

Preparing for 2023 – How to Rapidly Close Member Data Gaps and Correct Inaccuracies

Presented By:

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We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

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Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

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started by Ilene MacDonald 440 days ago

2

The impact of COVID-19 on Quality and Stars
started by Ilene MacDonald 489 days ago

12

ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

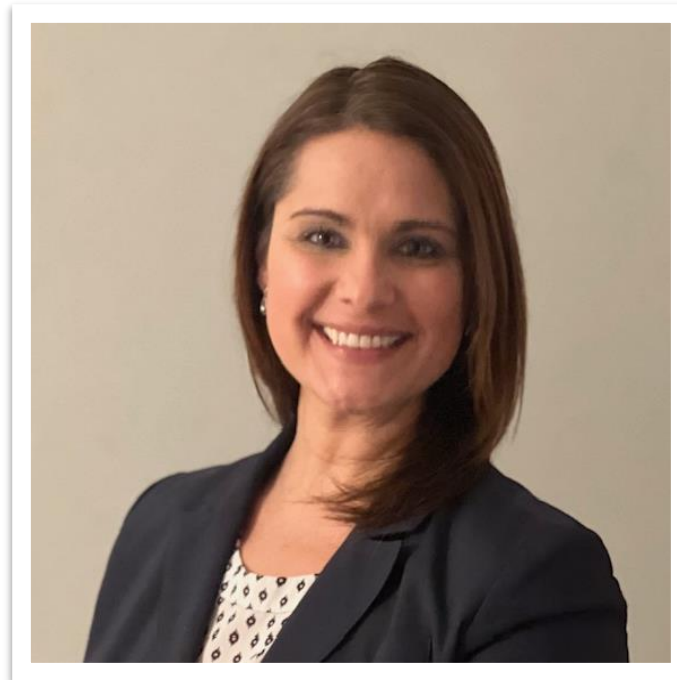
Hello, I'm ...

Melissa Silva

Payer Solutions Lead, Ciox Health

My background is in...

- MA revenue and operations
- HCC risk adjustment & provider reimbursement strategies
- Healthcare software applications
- Technical support for end users of decision support tools



I'll be talking about

- Data access
- New member data
- Best contact information
- Deceased indicators

Hello, I'm ...

Melissa Smith

EVP of Consulting & Professional Services,
Healthmine

I'm know for ...

- Being a thought leader and healthcare strategist
- Developing enterprise-wide solutions to improve
 - Star Ratings
 - HEDIS scores
 - Quality performance
 - Health outcomes
 - Member experience



I'll be talking about

- Capturing REL data for in-home assessments & program management
- Enhancing program adherence
- Identifying program gaps



**Data Access Is Rapidly
Changing**

Overview



Unlocking the power of data in healthcare is one of the greatest opportunities of the 21st century



Data fragmentation is the biggest bottleneck to realizing the power of data and technology in healthcare



Solving it requires a health data network



An effective health data network, must be ubiquitous, privacy-centric, and neutral

Objectives

From digital retrieval to SDOH Data, the industries access to data is changing faster now than ever before. As we prepare to enter a new year, now is the time to consider the data you have, the methods used to retrieve member data, plus the tactics in place or missing for improving member engagement.



