



HEDIS Overview

Healthcare Effectiveness Data and Information Set (HEDIS)

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What is HEDIS?

According to the National Committee for Quality Assurance (NCQA), 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.

Because so many plans collect HEDIS data and the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans. Health plans also use HEDIS results to evaluate their performance in clinical quality and customer service.

HEDIS is administered by NCQA. The Centers for Medicare and Medicaid Services (CMS) and the Office of Personnel Management (OPM), as well as accrediting organizations, use HEDIS for monitoring the performance of managed care organizations.

Managed care companies who administer Marketplace plans are required to monitor HEDIS results. HEDIS reviews are performed by all managed care companies at the same time each year. HEDIS results are audited by an independent NCQA certified auditor before they are reported as part of NCQA Health Plan Ratings and Marketplace Reports.

HEDIS results are used to:

Measure
Performance

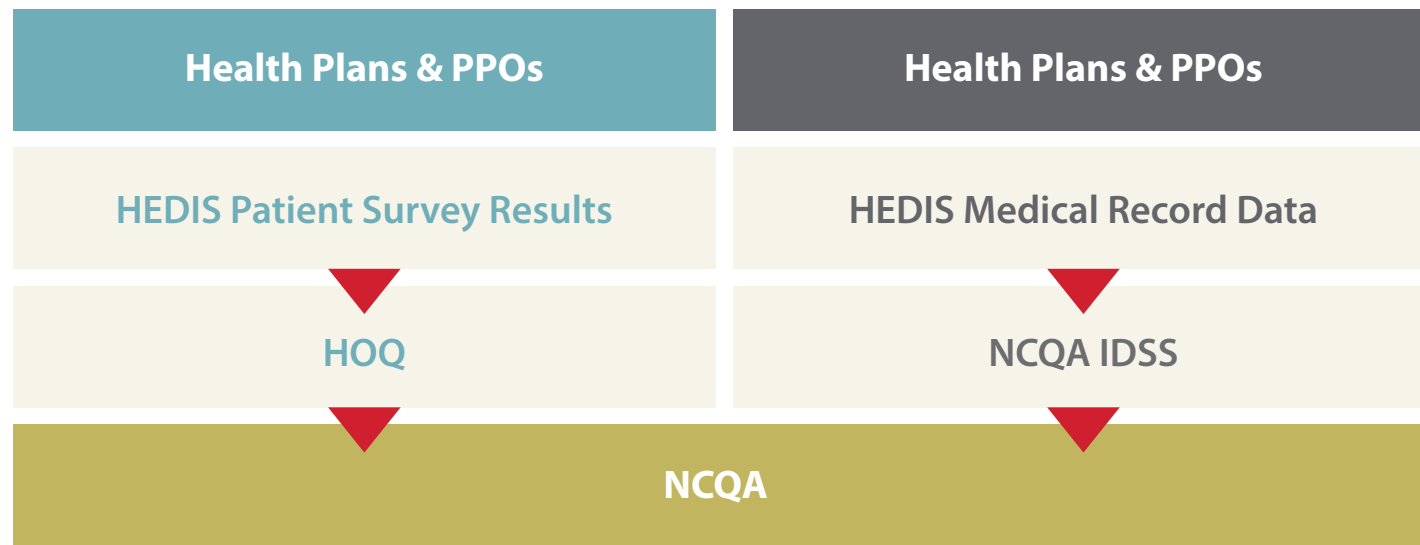
Identify
Quality Initiatives

Provide
Educational Programs

HIPAA & the HEDIS Survey

The Health Information Portability and Accountability Act (HIPAA) Privacy Rule permits data collection and release for HEDIS without patient authorization or consent. QualChoice maintains our members' Personal Health Information (PHI) in accordance with state and federal laws. Data is reported collectively without individual identifiers, further protecting contracted providers' records as well as those of plan members.

