

Surviving and Thriving Under the Persistent Movement to Value Based Care Arrangements

Kate Fitch, Principal & Healthcare Consultant, Milliman

Jonah Brouette, Principal and Consulting Actuary, Milliman

JULY 11, 2024



Educational Webinar Series

Milliman MedInsight

Agenda

- 1 Introductions
- 2 The Slow Transition to Value-Based Care
- 3 Has VBC Delivered on the Promise?
- 4 Levers for Success as Downside Risk Becomes a Reality
- 5 Audience Q&A + Closing

Introductions



Kate Fitch

Principal & Healthcare Consultant,
Milliman



Jonah Broulette

Principal & Consulting Actuary,
Milliman

Poll Question

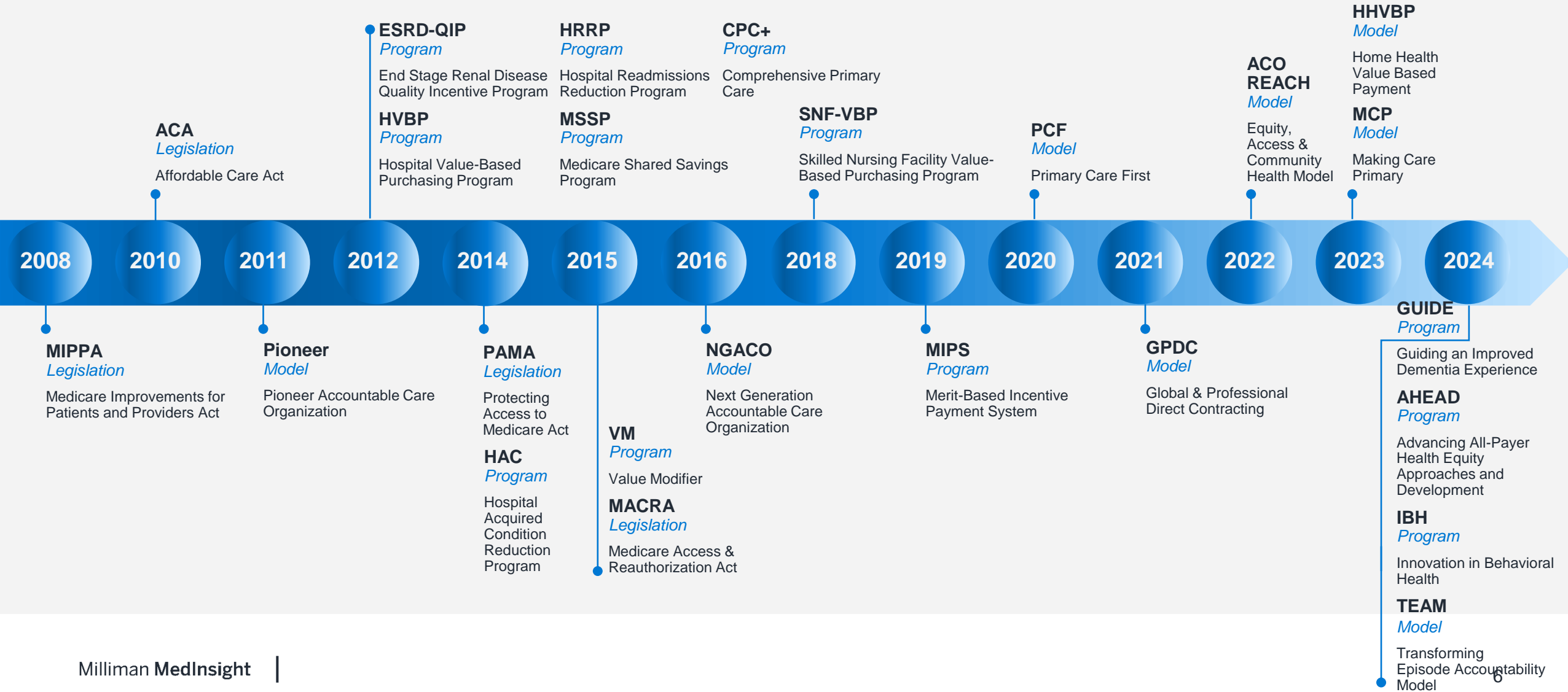
Who is in the audience today?

- Health plan
- Provider group/healthcare system
- Payvider
- Other

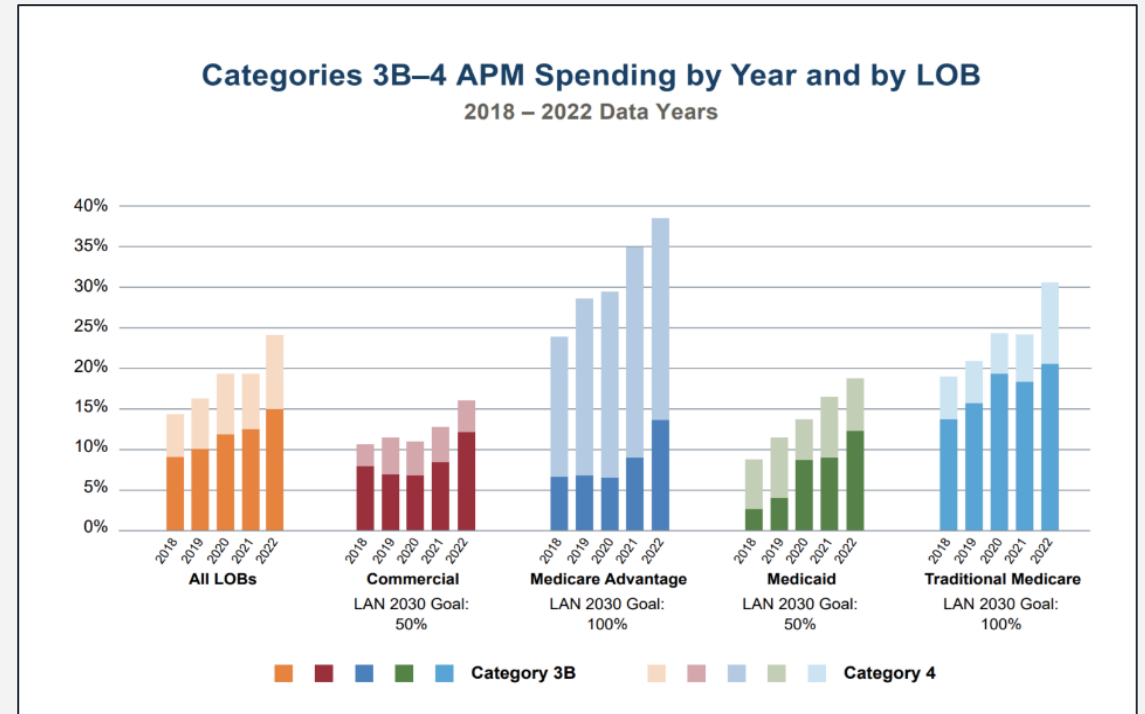
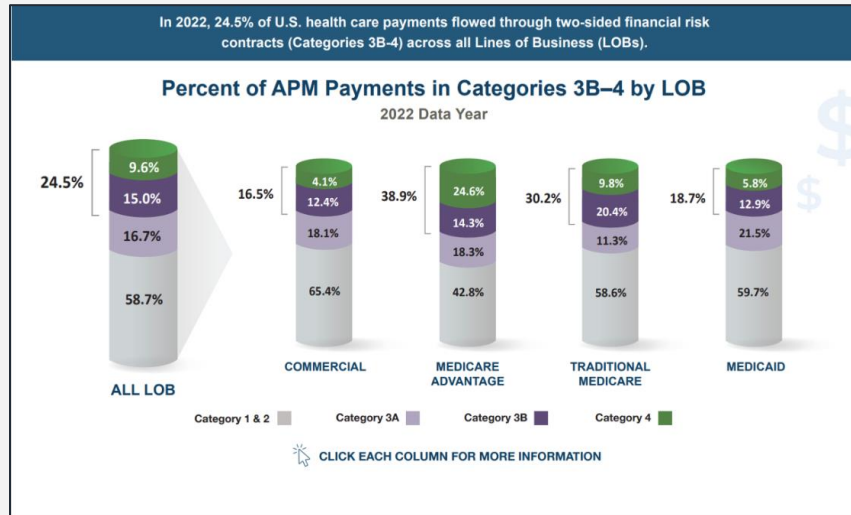


The Slow Transition to Value Based Care How Did We Get Here and Where Are We Going?

