

Chart Review Measures



eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

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Chart Review Measures

- General reporting information
- Define each measure
- Explain requirements for measure reporting

Colorectal Cancer Screening

Measure Specifications

- Individuals receiving at least one of the following screenings for colorectal cancer either during the measurement year or years prior to the measurement year
 - > iFOBT, FIT
 - > Colonoscopy
 - > Flexible Sigmoidoscopy

Chart Review Process

- Oregon Health Authority provides CCO with a sample size of 411 patients who are eligible for Colorectal Cancer Screening at the end of January each year.
- CCO must identify compliance for each member on the sample size to reach the target.

Measure	2016 Target	2016 Performance
Colorectal Cancer Screening	39.0%	40.9%

CRC Screening Outreach

- Identify compliance via claims
- Outreach to clinics to meet compliance
 - › Provide spreadsheet to clinics
 - › Include patient identification
 - › Ask clinic to determine patients relevant screening history
 - › Document on spreadsheet
 - › Sign to confirm accuracy of information provided

Chart Outreach Example

Clinic Name

ECCO Colorectal Cancer Screening Chart Review

Member ID	Member Name	Date of Birth	Evidence of Valid Colorectal Cancer Screening?	Type of Screening	Date of Screening mm/dd/yyyy	If evidence of exclusions, which type?	Date of Diagnosis mm/dd/yyyy

Please fill out the form above and sign below, certifying the date of the service rendered. Once complete, please return via secure mail to ECCOmetrics@modahealth.com.

Print Name: _____ Signature: _____ Date: _____

2017 CRC Current Rates

County	Current Rate
Baker	36.5%
Gilliam	25.0%
Grant	23.5%
Harney	41.7%
Lake	30.9%
Malheur	35.3%
Morrow	34.0%
Sherman	37.1%
Umatilla	38.3%
Union	31.0%
Wallowa	45.2%
Wheeler	35.0%
Target	43.9%

Timeliness of Prenatal Care

Measure Specifications

- Prenatal Care provided in the first trimester or within 42 days of enrollment.
- All live birth deliveries between November 6, 2016 - November 7, 2017 from members of the CCO who meet continuous enrollment criteria.

Measure Requirements

- Prenatal Care

- › Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:
 - Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height)
 - Prenatal care procedure (obstetric panel, echography of a pregnant uterus, documentation of LMP or EDD in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history)

Measure Requirements

- Postpartum care
 - › Includes one of the following services between 21 and 56 days after delivery
 - Pelvic exam
 - Evaluation of weight, blood pressure, breasts and abdomen
 - Notation of postpartum care, including, but not limited to “postpartum care,” “PP care,” “PP check,” or “6-week check”
 - Preprinted “Postpartum care” form
 - Pap test

Chart Review Process

- Oregon Health Authority provides CCO with a sample size of 411 patients who are eligible for Timeliness of Prenatal Care at the end of January each year.
 - All live birth deliveries between November 6, 2016 - November 7, 2017 from members of the CCO who meet continuous enrollment criteria.
- CCO must identify compliance for each member on the sample size to reach the target.

Measure	2016 Target	2016 Performance
Timeliness of Prenatal Care	93.0%	93.1%

Timeliness of Prenatal Care Outreach

- Identify PCP and specialty providers via claims
- Outreach to clinics/OB GYN providers to meet compliance
 - › Provide spreadsheet to clinics
 - › Include patient identification
 - › Include compliance date range
 - First trimester vs 42 day rule
 - › Include Estimated Delivery Date (EDD)
 - › Clinics to document on spreadsheet
 - › Clinics to sign to confirm accuracy of information provided

Chart Outreach Example

Please determine whether the patient had a qualifying visit within the dates in **red**. Please contact Sarah.Patterson@modahealth.com or 503-265-4730 or Noah.Pietz@modahealth.com or 503-265-4786 with any questions. Thank you!

