



# Health Endeavors

Optimizing Value-Based Care Incentives

[www.healthendeavors.com](http://www.healthendeavors.com)

# Content

<b>Solutions</b>	<b>01</b>
<b>VBC Marketplace</b>	<b>02</b>
<b>KPI Suite</b>	<b>04</b>
<b>FHIR BOTS</b>	<b>09</b>
<b>Care Coordination Tool</b>	<b>10</b>
<b>Quality Reporting</b>	<b>11</b>
<b>Data Sources</b>	<b>13</b>

# ABOUT US

Optimizing Value-Based Care Incentives

## Mission

Health Endeavors' mission is to optimize value-based care incentives to assist healthcare providers in achieving optimal reimbursement.

## Solutions

- VBC Marketplace
  - The first step is to understand the value-based care incentives in your current contracts and to ensure evaluation of future contracts prior to execution. VBC Marketplace simplifies this process by reviewing all current and future incentives and optimizing the incentives via renegotiation, EHR workflows and/or performance monitoring solutions
- KPI Suite
  - Aggregate data analytic visuals and dashboards to track financial performance, identify cost reduction targets, and more.
- FHIR BOTS
  - Value-Based Care EHR notifications for HCC diagnosis recapture, health equity, avoidable emergency room visits, prescriptions not picked up and more! Digital Health History pre-populated using claims and EHR data.
- Medicare Quality Reporting
  - Year-Round gaps in care, performance scoring, and EHR feedback reports using all available data sources for CQM, eCQM, and dCQM reporting.
    - eCQM
    - MIPS CQM
    - Medicare CQM (proposed 2024)
    - CMS Web Interface
    - MVPs



# VBC Marketplace

**Optimize Value-Based Care Incentives**

The first step is to understand the value-based care incentives in your current contracts and to ensure evaluation of future contracts prior to execution. VBC Marketplace simplifies this process by reviewing all current and future incentives and optimizing the incentives via renegotiation, EHR workflows and/or performance monitoring solutions.

## VBC Marketplace Deliverables

- Review current contracts and future proposals
- Renegotiate current contract incentives
- Present new payer proposals
- RFP repository
- Strategies to achieve performance
- Monthly performance monitoring





# VBC Marketplace

**Optimize Value-Based Care Incentives**

## ACO REACH

The majority of ACO REACH organizations are not taking advantage of Preferred Provider Discount Agreements resulting in millions lost in monthly revenue. We solve this problem by negotiating the contracts for the ACO REACH.

- Negotiation of Preferred Provider Discount Agreements for ACO REACH organizations. This service Includes HCC Coding Impact Analysis and SNF data analysis.
- Our goal is to negotiate 2 to 10 percent fee schedule discounts with specialists and ancillary providers.

## Medicare ACO

7 out of 8 Medicare ACOs are not reaching the HCC coding caps resulting in millions lost to their financial benchmark. We solve this problem.

- HCC Coding Impact analysis at provider and patient level. Updating of historical benchmark to current trends.
- Identify spend reduction targets and plan of action for each target.

## VBC Jump Start

Many Medicare Advantage incentive contracts are not well understood by the providers and have no action plan in place to achieve the incentives or even worse the incentives are not achievable as structured. This results in the loss of valuable incentive dollars. We solve this problem.



