



California Cooperative Healthcare Reporting Initiative 2010

**HEDIS® DATA COLLECTION PROJECT
Option 1 Collectors**

February 10, 2010

**Marlise Goodwin
Mahil Senathirajah**

AGENDA

1. Welcome
2. Project Changes
3. Responsibilities of Option One Collectors
4. Medical Record Documentation Submission Requirements Manual
 - a. Entire Timeframe Measures
 - b. Quick Hit Measures
5. Questions and Answers

PROJECT CHANGES

- Five Health Plans Participating in Integrated Pull List
 - Aetna Health of California, Inc.
 - Anthem Blue Cross
 - Blue Shield of California
 - Health Net of California
 - PacifiCare/UnitedHealthCare
- One Collector Role
 - Three Options
 1. Internal staff for all measures
 2. Copy Service only for all measures
 3. Combination: internal staff for Quick Hit measures; copy service for Entire Timeframe measures
- Two Distinct Measure Submission Guidelines
 - Entire Timeframe Measures (8 measures)
 - Quick Hit Measures (6 measures)

NEW SUBMISSION GUIDELINES

- **Entire Timeframe Measures**

1. Care for Older Adults (COA)
2. Comprehensive Diabetes Care (CDC)
3. Controlling High Blood Pressure (CBP)
4. Medication Reconciliation During Post-Discharge (MRP)
5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
6. Adolescent Well-Care Visits (AWC)
7. Well-Child in the First 15 Months of Life (W15)
8. Well-Child Visits in the 3 – 6 Years of Life (W34)

TIMEFRAME TO BE COPIED	January 1, 2009 through December 31, 2009 Note: Please look for the Advance Directive which may have been executed before the timeframe period, copy, and send to the Health Plan.
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NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures, cont.
 - Copy the required documentation for the entire measure timeframe as specified in DSR Manual

REQUIRED DOCUMENTATION TO BE COPIED	<ul style="list-style-type: none">• Demographic/Face Sheet(s)• Health Maintenance Form/Report• Progress Reports• Problem Lists• Medical History Form• Medication Lists• Cardiology Consult Reports• Vital Sign Flow Sheet (Chart)
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NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures, cont.
Cover Sheet Only – due to Health Plans by March 5

Type of Submission:

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

Quick Hit
Entire Timeframe Submitted by Collector

Copy Service Verifies CNA
Cover Sheet 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:

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures(8 measures)
 - Collector identifies **TWO** most likely providers (of relevant specialty)
 - Plan Suggested Physician on Cover Sheet and/or
 - Plan suggested Physicians on Tab 2 of Electronic File
 - Identify relevant providers (specialists) using your own internal system

Group: Healthy People Medical Group	Plan-Suggested Physician:	MR Attached <input type="checkbox"/>
Address: 567 Any Road	Smith, Charlene	MR Sent <input type="checkbox"/>
Camarillo	34 Medical Plaza	Contacted for MR <input type="checkbox"/>
CA 93007	Canoga Park	Not physician/no MR <input type="checkbox"/>
Phone: (805) 555-6699	Fax:	
	(818) 564-7897	

PlanID	PlanName	ProviderLast	ProviderFirst	ProviderAddr	ProviderAddr	ProviderCity	ProviderState	ProviderZip	ProviderPhor	CCHRINumb	PatientFirstN	PatientMiddle	PatientLastN
A	Test Plan	ADAMS	DAVID	4568 WILSHIRE BLV	BEVERLY	CA	90211	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BAKER	MICHAEL	4366 E 14TH ST	OAKLAND	CA	94601	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	ZENJI	MANJI	553911 HAWTHORN	HAWTHO	CA	90250	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BROWN	BRIAN	4388 W 117TH	HAWTHO	CA	90250	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	PETERS	EMILY	4562 S SEPULVEDA	LOS ANGE	CA	90045	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	HOWELL	MAUREEN	553911 HAWTHORN	HAWTHO	CA	902502325	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BOND	JAMES	553911 HAWTHORN	HAWTHO	CA	90250	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	GOODWIN	MARLISE	553911 HAWTHORN	HAWTHO	CA	90250	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BARRETT	ROBERT	4444 W SLAUSON A	LOS ANGE	CA	90043	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	PRESTI	KATHERIN	4562 S SEPULVEDA	LOS ANGE	CA	90045	xxxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	ROSS	MATT	4444 W SLAUSON A	LOS ANGE	CA	90043	xxxxxxxxxx	123456	ADAM	H	BLACK	

