

What Health Plans *should be seeing* at the Crossroads of Better Data and Advanced Analytics

Realizing the Future of EMR Connectivity, Provider Engagement,
and Social Determinants of Health

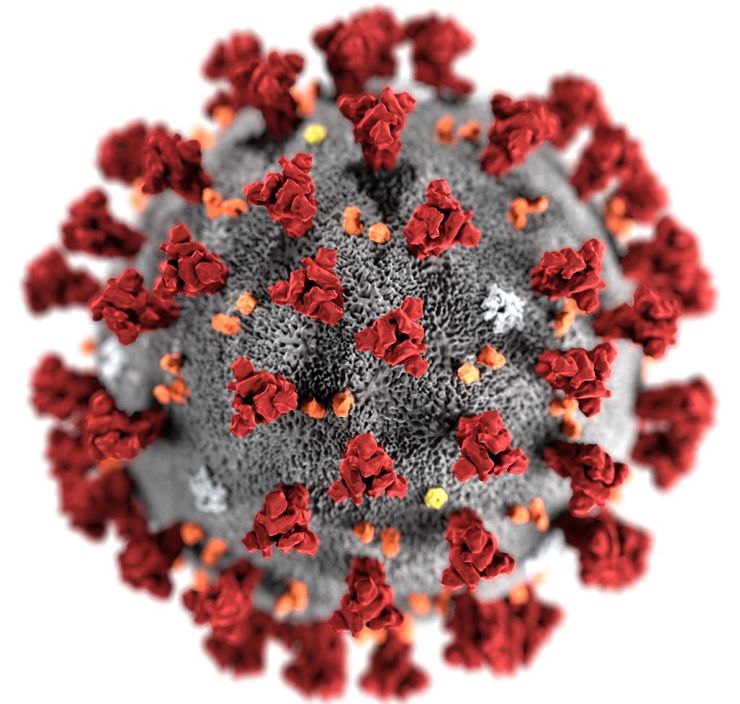
June 3, 2020

Economic & Social Impacts

- Personal lives – schools closing, social distancing, graduations and weddings (most events) cancelled, etc.
- Corporate lives – working from home, adjusting strategic plans, budget changes

Pulse8 Pivots

- Easing many of the pain points – financially, operationally, and strategically
- Providing education on how to streamline operations for uninterrupted workflows and how we can help





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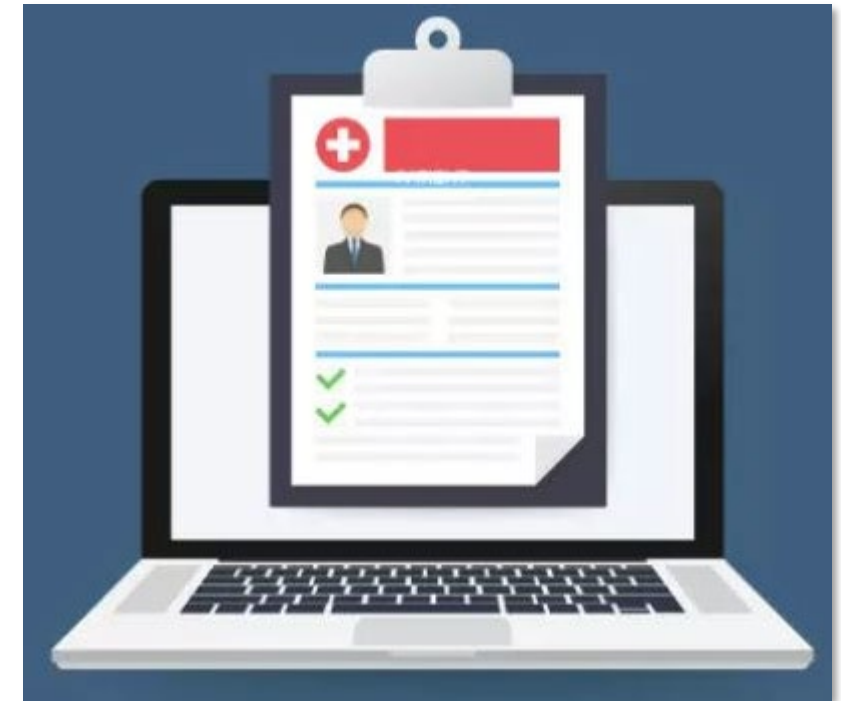
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Value-Based Care: Synergizing Advanced Analytics, Technologies, and Interoperability for More Successful Risk Adjustment and Quality Outcomes



