



# Year-Round Medical Record Review 2024 (YRMRR)

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## 2024 YRMRR Topics

- What is YRMRR?
- What is the measurement period?
- Documentation guidelines & medical record data needed for each measure
- Provider's role & access to records
- How can we support you?



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 seven different measures for 2024
- 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

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YRMRR 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 seven (7) different measures for 2024. 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.

## 2024 YRMRR Measures

- Breast Cancer Screening (**BCS-E**)
- Well child visits in the first 30 months of life (**W30**)
- Follow-up care for children prescribed Attention-Deficit/Hyperactivity Disorder medication (**ADD-E**)
- Metabolic monitoring for children and adolescents on antipsychotic medications (**APM-E**)
- Child and adolescent Well Care Visits (**WCV**)
- Follow-up after emergency department visit for mental illness (**FUM**)
- Follow-up after hospitalization for mental illness (**FUH**)

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List of the measures collected year-round, along with their abbreviations.

Measurement  
Periods



## What is the Measurement Period?

Measurements periods vary depending on the quality measure.

Some measure calendar year 2024 and others have specific dates.

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Each quality measurement has a specific time frame that we must use. Some are calendar year 2024 and some have specific dating criteria.

## Measurement periods

1/1/24 – 12/31/24	Dependent on discharge date between 1/1/24 – 12/31/24	10/1/22 – 12/31/24	Dependent on member's DOB	Dependent on dispense date of prescription
APM-E	FUM	BCS-E	W30	ADD-E
WCV	FUH			

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4 measures accept dates of service in calendar year 2024:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Child and Adolescent Well-Care Visits (WCV)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Hospitalization for Mental Illness (FUH)

3 measures require specific dating:

- Breast Cancer Screenings (BCS-E)
- Well-Child Visits in the First 30 Months of Life (W30)
- Follow-Up Care For Children Prescribed ADHD Medication (ADD-E).

## Breast Cancer Screening (BCS-E) 10/1/22 – 12/31/24

### Types and methods of mammography

- Screening
- Diagnostic
- Digital breast tomosynthesis



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

MRIs, ultrasounds, and biopsies are NOT forms of mammography.

## Well child visits in the first 30 months of life (W30)

### Well-Child visits in the First 15 Months:

- Children who turned 15 months during the measurement year
- Six or more well-child visits



### Well-Child visits for Age 15 Months-30 Months:

- Children who turned 30 months of age during the measurement year
- Two or more well-child visits



### Can include, but not limited to:

- Initial/interval medical history
- Physical exam
- Developmental assessment
- Immunizations
- Anticipatory guidance
- Examination for participation in sports
- Annual wellness visit, annual gynecological exam, encounter for routine child/adult health examination w/wo abnormal findings, well child visit

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Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year

- Six or more well-child visits

Well-Child visits for Age 15 Months-30 Months: Children who turned 30 months old during the measurement year

- Two or more well-child visits

Well-child visits in the first 30 months of life include any and all well-care visits with a PCP provider, up to the age of 30 months of life. PCP is defined as a physician or nonphysician (NP, PA, or Certified Nurse Midwives) who offer primary care medical services. The PCP does not have to be the practitioner assigned to the child.

These visits can include, but are not limited to:

- Initial/interval medical history
- Physical exam
- Developmental assessment



- Immunizations
- Anticipatory guidance
- Examination for participation in sports
- Annual Wellness visit, annual gynecological exam, encounter for routine child/adult health examination w/wo abnormal findings, well child visit

Laboratory claims are NOT compliant.

## Follow-up care for children prescribed ADHD medication (ADD-E)

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

## Metabolic monitoring for children and adolescents on antipsychotics (APM-E)

1/1/24 – 12/31/24

- 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.

Evidence of an LDL or cholesterol test is also needed if it was completed.

## Child and Adolescent Well-Care Visits (WCV) 1/1/24 – 12/31/24

### Can include, but not limited to:

- Initial/interval medical history
- Physical exam
- Developmental assessment
- Immunizations
- Anticipatory guidance
- Examination for participation in sports
- Annual wellness visit, annual gynecological exam, encounter for routine child/adult health examination w/wo abnormal findings, well child visit

### Adolescent 12-21 years:

- Social determinants of health
- Physical growth and development
- Emotional well-being
- Risk reduction
- Safety



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Child and adolescent well-care visits need the office notes from the PCP or OB/GYN practitioner with the well visit documented.

PCP or OB/GYN practitioner office note(s) with well visit documented.

Can include, but not limited to:

- Initial/interval medical history
- Physical exam
- Developmental assessment
- Immunizations
- Anticipatory guidance
- Examination for participation in sports
- Annual Wellness visit, Annual GYN exam, encounter for routine child/adult health examination w/wo abnormal findings, well child visit

Adolescent 12-21 years

- Social determinants of health
- Physical growth and development
- Emotional well-being
- Risk reduction (pregnancy, STIs, tobacco, e-cigarettes, alcohol)

- Safety (seat belt and helmet use, sun protection, substance use, firearm safety)

Laboratory claims are NOT compliant.

## Follow-up after emergency department visit for mental illness (FUM) 1/1/24 – 12/31/24

- 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 **seven 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.

## Follow-Up After Hospitalization for Mental Illness (FUH) 1/1/24 – 12/31/24

- Follow-up visit with a **mental health provider**, within **seven 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.



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Follow-up after 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 the Mercy Care network, you play a crucial role in improving the health of our members. We want to ensure we're doing all we can to support your efforts to drive improvement 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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We couldn't do what we do 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.

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  
4750 S. 44<sup>th</sup> Place, Suite 150  
Phoenix, AZ 85040

Please fax the records, or mail back to us by the deadline.

## 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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Records can be uploaded to the provider portal.

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

We can also 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 Mercy Care, AHCCCS or any government agency upon request. ... The medical record will be made available free of charge to Mercy Care for these purposes.**

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 uses 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 health plan to review their medical records for *quality purposes*.
- The HEDIS/YRMRR projects are for quality purposes and do 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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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 Mercy Care staff are trained on HIPAA, confidentiality and handling Personal Health Information (PHI).

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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 Mercy Care Provider Portal.
- The Network Management Department can assist with obtaining access to the Mercy Care Provider Portal. Call **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 the Provider page on the Mercy Care website for additional Measure Specifications, information, resources and guidance.

<https://www.mercycareaz.org/providers/index.html>

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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, numbers listed here.
- 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.

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