

Streamlining Medical Record Submission Practices

Reduce the Burden...

October 2020



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: Member is Sent to appropriate Medical Record for patient where it says "Serious Required" in blue text																			
Gender	Language	Age	Address	Number Phone	Provider Name	Provider Phone	State/Zip	Group ID	Plan ID	Specialty	Overall Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Colorectal Cancer Screening	Immunizations for Adolescents [IHA]	Lead Screening in Children	Subsequent Management in Women Who Had a Procedure	Comprehensive Diabetes Care [CDC]	Comprehensive Diabetes Care [CDC]	Abdominal Well-Care Visit	Well-Child Visit in the 3rd, 4th, 5th & 6th Years of Life	Well-Child Visit in the First 30 Months of Life	Annual Breast Visit						
											BCS	CCS	CBL	COL	HPV	Tdap	Nonseasonal	LSC	OTW	Exp Exam	Medical Attention for Nephropathy	HBA1c Testing	General Blood Pressure < 140/90	AWC	WS4	WS5	ABV		
M	ENGL	34.1m	1870 N...	518.345.3233	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
M	ENGL	18.7m	1870 N...	518.377.4118	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	34.6m	1870 N...	518.334.1533	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
M	ENGL	35.3m	1870 N...	518.255.8356	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
M	ENGL	35.3m	1870 N...	518.384.8143	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	38.1m	1870 N...	518.384.8143	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	44.3m	1870 N...	518.388.8174	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	38.1m	1870 N...	518.792.2395	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
M	ENGL	44.3m	1870 N...	518.477.2467	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	41.3m	1870 N...	518.463.4282	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	41.4m	1870 N...	518.283.8838	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	44.6m	1870 N...	448.224.7358	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	35.8m	1870 N...	518.477.2279	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			
F	ENGL	35.2m	1870 N...	518.312.3335	Rosen J,Quicker, MD	518.477.2467	NY	1843	1843	1843																			

Cover Letter

Detail

The "Detail" tab reveals specific gaps in care for each member and is divided into 3 sections, (scrolling left to right).

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
-----------	-----------	-----	-----	--------	----------	-----	----------------	--------------	---------------	----------------	---------------	------------	--------	--------------

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 (GIC_ 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	Osteoporosis Management in Women Who Had a Fracture	Comprehensive Diabetes Care (CDC)	
BCS	CCS	CHL	COL	HPV	Tdap	Meningococcal	LSC	OMW	Eye Exam	Medical Attention for Nephropathy
	Service Required									
			Service Required							
			Pass							
	Pass		Service Required							
	Pass									
	Pass								Pass	Pass

- Services shown to be **"Required"** reflect those gaps in care that can **ONLY** be closed by submitting appropriate 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.

Far Right Blue Section: Other Quality Measures

These Measures Do Not Require Medical Record Submissions

Other Quality Measures to monitor for your patients

Diabetes Care (CDC)	Adolescent Well-Care Visits	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	Follow-Up Care for Children Prescribed ADHD Medication	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Use of Spirometry Testing in the Assessment & Diagnosis of COPD	Medication Management for People with Asthma		Asthma Medication Ratio	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
Current Blood Pressure < 140/90	AWC	W34	W15	ADV	ADD	ART	SPR	MMA 50%	MMA 75%	AMR	APM	SAA
		Pass		Pass								
	Service Required											
	Service Required											
		Service Required		Service Required								

- These measures 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 13th birthday; This measure will show a date **after which** the vaccine administration or contraindication cannot be accepted.

LSC and CIS: These measures require vaccinations and lead screening be administered before the child's 2nd birthday; These measures will show a date **after which** the vaccine administration 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 10/1/2018 through 12/31/2020
 - Documentation of a mastectomy any time during member's history

❑ 2. Cervical Cancer Screening (CCS)

- Documentation of **one** of the following
 - Cervical cytology (Pap Smear) performed during 2018-2020
 - Pap Smear with HPV testing performed during 2016-2020
 - Hysterectomy in patient's history

❑ 3. Chlamydia Screening (CHL)

- A chlamydia test (CT) during 2020 (visit note or lab result)



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 missing documentation.

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

✓ 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 on the 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.

Medical Record Transmission Cover Sheet

Sample Cover Letter

Date:

To:

MVP Health Care: Quality Improvement Review Team

Fax: 518-388-2476

OR Secure email: HEDISQuality@mvphealthcare.com

From:

Name of Practice:

Name of Organization if applicable:

 **Tax ID#(TIN):**

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

Fax:

Phone:

Contact name for follow-up:

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.***

Confidentiality Notice

The information contained in this facsimile message is intended for the exclusive use of the individual or entity named above and may contain privileged or confidential information. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that dissemination, distribution or copying of this information is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy the copies you received. 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. 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 Lists are accessed in subsequent months, practices will be able to determine if 90 days have passed since submitting any 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 is working to develop a notification process to inform practices of the status of medical record submissions in the future

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 indicated 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, unsigned, or illegible.

