Meet the Presenters

Rebekah DeCoste

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Bio(s)

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Rebekah DeCoste serves as the driving force behind payer product development at Datavant, the nation's foremost tech startup specializing in data interoperability. With over a decade spent in health tech, Rebekah consistently seeks to bridge the gap between data and healthcare, ultimately contributing to the betterment of patient care and the healthcare ecosystem as a whole. Prior to Datavant, Rebekah led product and program development for Picnic Health, Blue Cross Blue Shield, and Advantasure.

Kimberly Swanson is Healthmine's Chief of Staff, leading administrative operations, guiding product design, and steering strategic business decisions and initiatives.

With over 15 years in healthcare, Kimberly has served as a senior consultant for dozens of healthcare organizations and previously led a 5-star plan, overseeing Stars, HEDIS®, NCQA, QRS, population health, clinical integration, and value-based care programs.

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Agenda

Today, we will cover the following:

- Introductions
- Consolidating Healthcare Data
- Understanding the Member Perspective
- Empowering Risk Adjustment
- Enhancing Quality Scores for Payers
- Practical Applications
- Q&A Session
- Conclusion and Key Takeaways

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Consolidating Healthcare Data

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Setting the Stage:
The Challenge of Disconnected Healthcare Data

$78.2B

According to a study by Health Affairs, fragmented patient data can lead to up to $78.2 billion in wasteful spending annually in the U.S. healthcare system.

$300B

A report by McKinsey & Company suggests that the U.S. healthcare system could create more than $300 billion in value every year by harnessing and integrating clinical data.

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Connecting All Sources of Clinical Data

- Data interoperability ensures that healthcare systems can **seamlessly share and use patient data** for better care coordination and decision-making.
- Various sources of healthcare data:
  - Electronic Health Records (EHRs)
  - Claims data
  - Pharmacy data
  - Additional sources of data may include laboratory results, imaging reports, wearable devices, and patient-generated health data.

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Unlocking Value Across the Healthcare Continuum

- The vision of a centralized network is to have a **comprehensive patient record accessible** to authorized providers, improving care quality.
- Integrated data allows healthcare providers to make **informed decisions**, leading to **more accurate diagnoses and better patient outcomes**.
- For instance, integrated data can help identify patients at risk for chronic conditions early, enabling **proactive care management**.

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Data Integration Strategies

- **Interoperability** ensures that healthcare systems, regardless of their software or hardware, can communicate and share data efficiently. Interoperability reduces errors and enhances patient care by enabling the secure exchange of data between different healthcare systems.
- **Common data standards**, like HL7 and FHIR, standardize data formats, ensuring consistency and accuracy. Using common data standards ensures that information is uniformly structured and can be understood across various systems.

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A Full Understanding of Membership

Care Team
- Primary Care Physician
- Care Manager
- Health Systems
- Community Health Advocate

Patient/Member Preferences
- Health Goals
- Lifestyle
- Communication preferences
- Advanced Care Plans

Clinical
- Health Conditions
- Medications
- Lab Results
- Allergies
- Immunizations
- Images/Genomics

Payer
- Claims
- Utilization
- Authorizations
- Line of Business

Self Reported
- Patient reported outcomes
- HRAS
- Wearable Devices
- Shared Decision

Social Risk Factors/SDOH
- Race & Ethnicity
- Income Level
- Access to Care
- LGBTQ+

External Data
- Social Security Death index
- Member Engagement

MEMBER
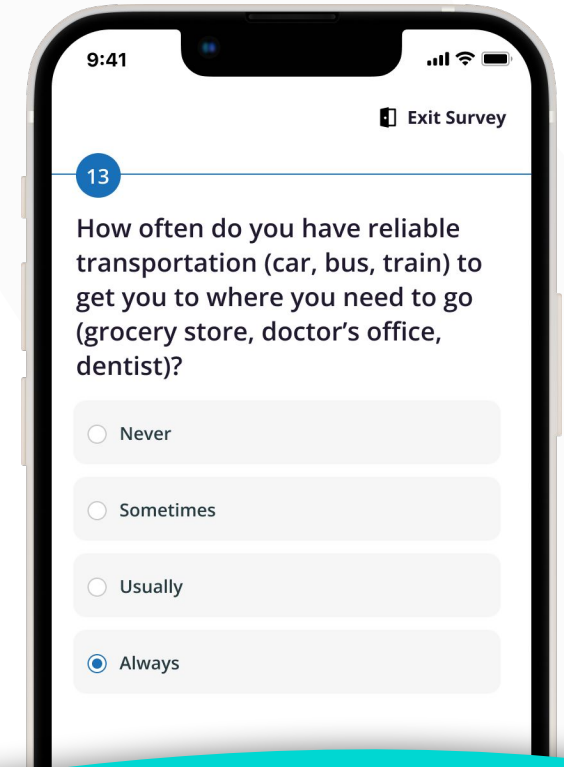
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Address Critical Member Data Gaps

Driving efficiency, improving care coordination, and reducing unnecessary costs.

