



California Cooperative Healthcare Reporting Initiative 2009

**HEDIS® DATA COLLECTION PROJECT
Level II Collector WebEx Session**

January 2009

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CCHRI HEDIS® DATA COLLECTION PROJECT PROCESS OVERVIEW

HEALTH PLAN RECONCILIATION PROCESS

Health Plans

- Draw a sample for each HEDIS® measure (denominator)
- Remove members where numerator positive services have been identified through claims, encounter, or lab data
 - These patients will not be on Integrated Pull List
- Reconcile patient ► physician ► Collector using site identification information submitted by provider groups in the Survey/ Application to identify the group to whom patient belongs
 - What can go wrong?
 - Misidentified patients who should not be on Collector’s Integrated Pull List
 - Additional patient requests not on Integrated Pull List
- Submit a patient file to Thomson Reuters for integration into one Pull List per Collector (“administrative negatives”)

PULL LIST INTEGRATION

Thomson Reuters

- Integrates patient samples from all seven Health Plans participating in the Integrated Pull List
- Collectors receive CCHRI data collection “packet” via courier by Wednesday, February 25, 2009

CCHRI PARTICIPATING HEALTH PLANS

Health Plan Participants in CCHRI 2009:

- Aetna Health of California, Inc.
- Blue Cross of California - HMO
- Blue Shield of California
- CIGNA HealthCare of California
- Health Net of California
- Kaiser Permanente – Northern California*
- Kaiser Permanente – Southern California*
- PacifiCare of California
- SCAN Health Plan

Requests from Health Plans not listed above are outside the scope of the CCHRI Data Collection Project

**Do not participate in Integrated Pull List*

WHAT IS SENT TO YOU

On/before February 25, 2009 you will receive:

- Hardcopy Pull List
- Medical Record Submission Cover Sheet for each patient
- CD
 - Electronic Pull List
 - RAP Manual
 - “Cheat Sheet” for easy review of what documentation is necessary for numerator negatives
 - Timeline
 - Evaluation Forms
 - Health plan submission contact/address list
 - Letter of support (CAPG)
 - HIPAA Q&A
 - Reimbursement spreadsheet
 - Progress Report Template (Due March 17th and April 7th)

CHEAT SHEET

MEASURE	TIMEFRAME	REQUIRED DOCUMENTATION
Cervical Cancer Screening (CCS)	January 1, 2006 through December 31, 2008	<ol style="list-style-type: none"> 1. Demographic/Face Sheet(s) 2. Health Maintenance Form/Record 3. Problem Lists 4. Progress Notes 5. Medical History Forms 6. Cytology Reports 7. Pathology Reports 8. Ultrasound Surgery or Procedure Reports 9. Flow Chart
Childhood Immunization Status (CIS)	Birth through December 31, 2008	<ol style="list-style-type: none"> 1. Demographic/Face Sheet(s) 2. Health Maintenance Form/Record 3. Problem Lists 4. Progress Notes 5. Medical History Form 6. Immunization Records 7. Laboratory Reports
Cholesterol Management For Patients With Cardiovascular Conditions (CMC)	January 1, 2007 through December 31, 2008	<ol style="list-style-type: none"> 1. Demographic/Face Sheet(s) 2. Health Maintenance Form/Report 3. Progress Notes 4. Problem Lists 5. Hospital Documents 6. History and Physical Notes 7. Discharge Summary 8. Consultation Notes (Cardiology) 9. Medication List 10. LDL Cholesterol Lab Reports (include all lipid panel reports, LDL, and total cholesterol)