Contact Data Set Accuracy

- Phone
- Email
- Address



Capturing New Member Data



Program Management

- Enhance program adherence
- Identify program gaps
- In Home Assessments

Poll Question #1

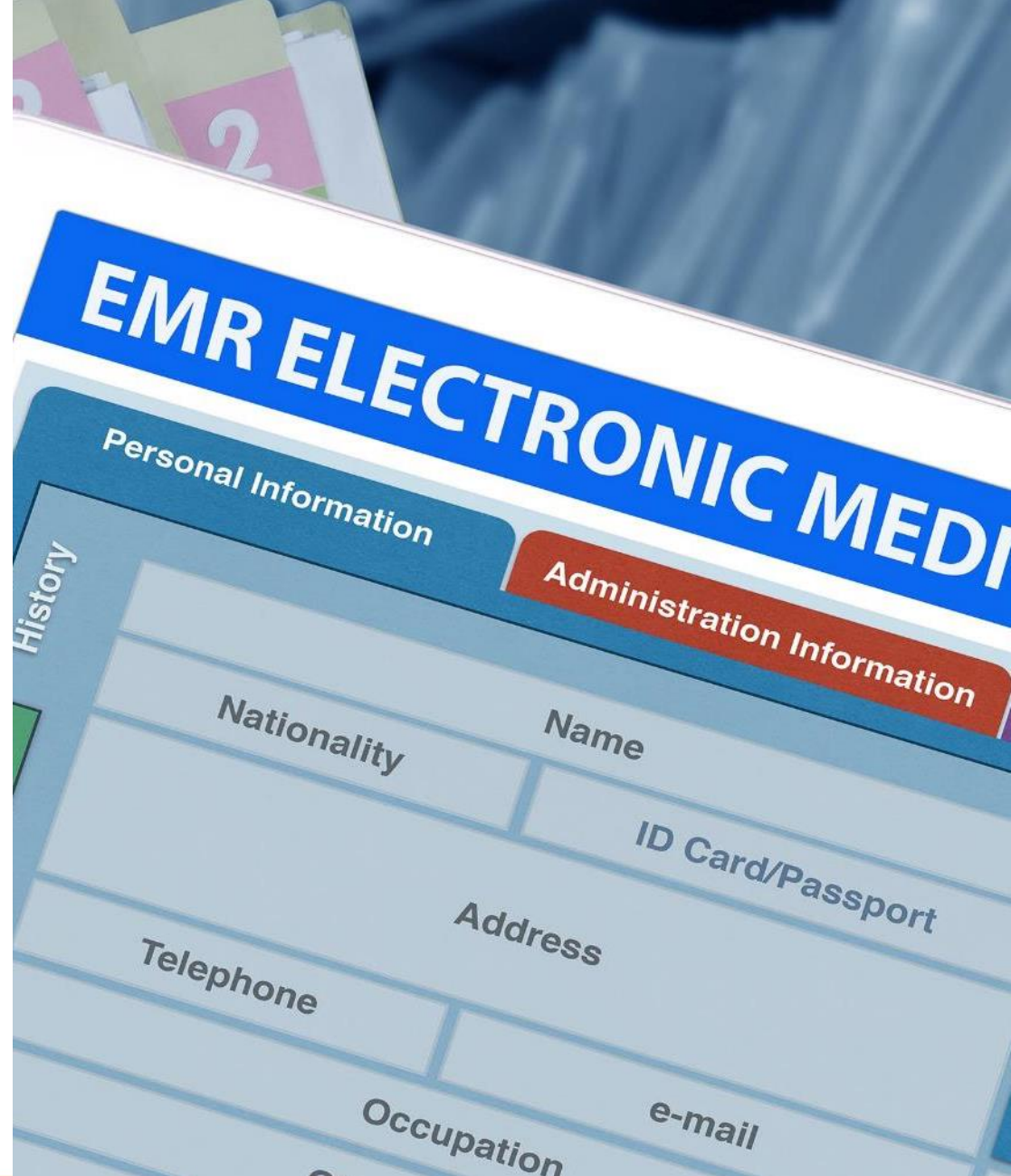
How comfortable are you with the accuracy of data, key contact information, mortality, and REL?

- Very
- Somewhat
- Not very

New Member Data

Meeting members where they are

- Clinical data for program management and member needs
- Barriers to Care - transportation issues, financial barriers, etc.
- New Member Surveys
- HRA data - Clinical capture from self-reported information



Poll Question #2

Are you currently appending member data for mortality?

- Yes
- No
- I don't know



Contact Data Set Accuracy

**Patient Data Is Often
Not Current, Correct
or Complete²**

5 – 10% of individual contact information provided by commercial carriers is incorrect

15 – 20% of individual contact information provided by employers is incorrect

25 - 30% of individual contact information provided by Medicare is incorrect

40 – 50% of contact information provided by Medicaid is incorrect

Appending data with ...



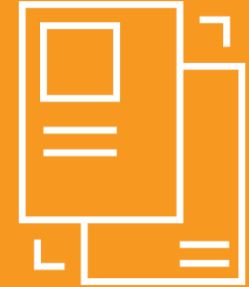
Addresses



Phone Numbers



Deceased



SSNs and more





**Extension
Approved**



**Legislature is
Challenging**



**What you need to
know now**



How to prepare

Capturing REL Data

**In-home
assessments
& program
management**



Adjust Gap Closure Strategies Blocking the Doctor-Patient Relationship to Improve CAHPS and New HEDIS Measures

Improving timely access to appointments and care requires knowing which members are struggling, understanding their struggles, motivating them to invest the time and effort to seek doctor's care and ensuring timely access to clinical services from providers willing to treat their needs.