How Did we Get Here?



Where are we now in the transition to VBC Arrangements?



Source: HCPLAN 2023 report: <https://hcp-lan.org/workproducts/apm-methodology-2023.pdf>

Poll Question

Do you participate in VBC arrangements with any of the following?

- MSSP or REACH program
- Medicare Advantage plan(s)
- Commercial plan(s)
- Medicaid plan(s)

Where are we going? LAN Goals for Moving to VBC Two Sided Risk

Goal: To accelerate the percentage of US health care payments **tied to quality and value** in each market segment through the **adoption of two-sided risk** alternative payment models (APMs).

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2024	25%	25%	55%	50%
2025	30%	30%	65%	60%
2030	50%	50%	100%	100%

Source: 2023 APM Measurement Methodology and Results Report (hcp-lan.org)

Poll Question

Do you believe the LAN 2030 goals are achievable?

- Yes
- No



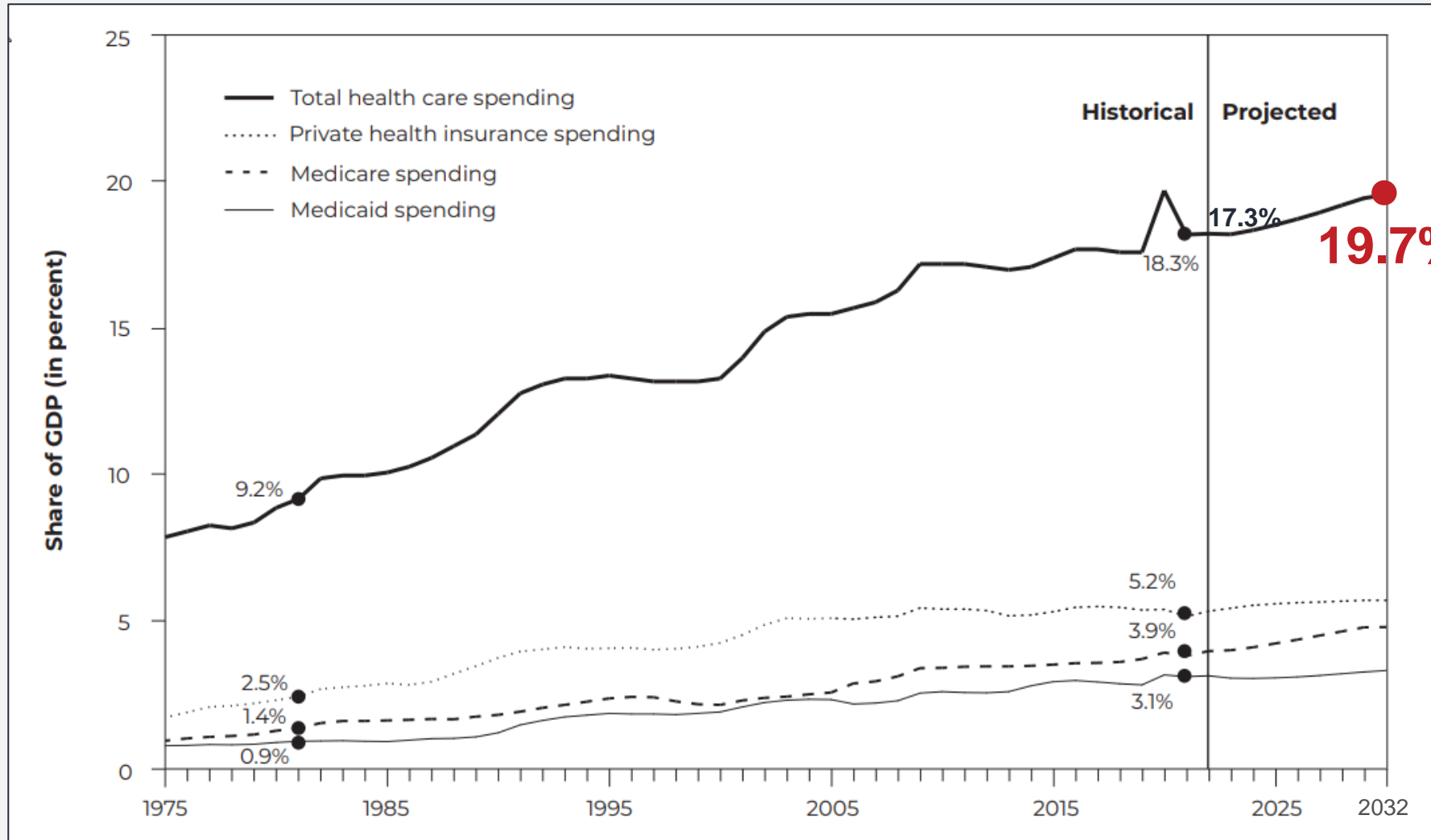
Movement to VBC Arrangements Is it Delivering on the Promise?

Are VBC Arrangements Delivering on the Promise? – A Blast From the Past



Source: [Mhttps://www.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/research/health-rr/imagining-16-12-rr02-01-09.ashx](https://www.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/research/health-rr/imagining-16-12-rr02-01-09.ashx)

Healthcare Continues to Absorb a Greater Portion of US GDP



CMS estimates Medicare spending will grow by 6 – 7% per year on average in 2023 - 2032

And national healthcare spending will grow by 5.6% per year on average in 2027 - 2032

Sources: <https://www.cms.gov/files/document/nhe-projections-forecast-summary.pdf>

National Health Expenditure Projections, 2023–32: Payer Trends Diverge As Pandemic-Related Policies Fade (healthaffairs.org)

Glimpses of Positive Outcomes – But Widely Held Belief that Movement to Downside Risk is Needed to Move the Dial

The 2023 LAN summit reported that "the average spend per Medicare beneficiary has remained stable over the past decade showing the shift from Medicare FFS to value-based care is yielding positive outcomes as intended."¹

CMS reported the MSSP program saved \$1.8 billion in 2022.²

CMS reported 2.3% reduction in spending among the 99 REACH ACOs in 2022 and a 5.1% reduction during the first 3 quarters of 2023.³

Commercial VBC arrangements typically report improvement in preventive care, wellness visits and chronic disease management, particularly HEDIS metrics as well as improvement in SDOH/racial disparity considerations.

¹ <https://leadingage.org/value-based-care-bending-cost-curve-and-gaining-momentum/>

² <https://www.cms.gov/newsroom/press-releases/medicare-shared-savings-program-saves-medicare-more-18-billion-2022-and-continues-deliver-high>

³ <https://www.cms.gov/priorities/innovation/media/document/aco-reach-gpdc-quarterly-transp-report>

Poll Question

Do you believe VBC arrangements are delivering on the promise to improve healthcare quality and reduce costs?

- Not at all
- Somewhat
- Mostly

Keys to Success Under VBC Arrangements – Driving Transformation and Delivering on the Promise

Some Characteristics Associated With High-Performing ACOs But Alone Do Not Move the Needle...