EXAMPLE OF PULL LIST

MEDICAL RECORD PULL LIST

301153

Collector Healthy People Medical Group

CCHRI #:	MEASURE:	MEMBER NAME:	DOB:	PLAN MEMBER ID:	PLAN:
163030	CDC	ABEL, ELIZABETH	01/19/1966	201260535	MEDSTAT Test Plan
174857	PPC	Aguiniga, Kristine	07/08/1978	315845938	MEDSTAT Test Plan
174840	W15	ALLEN, GEORGIA	04/28/2006	215839980	MEDSTAT Test Plan
133395	CBP	ANDREWS, LONNIE	12/08/1947	164676127	MEDSTAT Test Plan
174858	PPC	Arrellano, Linda	05/03/1979	315845939	MEDSTAT Test Plan
163038	CDC	ARZATE, MARIE	03/14/1944	201270411	MEDSTAT Test Plan
163053	CDC	AUSTRIA, JESUS	04/02/1950	201288928	MEDSTAT Test Plan
163050	CDC	AYALA, RITA	04/22/1941	201285225	MEDSTAT Test Plan
163049	CDC	BABY, CHARLES	02/01/1953	201283990	MEDSTAT Test Plan
173961	AWC	BAKER, SHANNON	03/09/1994	214754854	MEDSTAT Test Plan
163048	CDC	BALDERAS, LEON	09/06/1943	201282756	MEDSTAT Test Plan
163046	CDC	BARCIA, MADELINE	07/18/1948	201280287	MEDSTAT Test Plan
174860	PPC	Barnes, Nancy	12/21/1980	315845941	MEDSTAT Test Plan
163044	CDC	BARRETT, MANUEL	10/02/1954	201277818	MEDSTAT Test Plan
174861	PPC	Barrett, Olga	10/16/1981	315845942	MEDSTAT Test Plan
174921	CIS	Bauer, Joe	01/28/2005	315845996	MEDSTAT Test Plan



**CCHRI HEDIS 2009 DATA PROJECT
MEDICAL RECORD SUBMISSION COVER SHEET**
***** TIME SENSITIVE MATERIAL *****

HEDIS MEASURE: Cervical Cancer Screening
Numerator Time Frame: Calendar years 2006-2008

Patient: BROOKS, KAREN	DOB: 10/31/1953
Health Plan: CCHRI Test Plan	Payer: Commercial
Health Plan Member ID: 163049056	CCHRI #: 132077-301153
Group: Healthy People Medical Group	Plan-Suggested Physician:
Address: 567 Any Road	Toogood, John
Camarillo CA 93007	345 Your Street
Phone: (805) 555-6699 Fax:	Anytown
	(805) 555-5555

Type of Submission: Attention physician office staff: Please check the appropriate items below and sign prior to submission.

Electronic Source Paper Source Cover Sheet Only Paper Source and Admin. Data
 Administrative Data Only

If Cover Sheet only is being submitted you must indicate reason for no documentation (check one):

<input type="checkbox"/> 1 Patient is not our assigned patient and has never been seen here. Capitation/Eligibility list confirms this.
<input type="checkbox"/> 2 Patient not ours during timeframe but is currently ours; no documentation from prior providers for timeframe.
<input type="checkbox"/> 3 Patient was ours, but was not seen by us during the timeframe of the measure.
<input type="checkbox"/> 4 Patient was ours, but has never accessed care in this office.
<input type="checkbox"/> 5 Patient died before numerator timeframe: indicate date of death ____/____/____
<input type="checkbox"/> 6 Other, explain: _____

List all physicians from whom you have requested documentation of this service(s):

Provider Name	Specialty	Phone	Evidence of service not found: Date medical record documentation submitted from this provider	Contacted but no medical record for this member.	Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
If checked (X), please explain below in the Comments section					

Comments/Additional pursuit leads (e.g. referrals outside of your organization):

Check here if you have complete centralized medical records (i.e., all documentation covering all affiliated physicians) and do not have any shadow files or ancillary clinics.
Person attesting to the accuracy of information provided:
Signature: _____ **Date:** _____
Print Name: _____ **Phone Number:** _____





