How Provider-Payer Collaboration Maximizes Value Based Performance Reporting

Session #26, Tuesday, April 18, 2023

Semira Singh

Director, Population Health Informatics, Providence

Teresa Younkin

Project Co-Lead, HL7® Da Vinci Project PMO and Senior Consultant, Point-of-Care Partners

HIMSS 23

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Meet Our Speakers

Semira Singh

Director, Population Health Informatics, Providence

Teresa Younkin

Project Co-Lead, HL7 Da Vinci Project PMO and Senior Consultant, Point-of-Care Partners

Conflict of Interest Slide

Semira Singh and Teresa Younkin

Have no real or apparent conflicts of interest to report.

Agenda

- Learning Objectives
- Introductions: Core Use Case Team
- Overview of HL7 Da Vinci Project and Use Case
- Brief Overview of Value Based Care
- Current State of Value Based Reporting Data Exchange
- Value Proposition of Standards
- Use Case Deep Dive
- Timeline
- Questions

Learning Objectives

Learning Objective 1: Discover the benefits of a standards-based approach to interoperability and how the multi-stakeholder initiative is helping the industry solve healthcare interoperability problems and meet federal requirements.

Learning Objective 2: Compare two stakeholder-based perspectives of the standards-based strategies and lessons learned.

Learning Objective 3: Identify how to get involved, join the growing collaborative community and directly access all of the free and open resources of the multi-stakeholder HL7 Da Vinci Project to solve your interoperability challenges.

Learning Objective 4: Identify benefits and progress of shifting from traditional file formats to real time data exchange between providers and payers to unleash the data required for value based care contracts to be successful.

Learning Objective 5: Discuss the impact of moving to real-time data exchange and synchronization of contract performance with payer and provider partners.

Core Use Case Team

Role	Name	Organization		Email
Project Co-Lead	Teresa Younkin	Point-of-Care Partners	Point-of-Care Partners	Teresa.Younkin@pocp.com
Project Co-Lead (Provider)	Semira Singh Vincent Powell	Providence	Providence	Semira.Singh@providence.org Vincent.powell@providence.org
Project Co-Leads (Payer)	Glenn Raley Katie Roan Stephanie Hegland Dave DeGandi	Humana, Optum, CAMBIA HEALTH SOLUTIONS, UnitedHealthcare	Humana Optum UnitedHealthcare Cambia	GRaley@humana.com Katie.Roan@optum.com Stephanie.Hegland@uhc.com David.DeGandi@cambiahealth.com
Project Co-Lead (Vendor)	Michael Pattwell Brent Zenobia	edifecs, novillus	Edifecs Novillus	Michael.Pattwell@edifecs.com Bzenobia@novillus.com
Imp. Guide Author	Yan Heras	HL7 FHIR	Optimum eHealth	Yan.Heras@optimumehealth.com
Reference Imp. Developer	TBD	edifecs		
PMO/Technical Director	Viet Nguyen, MD	HL7 FHIR	Stratametrics LLC	Vietnguyen@stratametrics.com
PMO/Program Manager	Jocelyn Keegan	Point-of-Care Partners	Point-of-Care Partners	Jocelyn.keegan@pocp.com
PMO/Process Support	Holli Murphy	HL7 FHIR	HL7	Holli@hl7.org

Overview of the HL7 Da Vinci Project

PROVIDERS

EHRs

athenahealth
*Epic
healow | Insights
MEDITECH
*ORACLE Health
*veradigm

PAYERS

*BlueCross BlueShield Association
*BlueCross BlueShield of Alabama
Arkansas BlueCross BlueShield
*Blue Cross of Idaho
of Tennessee
*CAMBIA
*Cigna
CENTENE Corporation
*CMS
CVS Health
*Elevance Health
GUIDEWELL
*HCSC
*Humana
scan HEALTH PLAN
*UnitedHealthcare

VENDORS

Availity
cognizant
*edifecs
infor
HOOK
IBM
HealthLX
InterSystems Health | Business | Government
mcg
opala
*Optum
*surescripts
smile CDR
*ZeOmega
ITILITI HEALTH

For current membership: http://www.hl7.org/about/davinci/members.cfm

The above listed Blue Cross and Blue Shield companies are independent licensees of the Blue Cross and Blue Shield Association.