- **Only essential personnel in offices**
- **Telehealth – slow to adopt, but now necessary**
 - *CMS requirements regarding telehealth for RA purposes*
 - *The need to keep up with said requirements that are constantly evolving*
- **EHR vendors do not currently overlap, work together**
- **Achieving interoperability**
 - *The increasing need for specific technology adoption for the healthcare industry to continue operating*



Risk Adjustment Analytics & Financial Reporting, Value-Based Care

Accurately measuring your risk adjustment opportunity and dynamically deploying your intervention initiatives in order to optimize risk-adjusted revenue, avoid waste, and minimize provider burden

Quality Analytics and Reporting

Prioritizing and directing gap closure efforts for Star Ratings, QRS, and Medicaid through predictive analytics and Dynamic Intervention Planning

EMR Integration and Bi-Directional Messaging

Facilitating Payer/Provider collaboration and efficiency through the automated exchange of patient information to enable providers to make more informed decisions

Provider Engagement

Driving uncommon improvements in risk adjustment and quality metrics by engaging providers in a respectful and efficient manner, while significantly reducing provider burden and fatigue

In the face of recent events, provider offices and payers have moved almost entirely to essential personnel only.

Chart retrieval, as we know it, will require an immediate and drastic change in order to continue to close risk adjustment and quality gaps.



Controls Cost

- Eliminate costly and time-consuming manual processes that add to administrative waste
- Support data collection for Risk Adjustment, HEDIS®, NCQA, and CMS Star Ratings

Improves Efficiency

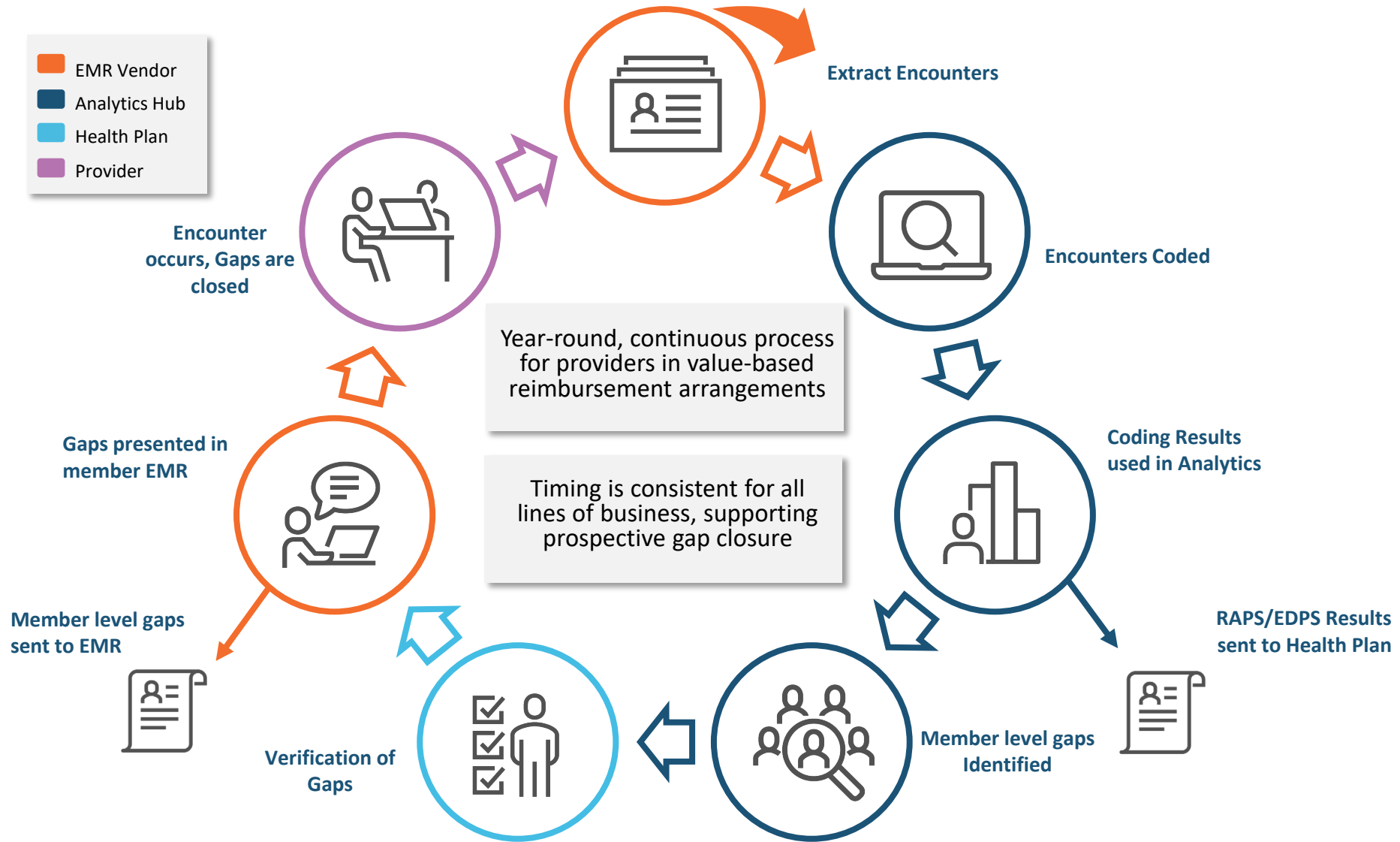
- Collect data in an electronic format that is easy to ingest and primed for analysis
- Obtain multiple years of patient data to support in-depth analysis

