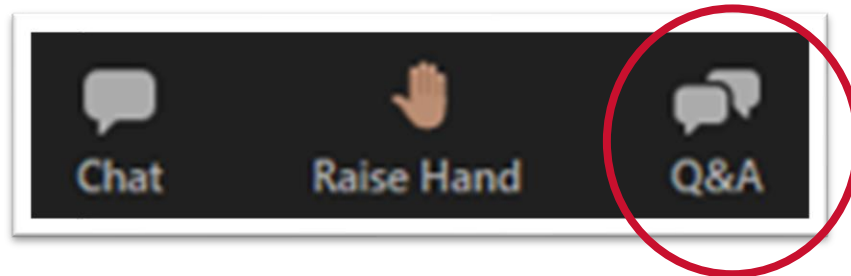Thank you for joining!

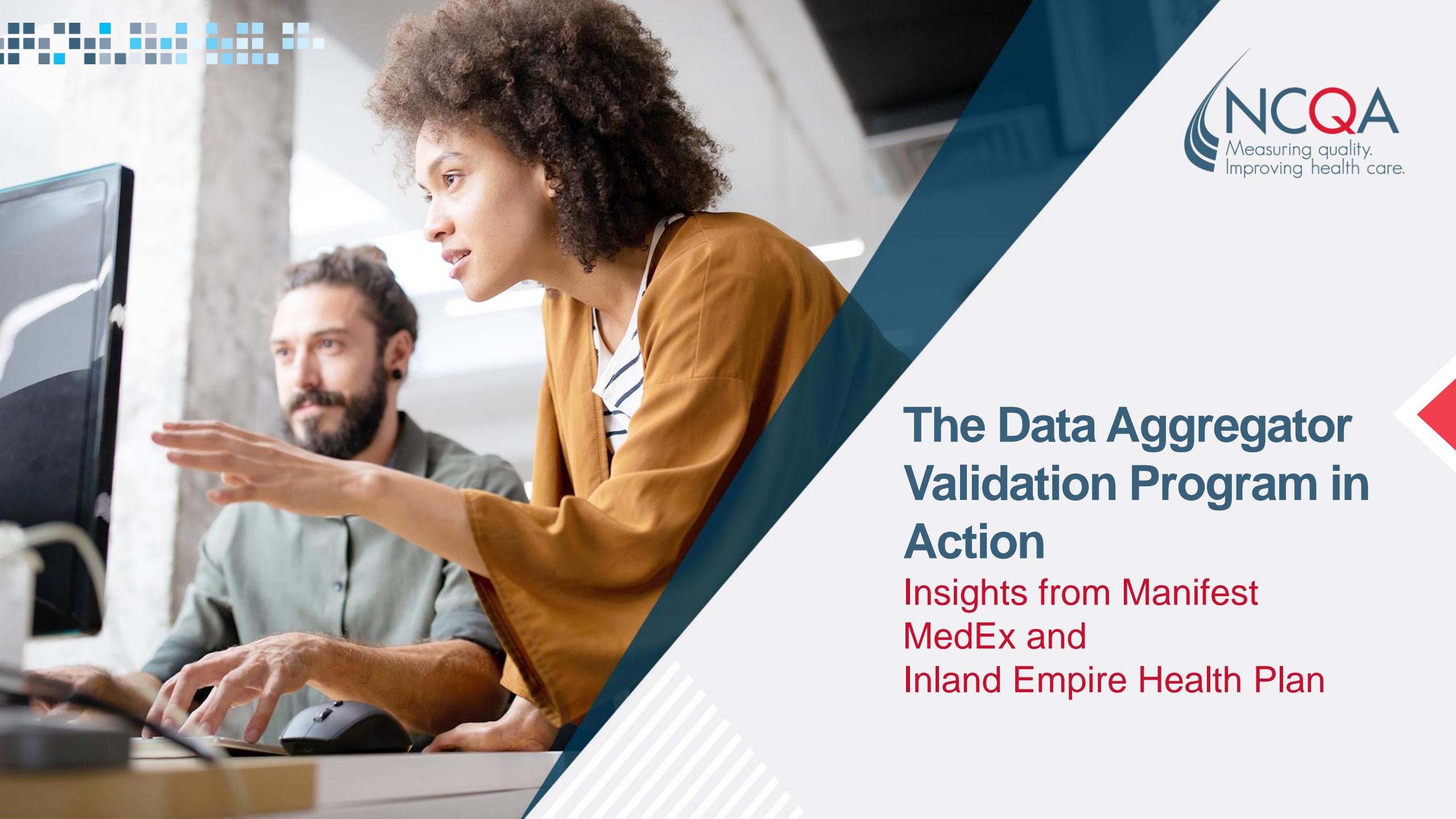*The presentation will begin shortly.*

NCQA

How to Submit Questions During the Webinar

Zoom Housekeeping

1. Locate the 'Q&A' icon on the menu bar.

2. During the webinar, please submit questions via the 'Q&A' box.

3. You question will be responded to live by one of the presenters.

The Data Aggregator Validation Program in Action

Insights from Manifest MedEx and
Inland Empire Health Plan

Speakers

GOVINDER GILL
NCQA,
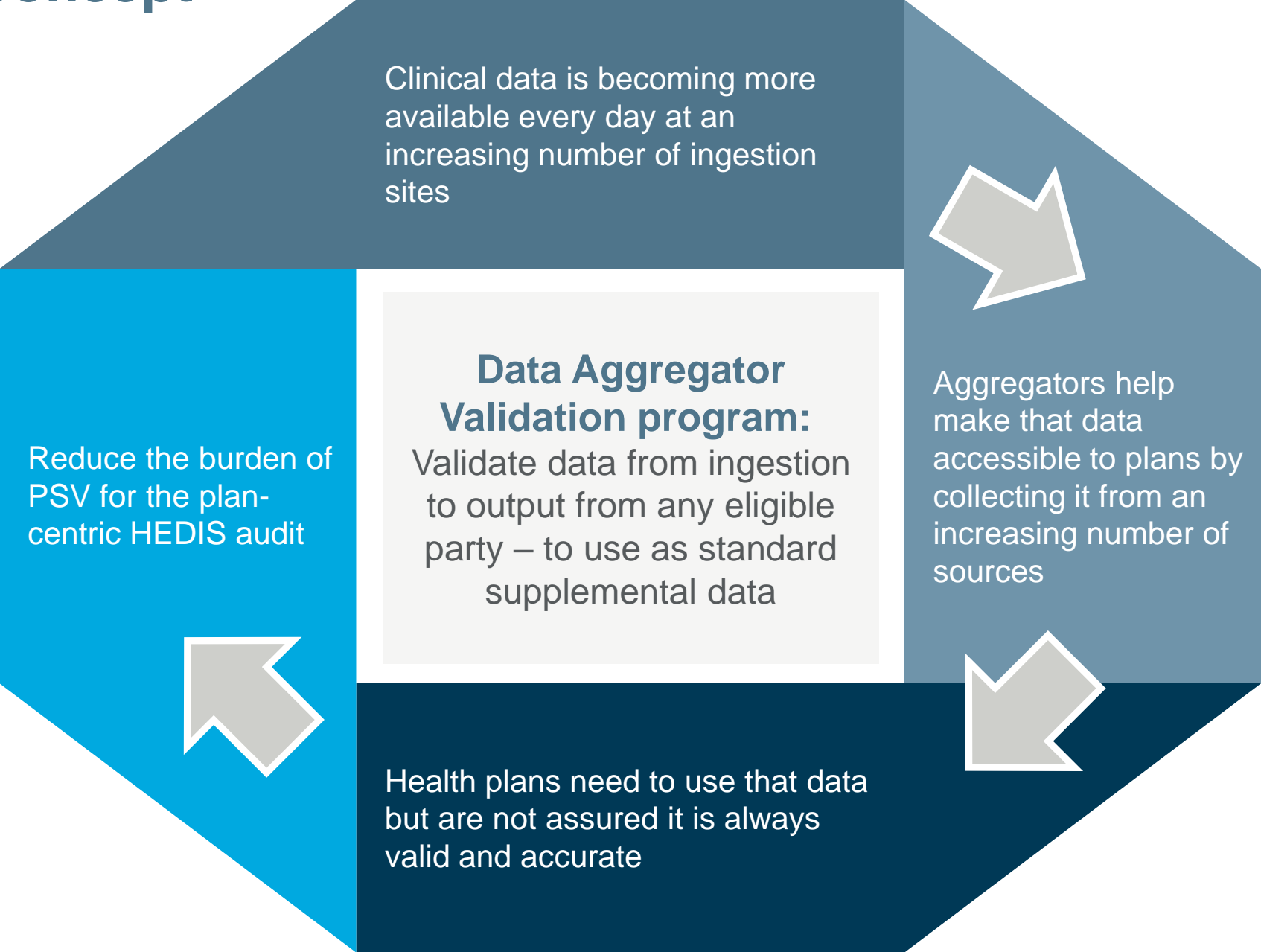Product Manager

JASON BUCKNER
Manifest MedEx,
CIO

GENIA FICK
IEHP
VP of Quality

Agenda

- **PROGRAM OVERVIEW AND BACKGROUND**

- **MANIFEST MEDEX PERSPECTIVE**