Optimize Engagement by Eliminating Barriers

→ Capture the member's digital contact information

→ Identify preferred communication channel(s) and languages
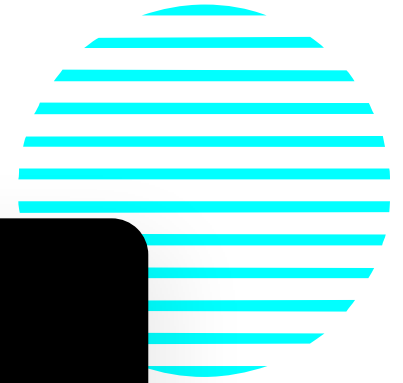
→ Capture PCP and Care Team

Build Comprehensive Member Records

→ Administer a digital health risk assessment

→ Collect health status, risk factor data and demographic

→ Action data with triggers and smart lists

9:41

🔲 **Exit Survey**

13

How often do you have reliable transportation (car, bus, train) to get you to where you need to go (grocery store, doctor's office, dentist)?

○ Never

○ Sometimes

○ Usually

⦿ Always

20% increase in condition identification through self-reported data

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Question 1

Is your organization thinking about the future of healthcare data interoperability and taking steps to achieve that vision?
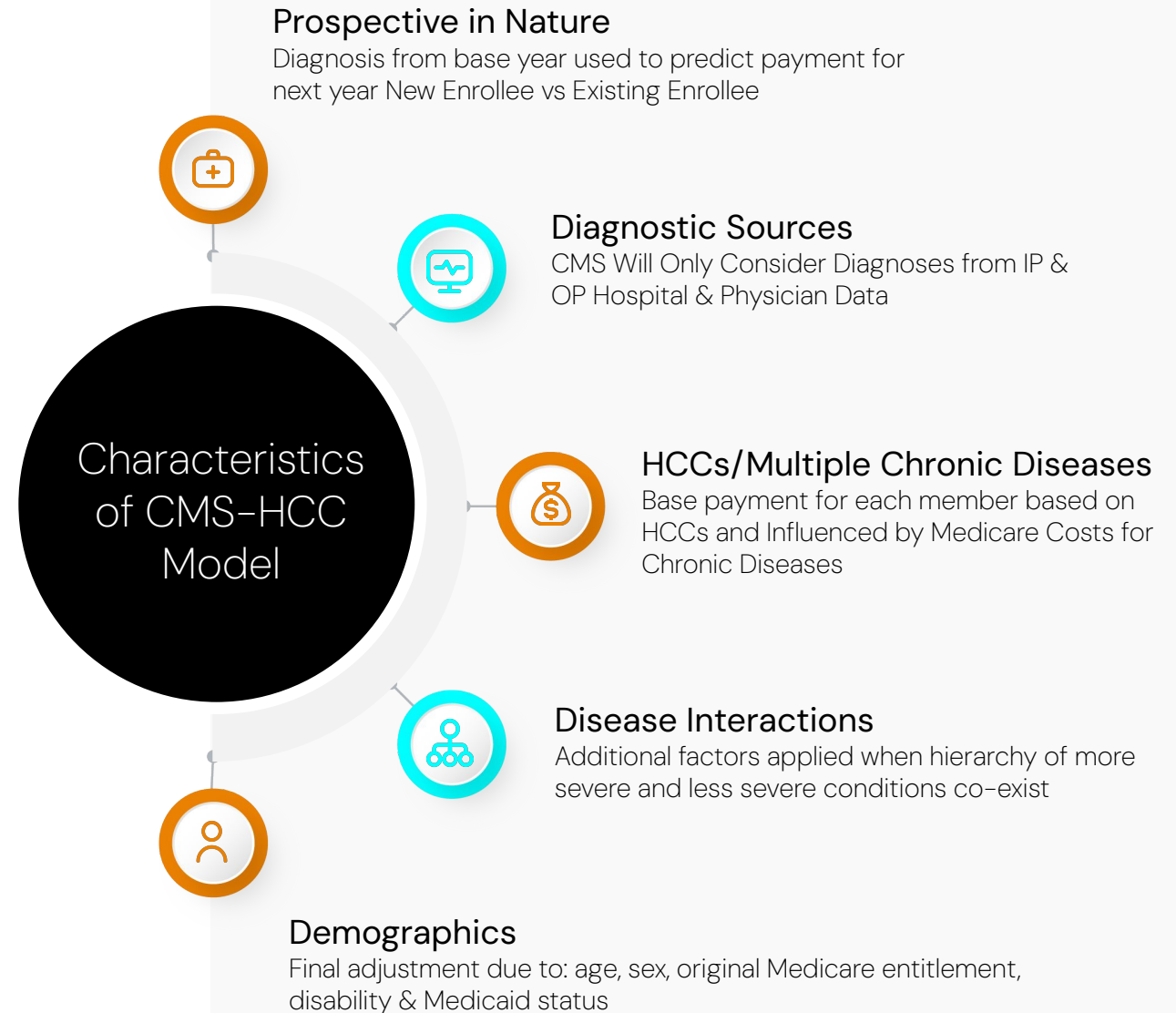
- Yes

- No

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Risk Adjustment & HCC Coding
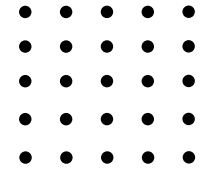
CMS-HCC coding
involves classifying patients into health categories based on their health conditions and demographics, for risk adjustment.

The Role of Comprehensive Data

- Comprehensive patient data is essential for accurate CMS-HCC coding.
- This data includes medical records, clinical notes, claims data, and patient histories.
- Accurate coding relies on a complete and detailed patient profile.

