



**Department  
of Health**

Medicaid  
Redesign Team

# **DSRIP Medical Record Review: Summary of MY1 Results and Overview of MY2**

May 2016

# Agenda

- Provide background on the Medical Records Review process
- Review Measurement Year 1 methodology and results
- Discuss Measurement Year 2 planning, timeline of activities and expectations
- Save the date for June 14<sup>th</sup> Kick Off
- Question and Answer

## Today's Presenters:

- Lindsay Cogan, Director, Bureau of Quality Measurement and Evaluation at New York State Department of Health
- Paul Henfield, Senior Director, IPRO
- Aaron Holman, Associate Manager, Public Consulting Group

# Background on DSRIP Medical Records Review (MRR) Process

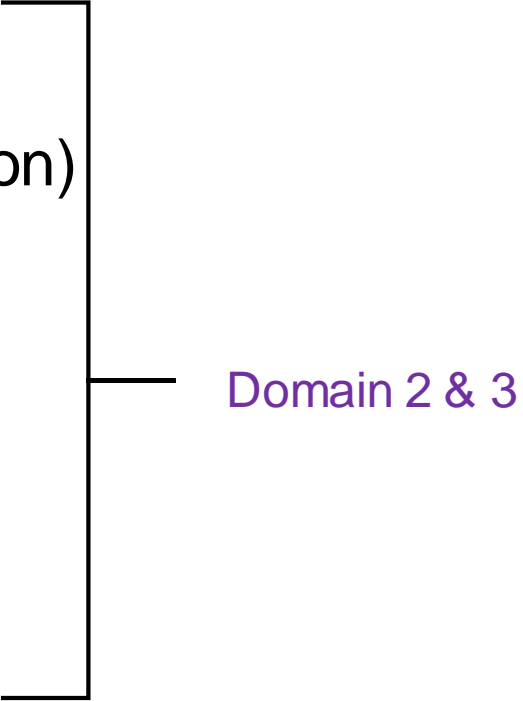
## Background

- Includes eight measures applying to 11 projects for all 25 PPS in domain three
- The state with assistance from abstraction teams, collected medical records for a randomized sample of 26,000 separate DSRIP participants
- Records collected between August and February 2016 for MY1, MY2 collection efforts will begin within the next month
- Additional responsibilities for PPS related to MRR for MY2, 3 and beyond

## Purpose

- Discuss the results of MY1 collection efforts
- Outline the operational aspects of the program and implications on results
- Discuss MY2 collection plans, efforts and the roles and responsibilities of the PPS

# DSRIP Performance Measurement Data Sources

- ✓ Implementation Plan Data (Domain 1)
  - ✓ Medicaid Claims and Encounters
  - ✓ C & G CAHPS Survey (Medicaid insured)
  - ✓ C & G CAHPS Survey (uninsured population)
  - ✓ Patient Activation Measure survey
  - ✓ **Medical Records**
  - ✓ Minimum Data Set (MDS)
  - ✓ Hospital Data
  - ✓ NYS Prevention Agenda (Domain 4)
- Domain 2 & 3
- 

# DSRIP Performance Measurement Data Sources

- ✓ Implementation Plan Data (Domain 1)
- ✓ Medicaid Claims and Encounters
- ✓ C & G CAHPS Survey (Medicaid)
- ✓ C & G CAHPS Survey (uninsured)
- ✓ Patient Activation Measure
- ✓ **Medical Records**
- ✓ Minimum Data Set (MDS)
- ✓ Hospital Data
- ✓ NYS Prevention Agenda (Domain 4)

**Quality measures are specified for one or more data collection methods:**

- Administrative Method
- Hybrid Method (Medical Record Measures)

**“Hybrid” measures is a combination of:**

- Administrative data: Data captured from Claims, Encounters, Pharmacy, and Labs
- Medical Record Review and Abstraction

# DSRIP Performance Measurement Data Sources

- ✓ Implementation Plan Data (Domain 1)
- ✓ Medicaid Claims and Encounters
- ✓ C & G CAHPS Survey (Medical)
- ✓ C & G CAHPS Survey (unintentional)
- ✓ Patient Activation Measure
- ✓ **Medical Records**
- ✓ Minimum Data Set (MDS)
- ✓ Hospital Data
- ✓ NYS Prevention Agenda (Domain 2)

