The Analytical Edge
Enhancing Value Based Care with Clinical Lab Insights

July 29th, 2024
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Agenda

Value Based Care

Hierarchical Category Conditions

Prenatal Care

Summary

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Value Based Care

Patient centered

Proactive

Out-comes based

Equitable

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Value Based Care

Patient centered

Proactive

Out-comes based

Equitable

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A Tale of Two Patients
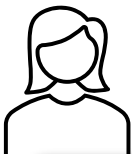
45 Years Old

Kidney Disease Stage G2

➡️

50 Years Old

Diabetes – Controlled
Kidney Disease Stage G2
Hypertension
Hepatitis C Virus

➡️

55 Years Old

Diabetes – Controlled
Kidney Disease Stage G3
Hypertension

45 Years Old

No Known Medical History

➡️

50 Years Old

No Known Medical History

➡️

55 Years Old

Diabetic ketoacidosis
Hypertension – uncontrolled
Heart Failure – Stage III
Atrial Fibrillation
Kidney Disease Stage G4
Hepatitis C Virus
Cirrhosis

Interpretation of Clinical Laboratory Data

Laboratory Data

- Objective
- Real-time
- Longitudinal
- Expansive across institutions

ICD-10 codes + claims + Lab data = More picture of the patient

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Lab Results vs. ICD Codes

ICD Code Alone 5,817

Lab Results 65,491

CKD Stage HCC	ICD Codes Only	Lab Results Only
HCC 138: Chronic Kidney Disease, Stage 3	3,326	55,547
HCC 137: Chronic Kidney Disease, Stage 4	2,106	6,398
HCC 136: Chronic Kidney Disease, Stage 5	385	3,546

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Quality Metrics for Value Based Care

Hierarchical Condition Category (HCC)
- Risk adjustment methodology used by the Centers for Medicare and Medicaid Services (CMS) and other payors
- Determines the annual capitated payments and expected costs

Healthcare Effectiveness Data and Information Set (HEDIS)
1. Effectiveness of Care.
2. Access/Availability of Care.
3. Experience of Care.
4. Utilization and Risk Adjusted Utilization.
5. Health Plan Descriptive Information.
6. Measures Reported Using Electronic Clinical Data Systems

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Hierarchical Condition Categories (HCCs)

Directly Impact the amount of money received by health payers

- Poor documentation = low reimbursement
- Number Patient conditions

High Specificity needed to receive full reimbursement

- Diabetes with no complications (HCC 19) = $894.40 Premium bonus
- Diabetes with ESRD (HCC 18 & 136) = $1273.60 Premium bonus

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Medicare Advantage Payment (Example)

Benchmark Rate (e.g. Demographics) + Total Comorbid RAF (Addition of all conditions RAFs) = Adjusted RAF

ICD-10 Code	HCC	Risk Weight
E11.8 - Type 2 diabetes mellitus With unspecified complications	HCC 18 - Diabetes with chronic complications	0.22
N18.3 - Chronic kidney disease, stage 3	HCC 136 – Chronic Kidney Disease Stage 3	1.32
Demographics		
Age	32	0.15
Sex	Male	0.15
	Total	**2.8**

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Laboratories are not Diagnosticians

With high specificity, lab data can help to further identify patients who are getting missed with clinical coding alone