CCHRI HEDIS 2009 DATA PROJECT MEDICAL RECORD SUBMISSION COVER SHEET

***** TIME SENSITIVE MATERIAL *****

HEDIS MEASURE: Comprehensive Diabetes Care

Numerator Time Frame: Calendar years 2007-2008

Numerators appearing below with a darkened circle have already met the HEDIS requirement and do not require medical record documentation:

- Num 1 (Hemoglobin A1c Test)
 Num 5 (Retinal Exam)
 Num 7 (LDL-C Level <100)
 Num 9 (Blood Pressure <130/80)
 Num 2/3/4 (HbA1c Level)
 Num 6 (LDL-C Test)
 Num 8 (Nephropathy Monitored)
 Num 10 (Blood Pressure <140/90)

Patient: ABEL, ELIZABETH Health Plan: CCHRI Test Plan Health Plan Member ID: 201260535		DOB: 01/19/1967 Payer: Healthy Families EPO CCHRI #: 163030-301153
Group: The Health Institute Address: 5851 Pagent Court Lemoore CA 94920 Phone: (555) 555-1234 Fax:	Plan-Suggested Physician: Toogood, John 345 Your Street Anytown (805) 555-5555	

ELECTRONIC PULL LIST

- Electronic version of the information appearing on the Cover Sheets
 - Two tabs in file
 - First tab includes one row for each patient on Pull List with MLP
 - Includes additional patient information (i.e., when child is 42 days old for CIS measure)
 - Second tab includes
 - Everything in first tab
 - Lists other suggested providers the patient may have seen

CCHRI PROCESS OVERVIEW

Changes from CCHRI 2008

- Health Plans will contact Collector for additional information/clarifications (if necessary) after the initial medical record documentation submission by the Collector
 - The option of waiting until after the Collector Interval has been eliminated
- Administrative Data
 - If you intend to submit data you think meets NCQA's administrative data requirements, you need to work with the individual Health Plans
 - Requirements have become more stringent
 - Road-map from where/what database data was downloaded
 - Health Plans need to work with their auditors

LEVEL II COLLECTOR TIMELINE

February 25, 2009	Receive Pull Lists via courier
February 25-April 17	Retrieve charts from affiliated physicians, assess for compliance, pursue negatives, and submit medical charts to health plans
March 2	Deadline to reply to e-mail requesting project status update
March 5	Deadline for Not Our Patient (NOP) Cover Sheets to be returned to Health Plans
March 17	Three-week progress report due to Thomson Reuters
April 7	Six-week progress report due to Thomson Reuters
April 20	Deadline for plans to receive Collector-copied charts and administrative data
April 21 – mid June	Health plans pursue outstanding and additional charts
June 30	Deadline to submit reimbursement requests to Health Plans
August 3	Deadline for health plan reimbursement



RETRIEVING AND PURSUING MEDICAL RECORD DOCUMENTATION

MEDICAL RECORD RETRIEVAL AND ASSESSMENT PROCESS

Step 1: Identify NOPs

Step 2: Locate and assess medical record from MLP(s) for numerator compliance

If evidence of service is found, copy and submit to Health Plan

Step 3: If member is still numerator negative, identify pursuit physicians and retrieve/assess medical records

Step 4: If member is numerator negative after pursuit exhausted, copy medical record for entire numerator timeframe



STEP 1: IDENTIFICATION OF NOPs

STEP 1: NOPs

Collector searches for “NOPs”

- Patient was not assigned and has never accessed care with your organization
 - Check capitation/eligibility list and claims system to confirm
- Patient was not with your organization during the timeframe, is currently, but no documentation available from prior providers
- Patient was with your organization but did not access care during timeframe of the measure
- Patient was with your organization but had never accessed care
- Patient died before measure/numerator timeframe
 - Indicate date of death in appropriate section of Cover Sheet
- Other
 - Explanation required

STEP 1: NOPs

Type of Submission: Attention physician office staff: Please check the appropriate items below and sign prior to submission.

