



HEDIS 2019-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.



How are HEDIS rates calculated?

- 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.***

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:

- 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
 - *This method may require the representative to first print a copy of the record, then scan it, then destroy the paper copy to protect PHI*

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, 2019 – April 30, 2019

Do HIPAA Rules Apply?

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





Who will be reviewing medical records?

Mercy Care Advantage 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 MWP 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, 2018 deadline



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.

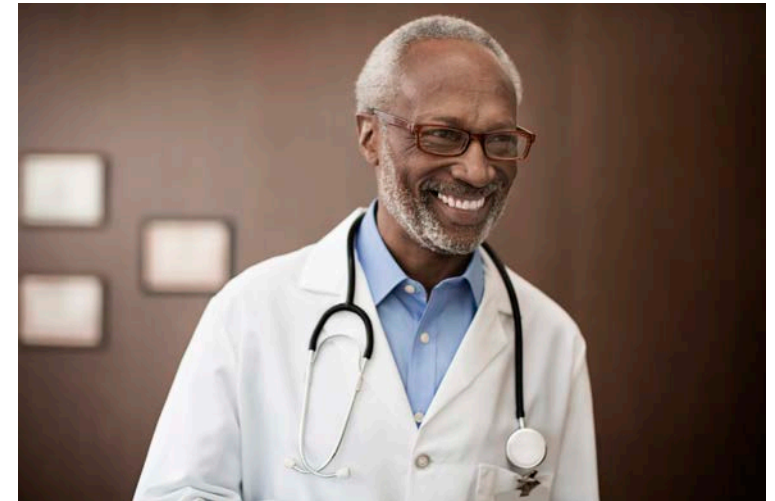


How am I (provider) measured?

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?

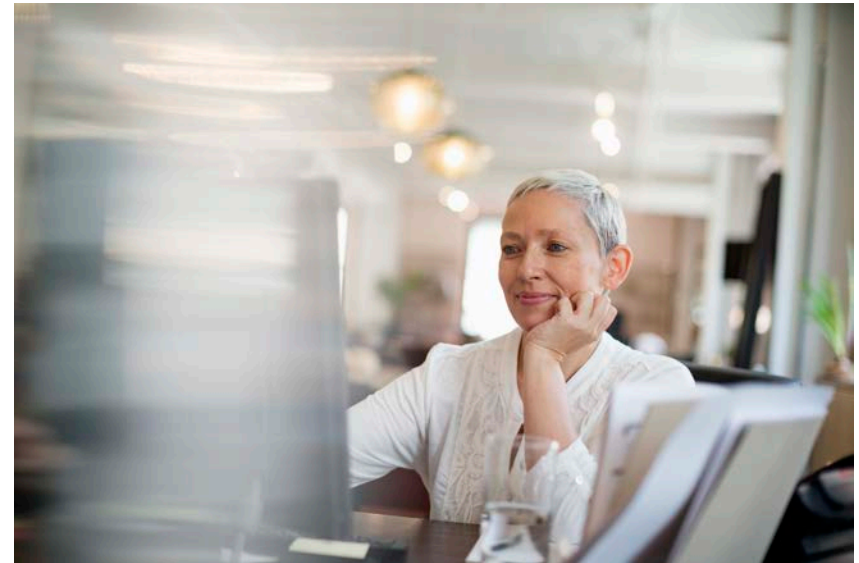
- If you have not already, set up access to the Provider Portal Mercy One Source
- If your facility has the capability, work with us to set up remote access to your EMR system to allow record retrieval without an onsite visit
- Review the Gaps in Care monthly report and send document evidence of any 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 broughtonl@mercycaresaz.org

What can my office do now to reduce the impact of the audit during the active review period - continued

- Ensure your Staff is educated on HEDIS and what to expect from us
- If you know that you will be using the onsite review option - send us the contact information for your office now and we will be able to contact you quickly to schedule a time and date that best suits your office
 - Send information to broughtonl@mercycaresaz.org
- 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

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
- If you need an onsite review*
schedule with us as soon as possible
- We have been performing and will continue to perform provider contact information updates through the remainder of the year. 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.



**Please consider returning records to us by the other methods offered if you have fewer than 15 requests*

What documentation do I need to provide?

The following is a high-level overview of what we request. A more detailed guide will be included with the fax request sent to your office.

ABA - Adult BMI Assessment

One office note or vital sheet that documents the member's height, weight and calculated BMI with a service date in 2017 or 2018

*A BMI percentile is required if the member is under the age of 20.



CBP - Controlling High Blood Pressure

An office note with the last date of service the member was seen in 2018 documenting the blood pressure reading.



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 2009-2018*
- Fecal Occult Blood Test (guaiac or immunochemical) in 2018
- CT Colonography with a service date from 2014-2018*
- Flexible Sigmoidoscopy with a service date from 2014-2018*
- FIT-DNA test with a service date from 2016-2018



**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 2018 that may include:

- Last recorded (most recent) BP reading in 2018
- 2018 Hemoglobin A1C (i.e. HgbA1c, A1C, Glycosylated hemoglobin A1C, Glycohemoglobin)
- 2018 nephropathy screening (urine albumin/protein test)
- 2018 nephropathy diagnosis or treatment (ACE/ARB medication, or specialist consult)
- All Eye Care Consult Reports/Correspondence from 2017 and 2018 that may include:
 - All retinal or dilated diabetic eye exams in 2017 and 2018
 - All progress notes, consult notes, surgical histories any time in the member's history through December 31, 2018 that may include evidence of two unilateral eye enucleations or bilateral eye enucleation anytime during the member's history through December 31, 2018

What documentation do I need to provide?

