# Gaps in Care Report

Provider Webinar

2019

Megan Trawick, MSW, Health Care QM Project Manager



Proprietary and Confidential

# Objectives

- What is the Gaps in Care Report ?
- Sample of Gaps in Care Report
- How to access the Gaps in Care Report
- Goal for Providers
- The best ways to utilize the Gaps in Care Report
- Frequently Asked Questions
- What is the Gaps in Care Technical Specifications and PCP Billing Guide ?
- Where is Gaps in Care Technical Specifications and PCP Billing Guide found?
- Closing gaps via coding

# What is the Gaps in Care Report ?

- This report is available to all Mercy Care and Mercy Care Advantage primary care physicians
- A monthly report that providers can access via ProReport in the secure web portal
- **Most importantly**, it has a member list of needed care or services that providers can use to address *ALL* gaps in care when patients are in the office or for outreach to patients. This list is provider level specific.
- Compares provider group performance to the health plan overall performance as well as NCQA benchmarks on this set of HEDIS measures

# What is the Gaps in Care Report ? (Continued)

- It is based on a select set of HEDIS measures- **(HEDIS)- Healthcare Effectiveness Data and Information Set** which is a standardized performance assessment tool that is coordinated and administered by National Committee for Quality Assurance (NCQA) and used by the Centers for Medicare and Medicaid Services (CMS) for monitoring the performance of managed care organizations.

- It is designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans.

# Sample of the Gaps in Care Report

**The Gaps in Care Report has five tabs.**

1. A cover letter with plan quality contact information.
2. Medicaid Performance Summary
3. Medicare Performance Summary
4. Members Needing Care-Services
5. List of HEDIS Measures

# The Gaps in Care Report

## Cover letter with plan quality contact information

4755 S 44th Place
Phoenix, AZ 85040

mercy care | mercy care advantage

Dear Valued Provider;

It is with great pleasure that we are introducing our new **Member Gaps in Care Report.** Mercy Care & Mercy Care Plan Advantage (HMO SNP) are committed to working with our providers in achieving the triple aim as defined by the Institute of Healthcare Improvement:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations; and
- Reducing the per capita cost of healthcare

Our goal is to assist our providers by identifying members needing care while recognizing opportunities for improvement in the delivery of primary care services. Mercy Care and Mercy Care Advantage (HMO SNP) embrace the standard of care in the Patient Centered Medical Home Model and utilize the Healthcare Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) to capture the overall health and wellness of our membership and identify members in need of care, follow-up, and patient education.

HEDIS® 2018 includes 95 measures across 7 domains of care: Effectiveness of Care, Access/ Availability of Care, Experience of Care, Utilization and Risk Adjusted Utilization Relative Resource Use, Health Plan Descriptive Information and Measures Collected Using Electronic Clinical Data Systems.

Your Provider Group's Gaps in Care Report was created using the HEDIS® metrics identified as "Measures of Focus." It is important to note that not all of the HEDIS® measures may apply to your member panel. The report includes a summary of your group performance by product line in each measure applicable to your practice, a detailed list of the members assigned to your panel that are still in need of care and services by a primary care provider or by specialist where indicated*. A Gaps in Care Technical Specifications and CPT Billing Guide from HEDIS® have been included for your reference.

The Gaps in Care Technical Specifications and CPT Billing Guide from HEDIS® is a comprehensive guide that contains important information about each of the HEDIS® measures, the care and services needed, and corresponding CPT or ICD-10 codes specific to each measure.

Mercy Care and Mercy Care Advantage (HMO SNP) have many different outreach initiatives and programs in place to service our membership. Our goal is to work hand-in-hand with our primary care practitioners to identify and eliminate both gaps and barriers to care. Additionally, we recognize and share best practices to improve the overall health of our membership.

If you have any questions about your **Member Gaps in Care Report** or would like to schedule a meeting to discuss your reports or coordinate a member outreach initiative please contact:

Cindy vanRossum, RN, BSN at **520-262-5874**
Alisha Mcclintock, RN, BSN at **602-689-0321**

We look forward to working collaboratively in continuing to provide superior care and excellent service to our membership.

