Gaps in Care Report

Provider Webinar 2020

Megan Trawick, MSW, Health Care QM Project Manager
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
Dear Valued Provider,

Here is your monthly Gaps in Care Report. Mercy Care & Mercy Care Advantage (HMO SNP) are committed to working with our providers in achieving the triple aim as defined by the Institute of Healthcare 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® 2020 includes 96 measures across 6 domains of care: Effectiveness of Care, Access/Avoidance of Care, Experience of Care, Utilization and Risk Adjusted Utilization, 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 you, 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:
- Megan Travin, MSW at 480-407-8484
- Alisha Moolintock, RN, BSN at 602-653-0321

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Your Group Performance</th>
<th>Comparison Rates</th>
<th>2019 NCQA National HMO Medicare Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible Members</td>
<td>Compliant Members</td>
<td># Members Needing Care</td>
</tr>
<tr>
<td>Adults' Access to Preventive/Ambulatory Health Services (20-44) (AAP)</td>
<td>54</td>
<td>43</td>
<td>11</td>
</tr>
<tr>
<td>Adults' Access to Preventive/Ambulatory Health Services (45-64) (AAP)</td>
<td>104</td>
<td>96</td>
<td>8</td>
</tr>
<tr>
<td>Adults' Access to Preventive/Ambulatory Health Services (65+) (AAP)</td>
<td>224</td>
<td>185</td>
<td>39</td>
</tr>
<tr>
<td>Adult BMI Assmt (ABA)</td>
<td>266</td>
<td>171</td>
<td>95</td>
</tr>
<tr>
<td>Antidepress Meds (AMM) Effective Acute Phase Treatment</td>
<td>9</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Antidepress Meds (AMM) Effective Continuation Phase Treatment</td>
<td>9</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

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,*

**Legend**

<table>
<thead>
<tr>
<th>NC</th>
<th>Needs Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE</td>
<td>Needs Patient Education &amp; Follow-Up</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Measure Mnemonic</th>
<th>HEDIS Measure</th>
<th>Long Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAB</td>
<td>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</td>
<td>The percentage of episodes for members age 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not results in an antibiotic dispensing event.</td>
</tr>
<tr>
<td>AAP</td>
<td>Adults’ Access to Preventive/Ambulatory Health Services</td>
<td>The percentage of members 20 years and older who had an ambulatory or preventive care visit.</td>
</tr>
<tr>
<td></td>
<td>The following rates are reported:</td>
<td>• 20–44 years.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 45–64 years.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 65 years and older</td>
</tr>
<tr>
<td>ABA</td>
<td>Adult BMI Assessment</td>
<td>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.</td>
</tr>
<tr>
<td>ADD</td>
<td>Follow-Up Care for Children Prescribed ADHD Medication</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Two rates are reported:</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Continuation and Maintenance (C&amp;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.</td>
</tr>
</tbody>
</table>
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.
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.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Report Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census Activity Admits</td>
<td>Patient Admission list includes attributed members who show an authorization within the previous rolling 30 days for an inpatient admission.</td>
</tr>
<tr>
<td>Census Activity ED Visits</td>
<td>Emergency Department visit list includes attributed members who show a claim within the previous rolling 30 days for emergency department services.</td>
</tr>
<tr>
<td>Gaps In Care Billing Guide</td>
<td>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.</td>
</tr>
<tr>
<td>HEDIS Gaps in Care</td>
<td>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.</td>
</tr>
<tr>
<td>PCAH Care Management Capitation</td>
<td>PCAH care management capitation.</td>
</tr>
</tbody>
</table>

Report Selection Options

- [ ] Provider
- Report Type: HEDIS Gaps in Care
- [ ] Select Period

Choose HEDIS Gaps in Care from drop down list.
Choose the report you want to view and double click on the report to access the report.
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.
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
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.
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
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.
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](http://mercycareaz.org)

For complete instructions follow slides 11 through 15 on this presentation
The Gaps in Care Technical Specifications and Billing Guide

Located on the portal where you obtain your HEDIS Gaps in Care Reports
2. The Mercy Care and Mercy Care Advantage websites under Reference Materials and Guides