# KPI SUITE

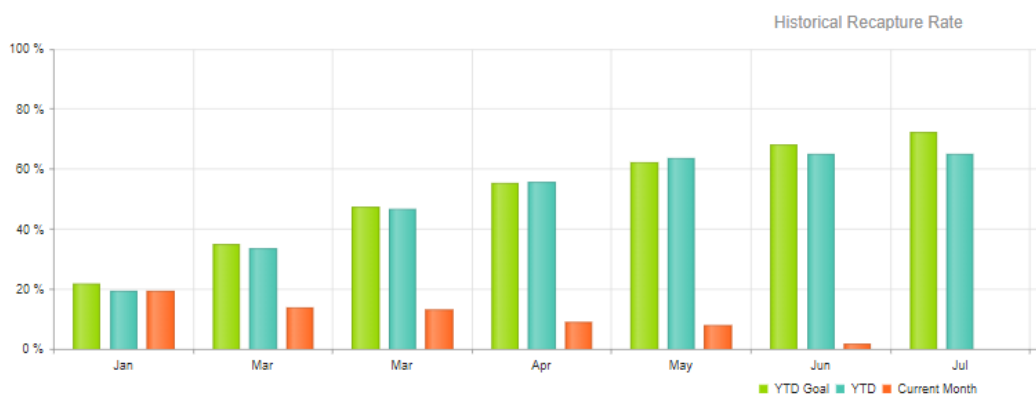


## Key Performance Indicators (KPI)

Health Endeavors has developed solutions for value-based care organizations since 2009. Over 90 accountable care organizations (ACOs) have used our solutions to achieve shared savings success.

We continue to be an industry leader in solutions for analytics, quality reporting, and actionable data in the EHR workflow.

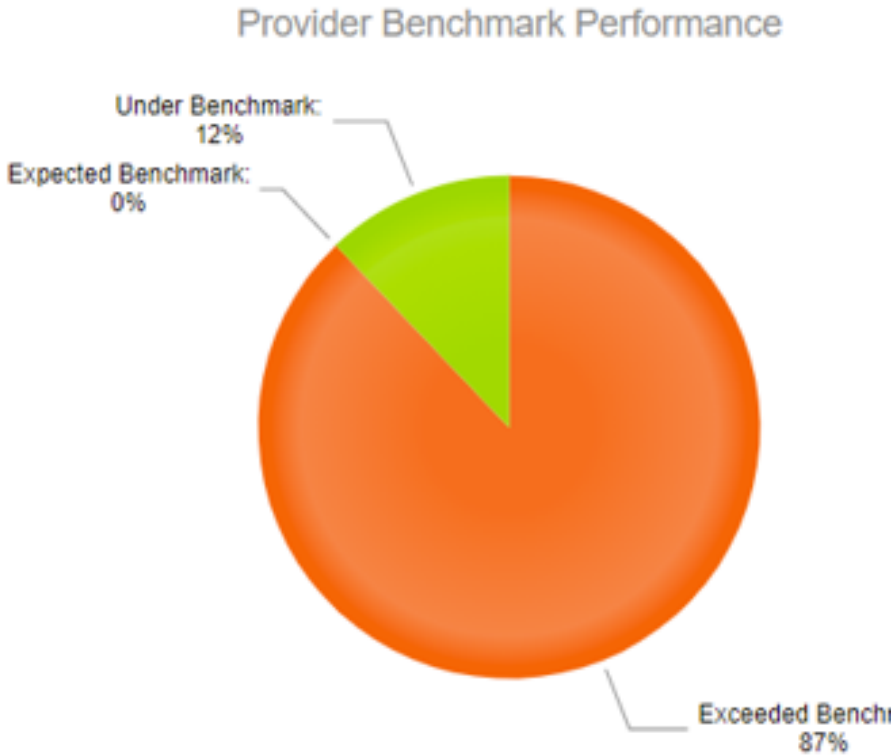
KPI Suite is an analytics solution suite that includes risk scores, benchmarks, PMPM metrics, aggregate expenditure and utilization, out-of-network, PAC/SNF performance, and many other metrics.





