

Frequent Questions About HEDIS Data Collection

What is HEDIS?

HEDIS is the acronym for Healthcare Effectiveness Data and Information Set. It is a program administered by The National Committee for Quality Assurance (NCQA) to measure quality across all types of health plans. Health plans use data from submitted claims to obtain the majority of their HEDIS rates. However, for some measures medical records are necessary to determine if the standards are met.

Who reviews the medical records?

Viva Health uses its own employees to obtain and review the medical records for HEDIS. You can be assured that each professional who reviews medical records for our members will treat your patients' Protected Health Information (PHI) with total protection and confidentiality.

Does the Health Insurance Portability and Accountability Act (HIPAA) allow health plans to collect and review medical records without a signed member release?

The HIPAA Privacy Rule allows providers to disclose PHI to another covered entity (the health plan, for example) without a signed release in reference to health care operations. Health care operations include activities such as quality assessment and improvement and health plan performance evaluations. HEDIS scores are an integral part of these activities.

How and where are the medical records reviewed?

Viva Health will notify providers by fax of all records required for review. Most providers choose to provide us with the records by fax or mail. Some providers request that reviews be completed in their offices. If this method is preferred, we will schedule the chart review at a time that is convenient for your office and copy the records on-site.

When will I be asked to provide records for the HEDIS project?

Medical records are requested for HEDIS reporting purposes throughout the year. However, the majority of records are requested and reviewed between the beginning of February through the middle of May and between September and November each year.

Is my participation in HEDIS data collection mandatory?

Yes. Network participants are contractually required to provide medical record information so that we may fulfill our state and federal regulatory and accreditation obligations.

What is my office's responsibility regarding HEDIS data collection?

You and your office staff are responsible for responding to Viva Health's requests for medical record documentation in a timely manner. If a patient included on the list is not part of your practice, you should notify the HEDIS staff at the number provided to you immediately.

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Should I allow a record review for a member who is no longer with Viva Health or a member who is deceased?

Yes. Medical record reviews may require data collection on services obtained over multiple years when the member was receiving benefits from Viva.

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

Your office manager or another employee you designate should be responsible for sending information by fax or mail, or making records available for on-site reviews. In offices with a medical record department, the office manager or your designee should coordinate with the medical record contact so he or she knows that the request was authorized.

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

Yes. HEDIS data collection includes reviewing medical records as far back as 10 years (including before your patient was a Viva Health member). Archived medical records and data may be required to complete data collection.

What can providers do to ensure accuracy?

The majority of HEDIS information is collected from claims. However, medical record results are also incorporated into the data. As providers, you can help facilitate the process by:

- Submitting accurate and timely claims for every office visit.
- Always including appropriate chronic and disability diagnoses on all claims for members with chronic illness.
- Documenting chronic disease whenever it is appropriate, including appointments when prescription refills are written for chronic conditions.
- Being specific on diagnosis coding and always using the most specific appropriate diagnosis code available.
- Documenting all care in the patient's medical record.

What if I still have questions?

For more information, please visit our website at www.vivahealth.com. You may also call or email our Provider Relations department at Viva Health at (800) 294-7780 or vivaproviderservices@uabmc.edu. A representative will be available to assist you from 8 a.m. to 5 p.m. Monday through Friday.

***** Are your Super Bills populated with non-specific diagnosis codes? If so, please share this information with the provider(s) to ensure appropriate diagnosis codes are reported. *****