



**Medical Record Review Process Overview FAQ
September 10, 2015**

Q: Will the state collect all measures outlined in the Measure Specification Guide, or only those that relate the PPS' project selections?

A: The state will only collect those measures associated with projects chosen by each PPS. If a provider is not serving the sample measure population, they will not be included in this effort.

Q: Will the abstraction partner coordinate with PPS leads prior to contacting providers?

A: The abstraction partners will work with each PPS lead prior to contacting providers. After initial contact is made, the abstraction partner will work directly with the providers to perform the record reviews.

Q: Will the PPSs know which sites are being engaged so that PPSs can encourage timely participation?

A: Yes, abstraction partners will be reaching out to PPSs in advance of record retrieval. This includes notifying PPS leads which provider sites will be contacted for the abstraction process. PPS leads play a vital role in ensuring the correct records can be located in a timely and efficient manner.

Q: Will PPSs receive a copy of the sample patient and provider files?

A: Yes, although there are some security protocols surrounding this process. Adequate data sharing agreements will be necessary between abstraction vendors and PPSs in order to enable information sharing. Abstraction partners will work with each PPS lead to identify records associated with each sample.

Q: How many samples will be collected for each PPS?

A: In total there will be 453-1,812 abstractions required for each PPS. Each measurement must contain a random sample generated including a 10% over-sample (411 minimum with additional 42 oversample for a total of 453 samples required per measure per PPS).



Q: Will abstraction vendor services continue to be provided in future DSRIP years? Or will PPSs have to contract with vendors for abstraction and measure reporting?

A: Abstraction services are provided to each PPS for MY1, but may be the responsibility of the PPS in DY2-5 pending future contracting decisions between NY DOH and its partners.

Q: How will the opt-out process affect the medical records review process?

A: PPS results for the measures using medical record data will only be available in aggregate. In the first year, the opt-out process has not been completed and all eligible members were included in the systematic random sample process. In the future, members may opt out of sharing their information with the PPS, but they are still included in measure results for the PPS. For sample generation in future year, we will address the issue of members who elected to opt-out.

Q: Is lead screening integrated into any of the DSRIP measures? How this is considered a chronic condition?

A: Lead Screening for Children is associated with the Perinatal Care project and one objective of this project is to improve child health through the two years of the child's life. By measuring and rewarding increased lead screening, more serious chronic conditions may be prevented, resulting in a decrease in future health complications.

Q: Will PPSs be reimbursed for their abstraction efforts?

A: All non-personnel related abstraction costs will be covered by the DSRIP program for MY1. The PPSs will incur no additional costs during the record review process during this time period.

Q: What are the PPSs expected to learn from the medical record review process during MY1?

A: MY1 will provide PPSs with the opportunity to learn about the abstraction process and become familiar with the technical specifications for the measures associated with each project. As the abstraction partner completes resource-intensive tasks such as coordinating and identifying providers, requesting records, and completing member detail files, the PPSs will get first-hand exposure to the measures and associated collection challenges. This will enable the PPSs to leverage knowledge and lessons-learned in future DSRIP years.