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Website: www.lightbeamhealth.com

# Lightbeam Health Solutions

Overcoming Population Health Pitfalls: 5 Proven Strategies for Value-Based Care Orchestration

June 18, 2024

**VBC**ExhibitHall .com *Educational Webinar Series* 

## Presenters & Overview





### **Melissa Tyler**

Director of Advisory Services, Lightbeam Health Solutions



### Jennifer Newell, MSN, RN, MBA

Clinical Transformation, Lightbeam Health Solutions Amidst resource constraints and increasing risk exposure, discover how population health leaders can make data-driven decisions to overcome these challenges.

This webinar will identify five common population health pitfalls holding many organizations back and the five strategies to unlock the full potential of your population health initiatives.

# Industry Trends

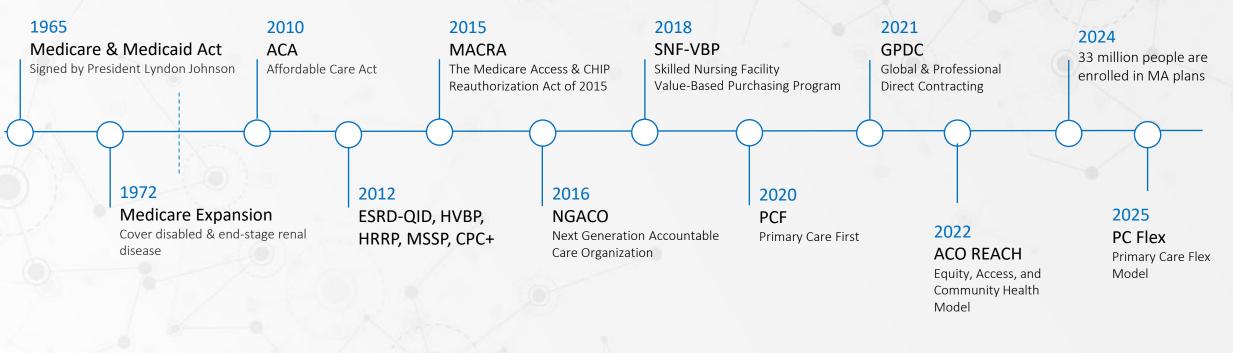
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## Evolution of Value-Based Programs



Medicare has experimented with numerous value-based programs since the passage of ACA in 2010.

CMS wants every Medicare beneficiary in a value-based care model by 2030.



## VBC Necessitates a Whole-Population Approach



Success in value-based care requires proactive management of rising-risk patient populations

Care Management Only Focused on High-Risk Patients Will Not Bend Cost Curve

Each year, 1 in 5 rising-risk patients become expensive, high-risk patients.<sup>1</sup>

The NEW ENGLAND JOURNAL of MEDICINE "Our findings may also reflect fundamental challenges with the strategy of targeting super utilizers: **many patients whose medical costs are high today will not be as high in the future**."<sup>2</sup> High-Risk 5% of population

**Rising-Risk** 20% of population

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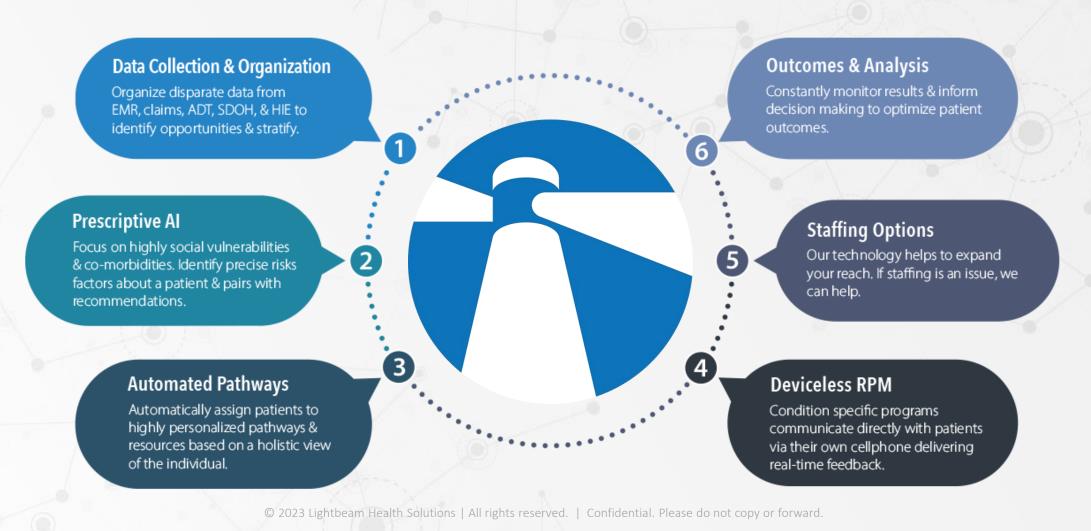
# **About Lightbeam Health Solutions**

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## Solution: Fully Integrated Health Enablement



Lightbeam's fully integrated solutions and services provide organizations with the capabilities needed to efficiently monitor and proactively care for their entire population.



