Florida Blue

An Independent Licensee of the
Blue Cross and Blue Shield Association

December 2018

HEDIS Clinical Quality Validation Frequently Asked Questions *Update*

HEDIS and Stars: A Florida Blue Health Care Quality Program

1. What is HEDIS? (Healthcare Effectiveness Data and Information Set)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of performance measures widely used in the managed care industry. Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS has progressed as a set of performance measures evolving into an integral system for establishing accountability in managed care.

HEDIS reporting is mandated by NCQA and the Centers for Medicare & Medicaid Services (CMS) for accreditation and regulatory compliance. It is important that health care providers and staff become familiar with HEDIS to understand what health plans are required to report to improve the quality of patient care.

2. What are CMS Star measures?

CMS uses a five-star system to measure Medicare members' care and experiences with the health care system; with one as the lowest rating and five as the highest rating. CMS Star ratings apply to Medicare Advantage (MA) plans which include: Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO) and Private Fee-For-Service (PFFS) plans.

3. How does the Florida Blue Quality department use Availity for HEDIS rates?

Utilizing Availity®[1] , the Quality department abstracts compliant data from medical records in an effort to close gaps and increase HEDIS Scores . This process allows Florida Blue to effectively measure care and providers performance, which ultimately impacts Florida Blue's NCQA HEDIS Accreditation and Quality rating system results.

4. Are Florida Blue participating providers required to comply with HEDIS and CMS Star requirements?

Yes, all Florida Blue participating providers are required to comply with HEDIS and CMS Star requirements and to complete/submit the requested forms and documentation.

5. Is there documentation that needs to be completed for the CMS Star program?

Yes. Florida Blue provides the Clinical Quality Validation (formerly HEDIS Attestation form) to be used for each identified Florida Blue member with an open care gap as indicated on the validation. The Clinical Quality Validation is provided in the Clinical Quality Validation portal in Availity's Payer Spaces.

6. What is the purpose of the Clinical Quality Validation?

The Clinical Quality Validation is an easy-to-navigate web-based form that provides physicians with pre-populated care gaps identified from claims data relating to care and/or quality measures. The validation documents the assessment and care delivered by the provider and attests that the information provided is true, accurate and complete.

7. Will I need to complete and submit a "new" validation in the Clinical Quality Validation work queue for the same member if I already completed and submitted a Clinical Quality Validation for this year?

The provider needs to complete and submit another validation for the same member if:

- More than one care gap was not addressed on the submitted validation
- Additional care gaps become open during the year
- The patient changes health plans or product lines during the year

8. How often is the Clinical Quality Validation work queue updated?

As of October 5, 2018, member care gap information is updated weekly, except for maintenance,. Note: It takes 30-45 days for the completed Clinical Quality Validation form information to be processed.

9. Is it a requirement to attach a medical record for the Clinical Quality Validation to be submitted?

Yes, medical record attachment(s) to include are progress notes, consultations, diagnostic/operative reports and/or labs.

10. Is there an option for SFTP file transfer or CCD-A data transfer?

Yes, there is an option for Secure File Transfer Protocol (SFTP) file transfer or Consolicated Clinical Document Architecture (CCD-Afor the practice. Please email: ProviderDataOnboardingTeam@floridablue.com and include the practice name and contact information.

11. Is it a requirement to complete all sections of the Clinical Quality Validation form?

Yes, upon completing all sections of the Clinical Quality Validation form, the information provided will automatically be captured by the Florida Blue system. Failure to complete the form will delay the processing of the clinical information, which may affect the accuracy of your Medicare Stars and Commercial reports.

12. What are the size and type requirements for medical record attachments?

File/medical record attachments should relate to the sections completed on the Clinical Quality Validation. Up to five medical record file attachments for a maximum size of 10 MB for the care gaps that are to be closed can be uploaded. Each file **must** be a PDF, TIF or JPG file.

13. Will Florida Blue fax/mail the Clinical Quality Validation to me?

No. The Clinical Quality Validation is only available electronically at availity.com.

