

Improving Patient Outcomes Through Data

# Care Gap Reconciliation Training

June 21, 2018



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# Value Based Payment (VBP) Contracts: Keys for Success

1

## Attribution

- Outreach to new patients
- Engagement of existing patients

2

## Clinical Quality

- Reduce care gaps
- Meet Performance Based Programs targets

3

## Cost Containment

- High Risk / High Cost
- Transitions of Care

# VBP & Managed Care Begins with Attribution

- Providers are now accountable for members/patients enrolled in the program
- Attribution forms the basis for quality measurement, performance reporting and/or payment
- Attribution implies responsibility for patient care regardless of whether that client has ever been to your facility
- Attribution becomes the basis for all population management work



# Managed & Monitor Care Gaps

- Most VBP contracts have a Clinical Quality component based on HEDIS measures
- Health Plans identify Care Gaps that represent an opportunity to improve your HEDIS CQM results
- Care Gaps can be closed through patient outreach and engagement. They can also be closed based on EHR clinical data
- The absence of Care Gaps for Health Plan patients also presents an additional opportunity
  - Health Plan claims data can uncover services provided outside of your center that can be used to close UDS Care Gaps

# Plan Provided Care Gap Files

- Most plans, however, provide Care Gap Reports that identify members whom they believe have gaps in care on particular measures
- Reducing the gaps defined by the Health Plan in their Care Gap Reports is critical
  - The better your HEDIS Clinical Quality scores in the eyes of the plan, the greater percentage of shared savings you will be entitled to receive
  - IMPORTANT: As far as Health Plans are concerned, what they say is a gap remains a gap until you can prove to them otherwise
- HealthFirst recognized this and decided to work with CHCANYS and Azara to develop tools to assist in the reconciling of these gaps

# The Care Gap Reconciliation Report

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- ★ Favorites
  - HIV
  - Controlled Substance
- Visit Planning
  - CHCANYS Projects
  - UDS
- Care Management
  - PCMH
  - Transition of Care
- Dashboards
  - Meaningful Use
- Reports
  - HEDIS
  - Referrals
- Measures
  - Dental CQM
  - OB
- Registries
  - MillionHearts
  - P4C
- Admin
  - Payer Integration**
    - Care Gap Reconciliation
    - Member Care Gaps
    - Member IP/ER Visits
    - Soft Matching
    - Members
  - Custom Scorecards

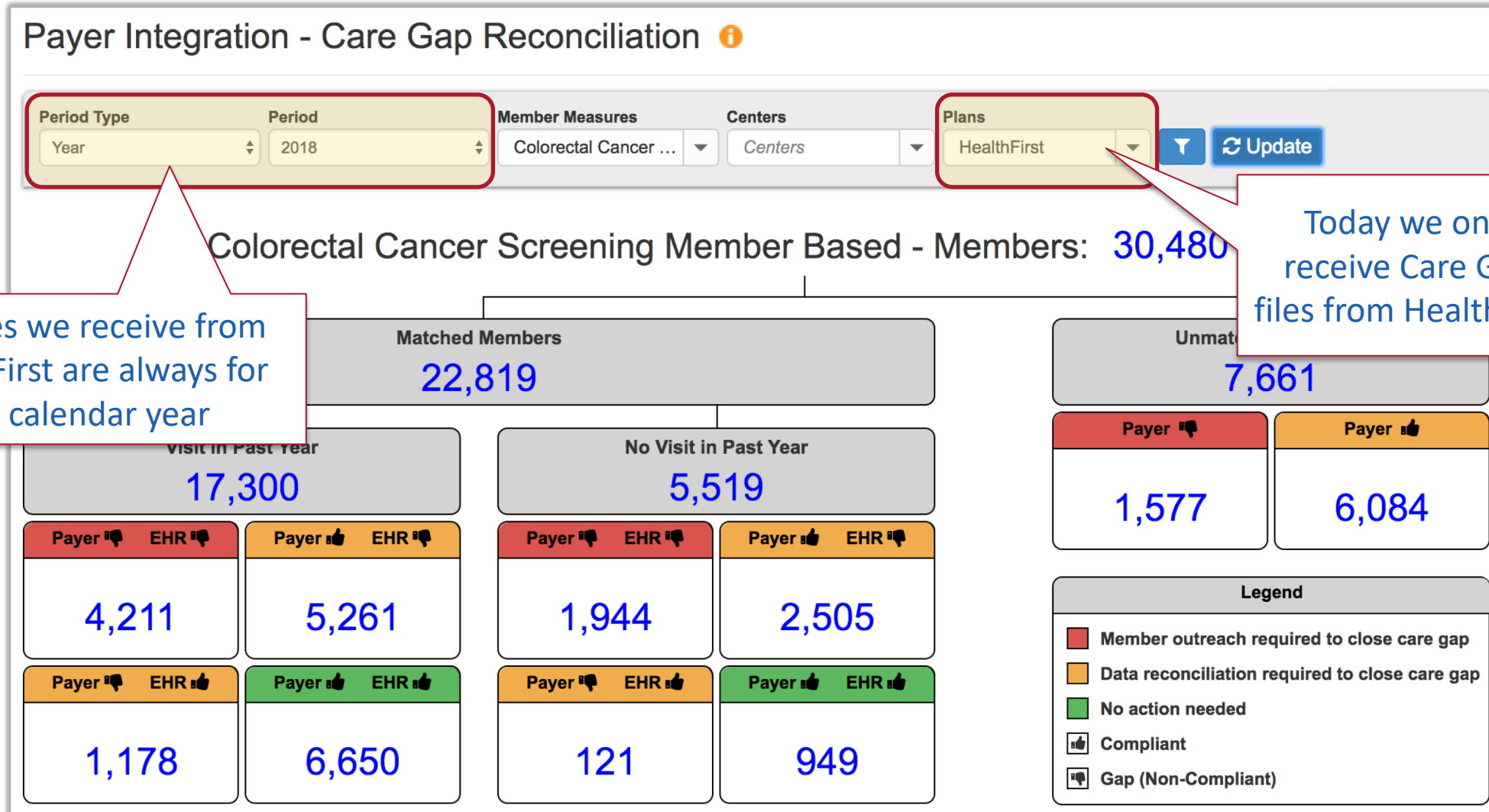
## Payer Integration - Care Gap Reconciliation ⓘ

