



February 4, 2025

Dear Office Manager/Medical Records:

The annual Healthcare Effectiveness Data and Information Set (HEDIS®) reporting period is just around the corner, and I am writing to request your cooperation with our efforts to collect medical record data for our members/participants whom you have treated.

Keystone First, Keystone First Community HealthChoices and Keystone First VIP Choice have contracted with PalmQuest and Reveleer to assist with the annual medical record review process. PalmQuest and Reveleer are required to comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements throughout the retrieval process and are trained in medical record retrieval for HEDIS, Centers for Medicare & Medicaid Services (CMS), and state quality reporting programs. Disclosure and use of the medical records, and the collection of medical records for this purpose, is considered to be treatment, payment, or health care operations under HIPAA regulations (45 C.F.R. 164.502(a)(1)(ii)).

We appreciate your cooperation in working with PalmQuest or Reveleer to schedule retrieval of any requested members/participants records. We remind you that records requested should be provided at no charge to the health plan.

If you have any questions, please reach out to our Corporate MRR Ops Lead HEDIS Data Reviewer Mandy Schlaack at aschlaack@amerihealthcaritas.com. We greatly appreciate your cooperation and timely assistance with this medical record request.

Sincerely,

Helen L. Veet DNP, RN

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Annual HEDIS Medical Record Retrieval Project

Frequently Asked Questions

What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS®) reporting is mandated by the Centers for Medicare & Medicaid Services (CMS), National Committee for Quality Assurance (NCQA), and state regulatory agencies. HEDIS is a set of standardized performance measures that objectively measures, reports, and compares quality across health plans. Data obtained in annual HEDIS projects is used to identify opportunities for care improvement, monitor quality improvement initiatives, maintain health plan accreditation, and provides a standard method of comparison with other health plans.

The HEDIS Medical Record Retrieval project occurs annually from January to April. During this period, medical record reviews are completed for a subset of members/participants identified as being nonadherent or missing care gap information.

Participating providers are contractually required to supply medical records to meet state and federal regulatory and accreditation obligations.

How does the Annual HEDIS Medical Record Retrieval project benefit me?

- Helps improve patient outcomes and decreases the cost of care by identifying patients who have a gap in care.
- Provides data to support HEDIS measure compliance that is often not obtained from claims.
- Complies with contractual requirements regarding the provision of HEDIS data.

What should our office/organization expect?

- Your office/organization should receive a letter notifying you that record collection will begin in the coming weeks.
- Your office/organization may then receive outreach and/or a list of members/participants and their identified gaps in care in a provider package from the plan's third-party medical record retrieval service.
- Your office/organization is expected to respond to the record collection request by providing specific medical records according to the criteria included in the provider package instructions. **Only send the minimum data necessary that is outlined in the provider package.**

Is this an audit?

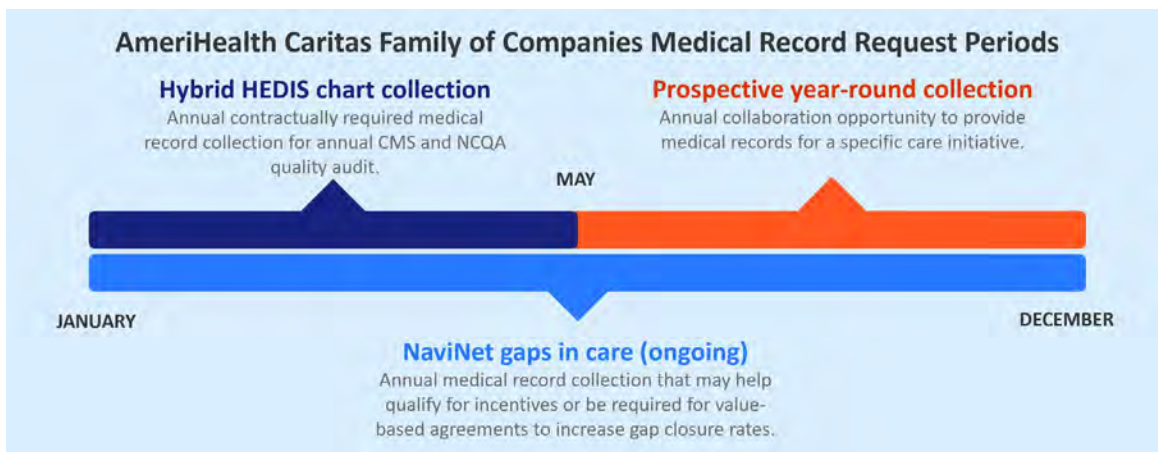
- No, this is not an audit, but participation in annual HEDIS reporting is a contractual requirement for plan-participating providers.

