



Medical record review measures - manual process for a PPS?

Hello,

Anyone with ideas on reporting back to the State for measures that fall under the Reporting Responsibility of the PPS?

According to the DSRIP Measure Specification and Reporting Manual, Page 52-55 contains measures that may require a manual review of patient medical records. Manual worksteps could include:

Building an excel file layout using the 'column numbers' listed in the Measure specs and Reporting manual (attached - pages 52-55)

Figuring out where (practice site) these medical records exist for each patient

Setting up appointments at practice sites to extract this data from the physician medical records for the patient list of CIN numbers provided by State to the PPS

Sending nurses to these practices to review Medical records and extract this data manually for entry into the layout file

Entering this data into the layout file with information on all X number of patients back to the State via the secure Portal.

The deadline for these PPS only measures is December 2015.

Ideas, suggestions on how others in the group are approaching this very manual process ?

Thanks,

Priti

[dsrip_specif_report_manual.pdf](#)



Question by [Priti Bangia](#)

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On may 21, 2015 at 16:38 - 286 views, 12 replies, 10 followers

For 2.a.i and 3.a.i projects it is recommended that PPS acquire a population health management platform to proactively manage population, report to the state and measure outcomes. How it is done is that an automated interface is setup to the practices and thus the review of the longitudinal patient record can be reviewed from the cloud before submitting to the state.

KPMG is having a technology bake sale next Tuesday in NYC hope you can attend.

If you'd like to talk further, contact me at: gabriel.orthous@wellcentive.com

By [Gabe Orthous](#), 9 months ago

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Priti, I am not among those going from our PPS to the meeting on June 2. I know the PPS CIOs are meeting with Greg Allen on Monday and have asked that this be raised there. We have in the past asked our KPMG contact for more information about this data collection. I think it is time to do so again and I would also be happy to discuss with you or anyone else. I can be reached via this message board or 914-326-4202. Best, Jessie (nick name for Janet)

By [Janet \(Jessie\) Sullivan](#), 9 months ago

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Hello, does anyone have information on this PPS CIO meeting?

By [Jamie Bono](#), 9 months ago

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There is software we use like dashboardmd and clinigence that extract cost and quality data and help with population health.

By [Raul Vazquez](#), 8 months ago

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Hi Priti,

Based on recent correspondence from the NY DSRIP Team via the Medicaid Redesign Team (MRT) listserv, with regard to select Domain 2 and Domain 3 projects which require the collection of non-claims based measures, the Department of Health (DOH) is currently working through a process to contract with a single vendor for the Medical Record Reviews on behalf of all the PPSs. This single vendor will work with local Medical Record Review organizations and the PPS to conduct the reviews of the Medical Records between September and December 2015. DOH feels this centralized process will make Medical Record data collection more secure, streamlined, and consistent across PPSs for the baseline year (Measurement Year 1). It will also reduce the administrative burden of the PPSs for DY1.

Additionally, DOH will be hosting several training opportunities to educate the PPSs on collection of non-claim based measures for Domain 2 and 3 metrics. A webinar will be posted (during the week ending June 26th) that orients the PPSs to all of the non-claim based measures. This list includes the following:

- Medical Records Reviews - Domain 3 projects
- UAS-NY Assessments for Palliative Care projects (3.g.i and 3.g.ii)
- Early Elective Delivery for Perinatal projects (3.f.i)
- PAM Assessment for Uninsured, Low Utilizers, and Non-Utilizers

DOH will also be hosting an Operator Assisted Call the week ending July 10th to take questions regarding the process.

MELISSA LURIE, MPH | DSRIP Quality Measure Coordinator | New York State Department of

By [Melissa Lurie](#), 8 months ago

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Thank you, Melissa!

By [Priti Bangia](#), 8 months ago

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As a partner in many PPSs in the metropolitan NYC area, I would like to know if the State has considered doing a webinar for how non-lead providers will report on non-claims measures?

By [Beverly Ader](#), 7 months ago

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Beverly,

A webinar was posted on non-claims based measures and the responsibility for DOH and PPS is delineated. I would think for non-lead providers, they will adopt the same strategy that their PPS adopts.

By [Olawale Akande](#), 7 months ago

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There was a webinar recorded in June regarding non-claims measures (see:

 PPS Preparatio...



Much of what was presented for the PPS is relevant to the non-lead partners as well. Non-lead providers will be involved in some of the non-claims measures, primarily through data needed for measures associated with specific projects.

1.) PALLIATIVE CARE PROJECTS: UAS-NY assessments are the basis of the measures and non-lead partners may be asked to be involved in conducting assessments for individuals in the project that are not involved in a long term care program. Participants in long-term care programs will have a UAS-NY assessment conducted every six months. If there are members involved in the project, not in a LTC program, the UAS-NY will need to be conducted and some of the non-leads may be asked to conduct additional assessments (whether they already are trained and doing these or to go through training to do these).

2.) PERINATAL PROJECT: Hospitals involved in the PPS will need to submit data for early scheduled deliveries. (see:

 DSRIP Project ...



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3.) MEDICAL RECORD COLLECTION FOR DOMAIN 3 PROJECTS: Non-leads will be involved in locating and sharing medical record data to a central collection system for the PPS. Some PPSs may have additional non-lead involvement in record abstraction as well.

4.) PATIENT ACTIVATION PROJECT (PAM): Non-lead providers may be involved in capturing information on visits for the uninsured, conducting PAM assessments.

When the projects and data collection are underway, there will need to be additional training regarding project-specific data requirements or for medical record collection, etc. Tentative training plans are being made now. Medical record collection in the first cycle will be done through a centralized vendor. PPS and non-lead provider training will be provided in the future.

By [Melissa Lurie](#), 7 months ago

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thank you both!

By [Beverly Ader](#), 7 months ago

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