# **About Advisory Services**

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## Advisory Services - Introduction



### Population Health Advisory

Collaborate with clients to create a population health strategy that aligns with their organizational and contractual obligations

Analyze client data to pinpoint opportunities for quality and cost saving interventions and establish baseline performance

Operationalize and streamline workflows of adopted initiatives and disseminate the best practices

Conduct quarterly ROI analysis of adopted initiatives to ensure goals are being met and perform pre-post management analysis

### Clinical Transformation Advisory

Streamline workflows for adopted clinical programs including Prescriptive AI models

Enhance productivity and ensure efficient, top of license work by leveraging data and automation for role appropriate tasking

Ensure programs built meet best practice recommendations for documentation and assist with KPI reporting

Identify patients who would benefit from enrollment in Care Management, advise on Cohort builds, and monitor and measure program effectiveness

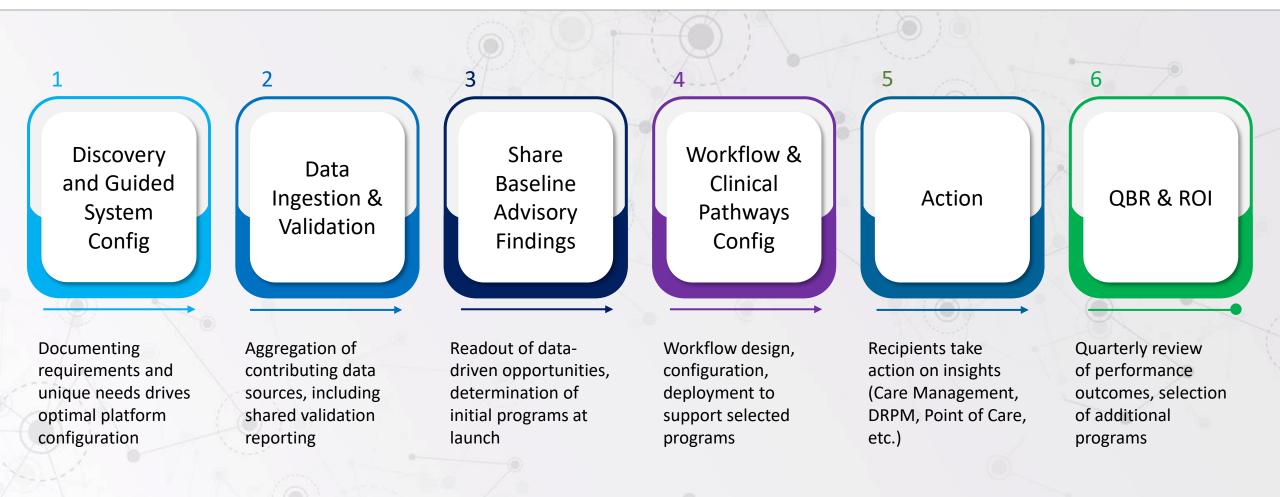
Leverage the Value in Patient Data

Develop a Strategy

See Tangible Results & Demonstrate Outcomes

# Implementation Model





# 5 Population Health Pitfalls & Strategies to Implement

### Pitfall #1: Relying on Delayed Claims, Lacking Real-Time Insights



### • Pitfall

 Many organizations strictly rely on claims data. They lack a streamlined and aggregate way to gauge performance across their value-based contracts along with the inability to obtain real-time data on admissions, discharges and transfers.

### Importance

 ADT data improves patient outcomes, cost containment, and support care coordination.

 Studies show that a successful TCM program can reduce rehospitalization rates by 5.6% and cost of care by 7.8%



### Strategy: Ability to Access Real-time Data & Integrate Clinical Data



- ADT feeds ingest patient discharge data from multiple channels for all attributed lives into one location integrated into care management's workflow.
  - ADT alert feeds identify opportunities for timely TCM outreach to prevent readmissions
- Combining clinical and claims data provides an almost real-time picture of a patient's health status
  - The combination is so powerful because it shows a holistic view of a patients' health status to understand how they are doing.



# Solution: ADT Insights & TOC



The ADT Insights dashboard provides near real-time notifications of ADT events in a centralized view as patients present, enabling providers and care managers to better address the transitional care needs of their members.

- Reduce hospital admissions
- Reduce readmissions
- Monitor Discharges and Transitions
- Provider ADT alerts inform care teams of critical activities

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# Solution: ADT Insights Workflow



Automated Transition Event Mark 'Reviewed' Checkbox to Utilize Patient Panel Icon to **Identify Patient for Outreach** Identification/Enrollment via **Indicate Start of Outreach Initiate Transitions Workflow Cohort Builder Care Management** Hierarchy Cohort Provider Care Manager Select a Cohort ▼ Type to find a provide Search...(0 of 77 selected) Clayhanger HealthCare Partners Patient Statu Event Date From Active (NoClaims) Active (WithClaims) Date Range ▼ 05/10/2024 05/31/2024 Search by Name, DOB, or Member ID iii i Patient Events Active Daily Count TOTAL ADMISSIONS ELECTIVE REHAD 420 442 68 82 83 85 69 72 28 29 0 0 0 0 **Care Management** Total Notifications 📕 High ER Utilization 🐞 30 Day Readmit 🧿 ER Visit After IP 💲 Cost Over Target Hierarchy Select a Cohort Type to find a provid Search...(0 of 77 selected Flags Patient Name DOB Member Reviewed 🏹 Reviewed Use Attr. Provide 🦁 Business Unit Clavhanger HealthCare Partners Patient Status Event Date 🖻 🗊 🙆 💲 🛛 Goodchild, Togo B © 05/24/1946 67871 **~** Newell, Jennifer 05/31/24 02:00 PM May Smallburro Button Plainsboro Specialty Active (NoClaims), Active (WithClaims · 05/10/2024 05/31/2024 iii Date Range Search by Name, DOB, or Member II H 🗊 🖸 💲 Zaragamba, Melilot B © 01/01/1900 117286341D Unattributed Unattribute Clayhanger HealthCare Partners H 🖄 🖻 S Brandybuck Madoc F © 11/09/1926 980745 Pervinca Burrows Tunnelly Monroe Primary Care Patient Events Active Daily Count H 🗟 🖸 S Puddifoot, Jasmine @ 05/04/1945 1186471 Caramella Burrowe Gawkroger Princeton Primary Care TOTAL NOTIFICATION TRANSFER TOTAL ADMISSIONS ELECTIVE REHAB 0 0 0 0 420 442 68 82 83 85 69 72 28 29 0 0 0 0 0 0 H 🗊 🖸 💲 Zaragamba, Fastolph Greenhand of Kathryn E. Morris © 01/21/1930 1270493 Melissa Banks H 🗟 🖸 💲 Sandyman, Sago © 09/05/1938 129348 Regina Rumble Labingi Plainsboro Primary Care Showing: 05/10/2024 to 05/31/2024 OShow All Events 🕁 Downloa Total Notifications High ER Utilization 30 Day Readmit 🙆 ER Visit After IP 💲 Cost Over Target H 🗊 🙆 💲 Roper, Chilimanzar E © 08/18/1949 147900 Brown Occupational Health & Fam Rhoda Clavhanger 🖻 🛅 🚺 💲 Goldworthy, Gundolpho E © 11/28/1944 978643 Primula Whitfoo Labingi Plainsboro Primary Care Patient Name DOB Memberlo Reviewed V Reviewed User Attr. Provide W Business Unit V Contract Nan V Event 🗄 🗊 🖸 🂲 Sandyman, Lavinia Greenhand of Kathryn E. Morris © 10/30/1939 997921 Cara Goldworth H 🗟 🙆 💲 Goodchild, Togo B © 05/24/1946 67871 Newell, Jennifer 05/31/24 02:00 PM May Smallburrow Button Plainsboro Specialty Medicare Shared Savings Program Discharge H 🗟 🖸 💲 Fairbairn, Meneaduc © 04/30/1952 1110630 Cara Tunnelly Rumble Medical Associates 🔣 🔟 🍮 Zaragamba, Melilot B C PDOB Unattributed Unattribute Clavhanger HealthCare Partners Medicare Shared Savings Program Discharge Member Id Sex Primary Provider Practice H 🗊 🙆 💲 Brandybuck, Madoc E 05/04/1945
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### Client Outcome: Reduced Readmissions