-
- Duration in the program - More success after multiple years in the program but is there a floor?
 - Multiple VBC deals
 - Physician led vs. hospital led

-
- Sufficient infrastructure
 - Culture that emphasizes collaboration, engagement with providers in decision-making, and feedback to providers on performance
 - Strong ACO management and administration
 - Effective care coordination/care management programs

Taking Downside Risk

Key Levers Needed to Support Success in VBC Arrangements

Effective Claims Data Analytics is Critical



Improve risk coding accuracy



Meet quality outcome thresholds



Contract management



Procure high performing providers



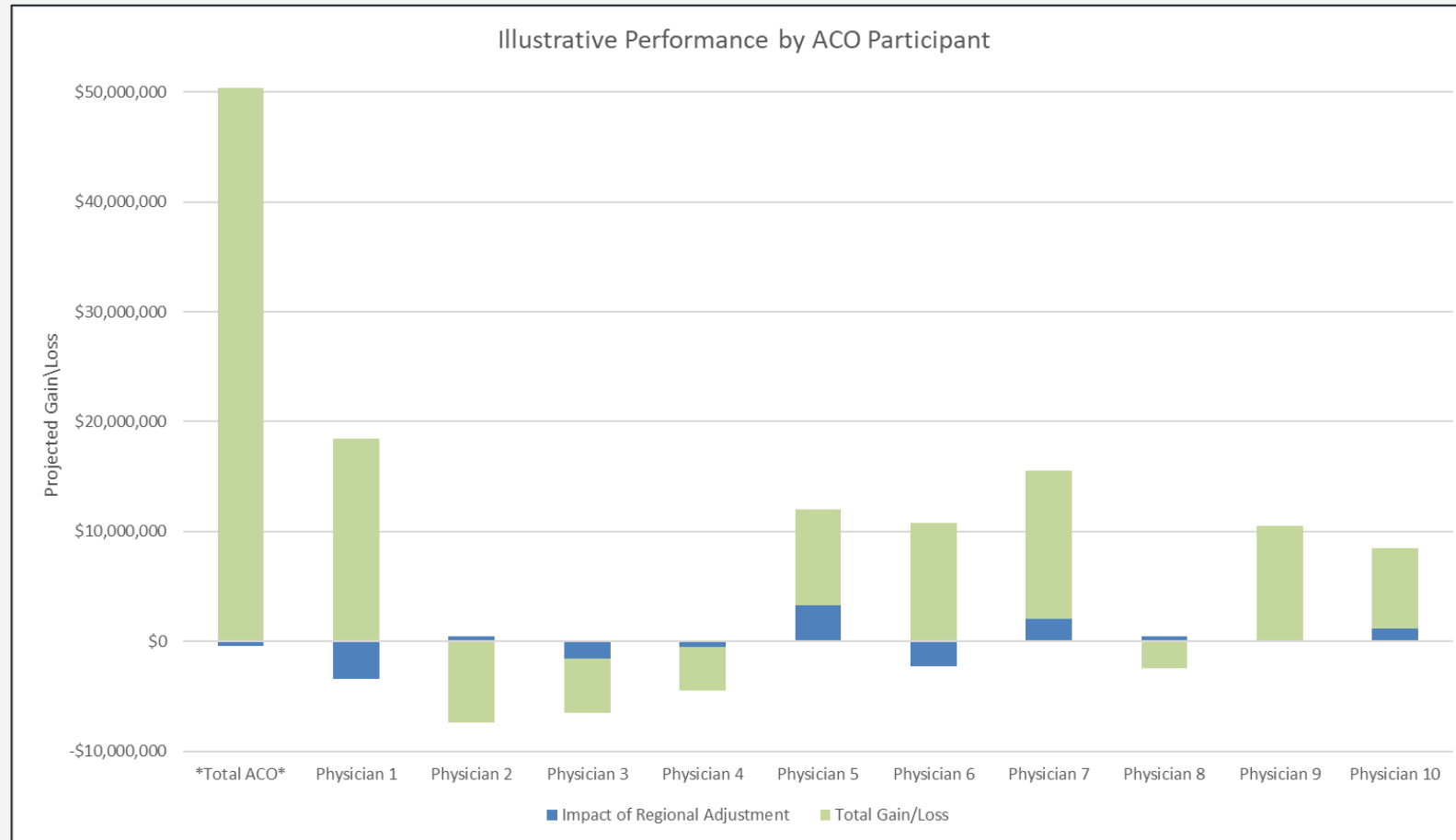
Manage inefficient utilization of medical services



Manage leakage/referrals

Lever 1: Procure High Performing Providers

Which Providers are Driving Your Savings and Losses?



Lever 1: Procure High Performing Providers

Profiling Providers on KPIs – Which Providers Need Support

VBC Insights

MSSP Demo Client

[Claims Paid Through: September 2023]

High Level Summary

Beneficiary Detail

DRG Detail

Cost Summary

Chronic Conditions

Service Line Detail

Cost Model

Post-Acute Summary

ACSA-PSP Detail

Cost Model Compare

Cost Model Adjustment

Inpatient Detail

Preventable ED Visits

Leakage

Skilled Nursing Detail

End of Life Measures

Trends

Home Health Detail

Pharmacy Detail

Filters

Period Beginning in: 2022-07-01

Number of Months: 12

Currently Assigned: Y N

Assigned During Selected Period: Y N

Beneficiary Status: Aged Non-Dual Disabled Aged Dual ESRD

Institutionalized: Y N

Provider Group: Group 5 Group 1

Claims Utilization and Expenditure Comparison for the Selected Service Line

Select a Service Line

Service Category	% PBPY	DoHM %
Outpatient Facility - Emergency Room	100.0%	-90%

Show Detail By: Provider Group Assigned Provider Region

Please exercise caution when comparing utilization across provider groups or regions with small sample sizes as fluctuations in member experience could bias the results. Also note that differences in the patient mix among provider groups could potentially bias results.

Summary Statistics

Date Range Selected: 07/01/2022 - 06/30/2023

Assigned During Selected Period:

- Beneficiary Years: 14,897
- PBPY: \$8,395
- Expenditures: \$125,065,683

Filtered Population:

- Beneficiary Years: 14,761
- PBPY: \$161
- Expenditures: \$2,377,108

Current Selections:

- Assigned Patient (Timeline): Y
- Beneficiary Status (Timeline): Aged Dual Non-Dual Disabled
- service_desc: Outpatient Facility - Emergency

Cost Model by Provider Group

Provider Group	Utilization Type	DoHM %	Beneficiary Years	Annual / Utilization per ...	Paid PBPY	Benchmarks	
						Loosely Managed	Well Managed
Grand Total	Visits		14,761	363.1	\$161	311.2	\$112
Group 9	Visits		1,472	386.6	\$180	308.5	\$117
Group 8	Visits		1,500	386.6	\$164	312.0	\$108
Group 4	Visits		1,469	384.6	\$174	313.3	\$116
Group 1	Visits		1,516	381.8	\$168	311.6	\$112
Group 6	Visits		1,464	380.4	\$163	314.8	\$110
Group 5	Visits		1,525	377.6	\$172	311.0	\$115
Group 7	Visits		1,465	363.8	\$159	314.8	\$112
Group 3	Visits		1,487	337.0	\$143	311.8	\$107
Group 10	Visits		1,434	318.8	\$155	307.5	\$122
Group 2	Visits		1,429	310.0	\$132	306.1	\$106

