Uncovering New Insights for your Members: Unlocking the Full Power of Clinical Data

Presented By:

Rebekah DeCoste, MHA, CSBB | Head of Payer Product | **Datavant** Adonica Dotson, MBA, CCS, CPC, CRC | Director of ACA Risk Adjustment Audits & Retrospective Programs | **Arkansas Blue Cross & Blue Shield**



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Meet the Presenters





Rebekah DeCoste

Payer Product Datavant



Adonica Dotson

Director of ACA Risk Adjustment Audits & Retrospective Programs

Arkansas Blue Cross Blue Shield



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.



Adonica Dotson brings 27 years of diverse healthcare experience – spanning pharmaceuticals, nuclear medicine, hospital and clinical settings, medical coding & billing, and consulting. This unique background provides her with a deep understanding of the healthcare system, which she leverages to lead risk adjustment strategies. At Arkansas Blue Cross Blue Shield, she oversees medical record procurement, coding compliance, provider education, and retrospective program initiatives.



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Agenda

Today, we will cover the following:

- Introductions
- The Challenges in Risk Adjustment and Clinical Data
- Beyond Retrospective Approaches
 to Risk Adjustment
- Maximizing the Utility of Structured Data
- Optimizing Member Gap Closure and other Practical Applications
- Future Applications



The Challenges in Risk Adjustment and Clinical Data



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. 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.

\$300B



Current Risk Adjustment strategies are fraught with data challenges.

Data Fragmentation & Latency

- Patient data living across different EHRs and other sources make it difficult to retrieve and compile consistently.
- Health plans are looking for data closer to real-time to ensure they have an accurate picture of member risk ASAP.

Data Utility

 The availability of clinical data can be overwhelming, and health plans aim to overcome the challenges in fully utilizing structured clinical data to enhance the effectiveness of their risk adjustment operations.

Better Care Gap Closure & Operations

- Health plans want to accurately identify member care gaps faster from the mass of data they are retrieving.
- They also want to share and use the data to enhance their collaboration with their provider network.

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Current Risk Adjustment strategies are fraught with data challenges.

Data Fragmentation

- Possible sources include lab reports, provider notes, inpatient data, amongst others, and in various formats.
- This data is living in various provider EHRs, Health Information Exchanges (HIEs), and other ancillary systems used by providers.

Data Latency

- Current risk adjustment approaches are largely retrospective, with at least a year's-worth of data lookback, depending on the health plan line-of-business.
- Data use cases such as care gap closure – require more real-time data than a once a year lookback.





Data Utility

- Structured and unstructured clinical data is encoded in different formats and standards when exchanged across parties – such as CCD-As, FHIR, HL7, rendered chart PDFs, and others.
- Even within these data standards, Health plans still face challenges in the inconsistency of documentation, completeness, and quality of the clinical data.
- Health plans are challenged by maximizing the usefulness ("utility") of the data they are retrieving.



Current Risk Adjustment strategies are fraught with data challenges.

03

Better Care Gap Closure & Risk Adjustment Operations

How do I use and apply the current data I am retrieving for risk adjustment purposes to other areas of my **health plan's operations**? If I am able to access clinical data faster than a retrospective look, how can I leverage that to more **proactively address member care gaps**?

RISE

Question 1

Is your organization thinking about leveraging structured data more effectively, and taking steps to be able to do so?







Beyond Retrospective Approaches to Risk Adjustment



New Approaches in Risk Adjustment and Data Acquisition

RISF

Traditional risk adjustment models often follow a similar process.	Suspecting Analytics Retrieval HCC Coding Submission		
Data Acquisition Approach	Typically a mix of manual (e.g. fax) and digital (e.g. API) retrieval methods		
Data Elements Needed to Locate Data	Use of challenging provider data (e.g. names, address, TINs, NPIs) to target and locate specific charts		
Frequency of Data Exchange	Retrospective and annual lookback		
Data Format(s) Received	Chart images (PDFs)		

New Approaches in Risk Adjustment and Data Acquisition

A digital-first and member-based approach enhances risk adjustment outcomes.

Data Acquisition Approach	Typically a mix of manual (e.g. fax) and digital (e.g. API) retrieval methods	Chart acquisition will always prioritize digital pulls vs. manual methods for faster turnaround.
Data Elements Needed to Locate Data	Use of challenging provider data (e.g. names, address, TINs, NPIs) to target and locate specific charts	Only member demographic data is needed to search for all data across the network.
Frequency of Data Exchange	Retrospective and annual lookback	New clinical data (e.g. new encounters) is shared as often as monthly .
Data Format(s) Received	Chart images (PDFs)	Chart images (PDFs), CCDs, and extracted chart data (e.g. NPIs, DOS) is shared to support encounter matching to claims.



Question 2

When it comes to risk adjustment, in your organization thinking of more efficient approaches to chart retrieval?







Maximizing the Utility of Structured Data



Unlocking the Value of Structured Clinical Data

When retrieving digital data for risk adjustment (and other use cases), data sources often return different types of data.

These data formats are often translated / rendered to chart PDFs.

These are then stored internally or sent to various partners and vendors (e.g. HCC Coding).





Unlocking the Value of Structured Clinical Data

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RISE

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Unlocking the Value of Structured Clinical Data

Structured data can be processed effectively to power additional workflows beyond risk adjustment.





Question 3

Are there current plans in your organization to develop/ scale an enterprise data repository that supports multiple use cases?







Optimizing Member Gap Closure and other Practical Applications



Case Study: Enhancing Care Coordination and Risk Adjustment Operations

Arkansas Blue Cross Blue Shield leveraged Datavant's expansive digital access and data processing capabilities to enhance their operations for ACA membership.



Goal

Enhance operations focused on risk adjustment and care coordination.



Strategy

Leverage digital structured data in a monthly cadence to identify opportunities.



Target

300k members across the state (total plan ACA membership)

Results



of total ACA supplemental HCCs submitted (and tied to a risk-adjustable claim) were derived from digital strategies.

30%

more opportunities for clinical reassessments of members with chronic and/or behavioral health conditions were identified using data.



of total, uniquely submitted supplemental HCCs related to out-of-network claims were derived from Datavant's data, and matched directly to a risk-adjustable claim

of RADV audit-targeted charts were retrieved 50% in-house thanks to a member-based approach, reducing the need for additional retrieval efforts.

Medicare ADV 2023 member locator value realization analysis

Projects results



3M targeted members

1.5M members with

charts retrieved (51% of total members)

2M+

charts retrieved, achieving a ratio of 1.4 charts per member

Summary Results

18:1

Return on Investment (ROI) generated by the project.

0.044

average chart net RAF score (new HCC) for the project.

\$241

average net value per chart, driving incremental value versus provider-attributed methods.



Future Applications



Future Applications

Leveraging digital strategies and structured clinical data can be expanded to other areas of health plan operations.



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Question 4

What use case for digital clinical data do you see driving the MOST value for your organization in the future?

- Risk adjustment
- Care coordination and care management
- Quality improvement initiatives
 - Accurate HCC coding and regulatory compliance
 - Population health management
- Predictive analytics and decision support
- Other (please specify in the chat)



Thank you

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Questions?

Rebekah DeCoste

rebekah@datavant.com

Adonica Dotson andotson@arkbluecross.com



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