HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®) FREQUENTLY ASKED QUESTIONS

1. What is HEDIS®?

HEDIS® is a standardized set of performance measures called Healthcare Effectiveness Data and Information Set, which is developed and maintained by the National Committee for Quality Assurance (NCQA) and used by the state Department of Health Care Services (DHCS) to monitor the performance of Medi-Cal managed care plans.

2. Who participates in HEDIS®?

More than 90 percent of health plans in the U.S. (Medicare, Medicaid, and commercial) participate in HEDIS® quality reviews.

3. What is the purpose of HEDIS®?

The purpose of HEDIS® is to:
- Evaluate quality of care and services provided to health plan members.
- Evaluate accessibility of care.
- Develop performance improvement initiatives based on identified opportunities.
- Compare performance with other health plans.

4. How is HEDIS® reported?

HEDIS® measures evaluate the previous year's clinical data. For example, most HEDIS® rates reported in 2018 are based on clinical services performed in 2017. Some measures, such as Cervical Cancer Screening, look for services performed up to five years prior to the reporting year. Results of HEDIS® reviews are reported to DHCS and NCQA each year in June.

Gold Coast Health Plan (GCHP) distributes HEDIS® Provider Report Cards and Performance Feedback Reports every other month (starting May - October) to assist providers in monitoring current performance and outreach to members to close gaps in care.

5. What is a provider's role in HEDIS® reporting?

Providers play a central role in promoting the health of GCHP members. Providers and office staff can help facilitate HEDIS® process improvement by:

- Providing appropriate care within designated timeframes, i.e. annual screenings.
- Monitoring patients with chronic conditions and/or who are on persistent medications.
- Documenting all care in the patient's medical record.
- Coding for all services completed and submitting claims in a timely manner.
- Responding in a timely manner to requests for HEDIS® medical records.
- Staying up-to-date with HEDIS® measure criteria.

6. Do I need member consent to release personal health information (PHI) for HEDIS® reporting?

No. Under the Health Insurance Portability and Accountability Act (HIPAA), data collection for HEDIS® is permitted. Health plan requests for medical records do not require additional patient consent or authorization. The PHI of GCHP members is maintained in accordance with all state and federal laws.

7. What data sources are used in HEDIS® reporting?

The data sources that are used in HEDIS® reporting are:

- Medical records.
- Administrative data: claims, encounter, pharmacy, member, provider.
- Supplemental data: lab, vision, immunization, electronic medical records.

8. How are the HEDIS® measures evaluated?

HEDIS® measures can require either an administrative or hybrid review of data:

- Administrative measures can include claims, encounter, and supplemental data.
- Hybrid measures include a combination of administrative and medical record review.

9. What HEDIS® measures are reported?

The HEDIS® measures that are reported are:

- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Asthma Medication Ratio (AMR)
- Breast Cancer Screening (BCS)
- Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Controlling Blood Pressure (CBP)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC)

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Annual Monitoring for Patients on Persistent Medications (MPM)
- Prenatal and Postpartum Care (PPC)
- Well-Child Visits in the Third, Fourth, and Sixth Years of Life (W34)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents (WCC)

10. How does GCHP collect HEDIS® medical records?

- GCHP's HEDIS® vendor, Inovalon, will contact providers directly to request medical records for selected members.
- Each request will include the members and measure(s) selected for review and the relevant portions of medical records that are requested.
- Data collection methods include fax, mail, onsite visits, and remote electronic medical record (EMR) system access.
- Providers should submit requested documentation within five days of the request.

11. Who is the contact for HEDIS® for medical record requests?

When the record requests are sent, contact instructions will be listed on the request. Questions can also be emailed to hedis@goldchp.org.

12. When does medical record review begin and end?

Medical record requests will begin as early as February and end in mid-May.

13. Should the entire medical record be sent?

No. Please provide the specific records noted in the medical record request.

14. Where can I find more information on these HEDIS® measures?

To educate and assist providers with increasing their HEDIS® rates, GCHP has created tips sheets for each measure reported. These tips sheets outline the key aspects of each HEDIS® measure, the medical codes associated with each measure and documentation guidance. They are located on the GCHP website at www.goldcoasthealthplan.org under Providers > Resources > HEDIS®. Click here to bookmark the page. You can learn about HEDIS® by visiting the NCQA website.