7 Managing Performance across Payers on one Platform: Dream or Reality?
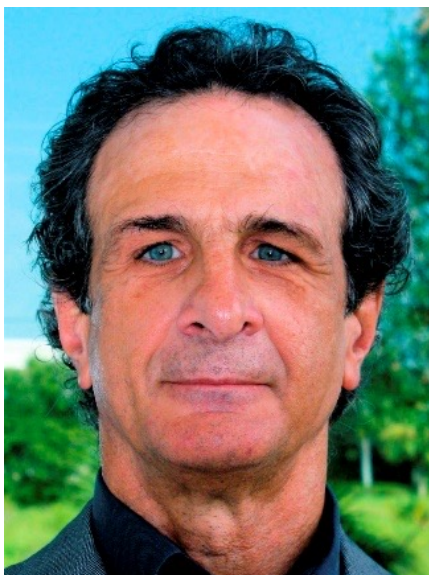## SPONSORED BY SALIENT and PINNACLE

SALIENT® HEALTHCARE

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FLA ACOs
Florida Association of ACOs
a valueH organization

An Introduction by Board Member
Rich Lucibella

CEO of Accountable Care Options, LLC
Boynton Beach, FL

Today's Speakers

Kelly Conroy
Pinnacle Healthcare Consulting

Ryan Mackman
Salient Healthcare

Maria Nikol
Salient Healthcare

Agenda

Current State
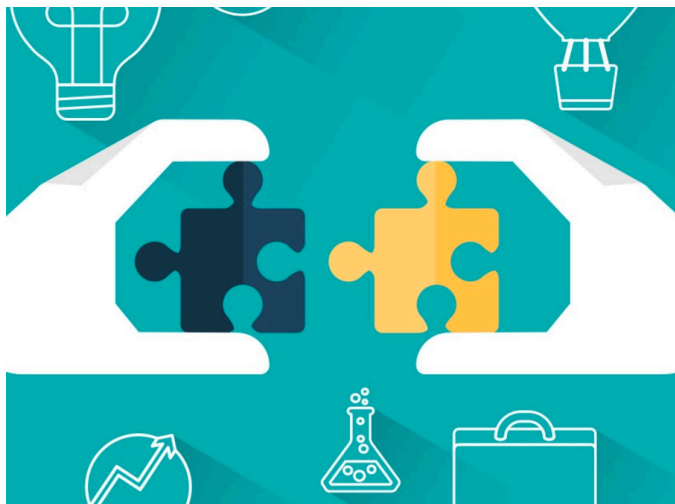
What is Important?

The Challenge

The Solution

How it Works

Current State

How Can This Help You?

Actionable Provider Level Reports

Negotiating and Renegotiating Contracts

Joint Operating Committee Insights

Unforeseen Extreme and Uncontrollable Circumstances

Actionable Provider Level Reports

- **Bridging the gap between Data and Providers**

- **Tracking success with provider feedback**

- **Provider Scorecard**

- **Example Reports:**
  - **AWV Radar**
  - **TCM Radar**
  - **ER Frequent Flier Radar**
  - **Patients Not Seen Radar**

Negotiating & Renegotiating Contracts

- **Benchmarking**

- **Trending over time**

- **Costs & Quality metrics**

- **Utilization metrics**

- **Member Retention**

- **Growth**

Joint Operating Committee Insights

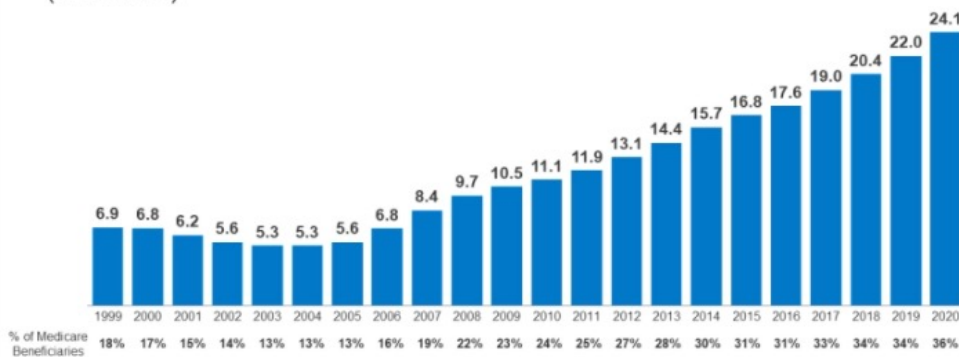# Unforeseen Extreme and Uncontrollable Circumstances

