



Improving Patient Outcomes Through Data

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

January 10, 2018



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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.*

Combating Illness

Healthcare

Improving Wellness

Directors of Care

Providers

Collaborators in Care

Passive Recipients

Patients

Active Participants

Siloed & Episodic

Health Information

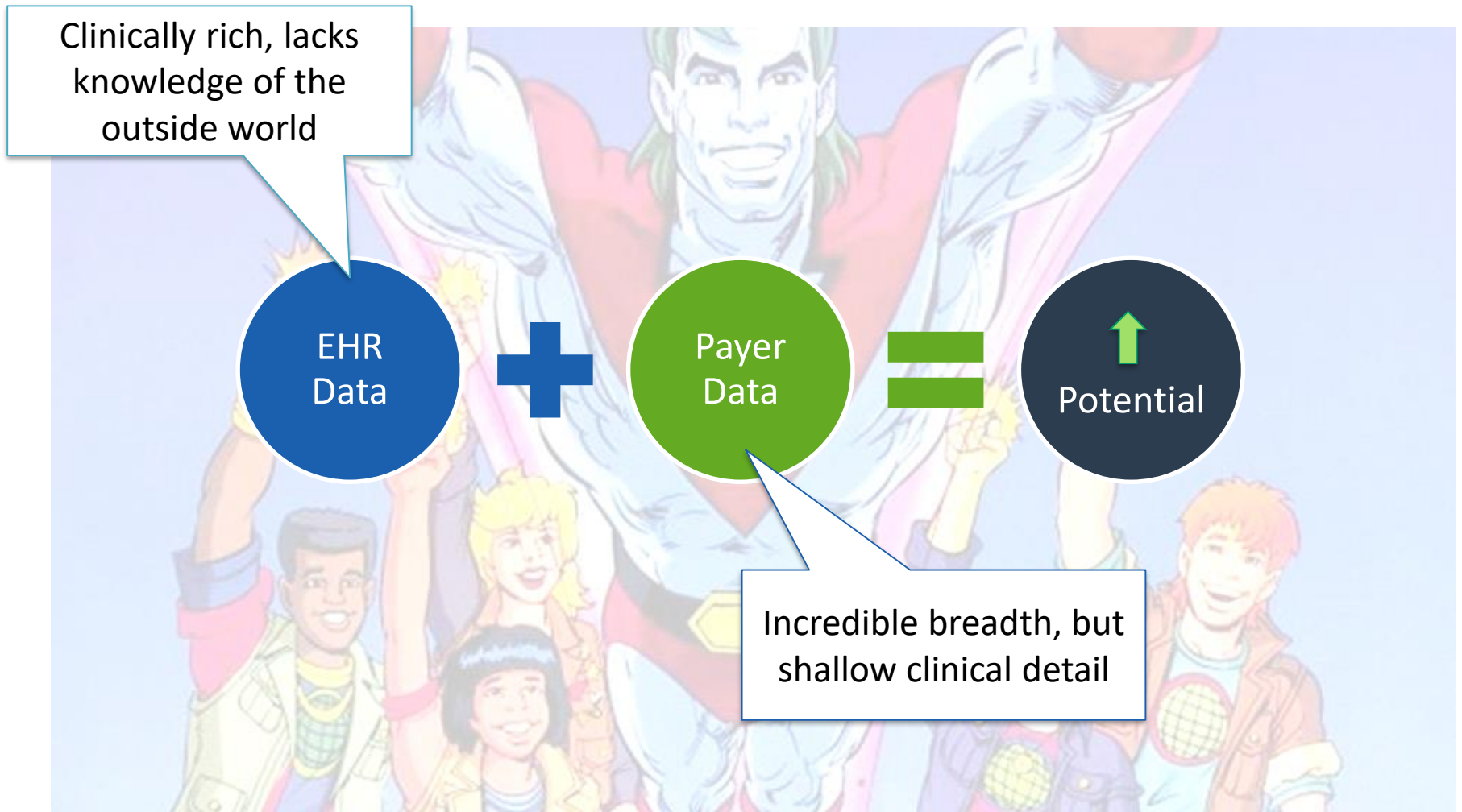
Integrated Longitudinal

Document Tasks

IT

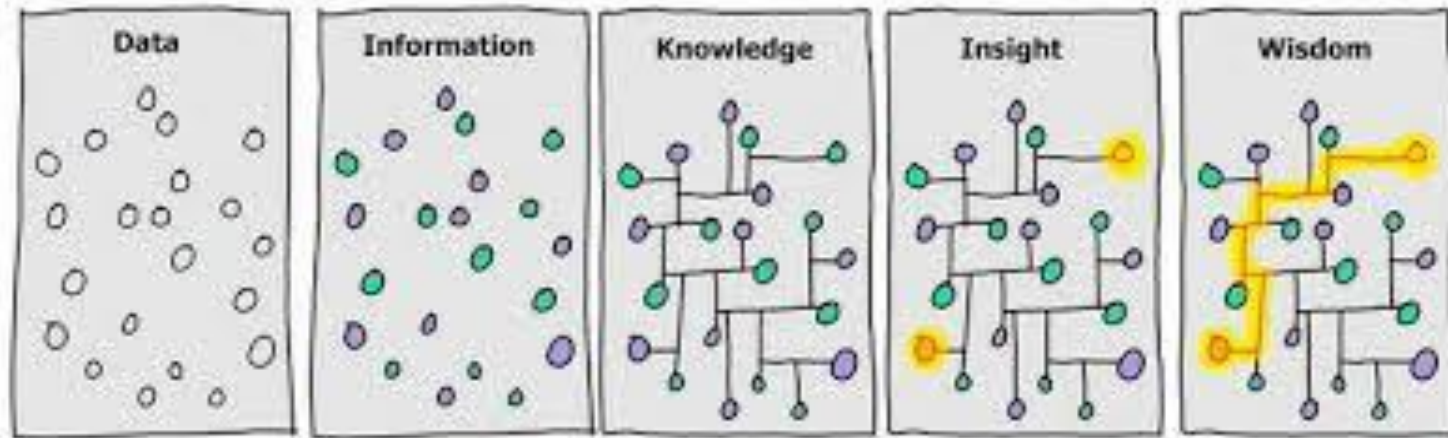
Enhance Understanding

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.



