azara healthcare

Improving Patient Outcomes Through Data

Payer Data: Now That We Have It, What Do We Do With It??

January 10, 2018

CHCANYS DEFINING NEW DIRECTIONS
COMMUNITY HEALTH CARE ASSOCIATION OF NEW YORK STATE

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Introductions

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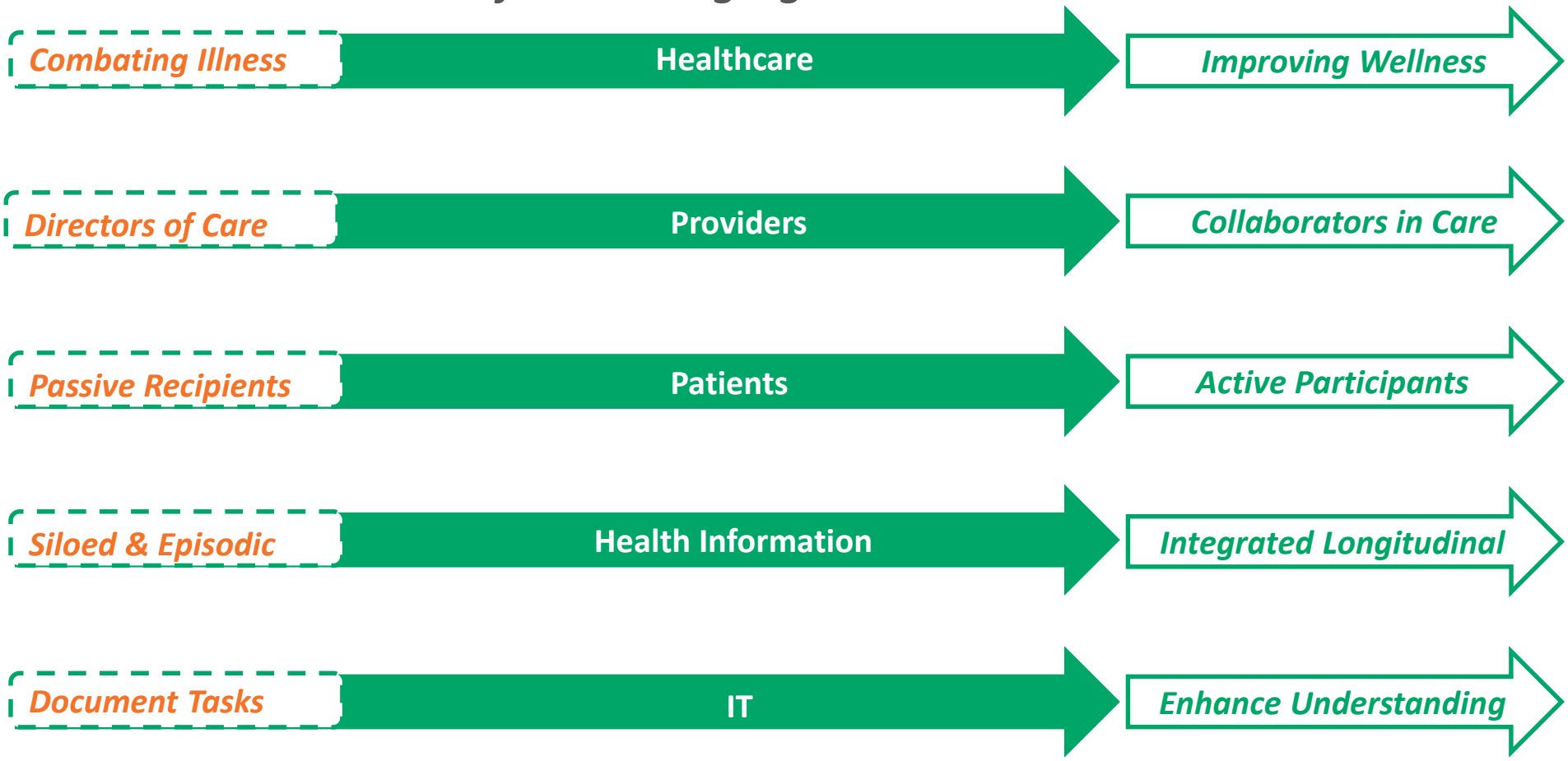
Agenda

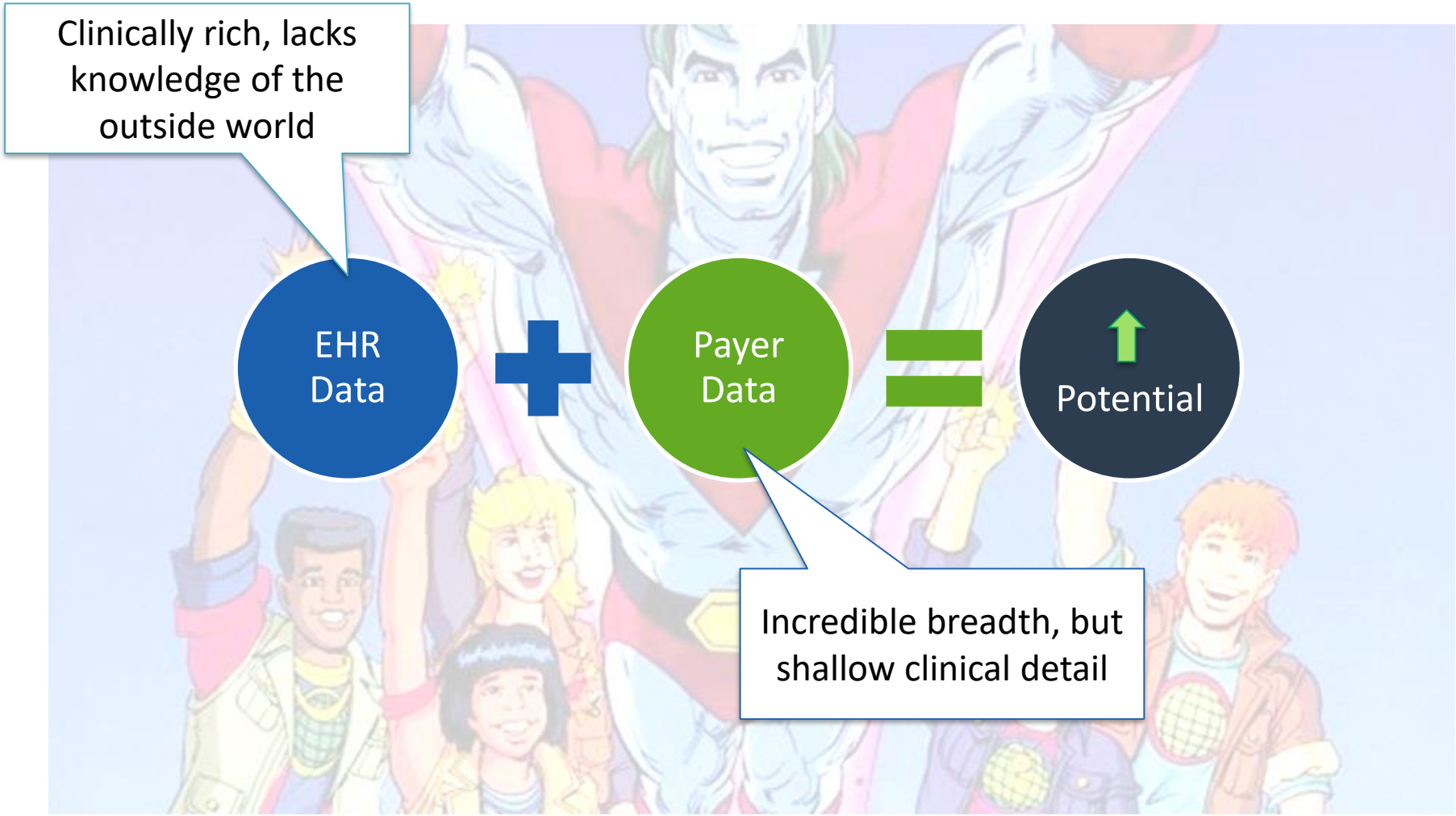
- Introductions
- Setting the Stage
- Payer Data Support for Value Based Care
- Attribution
- Clinical Quality
- Cost Containment
- Summary

Changing Healthcare Paradigm

CPCI can help you perform to meet the needs of the changing environment.

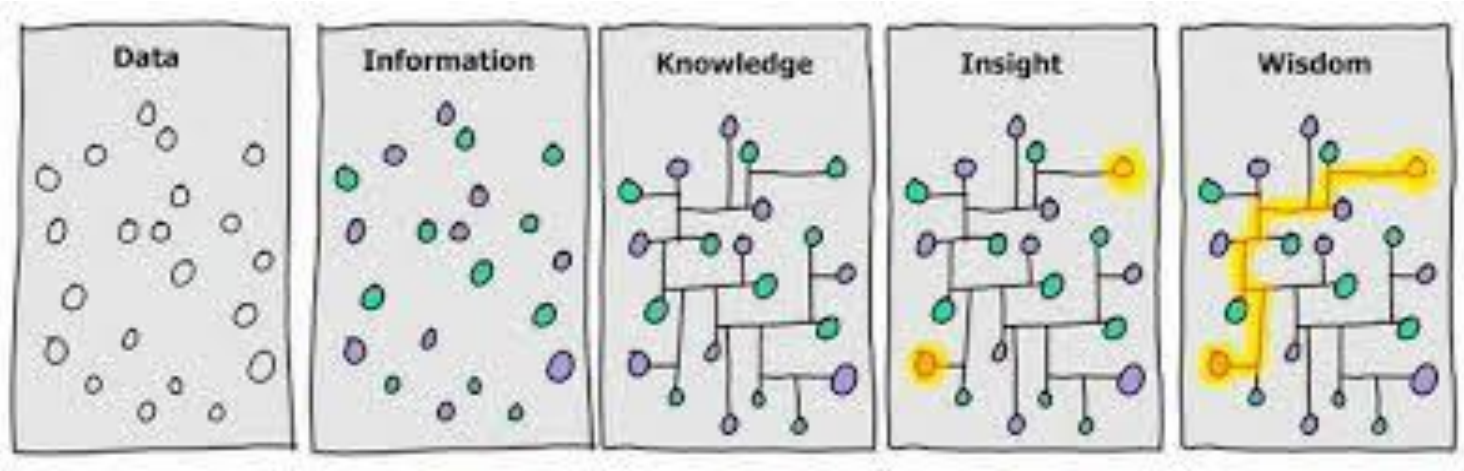


Value of Payer Integration



To be a Super Hero, you need to know how to harness your power.

