

Managing Performance Across Payers

Getting Different Populations on the Same Page

NAACOS Fall 2020



Agenda

Importance of Data

Contractual Variances

Data Variances

Using the Data

Use Cases

Problem Statement

Many Value-Based
Contracts



More Nuances = Unscalable
to Track Performance

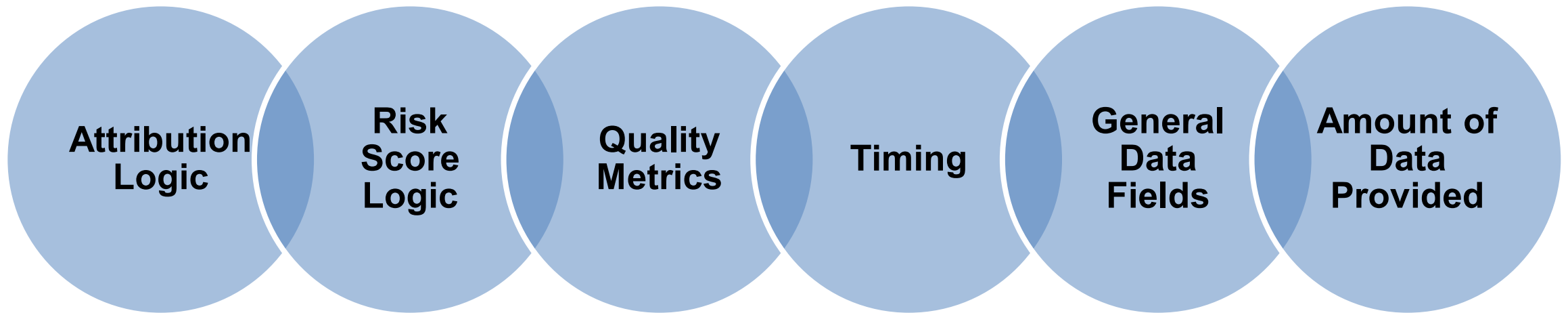
There Are Too Many...