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

If an expected “Pass” for a patient still shows as “Service Required,” re-visit the record requirements outlined in the GIC Report’s cover letter.

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/maintenance provided to our Members
- Required elements of care and prevention for **both programs** are outlined in the specifications for each HEDIS measure
- Health Plans collect documentation of care in the form of claims, chart review, and member surveys
- **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 a Provider Practice grants MVP remote access to its EMR systems

Which specific HEDIS measures and when that documentation is collected are the defining differences between the year-round GIC program and the Annual HEDIS Review project.

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

HEDIS Gaps in Care Program

- Ongoing throughout the year; documentation collected monthly
- Includes all plan members eligible for a select group of HEDIS Measures
- Reviewed by MVP HEDIS Operations Quality Review Team
- All reviews conducted electronically

HEDIS Annual Review Project

- Occurs from early February to early May, annually
- Includes a large, random sample of members eligible for a greater variety of measures; consists of approximately 20,000 chart reviews
- Reviewed by a team of temporary HEDIS abstractors with oversight and collaboration by the MVP HEDIS Operations Core Team



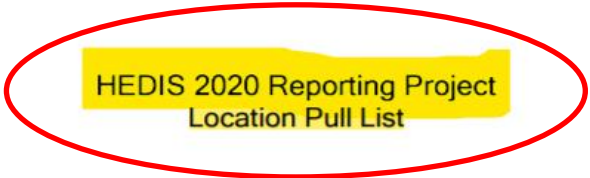
GIC Program vs. HEDIS Annual Review: What's the Difference?

GIC chart requests are provided to practices via monthly reports and include the documentation required for members with GICs for the year.

Member Geographic Information										Gaps in Care Measures : Send in appropriate Medical Record for patients where it says "Serious Required" in blue gaps										Comprehensive Diabetes Care [CDC]					Annual Dental Visit			
Gender	Language	Age	Member Address	Member Phone	Provider Name	Provider Phone	Medical Group	Group Site	Tax ID	Practice ID	DCS	CCS	CBL	COL	HPV	Tdap	Hepatitis	LSC	OHV	Eye Exam	Medical Attention for Hypertension	MMR1 Tracking	Controlled Blood Pressure < 140/90	A1C	MS4	MS5	ADT	
M	ENGL	34 1m	15 KRISTA LN	518.543.3733	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993															Pass		Pass	
M		18q 7m	15 COLUMBIAN STREET	518.577.4118	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993																		Pass
F		31q 4m	15 STREET	518.534.1633	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993		Serious Required																
M		55q 3m	15 TROPHIS	518.265.8366	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993				Serious Required														
M		55q 3m	15 TUNNEL	518.384.8143	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993				Pass														
F		58q 11m	15 TUNNEL	518.384.8143	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993		Pass		Serious Required														
F		44q 3m	15 HES	518.388.8174	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993		Pass																
F		58q 1m	15 MAPLE	518.732.2585	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993		Pass								Pass	Pass	Pass		Serious Required				
M		54q 3m	15 ALE		Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993				Pass														
M	ENGL	44 3m	15 STPL1	518.453.4282	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993																Serious Required		Serious Required
F	ENGL	64 1m	15 KRICKER	518.283.8838	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993																Serious Required		Pass
F	ENGL	11q 4m	15 DR	646.224.7368	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993																		Serious Required
F		53q 8m	15 HILLER	518.477.7273	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993	Pass	Pass		Serious Required														
F	ENGL	33q 2m	15 HUNT	518.542.3585	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993																		
F	ENGL	24 3m	15 GARFIEL	518.482.8814	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993								Pass										Serious Required
F	ENGL	14q 8m	15 RANITE3	518.424.6565	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993																Serious Required		Serious Required
F	ENGL	24q 5m	15 RANITE3	518.424.6565	Aaron J Oaidari, MD	518.477.2467	Stamford & Carr	St Empire State Blvd	141050101	183750993																Serious Required		Serious Required

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

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



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

Phone1: Phone2:
Fax:

Member Name

HIPAA
HIPAA
HIPAA
HIPAA
HIPAA
HIPAA
HIPAA
HIPAA
HIPAA
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 practices improve HEDIS scores for both programs?

- Accurate coding practices using ICD-10 diagnostic codes, and CPT II billing codes
- Conduct 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—including and coding for these components will increase HEDIS rates for the Adolescent Well Visit, Adolescent Preventive Care measure, and Well Child measures
- Clearly document all delivered services such as assessment, education, counseling, referral, distribution of educational materials, and follow-up instructions
- Conduct pre-visit planning to know which care gaps exist before a member arrives to an appointment
- Schedule the next appointment before the patient leaves the office
- Contact members and schedule services for those who are delinquent in needed care

For Questions about medical record submissions for MVP's GIC or HEDIS Review programs, contact our HEDIS Operations Team via email: **HEDISquality@mvphealthcare.com**.

Please take a couple 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

