OPTIMIZING AND STREAMLINING HEDIS® REPORTING WITH HEALTH INFORMATION EXCHANGE DATA

How an innovative health plan saves time and improves quality scores with data from Manifest MedEx

Manifest
MEDEX

Background

California has ambitious goals to transform healthcare across the state and achieve CalHHS's vision for "A Healthy California for All" — goals that will require the timely exchange of health information through robust health data infrastructure. In 2021, Governor Newsom signed healthcare trailer bill AB 133 into law, requiring most health entities, including health plans, to share health data with each other by 2024 through the CalHHS Data Exchange Framework (DxF). California's Department of Health Care Services (DHCS) launched California Advancing and Innovating Medi-Cal (CalAIM) in 2022, an initiative to improve Medi-Cal for more than 14 million Californians, facilitated by health data exchange throughout a broad network of health partners, including plans, providers, and community-based organizations.

If California, the **most populated** and **most** socioeconomically and culturally diverse state in the country, with 39 million people across 58 counties, is successful in these efforts, the state will serve as a guiding example on how investment in connecting disparate parts of the healthcare data ecosystem can help achieve health equity goals and provide patient-centered, whole person care for millions. The stakes are high, as they should be, for this generational opportunity to transform healthcare.

Ahead of this health data reform, innovative health plans across the state and country have long been paving the path to expand the exchange of health information, recognizing the critical need for clinical data — and increasingly social determinants of health data — in addition to claims data to better coordinate care, manage health at a population level, and even support public health measures such as COVID-19 vaccination. Health Plan of San Joaquin (HPSJ), the leading Medi-Cal managed care provider in the Central Valley region of California, is one of these examples.

A long-time champion of sharing health data to improve member health and quality of care, HPSJ has partnered with Manifest MedEx (MX), the state's largest nonprofit health data network, and its local affiliate San Joaquin Community Health Information Exchange (SJCHIE) since 2017. Over the years, HPSJ has leveraged health information exchange (HIE) data from MX to improve care and efficiency in numerous, meaningful ways (see right).

HPSJ has been a participant of MX since 2015. Here are just a few other ways the plan leverages HIE data from MX:

- Using health and demographic data to identify high-risk members (e.g., by vaccination status, age, chronic conditions) to target for COVID-19 vaccinations and address barriers to care through culturally sensitive outreach
- Leveraging ADT (admission, discharge, and transfer) data for transitions of care (TRC) interventions
- Enabling timely interventions with real-time notifications to ensure appropriate discharge planning and follow-up with the primary care provider (PCP) and reduce hospital readmissions
- Utilizing multiple data sources, pharmacy, medical record, claims and encounter, and social determinants of health data to improve risk scoring and stratification of members for progressive levels of interventions

In this case study, we will look at how HPSJ is using data provided by MX to save time and improve HPSJ's Healthcare Effectiveness Data and Information Set (HEDIS®) performance.

National Committee for Quality Assurance (NCQA) validated standard supplemental data and HEDIS® data extracts MX provides help streamline HEDIS® reporting and improve accuracy of reported data, leading to improved HEDIS® scores. For example, in Reporting Year 2022, HPSJ saw the following increases from improved accuracy with data from MX:

- 16.5% increase in Comprehensive Diabetes Care (CDC) Hemoglobin A1c (HbA1c). MX was the second-largest supplier of A1c data after Quest Diagnostics.
- 8.2% increase in administrative rate for Controlling High Blood Pressure (CBP)
- 4.8% increase in administrative rate for Childhood Immunization Status (CIS)
- 3.7% increase in administrative rate of lead screening in children (LSC)

"The importance of a health information exchange (HIE) for advancing healthcare quality cannot be overstated."

– Cheron Vail, Chief Information Officer, Health Plan of San Joaquin

Improving quality of care and provider relationships with HEDIS® measures

As a public benefit, nonprofit local health plan initiative developed by San Joaquin County in 1996, HPSJ provides access to high-quality, cost-effective healthcare to more than 400,000 members in San Joaquin County and Stanislaus County. The plan's network of traditional Medi-Cal and safety-net providers includes more than 300 PCPs, 16 local hospitals, five federally qualified health centers, and eight rural health centers.

