



Medical Record HEDIS Training

2022

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

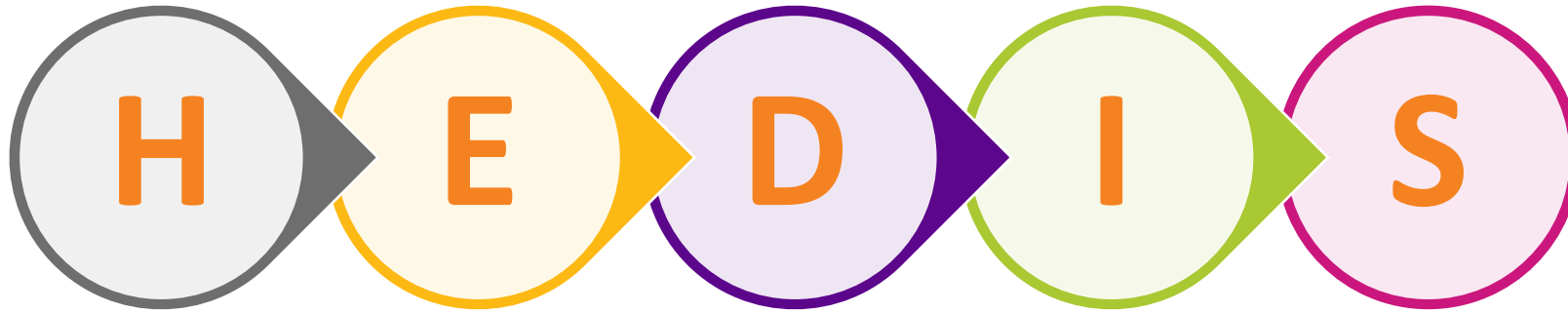
We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Introduction to HEDIS



HEDIS stands for:

Healthcare Effectiveness Data and Information Set

HEDIS is a comprehensive set of standardized performance measures. It is coordinated and administered by the [National Committee for Quality Assurance \(NCQA\)](#).

HEDIS is used to evaluate quality of care and services and to ensure that the public, policymakers, and payers have the information they need to compare health plan performance.

Value of HEDIS

HEDIS provides value in **three** specific areas:

The ability to understand how well organizations achieve results.

Offers a way to make an “apples-to-apples” comparison of Organizations.

Is part of a larger system that requires accountability and quality improvement in Healthcare.

HEDIS Data Sources

Administrative

Administrative Data is calculated from a claim or encounter(s). This includes:

- CPT codes.
- ICD-10 codes.
- Approved supplemental data.
- Enrollment systems.
- Insurance claims (both paid and denied).

Measure denominators and reported rates are based on the entire eligible population.

Hybrid

Hybrid Data is obtained from both administrative sources and abstracted from the patient's medical record (both paper and EMR).

