



Understand and Improve Population Health with Data-Driven Insights from Manifest MedEx

As the largest nonprofit health data network in California, Manifest MedEx (MX) is an integral part of the state's health data infrastructure, combining clinical data, claims, and publicly available social drivers of health data to help you quickly and confidently understand the health and health needs of your population, target appropriate support and interventions, and assess impact and change within a population over time.

With more than 38M longitudinal health records aggregated across our network, Manifest MedEx provides meaningful and timely information to help you understand health and health needs across a population.



Actionable Data Reports to Improve Health and Wellness

Access reports with robust data sets of aggregated, up-to-date, and accurate patient and member information from across the MX network to optimize care delivery and program enrollment as well as make informed decisions that improve both cost efficiency and care quality.

- **Chronic Conditions Risk Report:** Identify trends for individuals with chronic conditions and those at risk for frequent emergency department (ED) utilization and inpatient (IP) visits so that appropriate education, interventions, and case management can be targeted to reduce unnecessary costs and prevent more serious conditions or outcomes which can result in lower quality of life and higher spending.
- **Health Equity and Social Drivers of Health (SDOH) Report:** Address health disparities by reviewing accurate population and individual-level data on race, ethnicity, and language, as well as SDOH data, such as Z-Codes and Public Health Alliance of Southern California's Healthy Place Index, to prioritize populations and communities that are underserved or need more social supports.



Individual-Level Notifications and Reports to Reach Those In Need of Support Now

Help individuals get the care and support they need post-discharge with customized notifications and updated contact information.

- **Substance Use and Substance Use Disorder (SUD) Notification Report:** Identify individuals recently discharged from a visit and diagnosed with at least one SUD ICD-10 code as defined by the California Department of Health Care Services (ICD-10 codes between F10 and F19), while also gaining access to all the diagnoses associated with the visit, the individual's discharge disposition, and the location to which they were discharged to help refer them to specialized care, prevention education, and community-based programs.
- **Contact Information:** Utilize a robust data set of aggregated, up-to-date, and accurate patient and member contact information – such as email, phone number, address and/or guardian contact information – to create outreach for post-discharge follow-up, provide financial assistance and coordination/redetermination of benefits, and for other targeted initiatives.



Tools to Address Care Needs Immediately

Utilize the MX solution suite to reduce readmissions, enhance care coordination across care settings and care teams, and get quickly up to speed on an individual's medical history.

- **MX Notify:** Use real-time admission, transfer, and discharge (ADT) notifications to immediately identify when a patient checks into or is discharged from one of the 140+ California hospitals participating in the MX network, improving care coordination and reducing costly readmissions. ADTs can be customized for specific diagnoses, such as SUD, or for specific populations, i.e., by zip code or government assistance programs, to ensure that individuals get the tailored care they need.
- **MX Access:** Access longitudinal health records, including recent encounters, a list of all providers, and lab results from recent doctor visits, that can be reviewed via the MX portal or securely integrated directly into your organization's electronic health records, population health management platform, or care coordination systems to understand an individual's health history, ultimately helping care teams make quicker and better-informed decisions.

Back to: Patient Search		BURKE, TERRY 10/06/1997 (27 Yrs) F		More demographics	
Chartbook	Allergen	Reaction	Severity	Onset	
Summary	VENOM-HONEY BEE	Anaphylaxis; Swelling; Rash	SV	01/06/2021	
Allergies	Problems & Diagnoses				
Insurance	Description				
Medications	Date				
Claims Data	11/28/2023				
Problems & Diagnoses	CHIEF COMPLAINT				
Encounters	11/07/2023				
Labs	OTHER CHRONIC PAIN				
Radiology	Acquired hypothyroidism				
Procedures	07/21/2023				
Documents	Colon cancer screening				
Vaccinations	07/21/2023				
Next of Kin	Laboratory Results				
Risk Scores	Description				
	Details				
	Date Created				
	Q SARS Coronavirus with CoV-2				
	UA complete W Reflex Culture pml Ur				
	01/19/2024				
	HbA1c				
	01/22/2018				
	Vitamin D 25-OH				
	10/30/2017				
	Thyrotropin				
	10/30/2017				
	Procedures				
	Code				
	Description				
	Date				
	LAB880 SARS COVID-19 W/ COV-2RNA, QUAL RT PCR (QUEST)				
	05/06/2020				
	25267002 Insertion of intracardiac pacemaker				
	05/25/2018				
	A0427 A0427				
	02/04/2018				
	A0425 A0425				
	02/04/2018				
	G9226 Diabetic foot exam				
	07/10/2017				
	Encounters				
	Admission				
	Discharge				
	Patient Class				
	Discharge Diagnosis				
	02/04/2018 Outpatient -R40.1				
	-R73.9				
	-R40.0				
	08/01/2018 Emergency				
	10/10/2018 Emergency				
	11/28/2023 Emergency -Radiculopathy, lumbar region				
	01/17/2024 Inpatient				

MX Access Web Portal



Integrate Data into Daily Workflows

By incorporating data into clinical dashboards and population health management systems, we make it easier to take timely action, enhance care coordination, and close care gaps without disrupting your daily operations:

- **Longitudinal Patient Summaries:** Provides the complete medical history for patients/members in a CCDa Continuity of Care Document, which includes updated longitudinal health records for each individual, enabling organizations to load MX data into their own system to augment existing population information, fueling more robust population health management, simplifying risk adjustment, and improving quality measurement.
- **Message Forwarding:** Provides real-time patient data via HL7 messages – including ADTs, lab results, and any associated clinical notes and reports – allowing organizations to ingest clinical data for a defined population into their own technology platform by way of an HL7 interface engine or SFTP site.
- **Consolidated Clinical Document Architecture (CCDA) Forwarding:** Provides CCDAs from clinical sources – including patient/member demographics, discharge summaries, procedure notes, encounters, vital signs, and immunizations – allowing organizations to consume raw CCDAs through an SFTP site.

About the Manifest MedEx Network

Manifest MedEx seamlessly connects and exchanges data with more than 70 different EHRs across California – from the largest vendors used by hospitals, health plans, larger physician groups, and FQHCs to smaller EHRs more common among independent practices, community health centers, and other providers.

Our network spans across every county in California, including with local health departments and county agencies:



140+

HOSPITALS



2600+

PROVIDERS



18

HEALTH PLANS



2.3M

ADT NOTIFICATIONS
DELIVERED/MONTH



10M

CCDAS DELIVERED
PER MONTH



38M

LONGITUDINAL
HEALTH RECORDS

As the largest nonprofit qualified health information organization (QHIO) under the CalHHS Data Exchange Framework (DxF) and a member of national networks like eHealth Exchange, Manifest MedEx also delivers health information from outside the MX Network, including from some of California's largest health systems, like Kaiser Permanente and CommonSpirit.

Join Manifest MedEx today to understand more about your patient/client/member population, identify individuals and communities at highest risk of poor outcomes, and close health equity gaps at www.manifestmedex.org/solutions/mx-analyze/.