- **Population Risk Segmentation & Analytics**

- **Identification of Vulnerable Populations**

- **Information Sharing across the Care Continuum/Data Sources**

- **Care Management & Coordination**

Medicare Advantage Landscape

Figure 1

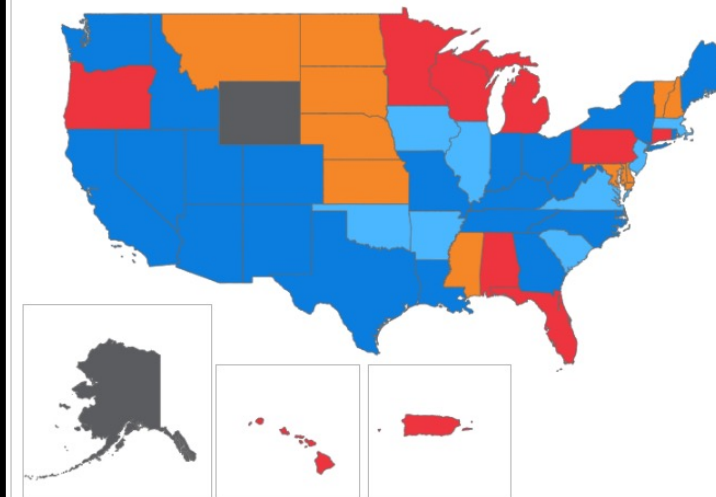Total Medicare Advantage Enrollment, 1999-2020
(in millions)

NOTE: Includes cost plans as well as Medicare Advantage plans. About 68 million people are enrolled in Medicare in 2020.
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2008-2020, and MPR, 1999-2007; enrollment numbers from March of the respective year, with the exception of 2006, which is from April.

KFF
HENRY J KAISER
FAMILY FOUNDATION

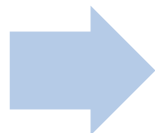Medicare Advantage Penetration, by State, 2020

State Breakdown
Less than or equal to 10%   21%-30%   40% or more
11%-20%   31%-40%

NOTE: Includes cost plans, as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses.
SOURCE: KFF analysis of CMS State/County Market Penetration Files, 2020.

Problem Statement

| Many Value-Based Contracts | → | More Nuances = Unscalable to Track Performance |