HEDIS patient survey results are collected by a certified vendor and submitted to NCQA. HEDIS medical record data is collected from Health Plans through NCQA's secure web portal, IDSS. All HEDIS data collected by NCQA are maintained in a central database with strict controls to protect confidentiality.



What is your role in HEDIS?



Your help with gathering data for HEDIS is important to promoting the health of our members. We appreciate your cooperation and timeliness in submitting the requested medical record information.

You and your office can help facilitate the HEDIS process improvement ahead of time by:

- ▶ Providing the appropriate care within the designated timeframes
- ▶ Documenting all care in the patient's medical record
- ▶ Accurately coding all claims. Providing information accurately on a claim may reduce the number of records requested

When you receive a request for medical records, you and your office can help by:

- ▶ Responding to requests for medical records within 5-7 days
- ▶ Supplying all requested medical records to ensure our results are an accurate reflection of care provided

The records you provide help us validate the quality of care provided to our members.

2018 HEDIS Calendar



Mid-February

Complete Provider Resource initiates medical record requests and collection from QualChoice Providers

April 15

Deadline for submission of requested records to Complete Provider Resource

April 15 to April 30

Complete Provider Resource finalizes records for return to Health Plan

June 15

Deadline for all data to be submitted to NCQA

Types of Reviews

HEDIS data are collected three ways:

Administrative Data

- ▶ obtained from our claims database

Hybrid Data

- ▶ obtained from our claims database and medial record reviews

Survey Data

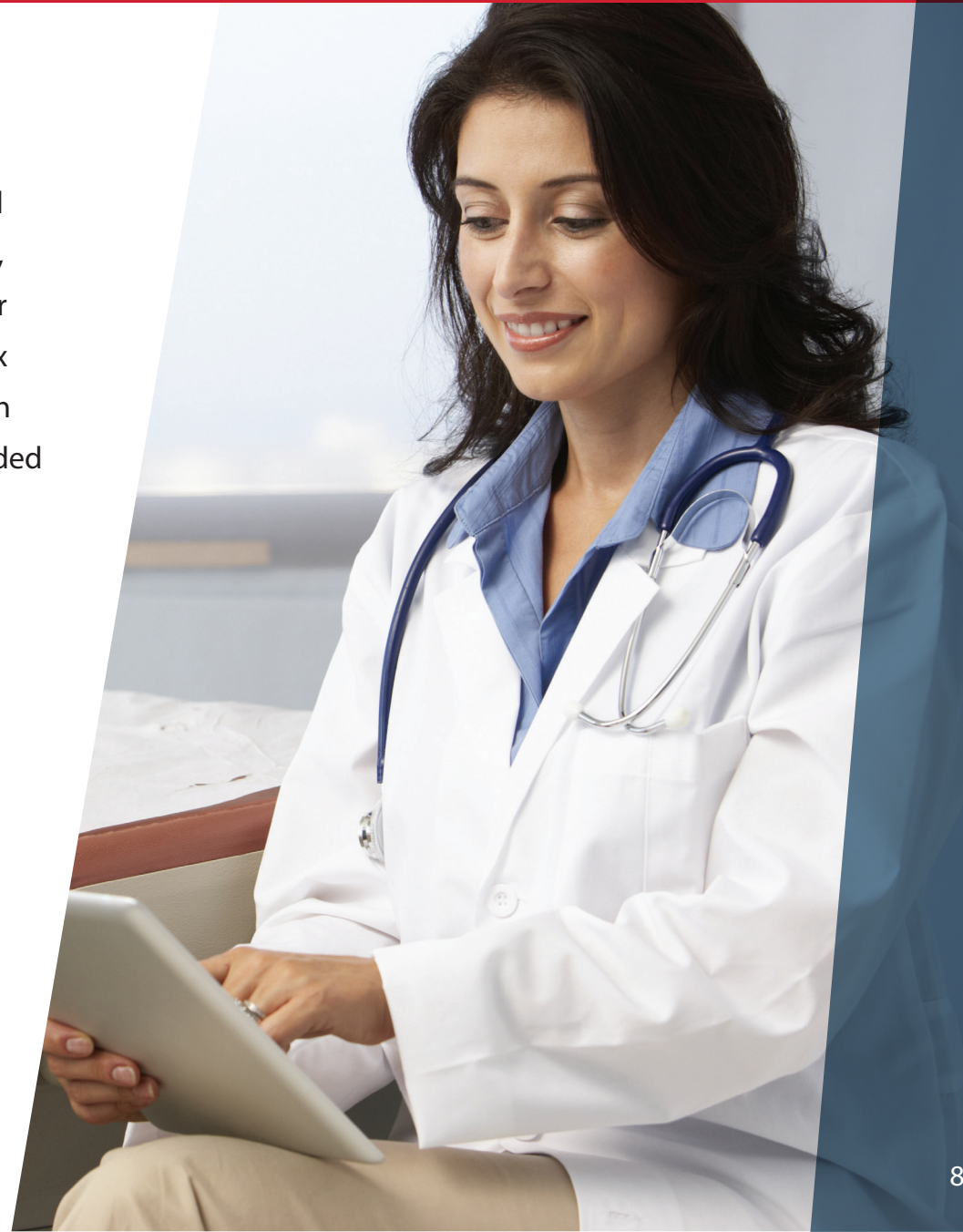
- ▶ obtained from member and provider surveys