Preserves Security

- Securely receive information for use by only intended users, in accordance with HIPAA
- Securely transmit provider alerts directly into the physician's EHR

FHIR is the favored technology to enable EHR interoperability per CMS and ONC

- FHIR R4 has emerged as the current standard
- SMART on FHIR apps and CDS Hooks are also intended to be standards-based
- Cost savings/efficiencies realized by payers & providers across all use cases



Reducing Plan and Provider Burden for Better Engagement and Outcomes in a Rapidly Shifting Healthcare Landscape

- Appointment scheduling and prioritization
- Rising demands for increased documentation, pre-authorizations, heightened scrutiny and influence in prescribing decisions, and Risk Adjustment and Quality Rating requirements
- Multiple business units contacting the same providers, requesting overlapping, and often conflicting, data from the same patient's charts and adding in differing software applications and various plans
- Lack of certified medical coder information, frequent turnover, and complexity
- Time to implement effective and necessary changes to your processes



- **Increasing Demands on providers:**
 - Limited staffing, forced to perform dual roles
 - More processes – authorizations, documentation
 - Increased chart retrievals – more members, multiple pulls for same member
 - Administrative time required skyrockets, resulting in a potential decrease in the quality of care

- **Increasing Demands on plan staff who work with the provider networks:**
 - Greater pressure to achieve performance under value-based contracts
 - Influx of touchpoints requested to ensure progress
 - Additional reports to create and digest
 - Demands for reports and analyses vie with the time providers need to obtain, vet, and disseminate the results, and the need to educate the providers on what behaviors need to change and how to change

Significant Shifts in enrollment across Lines of Business due to economic factors as a result of COVID-19

Medicaid

- Assignment of membership often tied to quality performance
- States have financial incentives and penalties based on quality performance
- HEDIS®, NCQA accreditation required in 41 states
- New Mega Medicaid rule implements quality rating system
- Currently 25 states are risk-adjusting for Medicaid, using various models