Period Type: Year | Period: 2018 | Member Measures: Colorectal Cancer ... | Centers: Centers | Plans: HealthFirst | ⌵ ↻ Update

### Colorectal Cancer Screening Member Based - Members: 30,480

Matched Members				Unmatched Members	
22,819				7,661	
Visit in Past Year		No Visit in Past Year		Payer	
17,300		5,519		1,577	
Payer	EHR	Payer	EHR	Payer	
4,211	5,261	1,944	2,505	6,084	
Payer	EHR	Payer	EHR	Legend	
1,178	6,650	121	949	<ul style="list-style-type: none"> <li><span style="color: red;">■</span> Member outreach required to close care gap</li> <li><span style="color: orange;">■</span> Data reconciliation required to close care gap</li> <li><span style="color: green;">■</span> No action needed</li> <li> Compliant</li> <li> Gap (Non-Compliant)</li> </ul>	

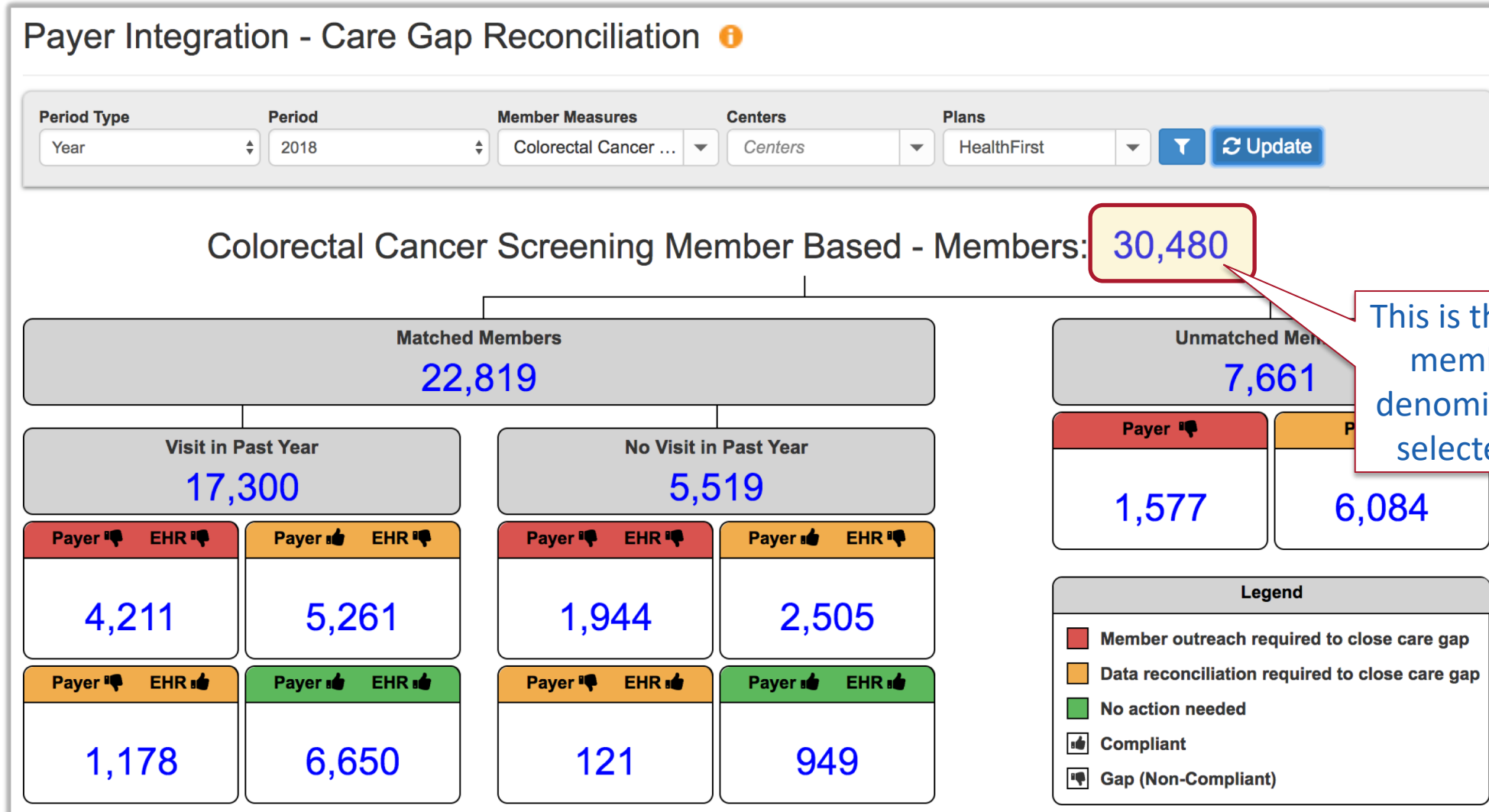
# The Care Gap Reconciliation Report



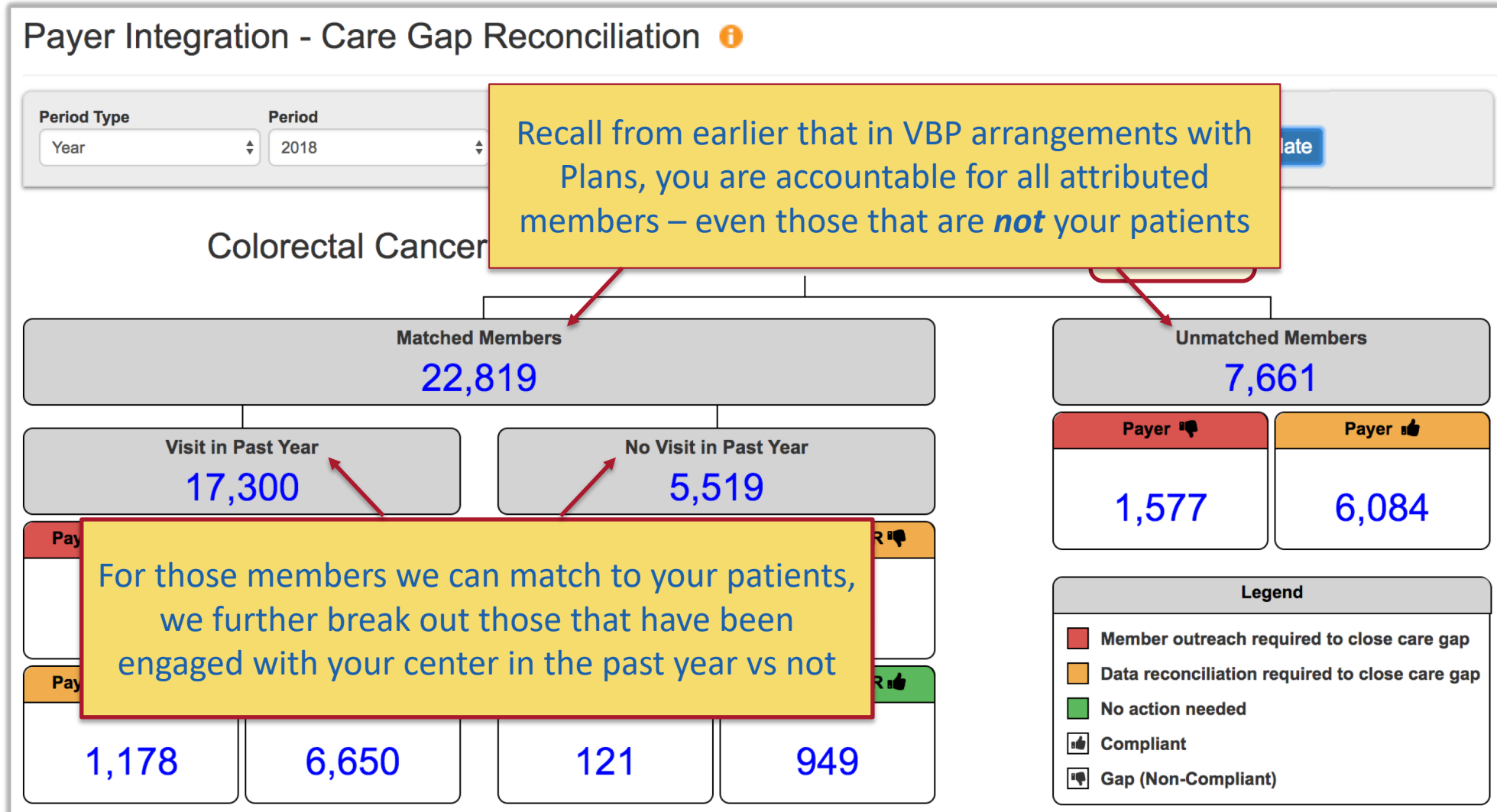
The files we receive from HealthFirst are always for the calendar year

