Harnessing the Power of Data: Integrating HEDIS, Risk Adjustment and Social Determinants of Health for Effective Population Health

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Leading healthcare organizations are developing strategies to align their programs and streamline the process of gathering crucial data to better serve beneficiaries. With the goal of achieving population health, managed care organizations must fundamentally understand members' needs and risk. Significant focus and resources are now being applied to the question: Can our organization gather data in real-time and proactively assist beneficiaries in achieving positive health outcomes?

In September, 2023, CMS announced the [AHEAD Model](#), a funding opportunity for states with the goal to improve the total health of a population and lower healthcare costs. States will be required to assume responsibility for managing healthcare quality and costs across all payers, including Medicaid, Medicare, and commercial lines of business. This includes ensuring that providers deliver high-quality care, improve population health, offer more comprehensive care coordination, and advance health equity by supporting underserved beneficiaries.

> According to the National Institutes of Health, population health focuses on interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and wellbeing of those populations.

In consideration of this opportunity with states, health plans and providers must determine and assess their readiness to achieve management of a population. Managed care organizations (MCOs) and providers need to work together to assess and prospectively address population needs. Together, MCOs and providers can support each other's data and information needs.

MCOs can gain a more holistic beneficiary picture and implement population health programs and initiatives by aligning the following functional groups:

- **Healthcare Effectiveness Data and Information Set (HEDIS).** HEDIS is a widely used set of performance measures developed and maintained by the National Committee for Quality Assurance. Most HEDIS data is collected through surveys, medical charts and insurance claims for hospitalizations, medical office visits and procedures.
- **Risk Adjustment**. Risk adjustment is a methodology that equates the health status of a person to a number, called a risk score, to predict healthcare costs. Risk adjustment data includes beneficiary demographics, diagnosis, and professional encounter data.

- **Social Determinants of Health (SDoH).** SDoH are the conditions and the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. This data can be found in the medical records, Z codes on claims, and in case management notes.

Integration of HEDIS, risk adjustment and SDoH programs and data sources can be used to support the population assessment and further population health. Using various data types and sources helps a plan understand the care needs of its member population and relevant subpopulations. As we continue to move through 2024, seeking opportunities for alignment between health plan, provider and community will be essential.

Stay on top of trends related to how risk adjustment evolves to capture the complexities of health and well-being. ATTAC Consulting Group has the expertise and experience to keep accuracy of risk scores in the forefront of your organization's risk adjustment program. With a pulse on the latest CMS and OIG trends, and the knowledge of where to look, ATTAC is uniquely positioned to aid in your organization's risk adjustment programs.