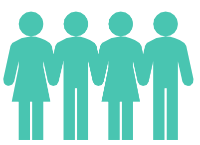

Consumer-Centered Health (CCH) Community

Connecting Consumers, Payers and Providers to Actionable Data Using Data-Driven Intelligence

RECAP
WHY RISK SCORE MATTERS

Why Risk Score Matters

Risk Score used to calculate financial benchmark:

- Patient
- Provider
- Facility
- Organization

If Risk Score is NOT accurate then financial benchmark is NOT accurate.

Health Score

0.624

Excellent

Health Spend

Below Expected

Patient's Risk Score

Every patient has a risk score and a financial benchmark calculated using their risk score.

Every provider, facility and organization has a risk score and a financial benchmark calculated using their risk score

Lower the score the better health of the patient. (Healthiest to Sickest – Risk Stratification)

Risk score is based on patient's demographics and diagnoses.

Example: How Diagnosis Documentation Affects Scoring

"c/o visual disturbance. PMH + Retinopathy and DM2"	**"Proliferated retinopathy due to DM2"**
250.00 and 362.10 (retinopathy w/o mention of diabetes) Risk score: **.162** (.162 + 0)	250.50 and 362.02 Risk score: **.511** (.259 + .252)

Impact of HCC Coding to HCC Benchmark – Example (Decreased Score)

Most commonly, HCC categories are not captured, resulting in decreases to the HCC score:

Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity/CHF/Amputation)	1.973	$17,856
NOT CODED- HCC 189 (Amputation Status, Lower Limb)	0.588	$5,321
NOT CODED-HCC 22 (Morbid Obesity)	0.273	$2,471
HCC Benchmark (With Removed HCCs)	***1.112***	***$10,064***

Based on 2017 Coefficients for a Community Non-Dual Aged Beneficiary

Impact of HCC Coding to HCC Benchmark – Example (Increased Score)

Ensuring HCC codes are captured, results in adjustment to expected levels of spend per patient:

Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity)	1.062	$9,611
CODED HCC 86 (Acute myocardial Infarction)	0.233	$2,109
CODED HCC 111 (Chronic Obstructive Pulmonary Disease)	0.328	$2,968
CODED HCC 137 (Chronic Kidney Disease, Severe Stage 4)	0.237	$2,145
HCC Benchmark (With Added HCCs)	***1.86***	***$16,833***

Based on 2017 Coefficients for a Community Non-Dual Aged Beneficiary

EHR Point of Care Coding Strategy

After 12 months Diagnosis is removed unless recoded

Patient Requires Attention (Spend is Greater Than Expected)

Michelle TestPatient878F8

Export / Print Quick Profile PDF | Export / Print Patient History PDF

HICN: 900478330X

MBI:

DOB: 09-25-1927

Gender: F

HCC Risk Score: 2.195

Primary Assigned Practice: Demo Hospital

Primary Assigned Provider: None Assigned

Population: ACO

Text Alert Enrolled: No

Status: Attributed

CCM Eligible: Yes

Potentially Costly: Yes

Quick Profile | Patient History | Patient Contact Details

2018 vs 2017 HCC DX
Chronic Kidney Disease (Stage 5)
Chronic Kidney Disease, Severe (Stage 4)
~~**Diabetes without Complication**~~
Other Significant Endocrine and Metabolic Disorders
Protein-Calorie Malnutrition
Specified Heart Arrhythmias
Vascular Disease

2018 vs 2017 Medications
Calcitriol
Clopidogrel
Fludrocortisone Acetate
Lovastatin
Metoprolol tartrate
Midodrine Hydrochloride
~~**Nitrofurantoin (monohydrate/macrocrystals)**~~
Synthroid
Tobramycin

Point of Care HCC Coding
Re-code removed diagnoses at the clinic encounter

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Lovastatin
Metoprolol tartrate
Midodrine Hydrochloride
~~Nitrofurantoin (monohydrate/macrocrystals)~~
Synthroid
Tobramycin

Changes will Take 12 months DO NOT WAIT TO GET STARTED

Month 1

Month 6

Month 12

Capture the HCC Diagnosis Code with Payor

Patient Superbill Diagnosis Codes	Billing Company Submission of Diagnosis Codes
ICD10-1	ICD10-1
ICD10-2	ICD10-2
ICD10-3	Missing Code
ICD10-4	Missing Code

Not capturing the codes results in lower HCC score for patient and lower benchmark for ACO.

Takes minimum of 12 months for this to create impact on your benchmark.

Compare your EHR records to Patient Profile for 10 Charts.

Over 50% of ACOs have encountered this issue.

