Beyond the Encounter: Connecting the Data Dots Beyond Encounter Submission

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THE RISE ASSOCIATION

We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

OUR MISSION

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.



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Jay Baker Dave Foster





Innovators in Healthcare Technology

HEALTHCARE MARKET FOCUS 550+ Employees Globally 25/36 Blue Plans YEARS 31/52 Serving more than 215 million lives State

through our 350+ customers

Encounter Management Solution Profile

Serving more than **25 Million** lives through our customers



99.99%

>750M encounter submissions annually

Substantial Submission Footprint

across Medicare Advantage, managed Medicaid and the Marketplace

Accuracy

Achieved optimal submission compliance and risk score revenue accuracy for our customers



Market Leader



Submission Types Single platform to support federal, state, APD and custom encounter submissions





Leaders In Trading and

Compliance





10/10 Top Health Plans

Medicaid Programs



100+ Provider Customers

Overall, ~32% of encounters submitted to CMS are generated by our system





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Building the Business Case	What's in the Way and What Are the Impacts?	Real World Health Plan Story	The Building Blocks to Go Beyond the Encounter
What's happening in the market, what is "beyond the encounter" and what's the value?	What are the operational challenges facing plans and the cost of the status quo?	The story of how one MAO solved their data visibility and submission challenges	How can plans better connect claims and encounters to meet strategic initiatives?

5 Wrap Up and Questions

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Thank you!





Building the Business Case



Medicare Advantage Changes



Policy

- PY 2022 RAPS will no longer be used in RAF scores: using EDPS only
- PY 2022 v22 will no longer be blended in non-ESRD models: using v24 only



- EDPS MAO-004 format finalized
- PY 2021 Telehealth services used in risk adjustment





Medicare Advantage COVID-19 Impact

- Insurers in most markets have become more profitable in PY 2020
- Reduction in utilization in 2020
- Limited utilization / documentation of chronic conditions in DOS 2020 / PY 2021 forward
 - Negative impact to risk scores and premium payments
- Network management changed by provider / network consolidation driven by decrease in utilization and increased costs in PPE and telemedicine







Medicare Advantage COVID-19 Impact

- Medicare Advantage plans: Required to rebate CMS premiums when their medical loss ratios are below 85%
 - Plans on average are reporting 80% MLR in the first 6 months of 2020
- Resulting in increased patient benefit coverage, and/or insurer payments and/or contract cancellation by CMS

Figure 2

Average Medical Loss Ratios Through June, 2013 - 2020







What is "Beyond the Encounter"?





Data gaps and leakage







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What's in the Way and What Are the Challenges/ Impacts?



What's in the Way?







Lack of basic EDI capabilities



"Beyond the Encounter" Lifecycle Challenges





What's the Impact of the Status Quo?



Additional IT and encounter burden

Increased chance of penalties

Reduced revenue integrity





Real World Health Plan Story



Real World Health Plan

- Lines of business: Medi-Cal, Medi-Connect (dual eligible)
- 1.2M members, 6K providers

Mission: To organize and improve the delivery of quality, accessible and wellness-based health care services for our community

Challenges

- Admin costs/burden with capitated entities and trading partner volumes
- Incomplete or inaccurate data being reported on X12s
- Paper claims missing required elements
- Claims adjudication system billing guidelines out of sync with encounter reporting requirements

Business Drivers

- Improve ability to rapidly adapt to DHCS and CMS regulatory changes
- Enhance HEDIS and provider outcome reporting
- Understand financial impact of risk adjustment scoring
- Improve EDI and encounter submission visibility and tracking

- volume

HEALTH PLAN PROFILE

Requirements

Best-in-class technology

Easily manage data at

 On-time compliance and timeliness reporting

 Datamart to slice-and-dice data for on-demand analytics and reporting

Solution Components





Executive dashboard

visibility



 Customizable and scalable architecture

 Pre-configured CA encounter module

 Mature compliance solution

Technology



Value/Capabilities Delivered





Cross-dept, workflow-backed exception management







The Building Blocks to Go Beyond the Encounter



Encounter Lifecycle Focus



Ensuring Continuous

Improving Revenue Integrity and Accuracy

Reducing System Costs and Complexity



End-to-End Encounter Lifecycle

Common operational tracking challenges



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Front-end EDI modernization



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Encounter Submission Lifecycle







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Solution Building Blocks Required

Best practice: Connectivity, Validation, Tracking, Visualization and Optimization





Building Blocks Built for Value

Built for Healthcare



Connect all the business dots across various systems



Integrate partner systems, establish trade relationships

Correlate files to claim, claims to multiple encounters, encounters to responses



Track and report with time metrics



Drill down from business to application process

Visualize business processes with user dashboards









5

Wrap Up & Questions



Why Edifecs for Encounter Management?



Lines of Business

Medicare Advantage

Managed Medicaid

Dual Eligibles

Marketplace



Food for Thought

How extensive is

our data visibility?

How connected are our claims and encounters? How do we go

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What is the impact to our organization?

"Beyond the Encounter"?

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THANK YOU



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