

# HOW HEALTH PLANS AND MANIFEST MEDEX PARTNER TO IMPROVE CARE, ENHANCE COORDINATION, AND INCREASE EFFICIENCY

**Participating in California's largest not-for-profit HIE  
improves quality and risk adjustment outcomes, utilization  
management, care management, and reporting**



**Manifest**  
MEDEX



# Executive Summary

**"Hiding within those mounds of data is knowledge that could change the life of a patient, or change the world."**

*– Atul Butte, Stanford*

All health plans now need a broad scope of clinical data to improve care transitions, lighten the load of quality reporting, spot and address preventive care gaps, and provide more seamless and personalized healthcare for members. Well-managed health information can be a powerful game changer for plans and their members. Equipping health plan teams with the right clinical and claims data to facilitate this kind of work is increasingly important, as is finding the right partner.

As California's leading nonprofit health data network, Manifest MedEx (MX) provides more than 26 million member records from a network of 120+ hospitals, more than 1,000 ambulatory practices and labs, and eight health plans. MX accelerates time-to-value for health plans by maintaining a master record consisting of all available member data to fuel quality improvement and reporting, risk adjustment, care coordination, and utilization management. Records are immediately updated whenever new member information is available and shared with health plan participants following stringent security and privacy controls.

## How health plans are using MX

In this case study, we'll review compelling examples of how health plans are using information from MX to improve coordination, increase efficiency, and provide better care, including:

- **Receiving real-time notifications when members are seen in the emergency room, admitted to the hospital, or discharged.** MX delivers more than 500,000 ADT alerts every month across California. These notifications help health plans manage care transitions, provide needed follow-up care, and avoid costly readmissions.

**54%** 

reduction in "chart chases" for  
HEDIS with help from MX

**15-20%** 

approximate reduction in outbound  
calls to hospitals per month

- **Accessing data to streamline HEDIS quality reporting and risk-adjustment.** MX connects quality and risk adjustment professionals directly to the most recent diagnoses and lab results, as well as chart notes, prescribed and filled medications, allergies, and more. MX recently completed NCQA's Data Aggregator Validation program and earned the status of Validated with Exception, joining only three other aggregators in the country to achieve this credential. This means that MX data can be used as standard supplemental data for HEDIS reporting without additional validation by health plans.
- **Identifying high-risk members to support member outreach and vaccination efforts.** Care managers can identify high-risk members and monitor their care across a wider array of primary, specialty, and hospital care settings while utilization management professionals can quickly identify new care events and take appropriate steps to authorize services and help members find the resources they need.

**“Health plans can serve a powerful role as health information hubs for their communities. As interoperability expands across California, it has been inspiring to see our payer partners find new ways to use and share data in service of improving patient outcomes.”**

*– Claudia Williams, CEO, Manifest MedEx*



# Saving 9 hours a day while improving hospital care coordination

## *A large California nonprofit health plan*

A large nonprofit health plan that serves communities across California is dedicated to delivering high-quality healthcare at an affordable price. The plan collaborates closely with providers and hospitals, including through partnerships with accountable care organizations, to help them deliver more efficient, cost-effective care throughout California.

Like most health organizations, this plan had long relied on a mix of phone calls, faxes, and portal submissions to know when a member was admitted to a hospital, transferred to another facility, or discharged from the hospital — a highly manual process. The health plan wanted to streamline workflows in order to create a better experience for members. They also wanted to avoid potential challenges, including:

- Delayed or denied claims payments
- Missed opportunity for proactive discharge planning, resulting in possible readmissions or delays in transferring a member to a lower level of care (SNF, LTC, home health services, etc.)
- Delays in authorization, concurrent review, and enrollment in case management

The health plan looked to Manifest MedEx for help. With one data feed to the health plan, MX turned on real-time admit and discharge notifications for plan members from more than 120 hospitals across the state, streamlining portions of the plan's former process almost instantly. That data feed will soon feed directly into the health plan's authorization system, providing further efficiency to the authorization and concurrent review teams. Within just the first few months after going live with notifications from MX, the health plan saw:

- A reduction in outbound calls to hospitals of approximately 15%–20% per month
- A daily savings of 9.7 hours per day of staff time due to reduced calls to hospitals

In addition to enabling a more efficient workflow for their teams, the health plan is now able to gather more accurate case information via the MX network and is able to establish a better relationship with hospital providers.

# Cutting chart chase for HEDIS in half

## *A nonprofit health plan serving rural communities in Northern California*

A Northern California nonprofit health plan serving nearly 335,000 members needed to address healthcare data extraction and curation issues that were impacting their quality performance. They faced unique challenges ensuring the quality of care for their members, including access to care issues and a lack of resources among their network providers to invest in sophisticated electronic health record (EHR) systems, which in turn hampered providers' ability to send the plan the clinical data they needed to track key quality measures. The health plan hired a team of contract nurses to obtain patient records, but the chart chasing was extremely labor intensive and a painstaking process to upload into the plan's HEDIS engine.

