

HEDIS® 2020

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

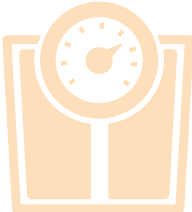

Note: If any of the items listed above have faded or are unclear, please handwrite the information on the note being sent.

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
 Adult BMI Assessment (ABA)	18 - 74 yrs.	Submit one (1) progress note from 2018 or 2019 : <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> The height, weight and BMI (value or percentile) completed during the same office visit: <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.	Submit all progress notes in 2019 with: <ul style="list-style-type: none">■ A dated graphic sheet or vital signs log.■ Progress note with latest BP reading in 2019■ BP readings in 2019 taken from remote monitoring devices that are digitally stored and transmitted to the provider■ Telehealth encounters in 2019

Measure**Age Range****Needed Items****Comprehensive Diabetes Care (CDC)****18 - 75 yrs.**Submit **all** of the following:

- Most recent HbA1c lab/office report with result in **2019**
- One (1) urine lab/office test in **2019**
- Current medication list in **2019**
- One (1) nephrologist note in **2019**
- All eye consults and retinal eye test results and referrals in **2018-2019**
- One (1) progress note with latest BP reading in **2019**
- Diabetic Care log
- Health Maintenance log
- BP readings in **2019** taken from remote monitoring devices that are digitally stored and transmitted to the providers
- Telehealth encounters in **2019**

Colorectal Cancer Screening (COL)**50 - 75 yrs.**Submit **any** of the following:

- One (1) lab/progress note with FOBT (immunochemical (FIT) or gFOBT) test in **2019**
- One (1) lab/progress note with Sigmoidoscopy report between **2015 – 2019**
- One (1) lab/progress note with Colonoscopy report between **2010–2019**
- CT Colonography report/progress note between **2015 – 2019**
- FIT-DNA Test between **2017 – 2019**
- 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:

- All Hospital/SNF/Rehab discharge medication summaries in **2019**
- Current medication list in **2019**
- Progress notes indicating follow-up after hospital discharge in **2019**
- Evidence of medication reconciliation by the MD/Pharmacist/RN within **30 days after discharge in 2019**
- Home Health Oasis Initial Certification forms and/or RN nursing visit notes in **2019**
- Progress note indicating that “no medications” prescribed or ordered upon discharge in **2019**

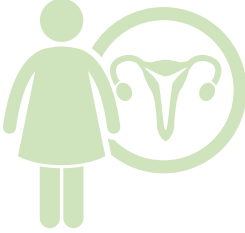
Measure**Age Range****Needed Items****Transitions of Care (TRC)****18 yrs. and older**Submit **all** of the following:


- Notification of Inpatient Admission in **2019**
- Receipt of Discharge Information in **2019**
- Patient Engagement After Inpatient Discharge in **2019**
- Medication Reconciliation in **2019**
- All progress notes in **2019**
- Current medication list in **2019**
- All correspondence (phone call, email, fax) between inpatient provider and member's PCP in **2019**
- All Hospital/SNF/Rehab discharge summaries in **2019**

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


- One (1) Advance Care Plan – (e.g. advance directive, POLST, living will, Medical Power of Attorney, Five Wishes, DNR, **or** progress note of discussion dated in year **2019**)
- One (1) complete Annual Wellness Exam (AWE) in **2019**
- 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 **2019**
- 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 **2019**
- One (1) Pain Assessment – any notation of pain or “no pain”, **or** a standardized pain assessment tool in **2019**

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 2017 – 2019 ■ Cytology/Pap-HPV co-testing with result between 2015 – 2019 ■ Any documentation with notation of date and result of Cytology/Pap test or Cytology/Pap-HPV co-test ■ Documentation of hysterectomy with notation that pap smear is no longer needed ■ Any documentation with notation of “complete, total, full or radical” abdominal or vaginal hysterectomy cervical agenesis or acquired absence of cervix

Prenatal and Postpartum Care (PPC) 	Live Births (10/8/2018-10/7/2019)	Submit all of the following: <ul style="list-style-type: none"> ■ All OB progress notes with PCP or OB/GYN in 2018 – 2019 ■ Complete prenatal care record, including ACOG in 2018 – 2019 ■ All lab and ultrasound reports in 2018 – 2019 ■ Progress note or hospital note with date of delivery ■ All postpartum progress notes in 2018 – 2019 ■ Postpartum pap smear in 2018 – 2019
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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 ■ A seropositive result or history of illness for MMR, Hep B, VZV, Hep A ■ Notation of allergy or contraindication to vaccine ■ Any documentation with notation of parental refusal

Measure**Age Range****Needed Items****Immunizations for Adolescent (IMA)****13 yrs.**Submit **all** of the following:

- 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

**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 **2019**
- PM160 form in **2019**
- Dated height, weight, BMI % in **2019**
- Dated growth chart in **2019**
- Anticipatory Guidance form in **2019**
- What Does Your Child Eat form in **2019**
- Staying Healthy Assessment (SHA) form in **2019**
- Nutrition and Physical Activity form in **2019**
- Counseling and referrals for nutrition and physical activity in **2019**
- Weight and obesity counseling in **2019**

**Well-Child Visits in the First 15 Months of Life (W15)****15 months in 2019**Submit **all** of the following:

- All Progress notes in **2018 - 2019**
- Developmental Milestone form in **2018 - 2019**
- Anticipatory Guidance form in **2018 - 2019**
- Well Care Visit form in **2018 - 2019**
- Staying Healthy Assessment form in **2018 - 2019**



Measure

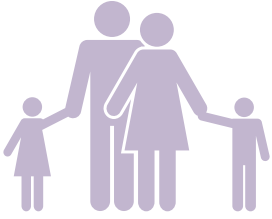
Age Range

Needed Items

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 **2019**
- PM160 form in **2019**
- Developmental Milestone form in **2019**
- Anticipatory Guidance form in **2019**
- Well Care Visit form in **2019**
- Staying Healthy Assessment (SHA) form in **2019**

Adolescent Well-Care Visits (AWC)

12-21 yrs.

Submit **all** of the following:



- All Progress notes in **2019**
- Developmental Milestone form in **2019**
- Anticipatory Guidance form in **2019**
- Well Care Visit form in **2019**
- Staying Healthy Assessment form in **2019**