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - See Documentation Submission Requirements Manual (DSR) under “Most Likely Provider/Relevant Specialist

MOST LIKELY PROVIDER/ RELEVANT SPECIALIST	Primary Care Physician (Family Practice, Internist) Gastroenterologist OB/GYN
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- Collector copies documentation as outlined in DSR Manual for entire timeframe at each of the two MLP’s offices
 - Centralized sites have an advantage, all documentation is in one medical record for all physicians
 - Reimbursement: \$12.50 per medical record from separate physical locations

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - How to fill out Cover Sheet

Group: Healthy People Medical Group	Plan-Suggested Physician:	MR Attached <input type="checkbox"/>
Address: 567 Any Road	Smith, Charlene	MR Sent <input type="checkbox"/>
	34 Medical Plaza	Contacted for MR <input type="checkbox"/>
	Canoga Park	Not physician/no MR <input type="checkbox"/>
Phone: (805) 555-6699	Fax: (818) 564-7897	
	CA 93007	

List all physicians who treated patient in timeframe, and check (X) appropriate boxes:

Physician	Specialty	Phone	Medical Record (MR) attached for this member.		Also contacted to request Medical Record (MR) for this member.		Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
			Yes	No MR found	Yes	MR sent	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - Scenario 1
 - Collector contacts/copies medical record from Plan-Suggested Physician
 - Collector identifies second MLP (of relevant specialty) through internal database and/or uses Tab 2 of Electronic Pull List

Plan-Suggested Physician Cover Sheet

Group: The Health Institute	Plan-Suggested Physician:	MR Attached <input checked="" type="checkbox"/>
Address: 5851 Pagent Court	Toogood, John	MR Sent <input type="checkbox"/>
Lemoore CA 94920	345 Your Street	Contacted for MR <input type="checkbox"/>
Phone: (555) 555-1234	Anytown	Not physician/no MR <input type="checkbox"/>
Fax:	(805) 555-5555	

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

Quick Hit **Entire Timeframe Submitted by Collector** **Copy Service Verifies CNA** **Cover Sheet 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 who treated patient in timeframe, and check (X) appropriate boxes:

Physician	Specialty	Phone	Medical Record (MR) attached for this member.		Also contacted to request Medical Record (MR) for this member.		Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
			Yes	No MR found	Yes	MR sent	
Adams, Renee	END	xxx-xxx-xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - Scenario 2
 - Plan-Suggested Physician was not correctly identified
 - Collector identifies two MLPs (of relevant specialty) through internal database and/or uses Tab 2 of Electronic Pull List

Cover Sheet for first Physician to which member's medical record is attached

Group: The Health Institute	Plan-Suggested Physician:	MR Attached <input type="checkbox"/>
Address: 5851 Pagent Court	Toogood, John	MR Sent <input type="checkbox"/>
Lemoore CA 94920	345 Your Street	Contacted for MR <input type="checkbox"/>
Phone: (555) 555-1234	Anytown	Not physician/no MR <input checked="" type="checkbox"/>
Fax:	(805) 555-5555	

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

Quick Hit
 Entire Timeframe Submitted by Collector
 Copy Service Verifies CNA
 Cover Sheet 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 who treated patient in timeframe, and check (X) appropriate boxes:

Physician	Specialty	Phone	Medical Record (MR) attached for this member.		Also contacted to request Medical Record (MR) for this member.		Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
			Yes	No MR found	Yes	MR sent	
Adams, Renee	END	xxx-xxx-xxxx	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown, Michael	OPH	xxx-xxx-xxxx	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - Scenario 3
 - Collector organization has centralized medical records

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	MR Attached <input type="checkbox"/> MR Sent <input type="checkbox"/> Contacted for MR <input type="checkbox"/> Not physician/no MR <input type="checkbox"/>
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Type of Submission: Attention physician office staff: Please check (X) the appropriate items below and sign prior to submission.

