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# We will begin Momentarily

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# Making Digital Quality Count

## Ensuring Accuracy, Trust & Impact

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# Housekeeping

Slides & Recording will be sent after the session

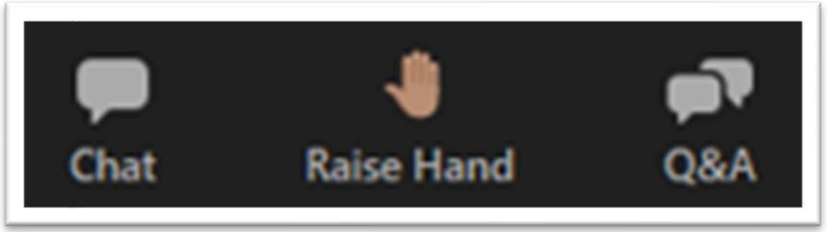
Please compete the survey at the end of the session

How to Submit Questions During the Webinar

1) Locate the ‘Q&A’ icon on the menu bar.

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

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



# Speakers

**Rodolfo Velasco**
Chief Revenue Officer,
Ingenia Health

**Alan Koo**
Chief Innovation and
Technology Officer,
Ingenia Health

**Liz Carr**
VP of Product and Growth,
Ingenia Health

**Stephen Miracle**
Director, Customer Success &
Implementation, NCQA

**Allison Lance**
Director, Digital Quality Community,
NCQA

# Agenda

Here is what we will cover today

## Setting the stage

1. Ingenia overview – relationship with NCQA & DCS participation
2. Opportunities presented by dQM
3. Timeline: NCQA, Vendor & Plan

## Data Integration & Transformation

4. The new data environment
5. Transforming data for dQM
6. Validating and using dQM output

## Conclusion

7. Key takeaways

# Setting the Stage: About Us

## Ingenia Health & HEDIS

- **Our history with NCQA**
  - HEDIS certified vendor for 14+ years
  - Participated in the 2016 learning collaborative for ECDS measures on depression
- **Our history with the DCS (Digital Content Services) program**
  - Partnered with NCQA in early 2024
  - Tested the deployment process of the initial DCS engine
  - Tested accuracy & scalability of the MY2023 DCS engine (partial measure set)
- **Current DCS work**
  - MY2024 measure engine testing – expected completion in November 2025
  - MY2025 measure engine testing – beginning work in Q4 2025
  - MY2025 parallel testing (DCS vs Vol 2-based engine) – beginning work in 2026
  - Sharing findings with NCQA
    - Measure accuracy
    - Engine performance/scalability
- **Other Competencies**
  - Data integration solution and services (Data Warehouse for Health Plans) and healthcare quality solutions (HEDIS, Stars, dQMs)
  - Our solutions are used by plans that serve over 2.5 million lives. Our clients have an average Star Rating of 4.6 including the largest 5 Stars MA Plan in the nation.

# Setting the Stage: dQM Opportunities

Perfect is the enemy of good!  There are numerous benefits to the dQM transition.

| Transformation | Benefit |
|---|---|
| Measure-as-a-Service | All plans will have access to new measures at the same time |
| NCQA will validate measure code (centralized) | Frees up plan & vendor resources |
| Standardized CQL code | Enhances the value and use of benchmark data |
| Audit will focus on data sources & completeness | These are items fully within plans' control |
| Streamlined Allowable Adjustment support | Accelerate quality improvement activities |