Tab 1

# The Gaps in Care Report – Medicaid

The Medicaid Performance Summary tab will show the provider group's current rates for measures that pertain to the Medicaid population. This tab has a column showing the overall rate of the health plan as well as NCQA benchmarks for comparison. (44)

**Medicaid Gaps in Care Summary**
HEDIS Rates Based on claims received 01/01/2018 to 10/31/2018

**Report Prepared for:**
Dr Michael Jones
*Inverse* Measure- Lower rate = Better performance

mercy care | mercy care advantage

| Measure | Your Group Performance | | | Comparison Rates | | 2017 NCQA National HMO Medicaid Benchmarks | | |
|---|---|---|---|---|---|---|---|---|
| | Eligible Members | Compliant Members | # Members Needing Care | Your Rate | Health Plan Rate | 50th %ile | 75th %ile | 90th %ile |
| Avoid Abx Bronch (AAB) | | | | | | 28.72 | 33.74 | 39.53 |
| Adult BMI Assmt (ABA) | | | | | | 86.24 | 90.48 | 93.68 |
| Follow Up ADHD (ADD) Continuation and Maintenance Phase | | | | | | 55.9 | 63.77 | 69.47 |
| Follow Up ADHD (ADD) Initiation Phase | | | | | | 44.8 | 51.83 | 57.05 |
| Annual Dental (ADV) All members | | | | | | 54.93 | 62.49 | 66.86 |
| Antidepress Meds (AMM) Effective Acute Phase Treatment | | | | | | 51.89 | 56.94 | 63.55 |
| Antidepress Meds (AMM) Effective Continuation Phase Treatment | | | | | | 36.19 | 41.12 | 49.15 |

Tab 2

# The Gaps in Care Report - Medicare

The Medicare Performance Summary tab will show the provider group's current rates for measures that pertain to the Medicare population . This tab has a column showing the overall rate of the health plan as well as NCQA benchmarks for comparison. (30)

**Medicare Gaps in Care Summary**

HEDIS Rates Based on claims received 01/01/2018 to 10/31/2018

**Report Prepared for:**

**Dr Michael Jones**

*Inverse* Measure- Lower rate = Better performance

mercy care | mercy care advantage

| Measure | Your Group Performance | | | Comparison Rates | | 2017 NCQA National HMO Medicare Benchmarks | | |
|---|---|---|---|---|---|---|---|---|
| | Eligible Members | Compliant Members | Members Needing | Your Rate | Health Plan Rate | 50th %ile | 75th %ile | 90th %ile |
| Adult BMI Assmt (ABA) | | | | | | 96.59 | 98.3 | 99.09 |
| Antidepress Meds (AMM) Effective Acute Phase Treatment | | | | | | 69.11 | 75 | 79.61 |
| Antidepress Meds (AMM) Effective Continuation Phase Treatment | | | | | | 53.9 | 59.8 | 66.71 |
| DMARD Rheum Arthr (ART) | | | | | | 76.88 | 81.82 | 87.08 |
| Breast Cancer (BCS) | | | | | | 72.22 | 78.26 | 83.14 |
| Controlling High Blood Pressure (CBP) | | | | | | 69.9 | 80.83 | 84.67 |
| Comp Diabetes (CDC) BP Control <140/90 | | | | | | 65.82 | 73.72 | 80.12 |

Tab 3

# The Gaps in Care Report –Member Gaps in Care

As you review the headers you will see:

- Member ID, Member name, DOB, address and phone number for provider ease of contacting members
- "Measure" needed and the "Status" if the member is in (NC) need of care or services or (PE) needs education or follow-up
- You have the ability to filter for Individual providers in your provider group

***If you have both a Medicaid plan as well as a Dual Medicaid/Medicare Plan, your member list will be a combination of both plans.***

mercy care | mercy care advantage

**Member Gaps in Care**

**HEDIS Rates Based on claims received 01/01/2018 to 10/31/2018**

**Report Prepared for: Dr Michael Jones**

| Legend |
|---|
| **NC** = Needs Care |
| **PE** = Needs Patient Education & Follow-Up |

| Member ID (Medicaid ID) | Member Name | Date of Birth | Member Address | Member ZIP Code | Phone Number | PCP | Measure | Status |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