HPSJ has an organization-wide commitment to quality of care, service, and safety as part of its mission to provide healthcare value and advance wellness through community partnerships. HPSJ has maintained NCQA accreditation since 2015.

As part of its quality improvement efforts, the plan uses HEDIS® to measure performance and gauge quality and effectiveness of care provided to their members. Developed and maintained by NCQA, the performance measures in HEDIS® are related to many public health issues such as cancer, heart disease, smoking, and diabetes. The Centers for Medicare & Medicaid Services (CMS) and DHCS require NCQA-accredited health plans to conduct an annual HEDIS® review and audit. In addition to measuring and providing customer transparency to performance, these reviews and audits allow HPSJ to identify any discrepancies, share those findings with practices, and reward providers for high-quality preventive and effective care through their incentive programs.

For their annual audit, HPSJ works with providers to review encounter and claims data from the prior year and in some cases up to the prior five years and conducts medical record reviews to survey the performance of practices in certain HEDIS®-related services. The process to collect the medical records for HEDIS® review is often a time-consuming, burdensome process for the plan and providers. It typically lasts 12 weeks and includes manual data collection methods such as fax and mail. Missing or incomplete data can result in lower HEDIS® scores, impacting CMS reimbursement and new member enrollment.

Leveraging HIE data to streamline HEDIS® reporting

Through its partnership with MX, for Reporting Year 2019, HPSJ started to explore ways to streamline medical record review and improve accuracy using data from MX, with an emphasis on 20 HEDIS® measures (including submeasures) prescribed by the DHCS Managed Care Accountability Set (MCAS) — formerly known as the External Accountability Set (EAS).

To support HPSJ's efforts, MX first provided HPSJ HEDIS® data extract — extracted clinical data from a member's longitudinal record provided in a format HPSJ ingests into their HEDIS® engine that includes administrative claims, encounter, and pharmacy administrative data, filling in missing gaps.

Starting in March 2022, MX also provided **NCQA Data Aggregator Validated** data as standard supplemental data to augment HPSJ's HEDIS® data.

MX is among only **21 organizations** in the country with NCQA's Validated Data Stream designation. The designation confirms that validated data provided by MX accurately reflects data reported for use as standard supplemental data in HEDIS® audits. MX has passed this rigorous **validation process** from NCQA annually since 2021.
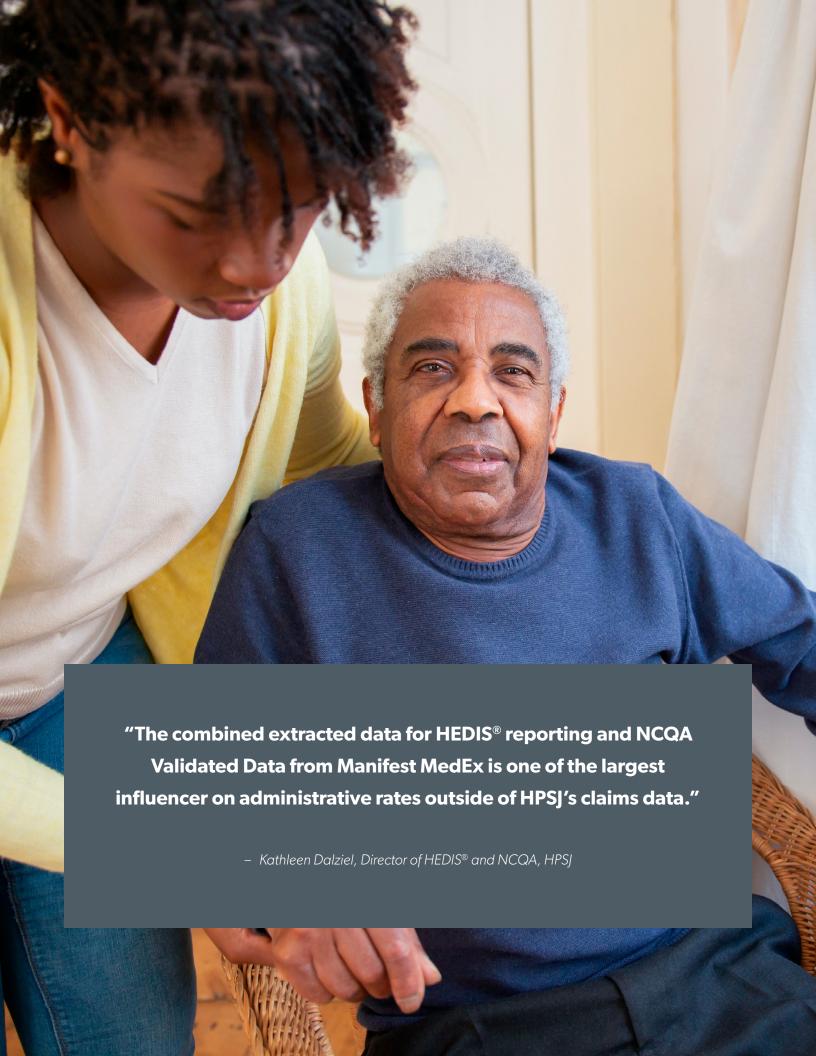
HPSJ uses this validated data as standard supplemental data for HEDIS® reporting without additional primary source verification (PSV), reducing the time spent on assembling patient charts and confirming accurate data and reducing the burden for providers required to respond.

