



Fast Focus

Crossing the Great Divide:

New Strategies to Secure Validated Member Data



10.25

Payer-Provider Exchange Opens Doors to Member Data and Hastens Quality Reporting

Member satisfaction, industry pressure and heightened regulation now mandate improved interoperability across the entire healthcare ecosystem. Health plans are tasked specifically with implementing new data exchange capabilities that prove quality and expedite communications with members and providers.

For example, the [CMS Interoperability and Prior Authorization Final Rule](#) requires plans to adopt clinical data exchange with advanced APIs, adds a new Merit-based Incentive Payment System (MIPS) measure, and streamlines prior authorizations within a 72-hour window. The 2024 final rule also prioritizes social determinants of health (SDOH) data collection and sharing to ensure equitable access to care while also advancing value-based care (VBC) initiatives.

However, health plans often run into hurdles when trying to obtain the provider information they need. Furthermore, recent data breaches and cyberattacks are top of mind for all healthcare organizations, bolstering the need to secure member data and threatening even the most cordial payer-provider data sharing collaboratives.

Amid these pervasive challenges, health plans must cross an age-old administrative chasm: obtain timely, relevant and accurate member data across their provider network. Gaining access to provider Electronic Health Records (EHRs) is one solution to this interoperability conundrum. However, open access to your providers' EHRs is not the whole story.

This Fast Focus Brief suggests another option: provider-payer data exchange. Secure provider-payer data exchange is a safe and effective way to foster collaboration and interoperability among all parties. This alternate solution also reduces the administrative burden and achieves our industry's shared goal to improve member health.

Four Top Use Cases for Member Data

Exponential volumes of member data are needed throughout all health plans' business lines. However, to overcome data access hurdles, plans must properly address provider concerns and foster interoperable exchange of patient data. Health plans will benefit from transparent data management for all data needs, with these four leading the list:

- HEDIS and quality reporting
- Risk adjustment
- Member satisfaction and engagement
- SDOH data collection

Three reasons for payer-provider data sharing inefficiency

Disparate systems, countless workflows, and individual preferences create inefficiencies in current day data sharing practices. Here are three specific barriers for health plans to consider across their provider networks:

- 1. EHR Variations:** There are more than a thousand EHR options for providers to consider, and the average health system uses [18 different EHR vendors](#) across its operations. Multiplied across an entire provider network, managing these data exchange connections is overwhelming for most health plans.
- 2. EHR Limitations:** Payers can access anywhere from 50% to 90% of the data they request from their provider network. Each disparate system varies as to the ease or strained ability to extract data. Information may reside in varying formats and the organization may not have adopted the latest FHIR standards, compounding the administrative burden for payers to manage hundreds, if not thousands, of digital data connections.
- 3. Data Quality:** Even when provider data is accessible, the accuracy and completeness of data within EHRs is widely criticized. Quality data or not, an analysis of one system [found 50.1%](#) of records reviewed to be duplicates.

Accessing provider EHRs is step one in a long process that includes standardizing, validating and mapping data to ensure it meets quality reporting standards—and ultimately secures reimbursement.

KLAS survey reveals three realities of value-based care

At the 2024 K2 Collaborative Summit, KLAS Research extended a pre-event survey to gauge attendees' perceptions of value-based care and its progression over recent years. Through this survey, they found:

- **Value-based care will be the main financial and care delivery model within ten years.** Switching to this model will be a major hurdle. Both parties must be transparent about data, with an emphasis on constant review, analysis and testing.
- **IT vendors play crucial roles in collaboration.** According to KLAS, "81% of provider organization attendees are looking to technology partners to help improve their alignment with payers." Alignment between payers and providers is a requirement for exceptional care and successful value-based care engagement.
- **Growing distrust in value-based care models, regardless of current collaboration improvements.** Payers continue to struggle with competition, and provider organizations struggle with dwindling margins. Requests for data sharing put additional stress on the relationship between these two stakeholders.

Interested in learning how MRO partners with both providers and payers to accelerate the exchange of clinical data? Read the Points of Light 2023 Case Study, completed in partnership with KLAS.

<https://mrocorp.com/white-papers/points-of-light-2023-case-study/>



Don't neglect data validation: Step two demands focus

Even with direct access to provider EHRs, payers face significant challenges in validating and mapping data across various systems. Access is just the first hurdle. Validation is where the real headaches begin.

