

## **An Introduction to HEDIS for Providers**

### ***What is HEDIS?***

HEDIS stands for Healthcare Effectiveness Data and Information Set, and is a tool developed by the National Committee for Quality Assurance (NCQA) to measure health plan performance on important dimensions of care and service. HEDIS is an annual project of data collection and assessment of defined performance measures; results are used to evaluate where to focus quality improvement efforts.

HEDIS consists of 81 measures across 5 domains of care which are:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Relative Resource Use

Annual HEDIS data is collected from Connecticut Medical Assistance Program (CMAP) providers by Community Health Network of CT, Inc. (CHNCT) which later undergoes a compliance audit conducted by an NCQA certified HEDIS auditor. HEDIS data affords a unique opportunity to assess the care provided to the entire Connecticut Medicaid membership as a whole.

### ***What dates of service are included in the annual review?***

Medical records are reviewed for services performed in the previous calendar year; however, some measures may require additional periods of time, especially for exclusions. For example, the measurement period for breast cancer screening is the previous year; however, if a member had a prior bilateral mastectomy, CHNCT would require documentation of the earlier procedure to exclude this member from the screening data for the year under review. The specific periods of service for each member are included with the chart request issued to practices by CHNCT.

### ***What types of services and information in the medical record will be reviewed?***

The types of services reviewed are specific to each HEDIS measure, but generally include:

- History
- Lab results
- Condition/medication list
- Specialist consultations
- Chart notes for a specified period



Two examples of chart requests based on member criteria are detailed below.

	<u>HEDIS Measure</u>	<u>Medical Record(s) Required</u>
Diabetic Member	Comprehensive Diabetes Care (CDC)	Retinal eye exam HbA1c test and result Blood pressure reading Nephropathy evaluation/treatment
Pediatric Member	Lead Screening in Children (LSC)	Date of lead screening test with result/finding

***What do CMAP providers need to do in support of HEDIS?***

CHNCT relies on the data collected from CMAP providers to comply with HEDIS. In February each year, providers will receive a letter outlining the process and an instruction sheet. Chart requests will begin in February and continue into May. The sooner that practices provide requested clinical information, the smoother the process will go. Requested records should be faxed to a secure, dedicated fax line; sent via secure email; or mailed via the United States Postal Service. CHNCT can also obtain records on-site by request.

If your practice stores medical records in a central location and would like CHNCT to address all requests for medical records to that location, please let us know by emailing [HEDIS@chnct.org](mailto:HEDIS@chnct.org) or calling 1.866.317.3301.

***Who will review the records?***

CHNCT Licensed Nurses review the submitted charts.

***Will providers be asked to change or resubmit claims?***

No.

***Will member personal health information be protected?***

Yes, all CHNCT staff follow Health Insurance Portability and Accountability Act (HIPAA) guidelines while collecting and reviewing member information.

***Who do I call if I have questions?***

If you have any questions, please contact CHNCT directly at the phone or fax number included with the request you receive. You may also email our Quality Department at [HEDIS@chnct.org](mailto:HEDIS@chnct.org) or call 1.866.317.3301 at any time.