There Are Too Many…
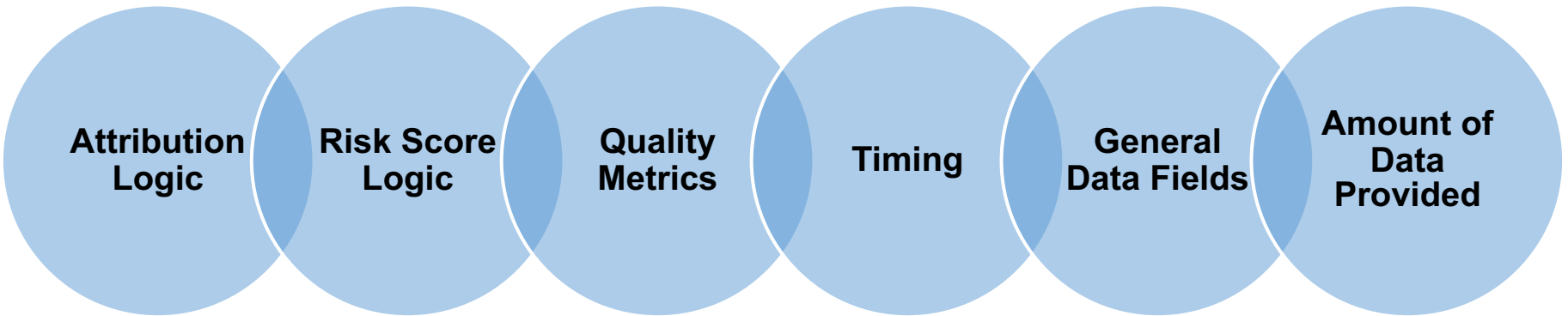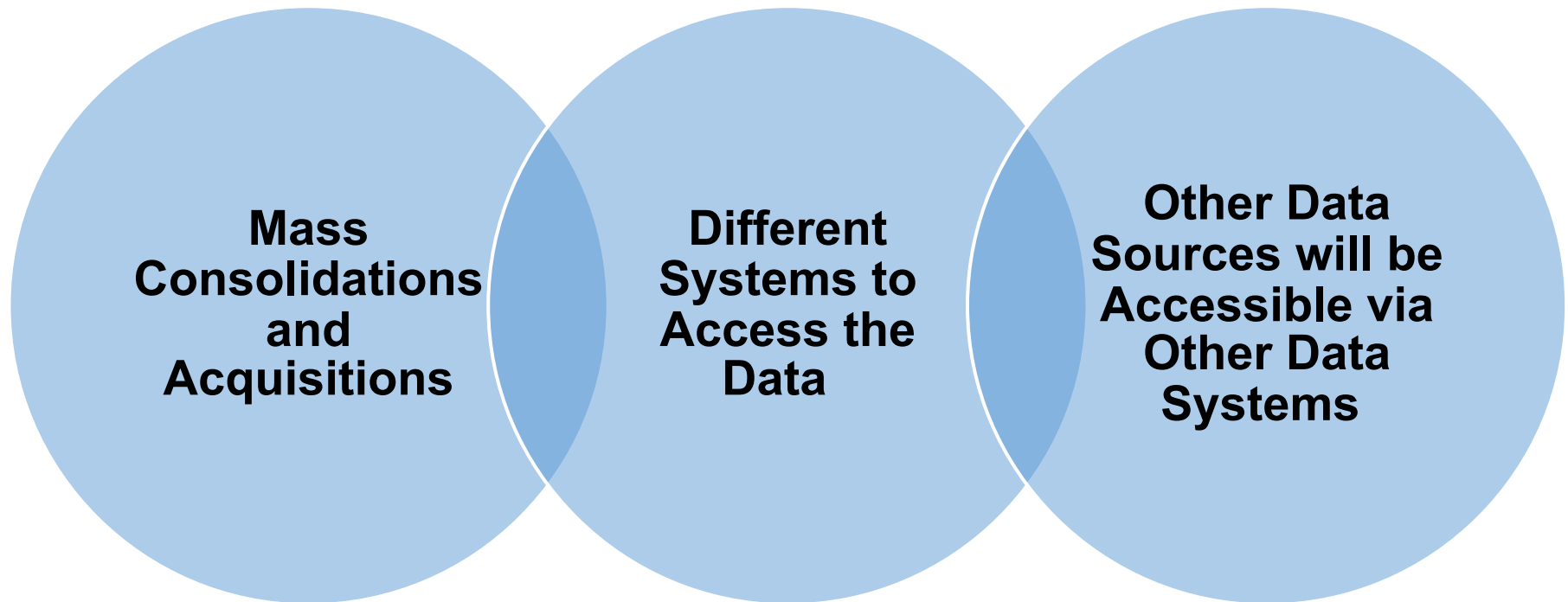

Data Variances

Data Systems

Contract Variances

Data Variances

Attribution Logic · Risk Score Logic · Quality Metrics · Timing · General Data Fields · Amount of Data Provided