Lever 2: Improve Risk Coding Accuracy

Conditions to Consider™

Claims paid through: 2018-08-27 Plan year start: 2018-01-01

Financial Dashboard
Documentation

Filter Summary

5,406

/ 10,000 Members with
Predicted Risk Score Change

Members in Population: 32,984

+0.031

/ 0.080 Population YTD Predicted
Risk Score Change

Population YTD Risk Score: 0.99

Selected Filters

- Chronic Conditions: Y
- Conditions Coded in Prior Years: Y

Clear All

Member Filters

Risk Score Type

- Non-Dual Aged
- Full-Dual Aged
- Non-Dual Disabled
- Full-Dual Disabled
- Partial-Dual Aged
- Partial-Dual Disabled

YTD Risk Score

Predicted Risk Score Change

Conditions to Consider Filters

Chronic Conditions

Conditions Coded in Prior Years

Probabilities of Conditions to Consider

Members with Selected Conditions to Consider

Members								Member-Level Conditions to Consider	
Member ID	Member Name	Gender	Age	YTD Risk Score	Predicted Risk Score Change	Assigned Provider	Assigned Provider TIN	Latest E/M Visit Date	Latest E/M Provider Name
<input type="text" value="VTH24SW7JP48F..."/>	<input type="text" value="Berryman, James"/>	<input type="text" value="M"/>	<input type="text" value="59"/>	<input type="text" value="2.38"/>	<input type="text" value="2.10"/>	<input type="text" value="Jafari MD, Mary"/>	<input type="text" value="Provider TIN 1860"/>	<input type="text" value="2018-08-03"/>	<input type="text" value="Jafari MD, Mary"/>
<input type="text" value="ARQK7VPXFQAN..."/>	<input type="text" value="Allen, Juanita"/>	<input type="text" value="F"/>	<input type="text" value="87"/>	<input type="text" value="2.09"/>	<input type="text" value="1.81"/>	<input type="text" value="Miller, Joshua"/>	<input type="text" value="Provider TIN 1860"/>	<input type="text" value="2018-08-06"/>	<input type="text" value="Miller, Joshua"/>
<input type="text" value="8US48QBUIYS..."/>	<input type="text" value="Pawlowski, Barb..."/>	<input type="text" value="F"/>	<input type="text" value="80"/>	<input type="text" value="1.20"/>	<input type="text" value="1.70"/>	<input type="text" value="Fulkerson MD, Winifred"/>	<input type="text" value="Provider TIN 1860"/>	<input type="text" value="2018-07-18"/>	<input type="text" value="Terrell MD, Alexander"/>
<input type="text" value="9U97WGYHY67JE..."/>	<input type="text" value="Gilchrist, Frank"/>	<input type="text" value="M"/>	<input type="text" value="69"/>	<input type="text" value="1.63"/>	<input type="text" value="1.60"/>	<input type="text" value="Remis, Shawn"/>	<input type="text" value="Provider TIN 1860"/>	<input type="text" value="2018-08-14"/>	<input type="text" value="Nelson, Eric"/>
<input type="text" value="FQZ5ZD28PLY48..."/>	<input type="text" value="Records, Carol"/>	<input type="text" value="F"/>	<input type="text" value="73"/>	<input type="text" value="0.54"/>	<input type="text" value="1.59"/>	<input type="text" value="Nelson, Eric"/>	<input type="text" value="Provider TIN 0095"/>	<input type="text" value="2018-06-22"/>	<input type="text" value="Nelson, Eric"/>
<input type="text" value="6FP24LNQJ6TUS..."/>	<input type="text" value="George, Thomas"/>	<input type="text" value="M"/>	<input type="text" value="80"/>	<input type="text" value="1.52"/>	<input type="text" value="1.56"/>	<input type="text" value="Rivera MD, Aimee"/>	<input type="text" value="Provider TIN 1860"/>	<input type="text" value="2018-07-25"/>	<input type="text" value="Howard MD, Troy"/>

Lever 3: Meet Quality Outcome Thresholds

Quality Measure Reporting

Add categorizations by: Assigned Provider Patient 📄 📄 ? 📄 📄 ?

Quality Measure ▲▼	Numerator	Denominator	Metric	Target ↕
Breast Cancer Screening	28,772	35511	81.0%	▲ 90.0%
Colorectal Cancer Screening	35,420	66518	53.2%	▲ 90.0%
HbA1c; Uncontrolled (A1c > 9.0) or Untested	3,012	17832	16.9%	▼ 10.0%
HWR Readmission - Expected	2,857	16834	17.0%	▼ 14.9%
HWR Readmission - Observed	2,200	16834	13.1%	▼ 14.9%
Influenza Immunization	75,965	114909	66.1%	▲ 90.0%
Timely Follow Up	2,932	3672	79.8%	▲ 88.0%
Unplanned Admissions - MCC per 100 members	5,896	157.43	37.5	▼ 29.8

REACH and MSSP Quality metrics

Lever4: Manage Leakage and Referrals

VBC Insights

MSSP Demo Client

[Claims Paid Through: September 2023]

High Level Summary

Beneficiary Detail

DRG Detail

Cost Summary

Chronic Conditions

Service Line Detail

Cost Model

Post-Acute Summary

ACSA-PSP Detail

Cost Model Compare

Inpatient Detail

Preventable ED Visits

Cost Model Adjustment

Skilled Nursing Detail

End of Life Measures

Leakage

Home Health Detail

Pharmacy Detail

Trends

Inpatient Rehab Det

Filters

Period Beginning in: 2022-07-01

Number of Months: 12

Currently Assigned: Y, N

Assigned During Selected Period: Y, N

Beneficiary Status: Aged Non-Dual, Disabled, Aged Dual, ESRD

Institutionalized: Y, N

Provider Group: Group 5, Group 1

Leakage Report by Service Category

Summary | Detail

Out of Network (OON) Detail by Service Category (Select a Service Category to Show Provider Detail)

Service Category	Paid PBPY	OON Paid PBPY	OON Cases	OON PBPY as a % of Total	Distribution of OON Paid PBPY
Grand Total	\$8,187	\$3,425	325,042	41.8%	100.0%
Facility Inpatient - Medical - General - without ambulance claim	\$404	\$109	193	27.1%	3.2%
Facility Inpatient - Medical - General - with ambulance claim	\$417	\$129	192	31.0%	3.8%
Facility Inpatient - Medical - Rehabilitation	\$127	\$127	86	100.0%	3.7%
Facility Inpatient - Surgical - elective	\$394	\$188	105	47.9%	5.5%
Facility Inpatient - Surgical - through ER with ambulance claim	\$185	\$90	44	48.6%	2.6%
Facility Inpatient - Surgical - through ER without ambulance claim	\$92	\$28	24	30.0%	0.8%
Facility Inpatient - Psychiatric/Substance Abuse	\$16	\$11	14	69.4%	0.3%
Skilled Nursing	\$264	\$162	193	61.1%	4.7%
Facility Outpatient - ER and Observation	\$208	\$67	1,791	32.3%	2.0%
Facility Outpatient - Surgery	\$780	\$362	1,552	46.4%	10.6%
Facility Outpatient - Radiology - Therapeutic	\$102	\$16	476	15.9%	0.5%
Facility Outpatient - Radiology - Diagnostic	\$79	\$10	937	12.7%	0.3%
Facility Outpatient - Radiology - CT/MRI/PET	\$89	\$18	936	20.7%	0.5%
Facility Outpatient - Pathology/Lab	\$44	\$4	1,116	8.8%	0.1%
Facility Outpatient - Drugs	\$1,013	\$59	473	5.8%	1.7%
Facility Outpatient - Cardiovascular	\$116	\$47	1,462	40.4%	1.4%

Out-of-Network | In-Network | All

By Provider | By NPI

Distribution of OON Services by Provider

Provider Name and ID	OON Paid / PBPY	OON Cases	OON Cases as a % of Total
Grand Total	\$3,425	325,042	100.0%
Johnson xxx Hospital (PTGCFH)	\$170	1,297	0.4%
Aleman xxx Hospital (A654WF)	\$170	1,846	0.6%
Richards xxx Hospital (N47K3E)	\$143	3,594	1.1%

Distribution of OON Services by Attributed Provider Group

Provider Group	Paid PBPY	OON Paid / PBPY	OON PBPY as a % of Total
Grand Total	\$8,187	\$3,425	41.8%
Group 5	\$901	\$384	42.6%
Group 4	\$872	\$377	43.3%

Summary Statistics

Date Range Selected: 07/01/2022 - 06/30/2023

Assigned During Selected Period:

- Beneficiary Years: 14,897
- PBPY: \$8,395
- Expenditures: \$125,065,683

Filtered Population:

- Beneficiary Years: 14,761
- PBPY: \$8,187
- Expenditures: \$120,848,225

Current Selections:

Assigned Patient (Timeline): Y

Beneficiary Status (Timeline): Aged Dual, Non-Dual, Disabled

Lever 4: Where is My Leakage Going?

