HEDIS FAQs

Q1. What is HEDIS?

A. Healthcare Effectiveness Data and Information Set (HEDIS) is a standardized set of performance measurements developed by the National Committee for Quality Assurance (NCQA) to evaluate consumer health care. The Affordable Care Act (Public Law 111-148) and the Children’s Health Insurance Program Reauthorization Act (CHIPRA; Public Law 111-3) require reporting of a core set of health care quality measures for adults and children, respectively. HEDIS is a common set of performance measures that fulfills these requirements. HEDIS 2017 involves the acquisition, abstraction and validation of member records for the calendar year 2016. Throughout the calendar year, claims and encounter data is collected. Some measures require clinical data, such as test or lab results, blood sugar levels, BMIs, etc. to establish HEDIS performance rates. This information has to be obtained through chart reviews. The process of collecting records for abstraction starts in January 2017. Medical record requests and collections by the MCO’s or their designated vendor may vary some degree. After records are collected they are abstracted and results validated prior to sending them to the National Committee for Quality Assurance (NCQA) and the State of Kansas for review, health plan accreditation, and program use.

Q2. When and how many medical records will be requested?

A. Providers will be contacted starting in January 2017 by the MCOs, or their designee, requesting records needed for 2017 HEDIS activities. The number of records requested by each MCO will depend on the number of products for each MCO and the random sampling of members chosen for collection. Higher volume providers may have more records as the probability of them being included in the sample is higher.

Q3. Does receipt of the HEDIS 2017 medical record collection notification letter mean I will also receive a member list from the KanCare MCOs or their designee requesting medical records?

A. Not necessarily, members are randomly selected for inclusion to the HEDIS medical record collection process. You may receive a copy of the notification letter but may not have any patients that are included in the review so you would not receive a list. You will not need to take action unless contacted directly by one of the KanCare MCOs or their designated vendor. HEDIS 2017 applies to members across all health plans so you may receive more than one notification if you are a participating provider in other plans.
Q4. Will I be reimbursed for copies or materials you need for the medical record review?

A. Unless specific language within the provider contract states the MCO will pay for medical record copies, the KanCare MCOs do not reimburse for medical records requested for HEDIS data collection. Most providers or their contracted vendors have protected computer technologies that make it unnecessary to copy records. However, providers and their vendors without this technology will be required to make copies of the pertinent data. Your participation agreement outlines this policy. Please contact your Network Representative if you have additional questions.

Q5. Will our medical record vendors, such as CIOX, be reimbursed for copies or materials you need for the medical record review?

A. Unless specific language within the provider contract states the MCO will pay for medical record copies, the KanCare MCOs do not reimburse medical record vendors for medical record copies required for HEDIS data collection. In some instances, contracts between the MCO and the vendor may indicate payment requirements for requested HEDIS medical records.

Q6. Will medical records be requested for dates before implementation of KanCare?

A. Yes. There will be instances where providers are requested to share information prior to the implementation of KanCare on January 1, 2013. Measures requiring this data are listed on the last page of this document. The State of Kansas, via KDHE, the State Medicaid Agency, has indicated sharing of this data is appropriate, as long as the person was a Medicaid member at the time the data is requested, as Medicaid member services and related data are the responsibility of the State Medicaid Agency. That responsibility does not start/end when contractors acting as KDHE’s agent regarding Medicaid services change.

Q7. Does HIPAA permit me to release records to the KanCare MCOs or their designee for HEDIS data collection?

A. Yes. You are permitted to disclose protected health information (PHI) to the KanCare MCOs as well as vendors who are acting on their behalf as business associates. A signed consent form from the member is not required under the HIPAA privacy rule for you to release the requested information to the KanCare MCOs or their vendors. For more information about the HIPAA privacy rule, go to: http://www.hhs.gov/ocr/privacy/hipaa/faq/smaller_providers_and_businesses/265.html or contact your KanCare MCO HEDIS contact listed on page 6.
Q8. Does the American Recovery and Reinvestment Act (ARRA) also permit me to release records to the KanCare MCOs or their designee for HEDIS data collection?

A. Yes. ARRA also allows physicians and other covered entities to disclose PHI for health care operation purposes.

Q9. Is my participation in HEDIS data collection mandatory? Does this apply to hospitals, skilled nursing facilities and nursing homes as well?

A. Yes. All KanCare MCO network providers are required to provide the requested medical record information to fulfill their state and federal regulatory and accreditation requirements, and to help ensure data submissions to the Centers for Medicare & Medicaid Services (CMS) are complete and accurate. This requirement also extends to hospitals, skilled nursing facilities and nursing homes.

Q10. What is my office's responsibility regarding HEDIS data collection?

A. You and your office staff are responsible for responding to the KanCare MCOs or their designated vendor’s request for medical record documentation within the specified timeframe. Our designee will contact your office regarding options for medical record collection. If a patient chart is on the list and is not available at your practice location, or if a patient is listed who has not received services from your practice, please notify our vendor immediately.

Q11. How do I make arrangements to have an onsite visit?

A. The KanCare MCOs or their designated vendors may call larger practices starting in January to schedule the onsite visits. If you prefer an onsite medical record review by KanCare MCO or their designated vendor, please let them know this when they call your office to discuss options for medical record collection.