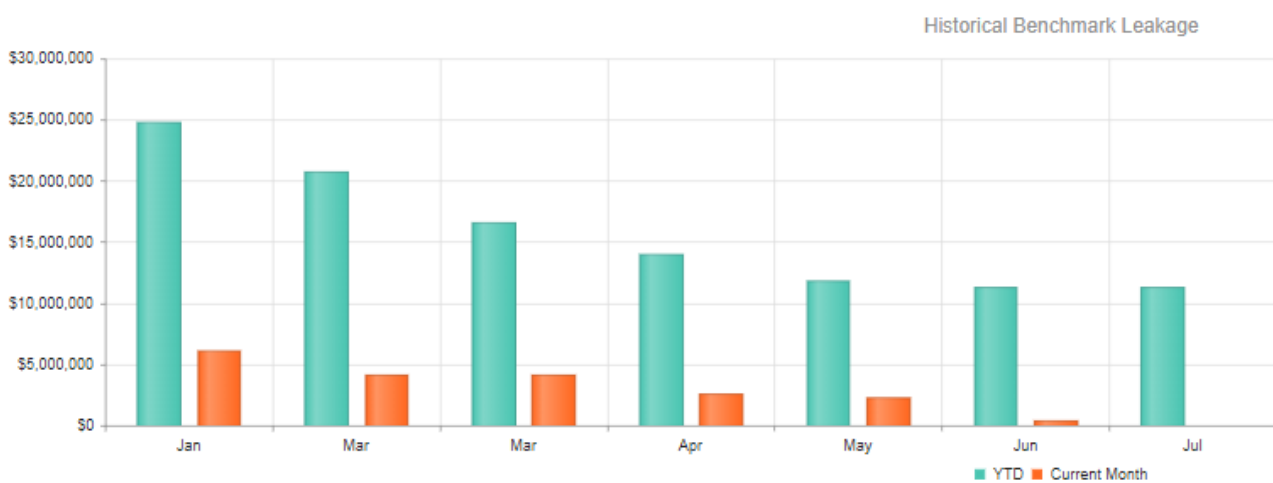
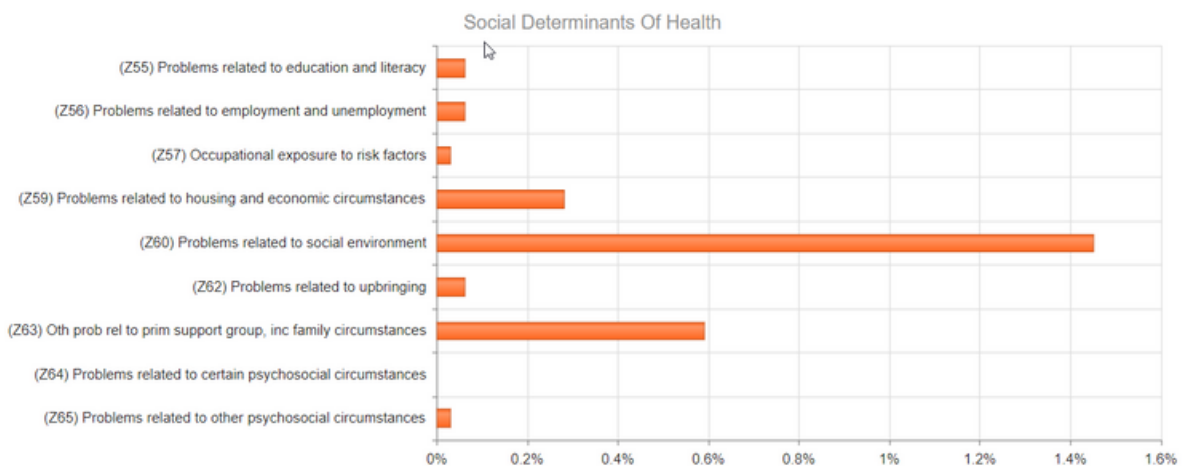
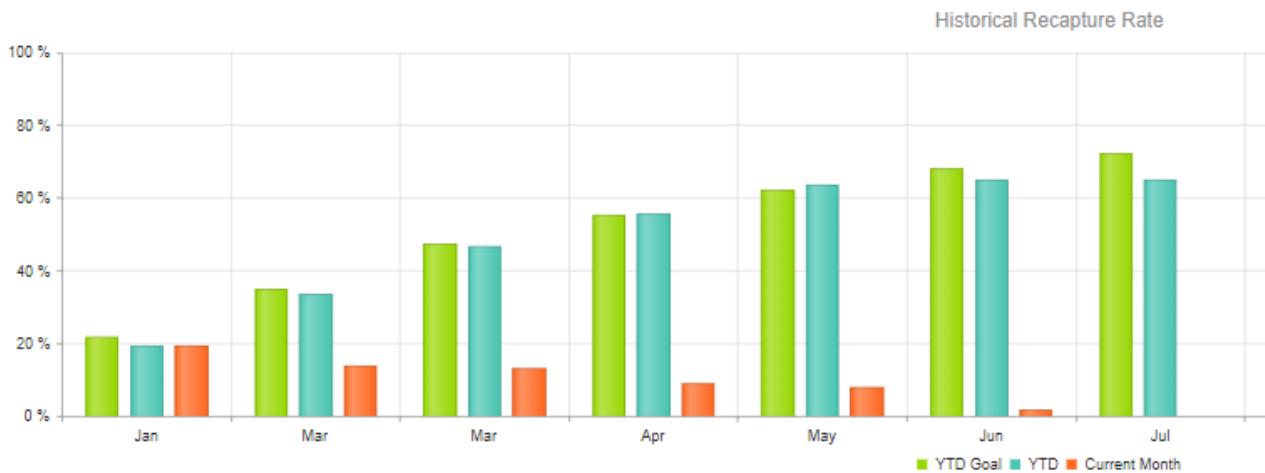
# KPI SUITE

