HEDIS rating improvements: Best-practice strategies

Executive summary
There are many ways payers can measurably improve their HEDIS® rates and quality of care for members.

Proven strategies focus on developing cross-functional collaborations and integrated approaches.

However, there are also many barriers to achieving HEDIS rate improvements. It’s important to acknowledge these in advance of determining a strategy for overcoming them.

- Many times the HEDIS team can find itself disconnected from other parts of the health plan — particularly during the most intense submission times.
- Teams may be split to focus solely on retrospective collection or prospective collection.
- Submission teams likely interact with engagement campaign teams, yet so much could be achieved through collaboration.

Payers that have had the most consistent HEDIS rate improvement are those that have created pathways for strategic collaboration and program integration to align their risk and quality programs. Below are best practices for creating those pathways.
Toward greater alignment

To achieve the alignment essential to improving HEDIS ratings, start by looking at the groups within your health plan that could have the most influence if they were to collaborate. This graphic depicts key areas to consider.

**Data and reporting**
- Data sources
- Population registries
- Data latency
- Dashboard reporting
- Data process/flow
- Performance management
- Data completeness, operations accuracy

**Organization and strategy**
- Executive support
- Strategic roadmap
- Program governance
- Culture, organization and accountability
- Prioritization and investment

**Provider strategy and engagement**
- Provider contracting
- Provider communications
- Provider incentives
- Provider collaboration/risk-sharing (ACOs/PCMHs)
- Provider profiling/segmentation

**Operations management**
- Vendor management
- AandG, complaints, CTMs
- PBM optimization
- Compliance
- Call centers
- Chart chase processes

**Clinical programs and member engagement**
- Clinical program strategy and design
- Member incentives
- Benefit designs
- Member insight management
- Member engagement strategies and operations
Then, determine ways to encourage cross-functional collaboration. For example:

1. From an organizational structure standpoint, identify a roadmap that enables departments to engage members and providers intelligently so you can improve rates by maximizing efficiency. People, programs and technologies are likely all spread thin, so aligned engagement is critical to using resources effectively.

2. Examine the resources that are dedicated to quality — the programs that use data beyond HEDIS submissions. How can cross-functional sharing create mutually beneficial results?

3. Consider your provider network: Is risk-sharing part of the design? This can help increase provider participation.

4. Identify providers with low HEDIS scores and align those with coding inconsistencies. That will help determine which engagement strategies will work best.

5. Bring the functional areas together through data and reporting. The more integrated your functional areas are, the more all can work toward a common goal.

### Compliance and quality: Primary opportunities for integration

Next, think about the retrospective and prospective activities that take place. Look for correlations between the two kinds of services.

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<th>Retrospective services</th>
<th>Prospective services</th>
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Compliance and quality: Primary opportunities for integration

Next, think about the retrospective and prospective activities that take place. Look for correlations between the two kinds of services.
One example: From a retrospective point of view, is your member and provider attribution model used consistently between risk and quality activities? Prospectively, how does that attribution help you segment your population?

Often plans use different types of pursuit targets for chart review activities. Having a centralized analytics and reporting system can help you aggregate data from multiple programs — even outside of risk data, such as utilization. All can help identify and close gaps — delivering significant dollars back to your organization.

Consider the teams going back to providers for charts as soon as the HEDIS submission is closed. By developing more effective chart-based programs, you can maximize member and provider engagement team efforts.

**Bridging compliance and quality: The Patient Assessment Form**

Patient Assessment Forms (PAFs) allow you to capture risk and quality data and enable quality data to be used for supplemental data purposes. Some payers believe you can only use PAFs for Medicare members. Indeed, this helps capture rates to close gaps in care. But, you can and should use PAFs across all lines of business to facilitate HEDIS rate improvement during the measurement year.

For example, identify your targets and use your monthly prospective data to identify gaps in care. Increase your segmentation analysis for providers and members to get the greatest lift. Make sure providers know exactly what you need them to do; the more specific the PAF instructions, the better. That will enable your engagement teams to pursue each gap opportunity efficiently.

Be sure to code each PAF and convert to a pseudo claim (it will then need to be audited to become a supplemental team.) Each will yield very useful data over the short and long term. This is a great way to improve rates: You get usable data from a supplemental perspective and also identify non-compliant members. If you do this early in the year, your provider and member engagement teams have time to close the gaps and you can get a consistent lift year over year.
Better data acquisition

The ideal best-practices model to improve HEDIS ratings is based on electronic data acquisition. If you have the ability to work with your provider network, your associated EMR system, or a vendor in the industry to set up a direct connection to EMR, you will be able to acquire data far more efficiently than manual chart review.

Leverage this direct connection to:

- Search for a member’s encounter data for HEDIS chart review
- Supplement data acquisition to identify compliant members
- Identify who is non-compliant or out of range to pursue case management needs

You can also get access to highly useful summary files. It is important to note that not all EMR systems have summary files, but newer ones do. These are sometimes called Continuity of Care Documents or CCD files. They summarize data well within each member’s chart. HEDIS auditors have noted these are an acceptable form of evidence for supplemental data or medical record review purposes.

If you have the ability to gain data directly from EMR, you will be able to improve your HEDIS rates overall and build out better roadmaps for provider and member engagements.

Electronic medical records systems

Direct connection

Retrieval of summary files

An EMR data feed enables you to be smarter about how you aggregate data and reduce the number of manual chart reviews — which reduces provider disruption.

Coordinating efforts:
Chart reviews

Your risk adjustment teams are performing chart reviews shortly after the HEDIS submissions close. By coordinating efforts, you can achieve more with less. Consider three factors for an effective integration:

1. Timing: Plot a timeline that will serve the risk adjustment team and the HEDIS team. (Risk adjustment chart reviews start in June or July.)

2. Measures: You may decide to pursue all members or just the members with a historical compliance date before the abstraction date. Also, consider a tiered deployment strategy based on measures that have time requirements.

3. Chart content: Focus on retrieving the parts of each chart needed for HEDIS extractions.
Create shared risk and quality data environments

Good data and reporting — and the analytics that come from them — are essential to any rate improvement activity. Align your executives, operational teams, provider and member engagement teams by making high quality data accessible so that all can make more informed decisions about where to focus their efforts.

Consider these specific best practices:

• Most provider scorecards only focus on risk or quality. Align your scorecards to deliver data on both — to increase provider engagement and create a unified picture of their performance.
• Create a common repository of chart images and data so functional teams within your organization can leverage that content. Even if you don’t integrate programs cross-functionally, this will at least allow for common sharing for individual analytics.
• Use the common repository to improve onboarding: identify members for diabetic screening, for example. Use it to identify correlations between measures. If you are having high in-patient utilization rates, your readmission are likely increasing as well.

In summary: The case for collaboration

Collaboration is the difference between higher and lower HEDIS ratings: The more collaboration — and effective integration — the better the rates.

Consider these five starting points for greater collaboration:

1. Align with the other areas of the health plan.
2. Work across teams to explore integration opportunities such as chart review programs and strategies.
3. Leverage data from providers and EMR systems.
4. Share data and charts through a centralized repository.
5. Maximize downstream analytics and reporting to engage providers and members.

Why Optum

We provide a unique perspective on ways to improve HEDIS ratings. Our extensive experience with payers, providers and members enables us to see beyond traditional organizational structures to identify ways to align a health plan for greater collaboration.

About Optum

Optum is a leading health services and innovation company dedicated to helping make the health system work better for everyone. With more than 85,000 people collaborating worldwide, Optum combines technology, data and expertise to improve the delivery, quality and efficiency of health care.