

PrimeWest Health

HEDIS Measurement Year 2026

PrimeWest Health is requesting medical records from your clinic for the upcoming Healthcare Effectiveness Data and Information Set (HEDIS®)¹ review. HEDIS is a standard set of nationally reported measures that are used to assess the quality of care provided to our members by your clinic.

Medical record submission

Clinics have the following options for submitting medical records to PrimeWest Health:

- Secure PrimeWest Health FTP site (instructions attached if applicable)
- Remote electronic medical record (EMR) access
- Secure fax: **1-320-335-5331**
- Secure email (only for submitting up to 10 records): **hedis@primewest.org**

Additional guidance:

- Send a demographic information sheet with each member's documentation. The demographic sheet should include the member's name, date of birth, address, etc.
- Member identifiers must be included on all pages of the record, including growth charts and labs.
- If the member does not have the information requested but was seen at your clinic, please still submit the member's demographic information for confirmation of the member's identity
- If the member has passed away during the measurement year, please provide the date of death in the column listed as ***Date of Death***.
- If the member was not seen at your clinic or did not have the service for which documentation is being requested, please communicate that to our team by completing the last column on the ***Member Request List***. This lets us know that records are not available from your clinic. Return the list to PrimeWest Health via one of the methods above with the notes completed where applicable.

Medical record confidentiality

PrimeWest Health strictly maintains the confidentiality of all records, and records are only accessed by authorized individuals adhering to the following guidelines:

- Records are used only for the purpose designated in the specific request
- Records are kept in a safe and secure location
- Records are appropriately destroyed when they are no longer needed for the purpose requested
- Records are not further disclosed or otherwise distributed

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Medical record release

A special authorization from your patient (our member) is not required prior to releasing a copy of the medical record to PrimeWest Health.

Title 45 Code of Federal Regulations (CFR) Part 164.506 permits disclosures to other covered entities, such as the health plan, to carry out health care operations. 45 CFR 164.501 defines health care operations to include quality assessment and improvement activities, and 45 CFR 164.504 permits disclosures to business associates under contract to perform health care operations for covered entities. PrimeWest Health is a covered entity under the Health Insurance Portability and Accountability Act (HIPAA).

PrimeWest Health secures the consent of our members for release of medical records upon enrollment. We are not asking for, nor do we want, any medical record information related to psychotherapy, HIV, substance use disorder, or developmental disabilities.

In addition, contractual agreements between PrimeWest Health and our participating providers contain an explicit provision that requires providers to provide member information when requested for quality review purposes.

Questions

If you or your staff have questions regarding HEDIS, please email hedis@primewest.org or call **1-320-759-4155**.

Thank you for your cooperation and participation in this important effort.

HEDIS Record Request Guide

HEDIS Measure	Documentation Required
Breast Cancer Screening (BCS-E)	Provide all mammogram tests and results from January 1, 2024, to the current date. This can include a BI-RADS score.
Blood Pressure Control for Patients with Diabetes (BPD)	Provide all outpatient blood pressure readings taken from January 1, 2026, to the current date. This can include vital flow sheets or outpatient office notes. Note: Values are required as part of the documentation and cannot only be included in charts or graphs.
Controlling Blood Pressure (CBP)	Provide the last available outpatient blood pressure reading from a visit with a primary care provider from January 1, 2026, to the current date. Note: Values are required as part of the documentation and cannot only be included in charts or graphs. Documentation may also include the following: • Progress notes • Outpatient vitals flow sheets
Care of Older Adults (COA)	Follow the instructions below for the applicable facility type: • Skilled Nursing Facility (SNF) ○ Provide the most recent medication list signed by the prescriber. ○ Provide the most recent MDS form results from 2026 • Home Care ○ Provide the most recent Outcome and Assessment Information Set • (OASIS) ○ Provide a signed medication list from the prescriber • Primary Care Clinics ○ Provide 2026 progress notes, including medication lists ○ Provide ADL/IADL screening questionnaires
Cervical Cancer Screening (CCS-E)	Provide dated documentation of a total hysterectomy or absence of cervix or one of the following: • Cytology report/Pap test results dated any time from 1/1/2024 to current date; or • Documentation of a Pap test and HPV co-test any time from 1/1/2022 to current date Documentation of a Pap test and result can come from any of the following: • Progress notes (including specialty visit reports)

HEDIS Measure	Documentation Required
	- Completed labs - Preventive screening reports
Colorectal Cancer Screening (COL-E)	Provide a pathology report or note of history of colon cancer/colectomy or one of the following: - Colonoscopy from January 1, 2017, to the current date; or - Flexible sigmoidoscopy or colonography from January 1, 2022, to the current date; or - FIT-DNA test (e.g., Cologuard®) from January 1, 2024, to the current date; or - Results from a three-sample guaiac or two-sample immunochemical Fecal Occult Blood Test (gFOBT or iFOBT) from January 1, 2026, to the current date
Childhood Immunization Status (CIS-E)	Provide all of the following from birth to the current date: - Immunization lists and/or cards - Progress notes showing immunizations administered - Preventive screening reports showing immunizations - List of anaphylactic reactions to any vaccine or its components
Immunizations for Adolescents (IMA-E)	Provide all of the following from January 1, 2020, to the current date: - Immunization lists and/or cards - Progress notes showing immunizations administered - Preventive screening reports showing immunizations - List of anaphylactic reactions to any vaccine or its components
Kidney Health Evaluation for Patients with Diabetes (KED)	Provide documentation of the date of service (DOS) and lab values for all estimated glomerular filtration rates (eGFR) and a urine albumin-creatinine ratio (uACR) test result from January 1, 2026, to the current date.
Prenatal and Postpartum Care (PPC)	Provide all the following from the member's most recent pregnancy, or pregnancies, to the current date. - Progress notes, including history and physical exam through delivery date - Completed labs - Medication list - Preventive screening and specialist reports, including ultrasounds - Completed American College of Obstetricians and Gynecologists (ACOG) or other obstetric (OB) forms and flow sheets - Completed postpartum visit forms

HEDIS Measure	Documentation Required
Prenatal Depression Screening and Follow-Up (PND-E) Postpartum Depression Screening and Follow-Up (PDS-E)	Provide the latest depression screening (PHQ-2 or PHQ-9 or Edinburgh Postnatal Depression Screening [EPDS]) questionnaire responses, as well as results taken from January 1, 2026, to the current date. Also include documentation of follow-up interventions if results were positive.
Transitions of Care (TRC)	Provide the following documentation related to the discharge date listed on the Member Request List (some members may have multiple discharge dates listed) from January 1, 2026, to the current date: • Notification of inpatient admission via call, email, fax, or shared EMR, or documentation of pre-op (H&P) visit any time before the associated inpatient event • Receipt of discharge information on the day of or day after discharge that includes the full discharge summary • Note of the practitioner responsible for member care during inpatient visit; procedure or treatment provided; current medication list; documentation of test results, pending tests, or no tests pending; and instructions to primary care provider or other provider for patient care • Include the “After Visit Summary” if available • Documentation of post-discharge primary care follow-up visit or phone call/telehealth with provider within 30 days of a discharge • Documentation of medication reconciliation of current and inpatient medications during post-discharge follow-up visits. Please include the full medication list. If your facility is a SNF, <i>only</i> send the following: • A census sheet or documentation of when the member was admitted and discharged (if applicable) from your facility.