- **INLAND EMPIRE HEALTH PLAN PERSPECTIVE**

- **GETTING STARTED**

Program Concept

Clinical data is becoming more available every day at an increasing number of ingestion sites

Data Aggregator Validation program: Validate data from ingestion to output from any eligible party – to use as standard supplemental data

Reduce the burden of PSV for the plan-centric HEDIS audit

Aggregators help make that data accessible to plans by collecting it from an increasing number of sources

Health plans need to use that data but are not assured it is always valid and accurate

Program Goals

Goal #1

Integrity

Ensure that data integrity is maintained from ingestion at the primary source through transmission to vendors and health care organizations.

Goal #2

Conformity

Ensure conformance with requirements for data output is accurately, consistently and appropriately adhered to.

Goal #3

Efficiency

Minimize the audit burden on vendors and health care organizations that receive and use data for reporting HEDIS measures

Program Benefits

Trust Data Accuracy

Evaluates the ingestion, transformation and output of clinical data to help ensure data integrity.

Showcase Safe Data Management

Organizations undergo a rigorous, end-to-end look at the quality and integrity of data and the procedures used to manage and safeguard it.

Improve Efficiencies

Can be used as standard supplemental data in HEDIS reporting, eliminating the need for primary source verification (PSV) during the HEDIS audit process.

