



Payer Integration in DRVS

Using Plan Data to Close the Gap

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Today's Agenda

1 Data Integration | VBCare Overview

2 Payer Integration

3 Enrollment + Attribution

4 Care Gap Reconciliation

5 Care Coordination, PVP, and CMP

6 Cost Analysis

7 Final Thoughts + Questions



Intros and Contact Information

VBCare

Questions regarding VB Care plans, target values, programs:

- Shannon Weiland, RN Clinical Care Model Improvement Specialist
- Angelica Herrera-Venson, Senior Healthcare Quality Performance Improvement Specialist

Azara Support

DRVS Login Access, troubleshooting or to report a problem/bug:

- Email support@azarahealthcare.com

Azara

Adoption / How to use questions:

- LuAnn Kimker, VP Clinical Innovation, LuAnn.kimker@azarahealthcare.com
- Emily Holzman, Associate Director Client Success, Emily.holzman@azarahealthcare.com
- Phil Parker, VP Client Analytics, Philip.parker@azarhealthcare.com
- Tim Fox, Projects Team Lead, Tim.Fox@azarahealthcare.com



Why Are We Here?

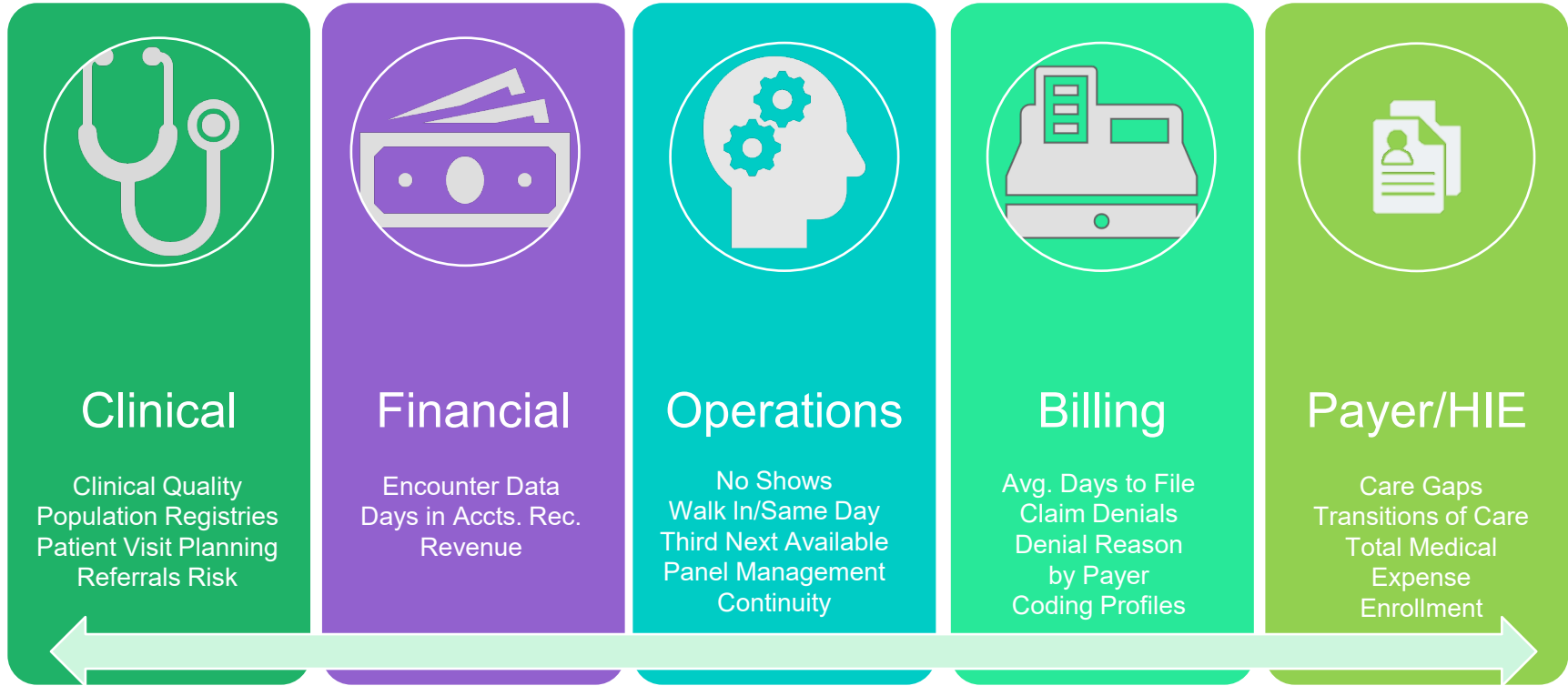


VBCARE USE CASES

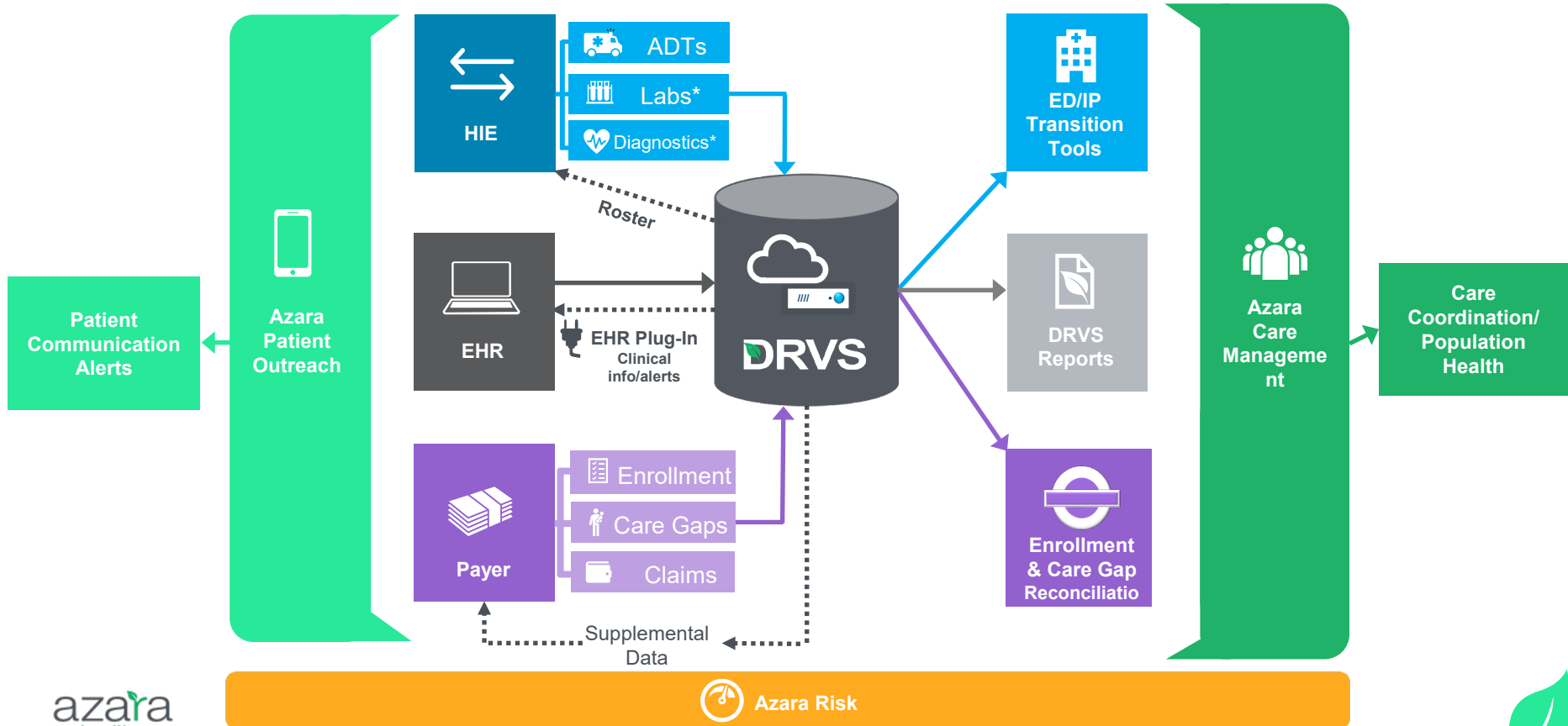
- Member Assignment Management and Reconciliation
- Patient Outreach and Engagement
- Patient Care Gap Closer Management and Reconciliation
- Care Management and Care Coordination
- Value-Based Quality and Cost Performance Management and Analysis
- Patient Data Exchange



Data is a Universal Need Across the CHC



Pulling the Data Together



Payer Integration

Data Sharing



Components of Payer Integration

Enrollment (rosters)

Care Gaps

Supplemental
Data

Claims

Cost

Pharmacy
Fill Data

SDOH
Data



Components of Payer Integration

✓ Enrollment (rosters)

✓ Care Gaps

Supplemental
Data

✓ Claims

✓ Cost

Pharmacy
✓ Fill Data

SDOH
Data



Data Transfers and Access

- VBCare to Azara
 - Enrollment: 1x month
 - Care Gaps: 1x month
 - Claims: 1x month

Data Transfers



- AZCH
- Banner
- Care1st
- UHC

Plans



- VBCare staff have access to DRVS and see only members of participating plans

Network Level Access



Plan Data Latency Report in DRVS

- Used to understand when data has been received from plan and uploaded into DRVS.
- Data is updated in DRVS 1-2 days after received from the plan.

Plan Data Latency ¹
REPORT

CENTERS
All Centers

Search ...

Update

FILTER ^

Roster				Care Gaps			Claims				Utilization		
CE...	PLAN	LAST LOADED	DAYS SINCE LAST LOADED	MOST RECENT MEMBER START DATE	LAST LOADED	DAYS SINCE LAST LOAD	CURRENT CARE GAP YEAR	DATA AVAILABLE	LAST LOADED	EARLIEST DATE OF SERVICE	DATE OF SERVICE (MOST RECENT)	IP VISIT (MOST RECENT)	ER VISIT (MOST RECENT)
Sunse...	AZCH	6/23/2021	33	12/31/2020	7/23/2021	35	2021	Y	6/21/2021	10/1/2019	9/30/2020	9/30/2020	9/30/2020

Member start date = 12/31/2021

Care Gaps thru 7/23/2021



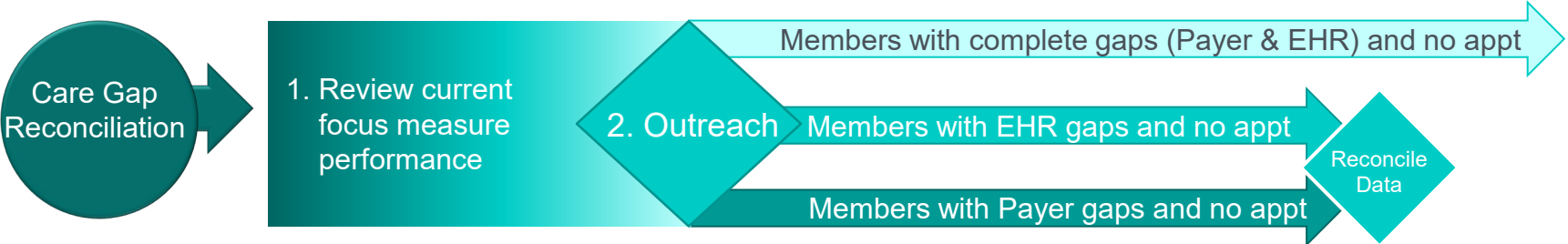
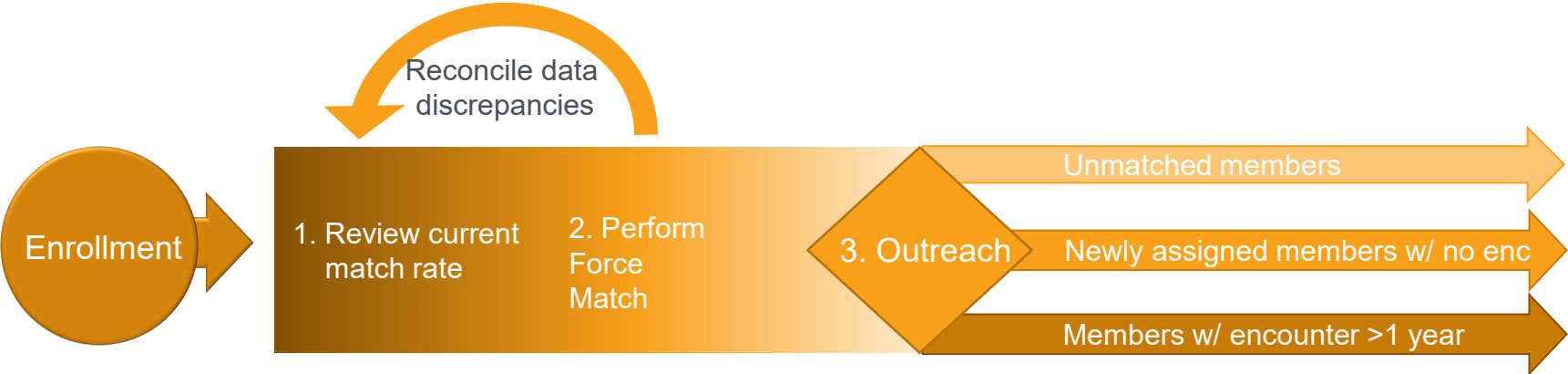
3 Pillars of Successful Value Based Contracts