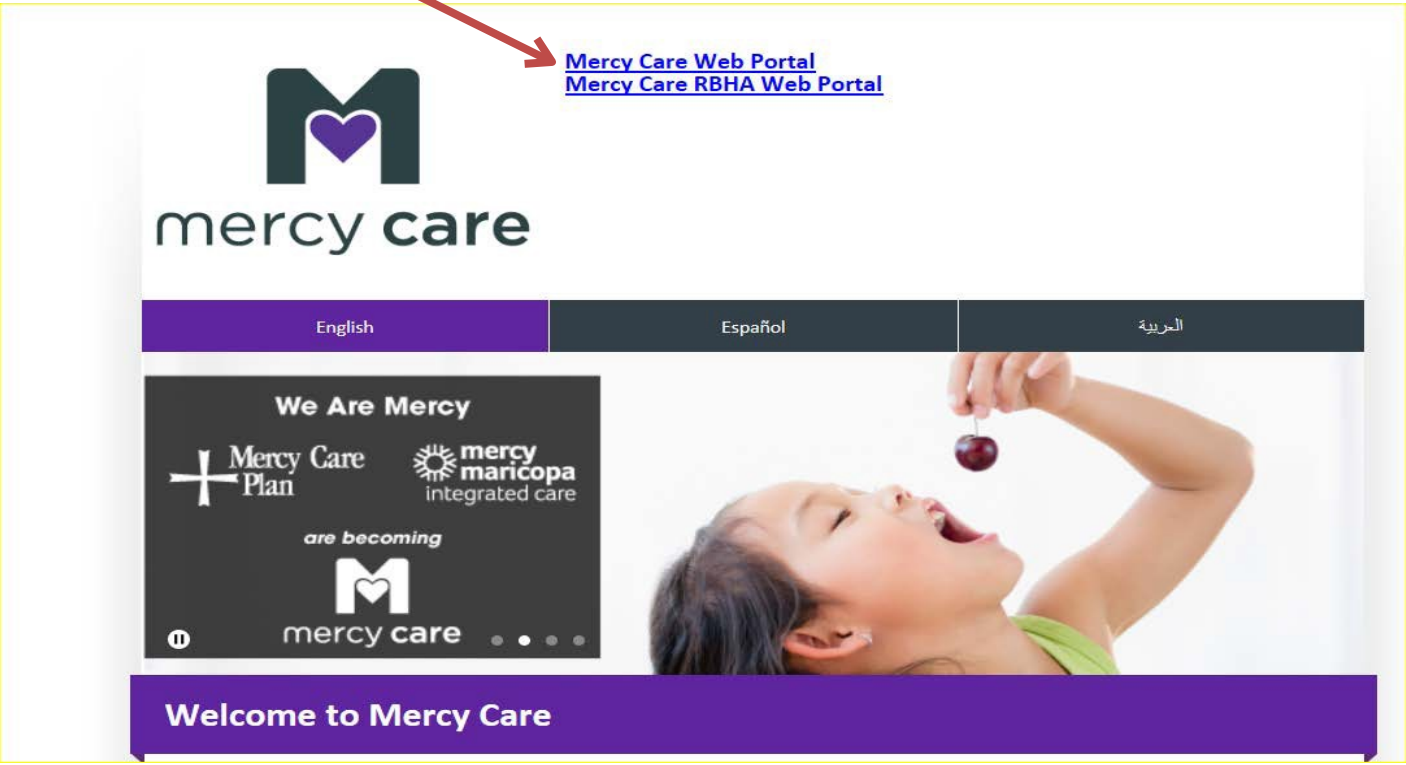
# The Gaps in Care Report –HEDIS Measure Description

The HEDIS Measures tab of the report gives the measure abbreviation, full measure name and measure description.

| Measure Mnemonic | HEDIS Measure | Long Measure Description |
|---|---|---|
| AAB | Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis | The percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who ***were not*** dispensed an antibiotic prescription. |
| ABA | Adult BMI Assessment | The percentage of members 18 to 74 years of age who had an outpatient visit and assessment and documentation of their body mass index (BMI) during the measurement year or the year prior to the measurement year. |
| ADD | Follow-Up Care for Children Prescribed ADHD Medication | The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:<br><br>• **Initiation Phase** - The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.<br>• **Continuation and Maintenance (C&M) Phase** - The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. |