- Visuals
  - Standard and customizable
- Executive Analytics Dashboard
  - Risk stratification, Benchmark, Benchmark Leakage
- Provider KPI Scorecards
  - Configurable or Patient Drill Down
  - Provider on-demand access to KPIs
- Aggregate Expenditure & Utilization
  - Drill Down or Compare
- SNF and PAC Dashboards
  - Cost per day, complications, emergency visits
- Quick Reports (canned reports)
  - Query Builder (create a report)



## Visuals (Standard & Customizable)

Clients have the option to use standard visuals with ability to drill down to patient and provider details or request customized visuals.





# Executive Analytics Dashboard

#No. Patients with claims	#No. Costly Patients	AHU Benchmark	2020 AVG HCC Score	2021 AVG HCC Score	Diagnosis Recapture Rate 2020 to 2021	Change in HCC Score 2020 to 2021	2021 HCC Benchmark	Percent of Benchmark Used	AWV Completion	QM Performa...
53	28	62.21 %	1.9	1.974	68.53 %	3.86 %	\$18,488.34	126.79 %	50.94 %	35.26 %
26	1	-48.93 %	0.758	0.708	40.00 %	-6.65 %	\$6,629.67	17.43 %	3.85 %	9.93 %
47	24	49.74 %	1.48	1.972	67.42 %	33.24 %	\$18,469.13	120.03 %	25.53 %	32 %
45	17	47.32 %	1.386	1.42	65.29 %	2.48 %	\$13,303.64	126.93 %	48.89 %	25.45 %
20	0	-78.33 %	0.801	0.58	61.11 %	-27.61 %	\$5,430.99	97.69 %	25 %	10.04 %

