Health Plan Quality Reporting Use Case

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<th>Version</th>
<th>Approval Date</th>
<th>Owner</th>
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<td>1.2</td>
<td>January 11, 2023</td>
<td>Don Reed</td>
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1. Purpose
This non-treatment use case has been developed to support health plans with their quality reporting requirements. Providing access to Data from the Healthshare Exchange (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.

Annually, NCQA publishes a set of quality measures; these can change from year to year. 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 health plans to access patient charts for auditable medical records data as evidence to derive data submitted for HEDIS measures.

The purpose of this use case is to enable payers that are health plan members of HSX to use medical records data from HSX’s CDR in a secure and auditable manner. Access to patient medical records enables the NCQA to rate quality of care with actual outcomes that claims data alone cannot demonstrate.

Health plans have access to health information exchange (HIE) data for their beneficiaries in real-time and/or through the patient’s longitudinal health records with the HSX CDR query portal. 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 various HEDIS measures.
Providing HSX health plan access to clinical Data from the CDR creates efficiencies and cost savings for providers and health plans. Health plans, specifically, can reduce the costs and data quality limitations that require clinical professionals to access multiple provider sites to locate and retrieve patient medical records distributed across several hospitals, PCPs, specialists, and other diagnostic and therapeutic locations. Accessing this clinical Data from the HSX CDR not only reduces the burden on providers and health plans, but also helps to mitigate the security risks of providing multiple instances of EHR access for health plan chart chases.

2. Scope
The HSX Health Plan Quality Reporting Service provides specified representatives of health plan members access to HSX clinical Data to be used for HEDIS reporting and other quality-related programs.

The technical mechanisms for how Data is provided include, but are not limited to:

- **Real-Time Data**
  - Only CDR Data for members currently eligible with the HSX member health plan is made available.
  - Data will flow to health plan members in real-time, generally sent via HL7 or CCD, as attributed (eligible) members have encounters throughout the year.
  - Data will not flow to health plans for patients who have opted out of the HIE.
  - Data is non-standard supplemental data and is subject to NCQA audit.

- **Query Portal Access**
  - Only CDR Data for members currently eligible with the HSX member health plan will be available.
  - Query portal access is only made available to specific HSX health plan member representatives who have quality reporting responsibilities.
  - Individual secure accounts with role-based access (e.g. Payor QR User) to the HSX CDR query portal will be assigned to each specific HSX health plan member representative who is accessing the Data for HEDIS purposes.
  - Data will not be included in the file for patients who have opted out of the HIE.
o Data is non-standard supplemental data and is subject to NCQA audit.

- NCQA DAV-Certified Longitudinal Data
  - Only CDR Data for members currently eligible with the HSX member health plan will be available.
  - File provided conforms to NCQA’s Standardized Continuity of Care Document (CCD) Implementation Guide for Quality Measurement Reporting.
  - For the attributed members for which HSX has certified data during the measurement year in scope, HSX shall provide clinical data for such patients that is DAV program specific.
  - Data will not be included in the file for patients who have opted out of the HIE.
  - Data is considered standard supplemental and is NOT subject to further NCQA audit.

Other mechanisms of Data delivery may be added as technical capabilities and/or Member requests evolve.

3. Policy

This policy applies to all members included on an HSX member health plan Quality Reporting subscription for a given quality 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 or other quality reporting.

The HSX clinical data would be provided only to authenticated, specified representative(s) of the health plan to be used for HEDIS and other quality reporting.

This service would be available to health plans for the duration of quality reporting programs that occur throughout a given calendar year. Access to the CDR Query Portal may need to 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 and other quality reporting purposes only.

4. Enforcement
HSX’s Chief Information Security Officer, or a designee, will work with HSX health plan members as they determine who the specific authorized representatives for the Quality Reporting Use Case would be and will manage access to HSX clinical Data and/or CDR accordingly.

In accordance with HSX Audit and Monitoring Policy, HSX’s Chief Information Security Officer, 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.
5. Procedure

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

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

Clinical Data Repository Query Portal Access
- HSX health plan member identifies members and submits to HSX a panel that includes only those members applicable to the quality reporting period and requirements.
- HSX conducts a quality assurance check on the panel before creation of the reporting group in the CDR.
- HSX designates Authorized Users who can search for empaneled members of the health plan for HEDIS and other quality reporting purposes. HSX provides education and training for the Authorized Users regarding appropriate access to Data in the CDR.
- Authorized users will be able to view Data in the HSX CDR query portal for their empaneled members only.
- Authorized Users will have active accounts during an active audit or reporting period. Access extensions may be granted from time to time by exception, as approved by HSX Senior Leadership.
- Authorized Users will be deactivated when their accounts are no longer needed for specific, allowable reporting purposes.
- 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 can download any pertinent data for quality reporting purposes.
- HSX CDR user exits and logs off CDR.
Quality Reporting Service Process for Delivery of Real-Time Data & NCQA DAV-Certified Data

- HSX health plan member identifies members and submits to HSX a panel that includes only those members applicable to the quality reporting period and requirements.
- HSX conducts a quality assurance check on the panel before creation of the reporting group in the CDR.
- Real-Time Data: Prospectively, HSX shares in real-time episodic encounter notifications on a per patient basis as the health plan’s attributed population seeks care at HSX member facilities. Retrospective episodic encounter notifications can also be shared but involves a separate scope of work.
- NCQA DAV-Certified Data: For those health plans participating in this service, longitudinal .xml files will be shared with the health plan. HSX will query the HSX CDR and compile all clinical data from encounters that happened at DAV-certified sites during that measurement year. Health plans will receive one longitudinal file per patient that meets the above criteria.

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: support@healthshareexchange.org

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

7. References
Regulatory References:

- 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)

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<th>Privacy Officer</th>
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<td>Version #</td>
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<td>April 8, 2016</td>
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