Q12. Do I have to participate on HEDIS 2017 medical record collection even if I participate in one of the NCQA recognition programs?

A. Yes. NCQA recognition programs do not satisfy HEDIS data collection requirements.
Q13. Who are the vendors who will handle medical record collection on behalf of the KanCare MCOs?

A. The KanCare MCOs listed below are working with one or more medical record vendors that meet our high performance and customer service expectations and meet HIPAA and confidentiality criteria. As contracted entities to the KanCare MCOs, they function as our partners in completing HEDIS data collection. They include:
   - UnitedHealthcare: CIOX
   - Sunflower: Altegra Health (formerly Outcomes Health Information Solutions) and CIOX

Q14. How should I provide the records to the KanCare MCOs or their designee?

A. The KanCare MCOs and their designated vendors will evaluate provider demographics to determine record volume by site, HEDIS measure and geographical location to identify the most appropriate collection method. We provide many options including electronic data collection (remote access to electronic medical records and FTP uploads), fax, encrypted disc, mail or onsite data collection. Our representative will discuss these with you.

Q15. Does the record review include members who are no longer with the KanCare MCO or deceased?

A. Yes. Medical record reviews may require data collection related to services obtained over multiple years, including for patients who are or no longer seen by your office and those who are no longer members or deceased.

Q16. Am I required to provide medical records for a member who was seen by a physician who has retired, died or moved?

A. Yes. HEDIS data collection includes medical records reviews as far back as 10 years. Archived medical records may be required to complete data collection. While a provider may no longer be at your location, the member may still see a provider in your practice.

Q17. When will the KanCare MCOs or their designees need the records?

A. Medical records should be made available on the date of the onsite review, or in the case of fax or mail requests, within the timeframe, generally ten business days, identified on the request letter. Providers always have the option to request additional time or assistance with collecting the data in the charts.
Q18. Are Risk Adjustment or other (DRG, Utilization Review, etc.) record reviews the same as HEDIS medical record reviews?

A. No. HEDIS medical record requests are separate from other medical record reviews used to determine member’s health status and ensure accurate coding and reimbursement.

Q19. How can I reduce the number of records I need to send next year?

A. Providers with an electronic health record (EHR) may be able to send fewer records in the future if the MCOs are able to obtain medical record data, including labs, during the year. Please contact the KanCare MCO HEDIS contact if you would like to explore this option.

Q20. Will the HEDIS medical record request vary in volume by MCO?

A. Yes. Each MCO’s requests for medical records will vary for providers. Please note that UnitedHealthcare has multiple lines of business in Kansas and will result in increased volume of medical record requests for providers.

Q21. Are hospital visit data needed for HEDIS? What can a hospital expect?

A. Yes. Data needed for HEDIS collection includes information from all settings of care. Hospitals that have physician clinics, emergency room, outpatient, and/or inpatient services may receive record requests for any of these types of visits. Hospitals will receive the same requests and outreach as clinic/community providers.

Q22. Who should I call if I have further questions regarding HEDIS data collection?

A. UnitedHealthcare: Laura Connolly, Director, Quality Management, at laura_b_connolly@uhc.com or 913-333-4035.

Sunflower Health Plan: Donna Garwood, HEDIS Coordinator, at donna.garwood@sunflowerhealthplan.com or 913-333-4692.

Amerigroup: Jill Crupper, Manager, Quality Management, at Jill.Crupper@Amerigroup.com or 913-563-1645.
**HEDIS Medical Record Collection**

As always, the KanCare MCOs and providers should make reasonable efforts to use, disclose, and request the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request.

The HEDIS measures which may involve data requests on services delivered prior to January 1, 2013, are noted here, as well as the measures for which the MCOs may request medical records:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Measure</th>
<th>Data Needed Prior to 01/01/2013</th>
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<tbody>
<tr>
<td>AWC</td>
<td>Adolescent Well-Care</td>
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<tr>
<td>ABA</td>
<td>Adult BMI Assessment</td>
<td></td>
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<tr>
<td>WCC</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent</td>
<td></td>
</tr>
<tr>
<td>CIS</td>
<td>Childhood Immunization Status</td>
<td></td>
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<tr>
<td>IMA</td>
<td>Immunizations for Adolescents</td>
<td>HPV immunizations between the 9” &amp; 13” birthday (turned 13 during the measurement year)</td>
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<tr>
<td>LSC</td>
<td>Lead Screening in Children</td>
<td></td>
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<tr>
<td>CCS</td>
<td>Cervical Cancer Screening</td>
<td>2012 - 2016</td>
</tr>
<tr>
<td>CBP</td>
<td>Controlling High Blood Pressure</td>
<td>Initial diagnosis prior to 6/30/16 and then the latest blood pressure reading of 2016</td>
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<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td></td>
</tr>
<tr>
<td>PPC</td>
<td>Prenatal and Postpartum Care</td>
<td></td>
</tr>
<tr>
<td>FPC</td>
<td>Frequency of Ongoing Prenatal Care</td>
<td></td>
</tr>
<tr>
<td>W15</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td></td>
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<tr>
<td>W34</td>
<td>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</td>
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