Support Contracting

A validation from NCQA helps give your contracting partners more peace of mind and makes your data more valuable.
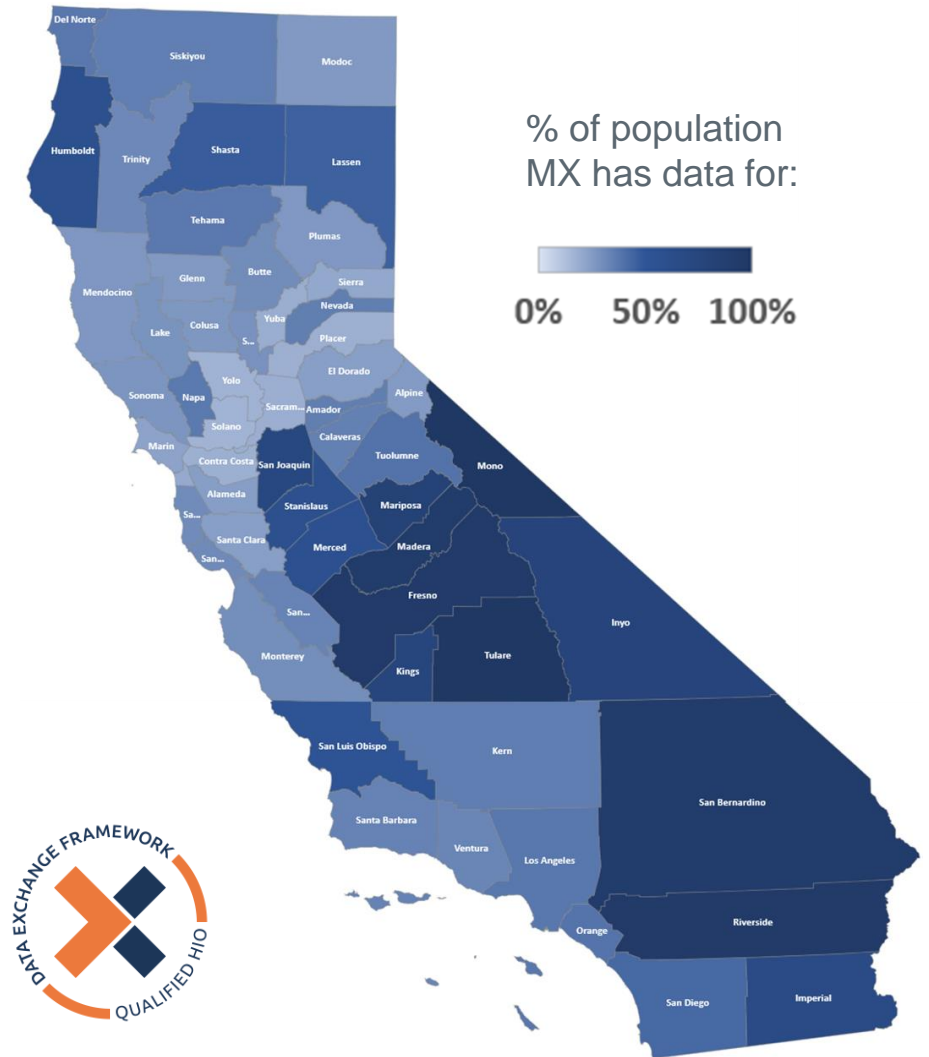
Serve as Industry Leader

Demonstrate to payers and partners that you have best-in-class data management practices and is taking steps to improve interoperability in the industry.

NCQA

About Manifest MedEx

Mission: provide every healthcare organization in California with the information they need to improve care, enhance health, and lower costs

- Largest nonprofit health information organization in California

  - Providing claims, clinical, and lab data for 38M Californians across 17 health plans, 140+ hospitals, and 3000+ providers.
  - 1.6M+ admission, discharge, and transfer (ADT) notifications delivered monthly

- CalHHS Data Exchange Framework (DxF) Qualified Health Information Organization (QHIO)

- Hi-Trust Certified

- Interoperability with 70+ EHRs
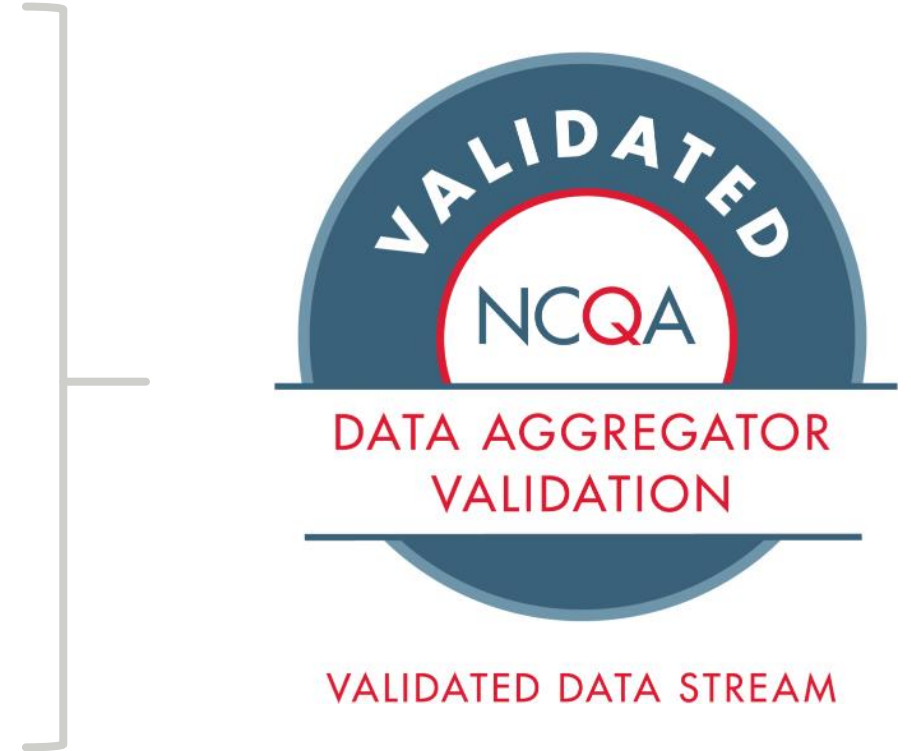
- Access to national networks via eHealth Exchange

