

Remember the Member: Unveiling Hidden Health Influencers Through Advanced Analytics

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- Type your question in the Q & A box.
- Click “Send”.

Agenda

- 01** Background and Introductions
- 02** Common Data Challenges
- 03** Leveraging Analytics for Enhanced Understanding of Member Populations
- 04** V24 to V28
- 05** Case Studies
- 06** Questions

Speaker Introductions



Vijaya Vishwanathan

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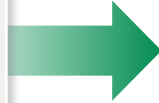
Government Funding Risk Program Manager,
Blue Cross of Idaho

Common Data Challenges

Data Challenge #1: No Member History

CHALLENGE

- Members coming to plans with no patient history
- Reduced opportunity to impact member condition capture and health outcomes



SOLUTION

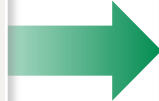


- Ability to look at past non-Medicare claims to build a patient history and identify chronic conditions
- Utilizing predictive algorithms (i.e. artificial intelligence and machine learning) for members lacking patient history helps in the following ways:
 - Highlights gaps in care from the beginning
 - Helps drive patient care
 - Automatically impacts costs
- Timely suspecting analytics is key to success!

Data Challenge #2: Changes to Part D

CHALLENGE

- **2025:** Single largest change to the MCR Part D program since its inception
- **Impact:** Estimated to cost plans four times the amount compared to 2023 and the reinsurance is 1/4 of the 2024 level for brand drugs (Source: CMS 2025 Part D Risk Adjustment model Update User Group call on 9/14/2023)
- **Action Required:**
 - Plans need to tighten up and suspect conditions more accurately as well as reassess members' known chronic conditions
 - Provide the right education to members and providers (PCPs and Specialists)



SOLUTION



- With our analytics platform we can take in all kinds of data — procedure data, pharmacy data, etc.
- Leveraging a platform to consolidate data helps drive data to make it impactful
- Leveraging a vendor for coding builds confidence for future suspecting and RADV/OIG audits

Leveraging Analytics for Enhanced Understanding of Member Populations

How Do Analytics Help?



Identify Conditions

Analytics identifies conditions that have not been re-evaluated but were captured in the previous 2 years.



Drive Specialty Care Based on Disease Prevalence



Pinpoint Provider Needs

Where do we need to focus our boots on the ground?

Analytics in Action

BCI is expanding from solely engaging with PCPs to specialists (endocrinology, rheumatology, cardiology and mental health). Analytics help us narrow down the scope of specialists that we need to focus our initial efforts.

Poll Question: How do you leverage the data generated from your retrospective chart reviews?



A To manage CMS submissions

B To correct invalid claims

C To inform care management programs

D All of the above

Retro-Coding Actionable Impacts

Impact of tying in retro-coding results with analytics helps drive action in the following ways:

Provider education

Increasing coding accuracy

Driving patient care and disease management

Coming up with a consultative approach

Increased compliance

Claims data validation

Impact of Understanding V24 to V28 Model Changes

The Shift from V24 to V28

V24	V28
86 unique HCCs	115 unique HCCs
2,000+ diagnosis codes map to V24, but not to V28	200+ diagnosis codes map to V28, but not V24



Shift of financial responsibility to providers and payers



5 HCC categories removed



Discretionary diagnostic categories excluded



3 to 8% decrease in risk scores

Poll Question: How has V24-V28 model adoption affected your organization?



A

I have seen a decrease in risk scores

B

I have not seen a decrease in risk scores

C

I do not know

Operational Impacts

Limited Chart Usage

Limited usage of charts to identify incremental RAF opportunities.

Removal of 2,200+ Diagnosis Codes

This leads to reduced prevalence of HCCs, minimizing the PCC impact.

Early/Frequent Patient Engagement

Using Analytics & Data to Guide Actions

Advantage of leveraging a V28-focused program assessment before 2024 payment year:

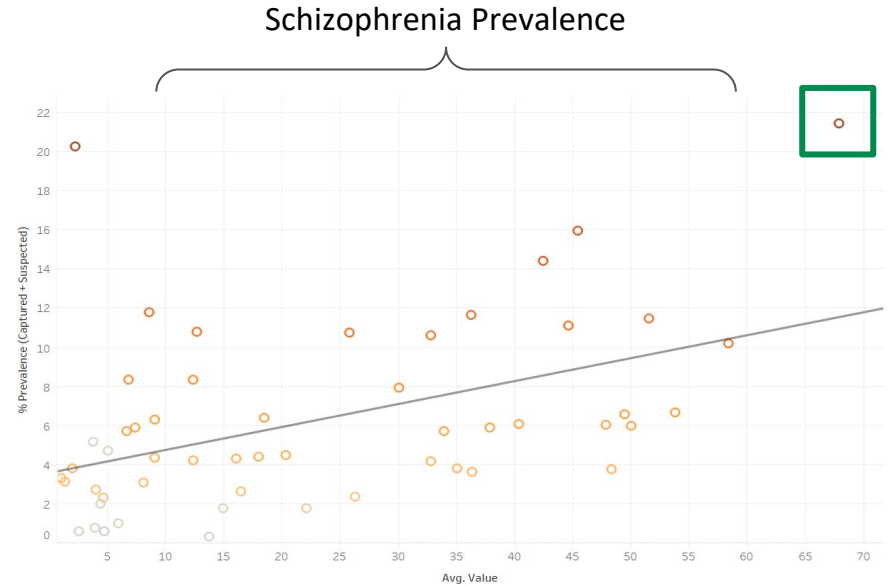
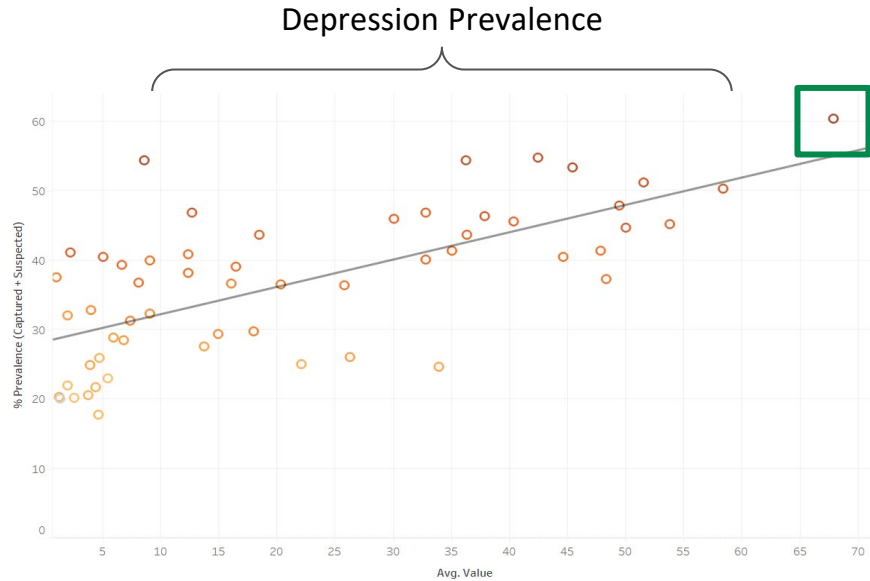
Evaluate	what program changes might be/might not be necessary
Meet	your margins
Plan	your budget
Understand	expected ROI
Provide	the best care possible
Develop	focus areas

Case Study with BC Idaho: SDOH/Disease Progression Analysis

*Source: Episource's Analysis of BC Idaho's Claims Data

Impact of Close Proximity to EPA Toxic Release Inventory Site

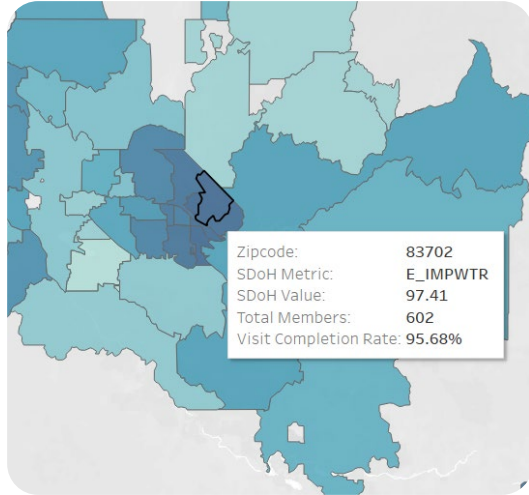
The relationship between mental health disorders and proximity is more pronounced for mental disorders than asthma and osteop orosis



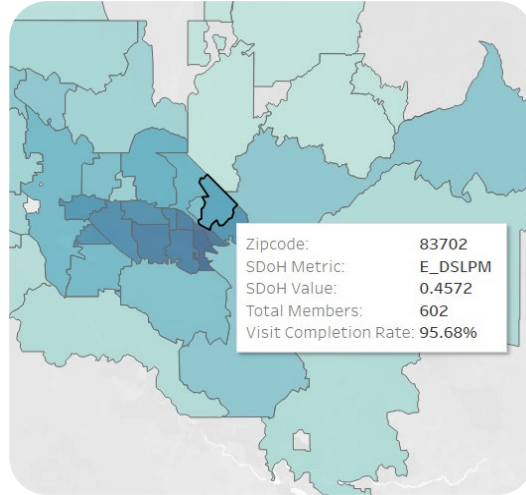
The projected prevalence in this zip code remains high even with the inclusion of members suspected for these conditions. This indicates that this zip code still has an exceptionally high prevalence.

