



# California Cooperative Healthcare Reporting Initiative 2010

**HEDIS® DATA COLLECTION PROJECT  
Option 2 and 3 Collectors**

**February 16, 2010**

**Marlise Goodwin  
Mahil Senathirajah**

# AGENDA

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

# PROJECT CHANGES

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- 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

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- **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)

<b>TIMEFRAME TO BE COPIED</b>	<b>January 1, 2009 through December 31, 2009</b>  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

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

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

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- 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

<b>Group:</b> Healthy People Medical Group	<b>Plan-Suggested Physician:</b>	<b>MR Attached</b> <input type="checkbox"/>
<b>Address:</b> 567 Any Road	Smith, Charlene	<b>MR Sent</b> <input type="checkbox"/>
Camarillo	34 Medical Plaza	<b>Contacted for MR</b> <input type="checkbox"/>
CA 93007	Canoga Park	<b>Not physician/no MR</b> <input type="checkbox"/>
<b>Phone:</b> (805) 555-6699	<b>Fax:</b>	(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	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BAKER	MICHAEL	4366 E 14TH ST	OAKLAND	CA	94601	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	ZENJI	MANJI	553911 HAWTHORN	HAWTHO	CA	90250	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BROWN	BRIAN	4388 W 117TH	HAWTHO	CA	90250	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	PETERS	EMILY	4562 S SEPULVEDA	LOS ANGE	CA	90045	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	HOWELL	MAUREEN	553911 HAWTHORN	HAWTHO	CA	902502325	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BOND	JAMES	553911 HAWTHORN	HAWTHO	CA	90250	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	GOODWIN	MARLISE	553911 HAWTHORN	HAWTHO	CA	90250	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	BARRETT	ROBERT	4444 W SLAUSON A	LOS ANGE	CA	90043	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	PRESTI	KATHERIN	4562 S SEPULVEDA	LOS ANGE	CA	90045	xxxxxxxxx	123456	ADAM	H	BLACK	
A	Test Plan	ROSS	MATT	4444 W SLAUSON A	LOS ANGE	CA	90043	xxxxxxxxx	123456	ADAM	H	BLACK	

# NEW SUBMISSION GUIDELINES

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

<b>MOST LIKELY PROVIDER/ RELEVANT SPECIALIST</b>	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

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

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# 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

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

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

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

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

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

<b>Group:</b> The Health Institute <b>Address:</b> 5851 Pagent Court  Lemoore CA 94920 <b>Phone:</b> (555) 555-1234 <b>Fax:</b>	<b>Plan-Suggested Physician:</b> 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.
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<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

<b>Group:</b> The Health Institute <b>Address:</b> 5851 Pagent Court  Lemoore CA 94920 <b>Phone:</b> (555) 555-1234 <b>Fax:</b>	<b>Plan-Suggested Physician:</b> Toogood, John 345 Your Street Anytown (805) 555-5555	<b>MR Attached</b> <input type="checkbox"/> <b>MR Sent</b> <input type="checkbox"/> <b>Contacted for MR</b> <input type="checkbox"/> <b>Not physician/no MR</b> <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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 3 Patient was ours, but was not seen by us during the timeframe of the measure.  
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 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)
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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)

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

# NEW SUBMISSION GUIDELINES

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- Quick Hit 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

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- 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

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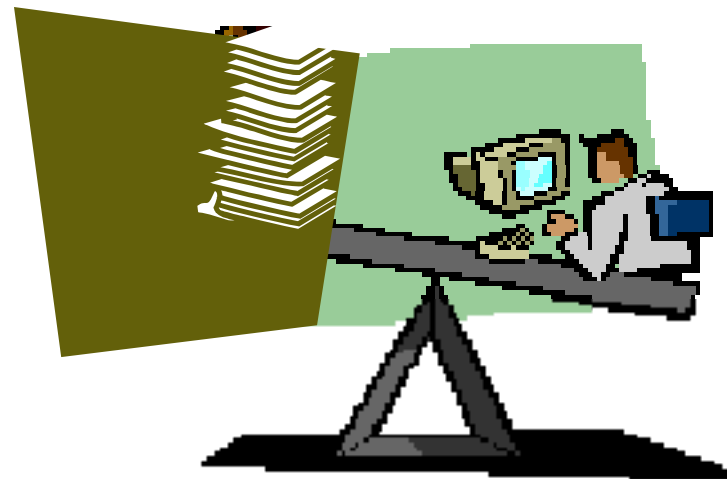
- Quick Hit Measures, cont.
  - If evidence of service is not found
    - Collector identifies **TWO** most likely providers (of relevant specialty)
      - Plan Suggested Physician on Cover Sheet and/or
      - Plan suggested Physicians on Tab 2 of Electronic File
      - Identify relevant providers (specialists) using your own internal system

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



# USING CCHRI COPY SERVICE



# USING CCHRI COPY SERVICE

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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 Manual instructions

Notify Copy Service with intent to host copy service by March 5<sup>th</sup>

- 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  $\leq 4$  requests) will be reimbursed by health plans

# USING CCHRI COPY SERVICE

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Step 1: Identify Cover Sheets Only

Step 2: Photocopying Using Internal Staff

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

Step 3: Identify MLPs/Sites 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