- Measure & manage quality
- Reduce cost
- Improve health outcomes
- Increase coordination across the system



Workflows

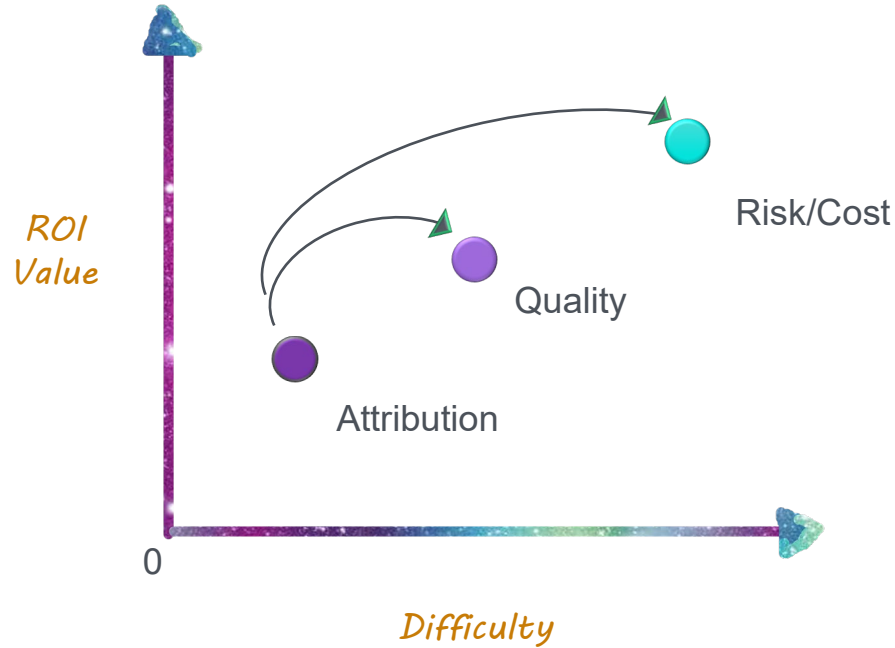


Enrollment + Attribution

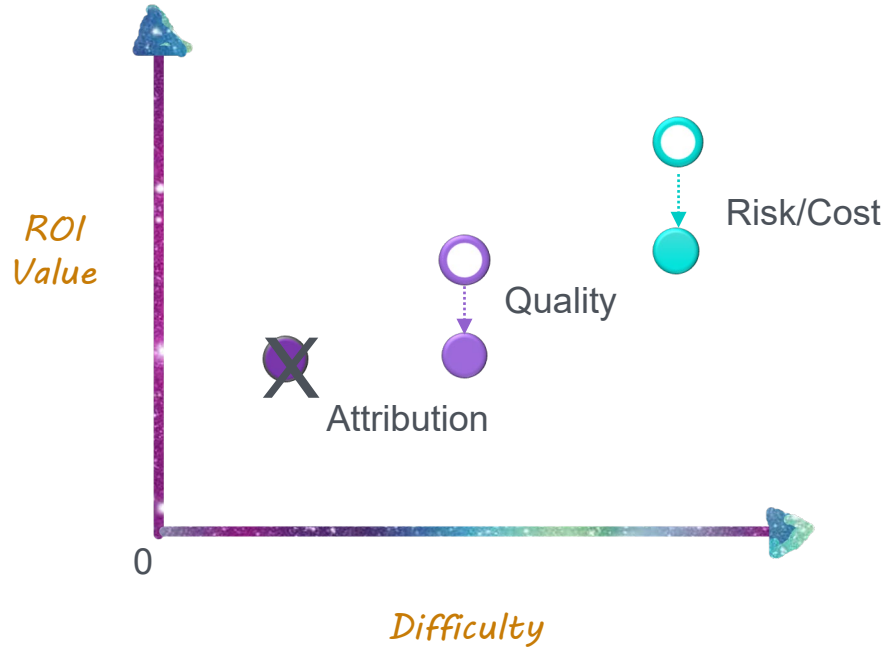
Matching roster data to EHR data



Attribution is a Pre-requisite



Poor Attribution Reduces Potential Returns



Enrollment Goals

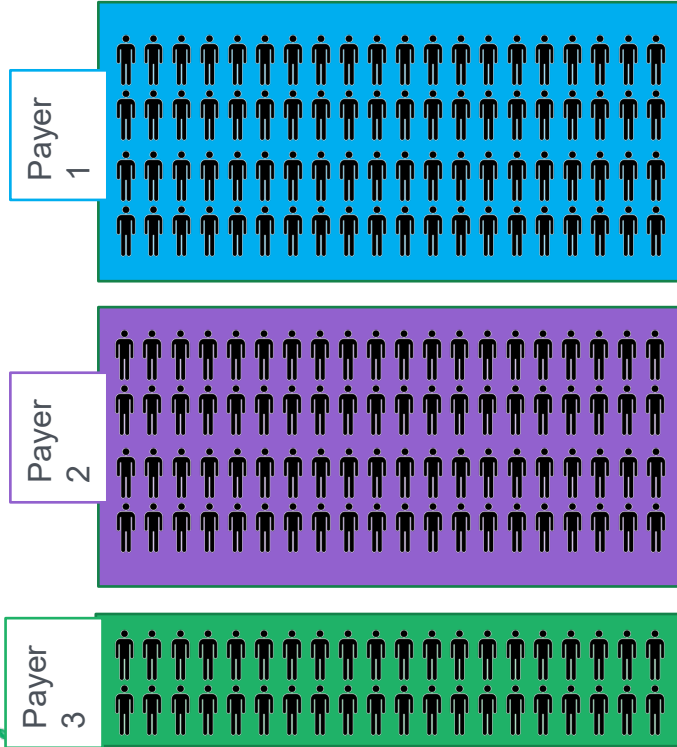


- Streamline overly burdensome management of enrollment files.
- Identify members that are NOT currently patients at your center.
- Manage enrollee assignment with member and payer.
- Positively impact your clinical quality and cost/high risk investments.

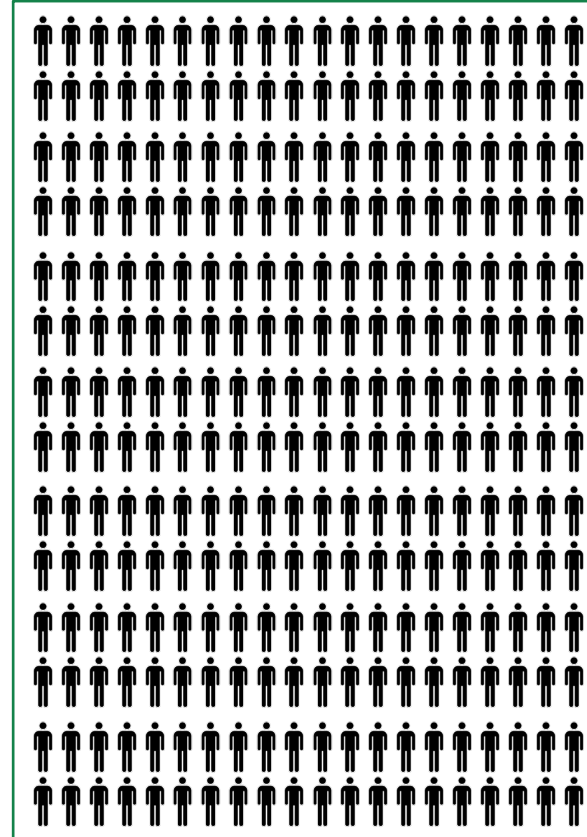


Members vs. Patients

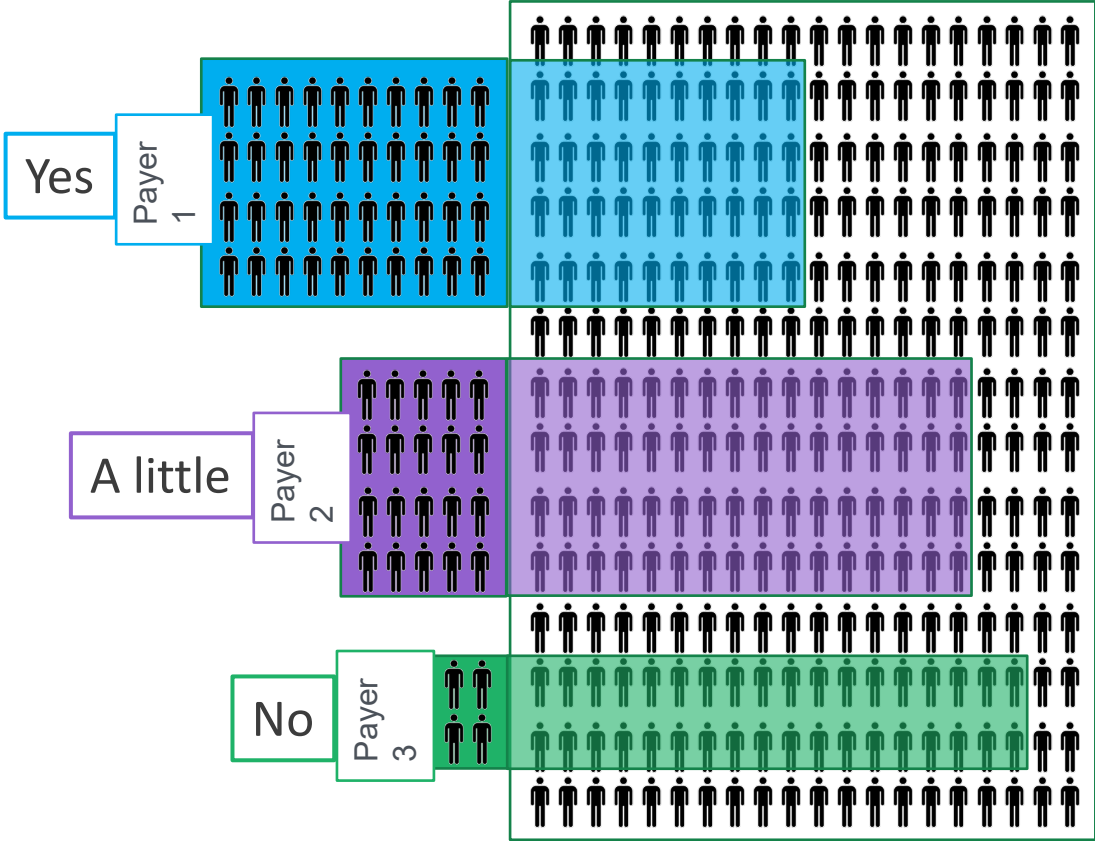
Payer Rosters (Received Monthly)



FQHC Patients (In EHR)



Are You Gambling?



You can't manage what you don't know!



