Oracle® Health Quality Management for Payers

Reference Guide

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Introduction

Send payer-generated coding and care gaps using Quality Management for Payers.

Quality Management for Payers enables payers to submit payer-computed coding and care gaps to Oracle Health. By using existing electronic health record (EHR) integrations, these assets surface payer gap datasets directly in the provider's workflow at the point of care. This capability allows gap information to be integrated directly into clinical workflows, facilitating timely intervention and supporting proactive care, accurate Risk Adjustment Factor (RAF) scores, quality measure attainment, and reduced administrative burden associated with manual chart requests.

Access Requirements

Requirements for Quality Management for Payers.

Contact your Oracle Health representative to begin the process of sharing coding and care gaps.

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Risk Coding Gaps Cloud Service

Share payer-generated coding gaps.

Oracle Health Quality Management for Payers, Risk Coding Gaps Cloud Service is a data orchestration platform that ingests payer-generated risk coding gaps and delivers them directly into the provider's Oracle Health EHR workflow.

Key Features

Primary features of Risk Coding Gaps Cloud Service.

Oracle Health Quality Management for Payers Risk Coding Gaps Cloud Service includes the following features:

- **Ingestion of payer data:** Receives weekly payer files following the Da Vinci Risk Adjustment FHIR Implementation Guide (v2.1.0: STU 2), built on the HL7 FHIR R4 standard.
- **Transfer of payer data:** Sends payer-generated risk coding gaps to Oracle using secure file transfer protocol (SFTP) that is established in partnership with the Oracle Clinical Data Exchange (CDeX) team. Payers work with Oracle to set up a public cloud storage resource provided by leading cloud providers like Oracle Cloud Infrastructure (OCI) or Amazon Web services (AWS).

File Submission Requirements

Requirements for file submissions.

The following requirements must be met for coding gap files generated by payer systems:

- **File Naming Convention:** The payer-generated file must align to the risk coding file naming convention and have the word risk in the file. The file naming convention must be unique; that is, no two files can have the same file name. For example, a correct file naming convention with a file extension .gz in NDJASON format would be: risk-gaps-inbound-oracle-11070922.ndjson.gz.
- **File Structure:** The payer file should align with the following file format requirements:
  - **Maximum File Size:** Each file size is restricted to 5GB.

  - **Data Mapping:** Payers are expected to report the following member demographic information because the demographic information is used to derive the internal member identifier:
    * First Name
    * Last Name
    * Middle Name/Initial (Optional)
    * Date of Birth
    * Gender
    * Address (Optional): Address1, Address2, City, State, and ZIP
- **File Submission Frequency:** One file per week. Payers are expected to keep sending gaps in every file for all members until the gap is closed in the payer system. Any gap that was reported by the payer and is not surfaced in the subsequent gap data file is considered closed in the payer system. The difference in gap status is reconciled between the payer system and the EHR, and the gap status is adjusted in the EHR.

Risk Model Validation and Insight Delivery

Supported risk models and coding gap insight delivery.

The system provides robust support for four distinct risk adjustment models to ensure comprehensive clinical data coverage:

- Centers for Medicare and Medicaid Services Hierarchical Condition Categories (CMS HCC) (version 28)
- Health and Human Services (HHS) HCC (version 7)
- End-Stage Renal Disease (ESRD) (version 24)
- Chronic Illness and Disability Payment System (CDPS) (version 7.2)

Each identified risk category is validated by Oracle to ensure that it aligns with Oracle-supported content. Following successful validation, these matched categories are automatically queued in Diagnosis Insights. Presented as suspect or inferred conditions, these insights allow providers to efficiently review and act on potential diagnoses directly in their clinical workflow.

Processing Reports

Coding gap processing reports.

Processing reports are made available to the payer 24-48 hours after the receipt of a payer-generated risk coding data file. For each inbound file, a response folder is generated with the following naming convention format: input-file-name_job-id_time-stamp.zip (for example: risk-gaps-inbound-oracle-11070922_32e18382-a020-4cca-aff7-c63a5fc27c35_1762538143510.zip).

Inside each input file folder there are two reports: a success report and a failure report. The success report details risk coding gaps that have been passed validation and submitted to provider workflow.

The error report contains the following details based on the data validations:

- **Risk model reference errors:** This error occurs during the calculation of risk adjustment scores when a clinical category cannot be mapped to the specified risk model. The system

is attempting to process a measure report for a patient, but the provided category ID does not exist in Oracle reference datasets.

- **Patient identity ambiguity (multiple matches):** This error occurs when a request is made for a specific patient, but the system finds more than one record matching the provided criteria. FHIR operations (such as $evaluate-measure) require a 1:1 match to ensure data integrity. This error typically occurs when two or more patients share the same demographic information (name, DOB, gender).
- **Malformed row errors:** This error occurs when Oracle attempts to process the payer provided risk coding file and encounters structural inconsistencies. The system is unable to read the data because the physical structure of the file does not match the expected format. This is often a syntax error rather than a data error.

Below are sample error reports:

Figure 2-1 Data syntax error


```
{"resourceType":"OperationOutcome","id":"132","contained":[{"resourceType":"Patient","id":"1111111111","identifier":[{"system":"https://cernerdemo.api.us-1.he
altheintent.com","value":"98dc166a-4f5a-470c-854d-58b058d8e570"}]},{"resourceType":"MeasureReport","id":"MeasureReport/1010569894-
mr4"}],"issue":[{"severity":"error","code":"exception","details":{"text":"No HccReferenceDto found for category 98263007 in riskModelType: CMS-HCC"}}]}
{"resourceType":"OperationOutcome","id":"e416213f-0984-4800-
a076-3c607dc71da4","contained":[{"resourceType":"Patient","id":"1111111111"}],"issue":[{"severity":"error","code":"multiple-
matches","details":{"text":"Multiple Patients Found"}}]}
{"resourceType":"OperationOutcome","id":"e416213f-0984-4800-
a076-3c607dc71da4","contained":[{"resourceType":"Patient","id":"1111111111"}],"issue":[{"severity":"error","code":"multiple-
matches","details":{"text":"Multiple Patients Found"}}]}
{"resourceType":"OperationOutcome","id":"e416213f-0984-4800-
a076-3c607dc71da4","contained":[{"resourceType":"Patient","id":"1111111111"}],"issue":[{"severity":"error","code":"multiple-
matches","details":{"text":"Multiple Patients Found"}}]}
```


Figure 2-2 Syntax error


```
{"resourceType":"OperationOutcome","issue":[{"severity":"error","code":"invalid","details":{"text":"Malformed row found at line 0"}}]}
{"resourceType":"OperationOutcome","issue":[{"severity":"error","code":"invalid","details":{"text":"Malformed row found at line 1"}}]}
{"resourceType":"OperationOutcome","issue":[{"severity":"error","code":"invalid","details":{"text":"Malformed row found at line 2"}}]}
```

Glossary

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