



## HEDIS Frequently Asked Questions

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

**1. What is HEDIS?**

HEDIS is a standardized set of performance measurements developed by the National Committee for Quality Assurance (NCQA), [www.ncqa.org](http://www.ncqa.org), to evaluate consumer health care.

**2. Which CalOptima Health members are included in HEDIS?**

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

**3. Why does CalOptima Health need medical records when claims have already been submitted?**

CalOptima Health 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 lead screening, controlling high blood pressure, and prenatal and postpartum care.

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

Yes. As a CalOptima Health business associate, you are permitted to disclose protected health information (PHI) to 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 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:  
[www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html](http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/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 Health members are required to provide medical record information so 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 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 arrange a date for the on-site retrieval, faxing, secure upload, secure emailing or mailing of the requested medical records. We will provide you with a patient list along with their assigned measure. 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. That should only be used if you do not have a medical record for the member.

**7. Who is the contracted vendor and what is their relationship with CalOptima Health?**

CalOptima Health 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 Health, they function as our partner in completing HEDIS data collection.

**8. Will I be reimbursed for copies and materials?**

We do not pay/reimburse for copies of medical records requested for HEDIS data collection. If the provider chooses to use their own copy service, they are responsible for all fees associated with providing records to CalOptima Health. CalOptima Health contracts with J&H Copy Service Inc. to provide this service at no charge to you. We encourage all providers to utilize the J&H copy service to avoid incurring any fees. If you have additional questions, please refer to your participation agreement, Article 6, Section 6.4, or talk to your CalOptima Health network representative.

**6.4 Audit, Review, and/or Duplication.** Audit, review and/or duplication of data or records shall occur within regular business hours and shall be subject to Laws concerning confidentiality and ownership of records. Provider shall pay all duplication and mailing costs associated with such audits.

**9. Can I use another copy service vendor?**

CalOptima Health contracts with J&H Copy Services Inc. to provide this service at no cost to you. CalOptima Health will not reimburse another copy service vendor or pay for records (refer to question 8). If you have additional questions, please contact CalOptima Health at **714-347-5762** or at [HEDISmailbox@caloptima.org](mailto: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 upload to J&H's website/secure email/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. If you are submitting records via upload to J&H's website, secure email, fax or mail, please submit them by the requested date. Data collection begins in February and concludes at the end of April. It is imperative that you respond to the request for medical

records within the specified time frame 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 into the same measure more than once. For example, a member can be part of the Medicaid Controlling High Blood Pressure (CBP) measure and the Medicare Blood Pressure Control for Patients with Diabetes (BPD) measure. Another example would be the Transitions of Care (TRC) measure. 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 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. The pull list includes dates of service (DOS); why are they listed?**

The DOS included on the pull list is listed to help identify the correct member in your system. Please include all DOS within the measure's timeframe. A thorough review of the members' claims will be completed, and, if missing DOS are identified, your office will be contacted to provide the additional DOS.

**15. 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 upload, fax or mail the information to them. The methodology chosen will depend on the volume of records requested from your location. Please contact J&H Copy Services at 714-922-1122 for any questions regarding the medical record retrieval process.

**16. Will anyone else contact our office on behalf of CalOptima Health for records?**

Yes. CalOptima Health's internal staff may contact you directly for records if additional members not listed on the J&H list are identified later in the process. They will also contact you if clarification of any documentation received is needed or if incomplete medical records have been received.

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

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

**18. 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 dating back up to three years. Archived medical records and data may be required to complete data collection.

**19. May I request a specific data collection method?**

The health plan and vendor representatives evaluate provider demographics to determine the record volume by site, measure and geographical location in order to identify the most appropriate collection methodology. We will be as flexible as possible in determining the collection methodology for your organization.

**20. What are Risk Adjustment record reviews, and are they the same as HEDIS?**

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.

**21. 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](mailto:HEDISmailbox@caloptima.org). Thank you in advance for participating in our HEDIS medical record review.