Outcomes

In addition to saving time and resources for the plan and providers during the medical record review, HPSJ used this data to improve accuracy, capturing in Reporting Year 2022 the following increases vs. without data from MX:

- 16.5% increase in Comprehensive Diabetes Care (CDC) Hemoglobin A1c (HbA1c). MX was the second-largest supplier of A1c data after Quest Diagnostics.
- 8.2% increase in administrative rate for Controlling High Blood Pressure (CBP)
- 4.8% increase in administrative rate for Childhood Immunization Status (CIS)
- 3.7% increase in administrative rate of lead screening in children (LSC)
- 2.3% increase in Immunizations for Adolescents (IMA) — meningococcal submeasure vs. additional increases for all IMA submeasures, including a 1.2% increase in overall IMA — Combo 2 reporting
- Additional significant increases to many other CIS submeasures, including a 1.8% increase in the overall rate for CIS-Combo 10

The combined extracted data for HEDIS® reporting and NCQA Validated Data from MX is one of the largest influencers on administrative rates outside of HPSJ's claims data. The data provided by MX not only increased HEDIS® scores, but also the improved accuracy in gaps in care reporting helped close gaps and reduce time and effort needed for hybrid chart review.

"The combined extracted data for HEDIS® reporting and NCQA Validated Data from Manifest MedEx is one of the largest influencer on administrative rates outside of HPSJ's claims data."

– *Kathleen Dalziel, Director of HEDIS® and NCQA, HPSJ*

A commitment to continuous quality improvement using HIE data

HPSJ has long demonstrated a commitment to identifying and implementing innovative data-driven strategies to provide high-quality healthcare in a timely, caring, and culturally sensitive manner. As California embarks on its ambitious efforts to implement statewide health data sharing requirements and succeed under CalAIM, HPSJ provides a model for how other California health plans can partner with nonprofit HIEs like Manifest MedEx in using data to improve the health and wellness of the communities they serve by improving healthcare quality and reducing healthcare costs.

About Manifest MedEx

As the largest nonprofit health data network in California, Manifest MedEx (MX) is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 32 million Californians across 126+ hospitals, 13 health plans, and 1800 providers. Together, we are transforming the healthcare landscape across the state, supporting California as a leader in affordable, proactive, and compassionate medical care.

For more information on how Manifest MedEx helps health plans streamline HEDIS®, please visit us at manifestmedex.org or contact us at info@manifestmedex.org.

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