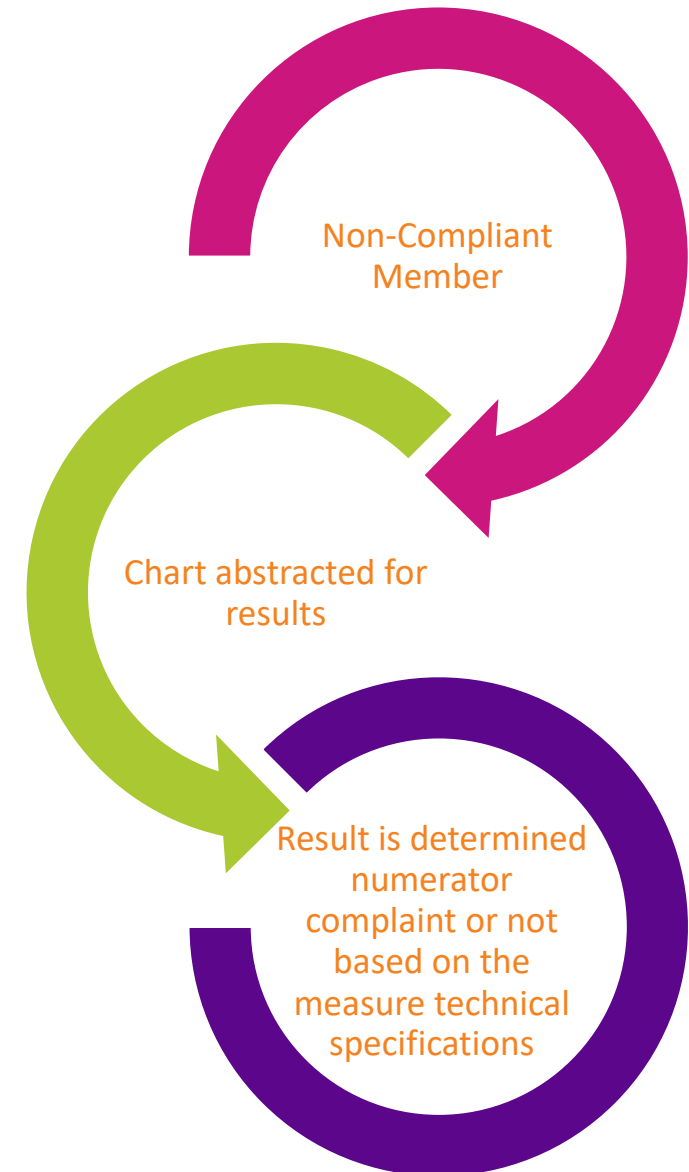
- Reviews a collection of medical records for members who are part of a randomly selected sample population to improve the administrative rate.
- The hybrid method focuses on collecting medical records on a sample population of members to improve the administrative rate.
- NCQA determines the hybrid measures allowed to be used for HEDIS data collection.
- Hybrid medical record collection methods include EMR access, onsite retrieval, email, fax, portal, and mail.

Hybrid Season

HEDIS Hybrid Chart Chase

HEDIS Hybrid

- The **Hybrid Method** requires a sample to be drawn from the eligible population based on measure specifications.
- **HEDIS Chart Chase** means that Iowa Total Care will collect records for members that fall into the hybrid measure samples. All sampled members are included in the denominator.
- The chart chase process supplements compliant administrative data and typically begins late January and wraps-up at the end of April.
- Health Plans work to retrieve records as soon as possible during the season. The goal is to find the member's compliant event to ensure the highest compliant rate possible.



HEDIS Technical Specifications

Technical Specifications are commonly referred to as “Tech Specs”

- Tech Specs serve as a required resource for anyone collecting, calculating, or submitting data to commercial insurance, Medicare, and Medicaid.
- Tech Specs are specific to each measure of HEDIS.
- NCQA releases technical specifications annually.
- Reporting must follow the specifications and is heavily audited.

HEDIS Medical Record Process

- Iowa Total Care will begin requesting medical record information for HEDIS Hybrid Season in early **February 2023**.
- Medical record fax requests will include a member list identifying the measure(s) and the minimum necessary information needed.
 - Always include the member/patient demographic information on the initial page
 - › This includes name, date of birth, insurance information, etc.
 - Per HIPAA regulations, only the minimum medical record information is necessary to satisfy the requested information.
 - Submission of a member's/patient's entire medical record is often unnecessary and is not recommended.
 - Submitting the requested medical records promptly is very important and is part of your provider agreement/contract with Iowa Total Care.
 - All medical record requests need to be submitted **within 7 days** of receipt of the request.
 - The records you provide during this process help Iowa Total Care to validate and demonstrate the quality of care you provide to our members.

HIPAA:

- Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted, and the release of this information **does not** require special patient consent or authorization.
- Be assured Iowa Total Care members' personal health information is maintained in accordance with all federal and state laws.
- Data is reported collectively without individual identifiers.

