

HEDIS MY2023 What is required of providers?

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Good Morning and welcome! My name is Laura Broughton, and I am the Sr. Manager for the HEDIS Team. My team is responsible for reporting the annual HEDIS MRRV data for Mercy Care which includes collecting and documenting compliant information received from providers to satisfy CMS and NCQA required compliance for our members. Today's presentation will give you an over-view of the MRRV audit and what we will be requesting from you in the coming months to meet the requirements of CMS and NCQA. During the HEDIS season, Mercy Care also collects records for the AHCCCS audits, so the information I will be sharing applies to both Mercy Care Advantage and Mercy Care Members and providers.

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.

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HEDIS is one of the most widely utilized sets of healthcare performance measures used in the United States. It was developed, is updated and maintained by the National Committee for Quality Assurance.

Annually, The HEDIS audit is performed to gather the data that documents how well Mercy Care is providing health care services to its members for CMS, NCQA, and AHCCCS.

Data is gathered through a variety of methods to report member compliance on key measures that capture prevention, maintenance of chronic conditions, and utilization for example.

The HEDIS hybrid audit focuses on a select few measures that allow for compliance to be shown through a combination of administrative (claims) data and/or documentation from the actual medical record

What will Mercy Care request from your practice/office?

We will request documentation to support compliance with specific HEDIS measure criteria. This evidence is found in member medical records which you can provide to us through various methods:

- Fax or mail the requested records directly to Mercy Care
- Upload to the Availity Web Portal
- Arrange for remote access to your EMR system
- Arrange for an onsite review for a Mercy Care representative to either:
 - Upload the medical records to the secure Availity Portal
 - Copy Electronic Medical Records (EMR) to a secure encrypted flash drive
 - Send a secure image of medical record via an encrypted iPad to a secure server.

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*We can provide limited ability to come onsite for record review.

Feel free to reach out to our staff before or even during the audit for more information on the various options for record return.

There will be information on contacting us, later in this presentation

It is important for your staff and any vendors you work with to understand that responding to our record request on or before the deadline is a **requirement** for contracted providers and failure to return records before the deadline will be addressed with providers by Mercy Care leadership.

When is the HEDIS audit?

January 29, 2024 – April 26, 2024

Do HIPAA rules apply?

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



Am I required to provide member records?

Per the Mercy Care Provider Manual, Chapter 100, Section 4.19a:

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.

Per the Mercy Care Advantage Provider Manual, 4.25 – Medical Record Audits:

Mercy Care Advantage will conduct routine medical record audits to assess compliance with established standards. Medical records may be requested when Mercy Care Advantage 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. Mercy Care Advantage shall have access to medical records for assessing quality of care, conducting medical evaluations and regulatory audits, and performing utilization management functions.

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Am I required to provide member records?

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

We will look at this in a bit more detail in an upcoming slide related to use of 3rd party copy vendors

Both HEDIS and AHCCCS audit requests are handled during the annual HEDIS audit

Who will be reviewing medical records?

Mercy Care uses full time licensed nurse staff and 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.



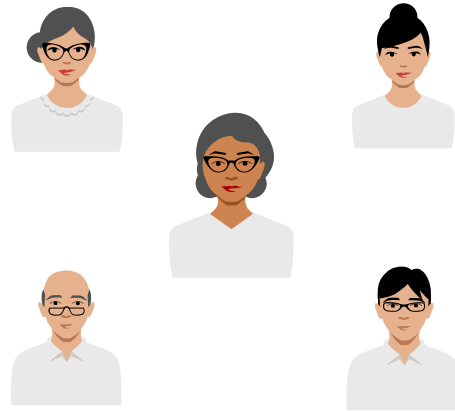
Who is reviewing the medical records? Mercy Care full time staff nurses and contracted licensed nurses perform the medical record abstraction for the HEDIS project.

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

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 audit 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.



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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 audit, as well as the AHCCCS record requests are for quality purposes. We do not **report any individual medical record information during HEDIS**. Instead, we are reporting aggregate results

Please ensure your medical Records/HIM staff are knowledgeable about this and the requirement to provide the medical information to us timely

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 are given on a specific provider.