Harnessing the Power of Your Data



EHR
Payer
ADT
HIE

Each system organizes it's own way

CPCI combines data in ways to improve care

Apply knowledge of team for intervention

Repeat & Sustain for greater impact

3 Pillars of Successful Value Based Contracts

1. Attribution
   - Outreach to new patients
   - Engagement of existing pts
2. Clinical Quality
   - Reduce care gaps
   - Meet Performance Based Programs targets
3. Cost Containment
   - High Risk / High Cost
   - Transitions of Care

- Information and tools provide support for Population Health Management.

Deciding Where to Start

Successful integration of payer data beings with a plan.

- Understand your mission and goals.
  - ? What will provide the greatest ROI/value
    - Impact to patients
    - Impact to staff
    - Impact to financial contracts
- Assign resources and clarify responsibilities.
  - Reorganize current staff responsibilities

It's hard to do all three simultaneously.

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm

Resources| Who Does This Work?

1. Outreach Coordinator
   - How do I identify [Plan A] members that have never been seen at our CHC?
   - What do I do when the member is listed as ‘non matched’ but I think they have been a patient at our CHC?
2. Engagement Manager
   - How do I see if the [Plan A] members that are patients at our CHC have had an appointment in the last year? Which ones should I focus on first?
   - What members are new to our plan this month?
   - What members became inactive and is there anything we should do?
3. Managed Care Director / CFO
   - What is my PMPM (per member/per month cost)?
   - What is our performance on quality contracts?

Resources| Who Does This Work?

4. Quality Improvement Coordinator
   - How is the CHC performing on [Plan As] quality incentive measures.
   - Are there members we need to get in so that we can meet our quality targets?
5. Administrator
   - How many new members are assigned to my CHC each month?
   - What is the net increase of members per month? Average Members per Month
6. Care/Program Manager
   - I want to identify the members that have more than one chronic disease and haven't been seen recently.
7. Care Team
   - What needs done today?
   - Would this patient benefit fit from care management, BH etc.

CHCANYS Plan Summary

Plan[1]	Enrollment	Cost	Plan Risk	Plan Care Gaps	Claim Lines
Affinity	X	X			Colonoscopy/CRC screen Colectomy Mammogram Mastectomy Pap/HPV Hysterectomy Well Care Visits
HealthFirst	X			X[3]	TBD
Health Plus[2]	X				TBD
United (Community Plan)	X	X	X		

.

[1]All plan data has 30-45 day lag
[2]Anthem, Empire Blue Cross/Blue Shield
[3]Available in February 2018 21.0 release

Attribution

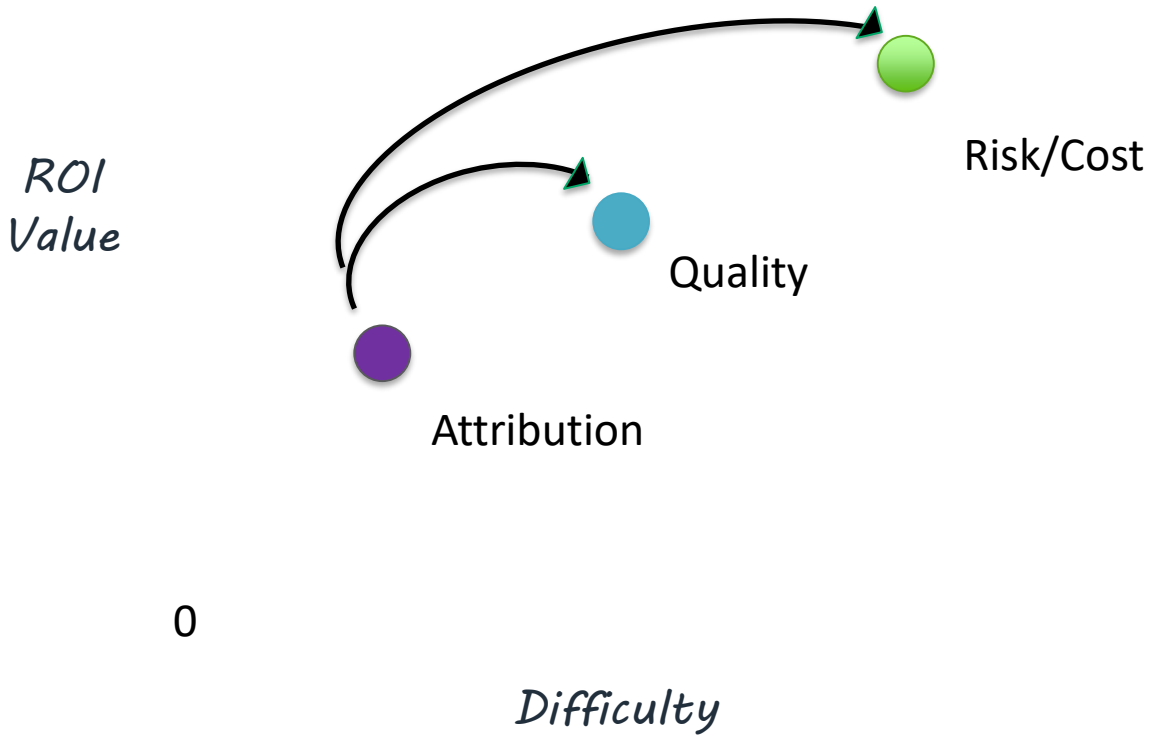
Return on Investment

- What members are currently patients at your center.
- Streamline overly burdensome management of enrollment files.
- Manage enrollee assignment with member and payer.
- Positively impacts your clinical quality and cost/high risk investments.

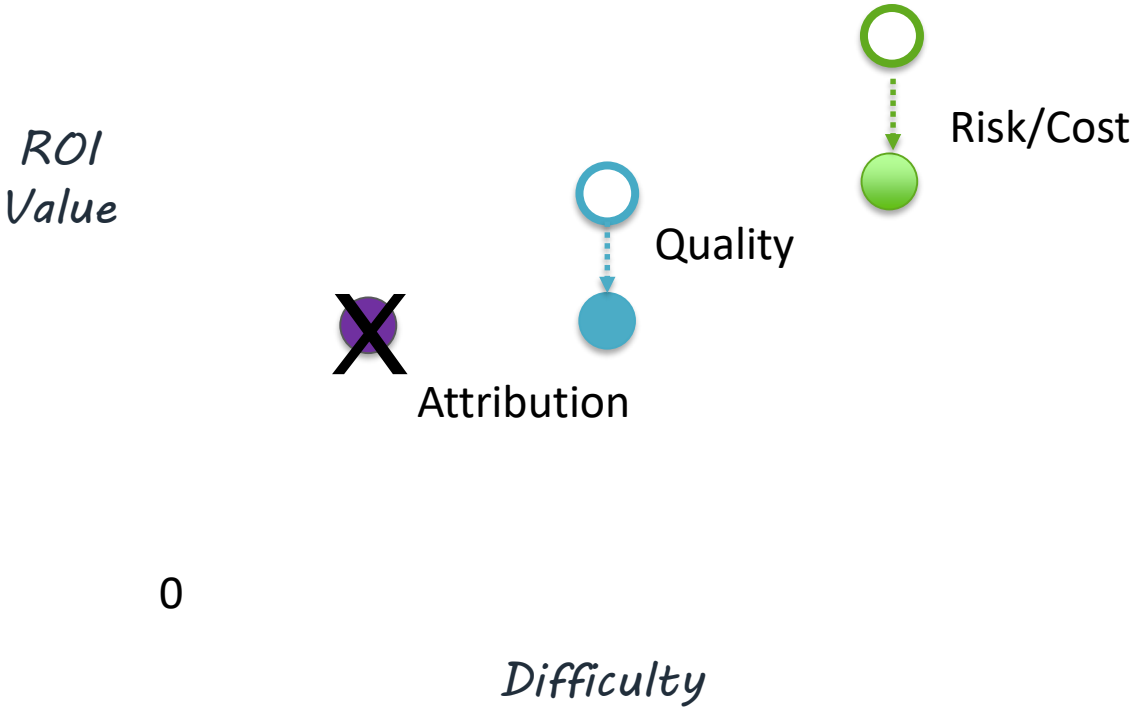
Get Started

1. Review your Data.
2. Assign resource(s).
   - Identify and conduct outreach to members that have not been seen at your center.
   - Clean up 'dirty data' impacting matched members
   - Engage members who have not been seen in > one(1) year.
3. Identify target population (based on goals) – risk, cost, condition, care gaps.
4. Evaluate access and use panel reports to manage capacity.

