



At Nebraska Total Care, we value everything you do to deliver quality care and ensure our members — your patients — have a positive healthcare experience. That’s why each year we are required to report on clinical quality measures to the Centers for Medicare & Medicaid Services (CMS). The quality measures are based on the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) specifications developed by the National Committee for Quality Assurance (NCQA) and other state-defined measures. In compliance with HEDIS, we request medical records regarding certain measures to collect information that typically cannot be found in a claim or an encounter.

Nebraska Total Care has contracted with **CIOX Health (CIOX), Change Healthcare, Sharecare, and MRO** to collect the medical records required for completing this HEDIS review. One of these vendors is required to retrieve pertinent portions of member charts when obtaining the information needed for the HEDIS audit.

These vendors have signed a Business Associate Agreement with Nebraska Total Care, agreeing to comply and adhere to all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. They have processes in place to safeguard the protected health information (PHI) of our members and your patients. All staff involved in collecting and reviewing charts have signed a HIPAA-compliant confidentiality agreement and are trained on HIPAA compliance rules and regulations.

### **HIPAA Rules Regarding Signed Release**

Under HIPAA, Covered Entities, such as practitioners and their practices, are not required to obtain patient authorization to disclose PHI to another Covered Entity, such as Nebraska Total Care. Both parties must have a relationship with the patient and the PHI must pertain to that relationship for the purposes of treatment, payment, and/or healthcare operations. Quality assessment and improvement activities are considered healthcare operations under the Privacy Rule (45 CFR 164.501). Healthcare operations include conducting or arranging for medical record review for compliance programs. The Nebraska Total Care provider handbook states that providers are required to make medical records available for quality care review purposes.

If you have any concerns regarding the HIPAA rules or would like to speak with someone about this, please call the QI contact for assistance.

## **Medical Record Collection Process**

One or more of the above-mentioned vendors will contact your office to schedule medical record collection between **Jan. 1 and Apr. 30** for member charts. They will contact you if we have identified that you are the member's assigned or previous primary care provider (PCP) or if you have submitted a claim or encounter that relates to a HEDIS measure that we are required to report to the state agency and CMS.

*Due to the limited time frame to collect and abstract the medical records, we ask that your office accommodates this request for chart collection via fax, mail, or on-site sessions at the earliest mutually agreeable date, but no later than Apr. 30.*

Once the vendor has scheduled the session, they will fax you a copy of the member pull list that will include instructions for preparing the records. If you require assistance from them in pulling charts, you can ask for their help directly or have files ready for them when they arrive.

Please be aware that these vendors contract with other health plans to collect charts for HEDIS and Medicare RAPS reviews. This limits the number of health plans that will need to schedule time in your office.

If you have any questions or concerns regarding the process, please contact 1-844-385-2192 (TTY: 711).

Sincerely,

Nebraska Total Care