

HEDIS® MY 2024

Chart Submission Requirements



L.A. CARE HEALTH PLAN (L.A. CARE) MEDICAL RECORD REQUESTS

At the start of each HEDIS® season, you will receive a fax from L.A. Care. Each fax request will stipulate what documents need to be faxed back.



The fax will:

- Be patient-specific
- Indicate the HEDIS® measure
- Specify the year or years under review
- Request medical records and documents to submit
- State the timeline for submission



All documents and medical records must be submitted to L.A. Care within **five (5)** business days of request.

Before sending any documents to L.A. Care, you must perform a quality and completion check. This will prevent the need for us to call and fax requests for missing documents. Double check that the following are correct:



- Member's name
- Member's date of birth
- Dates of service
- Progress notes are signed by doctor, as applicable
- Member's name, date of birth, and date of service are clearly legible on each page

*Note: If any of the items listed above have faded or are unclear, **please handwrite** the information on the note being sent.*

The L.A. Care fax number is noted on the original fax you received. When you fax the documents, please send the:



- **Fax cover sheet** - Include the contact person's name, phone, and fax number.
- **Patient demographic sheet** - This is also known as the face sheet or registration sheet. This assists us to validate the member's name or date of birth in case of any discrepancies found in the medical records.
- **Medical records** - Send **only** the documents requested. This will decrease the volume of records sent and unnecessary transmission of PHI.

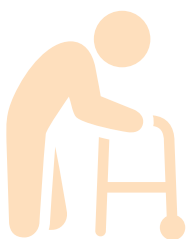
ADULT MEASURES

Measure	Age Range	Needed Items
Controlling High Blood Pressure (CBP)	18 - 85 yrs.	Submit all progress notes in 2024 with: <ul style="list-style-type: none">■ Progress note with latest blood pressure reading taken in 2024■ A dated graphic sheet or vital signs log in 2024■ BP taken and reported by member using any digital device in 2024■ Telehealth encounters in 2024
Glycemic Status Assessment for Patients With Diabetes (GSD)	18 - 75 yrs.	Submit all of the following: <ul style="list-style-type: none">■ All Progress Notes/Consult Reports in 2024■ All glyceimic HbA1c (Lab or POC Tests) in 2024■ All documentation of glucose monitoring data (by provider or member) in 2024■ All Retinal Eye exam reports and Referrals in 2023 – 2024■ Last BP reading taken in 2024, including BP taken and reported by member using any digital device■ Diabetic Care and Health Maintenance logs■ Telehealth encounters in 2024
Eye Exam for Patients With Diabetes (EED)		
Blood Pressure Control for Patients With Diabetes (BPD)		



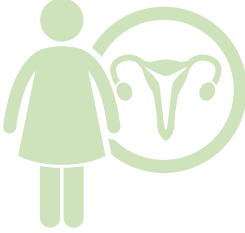
Measure**Age Range****Needed Items****Transitions of Care (TRC)****18 yrs. and older**Submit **all** of the following:


- All Progress notes, office visits, visits to the home, or Telehealth provided within 30 days after discharge in **2024**
- All documentation of notification of inpatient admission within 3-days of admission in **2024**
- All documentation of receipt of discharge information within 3-days of discharge in **2024**
- All Medication Lists and any notation that the medication list was reconciled with discharge medication list by MD/Pharmacist/RN within 30 days of discharge in **2024**
- All correspondence (phone call, email, fax) between inpatient provider and member's PCP in **2024**
- All Hospital/SNF/Rehab discharge summaries in **2024**

Care for the Older Adults (COA)**66 yrs. and older**Submit **all** of the following:

- One (1) Completed Annual Wellness Exam (**AWE**) Form in **2024**
- All Progress Notes and services rendered during a **Telephone visit, E-visit or Virtual Check-in** in **2024**
- All Medication Lists and any notation that the medication list was reviewed by the MD/Pharmacist, or notation that the patient is "not on any medication" in **2024**
- Any documentation of Functional Status Assessment, ADLs, IADLs or completed FSA tool in **2024**
- Any documentation of Pain Assessment or completed Pain Assessment Tool in **2024**

WOMEN'S HEALTH MEASURES

Measure	Age Range	Needed Items
Cervical Cancer Screening (CCS) 	21 - 64 yrs.	Submit all of the following: <ul style="list-style-type: none">■ Cervical cytology/Pap Test – with results between <u>2022 – 2024</u>■ Cervical high-risk human papillomavirus (hrHPV) testing with results between <u>2020 – 2024</u>■ Any documentation with notation of <u>date and result</u> of cervical cytology/high-risk human papillomavirus (hrHPV) cotesting between <u>2020 – 2024</u>■ Notation of Complete, Full, Total or Radical - (abdominal/vaginal or unspecified) Hysterectomy, vaginal hysterectomy, cervical agenesis or acquired absence of cervix

Measure	Age Range	Needed Items
Prenatal and Postpartum Care (PPC) 	Live Births (10/8/2023 - 10/7/2024)	Submit all of the following: <ul style="list-style-type: none">■ All OB progress notes with PCP or OB/GYN in <u>2023 – 2024</u>■ Complete prenatal care record, including ACOG in <u>2023 – 2024</u>■ All labs and ultrasound reports in <u>2023 – 2024</u>■ Progress note or hospital note with date of delivery in <u>2023 – 2024</u>■ Referral to OB/GYN in <u>2023 – 2024</u>■ All postpartum progress notes in <u>2023 – 2024</u>■ Postpartum pap smear in <u>2023 – 2024</u>■ All <u>Telephone visits, E-visits, or Virtual Check-ins</u> in <u>2023 – 2024</u>

CHILD AND ADOLESCENT MEASURES

Measure	Age Range	Needed Items
Children Immunization Status (CIS)	2 yrs.	Submit all of the following, as applicable: <ul style="list-style-type: none">Complete Immunization Record and History formCAIR recordsCopy of “yellow” immunization cardProgress notes with dates of immunizationA seropositive result or history of illness for MMR, Hep B, VZV, Hep ANotation of allergy or contraindication to vaccineAny documentation with notation of parental refusal



Immunizations for Adolescent (IMA)

13 yrs.

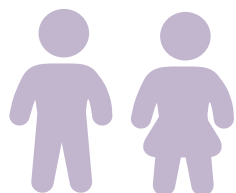
Submit **all** of the following:

- Complete Immunization Record and History form
- CAIR records
- Copy of “yellow” immunization card
- Progress notes with dates of immunizations
- Notation of allergy **or** contraindication to vaccine
- Any document with notation of parental refusal



Measure	Age Range	Needed Items
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Lead Screening in Children (LSC)



2 yrs.

Submit **all** of the following:

- All lead capillary or venous blood test with result in **2023** and **2024**, all by child's 2nd birthday
- All Progress Notes indicating date of lead screening and result in **2023** and **2024**, all by child's 2nd birthday

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



3-17 yrs.

Submit **all** of the following:

- All progress notes in **2024**
- All Telephone visits, E-visits, or Virtual check-ins in **2024**
- Dated Height, Weight, BMI % in **2024**, including **member-reported** biometric values
- Dated BMI age-growth chart **2024**
- Anticipatory Guidance form in **2024**
- What Does Your Child Eat form in **2024**
- Dated and signed Staying Healthy Assessment (SHA) Form in **2024**
- Nutrition and Physical Activity form in **2024**
- Counseling and Referrals for Nutrition and Physical Activity in **2024**
- Weight and obesity counseling in **2024**
- Any documentation on referral to **WIC** program in **2024**