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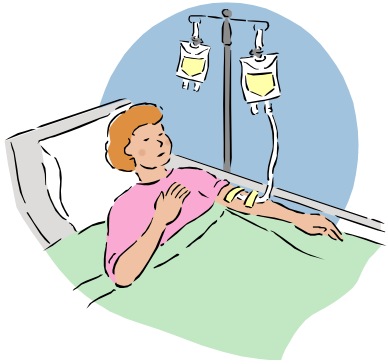
## 1. Identify Cover Sheets Only

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

## 2. Identify Most Likely Providers/Location of Medical Record

- Make any changes necessary in electronic file as to where medical record is located
  - Two MLPs per patient

## 3. Photocopy medical records for sites that have <5 members and submit to Health Plan



**Patient**



**Physician**



**Location**

## STEP 4: PREPARE ELECTRONIC PULL LIST FOR COPY SERVICE

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Update Excel file (new file layout, Copy Service specific)

- Excel file contains blank “site location”
- 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
  - Cover Sheet Only
  - ≤4 patients at a site

# COPY SERVICE PHYSICIAN/SITE FILE LAYOUT

- Copy Service file layout change due to the two MLP copy requirement change
  - If Collector does not have centralized medical records, Collector must identify two sites where the member had service by a relevant physician/specialist
    - Copy service will make arrangements at each site to copy the appropriate medical records as long as the ≥5 medical records requirement is met

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	PlanID	PlanName	ProviderLast Name	ProviderFirst Name	ProviderAddress1	ProviderAddress2	ProviderCity	ProviderState	ProviderZip	ProviderPhone	CCHRINumber	PatientFirst Name	PatientMiddle Initial	PatientLast Name	PatientGender	PatientDOB
2	C	XXXXX									567890	JACOB	E	MYLO	M	xx/xx/xxxx
3	C	XXXXX									567890	JACOB	E	MYLO	M	xx/xx/xxxx
4	B	XXXX	GOODWIN	MARLISE	5425 HOLLISTER		SANTA BARBARA	CA	93111	8056815839	123654	MAHIL		SENATHIR	M	xx/xx/xxxx
5	B	XXXX	GOODWIN	MARLISE	5425 HOLLISTER		SANTA BARBARA	CA	93111	8056815839	123654	MAHIL		SENATHIR	M	xx/xx/xxxx
6	A	XXX									456987	MATHEW	L	AKINS	M	xx/xx/xxxx
7	A	XXX									456987	MATHEW	L	AKINS	M	xx/xx/xxxx

	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	First Provider With Record	RecordSiteAddress1	RecordSiteAddress2	RecordSiteCity	ContactPerson	ContactPhone Number	ContactFAX Number	ContactEmail	Second Provider With Record	RecordSiteAddress1	RecordSiteAddress2	RecordSiteCity	ContactPerson	ContactPhone Number	ContactFAX Number	ContactEmail
2	Adams	123 A St		Carpinteria	Don	xxx-xxx-xxxx	xxx-xxx-xxxx	don@xxx	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx
3	Peters	456 8th St		Goleta	Horatio	xxx-xxx-xxxx	xxx-xxx-xxxx	h@xxx	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx
4	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx
5	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx
6	Adams	123 A St		Carpinteria	Don	xxx-xxx-xxxx	xxx-xxx-xxxx	don@xxx	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx
7	Peters	456 8th St		Goleta	Horatio	xxx-xxx-xxxx	xxx-xxx-xxxx	h@xxx	GOODWIN	5425 HOLLISTER AVEN		Santa Barbara	Monique	xxx-xxx-xxxx	xxx-xxx-xxxx	monique@xx

	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	HealthPlanPa	Measure Abb	CollectorID	CollectorName	CollectorLevel	PrimaryGroup	PrimaryGroup	PrimaryGroup	PrimaryGroup	PrimaryGroup	PrimaryGroup	PrimaryGroup
2	XXXXXXXX	ABA	987456	MED HELP	I	MED HELP	5425 HOLLISTER		SANTA BARBARA	CA	93111	8051234567
3	XXXXXXXX	AWC	987456	MED HELP	I	MED HELP	311 STATE		SANTA BARBARA	CA	93101	8054567890
4	XXXXXXXX	ABA	987456	MED HELP	I	MED HELP	311 STATE ST		SANTA BARBARA		93101	8054567890

## STEP 4: PREPARE ELECTRONIC PULL LIST FOR COPY SERVICE

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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 5<sup>th</sup> for those who selected Option 2
  - No later than March 12<sup>th</sup> for those who selected Option 3

# USING CCHRI COPY SERVICE

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## 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

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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 )
  - 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

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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

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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 17<sup>th</sup>

# WHAT HAS GONE WRONG WITH THIS PROCESS IN THE PAST?

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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



# HEALTH PLAN PURSUIT

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- 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

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- 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

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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 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> 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
<b>March 5</b>	Cover Sheets (No Documentation Available) to be returned to health plans
<b>March 5</b>	Collectors using copy service only must have site identification files to appropriate copy service vendor
<b>March 12</b>	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
<b>April 20*</b>	<b>All medical record documentation must be received by health plans.</b>
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

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HIPAA (Health Insurance Portability and Accountability Act) Regulations explicitly permits HEDIS<sup>®</sup> 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”

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Workshop materials and public reports available at [www.cchri.org](http://www.cchri.org)

National Committee for Quality Assurance (NCQA) sets technical specifications for measures [www.ncqa.org](http://www.ncqa.org)

- State of Health Care Quality national report available on website

Public report card available at [www.opa.ca.gov](http://www.opa.ca.gov)

# HELP IS ON IT'S WAY!!

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# 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