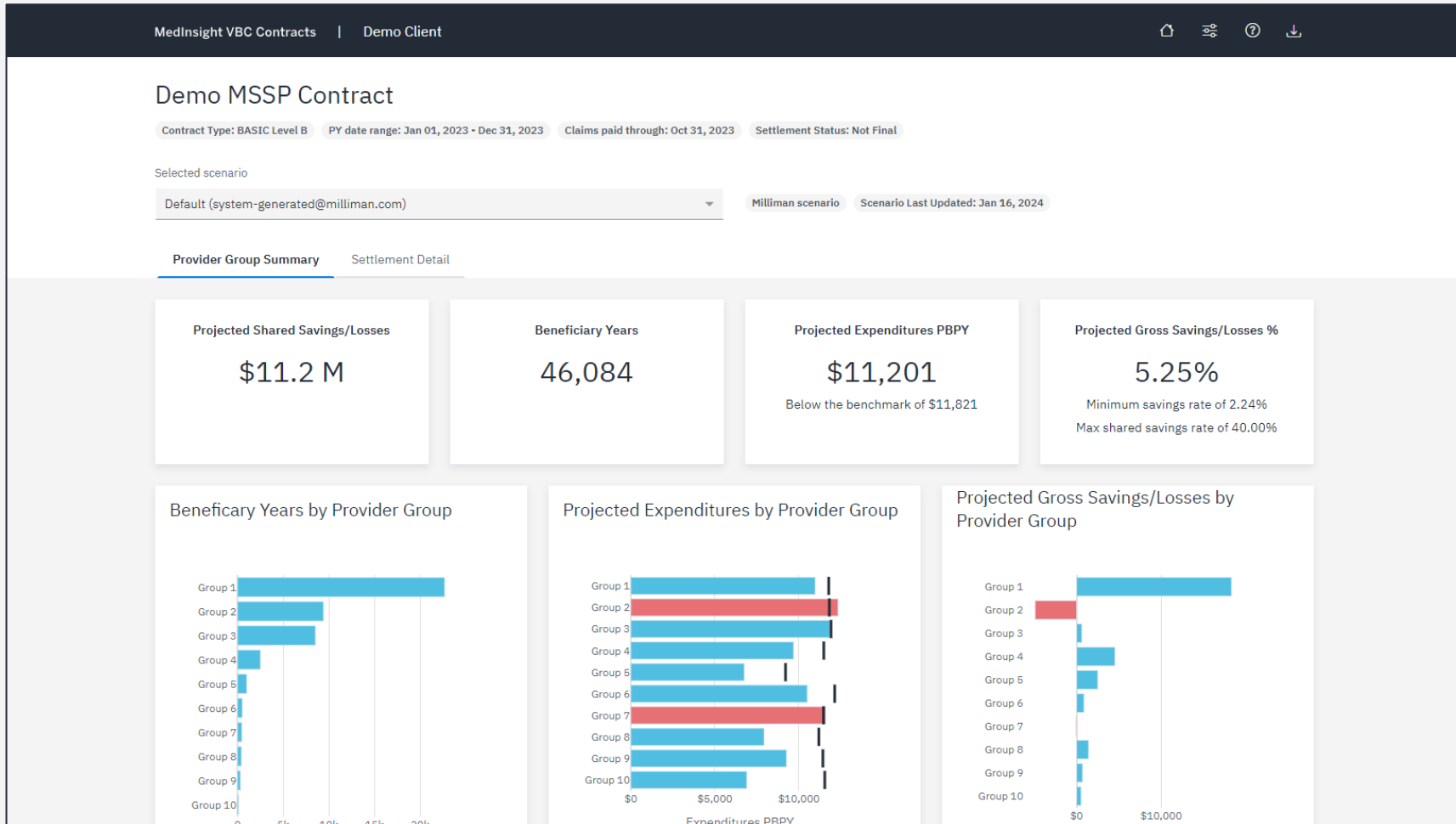
Out of Network (OON) Detail by Service Category (Select a Service Category to Show Provider Detail)						
	Paid PBPY	OON Paid PBPY	OON Cases	OON PBPY as a % of Total	Distribution of OON Paid PBPY	
Grand Total	\$8,187	\$3,425	325,042	41.8%	100.0%	
Facility Inpatient - Medical - General - without ambulance claim *	\$404	\$109	193	27.1%	3.2%	
Facility Inpatient - Medical - General - with ambulance claim *	\$417	\$129	192	31.0%	3.8%	
Facility Inpatient - Medical - Rehabilitation *	\$127	\$127	86	100.0%	3.7%	
Facility Inpatient - Surgical - elective *	\$394	\$188	105	47.9%	5.5%	
Facility Inpatient - Surgical - through ER with ambulance claim *	\$185	\$90	44	48.6%	2.6%	
Facility Inpatient - Surgical - through ER without ambulance claim *	\$92	\$28	24	30.0%	0.8%	
Facility Inpatient - Psychiatric/Substance Abuse *	\$16	\$11	14	69.4%	0.3%	
Skilled Nursing	\$264	\$162	193	61.1%	4.7%	
Facility Outpatient - ER and Observation	\$208	\$67	1,791	32.3%	2.0%	
Facility Outpatient - Surgery *	\$780	\$362	1,552	46.4%	10.6%	

Leakage Service Detail				
	Paid PBPY	OON Paid PBPY	OON Cases/Visits	OON PBPY as a % of Total
Grand Total	\$394	\$188	105	47.9%
Cardiac Valve (216-221, 266-267, 319-320)	\$68	\$55	18	81.6%
Spinal Procedures (028-030, 453-460, 471-473, 518-520)	\$103	\$40	19	38.8%
Lower Extremity Arthroplasty (466-470, 521-522)	\$58	\$18	17	31.1%
Cardiothoracic Procedures (228-230, 237-238, 268-274)	\$38	\$18	10	46.8%
Chest Procedures (163-168)	\$9	\$9	7	93.5%
Cerebrovascular Disease - Surgical (020-022, 034-039)	\$19	\$6	6	33.9%
CABG (231-236)	\$10	\$6	2	56.9%
Heart Assist/Transplant (001-002, 215)	\$5	\$5	1	100.0%

Distribution of OON Services by Provider			
Provider Name and ID	OON Paid PBPY	OON Cases	OON Cases as a % of Total
Grand Total	\$18	17	100.0%
Lepke xxx Hospital (DXAGYT)	\$6	6	35.3%
Aleman xxx Hospital (A654WF)	\$5	5	29.4%
Johnson xxx Hospital (PTGCFH)	\$3	2	11.8%
Richards xxx Hospital (N47K3E)	\$2	2	11.8%
Cruz xxx Hospital (WYLYST)	\$1	1	5.9%
Ferguson xxx Hospital (FZKT27)	\$1	1	5.9%