# How to access the Gaps in Care Report

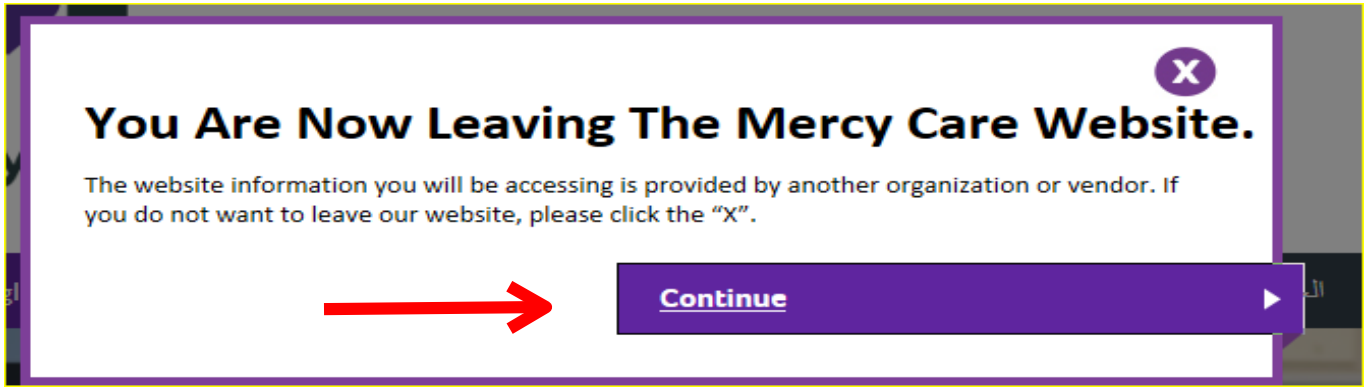
The Mercy Care Web Portal is found on the Mercy Care website:
https://www.mercycareaz.org




**NOTE:** You must have access to the ***Mercy Care Web Portal,*** the secure provider web portal located on the Mercy Care website (https://www.mercycareaz.org), in order to access Provider Deliverable Manager. A registration form to obtain access is located under forms for all Mercy Care Plans.

# Accessing Gaps in Care Report – (Continued)

You will receive a notification that you are leaving the Mercy Care Website.



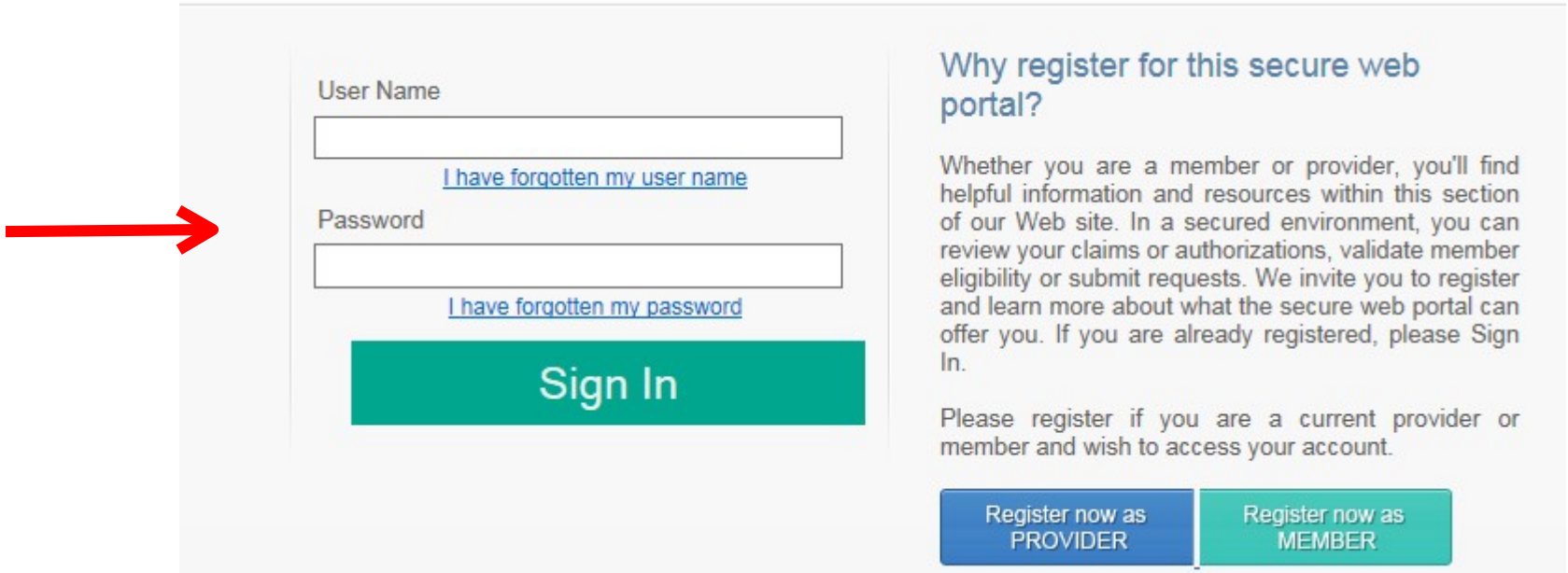

Choose "**Continue**" to reach the sign in page.

