Mede/Analytics®

value based performance management overview

Drive high-quality care and track performance

what is it?

Population Health and Quality Management data tools designed to increase access and generate intelligence to improve population health and quality initiatives with MedeAnalytics Population Health and Quality Management solutions

who is it for?

Population health and care management directors, managers and staff, Accountable Care Organization (ACO) directors, quality team clinical & health plan analysts

why is it needed?

Encourages the delivery of high-quality care across all member populations with reporting and opportunities to close gaps in care, improve health outcomes and reduce costs

how does it help?

Aggregates data and improves workflows to provide actionable business intelligence to enhance population health and value-based care initiatives while also offering immediate insights into standard reporting metrics that support year-round performance measurement and improvement
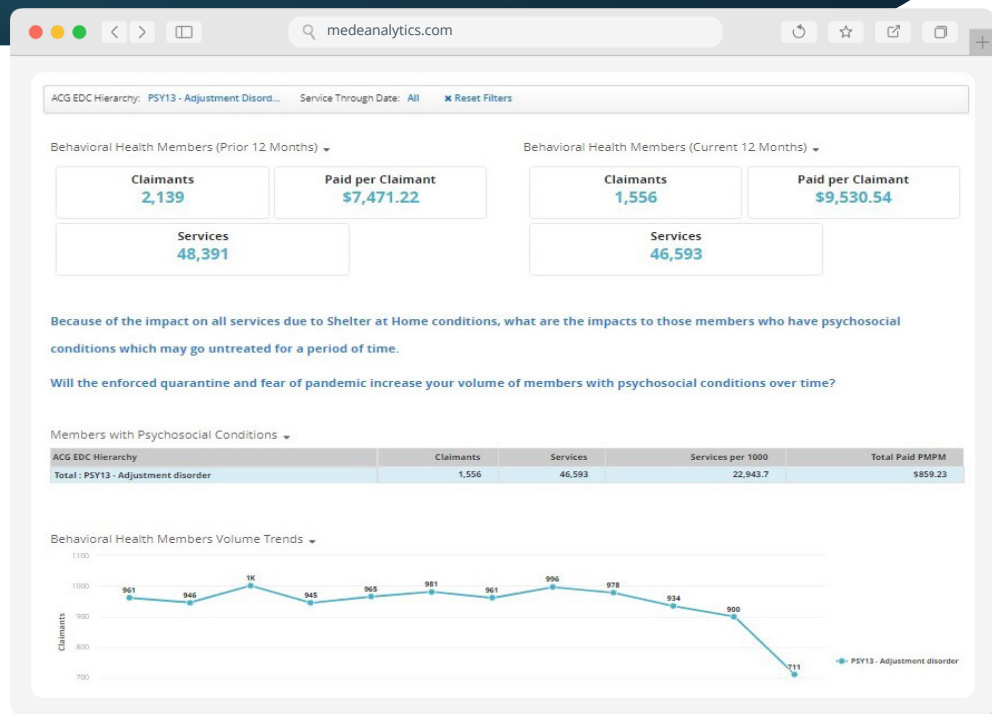
You and your stakeholders agree on the goals: healthier members, better cost management and a better care experience. Getting there together, however, can be difficult without the right tools.

Start by consolidating your organization's data sources to create a single source of truth and uncover actionable insights that drive population health and quality initiatives.

Our **Value Based Performance Management** solutions support the delivery of high-quality care across populations with quality measure tracking and opportunities to close gaps in care, improve outcomes and reduce costs.

With it, you can:

▸ Target at-risk patients for care management interventions

▸ Stratify patients and populations for timely action

▸ Identify potential admissions and readmissions with predictive analytics

▸ Drill down to member-level claim detail for deeper insights and analysis

▸ Track cost savings, utilization trends and PMPM targets

▸ Link all patient data to one master ID for a complete view of care

▸ Manage multiple population health initiatives with available resources

▸ Gain efficiency and insights into NCQA-certified HEDIS® measures and other quality measures

▸ Ensure timely and accurate NCQA/HEDIS® submissions

▸ Share data while driving cost and quality improvements

▸ Engage providers in year-round quality improvement

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| ACG EDC Hierarchy: PSY13 - Adjustment Disord... | Service Through Date: All | ✕ Reset Filters |

Behavioral Health Members (Prior 12 Months) ▾

Claimants	Paid per Claimant
2,139	$7,471.22

Services
48,391

Behavioral Health Members (Current 12 Months) ▾

Claimants	Paid per Claimant
1,556	$9,530.54

Services
46,593

Because of the impact on all services due to Shelter at Home conditions, what are the impacts to those members who have psychosocial conditions which may go untreated for a period of time.