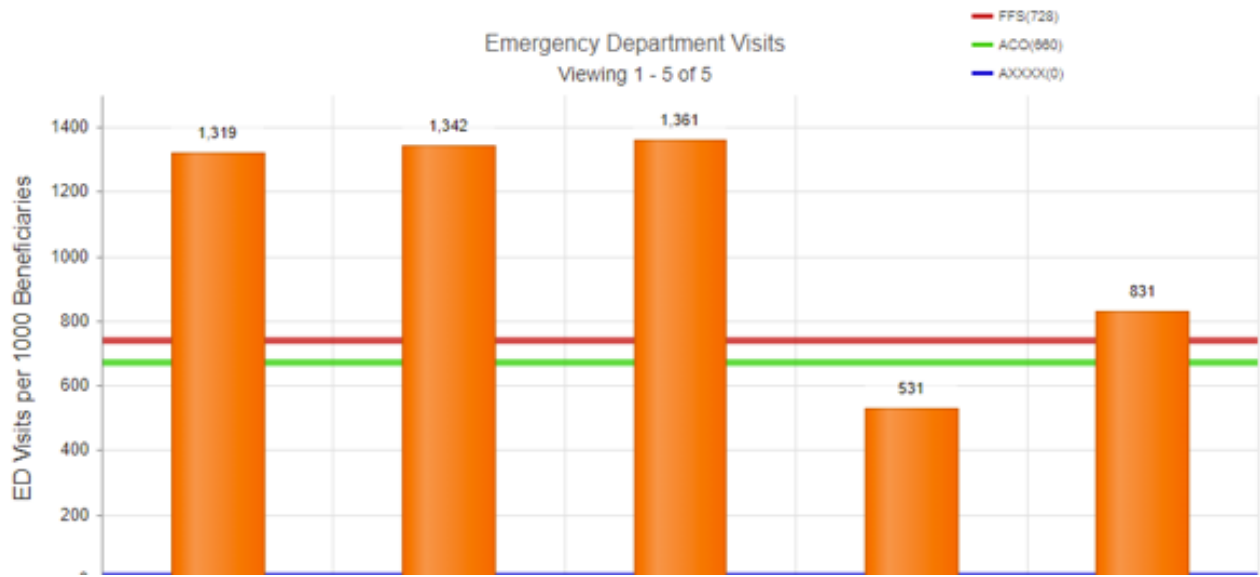
## Provider KPI Scorecards

2020 Quality Measures Detail Performance*		2020 HEDIS Performance		
Measure	Medicare Target %	Completed Patients Score %	Full Population Score (Actual Score) %	
<b>Care Coordination</b>				
Falls: Screening for Future Fall Risk	90	99	61	
<b>Preventive Care</b>				
Breast Cancer Screening	90	88	49	
Colorectal Cancer Screening	90	94	53	
Influenza Immunization	90	97	61	
Tobacco Use: Screening and Cessation Intervention	90	100	40	
Screening for Depression and Follow-up Plan	0	99	64	
Statin Therapy	0	99	35	
<b>Condition Specific Measures</b>				
Controlling High Blood Pressure	90	99	75	
Depression Remission	0	0	0	
DM with HbA1c > 9 percent (poor control)	10	7	50	

## SNF and PAC Dashboards

PAC Type	Number Of Patients	Number Of Episodes	Episode Of Care Total Spend	Average Days Stayed	PAC Cost Per Day	Readmissions	Emergency Visits	Cost Of Complications
HHA	60	66	\$134,197.57	*	*	11	16	\$85,571.30
SNF	45	53	\$423,257.06	11	\$703.08	11	13	\$82,791.92
HHA	62	66	\$131,004.92	*	*	6	11	\$17,106.08
SNF	48	55	\$332,835.49	9	\$629.18	11	12	\$59,108.55
HHA	66	71	\$130,497.02	*	*	8	17	\$10,670.27

# Aggregate Expenditure & Utilization Analytics



# Query Builder & Canned Quick Reports

Part A Date Type: Billing Date [DOS] Part A Claim Type: [ ]

Part B Physician Date Type: Date of Service Part B Claim Type: [ ]

PCS Code(s):  
 FROM [ ] TO [ ] Comma Delimited: [ ]  
 r: [ ]

PT Section Remove CPT Section Above

de(s):  
 FROM [ ] TO [ ] Comma Delimited: [ ]  
 rson: 9 [ ]

ID Section Remove ICD Section

**Query Builder**

- Admit and DC Hospital Readmission
  - ED Visits During SNF Admissions
  - Hospital Admissions
  - Hospital Readmission Within 30 Days
  - SNF 30-Day Hospital Readmissions
  - Home Health 30-Day Hospital Readmissions
  - All Cause Unplanned Admissions Diabetes (ACO-36)
  - All Cause Unplanned Admissions Heart Failure (ACO-37)
  - All Cause Unplanned Admissions Multiple Chronic Conditions (ACO-38)
  - All Condition Readmission
  - Ambulatory Care: [ ]
- Quick Reports**



# FHIR BOTS



Value-Based Care EHR notifications for HCC diagnosis recapture of not recoded and suspect, health equity, avoidable emergency room visits, prescriptions not picked up and more!

