

Version	Approval Date	Owner
1.1	September 30, 2016	Pamela Clarke

Health Plan Quality Reporting Use Case

1. Purpose

This non-treatment use case has been developed to support health plans with their quality reporting requirements. Providing access to Data in the Healthshare Exchange of Southeastern Pennsylvania (HSX) Clinical Data Repository (CDR) will make it more efficient for health plans to obtain clinical data from providers.

The Health Effectiveness Data and Information Set (HEDIS) is a data collection and reporting mechanism for provider and payer healthcare quality performance measures. More than 90% of health plans utilize National Committee for Quality Assurance's (NCQA) HEDIS to measure care and service performance, and it serves as a comparative tool to fairly assess the performance of various plans. Plans also use these measures to identify areas for improvement. A number of these measures can be affected by outreach to plan members to ensure they are receiving timely and necessary care, leading to payer adoption of intervention programs to improve measures.

The purpose of this use case is to enable payers that are health plan members of HSX to access medical records data in HSX's CDR in a secure and auditable manner that coincides with annual time-boxed HEDIS reporting cycles. Access to patient medical records enables the NCQA to rate quality of care with actual outcomes that claims data alone cannot demonstrate.

Annually, NCQA publishes a set of quality measures (e.g., for calendar year 2015, there are 88 measures across 7 domains of care). During December to May each year, submitting organizations are permitted to collect data that will be used for HEDIS reporting and complete auditing with NCQA-licensed entities. Medical record review validation (MRRV) requires plans to access patient charts for auditable medical records data as evidence to derive data submitted for HEDIS measures.

Health plans have access to health information exchange (HIE) data for their beneficiaries through the patient's longitudinal health records that are available in the exchange. This often includes Data that is used for HEDIS reporting that may or

may not be available through claims data. HIE Data can supplement traditional claims data for measures such as childhood and adolescent immunizations, HPV vaccine, mammograms, cervical cancer screenings to name a few.

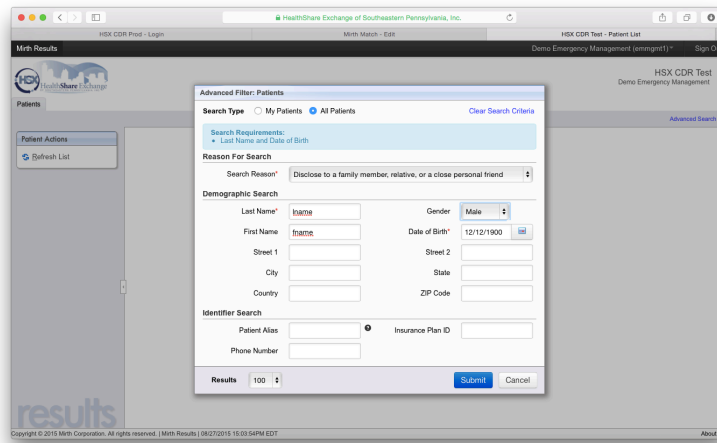
Providing HSX health plan access to clinical Data through the CDR creates efficiencies and cost savings for both providers and health plans. It would replace the burden and risks of providing multiple instances of on-site EMR access for health plan chart chases with a single, secure, automated process of sending EMR data to the HSX CDR where it can be accessed by the health plan. Health plans can reduce the costs and data quality limitations that require clinical professionals to visit multiple provider sites in an effort to locate and retrieve patient medical records distributed across several hospitals, PCPs, specialists, and other diagnostic and therapeutic locations.