Today we only receive Care Gap files from HealthFirst

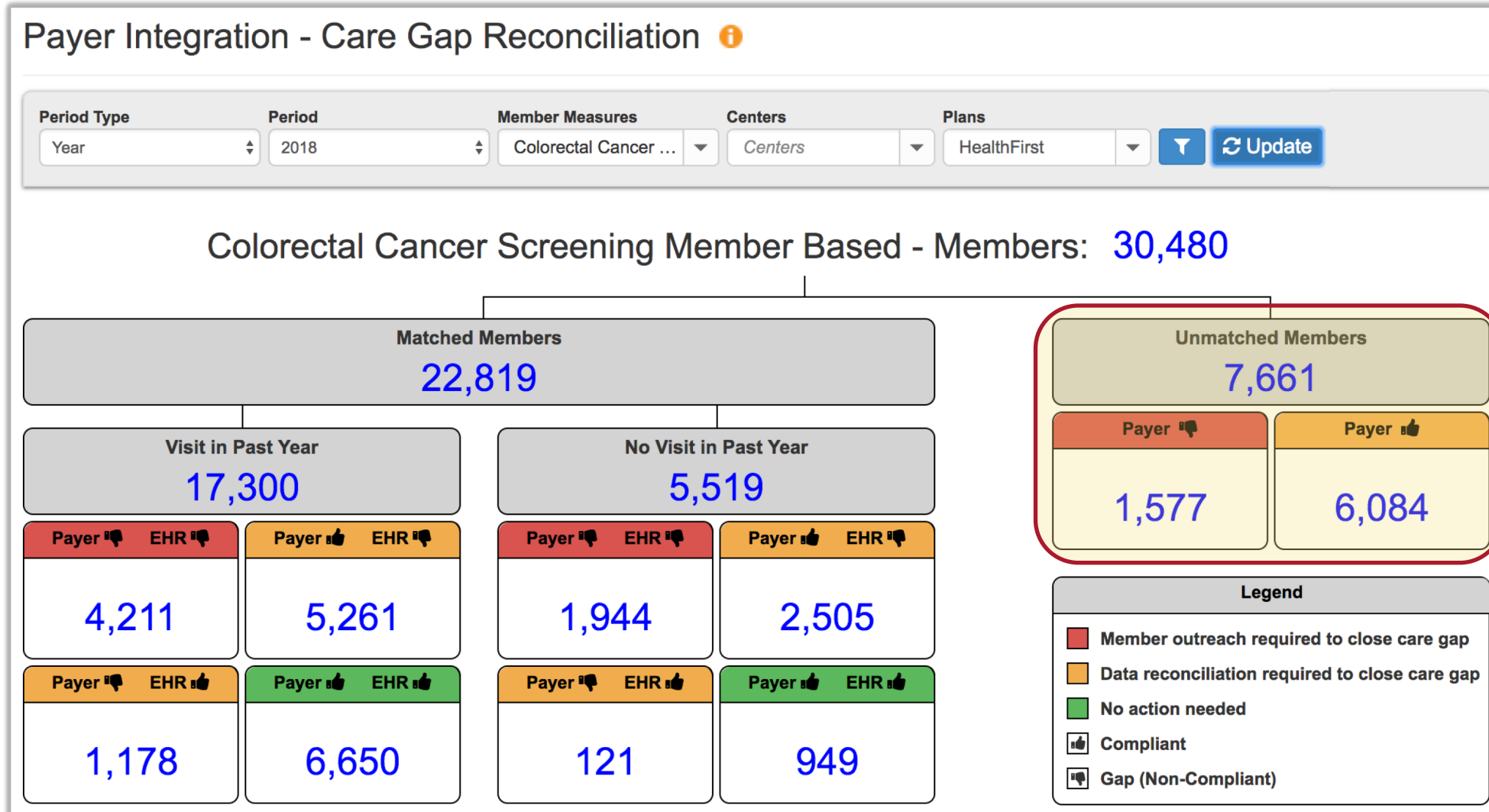
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