14. What are the benefits of the Clinical Validation?

- Ensures diagnoses and quality measures documented in medical records are captured for submission to CMS, performance reporting and prospective initiatives
- Improves coordination of care from both Florida Blue and its providers
- Assures member care gap status is accurately reflected in provider or member outreach
- Enhances provider engagement with Florida Blue members
- Provides an easy completion process and improves quality of information collected, while assuring document integrity and security
- Decreases the number of medical requests sent to provider offices during the HEDIS seasonal project

15. How can I access the Clinical Quality Validation?

Proper permissions as an Availity user to access the Clinical Quality Validation must be obtained. To gain access, contact your Availity Primary Access Administrator (PAA) who is a member of your staff.

16. How can I edit information on the Clinical Quality Validation form once the validation is submitted?

Editing the Clinical Quality Validation form after it is submitted is not possible at this time.

17. What is the logic that aligns a patient to a physician?

Depending on the product in which the member is enrolled, Florida Blue either assigns a primary care physician (PCP) based on member selection/system assignment or a member is attributed to a physician.

- Patients who are in a HMO product have an assigned PCP. It is possible for the member to be on the panel roster and not be seen there, if the HMO member is assigned to the provider.
- Patients in a plan other than HMO, Florida Blue uses attribution logic to attribute to a provider, based on claims data and the number of visits.

18. Why do I sometimes have duplicate validations for the same patient?

Florida Blue is always striving to help providers have the most updated information for its members. On occasion, the office will receive a duplicate validation hen matching the member information with the provider ID number and tax ID number. This happens if either the ID number has been updated based on new claims received or a pending validation already exists. Existing ‘pending’ validations are not removed based on these updates so as not to remove work that may have already been completed by the providers.

19. What steps do I need to complete to fulfill CMS Star requirements?

a) Contact patients who have been identified as part of the program to schedule an appointment or service.

b) Conduct an assessment of the patient to determine what care gaps need to be addressed when completing the Clinical Quality Validation. Verify the pre-populated information and document, as appropriate, in the validation from the medical record.

c) Complete the Clinical Quality Validation in its entirety, addressing the open care gaps captured in the "Care Gaps Identified" section.

d) Electronically attach the medical records (office visit, labs, reports, consults) pertinent to the open care gap being addressed and include the date of service.

e) Electronically enter the name of the office contact and the contact phone number in the Clinical Quality Validation.

f) Electronically submit the Clinical Quality Valuation. The validation stays open in the work queue until the provider completes/submits the validation or the validation is archived after the calendar year.

20. Is there a timeframe to see new members assigned to my panel who also have a Clinical Quality Validation assigned in the Clinical Quality Validation work queue?

The provider is strongly encouraged to initiate an office visit to address the open care gaps in a Clinical Quality Validation within 90 days of the member's assignment to the PCP.

21. What is the best approach when a member has a Clinical Quality Validation assigned in the Clinical Quality Validation work queue and is a new (not established/active) member assigned to a member panel?

- Contact the patient (phone, email, mail) to establish the patient with your practice.
- Document the contact in the EMR system.
- If you're unable to reach the patient, or do not receive a response, attempt contact a total of three times and document the attempts in EMR.
- Per CMS guidelines, Florida Blue does not remove patients from the member panel that are not established, nor does Florida Blue do member outreach to establish a member.
- The member may contact Member Services to change the PCP.

Note: the member may be an "attributed" member on the member roster.

22. Is the Clinical Quality Validation the only way to close a HEDIS care gap for a member?

No. Additional ways to close a care gap are:

- Completing the needed test/procedure/office visit.
- Electronically submitting the claim including all diagnosis, test/procedure and result codes associated with the date of service.

