

# Our Quality Commitment, Your Compliance Reference

## **HEDIS® HIGHLIGHTS:** **A Performance Measuring Guide**

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions such as:

- Quality of Care
- Access to Care
- Member Satisfaction with the health plan and with their doctors

HEDIS ensures health plans are offering quality preventive care and service to Members which allows for a true comparison of the performance of health plans by consumers and employers. HEDIS helps to identify noncompliant Members to ensure they receive preventive screenings.

## **VALUE**

### **To YOU, our Practitioners**

HEDIS can help Practitioners save time while potentially reducing health care costs. By proactively managing patients' care, Practitioners are able to effectively monitor health, prevent further complications, and identify issues that may arise with patient care. Practitioners can also identify noncompliant patients to ensure they receive preventive screenings. HEDIS helps illustrate how Providers compare with other AvMed Providers as well as with the national average.

### **To YOUR patients, our Members**

HEDIS ensures patients receive optimal preventive and quality care as well as provides Members with the ability to make informed decisions by allowing them to review and compare health plan scores.

## **2016 HEDIS PREPARATION**

Thank you in advance for your anticipated involvement in the data collection for HEDIS. This nationally recognized quality improvement initiative designed by the National Committee for Quality Assurance (NCQA) examines medical record samples to measure quality. Providers can view the HEDIS Matrix on **AvMed.org's** Provider portal. The program is meant to monitor the performance of managed care organizations and is not a physician review.

Our HEDIS 2016 medical record review partner, **General Dynamics Information Technology (GDIT), is authorized to act on behalf of AvMed** to review charts from physicians' offices. GDIT may contact your office via phone or written correspondence between January and May 2016. Every effort will be made to minimize disruptions in patient care activities.

## **TIPS FOR A SMOOTH HEDIS REVIEW:**

- Be as flexible as possible when scheduling appointments with reviewers in your office.
- Confirm date/time of appointment, name of reviewer and AvMed as health plan.
- Identify patients and pull their medical charts prior to the reviewer's arrival.
- If you have multiple office locations, arrange for all medical charts to be available at one location.
- Designate an area where reviewer can sit and work, and provide an electrical outlet so the reviewer can plug in their laptop.

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- Allow any charts needed for auditing purposes to be photocopied or scanned.
- Mail or fax requested copies of charts in a timely manner as NCQA has aggressive reporting deadlines. GDIT offers multiple options for retrieving or receiving records from Providers with EMR (electronic medical records).
- Identify your access preference when GDIT reviewer calls to schedule an appointment.

## ACCESS PREFERENCES

### Remote Access:

- GDIT will provide a Member list and you can provide GDIT with remote access to the system with access only to the Members specified in the list.

### Secure Flash Drive:

- An on-site reviewer can load medical record data on a secure flash drive.  
OR
- **GDIT will send a flash drive and Member list. Your office can then load the data onto the flash drive and return to GDIT, postage pre-paid.**

### CD:

- GDIT will send a disc and Member list. Your office can then load the data onto the CD and return to GDIT, postage pre-paid.

### On-Site:

- Abstractor will visit and print records and then scan and destroy paper records.

### FTP:

- You can post the records to GDIT's secure FTP.

AvMed is aware you may have concerns regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In particular, you may question

whether a specific authorization is required from a patient prior to releasing a copy of the medical record. For the purposes of a HEDIS review, no specific authorization is required. Under HIPAA regulations, the form you obtain from a patient permitting you to bill AvMed is satisfactory. Specifically, HIPAA regulations section 164.506 indicates the routine form you obtain is sufficient for disclosures to carry out health care operations.

Section 164.501 defines health care operations to include quality assessment and improvement activities such as HEDIS.

In addition, participating Provider and Network agreements, as well as the Member's application for coverage with AvMed provide for release of the medical record information to AvMed or its designee for quality improvement efforts at no charge. Your assistance in the data collection process for HEDIS is extremely important to its success. If you have any questions, please call **1-844-256-7481**. Once again, thank you for your cooperation.

## USING PROVIDER PORTAL TOOLS TO CLOSE YOUR PATIENTS' GAPS IN CARE

### Together we can help Members get preventive care

All participating AvMed Primary Care Physicians have quick and easy access to their patients' Gaps in Care through the AvMed Care Opportunity Reports immediately upon login at **AvMed.org**.

The Care Opportunity Report helps Practitioners identify patients' gaps in care based on nationally recognized health guidelines and standards derived

from HEDIS® requirements. Reports are available for all patients, cover nineteen different quality measures, and have many convenient detail sorting and viewing features. The Care Opportunity Reports are a tool you may use to collect additional information about your patients' preventive care and utilization of services.