Why annual wellness visit is important

HCC Coding at Point of Care

- Recode diagnosis every year

Manage patient's diagnoses

Quick Wins
--Risk Score Accuracy Strategies

- Schedule Annual Wellness Visit (AWV)
  - Plan of action to manage conditions
  - Code applicable diagnoses accurately
- HCC Coding Point of Care
  - Recode applicable diagnosis every 12 months
  - Importance of the Annual Wellness Visit
- Capture the HCC diagnosis code with payer
  - Verify EHR and Billing system sending ALL diagnoses
- Analyze your claims data
  - Get Your Risk Scores and Benchmarks Today

CALCULATE FINANCIAL BENCHMARK

ALL LEVELS
-ORGANIZATION
-FACILITY
-PROVIDER
-PATIENT

#No. Costly Patients	#No. CPC+ Patients	2018 AVG HCC Score	2018 HCC Benchmark	2018 YTD AVG Per Patient Spend	2018 YTD AVG Per Patient Spend vs 2018 HCC Benchmark
30	0	1.251	$11,323.09	$7,642.85	67.50 %
78	0	1.352	$12,231.21	$12,270.92	100.32 %

Executive Dash

TestPatient01AEB, Willie

118.93 %

TestPatient01AEB, Willie

MRN	HCC 2015	HCC 2016	HCC 2017	HCC 2018
	.432	1.265	.699	2.162

Patient Master Dash

Beyond the basics

Potentially Costly

Patient-Generated Data

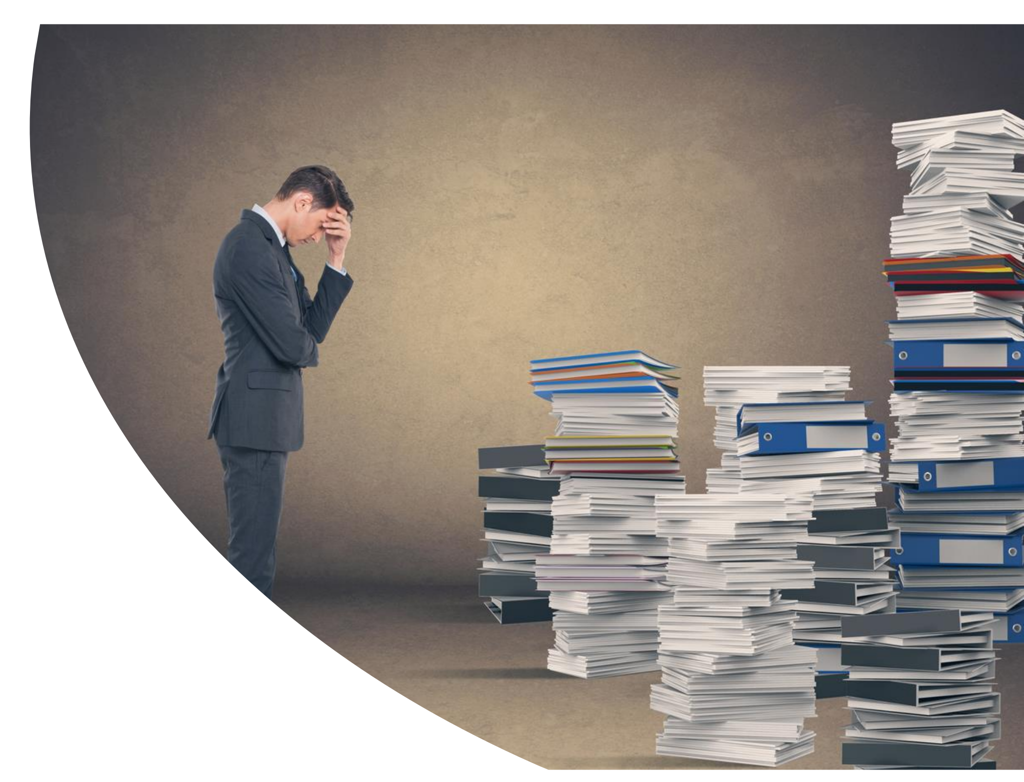
- Predictive

#No. Costly Patients	#No. CPC+ Patients	2018 AVG HCC Score	2018 HCC Benchmark	2018 YTD AVG Per Patient Spend	2018 YTD AVG Per Patient Spend vs 2018 HCC Benchmark
30	0	1.251	$11,323.09	$7,642.85	67.50 %
78	0	1.352	$12,231.21	$12,270.92	100.32 %

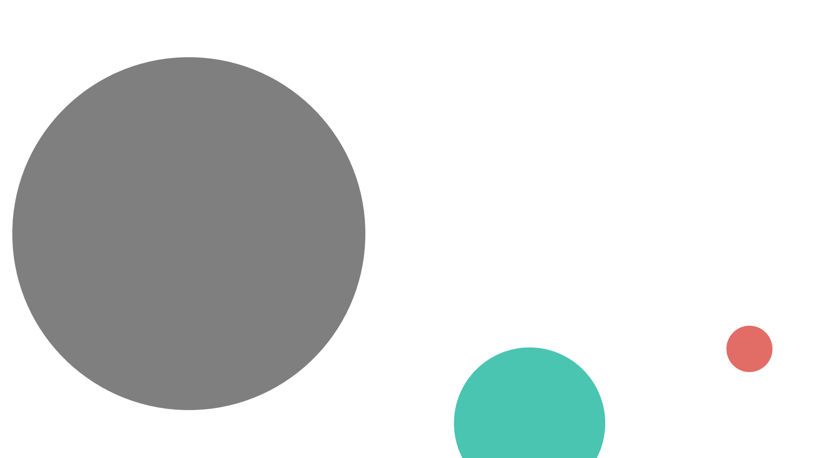
Potentially Costly

Problem

Lots of data for ACOs, Clinically Integrated Networks (CINs), Employers, and Payers but very little actionable data put in front of the provider team and the consumer which results in lack of engagement and empowerment.