Hybrid Season

Medical Record Review Documentation

HEDIS® Medical Record Review Copying Instructions

Throughout the year, Iowa Total Care may request supporting documentation for HEDIS® Medical Record Review as supporting documentation is needed to close certain HEDIS® Quality measures.

Below are specific instructions of supporting documentation needed from the member's medical record for each measure.

- Include a copy of the member's demographic sheet/face sheet.
 - The member's name and date of birth must be documented on each page.
 - In addition, the provider's signature (electronic or written) needs to be included with all record/office encounters.
- Submit the supporting documentation to Iowa Total Care **within seven (7) days** of receipt of the request either via email or fax.

To submit documentation or for any questions pertaining to medical record collection options, please reach out by:



ITC_HEDIS@iowatotalcare.com

Attention: HEDIS® Operations



Fax: 833-900-3871

Cervical Cancer Screening (CCS)

Medical Record Documentation for CCS

1. Demographic Sheet/Face Sheet confirming patient's name and date of birth.
2. Documentation if the member expired in 2022.
3. Documentation if the member was in hospice or using hospice services in 2022.
4. Documentation if member was receiving palliative care in 2022.
5. Problem List/Medical History.
6. Screening Results:
 - For calendar years 2020-2022: Cytology Reports (Pap Test) **OR**
 - For calendar years 2018-2022: For Women aged 30-64, on the date of service, an HPV test alone OR a Pap AND HPV test performed within the last 5 years.
 - Medical record must indicate results or notation of results for both tests.
7. Evidence of Complete/Total/Radical/Full/Vaginal Hysterectomy or Absence of Cervix.
8. Chart notation of gender, if not female.

Controlling High Blood Pressure (CBP)

Medical Record Documentation for CBP

1. Demographic Sheet/Face Sheet confirming patient's name and date of birth.
2. Documentation if the member expired in 2022.
3. Problem Lists/Medical History.
4. Provide additional documentation for the calendar year of 2022:
 - Vital Sign Flow Sheet.
 - Consult reports.
 - Progress/Office Visit notes/Telephonic or Telehealth notes (e-visit and virtual check ins).
 - Documentation of admission to a non-acute inpatient setting such as Hospice, Skilled Nursing Facility, Rehabilitation Facility, or a Residential Substance Abuse Treatment Facility.
 - Documentation if member was receiving Palliative Care.
 - Documentation of End Stage Renal Disease (ESRD), dialysis, nephrectomy (including partial nephrectomy), or kidney transplant.
 - Documentation of blood pressure readings that may have been reported or taken by the member.
 - Documentation of pregnancy.

Diabetes Care

1. Demographic Sheet/Face Sheet confirming patient's name and date of birth.
2. Documentation if the member expired in 2022.
3. Documentation if the member was in hospice or using hospice services in 2022.
4. Documentation if member was receiving palliative care in 2022.
5. Problem Lists/Medical History.
6. Medication lists.
7. Provide the needed documentation for calendar years 2021 – 2022:
 - Dilated or Retinal Eye Exam with exam date and result. Exam must be conducted by an optometrist, ophthalmologist, or retinal specialist.
 - Specialist Notes/Letters (Nephrologist/Endocrinologist/Eye Care Provider).
 - Documentation of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes.
8. Provide additional documentation for the calendar year of 2022:
 - Date of **most recent** HbA1c and result/value.
 - Date and reading of **most recent** blood pressure.
 - Progress/Office Visit notes/Telephonic or Telehealth notes.
 - Flow Sheets: Vital Signs/Diabetic/Labs.