2. Scope

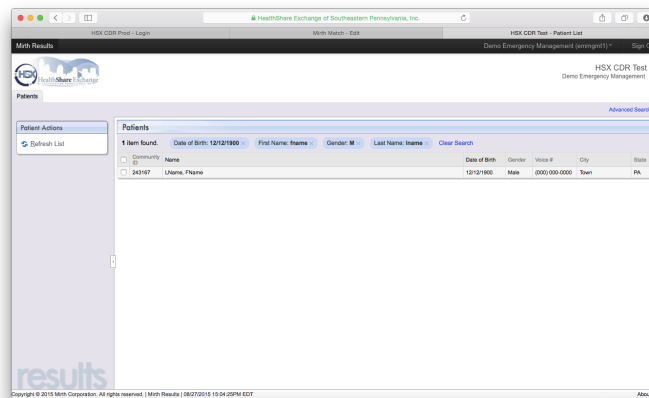
The HSX Health Plan Quality Reporting Service would provide specified representatives of payor members access to the HSX CDR for annual HEDIS reporting as needed. The scope of this service would be limited as follows:

- Only CDR Data for members covered by the HSX member health plan will be available. HSX's Quality Reporting Service would provide a search capability for only those patients who were included on the HSX subscribing health plan subscription panel for HEDIS measurement reporting.
- Health plan representatives accessing the CDR Data for HEDIS would need to limit the Data they searched on to Data for health plan members during time periods when the members were enrolled by the health plan.
- There would be no access to patients who have opted out.
- There would be no access to confidential Data (HIV/Aids; Sexual and Domestic Violence Related; Substance Abuse Related; Psychiatry Related; celebrity/VIP;).
- There would be no access to the patient record for any patient who had a self-pay encounter.
- The CDR would only be made available to specific HSX health plan member representatives who are assigned HEDIS reporting responsibilities.
- The user account would have restricted access to data. There would be no access to Data submitted by Participants that chose not to participate in the HEDIS use case.
- Specific individual secure accounts with role based access to the HSX CDR will be assigned to each specific HSX health plan member representative.

- HSX Quality Reporting Service would search on the following patient information:
 - First name
 - Last name
 - Date of birth
 - Gender
 - Member ID



- The result of the search would be any patient record included on the health plan Quality Reporting subscription panel that had these minimal search elements.



- Upon the search result, the health plan would verify the patient for whom they require HEDIS Data and click on that patient. The health plan representative would review patient information for time frames when the member was enrolled with the health plan and export in a structured data

format the relevant clinical Data contained in the CDR needed for inclusion in that health plan's HEDIS reporting.

3. Policy

This policy would be applied for all members included on an HSX member health plan Quality Reporting subscription for a given HEDIS reporting period only.

In accordance with HIPAA law 164.510(b), a covered entity may use or disclose protected health information for payment or health care operations. As per the HSX Founding Member Participation Agreement an HSX Participant is permitted to access Data as follows for:

Payment provided that the User is requesting or accessing Protected Health Information for its own payment related-use (i.e. to obtain or provide reimbursement for the provision of health care) and the Protected Health Information is being transmitted to the User to obtain or provide reimbursement for the provision of health care;

Health Care Operations ("HCO") the purpose of the request is for those Health Care Operations listed in paragraphs (1) or (2) of the definition of Health Care Operations in 45 C.F.R. § 164.501 or health care fraud and abuse detection or compliance; and (iii) the Covered Entity's Authorized User is requesting the Protected Health Information for its Covered Entity's own use;

The triggering request for the HSX Quality Reporting Service would be a need for medical records data for a patient to be included in HEDIS reporting.

The results of the search (i.e., patient medical records) would be provided only to the authenticated, authorized user.

The HSX Encounter Notification Service can be leveraged to enhance the efficiency of quality reporting efforts by the HSX health plan members.

This service would be available to health plans for the duration of HEDIS reporting and would be turned on/off as determined by HSX Senior Management and in concert with the HSX Executive Committee.

The Health Plan Quality Reporting Service shall be used for HEDIS reporting purposes only.

4. Procedure

Patient Consent

HSX Quality Reporting Service will be subject to the Opt-Out policy. No Data for reporting would be available in the case of a patient opt-out.

