

## Reduce the Burden of Quality Reporting

MVP Health Care® (MVP) wants to stress the importance of scheduling MVP Members for preventive health maintenance screenings and diagnosis related services that need to be completed by the end of the year. **The monthly Gaps in Care (GIC) report** helps Provider practices identify those Members and is a valuable tool to improve HEDIS/quality scores.

Gap closures can take up to 90 days to appear as a “pass” on your GIC report. This is due to claims lag time and the speed at which MVP can process records. To help your practice streamline data, for a more efficient review process, follow the guidelines below for submitting documentation for Gaps in Care.

### Key points for accurate interpretation of the Gap List:

- Note in the “Detail” section of the GIC report that the services shown to be “Required” reflect those gaps in care that can be closed by submitting required documentation for the measure. These measures can be found on the first half of the report under a pink-colored header.
- Documentation requirements for each of the GIC measures can be found in the tab labeled “Cover Letter”.
- Gaps will be closed if the submitted documentation meets measure criteria.
- Gaps that have already been closed for a Member are shown on the report as “pass” and nothing further is required for the measure.
- Do not submit documentation that is not specifically outlined in the cover letter.
- Do not submit documentation for Members who are not on the gap list. Our database will not accept information for those not shown on the list.
- Services listed on the second half of the report are shown under a blue-colored header. These measures reflect gaps that will be closed upon MVP’s receipt of CLAIMS for the services. No further documentation is required. The purpose for including in the report is to bring awareness at the practice level in an effort to improve HEDIS rates for Participating Providers
- Only send the documentation specifically noted in our GIC cover letter or HEDIS fax request. Avoid submitting more pages than necessary, such as visit notes, lab reports and tests that have *not been* requested. This is the biggest factor in slowing down the submissions and validation processes.

### Whether submitting documentation for Gaps in Care or for the annual HEDIS Review, always follow these additional guidelines:

- Always include the purpose for the submission on your fax cover sheet, noting if the records are for Gaps in Care or the annual HEDIS review.
- Please also indicate the name of the specific practice on the fax cover page, in addition to the name of the larger organization, where applicable.
- Make sure Member name and DOB are noted on each document. If a report does not include DOB, add a demographic sheet (or similar) to avoid a call for date of birth validation. This is in keeping with CMS documentation requirements.
- Include all pages of an office note to include Provider signature. This will help you avoid a call for the signature page, which is also in keeping with CMS documentation requirements.

For guidance with your submissions, contact [HEDISQuality@mvphealthcare.com](mailto:HEDISQuality@mvphealthcare.com).

To view all communications, visit [mvphealthcare.com/FastFax](http://mvphealthcare.com/FastFax)

To receive future FastFax messages by email, send a request to [MVPFastFax@mvphealthcare.com](mailto:MVPFastFax@mvphealthcare.com).

**Questions?** Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.