Administrative Data	Medical Record Abstraction
<p><b>Reduces burden</b> of medical record collection</p> <p><b>Allows for prioritization</b> of certain measures in collection process</p>	<p><b>Medical record abstraction can provide:</b></p> <ul style="list-style-type: none"> <li>• Supplemental information to augment claims</li> <li>• More specific evidence of clinical care provided than revealed by claims</li> </ul> <p><b>For some measures claims, information is incomplete</b></p> <ul style="list-style-type: none"> <li>• Chart review information is used to supplement evidence of the service provided (numerators)</li> <li>• Chart review information can also be used to verify population being measured (denominators/exclusions)</li> </ul>

# DSRIP Measures Obtained from Medical Record Data

Measure	Project	HEDIS?
Screening for Clinical Depression and Follow-Up	3.a.i – 3.a.iv	Non-HEDIS
Controlling High Blood Pressure	3.b.i – 3.b.ii, 3.h.i	HEDIS
Comprehensive Diabetes Care <ul style="list-style-type: none"> <li>• Screening for all 3 tests (HbA1c test, Eye exam and Medical attention for nephropathy)</li> <li>• Poor Control (&gt;9.0%) of HbA1c</li> </ul>	3.c.i – 3.c.ii, 3.h.i	HEDIS
Viral Load Suppression	3.e.i	Non-HEDIS
Prenatal and Post Partum Care* <ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Visits</li> </ul>	3.f.i	HEDIS
Frequency of Ongoing Prenatal Care (81% or more)	3.f.i	HEDIS
Childhood Immunization Status	3.f.i	HEDIS
Lead Screening in Children	3.f.i	HEDIS

# Sample Creation and Reconciliation Process

- **Reviewed by HEDIS certified auditor**
- Comparison of eligible members from Medicaid health plan files
- Comparison of results using OQPS program in Data Mart

- Follows the same method used for health plan **QARR / HEDIS reporting**
- **493 total** (452 with 10% oversample)

- **Member file**: member information and any qualifying numerator events
- **Provider file**: providers associated with relevant visits in the measurement year and dates of visits

Validate the members eligible for each measure

Determine eligible population for the measure

Link eligible members to the attributed PPS

Generate random sample from PPS attributed members

Create member and provider files

Reconcile attribution

## Steps to Calculate Final Results

1. Use validated data (collected by abstraction partners) to produce member detail file
2. Incorporate administrative data with exclusion and numerator data (from the member detail file) to determine final numerators
3. Refresh member attribution - link each member to updated PPS information using attribution file that reflects results for July 2014 to June 2015 claims and encounters (aligns the attribution claim period with the measurement year)
4. Aggregate members attributed to the PPS into the PPS-specific result for the measurement year



# Medical Record Abstraction Process

**8 Measures**

Using data on enrollment, PCP assignment, visits (most recent and/or most frequent), and tests performed is integral to the development of **chase logic** to determine the most likely provider of services for each measure and prioritize medical record requests

Medical record over-read

Abstract needed data from records

- Timely **access** to requested medical records via on-site visits, email, secure fax and/or a secure FTP site is integral to the aggressive timeline
- May involve review of more than one record

Request access to medical records

Determine provider site location

It is important to determine at what **physical location** the member was seen. When a provider has multiple clinic sites - servicing location NPI should be used (NOT billing location NPI)

Determine chase logic to identify provider

Develop medical record abstraction tools

# DSRIP MY1 Operational Notes

## Challenges

Timing of MY 1	Limited provider location data	Chase development and efficacy
<ul style="list-style-type: none"> <li>• MY1 ongoing negotiations between PPS and providers delayed outreach and on-site visits</li> <li>• Deviation from HEDIS collection timeline drove confusion with chart requests and required additional provider education</li> </ul>	<p>Gaps in the service location information may have hindered the ability to locate most applicable charts, particularly for large provider groups billing under a single NPI</p>	<ul style="list-style-type: none"> <li>• Limited visibility into PPS provider networks</li> <li>• Limited access to integrated health systems and electronic data sources (RHIOs/SHINY)</li> </ul>

## Implications

- All PPS earned P4R achievement values for all eight measures
- Three measures (Comprehensive Diabetes Control, Controlling High Blood Pressure, Frequency of Prenatal Care) had incomplete final values due to low collection rates
- Some PPS will not have baseline measures for MY1 against which to measure improvement during MY2