Mercy Care will share its aggregated health plan results with NCQA and AHCCCS.



How am I (the provider) measured? Easy - you are not.

HEDIS is not a measurement of providers, or how you are keeping your medical records. It's simply 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 and again, *only* Aggregated results of the health plan are shared

Actions to take prior to the audit

- If you have not already, set up access to the Availity Provider Portal.
- 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.
- Set up direct data feeds with us that will capture compliance all year.
- 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 document evidence of any compliance to us – *please reach out if you are not familiar with this report.*

How can you prepare now to reduce the impact of the audit during the active review period?

If you have not already done so, setting up access to the Availity Provider Portal will benefit you greatly

All providers have the option to utilize the Availity Portal at no cost. This portal will not only enable your office to send records securely to us, but it also provides the ability for you to view rosters and access reports such as the Gaps in Care Report.

If your facility has the capability, it is strongly suggested you work with us to set up remote access to your EMR system to allow record retrieval without an onsite visit. Mercy Care is a covered entity and has successful arrangements throughout the valley with many providers. It is a secure process, and it eases the burden on the provider as we can go in, get the specific record, and the specific elements we need from the record for the audit, without disrupting your staff or burdening your resources. Additional benefit to this is reduced risk of member PHI exposure as the connection is direct and secure and does not require faxing or mailing, and we are only pulling the portion needed to prove compliance, not the entire record as is sometimes sent to us. Please reach out to us if this is an option that you would like more information

about.

Additional “low-burden” options include setting up direct data feeds that can capture compliance all year and eliminate the need for requesting records. Please reach out if this option interests you

There are many HEDIS measures that can be closed by using CPT II codes, resulting in reduced volume for medical record review. Please see our [Mercy Care Provider Outreach Manual: Select HEDIS, CMS Core and CMS Star Measures - 2023](#) located on the Mercy Care Webpage under Provider Manuals. I will include the link to this resource at the end of the presentation which will be made available to you

Review your Gaps in Care monthly report and if there is any supportive documentation to close any of those gaps, you can send that compliance to us, again, through the portal, or by fax. If you are not familiar with this report, please reach out to us and we will put you in contact with the person that can help you locate it on the Availity Web Portal. There is also a Webinar for this in June of each year – please reach out after the presentation today to request the pp of the most recent presentation

Additional suggestions for pre-HEDIS audit preparation

- 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 860-607-7272
 - Or email to LindleyR@mercycares.org
- Ensure your staff is educated on HEDIS and what to expect from us
- If you require an onsite review, you can reach out to Deirdre Powe at 602-659-1337 or PoweD@mercycares.org

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Here are some additional suggestions:

Providing us with a current provider roster and updated contact information for medical record requests will also ease a lot of the burden during the review. We can update our roster and eliminate or remove providers that are no longer with your office so that we are not sending you record requests for those providers. We recently sent out a fax to our provider partners with a form for updating this information. Please reach out to Renee if you did not receive this and would like to update your information at this time.

Ensure your Staff are educated on HEDIS and what they are required to send to us, especially new staff that are often not familiar with what the HEDIS process is. We know that along with Mercy Care, many other health plans in the valley will be sending these requests and asking for updated provider information, so giving staff a little heads up now will help complete your part of the audit early

If you require an onsite review, please contact Deirdre Powe, and she will be happy, to provide information needed to set that up.

If you are using a copy vendor

- We have seen a significant increase in the use of 3rd party copy vendors since the covid-19 public health emergency.
- If your office uses a copy vendor, notify your vendor that **per your contract** with Mercy Care they must provide records requested for HEDIS **free of charge** and by the deadline.
- There is a significant delay when vendors are unaware of your contractual responsibility regarding record requests for audits and send us an invoice without a record.
- If we receive invoices and no records, we reach out directly to the provider office and try to work with them to get the vendor to release the records. You should make sure that Mercy Care has 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 provide their vendor with our plan name and then the vendor will process the request without any delay

Please understand it is the PROVIDER's responsibility to ensure our record request is fulfilled timely; it is not Mercy Care's responsibility to work through issues and demands for payment with a vendor you have contracted

Best practices during the HEDIS annual audit

Respond quickly to the record request.

