

# Omni-HealthData Payer Edition™

## Clinical Data Exchange for Healthcare

### Highlights

- Identify Top Box improvement opportunities
- Re-create the HCAHPS Survey with specific patient response data
- Improve HCAHPS scores and Star ratings
- Monitor and highlight patient satisfaction
- Correlate staffing levels with patient experience
- Drill down to detailed survey data



**Omni-HealthData Payer Edition is a Member Information Management solution that enables health-care payers to get a 360° view of every member.**

The shift toward value-based healthcare in the United States is forcing health insurers to rethink the way they operate. Where claims processing once drove their business, payers now must adopt a member-centric business model – which means they need fast, efficient, economical ways to tap into clinical data from providers.

Programs intended to ensure better outcomes, such as reimbursements based on the Healthcare Effectiveness Data and Information Set (HEDIS) and the Centers for Medicare and Medicaid Services' (CMS) Five-Star Quality Rating System, add additional incentives for payers to get an accurate and broad view of every member.

A member-centric strategy starts with a single view of the member across every business domain: facilities to which they have been admitted, providers and organizations that have treated them, and all related claims and clinical information.

That means a lot of data coming in a lot of formats from a lot of places. This data needs to be seamlessly integrated, cleansed, and correlated with other data from other domains. In other words, it must be mastered.

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**Information Builders helps organizations transform data into business value. Our business intelligence, integration, and data integrity solutions enable smarter decision-making, strengthen customer relationships, improve performance, and drive growth.**

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Omni-HealthData Payer Edition from Information Builders is a Member Information Management solution that enables the exchange of clinical data and allows healthcare payers to get a 360° view of every member.

- It integrates data from physicians' offices, hospitals, nursing homes, and telemedicine sources, among many others
- It easily on-boards data in diverse forms, including CCD documents, EDI, HL7, and flat files
- It cleanses and enriches data to provide a complete, accurate picture of transactions
- It relates all data to seven business domains: members, patients, facilities, providers, organizations, clinical, and claims
- It creates an environment for sharing timely clinical information with providers

By using Omni-HealthData Payer Edition, health insurers will find it easier to on-board clinical information, improve outcomes, increase HEDIS scores and CMS Star Quality Ratings, and ensure better company financials. Omni-HealthData Payer Edition users can identify root causes of problems, spot clinical practices that consistently improve outcomes, and ensure that hospital-based and community-based care work in concert.

### **Omni-HealthData Payer Edition Is Not an EMR or Claims System**

Unlike an electronic medical record (EMR) or claims system, Omni-HealthData Payer Edition's content is driven by consumption needs, such as business intelligence (BI), analytics, and downstream applications.

Omni-HealthData Payer Edition has not been designed to model everything these systems can contain. On the other hand, it consumes data from sources beyond the EMR and claims systems, such as financial information, human resources data, and so on.

Omni-HealthData Payer Edition provides a level of rigor beyond what payers experience with ordinary EMR and claims systems. This includes tight subject-to-subject references, the harmonization of different code sets, and the implementation of industry-standard codes. It can also enforce mandatory data elements to understand what was done, to whom, by whom, where, and when.

### **Why Omni-HealthData Payer Edition?**

#### **Improves Patient Outcomes**

With a complete view of every member, patient, provider, and so on, health insurance companies can get a more holistic view of members than even their providers will see.

#### **Helps Manage Chronic Care Patients**

According to the Agency for Healthcare Research & Quality (AHRQ), nearly one-third of Americans have two or more chronic conditions, and individuals with chronic diseases drive more than 75 percent of healthcare costs.<sup>1</sup> Track the entire patient journey for people with chronic conditions, simultaneously optimizing outcomes and financials.

#### **Identifies Gaps in Care**

Omni-HealthData Payer Edition helps health insurers to identify gaps in patient care across providers, and to give providers advice on how to close those gaps.

<sup>1</sup> Gerteis, Jessie; Izrael, David; Deitz, Deborah; LeRoy, Lisa; Ricciardi, Richard; Miller, Therese; Basu, Jayasree. "Multiple Chronic Conditions Chartbook," Agency for Healthcare Research and Quality, April 2014.

### **Supports Coordination of Care**

Omni-HealthData Payer Edition promotes coordination of care activities among all providers by delivering a single version of the truth about shared patients.

