

# Innovations In Chronic Care Management: The Analytics Behind Better Health Outcomes

**Presented By:**

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# Meet the Speakers



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Sr. Product Director



Laura Sheriff  
Vice President of  
Risk Adjustment

Southwestern Health Resources



Syed Rizvi  
Director of Risk Adjustment  
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Southwestern Health Resources

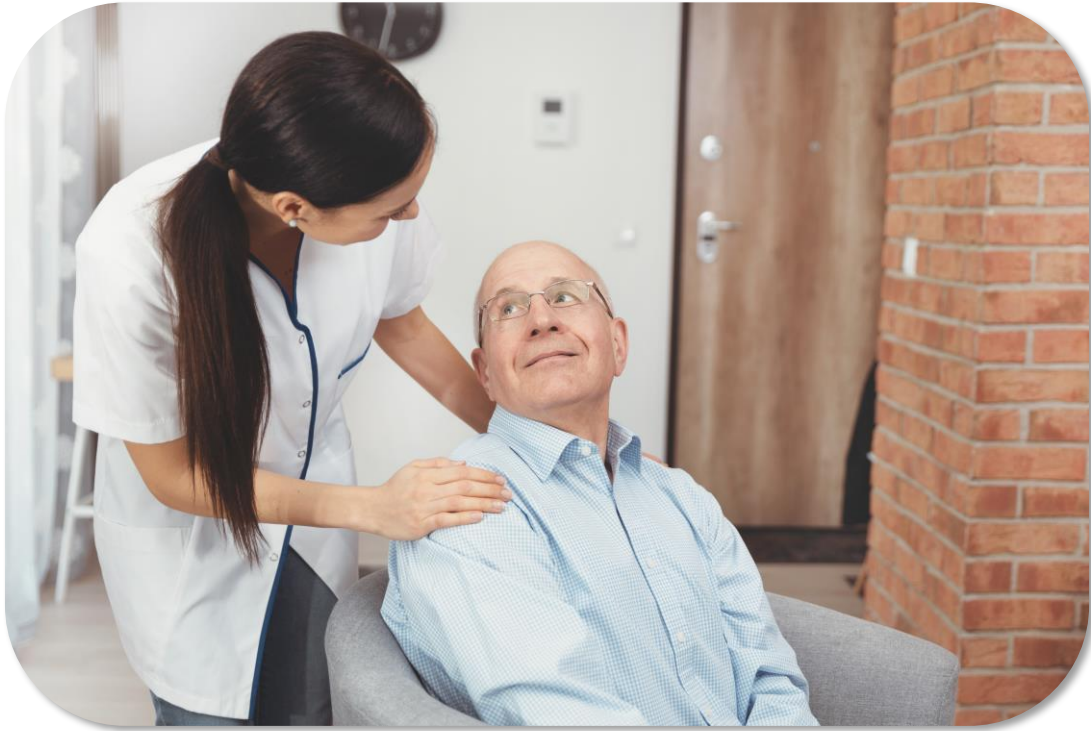


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# Agenda

- 1 Introductions
- 2 The Benefits and Challenges of Data in Value-Based Care
- 3 A Data Integrity Case Study
- 4 Better Data Equals Better Care

## Data's Role in Value-Based Care



- Value-based care is a **team sport** — break down silos, get everyone aligned, and ensure all departments have comprehensive information.
- Accurate diagnoses **ensure patients receive highest quality care** and care is properly funded.
- Every encounter should be about gaining a **complete understanding of patient health.**

# The Challenge: Data Integrity

Long-term effects of bad data include:



Incomplete  
Information about  
Beneficiary Health



Inability to Treat  
Chronic Conditions  
Properly



Loss of Provider  
Trust



Inaccurate/  
Rejected  
Submissions

# Who Is Southwestern Health Resources?

A clinically integrated network formed in 2016 as a joint venture between UT Southwestern Medical Center and Texas Health Resources.

## Southwestern Health Resources



Parent company of Care N' Care, a leading regional Medicare Advantage health plan.



31 hospitals

7,000+ providers

790,000+ patients receiving care

## Does This Sound Familiar?

You start a conversation with a health provider to notify them about a gap in care...