# Setting the Stage: Digital Quality Timeline

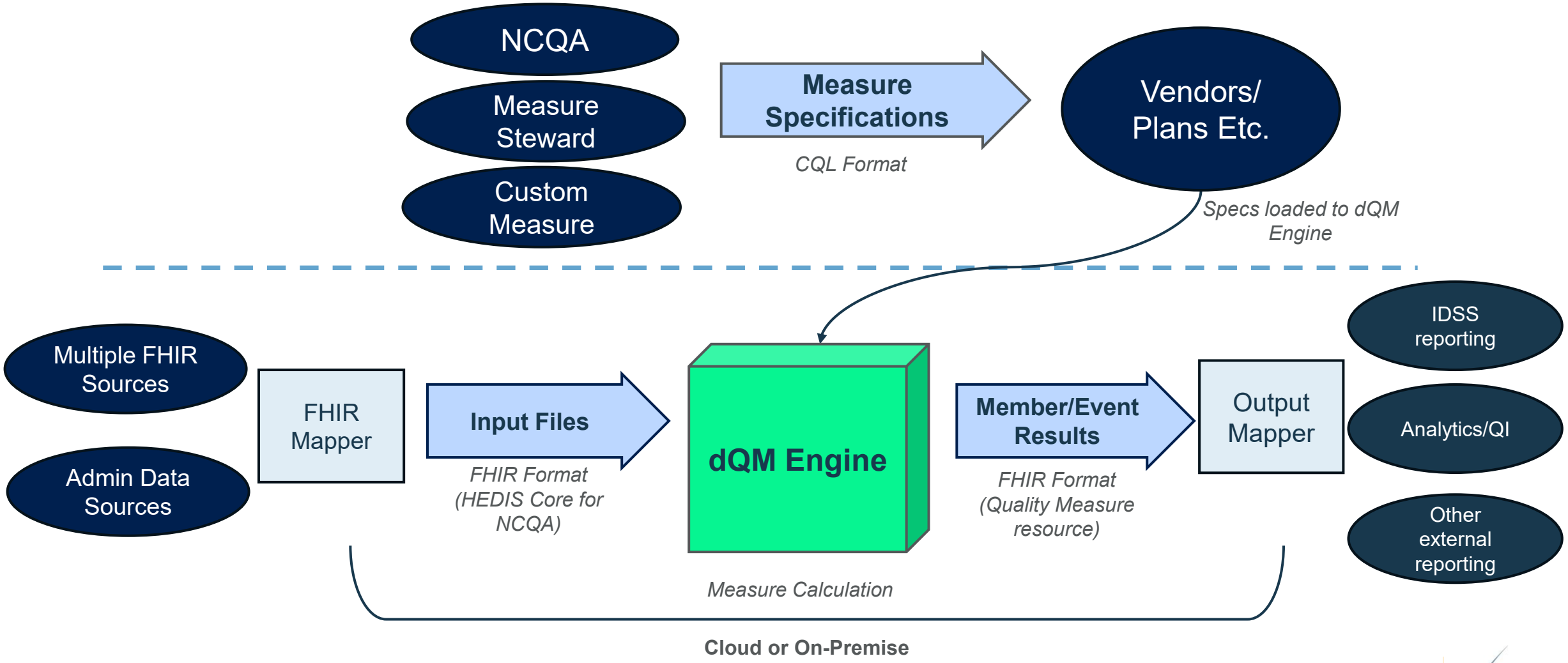
Plans will need multiple years of parallel testing (Volume 2 vs dQM) to be fully ready for 2030.

| | NCQA | | | Plan |
|---|---|---|---|---|
| | *Digital Measures* | *Volume 2* | *Hybrid* | *Recommended Actions* |
| **2025** | MY2025 Release (Q3) | MY2026 Release (July) | | • Build/solidify your strategy – Create an execution plan<br>• Start testing – POC (measure subset) |
| **2026** | MY2026 Release (Q1)<br>MY2027 Release | MY2027 Release (July) | 1 retired | • Data transformation (inputs & outputs)<br>• Continue testing - parallel calculation |
| **2027** | MY2028 Release | MY2028 Release (July) | 1 retired | • Prepare for downstream reporting transition<br>• Continue testing – parallel IDSS submission* |
| **2028** | MY2029 Release | MY2029 Release (July) | 3 retired | • Downstream reporting transition<br>• Results can be publicly shared<br>• Digital submission only |
| **2029** | MY2030 Release | No certification<br>Last calculation year | 3 retired | • Last year of parallel calculation |
| **2030** | MY2031 Release<br>Fully transitioned to digital | No certification<br>Last submission year | Hybrid method gone** | **Full Digital Measure Adoption** |

*1 year of parallel testing **required** before digital submission. More is recommended.
**Make sure you have a strategy to replace these hits