<table>
<thead>
<tr>
<th>Complete Care For Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Manual</td>
</tr>
<tr>
<td>Care (Disease) Management</td>
</tr>
<tr>
<td>Claims</td>
</tr>
<tr>
<td>Clinical Guidelines</td>
</tr>
<tr>
<td>Cultural Competency</td>
</tr>
<tr>
<td>Dental</td>
</tr>
<tr>
<td>Fraud, Waste And Abuse</td>
</tr>
<tr>
<td>Language And Translation</td>
</tr>
<tr>
<td>News And Events</td>
</tr>
<tr>
<td>Notices</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>Prior Authorization</td>
</tr>
<tr>
<td>Provider Forms</td>
</tr>
<tr>
<td>Provider Information</td>
</tr>
<tr>
<td>Provider Training And Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference Materials and guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Care publishes reference material and guides that will assist you in serving our members. Our goal is to keep you well informed about our plan.</td>
</tr>
</tbody>
</table>

- Abuse Potential Medication List Document Date: 01/07/2019
- Accessing Gaps in Care Reports with the Mercy Care Web Portal Document Date: 04/12/2017
- Advance Directives and End of Life Provider Reference Guide Document Date: 03/22/2020 NEW
- AIDH Vaccine Newsletter - October 30, 2019
- Appropriation Availability Standards - Quick Reference Guide Document Date: 06/25/2018
- Appropriate Billing for T1016 - Case Management Document Date: 06/22/2019
- Arizona Opioid Prescribing Guidelines Document Date: 09/27/2018
- Arizona Opioid Assistance and Referral Line: 1-888-688-4222
- Arizona Rx Drug Misuse & Abuse Initiative Document Date: 06/27/2018
- Arizona Vaccine for Children (VFC) Operations Guide Document Date: 10/10/2018
- Arizona Vaccine News, August 3, 2018 Document Date: 08/03/2018
- Behavioral Health: Residential Facility Requirements Document Date: 07/25/2019
- Coronavirus - MCDPH Provider Guidance Document Date: 02/04/2020
- Coronavirus - MCDPH At Home Guidance Document Date: 02/04/2020
- Coronavirus - MCDPH Flyer for Providers Document Date: 02/04/2020
- Crisis/State-Only Membership Services Online Document Date: 06/12/2019
- CVS Specialty Pharmacy Flyer Document Date: 01/31/2020
- Easy Guide to Vaccine Requirements (PDF) Document Date: 04/24/2019
- Gaps In Care Technical Specifications and PCP Billing Guide Document Date: 04/27/2020
- HealthCare Connections - E-Prescribing Document Date: 06/27/2018
- HEDIS Tips for Behavioral Health Measures Document Date: 05/02/2018
- HEDIS Tips for PCPs Document Date: 05/30/2018
- Hepatitis A Outbreak Resources Document Date: 03/03/2019
- Home Visiting Referral Form Document Date: 07/08/2019
- Home Visit Resources in Arizona Document Date: 07/09/2019
- HPV Provider Information Document Date: 12/03/2018
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
Measure definitions

<table>
<thead>
<tr>
<th>Measure Definition:</th>
<th>BCS Breast Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of women who are 52–74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.</td>
<td></td>
</tr>
</tbody>
</table>
Closing the gaps via coding- (Continued)

Common chart deficiencies and tips

- Common Chart Deficiencies and Tips:
  1. Educate women regarding the benefit of early detection of breast cancer through routine mammograms.
  2. Assist with scheduling mammogram or refer to health plan for assistance with scheduling or other barrier resolution.
Billing reference with descriptions and codes

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>77055-77057, 77061-77067</td>
<td>G0202, G0204, G0206</td>
</tr>
</tbody>
</table>
Contact Quality Management regarding Gaps In Care:
   Megan Trawick: TrawickM@merycareaz.org
   Anne-Marie Van Maanen: VanMaanenA@aetna.com

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

Contact your Network Management Representative directly or the Network Management Department at the following:
MercyCareNetworkManagement@MercyCareAZ.org
602-263-3000 or 800-624-3879
Thank You