## Opportunities

- ✓ Engage PPS leadership in chase development, assistance with locating provider locations within large groups
- ✓ Develop ongoing coordination between vendors and PPS to enable numerator monitoring and assistance with chase prioritization
- ✓ Engage high volume sites early, coordinate communication out to provider community to set expectations and assist with scheduling
- ✓ Engage staff early to assist with establishing remote access
- ✓ PPS may contract with their own abstraction vendor as opposed to using state-supplied vendor

# DSRIP Measurement Year 1 Summary Results

# Domain 3 Clinical Metrics: MY1 Summary Results

- P4R will be awarded for all measures for every PPS
- Public reporting will be reflected as Not Valid and your PPS will not receive an annual improvement target or high performance target for three measures:
  - Comprehensive Diabetes Care- HbA1c poor control (>9%)
  - Controlling High Blood Pressure
  - Frequency of Ongoing Prenatal Care (81% or more)
- Performance goals were set using the MY1 data for the following measures:
  - Viral Load Suppression
  - Screening for Clinical Depression

# Clinical Depression Screening & Follow-Up

State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	N/A <sup>^</sup>
National Average	N/A <sup>^</sup>
DSRIP Performance Goal	56.2%
MY1 Results	
MY1 Minimum	1.4%
MY1 Maximum	45.3%
MY1 Average Rate	15.6%

**Description:** Percentage of Medicaid enrollees age 18 and older who were screened for clinical depression using a standardized depression screening tool, and if positive screen, received appropriate follow-up care

**Eligible Population:** 18 and older

- Report: ages 18-64, 65 and older, and total

**Numerator:** Members who were screened for clinical depression with a standardized tool in the measurement year and if positive, had appropriate follow up care within 30 days of the positive result.

- Requires evidence of 3 components to be compliant: screened using a tool, the result, and follow-up

**Measure type:** hybrid (uses either claims (G codes) or chart review information to identify the numerator)

<sup>1</sup> Results from NYS OQPS Measure Pilot of Screening for Clinical Depression

<sup>^</sup>DSRIP specific measure

# Controlling High Blood Pressure

Equity Payment Program measure & High Performance measure

State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	63.0%
National Average	56.0%
DSRIP Performance Goal	73.3%
MY1 Results	
MY1 Minimum	12.1%
MY1 Maximum	54.2%
MY1 Average Rate	33.0%

**NOT VALID**

**Description:** Percentage of Medicaid members 18-85 years of age who had a diagnosis of hypertension (HTN) and BP effectively controlled during the MY.

**Numerator:** Members with effective BP control during the MY as defined by the following criteria:

- Members 18-59 years of age whose BP was <140/90 mm Hg
- Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg

One rate is reported, and is the sum of all three groups.

**Denominator :** Members aged 18 to 85 years, who have hypertension confirmed by the medical record. There is a flag for members with and without diabetes.

**Exclusions (optional):** Members with ESRD or kidney transplant on or prior to June 30<sup>th</sup> 2015. Pregnant members during MY. Non-acute inpatient admission during MY.

<sup>1</sup>eQARR 2014 [http://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2014/statewide/medicaid/managing\\_cardiovascular\\_conditions.htm](http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2014/statewide/medicaid/managing_cardiovascular_conditions.htm)

# Comprehensive Diabetes Care: All Three Tests

Equity Payment Program measure

All Three Tests: (HbA1c, dilated eye exam, nephropathy monitoring)*	
<b>State and National Medicaid Rates<sup>1</sup></b>	
NYS Medicaid Managed Care Average	<b>52.5%</b>
National Average	<b>N/A</b>
DSRIP Performance Goal	<b>64.6%</b>
<b>MY1 Results</b>	
MY1 Minimum	<b>27.4%</b>
MY1 Maximum	<b>44.9%</b>
MY1 Average Rate	<b>37.5%</b>

\*Includes lipid profile

**Description:** Percentage of members aged 18-75 years of age with diabetes (type 1 and type 2) during the MY or the prior year who received at least one dilated eye exam, HbA1c test and nephropathy monitoring.

**Numerator:** Number of people who received at least one of each of the following tests:

- HbA1c test performed
- Dilated eye exam
- Medicaid attention for nephropathy

**Denominator:** Members 18-75 years as of June 30<sup>th</sup> identified as having diabetes (either by claim/encounter data or by pharmacy data), continuously enrolled with no more than 1 gap of up to 45 days.