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.

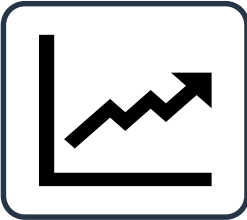
CHCANYS Plan Summary

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 Plus²	X				TBD
United (Community Plan)	X	X	X		

¹All plan data has 30-45 day lag

²Anthem, Empire Blue Cross/Blue Shield

³Available in February 2018 21.0 release



Return on Investment

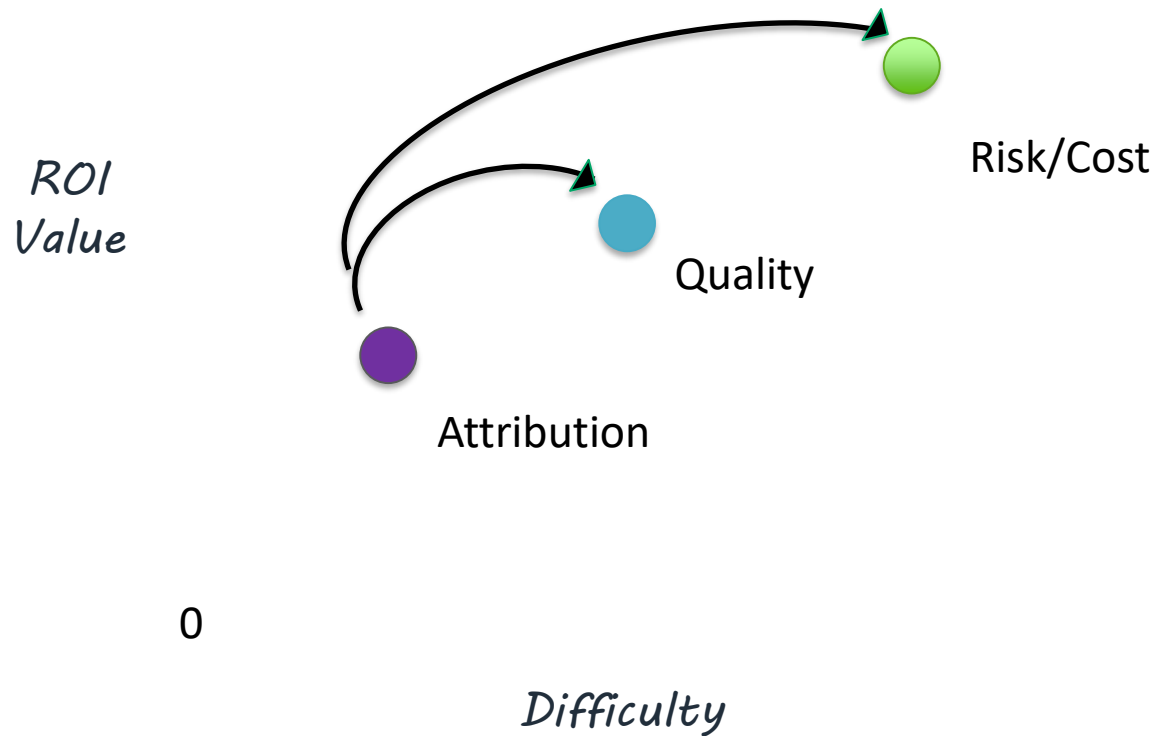
- What members are currently patients at your center.
- Streamline overly burdensome management of enrollment files.
- Manage enrollee assignment with member and payer.
- Positively impacts your clinical quality and cost/high risk investments.