Distribution of OON Services by Attributed NPI Name			
NPI Name	Paid PBPY	OON Paid PBPY	OON PBPY as a % of Total
Grand Total	\$58	\$18	31.1%
Maurer xxx, Bruce (96WV4K...)	\$2	\$2	100.0%
Williams xxx MD, James (P9...)	\$3	\$2	57.1%
Moore xxx, Anthony (EH3ZN...)	\$2	\$2	67.2%
Davison xxx MD, Lori (PNSC...)	\$2	\$2	100.0%
Kolbo xxx, Scott (4CXDFNC...)	\$3	\$1	45.1%

Lever 5: Contract Management



Lever 6: Managing Efficient Utilization – Start with Your Cost Model

VBC Insights

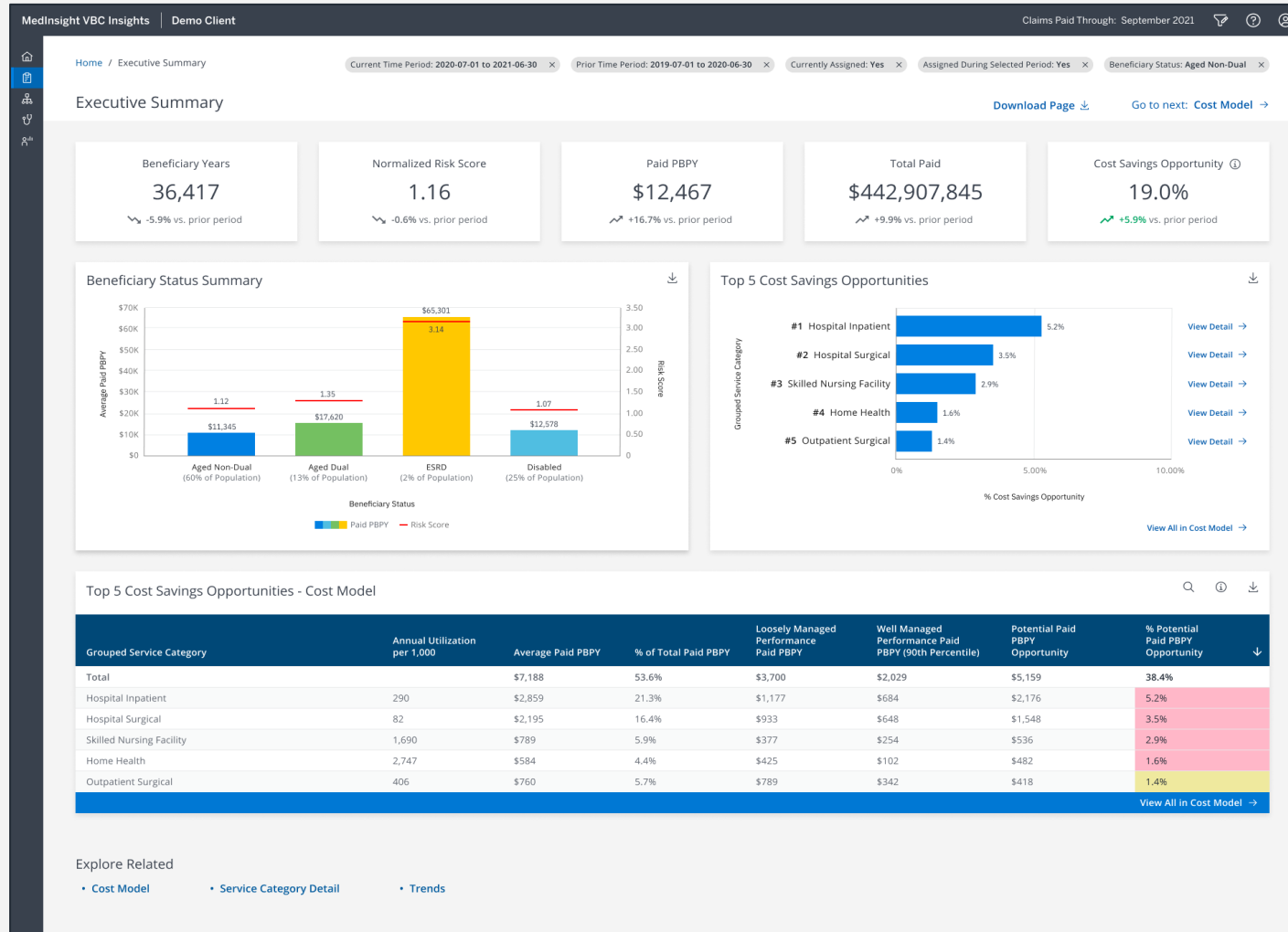
MSSP Demo Client

Cost Model

(Select a Service Category to Show Service Detail)

		Experience				Benchmarks			
		DoHM %	Annual Utilization per 1,000	Paid PBPY	% of Paid PBPY	Loosely Managed Annual Utilization per 1,000	Loosely Managed Paid PBPY	Well Managed Annual Utilization per 1,000	Well Managed Paid PBPY
Inpatient Facility	Admits	200%	139.6	\$1,635	20.0%	225.7	\$2,643	182.8	\$2,140
Medical	Admits	148%	100.6	\$821	10.0%	148.5	\$1,212	116.1	\$947
+ Rehabilitation	Admits	173%	5.8	\$127	1.5%	12.1	\$263	8.5	\$184
Surgical	Admits	405%	31.6	\$671	8.2%	59.6	\$1,264	52.7	\$1,118
+ Psychiatric	Admits	0%	1.6	\$16	0.2%	5.5	\$57	5.5	\$57
Skilled Nursing	Days	262%	541.1	\$264	3.2%	1,283.6	\$627	1,000.2	\$489
Skilled Nursing	Days	262%	541.1	\$264	3.2%	1,283.6	\$627	1,000.2	\$489
Home Health	Visits	122%	957.0	\$253	3.1%	2,197.0	\$580	1,182.9	\$312
+ Home Health	Visits	122%	957.0	\$253	3.1%	2,197.0	\$580	1,182.9	\$312
Hospice	Visits	0%	682.0	\$257	3.1%	0.0	\$0	0.0	\$0
+ Hospice	Visits	0%	682.0	\$257	3.1%	0.0	\$0	0.0	\$0
Outpatient Facility			8,612.8	\$2,943	36.0%				
+ Observation	Visits	182%	25.8	\$47	0.6%	42.9	\$78	33.5	\$61
Emergency Room	Visits	-90%	363.1	\$161	2.0%	311.2	\$138	253.4	\$112
+ Surgery	Visits	160%	289.3	\$780	9.5%	394.0	\$1,063	328.8	\$887
Radiology General - Therapeutic	Visits	-166%	179.8	\$102	1.2%	124.5	\$71	91.2	\$52
Radiology General - Diagnostic	Visits		482.9	\$79	1.0%			388.3	\$63
+ Radiology - CT/MRI/PET	Visits		350.9	\$89	1.1%			243.6	\$62
Pathology/Lab	Visits		1,041.3	\$44	0.5%			2,255.7	\$95
+ Drugs	Visits		541.4	\$1,013	12.4%			537.5	\$1,006
Cardiovascular	Visits		404.1	\$116	1.4%			341.3	\$98
PT/OT/ST	Visits	-21%	1,396.8	\$81	1.0%	1,303.8	\$76	852.6	\$49
+ Psychiatric/Substance Abuse	Visits	0%	3.3	\$0	0.0%	62.0	\$8	62.0	\$8
+ Other	Visits		2,949.4	\$325	4.0%	1,891.3	\$208	1,891.3	
+ Preventive	Visits	304%	584.6	\$106	1.3%	444.1	\$81	490.3	\$89
Professional			38,445.4	\$2,539	31.0%				
Inpatient Surgery	Proced	427%	165.3	\$51	0.6%	343.7	\$105	301.9	\$93
Inpatient Anesthesia	Proced	359%	80.7	\$11	0.1%	131.7	\$17	117.5	\$16
Outpatient Surgery	Proced	-115%	833.3	\$142	1.7%	756.5	\$129	689.7	\$117
Office Surgery	Proced	52%	1,791.4	\$167	2.0%	2,184.1	\$204	1,429.6	\$133
Outpatient Anesthesia	Proced	-51%	445.4	\$36	0.4%	422.5	\$34	377.0	\$30
+ Inpatient Visits	Visits	150%	1,495.0	\$122	1.5%	3,101.6	\$254	2,030.9	\$166
Office/Home Visits - PCP	Visits	-112%	4,109.5	\$285	3.5%	3,432.4	\$238	2,829.7	\$196
Office/Home Visits - Specialist	Visits	47%	3,718.2	\$276	3.4%	4,256.8	\$316	3,116.9	\$231
Urgent Care Visits	Visits	-447%	66.3	\$5	0.1%	154.7	\$11	174.5	\$13
+ Drugs	Proced		1,092.5	\$490	6.0%			1,348.1	\$604