<sup>1</sup>eQARR [http://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2014/statewide/medicaid/managing\\_diabetes\\_outcomes.htm](http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2014/statewide/medicaid/managing_diabetes_outcomes.htm)

# Comprehensive Diabetes Care: Poor Control

Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ±	
<b>State and National Medicaid Rates<sup>1</sup></b>	
NYS Medicaid Managed Care Average	<b>32.0%</b>
National Average	<b>46.0%</b>
DSRIP Performance Goal	<b>23.2%</b>
<b>MY1 Results</b>	
MY1 Minimum	<b>53.0%</b>
MY1 Maximum	<b>90.8%</b>
MY1 Average Rate	<b>79.6%</b>

± Lower rate is desirable

**Description:** Percentage of members aged 18-75 years of age with diabetes (type 1 and type 2) during the MY or the prior year whose diabetes was in poor control.

**Numerator:** Number of people whose most recent HbA1C level indicated poor control (> 9.0%), was missing or did not have an HbA1c test.

**Denominator:** Members 18-75 as of June 30<sup>th</sup> identified as having diabetes (either by claim/encounter data or by pharmacy data), continuously enrolled with no more than 1 gap of up to 45 days

Equity Payment Program measure

**NOT VALID**

<sup>1</sup>eQARR [http://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2014/statewide/medicaid/managing\\_diabetes\\_outcomes.htm](http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2014/statewide/medicaid/managing_diabetes_outcomes.htm)



# Viral Load Suppression

State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	N/A <sup>^</sup>
National Average	N/A <sup>^</sup>
DSRIP Performance Goal	69.0%
MY1 Results	
MY1 Average Rate	61.3%

**Description:** The percentage of Medicaid enrollees living with HIV/AIDS during the year prior to the measurement year who had an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

**Eligible Population:** Age 2 and older

**Numerator:** Number of Medicaid enrollees with a HIV viral load less than 200 copies/mL for the most recent HIV viral load test during the measurement year.

**Measure type:** hybrid

- Claims to identify the denominator (four methods: inpatient/ER/outpatient visits/pharmacy)
- Medical records: to identify exclusions
  - HIV negative during the measurement year or year prior
- Medical records: to determine numerator compliance
  - Viral load test done and result less than 200 copies/ml

<sup>1</sup> Results submitted to CMS for Adult Core Set Measure

<sup>^</sup> DSRIP specific measure

# Prenatal and Postpartum Care

Equity Payment Program measures

Timeliness of Prenatal Care	
State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	88.0%
National Average	82.4%
DSRIP Performance Goal	93.9%
MY1 Results	
MY1 Minimum	46.3%
MY1 Maximum	72.7%
MY1 Average Rate	53.2%

Postpartum Visits	
State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	70.0%
National Average	61.8%
DSRIP Performance Goal	81.6%
MY1 Results	
MY1 Minimum	42.3%
MY1 Maximum	63.9%
MY1 Average Rate	48.2%

**Description:** Percentage of live birth deliveries between May 6<sup>th</sup> to May 5<sup>th</sup> of the following year, including:

**Numerator**

- **Timeliness of Prenatal Care:** the percentage of deliveries that received a prenatal care visit as a member in the first trimester or within 42 days of enrollment in Medicaid.
- **Postpartum Care:** the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

**Denominator:** Medicaid members who delivered a baby in the last year, continuously enrolled 43 days prior to the delivery through 56 days after delivery.

**Exclusion:** Non-live births

<sup>1</sup>eQARR 2015 [http://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2015/statewide/medicaid/managing\\_cardiovascular\\_conditions.htm](http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2015/statewide/medicaid/managing_cardiovascular_conditions.htm)

# Frequency of Prenatal Care

Equity Payment Program measure

State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	70.0%
National Average	55.2%
DSRIP Performance Goal	81.4%
MY1 Results	
MY1 Minimum	14.8%
MY1 Maximum	21.63%
MY1 Average Rate	17.3%

**NOT VALID**

**Description:** Percentage of Medicaid deliveries between May 6<sup>th</sup> to May 5<sup>th</sup> of the following year that had  $\geq 81\%$  of expected visits.

**Numerator:** women who had  $\geq 81\%$  of the expected amount of prenatal care visits that were unduplicated, adjusted for the month the member enrolled in Medicaid and gestational age(GA). GA defined as the number of completed weeks that elapsed between the first day of the last normal menstrual period (LMP) and the date of delivery.

**Denominator:** same as the *Prenatal and Postpartum Care* measure (Medicaid members who delivered a baby who were continuously enrolled 43 days prior to the delivery through 56 days after delivery).