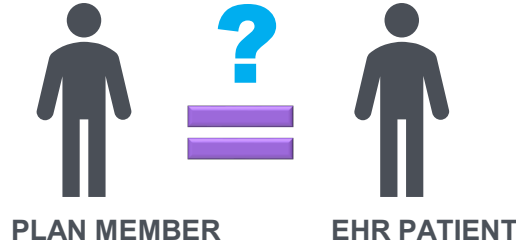
Azara Matching Logic

Hard Match

“Deterministic Match”

A match with near certain confidence.

Extremely high precision (99.9% +), at the cost of some recall.



Soft Match

“Probabilistic Match”

An uncertain match (<99%), requires human review to confirm.

Much higher recall, at the cost of precision.

DOB +
Medicaid/Medicare/Member #





How do I identify which members are being seen at my practice?

MATCHED MEMBER DASHBOARD

Matched Members DASHBOARD

PERIOD: **May 2021** CENTERS: **All Centers** RENDERING PROVIDERS: **All Rendering Provid...**

[+ Add Filter](#) [Update](#)

Timeline Trend

Month	Match Rate
May '20	62%
Jun '20	61%
Jul '20	62%
Aug '20	62%
Sep '20	66%
Oct '20	66%
Nov '20	63%
Dec '20	63%
Jan '21	62%
Feb '21	62%
Mar '21	63%
Apr '21	63%
May '21	64%

Members Group By Age

AGE	MATCH RATE	NUM	GAP
<= 2	54%	6,928	5,966
3-6	69%	13,611	6,230
7-17	70%	39,970	17,140
18-25	59%	23,360	16,241
26-45	56%	52,139	40,520
46-64	66%	38,793	19,713
65 +	81%	17,758	4,200

Members Group By Cost

COST GROUP	MATCH RATE	NUM	GAP
No Cost Data	63%	137,466	80,000
\$0-5K	63%	44,331	25,926
\$5-10K	74%	4,386	1,567
\$10-25K	74%	3,963	1,423
\$25-50K	69%	1,502	671
\$50-100K	69%	672	302
>\$100K	66%	231	117

Members Group By Last Encounter

LAST ENCOUNTER	MATCHED MEMBERS	% TOTAL
No Encounter	13,496	7%
0-180	118,608	62%
181-365	29,691	15%
366-720	22,093	11%
>720	8,671	5%
Totals	192,559	



How do I identify which members are being seen at my practice?

CUSTOM DASHBOARD | EXAMPLE

Health Plan
Enrollment & Care Gaps
FILTER

PERIOD

2021

CENTERS

All Centers

RENDERING PROVIDERS

All Rendering Provid...

PLANS

United

PRODUCTS

All Products

MEMBER MATCH TYPE

All Member Match T...

LAST ENCOUNTER

All Last Encounter

+ Add Filter

Update

Members

91,281

Members Eligible During the Period

Matched Members

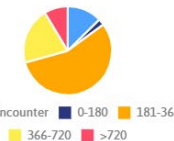
50%

% of Matched Members

+8% ▲

2016

Member Visit Stratification



■ No Encounter
 ■ 0-180
 ■ 181-365
 ■ 366-720
 ■ >720

Measures at Target

TARGET ACHIEVEMENT

0

PRIMARY

0

SECONDARY

9

NOT MET

9 Total Measures

Unmatched Members

45,343

Members By Match Type

MEMBERS ELIGIBLE DURING THE PERIOD	91,281	
Matched Members	45,938	50%
Soft Matched Members	10,299	11%
Unmatched Members	35,044	38%

Newly Assigned Members

12,986

Newly Assigned Members

0% ▲

2016

Health Plan Priority Measures

MEASURE	RESULT	NUM	DENOM	GAP	2TGT	PYR GAP	EHR GAP
CIS - Child Immz Combo 3	●	34.2%	262	767	505	383	31
IMA - Adol Immz Combo 2	●	24.0%	206	857	651	257	22
W30B - Well-Child Visits 15 - 30 Months	●	0.0%	0	0	0	0	0
WCV - Child and Adol Well-Care Visits Total		0.0%	0	0	0	0	0
SAA - Antipsychotic Meds for SZ	●	0.4%	1	245	244	161	0
BCS - Breast Cancer Screening	●	45.6%	1,937	4,247	2,310	1,249	130
CCS - Cervical Cancer	●	49.8%	7,528	15,114	7,586	3,959	256

'Soft' Matches

10,299

Members that have a Soft Match to EHR

Member Visits

LAST ENCOUNTER	NUM	DENOM	GAP
No Encounter	5,821	51,145	45,324
0-180	1,034	1,051	17
181-365	25,612	25,613	1
366-720	9,513	9,513	0

Newly Assigned Member Visits

LAST ENCOUNTER	RESULT	NUM
No Encounter	18.1%	9,256
0-180	13.8%	145
181-365	11.6%	2,978
366-720	4.3%	411





What is the best way to see the member details?

MEMBERS REPORTS

Puts all data in one location

- Demographics, eligibility, matching status
- Provider assignment, recent and upcoming appointments
- Chronic condition and risk (EHR)
- Cost summary and payer risk (if provided)

MEMBERS SOFT MATCHING REPORTS

Identifies members that have a potential (or soft match) with a patient in your EHR (did not match by DOB and plan #)

- Shows the match method, rank
- Compares member data to EHR data – name, dob, address, phone, Medicaid#, Medicare#
- EHR Usual Provider, plan PCP
- Most recent encounter and next appointment

Note: only members for whom VBCare is responsible will appear in DRVS; this may lead to discrepancies between full plan rosters and the members who appear in Azara's reports.



Member & Soft Match Report

Members REPORT

PERIOD: June 2020 | RENDERING PROVIDER: All Rendering Provid... | PLANS: All Plans

Demographics and Eligibility Dates

MEMBER				HARD	SOFT	ELIGIBILITY		AGE				
NAME	NUMBER	MEDICAID NUMBER	MEDICARE NUMBER	HARD/SOFT MATCHED	MATCH	MATCH MRN	MATCH	MATCH MRN	START	END	AGE	GROUP
Cr	Cr	4		Y	Y	9	N		5/1/2020	12/31/9999	41	26-45
H	Cr	1		Y	Y	3	N		6/1/2020	12/31/9999	8	7-17
					Y	5	N		6/1/2020	12/31/9999	16	7-17

Chronic Conditions and Risk from EHR

AME	DM	HTN	CHF	IVD	CAD	ASM	HIV	ESRD	CANCER	SMP	ASD	VISIT	VISITS IN PAST YR	VISIT	VISITS IN PAST YR
Co										Y	Y				
Ha															

Utilization Data

ER	VISIT	MEMBER NUMBER	RANK	SOFT MATCHED METHOD	MEMBER NAME	PATIENT NAME	MEMBER DOB	PATIENT DOB	MEMBER ADDRESS	PATIENT ADDRESS	MEMBER PHONE	PATIENT PHON
	5/18/2021		1	Policy Number, First Name	Ste	Str	5/18/2014	5/19/2014	116	116	740	740-9
	5/16/2021		1	Policy Number, First Name	Mc	Mi	11/4/2008	11/4/2007	112	112	740	740-5
	5/16/2021		1	Policy Number, First Name	Koi	KC	2/21/2008	2/21/2006	280	634	Not	740-5
	5/16/2021		1	Policy Number, First Name	Bei	Be	11/28/2008	11/28/2007	109	109	Not	740-8
	5/14/2021		1	Policy Number, First Name	Vai	Va	8/19/1999	8/18/1999	128	128	740	740-5
			1	Policy Number, First Name	Pet	Pe	11/19/1972	10/19/1972	953	953	740	740-6
			2	Policy Number, First Initial	Nic	Ni	4/17/1969	7/26/2003	296	296	740	740-6
			3	Medicaid Number, First Name	Ho	Hc	12/26/1963	12/26/1964	309	309	740	740-7
			3	Medicaid Number, First Name	Sm	Sn	11/18/2008	11/11/2008	219	219	740	740-5

+ Add Filter

Search

RECENT

- + Last Encounter
- + Member Match Type
- + Products
- + Patient Risk

ALL

- + Age
- + Cost Group
- + Last Encounter
- + Member Match Type
- + Patient Diagnoses
- + Patient Risk
- + Plan PCP

Soft Matching REPORT

MEMBER NUMBER	RANK	SOFT MATCHED METHOD	MEMBER NAME	PATIENT NAME	MEMBER DOB	PATIENT DOB	MEMBER ADDRESS	PATIENT ADDRESS	MEMBER PHONE	PATIENT PHON
	1	Policy Number, First Name	Ste	Str	5/18/2014	5/19/2014	116	116	740	740-9
	1	Policy Number, First Name	Mc	Mi	11/4/2008	11/4/2007	112	112	740	740-5
	1	Policy Number, First Name	Koi	KC	2/21/2008	2/21/2006	280	634	Not	740-5
	1	Policy Number, First Name	Bei	Be	11/28/2008	11/28/2007	109	109	Not	740-8
	1	Policy Number, First Name	Vai	Va	8/19/1999	8/18/1999	128	128	740	740-5
	1	Policy Number, First Name	Pet	Pe	11/19/1972	10/19/1972	953	953	740	740-6
	2	Policy Number, First Initial	Nic	Ni	4/17/1969	7/26/2003	296	296	740	740-6
	3	Medicaid Number, First Name	Ho	Hc	12/26/1963	12/26/1964	309	309	740	740-7
	3	Medicaid Number, First Name	Sm	Sn	11/18/2008	11/11/2008	219	219	740	740-5



? What is benefit of 'Matching' and how does it happen?

FORCE MATCH ADMINISTRATION

Allows easy reconciliation of Soft Matches and matches member and patient data in measures

Force Match Administration

368 Resolve Suggested Matches

MEMBERS

ACTIVITY LOG

Search Members...

All Needs Review Match No Match

PLAN	MEMBER #	MRN	MEMBER NAME	PATIENT NAME	MEMBER DOB	PATIENT DOB	MATCHED ON	MATCHED BY	STATUS	
AZCH					01	01			Needs Review	⚙️
AZCH					05	05			Needs Review	⚙️
Care1st					03	03			Needs Review	⚙️
Care1st					06	01			Needs Review	⚙️
Care1st					08	08			Needs Review	⚙️
Banner (VBCare)					07	07			Needs Review	⚙️
Banner (VBCare)					11	11			Needs Review	⚙️
Banner (VBCare)					05	05			Needs Review	⚙️
Banner (VBCare)					01	01			Needs Review	⚙️
Banner (VBCare)					06	06			Needs Review	⚙️
Banner (VBCare)					07	07			Needs Review	⚙️
Care1st					03	03			Needs Review	⚙️



? How am I able to match them?