# Data Integration and Transformation: The Big Picture

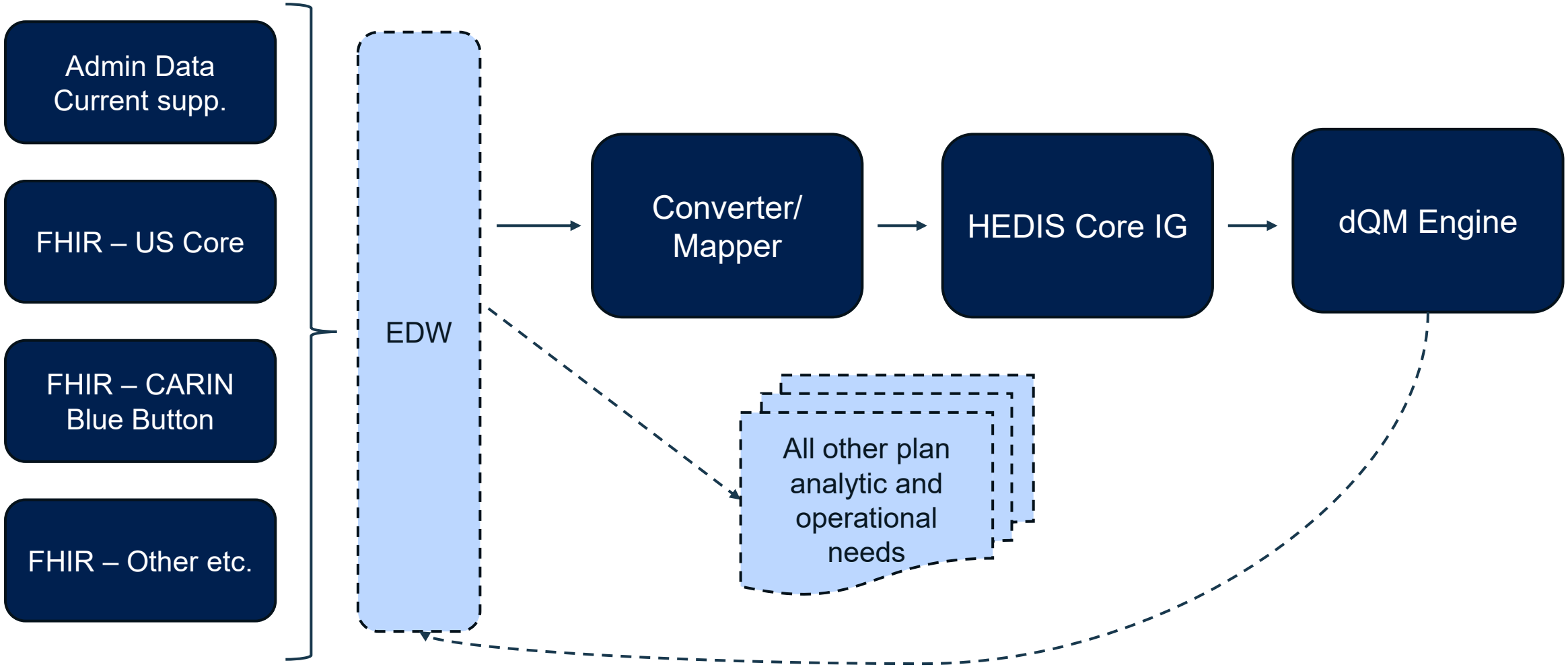
The transition to Digital Quality hinges on Plans' ability to **systematically** collect, validate, and transform input data and transform output data for the dQM engine.



# Q1: How will the dQM engine handle Administrative data? What about Member, Enrollment, Provider etc.?

# Data Integration and Transformation: Long-Term Planning

Investments in data integration are vital to maximize the impact across all plan functions.