Committee Meeting
Anyone going to tell me about this?
Why talk about this at board meeting?
Why isn't this information at the point of care?
Excel stack of patients with gaps in care



Cost and Utilization

018 YTD Spend		$20945.8
18 HCC Benchmark		$16778.7
3 HCC Benchmark vs 2018 YTD Spend	✖	**125.00%**
Network Spend*		$16401.0
ness Visit*	✖	**04/24/201**
	✖	**1**
		0
		0
alizations*		0
	✖	**2**
		0

Patient Requires Attention (Spend is Greater Than Expected)

Solution

Actionable Data
at Point of Care
using Data-Driven
Intelligence

- Provider Team
  - Awareness of Initiatives
  - Buy-In and Engagement with Initiatives
- Consumer
  - Network Alignment
  - Care Empowerment

Patient Requires Attention (Spend is Greater Than Expected)

❮ Home **Things to Complete**

Activity	Status	
Wellness Visit	Complete	Change Stat
HbA1C	Action Required	Change Stat
Foot Exam	Action Required	Change Stat
Blood Pressure	Action Required	Change Stat
Tobacco Use	Action Required	Change Stat
LDL-C	Action Required	Change Stat

Save Activity Statuses

Provider - I'm in an ACO?

Patient
Empowerment

ACTIONABLE DATA AT POINT OF CARE

USING DATA-DRIVEN INTELLIGENCE

EHR API Connector

Application Program Interface (API)

EHR API Connector brings Actionable Data to Point of Care

Patient History

- Risk Score
- Financial Benchmark
- Cost & Utilization
- Quality, Disease and Wellness Care Gaps

Enroll Text Alerts

Interactive Health History Form

Patient Match - Application Program Interface (API)

Provider Team opens patient record in EHR

Select Patient in EHR

Select Patient Match Integrated Data

Patient Match with Health Endeavors' EHR API Connector

Consumer Medical Text Alert Enrollment, ADT, Automated Care Plans

Home | Things to Complete

Item	Status	
Wellness Visit	Complete	Change Status
HbA1C	Action Required	Change Status
Foot Exam	Action Required	Change Status
Blood Pressure	Action Required	Change Status
Tobacco Use	Action Required	Change Status
LDL-C	Action Required	Change Status

Save Activity Statuses

Get FHIR and CDA API Call to EHR from Health Endeavors' EHR API Connector

FHIR and Clinical Document Architecture (CDA)

Health Endeavors' consolidated clinical and claims Patient History renders display in EHR for that patient

Cost and Utilization

2018 YTD Spend	$39189.40
2018 HCC Benchmark	$11864.55
2018 HCC Benchmark vs 2018 YTD Spend	330.00%

Quality

Care-1 Medication Reconciliation	Action Required
Care-2 Falls: Screening for Future Fall Risk	Action Required
PREV-9 Body Mass Index (BMI) Screening and Follow-up	Action Required
PREV-10 Tobacco Use: Screening and Cessation Intervention	Done
Wellness Visit Done Last 12 Mo	**No**

Health Summary

Patient	Adam Everyman
D.O.B	October 22, 1962 — Sex: Male
Race	White
Ethnicity	Not Hispanic or Latino
Contact info	55 Center Avenue Apt 2B, Phoenix, AZ 85002, USA
Patient IDs	1111111112 2.16.840.1.113883.3.13.300.1.2.1

Allergies, adverse reactions, alerts

Allergy Substance	Code	CodeSystem	Reaction	Severity	Status
Penicilin G benzathine	7982	RxNorm	Hives	Moderate	Active
Codeine	2670	RxNorm	Nausea	Moderate	Active

Medications

Medication	Medication Code	Medication CodeSystem	Start Date	Route	Dose	Status	Fill Instruc
albuterol 0.09 MG/ACTUAT [Proventil]	573621	RxNorm	2012-08-14	Inhalation	0.09 MG/ACTUAT INHALANT SOLUTION 2 puffs every 6 hours PRN wheezing	Active	Generic substitu allowed

Hospital discharge medications

Medication	Direction	Start Date	Status	Indications	Fill Instuctions
No Discharge Medication					

Problems

Problem Name	Code	CodeSystem	Start Date	End Date	Status
Costochondritis	64109004	SNOMED-CT	2012-08-15		Active
Asthma	195967001	SNOMED-CT	2011-09-25		Active

Laboratory values/results

Test	Test Code	Code System	Actual Result	Date
CO2	2028-9	LOINC	23 mmol/L	2012-08-15

Procedures

Procedure Name	Code	CodeSystem	Target Site	Date of Procedure
No procedure		SNOMED-CT	()	

smarter healthcare solutions

Risk Score, Benchmarks and Spend

Patient Requires Attention (Spend is Greater Than Expected)

Provider team instantly knows if patient is above their financial benchmark.

