



**BlueCross BlueShield**  
of Illinois

**Re: Provide Records for HEDIS® Measurement Year 2025 Data Collection**

Dear Provider:

Blue Cross and Blue Shield of Illinois collects performance data using the specifications published by the National Committee for Quality Assurance for Healthcare Effectiveness Data and Information Set (HEDIS®) and by the Department of Health and Human Services for the Quality Rating System. **Please provide the medical records we are requesting for your patients** to ensure that our data is complete and accurate. It is important that you respond to this request for medical records to ensure that complete and accurate rates are reported to State of Illinois and Federal Regulatory Bodies, as well as the NCQA.

Network providers are contractually required to provide medical record information, so that we may fulfill our state and federal regulatory and accreditation obligations. Whether your office sends the medical record(s), or uses a Medical Record Retrieval or Copy Service Company, please send the requested medical records to us.

**Patient authorization isn't required to release these records**, as their collection and review is considered a component of health care operations under the Health Insurance Portability and Accountability Act of 1996 Privacy Rule. This request is made consistent and pursuant with HIPAA and its implementing regulations (45 C.F.R. Parts 160-164), and the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009, and its implementing regulations, each as issued and amended.

**Enclosed you will find:**

- A list of members identified to your clinic
- The required documentation that is needed from the member's **outpatient physician's medical record for each measure**

All documentation **must be from the member's outpatient record** from their physician's office and **not from an inpatient record or chart**.

Please review the member's **outpatient physician medical record(s) and;**

- Obtain any missing documentation (i.e., labs or x-rays results, consultation notes, etc.) that verifies the services were provided or ordered.
- Document any of the following that apply in the comment section provided of the member list:
  - If a member has not been seen in your practice, circle "**Never Seen**" in the list.
  - The date the member was **last seen if the member wasn't seen** during the specified time frame.
  - If a member was referred to a specialist, identify the name of the specialist along with the phone number for the office (send a copy of the referral form).

**Please include a copy of the attached member list when returning the requested medical records to us.** The medical records must have the member's name and date of birth on each page of the record. Send the records **within five working days of the date of this letter by fax to 312-653-0860 or email [rfaxilmedicaidhedis@bcbsil.com](mailto:rfaxilmedicaidhedis@bcbsil.com)**. If you use Ciox/Datavant, please upload the records to the Datavant Portal 2242407. Requester: Victoria Lopez, IL Medicaid/MMAI Government Programs.

Thank you for your assistance. If you have questions, email our Medicaid Quality Team at [IL\\_Medicaid\\_QI@bcbsil.com](mailto:IL_Medicaid_QI@bcbsil.com).

Sincerely,

Victoria Lopez  
BCBSIL Medicaid Department

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