Patient's ability to get rapid appointments after an ED visit or a discharge require them to have a relationship with a doctor's office.

Are we identifying and solving the Social Risk Factors which have led us to the need for Risk Adjustment, HEDIS and PDE interventions so that investments and effort simultaneously reduce health disparities?

Do members have any trouble desiring and/or getting timely appointment(s) with the doctor they desire (or that PCP refers to)?

Are risk adjustment investments adequately purchasing appointment access to the limited capacity of treating providers?

Are in-home Risk Adjustment and HEDIS care gap closure appointments motivating members to imminently seek needed clinical care in a treating provider's office?

Are Risk Adjustment, HEDIS and PDE tactics motivating providers to organize and accelerate the full spectrum of appointments to meet the clinical needs of all attributed members?

Are members targeted for risk adjustment interventions the same "strugglers" that we are simultaneously trying to connect to care for strong CAHPS, TRC and FMC ratings?

A young woman with dark hair pulled back, wearing black-rimmed glasses and a light orange long-sleeved top, is looking down at a black smartphone she is holding in her right hand. She is standing in a pharmacy aisle, with shelves of various medications and products visible on both sides. The background is slightly blurred, showing more of the pharmacy environment, including a window and a sign with a red letter 'G'.

Enhancing Program Adherence

The Conversion to ECDS Measures has Begun

Existing Measures converting to ECDS:

- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- AIS – Adult Immunization Status (AIS)

Screening Measures implemented as ECDS:

- Depression Screening and Follow-Up for Adolescents and Adults (DSF)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
- Depression Remission or Response for Adolescents and Adults (DRR)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF)

Added Measures:

- Social Need Screening and Intervention (SNS-E)

Breast Cancer Screening converts to ECDS in MY2023

- Impact should be minimal

Colorectal Cancer Screening converts to ECDS in MY2024

- High impact due to removal of the hybrid methodology option
 - Every member in denominator now matters
 - Addition of members aged 45-49 will occur simultaneously
 - Age-ins for whom plan has no claims history require nontraditional engagement and interventions
- Could cause many plans to lose between 6% to 10%
- Plans leaning on year-round MRR need to adjust their strategy

Adult Immunization

- NCQA transitioning from CAHPS to ECDS HPS methodology for MY 2023
- CMS has not finalized decision or timing to convert Flu from CAHPS to HEDIS for Stars, but change could be quickly made

More ECDS Measures likely to be added as Display Measures



Identifying Program Gaps

CMS' New Quality Strategy will Change "Gap Closure"



CMS is taking an aggressive step forward as a national voice for quality:

Making quality a core part of the care journey.

- ...to ensure equitable access and care for all
- Ensure that measures, quality improvement..... keeps individuals safe
- Ensure that all individuals, their families, their caregivers.....have access to meaningful data which includes preferences and health-related social needs, and individual care plans drafted in a culturally and linguistically appropriate manner that will assist them in making informed care decisions
- Develop metrics, quality assurance and improvement programs.... able to flexibly adapt to future emergencies or challenges
- Ensure timely, secure, seamless communication and care coordination between providers, plans, payers, community organizations, and patients through interoperable, shared, and standardized digital data across the care continuum to achieve desired outcomes and provide patients direct access to their information
- Continuous innovation and change will help lead health care transformation....

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NCQA's Move to ECDS Will Require Changes to Gap Closure Strategy



People

- Who are we performing interventions with?
- Are we successfully reaching enough of the right people for the right reasons?
- Are we leveraging the right balance of high- and low-touch channels for equity, scalability, and sustainability?
- Do we have the right staff interacting with members? Do they understand the goal of their interactions?



Process

- Are you capturing enough (and the right) data?
- How are we monitoring and supporting members' ability to get the appointments, care and medications they need with ease?
- Will old processes work with new measures?
- Are we measuring the right things?
- Are we using measurements to advance efforts in the right areas?



Technology

- Are interventions scalable across all members and fast enough for success?
- Are virtual, telehealth, and RPM being optimized?
- Are internal, provider, and member tools modern and adaptable enough to accomplish new and emerging Star needs?
- Are we facilitating whole-person engagement and care?

Poll Question #3

Based on what you learned today, who would you be interested in having provide more information to you?

- Ciox
- Healthmine
- Ciox and Healthmine

THANK YOU



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