Characteristics of CMS-HCC Model

Prospective in Nature
Diagnosis from base year used to predict payment for next year New Enrollee vs Existing Enrollee

Diagnostic Sources
CMS Will Only Consider Diagnoses from IP & OP Hospital & Physician Data

HCCs/Multiple Chronic Diseases
Base payment for each member based on HCCs and Influenced by Medicare Costs for Chronic Diseases

Disease Interactions
Additional factors applied when hierarchy of more severe and less severe conditions co-exist

Demographics
Final adjustment due to: age, sex, original Medicare entitlement, disability & Medicaid status

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Significance of Data Fragmentation

Data Fragmentation: A Major Challenge

- Patient information is scattered across various systems and sources.
- It occurs when data is not integrated, making it difficult to access and compile.

01

Challenges of Data Fragmentation

- Inaccurate Risk Assessment: Fragmented data hinders the ability to assess a patient's true health risk accurately.
- Missed Health Conditions: Important health conditions may be overlooked.
- Coding Inconsistencies: Incomplete data = coding errors, affecting risk scores.

02

Importance of Data Integration

- Data integration involves combining data from different sources into a unified view.
- Integrated data provides a holistic patient profile.
- It ensures that all relevant patient information is considered in CMS-HCC coding.

03

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Enhancing Risk Prediction with Integrated Data

Integrated patient data is necessary in the CMS–HCC model for several reasons:

Accurate Risk Assessment

The more data available, the more accurately the model can assign beneficiaries to the appropriate HCCs. This, in turn, leads to more accurate risk scores and better reflects the expected healthcare costs for each patient.
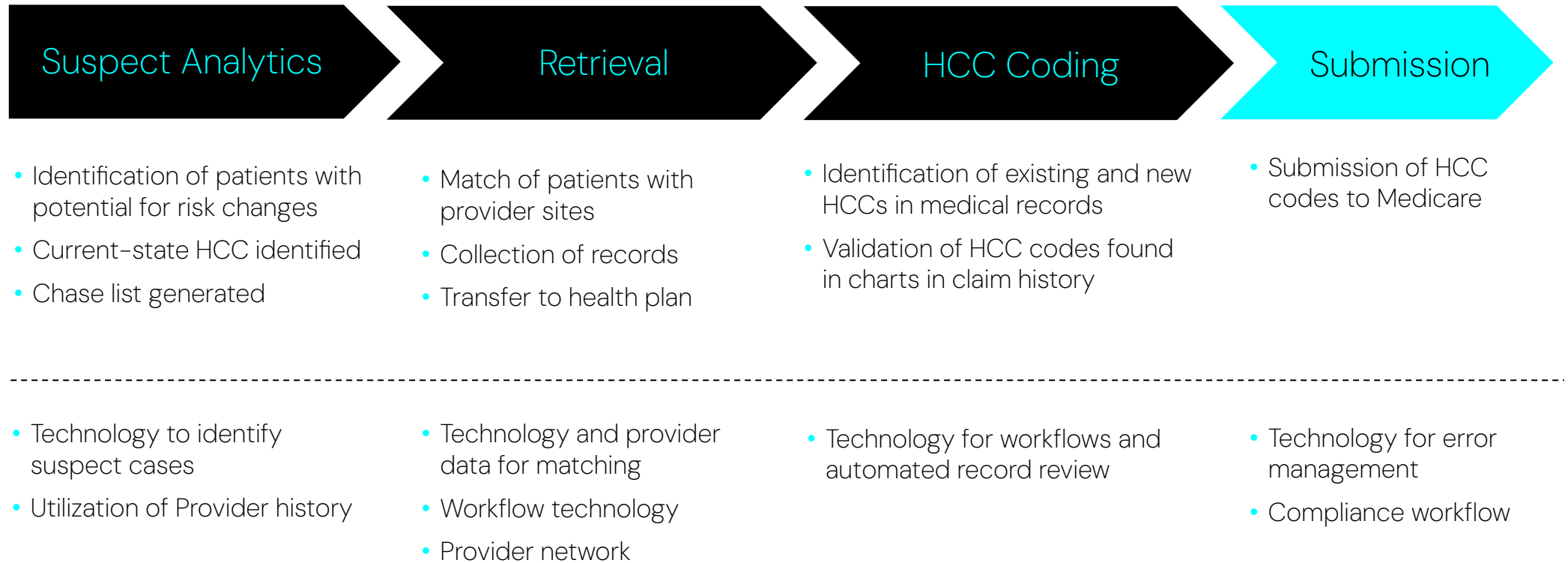
Fair Payment

Without comprehensive patient data, there's a risk of underestimating the healthcare needs of beneficiaries. This could lead to underpayment of plans caring for sicker individuals and overpayment for healthier populations.

Preventive Care and Early Intervention

Comprehensive patient data allows for the identification of patients who may be at risk for certain health conditions, and can inform targeted outreach, preventive care, and early intervention strategies to improve patient outcomes and reduce healthcare costs.

