



Year-Round Medical Record Review 2023 (YRMRR)

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Hello and welcome! Thanks for taking the time to join us for the Mercy Care YRMRR Provider Webinar. My name is Amy Beck and I'll be providing information on the Year-Round Medical Record Review process today.

Agenda

- Define YRMRR
- Measurement period
- Documentation guidelines & medical record data needed for each measure
- Provider's role & access to records
- How we can support you



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On our agenda we'll begin by briefly reviewing YRMRR and explain how we collect data for the performance measures.

Next, we will talk about measurement periods for each measure.

We'll discuss documentation guidelines and the medical record data needed for each measure.

We'll touch on the provider role and accessing information and records.

Finally, we'll talk about how we can support your efforts.

Year-Round
Medical
Record
Review



What is YRMRR?

- **Year-Round Medical Record Review** is conducted by the Quality Management team to measure important dimensions of care and service
- Records are collected for 8 different measures for 2023
- Helps to provide a picture of the overall health and wellness of the plan's members
- Identifies gaps in care and assists in developing interventions to improve health outcomes
- Evaluates Mercy Care's ability to demonstrate improvement in its preventive care and quality measures
- 05/2023-12/31/2023

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I want to start by reviewing what YRMRR is and how it helps serve as a measurement tool for quality improvement. The Quality Management (QM) team uses this as a data collection tool to help measure important dimensions of care and service.

Records will be collected year-round for 8 different measures for 2023.

This process helps us provide a greater picture of the overall health and wellness of our plan's members. It also identifies gaps in care and assists to develop interventions to improve health outcomes.

Additionally, it evaluates Mercy Care's ability to demonstrate improvement in its preventive care and quality measures.

Project dates are May 2023 – December 31st, 2023

What measures do we collect year-round?

- Breast Cancer Screening (**BCS**)
- Chlamydia Screening in Women (**CHL**)
- Osteoporosis Management in Women (**OMW**)
- Diabetes Screening for People with Schizophrenia/Bipolar Disorder Using Antipsychotic Medication (**SSD**)
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (**ADD**)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (**APM**)
- Follow-Up After Hospitalization for Mental Illness (**FUH**)
- Follow-Up After Emergency Department Visit for Mental Illness (**FUM**)

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This is a breakdown of the list of measures we collect for year-round, along with their abbreviations. We'll look at these in further detail in a moment.

Measurement
Periods



What is the Measurement Period?

Measurements periods vary depending on the quality measure.

Some measure calendar year 2023 and others have specific dates.

Let's take a look ...

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Each quality measurement has a specific time frame that we must use. Some are calendar year 2023 and a few have specific dating criteria. Let's take a closer look at them.

Measurement periods

2023	2023	2023
CHL	APM	FUM
SSD		FUH

10/1/21 - 2023	7/1/22 – 6/30/23	3/2/22 - 2023
BCS	OMW	ADD

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Here we see that there are 5 measures that use dates anytime in calendar year 2023. Those are Chlamydia Screenings (CHL), Diabetes Screenings for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Follow-Up After Emergency Department Visit for Mental Illness (FUM), and Follow-Up After Hospitalization for Mental Illness (FUH).

Then there are 3 measures that require more specific dating. Those are Breast Cancer Screenings (BCS), Osteoporosis Management in Women Who Had Fracture (OMW), and finally Follow-Up Care For Children Prescribed ADHD Medication (ADD). The dates are broken down at the top of each column.

Measure criteria and documentation

BCS - Breast Cancer Screening

Documentation of a mammogram, radiology report, or documentation in the progress notes, medical history, or medical record.



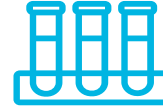
Next up we'll go over what is acceptable documentation for each of the measures.

Breast cancer screening requires documentation of a mammogram, radiology report, or documentation in the progress notes, medical history, or medical record itself.

Measure criteria and documentation

CHL – Chlamydia Screening in Women

Documentation of a chlamydia test, lab report, or documentation in the progress notes, medical history, or medical record.



Chlamydia screening requires documentation of a chlamydia test, lab report, or documentation in the progress notes, medical history, or medical record. The testing must have been completed, not just ordered.

Measure criteria and documentation

OMW – Osteoporosis Management in Women Who Had Fracture

Documentation of either a bone mineral density (BMD) test or a medication to treat osteoporosis in the 6 months after a fracture.



Osteoporosis management in women who had a fracture calls for documentation of either bone mineral density (or BMD) test. Or evidence that a medication is being used to treat osteoporosis during the 6 months after the fracture.

Measure criteria and documentation

SSD – Diabetes Screening For People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

Documentation of either a glucose test or an HbA1c test.