## **3.2**%

In 12 months, a multi-state health plan using ADT Insights reduced the 30day readmission rate in a contracted ACO by 3.2% compared to a matched control group A lot of our providers do not have access to ADT feeds, so the fact that we can alert them immediately is instrumental. Lightbeam's staff has been there every step of the way to not only help us with our strategic initiatives for value-based care, but also helping us understand the functionalities to achieve those goals.

### Brea Rockwell,

Manager of Population Health Operations at Vytalize Health

## Pitfall #2: Limited Risk Stratification Capabilities



### • Pitfall

 Traditional risk stratification is limited in segmentation ability, understanding of patient risk, and focuses on concurrent risk, which keeps organizations stuck in a reactive care model

### • Importance

 VBC leaders need to understand which populations are driving risk across the enterprise and the key drivers to implement appropriate programs to mitigate risk.



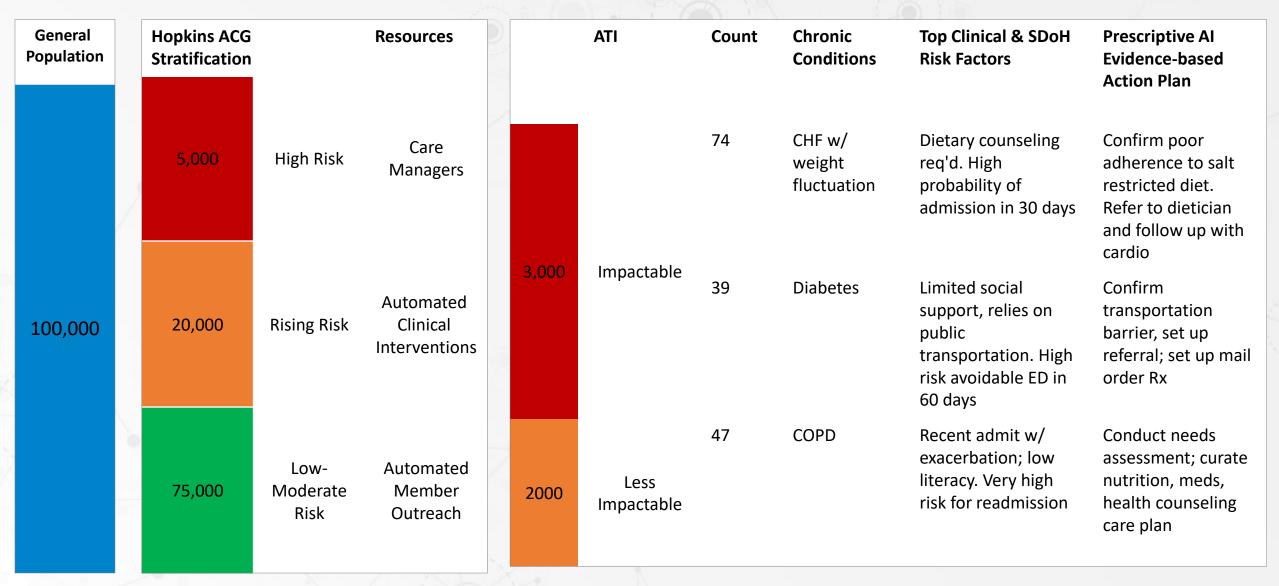
### Strategy: Risk Stratify by Prospective & Modifiable Risk



- Prospective and modifiable risk assessments enable a more proactive care model
- Identify Cost/Utilization outliers
- Manage High/Rising Risk populations
- Improve patient outcomes of chronically ill
- Categorize risk stratification by contract type (e.g., MA, REACH) to meet contract obligations
- Identifying and outreaching populations with impactable risk factors enable a larger impact on cost and quality
- CM teams can have limited capacity; enhanced risk stratification capabilities grow efficiency and effectiveness



# Solution: Risk Stratification 2.0: ACG + ATI + AI Lightbeam



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## Pitfall #3: Lack of Whole-Patient Health Insights

