



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

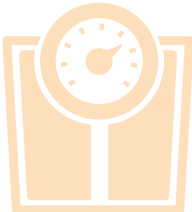

Note: If any of the items listed above have faded or are unclear, please handwrite the information on the note being sent.

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	18 - 74 yrs.	<p>Submit one (1) progress note from 2015 or 2016:</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	18 - 85 yrs.	<p>Submit two (2) progress notes with: 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, 2016 <p>Notation of the last BP reading taken in 2016</p> <ul style="list-style-type: none">▶ A dated graphic sheet, or▶ Progress note with latest BP reading in 2016 <p><i>The BP reading must be after the diagnosis was made.</i></p>

Measure

Age Range

Needed Items

Comprehensive Diabetes Care

18 - 75 yrs.

Submit **all** of the following:



- ▶ Most recent HbA1c lab/office report with result in **2016**
- ▶ One (1) urine lab/office test in **2016**
- ▶ Current medication list in **2016**
- ▶ One (1) nephrologist note in **2016**
- ▶ All retinal eye test results and referrals in **2015-2016**
- ▶ One (1) progress note with latest BP reading in **2016**
- ▶ Diabetic Care log
- ▶ Health Maintenance log

Colorectal Cancer Screening

50 - 75 yrs.

Submit **any** of the following:



- ▶ One (1) lab/progress note with FOBT (immunochemical (FIT) or gFOBT) test in **2016**
- ▶ One (1) lab/progress note with Sigmoidoscopy report between **2012-2016**
- ▶ One (1) lab/progress note with Colonoscopy report between **2007-2016**
- ▶ CT Colonography report/progress note between **2012-2016**
- ▶ FIT-DNA Test between **2014-2016**
- ▶ Any document with notation of history of colorectal cancer or total colectomy

Medication Reconciliation Post Discharge

18 yrs. and older

Submit **all** of the following:



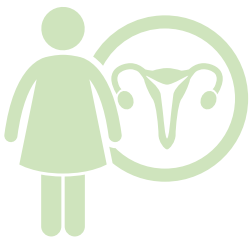
- ▶ All Hospital/SNF/Rehab discharge medication summaries in **2016**
- ▶ Current medication list in **2016**
- ▶ Progress notes indicating follow-up after hospital discharge in **2016**
- ▶ Evidence of medication reconciliation by the MD/Pharmacist/RN within **30 days after discharge in 2016**
- ▶ Home Health Oasis Initial Certification forms and/or RN nursing visit notes in **2016**
- ▶ Progress note indicating that “no medications” prescribed or ordered upon discharge in **2016**

Measure	Age Range	Needed Items
Care for the Older Adults	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 2016) ▶ One (1) complete Annual Wellness Exam (AWE) in 2016 ▶ 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 2016 ▶ 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 2016 ▶ One (1) Pain Assessment – any notation of pain or “no pain”, or a standardized pain assessment tool in 2016



WOMEN'S HEALTH MEASURES

Measure	Age Range	Needed Items
Cervical Cancer Screening	21 - 64 yrs.	Submit all of the following: <ul style="list-style-type: none"> ▶ Cytology/Pap test – lab result between 2014 – 2016 ▶ Cytology/Pap-HPV co-testing with result between 2012 – 2016 ▶ 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.




Frequency of Prenatal Care

Live Births
(11/06/2015 through
(11/05/2016)



Submit **all** of the following:

- ▶ All OB progress notes with PCP or OB/GYN in **2015 – 2016**
- ▶ Complete prenatal care record, including ACOG in **2015 – 2016**
- ▶ All lab and ultrasound reports in **2015 – 2016**



Measure	Age Range	Needed Items
Prenatal and Postpartum Care 	Live Births <i>(11/06/2015 through 11/05/2016)</i>	Submit all of the following: <ul style="list-style-type: none"> ▶ All OB progress notes with PCP or OB/GYN in 2015 – 2016 ▶ Complete prenatal care record, including ACOG in 2015 – 2016 ▶ All lab and ultrasound reports in 2015 – 2016 ▶ Progress note or hospital note with date of delivery ▶ All postpartum progress notes in 2015 – 2016 ▶ Postpartum pap smear in 2015 – 2016

CHILD AND ADOLESCENT MEASURES

Measure	Age Range	Needed Items
Children Immunization Status 	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 	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

Measure

Age Range

Needed Items

Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents

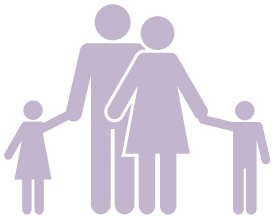


3-17 yrs.

Submit **all** of the following:

- ▶ All progress notes in **2016**
- ▶ PM160 form in **2016**
- ▶ Dated height, weight, BMI % in **2016**
- ▶ Dated growth chart in **2016**
- ▶ Anticipatory Guidance form in **2016**
- ▶ What Does Your Child Eat form in **2016**
- ▶ Staying Healthy Assessment (SHA) form in **2016**
- ▶ Nutrition and Physical Activity form in **2016**
- ▶ Counseling and referrals for nutrition and physical activity in **2016**
- ▶ Weight and obesity counseling in **2016**

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



3-6 yrs.

Submit **all** of the following:

- ▶ All progress notes in **2016**
- ▶ PM160 form in **2016**
- ▶ Developmental Milestone form in **2016**
- ▶ Anticipatory Guidance form in **2016**
- ▶ Well Care Visit form in **2016**
- ▶ Staying Healthy Assessment (SHA) form in **2016**