Healthcare Effectiveness Data Information Set (HEDIS®) Frequently Asked Questions

2020

1. What is HEDIS®?

- HEDIS® is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. It consists of more than 95 measures across seven domains of care.

2. Why is the HEDIS® medical record review important?

- Medical record reviews are needed so that our results are complete and accurate and reflect the care patients receive from their providers. Certain HEDIS® measures require actual documentation, not just a claim to support the measure for compliance.

3. Why is HEDIS® important?

- HEDIS® results include measures of clinical quality and member experience.

- Consumers are basing their health care decisions on HEDIS® results and expect effective satisfying care and service; care that is accessible; having informed choices; and choosing a plan that encourages accountability and quality improvement.

4. Does the Health Insurance Portability and Accountability Act (HIPAA) permit you to release records to the Health Plan for HEDIS® data collection?

- Yes. As a participating provider, you are permitted to disclose protected health information (PHI) and under the HIPAA privacy rule, you do not need a signed consent for you to release requested records.

- The following link provides more information about HIPAA privacy rule: https://www.hhs.gov/hipaa/for-professionals/index.html

5. What is your office's responsibility regarding HEDIS® collection?

- You are responsible to respond to our request for medical record documentation in a timely manner.

- A HEDIS® nurse reviewer will contact your office to schedule either and on-site, remote, or fax/mail medical record documentation.

6. What is the time frame for providing requested medical record information?

- Federal and state regulatory bodies, along with NCQA, have established deadlines for the HEDIS® data collection project.

- Our medical record data collection deadline is April 30, 2020, and our Health Plan submits the auditor-locked product line submission with attestation to NCQA on June 15, 2020.

7. What are some obstacles to HEDIS®?

- Attribution methods can be challenging.

- Claims submitted without the proper codes specific to the HEDIS® measure.

- Incorrect provider specialty associated with claim.

- All required components of the measure were not met.

- Services provided were out of the time frames specified for the measure.

8. What can you do to help improve scores for HEDIS® measures?

- Inform your office staff that the HEDIS® medical record review is performed the same time each year from mid-February to beginning of May.

- Use both sick and well visits to engage patients in reminding them of preventive care services that are due.

- Accurately code all claims.

- Submission of claims and encounter data should be timely.

- Ensure that all measure components are accurate, up to date and included in the medical record documentation.

- Consider uploading medical records to our secure website.

- If you are on an electronic medical record system, are you capturing the patient population that you treat (e.g., documentation of a patient's height and weight but no BMI percentile calculated)? Do your records include a BMI growth chart?

9. What is CAHPS®?

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/member experience with the health plan is measured by survey. We work with a certified vendor and follow rules set by the CAHPS® program, NCQA and the Centers for Medicare & Medicaid Services (CMS) to gather confidential and valid feedback from our members.

- Survey topics include access to care, test preauthorization, communication and care coordination with doctors and health care providers, accurate claims and service received from Customer Care.

10. What is the difference between HEDIS® & QARR?

- Quality Assurance Reporting Requirements (QARR) encompasses a subset of HEDIS® measures in addition to specific New York state driven measures.

- QARR results are reportable to the New York State Department of Health.

Additional information can be found on the following websites:

National Committee for Quality Assurance
http://www.ncqa.org/

Centers for Medicare & Medicaid Services
http://www.cms.gov/

New York State Department of Health
http://www.health.ny.gov/

Consumer Assessment of Healthcare Providers and Systems
https://cahps.ahrq.gov

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