Chronic Kidney Disease

AKI

Diabetes
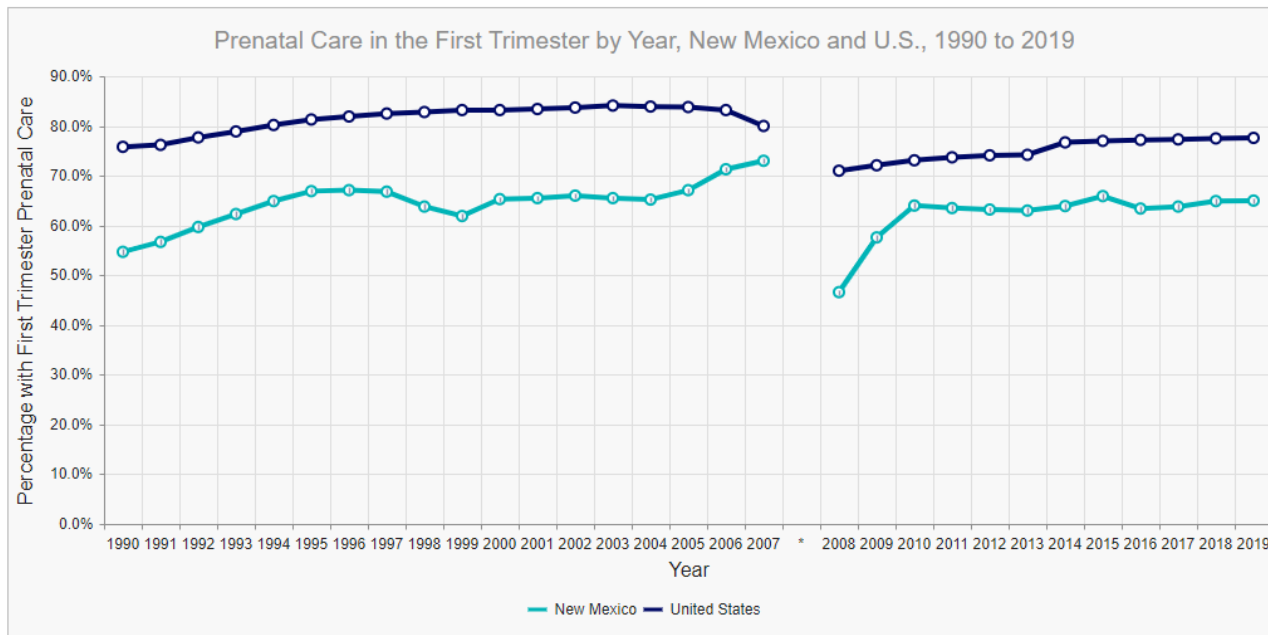
Pregnancy

Substance Use Disorder

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Could Lab Results Augment Payer's Approach?

Eligibility File → **Match within the Laboratory's Patient Repository** → **HCC Algorithms** → **Targeted Outreach File**

45 Years Old	50 Years Old	55 Years Old
No Known Medical History	No Known Medical History	Diabetic ketoacidosis Hypertension – uncontrolled Heart Failure – Stage III Atrial Fibrillation Kidney Disease Stage G4 Hepatitis C Virus Cirrhosis
🚩 Identify Kidney Disease	🚩 Identify Diabetes	

Prenatal Case Use

Background: New Mexico Prenatal Care Problem

Prenatal Care in the First Trimester by Year, New Mexico and U.S., 1990 to 2019

- Received a "C-" Grade by March of Dimes [2]
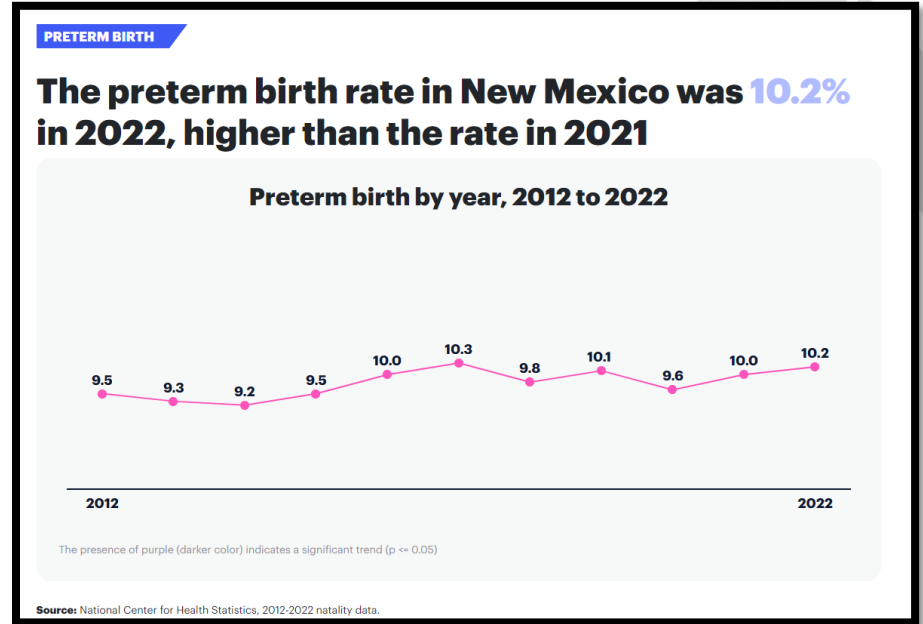
- Ranked 38th best state to have a baby [3]

