

HEDIS® 2020

FAQ FOR PROVIDERS

Overview

HEDIS® (Healthcare Effectiveness Data and Information Set) is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service.

Questions

Does HIPAA (Health Insurance Portability and Accountability Act) permit me to release records to Premera or their medical record retrieval vendor(s) for HEDIS® data collection?

Yes. You are permitted to disclose protected health information (PHI) to Premera (and/or their contracted vendor) as a covered entity for the purpose of healthcare operations. A signed consent form from the member is not required under HIPAA for you to release the requested information to Premera.

Is my participation in HEDIS® data collection mandatory?

Yes. Network participants are contractually required to provide medical record information so that we may fulfill our accreditation obligations.

Do I have to participate even if I participated in one of the National Committee for Quality Assurance (NCQA) recognition programs?

Yes. NCQA recognition programs do not satisfy HEDIS® data collection requirements.

Should I allow a record review for a patient who is no longer a Premera member or is deceased?

Yes. Medical record reviews may require data collection on services obtained over multiple years.

Am I required to provide medical records for a member who was seen by a physician who has retired, died, or moved to another practice?

Yes. HEDIS® data collection is member-focused rather than provider-focused. Some measures require reviewing medical records as far back as ten years. Archived medical records/data are required to complete data collection.

What is my office's responsibility regarding HEDIS® data collection?

You and your office staff are responsible for responding to Premera's request for medical record documentation in a timely manner. A Premera vendor (COTIVITI) retrieval staff member will contact your office to establish a date for either onsite, fax, or mail data collection. A patient list will be faxed to you so that the requested medical records can be made available for the appointment or for faxing/mailing the documentation. If a patient included on the list has not been seen at your practice, please notify Premera immediately at the number provided to you on the request form.

Who should be responsible for coordinating this process in my office?

Your office manager or another employee you designate should be responsible for making records available for onsite reviews or fax/mail. In offices with a medical records department, the office manager or your designee should coordinate with the medical records contact so they know the request is authorized.

My office uses a vendor to manage medical record requests. How does this affect the HEDIS® process?

Your business relationship with a vendor does not relieve you of your responsibility for ensuring that the records requested for HEDIS® are provided to Premera in a timely manner. Also, per your provider contract, you may not charge Premera for records. Please instruct your vendor to comply with record requests accordingly.

Who reviews the medical records?

Premera Quality Improvement professionals (registered nurses) or their contracted HEDIS® certified abstraction vendor obtain and review the medical records for HEDIS®. You can be assured that your patients' medical records will be treated with total protection and complete confidentiality.

How and where are the medical records reviewed?

Premera uses record volume by site, measure, and geographical location to determine the most appropriate collection methodology (onsite visit, fax/mail). Provider offices will be notified by fax of all records required for review. Most providers prefer to send the requested records via fax/mail/secure email or through our vendor's (COTIVITI) secure portal. Some providers request that reviews be completed in their offices. If this method is preferred, please be advised that the retrieval staff will need to copy the records onsite/print from electronic medical records (EMR) for auditing purposes. We will be flexible whenever possible in response to individual requests for a change in collection methodology.

When will Premera or their contracted HEDIS® vendor need the records?

HEDIS® data collection is a time sensitive project. Medical records should be made available on the date of the onsite review, or by the date requested in the case of fax/mail. For 2020, data collection will begin in

early February and end in early May. It is imperative that you respond to a request for medical records within the specified time frame in order to ensure that we can report complete and accurate rates to the state regulatory bodies as well as NCQA.

What can I do as a provider to reduce/minimize the need for medical record reviews?

- Submit accurate and timely claims for every office visit.
- Always include appropriate chronic and disability diagnoses on all claims for members with chronic illness.
- Document chronic disease whenever it is appropriate, including appointments when prescription refills are written for chronic conditions.
- Be specific on diagnosis coding and always use the most specific appropriate diagnosis code available.
- Document complete medical/surgical history as well as all care provided in the patient's medical record.

Who should I contact if I have further questions/concerns regarding HEDIS® data collection?

You may contact Karrie Baker, Manager HEDIS® Operations, at 425-918-4763 or Karrie.Baker@Premera.com, or contact Ron Ruiz, HEDIS® Reporting Administrator, at 425-918-3407 or Ron.Ruiz@Premera.com.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).