



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

Each year El Paso Health (EPH) is required by the Health and Human Services Commission (HHSC) to collect and report hybrid data for select Healthcare Effectiveness Data and Information Set (HEDIS) measure.

EPH has developed this document to address common questions from providers about the annual HEDIS Project. If you have a question that is not addressed here, please contact us at (915) 532-3778 ext. 1507.

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1. **What is HEDIS?** ([Back to question list](#))

Healthcare Effectiveness Data and Information Set (HEDIS) is a standardized set of performance measurements developed by the National Committee for Quality Assurance (NCQA) to evaluate consumer health care (NCQA, www.ncqa.org). HEDIS MY 2020 involves the acquisition, abstraction and validation of member records for the calendar year 2020. Throughout the calendar year, claims and encounter data is collected. Some measures require clinical data, such as test or lab results, blood sugar levels, BMIs, etc. to establish HEDIS performance rates. This information has to be obtained through chart reviews. Medical records are requested, collected, and abstracted by EPH.

2. **Does the Health Information Portability and Accountability Act (HIPAA) permit me to release records to an EPH representative for HEDIS data collection?** ([Back to question list](#))

Yes. Please be advised that you are permitted to share health record information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) because you qualify as a business associate of HHSC, as does El Paso Health. Please note that clients give consent for this activity as part of their Medicaid/CHIP enrollment.

3. **When will EPH need the medical records?** ([Back to question list](#))

NCQA requires that all medical record reviews are finalized by May 8, 2020. This is a very short time allocated by NCQA to obtain and review a large volume of medical records. We ask that your site work with our Provider Relations and Quality Improvement Department to ensure submissions are complete by **March 8, 2021**.

4. **What is my responsibility in the data collection process?** ([Back to question list](#))

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 are able to report the quality of care provided to members. EPH will send a letter requesting medical records. The letter will offer several options to submit medical records.

5. **What if the record requested is for a member who no longer has EPH or a member who is deceased?** ([Back to question list](#))

The records are still needed because the member was with EPH at the time the service was provided and the data required for the measure can go back several years.

6. **What if the record requested is for a member who is not in our provider system or we have no documentation for the dates of service requested?** ([Back to question list](#))

The request lists will have an option for you to indicate the status of the member. We ask that you please mark these indications and return the list back to EPH so that we know not to continue asking for this record from you.

7. **Am I required to provide medical records for a member who was seen by a physician who has retired, died or moved?** ([Back to question list](#))

Yes. HEDIS data collection includes medical record reviews as far back as 10 years. Archived medical records may be required to complete data collection. While a provider may no longer be at your location, the member may still see a provider in your practice.

8. **Why is HEDIS important to EPH?** ([Back to question list](#))

HEDIS measures the quality of care provided to our members and provides a platform to assist providers and EPH in identifying targeted opportunities for improvement.

9. **Is my participation in HEDIS mandatory?** ([Back to question list](#))

Yes. Under the terms of your Provider contract, you have agreed to provide documents to EPH for the implementation of quality initiatives required by HHSC.

10. **We submit claims, why does EPH need medical records?** ([Back to question list](#))

For a select number of measures, NCQA allows us the opportunity to collect medical record data in addition to claims and encounter data. This allows the health plan to accurately capture the quality of care being provided to our members. Not all services rendered are captured through claims and encounter data. This is also known as the hybrid process (claims + medical records review -> hybrid).

11. **When and how many medical records will be requested?** ([Back to question list](#))

The collection of medical records begins in January/February of each year. How many records are requested of each provider depends on the random sampling of members. High volume providers may have more records as the probability of their members being included in the sample is higher.

12. **Who do I call if I have a question regarding the list of patient records being requested?** ([Back to question list](#))

Please call the El Paso Health Provider Relations Department at (915) 532 3778, ext. 1507 to speak to a provider representative. Office hours are Monday thru Friday, 8am to 5pm.

13. **What documentation will EPH be sending me for these HEDIS requests?** ([Back to question list](#))

EPH will be sending out a provider packet to include a request letter with the minimum documentation requirements, and the list of your members whose charts are being collected.

14. What methods of medical record submission are available? ([Back to question list](#))

- Electronically: medical records can be saved as a pdf file and uploaded to the El Paso Health secure server. Please review the step by step instructions which are found on our website at <http://www.elpasohealth.com/pdf/HowtosendEMRfiles.pdf>. Records may also be faxed to the QI Department at 915-225-6745 (Attn: HEDIS).
- Pick up: records may either be saved to a USB drive, CD, or printed out. Please call your provider representative when medical records are ready for pick up.

15. What types of measures is EPH collecting data for? ([Back to question list](#))

EPH collects data from a variety of sources to satisfy administrative and hybrid measures. *Administrative Measures* use data collected through claims and/or encounter services billed. *Hybrid Measures* use data collected from both claims and/or encounter services billed and are supplemented with data collected from the medical record review process.

16. What types of documentation will be requested? ([Back to question list](#))

The type of documentation requested will depend on which measures we are specifically requesting from your office. Examples include the following:

- History and Physicals (to include physical development history, mental development history, anticipatory guidance)
- Progress notes
- Lab reports
- Height, weight, BMI percentile and growth charts
- OB flow charts (prenatal and postpartum)
- Immunization and Disease Registries

***Specific documentation requested will be outlined on each letter you received with your request.

17. Will anyone else be contacting me for medical records? ([Back to question list](#))

Only EPH representatives will be requesting medical records for EPH members. Initial requests will be communicated through a Provider Relations representative. Once review of your records has begun, the Quality Improvement nurse may need to contact you directly for additional information if they find anything is missing. In addition, it is possible that other MCOs you work with will request medical records for their own members either directly or through a third party.

18. Will I be reimbursed for copies and materials? ([Back to question list](#))

Generally, we do not reimburse for medical record copies requested for HEDIS data collection. If you have additional concerns, please refer to your Provider Contract or contact your Provider Relations representative.

19. **How can I contact EPH if I have additional questions?** [\(Back to question list\)](#)

Please call the El Paso Health Provider Relations Department at (915) 532 3778, ext. 1507 to speak to a provider representative. Office hours are Monday thru Friday, 8am to 5pm.

20. **I do not manage this member's blood pressure; why am I being asked for medical records for the Controlling High Blood Pressure (CBP) measure?** [\(Back to question list\)](#)

The HEDIS CBP measure assesses the percentage of members diagnosed with hypertension whose blood pressure was adequately controlled (<140 / 90 mm Hg) during the measurement year. During medical record review, we are looking for the most recent blood pressure reading taken during the measurement year, regardless of the reason for the visit. So while you may not be the provider who is monitoring/managing a member's blood pressure or prescribing their blood pressure medications, there is a possibility that you took the member's blood pressure as part of your usual vitals assessment during the visit. Any blood pressure readings you may have for a member during the measurement year could be beneficial for us to determine that member's compliance.

21. **Do I have to include the growth charts with the record request?** [\(Back to question list\)](#)

Yes, if we are requesting medical records from your office for the HEDIS WCC measure, we do need to see the growth charts included in the record. Part of this measure assesses proper documentation of BMI percentiles, something that is not always captured through claims data. During medical record review, we can look for the BMI percentile documented in the EMR or plotted on a growth chart. Please see [HEDIS Medical Record Documentation Tips](#) on our website for more information.

Note: It is very important that you respond to a request for medical records quickly to ensure we are able to receive and abstract the required data from the records.

Thank you in advance for participating in our HEDIS Project. It is El Paso Health's goal to minimize disruptions to your office, maintain a high level of confidentiality as well as provider satisfaction.