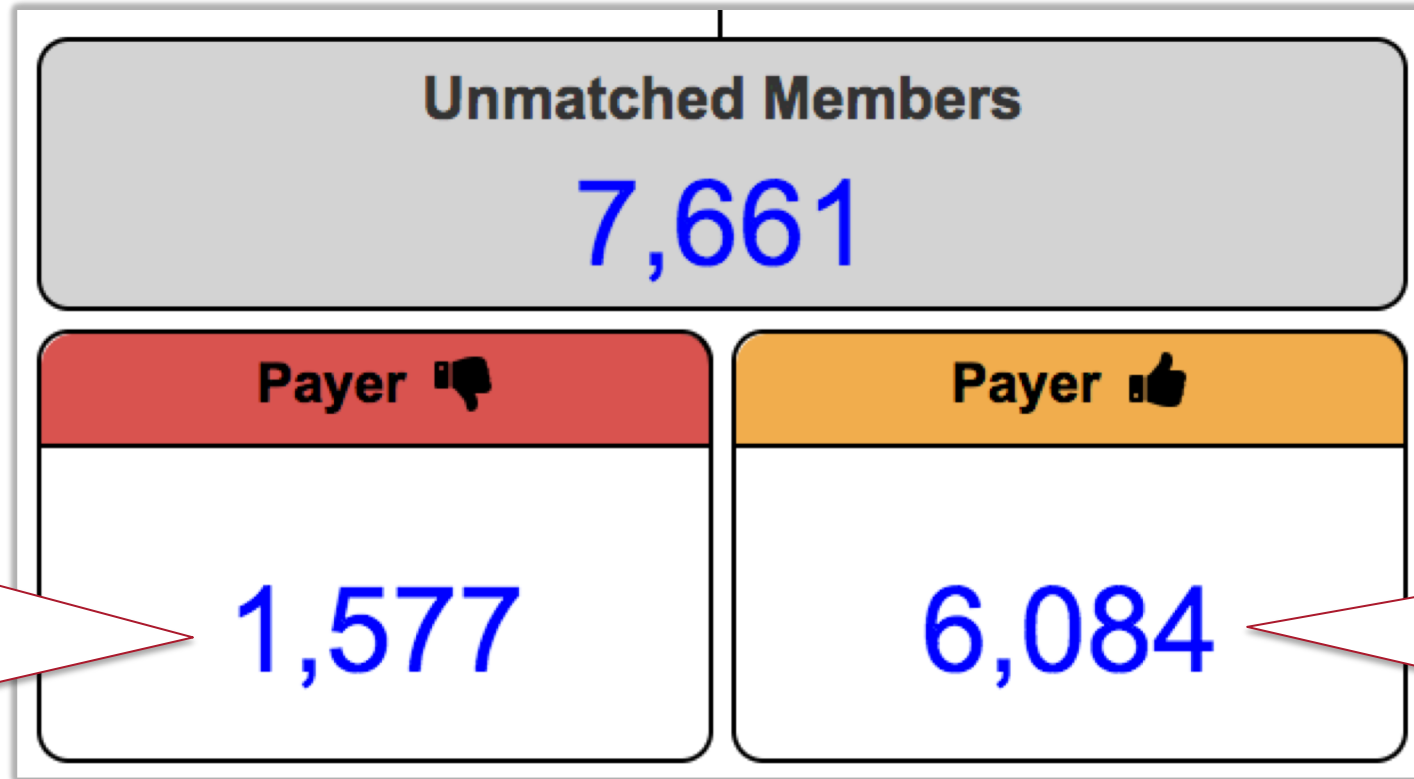
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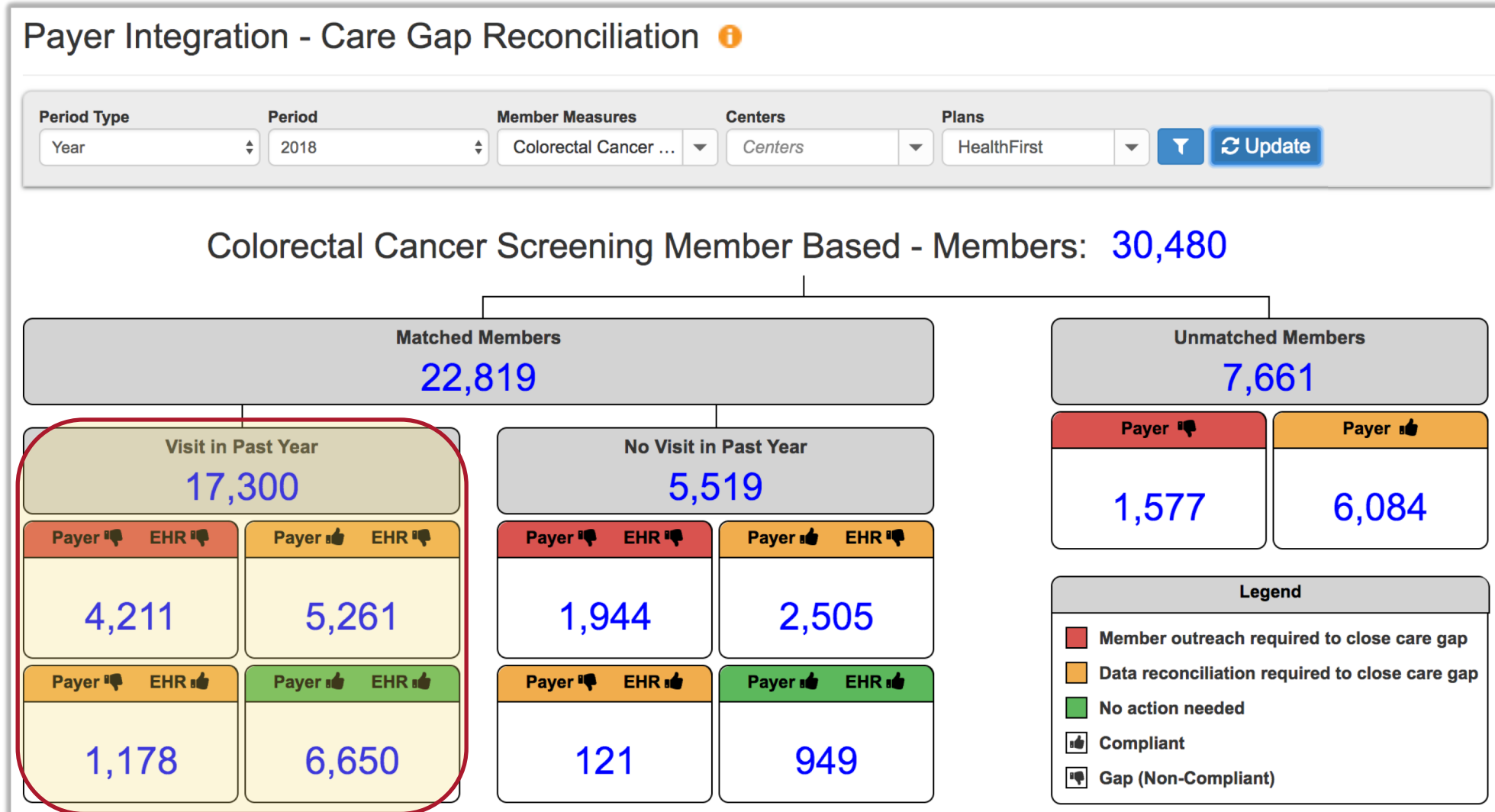