Diabetes screening for those with schizophrenia or bipolar disorder and are using an antipsychotic medication requires evidence of either a glucose test or a HbA1c test.

Measure criteria and documentation

ADD – Follow-Up Care For Children Prescribed ADHD Medication

- Follow-up visit with a **practitioner with prescribing authority** within 30 days of being prescribed an ADHD medication.
- 2 Additional follow-up visits with **any practitioner** from 31-270 days (9 months) after being prescribed an ADHD medication.



Follow-up for care for children prescribed ADHD medication requires:

- A follow-up visit with a practitioner who has prescribing authority (for example an MD, NP, PA, or other non-MDs who have the authority to prescribe medications).
- If they remain on the medication, 2 additional follow-up visits with any practitioner from 31-270 days (or 9 months) is needed. This does not have to be a provider with prescribing authority.

Measure criteria and documentation

APM – Metabolic Monitoring For Children and Adolescents on Antipsychotics

- Documentation of either a glucose test or an HbA1c test.

-AND-

- Documentation of an LDL or Cholesterol test.



Metabolic monitoring for children and adolescents on antipsychotics require documentation of either a glucose test, or a HbA1c test.

We also need evidence of an LDL or cholesterol test if was done.

Measure criteria and documentation

FUM – Follow-Up After Emergency Department Visit for Mental Illness

- Follow-up visit with **any practitioner**, with a principal diagnosis of a mental health disorder, or a principal diagnosis of intentional self-harm **and** any diagnosis of a mental health disorder, within **7 days** after the ED visit. Include visits that occur on the date of the ED visit.
- Follow-up visit with **any practitioner**, with a principal diagnosis of a mental health disorder, or a principal diagnosis of intentional self-harm **and** any diagnosis of a mental health disorder, within **30 days** after the ED visit. Include visits that occur on the date of the ED visit.



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Follow-up after an ED visit for mental illness requires:

- A visit with any practitioner where there is a principal diagnosis of a mental health disorder, or a principal diagnosis of intentional self-harm **and** any diagnosis of a mental health disorder. The visit(s) must have been within 7 days of the ED visit. You can include visits that occur on the date of the ED visit.
- A visit with any practitioner where there is a principal diagnosis of a mental health disorder, or a principal diagnosis of intentional self-harm **and** any diagnosis of a mental health disorder. The visit(s) must have been within 30 days of the ED visit. You can include visits that occur on the date of the ED visit.

Measure criteria and documentation

FUH – Follow-Up After Hospitalization for Mental Illness

- Follow-up visit with a **mental health provider**, within **7 days** after discharge. Do not include visits that occur on the date of discharge.
- Follow-up visit with a **mental health provider**, within **30 days** after discharge. Do not include visits that occur on the date of discharge.



Lastly, follow-up after a hospitalization for mental illness requires:

- A visit with a mental health provider, within 7 days of discharge. Visits that occur on the date of discharge do not count.
- A visit with a mental health provider, within 30 days of discharge. Visits that occur on the date of discharge do not count.

Provider's role

As a provider in our network, you play a crucial role in improving the health of our members. We want to be sure we're doing all we can to support your efforts to drive improvements in quality and outcomes.

We'll request documentation to support compliance with these HEDIS measure criteria. The request will outline the required medical record data for each measure.

- Work with our staff to supply the correct information by the deadline requested.
- If the provider listed is no longer at your practice, the records we need may still be at your office. Check to see if the needed records are still in your office.
- If you do not have charts for any of the members listed on the pull lists, notate on the pull list and fax back to us at **860-900-1611**.

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I want to take a moment to point out how important you are as a provider in our network. We couldn't do it without each of you and our goal is to collaborate with you and support you however we can.

If we request documentation to support compliance, we kindly ask that you work with our staff to supply the correct information by the deadline.

Also of note, if the provider listed is no longer at your practice, please check to see if the needed information is still at your office. The visit or test may have been done by another provider from the one listed.

Lastly, if you find that you don't have charts for any of the members on the pull lists, we ask that you notate that on the pull list and fax it back to us at the number listed here so we can close that request out.

Ways to submit records

Fax: 860-900-1611

Mail:

Mercy Care Advantage
Attn: Deirdre Powe
Quality Management Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

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There are a few different ways to submit records to us.

Faxing or mailing in. The fax number and address is provided on this slide.

Ways to submit records - continued

- **Upload** using MWP or Availity Provider Portal. Please reach out to your Network Manager for more information on registering for the Availity Provider Portal.
- **Arrange** for remote access to your EMR system.
- **Arrange** for an onsite review so a Mercy Care representative can do one of the following:
 - ✓ Upload patient medical records to the secure Mercy Care Portal.
 - ✓ Copy Electronic Medical Records (EMR) on a secure encrypted flash drive.
 - ✓ Send a secure image of the medical record via an encrypted iPad to a secure server.

