HEDIS MY2020
Reducing the Burden on Providers

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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 is 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.
What will be requested from your practice/office?

We will be requesting documentation to support compliance with specific HEDIS measure criteria. This evidence is found in member medical records which can be provided to us in a variety of methods:

• Upload to the Mercy Care Web Portal, Fax, or mail the requested records directly to Mercy Care Advantage
• Arrange for remote access to your EMR system
• Provide access to designated patient medical records so a Mercy Care Advantage representative can do one of the following:*
  • Upload patient medical record to the secure Mercy Care Web Portal
  • Copy Electronic Medical Records (EMR) on a secure encrypted flash drive
  • Send a secure image of medical record via an encrypted iPad and to a secure server

*Due to concern over the health and safety of our staff, your staff, and our members – we will not be offering an onsite option this year. Please reach out to our staff before or during the audit for more information on alternative options for providing audit requested charts.
Am I required to provide access to Member Records?

4.25 - Medical Record Audits

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 issues 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.
When is the HEDIS Audit?

February 1, 2021 – April 30, 2021

Do HIPAA Rules Apply?

Yes, all of our staff are trained by Mercy Care Advantage on HIPAA, confidentiality and handling Personal Health Information (PHI)
Who will be reviewing medical records?

Mercy Care Advantage contracts with licensed nurses to perform the medical record abstraction for the HEDIS project.

The staff undergo a thorough training on HEDIS medical record abstraction and everything it entails including HIPAA and PHI.
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.
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.
What can my office do now to reduce the impact of the audit during the active review period?

- If you have not already, set up access to the Provider Portal Mercy One Source
- If your facility has the capability, work with us to set up remote access to your EMR system to allow record retrieval without an onsite visit
- Respond to the Record Requests sent all year as part of our Year-Round Record Review
- Review the Gaps in Care monthly report and send document evidence of any compliance to us – *please reach out if you are not familiar with this report*
- Provide a current provider roster and updated contact information for medical record requests to the QM Department for use during the audit
  - Fax this information to: 959-888-4233
  - Or email to RossE2@mercycareaz.org
What can my office do now to reduce the impact of the audit during the active review period? (cont.)

• Ensure your Staff is educated on HEDIS and what to expect from us

• If your office uses a copy vendor, please notify your vendor that supplying us with the requested records free of charge is within your contract agreement

• If you historically have used the onsite option, please understand that we are not offering that option this year in an effort to protect our staff, your staff, and our members. Please reach out to Elizabeth Ross at 480-417-8377 or RossE2@mercycareaz.org to discuss options that will best support you in meeting the audit request
Best Practices for your office during the HEDIS audit

Respond quickly to the record request –

• we have a tight, federal deadline for completing the audit

• quick return means your part of the audit will be done early and we will not be reaching out repeatedly to your office for follow up

We have been perform ongoing provider contact information updates. If we did not receive updated provider rosters, our outreach staff will be contacting your office. Please work with our staff to supply the correct information
What documentation do I need to provide?

**CBP - Controlling High Blood Pressure**
An office note with the last date of service the member was seen in 2020 documenting the blood pressure reading.

**CCS – Cervical Cancer Screening**
Documentation in the medical record with evidence of qualifying screening or a complete hysterectomy.
What documentation do I need to provide?

COL - Colorectal Cancer Screening

An office note, procedural report, or documentation in the 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

*These screenings can be patient reported
What documentation do I need to provide?

CDC - Comprehensive Diabetes Care

Information for this measure can be found in 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 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
What documentation do I need to provide?

COA - Care for Older Adults

2020 office notes and documentation that may include the following:

• 2020 - Advanced care planning - including previously executed plans prior to 2020
• 2020 - Pain assessments - including any standardized pain assessments tools in 2020
• 2020 - Medication review and medication list
• 2020 - Functional status assessment - including any standardized assessment tools in 2020
What documentation do I need to provide?

TRC – Transitions of Care

Office notes showing documentation of the following:

- Notification of Inpatient Admission, filed in the member’s chart on the day of admission or the following day
- Receipt of discharge information, filed in the member’s chart on the day of discharge or the following day
- Documentation of patient engagement provided within 30 days
- Documentation of medication reconciliation on the date of discharge through 30 days after
What documentation do I need to provide?

**CIS – Childhood Immunization Status**
Medical Record documentation indicating evidence of completion of all immunization for DTap, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and Flu by the member’s 2\textsuperscript{nd} birthday

**IMA – Immunizations for Adolescents**
Medical Record documentation indicating evidence of HPV, Tdap, and Meningococcal immunization by the member’s 13\textsuperscript{th} birthday
What documentation do I need to provide?

WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Medical Record documentation of a BMI, Counseling for nutrition, and counseling for physical activity took place during the measurement year

DEV - Developmental Screening in the First Three Years of Life

Documentation in the medical record of screening for risk of developmental, behavioral, and social delays utilizing a standardized screening tool
What documentation do I need to provide?

PPC - Prenatal and Postpartum Care:

This measure consists of two parts:

*Timeliness of Care and Postpartum Care*

Documentation of a pre-natal visit during the compliance timeframe and documentation of a postpartum visit on or between 7 and 84 days after delivery are needed to show compliance.
Where can I get more information?

Information on the HEDIS audit and the measures audited can be found on the Mercy Care Website: https://www.mercycareaz.org/providers/advantage-forproviders

Under the Mercy Care Advantage Drop-down menu to the left you will see the Section Marked HEDIS Information:
How can I register for access to the secure Provider Portal?

If you do not currently have access to the Mercy Care Provider Web Portal, we will be sending out the registration form after this session.

A registration form can also be located on the Mercy Care Website for providers under the Mercy Care Advantage Dropdown to the Left for Forms.
Who can I contact if I have Questions or concerns?

The HEDIS Audit is handled by the Quality Management Department:

- Elizabeth Ross
  - Administrative Assistant
  - 480-417-8377
- Laura L Broughton RN, BSN
  - HEDIS Team Manager
  - 602-619-1724

The Provider Relations Department can assist with obtaining access to the Mercy One Source Provider Portal.

Their contact number is:

- 602-263-3000 or 1-800-624-3879, Express Service Code 631
- MercyCareNetworkManagement@MercyCareAZ.org
Thank You