Medical Record Requests

Complete Provider Resource, a third-party agency that specializes in healthcare information management, will call QualChoice providers to verify contact information, including the provider's fax number. Complete Provider Resource will then send a medical record request by fax to the provider. The request includes a member list with assigned measures and the minimum information needed to complete the survey.

Data is collected by electronic data interchange via upload to a secure website. The web address of the secure site, along with instructions for access, will be provided by Complete Provider Resource. When a provider is unable to access the secure site via the Internet, Complete Provider Resource will also receive medical records by fax.

Because the data collection timeframe is brief, receipt of data within 5 to 7 days is appreciated.



Hybrid HEDIS Measures

Useful Terms

ABA	Adult Body Mass Index
APC	Adolescent Preventive Care
CBP	Controlling High Blood Pressure
CCS	Cervical Cancer Screening
CDC	Comprehensive Diabetes Care
CIS	Childhood Immunization Status

COL	Colorectal Cancer Screening
IMA	Immunizations for Adolescents
PPC	Prenatal and Postpartum Care
WCC	Weight Assessment/Counseling for Nutrition & Physical Activity for Children/Adolescents

Q. Do you want me to send the entire record?

No, please provide only the minimum necessary information to meet our request.

Q. Who do I contact with questions about HEDIS requests?

Email your questions about HEDIS requests to HEDIS@QualChoice.com.

Q. How can we improve our scores for HEDIS measures?

Use correct diagnosis and procedure codes. Submit claims and encounter data in a timely manner.

Ensure medical record documentation is complete, with all components present.

Q. How can I learn more about HEDIS ratings?

Educational articles are included in the QualChoice quarterly provider newsletter, Quality Results.

Updates may also be included in QualChoice Provider Action Alerts. Both are emailed to QualChoice providers and are also available at QualChoice.com. For general information about NCQA and HEDIS, visit www.ncqa.org.

About Non-Billable Claims Data



We appreciate your participation in HEDIS! Your survey information will help QualChoice measure performance on important dimensions of care and service. In addition to the information you supply, another data source for HEDIS is found in claims submissions.

For ongoing monitoring of certain quality measures, QualChoice will use Non-Billable, Category II CPT codes (CPT II codes) from your claims submissions.

CPT II codes describe clinical components usually included in clinical services or in evaluation and management. They are billed in the same procedure code field as CPT I codes, but as a \$0.00 amount. These non-billable CPT II codes allow health plans to monitor internal performance for key measures throughout the year, rather than once per year as with HEDIS.