Our office has limited staffing so will the plan supply onsite staff assistance?

- Yes, the third-party medical record retrieval vendor may be able to provide onsite staff to retrieve and copy medical records. Please note that by allowing the plan access to your electronic medical record (EMR) system, you can alleviate any inconvenience to your staff or office routine. Our staff will access and pull **only** the records needed.
- **Our office uses a third-party copy service, how do we participate?**
Please immediately forward your medical record request list to your third-party copy service and provide a liaison who can address any related issues. Reminder: Your contract states all records must be provided in a timely manner and at no cost. Please convey this to your copy vendor.
- **Our office has concerns about patient privacy and security of medical data.**
Data collection is permitted under the Health Insurance Portability and Accountability Act (HIPAA) legislation. Covered entities, including health plans and providers, are permitted to use and disclose protected health information to conduct treatment, payment, or health care operation in accordance with the HIPAA Privacy Rule (See 45 C.F.R. §164.502 (a)(1)(ii)). Note that our staff and our contracted retrieval vendors have undergone extensive HIPAA training. This ensures all employees are knowledgeable in the processes to ensure the privacy and security of the protected health information of your patients and our members/participants.

When should I expect to receive a medical record request from the plan's vendor or quality team?

- The timeline below outlines the three distinct periods for medical record requests:

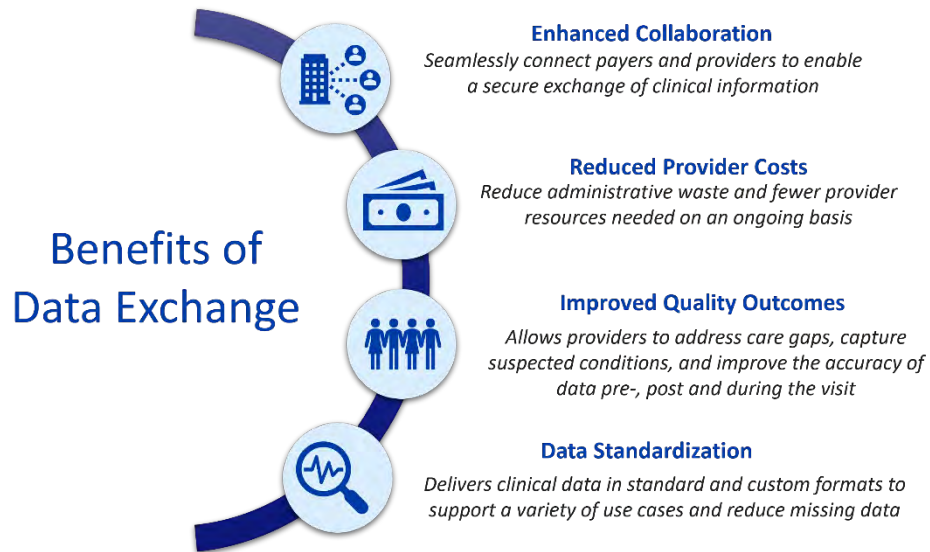


How can medical record and data requests be streamlined to reduce provider burden?

- Opportunities for streamlining medical record and data requests include:
 - **Remote EMR access:** Granting access to the health plan ensures that the provider can control the level of access and maintain the integrity of an audit trail for provider compliance and auditing purposes. It also ensures that valuable HIM staff are not spending too much time pulling medical record requests during some of the busiest times of the year. This access also improves member/participant match rates and allows more charts to be processed with fewer provider resources.
 - **Supplemental Data Exchange:** This allows providers to automate data exchange on a regular schedule that works best for them. Depending on the method of exchange, this option may initially be more resource intensive during initiation and quality testing prior to production.

What are the benefits to data exchange and EMR access?

- There are multiple benefits to allowing plan EMR access or initiation of a data exchange which includes:



Who can I reach out to if I have questions?

For questions, please contact the Quality Management Department at the email addresses below.
 Keystone First (Medicaid): hveet@amerihealthcaritaspa.com
 Keystone First VIP Choice (DSNP): rpopielek@amerihealthcaritas.com
 Keystone First Community HealthChoices (LTSS): mkramer@amerihealthcaritas.com