Note: Zip codes with <1% of their area within 1-mi buffer of EPA toxic release site were excluded from the plots to avoid noise

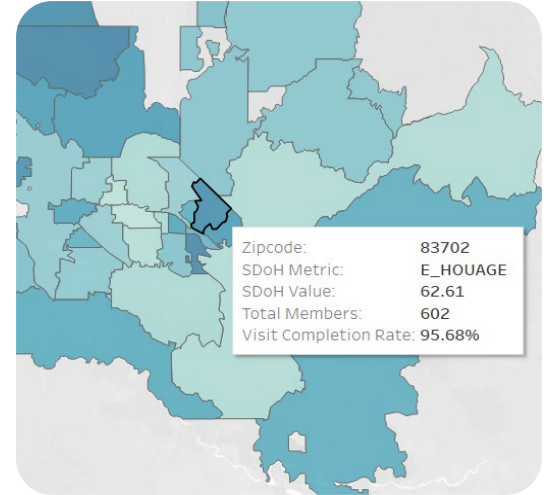
Increased Contaminants in Zip Code 83702



Percent of tract that intersects an impaired/impacted watershed at the HUC12 level



Ambient concentrations of diesel PM/m3

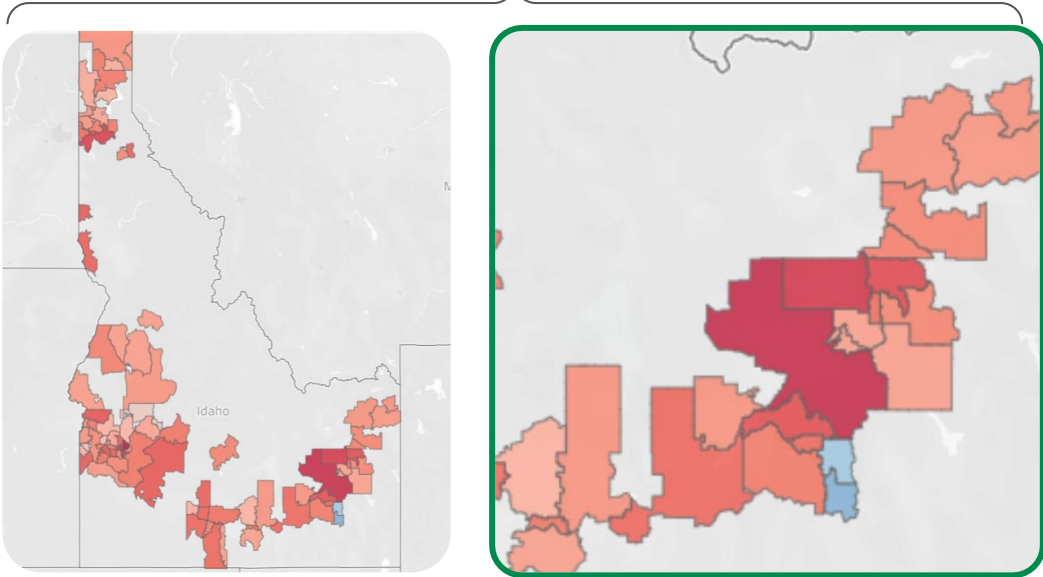


Percentage of houses built pre-1980 (lead exposure)

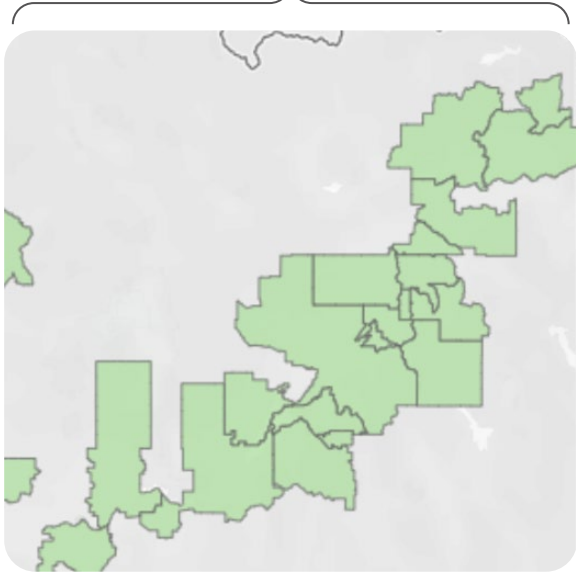
“For zip code 83702, which encompasses much of downtown Boise, the North End and the Boise Foothills, there are several contaminants **well above recommended levels.**” - *The Idaho Statesman*