Rev 3/2/23.

INDUSTRY PARTNERS

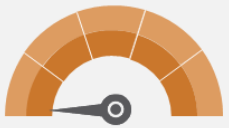
HIMSS *HL7 International NCQA Measuring quality. Improving health care.

*Indicates a founding member of the Da Vinci Project. Organization shown in primary Da Vinci role, Many members participate across categories.

Overview of the Da Vinci Use Cases

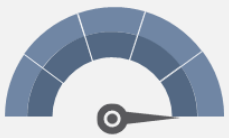
Clinical Data Exchange

Quality & Risk



Coverage, Transparency & Burden Reduction

Foundational Assets



* Referenced in or supports Federal Regulations

♦ Aligned with expected Federal Regulation

Dial denotes progress in current STU Phase

❑ Potential new discovery project

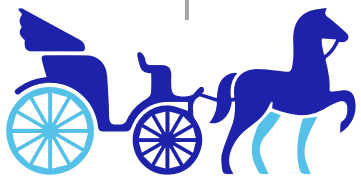
Use Cases: https://confluence.hl7.org/display/DVP/Da+Vinci+Use+Cases

Overall Maturity:	Most Mature	Active Growth	Least Mature

Nov 2022: Community Roundtable with 2023 use case investments

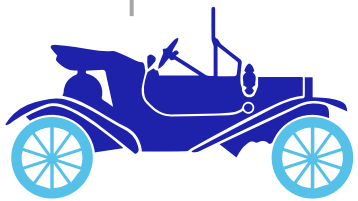
History of Value Based Care and Reporting Needs

2008
Medicare Improvements for Patients and Providers Act (MIPPA)



2009
Health Information Technology for Economic and Clinical Health (HITECH) Act

2010
Affordable Care Act (ACA)



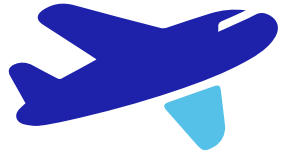
2011
Center for Medicare and Medicaid Innovation (CMMI)

2015
Medicare Access and CHIP Reauthorization Act (MACRA) implemented the Quality Payment Program (QPP)

2016
21st Century Cures Act

2020
21st Century Cures Act Final Rule

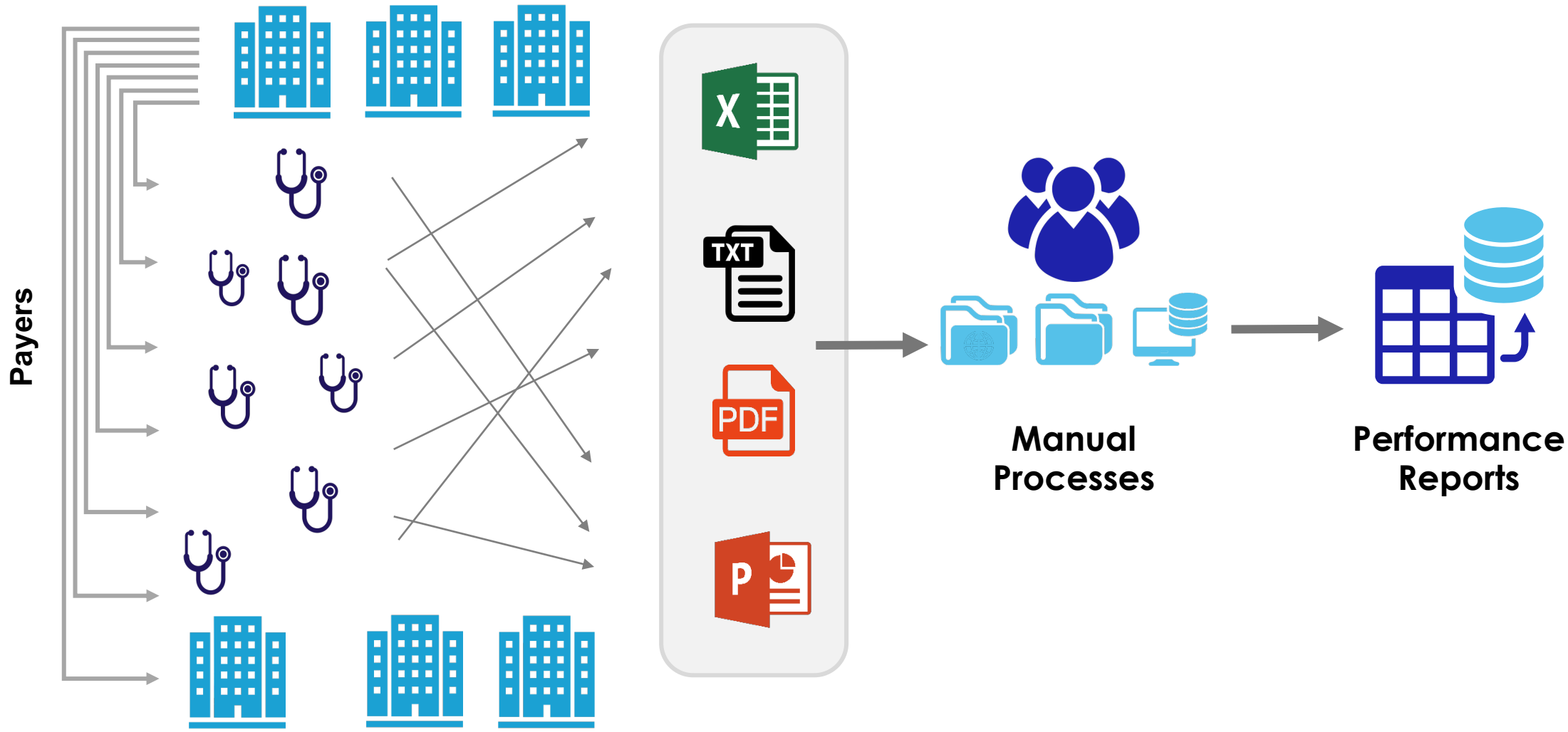
CMS Interoperability and Patient Access Rule