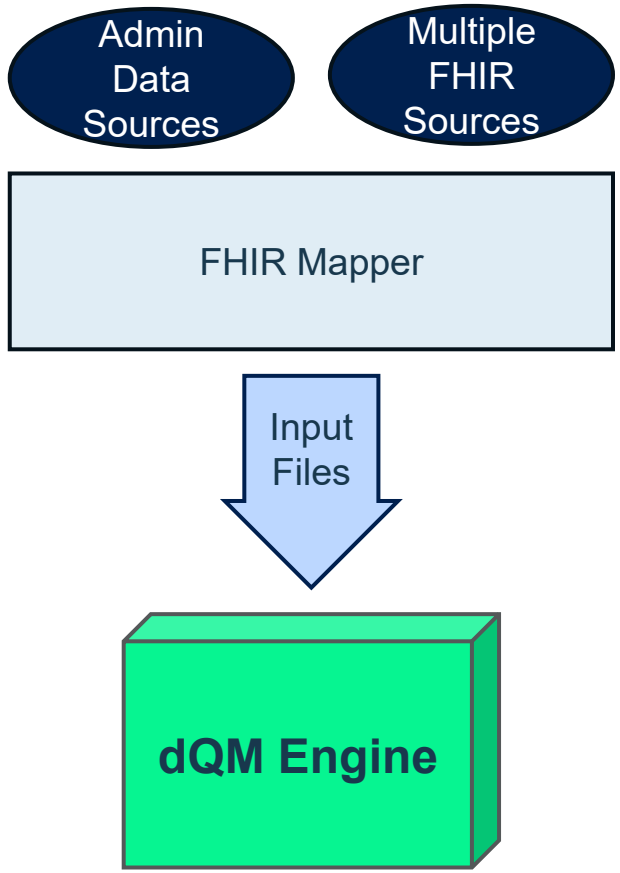

*Single version of truth*

# Data Integration and Transformation: Input for dQM Calculation

Your data mapping tools are a key piece of the architecture needed for the dQM transformation.

## Your data mapper for the dQM engine input must:

1. **Convert data to HEDIS Core Implementation Guide (IG)/Profile schema**
   4 of 19 resources require extensions
   Patient & Coverage resources are used for all measures
2. **Handle edge cases and exceptions**
   Accurate quality reporting and optimization of rates requires attention to detail
3. **Maintain the tool according to latest specifications/IGs**
   Will require ongoing effort to ensure the mapper and the targets are aligned
4. **Create a single version of the truth from disparate sources**
   Create clean patient bundles for each member
5. **Apply DQ/DC best practices**
   All translations must result in accurate & complete mapped data



