



California Cooperative Healthcare Reporting Initiative 2009

**HEDIS® DATA COLLECTION PROJECT
Level I 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
 - Copy Service submission packet (if using CCHRI Copy Service)

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 I COLLECTOR TIMELINE

February 25, 2009	Receive Pull Lists via courier
February 25-March 27	Retrieve and submit medical records to health plans (if using internal staff to photocopy medical records)
March 2	Deadline to reply to e-mail requesting project status update
March 5	NOPs Cover Sheets submittals to Health Plans
March 5	Deadline for Level I Collectors to submit patient/site level information to Copy Service
March 27	Deadline for plans to receive Collector-copied medical records
April 17	All copy service visits must be completed
April 21	Health plans must receive all documentation from Copy Service
March 30 – early/mid June	Health plans pursue outstanding and additional medical records (for sites where Collectors are not using the CCHRI copy service)
April 22 – early/mid June	Health plans pursue all outstanding and additional medical record documentation from all sites
June 30	Deadline to submit reimbursement requests to Health Plans
August 3	Deadline for reimbursement to Collectors

MEDICAL RECORD DOCUMENTATION STEPS

STEP 1: Search for NOPs

– Due to Health Plans March 5th

STEP 2: Search for medical record positives

IF NOT FOUND

Copy required numerator negative documentation and submit to Health Plan(s)



STEP 1: IDENTIFICATION OF NOPs

STEP 1

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

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):

<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):

STEP 1

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

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

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

If evidence of numerator positive is found

- Copy relevant portion(s) of medical record and submit to health plans via
 - 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

STEP 2: NUMERATOR NEGATIVE

If no evidence of numerator positive is found:

- Copy required portions of medical record spanning numerator timeframe per RAP Manual instructions
- Health Plans will identify supplemental documentation necessary for a positive hit and pursue
- Collectors must respond to Health Plan medical record pursuit requests (data collection project is not completed until the end of June 2009)

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>



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



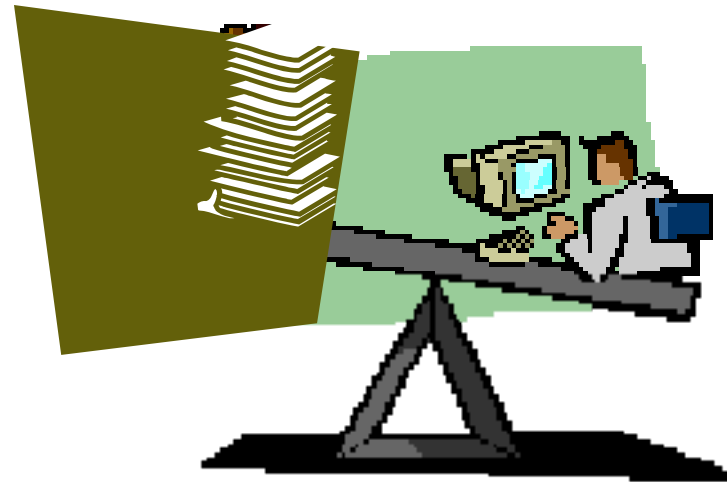
If you highlight portions of the medical record, be aware that some highlighter colors do not photocopy/FAX well

SUBMITTING DOCUMENTATION

**If in doubt, send
it out**



USING CCHRI COPY SERVICE



USING CCHRI COPY SERVICE

At least 5 medical records at each site

- Same address, same suite number

If less than 5 medical records

- Can consolidate medical records from several physician offices into one location
- Need to use internal staff to photocopy per RAP instructions

Notify Copy Service with intent to host copy service by March 5th

- Earlier notification and scheduling is highly recommended

Medical records copied by Copy Service are not eligible for health plan reimbursement

- Medical Records copied using internal staff (sites with ≤ 4 requests) will be reimbursed by health plans

USING CCHRI COPY SERVICE

Step 1: Identify NOPs

Step 2: Photocopying Using Internal Staff

Retrieve medical record, copy required sections and submit to health plans (for those sites with ≤ 4 patients)

Step 3: Identify MLP/Site where medical record is located

Step 4: Prepare Electronic Pull List for Copy Service

Step 5: Notify sites of impending copy service visit

USING CCHRI COPY SERVICE

1. Identify NOPs

- Leave site information blank for those patients and submit Cover Sheet to health plans pronto

2. Photocopy medical records for sites that have <5 members

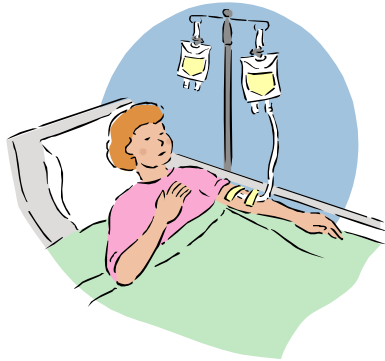
3. Identify Most Likely Provider/Location of Medical Record

- Make any changes necessary in electronic file as to where medical record is located

STEP 4: PREPARE ELECTRONIC PULL LIST FOR COPY SERVICE

Update Excel file (first spreadsheet)

