CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Improving Data Alignment:

A Roadmap for California's Public Health Care Systems and Medi-Cal Managed Care Plans

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This roadmap is based on the experiences of four California public health care systems and four Medi-Cal managed care plans working in partnership to align their quality data. Their lessons learned informed the steps outlined below, helping other systems and plans approach this work more effectively from the start.

Although these steps are presented as sequential phases for clarity, systems and plans adapted them based on their specific circumstances and capabilities.

The roadmap is organized into five phases for systems and plans to implement together:

Establish leadership support and governance structures

Share performance reports and select quality measures

Identify and analyze discrepancies

Assess data exchange approaches and identify additional data needs

Submit data, monitor results, and increase alignment

Establish leadership support and governance structures

1 System and plan secure executive leadership support

- System and plan obtain leadership buy-in for data alignment work
- If lack buy-in, make the case internally (i.e., demonstrate improved performance rates via initial alignment work)
- Ensure leadership provides necessary resources and protected staff time

2 System and plan establish joint committees, working groups

- Form a Joint Quality Leadership Committee with leadership from both organizations:
  - Focus on strategic direction and resource allocation
  - Schedule monthly meetings
- Form a Joint Quality Data Working Group with staff from both organizations:
  - Focus on investigating and resolving data discrepancies
  - Include Quality, Analytics, Informatics, and IT staff who understand measure specifications
  - Include external experts (e.g., the plan's HEDIS vendor) and technical consultants as needed
  - Schedule weekly or biweekly meetings with regular communication in between

Share performance reports and select quality measures

1 System and plan align performance monitoring approaches

- System adopts year-to-date monitoring of QIP rates, alongside its rolling 12-month approach
- Plan adopts rolling 12-month view of MCAS/HEDIS rates, alongside its year-to-date monitoring

2 Plan enhances and shares performance reports

- Plan adds key data elements (e.g., dates of service) to performance reports: scorecards and gap-in-care reports
- Plan provides system with direct access to reports through its provider portal or HEDIS vendor platform
- If direct access is not feasible, plan sends enhanced scorecards and gap-in-care reports to system on a monthly basis

3 System reviews performance reports to identify rate differences

- System reviews scorecards and gap-in-care reports
- System identifies notable differences between its QIP rates and the plan's MCAS/HEDIS rates
- System documents specific measures with rate variances and shares with plan

4 Systems and plans jointly select initial quality measures for alignment

- System and plan collaboratively identify measures that are most relevant to both organizations
- For example, they may prioritize measures where:
  - The plan risks not meeting Minimum Performance Levels (MPLs)
  - The system is not meeting QIP targets
  - There are significant rate discrepancies
- After reviewing these priorities and identifying any overlap, system and plan agree on an initial set of measures to align

Identify and analyze discrepancies

1 System identifies and shares data on patient-level discrepancies

- Based on gap-in-care reports, system creates a list of patients whose compliance status differs from the plan's data
- System sends this list of non-compliant patients to the plan

2 System and plan jointly analyze patient-level data

- Joint Quality Data Working Group or other individuals from system and plan's Quality, Analytics, and IT departments meet to review discrepancies together:
  - Include staff who can explain measure logic and data elements for QIP and MCAS/HEDIS specifications
  - Include plan's HEDIS vendors and technical consultants, as needed
- Ensure staff have a shared understanding of measure specification differences
- Compare and analyze specific patient records across both organizations
- Categorize differences as either unavoidable variations or actionable data gaps

3 System and plan jointly identify and categorize root causes of discrepancies

- System and plan identify specific root causes (e.g., unreported test results)
- Continue regular meetings (weekly or biweekly) with ongoing communication (e.g., MS Teams channel) between sessions focused on developing specific data exchange approaches for discrepancies

Assess data exchange approaches and identify additional data needs

1 System and plan assess data exchange approaches to address actionable discrepancies

- Identify potential exchange strategies based on the specific root causes of discrepancies
- Options include configuring the EHR to auto-drop CPT-2 codes or enabling the plan with direct, read-only access to the EHR

2 System and plan identify additional data beyond EHR data that may help fill gaps

- Determine what additional data could address specific discrepancies
- Examples include lab results from external labs and claims data from other providers

3 System and plan prepare for and begin supplemental file development

- Plan shares its HEDIS vendor's Electronic Clinical Data Systems (ECDS) specifications with the system before file development begins
- System and plan agree on file structure and data fields
- System extracts clinical data not captured in claims from its EHR, focusing on administrative measures
- System builds files based on the previously agreed-upon structure and according to the HEDIS vendor's technical specifications

4 System maps custom EHR codes

- System identifies any custom EHR codes not accepted by HEDIS and maps them to meet specification requirements
- System compiles this information into a brief narrative and mapping document and sends to the plan
- Plan uses this document to supplement claims data in a format that can pass audit

5 System validates and sends supplemental files to plan

- System conducts internal validation of files for clinical accuracy, coding, and formatting
- Plan reviews file structure and completeness
- System finalizes and sends validated file to plan using the previously agreed-upon structure and specifications

Submit data, monitor results, and increase alignment

1 Plan and HEDIS vendor process supplemental data

- Plan conducts final quality assurance of file
- Plan submits file to its HEDIS vendor
- Vendor validates file structure, codes, and compliance with MCAS/HEDIS specifications
- If acceptable, vendor loads the file into HEDIS engine for rate calculation
- If rejected, system and plan collaborate to troubleshoot issues and revise the file for resubmission

2 System and plan monitor results and increase collaborative alignment work

- Continuously track rate changes following data exchange improvements and QI efforts; adjust strategies as needed
- Document successful approaches and lessons learned for future reference
- Identify additional measures for alignment and future collaboration

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For more information, please contact SNI's Amanda Clarke.