- Customizable pop-up card in the EHR using CDS hooks and SMART on FHIR; or
- Customizable tab in the EHR proprietary Application Program Interface (API).



**Sally Smart**

**DOB: 11/15/1972**

**AGE: 51**

ICD-10 Code      Description

D559      Anemia due to enzyme disorder, unspecified

**V28 Retired Value \$1,997.24**

**HCC48 Coagulation Defects and Other Specified Hematological Disorders**

Dismiss

Take Action

## SALLY SMART

DOB: 1972-11-16

Gender: F

HICN: 991053854X

Deceased: No

**Benchmark Leakage:** Confirm or Dismiss the Diagnoses Below

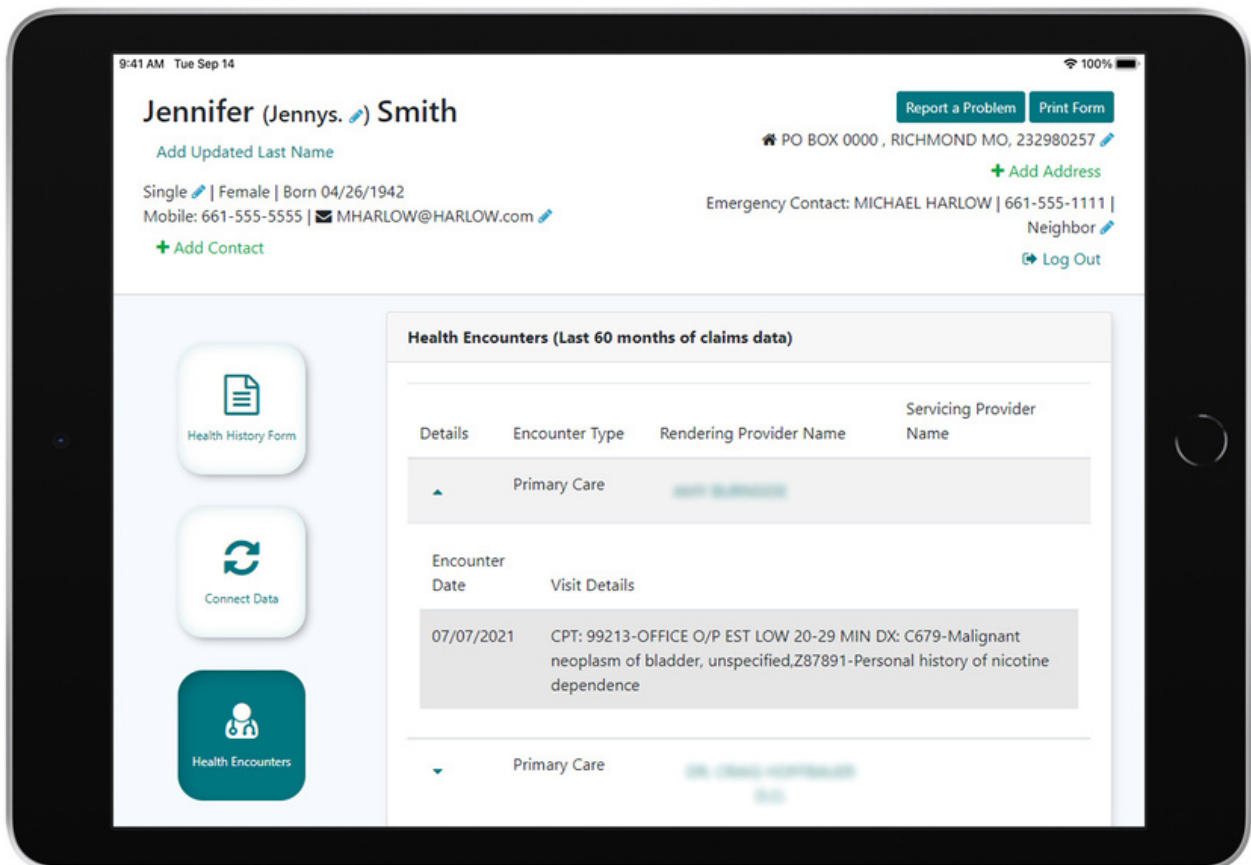
ICD-10 Code	Description	Action
<b>Diabetes with Chronic Complications Value \$3,287.82</b>		
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	Confirm Dismiss
E11.622	Type 2 diabetes mellitus with other skin ulcer	Confirm Dismiss
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	Confirm Dismiss
E11.65	Type 2 diabetes mellitus with hyperglycemia	Confirm Dismiss
E11.69	Type 2 diabetes mellitus with other specified complication	Confirm Dismiss
<b>Bone/Joint/Muscle Infections/Necrosis Value \$3,540.73</b>		
M86.10	Other acute osteomyelitis, unspecified site	Confirm Dismiss
M86.151	Other acute osteomyelitis, right femur	Confirm Dismiss
M86.18	Other acute osteomyelitis, other site	Confirm Dismiss
M86.60	Other chronic osteomyelitis, unspecified site	Confirm Dismiss
M86.8X8	Other osteomyelitis, other site	Confirm Dismiss
M86.9	Osteomyelitis, unspecified	Confirm Dismiss
<b>Artificial Openings for Feeding or Elimination Value \$7,072.09</b>		