After 12 months Diagnosis is removed unless recoded

Patient Requires Attention (Spend is Greater Than Expected)

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Midodrine Hydrochloride
~~**Nitrofurantoin (monohydrate/macrocrystals)**~~
Synthroid
Tobramycin

Cost & Utilization

Patient Requires Attention (Spend is Greater Than Expected)

Cost and Utilization

2018 YTD Spend	$20037.49
2018 HCC Benchmark	$19864.75
2018 HCC Benchmark vs 2018 YTD Spend	**101.00%**
Out of Network Spend*	$18634.66
Office Visits*	06-26-2018;06-26-2018;06-27-2018
Most Visited Provider*	1003177767 DONALD TOBIAS M.D.
Last Wellness Visit*	**N/A**
Admits*	**1**
Readmissions*	0
ED Visits*	**1**
ED Visits that led to Hospitalizations*	**1**
CT Scans*	**2**
MRI Events*	0

Quality Metrics - Action Required - Alerts Provider Team

Quality

Measure	Status
Care-1 Medication Reconciliation	**Action Required**
Care-2 Falls: Screening for Future Fall Risk	**Action Required**
PREV-5 Breast Cancer Screening	Not Applicable
PREV-6 Colorectal Cancer Screening	Not Applicable
PREV-7 Influenza Immunization	Done
PREV-8 Pneumococcal Vaccination	**Action Required**
PREV-9 Body Mass Index (BMI) Screening and Follow-up	**Action Required**
PREV-10 Tobacco Use: Screening and Cessation Intervention	**Action Required**
PREV-12 Screening for Depression and Follow-up Plan	**Action Required**
PREV-13 Statin Therapy	**Action Required**
DM-2 Composite/DM with HbA1c > 9 percent (poor control)	Not Applicable
DM-7 Composite/DM and Eye Exam	Not Applicable
HTN-2 Controlling High BP	Not Applicable
IVD-2 IVD and Use of Aspirin or another Antiplatelet	**Action Required**
MH-1 Depression Remission	Not Applicable

Gaps In Care	
Wellness Visit Done Last 12 Mo	⊗ No - 09/15/2017 - Complete

Gaps In Care at Risk	
Diagnosed with Hypertension	Yes
Blood Pressure Last 12 Mo	⊗ **No - 06/17/2016 - IN RANGE**
Tobacco Use Last 12 Mo	⊗ **No - 06/17/2016 - 3-Not a tobacco user**

Gaps In Care at Risk		
Diagnosed with Diabetes		Yes
Blood Pressure Last 12 Mo	⊗	**No**
Foot Exam Last 12 Mo	⊗	**No**
HbA1C Last 12 Mo		Yes - 05/29/2018
LDL-C Last 12 Mo	⊗	**No - 03/30/2016**
Retinal Exam Last 12 Mo	⊗	**No - 02/22/2016**
Tobacco Use Last 12 Mo	⊗	**No**
Diagnosed with Hypertension		Yes
Blood Pressure Last 12 Mo	⊗	**No**
LDL-C Last 12 Mo	⊗	**No - 03/30/2016**

Disease, Quality and Wellness Care Gaps

Out-of-Network

Eligibility

Dual Eligible: Non-Medicaid

Medicare Status Code: Aged without ESRD

HCC Trend

2017 Your Risk Score: 1.826

2016 Your Risk Score: 2.676

2015 Your Risk Score: .817

2014 Your Risk Score: .265

Part A In Network | Part A Out Of Network | Part B In Network | Part B Out Of Network

2018

January

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Payers, Programs and Populations

- Medicare ACO
- Bundle Payment for Care Improvement (BPCI)
- Medicare Blue Button Approved Vendor
- Comprehensive Primary Care Plus (CPC+)
- Medicare Advantage – Part C (Commercial Medicare)
- Self-Insured Employer/Third Party Administrator (TPA)
- Commercial Payer
- Programs of All-Inclusive Care for the Elderly (PACE)
- Medicaid
- Clinically Integrated Network (CIN)
- Independent Physician Association (IPA)
- Electronic Health Records (EHR) Store

EHR Connector will also conduct a get CDA API call to pull CDA to mobile app

The CDA is used to update care gaps and quality metrics

Contact info	55 Center Avenue Apt 2B Phoenix, AZ 85002, USA
Patient IDs	1111111112 2.16.840.1.113883.3.13.300.1.1.2.1

Allergies, adverse reactions, alerts

Allergy Substance	Code	CodeSystem	Reaction	Severity	Status
Penicilin G benzathine	7982	RxNorm	Hives	Moderate	Active
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Medication	Direction	Start Date	Status	Indications	Fill Instuctions
No Discharge Medication					

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Problem Name	Code	CodeSystem	Start Date	End Date	Status
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Asthma	195967001	SNOMED-CT	2011-09-25		Active

Laboratory values/results

Test	Test Code	Code System	Actual Result	Date
CO2	2028-9	LOINC	23 mmol/L	2012-08-15

Procedures

Procedure Name	Code	CodeSystem	Target Site	Date of Procedure

Quality Metric Reporting Repository

GPRO Completion by Measure

Not Qualified | Skipped | Performance Answer | Exception (Medical, etc) | Non-Performance Answer | Incomplete

CARE-2 Fall Scree...
PREV-5 Brst. Cancer
PREV-6 Colorectal...
PREV-7 Influenza...
PREV-8 Pneumo Vax
PREV-9 BMI
PREV-10 Tobacco...
PREV-12 Depression
PREV-13 Statin Th...
DM 2 HbA1c
DM 7 Eye Exam
HTN Hypertension
IVD 2 Ischemic Va...
MH Depression Re...