Quick Hit
 Entire Timeframe Submitted by Collector

 Copy Service Verifies CNA
 Cover Sheet Only

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

Check (X) 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: *M. Goodwin*

Date: 3/2/10

Print Name: M. Goodwin

Phone Number: 805-681-5839

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - Scenario 4
 - Collector has already sent Plan suggested physician’s record and is now submitting documentation from the second physician separately

Group: The Health Institute	Plan-Suggested Physician:	MR Attached <input type="checkbox"/>
Address: 5851 Pagent Court	Toogood, John	MR Sent <input checked="" type="checkbox"/>
Lemoore CA 94920	345 Your Street	Contacted for MR <input type="checkbox"/>
Phone: (555) 555-1234	Anytown	Not physician/no MR <input type="checkbox"/>
Fax:	(805) 555-5555	

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

Quick Hit **Copy Service Verifies CNA**

Entire Timeframe Submitted by Collector **Cover Sheet 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 who treated patient in timeframe, and check (X) appropriate boxes:

Physician	Specialty	Phone	Medical Record (MR) attached for this member.		Also contacted to request Medical Record (MR) for this member.		Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
			Yes	No MR found	Yes	MR sent	
Adams, Rence	END	xxx-xxx-xxxx	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Additional pursuit leads for referrals outside of your organization):

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - Scenario 5
 - Collector is submitting documentation from two separate physicians at the same time: the Plan-Suggested Physician and a second physician

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
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MR Attached
MR Sent
Contacted for MR
Not physician/no MR

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

Quick Hit
Entire Timeframe Submitted by Collector

Copy Service Verifies CNA
Cover Sheet 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 who treated patient in timeframe, and check (X) appropriate boxes:

Physician	Specialty	Phone	Medical Record (MR) attached for this member.		Also contacted to request Medical Record (MR) for this member.		Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
			Yes	No MR found	Yes	MR sent	
Adams, Renee	END	xxx-xxx-xxxx	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW SUBMISSION GUIDELINES

- Entire Timeframe Measures (8 measures)
 - Scenario 6
 - Plan-Suggested Physician was not correctly identified
 - Collector identified two MLPs (of relevant specialties) and has already submitted documentation from one physician

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	MR Attached <input type="checkbox"/> MR Sent <input type="checkbox"/> Contacted for MR <input type="checkbox"/> Not physician/no MR <input checked="" type="checkbox"/>
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Type of Submission: Attention physician office staff: Please check (X) the appropriate items below and sign prior to submission.

Quick MR **Copy Service Verifies CNA**
Entire Timeframe Submitted by Collector **Cover Sheet Only**

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

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 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 who treated patient in timeframe, and check (X) appropriate boxes:

Physician	Specialty	Phone	Medical Record (MR) attached for this member.		Also contacted to request Medical Record (MR) for this member.		Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
			Yes	No MR found	Yes	MR sent	
Adams, Renee	END	xxx-xxx-xxxx	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brown, Michael	OPH	xxx-xxx-xxxx	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

NEW SUBMISSION GUIDELINES

- Quick Hit Measures

1. Adult BMI Assessment (ABA)
2. Immunizations for Adolescents (IMA)
3. Childhood Immunization Status (CIS)/Lead Screening in Children (LSC)
4. Cholesterol Management for Patients with Cardiovascular Conditions (CMC)
5. Colorectal Cancer Screening (COL)
6. Prenatal and Postpartum Care (PPC)