Validating data is expensive and time-consuming. In many cases, the data is so inconsistent that payers have to bring in third-party vendors to clean it up, further expanding the list of vendors a payer needs to manage. EHRs and provider systems rarely align, even on simple metrics such as blood pressure readings, which might be stored in different locations or labeled inconsistently.

The complexity has driven many payers to build internal Clinical Data Repositories (CDRs). These repositories house all available member data in one place, requiring full-time staff to organize and manually review it for accuracy. Clinical teams are left sifting through flawed datasets to ensure they meet quality reporting requirements and reimbursement thresholds.

Without FHIR APIs or NCQA Data Aggregator Validation compliant ingestion sites, payers rely on labor-intensive processes to validate data and mitigate audit risks—a costly necessity in the current landscape of clinical data exchange.

CareFirst BlueCross BlueShield, a health plan servicing the mid-Atlantic region, is one organization that is reaping the benefits of NCQA-validated data streams for standard supplemental data in HEDIS® reporting. NCQA's Data Aggregator Validation program applies a "verified quality" stamp to incoming member data and eliminates a payer's need for primary source verification (PSV).

The more NCQA Data Aggregator Validation data streams a health plan submits, the fewer resources are needed for Primary Source Verification (PSV), allowing staff to focus on more meaningful work. Here is what CareFirst found.

NCQA Data Aggregator Validation Program



Entrusting advanced automation tools requires strategic evaluation. Consider reviewing the National Committee for Quality Assurance (NCQA) [Data Aggregator Validation Program](#) for a verified list of companies and validated commitments to accurate and reliable clinical data.

Validated data streams are thoroughly reviewed to ensure quality and integrity, including the methods used to manage and secure them. By meeting NCQA standards for processes, systems and data, these accredited systems streamline quality measurement and boost efficiency.

Validated data streams not only ease clinical data exchange but also meet random sampling requirements. Just as TSA pulls random passengers for security screenings, auditors pull random records for review. The [NCQA HEDIS Compliance Audit](#) measures a plan's overall information system capabilities and how it addresses compliance over the following criteria:

- Information practices and control procedures
- Compliance with HEDIS specifications
- Sampling methods and procedures
- Analytic file production
- Data integrity
- Reporting and documentation

The use of validated data streams from the NCQA can bypass this burdensome process. Doing so, payers can trust that member data is verified and adheres to regulatory standards, from the point of ingestion through transmission to end users.

CareFirst benefits from NCQA validated data streams

CareFirst BlueCross BlueShield partnered with MRO to solve the age-old challenge of cumbersome member data access. Through the NCQA Data Aggregator Validation program and robust extraction, cleansing, and normalizing processes, quality measures improved by an average of 63%.

The nonprofit health plan proved that wrangling member data can be done efficiently without compromising provider relationships or over burdening the already stressed health partners. Additionally, providers have also seen valuable insights from the data CareFirst has been able to share back with their participating providers, enabling them to close gaps in care and better report on HEDIS quality measures.

Background: CareFirst's provider network faced major obstacles:

- A maze of disconnected HIT systems made data collection slow and prone to errors.
- Reliance on incomplete claims data limited patient insights.
- Analytics and validation tools were unavailable.

Solution: Validated data streams and a payer-provider partnership with MRO

MRO's advanced clinical data exchange system is now in place. By centralizing and streamlining clinical data, CareFirst identified gaps in quality, improved provider collaboration, and elevated patient care.

Lessons learned include:

- Customized onboarding and configurable EHR connectivity to support practices of all sizes
- Seamless data transformation—regardless of the EHR or practice management system
- Actionable dashboards to guide stakeholders and support payer programs

Outcomes: Quality measures improvements

- Adult BMI screening compliance up 25%
- High blood pressure control up 229%
- Comprehensive diabetes care up 36%
- Childhood immunizations up 40%
- Adolescent immunizations up 112%

This collaboration between payers and providers shows that improving clinical data exchange involves upgrading systems and achieving measurable results. By using validated data streams and aligning goals, CareFirst reduced costs, improved care coordination, and enhanced quality measure performance. The success demonstrates the tangible benefits of shared quality improvement initiatives between payers and their provider partners.



Ready to explore how MRO can support your organization in payer-provider data exchange?

Visit www.mrocorp.com or email sales@mrocorp.com to learn more.

