

Claims Data Variation

How to Create Accurate Network Reports for Acute and Post-Acute Settings



Performance Management for Value-Based Care

•FIRST AID
•MONEY MANAGEMENT
•EXAMINATIONS

•MEDICAL TREATMENT
•FINANCIAL BENEFITS
•DISEASE COVERAGE

Speakers

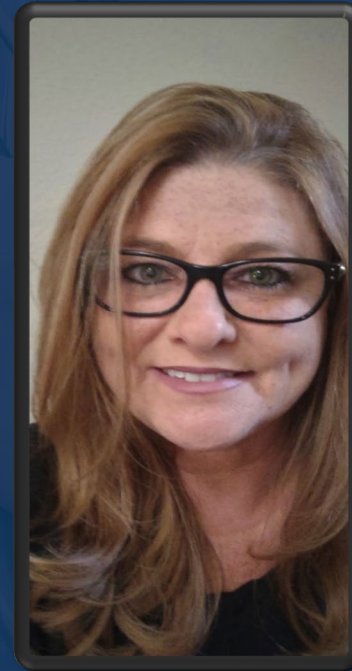


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25+ years in the Healthcare Industry

6 years of ACO/VBP



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20+ years in the Healthcare Industry

7 years ACO/VBP: MSSP, Commercial & MA



Performance Management for Value-Based Care

We are preparing provider organizations to accept greater risk in their value-based contracts with our comprehensive solution for continuous performance improvement



Performance Analytics



Quality Measurement & Reporting



Advanced Care Management



AKLAS
RESEARCH

CUSTOMER RATED

Population Health Management

SALIENT HEALTHCARE

Performance Management for Value-Based Care

Agenda

- Data Sources
- Obtaining the Data
- Organizing & Enriching the Data
- Visit Types using Claims
- In/Out of Network Providers

Multi-Payer Data Integration

Compare baseline performance across Value Based Payment contracts, look at cross-cutting metrics to ensure patients receive consistent treatment and care, and easily maintain your data via secure single sign-on. The Multi-Payer Data Integration package provides maximum value by streamlining processes for data analysis and initiative creation.



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Payer Differences

...and other payers



MSSP ACO	UHC Commercial	Humana MA
CLM_PMT_AMT	NET_PD_AMT	FUND_EXP
NPI	MPIN	SERV_PROV
Null	BRND_GNRC_CD	
Claim Count	Claim Count	Claim Count
PAY_TO_PRVDR		

Data Sources

CMS Sources

- **Assignment and Alignment**
- **Exclusion Files**
- **Physician Supplier**
- **CCLF (Claim & Claim Line Feed)**
- **QEXPU/MEXPU/AEXPU (Expenditure & Utilization Files)**
- **Benchmark**
- PUF (Public Use Files)
- NPPES (National Plan and Provider Enumeration System)
- QPP (Quality Payment Program)
- Chronic Condition Warehouse
- CMS Compare

Other Sources

- Claims and attribution files from other payers
- EHR/EMR (Electronic Health Record/ Electronic Medical Record)
- HIE/ADT (Health Information Exchange/ Admit/Discharge/Transfer)
- Scheduling
- 837 Non-Adjudicated Claims
- Care Management
- SDOH (Social Determinants of Health)

