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Agenda & Introduction

• UPMC Health System & Insurances Services Division
• Affordable Care Act (ACA) Insurance
  – Background
  – National Plan Performance
• UPMC Analytics
• Member Outreach
• Technology & Risk Adjustment
• UPMC ACA Performance
• Closing Remarks
# UPMC Health Plan Portfolio of Products

<table>
<thead>
<tr>
<th>Commercial Products</th>
<th>Medicare Products</th>
<th>Medicaid Products</th>
<th>Behavioral Products</th>
<th>Health &amp; Disability</th>
<th>Ancillary Products</th>
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Large Network Anchored by UPMC

UPMC Health Plan Portfolio of Products

### UPMC Health Plan

- **UPMC Health Plan**: Contracted Network and Partners

### UPMC Clinical Enterprise

![UPMC Health Plan Portfolio Map](image_url)
Affordable Care Act (ACA) Insurance
ACA Marketplace

• “The goal of the ACA Risk Adjustment Methodology developed by HHS is to compensate Health Insurance Plans for differences in enrollee health mix so that plan premiums reflect differences in scope of coverage and other plan factors, but not differences in health status.”

• The 3 R’s developed to stabilize the ACA market
  – Reinsurance
  – Risk Corridors
  – Risk Adjustment
Risk Adjustment: Understanding its Importance

- Provides payments to carriers with high risk populations
- Transfers funds between eligible plans, must net to zero within a risk pool
- Budget-neutral program, requires no outside funding

The key to success in RA

In 2016, over 90 million\(^1\) US lives were managed under risk-based payment programs.

The number of risk-adjusted lives is growing at 15 – 20 percent annually.

\(^1\)Sources: CMS, Kaiser Family Foundation
Populations Impacted by HCC Risk Adjustment

Risk adjustment with HCC coding is key to success across value-based care populations.
Premiums increased an average of 22% in 2017

http://www.businessinsider.com/heres-how-much-obamacare-premiums-are-going-up-in-every-state-2016-10
Many US Counties Have Only One Exchange Option

1,021 counties have only one exchange insurer in 2017 compared to 225 counties in 2016

Source: Kaiser Family Foundation analysis of data from the 2017 QHP Landscape file released by healthcare.gov on October 24, 2016. Note: For states that do not use healthcare.gov in 2017, insurer participation is estimated based on information gathered from state exchange websites, insurer press releases, and media reports as of August 26, 2016. Enrollment is based on 2016 signups.

Fewer Exchange Enrollees Have a Choice

Figure 1
57% of exchange enrollees will have a choice of three or more insurers in 2017, down from 85% of exchange enrollees in 2016

How has UPMC fared under the ACA?

Health insurance division drives growth at UPMC

March 1, 2017 12:00 AM

(Pittsburgh Post-Gazette)

UPMC Health Plan

• Lowest price Silver Plans in Region; 6th lowest price Silver Plan in the country

• Market Share has continued to increase;
  • 2% in 2014
  • 23% in 2015
  • 60% in 2016
  • 87% in 2017
ACA Analytics and Technology Story behind UPMC’s success

• Analytics
  – Initial indicators
  – Data sources
  – Identification of disease and medications
A Member signs up for a plan… What do we know?

- **Initial Information**

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Subsidy</th>
<th>Area Deprivation Index</th>
<th>Product</th>
</tr>
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<tbody>
<tr>
<td>Geographic Region</td>
<td>Property Type</td>
<td>Length of Residence</td>
<td>Network</td>
</tr>
<tr>
<td>Age</td>
<td>Gender</td>
<td>Marital Status/Children</td>
<td>Tax Credit</td>
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- Public data yields limited information

- Additional information required in order to adequately stratify the population
Integrated Data to Support Clinical Management
Population Health Strategy and Clinical Support

Many types of disparate data available:

• Medical Claims
• Pharmacy Claims
• Health Risk Assessments (self-reported)
• Care Management Assessments
• Enrollment & Demographic Data
• Lab Values

• Medical Record Documentation
  • All applicable risk adjustment document types
    • PCPs, Specialists, Hospitals, etc.

Develop centralized registry of member clinical presentation and lifestyle profiles for clinical analysis.
How are we Proactively Identifying this Population?