# Accessing Gaps in Care Report – (Continued)

**Sign in page**

Enter your "**User Name"** and "**Password**" in the appropriate fields.

Click on the "**Sign In**" button to open the Portal Welcome Page.



# Accessing Gaps in Care Report – (Continued)

At the bottom of the screen choose **"Provider Deliverable Manager (with Provider Report Management Tool)"** link to access your reports.

# Accessing Gaps in Care Report – (Continued)

Choose **"HEDIS Gaps in Care"** from the drop down list

Provider Report > External Provider Report

Welcome:

Provider:

**Welcome to the Mercy Care & Mercy Care Advantage Provider Reports Tool. For help and other instructions, please** click here.

The following reports are available for the health plan. All of these may not be available to you.

| Report Name | Report Description |
|---|---|
| Census Activity Admits | Patient Admission list includes attributed members who show an authorization within the previous rolling 30 days for an inpatient admission. |
| Census Activity ED Visits | Emergency Department visit list includes attributed members who show a claim within the previous rolling 30 days for emergency department services. |
| Gaps in Care Billing Guide | The Gaps in Care Technical Specifications and CPT Billing Guide from HEDIS is a comprehensive guide that contains important information about each measure, care and services needed, and corresponding billing codes. |
| HEDIS Gaps in Care | Report containing a summary of your group performance by product line in each HEDIS measure applicable to your practice, a detailed list of the members assigned to your panel that are still in need of care-services by a primary care provider-specialist. |
| PCMH Care Management Capitation | PCMH care management capitation. |

1 2

Provider Tool Links

- Provider Outreach Manual: Medicare Advantage Part C STAR Measures
- Gaps in Care Technical Specifications and PCP Billing Guide 2018

**Contact Us:**

If you have questions about the Provider Reports Tool or your individual reports, please contact Mercy Care Provider Relations at: 1-800-624-3879. Express Service Code 631

Report Selection Options

Provider

Report Type: HEDIS Gaps in Care

Report Period: --Select Period--

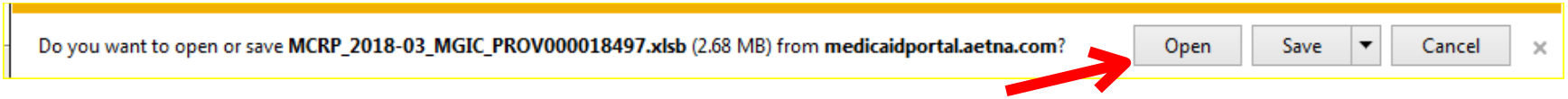
Choose HEDIS Gaps in Care from drop down list

# Accessing Gaps in Care Report – (Continued)

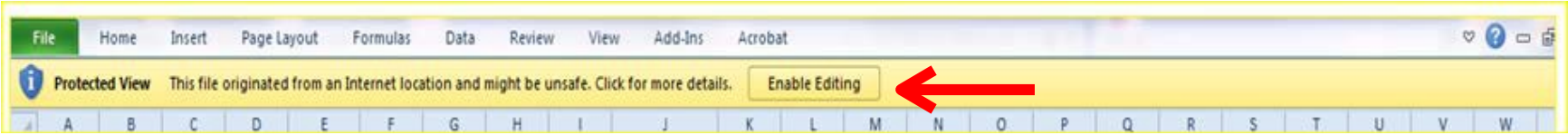
Choose the report you want to view and double click on the report to access the report.

# Accessing Gaps in Care Report – (Continued)

Next you will see this notification: Choose **"Open"** and your report will download.




After your report has downloaded you will see at the top of the report a yellow bar, you must choose **"Enable Editing"**




Next, you will see another yellow bar at the top of the report.
You must choose **"Enable Content"** so your report populates with content

You can save the report and manipulate it however you would like.
If you want to print the report, you may want to configure parameters before printing.