Will the enforced quarantine and fear of pandemic increase your volume of members with psychosocial conditions over time?

Members with Psychosocial Conditions ▾

ACG EDC Hierarchy	Claimants	Services	Services per 1000	Total Paid PMPM
Total : PSY13 - Adjustment disorder	1,556	46,593	22,943.7	$859.23

Behavioral Health Members Volume Trends ▾

Track cost and utilization trends within the COVID-19 Risks and Impacts Dashboard

This health plan needed a better view of factors affecting patient population, including members with comorbidities, behavioral health and medical conditions.
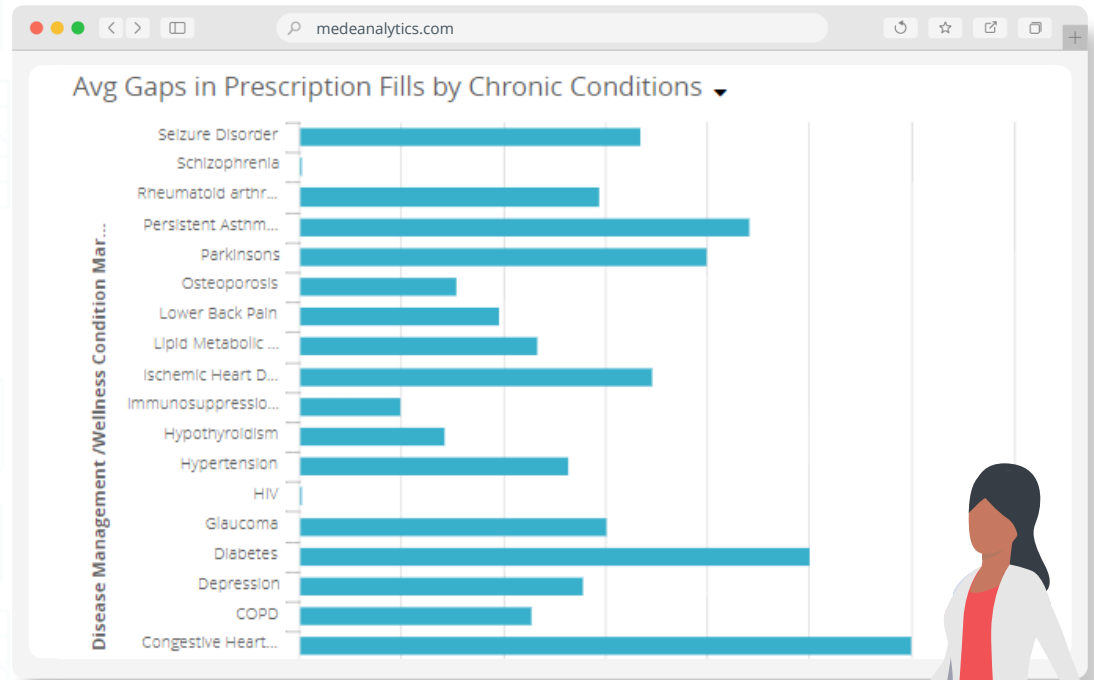
Using our **Population Health** solution, the health plan identified and targeted members for appropriate outreach and interventions.

The plan now has proactive care management for its members with costly chronic conditions and saw a reduction in report generation time from three weeks to minutes.

Population Health

Population Health aggregates clinical and claims data to help you identify and understand at-risk populations, improve care management programs and member engagement, and ultimately enhance population health and value-based care initiatives.

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Avg Gaps in Prescription Fills by Chronic Conditions ▾

Disease Management /Wellness Condition Mar...

