

Office Manager's Guide to HEDIS® 2018



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 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, DOB, and date of service are clearly legible on each page

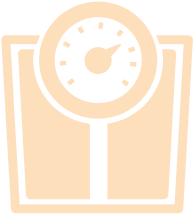

Note: If any of the items listed above have faded or are unclear, please handwrite the information on the note being sent.




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.

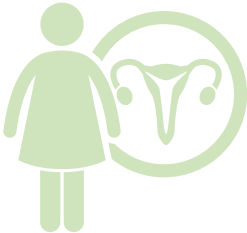
ADULT MEASURES


Measure	Age Range	Needed Items
 Adult BMI Assessment (ABA)	18 - 74 yrs.	<p>Submit one (1) progress note from 2016 or 2017:</p> <ul style="list-style-type: none">■ 20 years and older: weight and <u>BMI value</u>■ Younger than 20: height, weight, and <u>BMI in percentile only</u> <p>The height, weight and BMI (value or percentile) completed during the same office visit:</p> <ul style="list-style-type: none">■ A dated graphic sheet or■ A signed and dated progress note
 Controlling High Blood Pressure (CBP)	18 - 85 yrs.	<p>Submit two (2) progress notes with:</p> <p>Notation of Hypertension diagnosis</p> <ul style="list-style-type: none">■ A chronic problem list (dated or undated), or■ A progress note with HTN diagnosis on or before June 30, 2017 <p>Notation of the last BP reading taken in 2017</p> <ul style="list-style-type: none">■ A dated graphic sheet, or■ Progress note with latest BP reading in 2017 <p><i>The BP reading must be after the diagnosis was made.</i></p>

Measure	Age Range	Needed Items
Comprehensive Diabetes Care (CDC) 	18 - 75 yrs.	Submit all of the following: <ul style="list-style-type: none"> ■ Most recent HbA1c lab/office report with result in 2017 ■ One (1) urine lab/office test in 2017 ■ Current medication list in 2017 ■ One (1) nephrologist note in 2017 ■ All retinal eye test results and referrals in 2016-2017 ■ One (1) progress note with latest BP reading in 2017 ■ Diabetic Care log ■ Health Maintenance log
Colorectal Cancer Screening (COL) 	50 - 75 yrs.	Submit any of the following: <ul style="list-style-type: none"> ■ One (1) lab/progress note with FOBT (immunochemical (FIT) or gFOBT) test in 2017 ■ One (1) lab/progress note with Sigmoidoscopy report between 2013 – 2017 ■ One (1) lab/progress note with Colonoscopy report between 2008– 2017 ■ CT Colonography report/progress note between 2013 – 2017 ■ FIT-DNA Test between 2015 – 2017 ■ Any document with notation of history of colorectal cancer or total colectomy
Medication Reconciliation Post Discharge (MRP) 	18 yrs. and older	Submit all of the following: <ul style="list-style-type: none"> ■ All Hospital/SNF/Rehab discharge medication summaries in 2017 ■ Current medication list in 2017 ■ Progress notes indicating follow-up after hospital discharge in 2017 ■ Evidence of medication reconciliation by the MD/Pharmacist/RN within 30 days after discharge in 2017 ■ Home Health Oasis Initial Certification forms and/or RN nursing visit notes in 2017 ■ Progress note indicating that “no medications” prescribed or ordered upon discharge in 2017


Measure	Age Range	Needed Items
Care for the Older Adults (COA) 	66 yrs. and older	Submit all of the following: <ul style="list-style-type: none"> One (1) Advance Care Plan – (e.g. advance directive, POLST, living will, Medical Power of Attorney as example of Advanced Care Plan, Five Wishes, MD orders, or progress note of discussion dated in year 2017) One (1) complete Annual Wellness Exam (AWE) in 2017 One (1) Medication Review – any notation that the medication list was reviewed by the MD/pharmacist, or that the patient is “not on any medication” in 2017 One (1) Functional Status Assessment – ADL/IADL screening, or notation of all (cognitive status, ambulation status, hearing, vision and speech), or other functional independence in 2017 One (1) Pain Assessment – any notation of pain or “no pain”, or a standardized pain assessment tool in 2017


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"> Cytology/Pap test – lab result between 2015 – 2017 Cytology/Pap-HPV co-testing with result between 2013 – 2017 Any documentation with notation of date and result of Cytology/Pap test or Cytology/Pap-HPV co-test Any documentation with notation of “complete, total, or radical” abdominal or vaginal hysterectomy cervical agenesis or acquired absence of cervix.

Measure	Age Range	Needed Items
Prenatal and Postpartum Care (PPC) 	Live Births (11/6/2016 through 11/5/2017)	Submit all of the following: <ul style="list-style-type: none"> ■ All OB progress notes with PCP or OB/GYN in 2016 – 2017 ■ Complete prenatal care record, including ACOG in 2016 – 2017 ■ All lab and ultrasound reports in 2016 – 2017 ■ Progress note or hospital note with date of delivery ■ All postpartum progress notes in 2016 – 2017 ■ Postpartum pap smear in 2016 – 2017

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 form ■ CAIR records ■ PM 160 with immunization data ■ Copy of “yellow” immunization card ■ Progress notes with dates of immunization ■ Laboratory results patient sero-positive Any documentation with history of illness with measles, mumps, rubella, and chicken pox ■ Notation of allergy or contraindication to vaccine ■ Any documentation with notation of parental refusal

Immunizations for Adolescent (IMA) 	13 yrs.	Submit all of the following: <ul style="list-style-type: none"> ■ Complete Immunization Record and History form ■ CAIR records ■ PM160 with immunization data ■ 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
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Measure	Age Range	Needed Items
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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 **2017**
- PM160 form in **2017**
- Dated height, weight, BMI % in **2017**
- Dated growth chart in **2017**
- Anticipatory Guidance form in **2017**
- What Does Your Child Eat form in **2017**
- Staying Healthy Assessment (SHA) form in **2017**
- Nutrition and Physical Activity form in **2017**
- Counseling and referrals for nutrition and physical activity in **2017**
- Weight and obesity counseling in **2017**



Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life (W34)

3-6 yrs.

Submit **all** of the following:

- All progress notes in **2017**
- PM160 form in **2017**
- Developmental Milestone form in **2017**
- Anticipatory Guidance form in **2017**
- Well Care Visit form in **2017**
- Staying Healthy Assessment (SHA) form in **2017**