Security Protocol: Encryption



Obtain

Store

Consume

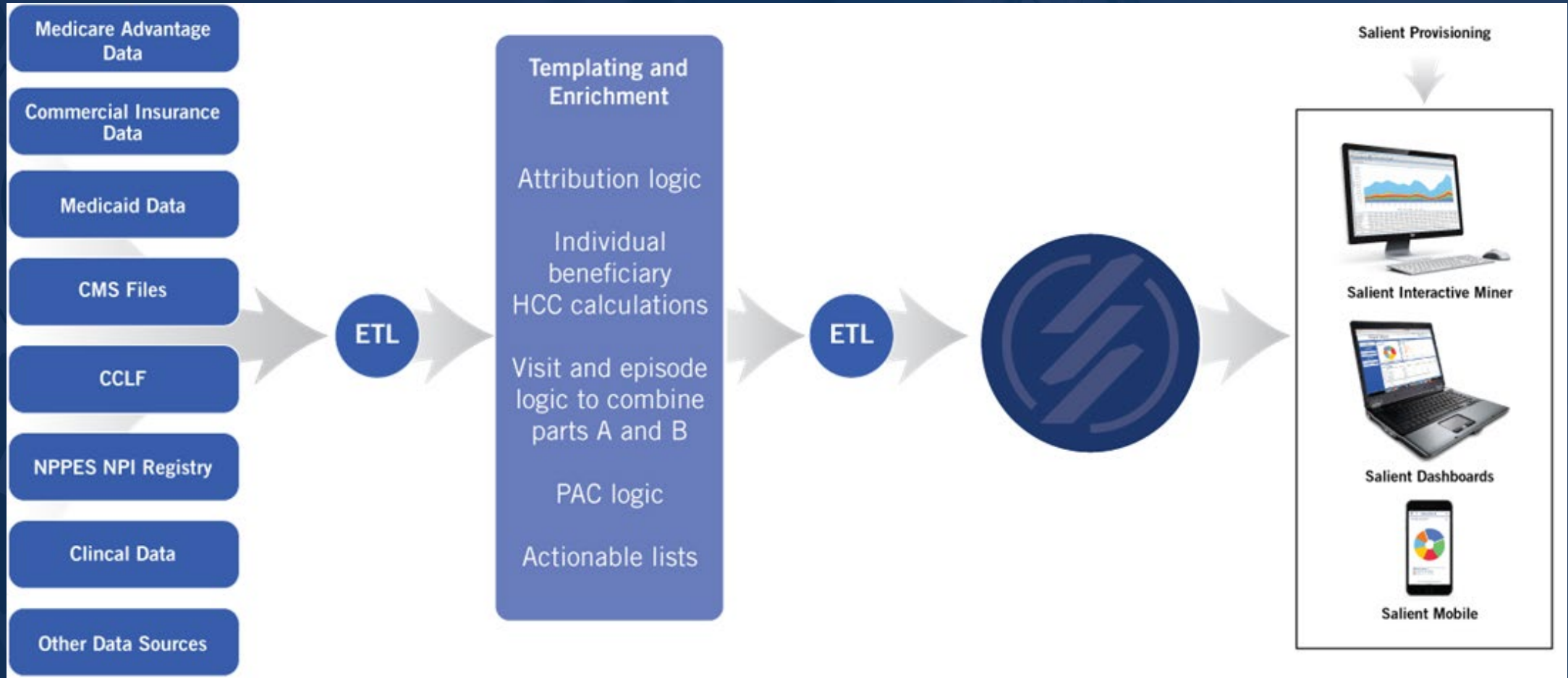


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Salient Healthcare Technology Stack



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Part A

CCLF 1 – Header File

- Facility Information
- Admission Type
- Claim Adjustment Type (Original/Cancellation/Adj)
- Principal & Admitting Dx
- Claim Bill Frequency Codes

CCLF 2 – Revenue File

- Revenue Center
- HCPCS Modifier Codes
- HIPPS Codes
- **CCLF 3 – Procedures**
- **CCLF 4 – Diagnosis**