% of population MX has data for:

0%   50%   100%

DATA EXCHANGE FRAMEWORK
QUALIFIED HIO

HITRUST

NCQA

NCQA Data Aggregator Validation

- One of three participants in NCQA Data Aggregator Validation Early Adopter Program pilot in 2020

- Earned the NCQA Validated Stream designation for four consecutive years, starting in 2021

- 12 of 17 health plans on the MX network use validated data, including Inland Empire Health Plan, Health Plan of San Joaquin, Blue Shield of California, Health Net, and Anthem Blue Cross of California

Manifest MedEx and IEHP Partnership

- Inland Empire Health Plan went live with MX in 2013

- One of the first health plans to be a part of the MX network due to the Cal INDEX and IEHIE merger to form Manifest MedEx in 2017

- IEHP incentive program has a positive impact on provider engagement with MX

- In addition to NCQA validated data, MX provides the following services to IEHP:

  - Real-time ADT notifications
  - Message Forwarding Observational Results Data (ORU)
  - Pharmacy/Treatment Encoded Orders (RDE)
  - Vaccination Record Updates (VXU)
  - Clinical Notes (CCDAs) for Risk Adjustment

CASE STUDY:
Enhancing Value to Health Plans With Validated Data

Challenge: Health plans must perform primary source verification (PSV) to comply with HEDIS® requirements

Goal: MX to deliver greater value and eliminate manual work of PSV for health plans

Solution & Benefits: Manifest MedEx participated in the Data Aggregator Program to better support health plans in PSV, specifically with IEHP

- MX reduced health plan hours spend on validation activities by 75%
- Nearly 1,000 sites validated
- MX provider network growth since 2021: 300%
- Health plan participation increase by 70%
- MX data quality increased by mirroring the PSV process during onboarding

	PLANS	HOSPITALS	PROVIDERS	INDIVIDUALS	CCDAS EXCHANGED
2021	10	126	815	30M	25M
2024	17	140+	3,000	38M	71M+

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About Inland Empire Health Plan (IEHP)

With a mission to heal and inspire the human spirit, Inland Empire Health Plan (IEHP) provides healthcare coverage to 1.5 million residents in Riverside and San Bernardino counties who are enrolled in Medi-Cal (Medicaid), IEHP DualChoice (those individuals with both Medi-Cal and Medicare) or IEHP Covered (Exchange).

IEHP has a network of nearly **7,000 providers.**

Through dynamic partnerships, quality care and award-winning service, IEHP is committed to bring optimal care and vibrant health to the Inland Empire Region of Southern California.

Our Partnership with Manifest MedEx

Years 1-9:

Connected all network hospitals N = 34
- Initially, aimed to improve reporting efficiencies between Plan and Hospital (UM Operations)
- Then, improved care coordination / transitions of care workflows
- Now, improved data visualization tools to monitor inpatient census and discharge status of all Members
- Improving data quality is ongoing

Years 7-9:

Connected 341 Primary Care Sites, representing 49% of assigned lives

Goal was to create a single pathway to share clinical data across our region to improve care coordination across diverse provider network
- Initially, aimed to get providers connected and use inpatient discharge notifications to improve follow up care (FUA, FUM, FMC, FUH)
- Then, aimed to improve data quality through participation in data validation activities
- Now, improving data completeness to support HEDIS measures
- Improving data quality is ongoing

How Data Aggregator Validation Helped Improve Data Quality

Improving Data Quality is an ongoing activity

- Created new data quality processes at MX
- MX interested in learning more about HEDIS
- Initial impacts were very small at the HEDIS measure level
- Volumes now improving for MY 2023
- Goal is to have larger pool of MX Data Aggregator Validation data than Non- Data Aggregator Validation data

