MRR 101:

Pre-Season Management of a Medical Record Review Project

Presented By:

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We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

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- Definitions
- Mandatory Components of a HEDIS[®] Medical Record Review Project
- Best Practices To Ensure Adequate Preparation
- Key Members Of a Medical Record Review
 Project
- Considerations For Structuring a Quality Medical Record Review Project
- Q&A



The Top 10 Reasons To Attend This Webinar:

- 1. You are brand new to the idea of a medical record review project and you do not know where to start
- 2. You have successfully completed your first medical record review season and want to learn how to improve the experience
- 3. You are a seasoned medical record review project leader and are looking for ideas to refresh or expand your project
- 4. You are looking for a great way to spend an hour on a Wednesday in August
- 5. You have been part of medical record review projects that did not go so well, and you are looking for practical suggestions so that does not happen again





The Top 10 Reasons To Attend This Webinar:

- 6. 2020 has not gone so well in general, you are hopeful 2021 will be better, and you want to do your part to ensure this
- 7. You are wondering if an "overreader" is something like an "overlord" and you want to know more
- 8. You need a renewed excitement about medical record review
- 9. You are curious about the mental status of anyone who has survived 16 HEDIS[®] seasons
- 10. You have never heard of medical record review but heard all the cool kids do it





Common HEDIS Terms:

- Administrative vs Hybrid Measures: Claims vs Medical Records
- Abstraction: Read the records, capture the data
- Sample: Member/measure
- Exclusion: Take one out
- Oversample: Put one in
- Chase (AKA "Pursuit"): Where?
- Chase Logic (AKA "Pursuit Logic"): Be consistent
- Provider Location Cleanup (AKA Provider Scrub): Be consistent
- MRRV ("Medical Record Review Validation"): Be accurate





Poll Question











The mandatory components of a HEDIS[®] medical record review project:

- Auditor: NCQA-licensed organization
- Software: In-house coding or hire a vendor
- HEDIS[®] Roadmap Section 4
- Medical record collection and review





Decisions Decisions







Best practices for your preparation--things to consider:

• Which auditor to use?

https://www.ncqa.org/programs/data-and-information-technology/hitand-data-certification/hedis-compliance-audit-certification/licensedorganizations/

- Which software vendor to use? <u>https://www.ncqa.org/wp-content/uploads/2019/07/MeasureCertification</u> <u>VendorList.pdf</u>
- Record retrieval: In-house or contractor?
- Abstraction: In-house or contractor?









- Project Leader
- Supervisor/Team Lead
- Abstractor(s)
- Overreader(s)
- Retrieval Team
- Trainer
- Data Analyst







Project Leader

Coordinate resources

Meet with vendors

>Abstraction assignments

≻Q&A

Project progress tracking

>Abstraction and Overreading proficiency and efficiency tracking

Timeline maintenance

Troubleshoot software issues

>Abstract and overread when needed

Cheerleader and mother/father to abstractors

> Management reporting





- Supervisor/Team Lead
 - >Abstraction assignments

≻Q&A

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Abstractor(s)

The Raw Math:

Total # Measures= 5 X Sample Size= 411 X # Chases Each Measure= 3

= 6165 maximum total # records to abstract

6165 / 2000-ish maximum total # records per abstractor = 3 full-time abstractors

OR 2 full-time and 2 part-time abstractors

The More Real/Better Guesstimate Math:

Maximum total # records – the % you won't collect – the % compliant by admin refresh

6165 - (6165 X 5%) - (6165 X 15%) 308 925 = 4932





• Overreader(s)

>Overreading is the QA process of a medical record review project

➤Grade the work of the abstractors

The Easy Math:

Expected # of abstractions = 2000 X the % you want to overread (75% or .75) = 1500 chases to overread

The Deeper Math:

Expected # of abstractions = 2000, plan to overread 100% pos hits and 60% neg hits 1200 resulted in compliance ("positive hit") and

800 did not result in compliance ("negative hit)

1200 positive hits + 60% of 800 (480) negative hits = 1680 expected overreads





Retrieval Team

- ≻Outreach staff
- ≻On-site retrievers
- Medical record technicians





• Trainer

➢Accurate and efficient

>May transition to supervisor, abstractor, or overreader position

➢Filling in where needed or plugged into a specific position





• Data Analyst:

Provides data files for integration into your software or provides to your vendor

Reviews and troubleshoots rates

> Evaluate success of previous season's chase logic

➢ Provider location cleanup







You Should 鹹





Considerations for structuring a quality medical record review project:

- Purchase NCQA's HEDIS[®] Technical Specifications ("Tech Specs") for Health Plans as soon as you can
- Consider using an NCQA-certified Software Vendor, like Centauri!
- Give your providers a heads up
- Engage Provider Relations
- EMR access
- Kick-off
- Training







Questions?





