NEW PERSPECTIVES IN VALUE-BASED CARE:

Utilizing Supplemental Data within Electronic Health Records to Access a 360-Degree Patient View, Identify Care Gaps and Meet HEDIS® Quality Targets

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empowering better health

Accurate health data serves as a critical component for driving measurable health improvements, giving health plans and providers an opportunity to optimize high-value care through the use of aligned measures in key quality areas that are essential to value-based programs.

While electronic claims data transmission from provider's offices to payers supports a consolidated view of the individual patient, supplemental data provides additional clinical information about a patient for a more comprehensive picture of the care and services delivered.

Beyond claims data, supplemental data may include CPT II codes for reporting a clinical result, such as a retinal eye exam or blood pressure. The inclusion of supplemental data saves time, money and resources because it mitigates the need for chasing individual charts, simplifies data attainment and improves the data available for Healthcare Effectiveness Data Information Set (HEDIS®) reporting and patient analytics.

TWO TYPES OF SUPPLEMENTAL DATA

Standard Supplemental Data are electronic files that come from providers who render services to patients.[1] Production of these files follows clear policies and procedures, and standard file layouts remain stable from year to year.

Non-standard Supplemental Data is used to capture missing service data not received through administrative claim sources, or in the standard files. Examples include patient self-reported services or use of data abstraction forms. Health plans must have clear policies and procedures that describe how the data is collected, validated and used for HEDIS reporting.

When aligning priorities around quality measures to meet healthcare improvement goals, astute stakeholders increasingly turn to innovative technology that enables the streamlined collection of performance measurement data, including supplemental data. Healthcare performance measurement data are aggregated, quantified and analyzed on a particular healthcare-related activity.[2] Their purpose is to identify opportunities for reducing costs, improving quality of care and increasing efficiency of care delivery.

The inclusion of supplemental data, however, is critical to measuring care gaps. For example, hypertension, cancer and depression screenings and diabetic measures usually require a lab result, survey score or vitals to verify that the provider is managing the patient's conditions.

THE CHALLENGE

Electronic health records (EHR) can now be connected to a platform to gather patient data for automatic submission, completely removing human interaction from the submission process. Typically, the upload feed occurs overnight and the provider receives a report displaying care gaps closed for those records.

Every year, the HEDIS measures are updated, which means the programming must also be updated. To avoid any mishaps or errors in data submissions, the new HEDIS specifications must be painstakingly reviewed and closely monitored,

costing more money and time.

Also, the provider must be certain that the data is sent to each payer. This makes it highly advisable that providers engage with a National Committee for Quality Assurance (NCQA)-certified vendor with connectivity capabilities to capture facility data to avoid the extra stress of yearly updates and high costs of missing gaps in care.

CLOSING GAPS IN SUPPLEMENTAL DATA

Most HEDIS measure gaps are closed via claims, but if a result is needed to determine the quality of care, this must be sent to the payer. In the absence of data, the gap in care remains open and the provider runs the risk of not meeting their quality targets for the year.

As explained earlier, there are two ways to submit supplemental data:

Non-standard is a submission of a medical record, or a HEDIS abstractor, setting up time in the provider's office to manually pull the charts, which is time consuming. Payers often use their own portal log-ins for this activity, with the data submission process taking several hours or days. For provider's offices that handle more than 20 payers, each with different log-ins, navigational processes and reports, this process takes considerably more time. In fact, entire departments are devoted to performing this work, which takes a toll on budgets. What's more, this doesn't take into account chart audits, which occur several times per year for each payer, adding a substantial layer of expense that can cause some offices to shut down operations for a day.

Standard submissions, which providers and payers prefer, costs less and are faster and more accurate. This process can be accomplished through health information exchanges (HIEs) and reduces the need for chart audits.

AVOID HEDIS DISASTERS: VALUE OF AN NCQA-CERTIFIED VENDOR

Effectively monitoring data requires using a reputable vendor, especially for handling population health programs. Reliance upon an NCQA-certified vendor helps to ensure success—and avoid a troubling process with disastrous results.

Case in point, consider a health plan population health engagement manager who had just finished a previous year performance analysis for the HEDIS program and was tasked with ensuring that gaps in care were closed with major health systems. She noticed that blood pressure screenings were well below plan average for one particular group. Throughout the year, these performance measures had been tracked, but this was a last-minute and unforeseen dip in the score. She spent the next several days reviewing reports, numerators and denominators, and re-running the analysis.