Data sources & Risk Factors – continuous stratification using cost experience

Lifestyle Preferences & Demographics
- Household Marketing Data
- Member Demographic Data

History of Complex Conditions
- Medipac Data Extraction of Inpatient and ER Encounters at UPMC Facilities

UPMC Physician Office Information (EPIC)

MARS Data

Pharmacy Utilization
- Pharmacy weekly claims data

Prior Medicare Data

Medical diagnoses priorities

<table>
<thead>
<tr>
<th>Medical diagnoses priorities</th>
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<tbody>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Hepatitis C</td>
</tr>
<tr>
<td>HIV</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>CHF</td>
</tr>
<tr>
<td>CKD</td>
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<tr>
<td>COPD</td>
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Medication priorities

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Anti-rejection drugs</td>
</tr>
<tr>
<td>Depression combination therapy</td>
</tr>
<tr>
<td>Polypharmacy DUR meds</td>
</tr>
<tr>
<td>Long acting injectable antipsychotics</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
</tr>
<tr>
<td>HIV</td>
</tr>
<tr>
<td>&gt; 9 medications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical diagnoses priorities</th>
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</thead>
<tbody>
<tr>
<td>Hemophilia</td>
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<tr>
<td>Hepatitis C</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
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<tr>
<td>Transplant</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
<tr>
<td>Premature delivery</td>
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Medication priorities

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<td>Hemophilia</td>
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<td>Hepatitis C</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>Oral chemotherapy</td>
</tr>
<tr>
<td>Sickle cell</td>
</tr>
<tr>
<td>17P (maternity)</td>
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</table>
Engagement & Stratification

1. Members with high risk for unplanned care and had facility encounters for key conditions

2. Members with facility encounters for at least 2 of the 5 “high priority” conditions (Diabetes, Afib, COPD, CKD & CHF)

3. Members with high risk for unplanned care or had facility encounters for key conditions

4. Members receiving financial subsidies
Clinical Tactics

1. **Predictive Modeling (Analytics, HRA & HAS)**
2. **Define Target Membership**
3. **Member Engagement**
4. **Partner with PCP for high risk members**
5. **Incentivize Targets for program completion**
Technology and Risk Adjustment
UPMC Pre-Technology Workflow

1. List of Health Plan members is created
2. Manager assigns members to coder
3. Input Health Plan Member into "Coding Member" spreadsheet to review member eligibility for the coding year
4. Review "Chase List" spreadsheet to see what diagnosis codes have been claimed for the member within the coding year
5. Log into EMR
6. Review member documentation within EMR for unclaimed diagnosis
7. Save new HCC Code in a spreadsheet for submission
8. Valid Code?
9. Check Diagnosis against the "Code Lookup" spreadsheet
10. New Diagnosis found?
11. Coding Complete

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Technology Solution
Clinical Data warehouse & Natural Language Processing

Electronic Health Record Data
- Patient History
- Provider Notes
- Lab & Test Results

• HL7/CCDA/FHIR
• Flat Files
• Secure Remote Print
• OCR

Administrative / Claims Data
- Claims / Billing Data
- Eligibility / Enrollment
- CMS Files

• Data File Manager
• Secure FTP

Data Warehouse
NLP Engine

Machine Learning

Suspecting Algorithms

HCC Scout

✓ Over 200K Complex Rules
✓ Confidence Intervals
✓ Market- and HCC-model Specific Suspects (ACA, MA, MDCD)
Post-Technology UPMC Risk Adjustment Workflow
ACA Net Gain Member Review: June 2016–April 2017

• Initial manual retrospective review of ACA members yielded 1 additional HCC for every 20 members reviewed
  – This would not justify the resource investment to continue conducting retrospective risk adjustment

Manual Review

NLP Review

1:20 HCCs

1:5 HCCs
Example of NLP and Operational Workflow
Using Scout to Identify a Valid Clinical Diagnosis

Chief Complaint: Annual Exam

The patient is a 39 year old G0P0000 that presents for annual gynecological examination. Patient's last menstrual period was 04/02/2016 [approximate]. Menses: regular q month no inh. Not currently SA, uses condoms for contraception as she has factor v leiden mutation. Bladder, bowel, no complaints.

FHx:
No breast, colon, or ovarian cancer.

SOCIALHX:
Pt is a non smoker, bee keeper and architect.

