



Electronic medical record data feeds: Increasing rates, decreasing medical record review

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Medicare Advantage program for Simply.

Agenda

- Background
- HEDIS® rates calculations
- Are claims inclusive?
- Medical records and gaps
- Electronic medical record (EMR) data feeds

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Background

- What is HEDIS (Healthcare Effectiveness Data and Information Set)?
- Data is collected to calculate the rate for each measure.
- Rates are calculated by the number of members eligible (denominator) and divided by the number of members who are compliant (completed an eye exam, a1c test, etc.).
- Measures are used to evaluate provider's performance on HEDIS NCQA and STARS measures.
- This ensures that members are receiving the proper care.
- HEDIS data is not always captured through claims submission and requires medical record collection and review. Examples of data not captured through claims:
 - Member visits prior to enrollment
 - Claims billed to a third-party billing agency
 - SNOWMED codes
 - Lab and prescription data

How HEDIS rates are calculated

- Data is collected primarily from claims and medical record data:
 - Administrative method — Claims, data feeds
 - Supplemental method — Medical records
- Records are collected to *supplement* claims year-round, but record collection increases greatly between January and May.

Claims are not all-inclusive

- Member visits prior to enrollment:
 - Cervical exams prior to pregnancy
 - Well-child visits before enrollment
- Member's medical history:
 - Colorectal exam
 - Eye exam
 - Breast cancer screening
 - History of cancer
- Claims billed to a third-party billing agency:
 - Limits to the number of codes submitted
- Lab results:
 - Missing CPT® II codes in claims
 - Labs completed outside of LabCorp
- Prescription data:
 - When the Rx was filled

Medical records needed to fill the gaps

At the practice:

- Incoming faxes/phone calls
- Printing
- Faxing/re-faxing
- Paper and ink supply/demand
- Recurring requests
- Shredding service

Copy service:

- Expensive to the provider and health plan
- Lack of accurately fulfilling the request:
 - HEDIS training needs improvement
 - Hospitalist records
 - Wrong date of service
 - Does not send all records to health plan due to *their* internal quality assurance process
 - Not representing your practice accurately
 - We will still call you

Solution: EMR data feeds

- Data comes from the EMR system to the Simply and CHA Quality team directly.
- Free service, including the secure file transfer protocol (SFTP).
- Reduces the administrative burden of medical record requests.
- Data is more thorough and efficient than claims.
- Members are targeted wholly as opposed to one measure.
- Reduction in copy service vendor utilization.

Solution: EMR data feeds (cont.)

Simply and CHA providers utilizing EMR technology can seamlessly increase HEDIS scores via a secure data feed.



What is an EMR data feed?

- Simply put, it is a text file with data coming from an EMR system (e.g., EPIC, e-Clinicalworks, etc.) and sent directly to the health plan. This is also known as a flat file.

EMR data feed process

- EMR feeds are sent monthly via an SFTP by your EMR data specialist.
- If you do not already have an SFTP site created, Simply and CHA will set up a site at no cost to you.
- Data is uploaded to NCQA certified HEDIS quality software.
- Data will be processed along with your claims to close gaps.

Benefits of an EMR data feed

- More efficient than faxing medical records to Simply and CHA.
- Less administrative burden for providers and office staff.
- Any and all codes that are in your EMR system will be included in the file.
- Improves individual provider and group HEDIS scores by closing gaps in care.
- Decreases health plan's requests for medical records.
- Reduces copy service vendor utilization and requests.
- Provider staff are not displaced from daily office tasks to fulfill requests.
- Trained and proficient HEDIS staff are utilized, reducing copy errors.
- Members are reviewed as a whole, opposed to via **Provider Dashboard** reports.
- Other possible resources for data can be identified while researching the medical record.
- Identification of gaps in care and opportunities for improvement can be communicated to the provider in a timely manner that will meet the time frames specified for HEDIS measure outcomes.

Thank you

<https://provider.simplyhealthcareplans.com>

<https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

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