HEDIS Clinical Quality Validation
Frequently Asked Questions *Update*

HEDIS and Stars: A Florida Blue Health Care Quality Program

1. What is HEDIS? (Healthcare Effectiveness Data and Information Set)

The Healthcare Effectiveness Data and Information Set (HEDIS®1) is a set of performance measures widely used in the managed care industry. Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS has progressed as a set of performance measures evolving into an integral system for establishing accountability in managed care.

HEDIS reporting is mandated by NCQA and the Centers for Medicare & Medicaid Services (CMS) for accreditation and regulatory compliance. It is important that health care providers and staff become familiar with HEDIS to understand what health plans are required to report to improve the quality of patient care.

2. What are CMS Star measures?

CMS uses a five-star system to measure Medicare members' care and experiences with the health care system. One is the lowest rating and five is the highest rating. CMS Star ratings apply to Medicare Advantage (MA) plans which include: Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO) and Private Fee-for-Service (PFFS) plans.

3. How does the Florida Blue Quality department use Availity for HEDIS ratings?

Utilizing Availity®2, the Quality department abstracts data from medical records in an effort to identify care gaps. This process allows Florida Blue to effectively measure care and provider performance, which ultimately improves the quality of care for members. This also impacts Florida Blue's NCQA HEDIS Accreditation and Quality rating system results.

4. Are Florida Blue participating providers required to comply with HEDIS and CMS Star requirements?

Yes, all Florida Blue participating providers are required to comply with HEDIS and CMS Star requirements and to complete/submit the requested forms and documentation.

5. What is the purpose of the Clinical Quality Validation?

The Clinical Quality Validation is an easy-to-navigate, web-based form with pre-populated care gaps identified from claims data relating to care and/or quality measures. The Clinical Quality Validation form documents the assessment and care delivered by the provider and attests that the information provided is true, accurate and complete.

6. **Will I need to complete and submit a new validation in the Clinical Quality Validation work queue for the same member if I already completed and submitted a Clinical Quality Validation for this year?**
   A provider needs to complete and submit another validation for the same member if:
   - More than one care gap was not addressed on the submitted validation
   - Additional care gaps become open during the year

7. **How often is the Clinical Quality Validation work queue updated?**
   Member care gap information is updated monthly. **Note**: It takes 30-45 days for the completed Clinical Quality Validation form information to be processed.

8. **Is it a requirement to attach a medical record for the Clinical Quality Validation to be submitted?**
   Yes, medical record attachment(s) to include are progress notes, consultations, diagnostic/operative reports and/or labs.

9. **Is there an option for SFTP flat file transfer or C-CDA data transfer?**
   Yes, there is an option for Secure File Transfer Protocol (SFTP) flat file transfer or Consolidated Clinical Document Architecture (C-CDA) for the practice. Please email: providerdataonboardingteam@floridablue.com and include the practice name and contact information.

10. **Is it a requirement to complete all sections of the Clinical Quality Validation form?**
    Yes, upon completing all sections of the Clinical Quality Validation form, the information provided will automatically be captured by the Florida Blue system. Failure to complete the form will delay the processing of the clinical information, which may affect the accuracy of your Medicare Stars and Commercial reports.

11. **What are the size and type requirements for medical record attachments?**
    File/medical record attachments should relate to the sections completed on the Clinical Quality Validation. Up to five medical record file attachments for a maximum size of 10 MB for the care gaps that are to be closed can be uploaded. Each file **must** be a PDF, TIF or JPG file.

12. **Will Florida Blue fax/mail the Clinical Quality Validation to me?**
    No. The Clinical Quality Validation is only available electronically at availity.com.

13. **What are the benefits of the Clinical Quality Validation?**
    - Improves coordination of care from both Florida Blue and its providers
    - Assures member care gap status is accurately reflected in provider or member outreach
    - Enhances provider engagement with Florida Blue members
    - Provides an easy completion process and improves quality of information collected while assuring document integrity and security
    - Decreases the number of medical record requests sent to provider offices during the HEDIS seasonal project

14. **How can I access the Clinical Quality Validation?**
Proper permissions as an Availity user to access the Clinical Quality Validation must be obtained. To gain access, contact your Availity Primary Access Administrator (PAA) who is a member of your staff.

15. **How can I edit information on the Clinical Quality Validation form once the validation is submitted?**
Editing the Clinical Quality Validation form after it is submitted is not possible at this time.

