

Healthcare Effectiveness Data and Information Set HEDIS®

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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 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.

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 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 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 so a Mercy Care representative can do one of the following:
 - Upload patient medical record to the secure Availity Portal.
 - Copy Electronic Medical Records (EMR) onto a secure encrypted flash drive.
 - Send a secure image of medical record via an encrypted iPad to a secure server.

There are a variety of methods offered for returning medical records to us.

It is important for your staff and any vendors you work with to understand that responding to our HEDIS 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.

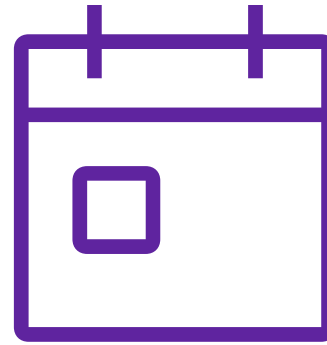
HEDIS® audit details

Audit period

- January 27, 2025 – April 25, 2025

HIPAA rules apply

- All MC staff are trained on HIPAA, confidentiality, and handling Personal Health Information (PHI)



Provider Manual expectations

Mercy Care Provider Manual, Chapter 100

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.**

Mercy Care Advantage Provider Manual

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 assessing quality of care, conducting medical evaluations and regulatory audits, and performing utilization management functions.

These are excerpts from the Mercy Care/Mercy Care Advantage Provider Manuals outlining contracted provider's **requirement** to provide us with access to member medical records, **timely and free of charge.**

Both HEDIS and AHCCCS audit requests are handled during the annual HEDIS audit, and are covered under these chapters

Medical record review

Mercy Care Advantage utilizes full time staff nurses and contract with registered 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.



We utilize both full time and contracted registered nurses to abstract the member records; all staff working the HEDIS MRRV are required to pass training on HIPAA and proper handling of PHI/PII

Member consent



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.

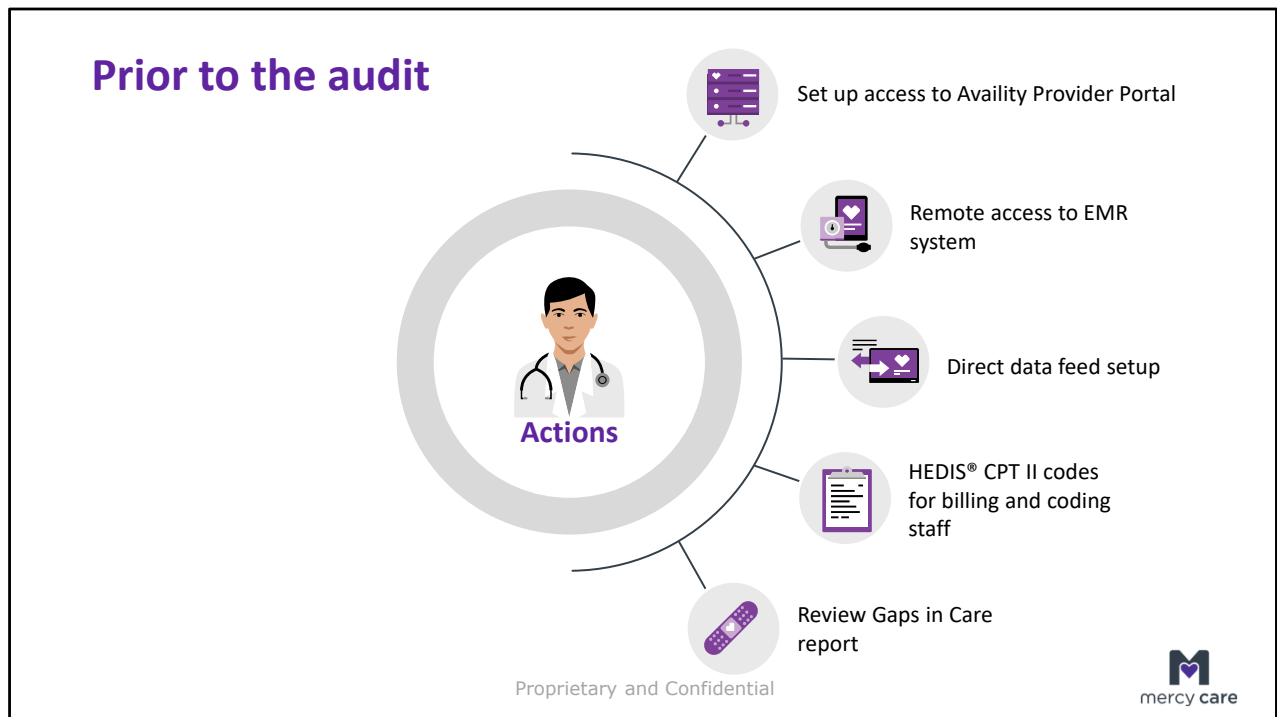
Members provide Mercy Care with consent upon enrollment
Please ensure your Medical Records/HIM staff are aware of this along with the **requirement** to provide the medical records to us timely