Attribution is a Pre-requisite



Poor Attribution Reduces Potential Returns



Dashboard| Health Plan Enrollment

Dashboards - Health Plan Enrollment Matching

PayerIntegration

Period Type: Month | Period: November 2017 | Centers: Centers | Plans: Plans | Update

Members

252,875

Members Eligible During the Period

Unmatched Members

89,809

Unmatched Members

Matched Members

Members Active In Period

Plan	Members	Unmatched Members
Affinity	8,384	3,060
United	90,508	58,397
HealthFirst	83,317	19,285
HealthPlus	37,027	8,047

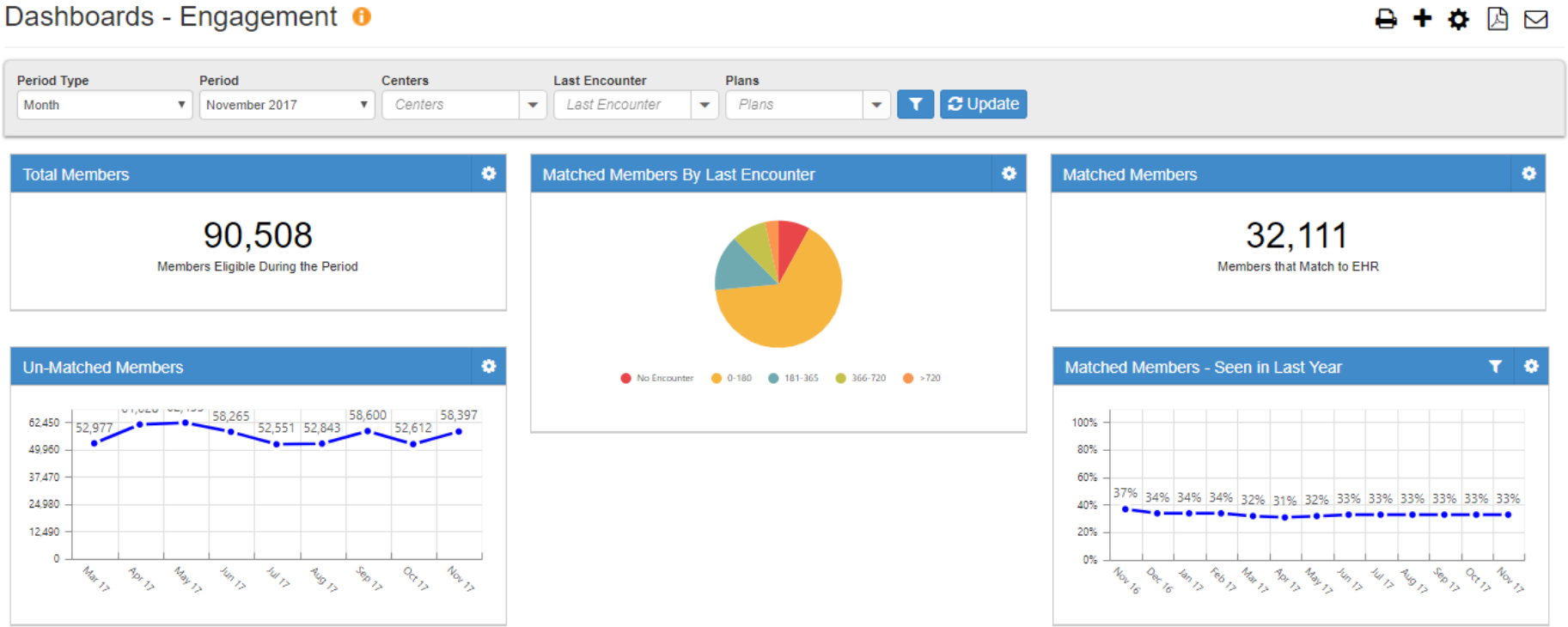
Mbr Age Stratifcation

Age	Match Rate	Matched Members	Unmatched Members
<= 2	65%	9,339	5,088
3-6	79%	16,412	4,494
7-17	77%	39,354	11,552
18-25	58%	19,749	14,453
26-45	55%	40,060	33,200
46-64	61%	27,388	17,620
65 +	76%	10,762	3,398

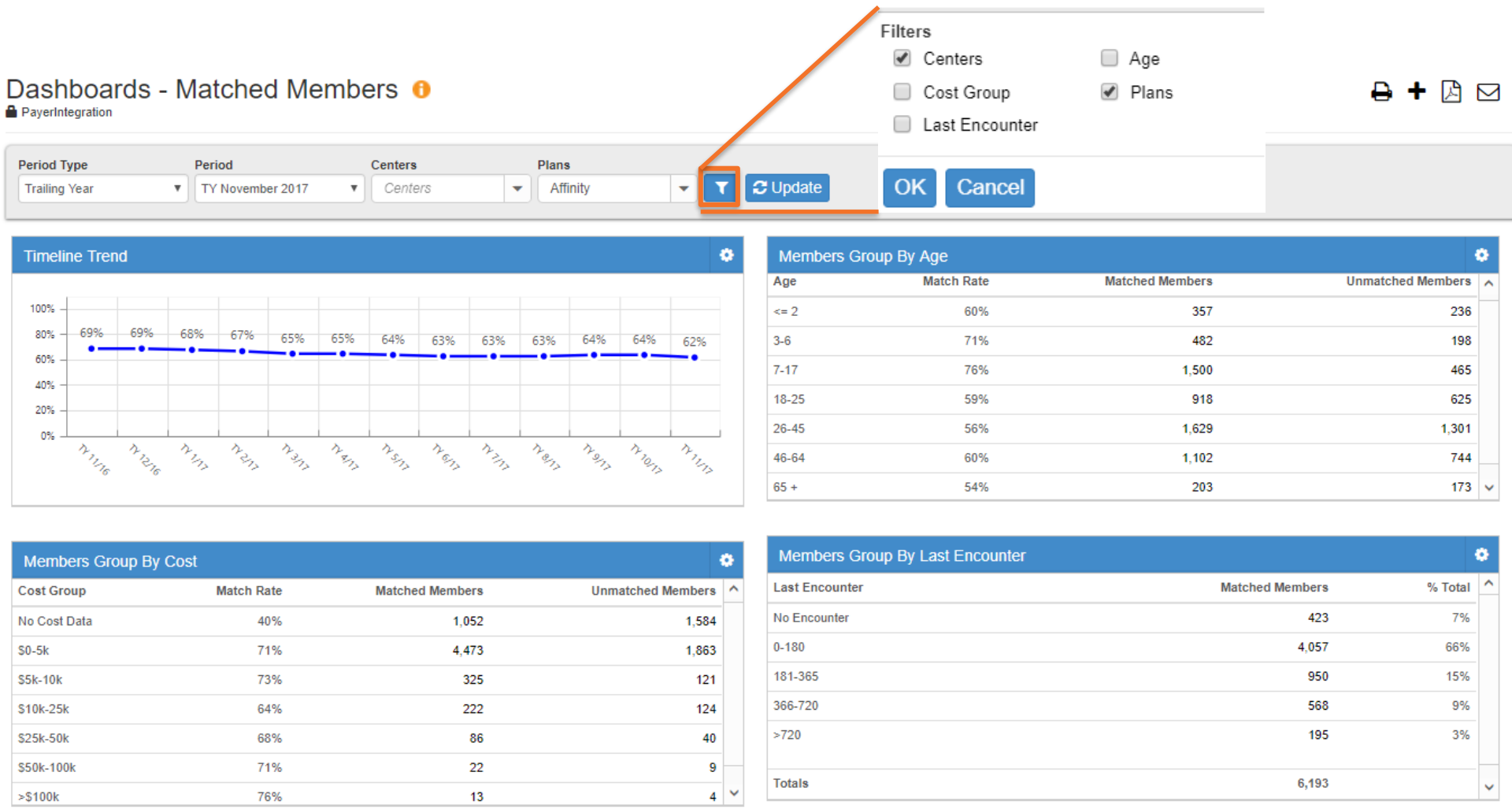
Member Visit Stratification

Last Encounter	Matched Members	% Total
No Encounter	6,550	4%
0-180	114,206	70%
181-365	23,853	15%
366-720	13,765	8%
>720	4,692	3%
Totals	163,066	

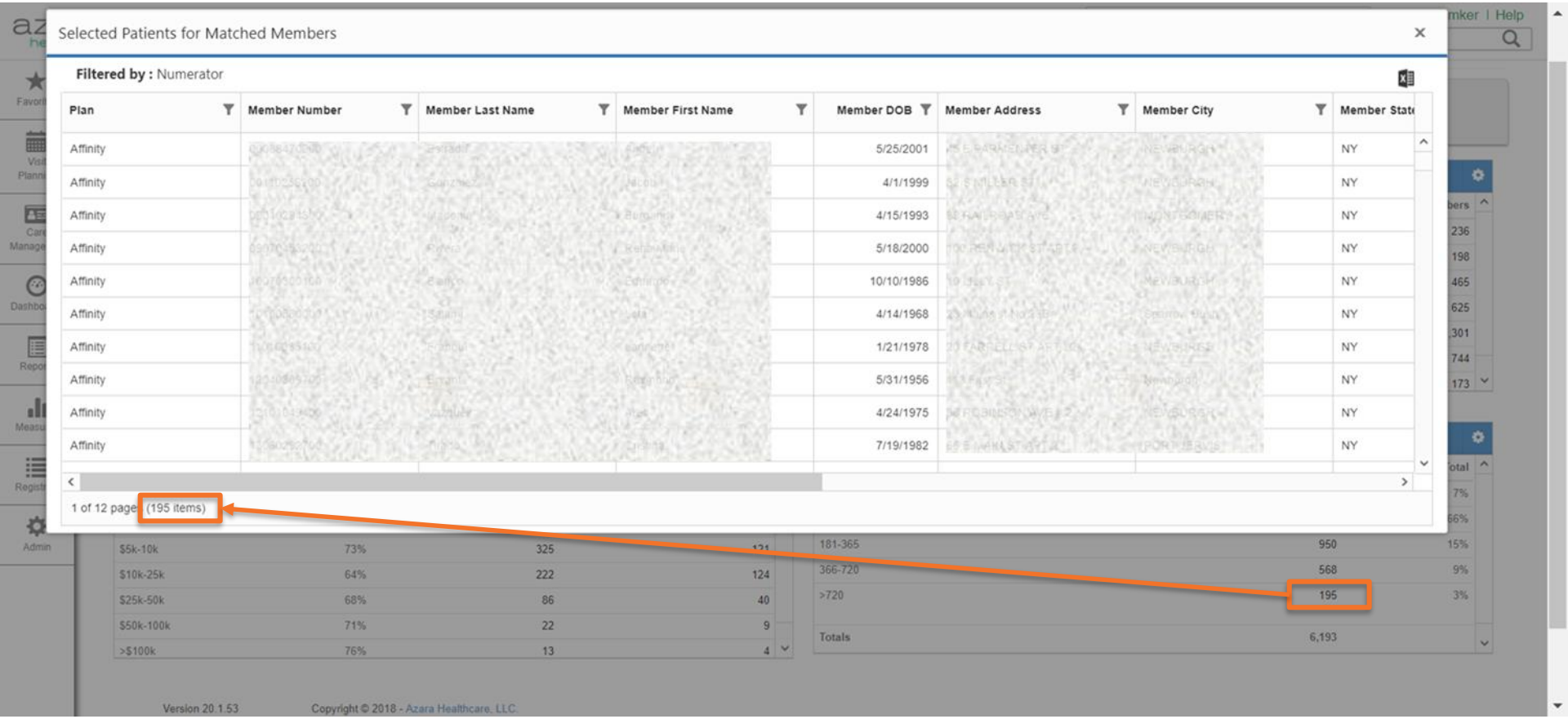
Dashboard| Engagement



Matched Member Dashboard



Matched Member Drill Down Detail



Soft Matching Report

Payer Integration - Soft Matching

Method used to determine match

Easy compare of member to patient data

Period Type: Month | Period: June 2017 | Centers: Centers | United Health Plan | Update