ROS:
NEG
All other positive review of systems will be discussed with patient's primary care provider. All other systems negative.

Past Medical History:
Diagnosis:
Factor v leiden mutation, heterozygous (notable code)

Date: 2003

No past surgical history on file.

Current Outpatient Medications:
None Entered

Current Outpatient Prescriptions:
No CURRENT CHRONIC MEDICATIONS
Diclofenac (INDOEX) 0.77% topical cream
Epinephrine (EPIPen) 0.3 mg/0.3 mL IM Pen as directed

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Using Scout to Accept a Valid Clinical Diagnosis
Using Scout to Link the Diagnosis to the Claim

<table>
<thead>
<tr>
<th>Annual Exam</th>
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</thead>
<tbody>
<tr>
<td>Reason for Visit History</td>
</tr>
<tr>
<td>Visit Diagnoses</td>
</tr>
<tr>
<td>Encounter for gynecological examination without abnormal finding - Primary</td>
</tr>
<tr>
<td>201.419</td>
</tr>
</tbody>
</table>

**Chief Complaint: Annual Exam**

- The patient is a 39-year-old G0P000 that presents for annual gynecological examination.
- Patient's last menstrual period was 04/02/2016 (approximate). Menses: regular q month no imb.
- Not currently SA, uses condoms for contraception as she has factor v leiden mutation.
- Bladder, bowel/urinary complaints:
  - FHX: No breast, colon, or ovarian cancer
  - SOCIAL HX: Pt is a non-smoker, bee keeper and architect
  - R/O:
    - NEG
    - All other positive review of systems will be discussed with patient's primary care provider. All other systems negative.

**Past Medical History**

- Factor v leiden mutation, heterozygous (notable code) 2003
- No past surgical history on file.

**Current Outpatient Prescriptions:**

- NO CURRENT CHRONIC MEDICATIONS
- None Entered
- ociclopirox (LOPROX) 0.77 % topical cream
- Epinephrine (EPI PEN) 0.3 mg/0.3 mL IM Pen as directed

Page 1 of 6
Using Scout to Link the Diagnosis to the Claim

Progress Note

Annual Exam
Reason for Visit History:

Visit Diagnoses

Encounter for gynecological examination without abnormal finding

Progress Notes

Note Status: Signed: Design: CoSign Not Required: Note Time: 4/11/2016 11:00 AM

Chief Complaint: Annual Exam

The patient is a 39 year old G0P000 that presents for annual gynecological examination. Patient’s last menstrual period was 04/02/2016 (approximate). Menstrual: regular q month no pub. Not currently SA, uses condoms for contraception as she has factor v leiden mutation. Bladder, bowel, or bladder complaints

FHx

No breast, colon, or ovarian cancer

Social

PT is a non-smoker, bee keeper and architect

ROS:

NEG

All other positive review of systems will be discussed with patient’s primary care provider. All other systems negative.

Past Medical History

Diagnosis: Factor 5 leiden mutation, heterozygous (notable code) Date: 2003

No past surgical history on file.

Current Outpatient Prescriptions:

NO CURRENT CHRONIC MEDICATIONS

OCTOPR (LOPROX) 0.77 % topical cream

Epinephrine (EPINE) 0.3 mg/0.3 mL IM Pen as directed
UPMC ACA Performance
Percent of UPMC ACA Population with a Risk Adjustment Diagnosis

HHS-HCC model anticipates 19% of population with a RA diagnosis
CY14/15 Risk Transfer Payments - PA

Compares Pennsylvania Marketplace CY14/CY15 payments for each organization.

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CY14/15 Risk Transfer Payments

Compares Pennsylvania Marketplace CY14/CY15 payments for each organization amongst local competitors.
How to Succeed with Risk Adjustment

• Plans must ensure the risk score accurately reflects the member population by doing **ALL** of the following:

  • Retrospective Programs
    – The “Chase”
    – Coding
  • Prospective Programs
  • Predictive Modeling (Claims & Suspects)
  • Efficiencies with Technology
    – Prioritization, workflow, remove redundancy, claims linking
    – EMR integration, remote print
    – Code 100% of opportunity
  • Auditing & Compliance
    – RADV & Eligibility
  • Provider Education
  • Management Reporting & Dashboards
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