Linking CCLFs to the Claim Type

Spend & Utilization

Part

Part	PMPY Actual			Claim Pmt Amt		Avg Visit Cost		Avg Length of Stay		Percent of Visit 30 Day IP Readmissions	
	This	Last	% Change	This	Last	This	Last	This	Last	This	Last
<input type="checkbox"/> Part A	5,303.93	4,732.91	12.06 ●	51,066,252.94	42,128,464.66	3,135.17	3,169.91	4.7	4.6	19.49	18.40
<input checked="" type="checkbox"/> Hospital Inpatient Facility	2,353.02	2,230.30	5.50 ●	22,654,874.23	19,852,292.72	6,276.77	6,468.29	5.3	5.3	19.49	18.40
<input checked="" type="checkbox"/> Outpatient Facility	1,426.68	1,292.64	10.37 ●	13,736,095.39	11,506,019.63	650.77	553.59	1.6	1.5	0.00	0.00
<input checked="" type="checkbox"/> Home Health Agency	734.96	688.15	6.80 ●	7,076,198.23	6,125,347.93	0.00	0.00	32.1	39.2	0.00	0.00
<input checked="" type="checkbox"/> Skilled Nursing Facility or Unit	558.39	438.28	27.40 ●	5,376,188.88	3,901,219.54	10,864.01	11,822.74	13.4	14.3	0.00	0.00
<input checked="" type="checkbox"/> Hospice	230.88	83.54	176.38 ●	2,222,896.21	743,584.84	174.22	160.67	24.8	27.0	0.00	0.00
Expenditure Component - 5 of 5											
<input type="checkbox"/> Part B	4,534.94	4,467.23	1.52 ●	43,662,365.41	39,763,538.51	167.43	167.19	0.0	0.0	0.00	0.00
<input checked="" type="checkbox"/> Part B Physician/Supplier (Carrier)	4,345.88	4,283.76	1.45 ●	41,842,133.36	38,130,482.35	167.43	167.19	0.0	0.0	0.00	0.00
<input checked="" type="checkbox"/> Durable Medical Equipment	189.06	183.47	3.05 ●	1,820,232.05	1,633,056.16	0.00	0.00	0.0	0.0	0.00	0.00



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Claim Type and Subcomponents

Spend & Utilization

Part		PMPY Actual			Claim Pmt Amt		Avg Visit Cost		Avg Length of Stay		Percent of Visit 30 Day IP Readmissions	
Part		This	Last	% Change	This	Last	This	Last	This	Last	This	Last
<input type="checkbox"/>	Part A	5,303.93	4,732.91	12.06	51,066,252.94	42,128,464.66	3,135.17	3,169.91	4.7	4.6	19.49	18.40
<input type="checkbox"/>	Hospital Inpatient Facility	2,353.02	2,230.30	5.50	22,654,874.23	19,852,292.72	6,276.77	6,468.29	5.3	5.3	19.49	18.40
<input type="checkbox"/>	Short Term Stay Hospital	1,853.76	1,683.66	10.10	17,848,014.71	14,986,561.27	5,646.77	5,682.67	4.7	4.5	14.51	13.24
<input type="checkbox"/>	Rehabilitation Hospital or Unit	338.36	356.89	-5.19	3,257,689.61	3,176,780.15	12,061.70	11,566.72	8.9	8.6	51.60	45.82
<input type="checkbox"/>	Other Inpatient Subcomponent	103.72	102.06	1.63	998,624.51	908,443.86	7,188.33	10,933.91	6.6	6.1	19.42	16.22
<input type="checkbox"/>	Psychiatric Hospital or Unit	34.10	47.20	-27.75	328,359.88	420,152.96	5,627.50	5,712.40	12.1	11.0	31.82	21.74
<input type="checkbox"/>	Long Term Stay Hospital	23.08	40.48	-43.00	222,185.52	360,354.48	28,263.76	49,127.73	21.9	23.8	100.00	100.00
Expenditure Sub Component - 5 of 5												
<input type="checkbox"/>	Outpatient Facility	1,426.68	1,292.64	10.37	13,736,095.39	11,506,019.63	650.77	553.59	1.6	1.5	0.00	0.00
<input type="checkbox"/>	Hospital Outpatient Department (Including CAH)	1,270.65	1,152.07	10.29	12,233,834.16	10,254,796.41	665.40	556.32	1.1	1.0	0.00	0.00
<input type="checkbox"/>	Outpatient Dialysis Facility	83.81	79.32	5.67	806,931.00	705,997.14	0.00	0.00	24.5	24.1	0.00	0.00
<input type="checkbox"/>	Other Outpatient Subcomponent	72.22	61.25	17.90	695,330.23	545,226.08	14.55	36.00	3.0	3.4	0.00	0.00
Expenditure Sub Component - 3 of 3												
<input type="checkbox"/>	Home Health Agency	734.96	688.15	6.80	7,076,198.23	6,125,347.93	0.00	0.00	32.1	39.2	0.00	0.00
<input type="checkbox"/>	Skilled Nursing Facility or Unit	558.39	438.28	27.40	5,376,188.88	3,901,219.54	10,864.01	11,822.74	13.4	14.3	0.00	0.00
<input type="checkbox"/>	Hospice	230.88	83.54	176.38	2,222,896.21	743,584.84	174.22	160.67	24.8	27.0	0.00	0.00