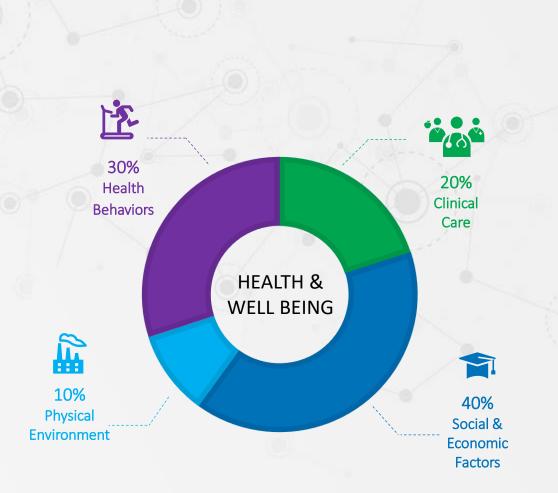


### • Pitfall

 Social Determinants of Health (SDoH) are social factors such as transportation and food that often go unreported

### Importance

- o Missed risk factors lead to incomplete care
- SDoH factors drive up to 80% of the variability in health care outcomes, yet shame can prevent issues from being identified
- Only 3% of Medicare beneficiaries have Z-codes reported



## Strategy: Integrate SDoH Data into Risk Profile



- Collect and integrate this data into patient risk stratification to understand the complete picture of a patient's needs
- Conduct SDoH assessment and collection into care workflow
- Augment existing demographic and claims data
- Launch educational program to clarify who can document Z codes

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# Solution: Cohort Builder + PRAPARE

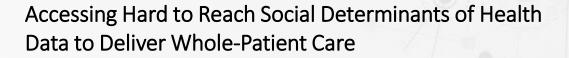
Nationally standardized and stakeholder-driven, the *Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences* (PRAPARE) form is designed to equip healthcare organizations and their community partners to better understand and act on individuals' social drivers of health (SDOH)

- Key responses surface additional ICD10 codes
- Automatic scoring of responses generate a Healthy Equity risk score
- All responses and data flow into the Cohort Builder to allow for the creation of initiatives to close health equity gaps

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Child Care	5	Q X • N	
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# Client Success: Acting on SDoH Data



Previously, we tried to get social determinants data by calling patients and asking them, but it was hard because they don't want to disclose it and it's hard to start those conversations unless you have background data," the care manager shared. Lightbeam's recommendations added an extra layer to help start and guide the conversation.

Before Lightbeam, we were calling to say hey I saw you were in the ED 6 months ago, as a result, we wouldn't get a lot of engagement. Now, when we say hey, I see that not only clinically these things are happening, but maybe socially these things may become a barrier so I wanted to check in on you and see how things are. Patients are way more inclined to engage then.

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Intervention Group

Non-Intervention Group (1:1 Matched)

#### 30 Day Avoidable Admission Rate Comparisons

## Pitfall #4: Not Prioritizing Patient Engagement



### • Pitfall

 Budget and staffing pressures driving trend in organizations reducing care management and pop health teams yet orgs till need to maintain patient engagement.

### Importance

- Patient engagement maintains trusting care team-patient relationships and patient satisfaction
- Proactive outreach for preventive services and access to care
- Quality of Life improvements less hospitalizations
- o Provide more care options within the home



## Strategy: Engage Patients with Automated RPM

- Patient engagement can be augmented with automated means such as RPM to reach more patients with fewer staff resources
- Ensure RPM is accessible, consider cost or technology and health literacy barriers
- Emphasize RPM that can support the entire population
  - High and medium risk patients with chronic disease self-management, and low risk patients with preventative communication (e.g., screenings, AWVs)





# Solution: Deviceless RPM



Transform care management from manual outbound outreach to automated inbound insights with Lightbeam's Deviceless RPM<sup>TM</sup>, CareSignal

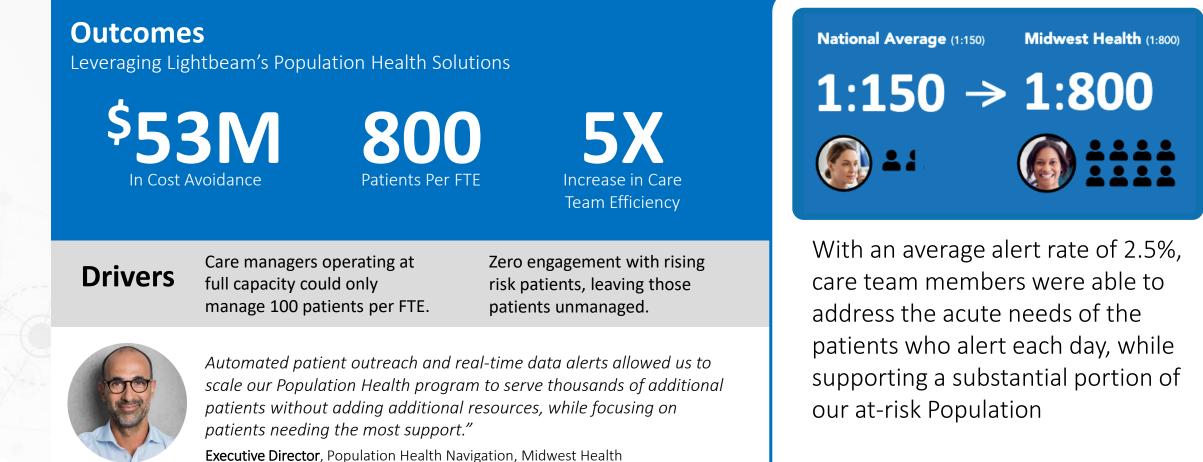
- No new devices required No apps, downloads, or passwords
- Accessible for all patients Promote and elevate health equity
- Clinically-Validated 13+ Peer Reviewed Publications
- **Engagement powered by AI** Predict and prevent drop-off



# Client Success: Health System Case Study



### Midwest Health Saves \$53M in Total Cost Savings



## Pitfall #5: Lack of POC Tools and Automated Reporting



• Pitfall:

 When reporting is pulled manually across different sources of truth it creates friction hampering an organization's ability to identify areas of improvement and regularly measure performance and progress to create a cycle of continuous improvement