0 35 70 105 140

Performance Score

PREV-5 90%	PREV-6 90%	PREV-7 90%	PREV-8 90%	PREV-9 90%
92.19%	58.78%	29.87%	44.60%	4.26%
100.00%	78.57%	28.21%	36.84%	2.27%
71.43%	[illegible].64%	50.00%	69.57%	2.38%
87.50%	44.44%	38.46%	50.00%	2.13%
80.00%	43.75%	53.85%	72.73%	6.67%

Optimal Gaps
When your team clicks final submit in GPRO
They will know it will achieve the best score

Select Report Options: GPRO ▾ 2017 ▾

Default View: ◉ Percentage ○ Points/Score ○ Numerator/Denominator

Based on: ○ Full sample ◉ Required sample (248 + skips) ○ Consecutively answered patients.

Completed/All: Score completed measures only ▾

Select Division: Select a Division

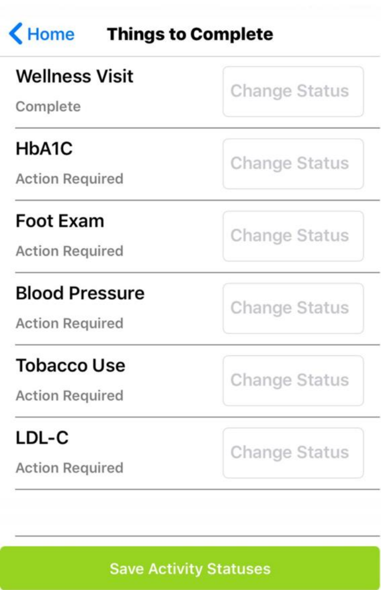
Select Practice Name: Select a Practice

Each patient must be assigned to one facility (TIN) for primary responsibility of quality measure and financial performance for this report to be accurate.

Select Sub-TIN: Select a Sub-Tin

Select NPI: Select a NPI

Calculate



Patient's contact information

Enter the patients phone or email address so we can send an enrollment link

Enter Cell Phone Number or Email

Cancel OK

Enroll Consumer Medical Text Alerts

An example Medical Text Alert is when a diabetic patient gets a text alert about their labs, exams and other tests being due to complete.

Or a medication alert about an unfilled prescription prescribed to managed a condition.

Or if engaging in remote monitoring of blood pressure, an alert your blood pressure has been in an unhealthy range for an extended period.

Alternative Patient Search

Patient First Name | Patient Last Name | Admin | Logout

Alternative to EHR API Connector

Patient search allows users to access the point of care actionable analytics.

Cost and Utilization

2018 YTD Spend		$39189.40
2018 HCC Benchmark		$11864.55
2018 HCC Benchmark vs 2018 YTD Spend	✖	**330.00%**

Quality

Care-1 Medication Reconciliation	✖	**Action Required**
Care-2 Falls: Screening for Future Fall Risk	✖	**Action Required**
PREV-9 Body Mass Index (BMI) Screening and Follow-up	✖	**Action Required**
PREV-10 Tobacco Use: Screening and Cessation Intervention		Done
Wellness Visit Done Last 12 Mo	✖	**No**

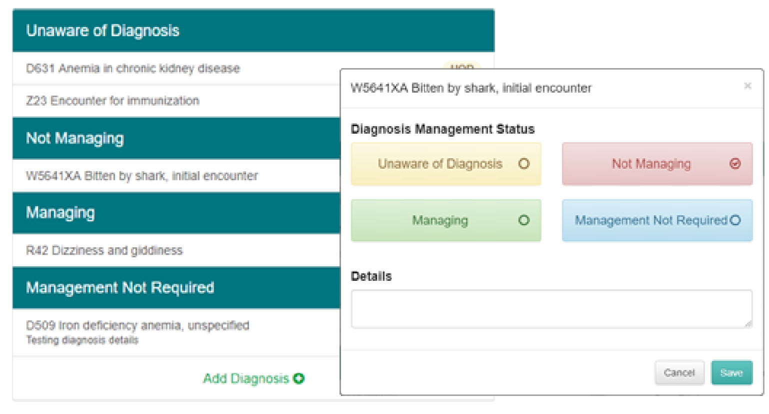
Consumer Empowerment

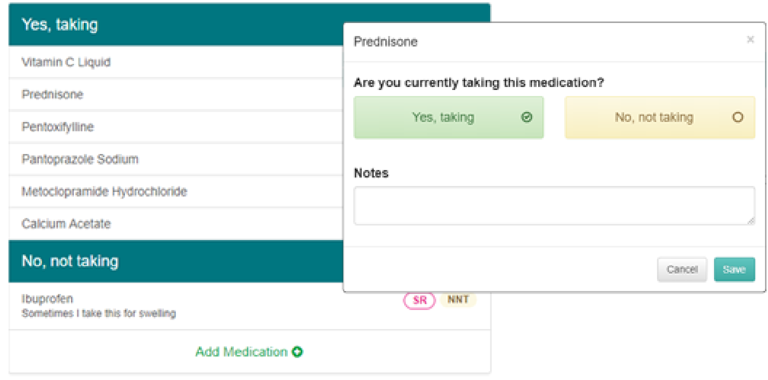
Consumer Incentives to Improve My Health Score

