How to Improve HEDIS® Reporting Among Providers and Improve Your Health Plan Rankings
Introduction

In today’s value-focused market, health plan rankings, such as those calculated by the National Committee for Quality Assurance (NCQA), are more important than ever. In its most recent report, NCQA revealed that 37 percent of each health plan’s accreditation score is determined by its performance on a set of care and service measures called HEDIS® (Healthcare Effectiveness Data and Information Set). HEDIS® is a valuable tool for employers and consumers to compare health plan performance and value, and also enables health plans themselves to determine where to focus performance improvement efforts.

Step 1
Health plan runs report in the Theon® platform’s Care Optimizer® module.

Step 2
Health plan drills down to reveal member attribution by provider and practice.

Step 3
Health plan saves the data view as custom list: affected providers notified through cloud based platform.
Because providers have a stake in timely and accurate HEDIS® reporting, it is important for health plans to communicate the value of, and provide the right tools for, facilitating compliance with HEDIS® measures.

A robust analytical solution that incorporates specific HEDIS® functionality and population-based healthcare analytics is essential for an accountable care organization (ACO), provider or health plan to effectively manage risk and workflow associated with HEDIS® reporting. It requires a solution that integrates clinical and administrative workflows and provides clear and easy communication between health plan and provider.

Solutions available on the market today, such as Geneia LLC’s (Geneia) Theon® advanced analytics and insights platform, help health plans more effectively manage and maximize their value-based reimbursement arrangements. Geneia’s health plan clients use data readily available and easily extracted from the Theon® platform to monitor and improve HEDIS® compliance, motivate provider participation, establish internal benchmarks for provider evaluation, ease reporting burden at the clinical and health plan levels, and facilitate patient outreach for increasing preventive care.

Understanding the path toward better HEDIS® reporting among providers and utilizing the right technology platform and analytics capabilities will help your health plan achieve more accurate and optimized risk scores and improved rankings.
Help Providers Understand Importance of Accurate HEDIS® Reporting and Motivate Compliance Through Bonus Structure

It has been a challenge for health plans to collect the required HEDIS® information from providers, often leading to physician abrasion and the deployment of nurses to chase down charts. Innovative health plans are leveraging the principles of risk-sharing arrangements to change things for the better.

Technology platforms combined with verifiable data that is clearly understood and easily shared between health plans and providers help health plans incentivize increased HEDIS® reporting and provide the means to reach goals and track progress on risk-sharing arrangements. When providers have tangible incentives to reach HEDIS®-reporting targets and a straightforward, less burdensome means to fulfill them, they are more motivated to comply and feel the relationship with health plans is less adversarial and more collaborative.

A simple bonus structure can give providers and their staff enough motivation to trust in the technology and see it as a tool that enhances their ability to provide effective, high-quality preventive services for their patients. Physicians have the most control over outcomes in the first four domains (effectiveness of care, access and availability of care, satisfaction with the experience of care provided and use of service), which includes measures like pediatric and adult BMI testing, mammograms, colorectal cancer screening, diabetic eye exam, and cholesterol screening.
Health plans could identify a specific population of patient members and provide a per-patient bonus for each patient that is moved from non-compliant to compliant within a specified period of time. As providers increase their HEDIS® reporting and come into continual compliance, health plan rankings improve and they achieve NCQA accreditation requirements surrounding the development of quality programs.
Ease Reporting Burden on Providers By Offering an Integrated Platform

Past resistance to HEDIS® reporting on the provider side had a lot to do with the arduous nature of the task. A care team had to manually track open HEDIS® measures, map them to upcoming patient appointments and report on them after delivering services.

Because today’s analytics platforms integrate with provider IT systems at the clinical and administrative levels, staff can automate these tasks, easily identifying open measures and addressing them during upcoming patient appointments.
Here is an example of how Geneia’s Theon® platform facilitates workflow with respect to an open HEDIS®-related care opportunity – adolescent well-care visits. In this example, health plans use the technology platform to identify open opportunities and transmit the information directly to the care team member who can easily view it and act to close the care opportunities.

The availability of a simple-to-use, integrated technology platform facilitates workflow on the provider side and reduces the reporting burden for everyone. Providers can enter basic and supplemental HEDIS® information at the point of care, which increases HEDIS® scores and dramatically reduces the need for health plans to track down charts.
3 Evaluate Provider Effectiveness

The next step in the path to improved health plan rankings through better reporting of HEDIS® measures is to evaluate provider effectiveness in closing identified care opportunities. Platforms like the Theon® application can integrate HEDIS® measures with existing data to enrich the accuracy and insights for evaluating providers in areas such as delivery of preventive services, screening and diagnostic tests, and prescribing. Health plans can establish internal benchmarks, rank providers within specified peer groups and easily identify low-compliance providers.

4 Target High-Value Measures That Increase Star Ratings

Sophisticated analytics enable providers and health plans to improve Star and HEDIS® ratings whenever possible without redundant reporting. Additionally, many of these same quality measures correlate to specific risk markers that, when properly reported, enable a health plan’s risk factor score to more accurately reflect the existing population.

Technology makes it possible for health plans to identify and target specific high-value measures. For example, certain HEDIS® sub-components – like bone scans for osteoporosis patients – are more heavily weighted than other measures since they are Centers for Medicare and Medicaid Services (CMS) Star measures and are used to determine revenue incentives.

While the patient population with this condition is generally small, the value of reaching out and providing preventive services is huge. The additional weight assigned to bone scans for the osteoporosis population is three times that of other measures, increasing CMS Star ratings through providing HEDIS®-coded preventive services.
Increased accuracy in reporting of patients with conditions such as those with osteoporosis will cause the health plan’s Risk Adjustment Score (RAF) and Commercial Risk Adjustment Score (CRA) to more accurately reflect the health of the overall member population. As these scores are appropriately adjusted, health plans can earn higher reimbursement. Finally, when RAF and CRA scores rise in comparison to other health plans in their market, the health plan with the highest RAF and CRA scores stands to benefit.
Continually Monitor Performance and Demonstrate the Win-Win

Timely and accurate HEDIS® reporting is a win for health plans and providers. Using a technology platform with a robust analytics engine to simplify and automate what were previously time-consuming manual tasks facilitates this process. Accurate insight into HEDIS® performance saves time and ensures members receive optimal preventive care.
Providers can proactively monitor and manage patient health, address issues early, prevent further complications, and report on the delivery of preventive services within an easy-to-use, intuitive analytics platform. Since HEDIS® is becoming the standard quality metric set and plays a role in determining patient-centered medical home designations, uplifts and other incentive payments, it makes sense for providers to work toward increased compliance with reporting and outcomes. HEDIS® helps health plans earn additional reimbursement dollars, which can also mean increased revenue to providers. And increasingly more and more health plans are directing patients to providers with higher HEDIS® scores through reductions in copays.

Finally, health plans can use the information available through an integrated platform to implement and support ongoing provider evaluation and performance improvement activities. This will ultimately lead to enhanced rankings and position in the market, as well as strengthen current risk-based reimbursement arrangements and facilitate better collaboration with providers to deliver high-quality, patient-centered care.
About Geneia

Geneia specializes in the development of advanced clinical, analytics and technical solutions for healthcare transformation. Our team of physicians, nurses, technologists, analytics experts, and business professionals have created a suite of solutions that enable health plans, hospitals, and employers to better understand, evaluate, and manage the health of their populations. Using our advanced analytics platform, remote patient monitoring tool, and education and research institute, we work with healthcare organizations to improve outcomes, lower cost, and restore the Joy of Medicine. The company has offices in Harrisburg, PA, Manchester, NH, and Nashville, TN.

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