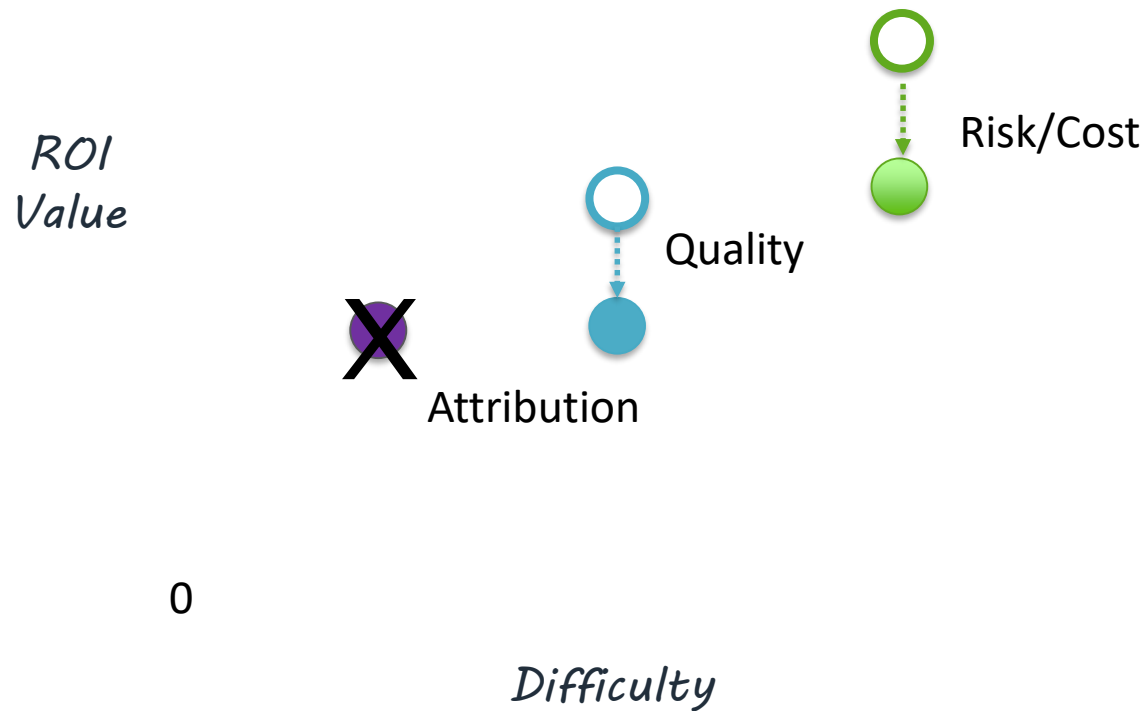
Get Started

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



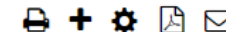
Poor Attribution Reduces Potential Returns



Dashboard | Health Plan Enrollment

Dashboards - Health Plan Enrollment Matching i

PayerIntegration



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

Members

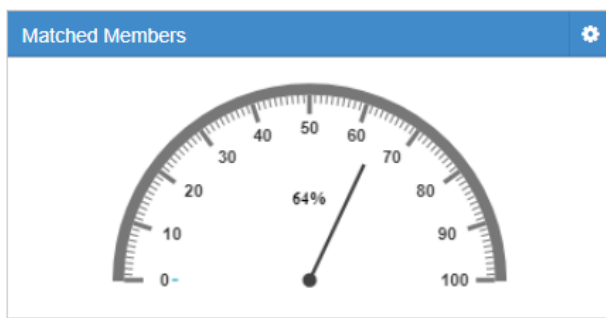
252,875

Members Eligible During the Period

Unmatched Members

89,809

Unmatched Members



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 Stratification

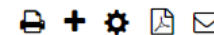
Age	Match Rate	Matched Members	Unmatched Members
<= 2	65%	9,339	5,088
3-6	79%	16,412	4,494
7-17	77%	39,354	11,552
18-25	58%	19,749	14,453
26-45	55%	40,060	33,200
46-64	61%	27,388	17,620
65 +	76%	10,762	3,398

Member Visit Stratification

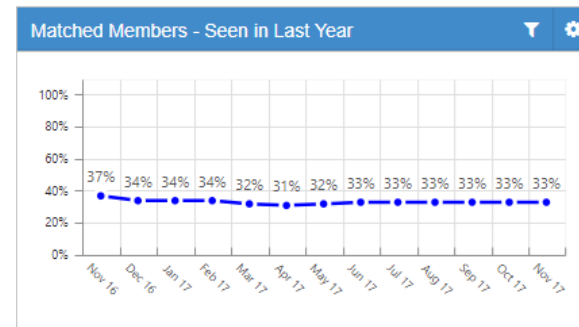
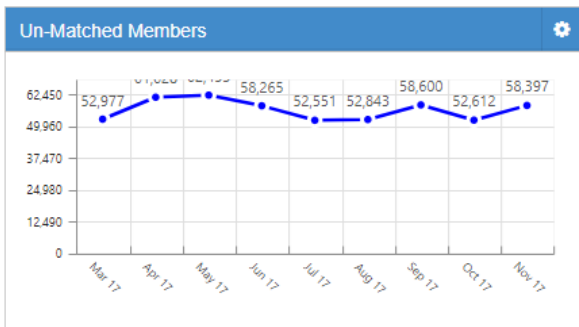
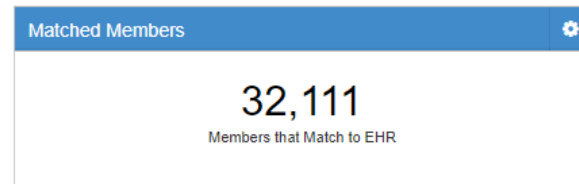
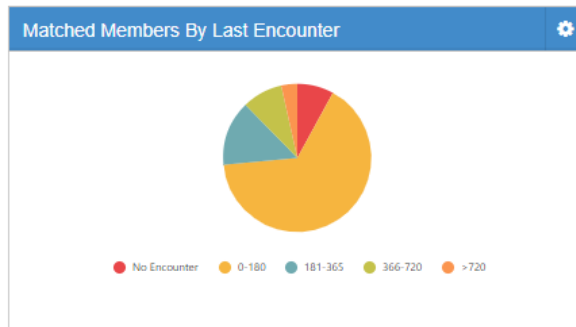
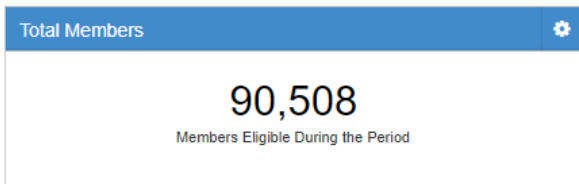
Last Encounter	Matched Members	% Total
No Encounter	6,550	4%
0-180	114,206	70%
181-365	23,853	15%
366-720	13,765	8%
>720	4,692	3%
Totals	163,066	

Dashboard | Engagement

Dashboards - Engagement ?