Consumer Interactive Health History Form

MANAGE MEDICATIONS AND DIAGNOSES

Use your data to create a health history form that you can have with you on the go or print a PDF to share with family or providers



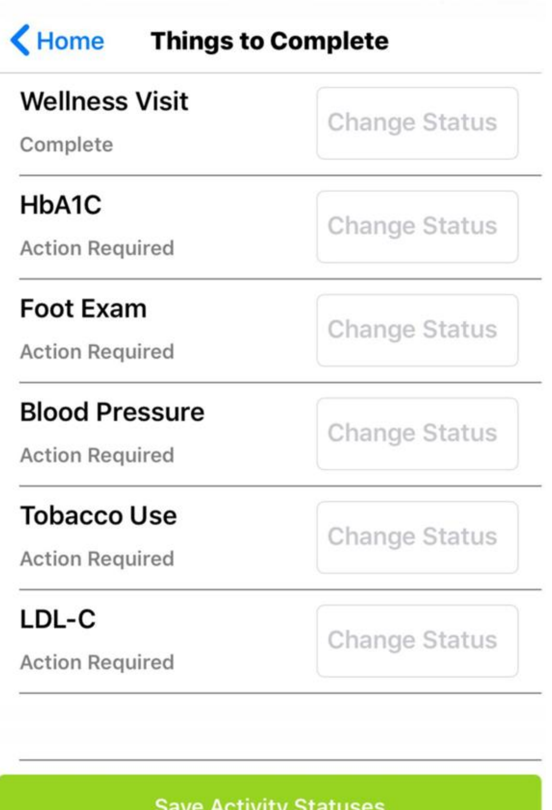


Data in 2 Buckets

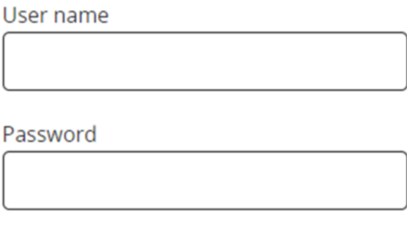
Incomplete Care Gaps – Text Alert to Consumer

Complete Care Gap - Quality Measure Registry Reporting for Scoring

Care Gap Text Alerts



Consumer Addresses



- New 2019 CCLF file updates include addresses.
- Direct Mailer to consumers (assigned) to enroll in app for benchmarking, spend, health score text alerts.

Medicare Blue Button Data Transition

- 4 years history
- Weekly updates
- Keep the data if organization leaves ACO program

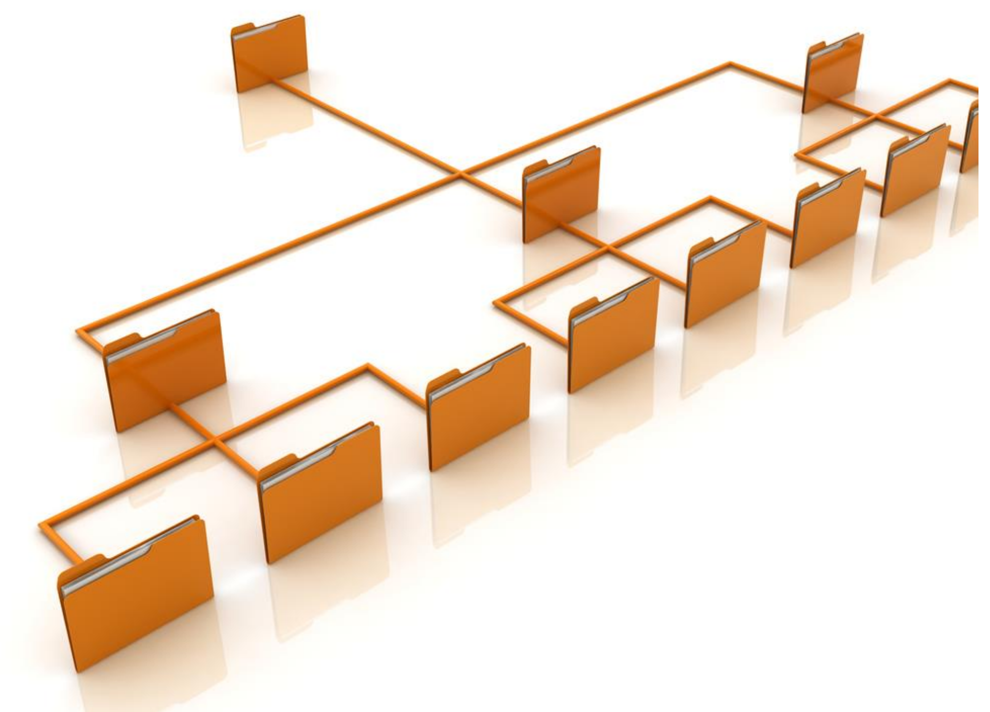
Patient Access Proposed Rule

- Medicare Advantage
- Medicaid
- CHIP

- …VA has already started data sharing program.