Provider measurement

- HEDIS® is not a measurement of providers, or how they keep medical records.
- It is a measurement of how **Mercy Care** is performing to get their members needed services such as immunizations or preventative screenings.
- No reports are given on a specific provider.
- Aggregated results of the health plan will be shared with NCQA and AHCCCS.



HEDIS is about Mercy Care's performance – and not a measurement of provider practices or record keeping



Preparing now will help to reduce the impact of the audit during the active review period.

If you have not already done so, set up access to the Availity Provider Portal. This portal will enable your office to send records securely to us and provides access to member compliance reports such as the Gaps in Care Report.

If your facility has the capability, it is highly encouraged 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 we have established numerous successful arrangements throughout the valley. It is a secure process, and it eases the burden on the provider as we can target the specific record and elements needed without disrupting your staff or burdening your resources. Please reach out to us if this is an option for which you would like more information.

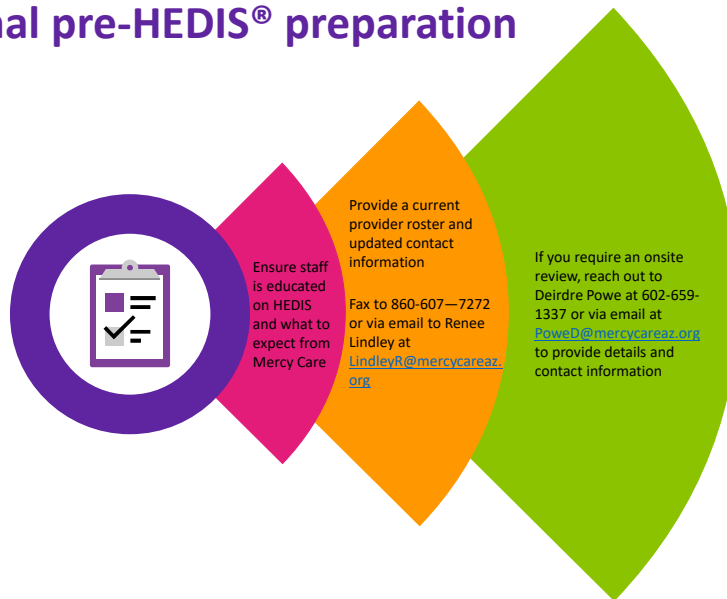
Another “low-burden” option includes setting up direct data feeds that can capture compliance all year and eliminate the need for requesting records. Please reach out if this option interests you

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 Gap Closure Reference Guide** located on the Mercy Care website. The link to this resource is included in this slide deck

Review your Gaps in Care monthly report and if any supportive documentation will close any of those gaps, you can send that compliance to us 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 Availability Web Portal.

Additional pre-HEDIS® preparation



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Here are some additional suggestions:

Ensure your front office and medical records 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.

Supplying 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. Annually each summer, we send out a fax to our provider partners with a form for updating this information. If you would like to update your information at this time you can send information via fax or send an email to Renee Lindley at <mailto:LindleyR@mercyareaz.org>

If you require an onsite review, please contact Deirdre Powe at <mailto:PowED@mercyareaz.org>, and she will be happy to provide the information needed to set that up.

Copy vendor details

Use of 3rd party copy vendors significantly increased since COVID-19 PHE.

Ensure Mercy Care has updated contact information for outreach attempts.

Notify vendor

Per your contract with Mercy Care, they are to provide records requested for HEDIS free of charge and by the deadline

Prevent delays

Significant delays when vendors are unaware of contractual responsibility regarding record requests for audits and send invoices without records

Invoices without records

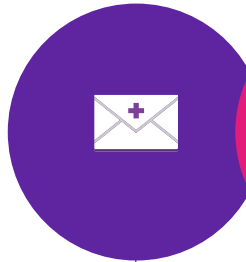
If Mercy Care receives invoices and no records, we will reach out to the provider office directly and work with them to get the vendor to release the records or send records directly to us instead.