Member Number	CutNo	Soft Matched Method	Member Name	Patient Name	Member DOB	Patient DOB	Member Address	Patient Addr
794A	21	First Name, Last Name, DOB, Address1	SPEES, LOREN	SPEES, LOREN	6/29/2014	6/29/2014	900 Third St.	900 Third St.
794A	38	Medicaid Number	SPEES, LOREN	KALER, EVAN	6/29/2014	7/28/2005	900 Third St.	684 Elm St.
794A	39	Medicare Number	SPEES, LOREN	OHLSON, JAE	6/29/2014	4/6/1998	900 Third St.	787 East St.
786A	4	Medicaid Number, First Initial	WINKLEMAN, EDMUND	KALER, EVAN	6/12/1964	7/28/2005	182 East St.	684 Elm St.
786A	21	First Name, Last Name, DOB, Address1	WINKLEMAN, EDMUND	WINKLEMAN, EDMUND	6/12/1964	6/12/1964	182 East St.	182 East St.
786A	39	Medicare Number	WINKLEMAN, EDMUND	OHLSON, JAE	6/12/1964	4/6/1998	182 East St.	787 East St.

Lower number = higher confidence

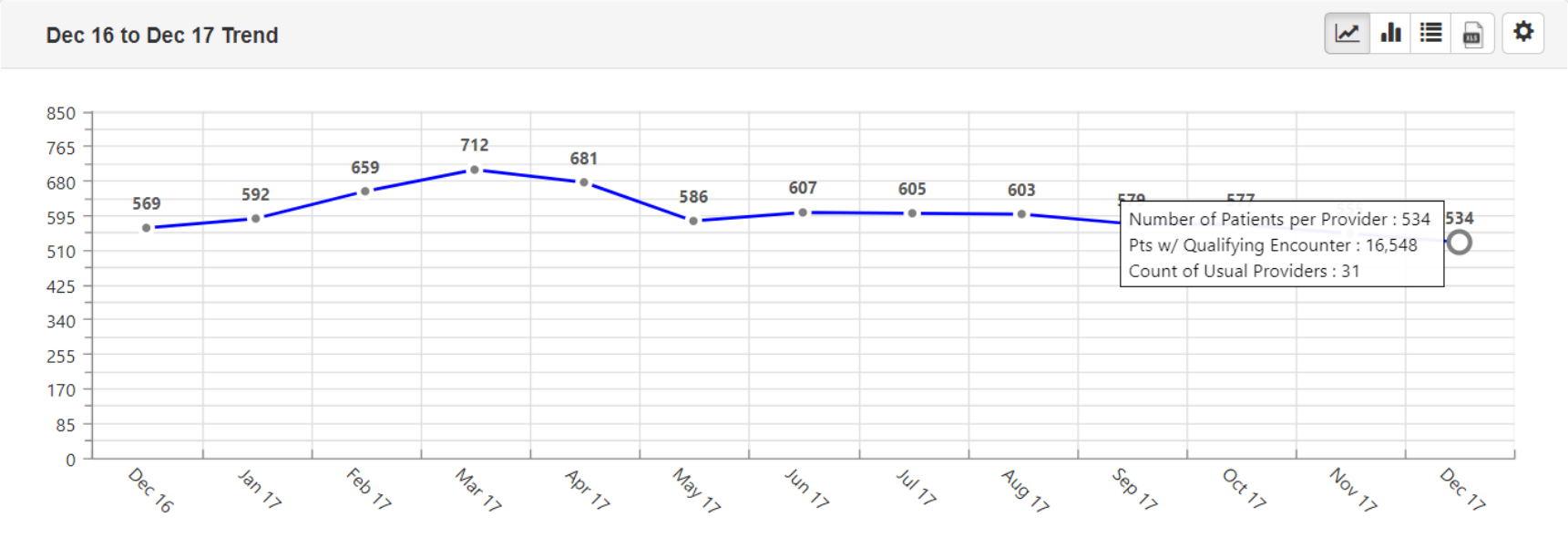
- Identifies potential matches using more than policy and DOB.
- Future functionality provides ability to ‘force match’.

Access and Panel Size

Panel Size

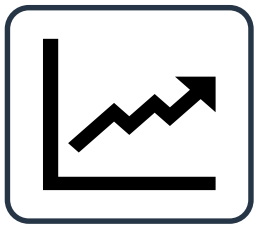
Period Type: Month | Period: December 2017 | Providers: Providers | Update

View: Measure Analyzer | Detail List | Value Sets



- If you have an access issue, engaging or bringing in new patients will be challenging.
- Consider a panel management exercise to improve access.
- When brining patients in – start with those that are high cost or have multiple co-morbidities.

Clinical Quality



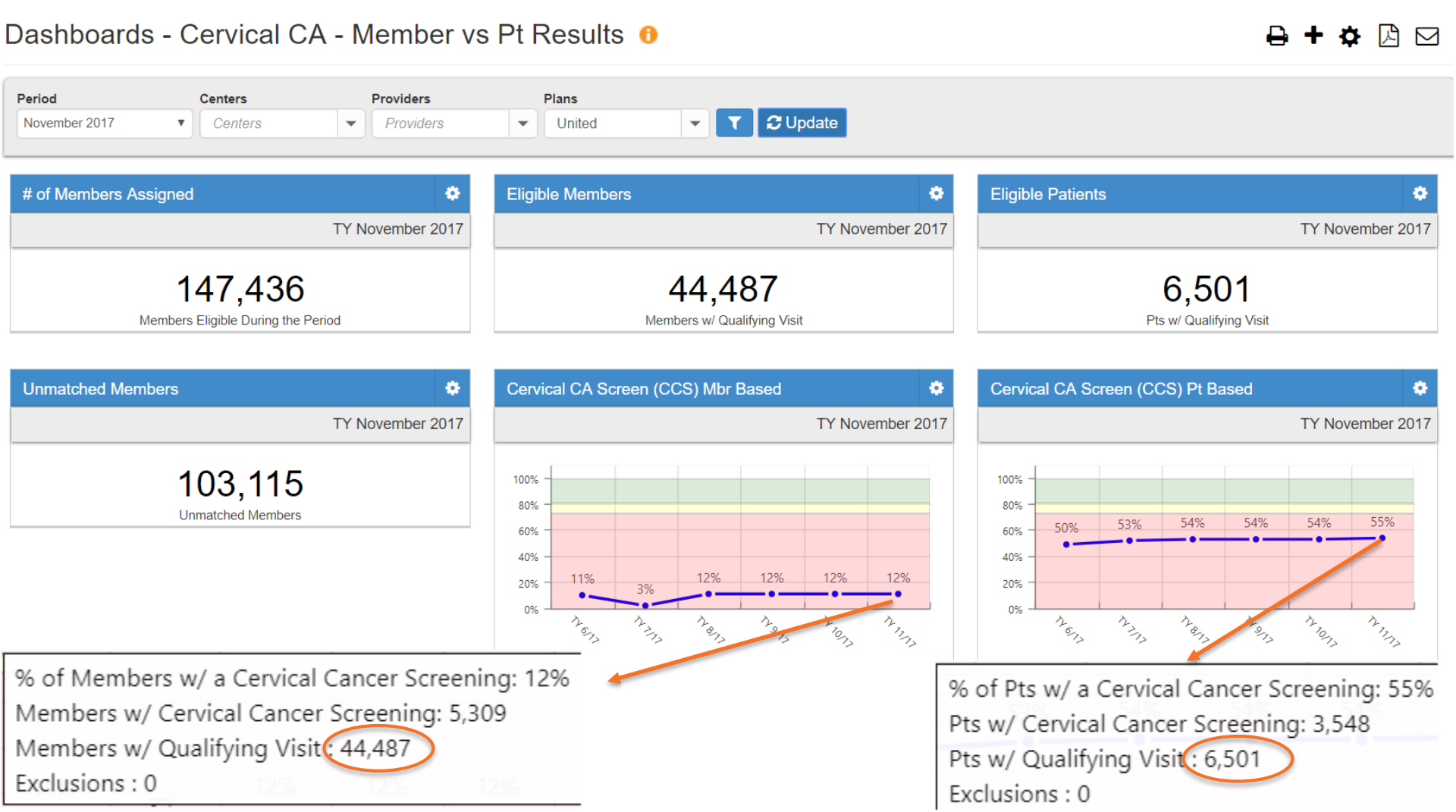
Return on Investment

- Understand performance of patients in your EHR vs members you are responsible for.
- Identify and close care gaps in order to meet performance targets for incentive payments.
- Target interventions to areas of greatest concern/need.
- Minimize/eliminate individual chart review.
- Negotiate contract performance rates.