These are health plan members who are not your patients and have a Care Gap for which you are being held responsible for closing.

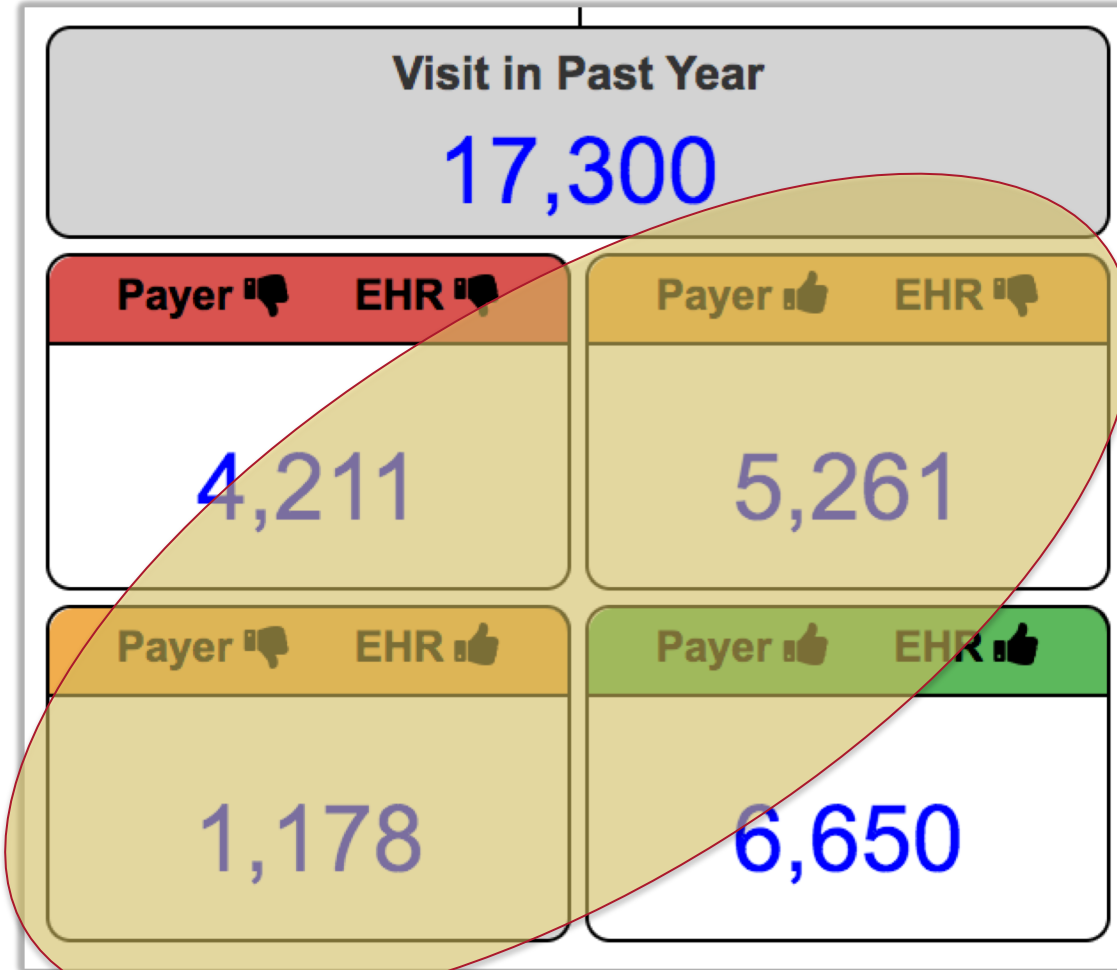
The health plan has record (e.g., a claim) of these 6,084 people having had a Colorectal Cancer Screen.



# The Care Gap Reconciliation Report



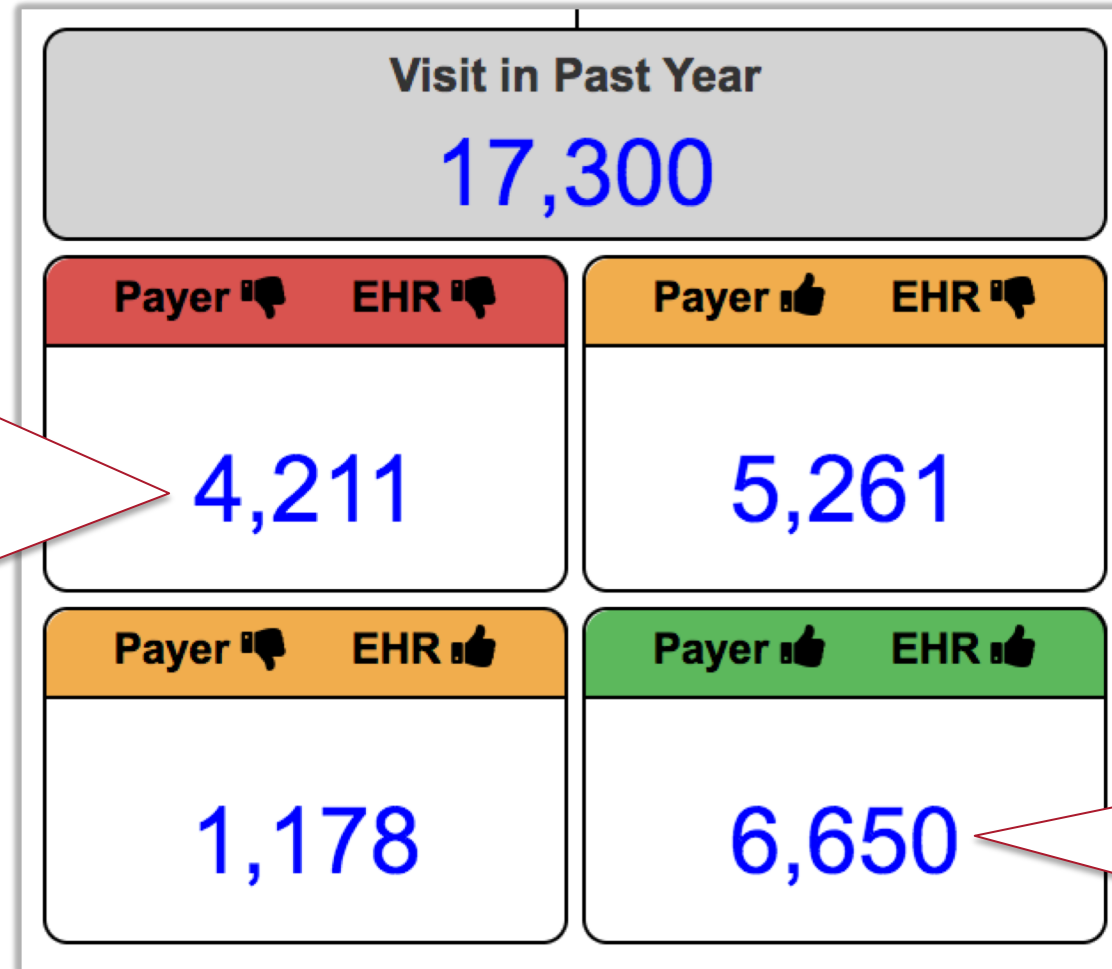
# The Care Gap Reconciliation Report



# The Care Gap Reconciliation Report

To the contrary, there is a lot of work to do here. While these members are recognized patients of your health center, both you and the plan agree there is a gap.

