

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 by and 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.

- **The administrative data** methodology is limited to the use of claim and encounter data submitted to the health plan.
- **The hybrid methodology** 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 MercyCare

****Important reminder about 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 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 and what proof is requested?

- **ACP – Advanced Care Planning**

Presence of advanced care plan in patient's medical record OR Documentation of advanced care planning discussion and date performed in 2022 OR Notation of previously executed advanced care plan

- **CBP - Controlling High Blood Pressure**

An office note or vital sheet with the last date of service the member was seen in 2022 documenting the blood pressure reading.

- **COA - Care for Older Adults**

All 2022 office notes and documentation that may include the following:

- Pain assessments - including any standardized pain assessments tools in 2022
- Medication review and medication list in 2022
- Functional status assessment - including any standardized assessment tools in 2022

- **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 2013-2022
- Fecal Occult Blood Test (guaiac or immunochemical) in 2022
- CT Colonography with a service date from 2018-2022 Flexible Sigmoidoscopy with a service date from 2018-2022 FIT-DNA test with a service date from 2020-2022

- **CCS – Cervical Cancer Screening**

An office note or documentation in the medical record showing one of the following cervical cancer screenings was completed:

- Women 21-64 years of age who had Cervical Cytology performed within the last 3 years: 2020 – 2022
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years: 2018-2022
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years: 2018-2022

- **CIS – Childhood Immunization Status**

An office note, vaccination record, or documentation in the medical record of children that turned 2 years of age during the measurement year showing they have received four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday

- **DIABETES – 3 separate measures are collected for HEDIS hybrid audit**

- **BPD – Blood Pressure Control for Patients with Diabetes**

- The most recent blood pressure reading taken during an outpatient visit, a non-acute inpatient encounter or from a remote monitoring event during the measurement year (as of 12.31.2022)
- Percentage of members 18-75 years of age with Diabetes (type1 or 2) whose most recent blood pressure was adequately controlled during the measurement year (as of 12.31.2022)
- BP <140/90 (BP documented as an “average BP” with a precise numeric value is acceptable) The member is compliant if the BP is <140/90 mm Hg. If there are multiple blood pressure readings on the same dates of service, the lowest systolic and lowest diastolic BP on that date is used as the representative BP (they do not need to be from the same reading)

The measure will be non-compliant if the BP reading is $\geq 140/90$, is missing/incomplete or there is no BP reading during the measurement year

- **EED – Eye Exam for Patients with Diabetes**

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (2022)
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year (2022)
- Bilateral eye enucleation any time during the members history through December 31 of the measurement year

- **HBD – Hemoglobin A1C Control for Patients with Diabetes**

- An office note, lab report, or documentation in the medical record of the most recent HbA1c test performed during the measurement year (2022) and the actual result
- HbA1c control (<8.0%) – Member is compliant if the most recent HbA1c is less than 8% during the measurement year (2022) and non-compliant if the HbA1c is greater than 8%, result is missing, or if a test was not performed
- Medical Record documentation must have the date when the test was performed and a result, a distinct numeric result is required for numerator compliance

- **DCM – Diabetes Care for People with Serious Mental Illness: Hemoglobin A1C poor control (>9%)**

An office note, lab report, or documentation in the medical record showing members aged 18-75 with a serious mental illness and diabetes had a Hemoglobin A1C test (HbA1C) and the result of that test

- **DEV – Developmental Screenings in the First Three Years of Life**

Documentation in the medical record showing children received one of the following screenings at three age-specific times: before or on their first, second or third birthdays:

- Ages and Stages Questionnaire – 3rd Edition (ASQ-3) • Ages and Stages Questionnaire – 3rd Edition (ASQ-3)
- Parents’ Evaluation of Developmental Status (PEDS) – Birth to age 8
- Parent’s Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)
- Modified Checklist for Autism in Toddlers (M-CHAT-r) – 15 to 30 months of age

- **IMA – Immunization status of Adolescents**

An office note, vaccination record, or documentation in the medical record of adolescents 13 years of age in the measurement year (2022) showing they have received one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday

- **PPC – Prenatal and Postpartum Care**

Evidence in the medical record showing that women who delivered a live birth between October 8, 2021 and October 7, 2022 received a prenatal care visit in the first trimester and/or had a postpartum visit on or between 7 and 84 days after delivery.

- **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

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

Office notes and/or documentation in the medical record of members 3-17 years of age showing an outpatient visit with a primary care practitioner or OB/GYN during 2020 with evidence of:

- Body mass index (BMI) **percentile** documentation
- Counseling for nutrition
- Counseling for physical activity

4. What is the timeframe for this project?

February 1 – April 30 of every year

5. Do HIPAA Rules apply?

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

6. Who will be reviewing medical records?

Mercy Care contracts with nurses to perform the medical record abstraction for the HEDIS project. The nurses 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 timeline.

7. Do you have consent from the member?

When members enroll with Mercy Care, 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 Mercy Care to review patient medical records for quality purposes.

Per the Mercy Care Provider Manual:

4.19 - Member's Medical Record; section a) Access to Information and Records

All medical records, data and information obtained, created or collected by the provider related to member, including confidential information must be made available electronically to MC, AHCCCS or any government agency upon request. Medical records necessary for the payment of claims must be made available to MC within fourteen (14) days of request. Clinical documentation related to payment incentives and outcomes, including all pay for performance data will be made available to MC or any government entity upon request. MC may request medical records for transitioning a member to a new health plan or provider. The medical record will be made available free of charge to MC for these purposes.

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

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

10. How am I (the provider) measured?

HEDIS is **NOT** a measurement of providers, or how they keep their medical records. It's a measurement of how **Mercy Care** 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.

For more information on HEDIS, you can visit NCQA's website at
[ncqa.org/HEDISQualityMeasurement.aspx](https://www.ncqa.org/HEDISQualityMeasurement.aspx)