VBCare staff will be working with centers individually to match members; users **do not** currently have permissions to make matches

FORCE MATCH ADMINISTRATION

⊙ ⏪ Suggested Match Resolution

REMAINING MATCHES: 21

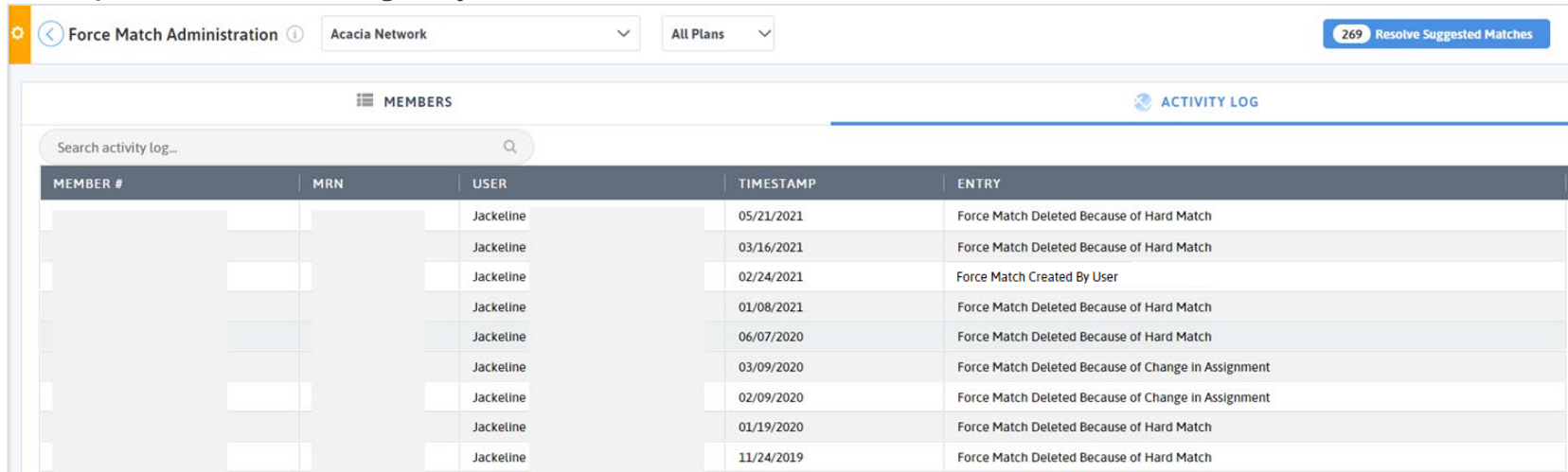
Member Data	EHR Patient Data												
Member: 11 Plan: United Healthcare	Patient MRN: 741 Find Other Patient												
Name: DA TON	Name: D: ton												
DOB: 12/19/1949	DOB: 12/19/1949												
Medicaid #: WC	Medicaid #:												
Medicare #: 5C 18	Medicare #:												
Address 1: 12 ST	Address 1: 308 Street												
Address 2: 1C	Address 2:												
City: NEW YORK	City:												
State: NY	State:												
Zipcode: 100270000	Zipcode:												
Email:	Email:												
Phone: 64	Phone: 71												
DRVS Suggested Match Reason	Active Payers for this Patient												
First Name, Last Name and DOB	<table border="1"><thead><tr><th>PAYER</th><th>POLICY #</th><th>START DATE</th><th>END DATE</th></tr></thead><tbody><tr><td>BH MEDIC</td><td></td><td></td><td></td></tr><tr><td>BH MEDIC</td><td></td><td></td><td></td></tr></tbody></table>	PAYER	POLICY #	START DATE	END DATE	BH MEDIC				BH MEDIC			
PAYER	POLICY #	START DATE	END DATE										
BH MEDIC													
BH MEDIC													



? What happens after you make a match?

FORCE MATCH ADMINISTRATION

- Tracks all activity.
- Unsure = Needs Further Review - currently can only see this distinction in the Activity Log.
- Force match **persists** month of month until data matches.
- Matched members will be removed from the Soft Match report and updated on the Member report the following day.



The screenshot displays the 'Force Match Administration' interface. At the top, there is a navigation bar with a back arrow, the title 'Force Match Administration', a dropdown menu for 'Acacia Network', another dropdown for 'All Plans', and a button labeled '269 Resolve Suggested Matches'. Below the navigation bar, there are two tabs: 'MEMBERS' and 'ACTIVITY LOG'. The 'ACTIVITY LOG' tab is selected, and a search bar labeled 'Search activity log...' is visible. The main content area shows a table with the following columns: MEMBER #, MRN, USER, TIMESTAMP, and ENTRY. The table contains 10 rows of activity logs for a user named 'Jackeline'.

MEMBER #	MRN	USER	TIMESTAMP	ENTRY
		Jackeline	05/21/2021	Force Match Deleted Because of Hard Match
		Jackeline	03/16/2021	Force Match Deleted Because of Hard Match
		Jackeline	02/24/2021	Force Match Created By User
		Jackeline	01/08/2021	Force Match Deleted Because of Hard Match
		Jackeline	06/07/2020	Force Match Deleted Because of Hard Match
		Jackeline	03/09/2020	Force Match Deleted Because of Change in Assignment
		Jackeline	02/09/2020	Force Match Deleted Because of Change in Assignment
		Jackeline	01/19/2020	Force Match Deleted Because of Hard Match
		Jackeline	11/24/2019	Force Match Deleted Because of Hard Match



? What happens if it needs further review?

- Track issues using the activity log and/or the Soft Match Report.
- Needs further review will remain on the Soft Match Report for further action

Discrepancy	Investigation	Finding	Force Match	Follow Up Action	Responsible Person
DOB Address Phone Name	<ul style="list-style-type: none"> • Compare to scanned ID • Compare to Plan Portal • Compare to birth document 	EHR Correct	Match	<ul style="list-style-type: none"> • Mark for f/u with Payer on exported Soft Match report 	
		Payer Correct	Match	<ul style="list-style-type: none"> • Update EHR • Follow name/change request policies 	
		Unable to tell	Needs Further Review	<ul style="list-style-type: none"> • Mark for f/u with 'X' CHC staff to call patient • Make note in EHR to confirm at next visit (address) 	
		Not a Match	Not a Match		
Policy number		Payer Correct	Match	<ul style="list-style-type: none"> • Assess where policy # pulling from in DRVS • Update Policy# in EHR • Consult with Billing Dept. 	
Other					



Accessing the Enrollment Tools in DRVS

Dashboards

Search

- Diabetes
- HRSA SARS-COV-2 Health Center Survey
- MAT Program Management
- Matched Members**
- Panel Management
- Patient Risk Stratification
- Predominant Conditions
- Pts Receiving COVID-19 Vaccination
- Referral Management
- Social Needs All Patients
- Social Needs Assessed
- Substance Use Screening

Reports

Search

- OB
- P4C
- Patient Outreach Messages
- Payer Integration
- Care Gap Reconciliation (CGR)**
- Members
- Plan Data Latency
- Soft Matching
- PCMH
- Pediatrics
- RAF Gaps
- Referrals
- Transition of Care

Measures

Search

- Patient Outreach
- Payer Integration
- Average Cost PMPM
- Center Membership Growth Rate
- Cost per Member
- ER Utilization Rate
- ER Visits Per Utilizer
- Inpatient Utilization Rate
- Inpatient Visits Per Utilizer
- Matched Members**
- Newly Assigned Members
- Newly Eligible Members
- Newly Ineligible Members
- Newly Unassigned Members
- Plan Membership Growth Rate
- Soft Matched Members
- Unmatched Members

Newly Assigned Members ⓘ

MEASURE

FILTER ^

PERIOD: TY July 2021
 CENTERS: All Centers
 RENDERING PROVIDERS: All Rendering Provid...
 PLANS: All Plans

+ Add Filter | Update

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

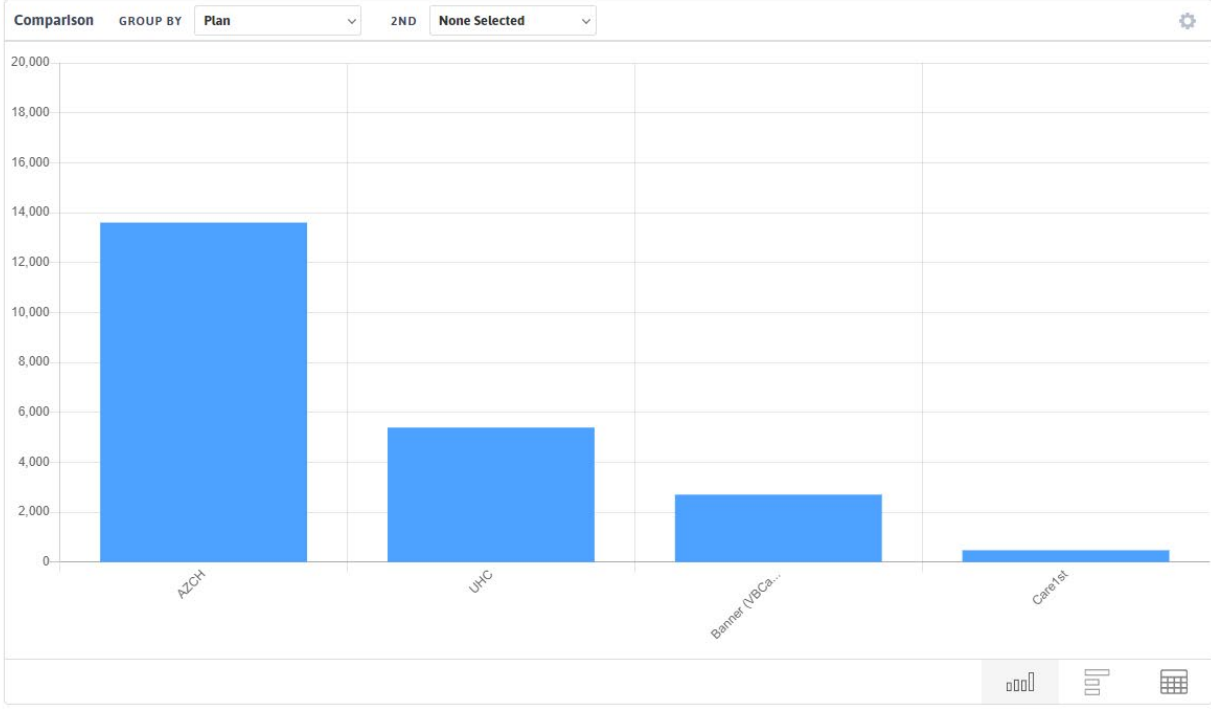
Metrics Last Processed 7/23/2021 ⓘ

19.8%
Result

0.0%
TY November 2020

22,175 / 112,157

TARGET [Create Target](#)



Newly Unassigned Members

MEASURE

FILTER



PERIOD: TY July 2021
 CENTERS: All Centers
 RENDERING PROVIDERS: All Rendering Provid...
 PLANS: All Plans

+ Add Filter Update

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

Metrics

Last Processed 7/23/2021

6.3%
 Result

TY November 2020

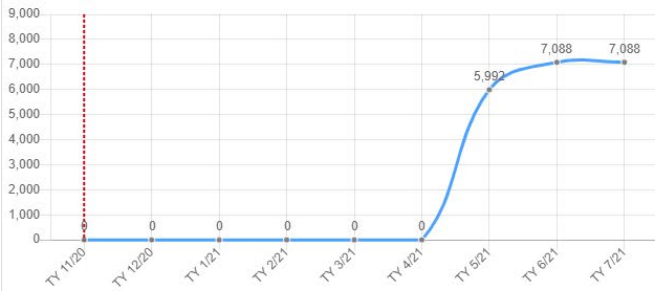
7,088 / 112,157

TARGET

Create Target

TY 7/21

GROUP BY: None



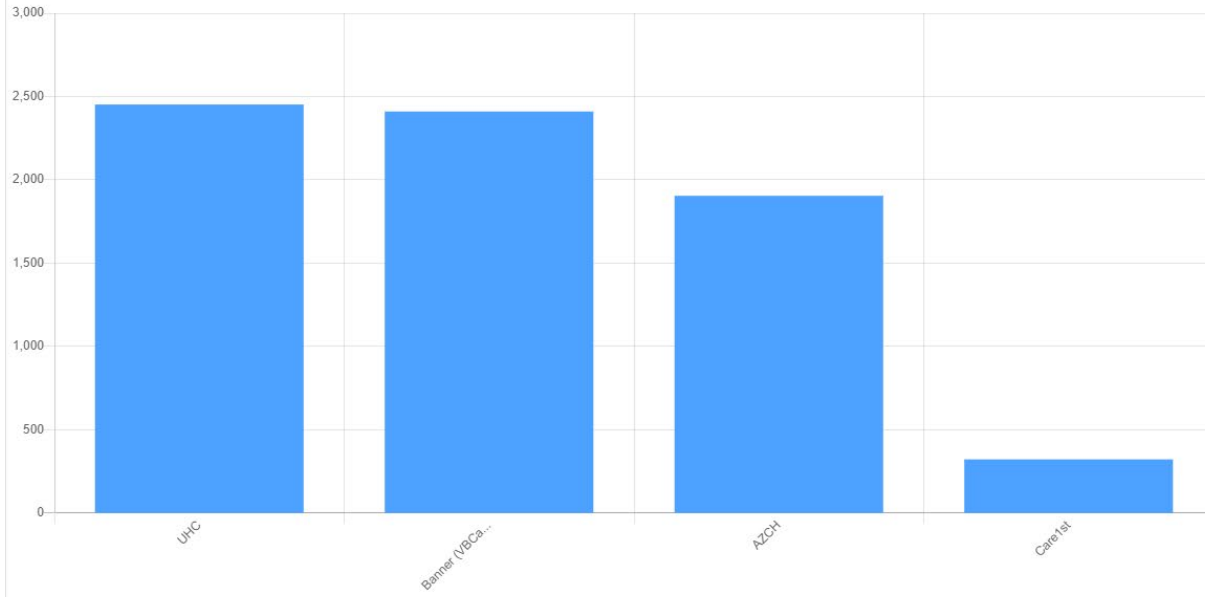
Baseline



Comparison

GROUP BY: Plan

2ND: None Selected



Care Gap Reconciliation

Identification and closure



Goals for Care Gap Reconciliation



- Understand performance on measures – straight from the payer.
- Identify where the gaps exist and take appropriate action.
 - Never done
 - Done elsewhere
 - Not documented
- Improve performance
- Minimize patient inconvenience