16. **What is the logic that aligns a patient to a physician?**
Depending on the product in which the member is enrolled, Florida Blue either assigns a primary care physician (PCP) based on member selection/system assignment or a member is attributed to a physician.
   - Patients who are in an HMO product have an assigned PCP. It is possible for the member to be on the panel roster and not be seen there, if the HMO member is assigned to the provider.
   - Patients in a plan other than HMO, Florida Blue uses attribution logic to attribute to a provider based on claims data and the number of visits.

17. **What is the best approach when a member has a Clinical Quality Validation assigned in the Clinical Quality Validation work queue and is a new (not established/active) member assigned to a memberpanel?**
   - Contact the patient (phone, email or mail) to establish the patient with your practice.
   - Document the contact in the Electronic Medical Record (EMR) system.
   - If you are unable to reach the patient, or do not receive a response, attempt contact a total of three times and document the attempts in EMR.
   - Per CMS guidelines, Florida Blue does not remove patients from the member panel that are not established, nor does Florida Blue do member outreach to establish a member.
   - The member may contact Member Services to change the PCP.

18. **Is the Clinical Quality Validation the only way to close a HEDIS care gap for a member?**
No. Additional ways to close a care gap are:
   - Completing the needed test/procedure/office visit; **and,**
   - Electronically submitting the claim including all diagnosis, test/procedure and result codes associated with the date of service.

19. **What do I do when a deceased Florida Blue member is shown on a Clinical Quality Validation?**
Contact your Florida Blue Network Manager at 800-727-2227 and follow the prompts.

20. **What happens to the medical record attachment(s) and the HEDIS care gaps validations once submitted?**
The Florida Blue Quality Team reviews for compliancy based on the NCQA HEDIS measure guidelines.

21. **I submitted a Clinical Quality Validation form and medical record, but the information was not accepted. Why would this be?**

    This could be due to several factors. We want to make sure you are not spending valuable time submitting records to close gaps when information might be missing or incorrect. The following are possible reasons for gaps not closing after submitting a medical record in Availity:

    - The medical record is not from the correct year (where applicable).
    - There are not two patient identifiers listed on the medical record. NCQA approved identifiers are last name, first name and date of birth.
    - There is not a date of service indicated on the medical record.
    - Unable to read handwritten medical records. If records are not legible, they are unable to be used to close the gap.
    - Lab values do not have a collected or resulted date and must have D/M/Y. Best practice is to send the actual lab results.
    - Diabetic retinal exam is missing one of the three required elements: result; provider who performed the exam (first and last name); date of service (D/M/Y). Best practice is to send the actual exam.
    - Pap smears do not have results and date of service.
    - When a patient refuses/declines the service needed to close the gap, the gap remains open.
    - Exclusion for a member must indicate the reason they are excluded and the date they became excluded. See HEDIS and Stars coding gap reference guides for exclusion per measure, HEDIS Documentation and Coding Guide and the Stars Reference Guide.
    - Dates of service are needed for any testing or procedures, D/M/Y for labs and at least year for all other testing (do not use "up to date" or indicate the "due date" as the actual date of the test, or the procedure that was performed is needed). Best practice is to send the actual screening report.
    - All blood pressure readings need to be <140/<90 (NOT equal to or above 140/90) at the last medical office visit of the year.
    - Information is not specific. Example: history of hysterectomy without the date of procedure. Provide appropriate documentation. Example: total hysterectomy and date of the procedure (at least the year).

22. **I am receiving calls from Availity regarding training on completion of the Clinical Quality Validations. I am already working with a Florida Blue HEDIS nurse. Should I train with Availity also?**

    No. Please contact the Florida Blue HEDIS nurse who will reach out to Availity. You can also contact Florida Blue via email at clinicalqualityvalidationformtraining@floridablue.com

23. **How do I update provider information in the Availity portal?**

    The Availity provider self-service portal can be accessed here.

24. **Who do I contact for questions regarding the HEDIS care gap measures?**

    For questions about HEDIS care gap measures in the Clinical Quality Validation tool, contact your HEDIS Quality improvement representative or submit an email to clinicalqualityvalidationformtraining@floridablue.com.

25. **Who do I contact for questions regarding Availity?**

    For questions regarding Availity, contact Availity customer support: 800-AVAILITY (282-4548).

[1]HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2]Availity, LLC is a multi-payer joint venture company. Visit availity.com to register.