23. How do I advise a member that is refusing a colonoscopy? Is Cologuard® a covered service/test?

For Medicare Advantage and Commercial Plans, Cologuard is covered. Additional screening tests that meet criteria for closing the Colorectal Cancer Screening care gap are:

- Colonoscopy
- Fecal Occult Blood Test or FIT Test
- Flexible Sigmoidoscopy
- CT Colonography

24. How do I attach the medical records to the validation when HIPAA issues arise?

Medical records (attachments) in a PDF format can be password-protected with an established password as follows**:**

How to protect PDF files in Office applications for Windows:

- In an Office application, click the Create PDF button in the Acrobat task ribbon
- Type a file name and select Restrict Editing
- In the resulting Security dialog box, set up a password and permissions as desired
- Click OK, and then click Save
- https://acrobat.adobe.com/us/en/acrobat/how-to/pdf-file-password-permissions.html

To provide password information to the recipient (Florida Blue), contact the Florida Blue Network Manager at **(800) 727-2227** and follow the prompts.

25. What do I do when a deceased patient is a Florida Blue member and is shown on a Clinical Quality Validation?

Contact your Florida Blue Network Manager at **(800) 727-2227** and follow the prompts. If the deceased member has a Medicare Supplement, we will need a copy of the death certificate to submit to the Enrollment Department. If the deceased is a Medicare Advantage member, Florida Blue will deactivate the member in the system. Once CMS sends us their monthly updated information files on our members, we can advise them that the member is deceased.

26. What happens to the medical record attachment(s) and the HEDIS care gaps validations once submitted?

The Florida Blue Quality Audit Team reviews for compliancy based on the NCQA HEDIS measure guidelines**.**

27. I submitted a Clinical Quality Validation form and medical record but the information was not accepted. Why would this be?

This could be due to a number of factors. We want to make sure you are not spending valuable time submitting records to close gaps when information might be missing or incorrect. The following are possible reasons for gaps not closing after submitting a medical record in Availity.

a) The medical record is not from the correct year (where applicable).
b) There are not two patient identifiers listed on the medical record. NCQA approved identifiers are last name, first name and date of birth.
c) There is not a date of service indicated on the medical record.
d) Unable to read handwritten medical records – if not legible unable to be used to close the gap.
e) Lab values do not have a collected or resulted date and must have D/M/Y – best practice would be to send the actual lab results.
f) Diabetic retinal eye exams do not include a result; do not include the provider who performed the exam (first and last name); do not include a date of service (D/M/Y) must have all 3 elements – best practice would be to send the actual exam.
g) Diabetic retinal eye exams that have a diagnosis of hypertensive retinopathy are considered positive tests.

h) Pap smears do not have results and date of service.
i) When a patient refuses/declines the gap remains open.
j) Exclusion for a member must indicate the reason they are excluded and the date they became excluded. See HEDIS and Stars coding gap reference guides for exclusion per measure, HEDIS Documentation and Coding Guide; and the HEDIS Stars Documentation and Coding Guide.
k) Dates of service are needed for any testing or procedures - D/M/Y for labs, and at least year for all other testing (do not use "up to date" or indicate the "due date" as the actual date of the test or procedure was performed is needed) – best practice would be to send the actual screening report.
l) All blood pressure readings need to be <140/<90 (NOT equal to or above 140/90).
m) Information is not specific. Example- history of hysterectomy. Appropriate documentation – total hysterectomy and date of the procedure (at least the year).

28. I am receiving calls from Availity regarding training on completion of the Clinical Quality Validations. I am already working with a Florida Blue HEDIS nurse. Should I train with Availity also?

No. Please contact the Florida Blue HEDIS nurse, who will reach out to Availity**.**

29. How do I get access and reports from Florida Blue?

For questions regarding access and reports in the Passport Portal and QERP Tool, contact a Florida Blue Network Manager at (800) 727-2227 and follow the prompts.

30. How do I update provider information in the Availity portal?

The Availity provider self-service portal can be accessed at this link:
https://apps.availity.com/public/apps/provider-self-service-maintenance/#/landing

31. Who do I contact for questions regarding the HEDIS care gap measures?

For questions about Commercial HEDIS care gap measures in the Clinical Quality Validation tool, contact your Quality POD nurse, ClinicalQualityValidationFormTraining@floridablue.com

32. Who do I contact for questions regarding Availity?

For questions regarding Availity, contact Availity Customer Support:
(800) AVAILITY (282-4548).

[1]Availity, LLC is a multi-payer joint venture company. Visit availity.com to register.