In 2018 the team conducted a total of 26,000 chart chases, representing 13,000 hours of work by contract nurses to close gaps in data.

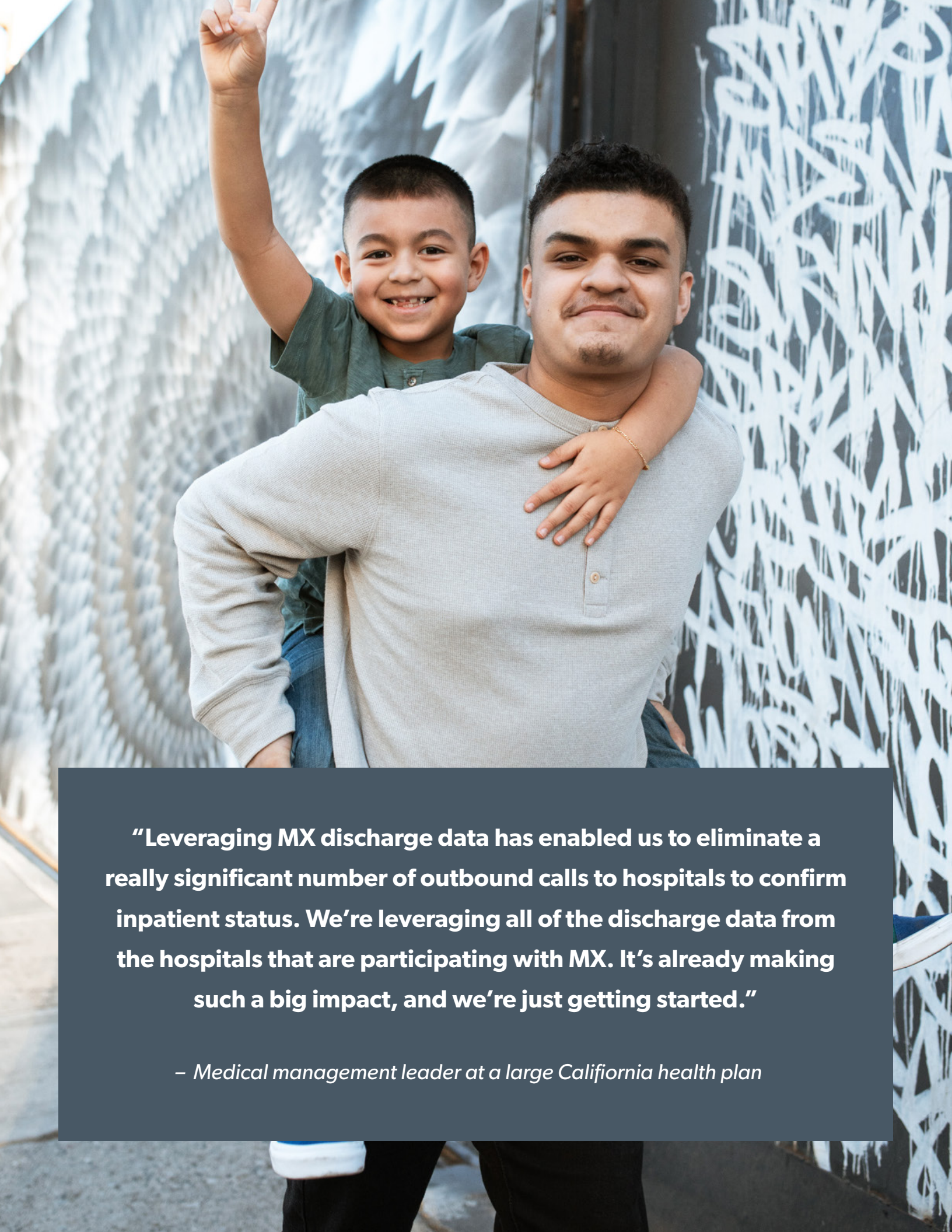
Facing rapidly intensifying quality reporting requirements, the health plan partnered with MX to help gather crucial patient-level data. Each month, MX:

- Sends an aggregated report of member data, including key clinical data such as lab results, encounters, immunizations, and diagnoses
- Establishes new data connections with providers' EHR systems to extract relevant information and format it so it can be incorporated directly into the plan's HEDIS engine to calculate performance on key measures

The health plan has seen the following improvements since working with MX:

- A 54 percent decrease in the total number of chart chases the plan had to conduct
- Nurses are now able to focus their efforts on patient care, not combing through patient records
- The plan has improved relationships with local providers who were previously skeptical of monthly "gap" reports that were based on incomplete data

Streamlined access to clinical health data from MX has been key in helping this community health plan reduce the time and burden of HEDIS chart chases.