Data Systems

Mass Consolidations and Acquisitions

Different Systems to Access the Data

Other Data Sources will be Accessible via Other Data Systems
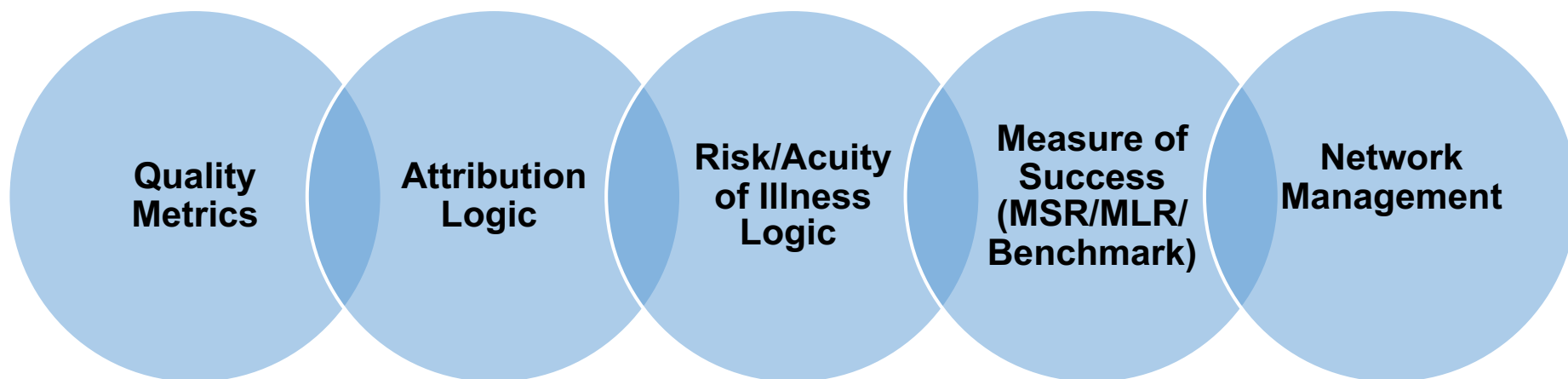
The Common Data Sources

CMS Sources

- Assignment and Alignment

- Exclusion Files

- Physician Supplier

- CCLF (Claim and Claim Line Feed)

- QEXPU/MEXPU/AEXPU (Expenditure and Utilization Files)

- Benchmark

- NPPES (National Plan and Provider Enumeration System)

- Chronic Condition Warehouse

- PUF (Public Use Files)

- QPP (Quality Payment Program)

- CMS Compare

The Common Data Sources Cont'd

Other Sources

- Claims and Attribution Files from Other Payers → Multi-Payer

- EHR/EMR (Electronic Health Record/ Electronic Medical Record)

- HIE/ADT (Health Information Exchange/ Admit/Discharge/Transfer)

- Scheduling

- Care Management

- SDOH (Social Determinants of Health)

Contractual Variances

Quality Metrics · Attribution Logic · Risk/Acuity of Illness Logic · Measure of Success (MSR/MLR/Benchmark) · Network Management

Solution

To Have a Single System That Normalizes all the Data for Scalability & Efficiency

Measurements

Finance
- Spend PMPY vs. Benchmark

Risk
- Current Risk Score

Attribution
- Attribution to Organization, Practice, & Provider
- % Continuously Attributed
- % of Benes Seen Per Quarter for PC Services

Quality
- AWV % Complete
- Other Care Gap Closures

Utilization
- % Change Visits Per 1000 (ER, IP, HHA, SNF, Hospice, Obs. Enc., PC)
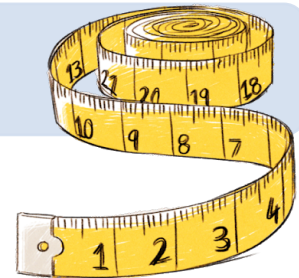- % 30-Day, 90-Day, & 180-Day Readmissions
- TCM % Complete