Understanding the Measures

- Patient based
- Uses EHR Data

eQMs



- Plan Certified HEDIS Measure Data
- Uses enrollment & care gap data
- Shows gaps in plan vs EHR
- No calculation in DRVS

Plan Calculated HEDIS Measures



- Member based
- Uses enrollment & claims data
- Incorporates EHR Data

Payer /
HEDIS Measure
Certified

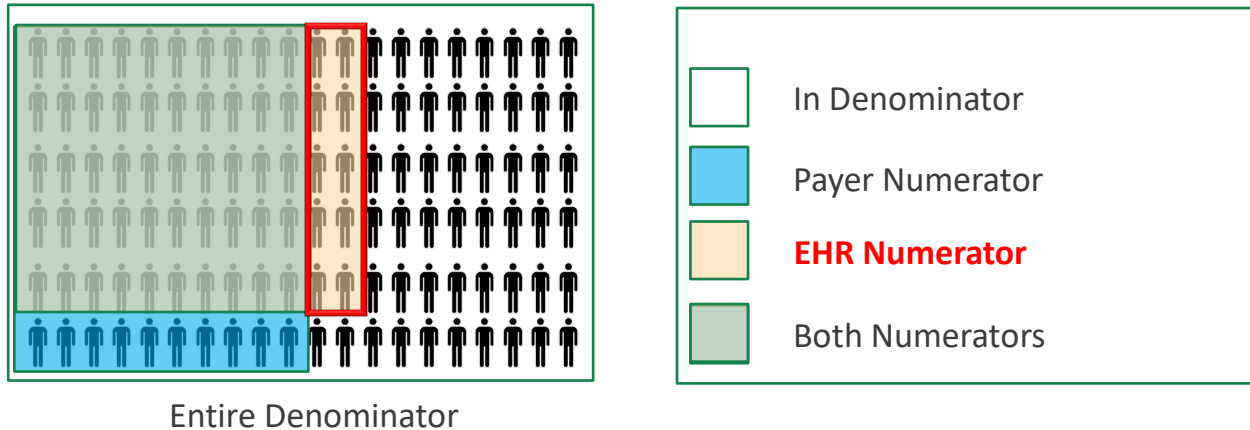


Focus on Plan Calculated Measures -
Data Straight from the Source



Care Gap Reconciliation - Objective

- Payers care gap lists (or measure results) are often missing data available in EHRs, and visa versa.
- Need to remove “data gaps” prior to working actual care gaps.



Accessing the Payer Integration Reports

This screenshot shows the main application menu with various categories. The 'VBCare Plan Calculated Measures' item is highlighted with a blue box. The menu items are as follows:

- Reports
 - Direct Relief Scorecard
 - Hypertension Control
- Dashboards
 - Hypertension management grant
 - Imms by Imm Type
 - KD TEST Copy of 2018 Family Practice
- Measures
 - Key Initiative
 - LDL Cascade
 - MHC UDS Scorecard - 2020
 - pediatric measures 2020
 - Provider Incentive Scorecard
 - QUALITY
 - Scorecard by Location
 - Scorecard by Provider
 - Sunset Data Validation Project
 - Sunset MU CQMs
 - Sunset PCMH
 - TOC ED Cascade
 - TOC IP Cascade
 - Universal Scorecard
 - VBCare Plan Calculated Measures**
- Registries
- Admin

This screenshot shows the 'Reports' menu. The 'LIBRARY' item is highlighted with a blue box. Below it, the 'Payer Integration' dropdown menu is open, and 'Care Gap Reconciliation (CGR)' is highlighted with a blue box. The menu items are as follows:

- Reports
 - MY PINS
 - Data Sharing
 - UDS 2020 CQMs
 - LIBRARY**
 - UDS
 - Care Management Passport
 - Clinical Operations
 - Dental CQM
 - Meaningful Use
 - MillionHearts
 - OB
 - Payer Integration
 - Care Gap Reconciliation (CGR)**
 - Members
 - Plan Data Latency
 - Soft Matching
 - PCMH
 - Pediatrics
 - Custom Scorecards
- PVP
- CMP
- Dashboards
- Measures
- Registries
- Admin

This screenshot shows the 'Measures' menu. The 'Plan Calculated HEDIS Measures' dropdown menu is highlighted with a blue box. The menu items are as follows:

- Measures
 - PCMH Adult Preventative
 - PCMH Core
 - PCMH Pediatric Asthma
 - PCMH Pediatric Preventative
 - PHASE Measures
 - Plan Calculated HEDIS Measures**
 - AAP - Adults Access to Care Total
 - AMM - Antidepressant Med Acute
 - BCS - Breast Cancer Screening
 - CCS - Cervical Cancer Screening
 - CDC - DM Care HbA1c Testing
 - CDC - DM Poor A1c Control
 - Child and Adol. Well-Care Visits 12-17y
 - Child and Adol. Well-Care Visits 3-11y
 - PPC - Prenatal Care Timeliness
 - W15 - WellChild 1st 15 Mon 6+ visits
 - WCV - Child and Adol. Well-Care Visits Total
- PVP
- CMP
- Reports
- Dashboards
- Measures
- Registries
- Admin



**How do I know how we
are performing on the
Plan Measures?**



VBCare Measure Scorecard

VBCare Plan Calculated Measures ¹

REPORT

PERIOD: 2021 | CENTERS: All Centers | RENDERING PROVIDERS: All Rendering Provid...

+ Add Filter | Update

REPORT | CARE GAPS

GROUPING: No Grouping | REPORT FORMAT: Scorecard

MEASURE	RESULT	CHANGE	NUMERATOR	DENOMINATOR	GAP	TO TARGET	PAYER GAP	EHR GAP
HEDIS AAP - Adult Access to Preventive/Ambulatory Health Services (Total) - Plan Calculated	29.5%	+ 29.5% ▲	316	1,071	755		0	289
HEDIS BCS - Breast Cancer Screening - Plan Calculated	40.9%	+ 40.9% ▲	3,085	7,546	4,461		544	491
HEDIS CCS - Cervical Cancer Screening - Plan Calculated	40.6%	+ 40.6% ▲	6,025	14,832	8,807		426	2,109
HEDIS WCV - Child and Adolescent Well-Care Visits (3-11 years) - Plan Calculated	16.9%	+ 16.9% ▲	632	3,740	3,108		0	542
HEDIS WCV - Child and Adolescent Well-Care Visits (12-17 years) - Plan Calculated	8.7%	+ 8.7% ▲	755	8,644	7,889		0	695
HEDIS CDC - Comprehensive Diabetes Care - HbA1c Testing - Plan Calculated	60.2%	+ 60.2% ▲	2,727	4,530	1,803		781	546
HEDIS PPC - Prenatal and Postpartum Care - Timeliness of Prenatal Care - Plan Calculated	65.9%	+ 65.9% ▲	452	686	234		1	322
HEDIS HDO - Use of Opioids at High Dosage (Plan Calculated)	14.8%	+ 14.8% ▲	59	400	59		0	46
HEDIS WCV - Child and Adolescent Well-Care Visits (Total) - Plan Calculated	11.0%	+ 11.0% ▲	2,420	21,919	19,499		0	1,713
HEDIS AMM - Antidepressant Medication Management - Effective Acute Phase Treatment - Plan Calculated	55.7%	+ 55.7% ▲	337	605	268		0	224
HEDIS CDC - Comprehensive Diabetes Care - Poor HbA1c Control - Plan Calculated	18.6%	+ 18.6% ▲	1,505	8,110	1,505		6,512	27
HEDIS W15 - Well-Child Visits in the first 15 Months of Life (6 or more visits) - Plan Calculated	49.0%	+ 49.0% ▲	1,721	3,514	1,793		0	1,298



? How can I see all the gaps for a member?

VBCare Plan Calculated Measures ¹

REPORT

PERIOD: 2021 CENTERS: All Centers RENDERING PROVIDERS: All Rendering Provid...

+ Add Filter Update

REPORT

Search ...

All Has Appt No Appt

DATA RECONCILIATION REQUIRED

+ CARE GAPS

MEASURE COMPLIANCE
 Non-Compliant (Gap)
 Compliant

ACTION REQUIRED
 Member Outreach
 Data Reconciliation

NO ACTION REQUIRED
 Compliant

RECENT
 Patient Risk
 ALL
 Cost Group
 Last Encounter
 Member Match Type
 Patient Diagnoses
 Patient Risk
 Plan PCP
 Rendering Locations
 Usual Locations
 Usual Providers

PLAN	MATCHED >	M.	GAP	DESCRIPTION	MEASURES											
					MATCH	COUNT	AAP	BCS MAMMO	CCS CERV	WCV	WCV	CDC A1C	PPC PRENATAL	WCV		
AZCH	✓	000...	5	BCS MAMMO, CCS CERV, CDC A1C, DEPR MEDS, CDC		☎	☎				☎					
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					
Care1st	✓	000...	4	AAP, BCS MAMMO, CDC A1C, CDC	☎	☎					☎					
Care1st	✓	000...	4	AAP, BCS MAMMO, CDC A1C, CDC	☎	☎					☎					
Care1st	✓	000...	4	AAP, BCS MAMMO, CDC A1C, CDC	☎	☎					☎					
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, DEPR MEDS, CDC		☎	☎				☎			☎		
AZCH	✓	000...	4	CCS CERV, CDC A1C, DEPR MEDS, CDC			☎				☎			☎		
Care1st	✓	000...	4	AAP, CDC A1C, WCV, CDC	☎						☎		☎			
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					
AZCH	✓	000...	4	CCS CERV, CDC A1C, DEPR MEDS, CDC			☎				☎			☎		
AZCH	✓	000...	4	BCS MAMMO, CCS CERV, CDC A1C, CDC		☎	☎				☎					



Understanding the Data

✓ No Action Required

📁 Data reconciliation Required

MEASURE	RESULT	TARGET	NUMERATOR	DENOMINATOR	GAP	TO TARGET	PAYER GAP	EHR GAP
① HEDIS CDC - Comprehensive Diabetes Care - HbA1c Testing - Plan Calculated	14.1%	95.0%	86	609	523	493	257	8

📞 Member Outreach Required

Not in EHR or Payer

Payer is missing EHR data

EHR is missing PAYER data

Think about as **WHO** is missing the data?

In Payer Gaps, the PAYER is missing the data.
In EHR gaps, the EHR does not have the data.





Can I look at only matched members or members without an appointment?