### Importance:

- Clarity and accuracy of initiatives
- o Optimize staff efficiency and decision making
- Prevent opportunities from slipping through the cracks



## Strategy: Automated Reporting, Facesheets

- Understand the why and who behind current performance
- Review performance at the practice level, do we have outliers? Is there a provider that is not doing their part?
- Review performance at the patient level; provider and patient are often connected
- Measure program effectiveness at program, practice, patient level to inform program resource allocation and educational efforts.
- Empower teams to improve performance with automated POC data, such as facesheets





### Solution: Automated Facesheets, Analytics & Reporting



- Facesheets simplify coding at the point of care
- Quality Measure Performance
- Monitor HCC Impact

   Enterprise-wide
   Provider level
   Patient level

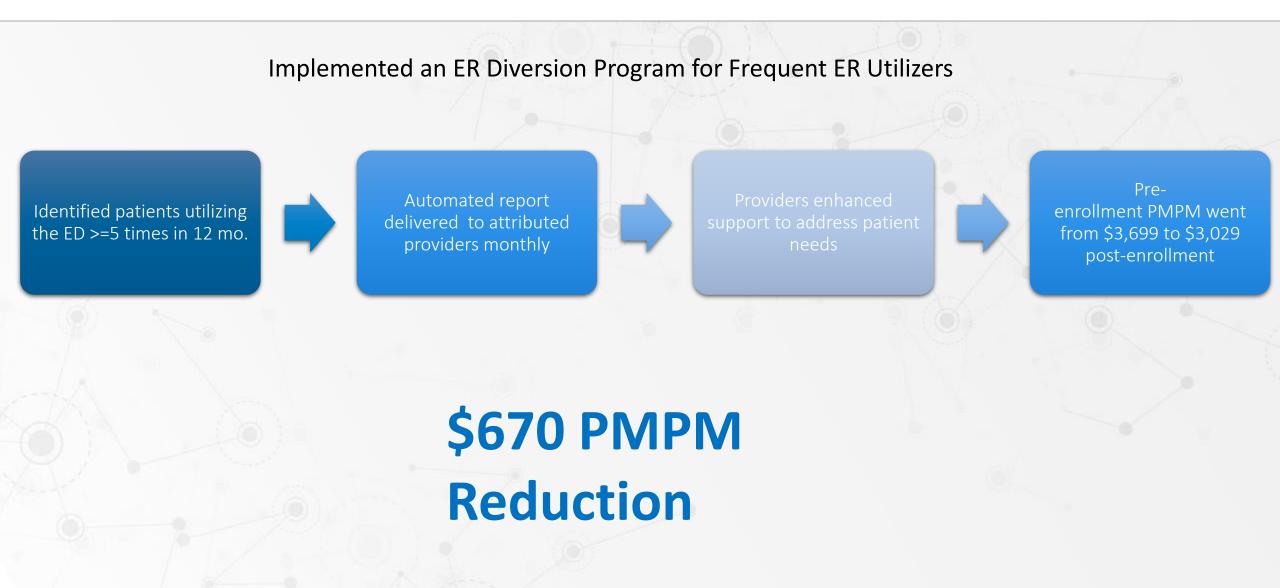
Measure	Denominator	Numerator	Performance Rat
Adult BMI Assessment	1,172	34	2.90%
Breast Cancer Screening	223	147	65.92%
Cervical Cancer Screening	517	407	78.72%
Colon Cancer Screening	511	462	90.41%
Comprehensive Adult Diabetes Care - A1c > 9 Screening	72	57	79.17%
Comprehensive Adult Diabetes Care - BP Control < 40/90	72	34	47.22%
Comprehensive Adult Diabetes Care - Eye Exam	72	20	27.78%
Comprehensive Adult Diabetes Care - Nephropathy	72	43	59.72%
Controlling High Blood Pressure	241	192	79.67%
Total	2,952	1,396	10.07 %

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DAUG*	154	527	22.61%	119	198	37.54%	\$82,250.33	\$170,118.66	\$208,275.24	\$74,465.01	\$98,719.00	\$134,479.75	\$73,795.49	\$73,795.49	\$585.68
Conshchooken Medical Association	58	148	28.16%	50	45	52.63%	\$29,630.82	\$48,600.51	\$60,800.78	\$26,477.30	\$28,469.99	\$39,622.91	\$21,177.87	\$10,588.94	\$470.62
Conshchooken Docupational Health & Family Medicine	374	950	28.25%	280	235	54.37%	\$176,328.25	\$323,053.14	\$404,401.36	\$151,124.33	\$150,773.07	\$222,933.01	\$181,468.35	\$60,489.45	\$659.88
Conshohooken Sports and Family Medicine, PC	321	883	26.66%	233	245	48.74%	\$178,870.09	\$307,986.04	\$389,967.88	\$159,578.17	\$155,752.50	\$238,807.90	\$151,159.98	\$37,790.00	\$543.74
Kay State Physicians, PA	212	636	25.00%	166	264	38.60%	\$106,533.15	\$199,844.73	\$247,924.32	\$100,759.33	\$145,924.76	\$191,876.67	\$56,047.65	\$28,023.83	\$320.27
KIN/TOP*	6	17	26.09%	4	3	57.14%	\$2,922.35	\$6,195.99	\$8,127.75	\$2,844.01	\$1,795.03	\$3,538.39	\$4,589.36	\$4,589.36	\$1,529.79
Lembertulle realthcare, LLC	54	184	22.69%	47	56	45.63%	\$30,899.53	\$65,430.31	\$83,744.27	\$33,370.10	\$36,001.19	\$57,676.83	\$26,067.44	\$26,067.44	\$1,042.70
history."	50	146	25.51%	37	39	48.68%	\$24,672.84	\$48,672.70	\$58,082.24	\$22,041.91	\$27,322.21	\$35,398.93	\$22,683.31	\$22,683.31	\$581.62
NEW TW*	6064	17972	25.23%	4544	5953	43.29%	\$3,261,842.20	\$5,972,243.04	\$7,385,934.34	\$2,922,723.88	\$3,363,434.70	\$4,718,780.46	\$2,667,153.88	\$34,638.36	\$539.25
Hast Chester Community Health Center	2	5	28.57%	1	0	100.00%	\$706.37	\$1,172.03	\$1,568.59	\$582.57	\$354.68	\$582.57	\$986.02	\$986.02	\$986.02
tajaka*	211	697	23.24%	174	226	43.50%	\$120,818.61	\$240,886.15	\$286,528.69	\$109,799.90	\$138,898.19	\$188,748.94	\$97,779.75	\$24,444.94	\$470.09
control Text uit	10	33	23.26%	9	5	64.29%	\$5,930,86	\$9,497,40	\$13,978,81	\$6,508,98	\$2,721,95	\$8,314,86	\$5,663.95	\$5,663.95	\$1,132.79