Electronic Source Paper Source and Admin. Data
 Paper Source Cover Sheet Only Administrative Data Only

If Cover Sheet only is being submitted you must indicate reason for no documentation (check one):

- 1 Patient is not our assigned patient and has never been seen here. Capitation/Eligibility list confirms this.
- 2 Patient not ours during timeframe but is currently ours; no documentation from prior providers for timeframe.
- 3 Patient was ours, but was not seen by us during the timeframe of the measure.
- 4 Patient was ours, but has never accessed care in this office.
- 5 Patient died before numerator timeframe: indicate date of death ____/____/____
- 6 Other; explain:

List all physicians from whom you have requested documentation of this service(s):

Provider Name	Specialty	Phone	Evidence of service not found: Date medical record documentation submitted from this provider	Contacted but no medical record for this member.	Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
					If checked (X), please explain below in the Comments section

Comments/Additional pursuit leads (e.g. referrals outside of your organization):

STEP 1: NOPs

Submission of NOPs

- Deadline to submit to health plans **March 5th, 2009**

Keep track of your NOPs so that you know you don't need to pull the medical record

- Note on Electronic Pull List
- Cross off hard copy Pull List
- Any others?

Attestation form for multiple NOPs submission

- “BUT, I don't have any NOPs on my Pull List!”
 - Check off “I don't have any NOPs” on the Attestation form and return to the appropriate Health Plan(s)

STEP 1: NOPs

Submission of NOPs, Attestation Form

Submit your batch(es) to each health plan **no later than Wednesday, March 5, 2009**. CCHRI strongly suggests you submit your HEDIS® documentation via a media that can be tracked (i.e., certified mail, courier, etc.)

Name of Organization			
HEDIS® Project Leader			
Phone Number			
FAX Number			
E-mail address			
Number of NOP Cover Sheets attached		My Organization does not have any NOPs to submit	(?)
Signature attesting to the accuracy of the information provided on the attached Medical Record Submission Cover Sheets:			
Signature:			
Date:			



STEP 2: USING INTERNAL STAFF TO COPY MEDICAL RECORD DOCUMENTATION/ASSESS FOR NUMERATOR COMPLIANCE

STEP 2: INTERNAL PHOTOCOPYING

Identifying MLP

- Use MLP identified by Health Plans on Medical Record Submission Cover Sheet and First Tab of Electronic Pull List
- Manually or electronically identify MLP from your administrative data systems
- Review providers in Second Tab of Electronic Pull List and select MLP

Use the knowledge you have about the type of providers that typically deliver each of the numerator services

STEP 2: INTERNAL COPYING - MOST LIKELY PROVIDERS BY MEASURE

Adult BMI Assessment	PCP	OB/GYN	Cardiologist	Geriatric Physician		
Care for Older Adults	PCP	Geriatric Physician	Cardiologist	Rheumatologist		
Cervical Cancer Screening	PCP	OB/GYN				
Childhood Immunization	Pediatrician	Other PCP				
Cholesterol Management	PCP	Cardiologist				
Colorectal Cancer Screening	PCP	Gastro-enterologist				
Comprehensive Diabetes Care	PCP	Endocrinologist	Ophthalmologist	Optometrist	Nephrologist	Cardiologist
Controlling High Blood Pressure	PCP	Any other specialist who would routinely monitor blood pressure				
Medication Reconciliation Post-Discharge	PCP	Surgeon	Hospitalist	Attending Physician	Resident(?)	
Prenatal and Postpartum Care	OB/GYN	Midwife	Hospital	PCP		
Weight Assessment and Counseling - Children/Adolescents	Pediatrician	PCP	OB/GYN	Nutritionist		
Well Adolescent Visits	Pediatrician	Other PCP	OB/GYN			
Well Care Visits (1 st 15 Months)	Pediatrician	Other PCP				
Well Care Visits (Ages 3-6)	Pediatrician	Other PCP				