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Risk Adjustment Solution for Integrated Data

Suspect Analytics	Retrieval	HCC Coding	Submission

Activities

Suspect Analytics
- Identification of patients with potential for risk changes
- Current-state HCC identified
- Chase list generated

Retrieval
- Match of patients with provider sites
- Collection of records
- Transfer to health plan

HCC Coding
- Identification of existing and new HCCs in medical records
- Validation of HCC codes found in charts in claim history

Submission
- Submission of HCC codes to Medicare

Capabilities

Suspect Analytics
- Technology to identify suspect cases
- Utilization of Provider history

Retrieval
- Technology and provider data for matching
- Workflow technology
- Provider network

HCC Coding
- Technology for workflows and automated record review

Submission
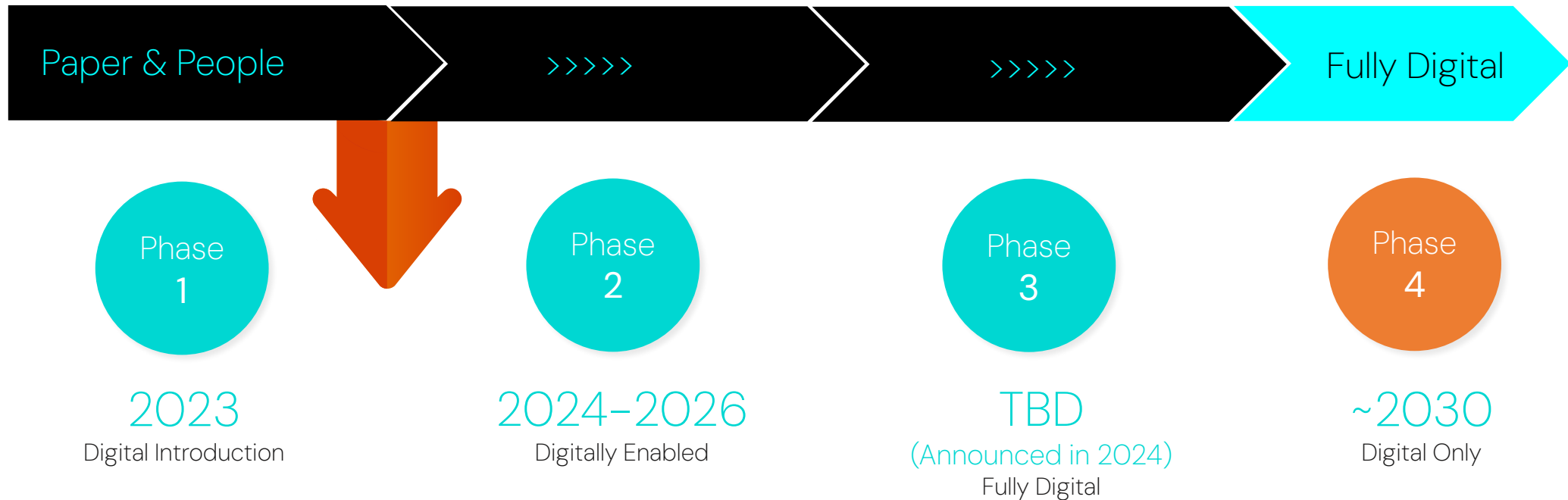- Technology for error management
- Compliance workflow

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Future Proofing Quality Strategies for Success

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Digital is the Future: NCQA Transition from Traditional HEDIS

The Digital Transition will engage **both** HEDIS Health Plan Reporting & Quality Improvement

Paper & People >>>>> >>>>> Fully Digital

Phase 1

2023
Digital Introduction

Phase 2

2024–2026
Digitally Enabled

Phase 3

TBD
(Announced in 2024)
Fully Digital

Phase 4

~2030
Digital Only

NCQA
Measuring quality.
Improving health care.

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Aligning Quality Measures: The Universal Foundation Framework

CMS Goals:

