



GENERAL DYNAMICS
Health Solutions

Maximizing Medical
Records Retrieval to
Improve Reported Rates

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Introduction

For many organizations, retrieving medical records from providers can be the most challenging aspect of the Healthcare Effectiveness Data and Information Set (HEDIS®) hybrid measure season – its success often directly impacting hybrid rates. By developing and maintaining a robust set of strategies and processes when approaching medical record reviews (MRR), organizations can maximize record return rates. This paper explores different methods of medical records retrieval across different stages of the record review process and provides effective strategies to help support and motivate providers in supplying the necessary records to ensure accurate hybrid rates. This paper will cover:

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Planning Early

The first and most impactful strategy for improving medical record retrieval is planning for the season early. Although hybrid samples are not ready until February, plans that wait until after the major year-end holidays often encounter significant challenges in accurate and timely collection, review and analysis. Getting underway with critical planning stages in September and early October ensures focus on three key components of the MRR process:

- 1) **Defining MRR team resources.** For organizations conducting in-house medical records reviews, quickly sizing member populations and the expected number of chases the team will handle is critical to understanding staffing needs. Alternatively, if working with an external MRR solution provider, the early start can be used to prepare the vendor for the expected staffing needs and ensure active staffing to meet demands.
- 2) **Lessons learned.** By performing a retrospective review on the challenges, successes and processes of the previous HEDIS season, organizations can determine how teams worked well and where gaps existed in support of the record retrieval and data abstraction processes – ensuring improvement for the upcoming season.
- 3) **Identifying large and problematic providers.** Providers with long response times create unique challenges and impact the accuracy of measure rates. Identifying these providers early can provide advantages, such as prioritizing them appropriately and planning effective ways of motivating them to act more quickly. Additionally, by identifying providers with large numbers of charts, organizations can maximize request and delivery time by providing early notice at the start of the season and clear communication strategies and efforts – facilitating seamless records retrieval.

Leveraging Data from Previous Seasons

At the end of every season, MRR teams possess a significant amount of updated information about members and providers from the previous season. This information can be used to improve outreach and potentially reduce the number of chases in the upcoming season.

Starting with provider data, plans can extract all the corrected provider contact information from the previous HEDIS season. Details including location, point of contact, and the best email addresses, phone and fax numbers remain key in reducing future efforts and lost time. Regularly feeding this data into the main source of provider information, such as a claims system or other administrative tool, will help to continuously streamline the MRR workload and facilitate communication and outreach as subsequent seasons begin and hybrid samples are drawn. By keeping provider contact information updated in an organized, central repository, plans will save valuable time.

Using the prior season hybrid member compliance results to reduce the number of chases in the next season helps increase supplemental data hits in the next season. Any member compliance previously established across the multi-year hybrid National Committee for Quality Assurance (NCQASM) measures cannot only provide an administrative hit for the member, but can also eliminate having to perform a chart chase if the member is pulled into the hybrid sample again. NCQA treats this dataset as a Primary Supplemental Data source so it does not incur an in-depth auditor review to be included in HEDIS data preparation¹.

Improving Working Relationships with Providers

Because providers are often asked to supply records within a relatively compressed timeframe while still meeting their professional responsibilities, it can be important to develop strong relationships to help ensure receipt of needed records.

Contacting large providers early. Large providers manage a substantial number of charts, thus, receive multiple record requests each season. One best practice is to reach out to these providers in mid to late January, before the flood of hybrid requests in February and March. Even without a sample, reaching out early provides an opportunity: to introduce oneself and organizational processes and procedures; to advise providers about the expected number of members from which data will be requested; to schedule an onsite date(s) for anticipated in-person meetings; or, to advise providers when they can expect planned records requests. This technique provides significant benefits with large sites by getting ahead of other HEDIS requests, allowing providers to prepare, and positioning providers to immediately respond to requests once sent. Additionally, this technique helps build communication to better resolve potential issues with providers from whom data collection has been or is expected to be more challenging.

Designating a single team member. Another effective way to improve the working relationship with a provider is to assign their record requests to a single team member, someone responsible for all communications and requests with the provider. This single point of contact helps create a sense of continuity if multiple outreaches to the provider are needed to obtain records. In cases where the provider's records are to be obtained onsite, assigning the provider to the specific abstractor proves beneficial. Having the same individual support in-person and virtual meetings helps increase familiarity and connection in situations where impersonal relationships can complicate or slow the requests for records.

Staying flexible. Lastly, by allowing providers to submit documents in their preferred method, organizations enable them to respond more quickly to record requests. This technique can take on several forms, from how record requests are issued to offering a variety of technical options for submission/receipt of documents. When reaching out to providers to determine the correct contact for record requests, organizations should also ask providers to indicate how they prefer to submit their

¹ National Committee for Quality Assurance. HEDIS 2017 Volume 2 – Technical Specifications. Washington DC: NCQA, 2016.
NCQA Measure CertificationSM is a service mark of the National Committee for Quality Assurance (NCQA)

records. For example, organizations may schedule onsite visits for records collections, but the provider may prefer remote access.

Being flexible also includes the different ways organizations offer to receive records from providers. Offering records submission by fax, hard copies by mail or digital records via a secure CD or USB drive are fairly standard; but, prepaid express carrier services, secure web portals or FTP sites, and secure email systems can be attractive options to help ease the records submission process. With increasingly digital provider offices, offering a greater range of technology-enabled options allows providers to select the option that best suits their office workflow – ensuring timely records receipt.