NUMERATOR	Outpatient visit with Body Mass Index documented in 2008 or 2009
CONTRAINDICATIONS/ EXCLUSIONS	A note indicating pregnancy during 2008 or 2009
EVIDENCE OF SERVICE CAN BE FOUND IN THE FOLLOWING DOCUMENTATION	<ul style="list-style-type: none"> • Demographic/Face Sheet(s) • Progress Notes • Problem Lists • Height/Weight Grid • All Anticipatory Guidance Grids • Documentation showing periodic well visits • Exam for sports activities/participation forms • Development Grids
IF NO EVIDENCE IS FOUND, ENTIRE TIMEFRAME FOR DOCUMENTATION LISTED ABOVE MUST BE COPIED	January 1, 2008 through December 31, 2009

NEW SUBMISSION GUIDELINES

- Entire Timeframe, cont.
Cover Sheet Only – due to Health Plans by March 5

Type of Submission:

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

Quick Hit
Entire Timeframe Submitted by Collector

Copy Service Verifies CNA
Cover Sheet 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:

NEW SUBMISSION GUIDELINES

- Quick Hit Measures, cont.
 1. Check paper record or electronic systems for evidence of service
 - Acceptable Electronic data
 - a) Screen prints from transaction claims systems with required ICD9/CPT code and valid date
 - b) Electronic Health Record (EHR)
 - Not accepted
 - a) Disease registries
 - b) Lab results systems
 2. Attach documentation to Cover Sheet and submit to Health Plan

NEW SUBMISSION GUIDELINES

- Quick Hit Measures, cont.
 - Collector identifies **TWO** most likely providers (of relevant specialty)
 - Plan Suggested Physician on Cover Sheet and/or
 - Plan suggested Physicians on Tab 2 of Electronic File
 - Identify relevant providers (specialists) using your own internal system

REQUIRED DOCUMENTATION TO BE COPIED	<ul style="list-style-type: none">• Demographic/Face Sheet(s)• Health Maintenance Form/Report• Progress Reports• Problem Lists• Medical History Form• Medication Lists• Cardiology Consult Reports• Vital Sign Flow Sheet (Chart)
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- Follow same guidelines for Entire Timeframe Measures

HEALTH PLAN PURSUIT

- Health Plans will contact either the HEDIS Project Manager or individual physician offices for missing or additional information due to:
 - No documentation was submitted for member
 - Documentation was illegible
 - Missing lab information
 - Missing hypertension diagnosis verification
 - ...

MEASURE-SPECIFIC CHANGES

- Added one new measure: Immunizations for Adolescents
- Specification changes:
 1. Childhood Immunization Status
Three additional antigens; increase in intensity of medical record assessment
 2. Cervical Cancer Screening
Retired Hybrid method; decrease of requests
 3. Well-Care
Retired Hybrid method (HMO only)
 4. Colorectal Cancer Screening
Removed DCBE from numerator

MEASURE ABBREVIATION KEY

ABA	Adult BMI Assessment (HMO, Medicare)
CBP*	Controlling High Blood Pressure (HMO, Medicare)
CDC	Comprehensive Diabetes Care (HMO, Medicare)
CIS	Childhood Immunization Status (HMO)
CMC	Cholesterol Management For Patients With Cardiovascular Conditions (HMO, Medicare)
COA	Care for Older Adults (Medicare SNP)
COL	Colorectal Cancer Screening (HMO, Medicare)
IMA	Immunizations for Adolescents (HMO)
MRP	Medication Reconciliation Post-Discharge (Medicare SNP)
PPC	Prenatal and Postpartum Care (HMO)
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity to Children/Adolescents (HMO)
W15	Well-Child Visits in the First 15 Months of Life (Medicaid)
W34	Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life (Medicaid)
AWC	Adolescent Well-Care Visits (Medicaid)