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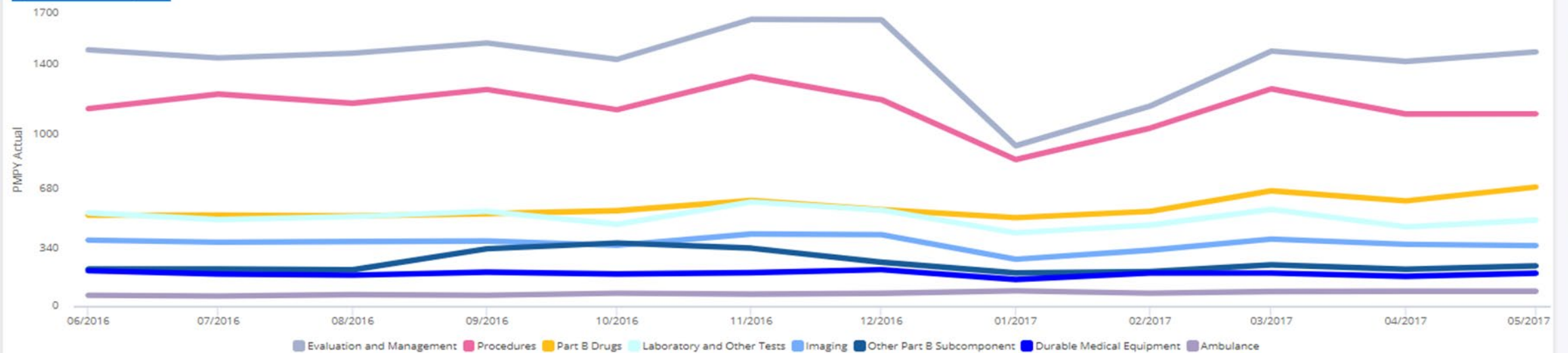
Spend & Utilization

Expenditure Sub Component

Expenditure Sub Component	PMPY Actual			Unique Beneficiaries w Claims		Claim Count		Claim Pmt Amt		Total Procedures Count		Claim Avg Pmt Amt		Avg Visit Cost	
	This	Last	% Change	This	Last	This	Last	This	Last	This	Last	This	Last	This	Last
<input type="checkbox"/> Evaluation and Management	1,419.05	1,409.02	0.71	10,278	9,302	188,317	173,600	13,662,623.82	12,541,893.51	521,262	480,460	72.55	72.25	173.50	172.66
<input type="checkbox"/> Procedures	1,148.87	1,173.45	-2.09	6,997	6,351	51,416	47,007	11,061,329.19	10,445,095.27	214,717	197,862	215.13	222.20	63.79	63.22
<input type="checkbox"/> Part B Drugs	575.04	513.23	12.04	722	681	1,978	1,781	5,536,523.37	4,568,390.27	21,948	19,225	2,799.05	2,565.07	71.59	63.08
<input type="checkbox"/> Laboratory and Other Tests	512.33	546.43	-6.24	9,853	9,008	80,050	74,481	4,932,752.47	4,863,822.23	374,677	357,910	61.62	65.30	73.31	72.27
<input type="checkbox"/> Imaging	364.65	356.85	2.19	8,019	7,402	35,873	32,973	3,510,842.64	3,176,395.72	97,193	90,098	97.87	96.33	63.21	60.93
<input type="checkbox"/> Other Part B Subcomponent	249.75	225.44	10.78	7,359	6,808	26,922	24,668	2,404,625.20	2,006,710.16	132,680	118,057	89.32	81.35	72.17	79.13
<input type="checkbox"/> Durable Medical Equipment	189.06	183.47	3.05	2,696	2,462	24,301	22,164	1,820,232.05	1,633,056.16	24,301	22,164	74.90	73.68	0.00	0.00
<input type="checkbox"/> Ambulance	76.18	59.34	28.38	1,390	1,083	2,677	1,853	733,436.67	528,175.19	8,022	5,559	273.98	285.04	0.00	0.00
Total (8)	4,534.94	4,467.23	1.52	10,331	9,341	411,534	378,527	43,662,365.41	39,763,538.51	1,394,800	1,291,335	106.10	105.05	167.43	167.19