All Lines of Business – Medicaid, ACA, Commercial, Medicare

Focus on measures that are meaningful; **reduce provider burden**; **advance equity** and track disparities in care; aid the transition from manual reporting of quality measures, **automatic digital reporting**; and permit comparisons among various quality **and value-based care programs.**
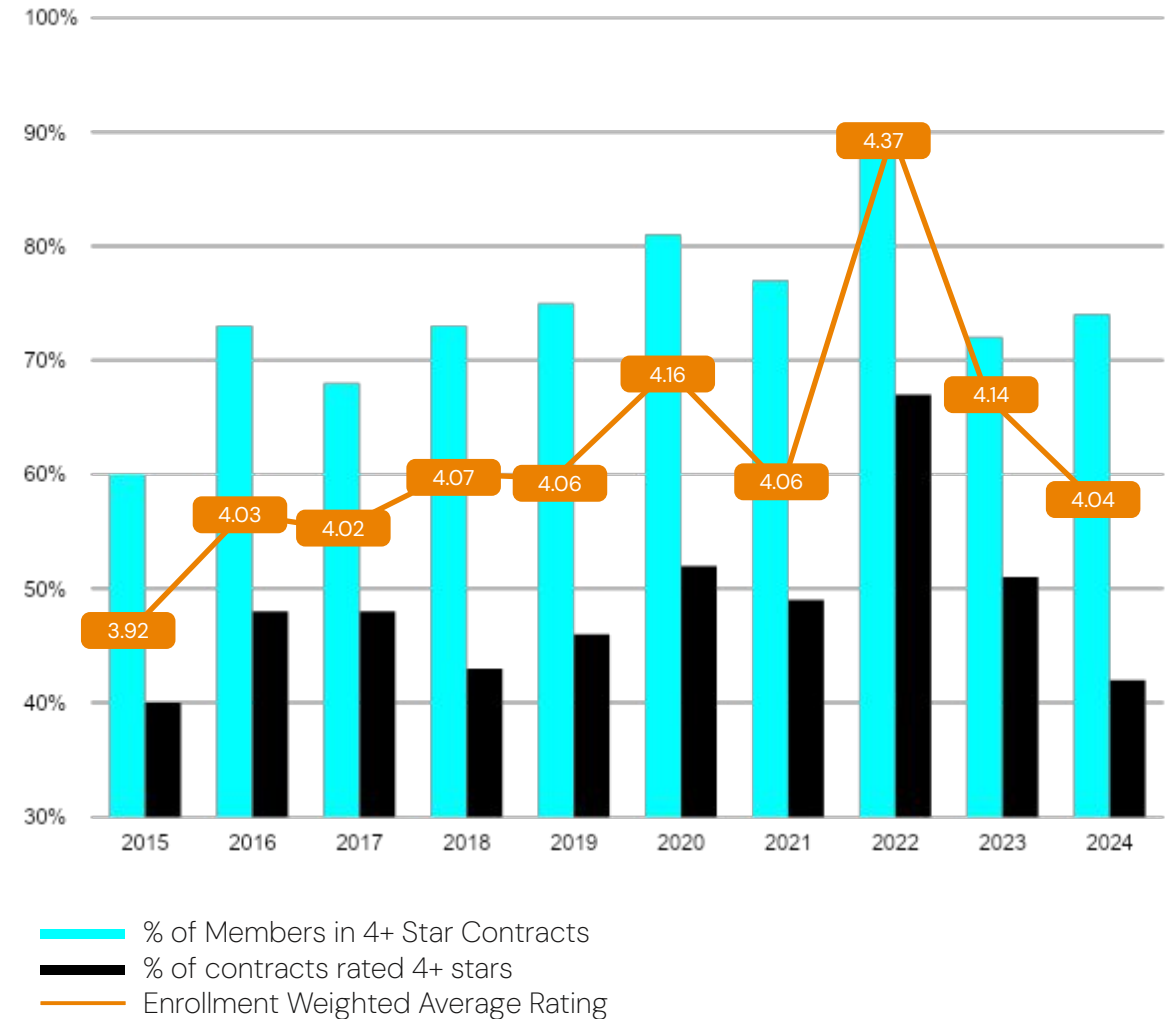
Measure Domain	Adult Measures	Pediatric Measures
Wellness and prevention	• Colorectal cancer screening" • Breast cancer screening" • Adult immunization status"	• Well-child visits • Immunization (childhood and adolescents)" • Weight assessment and counseling for nutrition and physical activity for children and adolescents* • Oral evaluation, dental services**
Chronic conditions	• Controlling high blood pressure* • Hemoglobin A1c poor control (>9%) *	• Asthma medication ratio
Behavioural health	• Screening for depression and follow- up plan** • Initiation and engagement of substance use disorder treatment	• Screening for depression and follow-up plan** • Follow-up after hospitalization for mental illness** • Follow-up after emergency department visit for substance use** • Use of first-line psychosocial care for children/adolescents on • antipsychotics • Follow-up care for children prescribed ADHD medication
Seamless care coordination	Plan all-cause readmission**	N/A
Person-centered care	CAHPS overall rating questions	CAHPS overall rating questions
Equity	Screening for social drivers of health**	N/A

2024 MA-PD Star Ratings

- **42%** of MA-PD contracts earned **4+ stars** ↓ 9%

- **31** MA-PD contracts earned **5 stars** ↓ 45%

- **74%** of MA-PD enrollees currently in contracts with 4+ star 2024 ratings ↑ 2%

- Member Experience measures remain **4x weight**

- Outliers deleted using Tukey statistical methodology prior to computing cutpoint clusters

40 unique measures rated in 2024:

- Plan All-Cause Readmissions returned with temporary 1x weight
- Diabetes Care-Kidney Disease Monitoring retired
- Transitions of Care and Follow-Up after ED
- Visit for People with Multiple High-Risk
- Chronic Conditions added each with 1x weight
- Controlling Blood Pressure weight increased to 3x

Legend:
- % of Members in 4+ Star Contracts
- % of contracts rated 4+ stars
- Enrollment Weighted Average Rating

Enrollment Weighted Average Rating data points: 2015: 3.92, 2016: 4.03, 2017: 4.02, 2018: 4.07, 2019: 4.06, 2020: 4.16, 2021: 4.06, 2022: 4.37, 2023: 4.14, 2024: 4.04

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2024 MA-PD Market Movement

97
plan rating increases

37
plans gained 4th star
(~$1.4 billion QBP impact)

17
plans increased 21 full star
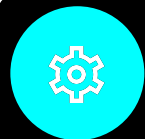
278
plan rating decreases

74
plans lost 4 star
(~$1.4 billion QBP impact)

37
plans decreased ≥1 full star
(3 decreased 1.5 stars)

- 545 MA-PD Plans received an Overall Rating
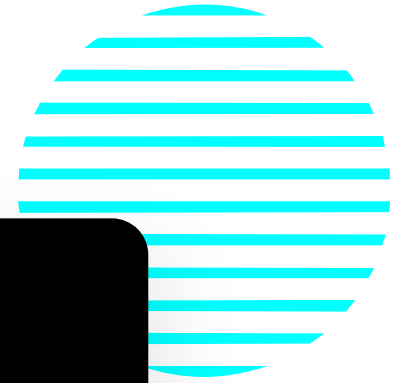- 222 contracts were too new or too small to be rated

- 71 contracts failed Past Performance for 2025 applications
- 74 contracts failed Year 1 of Past Performance for 2026 applications

6 contracts received the Low Performing Icon

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Question 2

Have you seen data interoperability lead to improved quality ratings?