Other Measurement Themes

Network Management

- Referrals
- Leakage

Assignables / Community Population

- Spend and Risk
- Likelihood Logic
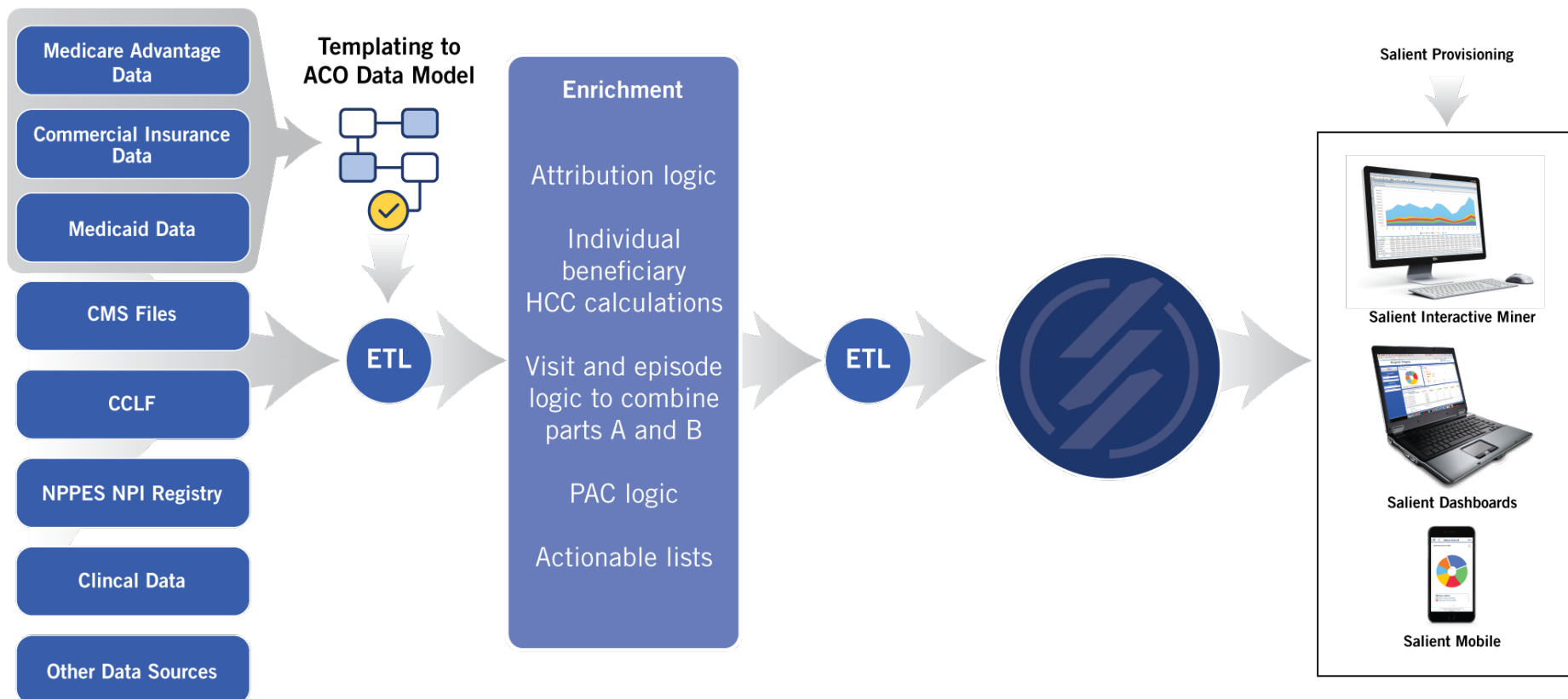
What it Looks Like

All Data in One Location

Can Compare Performance Across Payers

Can Validate Claims Against Static Reports

Can Add New Payers within 8-10 Weeks, Familiar Payers Within 6 Weeks or Medicare ACO Within 2 Weeks

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Data Flow

Medicare ACO Data as the Gold Standard = 100%

• *Other payer data = 70-90% of Medicare ACO data + other fields*

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Thank you

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