HEDIS®

Frequently Asked Questions

Healthcare Effectiveness Data and Information Set (HEDIS[1]) is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service.

1. **Does the Health Insurance Portability and Accountability Act (HIPAA) permit me to release records to Sentara Health Plans for HEDIS data collection?**

   Yes. You are permitted to disclose protected health information (PHI) to Sentara Health Plans, as a covered entity, for the purpose of healthcare operations. A signed consent form from the member is not required under the HIPAA privacy rule for you to release the requested information to Sentara Health Plans.

2. **Is my participation in HEDIS data collection mandatory?**

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

3. **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.

4. **Should I allow a record review for a patient who is no longer a Sentara Health Plans member or is deceased?**

   Yes. Medical record reviews may require data collection on services obtained over multiple years. For deceased members, please provide documentation of the date of death.

5. **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 10 years. Archived medical records/data are required to complete data collection.

6. **What is my office's responsibility regarding HEDIS data collection?**

   You and your office staff are responsible for responding to Sentara Health Plans' request for medical record documentation in a timely manner. A Sentara Health Plans nurse will contact your office to establish a date for either on-site, 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 the nurse immediately at the number they provided to you.

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

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7. 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 on-site reviews or fax/mail. In offices with a medical record department, the office manager or your designee should coordinate with the medical records contact so they know that the request is authorized.

8. 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 responsibility for ensuring that records requested for HEDIS are provided to Sentara Health Plans in a timely manner. Also, per your provider contract, you **may not** charge Sentara Health Plans for records. Please instruct your vendor to comply with record requests accordingly.

9. Who reviews the medical records?

Sentara Health Plans Quality Improvement professionals (registered nurses) 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.

10. How and where are the medical records reviewed?

Sentara Health Plans uses record volume by site, measure, and geographical location to determine the most appropriate collection methodology (on-site visit, fax/mail, and remote electronic medical records (EMR) access). Provider offices will be notified by fax of all records required for review. Most providers prefer to send us the requested records by fax/mail/secure email. Some providers request that reviews be completed in their offices. If this method is preferred, please be advised that the nurse will need to copy the records on-site/print from the EMR for auditing purposes. We will be flexible whenever possible in response to individual requests for a change in collection methodology.

Remote EMR access is an acceptable method of medical record retrieval for HEDIS when secure, read only access is granted to the health plan or its authorized representative. The information must be viewable within the EMR and accessible during the applicable HEDIS time frame.

11. When will the nurse need the records?

HEDIS data collection is a time-sensitive project. Medical records should be made available on the date of the on-site review or by the date requested in the case of fax/mail. HEDIS data collection typically begins in early February and ends 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 are able to report complete and accurate rates to the state regulatory bodies, as well as NCQA.

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12. 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 the most specific appropriate diagnosis code available.
- Document complete medical/surgical history to include detailed information with specific dates for diagnosis and procedures to validate measure compliance.
- Use CPT II code for measures such as blood pressure control. CPT II codes can establish compliance without the need to confirm numeric values.

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

You may contact the Sentara Health Plans quality improvement department at **757-252-8400** or toll-free at **1-844-620-1015**.

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