PrimeWest HEALTH™
Your greater Minnesota health plan

3905 Dakota St
Alexandria, MN 56308
primewest.org

PrimeWest Health Record Request

HEDIS Measurement Year 2025

To:

From: PrimeWest Health (HEDIS@primewest.org)

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 member has passed away during the measure 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

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

- 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

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
Controlling Blood Pressure (CBP)	Provide the last available **outpatient blood pressure** reading from a visit with a primary care provider in 2025. Documentation may also include: • Progress notes • Outpatient vitals flow sheets
Glycemic Status Assessment for Patients with Diabetes (GSD)	Provide documentation of the date of service (DOS) and lab value for all HbA1c results and continuous glucose monitoring results from 2025.
Blood Pressure Control for Patients with Diabetes (BPD)	Provide all outpatient blood pressure readings taken during 2025. This can include vital flow sheets or outpatient office notes.

Care of Older Adults (COA)	Follow the instructions for the facility type:
	• Skilled Nursing Facility (SNF)
	  o Most recent minimum data set (MDS) form from 2025
	  o Most recent medication list signed by the prescriber in 2025
	• Home Care
	  o Most recent outcome and assessment information set
	  o (OASIS) form from home care services signed in 2025
	  o Most recent 2025 medication lists signed by the prescriber
	• Primary Care Clinics
	  o Progress notes from 2025, including medication lists
	  o Documentation of annual wellness exams or Medicare wellness exams
	  o Functional status assessments

Prenatal and Postpartum Care (PPC)	Provide all the following from 1/1/2024 – 12/31/2025: • 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
Transitions of Care (TRC)	Provide the following documentation related to the discharge dates listed from 01/01/2025 – 12/31/2025 on the ***Member Request List*** (some members may have multiple discharge dates listed) • 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; instructions to primary care provider or other provider for patient care. Include the "After Visit Summary" report 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, only send** a census sheet or documentation of when the member was admitted and discharged (if applicable) from your facility
Weight Assessment and Counseling in Children and Adolescents (WCC)	Provide all of the following in 2025: • Progress notes, especially from any well-child visits; may include sick visits • Standard counseling forms or health education handouts, especially for counselling on nutrition and physical activity • Well-child forms • Documentation of body mass index (BMI) percentile and completed growth charts. o BMI value does **not** count. BMI percentile is sometimes only listed on the "After Visit Summary" report. Growth charts **must** include member name and date of birth (DOB), and the DOS must be visible. Sometimes you may need to hover within the EMR system and take a screenshot to capture the DOS.