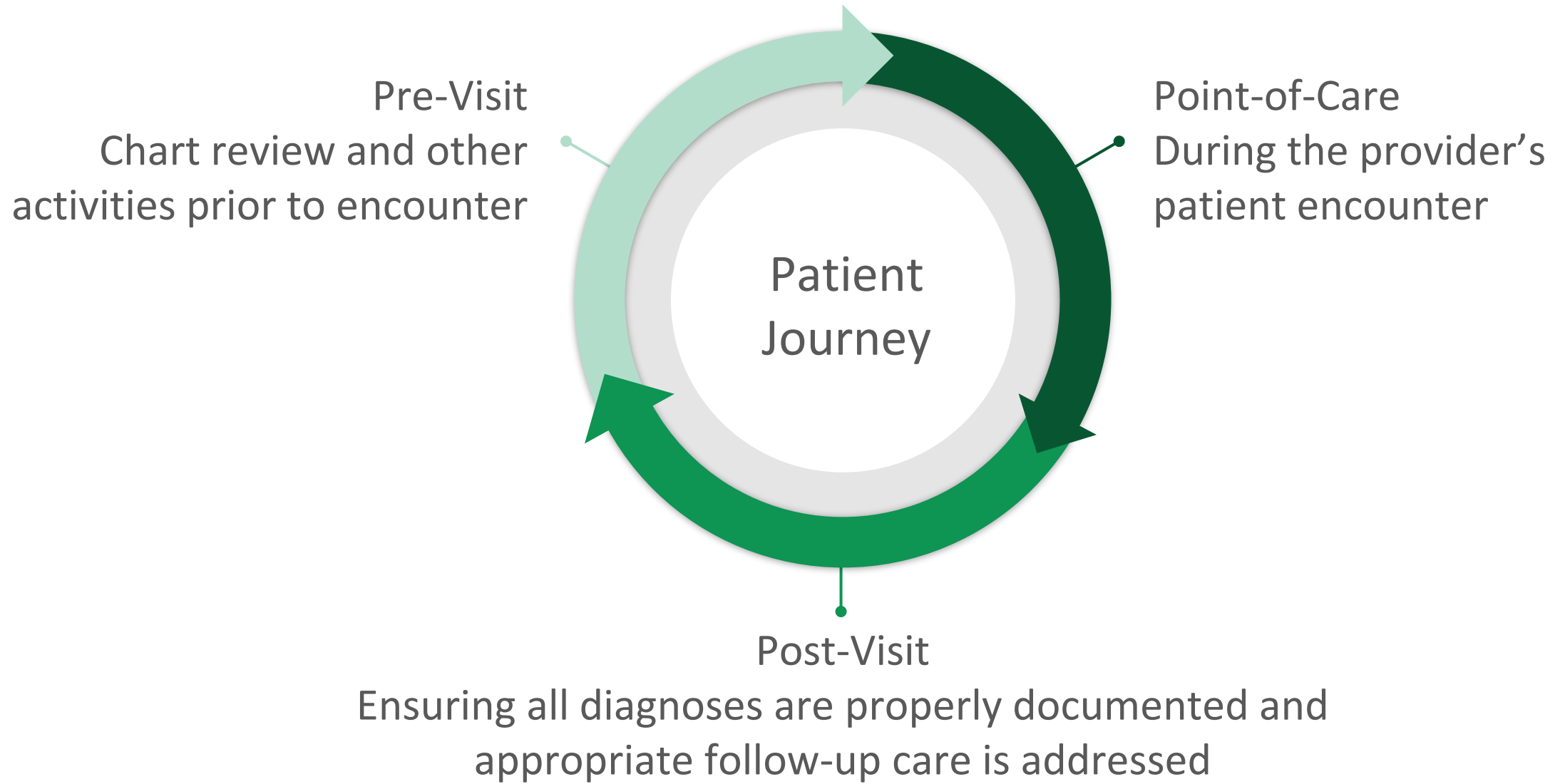


I looked up the member.  
Here, see — I did treat the member and documented it.