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### Client Success Story: Automated Reporting Enables Provider Focus





## Summary: 5 Strategies



# Real-Time Data Insights

## Risk Stratification & Management

## Whole-Patient Health

## Patient Engagement

## Measurement

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# Q&A

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Or reach out directly at: info@lightbeamhealth.com

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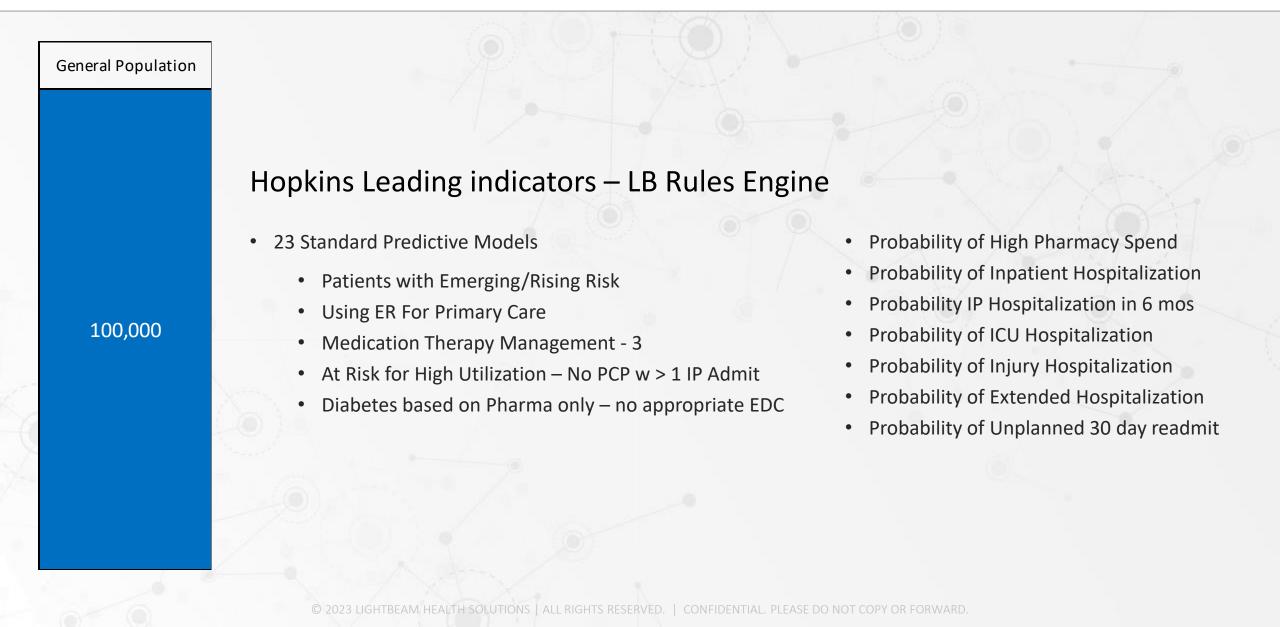
# Contact Us

Info@lightbeamhealth.com

gschmitt@TheExhibitHalls.com

# Population of 100,000 patients





# Solution: Risk Stratification 2.0 – ACG + ATI Solutions

Hopkins AC	CG Stratification	Resources	FTE	14			
5000	High Risk	Care Managers	40				
		Automated Clinical	1.6.0			ACG + ATI	Resources
20000	Rising Risk	Interventions	160		3000	Impactible	Care Managers
75000	Low - Moderate Risk	Automated Member Outreach			2000	Less Impactible	Pain Management Paliative Care Hospice Social Workers Counselors Care Managers
				0			

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## Risk Stratification 2.0 – ACG + ATI + SDOH + AI



### Social Determinants of Health + AI modeling

- Precise Identification of patients needing engagement today
- Prescriptive guidance on exact actions to take

ACG +	+ ATI + SDOH + AI	Member	Chronic Condition(s)	SDOH / AI	Prescribed AI Generated Action Plan
		74	CHF w weight fluctuation	Dietary counseling req'd <b>AI -</b> High Probability Admission in 30 days	CM call patient confirm poor adherence to salt restricted diet Refer patient to Dietician + FU with Cardiologist within 7 days
3000	Impactible	39	Diabetes	Limited Social Support Relies on Public Transportation <b>AI</b> - High Risk Avoidable ED 60 days	CM call patient to confirm transportation barrier to get meds and make PCP visits. CM facilitates trasnportation and sets up 90 day Rx fills via mail order.
		47	COPD	Recent admit w exacerbation - Low Literacy <b>AI</b> - Very High Risk for Readmission	CM calls patient and performs needs assessment. Curates longitudinal care plan includes nutrition, meds, and health counseling.
2000	Less Impactible	64	Behavioral Health with substance abuse issues	Lack of Medication Adherence <b>AI</b> - High risk of admission in 30 days	CM outreach to develop a safety plan, facilitates PCP engagement, and med reconciliation
		224			

### Client Success Example: ACO Focuses on the Most Impactable Patients



Drilling down further,
Lightbeam identified the
830 patients within
the top 5% of highest-risk
profile and how many
patients the ACO would
need to intervene with to
reduce avoidable
admissions.