- There is a tight, federal deadline for completing the audit.
- A quick response means we can complete your part of the audit early and we will not reach out repeatedly to your office for follow up.

Make sure provider rosters are updated.

- We perform ongoing provider contact information updates. If your provider rosters are not updated, you may get requests for providers who are no longer at your practice and their patients during the audit.
- Make sure to work with our staff to supply the correct, updated information.



Once the audit begins, what are some best practices?

Responding quickly to the record request is the top of the best practices list! There is a tight, federal deadline for completing the audit and a quick return with the required information from your office means you're done early, and we will not be repeatedly reaching out to remind you if we haven't received it, or to verify if you received our request. It is a lot easier on the provider when the information is returned early.

We perform ongoing provider contact information updates. If we do not receive updated provider rosters, our outreach staff will be contacting your office to gather the information that will help us: best contact person; best fax number to utilize; best way for us to send our requests to you; and an opportunity to give us an updated provider roster so we can clean that up as well and ensure we are only requesting records for providers with your practice

Common barriers to receiving accurate charts

- Wrong measurement period
- Wrong information
- No demographic sheet attached
- Returning our request as "not my patient" when the member was seen previously
- Refusing charts related to request for ROI from member
- Not providing us with the correct HEDIS contact person
- Sending the request to a vendor that does not process timely and who sends an invoice and withholds the chart for payment
- Not returning our calls for setting up onsite visits
- Refusing to work with Mercy Care by providing us requested charts

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- Instruct staff to read the request which includes the specifics needed for each measure, including the compliance time frame which could go back up to 10 years (COL). We also frequently receive charts for the current year, remember – HEDIS is a **retrospective** audit review, and we provide the needed dates right in the fax request
- Please include the member's demographic sheet to enable accurate verification of member identity; We are required to confirm a match on Name/DOB at the least. Many offices use MRN or patient numbers in lieu of the DOB, so we need the demo page to match the DOB to the patient number.
- Not our patient can occur for many reasons:
 - Member was assigned to your panel, but has never been seen at your office – please be sure you are routinely reviewing your panel and notifying us of members that are not being seen in your office
 - Member used to be with your office but no longer is: do you have any old records in the office that will meet for measures with longer lookbacks: COL/CCS
- Members sign a release of information when they join Mercy Care – please ensure your medical record team is aware of this to avoid the lag created when they send our request back and request a ROI

- HEDIS is not a typical record request – is there a contact person that is a “best choice” for contacting? We are often given one contact person during clean-up, but when issues arise, we are provided a different contact who is able to get what is needed, but not until after a lot of outreaching to the wrong contact
- Using Vendors that are not made aware of your contractual requirement to provide these records timely and free of charge results in large delays as charts are held for expected payment and contacts at the provider office are not responding or are not sure how to respond; The provider is still responsible for getting the requested charts to Mercy Care before the deadline and free of charge, regardless of vendor usage
- Contact refusing to work with us at all when there is an issue (this is not the norm but does happen)

Measurement criteria and documentation

CBP - Controlling high blood pressure (BP)

An office note with the last date of service the member was seen in 2023 documenting the blood pressure reading.

If the member reported a BP reading during a telehealth visit, and the provider documented it, this will also meet for compliance.

BP readings of 140/90 are NOT compliant. Make sure to train staff to re-take a BP of this reading or higher, and on the appropriate method for taking blood pressures.



Barriers we have encountered to obtaining a compliant BP:

- There are only non-compliant BP's recorded, and often no repeat BP is taken and that it is important to allow for several minutes to elapse before taking the repeat BP
- Staff taking BP are not educated on taking a proper BP reading i.e: member sitting with feet flat on floor, not dangling from the exam table; Member should not be talking during the BP reading so please train staff not to ask the member questions while taking their BP; if a reading of 140/90 is taken – please educate staff that this is NON-compliant and that a repeat BP should be taken
- BPs can be taken from a member reported BP during a telehealth visit as long as the provider is not documenting a range, but a specific reading.