***If you are unable to open the report, confirm that you have Microsoft excel or excel like program***

# Accessing Gaps in Care Report – (Continued)

**Next,** your report will open to Tab 1 the Cover letter

Dear Valued Provider;

It is with great pleasure that we are introducing our new **Member Gaps in Care Report.** Mercy Care Plan & Mercy Care Plan Advantage (HMO SNP) are committed to working with our providers in achieving the triple aim as defined by the Institute of Healthcare Improvement:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations; and

Cover Page | Medicaid Performance Summary | Medicare Performance Summary | Members Needing Care-Services | HEDIS Measures

# Goal for Providers

The goal for providers is to get **100%** of our members adherent (or compliant) for each measure by:

- ❑Helping the members get care;
- ❑Educating the members as applicable; and
- ❑Providing follow-up if needed.

**We want 100% of our members to receive needed care.**

# The Best Ways for Providers to Use the Gaps in Care Report

**TIPS FOR SUCCESS WITH USING THE REPORTS**

1.Assign a staff person in the office to access the report each time a new one is available and save it to the office computer for ease of access and manipulation.

2.The provider can access the report while with the patient or have a staff member add alerts to the EMR indicating services are due or print and place on paper charts if needed

3.Have staff call to schedule an appointment for members with gaps in care that have not been seen recently or have missed follow up care/services recommended

4.Outreach to members on your report that are not established in your practice and schedule them for a routine physical

***You will be notified when new reports are available via email***

# Frequently asked Questions

**I do not recognize some of the names in my reports. Why are there patients listed that do not belong to me?**

- Patients on the list are part of your provider panel. They may have been auto assigned to you because the member either did not select a primary care provider or selected a provider who is not accepting new patients and they will show on your report with their listed gaps in care.

**What should I do if the members have never been seen?**

- Please have your staff reach out to the member, attempt to schedule an appointment to establish care and close the gaps that this member may have
- If the member is seeing another provider please make a note of that and contact your provider representative to remove that member from your roster and assign them to the correct provider

# Frequently asked Questions

**What should I do if I am seeing members that are not assigned to me or my provider group?**

- Please have your staff reach out to the member on their next appointment and have them complete a PCP Change form.
- This form is available on the website, but will also be provided to you along with this powerpoint.
- Email Request to: MBU-MCP_Enrollment@AETNA.com

  or

  FAX Request to: 602-351-2313

# Frequently asked Questions – (Continued)

## Why are there gaps in care listed for members that I know have received the services?

- The reports are updated monthly but there is still a claims lag. Some services may be complete and still show as a gap. Once the claim is received and the reports update, the gap should be removed.
- This could also be a coding issue. Refer to the ***Gaps in Care Technical Specifications and Billing Guide*** document available on the ProReport page and the Mercy Care website to ensure you are coding items properly.

## Why are there some measures on the list do not pertain to my practice type?

- This report is used across all lines of business so you may see measures listed that are out of your scope of practice. The measure in question may also be a service for which you need to encourage the patient to see a specialist.

# Frequently asked Questions – (Continued)

## How do I get notified when reports have been uploaded to the provider portal?

To be added to the contact list and notified of the next Gaps in Care Report upload to the provider portal. Please contact:

Megan Trawick at: TrawickM@mercycareaz.org

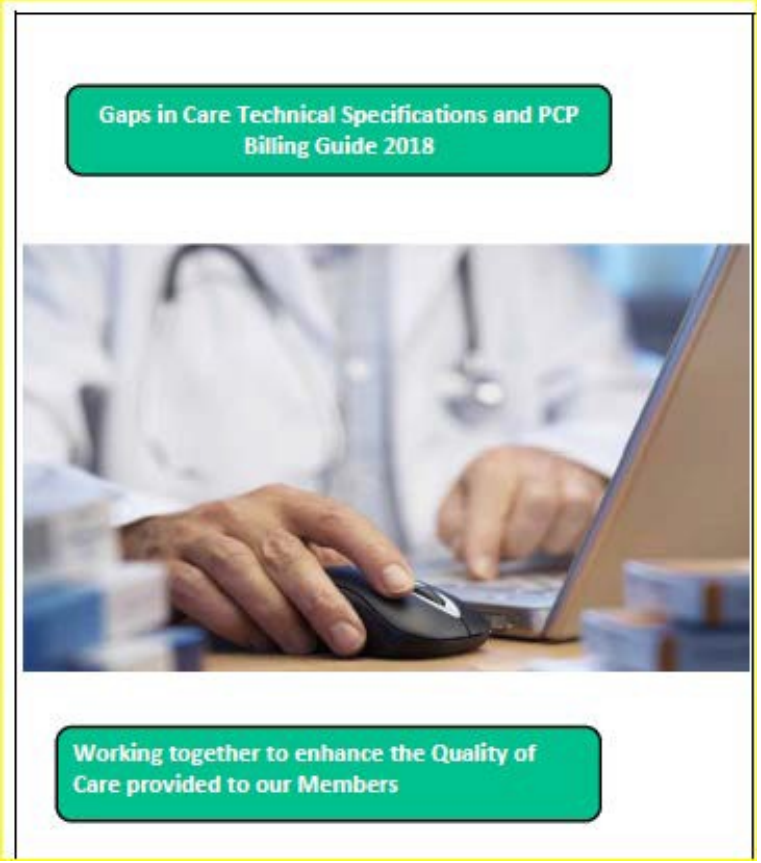
Use "**Gaps in Care notification**" in the subject line of your email.

a. Supply the following information:

1. **Name**
2. **Office Title**
3. **Provider Group Name/address/phone/fax/list of providers at this location or locations**
4. **Email addresses of staff requesting notification with name and title**
5. **Health Plans you are contracted with** ( Mercy Care Complete Care, Mercy Care Advantage, Mercy Care RBHA, Mercy Care Long Term Care, Developmental Disabilities)

# What is the Gaps in Care Technical Specifications and PCP Billing Guide ?

**It is a tool to assist providers, their clinical team and billing staff with information to improve HEDIS performance**




It contains:

- Measure definitions
- Common chart deficiencies and tips
- Billing reference with descriptions and codes

# Accessing The Gaps in Care Technical Specifications and PCP Billing Guide

**Located in two areas:**

1. The Mercy Care Web Portal found on the Mercy Care website: http://mercycareaz.org

**For complete instructions follow slides 11 through 15 on this presentation**

# The Gaps in Care Technical Specifications and Billing Guide

Provider Report > External Provider Report

Welcome:

Provider:

**Welcome to the Mercy Care & Mercy Care Advantage Provider Reports Tool. For help and other instructions, please** click here.

The following reports are available for the health plan. All of these may not be available to you.

| Report Name | Report Description |
|---|---|
| Census Activity Admits | Patient Admission list includes attributed members who show an authorization within the previous rolling 30 days for an inpatient admission. |
| Census Activity ED Visits | Emergency Department visit list includes attributed members who show a claim within the previous rolling 30 days for emergency department services. |
| Gaps in Care Billing Guide | The Gaps in Care Technical Specifications and CPT Billing Guide from HEDIS is a comprehensive guide that contains important information about each measure, care and services needed, and corresponding billing codes. |
| HEDIS Gaps in Care | Report containing a summary of your group performance by product line in each HEDIS measure applicable to your practice, a detailed list of the members assigned to your panel that are still in need of care-services by a primary care provider-specialist. |
| PCMH Care Management Capitation | PCMH care management capitation. |

1 2

Provider Tool Links

- Provider Outreach Manual: Medicare Advantage Part C STAR Measures
- Gaps in Care Technical Specifications and PCP Billing Guide 2018

**Contact Us:**

If you have questions about the Provider Reports Tool or your individual reports, please contact Mercy Care Provider Relations at: 1-800-624-3879. Express Service Code 631

Located on the portal where you obtain your HEDIS Gaps in Care Reports

# The Gaps in Care Billing Guide

2. The Mercy Care and Mercy Care Advantage websites under Reference Materials and Guides

Home | Become A Member | For Members | For Providers | Health & Wellness | Opioids | Community Outreach

- For Providers
- Provider Information
- First Tier, Downstream Or Related Entity (FDR) Information
- Tools & Education
- News & Events
- Mercy Care
  - Provider Notifications
  - Forms
  - Electronic Funds Transfer
  - Reference Material And Guides
- Mercy Care Long Term Care
  - Provider Notifications
  - Forms
  - Coordination Of Benefits
  - Non–Provision Service Log
  - Reference Material And Guides
- Mercy Care Advantage

## Reference Material and Guides

Mercy Care Advantage publishes reference material and guides that will assist you in serving our Mercy Care Advantage members. Our goal is to keep you well informed about our plan.