Impact of National Walkability Index on Prevalence of Depression

Depression Prevalence Compared to CMS Benchmarks

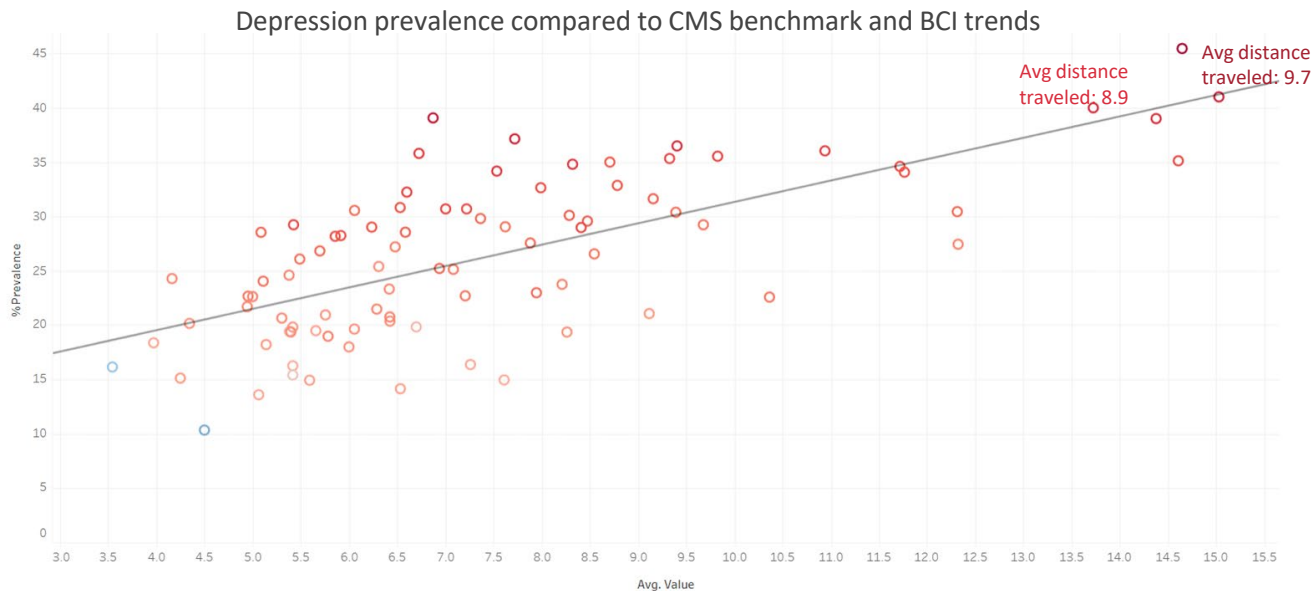


Provider Concentration by Zip Code



Zip codes highlighted in blue have a lower prevalence (by 4%-10%) than the CMS benchmarks. 277 members live in the zip codes highlighted in blue. These zip codes do not have any providers with a visit in 2022. Average visit completion rates for light blue zip codes is 91% and 95% which is comparable to the visit completion range for this area.

Impact of Urban Areas (Walkability Index) on Prevalence of Depression



American Psychiatric Association suggests that “among the potentially contributing factors to poorer mental health in urban areas are air pollution and other exposure to toxins, increased noise, lack of open space, crime and social inequalities, and the stress of sensory overload.” Read more [here](#).

Please note: Analysis excludes members traveling over 60 miles to see their provider (outliers) due to possibility of outdated addresses. Walkability index is between 1 and 20

Impact of These Analytics



Poll Question: How do you utilize SDOH data in your risk adjustment program?



A

To inform prospective programs

B

To improve provider and/or member education

C

To inform personalized care plans

D

I do not use SDOH data

Case Study Sources

External Sources:

- [USDA Economic Research Service Food Environment Atlas](#)
- [ATSDR CDC Environmental Justice Index](#)
- [EPA Walkability Index](#)
- [Social Determinants of Health Database](#)
- [CMS Chronic Conditions Prevalence](#)
- [Is Your Tap Water Safe? This Database Shows Boise's Tap Water Contaminants](#)
- [How Does Your Environment Affect Your Mental Health?](#)
- [City Living and Mental Well-Being](#)
- [A Correlation Between Lead Exposure and Mental Health](#)

Q&A

THANK YOU