As it turned out, the platform had a programming error and was not NCQA-certified, which meant that every year the coders needed to rewrite for the new measures. For the blood pressure screening, the coding was not properly completed and by the time the uploads were finished, it wasn't until the end of the year before the error was noticed. By then it was well past the deadline.

This seemingly small problem could have led to a substantial loss of money, mass firings and loss of a STAR rating. The health plan had no choice but to have multiple analysts recomb records, working around-the-clock for days to submit thousands of rows of data. Ultimately, this massive effort saved the plan's STAR rating.

An NCQA-certified vendor that gathers data from EHRs, HIEs and other data sources would have saved substantial time and stress, and more importantly prevented inaccurate patient data.

EVOKE360: NCQA-CERTIFIED SOLUTION

DataLink's Evoke360 population health solution enables providers to rapidly access, extract and electronically export patient data from a meaningful use-certified EHR to a continuity of care (CCD) document. This innovative solution enhances provider workflows and clinical decision-making, virtually eliminating human transmission errors from faxing and uploading documentation for supplemental data and closing quality care gaps in near real-time.

For payers, greater accuracy and a dramatic reduction in data extraction time rapidly closes gaps in care improving patient outcomes, positively impacting HEDIS scores and CMS STAR ratings.

DataLink's robust HEDIS engine is NCQA-certified for all 97 measures for 2020 and refreshed annually for the most accurate data. This solution uses analytics to prioritize patient populations, harnesses EHRs to reduce reporting lag, provides EHR extraction and data standardization, uses telehealth to drive care delivery, generates patient and provider scorecards and improves provider engagement and incentives.

When it comes to supplemental data, the collection and utilization of data pose challenges to payers as they prepare for HEDIS. This is why including supplemental data sources is so valuable in presenting opportunities to improve performance rates, especially when data capture from standard administrative claims information is minimal. Supplemental data can also be collected throughout the year, providing another opportunity to improve efficiency of data collection and deliver visibility into performance rates on an ongoing basis.

Keep in mind that if one record in an audit sample fails to meet the documentation requirements, that data will not be accepted for supplemental data submission for an entire year.[3] In fact, documentation errors are the primary cause of failed audits—highlighting the value of Evoke360.

While supplemental data carries some exclusions of use, it can be used for numerator events or services and for required and optional exclusions. NCQA has clarified that supplemental data may be used to determine patients in hospice and patients who have died. However, the list of exclusions is longer and includes denominator events, measures with no numerators, clinical conditions that change and risk adjustment.

By aligning with a HEDIS vendor that is NCQA-certified, organizations boost opportunities for optimal performance measurement that includes supplemental data to more accurately identify—and potentially close—gaps in care. Given today's overstressed healthcare system and these uncertain times, effectively monitoring supplemental data has never been more important.

About DataLink Software

DataLink Software (DataLink) is a healthcare technology company that empowers better health by enabling payers, providers and risk-bearing entities with real-time data aggregation, EHR connectivity and dynamic dashboards and reporting. DataLink's intelligent, data-driven solutions drive value by reducing the cost of care, improving quality scores, ensuring risk adjustment accuracy and simplifying healthcare navigation.

DataLink works with the top national health plans and delivers unparalleled results to its clients in the United States and Puerto Rico.

To learn more, visit www.datalinksoftware.com or contact us at info@datalinksoftware.com.

1. Consortium of Independent Physician Associations; The Importance of Monitoring Supplemental Data; CIPA Newsletter; October 2019; https://www.medicaladvantagegroup.com/wp-content/uploads/2019/11/CIPA_NEWS_OCTOBER-2019.pdf; accessed October 5, 2020.
2. IBM Watson Health; Healthcare Performance Measurements; IBM; https://www.ibm.com/watson-health/learn/healthcare-performance-measurements#:~:text=Healthcare%20performance%20measurements%20are%20aggregated,increasing%20efficiency%20of%20care%20delivery.&text=Quality%20and%20efficiency%20of%20patient%20car; accessed October 5, 2020.
3. Consortium of Independent Physician Associations, 2019.