



# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## Medical Records Request for HEDIS® Measurement Year 2024

**Effective Date:** Week of Jan. 13, 2025

**Health Plans Affected:** Advantage MD, Employer Health Programs (EHP), Priority Partners, US Family Health Plan (USFHP)

**Type of Change:** Process

### Explanation of Change:

Every year, Johns Hopkins Health Plans requests medical records as a part of audit requirements for the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures the quality outcomes of certain aspects of care and services provided to our Advantage MD, EHP, Priority Partners and USFHP members.

**Johns Hopkins Health Plans needs your help!** Please assist us in our Measurement Year 2024 data collection\* efforts. The information you provide will substantiate the quality of care and service our members received.

- **Please fax all requested medical records** to the Quality Improvement HEDIS department's confidential fax number: 410-762-5941.
- The due date will be found on the medical record request from Johns Hopkins Health Plans.



**Please return ALL requests.** Add a comment to the request sheet if:

- The member is not your patient
- You do not have the requested information
- You previously sent the information
- We have EMR access to your system

**If your medical record requests are processed by a vendor,** please let them know the importance of sending the records to us by the deadline.

This year, Johns Hopkins Health Plans will be sending a fax cover sheet with a QR code with each medical record request; we are asking that you attach the provided fax cover sheet with the QR code to each medical record you send to Johns Hopkins Health Plans. Please see the following example: if you receive a request for a member's blood pressure as part of the HEDIS Controlling High Blood Pressure measure, **please attach the fax cover sheet provided by Johns Hopkins Health Plans with the QR code in the upper-right corner.**

## Sample Fax Cover Sheet

		
To: XYZ GROUP	From: Johns Hopkins Health Plans	
Date: 12/18/2024	Fax: 410-762-5941	
Attributed Providers: DOE, JANE		
<b>Clinical Measure = (CBP) Controlling High Blood Pressure</b>		
Member: SMITH, JOHN	DOB: 01/01/19##	ID: 123459789
Measure Chase ID: PAR_6871359_M   Chase ID: PAR_6871359		

### Questions

Please email the HEDIS team at [QIHEDIS@jhph.org](mailto:QIHEDIS@jhph.org) or call our HEDIS Help Line at 410-424-4943 and leave a message. Someone will return your call within 24 hours. Thank you in advance for your cooperation.

As a reminder, participation in HEDIS is mandated for providers in our service area — participating in quality management activities is specified in your provider contract and in Code of Maryland Regulations (COMAR).

\*According to HIPAA Privacy Rule (45 CFR 160, 164) health care providers can disclose protected health information (PHI) to health plans for a number of reasons including quality assurance/quality improvement activities, such as HEDIS data collection. Providers are permitted to disclose PHI for the aforementioned purposes without the patient's written authorization when both the health plan and provider have or had a relationship with the patient and the information relates to the patient. (45 CFR 165.506 (c) (4)).

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