**Exclusion:** Non-live births

<sup>1</sup>eQARR 2015 [http://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2015/statewide/medicaid/managing\\_cardiovascular\\_conditions.htm](http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2015/statewide/medicaid/managing_cardiovascular_conditions.htm)

# Childhood Immunization Status

Equity Payment Program measure

State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	<b>73.0%</b>
National Average	<b>71.0%</b>
DSRIP Performance Goal	<b>88.4%</b>
MY1 Results	
MY1 Minimum	<b>74.7%</b>
MY1 Maximum	<b>84.9%</b>
MY1 Average Rate	<b>79.9%</b>

**Description:** The percentage of Medicaid children who turn 2 during the MY who received the immunizations outlined in the table below (i.e., combo 3) by their 2<sup>nd</sup> birthday. These children must have been enrolled in Medicaid for 12 continuous months with a gap of no more than 45 days.

**Numerator:**

- For all 7 immunizations, count evidence of the antigen or combination vaccine
- For MMR, HepB, and VZV can also count history of the illness or seropositive test result

**Exclusions (optional):** Exclude children who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates. The denominator for all rates must be the same.

<sup>1</sup>eQARR 2015 [http://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2015/statewide/medicaid/managing\\_cardiovascular\\_conditions.htm](http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2015/statewide/medicaid/managing_cardiovascular_conditions.htm)

# Lead Screening in Children

Equity Payment Program measure & High Performance measure

State and National Medicaid Rates <sup>1</sup>	
NYS Medicaid Managed Care Average	<b>87.0%</b>
National Average	<b>66.0%</b>
DSRIP Performance Goal	<b>95.3%</b>
MY1 Results	
MY1 Minimum	<b>74.3%</b>
MY1 Maximum	<b>88.8%</b>
MY1 Average Rate	<b>80.3%</b>

**Description:** Percentage of children who had one or more capillary or venous lead blood tests for lead poisoning by their 2<sup>nd</sup> birthday

**Numerator:** At least one lead capillary or venous blood test on or before the child’s 2<sup>nd</sup> birthday as documented through either administrative data or medical record review, including test date and result or finding

**Denominator:** children who turn 2 during the MY, with 12 months continuous enrollment in Medicaid with a gap of no more than 45 days