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



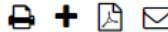
Matched Member Dashboard

Dashboards - Matched Members i

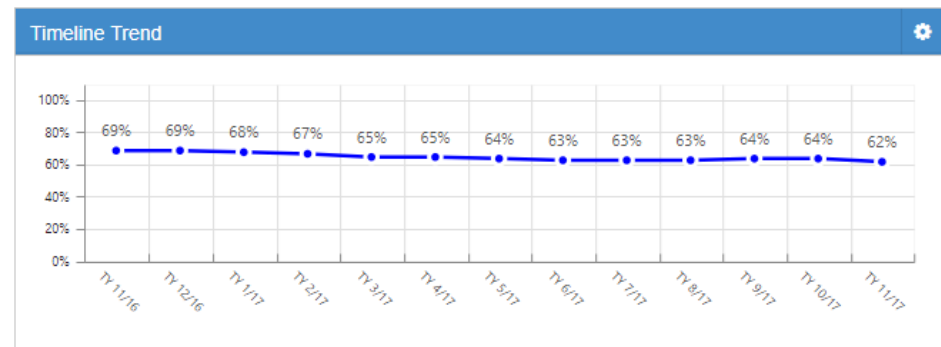
PayerIntegration

Filters

- Centers Age
- Cost Group Plans
- Last Encounter



Period Type: Trailing Year |
 Period: TY November 2017 |
 Centers: Centers |
 Plans: Affinity



Members Group By Age

Age	Match Rate	Matched Members	Unmatched Members
<= 2	60%	357	236
3-6	71%	482	198
7-17	76%	1,500	465
18-25	59%	918	625
26-45	56%	1,629	1,301
46-64	60%	1,102	744
65 +	54%	203	173

Members Group By Cost

Cost Group	Match Rate	Matched Members	Unmatched Members
No Cost Data	40%	1,052	1,584
\$0-5k	71%	4,473	1,863
\$5k-10k	73%	325	121
\$10k-25k	64%	222	124
\$25k-50k	68%	86	40
\$50k-100k	71%	22	9
>\$100k	76%	13	4

Members Group By Last Encounter

Last Encounter	Matched Members	% Total
No Encounter	423	7%
0-180	4,057	66%
181-365	950	15%
366-720	568	9%
>720	195	3%
Totals	6,193	

Matched Member Drill Down Detail

Selected Patients for Matched Members

Filtered by : Numerator

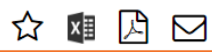
Plan	Member Number	Member Last Name	Member First Name	Member DOB	Member Address	Member City	Member State
Affinity	00110235100	Sanford	Edou	5/25/2001	105 BARKMEYER ST	NEWPORT	NY
Affinity	00110235100	Sanford	Nicola	4/1/1999	64 S MILLER ST	NEWburgh	NY
Affinity	00110235100	Wagner	Bergman	4/15/1993	26 HANCOCK AVE	INDIAN POMER	NY
Affinity	00110235100	Peters	Kelley-White	5/18/2000	100 PENN WICH ST	NEWBURGH	NY
Affinity	00110235100	Zelenski	Chandra	10/10/1986	19 GUY ST	NEWBURGH	NY
Affinity	00110235100	Stamm	Sam	4/14/1968	25 W 46th Street	Springfield	NY
Affinity	00110235100	Robson	earnest	1/21/1978	21 FARRELL ST	NEWBURGH	NY
Affinity	00110235100	Estani	Robynne	5/31/1956	1114 75th	Newburgh	NY
Affinity	00110235100	Wardlaw	Wes	4/24/1975	147 ROBINSON WY	NEWBURGH	NY
Affinity	00110235100	Travis	Travis	7/19/1982	60 S WINDYBROOK	SPRINGFIELD	NY

1 of 12 page (195 items)

\$5k-10k	73%	325	181-365	950	15%
\$10k-25k	64%	222	366-720	568	9%
\$25k-50k	68%	86	>720	195	3%
\$50k-100k	71%	22			
>\$100k	76%	13			
Totals				6,193	

Soft Matching Report

Payer Integration - Soft Matching i



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

Method used to determine match

Easy compare of member to patient data

Member Number	CutNo	Soft Matched Method	Member Name	Patient Name	Member DOB	Patient DOB	Member Address	Patient Address
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'.