2021
CMS Hospital Interoperability and Price Transparency Final Rule

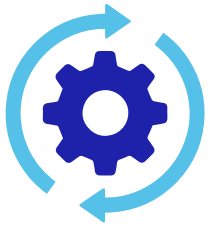
2022-Future
NPRMs

Challenges



Value Based Performance Reporting (VBPR) IG Adds Value to the Provider/Payer Relationship:

FINANCIAL VALUE
Structured data transmission to normalize data content



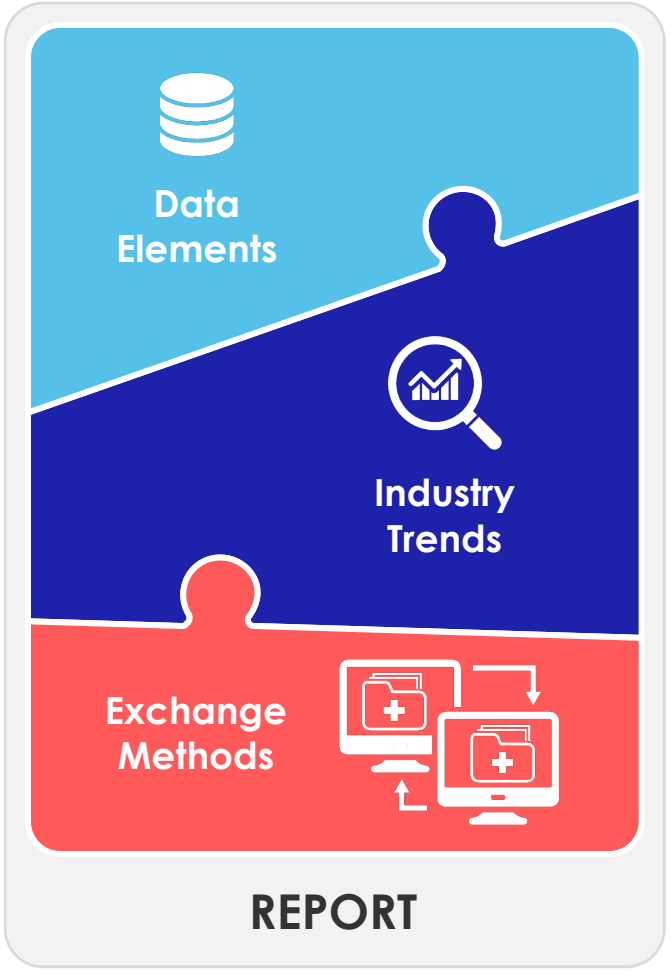
FOUNDATIONAL (WORKFLOW) VALUE
Potential for new and enhanced business processes

ACCURACY
Reduction of errors due to manual processing of the data files

Real World Input to Identify the Use Case

We evaluated our options to create a standardized report and exchange mechanism with industry trends and trajectory for healthcare data.