The only way to close this gap – outreach to the patient and get them to come in

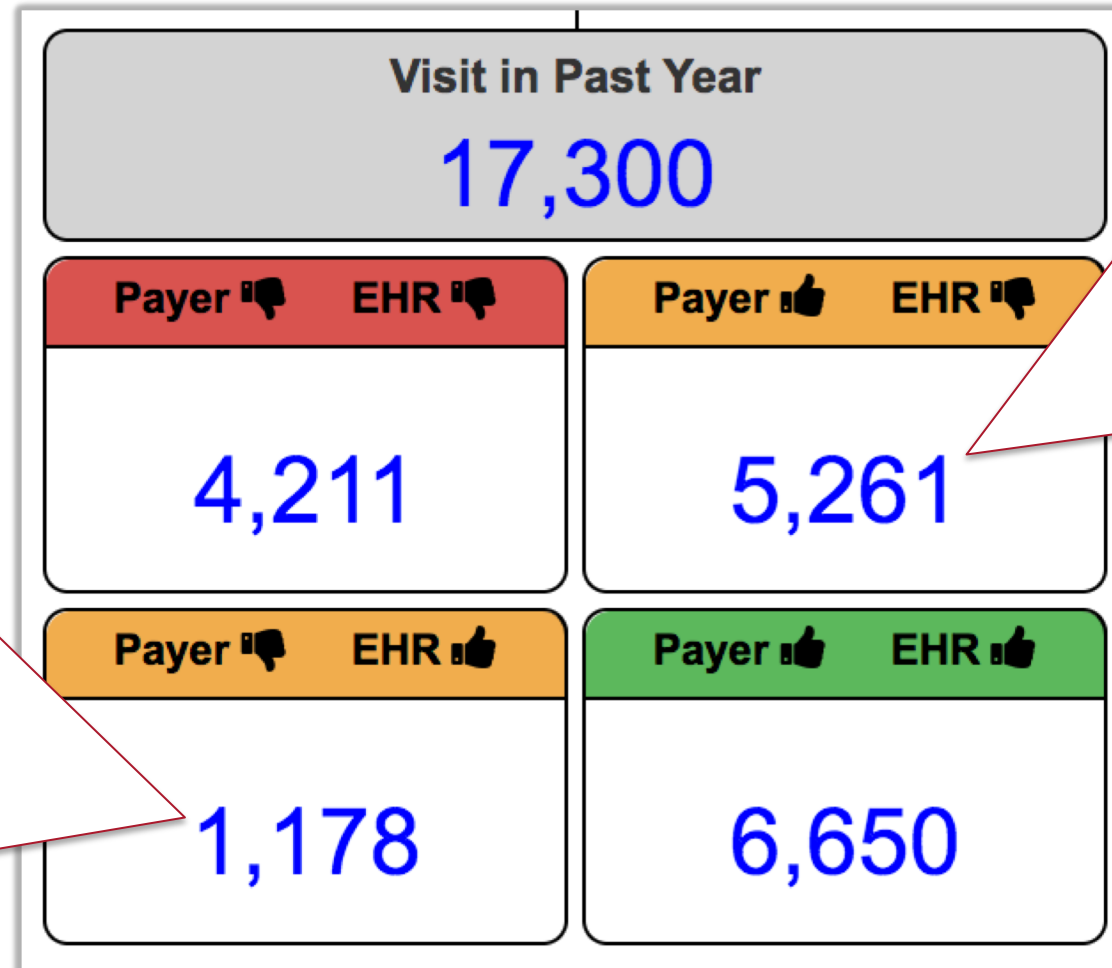


There's nothing to do here !! These members are matched to patients in your EHR and both you and the plan agree there is no gap for this measure.

# The Care Gap Reconciliation Report

Finally we get to the quadrant where based on the information you have in your EHR, you find the patient in compliance with the measure but the health plan sees the patient as having a gap.