Get Started

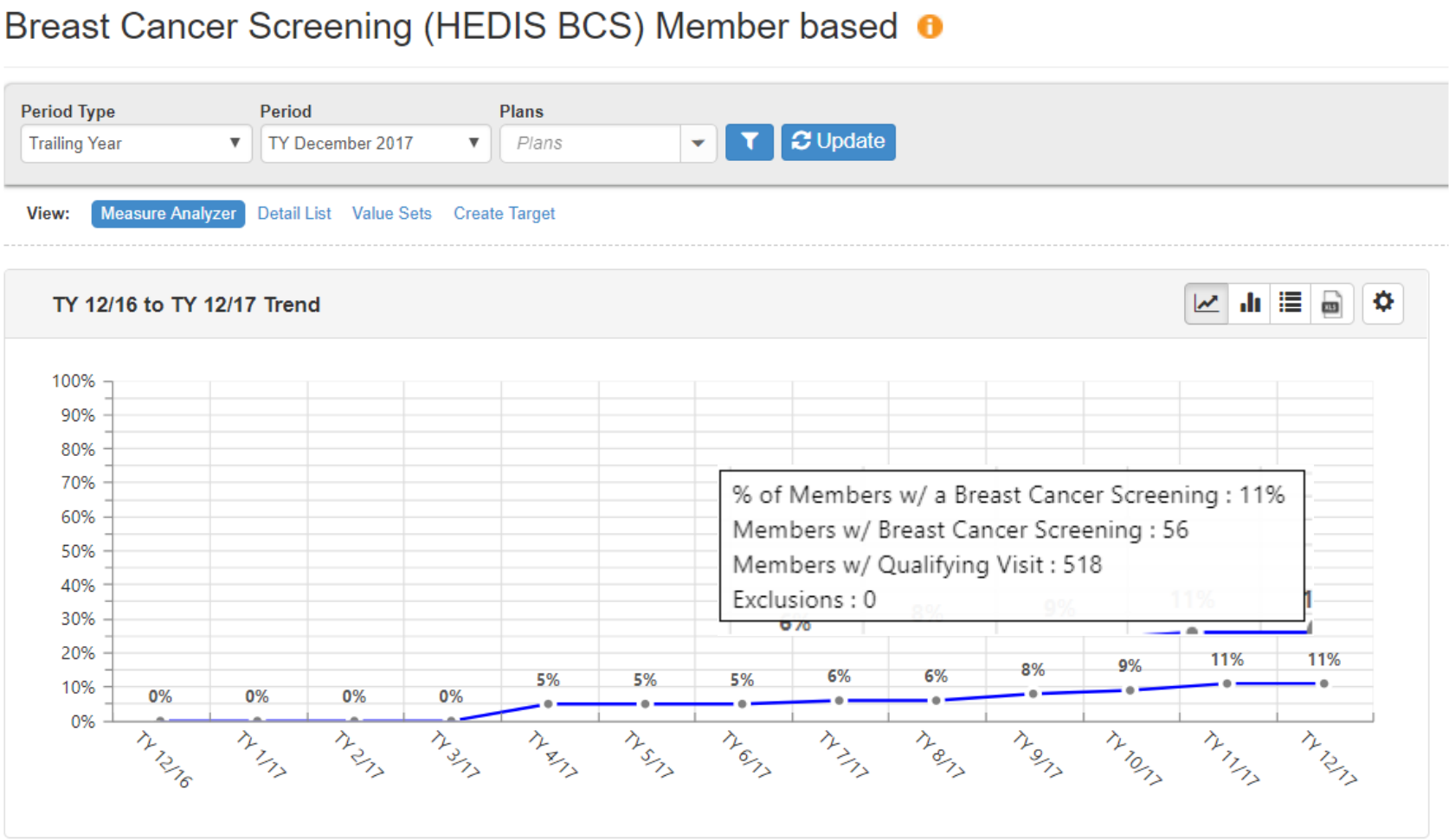
1. Review your Data using Quality Score Cards and Gap reports
2. Identify target population (based on goals) – risk, cost, condition, care gaps
3. Multi-prong approach
   - PVP – daily by care team; target intervention by quality or care manager
   - Care Gap reports
   - Measures – patient and member based

Member vs Patient Results

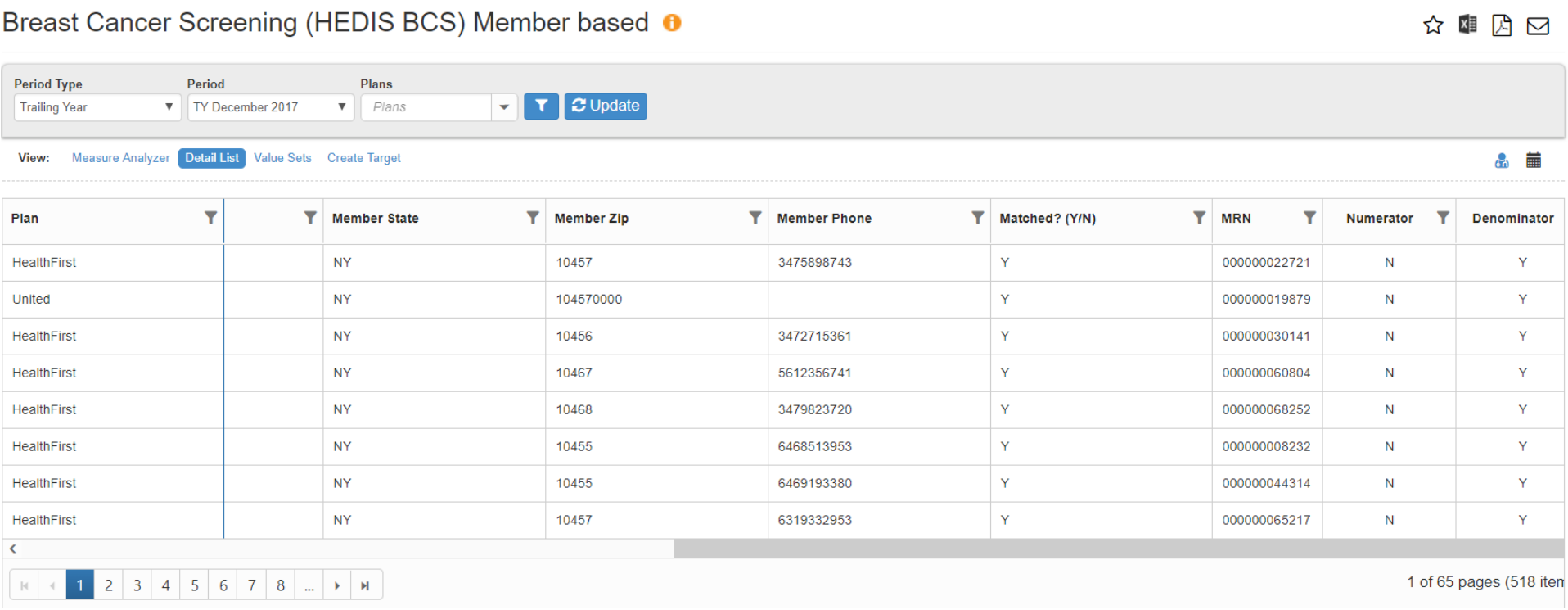


- The difference is in the denominator

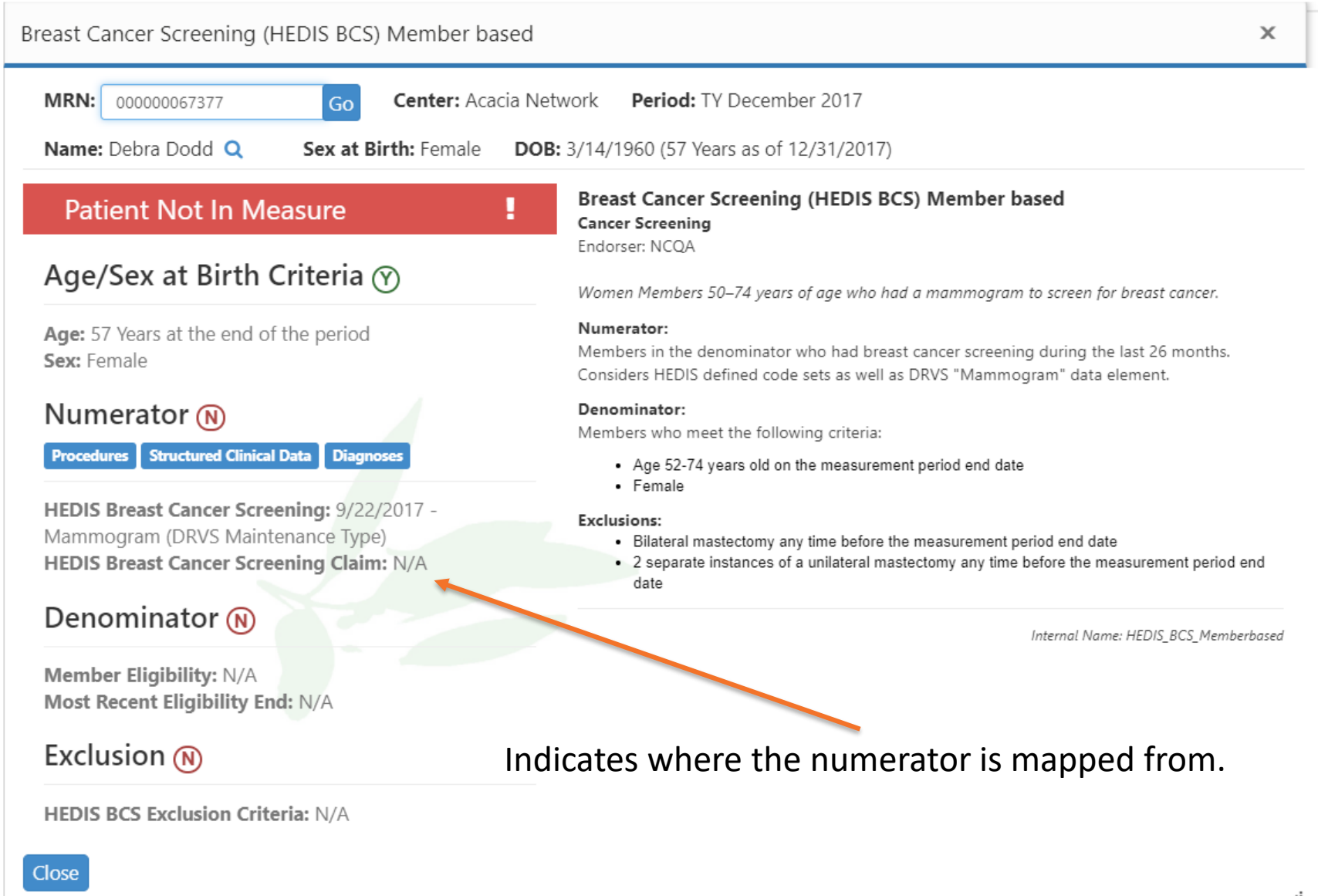
Member Based Measure – Closer Look



Member Based Measure Detail



Member Based Measure Investigation



Indicates where the numerator is mapped from.