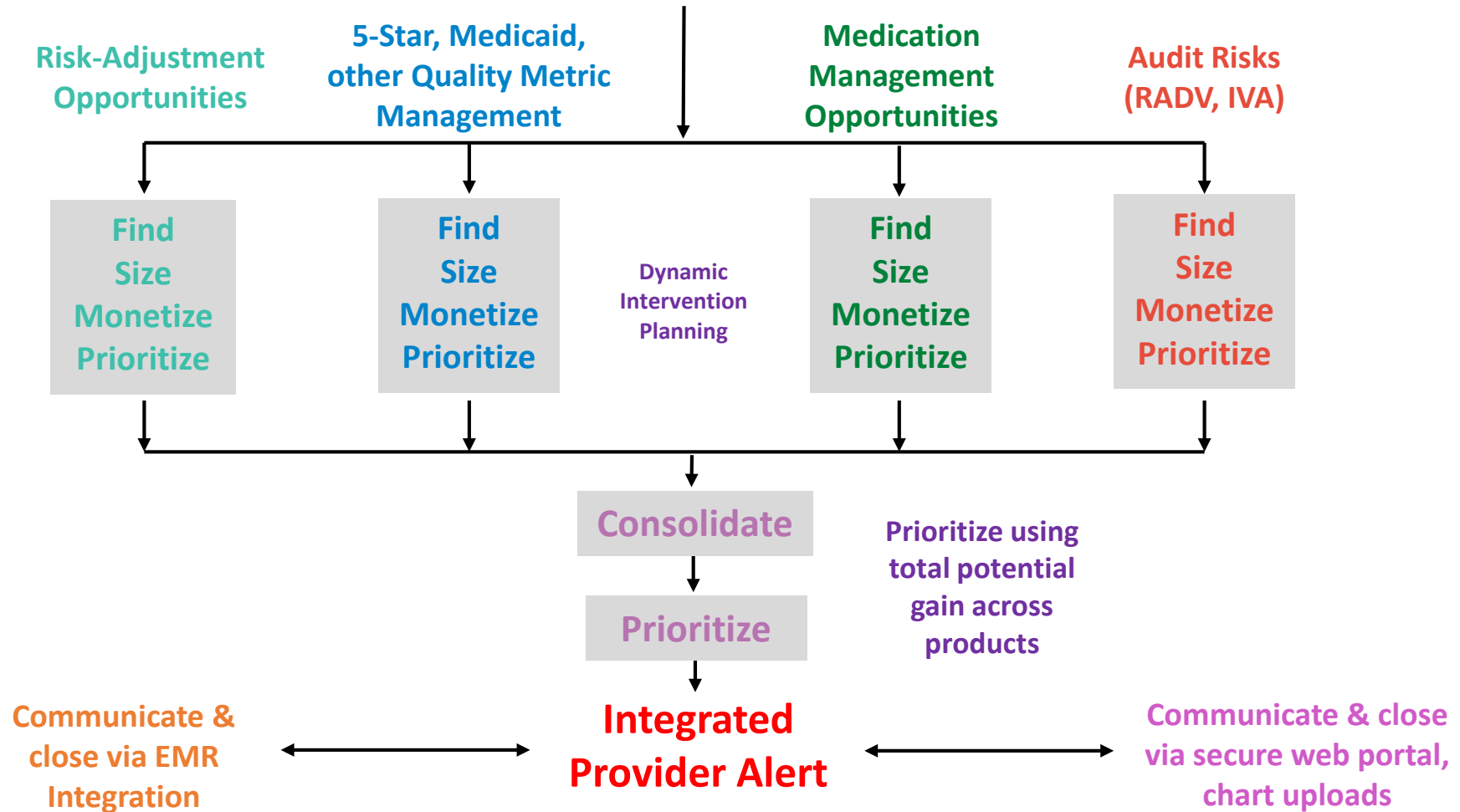
Medicare Advantage

- 5-Star performance tied to quality bonus / reimbursement
- CMS requires HMOs submit Medicare HEDIS® data in order to provide HMO services for Medicare enrollees
- New MACRA regulations will drive provider reimbursement based on quality programs
- Risk Adjustment impacts the majority of MA membership

ACA Commercial

- Improving HEDIS® scores for the commercial population is critical for NCQA accreditation status
- CMS requires ACA Plans to report QRS
- Plans will be required to display quality reporting on the CMS website starting in 2019; ~~Pilot states began in 2017~~
- Plans will receive a star rating based on performance
- Risk Adjustment and Transfer payments are impacting plans' ability to stay in the game

Integrated, Longitudinal, Member-Centric Data Integration



Integrating Risk, Quality, and Pharmacy Opportunities at the Point of Care to Improve Clinical and Financial Outcomes

Measuring impact of COVID-19 through Social Determinants of Health

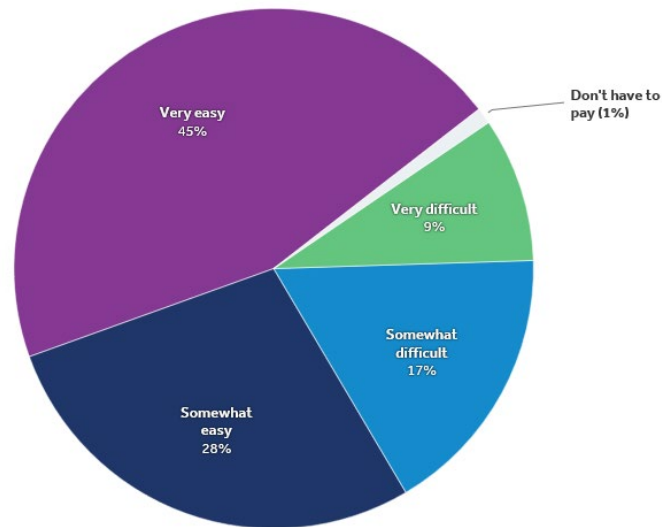
- **Clinical:** medication adherence (COVID impacting ability to prescribe and dispense prescriptions)
- **Financial:** medication costs (COVID-19 resulting in job loss and income impact)
- **Historical Claims Data:** focus on Covid-19 at-risk members for encounter facilitation and outreach