STEP 2: INTERNAL PHOTOCOPYING

For multi-numerator measures, check to see what numerators you need to satisfy

Numerators appearing below with a darkened circle have already met the HEDIS requirement and do not require medical record documentation:

LDL Service Date LDL Level <100

Patient: CURTIS, MARGENE W		DOB: 02/04/1952
Health Plan: CCHRI Test Plan		Payer: Commercial
Health Plan Member ID: 164115664		CCHRI #: 132941-301153
Group: Healthy People Medical Group	Plan-Suggested Physician:	
Address: 567 Any Road	Hart, Red	
Camarillo	CA 93007	823 Valley View Circle
Phone: (805) 555-6699	Fax:	Cabbageville
		(215) 415-8275

STEP 2: NUMERATOR POSITIVE

Use Retrieval, Assessment, and Pursuit Manual to identify numerator positive service and timeframe

If all numerator positive services are found in medical record (i.e., all numerators satisfied)

- Copy relevant portion(s) of the medical record confirming the numerator positive service
- Attach to patient's Medical Record Submission Cover Sheet
- Submit to appropriate health plan(s)
 - FAX (depending on number of pages and legibility)
 - Mail (recommendation is to do so via trackable means)
 - Keep a copy for your records in case submission gets lost
- **Do not wait until the last minute** to submit documentation to health plans; submit throughout the project timeline

RAP MANUAL COPYING REQUIREMENTS EXAMPLE FOR NUMERATOR NEGATIVES

CERVICAL CANCER SCREENING

<p>PHOTOCOPY INSTRUCTIONS</p>	<p>Copy:</p> <ul style="list-style-type: none"> • Demographic/Face Sheet(s) • Health Maintenance Form/Report • Progress Notes • Problem Lists • Medical History Forms • Medication List • Cytology Reports • Pathology Reports • Ultrasound Surgery or Procedure Reports • Flow Charts <p>Also include any other documentation you feel may be relevant.</p>
<p>PHOTOCOPY INSTRUCTIONS FOR NUMERATOR NEGATIVES</p>	<p>If the member is <u>not</u> numerator positive, at a <u>minimum</u> copy the documents identified in the Photocopy Instructions for the following period:</p> <p style="text-align: center;">January 1, 2006 through December 31, 2008</p>

STEP 3: MEASURE/NUMERATOR NEGATIVES

If medical record does not appear to contain evidence of all numerator positive service(s) (i.e., at least one numerator unsatisfied)

- Level II Collectors are required to exhaust pursuit with all affiliated physicians
- Assess patient's medical record for referral information
 - Check second tab in Electronic Pull List
 - Phone patient (up to medical group's policy)
 - If you do, note on Cover Sheet so health plan will know not to pursue further with patient
 - Other techniques?

STEP 4: NUMERATOR NEGATIVES AFTER PURSUIT IS EXHAUSTED

If pursuit(s) fail and evidence of service is not found

- Identify and photocopy required documentation spanning the entire numerator timeframe
 - RAP Manual and “Cheat Sheet” identify the minimum required documentation in the “Photocopy Instructions” section
 - Note: you are encouraged to submit other potentially useful documents as well
 - RAP sheets identify required timeframes in the “Photocopy Instructions for Numerator Negatives” section
 - If it’s easier, you can simply copy all documentation spanning the timeframe

STEP 4: NUMERATOR NEGATIVES AFTER PURSUIT IS EXHAUSTED

List all of your pursuit contacts on the Medical Record Submission Cover Sheet

List all physicians from whom you have requested documentation of this service(s):

Provider Name	Specialty	Phone	Evidence of service not found: Date medical record documentation submitted from this provider	Contacted but no medical record for this member.	Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
				If checked (X), please explain below in the Comments section	

Comments/Additional pursuit leads (e.g. referrals outside of your organization):