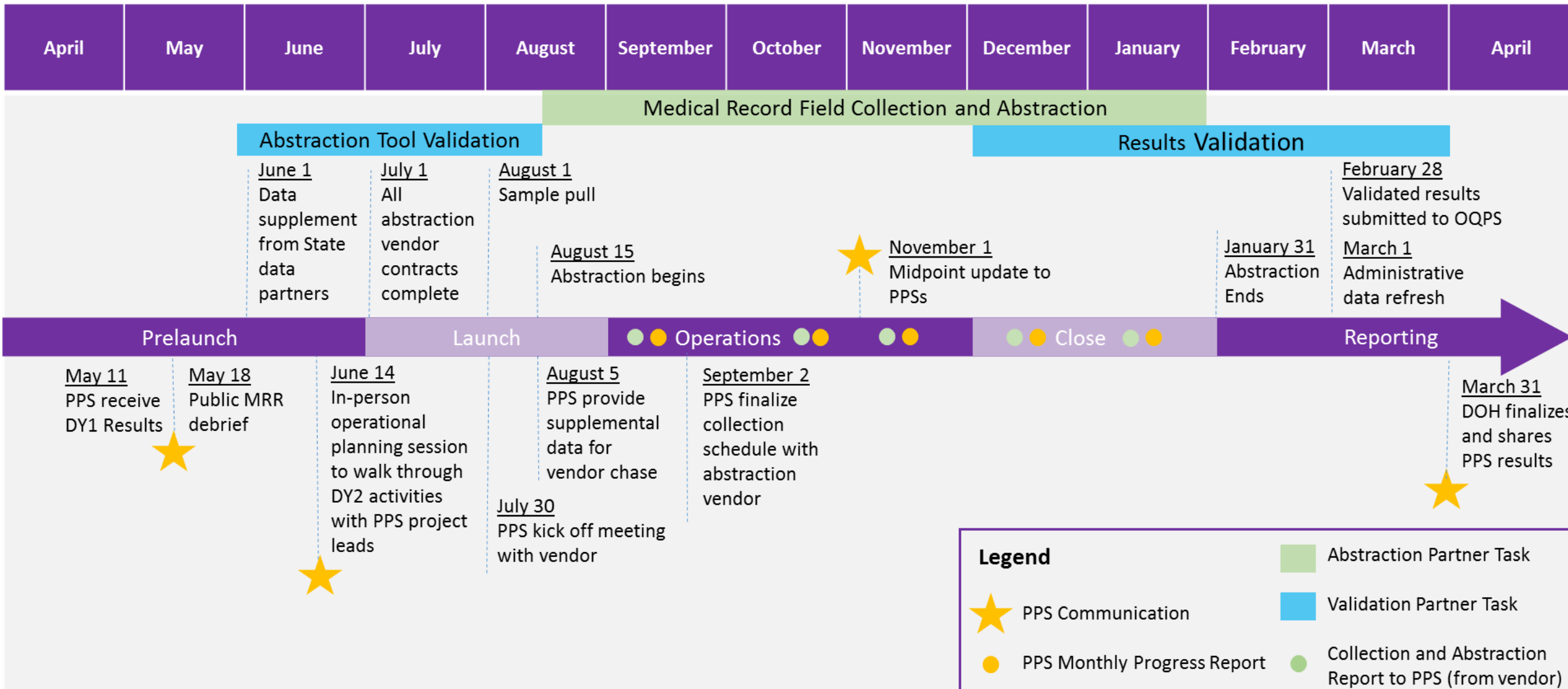
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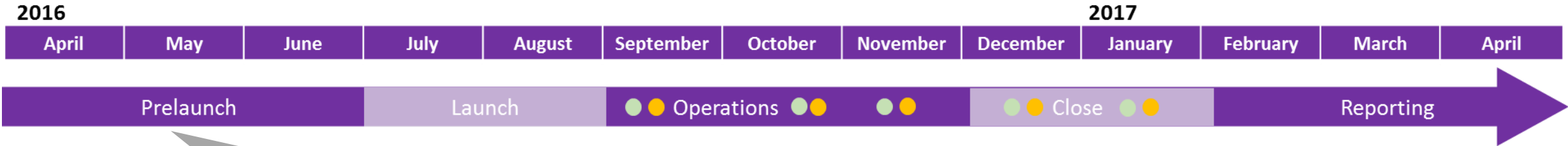
# DSRIP Measurement Year 2 Timeline of Activities

# DSRIP Measurement Year 2

2016

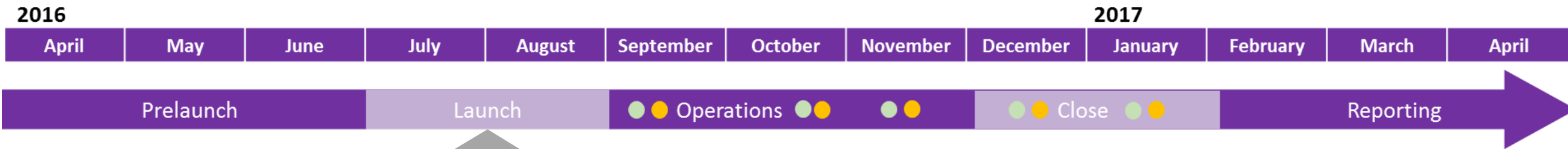
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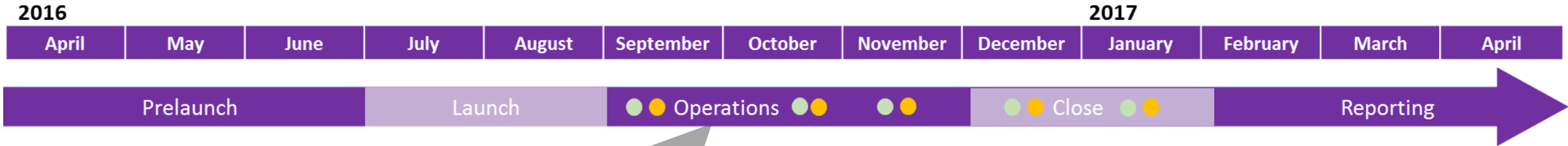


Tasks	PPS Role	Partner(s)
<p><b>June 14:</b> In-person operational planning session to walk through MY2 activities</p>	<p>PPS to attend with relevant participants</p>	<p>IPRO, PCG, OQPS, Abstraction teams</p>
<p>Trainings:</p> <ol style="list-style-type: none"> <li>1. Review HEDIS and non-HEDIS measures</li> <li>2. Identifying how to leverage additional data sources to assist chase logic development</li> </ol>	<p>PPS to attend with relevant participants</p>	<p>IPRO, PCG, OQPS</p>