Significant decrease in projected risk and quality scores

Ability to accurately measure, report, and act using Social Determinants of Health (SDOH) data

Social needs regarding food, shelter, safety, and social stability need to be addressed before healthy behaviors can be influenced, including paying for medications



About 1 in 4 people taking prescription drugs say they have difficult time affording their medications

Their income is strained as they are dealing with even more basic needs

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education			Quality of care
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Source: Kaiser Family Foundation Health Tracking Poll (conducted Sept 14 – 20, 2016) • [Get the data](#) • [PNG](#)

Medication Adherence and Medication Management are crucial elements of managing overall care and gaining fair compensation

Clinical and Evidence Based Medicine

- Chronic Disease Management
- Acute Care
- Curative Therapies

Total Cost of Care

- Pharmacy Benefit is >10% of Total Cost
- Medical Pharmacy includes one-half of specialty pharmacy claims
- Prevents and Causes Hospitalizations and Specialist Visits

Quality Payment Programs

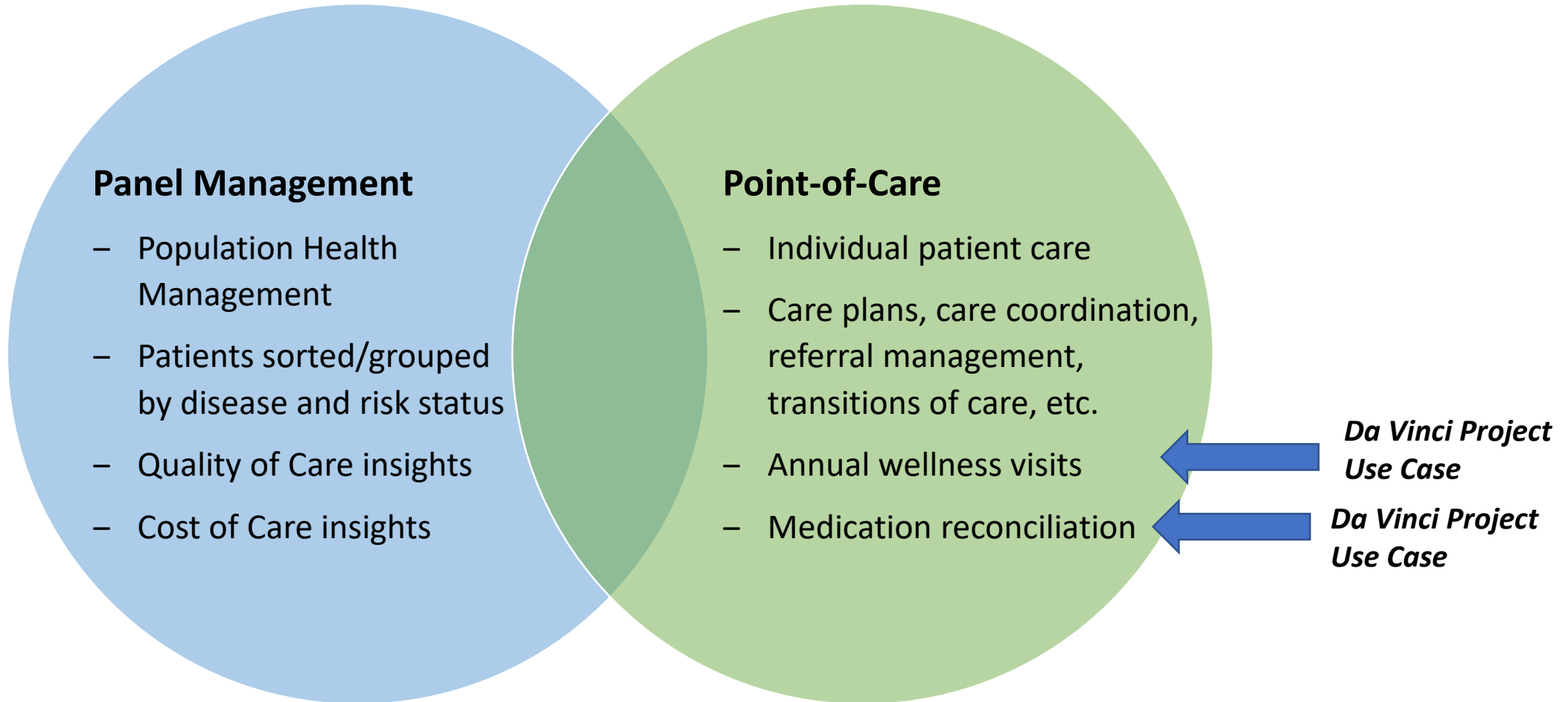
- Part C and D Stars
- State QIP Programs
- HEDIS® and PQA
- Link to Member Satisfaction

