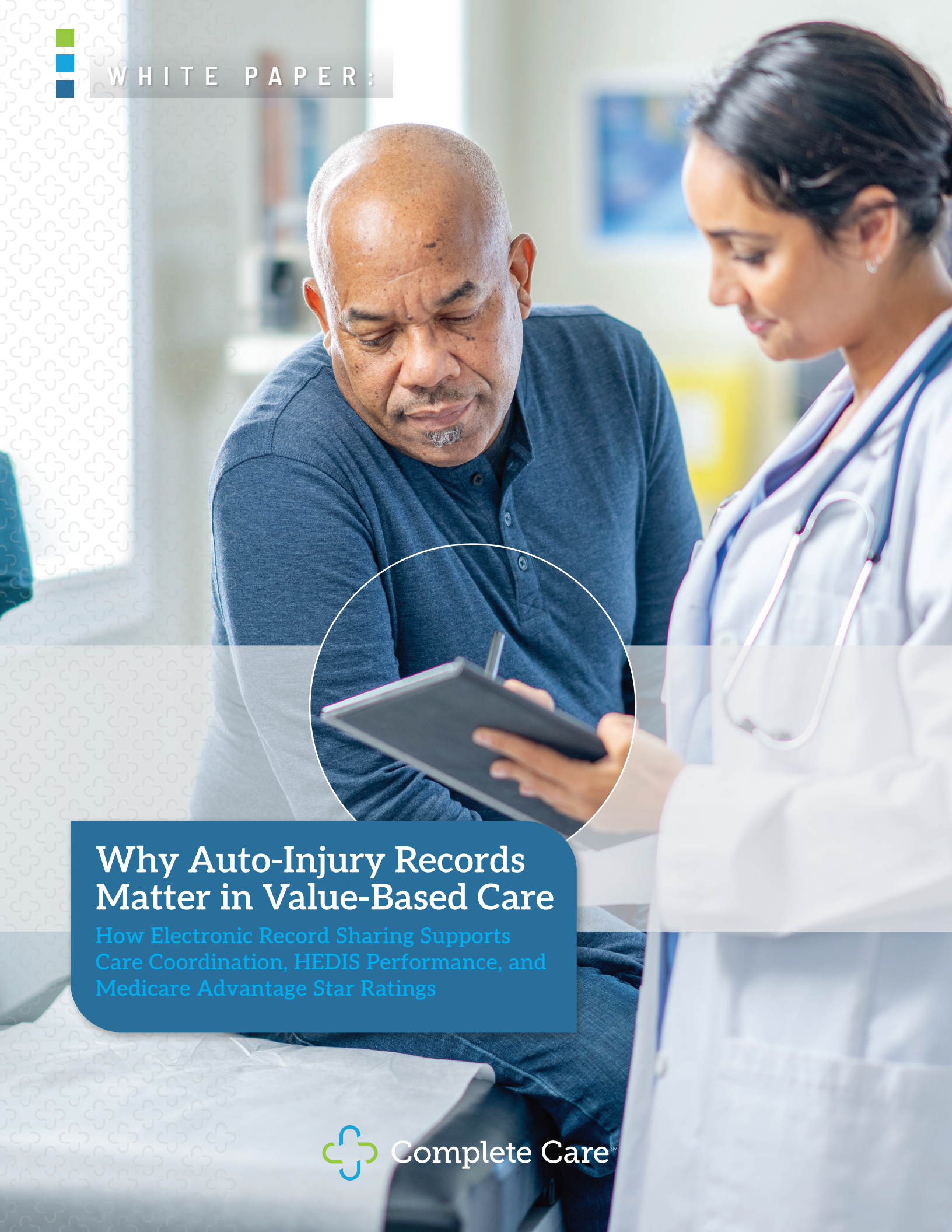
WHITE PAPER:



Why Auto-Injury Records Matter in Value-Based Care

How Electronic Record Sharing Supports Care Coordination, HEDIS Performance, and Medicare Advantage Star Ratings

Complete Care℠

Keeping Auto-Injury Care Visible to the PCP

Primary care practices operating under value-based arrangements are accountable for the quality, coordination, and cost of care delivered to their attributed patients. Yet auto-accident treatment may occur outside the PCP's usual network and health-plan claims environment, limiting the practice's visibility into information captured during the injury episode.

Electronically sharing this information with the patient's established PCP can help the practice maintain continuity, support applicable HEDIS® (Healthcare Effectiveness Data and Information Set) measures and Medicare Advantage Star Ratings, reduce administrative burden, and help protect shared-savings performance.

When Auto-Accident Care Occurs Outside the PCP's View

Auto-accident care is often paid through personal injury protection (PIP) rather than the patient's health plan. As a result, the PCP or health plan may not receive the claims or clinical information it ordinarily relies on to track patient care and quality performance.

The PCP may not receive new or updated information captured during the auto-injury episode, including:

- Current blood-pressure readings and other clinical findings
- New screening results
- Medication changes or reconciliation findings
- New diagnoses, imaging, testing, and treatment
- Follow-up recommendations arising from the injury episode

Without the record, a completed service may remain unrecognized, or a genuine need for follow-up may go unidentified. Both scenarios can affect patient management, care-gap closure, and quality performance.