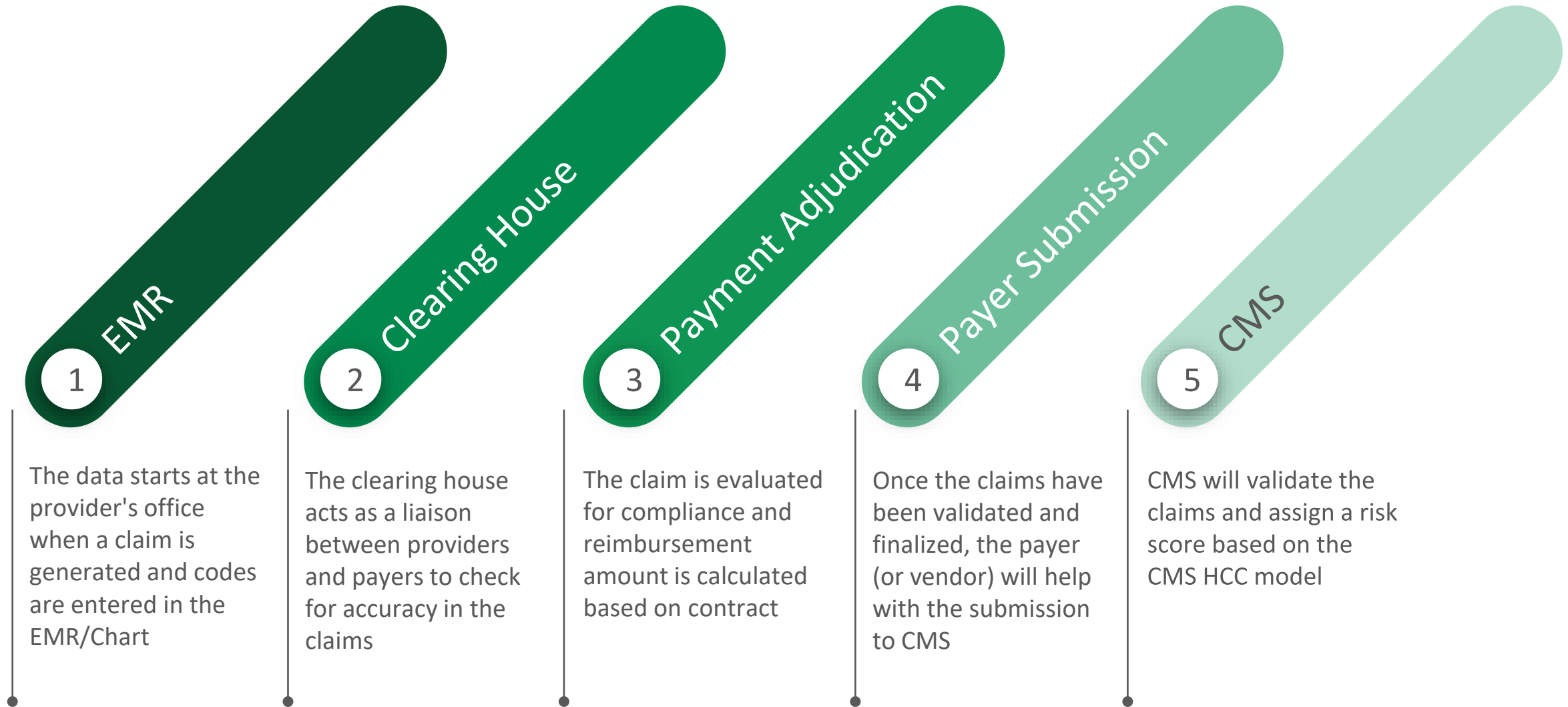


# More Data Points Lead to Better Outcomes





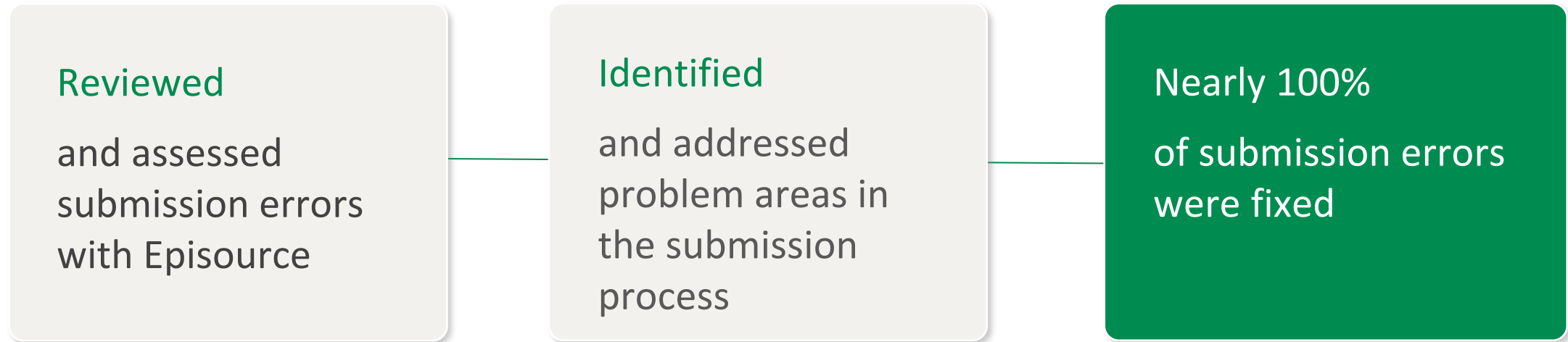
# Data Journey for MA Claims



# SWHR Rejection Data

Rejection Types	Description	Pre-Project (Rejection Count)	Post Project (Rejection Count)
Level 1 (L1)	Claims that do not make it to Episource due to file format, missing mandatory data fields, invalid frequencies, and duplicates.	93020	0
Internal Rejections (L2)	Claims that have made it to Episource but have logic or field level validation errors based on CMS mandatory edits such as claims with over \$100k, errors with dates, errors with specialty codes matching, missing paid amounts, invalid codes, unmatched dollars, DOS issues, etc.	192	4
CMS Rejections	Includes 999, 277, and MAO-002 rejections from CMS regarding enrollment/eligibility, date issues, duplicates, etc.	2363	902

# Correcting Submission Errors



# Better Data Equals Better Care

## Analyze & Identify Potential Gaps

Data is used to analyze YoY gaps for chronic conditions and predict other quality care gaps to address.

## Create Stronger Provider Relationships

The provider receives more accurate clinical information about members and builds trust in the data.

## Information Sharing & Enablement

Data is used to inform and enable other teams involved in value-based care.

## Additional Resources

- Risk adjustment and Value-based Care: Strategies for Improving Outcomes and Program Performance:  
<https://hubs.ly/Q028Y00C0>
- Navigating the Path to Value-Based Care:  
<https://hubs.ly/Q028Y0Lw0>

Would you like to further discuss the topic with us?

[Book a meeting today!](#)

**THANK YOU**



**RISE**