# FHIR BOTS



Digital Health History pre-populated using claims and clinical data resources resulting in an interactive digital form.





# CARE COORDINATION TOOL (CCT)



- CCT is an event-based management tool (including ADT events).
- Customizable power tool allows you to create care plans and program types that are specific to your care team needs. It centers around everyday workflows in managing patient documentation.

The screenshot displays the Patient Master Dashboard interface. At the top, there is a navigation bar with links for Home, Care, Quality, Analytics, HCC Coding Impact Report, and Benchmark Leakage. A search bar is present for Patient First Name and Patient Last Name. Below the navigation bar, the main content area is titled "Patient Master Dashboard" and features a "Calendar View" tab. The dashboard includes a "Filter Options" section on the left with various filters such as Service Provider (Shaunte Porter), Created By, Event Types, Program Types, Populations, Due Date, Status, and Monthly Time. The central part of the dashboard is a calendar for August 2023, showing events for various dates. A detailed event pop-up is visible for Tuesday, August 1st, providing information such as Origination Date, Follow-up Date, Creation Date, Created By, Status, Event Type, Service Provider, and a description of the event. The pop-up also includes action buttons like Print Event, View Event, Edit Event, Close Event, Add Follow-up Note, Copy Event, Mark as Done, and Add Sub Event.



# QUALITY REPORTING

- Medicare Quality Reporting
  - Medicare ACO eCQM
  - Medicare ACO MIPS CQM
  - Medicare CQM (ACO)
  - CMS Web Interface (ACO)
  - MIPS Value Pathways (MVPs)

A comprehensive quality reporting solution suite:

- Data Imports:
  - Claims
  - QRDA
  - Flat Files
  - FHIR
- Care Gaps and Data Completeness Dashboard
- Performance Scoring Dashboard
- EHR Performance Feedback Reports