Out of the evaluation we understood the subject was complex and wanted to level set the use case based on our assumptions.



Real World Input to Identify the Use Case

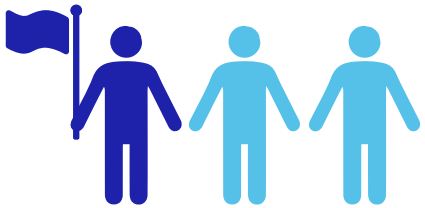
Assumptions:

Reporting on the overall financial performance and major contract terms during the performance period

Based on production reporting from other programs

Adjustment to payments based on financial performance

Risk prediction model information, if provided, is a part of VBC (clinical and financial risk)



VBC is not dependent on other Implementation Guides

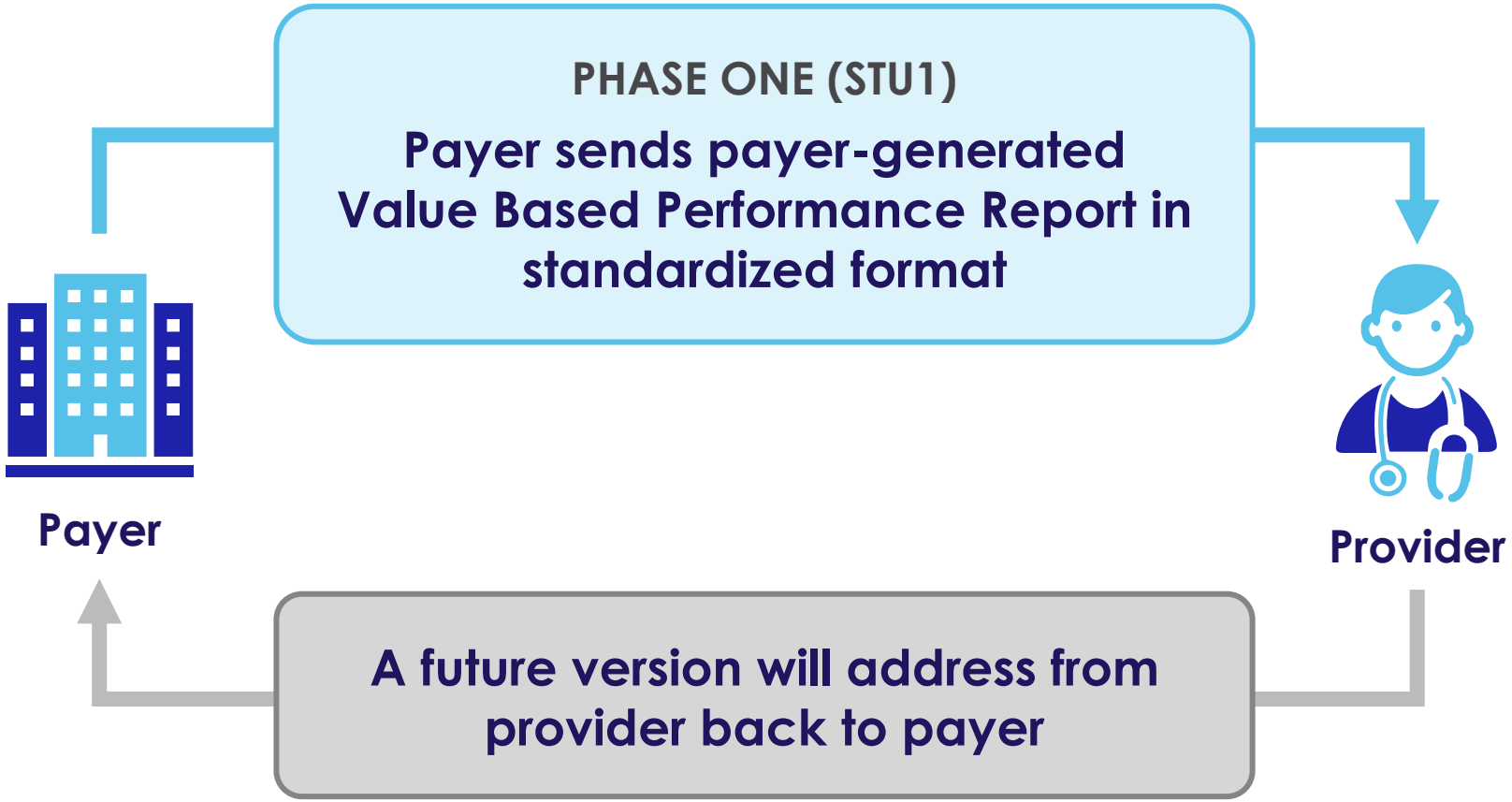