✓ Yes

✓ No

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The New Medicare Advantage Plan Growth 'Math Path'

	AGE 65-79	AGE 50-64
Hispanic	8.8%	↑ 13.3%
Black	9.6%	↑ 11.9%
Asian/PI	4.7%	↑ 5.4%
White	75.3%	↓ 67.4%
Other	1.5%	↑ 2.1%
Total	41.4 million	62.9 million

There are just as many consumers approaching Medicare eligibility over the next 15 years as there are beneficiaries today: **62.9 million. An increase of ~52%**

The demographics are changing: White Americans beneficiaries are decreasing with Black Americans and Hispanic/Latino (a) beneficiaries growing significantly

Historical data indicates higher levels of un-engagement among Blacks and Hispanics and touchpoints increase to reach each race/ethnicity group

MA plans must have precise understanding of the wants and needs of ALL groups they serve, with personalized and **comprehensive engagement strategies** to connect with each of these groups

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Understand Your Member Disparities In Advance of the Health Equity Index

Surface insights into social risk factors and care gaps among diverse communities to improve health outcomes.

Stratify member data to identify care gaps, health disparities for opportunities

View a summary of risks by each type in real-time for each health category,

Surface digital HRAs, with SNS-E measures, and continuous pulse surveys to capture REL and Social Risk Factor Data
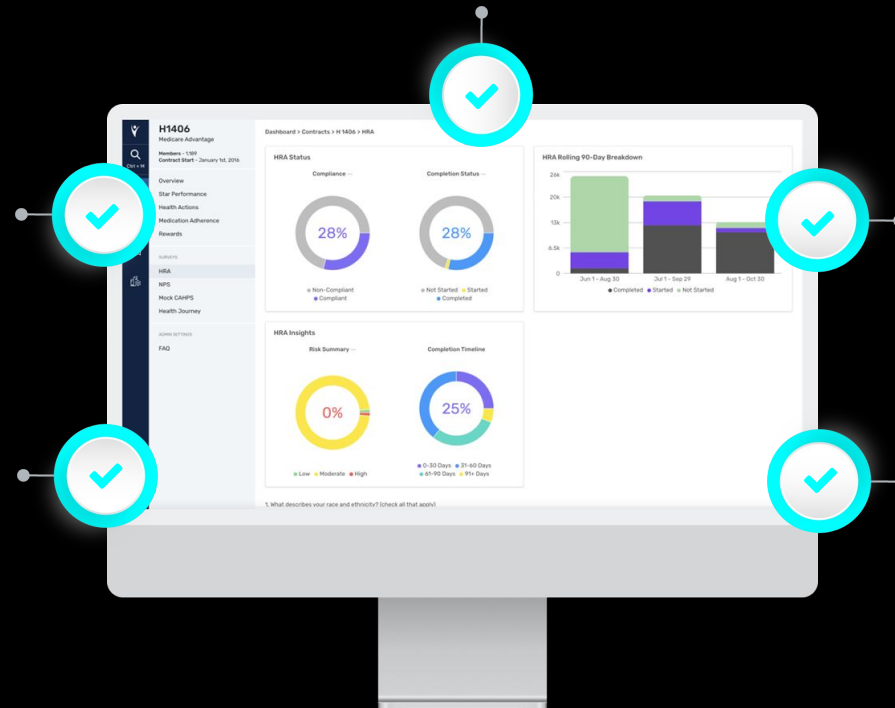
Initiate follow-up outreach with smart lists informed by HRA and puse surveys

Segment H-Contract performance by LIS/DE and REL

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Practical Applications

Case Study: Member Locator for Risk Adjustment

The **fourth-largest Medicare** Advantage national health plan was conducting member-provider engagements assessments via individual claims data and treatment codes (time-consuming and costly)

Queried **2.9M** plan members through Datavant's **digital-only Member Locator solution** to determine how many members we could locate and provide data for, based on basic member demographics, such as name, age, DOB and insurance ID.