From Auto-Injury Records to Actionable PCP Information

How Shared Information Can Support HEDIS Measures

HEDIS measures are widely used to evaluate healthcare quality, and selected HEDIS measures contribute to Medicare Advantage Star Ratings. Qualifying information captured during an auto-injury episode can help support performance on applicable measures when incorporated into the appropriate reporting process.

Table 1. Motor Vehicle Accident Information That Can Support Quality Management[1-6]

Information Shared	Clinical Use for PCP	Quality Relevance
Current blood-pressure readings	Update the record and assess follow-up needs	HEDIS + Medicare Advantage Star Ratings
Depression screening results	Update the record and review results	HEDIS
Tobacco-use screening	Update the record and review screening status	HEDIS
Current height, weight, and BMI	Update the record and document BMI percentile	HEDIS
Medication information and reconciliation	Review medication changes or discrepancies	HEDIS
Diagnoses, imaging, treatment, and follow-up recommendations	Review care delivered and recommended next steps	HEDIS

NOTE: Applicability varies by measure, patient age/eligibility, and reporting requirements.

How Shared Information Supports Financial Performance

Usable clinical information can support financial performance in several concrete ways. Documentation of qualifying care can help support performance on applicable HEDIS measures and support quality-linked payments. Visibility into prior imaging, testing, and treatment can help prevent duplicative services and protect shared savings. Electronic delivery also reduces the staff time and administrative expenses associated with requesting and retrieving outside records.

Table 2. Clinical, operational, and financial value of electronic record sharing

Clinical	Operational	Financial
Visibility into documented vital signs, screenings, medications, diagnoses, and treatment	Records delivered electronically in a usable format	Documentation that may support applicable HEDIS measures and Medicare Advantage Star Ratings
Clear identification of care completed and follow-up still needed	Fewer calls, faxes, and manual record requests	Lower administrative cost associated with obtaining outside records
Access to prior imaging, testing, and treatment information	Information available for care-gap review and incorporation into the patient record	Greater ability to avoid duplicative services and protect shared-savings performance

Closing the Loop with Complete Care

Coordinated Auto-Injury Care with Continued PCP Visibility

Complete Care provides focused outpatient care for auto-accident injuries, managing the clinical and administrative complexities of the accident-related episode. The patient's record is updated after each visit, supporting PCP visibility and continuity of longitudinal care.

Complete Care Core services include:

- **Physical rehabilitation and functional recovery:** Physiotherapy, chiropractic care, mobility restoration, and targeted treatment plans
- **Concussion-focused rehabilitation:** Evaluation, monitoring, and rehabilitation for traumatic brain injury and related symptoms
- **Diagnostic and specialty escalation:** Coordination of imaging, pain management, spine, orthopedic, or surgical consultation when clinically indicated
- **Administrative coordination and provider communication:** Support with PIP-related requirements, scheduling, progress updates, and communication with the patient's established physicians

Electronic Record Sharing: Value to the Established PCP

Complete Care documents the injury episode electronically and returns clinical information to the established PCP, helping the practice distinguish completed care from follow-up still needed and use the information for ongoing care and quality management. Qualifying documentation can help support performance on applicable HEDIS measures, including measures that contribute to Medicare Advantage Star Ratings and associated quality incentives. Electronic delivery can also reduce manual record retrieval, help prevent unnecessary duplication, and support shared-savings performance.

Complete Care Snapshot[7]

1M+ Patient Visits

30+ Florida Locations

750+ Referring Practices

~2% of patients require surgical intervention, reflecting a conservative outpatient recovery model

90% of patients with documented strength deficits demonstrated improvement

Published by Complete Care Centers, LLC - Dr. Marc Ott, D.C. and Dr. Bret Scheuplein, D.C.

Conclusion:

Together, this creates a closed-loop model: Complete Care manages the clinical, administrative, and PIP-related complexities of the auto-injury episode and returns electronic records to the PCP to support ongoing care, quality management, and value-based performance.

Learn how Complete Care can treat your patients after a motor vehicle accident and electronically share the information your practice needs to support their ongoing care.

Scan the QR code to learn more.

www.complete-care.com/for-providers

Sources

1. National Committee for Quality Assurance. Blood Pressure Control for Patients With Hypertension (BPC-E). 2026. NCQA
2. National Committee for Quality Assurance. Depression Screening and Follow-Up for Adolescents and Adults (DSF-E). 2026. NCQA
3. National Committee for Quality Assurance. Tobacco Use Screening and Cessation Intervention (TSC-E). 2026. NCQA
4. National Committee for Quality Assurance. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC). 2026. NCQA
5. National Committee for Quality Assurance. Medication Reconciliation Post-Discharge (MRP). Accessed August 10, 2026. NCQA
6. Centers for Medicare & Medicaid Services. 2027 Star Ratings Measures and Weights. 2026. CMS
7. Complete Care. Company Metrics. Internal data on file. 2026.

Complete Care Centers, LLC
555 Winderley Place, Suite 105
Maitland, FL 32751
P 844.699.2273
Complete-Care.com