

HEDIS Frequently Asked Questions

Each year, CalOptima is required to collect and report data for Health Effectiveness Data and Information Set (HEDIS[®]).

1. What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS) is a standardized set of performance measurements developed by the National Committee for Quality Assurance (NCQA, www.ncqa.org) to evaluate consumer health care.

2. Which CalOptima members are included in HEDIS?

HEDIS data collection pertains to all members enrolled with CalOptima. The Centers for Medicare & Medicaid Services (CMS), the California Department of Health Care Services (DHCS), and the NCQA guidelines require completion of HEDIS data collection annually to meet contractual requirements.

3. Why does CalOptima need medical records when we already submit claims?

CalOptima uses pharmacy, lab, registry, claims and encounter data — collectively referred to as administrative data — to calculate HEDIS rates. For a certain group of measures, we can supplement administrative data with medical record review. Examples of these measures include diabetes care, immunization status, prenatal and postpartum care.

4. Does HIPAA permit me to release records to a CalOptima representative or designated vendor for HEDIS data collection?

Yes. As a CalOptima business associate, you are permitted to disclose protected health information (PHI) to the vendors acting on our behalf. A signed consent form from the member is not required under the Health Insurance Portability and Accountability Act (HIPAA) privacy rule for you to release the requested information to the vendors. Data used for treatment, payment and health care operations may be disclosed without member consent. HEDIS falls under “health care operations.”

The following link provides more information about the HIPAA privacy rule:

<http://www.hhs.gov/ocr/privacy/index.html>

5. Is my participation in HEDIS data collection mandatory?

Yes. All health networks, medical groups and provider offices that have provided services to CalOptima members are required to provide medical record information so that we may fulfill our state and federal regulatory and accreditation obligations.

6. What is my responsibility in the data collection process?

HEDIS is a time-sensitive project. It is very important that you respond to the requests for medical record documentation in a timely manner to ensure we can report complete and accurate rates. The contracted HEDIS vendor will contact your office to establish a date for on-site, fax or mail data

collection. We will provide you with a patient list, so the requested medical records can be made available for the on-site visit or for faxing/ mailing the documentation. If a member on the list is a patient you have not seen in your practice, please indicate "Patient Never Seen" next to the name on the list and return the form to the contracted vendor.

7. Who are the contracted vendors and what is their relationship with CalOptima?

CalOptima contracts with J&H Copy Services, Inc. This vendor has met stringent criteria related to HIPAA and confidentiality designed to document their ability to successfully complete all aspects of the HEDIS project. As a contracted entity to CalOptima, they function as our partners in completing HEDIS data collection.

8. Will I be reimbursed for copies and materials?

We do not pay/reimburse for medical record copies requested for HEDIS data collection. CalOptima contracts with J&H Copy Service, Inc. to provide this service at no charge to you. If you have additional questions, please refer to your participation agreement, Article 6, Section 6.1 or talk to your CalOptima network representative.

6.1 Disclosure of Records. Professional and its subcontractors agree to maintain and make available contracts, books, documents, records, electronic systems, including, medical records, (collectively, the "records") to CalOptima, the U.S. Department of Health and Human Services ("HHS"), CMS, the Comptroller General, the U.S. Government Accountability Office ("GAO"), any quality improvement organization ("QIO") or accrediting organization, including NCQA, their designees, and other representatives of regulatory or accrediting organizations, for inspection, evaluation and auditing. For purposes of utilization management, quality improvement and other CalOptima administrative purposes, CalOptima and the regulatory and other officials referred to above, shall have access to, and copies of, at reasonable time upon request, the medical records, books, charts, and papers relating to the provision of health care services to members, the cost of such services, and payments received by the provider from enrollees (or from others on their behalf). **Copies of the medical record shall be provided at no charge to CalOptima.** Unless a longer time is required under applicable law, the records described herein shall be maintained for at least 10 years from the final date of the contract, or from the completion of any audit, whichever is later.

9. Can I Use another copy service vendor?

CalOptima contracts with J&H Copy Services, Inc. to provide this service at no cost to you. CalOptima will not reimburse another copy service vendor or pay for records (refer to question 8). If you have additional questions, please contact CalOptima at **714-347-5762** or at HEDISmailbox@CalOptima.org.

10. Who should be responsible for coordinating this process in my office?

Your office manager or designated medical records personnel should be responsible for making records available for on-site scanning/copying/downloading or submitting them via fax/mail by the requested date.

11. When will the vendor or the internal health plan staff need the records?

HEDIS data collection is a time-sensitive project. Medical records should be made available on the date of the on-site visit or, in the case of fax/mail, by the date requested. Data collection begins in February and will end at the end of April. It is imperative that you respond to a request for medical records within the specified time frame of the request to ensure we can report complete and accurate rates to state and federal regulatory bodies, as well as NCQA.

12. Why are some patients listed more than once?

Some patients fall into more than one measure or more than once for the same measure. For example, a member can be part of the Medicaid Controlling High Blood Pressure (CBP) measure and the Medicare Comprehensive Diabetes Care (CDC) measure. Another example would be the Transitions of Care (TRC) measure; the patients are eligible to be part of the measure after each hospitalization. If the member was hospitalized multiple times in the measurement year, the member could be pulled in the sample more than once.

13. How do I know what time frame or type of records I should be submitting?

J&H includes the HEDIS Records Needed Guide with each request. The guide includes the measure time frames for each measure and the type of records needed. In addition to the HEDIS Records Needed Guide, the J&H pull list has been revised to list the members by measure. Each measure section includes a description of the types of documents needed and the time frame. If you have any questions after reviewing the pull list, please contact Irma Munoz at **714-347-5762**.

14. How should I provide the records to the contracted vendor?

J&H Copy Services will either schedule an appointment to scan or download medical records at your location, or ask that you fax or mail the information to them. The methodology chosen will depend on the volume of records being requested from your location. Please contact J&H Copy Services for any questions regarding the medical record retrieval process at 714-921-0102.

15. Will anyone else contact our office on behalf of CalOptima for records?

Yes. CalOptima internal staff may contact you directly for records if additional members not listed on the J&H list are identified later in the process, and when clarification of documentation received is needed, or if incomplete medical records have been received.

16. Should I allow medical record review for a member who is no longer with CalOptima or for a member who is deceased?

Yes. Medical record reviews may require data collection on services obtained over multiple years.

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

Yes. HEDIS data collection includes reviewing medical records as far back as 10 years. Archived medical records and data may be required to complete data collection.

18. May I request a specific data collection method?

The health plan and the vendor representatives evaluate provider demographics to determine record volume by site, measure and geographical location to identify the most appropriate collection methodology. We will be as flexible as possible in determining the collection methodology for your organization. This includes taking into consideration accommodations for challenges posed by the current COVID-19 pandemic.

19. What are Risk Adjustment record reviews and are they the same as HEDIS?

No. Risk Adjustment reviews are not the same as HEDIS. Risk Adjustment reviews capture medical record documentation to determine a Medicare patient's health status and ultimately ensure accurate coding and reimbursement.

20. To whom should I speak if I have further questions or concerns regarding HEDIS data collection?

You may contact Irma Munoz at **714-347-5762** or the HEDIS team at HEDISmailbox@caloptima.org.

Thank you in advance for participating in our HEDIS medical record review.