Universal
Application Program Interface (API)

- Medicare Blue Button
- Medicare Advantage
- Medicaid
- VA
- CHIP



Application Program Interface (API) Vendors Approved by Consumer

Insurance Agent

Part D Plan

Medicare Supplements

Life Insurance

Urgent Care

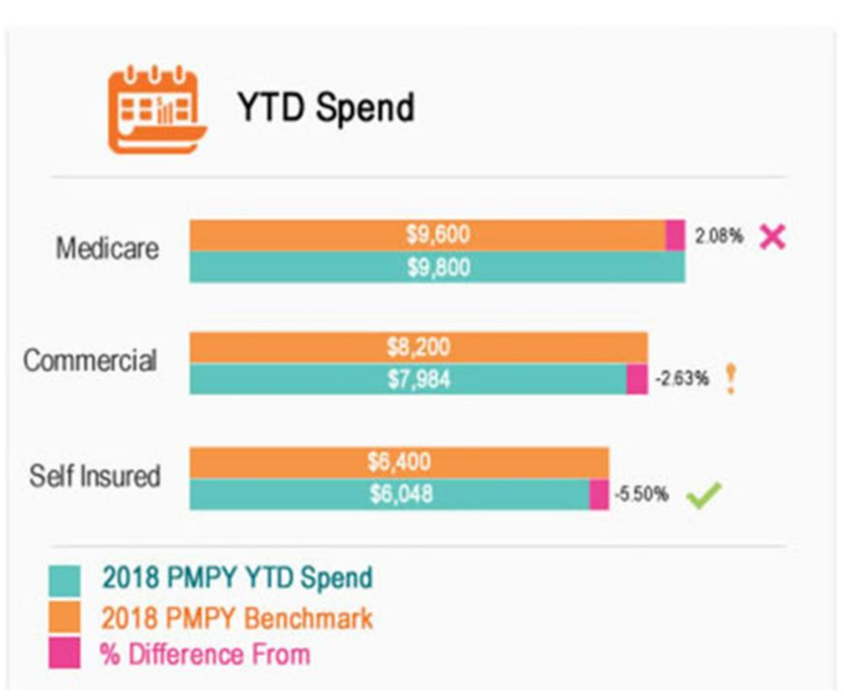
Emergency Department

Hospital Surgery Pre-cert team

API Data Repository

Health Endeavors will began offering an API for health care providers, health plans (Medicare Supplements and Part D Plans) and insurance agents to access the Medicare claims data in 2019 for various purposes such as picking a Part D drug plan or consuming our patient history for a patient coming to the emergency room or to your facility for surgery.

Provider Quality & Financial Performance



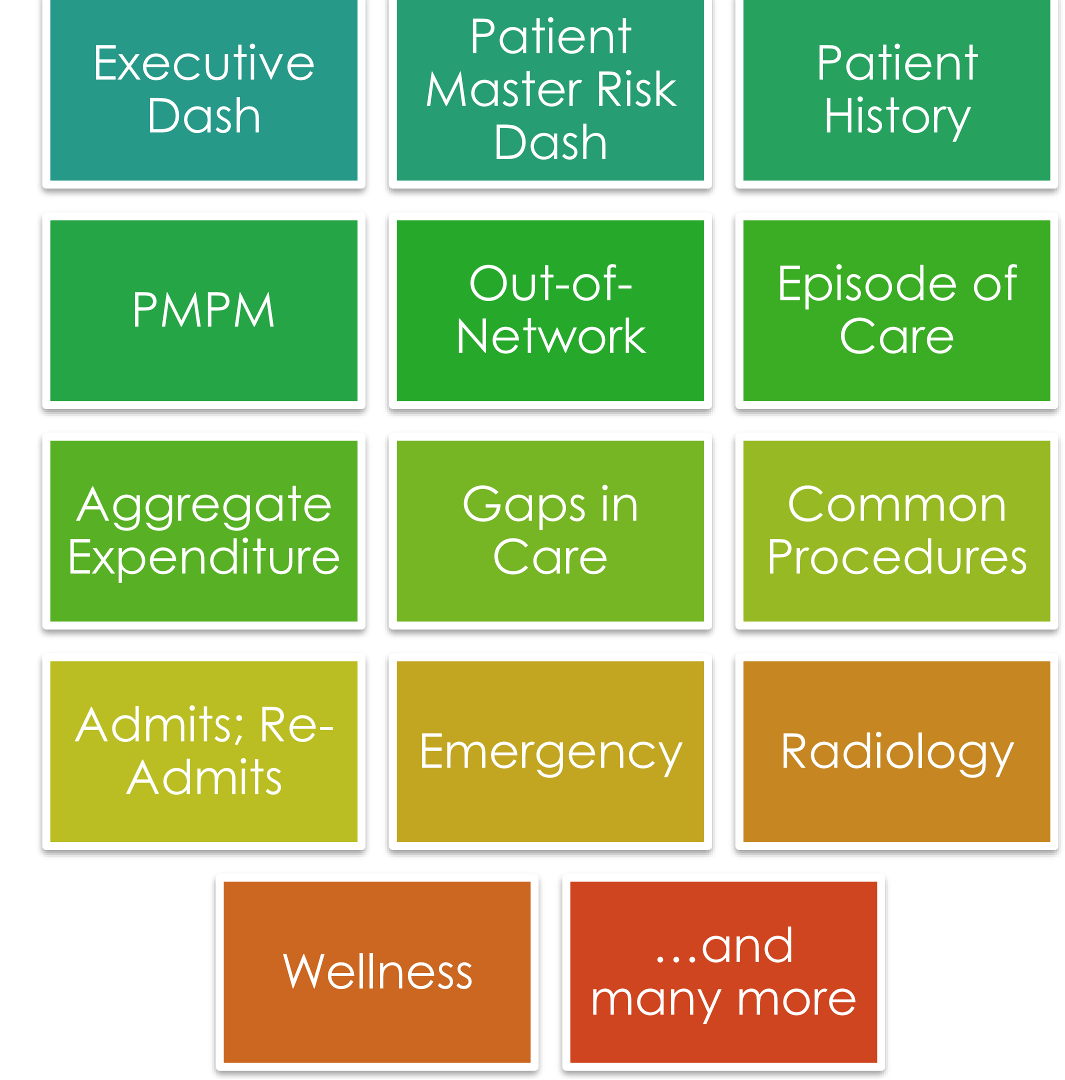
2018 Health Endeavors *Data Through:* 12/28/2017