In Scope

IN SCOPE (STU1*)

- ✓ You don't need to boil the ocean
- ✓ Business to Business relationship
  - Contract level
- ✓ Established process to calculate and create data set for an established contract
  - Generate performance report
- ✓ Security is covered in HL7 FHIR implementation
  - Data exchange from payer to provider

Standard Trial Use1*

Value Based Performance Reporting STU 1



Sample Data Elements

Contract Data Elements:

- Organizational Name
- Contract Name
- Payer name
- Line of Business
- Attribution/Roster

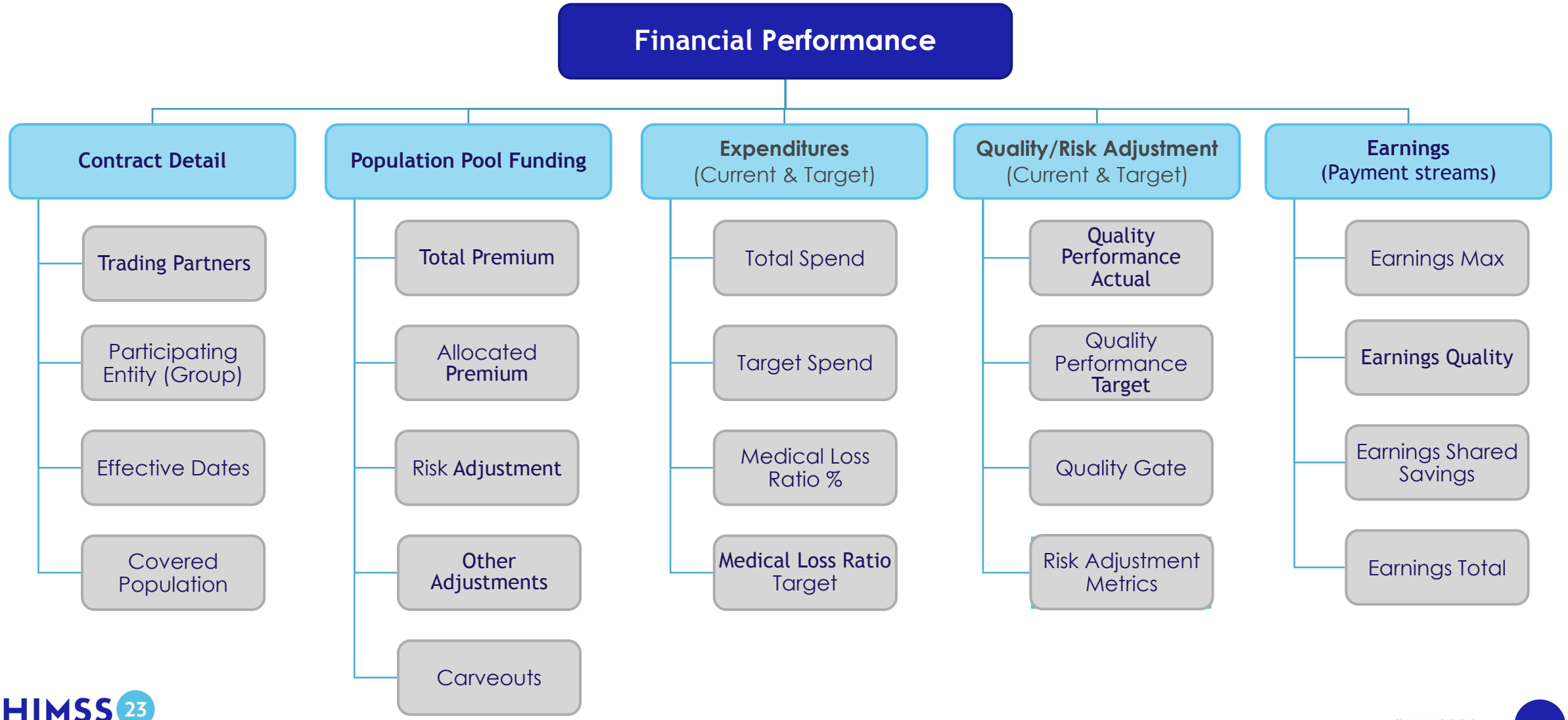
Financial Data Elements:

- Average Risk Score
- Revenue
- Medical/Rx Cost
- Target Medical/Rx Cost
- Variance Medical/Rx Cost
- Medical Loss Ratio
- Care Coordination Fees
- Shared Savings/Loss
- Capitation
- Total Paid Claims
- Incurred But Not Reported (IBNR)
- Run Out Claims

Quality Data Elements:

- Measure ID
- Measure Description
- HL7 Value Set: (MeasureType)
- Numerator
- Denominator
- Score: (HL7 MeasureScoring)

Proposed Design Categories

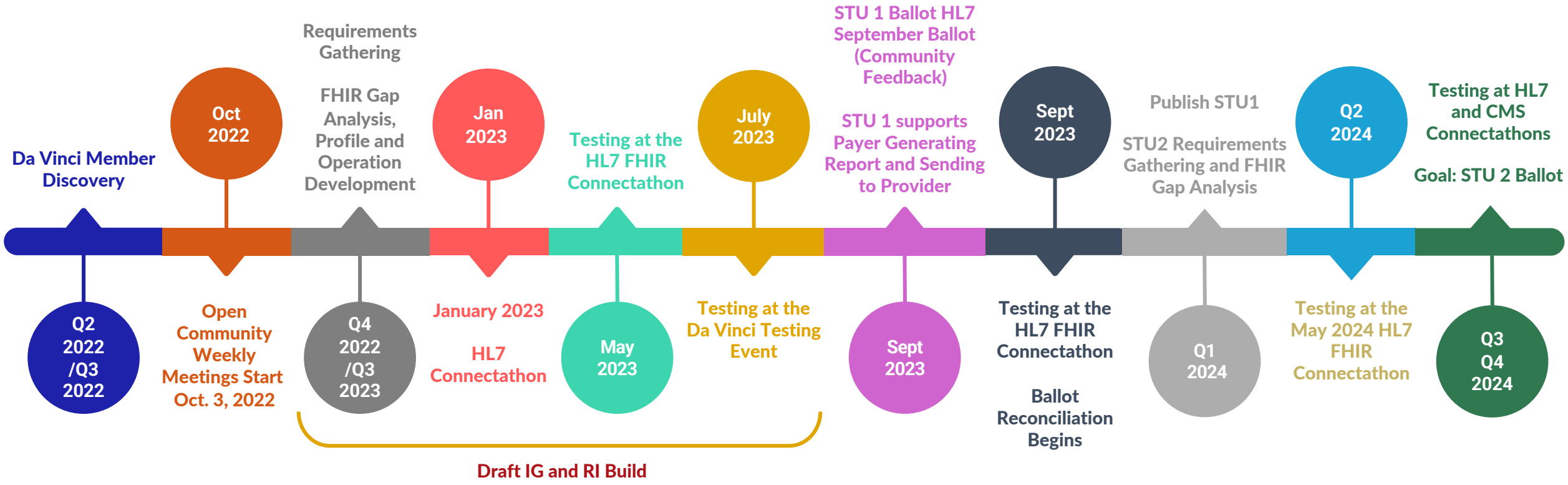


FHIR Mappings: Map Once Use Many

VBPR SAMPLE REPORT					
Contract Details					
Medicare Advantage Plan					
Cohort #1 HMO	HMO		**Cohort #2 PPO**	PPO	
Contract Term	1/1/2022 - 12/31/2024		Contract Term	1/1/2022 - 12/31/2024	
Performance Period	1/1/2022 - 12/31/2022		Performance Period	1/1/2022 - 12/31/2022	
Line of Business	Medicare		Line of Business	Medicare	
Risk Type	Upside		Risk Type	Upside/Downside	
Quality Incentive	Yes		Quality Incentive	Yes	
Care Coordination Fee	Yes		Care Coordination Fee	Yes	
			HCP LAN APM Framework	3B - Dual Risk APMs and Shared Savings	
Shared Savings - Gated on Quality					
Service Start Date:	01/01/2022				
Service End Date:	11/31/2022				
Paid Through:	12/31/2022				
Composite Star Score	**Years 1-3 Gain Share (upside)**		**Years 1-3 Risk Share (downside)**		
3.8	50%		80%		

Year - Month	Member Months	Avg Risk Score	Revenue PMPM	YTD Quality Payment - Chronic	YTD Quality Payment - Office Visit
Row Labels	Sum of Member Months	Sum of RISK_SCORE_avg	Sum of Revenue_PMPM		
2021	300	0.70	$33	$11,900.00	$300.00
HMO	100	0.80	$60	$3,966.67	$100.00
Region 1	50	0.90	$60	$1,983.33	$50.00
Region 2	50	1.00	$60	$1,983.33	$50.00
PPO	200	1.10	$20	$7,933.33	$200.00
Region 1	150	1.20	$13	$5,950.00	$150.00
Region 2	50	1.30	$40	$1,983.33	$50.00
Care Coordination Fees		**Quality Incentive Payments**		**Quality Incentive Payments**	
Service Start Date:	01/01/2022	Chronic Care Management Incentive Program		Chronic Care Management Incentive Program	
Service End Date:	11/31/2022	Service Start Date:	01/01/2022	Service Start Date:	