UHC Medicaid/CHIP Quality Bonus Scorecard REPORT

PERIOD: 2021 | CENTERS: All Centers | RENDERING PROVIDERS: All Rendering Provid... | BASELINE PERIOD: 2020 | PRODUCTS: 2 selected | PLANS: United

REPORT CARE GAPS

Search ... All Has Appt No Appt

DATA RECONCILIATION REQUIRED

MEASURE COMPLIANCE: Non-Compliant (Gap) (red), Compliant (green)

ACTION REQUIRED: Member Outreach (red phone), Data Reconciliation (black square)

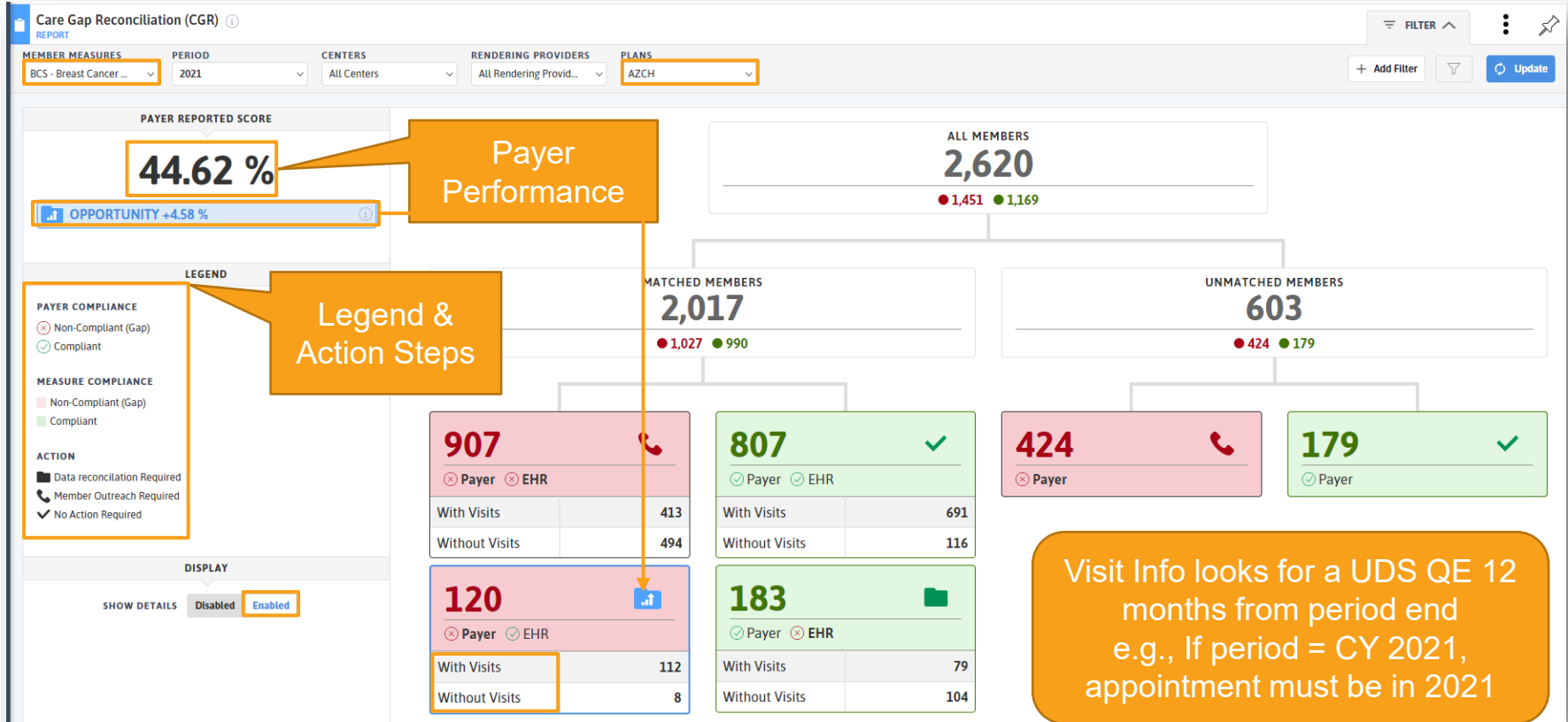
NO ACTION REQUIRED: Compliant (green check)

MEMBER NO	MATCH	NAME	MRN	GAP		DESCRIPTION	MEASURES					
	MATCH			COUNT	COL		BCS MAMMO	CBP	CCS CERV	CDC A1C	CDC	
AB12345C	✓	RAMONE, HELEN	119077	6	COL, BCS MAMMO, CBP, CCS CERV, CDC A1C, CDC	■	☎	☎	☎	☎	■	■
AB23456D	✓	CRUCK THELMA	237096	6	COL, BCS MAMMO, CBP, CCS CERV, CDC A1C, CDC	☎	☎	☎	☎	☎	■	■
AB34567E		ALLICS, RODERICK		5	COL, BCS MAMMO, CBP, CCS CERV, CDC A1C	☎	☎	☎	☎	☎	☎	✓
AB45678F		QUEEN, KRIS		5	COL, BCS MAMMO, CCS CERV, CDC A1C, CDC	☎	☎	■	☎	☎	☎	☎
AB56789G		SONORICA, ALICE		5	COL, BCS MAMMO, CBP, CCS CERV, CDC A1C	☎	☎	☎	☎	☎	☎	✓
AB67890H		BLAYNE, RORY		5	COL, BCS MAMMO, CBP, CCS CERV, CDC A1C	☎	☎	☎	☎	☎	☎	✓
AB13579I	✓	LASTER, PAT	145622	5	COL, BCS MAMMO, CBP, CCS CERV, CDC	☎	☎	☎	☎	☎	✓	■
AB24680J	✓	ORTIZ, PAPI	093854	5	COL, BCS MAMMO, CBP, CCS CERV, CDC A1C	☎	☎	☎	☎	☎	☎	■

RECENT: Plans, Member Match Type, Plan PCP, Patient Risk, Patient Diagnoses

ALL: Age, Cost Group, Last Encounter, Member Match Type, Patient Diagnoses, Patient Risk, Plan PCP

Care Gap Reconciliation Report



Care Gap Reconciliation (CGR) Workflows

Goals	Responsible	Workflow Activity	Tools
Develop a Planned Approach to Care Gap Closure	Care Manager Quality Team Director Population Health Director Managed Care Staff	<ol style="list-style-type: none"> 1. Review measure performance on priority measure scorecard 2. Prioritize measure order <ul style="list-style-type: none"> • Priority, patient impact (#), large # of gaps 	<ul style="list-style-type: none"> • 'Plan' Enrollment & Care Gap Dashboard • 'Plan' CGR Priority Scorecard
Reduce Number of 'Real' Open Care Gaps (not in EHR or w/Payer)	Care Manager Quality Team Member Managed Care Staff Community Health Worker (CHW) Clinical Practice Consultant (Plan)	<ol style="list-style-type: none"> 1. Using measure prioritization contact matched members with full gaps and no future appointments 2. Depending on measure contact patients with appointments to order tests, screen, educate e.g., Mammo, order, FIT Kit 	<ul style="list-style-type: none"> • 'Plan' Reconciliation Report • Plan Calculated Measure Detail • Azara Automated Patient Outreach (APO) or internal process
Close Payer Care Gaps (Payer needs EHR data)		<ol style="list-style-type: none"> 1. For each measure with gaps, export detail with EHR documentation to provide to payer. May need additional documentation e.g., report 	
Close EHR Care Gaps (EHR/CHC needs Payer data)		<ol style="list-style-type: none"> 1. Contact Member to identify and record where missing service occurred obtain Release of Information if necessary 2. Utilize HIE to look up missing diagnostic images, labs, eye exam 	



Care Coordination

ADT data in DRVS



HIE Data in DRVS

Azara uses admit/discharge/transfer (ADT) alerts to populate reports, alerts, and measures



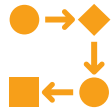
Lists of discharged patients who need follow-up



Identify high utilizers for care management



Track readmission rates for cost management



Understand the impact of interventions and process changes



Accessing TOC DRVS Tools

Reports

- UDS ▲
- Care Management Passport ▲
- Clinical Operations ▲
- Controlled Substance ▲
- Dental CQM ▲
- Meaningful Use ▲
- MillionHearts ▲
- OB ▲
- PCMH ▲
- Transition of Care ▼**
- Transition of Care (TOC) - ED ⓘ
- Transition of Care (TOC) - IP ⓘ

Measures

Measures

Search

Transition of Care ▼

- Clinical Summary ⓘ
- Emergency Episode Volume ⓘ
- ER Follow Up Scheduled (30 days) ⓘ
- ER Follow Up Visit (30 days) ⓘ
- ER Readmission (30 days) ⓘ
- I/P Follow Up Call (24 hrs) ⓘ
- I/P Follow Up Call (48 hrs) ⓘ
- I/P Follow Up Scheduled (30 days) ⓘ
- I/P Follow Up Scheduled (48 hrs) ⓘ
- I/P Follow Up Scheduled (7 days) ⓘ
- I/P Follow Up Visit (30 days) ⓘ
- I/P Follow Up Visit (48 hrs) ⓘ
- I/P Follow Up Visit (7 days) ⓘ
- I/P Readmission (30 days) ⓘ

Dashboard

Dashboards

- Cancer Screening ⓘ
- Data Health - Lab Volume ⓘ
- Data Health - Questionable Values ⓘ
- Diabetes ⓘ
- Patient Risk Stratification ⓘ
- Predominant Conditions ⓘ
- Referral Management ⓘ
- Social Needs All Patients ⓘ
- Social Needs Assessed ⓘ
- Transition of Care ⓘ**



TOC Reports

Now with
Matched
Member column

Transition of Care (TOC) - ED REPORT

DATE RANGE: 07/15/2021-07/22/2021 | CENTERS: All Centers | RENDERING PROVIDERS: All Rendering Provid... | DISCHARGE STATUS: All Discharge Status

Search ... | NEXT APPT: ALL, No Appt, Upcoming Appt

DEMOGRAPHICS >							ED				
NAME	CENTER NAME	MRN	DATE OF BIRTH	MEDICAID NUMBER	PLAN	MEMBER NUMBER	MATCHED? (Y/N)	ADMISSION	DISCHARGE	LOCATION	VISITS LAST 6 MONTHS
	Sunset Community He...		3/		AZCH		Y	7/17/21 3:24 pm	7/17/21 4:10 pm		1
	MHC Healthcare		1/		UHC		N	7/19/21 4:43 pm	7/19/21 5:44 pm		1
	MHC Healthcare		11		UHC		N	7/19/21 1:50 am	7/19/21 11:03 am		1
	MHC Healthcare		4/		UHC		N	7/20/21 2:51 am	7/20/21 4:51 am		2
	Canyonlands Healthca...		11		Banner (V...		Y	7/17/21 2:26 pm	7/17/21 3:00 pm		1
	Sunset Community He...		11		AZCH		N	7/15/21 4:44 am	7/15/21 6:26 am		1
	Sunlife Family Health ...		4/		UHC		Y	7/15/21 2:12 pm	7/15/21 6:16 pm		2
	Sunlife Family Health ...		4/		UHC		Y	7/15/21 6:58 pm	7/16/21 2:25 am		2
	Canyonlands Healthca...		11		Care1st		Y	7/15/21 1:05 pm	7/15/21 2:57 pm		1
	MHC Healthcare		2/		UHC		N	7/16/21 3:24 pm	7/16/21 7:54 pm		1
	MHC Healthcare		5/		UHC		Y	7/16/21 8:48 pm	7/16/21 10:58 pm		1

Patient Visit Planning Report

- REMEMBER -
The most efficient way to
close gaps is at point of care

Patient Visit Planning (PVP) PVP PVPVIEW

FILTERS: 07/22/2021-07/22/2021 Canyonlands Healthcare 000000078836

Total Providers: 1

Walk-ins 1 Scheduled Appointment

Walk-ins

Sex at Birth: F	Phone:	Last Well Visit:	PCP: Boon, Roberta
GI: Female	Language: English	Portal Access: 12/08/2016	Payer: United Health Care Medicare
SO: Straight or heterosexual	Risk: High (56)		Care Manager: Unassigned

DIAGNOSES (3)		
Anxiety	Depression	HTN-E
RISK FACTORS (3)		
HDU	SMI	TOB
SDOH (1)		
FPL<200%		

ALERT	MESSAGE	MOST RECENT DATE	MOST RECENT RESULT
Tobacco Cess	Missing		
E/D Encounter	Occurred	7/17/2021	Mount Graham Regional Medical Center