Risk Based Payment Programs

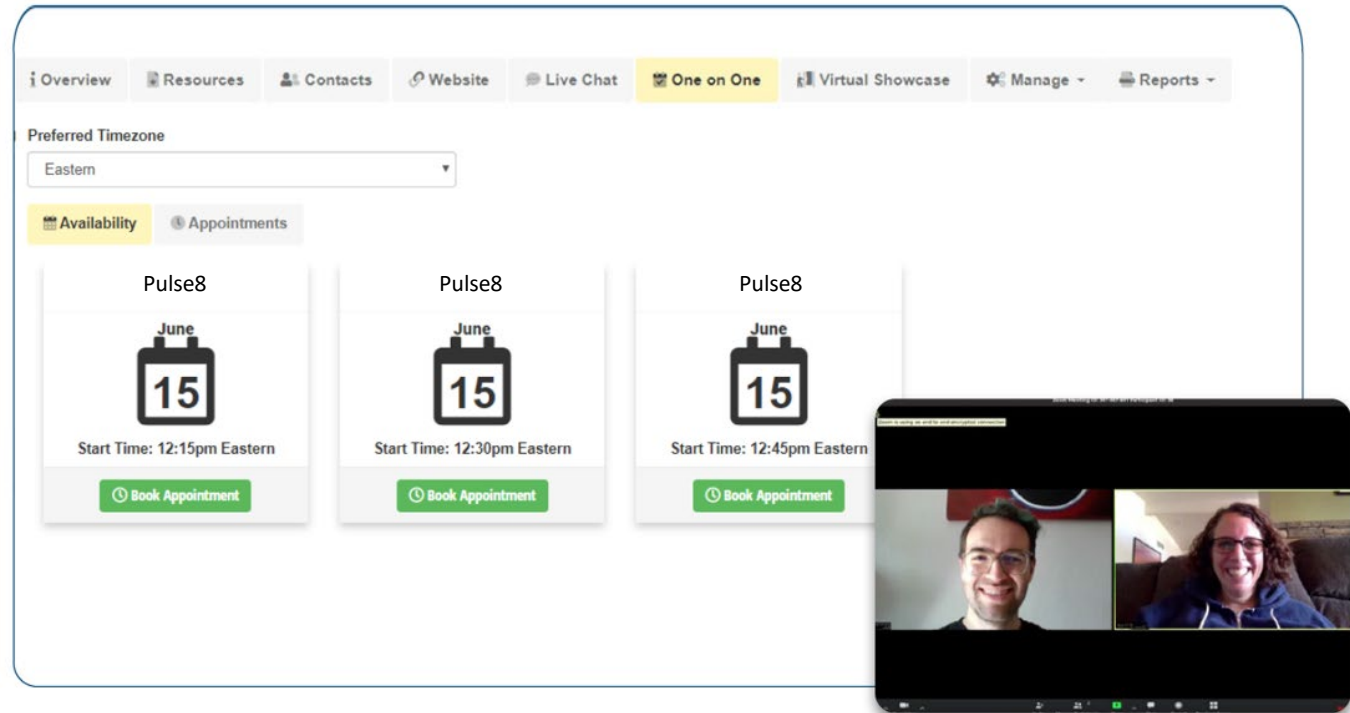
- Substantiates Persisting Conditions
- Indicates Suspected Conditions

Integrate SDOH Data to Drive Actionable Results

Bi-Directional Messaging through EMR



- 1:1 Customized Demos
- Visit Pulse8 in the Virtual Exhibit Hall
- Virtual Showcases on Monday and Tuesday (June 29 & 30)
- Live Chat Feature



Q&A

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