***Can not be satisfied administratively**

DATA COLLECTION PROJECT TIMELINE

Timeframe	Activity
February 2010	Collector Training; two WebEx training sessions
February 25	Pull Lists received by Collectors
February 25 – March 18	Collectors using Internal Staff submitting “Quick Hit” measures and using internal staff to copy all “Timeframe” medical record documentation: Collectors with <200 requests
February 25 – April 20	Collectors using Internal Staff submitting “Quick Hit” measures and using internal staff to copy all “Timeframe” medical record documentation: Collectors with >200 requests
February 25 – April 20	Collectors using copy service but have sites ineligible (<5 medical records at one site) need to copy those ineligible records using internal staff
February 25 – April 20	Collectors using internal staff for “Quick Hit” measures but using copy service for timeframe measures
March 5	Cover Sheets (No Documentation Available) to be returned to health plans
March 5	Collectors using copy service only must have site identification files to appropriate copy service vendor
March 12	Collectors using the “Quick Hit” and copy service option must have site identification files to appropriate copy service vendor
March 5 – April 16	Copy service copies medical records at designated sites
April 20*	All medical record documentation must be received by health plans.
April 21– mid/late June	Health plans pursue outstanding and additional medical records
June 30	Deadline to submit reimbursement requests to Health Plans
August 2	Collectors reimbursed by health plans

CCHRI AND HIPAA

HIPAA (Health Insurance Portability and Accountability Act) Regulations explicitly permits HEDIS[®] data collection

HIPAA does not supercede state laws which are more stringent

- CMIA [Confidentiality of Medical Information Act, **California** Civil Code §56.10 (c)(4)] is supported by HIPAA

CCHRI AND HEDIS “LIBRARY”

Workshop materials and public reports available at www.cchri.org

National Committee for Quality Assurance (NCQA) sets technical specifications for measures www.ncqa.org

- State of Health Care Quality national report available on website

Public report card available at www.opa.ca.gov

HELP IS ON IT'S WAY!!

Marlise Goodwin

805-681-5839; marlise.goodwin@thomsonreuters.com

Mahil Senathirajah

805-681-5844; mahil.senathirajah@thomsonreuters.com

Cathie Markow

415-615-6359; cmarkow@pbgh.org





SAMPLE OF PULL LIST/MEDICAL RECORD SUBMISSION COVER SHEET



CCHRI HEDIS 2010 DATA PROJECT MEDICAL RECORD PULL LIST

301153

Collector Healthy People Medical Group

CCHRI #:	MEASURE:	MEMBER NAME:	DOB:	PLAN MEMBER ID:	PLAN:
163030	CDC	ABEL, ELIZABETH	01/19/1968	201260535	CCHRI Test Plan
174857	PPC	Aguiniga, Kristine	07/08/1980	315845938	CCHRI Test Plan
174840	W15	ALLEN, GEORGIA	04/28/2008	215839980	CCHRI Test Plan
133395	CBP	ANDREWS, LONNIE	12/08/1949	164676127	CCHRI Test Plan
131344	IMA	APPLETON, JESSICA	04/07/1996	162144168	CCHRI Test Plan
174858	PPC	Arrellano, Linda	05/03/1981	315845939	CCHRI Test Plan
163038	CDC	ARZATE, MARIE	03/14/1946	201270411	CCHRI Test Plan
163050	CDC	AYALA, RITA	04/22/1943	201285225	CCHRI Test Plan
163049	CDC	BABY, CHARLES	02/01/1955	201283990	CCHRI Test Plan
173961	AWC	BAKER, SHANNON	03/09/1996	214754854	CCHRI Test Plan
174860	PPC	Barnes, Nancy	12/21/1982	315845941	CCHRI Test Plan
163044	CDC	BARRETT, MANUEL	10/02/1956	201277818	CCHRI Test Plan
174861	PPC	Barrett, Olga	10/16/1983	315845942	CCHRI Test Plan
174921	CIS/LSC	Bauer, Joe	01/28/2007	315845996	CCHRI Test Plan
Include information on Lead Screening In Children (LSC)					
163041	CDC	BECK, DORA	06/01/1958	201274114	CCHRI Test Plan