**“Leveraging MX discharge data has enabled us to eliminate a really significant number of outbound calls to hospitals to confirm inpatient status. We’re leveraging all of the discharge data from the hospitals that are participating with MX. It’s already making such a big impact, and we’re just getting started.”**

*– Medical management leader at a large California health plan*

# Personalizing home health assistance for members

## *A Medicare Advantage prescription drug health plan*

A comprehensive Medicare Advantage Health Plan helps their members achieve optimal health for the whole person — physically, mentally, and emotionally — managing care for 45,000 members, spanning a dozen California counties. This health plan offers all the benefits of Original Medicare, and more. Beginning where Medicare ends, the plan gives members access to robust benefits with a personal touch — including dental, vision, chiropractic, unlimited transportation (to and from doctor visits), gym membership, home medical supplies, and more. Their focused approach is personalized to help keep members healthy and independent.

Coordinating this level of care for a large number of members isn't easy, and the plan wanted to improve their process for following up with recently hospitalized members. Their Utilization Management Team, Field Intervention Nurses (FINs), and Health Coaches rely on MX Notify to identify patients who were recently discharged. With these insights, teams then schedule visits to members' homes to provide assistance with daily activities such as bathing and grooming, dressing, meal preparation and feeding, functional transfers (moving from bed to standing), safe restroom use and maintaining continence, ambulation, and memory care and stimulation (Alzheimer's and dementia).

They have also been using the longitudinal patient records in MX Access an average of 265 times a week to review records of hospitalized patients so they can determine what additional personalized care they will need. Information from Manifest MedEx is helping this health plan provide proactive and personalized care when patients are most in need of support.

## Using data to save time with case management and concurrent review

### *A health plan providing a safety net for their members*

Another health plan with 3,000 employees and 85,000 network providers serves more than three million members — nearly 1 in 12 Californians — providing coverage for individuals, families, businesses of every size, and people covered by Medicare and Medi-Cal.

This plan was spending large amounts of time and energy requesting and reviewing patient records from each and



every hospital where their members receive care. MX Access helped them realize efficiencies in their concurrent review and authorization processes. Approximately 200 members of this plan's Case Management and Concurrent Review teams spread across five different offices log in to MX Access an average of 15 times per day. The teams assess an average of 415 records each month to perform concurrent review and provide authorizations for their members' surgeries, scans, and more by reviewing the clinical documentation that has been charted for their members.

The health plan's Concurrent Review Nurses, Transition Coordinators, Referral Specialists, and Case Managers log in to MX Access when they are notified that a patient has been admitted where they can quickly document the information they need, saving time and energy.

## Coordinating data-informed care for the COVID-19 pandemic

### *A leading health plan*

A large health plan dedicated to improving lives and communities and making healthcare simpler provides healthcare services to more than 8.6 million health plan members in California, through a broad network of more than 65,000 providers.

The health plan is using MX tools to proactively help their members stay well and informed during COVID-19. Working with MX, this plan is now able to:

- Easily find out when members have tested positive or negative for COVID-19.
- Reach out to members who are at high risk for complications from COVID-19 using MX Analyze predictive risk tools.

Manifest MedEx is helping health plans adapt and evolve to provide better care for members in this global pandemic.



**“We see the role of the health plan really evolving and changing in California and across the country where we have plans taking on a bigger role with COVID-19. Plans have really had to accelerate their ability to be able to communicate at some level with their membership, and MX enables them to play a more active role.”**

*– Adam Harrison, Chief Growth Officer, Manifest MedEx*

# **MX helps health plans eliminate inefficiencies and burden for providers, patients, and health plan staff**

A global crisis like COVID-19 has further emphasized the need for enhanced health data sharing and a more connected healthcare ecosystem. Manifest MedEx, California's nonprofit health data network delivering clinical and claims data across more than 120 hospitals, 1000 ambulatory care sites, and 8 health plans, is taking a leadership role in helping California health leaders improve care, enhance health, and reduce costs at this time of unique challenges.

The health plans in this case study are exploring new ways to use MX tools to ensure their members are staying healthy and their teams are working efficiently. Health data from MX is a key resource, giving health plan teams the insights they need to take quick action and provide responsive, personalized, and proactive care to patients.

Being able to eliminate the waste and instead focus on the healthcare that matters most is essential. Health data networks like MX are powerful partners to help health plans reduce readmissions, deliver fast, more informed care, get up to speed quickly on the health history of new members, streamline HEDIS reporting, and support the shift to value-based care.

Let's talk about how to put data to work for your health plan.



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