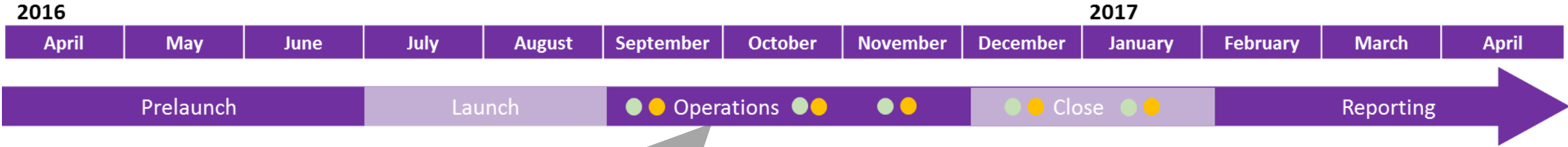




Tasks	PPS Role	Partner(s)
<b>July 1:</b> All abstraction partner contracts complete	Optional, PPS to coordinate	Abstraction teams, PCG
<b>July 15:</b> Training on how PPS can assist with record location and scheduling site visits	PPS to identify relevant attendees	PCG, abstraction partners, OQPS
<b>July 29:</b> Complete kick off meetings	PPS to coordinate with abstractors	Abstraction teams
<b>August 1:</b> Sample pull	N/A	OQPS
<b>August 5:</b> Provide supplemental data for chase logic	PPS to provide supplemental provider and encounter data, as applicable	N/A
<b>August 12:</b> Complete validation of abstraction tools	N/A	I PRO
<b>August 15:</b> Abstraction begins	PPS to work with partners to facilitate record retrieval and provider communication	Abstraction partners



Tasks	PPS Role	Partner(s)
<b>September 2:</b> Finalize collection schedule	PPS to coordinate and assist with collection schedule	Abstraction partners
<b>November 1:</b> Midpoint update to PPS	N/A	PCG, OQPS, IPRO
<b>Ongoing:</b> Monthly progress update to PCG	PPS to provide updates during monthly account support check-in, meeting, or alternative report	PCG (AST)
<b>Ongoing:</b> Collection and abstraction report to PPS	N/A	Abstraction partners



**Tasks**

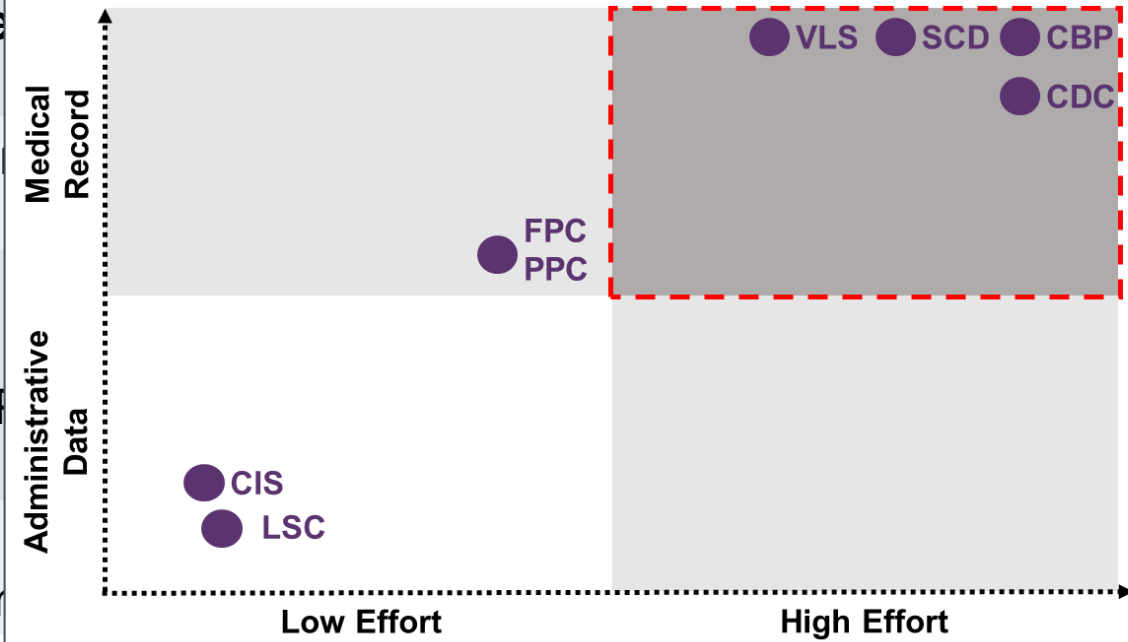
**September**  
schedule

**November**  
PPS

**Ongoing:**  
update to P

**Ongoing:**  
abstraction

The balance of administrative versus medical record collections directly correlates to the level of effort needed, driving prioritization.