Measure	MX DAV	MX Non-DAV	MX Total
Overall	4,635	4,109	8,744
CBP	3,391	646	4,037
CCS	746	369	1,115
CIS	276	1,366	1,642
IMA	126	188	314
WCV	43	1,271	1,314
PPC	4	172	176

Long-Term Benefits of Data Aggregator Validation Program

- Improve health plan data completeness

- Leverage new clinical data elements (e.g., PHQ-9 results)
  Single standard process for various clinical data sources

- Reduce administrative burden of other supplemental data sources

- Improve timeliness of reporting quality measures

- Expand use-cases beyond HEDIS reporting (e.g., risk adjustment, improve care management, care coordination services, population health management)

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Moving Forward

- Get more Providers Connected!

- Expanding Data Validation activities with Provider Network with a goal to have more providers included in Data Aggregator Validation data set

- Expand Health Plan data validation activities

- Link data from Data Aggregator Validation data sources to feed provider quality scorecards

- Improving analytics processes within Plan to 'find' numerator events

- Explore feasibility of developing standards for data capture of key clinical data elements
    - PHQ9
    - SDoH Screenings
    - HbA1c

- Continue learning together to improve data quality throughout the continuum

Cohort Schedule & Validation

Cohorts Run 20 Weeks

January 2025

- Application Deadline December 6, 2024
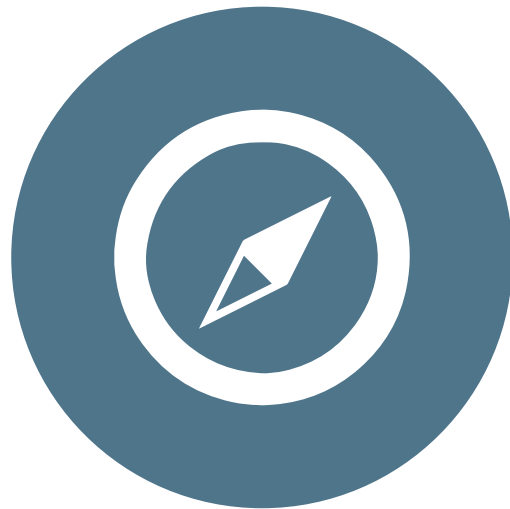
July 2025

- Application Deadline June 6, 2025

January 2026

- Application Deadline December 5, 2025

July 2026

- Application Deadline June 5, 2026

Resources

Data Aggregator Validation Website

Client Directory

Program FAQs

2025 Data Aggregator Validation Manual

Manifest MedEx Case Study

Join Us in Improving Data Quality!

