

SMART GUIDE

IMPROVE HEDIS® REPORTING WITH ANALYTICS

7 Best Practices





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HEALTHCARE'S EVOLVING FRONTIER: QUALITY

As today's healthcare landscape continues to evolve and as value-based care models arise, healthcare quality plays a key role in the success of any health plan. This shift has prompted new collaboration among payers and providers as they work to improve quality outcomes, boost patient satisfaction, and reduce costs. Together, they can achieve shared quality and value-based performance goals—leading to higher HEDIS® scores, improved quality rankings, and healthier members.



WHY HEDIS SCORES MATTER: THREE MARKET FORCES

Healthy Members

By rewarding preventive care, HEDIS encourages you and your providers to focus on member health and ensure they experience the best outcomes possible.

The Empowered Consumer

Today's healthcare consumers are connected, informed, and more empowered than ever. Whether buying plans directly or through their employers, they are taking active roles in choosing their health plans.

The Value of Quality

Employers use HEDIS data to see how quality varies according to standardized measurements. As healthy members translate to better outcomes and lower costs, your employer clients will achieve greater value.

90%
**of Managed
Care Plans**

use HEDIS to collect information on the performance of their physicians. ¹

81%
**of all
Insured
Lives**

In 2016, NCQA collected HEDIS data on health plans covering 81% of all insured lives. ¹

THE HEDIS HASSLE

Every year from January to May, payers and providers gather and analyze data to report on the quality of their care. The proliferation of this data makes it a difficult endeavor. Manual claims analysis and complex reporting require costly time and resources, and any documentation errors make HEDIS compliance problematic.

Providers: The Paperwork Burden

With the addition of MACRA, many contend that HEDIS puts too much of a burden on providers. Physicians are drowning in paperwork, filling out forms when they could be caring for patients.

Payers: The HEDIS Chart Chase

Meeting HEDIS requirements is never simple, especially when chart chase is involved. The effort involved in scheduling time with providers and determining what information is needed for which patients is significant.

The Challenges Associated with HEDIS Can Be Significant.

However, a robust analytics solution that consolidates and normalizes claims, encounter, clinical, and operational data can greatly streamline your workflows

If you rely on periodic reports to identify quality improvements and gaps in care, you might be missing the bigger picture. These reports are often provided on a quarterly or annual basis, making them out of date by the time you receive them. Not only is the data too stale to be relevant, but these reports are provided when it's too late to make changes in care.

Timely self-service analytics changes all that. Updated in near real time, the data gives you more leeway to course correct throughout the year, zeroing in on problem areas and poorly performing providers when there's still time to improve.

And with year-round data and incentives, providers spend more time willingly sharing information, and you spend less time chasing after charts.

THE ROLE OF

DATA ANALYTICS

 **HEDIS**

7 WAYS TO STREAMLINE HEDIS REPORTING

with Analytics



ENSURE MEMBER HEALTH

While HEDIS reporting is crucial to the financial viability of your health plan, ensuring member health is perhaps the single, most important benefit. Quality outcomes and preventive care have the potential to reduce costs and give you a competitive edge while keeping members healthy, engaged, and satisfied.

With a holistic view of member data, providers have the insights they need to offer preventive care and assure that no test or screening falls through the cracks. If the data reveals gaps in care, you can work with the provider to rectify them quickly and immediately.

“Measures of health outcomes can give us the most concrete sense of whether health and general well-being are improving.” ²

—Health System Tracker

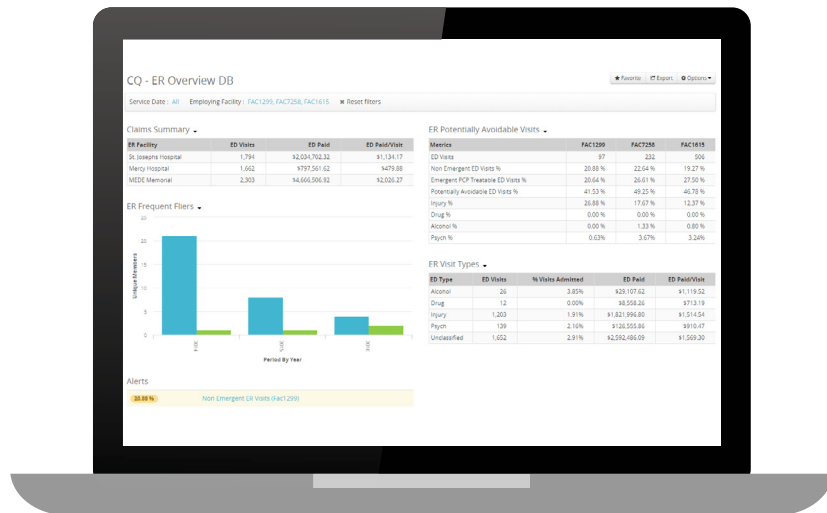


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ENGAGE PROVIDERS WITH IRREFUTABLE DATA

Providers respond to data. When poorly performing providers need to improve, you can engage them in meaningful dialogue around that data. However, when only quarterly or annual reports are available, the data is suspect and decisions often involve guesswork. With the right insights into specific HEDIS measures, you can drive meaningful change and allow all parties to be on the same page throughout the year.