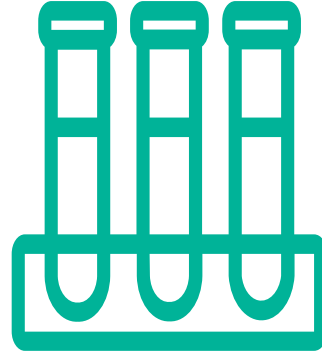
Measurement criteria and documentation

CCS – Cervical cancer screening

Documentation in the medical record with evidence of qualifying screening or a complete hysterectomy.

Notation in the history section of the chart indicating the date of the last screening will also meet for compliance.

This information can also be captured in a telehealth visit.



Measurement criteria and documentation

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 2014-2023*
- Fecal Occult Blood Test (guaiac or immunochemical) in 2023
- CT colonography with a service date from 2019-2023*
- Flexible sigmoidoscopy with a service date from 2019-2023*
- Stool DNA (sDNA) with FIT test with a service date from 2021-2023

*These screenings can be patient reported

Stool DNA is commonly known as Cologuard

Diabetes measures



EED - Eye exam for patients with diabetes

- Evidence of a dilated retinal exam (DRE) and results performed by an eye care provider in 2023, or evidence of a negative DRE in 2022



BPD – Blood pressure control for patients with diabetes

- The last BP measurement in 2023 recorded in the member's record
- Reading can be member-reported and can be obtained during a telehealth visit



HBD – Hemoglobin A1C control for patients with diabetes

- Last A1C result of 2023
- Two parameters are reported
 - Controlled A1C is <8
 - Uncontrolled is >9

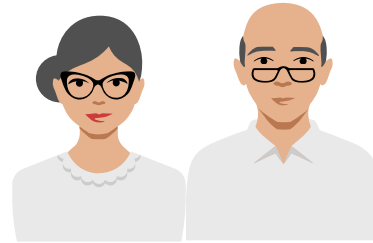
For BPD the same criteria are needed as those for CBP

Measurement criteria and documentation

COA - Care for Older Adults

2023 office notes and documentation that may include the following:

- Pain assessments - including any standardized pain assessments tools in 2023
- Medication review **and** medication list
- Functional status assessment - including any standardized assessment tools in 2023
- All the above can be obtained during a telehealth visit and are compliant if they are documented in the visit note



Care for older adults, also a standard Medicare Measure with multiple components to look at

The AWW Provider Webinar in December reviews details of the COA measure

Measurement criteria and applicable codes

TRC – Transitions of Care

Office notes showing documentation of the following:

- **Notification of inpatient admission:** Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (a total of 3 days).
- **Receipt of discharge information:** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (a total of 3 days).
- **Patient engagement post-discharge:** Documentation of engagement (office visits, in-home visits, telehealth, telephone, or virtual check-ins) provided within 30 days after discharge.
- **Medication reconciliation:** Documentation of reconciliation on the date of discharge through 30 days after discharge.



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Transitions of Care, had its own Provider Webinar in August and is available on our Website. Reach out if you would like us to send you that information so that you can become more familiar with what we will be requesting for this measure

Measurement criteria and documentation

CIS – Childhood Immunization Status

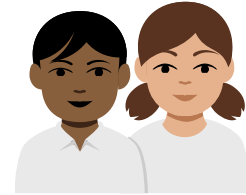
Medical record documentation indicating evidence of completion of all immunization for DTap, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and flu by the member's 2nd birthday.

IMA – Immunizations for Adolescents

Medical record documentation indicating evidence of HPV, Tdap, and meningococcal immunization by the member's 13th birthday.

LSC – Lead Screening in Children

Medical documentation indicating evidence of one or more capillary or venous lead blood testing for lead poisoning by the member's 2nd birthday.



Here are some of the Medicaid measures we will be collecting this year; Childhood Immunizations Status, Immunizations for Adolescents, and Lead Screening for Children

Measurement criteria and documentation

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

Medical record documentation that 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.



The Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents as well as the CMS core measure of the Developmental Screening in the First Three Years of Life

The MCHAT and ASQ:SE are no longer acceptable for meeting criteria – the assessment needs to indicate an “Encounter for screening for global developmental delays.”