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You can also upload records to the provider portal.

We are also happy to help arrange for remote access to your EMR system.

Lastly, we can arrange for an onsite review so one of our staff can upload medical records in a secure manner by either utilizing our portal, an encrypted flash drive, or sending an image of the record(s) to a secure server.

Am I required to submit member records?

4.19 – Member’s Medical Record

- 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. ... The medical record will be made available free of charge to MC for these purposes.**

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Am I required to provide member records?

I have included on this slide excerpts from the Provider Manual available online at MercyCareAZ.org.

Per the MC provider manual, Chapter 100 – General Terms, Chapter 4 – Provider Responsibilities, Section 4.19, records requested by Mercy Care are to be provided to us free of charge.

If you are using a copy vendor

- If your office uses a copy vendor, please notify your vendor that supplying us with the request records **free of charge** is within your provider agreement with Mercy Care.
- There is a significant delay when vendors are unaware of your responsibility and send us an invoice without a record.
- If we receive invoices and no records, we reach out to the provider office and try to work with them to get the vendor to release the records.
- Please ensure that we have your correct contact information.

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If your office is using a copy vendor, please notify your vendor that supplying us with the requested records free of charge is within your contract agreement. In many cases, the provider is simply able to give their vendor our plan name and then the vendor will process the request without any delay.

Let's Work
Together



Does Mercy Care need 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 / YRMRR projects are 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.

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Do you have consent from the member? “Yes”.

When members enroll with Mercy Care, they give consent for the plan to review their medical records for *quality purposes*.

The HEDIS and YRMRR projects, as well as the AHCCCS record requests are for quality purposes. We do not report any individual medical record information. Instead, we are reporting aggregate results.

Let's Work
Together



Who will review the medical records?

- Mercy Care contracts with licensed nurses to perform the medical record abstraction for the HEDIS/YRMRR projects.
- The staff undergo a thorough training on HEDIS medical record abstraction and everything it entails including HIPAA and PHI.

Do HIPAA Rules Apply?

- **Yes.** All our staff are trained by Mercy Care on HIPAA, confidentiality and handling Personal Health Information (PHI).

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Who exactly is reviewing the medical records? Mercy Care contracts with licensed nurses to perform medical record abstractions. We also have a full-time staff of record review nurses that are performing this task.

All staff, both contingent and full time, will go through an extensive training program for record review. The program includes training on compliance issues such as HIPAA and protecting our members' PHI and PII. All staff must complete and pass this HIPAA-specific training.

How can we support you?

- If you have not already, set up access to the Provider Portal Mercy One Source.
- The Network Management Department can assist with obtaining access to the Mercy One Source Provider Portal @ **602-263-3000** or **1-800-624-3879**, **Express Service Code 631**.
- If your facility has the capability, work with us to set up remote access to your EMR system to allow record retrieval without on onsite visit.
- Encourage billing and coding staff to learn the HEDIS CPT II codes that will close compliance gaps, eliminating the need to review a chart altogether.
- Review the Gaps in Care monthly report and send evidence of any compliance to us
- Document all the care you provide in your patients' medical records.
- Please visit our Provider Page for additional Measure Specifications, information, resources and guidance.

https://www.mercycareaz.org/assets/pdf/mca-providers/training-or-manuals/FINAL_22SA113%20MC-MCA%20Provider%20Manual-v3.pdf

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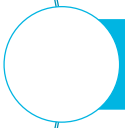
How can we support you?

- Set up access to the Provider Portal Mercy One Source if you haven't already
- Network Management can help you obtain access to the Provider Portal and I've listed their numbers here
- Again, we are happy to help set up remote access to your EMR system to allow us access to the records, which eliminates the need for an onsite visit
- Encourage billing and coding staff to familiarize themselves with CPT II billing codes that will close compliance gaps. Accurate coding can help eliminate the need to review a chart altogether.
- Review your Gaps in Care report and send us evidence of any compliance. Knowing Gaps in Care before a member arrives can also help identify services that are needed.
- Document clearly and accurately in the medical record all of the care you provide
- Our Provider Page on our Mercy Care website is always available as an added resource, listed here

Questions on YRMRR?



Amy Beck, RN BSN
Lead QM Nurse Consultant



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C: 480-435-3061

Here is my contact info, should you have questions on the Year-Round Medical Review project we covered today.

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This concludes the webinar. Thank you again for taking the time to meet with us today!

Thank you