Compare Plan Performance on Key Measures|1

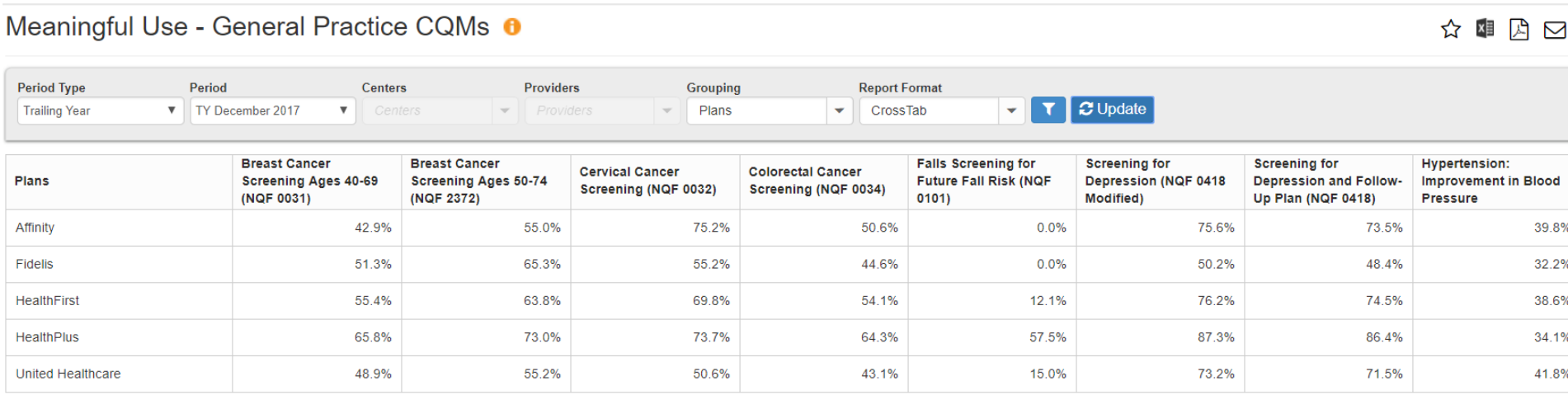
Meaningful Use - General Practice CQMs

Period Type: Trailing Year | Period: TY December 2017 | Centers: Centers | Providers: Providers | Plans: United | Update

		Measure	Result	Numerator	Denominator	Exclusions
		Breast Cancer Screening Ages 40-69 (NQF 0031)	48.9%	2,514	5,143	8
		Breast Cancer Screening Ages 50-74 (NQF 2372)	55.2%	1,955	3,541	7
		Cervical Cancer Screening (NQF 0032)	50.6%	4,587	9,069	505
		Colorectal Cancer Screening (NQF 0034)	43.1%	2,918	6,767	37
		Falls Screening for Future Fall Risk (NQF 0101)	15.0%	331	2,214	0
		Screening for Depression (NQF 0418 Modified)	73.2%	14,179	19,357	3,928
		Screening for Depression and Follow-Up Plan (NQF 0418)	71.5%	13,715	19,195	4,090
		Screening for Depression and Follow-Up Plan 12-17 yrs (NQF 0418)	0.0%	0	0	0
		Screening for Depression and Follow-Up Plan 18+ yrs (NQF 0418)	0.0%	0	0	0
		Screening for Patients With Depression (NQF 0418 Modified)	0.0%	0	0	0
		Hypertension: Improvement in Blood Pressure	41.8%	261	625	7

- Filter by Plan

Compare Plan Performance on Key Measures|2



Meaningful Use - General Practice CQMs

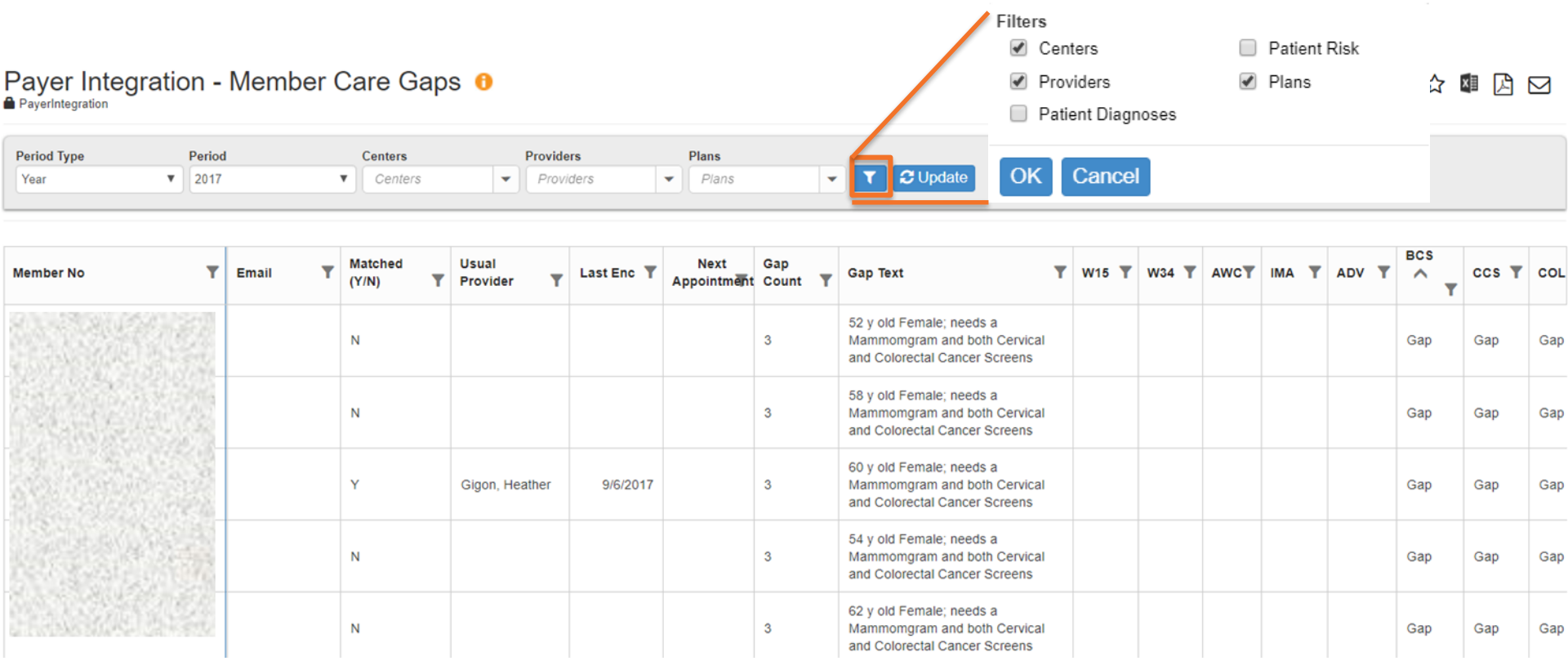
Period Type: Trailing Year | Period: TY December 2017 | Centers | Providers | Grouping: Plans | Report Format: CrossTab | Update

Plans	Breast Cancer Screening Ages 40-69 (NQF 0031)	Breast Cancer Screening Ages 50-74 (NQF 2372)	Cervical Cancer Screening (NQF 0032)	Colorectal Cancer Screening (NQF 0034)	Falls Screening for Future Fall Risk (NQF 0101)	Screening for Depression (NQF 0418 Modified)	Screening for Depression and Follow-Up Plan (NQF 0418)	Hypertension: Improvement in Blood Pressure
Affinity	42.9%	55.0%	75.2%	50.6%	0.0%	75.6%	73.5%	39.8%
Fidelis	51.3%	65.3%	55.2%	44.6%	0.0%	50.2%	48.4%	32.2%
HealthFirst	55.4%	63.8%	69.8%	54.1%	12.1%	76.2%	74.5%	38.6%
HealthPlus	65.8%	73.0%	73.7%	64.3%	57.5%	87.3%	86.4%	34.1%
United Healthcare	48.9%	55.2%	50.6%	43.1%	15.0%	73.2%	71.5%	41.8%

Utilize Cross Tab functionality

- Group by plan and display by plan
- Filter by plan and display by location

Member Care Gaps



- Summarizes Care Gaps
- Sort by Gap Count
- Sort by targeted measure and address other open gaps

Cost Containment

Return on Investment

- Easy identification of patients you NEED to manage.
  - high utilizers (emergency and inpatient)
  - high cost (total cost, PMPM, specific cost category)
  - high risk (payer or practice defined)
- Appropriate utilization of resources based on patient need i.e., care manager.