### **Enables Analysis of Outcomes Across Providers and Facilities**

Omni-HealthData Payer Edition helps users compare outcomes for different diagnoses and treatments across multiple patients, providers, and facilities, enabling them to identify best practices and promote improvements for providers and patients alike.

### **Facilitates Clinical Data Exchange**

Timely, accurate, and complete clinical and patient/member information can be openly shared between payers and providers. This provides a comprehensive view of patient histories, regardless of where care took place, improving transparency and collaboration to improve outcomes and lower costs.

### **Manages Patient Encounters and Enables a Single Set of Codes**

A dynamic rules engine automates the management of tests, behaviors, and other activities involved in patient encounters. A set of out-of-the box codes eliminates “code chaos” and resolves multiple definitions, enforcing standardized codes for all commonly used enterprise attributes such as gender, patient type, and patient status.

### **Accelerates Time-to-Value With Seven Pre-Built Business Domains**

Omni-HealthData Payer Edition organizes all data into seven business domains, including five that contain mastered subjects with “golden records” (member, patient, provider, facility, and organization) and two that contain transactional subjects related to the mastered subjects (claims and clinical). It includes predefined data quality rules, match/merge rules, process rules, consumption rules, and remediation rules for each domain.

### **Provides Historical Snapshots and Traceability**

Historical snapshots of inbound data (“instance records”) and the golden records that result from the mastered subjects are offered. This complete audit trail allows users to analyze what a golden record or an instance record may have looked like at any moment in time.

### **Provides a Business-Centric Approach to Clinical On-Boarding**

Omni-HealthData Payer Edition facilitates the discovery of source data for the seven included domains. Integration services bring together information from clinical, financial, and other internal systems with external clinical data from providers, to support quality measures such as CMS STAR, ACO, and HEDIS.

### **Improves Service-to-Software Ratio**

Omni-HealthData Payer Edition eliminates the need to create data mastering applications from scratch. Any needed customizations can be implemented quickly, with a lower software-to-service ratio than typical business application implementations.

### **Enables Proactive Data Stewardship**

To manage situations in which data rules need to be verified or executed by people, a Remediation Portal enables data stewards to investigate and react appropriately.

## Subjects and Domains

Mastered subjects and transactional subjects are organized into business domains. Each business domain may contain one or more subjects. Mastered subjects represent business entities (member, patient, provider, facility, or organization). Transactional subjects represent claims or clinical events related to one or more mastered subjects.

Mastered subjects provide an accurate, integrated view of a domain; transactional subjects offer a 360° view of a member and his or her history across domains.

## Omni-HealthData Payer Edition Domains

**Clinical** – Includes a set of transactional subjects that cover patient care, such as diagnoses, encounters, episodes, and care plans. This domain enables analysis of clinical events, patient movement, and diagnosis, and provides details on orders and procedures.

**Claim** – Includes transactional claim-related data related to healthcare services coding. This domain shows financial histories related to clinical, patient, and other domains.

**Member** – Contains mastered data specifying the member's relationship with the payer, including attributes related to demographics and plan information. This information may be used for marketing purposes when it is related to information in the patient domain.

**Patient** – Contains mastered data for a patient, including attributes such as clinical disposition, habits, allergies, and demographic data. This information, when combined with the clinical domain, can provide a 360° view of the treatments and outcomes.

**Provider** – Contains mastered data related to providers, who can be physicians or other care-givers, and includes attributes such as contact information and credentials. This domain can help users identify successful providers and those who need additional guidance.

**Facility** – Includes mastered data to describe where patient care was delivered and in what setting it took place, including inpatient, ambulatory, outpatient, home, and other locations. This information can help a payer uncover any abnormalities or gaps in care for a particular member, or identify issues at specific facilities or facility types.

**Organization** – Contains mastered data about an organization, including attributes such as contact information, identifiers, and relationships. The information in this domain enables the payer to map a complete organizational hierarchy.

## Learn More About Omni-HealthData Payer Edition

To find out more about Omni-HealthData Payer Edition, call us at (800) 969-INFO.

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## Find Out More

We can help you succeed. Talk to your local Information Builders representative to learn how. Visit us at [informationbuilders.com](http://informationbuilders.com), e-mail [askinfo@informationbuilders.com](mailto:askinfo@informationbuilders.com), or call (800) 969-4636 in the U.S. and Canada. To improve your skills, visit [education.ibi.com](http://education.ibi.com).