Offering more than just the provider's report card, you can list all information for members attributed to that provider, identify where the provider needs to improve, and give reasons behind the poor performance. This is especially important when monitoring the performance of various shared savings groups and P4P activity.



"It's an aligned interest. The practice wants to have that up-to-date information and the health plan wants the practice to improve their HEDIS scores." ³

—Mary Barton, NCQA

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SET BENCHMARKS TO EVALUATE PROVIDERS

A crucial step in improving HEDIS scores is setting benchmarks to evaluate provider effectiveness in closing gaps in care. Whether evaluating an individual provider or comparing providers to each other, you can use benchmarks to create standard measurements.

By integrating analytics into the HEDIS process, you can use data to help define those benchmarks and evaluate provider performance based on factors such as preventive care and screening for high-cost, chronic diseases.

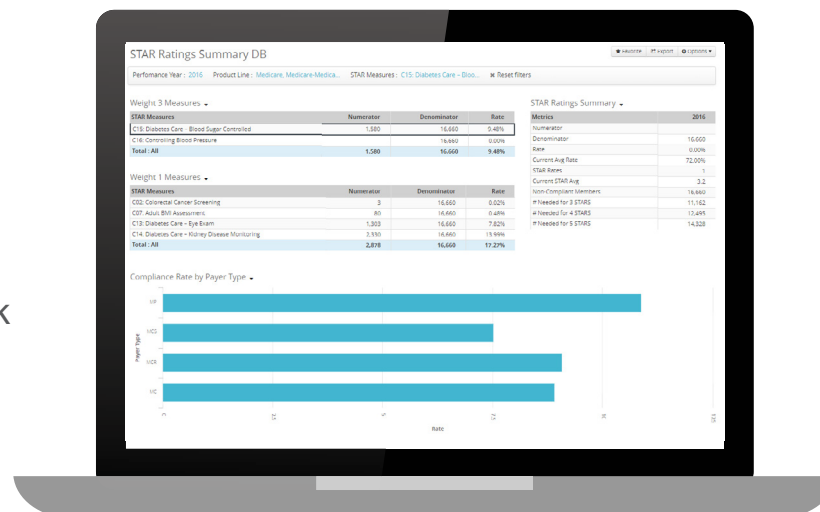


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IDENTIFY GAPS IN CARE EARLY

Closing gaps in care all year long—well before HEDIS submissions are due—is critical to ensuring high-quality scores. Rather than waiting until the end of the year when it's too late, evaluating and engaging providers throughout the year is key to HEDIS success.

With trustworthy, relevant, and timely data, you can run HEDIS measures prospectively, identifying which measures will apply to members throughout the coming year. The member and physician can then work together to quickly address those measures.



“Many plans are getting great results and easing the reporting burden by focusing on year-round data collection and intervention strategies.” ⁴

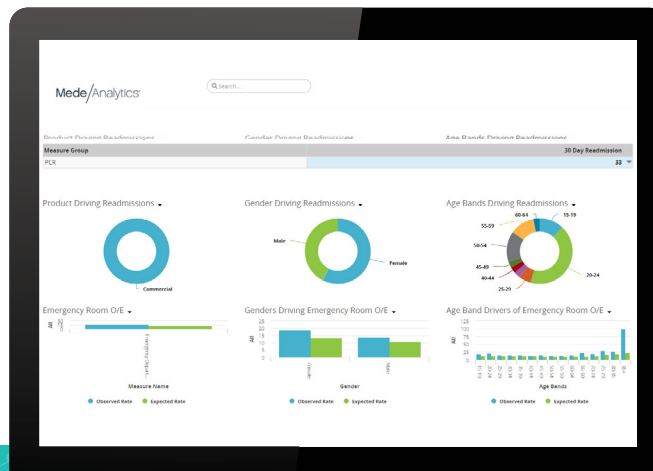
—Healthcare Finance

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INCENTIVIZE PROVIDERS FOR QUALITY OUTCOMES

Defining risk-sharing arrangements enables you to provide financial incentives to providers who achieve quality goals. These tangible incentives motivate providers to comply and improve collaboration.

With trustworthy, timely data insights, you can set up a bonus structure based on quality of care and improvements according to benchmarks. At the same time, you can use the data to incentivize members who exhibit healthy lifestyle choices.



