and coding for these components will increase HEDIS rates for the WCV and the WCC measures
- Clearly document all delivered services such as assessment, education, counseling, referral, distribution of educational materials, and follow-up instructions; include completed questionnaires
- Conduct pre-visit planning to know which care gaps exist before a member arrives to an appointment
- Schedule needed services and the next appointment before the patient leaves the office
- Contact members to schedule services for those who are delinquent in needed care and prevention

For Questions about medical record submissions for MVP's GIC or HEDIS Review programs, contact our HEDIS Operations Team via email: [mvpgapclosures@mvphealthcare.com](mailto:mvpgapclosures@mvphealthcare.com).

Please take a couple of minutes to complete a [brief survey](#) about the information in this presentation. Your feedback helps MVP provide better care and service.

**LET'S WORK TOGETHER SMARTER**

