

<b>POLICY AND PROCEDURE</b>	
<b>TITLE:</b> Interrater-Reliability Process – Medical Record Review, HEDIS Audits	
<b>DEPARTMENT:</b> Quality Management	<b>POLICY #:</b> QM18
<b>EFFECTIVE DATE:</b> 02/01/2005	<b>REVIEW/REVISION DATE:</b> 06/08, 7/14, 06/16, <u>7/17, 3/2021</u>
<b>IMPACTED DEPARTMENT(S):</b> Check all departments impacted by this policy	
<input type="checkbox"/> Administration <input type="checkbox"/> Claims <input type="checkbox"/> Compliance <input type="checkbox"/> Customer Service <input type="checkbox"/> External Affairs <input type="checkbox"/> Facilities <input type="checkbox"/> Finance	<input type="checkbox"/> Human Resources <input type="checkbox"/> Information Technology <input type="checkbox"/> Marketing <input checked="" type="checkbox"/> Medical Management <input type="checkbox"/> Provider Networks <input type="checkbox"/> Project Management <input type="checkbox"/> ALL
<b>COMMITTEE APPROVAL DATE:</b> PRC: 11/19; 12/21	<b>RETIRE DATE:</b>
<b>PRODUCT TYPE:</b> Medi-Cal	<b>REPLACES:</b> N/A

## I. PURPOSE

To outline the procedure for oversight of medical records abstraction during the Healthcare Effectiveness Data and Information Sets (HEDIS) medical record review (MRR) season. All clinical reviewers conducting MRR must have oversight to ensure accuracy and compliance with National Committee for Quality Assurance (NCQA) and Department of Health Care Services (DHCS) standards. This policy outlines the schedule for oversight and the goals set by Health Plan of San Joaquin's (HPSJ) Quality Management department.

## II. POLICY

HPSJ reports the Managed Care Accountability Set (MCAS) as required by DHCS for full scope Medi-Cal Managed care plans (MCP). HPSJ has achieved NCQA Health Plan Accreditation, which necessitates submission of predetermined HEDIS standardized performance measures. Performance measures are reported using administrative data (i.e. claims, encounters, and lab data) and through

hybrid medical record review. Hybrid medical review is conducted on a select number of performance measures. Medical record review must be conducted by licensed clinical staff. This policy outlines the oversight provided by HPSJ Quality Management department, to ensure the accuracy of medical record review.

- A. HEDIS clinical staff, here after referred to as a nurse, conducting annual HEDIS abstraction (medical record review) are expected to understand the criteria and maintain a 95% accuracy rate for medical record review and abstraction data entry. The clinical lead completes over reads 10 measures per abstractor per measure of positive medical record review for weeks one of MRR.
- B. The nurse is expected to score 95% accuracy rate and will be reduced to 50% over read in weeks three and four, or whatever number of records are available per measure per abstractor of medical record positive records.
- C. The nurse is expected to score 95% accuracy rate and will be reduced to 10% over read in weeks five and six.
- D. The nurse is expected to score 95% accuracy rate and will be reduced to spot checking records for over read in the remaining weeks of the project.
- E. If the nurse scores less than 90% in any week, the over read will be returned to 100% of the failed measure(s) per abstractor for one week with additional training and education provided to the nurse by the HEDIS manager and the clinical lead.
- F. At the end of the first month, if the nurse cannot maintain 90% accuracy, the nurse will be removed from review of that measure and will start the over read schedule again at 100%.
- G. If the nurse is unable to maintain 90% compliance for additional measure, the nurse will be removed from the project.

### **III. PROCEDURE**

- A. The nurse enters data into the medical record review tool, ChartNet (NCQA HEDIS Certified Vendor system). Compliant evidence is identified, the nurse saves the medical record into an electronic secure folder or the HEDIS vendor database.
- B. Once all available medical records are reviewed, and evidence supporting compliant with each measure is attached to the record, the medical records are saved to an electronic folder, the nurse transfers the

document(s) to the designated HPSJ network folder (or HEDIS vendor database) for retrieval of over reads and for MRRV.

- C. The clinical lead performs an over read of up to 10 numerator positive records per measure per reviewer, but not less than 20% of positive measure evidence from each nurse and scores the accuracy rate of the nurse reviewer. When warranted, review of numerator negative records will be reviewed.
- D. The HEDIS Project Manager tracks the nurse abstractors accuracy rate, through the Quality HEDIS vendor's Over read summary report to determine the reduction for each nurse and if additional education and training is required.
- E. Once 10% and 50% of HEDIS medical record abstraction process is completed a data report from the HEDIS vendor's software is completed indicating hybrid compliant member records and is then matched to actual medical records retrieved to review for compliance of HEDIS specifications.
  - 1. Trends in error type or accuracy rates less than 90% require corrective action as outlined in the Audit Data Collection Summary report.
  - 2. Repetitive errors or persistent accuracy rates less than 90% may result in disciplinary action.
- F. The QI HEDIS lead, or designee records the results of each over read in a spreadsheet and tracks the data by nurse reviewer.
  - 1. These reports are provided to the auditor for evidence of oversight as required per HEDIS reporting guidelines.

#### **IV. ATTACHMENT(S)**

[Policy and Procedure Glossary](#)

#### **V. REFERENCES**

HEDIS Volume 2 Technical Specifications for Health Plans

#### **VI. REGULATORY AGENCY APPROVALS**

## VII. REVISION HISTORY

STATUS	DATE REVISED	REVISION SUMMARY
Revised	10/09/19	Changed vendor software name and made minimal changes to terminology.
Revised	11/05/2019	Removed glossary terms and added glossary link.
Revised	3/7/2021	Changed the over read requirements to align with EQRO requirements to over read by measure and abstractor