Data Variances

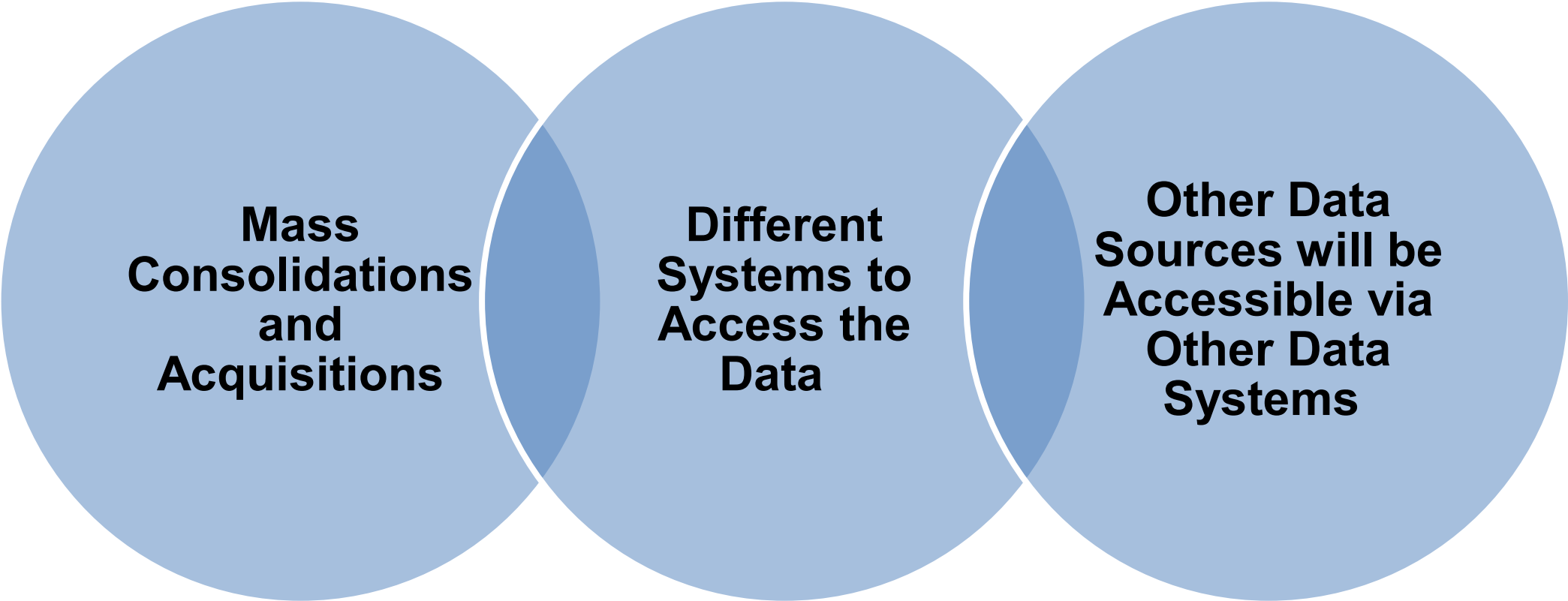
Data Systems

Contractual Variances

Data Variances



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

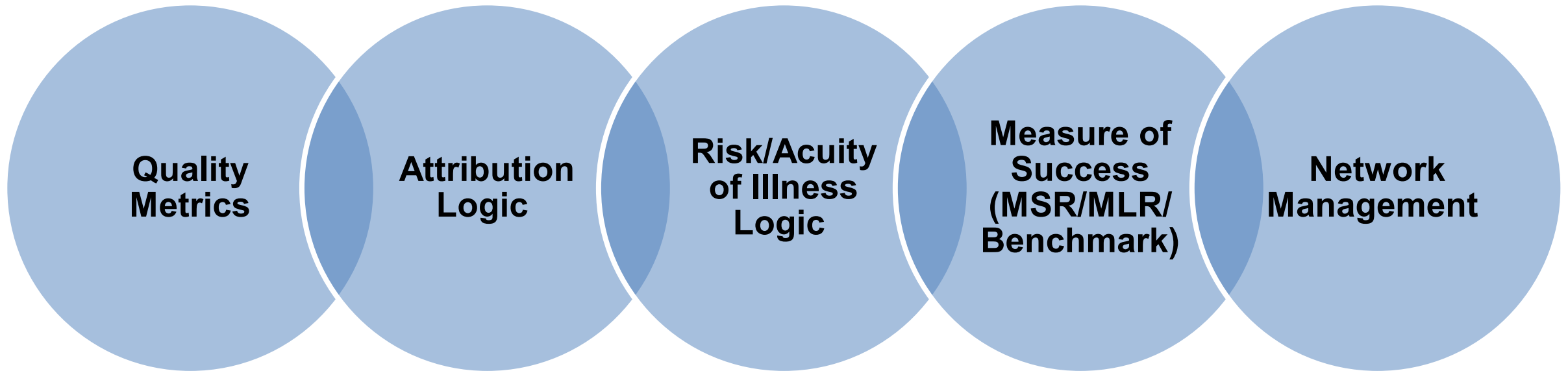
- Assignment and Alignment
- Exclusion Files
- Physician Supplier
- CCLF (Claim and Claim Line Feed)
- QEXPU/MEXPU/AEXPU (Expenditure and Utilization Files)
- Benchmark
- NPPES (National Plan and Provider Enumeration System)
- Chronic Condition Warehouse
- PUF (Public Use Files)
- QPP (Quality Payment 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



Solution



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

The Templating Layer

Medicare ACO Data as the Gold Standard = 100%

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

Using ACO Schema, We Identify the...

- *Overlapping data fields → Use in same fashion*
- *The missing data fields → Identify if other data fields can bridge the gap **OR** Develop proprietary logic **OR** Leave data out*
- *The new data fields → Identify if there is a need/use case and if so, then incorporate into schema*

The New Payer Becomes a Part of the Overall Schema and Template to be Used for Future Clients