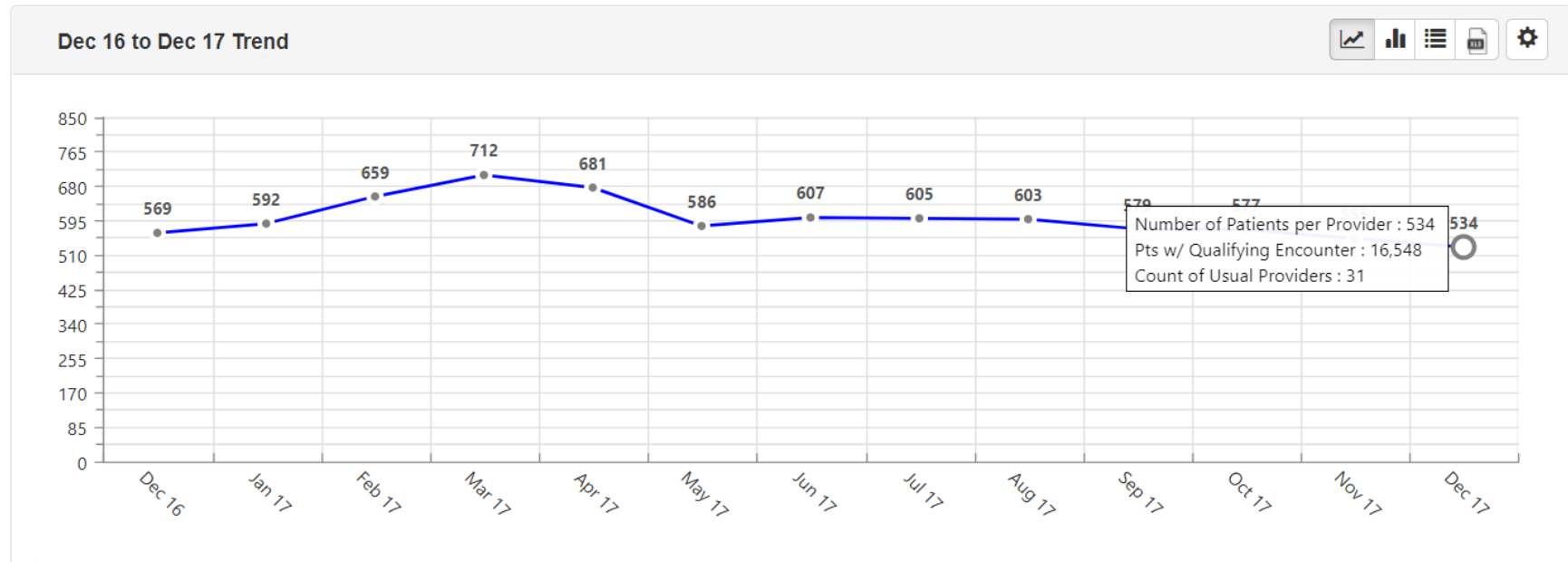
Access and Panel Size

Panel Size i

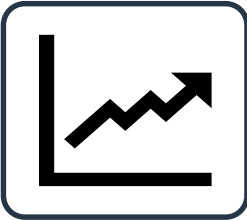


Period Type: Month |
 Period: December 2017 |
 Providers: Providers |
 Update

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 bringing patients in – start with those that are high cost or have multiple co-morbidities.



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

Dashboards - Cervical CA - Member vs Pt Results ⓘ



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

of Members Assigned ⓘ

TY November 2017

147,436

Members Eligible During the Period

Eligible Members ⓘ

TY November 2017

44,487

Members w/ Qualifying Visit

Eligible Patients ⓘ

TY November 2017

6,501

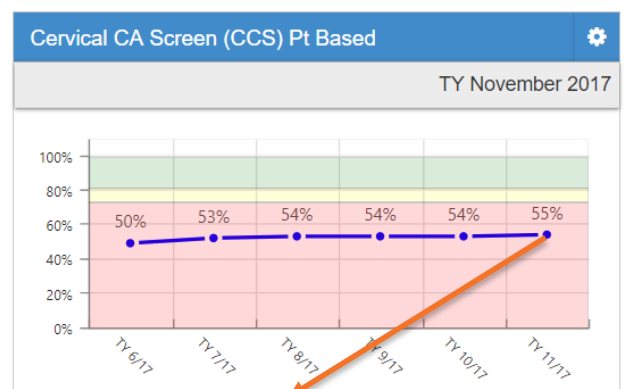
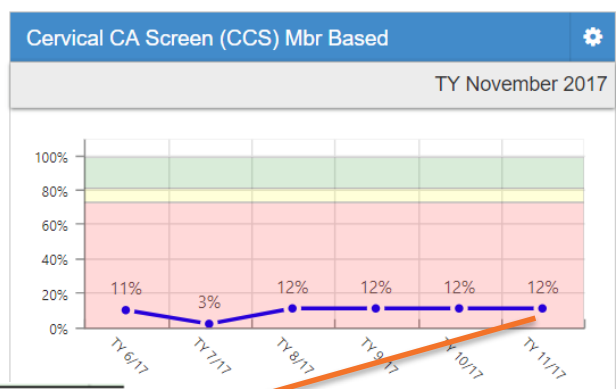
Pts w/ Qualifying Visit

Unmatched Members ⓘ

TY November 2017

103,115

Unmatched Members



% of Members w/ a Cervical Cancer Screening: 12%
 Members w/ Cervical Cancer Screening: 5,309
 Members w/ Qualifying Visit: **44,487**
 Exclusions : 0

% of Pts w/ a Cervical Cancer Screening: 55%
 Pts w/ Cervical Cancer Screening: 3,548
 Pts w/ Qualifying Visit: **6,501**
 Exclusions : 0