COA - Care for Older Adults

2018 office notes and documentation that may include the following:

- 2018 - Advanced care planning - including previously executed plans prior to 2018
- 2018 - Pain assessments - including any standardized pain assessments tools in 2018
- 2018 - Medication review and medication lis
- 2018 - Functional status assessment - including any standardized assessment tools in 2018



What documentation do I need to provide?

MRP - Medication Reconciliation after Hospital Discharge

- An office note or documentation in medical record showing the discharge medications were reconciled with existing medications within 30 days of being discharged.
- **OR-** documentation the member was seen for post-hospital discharge follow-up with evidence of medication review or reconciliation
- Include the member's medication list



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

Where can I get more information?

Information on the HEDIS audit and the measures audited can be found on the Mercy Care Website: <http://mercycaresaz.org/> under the Mercy Care Advantage Drop-down menu:



The screenshot shows the Mercy Care website interface. At the top, there are logos for 'mercy care' and 'mercy care advantage'. A navigation bar includes links for 'Home', 'Become A Member', 'For Members', 'For Providers', 'Health & Wellness', 'Opioids', and 'Community Outreach'. The 'For Providers' menu is expanded, showing options like 'Provider Information', 'First Tier, Downstream Or Related Entity (FDR) Information', 'Tools & Education', 'News & Events', 'Mercy Care', 'Mercy Care Long Term Care', and 'Mercy Care Advantage'. The 'HEDIS Information' page content is visible, including a definition of HEDIS, a list of measures audited (Adult BMI Assessment, Care for Older Adults, Colorectal Cancer Screening, Controlling High Blood Pressure, Comprehensive Diabetes Care, Medication Reconciliation Post-Discharge, and Transitions of Care), and a list of documents for further 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.

The screenshot shows a navigation menu on the left with a dropdown menu open for 'Mercy Care Advantage'. The dropdown menu includes 'Forms', 'Part D: Prescription Drug Benefits', 'Quarterly PCP Visits', and 'Reference Material And Guides'. The 'Forms' section is expanded, showing a list of various forms with their document dates and a 'NEW' status. A red arrow points to the 'Mercy Care Web Portal Registration Form' link.

For Providers

- Provider Information
- First Tier, Downstream Or Related Entity (FDR) Information
- Tools & Education
- News & Events
- Mercy Care
- Mercy Care Long Term Care
- Mercy Care Advantage

Provider Notifications

HEDIS Information

Forms

Part D: Prescription Drug Benefits

Quarterly PCP Visits

Reference Material And Guides

Forms

Important provider forms

***** Important notice ***** The EFT and ERA enrollment forms have changed. Enroll by downloading the paper forms.

Need help?
For questions regarding the forms or to check on enrollment status, please contact Provider Relations at 602-263-3000, Express Service Code 631.

You can also send us a message via our website using the [Contact Us form](#).

Whether you need to file a claim, inform us of a change of address or request prior authorization for a treatment, filling out the necessary forms will help us respond to your needs quickly and efficiently. Just click on the appropriate form name below to get started.

- [Annual Wellness Visit Provider Form](#) Document Date: 06/13/2018 **NEW**
- [Appointment of Representative Form](#) Document Date: 06/12/2018 **NEW**
- [AzAHP Facility Application](#) Document Date: 06/12/2018 **NEW**
- [AzAHP Organizational Data Form](#) Document Date: 06/12/2018 **NEW**
- [AzAHP Practitioner Data Form](#) Document Date: 06/12/2018 **NEW**
- [AzAHP Provider Roster Template](#) Document Date: 06/12/2018 **NEW**
- [Bariatric Surgery Monthly Summary Worksheet](#) Document Date: 06/13/2018 **NEW**
- [Behavioral Health Referral Form](#) Document Date: 06/13/2018 **NEW**
- [ECT Prior Authorization Request Form](#) Document Date: 06/13/2018 **NEW**
- [Electronic Fund Transfer \(EFT\) Form](#) Document Date: 06/13/2018 **NEW**
- [Electronic Remittance Advice \(ERA\) Form](#) Document Date: 06/29/2018 **NEW**
- [Hospice Information for Part D Plans](#) Document Date: 06/12/2018 **NEW**
- [Medical Case Management Referral Form](#) Document Date: 06/19/2018 **NEW**
- [Medicare Waiver of Liability Form](#) Document Date: 06/19/2018 **NEW**
- [Mercy Care Advantage Remit Format for Check Form](#) Document Date: 06/19/2018 **NEW**
- [Mercy Care Advantage Remit Format for EFT Form](#) Document Date: 06/19/2018 **NEW**
- [Mercy Care Web Portal Registration Form](#) Document Date: 06/19/2018 **NEW**
- [Missed Appointment Log](#) Document Date: 08/13/2018 **NEW**
- [PCP Change Request Form](#) Document Date: 06/19/2018 **NEW**

Who can I contact if I have Questions or concerns?

The HEDIS Audit is handled by the Quality Management Department:

- Elizabeth Ross
 - Administrative Assistant
 - 602-659-1507
- 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**

Thank You