What it Looks Like

All Data in One Location

Can Compare Performance Across Payers

Can Validate Claims Against Static Reports



A Division of Salient Management Company

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



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

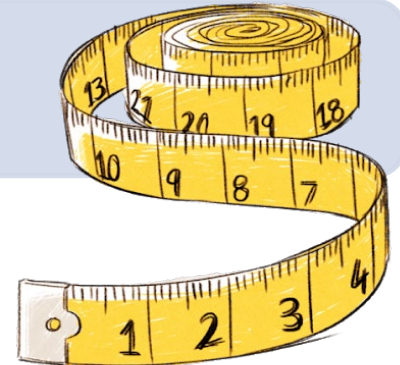
Other Measurement Themes

Network Management

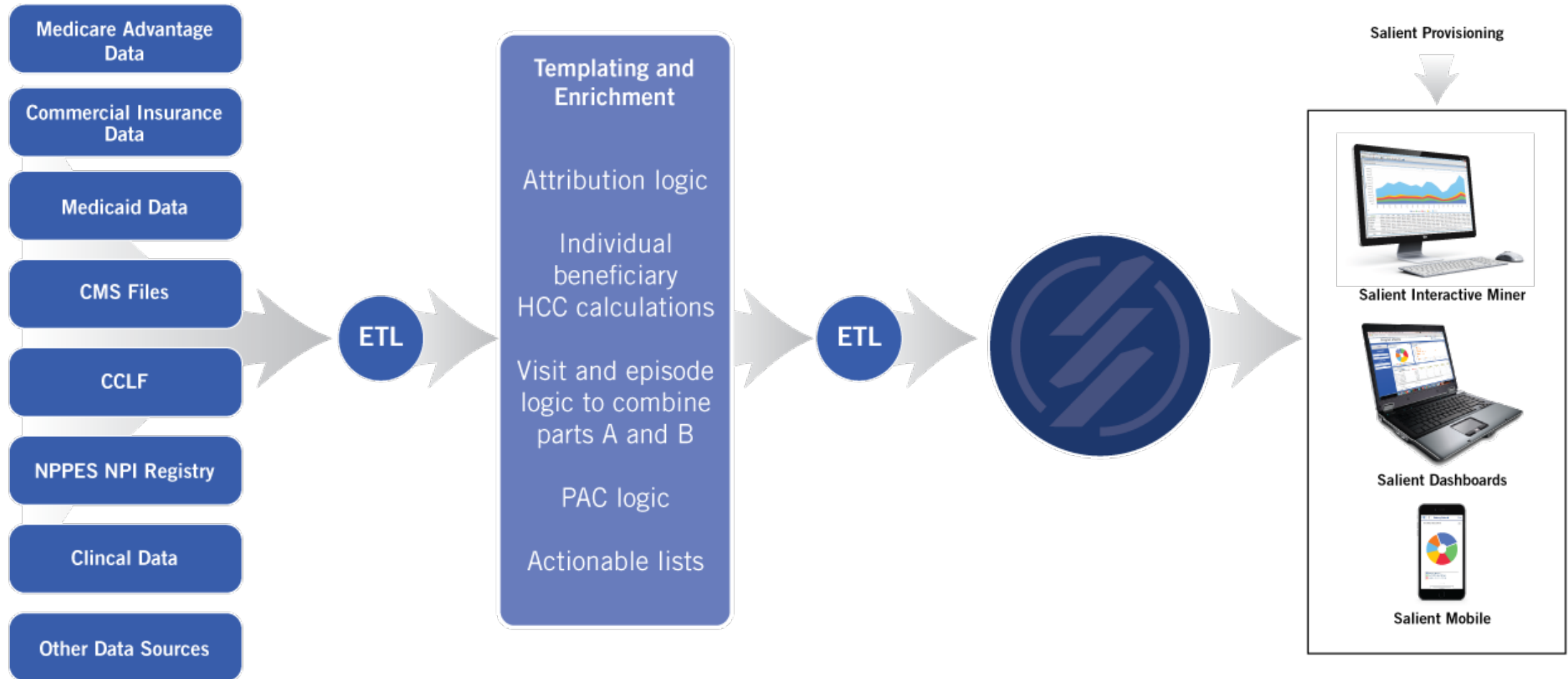
- Referrals
- Leakage

Assignables / Community Population

- Spend and Risk
- Likelihood Logic



Data Flow



An Introduction to Salient Dashboards



While this demo will be brief, if you'd like to see a full showcasing of Salient's capabilities, we'll be running 10:30am product demonstrations every day. Look for it in the Whova app.

ProHealth Solutions ACO Real World Examples



Dan Bailey
VP, Payer Contracting and Finance



PROHEALTH CARE

<https://www.prohealthcare.org/about-us/prohealth-solutions-aco/>

ProHealth Solutions ACO Real World Examples



“With the addition of the additional payers we now have a view into over 90% of our at-risk Medicare Advantage lives. Previous to the implementation of Salient we were literally flying blind, mainly relying on high level summary performance data provided by CMS and our other contracted payers. The tool now allows us to drill down and identify key drivers of performance and potential areas of opportunity.”



PROHEALTH CARE

Rocky Mountain Accountable Health Network (RMAHN) Real World Examples



Lacey Wattles, RHIT, BSBA-IS
Population Health Informatics Analyst



<https://rmahn.org/>

Rocky Mountain Accountable Health Network (RMAHN) Real World Examples



We use Salient to monitor the cost of care trends over time. It is very useful for analyzing leakage. Post acute care has been important to both of these products – the Salient tool has helped us understand the difference in cost for a traditional skilled nursing facility versus a skilled nursing bed in a critical access hospital. We are able to provide reports on the cost of care to the participating providers. Having both the MSSP and the MA plans in the Salient tool gives us the ability to compare and contrast the cost of care for these 2 programs and helps us ask why should the costs differ when the reimbursement is similar.



Rocky Mountain
Accountable Health Network

Questions & Discussion



Thank You



Maria Nikol, MJ | Sr. Business Consultant

- **Mobile:** 410.812.7156
- **E-Mail:** mnikol@salient.com



Ryan Mackman, MBA, MHA | Business Consultant

- **Mobile:** 954.270.0692
- **E-mail:** rmackman@salient.com



Lacey Wattles, RHIT, BSBA-IS | Population Health Informatics Analyst

- **Phone:** 406.237.5617
- **E-Mail:** lwattles@rmhn.org



Dan Bailey | VP, Payer Contracting & Finance

- **Phone:** 262.696.5303
- **E-Mail:** daniel.bailey@phci.org



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<https://www.linkedin.com/showcase/salient-healthcare/>