- Will decrease the number of pursuit calls you will receive from health plans



COMPLETING THE MEDICAL RECORD SUBMISSION COVER SHEET

COMPLETING THE COVERSHEET

Be sure to completely fill out Medical Record Cover Sheet

1. Indicate what kind of documentation you are submitting to the Health Plan

Type of Submission:

Attention physician office staff: Please check the appropriate items below and sign prior to submission

Electronic Source
Paper Source

Cover Sheet Only

Paper Source and Admin. Data
Administrative Data Only

COMPLETING THE COVERSHEET

2. Attest to the accuracy of information provided

- Sign and date under “Person attesting to the accuracy of information provided”
 - Collector HEDIS Project Leader

Person attesting to the accuracy of information provided:

Signature:

Date:

Print Name:

Phone Number:

COMPLETING THE COVERSHEET

3. Centralized medical records question

- If you have centralized medical records, check the box located under the “Comments” section on the Cover Sheet
 - Indicates to Health Plans that all physicians affiliated with your medical group/IPA are included in (centralized) file that you searched
 - No shadow files, no ancillary clinics etc.
 - Could reduce Health Plan pursuit phone calls
- Value: you don’t have to fill out pursuit section of Medical Record Submission Cover Sheet

Check here if you have complete centralized medical records (i.e., all documentation covering all affiliated physicians) and do not have any shadow files or ancillary clinics.

Person attesting to the accuracy of information provided:

Signature:

Date:

Print Name:

Phone Number:



COMPLETING THE COVERSHEET

4. Pursuit documentation

- “Been there, done that” – communicating this information to the Health Plans reduces pursuit calls
 - Fill in every provider name, specialty, phone number who you have contacted for evidence of service
 - Check off appropriate result:
 - Evidence of the HEDIS services not found; medical record submitted
 - Contacted but no medical record for this member
 - Refused to cooperate
 - Action taken to prompt compliance
 - Health plan will pursue physician/organization

COMPLETING THE COVERSHEET

4. Pursuit documentation, cont.

List all physicians from whom you have requested documentation of this service(s):

Provider Name	Specialty	Phone	Evidence of service not found: Date medical record documentation submitted from this provider	Contacted but no medical record for this member.	Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
				If checked (X), please explain below in the Comments section	

Comments/Additional pursuit leads (e.g. referrals outside of your organization):

Fill in any other useful information in the “Comments/Additional pursuit leads”

COMPLETING THE COVERSHEET

4. Pursuit documentation, cont.

- Benefits
 - The more information you provide the Health Plan the better
 - Saves time for you
 - Health plans will not call to see if you have contacted physician “X”
 - Saves time for the Health Plans
 - Will not duplicate your efforts
 - Pursuit staff do not need to make a follow-up phone call you

COMPLETING THE COVERSHEET

5. Referrals

- If you find the patient was referred out of your organization:
 - Include In “Comments/Additional pursuit leads...”
 - Be sure to include phone number of physician if available

Comments/Additional pursuit leads (e.g. referrals outside of your organization):

COMPLETING THE COVERSHEET

6. Specific questions for Colorectal Cancer Screening

HEDIS MEASURE: Colorectal Cancer Screening
Numerator Time Frame: Calendar years 1999-2008

Date of first service: ____/____/____

1. Date this person first became your patient. ____/____/____
2. If you could not complete a medical record search for the ten-year numerator time frame, explain why in the comments section below.

Comments/Additional pursuit leads (e.g. referrals outside of your organization):

If no evidence of service is found, check here to attest that all patient records, including archived records, were reviewed for the last 10 years.

Check here if you have complete centralized medical records (i.e., all documentation covering all affiliated physicians) and do not have any shadow files or ancillary clinics.