Paid Through:	12/31/2022	Service End Date:	09/30/2022	Service End Date:	
$5.00	this is $5pmpm	Paid Through:	09/30/2022	Paid Through:	
October STARS Composite Score	**3.8**				
Condition Count	>=4 STARS	<4 STARS			
1	$30	$20			
Condition Count	Eligible Members (Denom)	1 Gap Closed	2 Gaps Closed	Interim Payment Rate	Earned Incentive
1	100	20	0	$20	$400
2	200	30	0	$50	$1,500
3	50	20	0	$100	$2,000
4	50	10	0	$200	$2,000
5+	100	20	0	$300	$6,000
Total	500	100	0		$11,900

VBPR Use Case Timeline



*STU = Standard for Trial Use

VBPR Use Case Participation

HL7 Connectathon

May 6-7: New Orleans - Looking for organizations to test

May - July September: Weekly meeting to update the Implementation Guide from Connectathon and feedback

HL7 Da Vinci Testing Event

Looking for organizations to test

July – September: Weekly meeting to update the Implementation Guide from testing event and feedback

HL7 Connectathon

September 9-15: Present ballot for Implementation Guide and testing at Connectathon

September-November: Ballot reconciliation and publication of Implementation Guide

Get Involved & Learn More at HIMSS & Beyond

Join the weekly meetings on VBPR!

- Mondays 2 - 3 p.m. ET
- Scan code to access details.

Visit the HL7 Da Vinci Project Kiosk

- Find us at the Interoperability Showcase, located in North Building, Hall B, Booth 7946-28.
- Talk to Da Vinci members who are implementing HL7 FHIR APIs
- View demonstrations

Scan the QR code to join us

- Access our presentation schedule
- Access resources on our Welcome Page
- Sign up for our latest news, including our monthly Community Roundtable webinars

We look forward to continuing the conversation!

Questions

Thank You!

Semira Singh

Director, Population Health Informatics, Providence

Semira.Singh@providence.org

LinkedIn: https://www.linkedin.com/in/semira-singh-428136aa/

Teresa Younkin

Project Co-Lead, HL7 Da Vinci Project PMO and Senior Consultant, Point-of-Care Partners

Teresa.Younkin@pocp.com

LinkedIn: https://www.linkedin.com/in/teresayounkin/