1. Complete Health Indicator Report of Prenatal Care in the First Trimester. New Mexico's Indicator-Based Information System (NM-IBIS). *New Mexico Department of Health.* https://ibis.doh.nm.gov/indicator/summary/PrenCare.html(Accessed: February 6, 2024)
2. Peristats. March of Dimes. 2022. https://www.marchofdimes.org/peristats/reports/new-mexico/report-card(Accessed: February 6, 2024)
3. McCann A. Best & Worst States to Have a Baby. August 7, 2023 https://wallethub.com/edu/best-and-worst-states-to-have-a-baby/6513/ (Accessed: February 5, 2024)

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Background: New Mexico Prenatal Care Problem

76% of NM's births are Medicaid[1]

- In 2022, 80% of New Mexico's births received prenatal care in the first trimester[1]

- 83% Target

52% Received Prenatal and Postpartum Care (Deliveries with a postpartum visit 7 to 84 days after delivery), target 66%

PRETERM BIRTH

The preterm birth rate in New Mexico was 10.2% in 2022, higher than the rate in 2021

Preterm birth by year, 2012 to 2022

9.5   9.3   9.2   9.5   10.0   10.3   9.8   10.1   9.6   10.0   10.2

2012   2022

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, 2012-2022 natality data.

1. New Mexico Legislative Finance Committee Report. Human Services Department. 2023 Accountability Report: https://www.nmlegis.gov/Entity/LFC/Documents/Program_Evaluation_Reports/Medicaid%20Accountability%20Report.pdf (Accessed February 6, 2024)
2. Medicaid Funds 70% of NM Births. *Albuquerque Journal.* January 27, 2013. Available at: http://www.abqjournal.com/163829/news/medicaid-funds-70-of-births-in-nm.html [Accessed July 20, 2015]
3. Perinatal Care in Medicaid and CHIP. (February 2015) http://www.medicaid.gov/midicaid-chip-program-information/by-topics/quality-of-care/downloads/secretarys-report-perinatal-excerpt.pdf. (Accessed October 10, 2015)
4. Institute of Medicine (US) Committee on the Consequences of Uninsurance. Washington (DC): National Academies Press (US): 2002

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Study: Laboratory Derived Insights Help an MCO?

		Clinical	Financial
	Timely identification of MCO members and needs	✓	✓
	Create multifaceted tool with actionable insights	✓	✓
	Measure closure of gaps in care	✓	✓
	Assess outcomes	✓	✓
	Identify additional benefits	✓	✓

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Value of TriCore in BCBSNM Medicaid