Spend Overtime (Total)

Expenditure Sub Component



Part D



CCLF 7 – Prescription Drug

- **NDC Code**
- **Generic ID**
- **Days Supply**
- **Sequential Fill # from Origination Date**

Unique Visits and Episodes

- **How to Identify Final Claims?**

- Final claims are not duplicated or adjusted out claims.
 - For Part A we look at CCLF 1 and 5 to determine if it's an interim claim using the Claim bill frequency codes.
 - Part B in theory are all final claims- unique claim # and Bene ID.

- **Why do we do this?**

- Simple- Duplications
- Visits will apply to acute and non acute activities such as an Inpatient Visits, ER Visits, Primary Care Visit and more.

- **Visit Counts are your starting points, once those are defined you can look at creating episodes and other key metrics needed to evaluate performance. Such as**

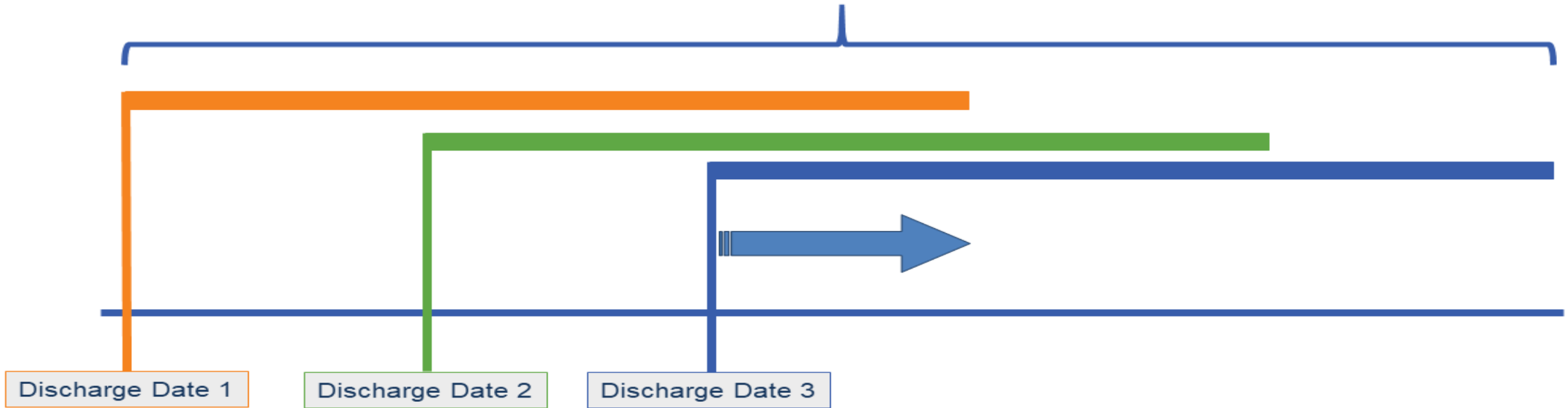
- Utilization Rates & Average Cost of ER or IP Visits



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PAC Total Cost



The costs in this area are within the 90 day post discharge window for all 3 inpatient stays in this example. In SIM, this cost would be counted 3 times in PAC Claim Pmt Amt, but only once in the PAC Total Cost.

Post Acute Care Episodes- A PAC Episode is defined as a Unique Beneficiary with an acute inpatient episode, upon discharge Salient takes all Part A & B claims within 90 days to make up the PAC episode. Each new Inpatient discharge will kick off another PAC Episode but does not end the original episode until 90 days.