Get Started

1. Review utilization.
   - Identify high utilizers for ER and Inpatient
   - Identify common attributes i.e., admitting dx, chronic conditions, access
2. Review cost by TME and PMPM.
3. Establish responsibility and frequency of monitoring.
4. Manage the identified patients
   - Utilization measures and gap reports
   - PVP
   - CMP

Utilization

Dashboards - Payer Integration

Period Type: Trailing Year | Period: TY November 2017 | Centers: Centers | Plans: United | Update

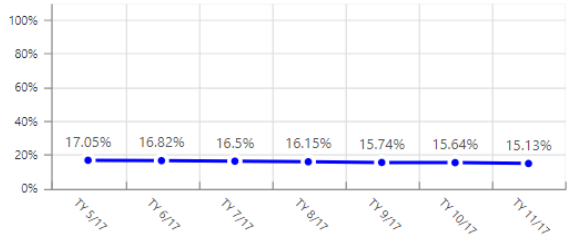
Member Count
147,436
Members Eligible During the Period

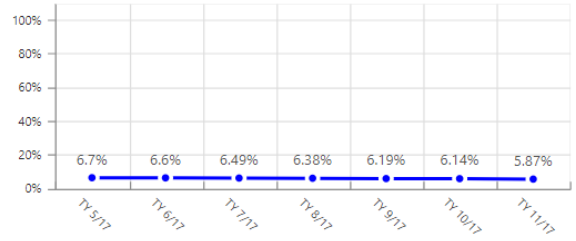
ER Utilizers
22,301
Members w/ >=1 ER Visits

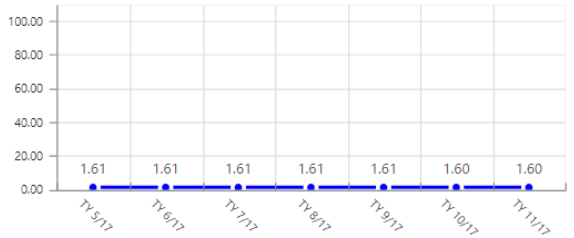
Inpatient Utilizers
8,650
Members w/ >=1 inpatient discharge

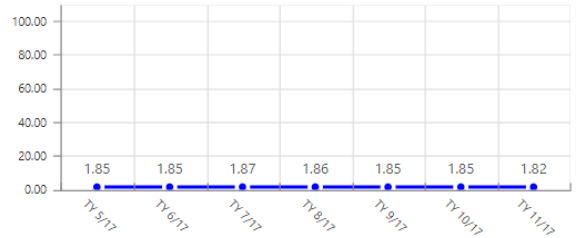
Newly Eligible Members
64,452
Newly Eligible Members

Newly Ineligible Members
31,394
Newly Ineligible Members

ER Utilizers Trend


Inpatient Utilizers Trend


Inpatient Stays Per Utilizer Trend


ER Visits Per Utilizer Trend


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Emergency Room Utilization Detail

- Episode based (vs patient)
- 1 patient – 3 ER visits

Name	Admit Date	Discharge Date	Location of Services	Episode Type	Primary Dx	Primary Proc
5 pts	12/19/2016	12/19/2016	Location Not Provided	ER Visit	K62.89	
	8/8/2017	8/8/2017	Location Not Provided	ER Visit	M25.512	
	10/5/2017	10/5/2017	Location Not Provided	ER Visit	R53.1	
	6/14/2017	6/23/2017	Location Not Provided	ER Visit	L03.116	
	9/2/2017	9/2/2017	Location Not Provided	ER Visit	S00.83XA	
	9/26/2017	9/26/2017	Location Not Provided	ER Visit	Z04.3	
	9/7/2017	9/7/2017	Location Not Provided	ER Visit	M54.9	
	4/11/2017	4/11/2017	Location Not Provided	ER Visit	L03.116	

Emergency Room Utilization

Primary Proc	Usual Provider	EHR MRN	Payer Risk
Other specified diseases of anus and rectum	zz-Xie, Yuanli	378674	Medium
Pain in left shoulder	zz-Xie, Yuanli	378674	Medium
Weakness			Medium
Cellulitis of left lower limb			Medium
Contusion of other part of head, initial encounter			Medium
Encounter for examination and observation following other accident			Medium
Dorsalgia, unspecified	Kanahara, Satoko	92442	Medium
Cellulitis of left lower limb	Martin, Michelle	449410	Medium

Members Report

- Provides registry of all the integrated data from the EHR and Plan.
- Includes – demographics, encounter, cost, risk, utilization diagnosis data.

Member Detail (with or w/o claims)

Demographics and Eligibility Dates

Plan	Member Number	Matched	Eligbility Start	Eligbility End	EHR MRN	Age	DOB	Age Group	Sex	Language
United Healthcare		N	4/1/2017	12/31/2030		6	4/12/2011	5-12	F	
United Healthcare		N	4/1/2017	12/31/2030		25	11/27/199	20-34	M	
United Healthcare		N	4/1/2017	12/31/2030		24	8/24/1992	20-34	M	

Recent & Upcoming Encounters

Plan		EHR Usual Provider	Plan Usual Provider	Plan Usual Provider NPI	Most Recent Enc	Most Recent Enc Provider	Most Recent Enc Location	Last Encounter Group	Next Appt	Next Appt Provider
United Healthcare										
United Healthcare										
United Healthcare										

Chronic Conditions and Risk from EHR

Plan	Next Appt Location	DM	HTN	CHF	IVD	CAD	ASM	HIV	ESRD	Cancer	SMP	ASD	Numerator
Affinity		Y	Y						Y	Y			N
Affinity			Y	Y		Y						Y	N
Affinity		Y	Y	Y							Y		N

Member Detail with Claims

Utilization and Cost Data

Plan	ER Visit	ER Visits in Past Yr	IP Visit	IP Visits in Past Yr	Total IP Days, Past Yr	Total Cost Past Yr	Cost Group	Payer Risk
United	10/25/2017	1					No Cost Data	Medium
United							No Cost Data	Medium
United			4/2/2017	2	22		No Cost Data	Medium
United	9/18/2017	2					No Cost Data	Medium
United	11/2/2017	3					No Cost Data	Medium

Pharmaceutical	Inpatient Care	Outpatient Hospital Care	Home Health	Special Needs Facility	Specialty	Primary Care - Non-FQHC	Primary Care - FQHC	Labs/Diagnostic
$7,147.90		$5,599.54			$1,370.02	955.6	0	$9,614.56
$96,813.31					$300.00	630		$2,117.73

Medical Devices	Support Services	Transportation	Dental	Vision	Behavioral Health	Other
			$1,632.04		$4,947.40	

Cost Dashboard

azara healthcare

Dashboards - Payer Costs Dashboard

Period: November 2017 | Centers | Providers | Plans | Update

Average Annual Cost/Member
TY November 2017

$5,893.68
Average Cost per Assigned Member

PMPM
November 2017

$606.30
Average Cost per Assigned Member per Month

Total Attributed Lives
TY November 2017

13,488
Members Eligible During the Period

Unmatched Members (Members NOT in...
TY November 2017

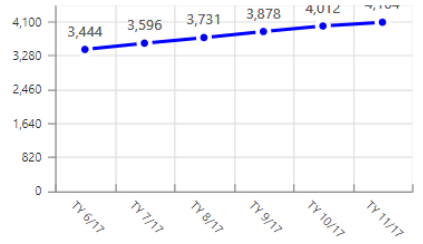
9,384
Unmatched Members

PMPM Trend
TY November 2017

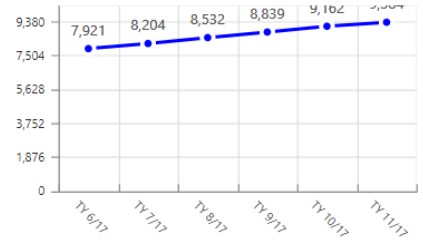
PMPM Cost Breakdown
November 2017

Cost Group	Result
	$0.00
Pharmaceutical	$96.64
Unmapped	$95.19
Behavioral Health	$95.77
Specialty	$96.71
Labs/Diagnostics	$101.42

Membership Growth
TY November 2017



Unmatched Members for past 6 months
TY November 2017



Average Annual Cost by Plan
TY November 2017

Plan	Result
Community Health Plan	$5,899.74
United Health Plan	$5,844.54
Group Health	$5,937.13

2017 PMPM Benchmark
January 2017

$613.74
Average Cost per Assigned Member per Month

Newly Eligible Members
November 2017

265
Newly Eligible Members

P4P Measure Results
TY October 2017

Pts w/ Qual Visit	1,312		
Pts w/ Colorectal Cancer Screening	112	38%	●
Pts w/ Cervical Cancer Screening	2,332	90%	●
Pts w/ Breast Cancer Screening	0	0%	●
Pts w/ Breast Cancer Screening	0	0%	●

Cost Per Member Per Month

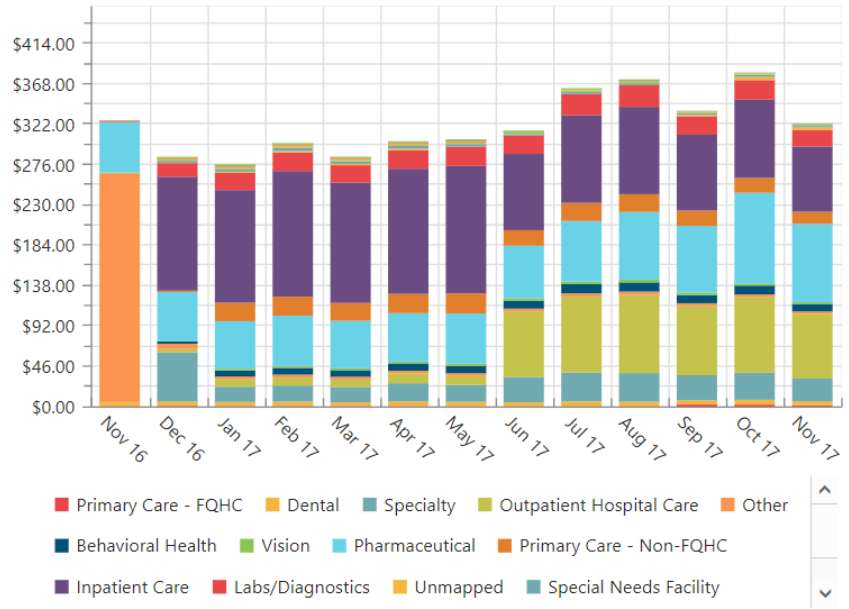
Average Cost PMPM

PayerIntegration

Period Type: Month | Period: November 2017 | Centers: Centers | Plans: Plans | Update

