

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: Member's Gap in appropriate Medical Record for patients where it says "Service Required" in blue text										Gaps in Care: Member's Gap 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	BCS	CCS	CBL	COL	IPV	Ydop	Nonseasonal	LSC	OHV	Exp Exam	Medical Attention for Nephropathy	HBsAg Testing	Central Blood Pressure < 140/90	AWC	Well-Child Visit in the Past 12 Months of Life	Well-Child Visit in the Past 12 Months of Life	Annual Breast Visit			
M	ENGL	34.1m	1870000	518.345.3233	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000																				
M	ENGL	18.7m	1870000	518.377.4118	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000														Service Required						
F	ENGL	34.4m	1870000	518.334.1533	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000		Service Required																		
M	ENGL	35.3m	1870000	518.285.8356	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000				Service Required																
M	ENGL	35.3m	1870000	518.384.8143	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000				Pass																
F	ENGL	38.11m	1870000	518.384.8143	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000		Pass		Service Required																
F	ENGL	44.3m	1870000	518.388.8174	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000		Pass																		
F	ENGL	38.4m	1870000	518.792.2295	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000		Pass									Pass	Pass	Pass	Service Required						
M	ENGL	44.3m	1870000	518.477.2467	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000				Pass																
M	ENGL	41.3m	1870000	518.463.4282	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000															Service Required			Service Required		
F	ENGL	41.4m	1870000	518.283.8838	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000															Service Required			Pass		
F	ENGL	14.4m	1870000	446.224.7358	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000																		Service Required		
F	ENGL	33.8m	1870000	518.477.2273	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000	Pass	Pass		Service Required														Service Required		
F	ENGL	33.2m	1870000	518.312.3285	Rosen J Quicker, MD	518.477.2467	NY	State Blue	1100000000																		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 13th 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 2nd 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:

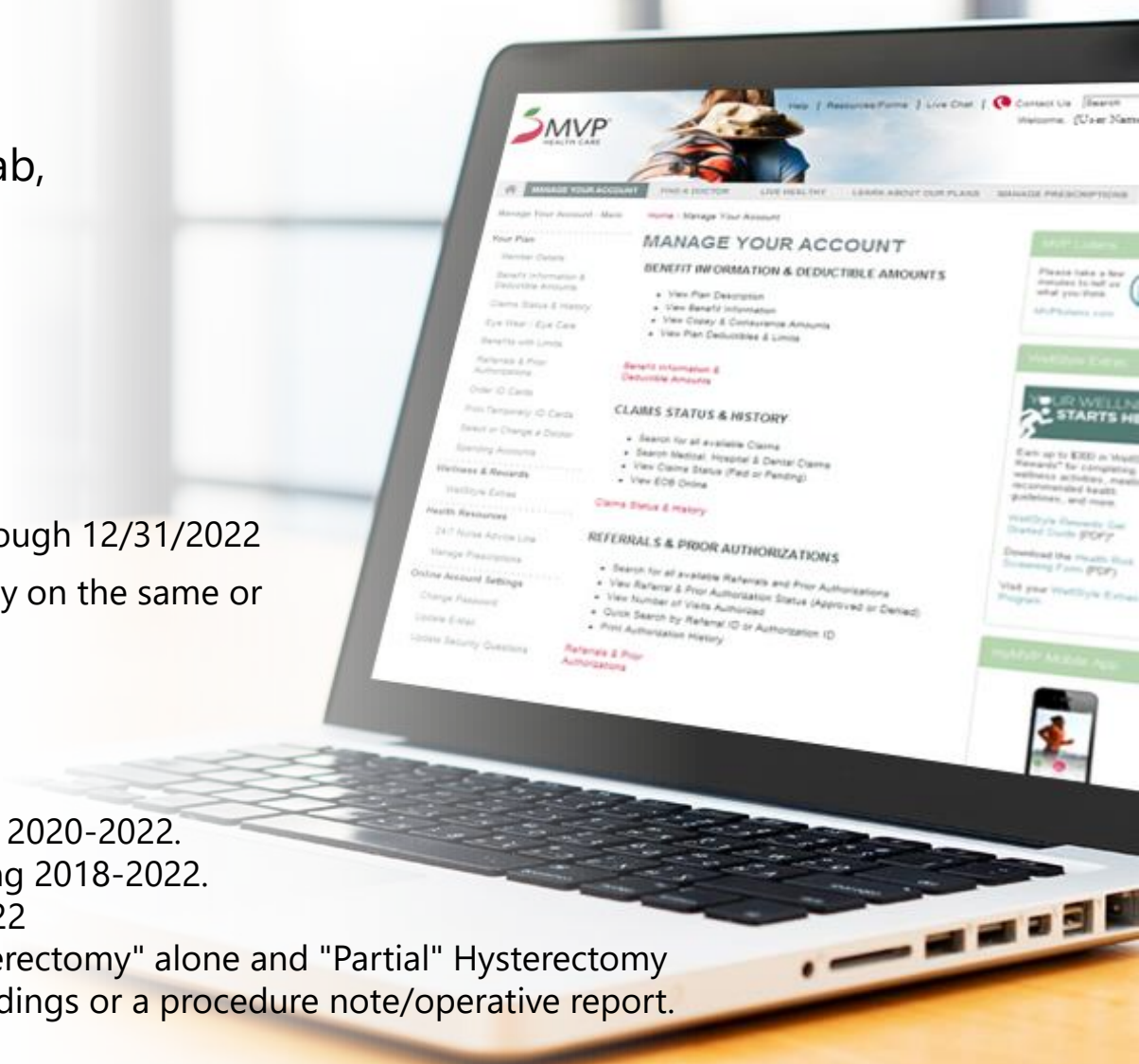


1. Breast Cancer Screening (BCS)

- 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

OR Fax: 888-219-5623

HEDIS Submissions

Secure email: 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.***

Confidentiality Notice

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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 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



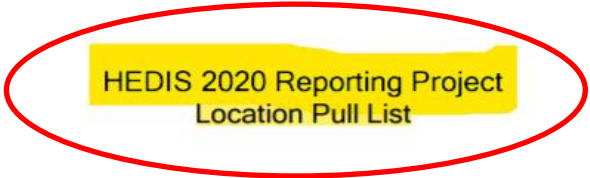
GIC Program Medical Record Collection

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 "Screening 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	HemoglobinA1c	LSC	OHV	Comprehensive Diabetes Care [CDC]	Comprehensive Diabetes Care [CDC]	Comprehensive Diabetes Care [CDC]	Adult 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	W34	W15	ADY
M	ENGL	34 1m	KRISTO	510.343.3733	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355														Pass		Pass
M		10 7m	COLUMBI	510.577.4110	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355													Screening Required			
F		31 6m	STREET	510.534.1633	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355	Screening Required															
M		55 3m	THOMAS	510.355.8555	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355			Screening Required													
M		55 3m	TUNNEL	510.384.8143	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355				Pass												
F		51 11m	TUNNEL	510.384.8143	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355		Pass		Screening Required												
F		44 3m	PP DOG	510.388.8174	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355		Pass														
F		54 1m	HADLE	510.732.2285	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355		Pass									Pass	Pass	Pass	Screening Required		
M		54 3m	PP DOG	510.388.8174	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355				Pass												
M	ENGL	44 3m	ST FL	510.463.4282	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355														Screening Required		Screening Required
F	ENGL	54 1m	KINCKER	510.283.8838	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355														Screening Required		Pass
F	ENGL	11 6 1m	DE	846.224.7858	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355																Screening Required
F		53 8m	HILLES	510.477.7273	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355	Pass	Pass		Screening Required												
F	ENGL	33 2m	NIHT	510.312.3585	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355					Pass											
F	ENGL	24 3m	GABRIEL	510.482.8814	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355								Pass								Screening Required
F	ENGL	11 6 1m	ROUTE 3	510.424.5555	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355														Screening Required		Screening Required
F	ENGL	21 6 5m	ROUTE 3	510.424.5555	Ronan J Quindt, MD	510.477.2167	St. Joseph's	St. Joseph's	101000001	355														Screening 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
HIPAA
HIPAA
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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 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.

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