Measurement criteria and documentation

PPC - Prenatal and Postpartum Care:

This measure consists of two parts:

- Timeliness of care
 - Documentation of a pre-natal visit in the first trimester
- Postpartum care
 - Documentation of a postpartum visit on or between 7 and 84 days after delivery is needed to show compliance

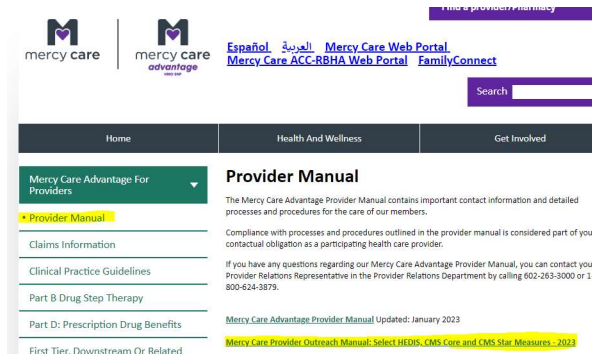


And the last measure you may see includes Prenatal and Postpartum Care which consists of two parts; Timeliness of Care and Postpartum Care

Where can I get more information?

You can find information on the HEDIS audit and the measures audited on our website at <https://www.mercycareaz.org/providers/advantage-forproviders>

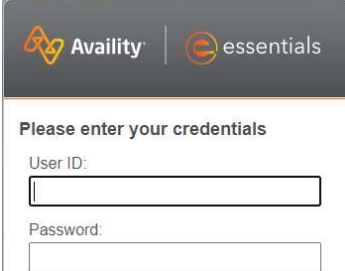
Under the **Mercy Care Advantage** dropdown menu on the left side of the page, you'll see a section labeled **Provider Manual**. When you click on it, you'll see the link to the **Provider Outreach Manual**. This manual contains the compliance requirements for the HEDIS measures within it.



This was a very high overlook at some of the measures, but you can find more information about them on the website. I have provided you with a link as well as an instructional view on how to find the HEDIS information on our provider website. You can find information on how you can access the Gaps in Care report, and more detailed information on the measures, including information on how to close compliance gaps, by clicking the link to the provider outreach manual

How can I register for access to the Availity Portal?

- If your practice already uses Availity, simply select Mercy Care from your list of payers to start. Or go to www.availity.com/MercyCareProviders.
- If your practice is new to Availity, you can use this [registration link](#) to set up your account.
- Need help registering or have technical issues? Call Availity at 1-800-282-4548 Monday-Friday, 8 a.m. to 8 p.m. (excluding holidays).
- The current provider portal will officially be retired late 2023.

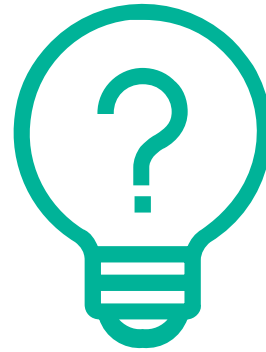


The screenshot shows the login interface for the Availity Essentials portal. At the top, there are logos for 'Availity' and 'essentials'. Below the logos, the text 'Please enter your credentials' is displayed. There are two input fields: 'User ID:' and 'Password:'. Each field has a corresponding text input box.

Who can I contact if I have questions or concerns?

The Quality Management Department manages the HEDIS audit

- Laura L. Broughton RN, BSN
 - Senior Manager, HEDIS Team
 - 602-619-1724
- Renee Lindley, HEDIS Project Manager
 - Provider data information updates
 - 602-659-1160
- Elizabeth Ross, HEDIS QM Consultant
 - EMR remote access setup
 - 602-659-1507



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Here is all the information for how you can contact us for a variety of reasons.

- I am the Sr. manager, HEDIS Team should you have any additional questions related specifically to the audit itself.
- I have provided Renee's information as well, she is the contact for updating your provider contact information
- Lastly, Elizabeth can assist with setting up EMR access

Links to resources referenced in this presentation

Mercy Care website:

<https://www.mercycareaz.org/>

Provider manuals:

<https://www.mercycareaz.org/providers/advantage-forproviders/manual>

<https://www.mercycareaz.org/providers/completecure-forproviders/manual>

HEDIS information:

<https://www.mercycareaz.org/providers/advantage-forproviders/hedis>

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Thank you