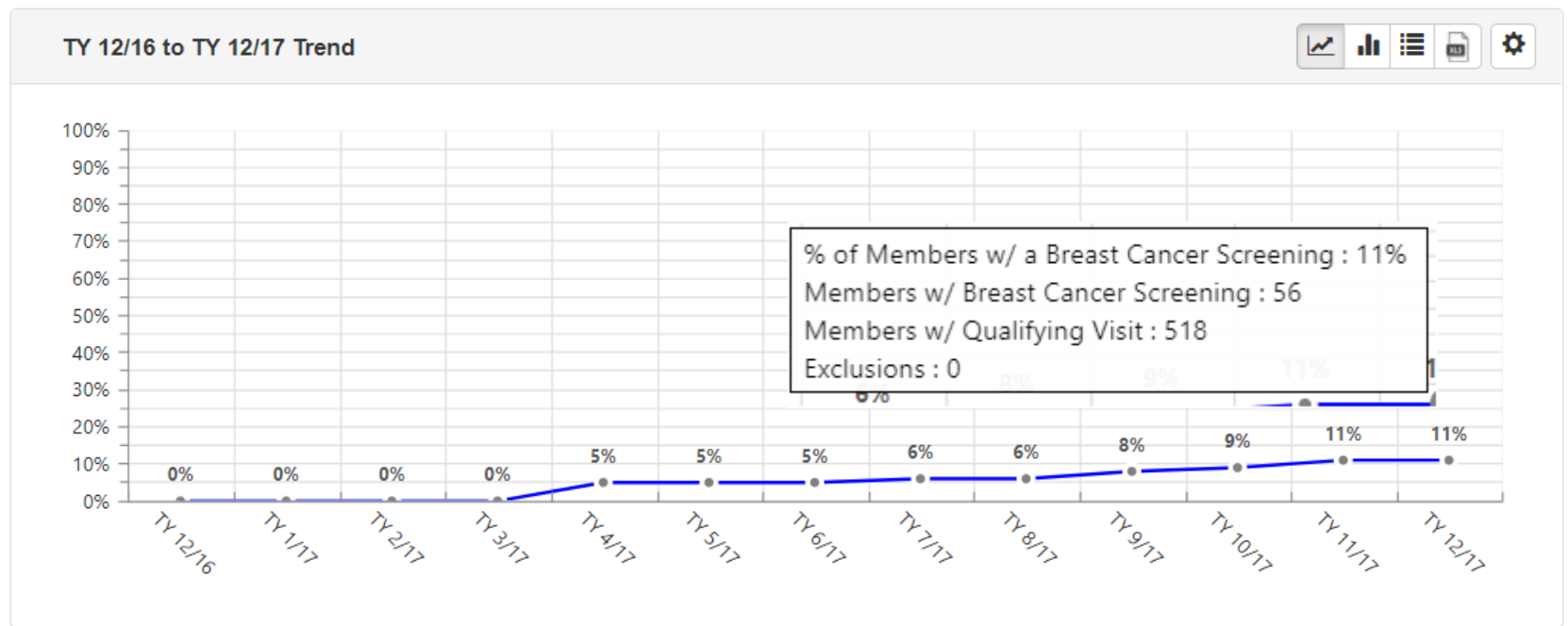
- The difference is in the denominator

Member Based Measure – Closer Look

Breast Cancer Screening (HEDIS BCS) Member based i

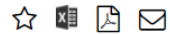
Period Type: Trailing Year |
 Period: TY December 2017 |
 Plans: Plans |
 Update

View: Measure Analyzer Detail List Value Sets Create Target



Member Based Measure Detail

Breast Cancer Screening (HEDIS BCS) Member based i



Period Type: Trailing Year |
 Period: TY December 2017 |
 Plans: Plans |
 Filter Update

View: [Measure Analyzer](#) [Detail List](#) [Value Sets](#) [Create Target](#) Help Calendar

Plan	Member State	Member Zip	Member Phone	Matched? (Y/N)	MRN	Numerator	Denominator
HealthFirst	NY	10457	3475898743	Y	000000022721	N	Y
United	NY	104570000		Y	000000019879	N	Y
HealthFirst	NY	10456	3472715361	Y	000000030141	N	Y
HealthFirst	NY	10467	5612356741	Y	000000060804	N	Y
HealthFirst	NY	10468	3479823720	Y	000000068252	N	Y
HealthFirst	NY	10455	6468513953	Y	000000008232	N	Y
HealthFirst	NY	10455	6469193380	Y	000000044314	N	Y
HealthFirst	NY	10457	6319332953	Y	000000065217	N	Y

Member Based Measure Investigation

Breast Cancer Screening (HEDIS BCS) Member based



MRN:



Center: Acacia Network

Period: TY December 2017

Name: Debra Dodd

Sex at Birth: Female

DOB: 3/14/1960 (57 Years as of 12/31/2017)

Patient Not In Measure



Breast Cancer Screening (HEDIS BCS) Member based Cancer Screening

Endorser: NCQA

Women Members 50–74 years of age who had a mammogram to screen for breast cancer.

Age/Sex at Birth Criteria

Age: 57 Years at the end of the period

Sex: Female

Numerator:

Members in the denominator who had breast cancer screening during the last 26 months. Considers HEDIS defined code sets as well as DRVS "Mammogram" data element.

Denominator:

Members who meet the following criteria:

- Age 52-74 years old on the measurement period end date
- Female

Exclusions:

- Bilateral mastectomy any time before the measurement period end date
- 2 separate instances of a unilateral mastectomy any time before the measurement period end date

Numerator

Procedures

Structured Clinical Data

Diagnoses

HEDIS Breast Cancer Screening: 9/22/2017 -

Mammogram (DRVS Maintenance Type)

HEDIS Breast Cancer Screening Claim: N/A

Denominator

Member Eligibility: N/A

Most Recent Eligibility End: N/A

Exclusion

HEDIS BCS Exclusion Criteria: N/A

Internal Name: HEDIS_BCS_Memberbased

Indicates where the numerator is mapped from.