Top Savings Opportunities



IP Medical Admissions – Drilling Into Actionable Insights

DRG Family Information			ACO Experience						Loosely Managed		Well Managed	
DRG Family Category	DRG Family	DRG Family List	DoHM %	Paid PBPY	% of Paid PBPY	Annual Admits per 1,000	Average Length of Stay	All Cause Readmission Rate	Annual Admits per 1,000	Average Length of Stay	Annual Admits per 1,000	Average Length of Stay
Grand Total				\$2,002	100.0%	169.3	5.4	12.5%				
Medical	Sepsis	870-872	-7.4%	\$206	10.3%	17.6	5.8	11.4%	17.2		12.4	
Medical	Neurological Diseases - Medical	056-060, 073-...	81.7%	\$84	4.2%	5.1	9.9	10.0%	7.4		4.6	
Medical	Cerebrovascular Disease - Me	061-072	70.3%	\$77	3.8%	9.3	4.8	9.3%	11.4		8.4	
Medical	Heart Failure	291-293	-381.3%	\$76	3.8%	9.9	4.6	12.8%	5.0		3.8	
Medical	Musculoskeletal Disease - Me...	545-547, 553-...	66.9%	\$68	3.4%	4.4	9.5	9.6%	5.8		3.7	
Medical	Respiratory Infection	177-179	176.0%	\$61	3.0%	5.2	5.4	14.2%	17.6		10.5	

Identify Heart Failure population for management
Drill-down for actionable impact

Filter And

HF Clinical Markers

- CKD █
- COPD █
- HF or Related Admission █
- Oxygen █
- Malnutrition █
- Lasix (80+ mg/day) █

Filter And

HF Clinical Markers

- & HF or Related Admission** █
- CKD █
- COPD █
- Oxygen █
- Malnutrition █
- Lasix (80+ mg/day) █
- End Stage HF █

Summary of Members with HF Clinical Markers

Condition Description	Beneficiary Years	Prevalence	Average Paid PBPY for Beneficiaries with Clinical Markers	Contribution to HF Total Spend	Contribution to Total Spend
Grand Total	737	69.1%	\$27,768	80.5%	16.9%
CKD	521	48.9%	\$28,454	58.4%	12.3%
COPD	288	27.0%	\$32,669	37.0%	7.8%
End Stage HF	3	0.3%	\$75,293	0.8%	0.2%

Summary of Members with HF Clinical Markers

Condition Description	Beneficiary Years	Prevalence	Average Paid PBPY for Beneficiaries with Clinical Markers	Contribution to HF Total Spend	Contribution to Total Spend
Grand Total	171	100.0%	\$42,165	28.4%	6.0%
CKD	98	57.4%	\$48,860	18.9%	4.0%
COPD	70	40.9%	\$54,188	15.0%	3.1%
End Stage HF	1	0.4%	\$67,721	0.2%	0.0%
HF or Related Admission	171	100.0%	\$42,165	28.4%	6.0%
Lasix (80+ mg/day)	3	1.8%	\$36,806	0.4%	0.1%

Member ID	Member Name	Date of Birth	Sex	Age	Assigned Provider	Assigned Provider Region	Member Months	Risk Score	Normalized Risk Score	Total Paid	# of Heart Failure Admissions
							2,135	2.25	1.94	\$7,910,090	
ZYF9Q536A7...	Truxal xxx...	1949-04-02	F	74	Stein xxx NP, Frederick...	Region 3	6	1.08	0.95	\$38,725	1
ZJD7WW2JE...	Joyner xxx...	1945-01-03	M	78	Kirk xxx, Joe (FBL48Z...	Region 2	12	3.03	2.69	\$14,074	0
YYY9Q9YKY...	Mchenry x...	1933-02-21	F	90	Lucero xxx, Sharon (59...	Region 1	9	3.24	2.88	\$27,667	2

Post Acute Care – Drilling Into Actionable Insights

Index DRG Family (Select a DRG Family to Filter the Dashboard)									
DRG Family (PAC)	DRG Family List	Total / PAC Episodes	% of PAC Index Admissions Through the ER	PAC Paid PBPY	PAC Paid PBPY as a % of Total Paid PBPY	Opportunity for Reduction in PAC Paid PBPY	Reduction as a % of Total PBPY		
Grand Total		4,052	80.3%	\$984	10.4%	(\$323)	-3.4%		
Sepsis	870-872	479	98.7%	\$106	1.1%	(\$21)	-0.2%		
Cerebrovascular Disease - Medical	061-072	277	93.9%	\$110	1.2%	(\$35)	-0.4%		
Heart Failure	291-293	266	95.1%	\$70	0.7%	(\$10)	-0.1%		
Cardiac Arrhythmias	308-310	183	78.1%	\$31	0.3%	(\$7)	-0.1%		
Respiratory Infection	177-179	149	96.6%	\$38	0.4%	(\$10)	-0.1%		
Gastrointestinal Disease - Medical	368-373, 391-395	142	95.1%	\$22	0.2%	(\$6)	-0.1%		
Lower Extremity Arthroplasty	466-470, 521-522	137	1.5%	\$28	0.3%	(\$14)	-0.1%		

DRG Description (PAC)	DRG	Total / PAC Episodes	% of PAC Index Admissions Through the ER	PAC Paid PBPY	PAC Paid PBPY as a % of Total Paid PBPY	Opportunity for Reduction in PAC Paid PBPY	Reduction as a % of Total PBPY
Grand Total	470	105	0.0%	\$17	0.2%	(\$8)	-0.1%
Major Hip & Knee Joint Replacement Or Reattachm...	470	105	0.0%	\$17	0.2%	(\$8)	-0.1%

PAC Category	Number of Episodes	Average Paid per Episode	% of Episodes with Utilization in Category		Average Days per Episode with Utilization in Category		Target Paid per Episode	Opportunity for Reduction in PAC Paid per Episode	Opportunity for Reduction in PAC Paid PBPY
			Actual	Target	Actual	Target			
Grand Total	105	\$5,060					\$2,680	(\$2,380)	(\$8)
Inpatient Readmissions		\$300	3.8%	2.1%	5.0		\$165	(\$136)	(\$0)
Acute Inpatient Rehab		\$373	1.9%	0.5%	12.0		\$91	(\$282)	(\$1)
Skilled Nursing Facility		\$1,670	20.0%	10.7%	14.9	16.5	\$987	(\$682)	(\$2)
Home Health		\$1,915	83.8%	27.8%			\$635	(\$1,280)	(\$4)
Other		\$802					\$802	\$0	\$0