Risk Level	IP30 Admits	Total Patients	NNE	Admission Rate	Coverage
High Risk	198	2,515	13	7.9%	<u>21%</u>
Medium Risk	198	5,079	26	3.9%	<u>21%</u>
Low Risk	550	44,255	80	1.2%	<u>58%</u>
Grand Total	946	51,849	<u>55</u>	1.8%	100%

# Simplify Coding at the Point of Care



hillips, J	eremy (M)	Risk: 3.905	ATI: 9.98	RAF: 0.253		Generated 04/22/2022
OB: 09/26/193 ge: 90 years atient #: OA4U lext PCP Visit: 0	J68123001	PCP: House, Gro PCP #: BCDEFGI Ins: Open-acces	н	Address: 83 Plank Rd, #7 City/State/Zip: Cape Coral, FL 33903 Phone: (999) 817-1324		04/22/2022
🖋 Hierai	rchical Cond	dition Catego	ries (HCC)			Total: 3
No	t Assessed in Cur	rent Year		Provider	Verified	RAF/Date
A D 96	- Specific Heart A	rrhythmias		Clinical Health Care Associates of New	~	0.271
	19 - Other persiste Remarks	ent atrial fibrillation		PC - Bcbs Claims		2/19/2021
A D 108	8 - Vascular Diseas	se		CHANDRANI, SAMEEP - CMP Claims	~	0.284
ofe	203 - Unspecified extremity. <i>Remarks</i>	atherosclerosis of n	ative arteries	Duis aute irure dolor in reprehenderit		3/16/2020
A D 99	- Specific Heart A	rrhythmias		Clinical Health Care Associates of New	×	0.302
148	19 - Other persiste	ent atrial fibrillation		PC - Bcbs Claim		1/09/2019
No	Remarks					Total: 5
No.	Remarks	on				Total: 5 Date
O Hospi	ital Events	on County General Ho:	spital			
Hospi	ital Events Locatio Orange		spital			Date
No     No     No     Type     ER Visit     ER Visit     IP Admit	ital Events Locatio Orange Lake Vii Lake Vii	County General Hos ew Clinic ew Clinic	spital			Date 06/03/2021
No No Type ER Visit ER Visit IP Admit ER Visit	ital Events Locatio Orange Lake Vii Lake Vii Reed As	County General Hos ew Clinic ew Clinic ssociates Hospital	spital			Date 06/03/2021 01/01/2021 12/04/2020 08/07/2019
No     No     No     Type     ER Visit     ER Visit     IP Admit	ital Events Locatio Orange Lake Vii Lake Vii Reed As	County General Hos ew Clinic ew Clinic	spital			Date 06/03/2021 01/01/2021 12/04/2020
No Type ER Visit ER Visit IP Admit ER Visit IP Admit	ital Events Locatio Orange Lake Vii Lake Vii Reed As	County General Hos ew Clinic ew Clinic ssociates Hospital ew Clinic	spital			Date 06/03/2021 01/01/2021 12/04/2020 08/07/2019
No Type ER Visit IP Admit ER Visit IP Admit IP Admit	ital Events Locatio Orange Lake Vii Reed A: Lake Vii	County General Hos ew Clinic ew Clinic ssociates Hospital ew Clinic	spital Speciality			Date 06/03/2021 01/01/2021 12/04/2020 08/07/2019 01/12/2016
No No No No No No No No No No	ital Events Locatio Orange Lake Vii Reed A: Lake Vii Reet A: Lake Vii Lake Vii Reet A: Lake Vii Lake Vii Lake Vii Reet A: Lake Vii Lake	County General Hos ew Clinic ew Clinic ssociates Hospital ew Clinic				Date           06/03/2021           01/01/2021           12/04/2020           08/07/2019           01/12/2016
No Type ER Visit ER Visit IP Admit IP Admit Provider Provider	ital Events Locatio Orange Lake Vi Lake Vi Reed A: Lake Vi alist Utilizat	County General Hos ew Clinic ew Clinic ssociates Hospital ew Clinic	Speciality			Date           06/03/2021           01/01/2021           12/04/2020           08/07/2019           01/12/2016
No No No No No No No No No No	ital Events Locatio Orange Lake Vi Lake Vi Reed A: Lake Vi alist Utilizat	County General Hos ew Clinic ew Clinic ssociates Hospital ew Clinic	Speciality Urology	gy		Date           06/03/2021           01/01/2021           12/04/2020           08/07/2019           01/12/2016   Total: 6 Date 01/07/2022
No No No No No No No No No No	ital Events Corange Lake Vii Lake Vii Lake Vii Lake Vii alist Utilizat	County General Hos ew Clinic ew Clinic ssociates Hospital ew Clinic	Speciality Urology Dermatolo	gy S		Date           06/03/2021           01/01/2021           12/04/2020           08/07/2019           01/12/2016             Total: 6           Date           01/07/2022           11/07/2022           11/19/2021
Image: No         Image: No	ital Events Corange Lake Vii Reed A: Lake Vii alist Utilizat	County General Hos ew Clinic ew Clinic ssociates Hospital ew Clinic	Speciality Urology Dermatolo Dermatolo Psychiatric	gy S		Date           06/03/2021           01/01/2021           12/04/2020           08/07/2019           01/12/2016           Total: 6           Date           01/07/2022           11/19/2021           12/07/2020

### Patient Facesheets

- Provides individual patient RAF score
- HCC codes not assessed in the current year
- Hospital and provider utilization