- Excel file contains blank “site location” (Tab 1, Columns Q – X)
- Fill out “site location” fields in spreadsheet as accurately as possible
- If record location is same as plan-identified MLP provider location (i.e., the one already in the spreadsheet), you can simply copy and paste information into “site location” fields (columns C, E, F, G)
- Copy Service will not copy any medical records if “site location” field is blank
 - NOP
 - Satisfied by Administrative Data
 - ≤4 patients at a site



Patient



Physician



Location

STEP 4: PREPARE ELECTRONIC PULL LIST FOR COPY SERVICE

Copy site information file onto CD

- Thomson will include a CD and Federal Express label in your packet
 - Federal Express label will have Copy Service's address and charge number filled out
- Federal Express for receipt by Copy Service
 - No later than March 5th

STEP 4: SITE INFORMATION TO COPY SERVICE

Pre-populated in Electronic Pull List, Tab 1

A	B	C	D	E	F	G
PlanID	PlanName	ProviderLastName	ProviderFirstName	ProviderAddress1	ProviderAddress2	ProviderCity
F	Shepard Plan	Jordan	Linda	789 State Street, #A		Culver City
A	CALIFORNIA	Esau	Ronald	123 Main Street, #101		Whittier
B	Help's Here	FLANDERS	NICOLE	123 MAIN STREET, #101		WHITTIER
C	Test Plan	Senathirajah	Kurt	789 State Street		Las Vegas
A	CALIFORNIA	Goodwin	Eric	456 Arbuckle Blvd.	Suite 400	Whittier
D	Health Pacific	Barrett	Amy	123 Main Street, #101		Whittier
D	Health Pacific	Cohen	Rose	3969 Fake Street		Whittier
F	Shepard Plan	Wilson	Sy	456 Arbuckle Blvd.	Suite 400	Whittier
E	Seymore, Inc.	Flanders	Nicole	8976 PCH		Redondo Beach

H	I	J	K	L	M	N	O	P
ProviderState	ProviderZip	ProviderPhone	CCHRINumber	PatientFirstName	PatientMiddleInitial	PatientLastName	PatientGender	PatientDOB
CA	91234	1234567890	123455	KATHY	M	ADAMS	F	6/9/1946
CA	91234	1234567890	123456	ELSA		BLAKE	F	8/13/1941
CA	91234		123457	KARI		CARPENTER	F	2/25/1980
NV	91234	1234567890	123458	WALTER	E	GROUCH	M	9/6/1953
CA	91234		123459	ADAM	L	HARBISON	F	4/16/1974
CA	91234	1234567890	123460	RUTH	M	LUM	F	8/11/1922
CA	91234		123461	EDWARD		TYSMAN	M	3/2/1962
CA	91234		123462	NANCY		WALKER	F	8/28/1920
CA	91234		123463	MARY	L	WILSON	F	8/27/1934

STEP 4: SITE INFORMATION TO COPY SERVICE

.....
Level I Responsibility to populate

Q	R	S	T	U	V	W	X
ProviderWithRecord	RecordSiteAddress1	RecordSiteAddress2	RecordSiteCity	ContactPerson	ContactPhoneNumber	ContactFAXNumber	ContactEmail

USING CCHRI COPY SERVICE

Electronic Medical Records

- Collector prints any and everything from its EMR system for the requested member(s) and has available for Copy Service
 - Attach to the appropriate medical record
- Copy Service has access to EMR system and prints off system
- Copy Service has access to EMR system and downloads onto CD

Hard Copy Medical Record Documentation

- Collector has medical records at same location as EMR system
- Collector sends printed EMR documentation to site where medical record is located

STEP 5: SITE PREPARATION

Notify each site of impending Copy Service visit and distribute Pull List and Medical Record Submission Cover sheets to each individual site

- Let each site know:
 - Copy Service will call to schedule appointment with each site
 - Be sure to include contact information (Rows U – X)
 - Medical records must be pulled and ready at the time of the appointment
 - Distribute Copy Service’s number and contact name to each site contact

If the above deadlines are not met, Collector will revert to non-Collector status

COPY SERVICE COPYING REQUIREMENTS

What will Copy Service copy?

- Entire timeframe of measure/numerators

Why?

- Will alleviate health plan pursuit calls

WHAT YOU CAN DO TO MAKE THE PROCESS WORK FOR YOU

Notify Copy Service as soon as possible of your intent to host the copy service

Identify medical record location sites as accurately as possible

- If you have questions where a patient's medical record might be, check with your individual sites

Instruct your contacts not to pull the medical records too early – have records pulled one day in advance of Copy Service's visit

All copy service visits must be completed by April 17th

WHAT HAS GONE WRONG WITH THIS PROCESS IN THE PAST?

Notifying Copy Service late in the process

Delays in identifying sites at which the medical records are located

Misidentification of sites at which medical records are located

Lack of coordination with contact people at the individual sites

Site contacts taken by surprise when Copy Service arrived

Medical records not available when Copy Service arrived

- Medical records pulled too soon before visit and were re-filed



OPEN DISCUSSION SUGGESTIONS AND/OR HELPFUL HINTS?



HELP IS ON IT'S WAY!!

Marlise Goodwin

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Mahil Senathirajah

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