Person attesting to the accuracy of information provided:

Signature: _____

Date: _____



COMPLETING THE COVERSHEET

Note: If the physician whose medical record you searched is different from the plan-suggested physician appearing on the Cover Sheet:

- Cross out the plan-suggested physician and/or Group information
- Enter the name and complete contact information for the physician whose medical record you are submitting
 - Make sure the information is legible

Patient: Collier, HM Health Plan: MEDSTAT Test Plan Health Plan Member ID: 158963165		DOB: 10/10/1944 Payer: Commercial CCHRI #: 176847-301153
Group: Healthy People Medical Group Address: 567 Any Road Camarillo CA 93007 Phone: (805) 555-6699 Fax:		Plan-Suggested Physician: Toogood, John <i>Goodenough, Mar</i> 345 Your Street <i>My Street</i> Anytown <i>Your town</i> (805) 555-5555 <i>4345</i>

Type of Submission:

Attention physician office staff: Please check the appropriate items below and sign prior to submission.

Electronic Source * Medical Record * Medical Record and Admin. Data
 Paper Source Cover Sheet Only Administrative Data Only

DATA SUBMISSION RESPONSIBILITY

Forward all information to your HEDIS Project Leader (i.e., person responsible for medical record pursuit)

- HEDIS Project Leader to confirm all requirements have been met and submit to Health Plans
 - NOPs
 - Numerator positive documentation
 - Evidence of service
 - Numerator negative documentation
 - Relevant medical record documentation spanning entire measure/ numerator timeframe
 - Contraindication/exclusion information

SUBMITTING OUT-OF-TIMEFRAME SERVICES

In some cases, you may find a qualifying numerator service, however, it is delivered outside the numerator timeframe

- e.g. for Childhood Immunization, a DTaP rendered after the child's second birthday
- This information is useful to Health Plans to focus their pursuit activities
 - i.e., further pursuit of an “in timeframe” DTaP is unlikely to be fruitful

Out-of-timeframe services may also provide referral clues

- e.g., pap smear or retinal eye exam in 2009 may provide clues to provider who rendered an “in timeframe” pap smear or retinal eye exam

SPECIAL NOTES

No release required to submit information from other physicians

Do not copy any materials related to:

- HIV test results
- AIDS
- Mental Health
- Substance Abuse (drugs/alcohol)
 - If on documentation you need to send, black out any references to the above



If you highlight portions of the medical record, be aware that some highlighter colors do not photocopy/FAX well

SUBMITTING DOCUMENTATION

**If in doubt, send
it out**





PROGRESS REPORTS

PROGRESS REPORTS

Collector Name:			
A	B	C	D
# of Patients on Pull List	# Not Our Patient Cover Sheets	Total # of Patients where pursuit is complete	Total # of Patients whose documentation Collector submitted to Health Plans

PROGRESS REPORTS

Column		Description
A	# of Patients on Pull List	Number of patients on Integrated Pull List. If a particular patient appears in two different measures, count the patient twice.
B	# Not Our Patient Cover sheets	Number of patients for whom you did not have medical record information and for whom you submitted a Medical Record Cover Sheet ONLY, indicating the reason why (i.e., be sure to mark one of the six reasons listed on Cover Sheet)
C	Total # of Patients where pursuit is complete	Number of patients for whom (a) Collector identified documentation of numerator event(s) - either administratively or through medical record, or (b) Collector failed to identify documentation of numerator event(s) and has exhausted pursuit; i.e., contacted all appropriate physicians, assessed all chart documentation, and still did not identify documentation of all HEDIS numerator events
D	Total # of Patients whose documentation Collector submitted to Health Plans	The number of patients for whom you sent any medical record and/or administrative documentation to the Health Plan

PROGRESS REPORTS

Progress Reports due to Medstat, Marlise Goodwin,
marlise.goodwin@thomson.com, or FAX 805-681-
5888 or 805-681-5810

March 17th Three-week progress report due

April 7th Six-week progress report due

OPEN DISCUSSION SUGGESTIONS AND/OR HELPFUL HINTS?



HELP IS ON IT'S WAY!!

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