Improving Record Requests

A key to efficient record retrieval is valid provider contact information. Contact information may change each year so outreach efforts should confirm contact with the proper department or person who handles record requests, including the most up-to-date phone and fax information. When sending record requests to providers, organizations should avoid sending blind requests where the provider's contact information has not been verified by a member of the MRR team. Doing so helps ensure receipt and avoid Health Insurance Portability and Accountability Act, or HIPAA, violations stemming from an improper request/release of personal health information or personally identifiable information.

Upon reaching the department and party responsible for fulfilling requests, MRR teams should provide a contact name and information to support any questions that may arise in fulfilling the request. It is also important to gain a commitment to a reasonable deadline for the records request, helping to establish a reasonable reminder or check-in schedule if documents are not received when expected. Courtesy and understanding remain critical; providers receive an extensive volume of record requests, not only for HEDIS, but for ongoing program integrity, quality initiatives and risk adjustment projects/programs.

Even when best efforts have been utilized, sometimes providers simply do not respond to data requests. Therefore, it is a good practice to follow up with personal contact to determine why the requests have not been fulfilled. Sometimes the live contact follow-up is all that is needed to bring attention to the request and receive the records shortly thereafter. If working with an external MRR vendor, sometimes a call from the plan will motivate the provider to send their records. However, if the provider still fails to supply requested records, a call from the plan's provider relations group to remind providers of their contractual obligations to submit records may be needed. This final option is a last resort that isn't typically needed, but coordinating with the provider relations group and arranging for their availability prior to HEDIS season can help ensure their assistance if necessary.

Managing Challenging Providers

Most health systems have some providers in their network, large or small, who resist following through with record requests each year. If the delays are long enough, the result can be a last minute receipt of records, creating an increased burden to abstract records quickly, perhaps after the MRR deadline has passed or worse, not at all. By identifying providers that require "special handling," organizations will experience improved success in working together to fulfill records in a timely manner. One technique includes assigning a special project manager to the providers, ideally someone with the right temperament and skills best suited to working with these providers toward timely receipt of records. In addition to a designated staffing model, contacting these special handling providers at the start of the HEDIS season allows the necessary extra time often needed to facilitate the records submission. This may also include extra touches and call backs to remind the provider and point of contact about date of delivery commitments and to confirm they remain on-track. Simultaneously, offering all possible methods

of document submission helps ensure a seamless records request for the provider. The success of this special handling technique has proven very effective and has even changed some providers from problematic to ideal.

Special handling techniques not only help providers who have historically been challenged to submit records on time, but also those providers who have special requirements for gaining access to their records, such as needing to complete a background check or obtain a badge or credentials to access an electronic medical record system. These access situations take time to resolve, especially if the provider is a large one with extensive processes. Therefore, starting records requests very early in the season can help ensure the needed access to records well before the MRR deadlines.

Working with ROI Vendors

Historically, provider offices performed all records request fulfillment. Today, some providers utilize national or local release of information (ROI) vendors for handling their medical record requests. These vendors manage the tasks of document storage and request fulfillment, typically at no charge, and earn revenue by billing requestors for each request fulfilled. ROI vendors can facilitate otherwise difficult record retrieval, but the model can also introduce new time and cost considerations to record requests.

While some ROI vendors may only need a couple of days to fulfill a record request, others can take up to several weeks or more. Best practices include ensuring seasonal retrospectives contain information on which providers utilize ROI vendors, providing a sense of how quickly records can be received and preferred methods of interaction. To help potentially reduce the time it takes to receive the records via an ROI vendor:

- 1) Utilize the ROI vendor's ability to download documents electronically. Doing this provides an alternative to having records mailed, which can add a week in delays. The additional cost for this service is usually equivalent to the postage charge it replaces.
- 2) Utilize the ROI vendor's ability to receive requests directly via an export file. Using this method of record request allows an ROI vendor to start processing records immediately and avoids the time it takes to send an initial request to the provider and back to the ROI vendor (beginning a new cycle of waiting as the ROI vendor processes the request among their incoming provider requests). Usually there is no charge for this option.
- 3) Develop a plan for handling pre-payments. Many ROI vendors will not release records until plans have paid for them. Depending on the plan's size, workflow and timeframes to generate purchase orders and checks, making online or telephonic credit card payments to the ROI vendors can remove costly delays in check processing that can hold up the release of records.

While medical record review is already a costly process, ROI vendors also introduce new cost considerations. ROI vendors typically prefer payment on a per page basis for processing record requests on behalf of providers. In addition, charges may still be incurred even where requested records aren't found. Some tips on handling costs include:

- 1) Establishing contractual relationships with ROI vendors. Depending on the region, it can be beneficial to reach out to these vendors and contractually negotiate a flat rate per record. Avoiding the per-page billing model not only simplifies accounting for record costs, but can introduce significant cost savings.
- 2) Utilizing the ROI vendor's ability to download documents electronically. Many ROI vendors will offer a reduced rate with a commitment to receiving documents electronically, since they save administrative costs related to printing and mailing.



Conclusion

This paper outlined some of the challenges in receiving the medical records necessary to support HEDIS efforts and presented proven techniques toward maximizing rates of return during the busy HEDIS season, to include: early planning, leveraging data from previous seasons, improving working relationships with providers, identifying providers who may need special handling, suggestions for improving record requests, and considerations in working with ROI vendors. These techniques are useful for in-house efforts, as well as those coordinated through an external solution provider partner. In addition, the utility of these techniques does not need to be limited to the HEDIS season. Plans can benefit from implementing these measures into all forms of projects that include a component of record retrieval.