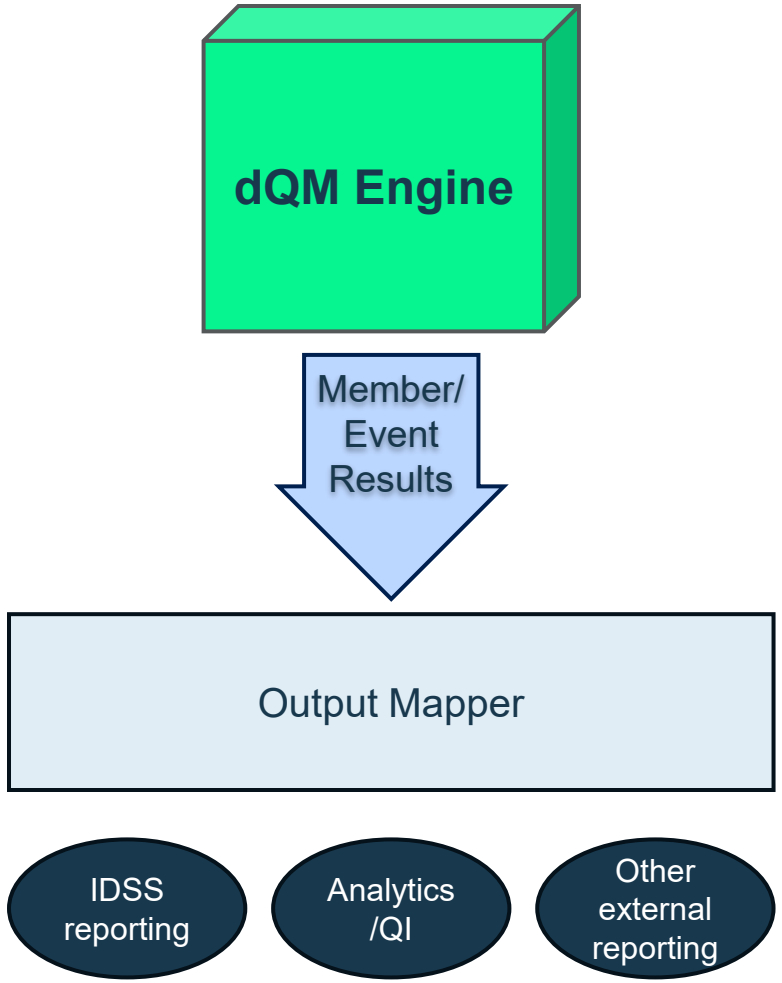

CARIN IG for Blue Button (Implementation Guide)

US Core Implementation Guide

# Q2: Will the dQM engine output be the same as my current HEDIS engine?

# Data Integration and Transformation: dQM Output Readiness

Digital measure output will require transformation so targets can utilize it.




**The dQM engine produces standard FHIR resource output**

- ✓ Member level and Summary results: "MeasureReport" (most important)
- ✓ Supporting Evidence: "Parameters"
- ✓ Conformance (compliance with HEDIS Core IG): "OperationOutcome"

**Attributes of your dQM output mapper**

- ✓ Can transform dQM output to all downstream consumers of data
- ✓ Successfully produces accurate IDSS input data (refer to timeline)
- ✓ No data is dropped or mis-transformed
- ✓ Maintained on an annual and as-needed basis

**Best Practices**

- ✓ Ensure clear division of responsibilities with internal & external parties
- ✓ Establish and test parallel data flows (dQM/Volume 2)
- ✓ Transform and land data in your EDW before distributing to end points
- ✓ Check every step along the way (DQ/DC)

# Data Integration and Transformation: dQM Rate Validation

Validating rates between Volume-2 based engine and dQM systems will be an ongoing process.

- Rate reconciliation will be **similar to changing HEDIS engines** (side by side runs during transition).
- Make sure configurations & data sources are the same
- Leverage what is already available for reconciliation
  - After identifying differences at the num/den/exclusion/rate level…
  - Compare results at the reporting element level (age/gender/race)
  - Hit source hierarchy should stay the same btw. existing ECDS & dQM
- Don’t wait – start testing as early as possible even if it is with a limited measure or data set

# Data Integration and Transformation: dQM Accuracy & Data Governance

Implementing the right data management infrastructure will be critically important. If done properly, your organization will reap the benefits across all departments.

You will need a **systemic data quality process** that is pointed at every stage of the data intake and transformation pipeline.

*Ensure that you have a* ***single version of the truth***


It will need to address:

- ✓ Duplicate & near-duplicate data
- ✓ Data loss
- ✓ Data integrity
- ✓ FHIR transformation (multiple versions)

Successful data management will benefit operations across the plan – Quality, Risk, UM, CM and more.

# Conclusions: Key Takeaways

Here is what you should bring back to your plan leaders.

| | |
|---|---|
| Timeline | The transition to dQM is not optional |
| | Start thinking **long-term** to meet deadlines |
| Priorities | **Invest** in the correct technology and training |
| | Allocate appropriate resources to **Data Governance** |
| FHIR | Handling this data must become a core competency |
| | Understand that FHIR is the **base language**, IGs are the **dialects** |
| Benefits | **Timely & complete** member view enhances plan operations |
| | Increased measure calculation **flexibility** improves analytics |

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# Questions?