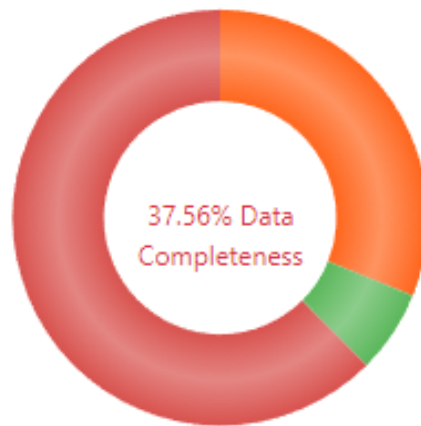




# Care Gaps & Completeness

- Completeness threshold of 70% or higher depending on the program requirements.
- Care gaps identification of complete, incomplete, excluded, excepted, and non-performance answers

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)



■ Performance Not Met ■ Performance Met ■ Exception ■ Incomplete

# Performance Scoring

Medicare numerator/denominator scoring methodology.

Practitioner	DM-2	H1N1	MRI	PREV-5	PREV-6	PREV-7	PREV-10	PREV-12	PREV-13	Care-2	Total Score	
Demo Practice 1	6.03%	97.22%	0%	73.77%	87.06%	95.82%	100%	99.79%	95.46%	97.63%	Avg 84.65%	
Demo Practice 2	14.29%	85.19%	0%	66.36%	93.44%	94.76%	66.67%	100%	97.22%	100%	Avg 93.07%	
Demo Practice 3	6.03%	96.28%	0%	66.67%	80%	100%	100%	100%	100%	100%	Avg 93.34%	
Demo Practice 4	13.75%	90.31%	0%	87.1%	93.95%	96.26%	93.55%	92.56%	92.13%	92.68%	Avg 93.26%	
Demo Practice 5	20%	100%	0%	60%	66.36%	100%	100%	100%	96.88%	100%	Avg 84.48%	
Demo Practice 6	23.83%	75.77%	50%	95.7%	95.94%	81.48%	72.73%	93.62%	87.3%	86.32%	Avg 86.02%	
Demo Practice 7	2.5%	93.62%	0%	86.33%	87.32%	94.69%	100%	99.48%	100%	99.07%	Avg 94.34%	
Demo Practice 8	7.66%	84.87%	10%	90.72%	91.3%	82.76%	100%	90.52%	86.42%	97.23%	Avg 89.87%	
Demo Practice 9	7.04%	94.44%	0%	62.82%	82.02%	83.02%	100%	96.03%	99.29%	97.97%	Avg 89.44%	
Demo Practice 10	0%	100%	0%	100%	100%	100%	100%	100%	100%	100%	Avg 100%	
Demo Practice 11	5.26%	96.77%	0%	96.77%	90.79%	100%	100%	100%	99%	97.5%	Avg 97.37%	
<b>Total Score</b>	<b>9.68%</b> N: 89 D: 919 10	<b>88.65%</b> N: 3320 D: 3745 9.87	<b>19.44%</b> N: 7 D: 34 N/A	<b>82.59%</b> N: 1418 D: 1959 9.26	<b>89.27%</b> N: 3487 D: 3966 9.31	<b>88.98%</b> N: 5491 D: 6171 9.30	<b>96.22%</b> N: 331 D: 344 10	<b>93.72%</b> N: 5163 D: 5509 10	<b>94.77%</b> N: 3866 D: 3885 N/A	<b>95.51%</b> N: 5919 D: 6197 10	<b>95.99%</b> N: 5919 D: 6197 10	<b>87.85 of 89</b> PT: 98.65%



# DATA SOURCES

Medicare	Clinical	Payers
Medicare CCLF	Quality Reporting Document Architecture (QRDA)	Medicare Advantage
Blue Button FHIR (individual OAuth)	Fast Healthcare Interoperability Resources (FHIR)	Medicaid
Data Point of Care FHIR (Bulk)	HL7 Lab	Commercial
	Patient Input	Self-Insured Employer
	Devices	Third-Party Administrator (TPA)



# CONTACT INFORMATION

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