Clinical Data Repository Access and Data

- HSX designates Authorized Users who are able to search selected HEDIS panel patients. HSX provides education and training for the Authorized Users regarding appropriate access to Data in the CDR.
- Minimum Necessary Data Elements are Restricted to those that provide direct evidence of the measure to be satisfied and as included in <https://www.ncqa.org/Portals/0/PublicComment/HEDIS2016/Compiled%20HEDIS%202016%20Public%20Comment%20Materials.pdf>. Categories to be included are: allergies; condition/problem; diagnosis; functional status; immunizations; labs; medications; procedures; functional history; social history; treatment care plans and vital signs/observations including but not limited to pain assessments.
- Users will only be activated during the specified period of time or by exception as noted above.
- Users will be deactivated when their accounts are no longer needed for specific, allowable reporting purposes.

Authorized Users

Select HSX health plan member representatives will be established as authorized users of this service in support of quality reporting only.

Quality Reporting Service Process

- HSX health plan member identifies patients and medical records required and submits to HSX a patient panel that includes only those patients needed to complete quality reporting. HSX creates a corresponding health plan quality reporting group in the CDR.
- HSX health plans may submit a patient panel specific for HEDIS reporting. As part of the panel submission, health plan includes information regarding member eligibility.
- HSX conducts a quality assurance check on the panel that validates the eligibility period for members included on the panel before creation of the reporting group in the CDR. Members on the panel outside of the acceptable reporting date range would be excluded.
- Authorized, authenticated HSX CDR user accesses the system.

- HSX CDR user searches for patient, confirming patient identification by last name, first name, birth date and gender at a minimum. Member ID can also be used for patient identification.
- HSX CDR user reviews patient chart and results pertinent to HEDIS measure to be supported.
- HSX CDR user obtains Data needed through an export in a structured data format and any supporting audit data to address HEDIS compliance audit needs.
- HSX CDR user exits and logs off CDR.

Service Availability and Support

HSX Staff will provide 24/7 availability and support when this service is available. To make support requests, contact HSX Support as follows:

Phone: 855-479-7372 (855-HSX-SEPA)

5. Enforcement

HSX's Chief Information Security Officer will work with HSX Health Plan Members as they determine who the specific authorized users for the Quality Reporting Use Case would be and will manage access to the HSX Network and CDR accordingly.

In accordance with HSX Audit and Monitoring Policy, HSX will monitor the access to Data to ensure that it is in accordance with the Quality Reporting Use Case as defined above. Any Participants' failure to adhere to HSX's applicable policies including the Data Misuse Policy will be subject to corrective actions that may include, but not be limited to, re-education; training; and suspension of service until the participant is able to comply with the policy.

HSX will maintain audit logs in accordance with the *Compliance Policy* for (7) seven years of access information for the specific period of time that the service is turned on and made available.

6. References

Regulatory References:

- "HEDIS and Quality Compass." *National Committee for Quality Assurance*. <http://www.ncqa.org/HEDISQualityMeasurement/WhatIsHEDIS.aspx> 27 January 2016.

- “HEDIS 2016 Summary Table of Measures, Product Lines and Changes.” National Committee on Quality Assurance. Volume 2. 27 January 2016.
- 45 C.F.R. 164.501 defines Health Care Operations
- **“Participant”** as defined in the HSX Founding Member Participation Agreement means, in general, a person or entity that has entered into a binding agreement with HSX setting forth the terms and conditions of access to and use of the HSX Network after such person or entity is approved as an authorized Participant of HSX.
- HIPAA Regulatory Reference: HIPAA § 164.502 (a)
- Pa. Code § 9.672 (c)
- <http://www.hhs.gov/hipaa/for-professionals/faq/265/may-a-health-care-provider-disclose-protected-health-information-to-a-health-plan/>

7. Definitions

For a complete list of definitions, refer to the *Glossary*.

Policy Owner	HSX Chief Privacy Officer	Contact	Pam.Clarke@hsxsepa.org
Approved By	Clinical Advisory Committee	Approval Date	March 8, 2016 September 8, 2016
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Related Documents	Audit and Monitoring Policy Credentialing Policy Data Misuse Policy Encounter Notification Service Opt Out and Opt Back In Policy Compliance Policy HSX Founding Member Participation Agreement
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