Facility Name (CCN)	IN	Total / PAC Episodes	% of PAC Index Admissions Through the ER	PAC Paid PBPY	PAC Paid PBPY as a % of Total Paid PBPY	Opportunity for Reduction in PAC Paid PBPY	Reduction as a % of Total PBPY	Medical / Surgical PAC Episodes	% with Follow-up Visit within 7 Days of Discharge (Med...)	% with Follow-up Visit within 7 Days of Discharge (Sur...)
Grand Total		105	0.0%	\$17	0.2%	(\$8)	-0.1%	83		24.1%
Wallace_xxx Hospital (T3B...	Y	37	0.0%	\$4	0.0%	(\$4)	-0.0%	33		18.2%
King_xxx Hospital (R2SQHH)	Y	37	0.0%	\$5	0.0%	\$2	0.0%	30		33.3%
Aleman_xxx Hospital (A654...	N	10	0.0%	\$4	0.0%	(\$4)	-0.0%	3		0.0%

- Readmit
- IP Rehab
- SNF
- HH

Post Acute Care – Profiling SNFs

VBC Insights MSSP Demo

Filter Total SNF Discharges Greater than:

Facility Level

Beneficiary Level

Skilled Nursing Facility (Select a CCN to Filter the Dashboard)

CCN Facility Name	IN	SNF Discharges	SNF Discharges per 1,000	Average Length of Stay	Median Length of Stay	Paid PBPY for SNF Stays	Average Paid per Day in a SNF	Average Paid per SNF Discharge	Readmission Rate to Acute IP Facility within One Day of ...	SNF 30-Day Readmission Measure ...
Grand Total		1,143	35.6	23.1	12.0	\$407	\$495	\$11,455	13.0%	18.2%
Goodwin xxx Nursing Facility, Other (...)	Y	120	3.7	19.7	12.0	\$36	\$490	\$9,631	9.2%	16.7%
Hernandez xxx Nursing Facility, Other...	Y	116	3.6	21.1	12.0	\$38	\$498	\$10,514	19.0%	24.7%
Hernandez xxx Nursing Facility, Other...	Y	87	2.7	19.1	13.0	\$26	\$499	\$9,530	3.4%	20.0%
West xxx Skilled Nursing Facility (EV...	Y	58	1.8	17.8	10.0	\$16	\$486	\$8,661	13.8%	22.7%
Manbeck xxx Skilled Nursing Facility (...)	N	53	1.6	25.7	14.0	\$21	\$505	\$12,962	18.9%	18.2%
Lau xxx Skilled Nursing Facility (VDF...	N	49	1.5	27.1	8.0	\$20	\$476	\$12,891	24.5%	28.6%
Bank xxx Skilled Nursing Facility (H32...	N	47	1.5	39.2	11.0	\$25	\$431	\$16,896	8.5%	13.2%
Keller xxx Skilled Nursing Facility (9R...	N	43	1.3	26.3	11.0	\$17	\$476	\$12,529	14.0%	13.8%
Henderson xxx Skilled Nursing Facilit...	N	42	1.3	15.0	10.0	\$11	\$558	\$8,376	9.5%	15.2%
Bonnette xxx Skilled Nursing Facility (...)	Y	41	1.3	17.2	13.0	\$13	\$572	\$9,860	4.9%	5.6%
Fredricks xxx Skilled Nursing Facility (...)	N	39	1.2	24.0	10.0	\$16	\$547	\$13,104	7.7%	10.5%
Nixon xxx Medical Services (UD74WH)	N	35	1.1	25.5	11.0	\$14	\$492	\$12,532	8.6%	0.0%
Marchisio xxx Skilled Nursing Facility ...	N	29	0.9	29.0	10.0	\$13	\$507	\$14,710	17.2%	23.1%
Rivera xxx Skilled Nursing Facility (Q...	N	26	0.8	31.8	14.5	\$13	\$500	\$15,893	23.1%	20.0%
Knoop xxx Skilled Nursing Facility (G...	N	25	0.8	25.1	8.0	\$9	\$470	\$11,777	8.0%	16.7%
Hovis xxx Skilled Nursing Facility (7C...	N	23	0.7	28.0	12.0	\$10	\$514	\$14,402	17.4%	21.1%
Dubhs xxx Skilled Nursing Facility (P...	N	23	0.7	13.1	8.0	\$5	\$170	\$6,316	8.7%	6.3%

Prior Index Admission Detail within 30 Days (Select a CCN/DRG Family/DRG to Filter the Dashboard)

Prior CCN	IN	SNF Discharges	% of SNF Discharges	Prior DRG Family	Discharges	SNF Discharges	% of SNF Discharges	Prior DRG	Prior IP DRG Desc	SNF Discharges	% of SNF Discharges
Grand Total		1,143	100.0%	Grand Total	1,143	100.0%		Grand Total		1,143	100.0%
Dillon xxx Hospital (SJJGD6)	Y	328	28.7%	No Discharge from Acut...	213	18.6%		No Discha...	No Discha...	213	18.6%
No Discharge from Acute IP wi...	N	213	18.6%	Sepsis	110	9.6%		871	Septicemi...	95	8.3%
Lepke xxx Hospital (DXAGYT)	N	120	10.5%	Cerebrovascular Diseas...	86	7.5%		291	Heart Failu...	51	4.5%
Kind xxx Hospital (R2SQHH)	Y	84	7.3%	Heart Failure	52	4.5%		065	Intracrania...	36	3.1%

Injectable/Infused Drugs - Drilling Into Actionable Insights

Service Type	Paid PBPY /	% of Paid PBPY
Infused/injectable drugs	\$1,588	16.8%

Service Detail	Utilization Type	Annual Utilization per 1,000	Paid / PBPY	% of Paid PBPY for Selected Service Type
Grand Total	Proced	2,416.9	\$1,588	100.0%
Chemotherapy	Proced	286.9	\$637	40.1%
Ophthalmology	Proced	87.3	\$126	7.9%
Autoimmune disease-modifying	Proced	58.6	\$119	7.5%
Osteoporosis	Proced	88.4	\$107	6.8%

Code Type	Code	Code Description	Annual Procedures Per 1,000	Average Cost Per Procedure	Paid / PBPY	% of Paid PBPY for Selected Service Type
Grand Total			87.3	\$1,441	\$126	100.0%
HCPCS	J0178	Aflibercept injection	69.6	\$1,519	\$106	84.0%
HCPCS	J2778	Ranibizumab injection	15.7	\$1,100	\$17	13.7%
HCPCS	J0179	Inj, brolocizumab-dbil, 1...	0.7	\$1,794	\$1	1.1%
HCPCS	J7312	Dexamethasone intra i...	1.0	\$1,201	\$1	1.0%
HCPCS	J7351	Inj bimatoprost itc imp1...	0.2	\$1,184	\$0	0.2%
HCPCS	J1097	Phenylep ketorolac opt...	0.0	\$310	\$0	0.0%

Provider Group	Beneficiary / Years	Paid PBPY
Grand Total	32,149	\$126
Group 5	3,298	\$132
Group 6	3,269	\$93
Group 1	3,267	\$136
Group 4	3,216	\$106
Group 9	3,214	\$115
Group 8	3,211	\$180
Group 3	3,201	\$122
Group 2	3,194	\$114
Group 7	3,148	\$134
Group 10	3,131	\$126

Summary

- We are at a crossroads in the movement to VBC
- Requirement to move to downside risk arrangements is inevitable
- Now is the time for providers to make the needed investments and commitments for successful transformation

Q&A

Milliman MedInsight





ENTER BOOTH

Milliman MedInsight

Thank you

Kate Fitch

Kate.Fitch@milliman.com

Jonah Broulette

Jonah.Broulette@milliman.com

Milliman MedInsight

Info@medinsight.com

Milliman MedInsight