In Network vs. Preferred

Use Case: Are your patients utilizing your network after an acute care setting?

- **Defining Your Network**

- Salient utilizes your Participant and Supplier File to create “In Network” Providers and Facilities.
- Custom Preferred Networks can be uploaded via excel.

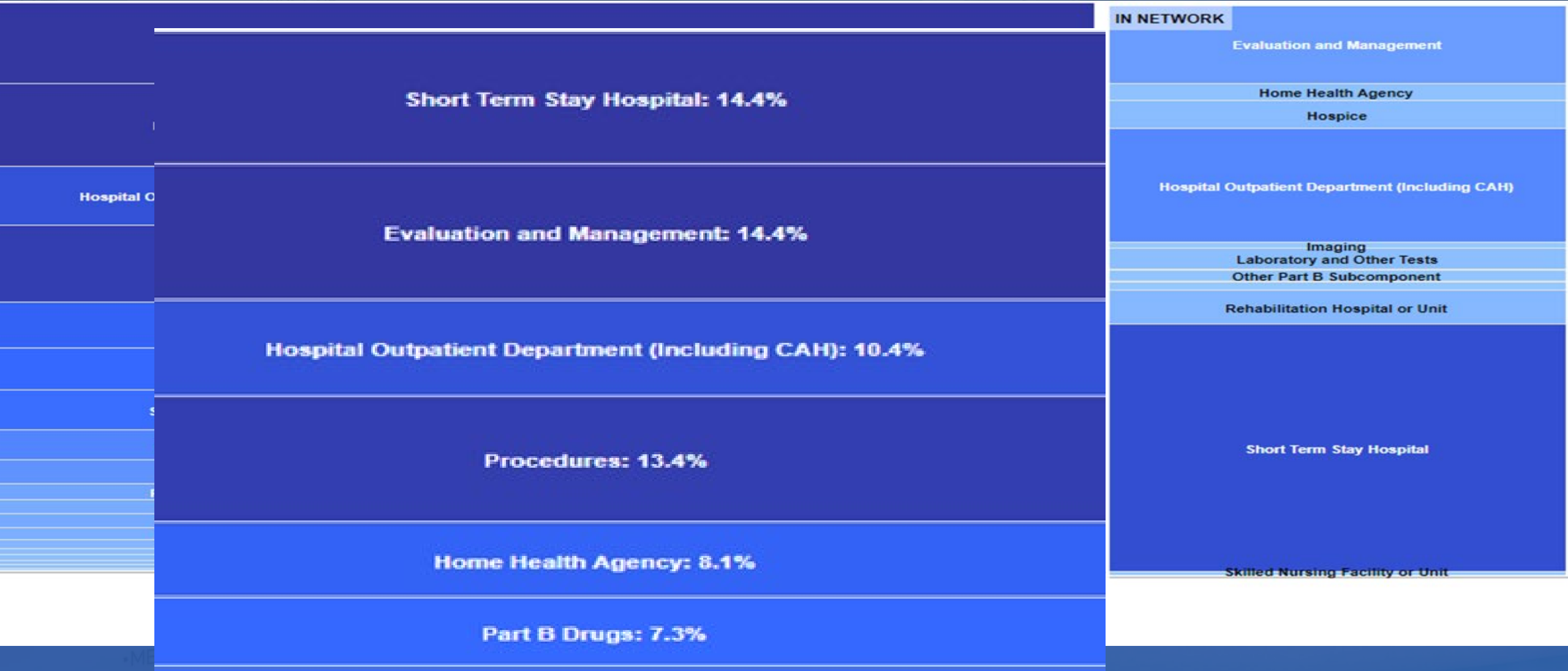


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Network Management

Facility Network [Network]

Your out-of-network leakage: \$84,460,571.40 (81.1%)



Questions?

Thank You!

AKLAS
RESEARCH

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Population Health
Management



Risk-Free 45-Day Trial with
Consultative Assessment
Using Your Own Data

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 **SALIENT** HEALTHCARE

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