Frequently Asked Questions

What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS) is a performance measurement tool developed and administered by the National Committee for Quality Assurance (NCQA) and used by the California Department of Health Care Services (DHCS) to monitor the performance of Medi-Cal managed care plans.

- The Alliance performs an annual compliance audit that conforms with a subset of HEDIS measures, referred to as the Managed Care Accountability Sets (MCAS). The the MCAS includes performance measures developed by the Centers for Medicare & Medicaid Services (CMS) and NCQA.
- All Medi-Cal plans undergo annual, retrospective HEDIS reviews to monitor effectiveness of care, use of care, and access to care
- Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members

What is a provider's role in HEDIS reporting?

Providers play a central role in promoting the health of Alliance members. Providers and office staff can help facilitate HEDIS process improvement by:

- Providing appropriate care within **designated time frames**
- Documenting all care in the patient's medical record
- Accurately coding all claims, and billing the Alliance in a timely manner

This information allows the Alliance to validate the quality of care provided to our members.

Do I need member consent to release personal health information (PHI) for HEDIS reporting?

No. Under the Health Information Portability and Accountability Act (HIPAA), data collection for HEDIS is permitted and health plan requests for medical records **do not require additional patient consent or authorization.** Alliance members' PHI is maintained in accordance with all state and federal laws. In addition, data is reported at an aggregate level without individual identifiers.

What data sources are used in HEDIS reporting?

- Administrative data obtained from the Alliance's claims system
- Laboratory data
- Data submitted via the Alliance's Data Submission Tool on the Provider Portal
- Immunization Registry data
- Hybrid data obtained from medical record reviews

How Will the Alliance Collect HEDIS Data?

The Alliance's HEDIS vendor, **KDJ,** will contact providers directly to request medical records for selected members.

- Data collection methods include fax, mail, on-site visits, and remote electronic medical record (EMR) system access.
- Providers should submit requested documentation **within five days.**

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When does medical record review begin and end?
Medical record requests will begin as early as February and end by mid-May.

Should the entire medical record be sent?
No. Each request will include a list of members, the measure(s) selected for review, and the relevant portions of medical records that are needed.

Who is the contact for questions about HEDIS medical record requests?
When the record requests are sent, contact instructions will be listed on the request.

Does HEDIS MY 2022 apply to all records and claims in 2021?
No. HEDIS measurement year (MY) 2022 reflects the year prior, with patient look-backs up to five years for some measures.

Where can I get more information about NCQA and HEDIS?
More information can be found at www.ncqa.org.

Will I be reimbursed for copies/materials?
Per your Alliance contract, we do not reimburse for medical record copies/materials requested for HEDIS data collection.

Is there a direct line for general questions related to HEDIS?
Please direct any HEDIS questions to QI@ccah-alliance.org

*MY (measurement year) represents the care that was delivered to Alliance members in 2021.
HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).