**Reference Material and Guides**

- Accessing Gaps in Care Reports with MercyOneSource Document Date: 04/12/2017
- Arizona Health-e Connections - E-Prescribing Document Date: 01/18/2017
- Arizona Rx Drug Misuse & Abuse Initiative
- Arizona Opioid Prescribing Guidelines Document Date: 02/20/2017
- Arizona Smoker's Helpline Document Date: 04/20/2016
- Caring for Older Adults Document Date: 01/16/2018 NEW
- CDC Guideline for Prescribing Opioids for Chronic Pain Document Date: 06/13/2016
- Colorectal Cancer - How to increase preventive screening rates in practice Document Date: 06/01/2017
- Credentialing / Recredentialing Process Document Date: 12/12/2017
- Enhancement to Secure Web Portals - attachments Document Date: 04/07/2017
- Flu season helpful hints 2017-2018 PDF Opens In New Window
- Gaps in Care Technical Specifications and Billing Guide - HEDIS 2018 Document Date: 01/08/2018 NEW
- If At First You Don't Prescribe Booklet Document Date: 11/28/2017 NEW
- Important information about Narcan Document Date: 03/31/2017
- Mercy ClaimConnect Flyer
- Narcan nasal spracy - opioid overdose response instructions Document Date: 03/30/2017
- Pain management codes - prior authorization required through eviCore healthcare Document Date: 04/17/2017
- Smoking Cessation Provider Flyer Document Date: 05/25/2017
- Unlisted and Non-Specific CPT and HCPCS Codes Subject to Prepayment Review Document Date: 11/02/2017 NEW

# Closing the gaps via coding

## There are two types of HEDIS data collected:

1. **Administrative data** – comes from submitted claims and encounters
2. **Hybrid data** – comes from chart collection/review

**MANY OF THE HEDIS MEASURES CAN BECOME SATISFIED ADMINISTRATIVELY WHEN PROPER CODING IS UTILIZED ON CLAIMS.**

**THE GAPS IN CARE TECHNICAL SPECIFICATIONS AND BILLING GUIDE CAN HELP DETERMINE WHICH CODES CAN BE USED TO MEET GAPS IN CARE.**

## Common reasons members with PCP visits continue to need recommended services/procedures:

- Missing or lack of all required documentation components
- Service provided without claim/encounter data submitted
- Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy)
- Service provided but outside of the required time frame or anchor date (i.e. Lead screening performed after age 2)
- Incomplete services (i.e. No documentation of anticipatory guidance during a well visit for the adolescent well child measure)
- Failure to document or code exclusion criteria for a measure

# Closing the gaps via coding- (Continued)

## Measure definitions

### ABA Adult BMI Assessment

Measure Definition:

The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2016 or 2017.

For members 20 years of age or older on the date of service, BMI in 2016 or 2017

For members younger than 20 years of age on the date of service, BMI percentile in 2016 or 2017. Chart documentation should include height, weight and BMI percentile (as a value e.g. 85th or plotted on a growth chart). Documentation of ranges or thresholds do not meet criteria for this indicator.

# Closing the gaps via coding- (Continued)

## Common chart deficiencies and tips

**Common Chart Deficiencies and Tips:**

1. Common deficiency: Height and weight documented but no documentation of the BMI
2. ICD-10 Z68 codes can be used to make a member compliant without chart review.
3. ICD-9 codes should not be used for services in 2016

# Closing the gaps via coding- (Continued)

## Billing reference with descriptions and codes

| Billing Reference | |
|---|---|
| **Description** | **ICD-10** |
| BMI | Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45 |
| BMI Percentile | Z68.51-Z68.54 |

HEDIS® stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

# Questions?

Contact Quality Management regarding Gaps In Care:

Megan Trawick: TrawickM@mercycareaz.org

Alisha Mcclintock: McclintockA@mercycareaz.org

Please email with any questions that you have as you start to utilize this report.

Contact your Provider Relations Representative directly or the Provider Relations Department at the following:

ProviderRelations@MercyCareAZ.org

602-263-3000 or 800-624-3879

# Thank You