Close

Compare Plan Performance on Key Measures | 1

Meaningful Use - General Practice CQMs i



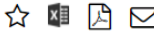
Period Type: Trailing Year |
 Period: TY December 2017 |
 Centers: Centers |
 Providers: Providers |
 Plans: United

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

Payer Integration - Member Care Gaps i

PayerIntegration

Filters

- Centers Patient Risk
- Providers Plans
- Patient Diagnoses



Period Type: Year | Period: 2017 | Centers: Centers | Providers: Providers | Plans: Plans

▼
↻ Update
OK
Cancel

Member No	Email	Matched (Y/N)	Usual Provider	Last Enc	Next Appointment	Gap Count	Gap Text	W15	W34	AWC	IMA	ADV	BCS	CCS	COL
		N				3	52 y old Female; needs a Mammogram and both Cervical and Colorectal Cancer Screens						Gap	Gap	Gap
		N				3	58 y old Female; needs a Mammogram and both Cervical and Colorectal Cancer Screens						Gap	Gap	Gap
		Y	Gigon, Heather	9/6/2017		3	60 y old Female; needs a Mammogram and both Cervical and Colorectal Cancer Screens						Gap	Gap	Gap
		N				3	54 y old Female; needs a Mammogram and both Cervical and Colorectal Cancer Screens						Gap	Gap	Gap
		N				3	62 y old Female; needs a Mammogram and both Cervical and Colorectal Cancer Screens						Gap	Gap	Gap

- 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

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

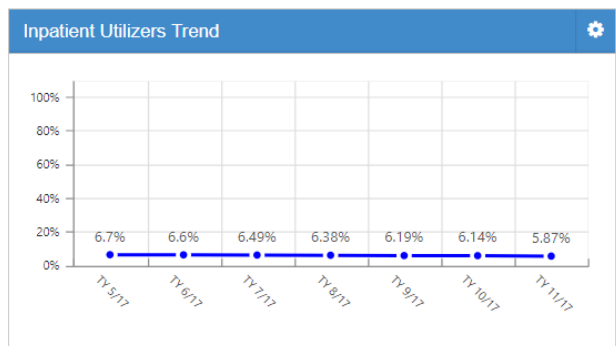
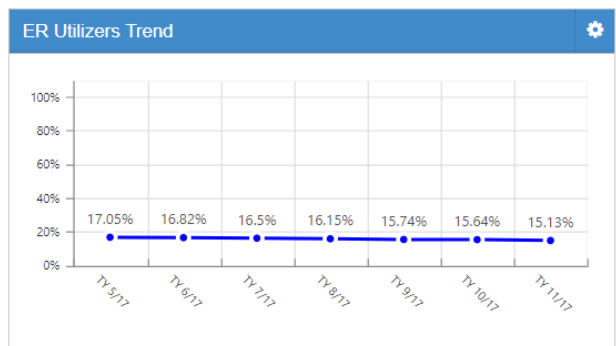
22,301
Members w/ >=1 ER Visits

Inpatient Utilizers

8,650
Members w/ >=1 inpatient discharge

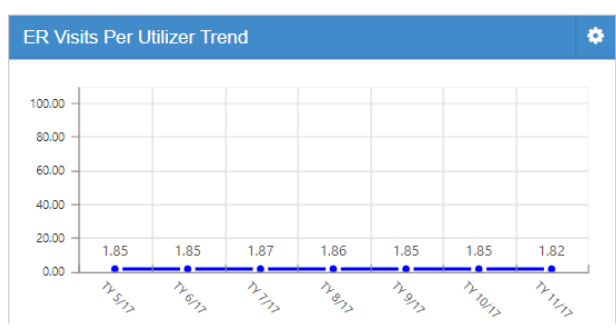
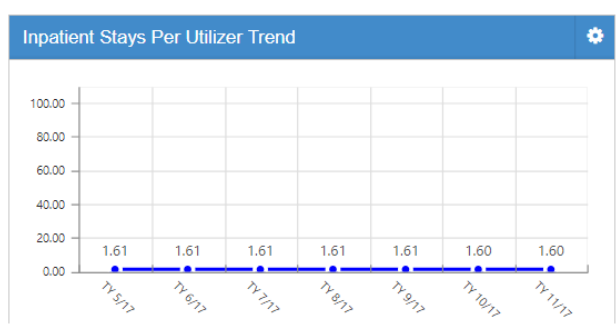
Newly Eligible Members

64,452
Newly Eligible Members



Newly Ineligible Members

31,394
Newly Ineligible Members



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

- 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	Eligibility Start	Eligibility 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/Diagnostics
\$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

Dashboards - Payer Costs Dashboard ?



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

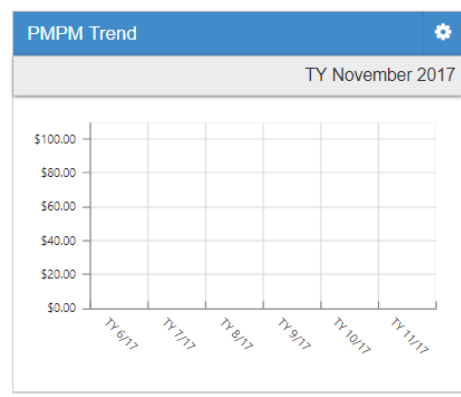
Members Eligible During the Period

Unmatched Members (Members NOT in...)