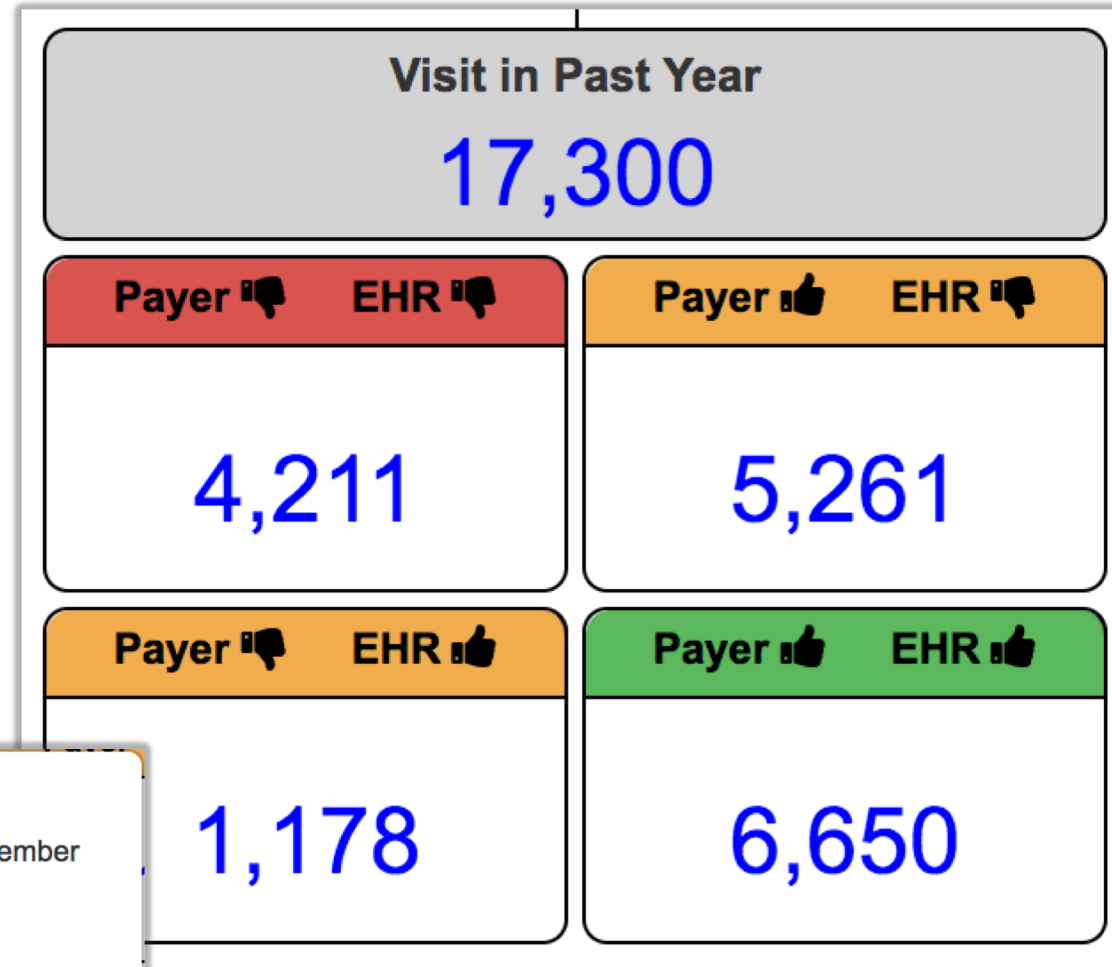
Each health plan has their own rules as to how and what can/must be provided as supplemental data to close care gaps. The data provided here is designed to assist you in getting this data for the plan to close the gap.



Patients in this quadrant are known to have satisfied the measure by the plan, but based on the information you have in the EHR ... you still see the patient as having a gap.

While technically you do not need to do anything for these patients for your VBP contract, you can use the data provided by the plan to obtain documentation and update your EHR to (a) ensure your providers have a more complete medical record and (b) increase your UDS scores.

# Measure Detail



**Payer Gap, EHR Compliant**  
3.9% of "Colorectal Cancer Screening Member Based"  
5.2% of "Matched Members"  
6.8% of "Visit in Past Year"

# Measure Detail

Patient Details x

Plan	Member Name	Member Number	Date of Birth	Matched Flag (Y/N)	MRN	Member Phone #	Pat
HealthFirst	[REDACTED]	[REDACTED]	[REDACTED]	Y	[REDACTED]	[REDACTED]	710
HealthFirst	[REDACTED]	[REDACTED]	[REDACTED]	Y	[REDACTED]	[REDACTED]	640
HealthFirst	[REDACTED]	[REDACTED]	[REDACTED]	Y	[REDACTED]	[REDACTED]	000
HealthFirst	[REDACTED]	[REDACTED]	[REDACTED]	Y	[REDACTED]	[REDACTED]	710
HealthFirst	[REDACTED]	[REDACTED]	[REDACTED]	Y	[REDACTED]	[REDACTED]	510

1 of 70 pages (1178 items)

# Measure Detail

- Member Name
- Member Number
- Date of Birth
- Matched Flag (Y/N)
- Member Phone #
- Patient Phone #
- Usual Provider
- Plan PCP
- Last Encounter
- Next Appointment
- EHR Care Gap (Y/N)
- Payer Care Gap (Y/N)
- Colonoscopy Date
- Colonoscopy Code
- Sigmoidoscopy Date
- Sigmoidoscopy Code
- FOBT Date
- FOBT Code
- Colonoscopy Claim Date
- Colonoscopy Claim Code
- Sigmoidoscopy Claim Date
- Sigmoidoscopy Claim Code
- FOBT Claim Date
- FOBT Claim Code

# Measures Currently Available

- Adult Access to Care (AAP)
- Annual Dental Visit (ADP)
- Adolescent Well-Care Visits (AWC)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Colorectal Cancer Screening (COL)



# Other Measures in the HealthFirst Care Gap File

- Adolescent Immunizations (IMA)
- Asthma Medication Ration (AMR)
- **Comprehensive Diabetes Care (CDC)**
  - Eye Exam
  - HbA1c Test
  - Nephropathy
- **Controlling High Blood Pressure (CBP)**
- High Risk Medications in the Elderly
- Lead Screening in Children (LSC)
- Medication Adherence
  - Statins
  - RAS Antagonists
  - Oral Diabetes
- Monitor Patients on
  - ACE, ARBs
  - Digoxin
  - Diuretics
- Pharma COPD
- **Well Child Visit (W15, W34)**

# Points to Remember

- This report only works for plans who provide Care Gap files to Azara – today that is just HealthFirst
- We receive Care Gap files from HealthFirst on a monthly basis
- The report should be run for the Year 2018

# Questions?



# Contact Us



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