

HEDIS® Data Collection and Reporting

As we look forward to our next cycle of HEDIS data collection and reporting Keystone First and Keystone First Community HealthChoices (“the Plan”) first thanks you for your continued participation in this important quality initiative. We are also taking this opportunity to highlight some of the lessons we have learned through this process, and remind you of your key role in helping us to measure and report the quality of care delivered to our members/participants – your patients.

- Every provider in the Plan’s provider network is required by contract to cooperate with and participate in the quality management/quality assessment & performance improvement (QM/QAPI) program. We rely on your cooperation and participation to meet our own state and federal obligations as a Medicaid managed care organization (MCO) and a Community HealthChoices managed care organization (CHC-MCO).
- The Plan’s access to the medical records maintained by our providers is a critical component of our data collection as we seek to ensure appropriate and continued access to care for our member/participant population. The Plan or its designee must receive medical records from you in a timely manner for purposes of HEDIS data collection, NCQA accreditation, medical records documentation audits, and other quality-related activities that comprise our QAPI program. The Plan will reach out from time to time to request records for these purposes; it is essential that you provide requested records within the timeframes set forth in those notices.
- As our technological capabilities continue to advance, the Plan will seek to enhance the efficiency of our data collection activities in support of our QAPI and population health programs, including through the use of bi-directional automated data exchange with our providers. These exchange opportunities, as available, are intended to capture data related to gaps in care, and to identify social determinants of health that may also be targets for intervention. The Plan will work with our providers to identify and implement the most appropriate format and cadence for data exchange.
- The Plan’s clinical reviewers fully investigate potential quality of care (QOC) concerns, in accordance with the Plans policy. Providers are expected to comply with QOC review processes, beginning with the timely submission of records in response to requests from the Plan. Your support of and participation in this critical review process helps to ensure the provision of high quality care and service to the Plan’s member/participant population.

The expectations set out in this notice serve to clarify and expand upon the information in the Plan’s Provider Manual regarding our Quality Management program. If you have any questions or concerns regarding any of the information in this notice, please contact Provider Services at 1-800-521-6007 or your Provider Account Executive. We appreciate your continued participation in our provider network, and look forward to continuing to work with you as we seek to improve and enhance the quality of care and services delivered to our members/participants.