HEDIS - Frequently Asked Questions

1. **What is HEDIS?**

   HEDIS$^{®}$ (Healthcare Effectiveness Data and Information Set) is one of the most widely used sets of health care performance measures in the United States. It was developed, is updated and maintained by the National Committee for Quality Assurance (NCQA). The HEDIS methodology provides a systematic and standardized way for health plans to document how well they provide health care services to enrolled members.

   Health plans calculate HEDIS rates by using the administrative data methodology or the hybrid methodology.

   - <u>The administrative data</u> methodology is limited to the use of claim and encounter data submitted to the health plan.
   - <u>The hybrid methodology</u> includes claim and encounter data, but also uses data obtained directly from the **member's medical record**. This allows the health plan to count services where claim or encounter data was not received.

   Use of medical record data requires that we obtain a copy of the member's medical record. Each record should include the member's name, gender and date of birth to confirm that the correct record has been obtained. The copy should be limited to required documentation and demographic information.

2. **What is needed from your practice/office?**

   Access to designated patient medical records so the Mercy Care Advantage representative can do one of the following:

   - Scan patient medical records to a secure server
   - Copy Electronic Medical Records (EMR) on a secure encrypted flash drive
   - Send a secure image of medical record on an encrypted iPad and to a secure server
   - Upload patient medical record to the secure Mercy Care Web Portal

   Additionally, your office will have the option to fax or mail the requested records directly to Mercy Care Advantage

   Important reminder about access to Member Records:

   <u>4.25 - Medical Record Audits</u>

   MCA will conduct routine medical record audits to assess compliance with established standards. Medical records may be requested when MCA is responding to an inquiry on behalf of a member or provider, administrative responsibilities or quality of care issues. Providers must respond to these requests within fourteen (14) days or in no event will the date exceed that of any government issued request date. Medical records must be made available free of charge. Medical records must be made available to AHCCCS for quality review upon request. MCA shall have access

to medical records for the purpose of assessing quality of care, conducting medical evaluations and audits, and performing utilization management functions.

3. **What is being measured?**

- **COL** - Colorectal Cancer Screening
  An office note, procedural report, or documentation in medical record showing one of the following colorectal cancer screenings was completed:
      Colonoscopy with a service date from 2011-2020
      Fecal Occult Blood Test (guaiac or immunochemical) in 2020
      CT Colonography with a service date from 2016-2020
      Flexible Sigmoidoscopy with a service date from 2016-2020
      FIT-DNA test with a service date from 2018-2020
- **CBP** - Controlling High Blood Pressure
  An office note or vital sheet with the last date of service the member was seen in 2020 documenting the blood pressure reading.
- **CDC** - Comprehensive Diabetes Care
  All progress notes, consult notes, problem lists, medication lists, prescriptions, health maintenance flow sheets and lab sheets from 2020 that may include:
      Last recorded (most recent) BP reading in 2020
      2020 Hemoglobin A1C (i.e. HgbA1c, A1C, Glycosylated hemoglobin A1C, Glycohemoglobin)
      2020 nephropathy screening (urine albumin/protein test)
      2020 nephropathy diagnosis or treatment (ACE/ARB medication, or specialist consult)
  All Eye Care Consult Reports/Correspondence from 2019 and 2020 that may include:
      All retinal or dilated diabetic eye exams in 2019 and 2020
  All progress notes, consult notes, surgical histories any time in the member's history through December 31, 2020 that may include:
      Evidence of two unilateral eye enucleations or bilateral eye enucleation anytime during the member's history through December 31, 2020
- **COA** - Care for Older Adults
  All 2020 office notes and documentation that may include the following:
      - Advanced care planning - including previously executed plans prior to 2020
      - Pain assessments - including any standardized pain assessments tools in 2020
      - Medication review and medication list in 2020
      - Functional status assessment - including any standardized assessment tools in 2020

- **TRC** –Transitions of Care

  Office notes showing documentation of the following:

  •Notification of Inpatient Admission on the day of through 2 days after admission

  •Receipt of discharge *information* on the day of through 2 days after discharge

  •Documentation of patient engagement provided within 30 days

  •Documentation of medication reconciliation on the date of discharge through 30 days after

4. **What is the timeframe for this project?**

   February 1, 2021 – April 30, 2021

5. **Do HIPAA Rules apply?**

   Yes, all of our nurses will be trained by Mercy Care Advantage on HIPAA, confidentiality and handling Personal Health Information (PHI) prior to going to provider offices.

6. **Who will be reviewing medical records?**

   Mercy Care Advantage contracts with nurses to perform the medical record abstraction for the HEDIS project. The nurses go undergo a thorough training on HEDIS medical record abstraction and everything it entails including HIPAA and PHI. Each office requesting an onsite review as opposed to faxing, mailing or utilizing the FTP portal, will be contacted directly to set up an appointment to review the medical records. Mercy Care Advantage will send a patient list via fax or email prior to the agreed upon appointment. All scheduling staff are instructed to be flexible in making the appointment time that works for the office staff within the Feb 1 – April 30, 2021 timeline.

7. **Do you have consent from the member?**

   When members enroll with Mercy Care Advantage, they give consent for the plan to review their medical records for *quality purposes*. The HEDIS project is for quality purposes and **does not report any individual medical record information**. The results are reported as aggregate results for the entire membership selected for the project.

8. **Why should I to agree to allow a review of the records?**

   In addition to members giving consent at the time of enrollment, the provider's network contracts **require** them to allow MCA to review patient medical records for quality purposes. Per the Mercy Care Advantage Provider Manual:

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9. **Who can I contact if I have questions or concerns?**

   Laura L Broughton RN, BSN, is the HEDIS Manager for Mercy Care Advantage; please contact her at 602-619-1724 or broughtonl@mercycareaz.org

10. **How am I (provider) measured?**

    HEDIS is **NOT** a measurement of providers, or how they keep their medical records. It's a measurement of how *Mercy Care Advantage* is performing to get their members needed services such as immunizations or preventive screenings. No reports will be given on a specific provider. Aggregated results of the health plan will be shared with NCQA, and AHCCCS if applicable.

11. **How will this information be used or reported?**

    Aggregated results of each measure will be presented to NCQA and AHCCCS.

12. **For more information on HEDIS, you can visit NCQA's website at**
    ncqa.org/HEDISQualityMeasurement.aspx