DIGITAL APPROACH
MEMBER BASED

Member Eligibility Data

Decision Engine

MEMBERS DATA QUERY

Network of Embedded provider, EHR Connections, Aggregators and HIES
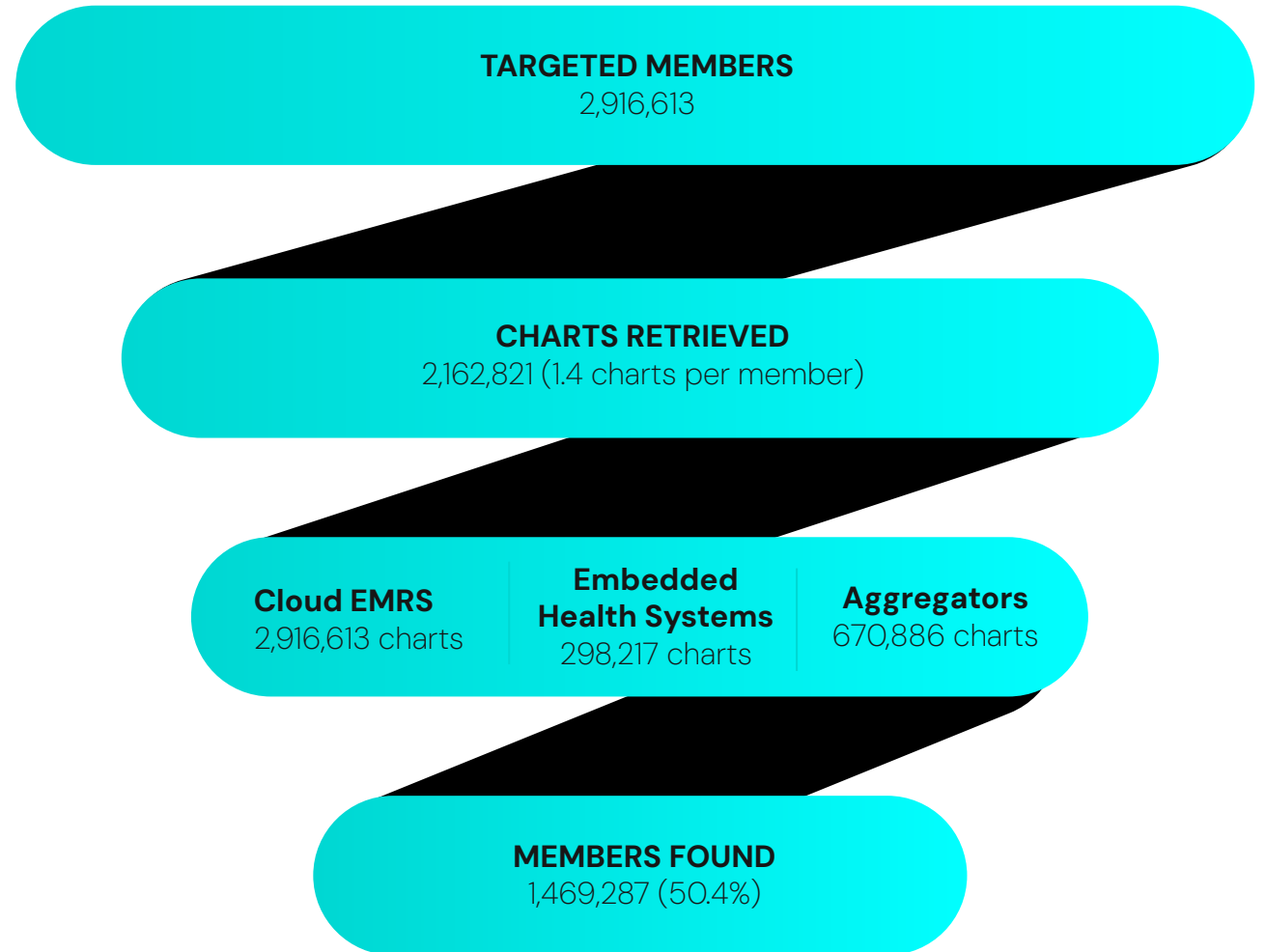
Electronic Structured Clinical Data Notes

Member Medical Record

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Case Study: Member Locator for Risk Adjustment

Datavant's **Member Locator solution** was able to retrieve **2.1M charts with 1.46M unique members** found (50% of the initial population) in as little as 2 months, shaving months off the typical timeline for fulfilling members' chart requests.

TARGETED MEMBERS
2,916,613

CHARTS RETRIEVED
2,162,821 (1.4 charts per member)

Cloud EMRS
2,916,613 charts

Embedded Health Systems
298,217 charts

Aggregators
670,886 charts

MEMBERS FOUND
1,469,287 (50.4%)

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Case Study: Increasing Digital Engagement

A Florida Medicare Advantage plan increased program registration rates with digital outreach

Goal

Improve registration rates for an online member quality gap closure program

Strategy

Deliver up to three emails to members to encourage them to sign up for the program and redeem rewards