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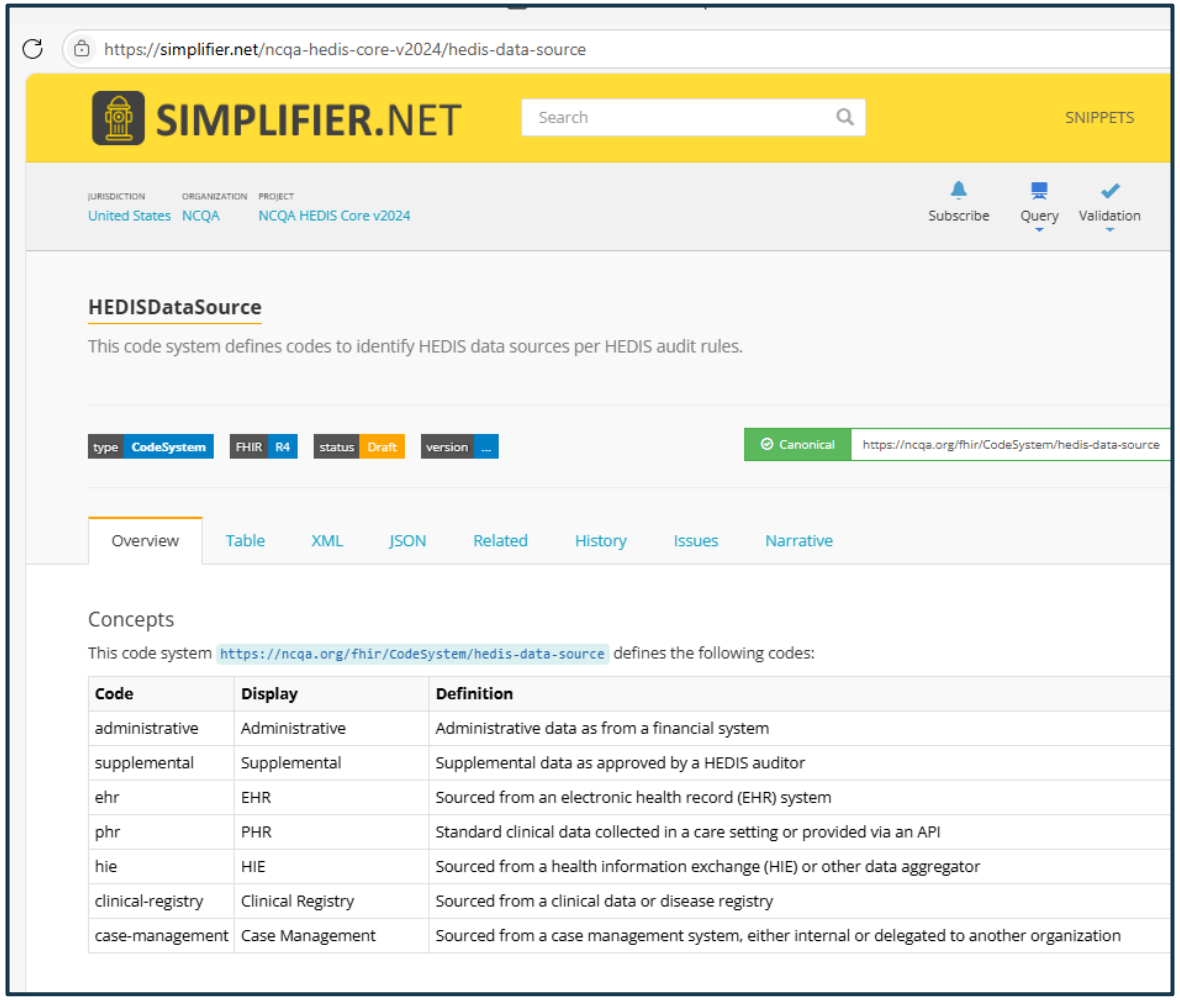
# Data Integration and Transformation: Input to dQM Example

This is an example of a standard element (tag) in the base FHIR that expects different values for HEDIS Core and DCS




| Code | Display | Definition |
|---|---|---|
| administrative | Administrative | Administrative data as from a financial system |
| supplemental | Supplemental | Supplemental data as approved by a HEDIS auditor |
| ehr | EHR | Sourced from an electronic health record (EHR) system |
| phr | PHR | Standard clinical data collected in a care setting or provided via an API |
| hie | HIE | Sourced from a health information exchange (HIE) or other data aggregator |
| clinical-registry | Clinical Registry | Sourced from a clinical data or disease registry |
| case-management | Case Management | Sourced from a case management system, either internal or delegated to another organization |

*Claim > Meta > Tag element: HEDIS Data Source*