Clinic Name

Member ID	Member Name	DOB	Estimated Delivery Date	Visit Date Between	Evidence of Prenatal Care								Evidence of Postpartum Care					
					Auscultation for fetal heart tone	Pelvic exam w/obstetric observations	Measurement of fundus height	Screening test (complete obstetric panel)*	TORCH antibody panel	Rubella antibody test with ABO/Rh typing	Echography of pregnant uterus	Prenatal risk assessment and counseling / education	Complete obstetrical history	Pelvic exam	Evaluation of weight, BP, breasts and abdomen	Notation of postpartum care, PP care, PP check, or 6-week check	Preprinted postpartum care form	Cervical cytology (PAP)

Please fill out the form above and sign below, certifying the dates the services occurred. Once complete, please return via secure email to EOCCMetrics@modahealth.com or fax 503-265-4790 by 4/10/17.

Print Name: _____ Signature: _____ Date: _____

Cribs for Kids

1. A basic physical obstetrical examination that includes one of the following (check all that apply):

Auscultation for fetal heart tone, or

Visit Date:

Pelvic exam with obstetric observations, or

Visit Date:

Measurement of fundus height

Visit Date:

2. Evidence that a prenatal care procedure was performed, such as (check all that apply):

Complete obstetric panel, or

Visit Date:

TORCH antibody panel, or

Visit Date:

Rubella antibody test with ABO/Rh blood typing, or

Visit Date:

Echography of a pregnant uterus

Visit Date:

3. Documentation of LMP or EDD in conjunction with either of the following (check all that apply):

Prenatal risk assessment and counseling/education, or

Visit Date:

Complete obstetrical history

Visit Date:

Effective Contraceptive Use

Measure Specifications

- Women age 18-50 with evidence of one of the following methods of contraception in 2017:
 - › Sterilization
 - › IUD
 - › Implant
 - › Contraception injection
 - › Contraceptive pills
 - › Patch
 - › Ring
 - › Diaphragm
- Surveillance of existing contraception is included in this measure – which are women utilizing long- acting reversible contraception or permanent contraceptive options who would not otherwise have a pharmacy claim or procedure code in 2017.

ECU Outreach

- Identify all patients with a qualifying visit and no contraceptive claim.
- Outreach to clinics based on qualifying visit
 - › Provide spreadsheet to clinics
 - › Include patient identification
 - › Include qualifying surveillance codes
 - › Clinics to document on spreadsheet
 - › Clinics to sign to confirm accuracy of information provided

Example

						Encounter for surveillance of...			Encounter for initial prescription of...						
Member ID	Member Name	Encounter for contraceptive management, unspecified, Z30.9	Encounter for other contraceptive management, Z30.8	Encounter for routine checking of IUD, Z30.431	Long-term (current) use of hormonal contraceptive (pill or patch), Z79.3	Presence of IUD, Z97.5	Contraceptives, unspecified, Z30.40 (**Use for hysterectomy/sterilization)	Contraceptive pills, Z30.41	Injectable contraceptive, Z30.42	Other contraceptives, Z30.49	Contraceptive pills, Z30.011	Injectable contraceptive, Z30.013	IUD, Z30.014	Other contraceptives, Z30.018	Contraceptives, unspecified, Z30.019
EXAMPLE	Jane Smith													X	
EXAMPLE 2	Molly Jones				X										

Please fill out the form above and sign below, certifying that the diagnosis code should be appended to the claim. Once complete, please return via secure mail to EOCCMetrics@modahealth.com or fax 503-265-4790 by 2/20/17.

Print Name: _____ Signature: _____ Date: _____

2017 ECU Current Rates

County	Current Rate
Baker	28.8%
Gilliam	16.7%
Grant	22.4%
Harney	25.8%
Lake	31.6%
Malheur	30.5%
Morrow	31.3%
Sherman	21.6%
Umatilla	34.9%
Union	27.6%
Wallowa	23.5%
Wheeler	32.4%
Target	48.1%

Questions?

For email inquiries, please contact eocometrics@modahealth.com
or call Sarah Patterson at 503-265-4730



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