TY November 2017

9,384

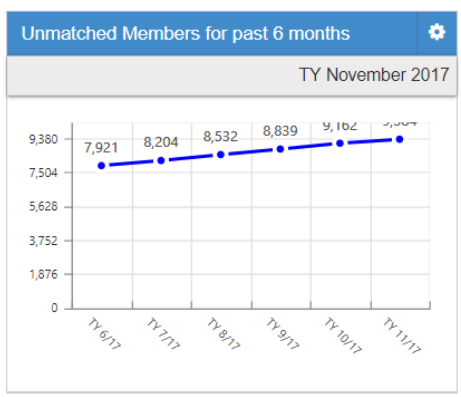
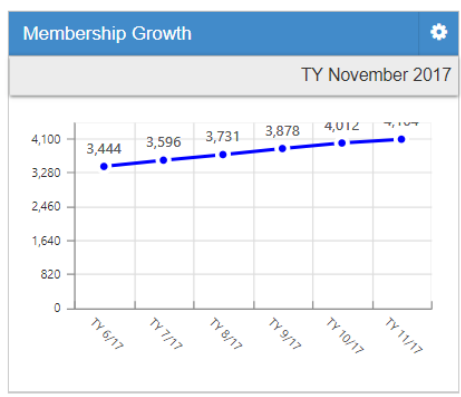
Unmatched Members



PMPM 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



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 i

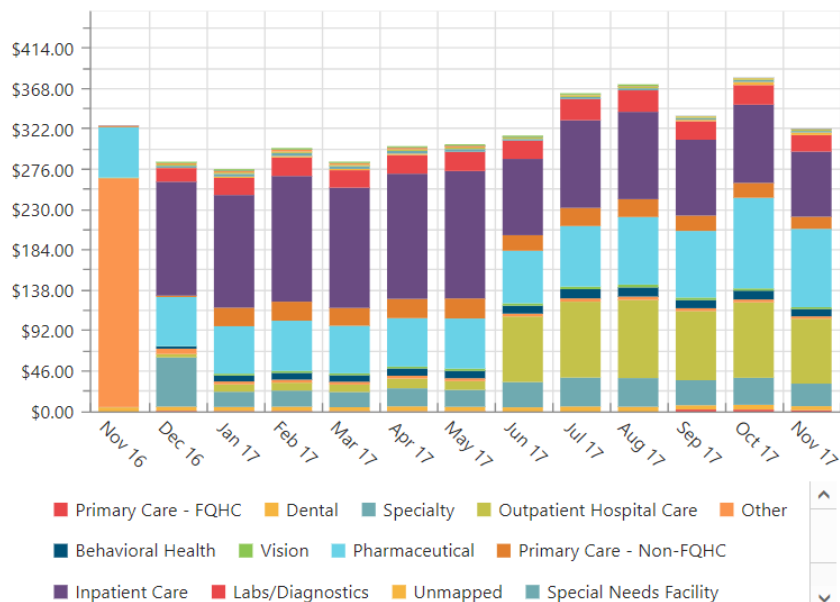
PayerIntegration



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

- 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?

Clinical Operations - Visit Planning i



pvview

Start Date 01/10/2018	End Date 01/10/2018	Period Tense Most Recent Enco...	Centers Centers	Providers Providers	MRN List	Patient Diagnoses Patient Diagnoses	Plans Plans
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Update

Total Providers: 10

Augustine, Greg

1 Scheduled Appointment

[Export this Provider to PDF](#)

Visit Reason: High BP

4:45 PM | Wednesday, January 10, 2018

Crumley, Demetrice MRN: 3177190 DOB: 6/27/1991 (26 years)	Sex at Birth: F Gender Identity: Male Sexual Orientation: Lesbian or gay	Phone: 617-959-6041 Language: Mandarin Risk: High	Last Phys: 10/17/2017 Portal Access: N	PCP: Decelles, Larry Payer: BCBS Care Manager: Constance Skrocki
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Diagnoses (9)

ASM	DM	HTN-E
CP	HIV	SMI
DEP/BP	HTN	SUD

Risk Factors (1)

TOB

SDOH (4)

FPL<200%	LANGUAGE
RACE	MIGRANT

Alert	Message	Most Recent Date	Most Recent Result
A1c	Out of Range	2/5/2017	10.6
Gonorrhea	Overdue	Phone: 617-959-6041 Language: Mandarin Risk: High	
Viral Load Suppression	No Viral Load		
AUDIT	Overdue		
Violence Scr	Overdue		
HPV	Missing	10/17/2017	
Eye	Overdue		
Asthma Rx	Overdue		
Statin Rx	Overdue		
Dental	Overdue		

Open Referral w/o Result	Specialist/Location	Ordered Date	Appt. Date
Nutritionist	Samantha Frost / Burlington	2/5/2017	2/16/2017
Radiology	Samantha Frost / Brookline	2/5/2017	

Care Management Passport

Care Management Passport i

[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...
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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

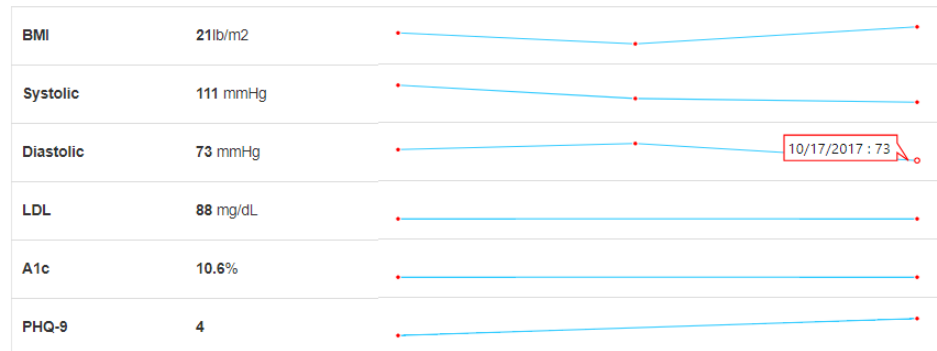
Appointments, Next 5

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

Social Determinants of Health

No Social Determinants of Health

The Numbers



Alerts

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

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 Mukherjee, 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*