“By arming network providers with advanced analytics tools, payers can support clinicians’ patient risk assessment efforts, illuminate at-risk patient populations and then help close identified care gaps.”⁵

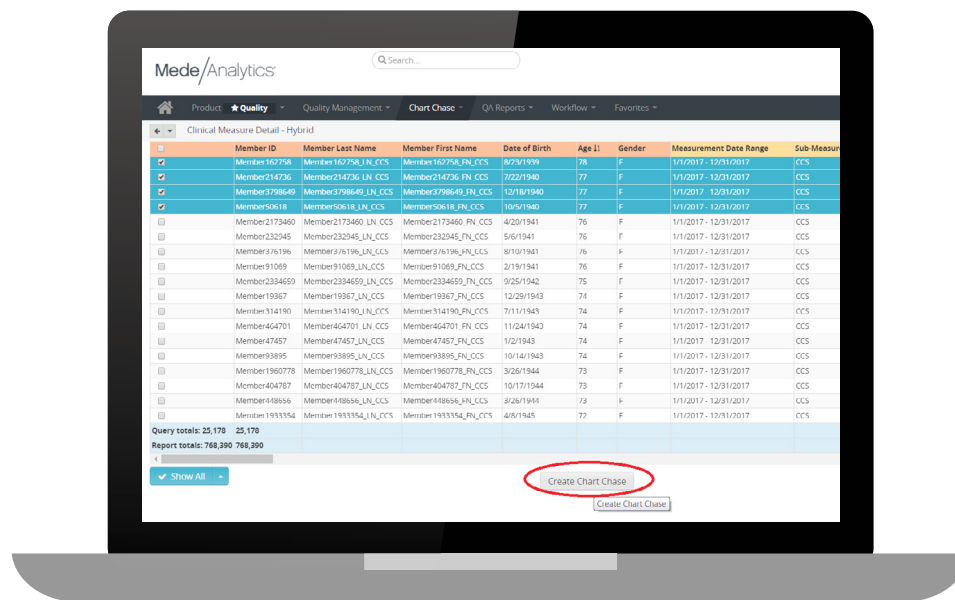
—Becker’s Hospital Review

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STREAMLINE CHART CHASES

Today's health plans rely on multiple vendors and programs to perform the tasks necessary for HEDIS. You might have one vendor that reports scores but doesn't help with chart chases. Another vendor might conduct chart chases but not maintain a data repository. With multiple systems that don't talk to each other, accessing insights requires significant data manipulation.

With the right analytics partner, you can rely on just one system for HEDIS. An integrated system would include capabilities to perform chart chases, calculate scores, report to NCQA, and update measures in near real time.

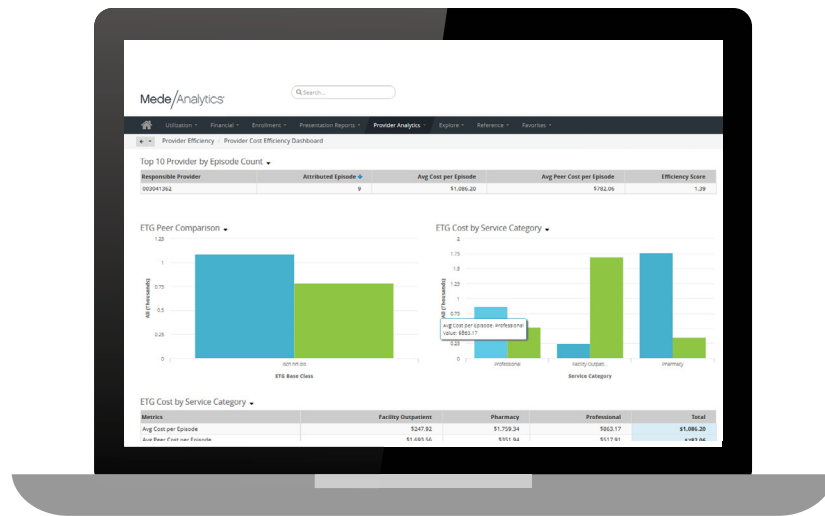


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CONDUCT A POST-SEASON REVIEW

While quality measurement for HEDIS never truly ends, it's important to evaluate what went well and what needs to change for the next HEDIS season.

With a post-season review, you can evaluate vendors, set vendor targets and expectations, clean up provider data, establish communication materials and strategies, and encourage internal team engagement. You can use your data to advocate for changes and design strategies to improve operational performance.



"It's particularly important to discuss challenges and opportunities related to vendor strategies and utilization. If there is any need to replace a vendor, seek additional vendor services, or restructure vendor agreements, it's imperative to begin that work now." ⁶

—Becker's Hospital Review

Achieve a

60%
Reduction

in time spent on
quality reporting
and submissions.⁷

**Reduce temp help
and vendor costs**

by **95%**⁷

MEDEANALYTICS QUALITY MANAGEMENT

MedeAnalytics Quality Management helps you and your providers work together to achieve your quality objectives. The data helps both parties deliver value, bring plan performance into greater focus throughout the year, and increase reimbursement potential—ultimately strengthening your plan’s reputation and financial viability.

Offering more than just HEDIS reporting, the solution supports all other quality measures while streamlining workflow.

Ongoing improvements are supported by a chart-abstraction workflow, timely updates to compliance and performance, and efficient internal audits to facilitate the closing of gaps in care throughout the year.



MAKE EVEN SMARTER DECISIONS WITH MEDEANALYTICS

With unmatched technology and industry-pioneering expertise, MedeAnalytics offers solutions that unlock your data's true business value. We empower the entire healthcare ecosystem to make even smarter decisions in the clinical, financial, and operational areas that matter most.



Let us show you how we can help you achieve high HEDIS scores.
To request a demonstration, visit www.medeanalytics.com/request-demo.



Learn more at www.medeanalytics.com/solutions/quality-management.

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