## Simplify Coding at the Point of Care



	78 years) MEDICARE PPO nda Labingi	Risk 2.944 A Appt Date: Appt with:	TI: 9.9
Demographic Score	Covered HCC Score	Current RAF S	core
+		=	
Not Covered HCC Score R	ecommendation Score	*Adding the Not Covered and Recommendation scores to Current score may not produce an accurate score as these codes can fall into 'Ar Diagnosis takes Precedence' once co	RAF nother
ot Covered D 104 - Monoplegia, Other Paralytic	*		0.396
a set and a set	and the second of the second se	and the second second second	
1 [1] GE114 - Monoplegia of lower limb affecting	g left increasing and a set of the	2 - CMS Claims	1114/15
G8314 - Monopilegia of lower limb affective	g et noncommant ade	2 - CMS Clama	11/4/15
D 48 - Coagulation Defects and Oth	er Specified Hematological Disor	lers	0.252
D 48 - Coagulation Defects and Oth     D129 - Coagulation defect, unspecified	and a second second second second		10102-01
D 48 - Coagulation Defects and Oth     D129 - Coagulation defect, unspecified	and a second second second second	lers	0.252
D 48 - Coagulation Defects and Oth     D109 - Coagulation defect, unspecified ecommendation     D 85 - Congestive Heart Failure     NcOag - Recommendation (L8-Fo)	and a second	sens Aetrus Medicana Advantage Cisima	0.252
D 48 - Coagulation Defects and Oth     D109 - Coagulation defect, unspecified ecommendation     D 85 - Congestive Heart Failure     NoClag - Recommendation (L8-Fo)	er Specified Hematological Dison	sens Aetrus Medicana Advantage Cisima	0.252
D 48 - Coagulation Defects and Oth     D 589 - Coagulation defect, unspecified ecommendation     D 85 - Congestive Heart Failure     NoDag - Recommendation (LS-Fo) overed     D 111 - Chronic Obstructive Pulmo	er Specified Hematological Dison - Johns Hope nary Disease	sens Aetrus Medicana Advantage Cisima	0.252 11.518 0.368
D 48 - Coagulation Defects and Oth     D 589 - Coagulation defect, unspecified ecommendation     D 85 - Congestive Heart Failure     NoClag - Recommendation (L8-Fo) overed     D 111 - Chronic Obstructive Pulmo	er Specified Hematological Dison - Johns Hope nary Disease	Antra Medicare Advantage Claims	0.252 11/5/18 0.368 0.346
A D 48 - Coagulation Defects and Oth     D003 - Coagulation defect, unspecified     acommendation     D 88 - Congestive Heart Failure     NoDag - Recommendation (LE-Ro)     overed     D 111 - Chronic Obstructive Pulmon     J449 - Chronic Obstructive pulmoney das     D 108 - Vascular Disease	er Specified Hematological Dison - Johns Hopki nary Disease sale, urspecified	Antra Medicare Advantage Claims	0.252 11.518 0.368 0.346 3619
A D 48 - Coagulation Defects and Oth     D003 - Coagulation defect, unspecified     acommendation     D 88 - Congestive Heart Failure     NoDag - Recommendation (LE-Ro)     overed     D 111 - Chronic Obstructive Pulmon     J449 - Chronic Obstructive pulmoney das     D 108 - Vascular Disease	er Specified Hematological Dison - Johns Hopki nary Disease sale, urspecified	Artha Medicana Adhantage Claima n ACG 1 - Aatha Medicana Advantage Claims	0.252 11518 0.368 0.346 3619 0.299
A D 48 - Coagulation Defects and Oth     D689 - Coagulation defect, unspecified     Boommendation     D 85 - Congestive Heart Failure     Nucleag - Recommendation (L5-Ro)     Nucleag - Recommendation (L5-Ro)     Nucleag - Recommendation (L5-Ro)     Nucleag - Chemic Obstructive Pulmo     J449 - Chemic Obstructive pulmorary des     D 108 - Viscular Disease     If 02023 - Unspecified attancements of ns     A D 96 - Specified Heart Anthythmias	er Specified Hematological Dison - Johns Hopki nary Disease sale, urspecified	Artha Medicana Adhantage Claima n ACG 1 - Aatha Medicana Advantage Claims	0.252 11518 0.368 0.346 3619 0.299 51619
A D 48 - Coagulation Defects and Oth     D689 - Coagulation defect, unspecified     Boommendation     D 85 - Congestive Heart Failure     Nucleag - Recommendation (L5-Ro)     Nucleag - Recommendation (L5-Ro)     Nucleag - Recommendation (L5-Ro)     Nucleag - Chemic Obstructive Pulmo     J449 - Chemic Obstructive pulmorary des     D 108 - Viscular Disease     If 02023 - Unspecified attancements of ns     A D 96 - Specified Heart Anthythmias	er Specified Hematological Dison - Johns Hopke nary Disease asse, unspecified doe arbons of extrem	Artha Medicare Advantage Claims a ACG 1 - Antria Medicare Advantage Claims 1 - Antria Medicare Advantage Claims	0.252 11/5/18 0.368 0.346 3/6/19 0.299 5/10/19 0.295
A D 48 - Cosgulation Defects and Oth     D009 - Cosgulation defect, unspecified ecommendation     D 88 - Congestive Heart Failure     NcDug - Recommendation (L5-Ro)     Notered     D 111 - Chronic Obstructive Pulmon     J440 - Chronic Obstructive Pulmon     J440 - Chronic Obstructive Pulmon     J440 - Chronic Obstructive of n     J440 - Chronic Anthropolities and the second of n     D 108 - Vascular Disease     O 10203 - Unspecified attentaciones of n     Model A D 96 - Specified Heart Arrhythmias     M651 - Unspecified attentaciones	er Specified Hematological Dison - Johns Hopke nary Disease asse, unspecified doe arbons of extrem	Artha Medicare Advantage Claims a ACG 1 - Antria Medicare Advantage Claims 1 - Antria Medicare Advantage Claims	0.252 11:518 0.368 0.346 36:19 0.299 5:10:19 0.295 6:13:19

### Action Overview Facesheets

 Describes what providers need to do at the point of care to accurately code open HCCs