What to Expect: Quality Medical Records Requests

Jefferson Health Plans

Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

Please forward this information to your Health Information Management (HIM)/Medical Records, Quality, and Risk departments, and third-party vendors (e.g., MRO, Datavant).

Our Quality Management Department is mandated to conduct several types of medical record reviews throughout the year. These medical record reviews are exempt from charge and do not require consent from our members. This is outlined in your provider contract. Please note that these requests are time sensitive. Some requests require a direct response letter from the provider, such as those involving a member complaint or inquiry from one of our Medical Directors.

Our Quality and Clinical review teams may collect medical records for a variety of reasons, including but not limited to:

- STARS-HEDIS measures
- Pay for Performance (P4P) – help us help you
- Credentialing Medical Record Review
- Complaints/Grievances (response letter required)
- Quality of Care Referrals
- Quality of Care Inquiry (response letter required)

To streamline the review process, please communicate your preferences for medical record requests and delivery exchanges with the Quality department by email to quality@jeffersonhealthplans.com. Please include the contact information (phone, fax, email, and address) of individuals responsible for quality of care and complaint reviews (must be a clinical person or office manager).

To reduce burden on your staff, please consider establishing shared access to your electronic medical record (EMR) account with us. We will always communicate the reason and timeline for each medical record request and/or follow your established protocol in addition to our privacy and security measures.

For questions, please contact our Manager of Medical Record Retrieval, Kimberly Maund, at Kimberly.Maund@jeffersonhealthplans.com.

Acceptable record submission methods are: EMR (preferred), portals, secure email, fax, paper mail, and third-party record retrieval vendors (e.g., MRO, Datavant, or Verisma). We do NOT accept USB/flash.

Types of Quality Requests

Credentialing Medical Record Review

All Primary Care Physicians (PCPs), OB-GYNs, Centers of Excellence (COE), and High-Volume Specialists (HVS) who see our members will be evaluated upon contracting, and on a biennial basis through a medical record review conducted by the Quality and Clinical Review Department or a delegated entity. The review will ensure the quality and safety of patient care delivered at practitioner sites under contract with any/all our product offerings, and confirm that practitioners demonstrate compliance to medical records standards, preventive care, and clinical guidelines. Medical record reviews also help identify areas in need of improvement and assist practitioners in meeting standards.

QOC/Complaints/Grievances

Quality of Care (QOC) issues are identified through multiple sources, including automated quality reports (such as the sentinel events monitoring), complaints and grievances, access and availability concerns, site visits, medical record reviews, preventive care monitoring, subcontractors, and quality referrals from within our plan.

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All potential quality issues are categorized by referral/event type, and if a quality issue is identified, a severity level is assigned.

Our Quality Management Department monitors and evaluates the quality of medical care provided to members through various means, including but not limited to, member-generated complaints, healthcare-acquired conditions/sentinel events, and internal referrals. If an incident occurring during clinical care is determined to have caused harm, has the potential to cause harm, or presents a safety risk to a member, a clinical evaluation will be completed and presented for a peer review with our Credentialing Committee, and corrective action may be implemented.

The Quality department tracks issues to identify opportunities for process improvement, with trends tracked at least quarterly. In adherence to NCQA standards, designated complaint referrals may trigger a site visit to the provider's office. Additionally, performance monitoring is incorporated into our credentialing program and recredentialing evaluations.

Contracting

Per our standard provider contract agreement, providers, at their own expense, are required to make one copy of the medical chart available for purposes of the quality assurance program. Member consent is not required. Please refer to your provider contract for specific language.

HEDIS/NCQA/Care Gaps

Throughout the year, we will measure performance by using HEDIS measures established by NCQA, Medicare STARS measures, P4P/Quality Improvement and Performance (QIP) results, and the CAHPS survey. The evaluation and results will be submitted to regulatory bodies as required by contractual agreements.

Requested Documentation

Please ensure all submitted records are complete, legible, and include all available documentation necessary to support services provided to the member. Providing complete documentation helps ensure qualifying services are accurately captured and reflected in quality reporting. Documentation should include:

- Progress notes
- Preventive care and well visit screenings (ADLs, fall, depression)
- Preventive screening reports (colon cancer, breast cancer)
- Laboratory test results
- Immunization records
- Medication review documentation
- Notification of hospital admission and discharge information
- Specialist consultation reports

For measure-specific documentation requirements, screening lookback periods, and quality measure guidance, visit HEDIS Hints at JeffersonHealthPlans.com/QualityAndPopulationHealth.

Please print the contacts grid on the next page to hang in your office as a quick reference guide.

Quality Management Department Contact information		
Reason for Medical Record Request	**Email Address**	**Fax**
STARS-HEDIS Initiative	hedis_records@jeffersonhealthplans.com	215-967-9230
Care Gaps	caregap_records@jeffersonhealthplans.com	215-967-9230
Credentialing	audit@jeffersonhealthplans.com	215-967-4477
QOC/Complaints	quality@jeffersonhealthplans.com	267-515-6648
Datavant	Jefferson Health Plans Smart Request Portal ID **#1336327**	–
MRO Portal	Kimberly.Maund@jeffersonhealthplans.com	–
Share Your EMR/Portal	Kimberly.Maund@jeffersonhealthplans.com	–

Please submit medical records through the appropriate mailbox above.