Since the Covid-19 Public Health Emergency, there has been a significant increase in the use of vendors.

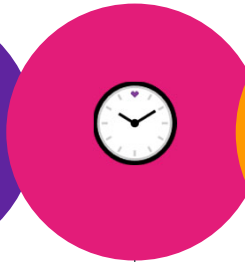
During our Provider Information Update outreach, you can provide us with the name and contact information for any 3rd party vendors you may be using for medical record requests.

It is important that you notify the vendor you are working with that ***per your contract with Mercy Care***, they are to release medical records requested for HEDIS ***quickly and without charge***. The provider is ultimately responsible for getting the requested charts to Mercy Care before the deadline, regardless of vendor usage

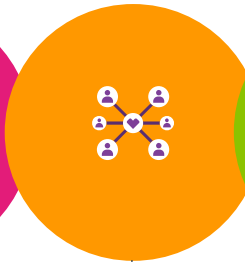
Best practices



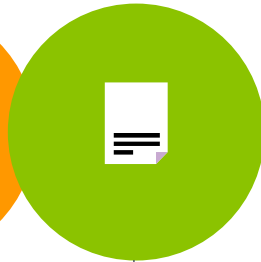
Respond quickly to the record request. There is a tight, federal timeline for audit completion.



Quick returns means your part of the audit will be done and will not result in repeated follow up.



Mercy Care performs ongoing provider contact information updates.



If we do not receive updated provider rosters, you may receive requests for providers that are no longer at your practice and their patients during the audit.

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Responding quickly to the record request is at the top of the best practices list!

We perform ongoing provider contact information updates. If we do not receive updated provider information, our outreach staff will be contacting your office to gather the information that will help us, including: best contact person, best fax number to utilize, best way for us to send our requests to you, and 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

- Wrong measurement period
- Wrong information
- No demographic sheet attached
- Not our patient when they once were
- Refusing charts related to request for ROI from member
- Not providing Mercy Care with the correct HEDIS® contact person
- Sending the request to a vendor that does not timely process, and who sends an invoice and withholds the chart for payment
- No returning our calls for setting up on-sites
- Refusing to work with Mercy Care to send charts

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- Instruct staff to read the request as it includes the specifics needed for each measure, including the compliance time frame which could go back several years. We frequently receive charts for the current year, remember – HEDIS is a **retrospective** audit review, and we provide the needed dates within 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 minimum. 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.
- Using Vendors that are not made aware of your **contractual requirement** to provide these records **timely and free of charge** results in long 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 ultimately responsible for getting the requested charts to Mercy Care **before the deadline and free of charge**, regardless of vendor usage

Measure criteria and documentation

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Next, a high-level review of the measures that are included in the HEDIS/AHCCCS audits

CBP – Controlling High Blood Pressure

- An office note with the last date of service the member was seen in 2024, 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
 - Please train staff to re-take a BP if this reading or higher, and the appropriate method for taking blood pressures.



Suggestions for improved compliance:

- Educate staff on the proper procedure for taking an accurate BP reading: 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
- If the PCP takes a second reading during a visit, please be sure this is added to the medical record as we can take the lowest reading at the visit
- BPs can be taken from a member reported BP during a telehealth visit as long as a specific reading is documented, not a range..

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.

Diabetes measures

EED

Eye Exam for patients with Diabetes

- Evidence of a dilated retinal exam and results performed by an eye care provider in 2024, or evidence of a negative DRE in 2023.

BPD

Blood Pressure Control for patients with Diabetes

- The last BP measurement in 2024 recorded in the member's record.
- Reading can be member-reported and can be obtained during a telehealth visit.