The PVP aggregates all IP and ED encounters, along with alerts to close care gaps, and risk



Patient Visit Planning Report

The CMP provides a continuity of care document and shows the most patient-level detail of any report in DRVS

Assessments (Last 10 of 49)			
CODE	DESCRIPTION	LAST ASSESSED	#
F11.21	OPIOID DEPENDENCE, IN REMISSION	4/12/21	1
F43.12	POST-TRAUMATIC STRESS DISORDER, CHRONIC	4/12/21	1
F12.90	CANNABIS USE, UNSPECIFIED, UNCOMPLICATED	4/12/21	1
Z68.22	Body mass index (BMI) 22.0-22.9, adult	4/12/21	1
F42.2	MIXED OBSESSIONAL THOUGHTS AND ACTS	4/12/21	1
F33.3	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	4/12/21	1
F10.920	ALCOHOL USE, UNSPECIFIED WITH INTOXICATION, UNCOMPLICATED	4/12/21	1
F41.1	Generalized anxiety disorder	4/12/21	1
I10	ESSENTIAL (PRIMARY) HYPERTENSION	3/29/21	1
F41.9	Anxiety disorder, unspecified	3/29/21	1

Encounters (Last 5 of 67)			
DATE	PROVIDER	TYPE	REASON
7/12/21	Nurse, RN	Chart Update	
7/7/21	Villegas, Joanne	NULL	
6/16/21	Villegas, Joanne	Patient Communication	
6/15/21	Boon, Roberta	NULL	
5/4/21	Boon, Roberta	NULL	

Appointments (0)
No appointments

Social Determinants of Health (1)
FPL<200%

Allergies (2)

START	DESCRIPTION	REACTION	SEVERITY
12/12/17	NO KNOWN ALLERGIES		
11/14/18	PENICILLINS		

Medications (5)

ACTIVE AS OF	NAME
6/15/21	200 ACTUAT ProAir 0.09 MG/ACTUAT Metered Dose Inhaler
4/13/21	lisinopril 20 MG Oral Tablet

Active Problems (2)		
CODE	DESCRIPTION	
417451006	Needs smoking cessation	
84229001	Fatigue, unspecified type	

The Numbers

BMI	4/12/21	22.4 lb/m2	
Systolic	4/12/21	132 mmHg	
Diastolic	4/12/21	86 mmHg	
LDL	4/5/21	92 mg/dL	
A1c	4/12/21	5.5 %	
PHQ-9 (or 2)	3/29/21	8	
Risk	7/31/21	56 (H)	

Risk		
CATEGORY	CRITERIA	POINTS
Diagnoses	Hypertension	2.50
Behavioral Health	Illicit Drug Use Disorders	7.50
Behavioral Health	SAD/SUD	7.50
Behavioral Health	Depression	5.00
Behavioral Health	Severe Mental Illness	9.50
Behavioral Health	Bipolar Disorder	7.00
Behavioral Health	Tobacco User	4.50
Behavioral Health	Anxiety	5.00
SDOH	SDOH Count 1-3	0.00
Labs & Vitals	PHQ-9 5-9	3.00
Utilization	E/D Episode In last 180 days	4.50

Alerts (2)

ALERT	MESSAGE	MOST RECENT DATE	MOST RECENT RESULT
Tobacco Cess	Missing		
E/D Encounter	Occurred	7/17/21	Mount Graham Regional Medical Center

Cost Analysis

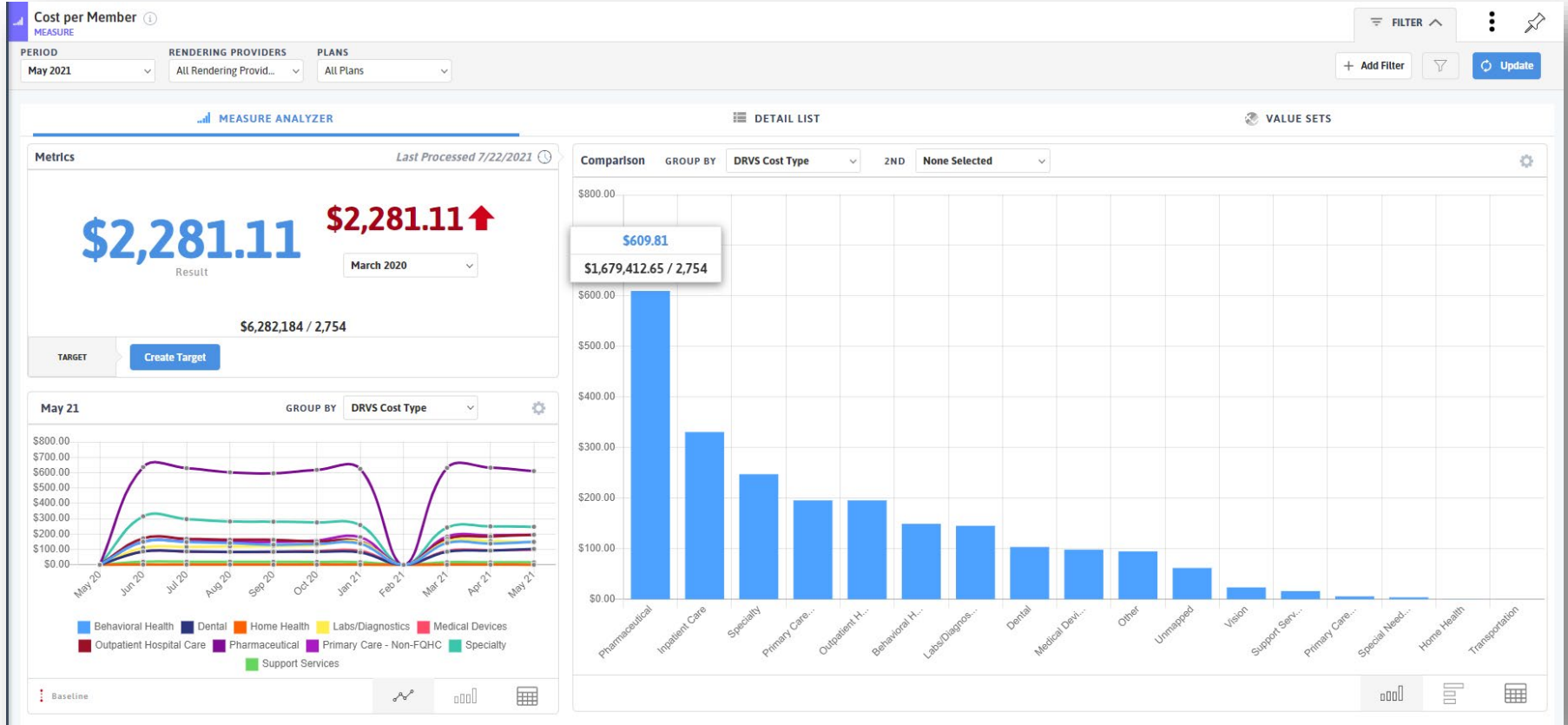


Cost Data for VBCare – Coming Soon!

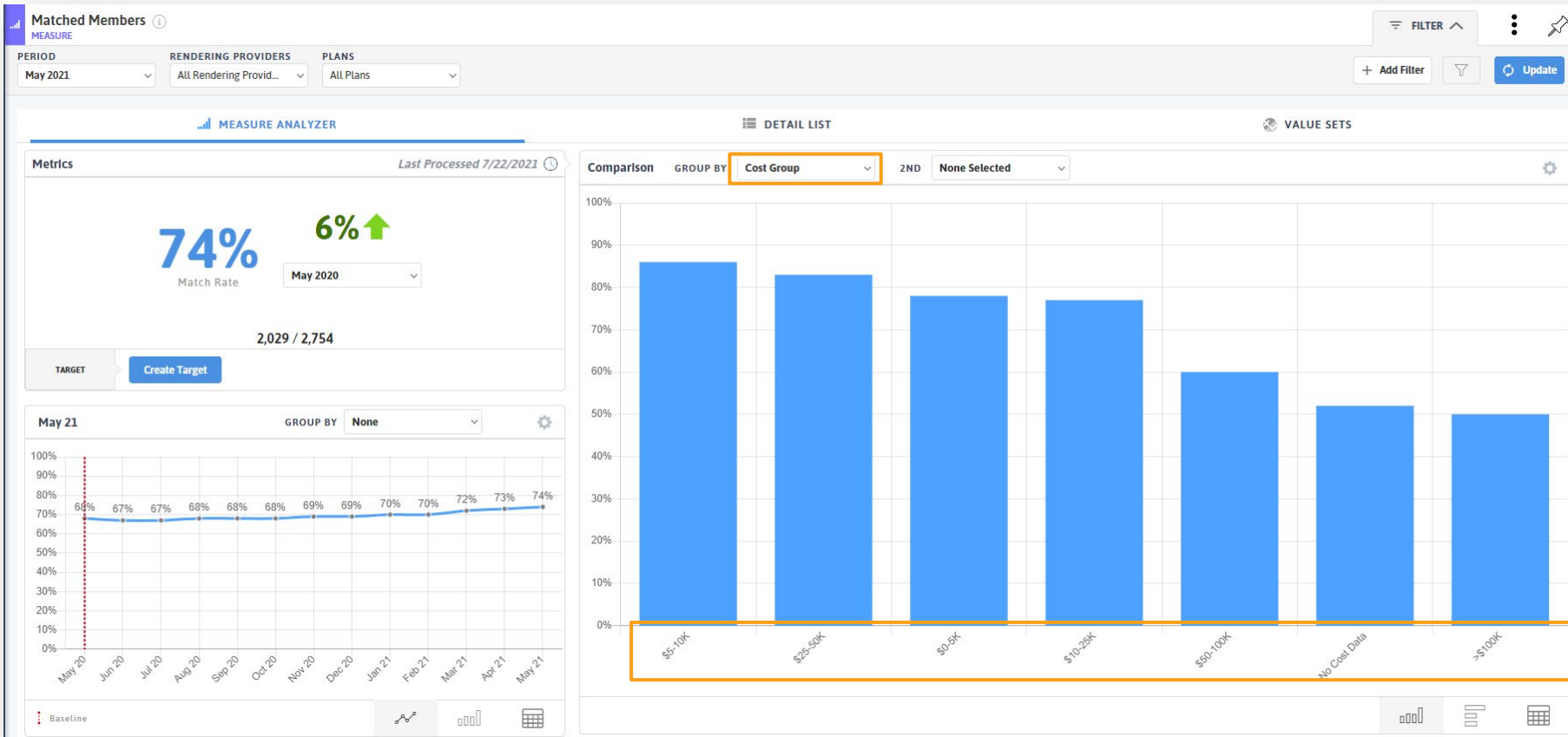
- Goal to load cost data into DRVS this week, stay tuned.