View: Measure Analyzer | Detail List | Value Sets

Nov 16 to Nov 17 Trend



Comparison

Grouping: Cost Group

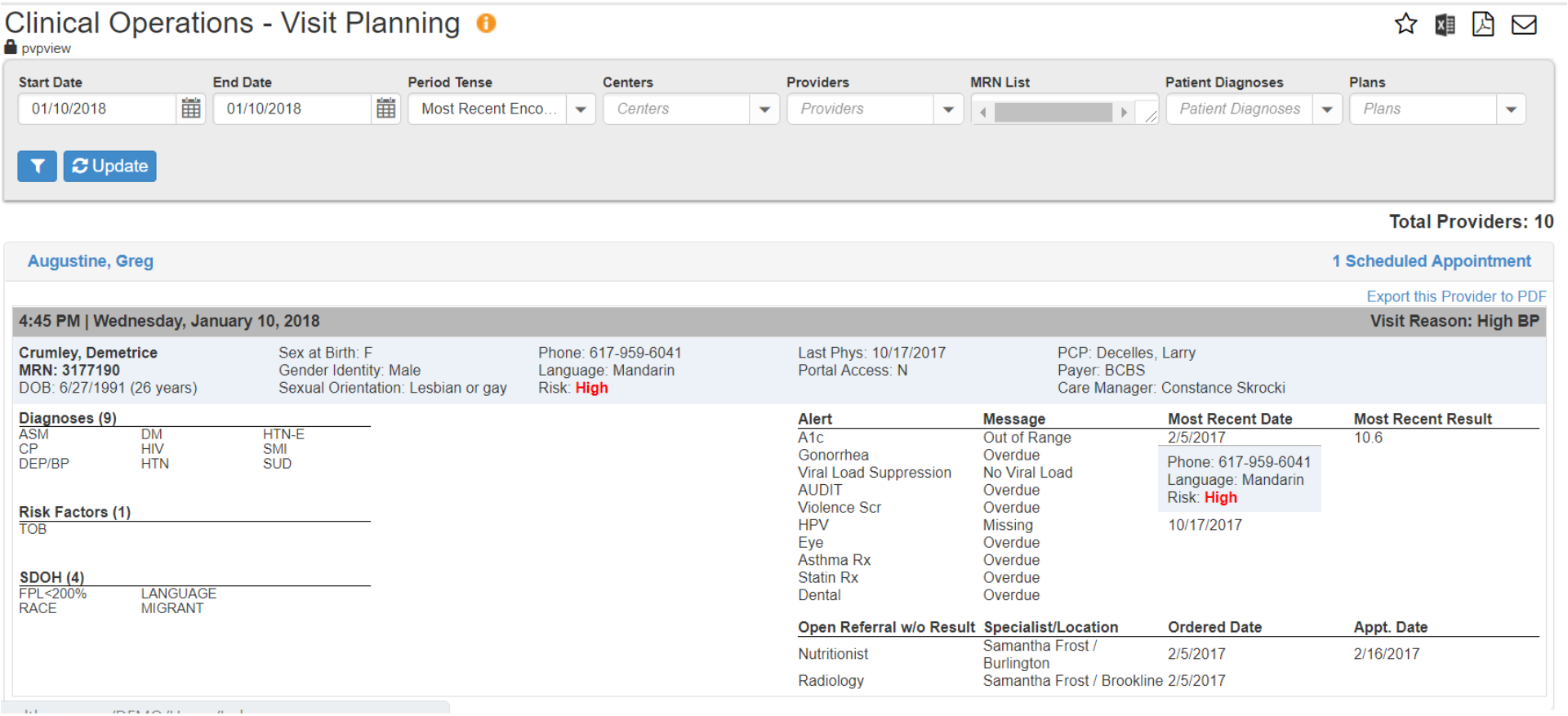
Cost Group	Average Cost per Assigned Member per Month	Total Cost Incurred by Active Assigned Members in Period	Members Months
Pharmaceutical	$89.28	$270,905,898	3,034,500
Inpatient Care	$74.30	$225,456,480	3,034,500
Outpatient Hospital Care	$73.97	$224,450,489	3,034,500
Specialty	$25.73	$78,077,054	3,034,500
Labs/Diagnostics	$18.76	$56,934,824	3,034,500
Primary Care - Non-FQHC	$13.84	$42,006,124	3,034,500
Behavioral Health	$8.32	$25,234,577	3,034,500
Dental	$4.60	$13,965,927	3,034,500
Unmapped	$3.01	$9,148,698	3,034,500
Other	$2.75	$8,343,735	3,034,500

1 2 — 1 of 2 pages (18 items)

Pre-Visit Planning and Care Management Passport

- Filters
  - Plan filter - identify scheduled patients coming in who are in a specific plan
  - Patient Risk filter - identify patients who are coming in that are high risk
  - Combine for both plan and risk
- Use MRN look up to look up one or multiple patients that are newly eligible and high risk

PVP – Who is here today?



Care Management Passport

Care Management Passport

Find New Patient

Crumley, Demetrice
MRN: 3177190
DOB: 6/27/1991 (Age: 26)

Sex at Birth: F
Gender Identity: Male
Sexual Orientation: Lesbian or...

Phone: 617-959-6041
Language: Mandarin
Risk: **High**

Last Phys:
Portal Access: N

PCP: Decelles, Larry
Payer:
Care Mgr: Constance Sk...

Assessments, Last 10

Code	Description	Last Assessed	# Assessed TY
G89.12	Acute post-thoracotomy pain	10/17/2017	1
F32.2	Major depressive disorder, single episod...	10/17/2017	1
F15.951	Other stimulant use, unspecified with st...	2/5/2017	1
278.00	Obesity, unspecified.	2/5/2017	1
250.00	Diabetes mellitus without mention of com...	2/5/2017	1

Active Problems, Last 10

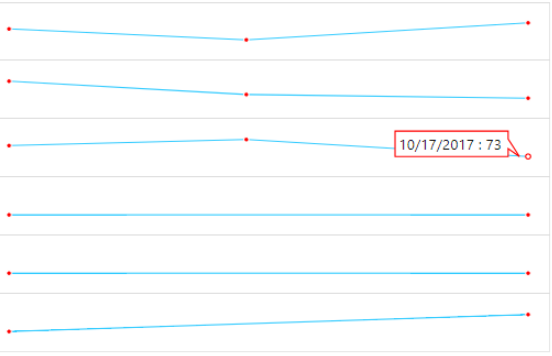
Code	Description	Most Recent
278.00	Obesity, unspecified.	10/17/2017
A15.0	universal testing	10/17/2017
E10.21	phase diabetes statin/ace/arb diagnosis	10/17/2017
I11.0	phase htn antihypertensive	10/17/2017
296.24	Major depressive affective disorder, single episod	10/17/2017
401.9	Unspecified essential hypertension.	10/17/2017
079.53	Human immunodeficiency virus, type 2 [HIV 2] as th	10/17/2017
424148004	Substance use cessation surveillance (regime/thera	10/17/2017
G89.12	Acute post-thoracotomy pain	2/5/2017
303.02	Acute alcoholic intoxication in alcoholism	2/5/2017

Encounters, Last 5

Date	Provider	Type	Reason
10/17/2017	Winslow, Francine	Medical	High BP
2/5/2017	Doe, Jane	Medical	Annual Visit
8/25/2016	Gunther, Eric	Medical	Mental Health and Co...
7/7/2016	Gunther, Eric	Medical	Annual Visit

The Numbers

BMI	**21** lb/m2
Systolic	**111** mmHg
Diastolic	**73** mmHg
LDL	**88** mg/dL
A1c	**10.6**%
PHQ-9	**4**



Appointments, Next 5

Date	Provider	Type	Reason
1/10/2018 4:45 PM	Augustine, Greg	High BP	

Social Determinants of Health

No Social Determinants of Health

Alerts

Alert	Message	Most Recent Date	Most Recent Result
A1c	Out of Range	2/5/2017	10.6

Version 20.1.53

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Homeostasis | Change

- Healthcare is complex.
- Straddling both words is chaotic but necessary to be successful.
- Changes in the delivery system (acute and reactive) must be supported by payment reform to be sustainable.
- Be ready when reform arrives.

Homeostatis holds complex systems together invisibly; we notice only its failures.

SIDDHARTHA MUKHERJEE

My Father's Body, At Rest and In Motion; Siddhartha Mukjerjee, New York Times; 1/1/2018. Illustration by Gerard Dubois.

QUESTIONS

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Payer datasets available in CPCI

Payer	Enrollment & Claims Reporting	Enrollment Reporting	Status in CPCI
Affinity	X		Available
Healthfirst		X	Available
HealthPlus	X		Enrollment Reporting today; Claims TBD
United	X		Available

Annual CPCI subscription costs

As a CPCI subscribing health center, CHCANYS has arranged for your center to receive one (1) set of payer reporting for free

Annual Medical Encounters (based on UDS Primary Care Medical Encounter data)	Per Payer for Enrollment & Claims Reporting	Per Payer for Enrollment Reporting
Tier 1; <40,000	$3,000	$1,000
Tier 2; <100,000	$5,500	$2,000
Tier 3; <200,000	$8,000	$3,000
Tier 4; 200,000+	$11,000	$4,000

Access to payer data in CPCI

If your Health Center is eligible for more than 1 payer dataset in CPCI and…

- you are interested in getting access to the additional dataset(s), you will need to contract with Azara
- you have not selected your "freebie", Azara will default access to the payer with the highest member volume*

**You can switch which payer you get access to at any time*