Target

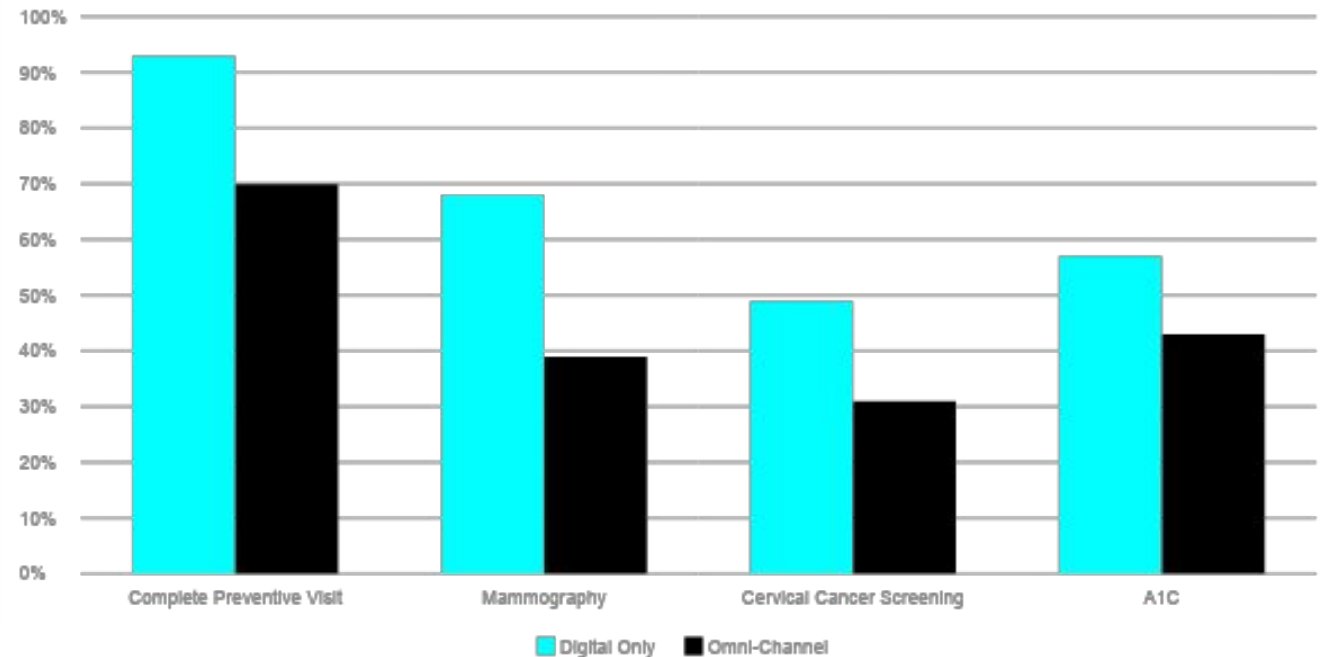More than 10,000 unregistered members in Florida

Results

→ **2.5x registration rate for digital outreach** compared to traditional physical mailers

→ **19% registration rate achieved** in first three weeks of Q4 2022, 28% by the end of the year

→ **6,307 care gaps closed in Q4 2022** through rewards program

→ Digital outreach **reduced total cost of outreach by 30%**

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Case Study: Coordinated RA/Stars Campaigns

A mid-sized plan built a multi-year, targeted, **digital-first outreach program** to improve health outcomes and risk identification.

✓ **2:1 ROI** in the first 6 months of the program

✓ **Captured new codes** through increased Annual Wellness Visits

✓ The success of program engagement campaigns facilitated **stronger gap closure** within the first 90 days

2022 Health Action Compliance

	Digital Only	Omni-Channel
Complete Preventive Visit	93%	70%
Mammography	68%	39%
Cervical Cancer Screening	49%	31%
A1C	57%	43%

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Datavant + Healthmine

Successful member engagement starts with reliable contact information

Inaccurate Member Contact Information

Engagement Barriers

Low Response Rates	Care Gaps
Inefficient Outreach	High Spend
Poor Member Experience	Wasted Resources

Datavant Best Contact

Healthmine

Optimal Member Engagement

Improve Preventative Care

Increase Patient Engagement

Reduced Engagement Expenditures
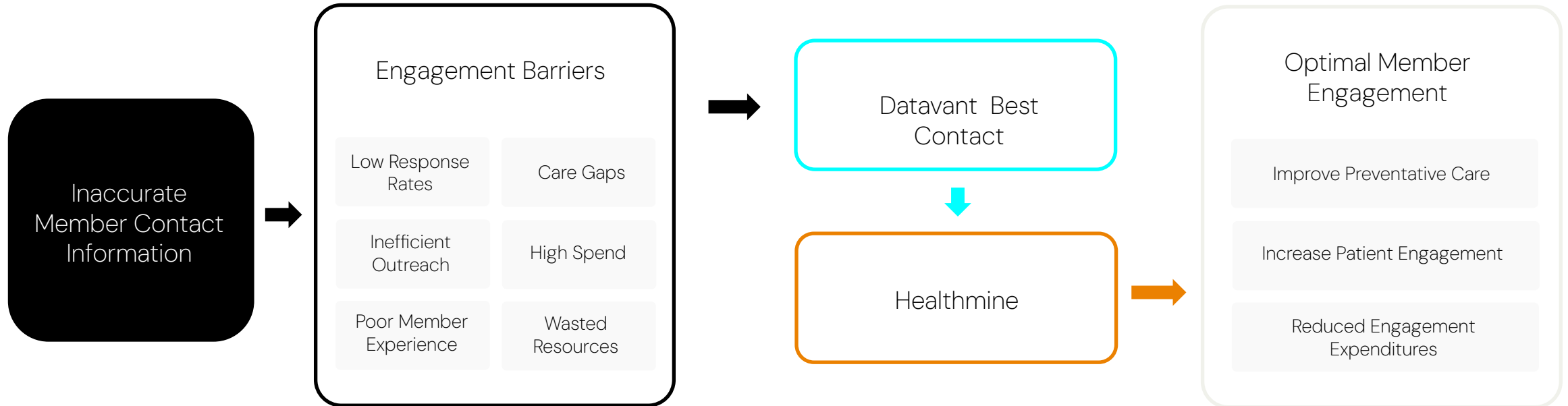
THANK YOU

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Questions?

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Helpful Resources

- Datavant   www.datavant.com
- Healthmine   www.healthmine.com
- NCQA   www.ncqa.org
- ACDIS   www.acdis.org
- AMA   www.ama-assn.org
- CMS   www.cms.gov
- Healthcare Advisory Board   www.advisory.com
- HFMA   www.hfma.org
- NAHQ   www.nahq.org

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