



BRONX PARTNERS FOR HEALTHY COMMUNITIES

DSRIP Medical Record Review FAQ

Q: What is the medical record review (MRR)?

A: It is a quality review, similar to HEDIS, that looks for evidence that important care has been delivered and documented by any of the care providers who have recently treated the patient and billed Medicaid in some way. Performance on these measures cannot be determined from claims alone, so the records must be retrieved from provider offices and systems.

Q: Who will perform the review?

A: MedReview was contracted to perform the review for all downstate PPSs, Verisk for upstate PPSs. Both of these companies have extensive experience in conducting quality reviews. Then IPRO will validate their results.

Q: What are the measures?

A: There are eight measures which focus on care generally delivered in outpatient settings (though if you have inpatient evidence of the care it will be accepted). The measures are all related to populations of focus for the PPS. Four of these measures count for BPHC PPS. You may be asked to provide evidence for the other five measures because those are being calculated for another PPS which is assigned this patient.

| Measure Name | Applies to BPHC PPS? |
|------------------------------------|-------------------------------|
| Controlling High Blood Pressure | Yes |
| Comprehensive Diabetes Care | Yes (divided into 2 measures) |
| Screening for Clinical Depression | Yes |
| Prenatal & Postpartum Care | No |
| Frequency of Ongoing Prenatal Care | No |
| Childhood Immunization Status | No |
| Lead Screening in Children | No |
| Viral Load Suppression | No |

Q: How was I selected for the review?

A: NYSDOH mined Medicaid claim files to find the appropriate patient populations (e.g. Diabetics), then random samples of patients were selected for each PPS’s measures with claims activity during the period. The sample is approximately 2,000 unique patients for BPHC PPS. Then they mined the claims activity for those sampled patients to identify the providers most likely to have provided the care and have the documentation (up to six providers were identified per patient and measure combination).

Q: When will the MRR happen?

A: The record retrieval process started in November and a second mailing campaign began on December 9th. Two companies may approach you to obtain records between now and January 5, 2017. You may be approached multiple times as they attempt to obtain a patient's record. Please note that this will be an annual process occurring every fall for the DSRIP program.

Q: How will the records be obtained?

A: MedReview has contacted the higher volume Medicaid practices like health systems where a lot of records need to be obtained (using their IPRO list of contact people for the organization). They are faxing chart pull lists to the organization then calling to schedule an appointment for their retrievers to come on-site, find, and scan the record. For lower volume organizations, they are mailing and faxing the chart pull list to the practice (using contact information on claims) and requesting that the office send proof from the record by secure fax or mail. BPHC PPS may also contact your office to obtain some records.

Q: Who will review the records?

A: MedReview has a team of RN reviewers who read the abstracted record and determine if there is evidence to pass the measure. They do this on an ongoing basis as the records come in.

Q: What can you do about patients that fail the measure?

A: Because retrievers don't know your EMRs or records as well as you do, there is the possibility that the patient gets counted as non-compliant (a failure on the measure) because the evidence of care was not found in your record. BPHC will review the pass/fail rates by measure and may reach out to you to confirm accuracy or provide final proof to overturn failures if this becomes necessary. The bulk of this final review activity will likely occur in January 2017, but may begin in December 2016 following initial RN review.