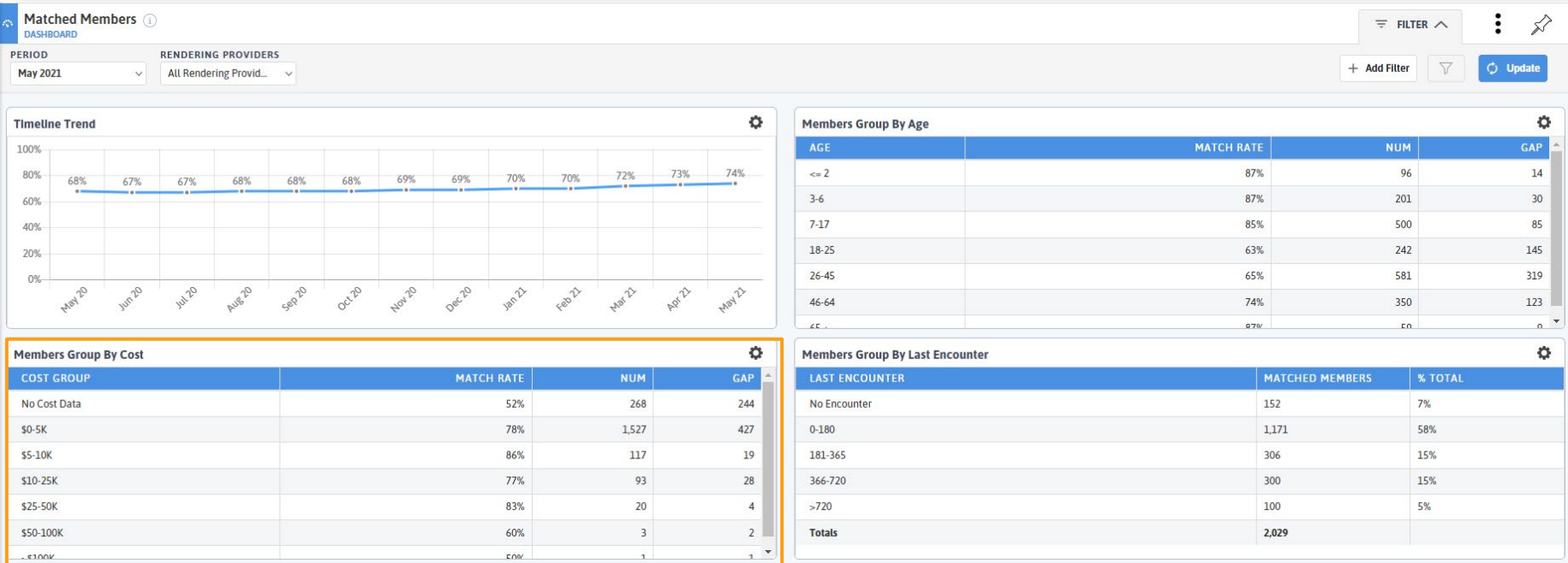
Cost per Member Measure



Grouping by Cost | Matched Member Measure



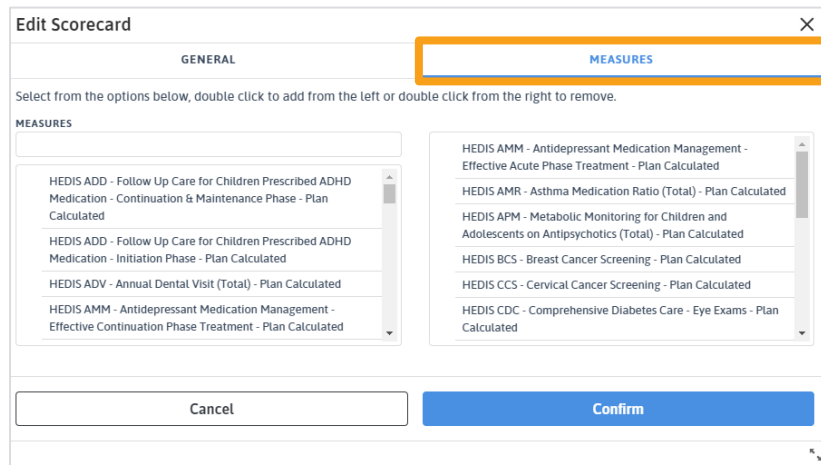
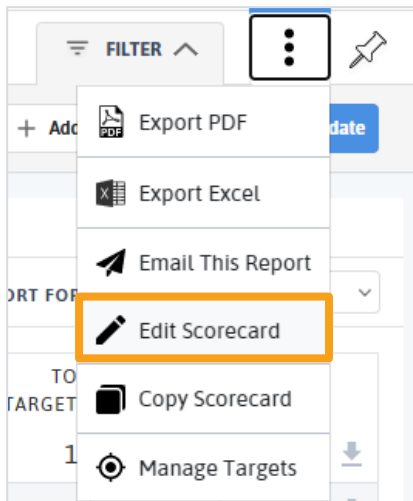
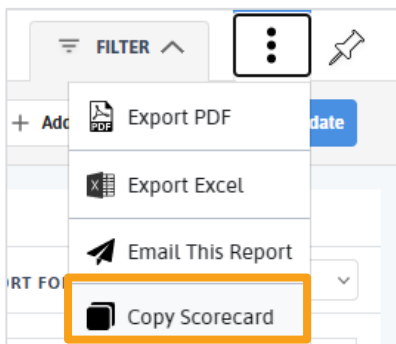
Grouping by Cost | Matched Members Dashboard



Final Thoughts + Questions



? How do I make my own scorecard?

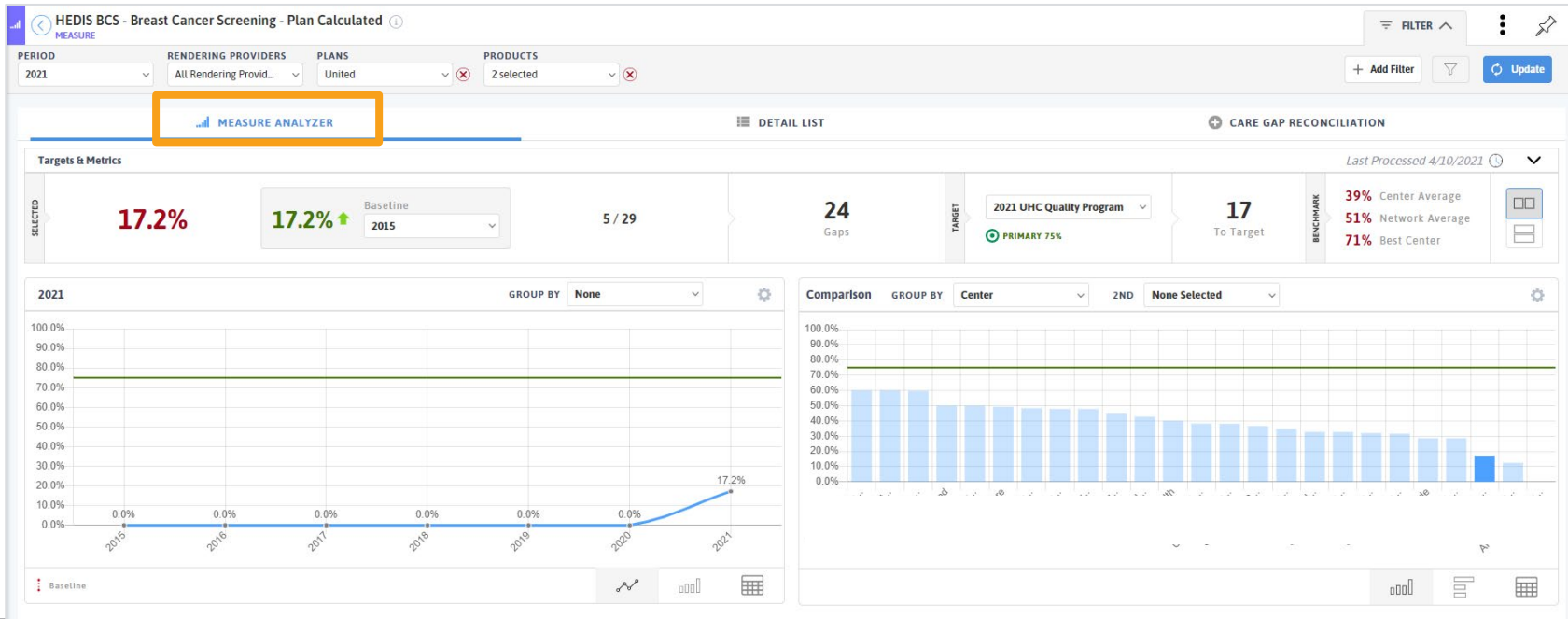


1. Using the 3-dot menu in the top right corner, select “Copy Scorecard”.
2. Name your scorecard and click confirm.
3. Using the 3-dot menu again, select “Edit Scorecard”.
4. Add or remove measures in the **MEASURES** tab by double clicking or dragging and dropping the measures you want.
5. Drag and Drop to reorder.
6. Open scorecard to set targets.



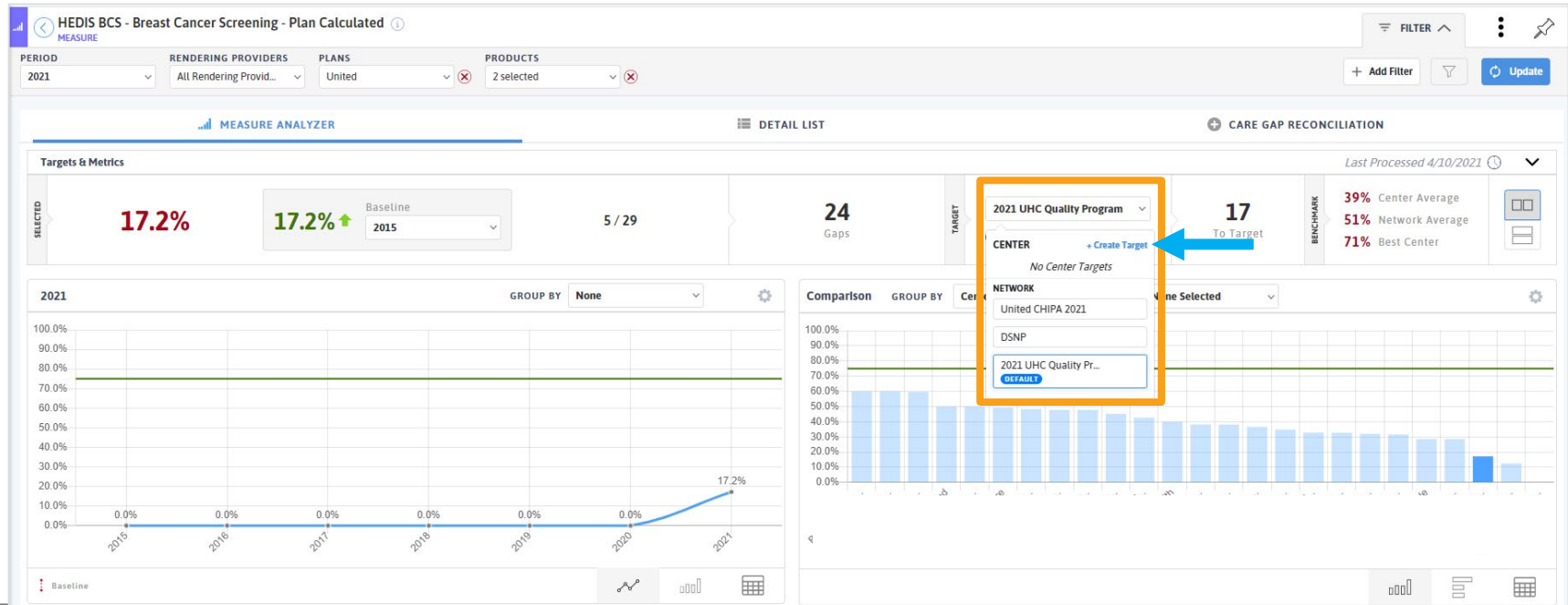
How do I set secondary targets?

1. From a scorecard, drill into a specific measure by clicking on the measure name and navigate to the Measure Analyzer tab.



How do I set secondary targets? continued

2. In the Targets & Metrics bar, click the target drop down and select **+ Create Target**.



How do I set secondary targets? continued

3. Name your target 'Plan Year'.
4. Set the **primary target** as 'Plan's' primary target for the measure.
5. Set the **secondary target** as your organization's 'Plan' goal.
6. Click confirm to save the new target.

5 / 29

24 Gaps

2021 UHC Quality Program

PRIMARY 75%

Create Target

NAME: UHC Quality Bonus

CENTER NAME: Cornerstone Family Healthcare

PRIMARY TARGET(%): Percentage (e.g. 85)

SECONDARY TARGET(%): Percentage (e.g. 85)

DESCRIPTION:

SET AS DEFAULT TARGET
This will override the current default target

Cancel Confirm

The secondary target must be lower than or equal to the primary target



? Why don't the DRVS numbers align with what I get from the payer?

- Roster and Care Gap report don't always align
 - If a member is not on the roster, their care gaps will not show in DRVS.

Quality is Quality

Don't let the edge case prevent you from moving forward.



Current Payer Integration Activities

Who does the work?

--

**What is the work?
(enrollment & gaps)**

--

How Frequently is it done?

--



Questions?