Quality Measures Detail Performance

Medicare	Commercial	Self Insured

Measure	*Medicare Target*		*Medicare Actual*
	Care Coordination		
Medication Reconciliation Post Discharge	90	!	86
Fall Screening	90	✗	78
Annual Monitoring for Patients on Persistent Medications	90	✓	98
	Preventive Care		
Breast Cancer Screening	90	✓	76

Analytics outside point of care



Analytics

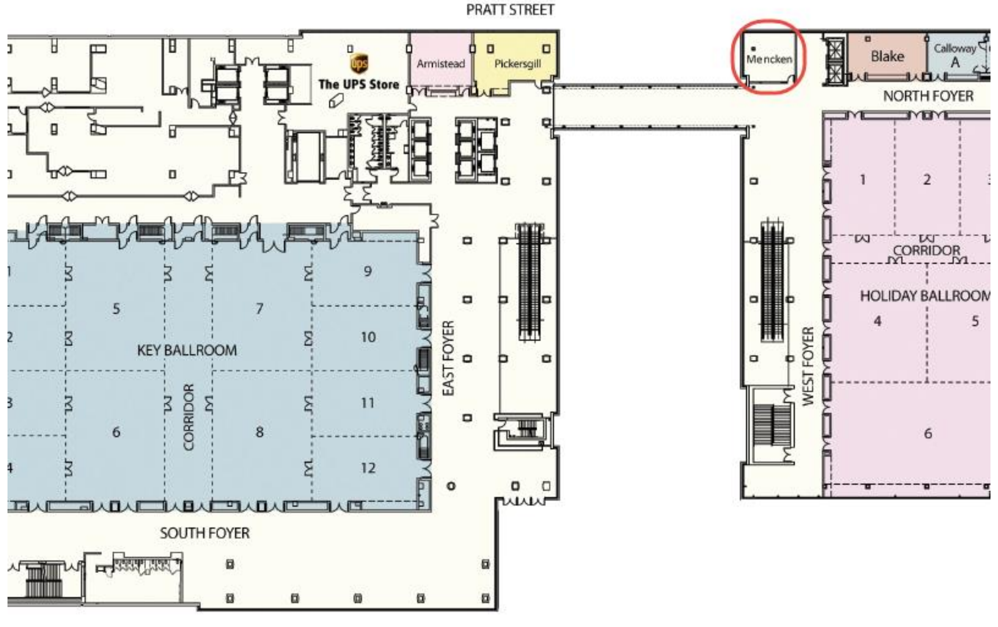
Aggregate Expenditure and Utilization

Meet us at NAACOS

Stop in and visit
with our team

April 25, 2019
7 am to 5 pm
Mencken Room

Hilton Baltimore
401 West Pratt Street
Baltimore, Maryland
21201



ACO Direct Contracting Symposium

MAY 2ND & 3RD IN KANSAS CITY, MO

Get the Right Benchmark Webinar Thursday, May 9

Health Endeavors: Risk Scores and Benchmarks

↓

Enjoin: Conduct an Audit to fast-track coding fixes

Consumer-Centered Health (CCH) Tech Platform

Feature	Details
Risk Stratification and Financial Benchmark	Executive and Patient Master Dash Patient, Provider, Facility, Organization
EHR API Connector – Patient History	Actionable Data at Point of Care using Data-Driven Intelligence
Consumer Text Alerts, Interactive Health History	Web, Android, Apple
Provider Scorecard	Quality and Financial Performance
Quality Reporting Registry: HEDIS, GPRO, MIPS, CPC+	Gap Analysis, Optimal Gaps Reporting, Performance
Population Health Analytics	Quick Data Tool, Query Builder
APIs	Medicare Blue Button: Medicare Part D Drug

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