AmeriHealth Caritas Ohio

ARE YOU GETTING CREDIT FOR EVERY GAP YOU CLOSE?

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DID YOU KNOW?

Multi-Year HEDIS Measures:

Some HEDIS measures like Cervical Cancer, Breast Cancer and Colorectal Cancer Screenings span across multiple years, impacting gap closure reporting.

Data Visibility Challenges:

Providers often face limited data visibility when members switch Medicaid plans, causing missed credit for services.

Importance of Recognition:

Engaging providers to ensure they understand if all their efforts to close gaps are credited properly.

The Problem with Multi-Year Measures and Gaps

Multi-Year Measure Complexity:

Some HEDIS measures evaluate compliance over multiple years, complicating timely performance assessments

Data Visibility Challenges:

Lack of access to historical data across different Medicaid plans hinders accurate gap closure recognition.

Impact on Provider Credit:

Providers may not receive credit for completed screenings if the gap was closed in a previous year under a different health plan.

Broader Measure Implications:

This issue affects multiple screening related measures including cervical cancer, breast cancer, and colorectal measures.

Why it Matters: Incentives and Compliance

Eligibility for Incentive Programs

Providers must receive credit for all gap closures to qualify for certain Incentive Programs rewarding high compliance.

Improved Performance Metrics

Accurate gap closure data improves performance metrics, enhancing reputation and efficiency of practices.

Fairness and Continued Diligence

Recognizing all completed services regardless of year promotes fairness and encourages ongoing preventive care efforts.

Provider Feedback and Common Challenges

Provider Concerns

- Healthcare providers report issues with missing credit for gap closures, highlighting a common challenge.

Active Provider Engagement

- Providers are actively seeking solutions to report past services and ensure their efforts are recognized.

Building Credibility Through Feedback

- Acknowledging real-world provider feedback strengthens credibility and supports the need for effective solutions.

Submitting Documentation for Prior Year Services

Purpose of Documentation Submission

Providers submit clinical documents to confirm prior year services and resolve unrecognized care gaps.

Accepted Submission Methods

Documentation can be submitted **via fax at 833.533.2964**, **email at OHQuality@amerihealthcaritasoh.com**, or **EMR access**,

Documentation Requirements

Records must be legible, include member name, date of birth, service date, and be part of permanent medical records.

ECDS Data Standards

Structured electronic data is required for ECDS measures and must be validated to complete gap closure.