- Seizure Disorder
- Schizophrenia
- Rheumatoid arthr...
- Persistent Asthm...
- Parkinsons
- Osteoporosis
- Lower Back Pain
- Lipid Metabolic ...
- Ischemic Heart D...
- Immunosuppressio...
- Hypothyroidism
- Hypertension
- HIV
- Glaucoma
- Diabetes
- Depression
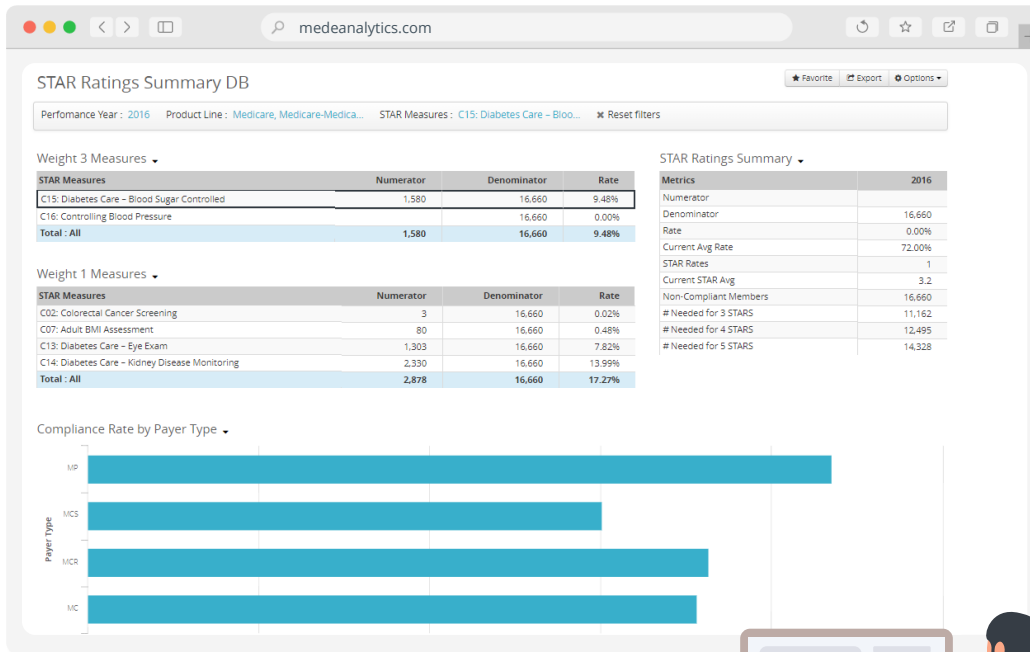- COPD
- Congestive Heart...

With Population Health, review patient medication compliance to easily analyze populations with medication adherence issues

Quality Management

▶ Quality Management provides insights that help you understand performance on quality measures, monitor pay-for-performance, achieve HEDIS® compliance and improve quality care for your members.

STAR Ratings Summary DB

| | | | ★ Favorite | Export | ⚙ Options ▾ |

Perfomance Year : 2016   Product Line : Medicare, Medicare-Medica...   STAR Measures : C15: Diabetes Care – Bloo...   ✖ Reset filters

Weight 3 Measures ▾

STAR Measures	Numerator	Denominator	Rate
C15: Diabetes Care – Blood Sugar Controlled	1,580	16,660	9.48%
C16: Controlling Blood Pressure		16,660	0.00%
Total : All	1,580	16,660	9.48%

Weight 1 Measures ▾

STAR Measures	Numerator	Denominator	Rate
C02: Colorectal Cancer Screening	3	16,660	0.02%
C07: Adult BMI Assessment	80	16,660	0.48%
C13: Diabetes Care – Eye Exam	1,303	16,660	7.82%
C14: Diabetes Care – Kidney Disease Monitoring	2,330	16,660	13.99%
Total : All	2,878	16,660	17.27%

STAR Ratings Summary ▾

Metrics	2016
Numerator	
Denominator	16,660
Rate	0.00%
Current Avg Rate	72.00%
STAR Rates	1
Current STAR Avg	3.2
Non-Compliant Members	16,660
# Needed for 3 STARS	11,162
# Needed for 4 STARS	12,495
# Needed for 5 STARS	14,328

Compliance Rate by Payer Type ▾

Understand Medicare STAR Ratings quickly and easily with pre-built dashboards

the problem

The Accountable Care Organization (ACO) needed more physician engagement in quality efforts and management of care gaps for patients with diabetes and other chronic conditions.

course of action

The ACO used our **Quality Management** solution to identify patients diagnosed with diabetes in other settings.

the result

The ACO identified care gaps in patients and worked with physicians to encourage outreach with diabetic patients, resulting in better care management.

"We reduced pharma costs by 20% and PMPM costs by more than 10%. It equates to $2 million less in medical/pharma costs than last year."

— R.N., Care Coordination Manager

Lowered ED visits by

16%

— **ConcertoCare**, using MedeAnalytics' predictive analytics capabilities

All Payer Solutions

Payer Operations
▸ Healthcare Economics
▸ Employer Reporting
▸ Provider Analytics

Value Based Performance Management
▸ Population Health
▸ Quality Management

Enterprise Performance Management
▸ Action Planning
▸ Progress Tracking

Mede/Analytics®

For more about MedeAnalytics Value Based Performance Management solutions, visit our <u>solutions</u> *page.*

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