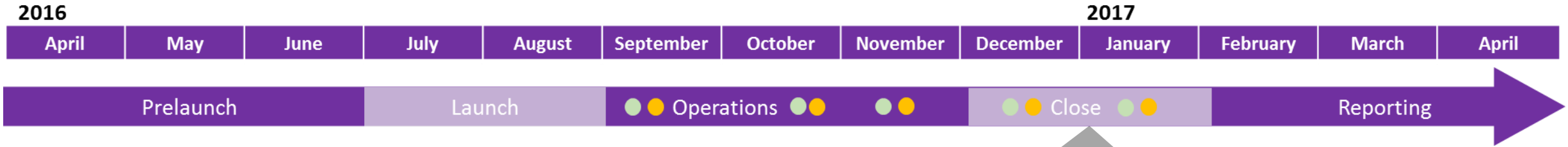


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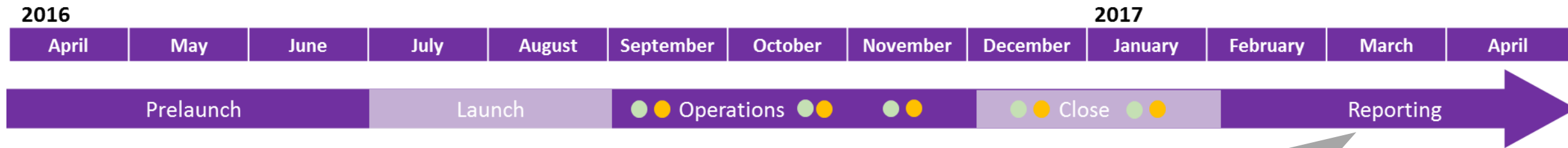
- FPC and PPC utilize global billing
- CDC often requires collection of results across multiple provider sides
- CBP, VLS, and SCD are entirely based on medical record data
- State registry provides significant administrative results

**Collection Effort Prioritization:**

- **Low:** CIS, LSC
- **Medium:** FPC, PPC
- **High:** VLS, SCD, CBP, CDC



Tasks	PPS Role	Partner(s)
<b>December – March:</b> Results validation	N/A	I PRO
<b>January 27:</b> Training: Preparing for MY3 and P4P switch in MY4	PPS to identify relevant attendees	PCG, OQPS, I PRO
<b>January 31:</b> Abstraction ends	N/A	Abstraction partners



Tasks	PPS Role	Partner(s)
<b>February 28:</b> Validated results submitted to OQPS	N/A	Abstraction partners
<b>March 1:</b> Administrative data refresh	N/A	OQPS
<b>March 31:</b> Results finalized	N/A	DOH

# PPS Pre-Launch Checklist

- Look for email from relationship lead to identify **attendees for 6/14**
- Define PPS MRR project lead by **May 31, 2016**
- MY2 MRR Kick-Off in NYC and webcast on afternoon of **June 14, 2016 (@GNYHA)**
- If interested in working with alternative abstraction partner, complete vendor contracting by **July 1, 2016**
  - PPS to notify PCG of preferred partner **June 3, 2016**
  - PCG to approve vendor
- Complete kick-off meeting between PPS and abstraction team (**end of July**)
  - Review available data sources and access capabilities
  - Discuss provider outreach
  - Determine initial collection schedule and remote access, where applicable

# Save the date!

- **What:** MY2 MRR Kick-Off
- **Who:** Key individuals responsible for MRR oversight (Medical Director, QI Directors, Project Leads for PPS)
- **When:** Afternoon of June 14, 2016 at GNYHA
- **Where:** New York City and Webinar
- **Topics:**
  - Introduction of project team
  - Discussion of quality improvement strategies to consider incorporating in MY2 planning
  - Walkthrough of project execution plan



# Questions



For more information, please contact your Account Support Team or submit your question to [DSRIP@health.ny.gov](mailto:DSRIP@health.ny.gov)