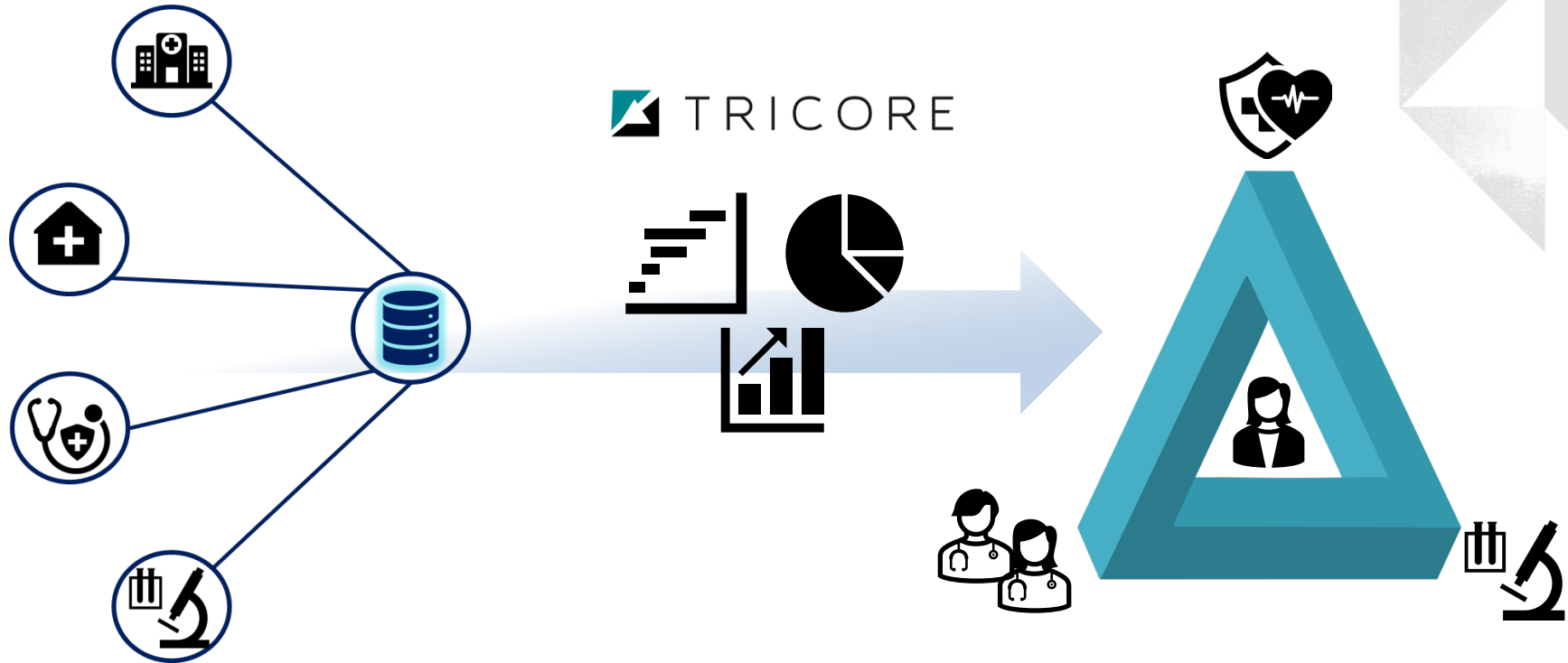| Health Condition	Measure/Outcome	2019 MCO Performance[1]	FOCUS Result[2]	ROI
Prenatal	Timeliness of Prenatal Care NMHSD PM #5	79%	86%	$2,480,038[3,4]
	Post-Partum Care NMHSD PM #5	67%	75%	$2,480,038[3,4]
	NICU Occupancy	19%	11%	$6,619,447[3]
	Preterm Delivery Outcome	20%	11%	$2,512,787[2,5]
			TOTAL	$14,092,310

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Leveraging Longitudinal Clinical Laboratory Results to Improve Prenatal Care

Richard VanNess, MS; Kathleen M. Swanson, MS; David G. Grenache, PhD; Mark Koenig, BS; Lauretta Dozier, RN; Amy Freeman, LPN; Eugene Sun, MD, MBA; Craig Nelson, MA; and Michael J. Crossey, MD, PhD

1. BCBSNM Audit Review Table. http://www.hsd.state.nm.us/uploads/FileLinks/485263ae1ad040ea9d52673aef6109b4/2016_HEDIS_BCBS.pdf (Accessed: March 21, 2018)
2. VanNess R. et al. Leveraging Longitudinal Results to Improve Prenatal Care (2020); *AJMC*
3. Assumes BCBSNM's revenue for Centennial Care is approx. $536,736,096. Health Notes. Program Evaluation Unite. Legislative Finance Committee. January 13, 2017 https://www.nmlegis.gov/Entity/LFC/Documents/Health_Notes/Health%20Notes%20-%20Medicaid%20managed%20care%20rates.pdf
4. New Mexico Human Services Department. Request for Proposals. RFP#13-630-8000-0001 Centennial Care http://www.hsd.state.nm.us/uploads/FileLinks/c06b4701fbc84ea3938e646301d8c950/Centennial_Care_RFP_and_Contract__8_28_12__FINAL_.pdf (Accessed: August 11, 2017)
5. Thanh NX et al. Health Service Use and Costs Associated with Low Birth Weight-A Population Level Analysis. (2015) *J Pediatr.* 167(3): 551-556
6. Center for Disease Control and Prevention. Health, United States, 2016. https://www.cdc.gov/nchs/data/hus/hus16.pdf#093 (Accessed: August 29, 2017)

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UNIFYING DATA AND DEVELOPING INSIGHTS - SUMMARY

Questions?

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