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.

The Community Health Network of Connecticut, Inc. (CHNCT) HEDIS® 2019 review consists of 60 measures across 4 domains of care which are:
- Effectiveness of Care
- Access/Availability of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information

Annual HEDIS® data is collected from Connecticut Medical Assistance Program (CMAP) providers by 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/CHIP membership.

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 within the previous two years; 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 within the medical record 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
- Medical record notes for a specified period

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Two examples of medical record requests based on member criteria are detailed below.

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

**What do CMAP providers need to do in support of the annual HEDIS® medical record review?**

CHNCT relies on the data collected from CMAP providers to comply with HEDIS®. In February each year, randomly selected providers will receive a medical record request letter outlining the process along with an instruction sheet. Medical record data collection will begin in February and continue into May. The sooner that practices provide requested clinical information, the smoother the process will go. If your practice is interested in setting up an arrangement by which CHNCT can access your Electronic Health Record remotely to obtain records, please contact us at 1.866.317.3301. Alternatively, your practice can send the requested records by fax to CHNCT’s secure, dedicated fax line (203.265.2945); secure email to quality@chnct.org; or mail via the United States Postal Service. CHNCT can also obtain records on-site by request.

If your practice would like CHNCT to obtain records on-site or 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 right away. You can contact us by email at quality@chnct.org or by phone at 1.866.317.3301 Monday – Friday from 8:00 a.m. to 5:00 p.m.; a voicemail is available after hours.

**Who will review the medical records?**

CHNCT clinical staff will review the submitted medical records.

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

No.

**Will the member’s personal health information be protected?**

Yes, all CHNCT staff follow the 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 quality@chnct.org or call 1.866.317.3301 at any time.