Participate in our survey to help identify key challenges of data quality.
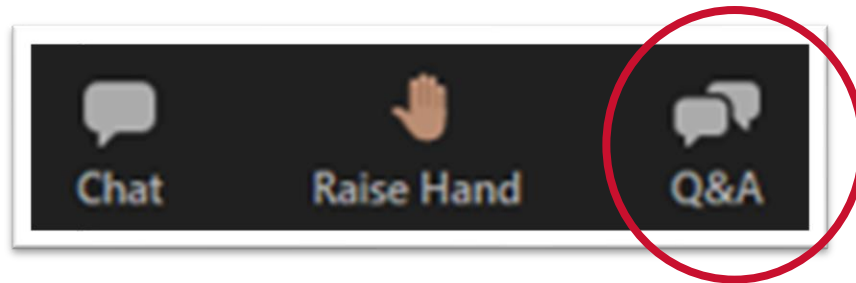
Scan the QR code to start the survey!
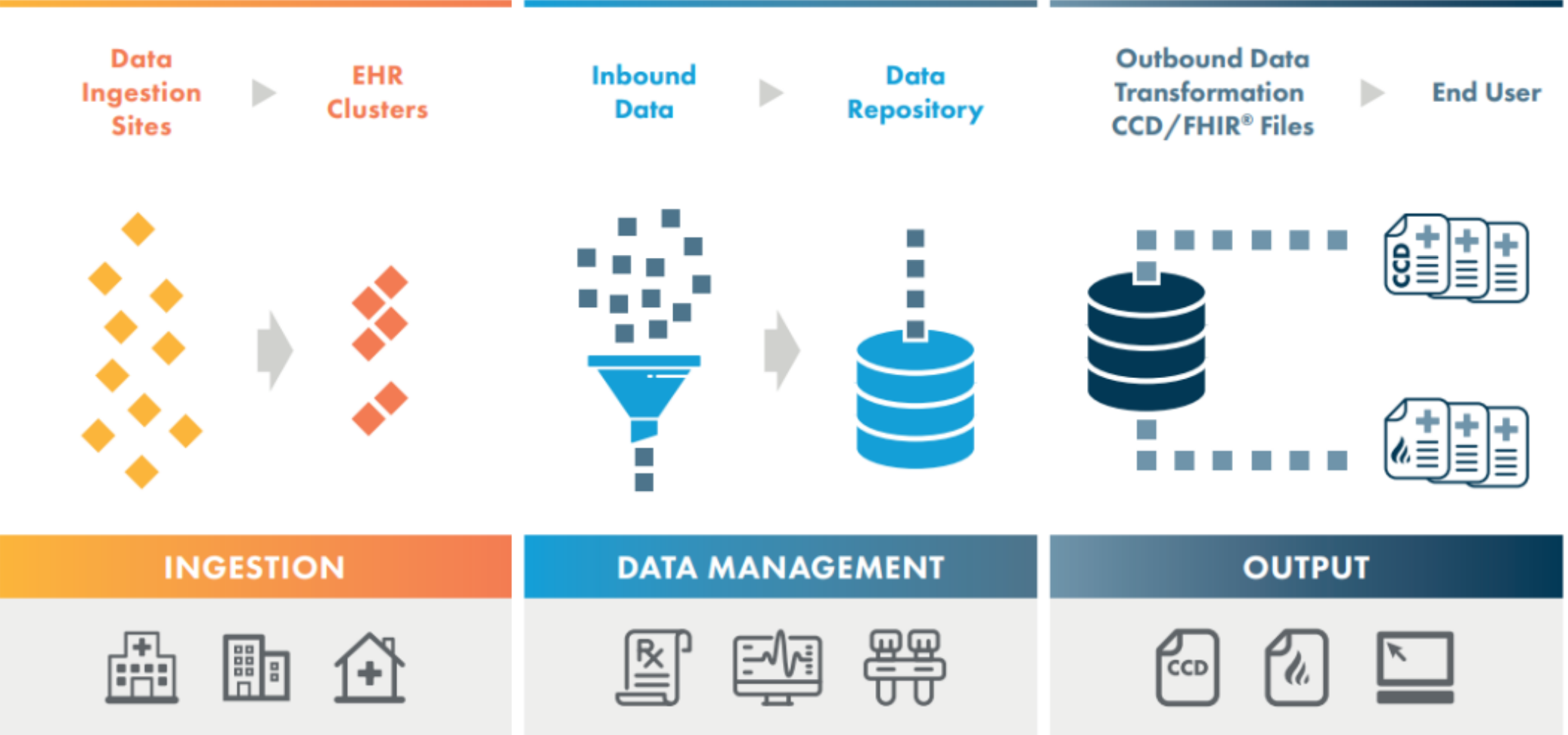
Questions

Still Have Questions?

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Appendix

Program Structure

Data Ingestion Sites ▷ EHR Clusters

Inbound Data ▷ Data Repository

Outbound Data Transformation CCD/FHIR® Files ▷ End User

INGESTION

DATA MANAGEMENT

OUTPUT

Organization Types

RESPONSIBLE PARTY

- The organization seeking validation of the data stream, contractually obligated to conduct primary source verification (PSV) and validation of the data stream

- Responsible for all standards in data stream validation or may have 1+ data partners support their data stream validation.

- Passes validated data to health plans.

DATA PARTNER

- Support responsible parties for validation of the data stream.

- An organization that does not have legal access to data to conduct PSV but may meet other Data Aggregator Validation program standards

- Does not pass validated data to health plans.