GSD

Glycemic Status Assessment for patients with Diabetes

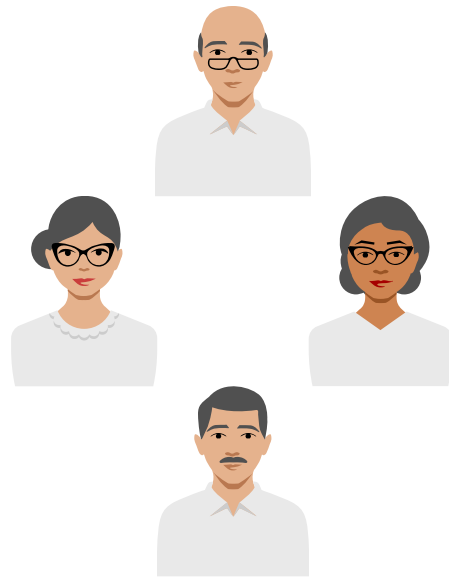
- Last A1C or GMI (glucose management indicator) result of 2024.
- Two parameters are reported:
 - Glycemic status <8%
 - Glycemic status >9%

COA – Care for Older Adults

2024 office notes and documentation that may include the following:

- Pain assessments – including any standardized pain assessment tools in 2024
- Medication review **and** medication list
- Functional status assessment – including any standardized assessment tools in 2024

All the above can be obtained during a telehealth visit and are compliant if they are documented in the visit note.



The AWV (Annual Wellness Visit) Provider Webinar presented in December of 2023 reviews details of the COA measure and can be found on the Mercy Care website.

TRC – Transitions of Care

Office notes showing the 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 admission (total of 3 days)

Receipt of Discharge Information

Documentation of receipt of discharge information on the day of discharge through 2 days after discharge (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 (total of 31 days)

For Transitions of Care, all 4 components must be found in the OP record. The May 30, 2024, provider notification outlines in greater detail the components and types of documents found in the OP record that help capture compliance. It also refers to Applicable codes for use for Patient Engagement and Medication Reconciliation.

Medicaid measures

CIS – Child Immunization Status

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

WWC - 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

- Medical record documentation of screening for risk of developmental, behavioral, and social delays utilizing a standardized screening tool.

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 postpartum visit on or between 7 and 84 days after delivery are needed to show compliance.

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Here are some of the Medicaid measures collected during HEDIS

Please NOTE: Assessments for DEV **MUST** include the tool used, the date of the screening, **and the result/score/provider interpretation.**

ALL 3 items are required to show compliance. Please be aware that **the MCHAT is no longer an acceptable screening** for compliance for this measure.

It is also important to keep the screening tool as part of the medical record.

Resources

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More information

The **Mercy Care Gap Closure Reference Guide**: a link to the guide can be found on the [HEDIS® page](#) and scroll down the HEDIS® education section. In addition, there is a link to the HEDIS® webinars.

HEDIS education

See the [gap closure reference guide](#) or [HEDIS webinars](#) for more information on HEDIS measures. You can also view webinars on gaps in care and the HEDIS medical record review process.

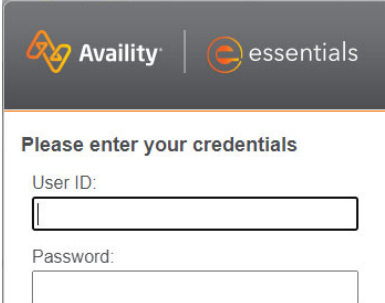
These details can also be found under [Provider Manuals](#).

For more detailed information about these and additional measures, please refer to the **Mercy Care Gap Closure Reference Guide**. This guide also includes information on how to close gaps and applicable codes. The guide can be found in two locations on the Mercy Care website.

In addition, under the HEDIS education section, there is a link to **HEDIS webinars** on some of the measures, including a webinar on **Gaps in Care**.

Register for 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).

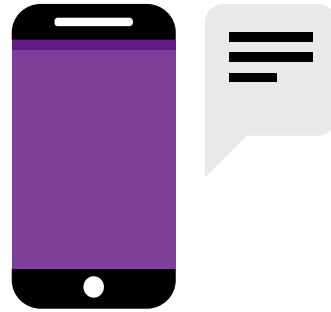


The screenshot shows the login interface for the Availity Essentials portal. At the top, there are logos for 'Availity' and 'essentials'. Below the logos, the text 'Please enter your credentials' is displayed. There are two input fields: 'User ID:' and 'Password:'. The 'User ID:' field is currently empty,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

Contact information

The HEDIS® Audit is managed by the Mercy Care Quality Management department:

- Laura L Broughton RN, BSN
 - Sr. 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 set up
 - 602-659-1507



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

- Additional questions related specifically to the audit itself? Contact Laura Broughton
- Need to update your provider contact information? Contact Renee Lindley
- Information on and/or assistance establishing remote EMR access? Contact Elizabeth Ross

References

[Mercy Care Website](#)

[Mercy Care and Mercy Care Advantage Provider Manuals](#)

[Mercy Care Gap Closure Reference Guide](#)