Companion documents are also available online to assist with reviewing and addressing opportunities to improve patient care presented in the Care Opportunity Reports. For information on how to address HEDIS measures, please refer to the HEDIS Matrix, available on **AvMed.org's** Provider portal.

In some cases a gap may be closed by submitting medical record documentation indicating a Member has already received relevant services within the correct time frame or has a condition that excludes the Member from a measure. Any medical record submitted to close a Member's Gap in Care should be faxed to AvMed **Corporate Quality Improvement** at **1-800-331-3843**.

If you don't know how to log in to **AvMed.org** or forgot your password or pin, call AvMed's Provider Service Center for assistance at **1-800-452-8633**. Please visit **AvMed.org** and review your Care Opportunity Reports and HEDIS Matrix today!

## WELLNESS REMINDERS

### Chlamydia Screening

Chlamydia is one of the most common bacterial sexually transmitted diseases (STDs) in the United States today. Reported rates of chlamydia are highest among adolescent girls (15-19 years old) and

young women (20-24 years old). Most people who have chlamydia don't know it since the disease often has no symptoms. The United States Preventive Services Task Force (USPSTF) recommends testing sexually active women and adolescents ages 16-24 at least once a year.

### Breast and Cervical Cancer Screenings

Early detection screenings for breast and cervical cancer help save thousands of lives each year, and many more could be saved if women and their healthcare Providers took advantage of available tests. Recent American Cancer Society guidelines for breast cancer detection in women with average risk support undergoing annual mammograms beginning at age 45. We at AvMed, however, follow the USPSTF guidelines recommending screening mammography for women age 40 and older every 1 to 2 years with or without clinical breast examination. The USPSTF also recommends screening with cytology (pap smear) for cervical cancer in women ages 21 to 65 years every 3 years, or screening with a combination of cytology and human papilloma virus (HPV) testing every 5 years for women ages 30 to 65 years who want to lengthen the screening interval.

**Both screening mammograms and cervical screenings remain covered with no cost sharing to the Member as per the Affordable Care Act (ACA). AvMed has not changed its benefit coverage so Members can still receive mammograms and cervical screenings regardless of which guideline is followed. You and your patients can log in to AvMed.org to obtain the complete preventive care guidelines.**

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## Colorectal Cancer Screening

Colorectal screenings are not the easiest topic to discuss with your patients. The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 and continuing until age 75. Appropriate screenings are defined by one of the following: FOBT tests: gFOBT or iFOBT, Flexible sigmoidoscopy, or colonoscopy. Some screenings are less invasive than others. Talk with your patients to find the most appropriate screening. Providers should document medical records with the date the colorectal cancer screening was performed, and/or results or findings. You and your patients can log in to **AvMed.org** to obtain the complete preventive care guidelines.

## Influenza (Flu) and Pneumonia Vaccine

Influenza and pneumonia were the ninth leading cause of death in the United States in 2015, and the seventh among those 65 years and older. Flu outbreaks can happen as early as October and can last as late as May. Pneumonia infections can often be prevented and can usually be treated. A new very virulent strain of flu is causing severe and widespread illness.

The flu vaccine can help to prevent or lessen severity of symptoms. Early treatment with anti-viral medication is very important in treating severe cases. Please be sure to evaluate and treat patients reporting flu symptoms as early as possible. The CDC recommends vaccination as long as influenza viruses are circulating. To avoid missed opportunities for vaccination, Providers should offer vaccination to unvaccinated persons 6 months or older during routine health care visits and hospitalizations when vaccine is available.

Although most Providers offer their patients the flu and pneumonia vaccinations, they are also available at pharmacies at no cost to the Member. Influenza vaccine can be given at the same time as other vaccines, including pneumococcal vaccine. For more information, visit **CDC.gov/Flu/**.

## Diabetes Screenings Don't Measure Up

As a result, NCQA has made some adjustments to HEDIS screening requirements for Diabetes type I & II for adults age 18 to 75. Diabetics should have the following screenings at least once a year and health plans are required to report results to NCQA:

- Hemoglobin A1c test (considered to have poor control if >9.0%)
- Hemoglobin A1c Control <7
- Retinal/Dilated Eye Exam with an eye care specialist
- Medical Attention for Nephropathy – Urine albumin or protein test, ACE/ARB therapy, or documented evidence of nephropathy
- BP controlled (<140/90 mm Hg)
- Be sure to order follow-up screenings if the Member's HbA1c is not controlled.
- Refer Members to an eye care specialist (optometrist or ophthalmologist) for an annual retinal/dilated eye exam.
- If a Member has an abnormally high BP reading upon arrival (140/90 or higher), retake the BP and document it before they leave.