Hemoglobin
A1c Control
(HBD)

Blood
Pressure
Control
(BPD)

Eye Exam
for Patients
with
Diabetes
(EED)

Childhood Immunization Status (CIS)

Medical Record Documentation for CIS



1. Demographic Sheet/Face Sheet confirming patient's name and date of birth.
2. Documentation if the member expired in 2022.
3. Documentation if the member was in hospice or receiving hospice services in 2022.
4. Problem List/Medical History.
5. All Immunization Records/Certificates/Logs, State Immunization Forms or Registry Printouts.
6. Provide needed documentation from Date of Birth to 2022:
 - Well Child Checklists.
 - Progress/Office Visit notes/Telephonic or Telehealth notes.
 - Prior physician and hospital records.
 - Birth Record/Discharge Summary.
 - All lab tests.
 - Documentation of history of illness/disease
 - E.g., measles, chicken pox, rubella, mumps, hepatitis B.
 - Documentation of allergies, or an anaphylactic reaction to a vaccine or its components, Immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma, leukemia, or intussusception.
 - Child Health and Disability Prevention (CHDP) Forms.

Immunization for Adolescents (IMA)

Medical Record Documentation for IMA



1. Demographic Sheet/Face Sheet confirming patient's name and date of birth.
2. Documentation if the member expired in 2022.
3. Documentation if the member was in hospice or using hospice services in 2022.
4. All Problem Lists/Medical history.
5. Prior Physician and Hospital records.
6. Progress/Office Visit notes/Telephonic or Telehealth notes.
7. All Immunization Records/Certificates/Logs, State Immunization Forms or Registry Printouts.
8. Documentation of allergies and/or anaphylactic reactions and/or history of encephalopathy on or prior to the member turning 13 years of age.
9. Child Health and Disability Prevention (CHDP) Forms.

Timeliness of Prenatal/Postpartum Care (PPC)



1. Demographic Sheet/Face Sheet confirming patient's name and date of birth.
2. Documentation if the member expired in 2022.
3. Documentation if the member was in hospice or using hospice services in 2022.
4. Provide needed documentation for calendar years **2021-2022**:
 - Prenatal flow sheet (ACOG, EMR, or other) and/or prenatal history, Prenatal Risk Assessment and Counseling/Education.
 - All Progress/Office Visit notes for duration of pregnancy including Telephonic or Telehealth notes.
 - Prenatal lab reports.
 - OB panel/TORCH antibody panel/Rubella antibody test with an ABO/Rh.
 - Ultrasound reports.
 - Delivery/Hospital records.
 - All consult reports for duration of pregnancy.
 - Evidence of fetal demise (if applicable).
5. Evidence of any of the following:
 - Member was **not** pregnant.
 - Pregnancy did **not** result in live birth.
 - Member did **not** deliver between Oct. 8, 2021, and Oct. 7, 2022.
6. If the diagnosis of pregnancy is made by a Primary Care Physician (PCP), the verbiage must demonstrate the term Pregnancy.

Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

1. Demographic Sheet/Face Sheet confirming patient's name and date of birth.
2. Documentation if the member expired in 2022.
3. Documentation if the member was in hospice or used hospice services in 2022.
4. Documentation of Pregnancy (if applicable).
5. Please provide evidence of the following:
 - Progress notes/Office Visits notes/Telephonic or Telehealth notes (e-visits and virtual check-ins).
 - Well Child Check Forms.
 - Day Care Exams, State, Sports, or Camp Physicals.
 - Consult Notes.
 - CHDP Forms (Child Health and Disability Prevention-PM160).
 - HT/WT/BMI Growth Charts and/or Graphs.
 - HT/WT/BMI **Percentile** Flow Sheets.
 - Referral forms to dietitians.
 - BMI percentile.
 - Nutrition and Physical Activity Counseling.
 - Referral/Services rendered for Obesity Counseling.
 - Referral/Services rendered for eating disorders.
 - Referral to Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
 - Educational material received related to nutrition and physical activity.
 - Anticipatory guidance for nutrition and physical activity.

Thank you for attending!
Questions?

Copies of training and educational materials can be obtained from
the Iowa Total Care website: www.iowatotalcare.com
