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Guiding the Way

BPCI Advanced

Translating Data & Analytics into Actionable Insights and Sustained Success

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Today's Speakers

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naviHealth's Impact in BPCI

SCALABLE TECHNOLOGIES

ADVISORY SOLUTIONS

CLINICAL SERVICES

BPCI Footprint

10
States with nH BPCI operations

141
Diagnosis-related Groups (MS-DRGs)

>50
Acute Care Hospitals (Episode Initiators)

>40
Unique Episode Groups

BPCI Results

>$1.1B
Medicare spend managed on an at-risk basis

>$2,000
Savings per 90-day episode

>$22M
Guaranteed savings to CMS through 2% discount

>85%
Satisfaction rate for BPCI beneficiaries

Superior episode retention and **customer satisfaction** among BPCI conveners

Figures based on monthly CMS Claims, Q1&Q2 2016 results for 2017 Phase II (at-risk) episodes annualized. Financials based on naviHealth's experience and results in managing episodes in partnership with health systems as an Awardee Convener in the inaugural Bundled Payments for Care Improvement (BPCI) initiative

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Today's Goals

1. Educate providers on **the importance of optimal episode selection** for BPCI Advanced, using analytics as well other data-driven and supplemental qualitative insights

2. Explore the **analytics and reporting capabilities** that providers will need in order to be successful in managing their BPCI Advanced program

3. Discuss how and why data is critical in **developing care redesign strategies** that deliver results to patients and the bottom line

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Part One:
BPCI Advanced Episode Selection

Process and Key Considerations

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CMS Timeline for Data, Templates, and Instructions

- BPCI-A Data Portal registration instructions
- Baseline raw and / or summary claims data and preliminary Target Prices
- Technical specifications for the BPCI-A reconciliation process

- BPCI-A Participant Portal and training resources
- BPCI-A Participation Agreement templates
- Additional Composite Quality Score (CQS) details

- Templates for the four (4) required deliverables of BPCI-A: Participant Profile, Care Redesign Plan, Financial Arrangement List, and PGP List
- Additional training resources for the required deliverables

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BPCI-A vs. BPCI – Key Differences Affecting Episode Selection

naviHealth views changes as favorable as they ***allow for more informed episode selection***

1 BASELINES & TARGETS

- Baselines and targets will be risk-adjusted

2 TREND

- Elimination of retrospective trend factor
- Participants will know the trend factor ahead of a given performance period and not be subject to exogenous factors that make program management difficult in the current BPCI program

3 WAGE INDEX

- Wage index is no longer a distinct factor
- It is still a part of the program, but it is effectively addressed by peer-adjusted trend factor

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Episode Selection Process

1. Participants should expect to receive claims from 2014-2016 and prospective target prices for the initial performance period sometime in May
2. Data transformation occurs, turning the underlying data into analyzable data for episode selection
3. Participants make episode selections during June and July
4. Participants submit participant agreements and profiles that will outline the selection of clinical episodes for each Episode Initiator by August 1st

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Why is Episode Selection Important?

Downside risk begins on October 1

MACRA implications

Savings levers must match organizational investments in care redesign

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Quick Poll

How prepared is your organization to select your episodes for BPCI Advanced?

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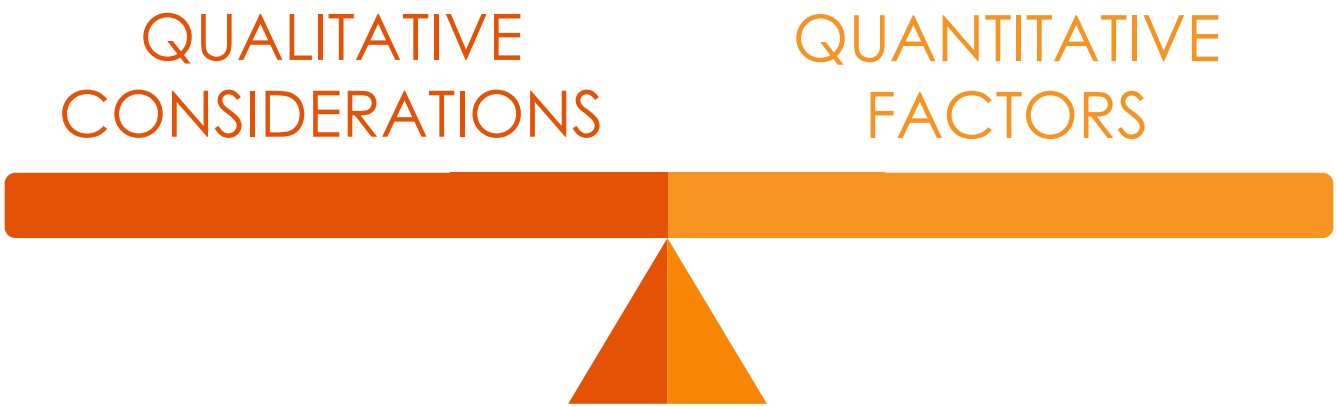
Optimal Scope of Participation Driven by Balance



Choosing the right episode initiators and the right clinical conditions will involve strategic consideration of a blend of quantitative and qualitative factors

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Quantitative Factors for Episode Selection

What do you need to glean from the data to evaluate episodes for BPCI Advanced?

Hospital / PGP TIN Selection

- ✓ Post-acute utilization patterns for the hospital or physician group practice
- ✓ Size of peer group
- ✓ Volume
- ✓ Operational efficiency

Episode Group Selection

- ✓ Post-acute utilization patterns for each clinical condition
- ✓ Perceived post-acute utilization-based savings opportunity
- ✓ Target price tailwind or headwind
- ✓ Volume

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Qualitative Factors for Episode Selection

What should you consider that will not be apparent in the target prices or claims data?

Market / Hospital Selection

- ✓ Quality of post-acute community
- ✓ Geographic distance between hospitals and post-acute providers
- ✓ MACRA considerations for employed or affiliated physicians
- ✓ Infrastructure or organizational readiness for value-based care

Episode Group Selection

- ✓ Physician engagement and incentive alignment
- ✓ DRG identification and coding
- ✓ Alignment with clinical programs and protocols established for other population health initiatives

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Exogenous Factors that should affect Episode Selection

1 Medicare ACO Overlap Considerations

- BPCI Advanced trumps MSSP Track 1, 1+, and 2
- MSSP Track 3 and Next Generation ACOs trump BPCI Advanced

2 PGP Precedence Rules for PGP Episode Initiators

- PGPs have precedence over the ACH at which services were furnished during the anchor stay or procedure were furnished
- Market presence of non-affiliated PGP BPCI-A episode initiators

Implication: Understand the market landscape today in order to make informed decisions about BPCI Advanced

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Benchmarking and Peer Group Comparison Considerations

"The Benchmark Price is calculated based on a combination of historical Medicare FFS spending, adjusted to reflect the Episode Initiator's efficiency ***relative to its peers over time***, along with adjustments for patient characteristics and regional spending trends."[1]

- ✓ BPCI Advanced participants should ***be aware of the size of their respective peer groups at the individual hospital level***
  - ✓ If part of a **small peer group**, the impact of participating hospitals on target price over time could be pronounced assuming other hospitals are successful at driving savings
  - ✓ If part of a **large peer group**, the impact of participating hospitals on target price over time should be less pronounced

1. BPCI Advanced RFA from CMS; https://innovation.cms.gov/Files/x/bpciadvanced-rfa.pdf

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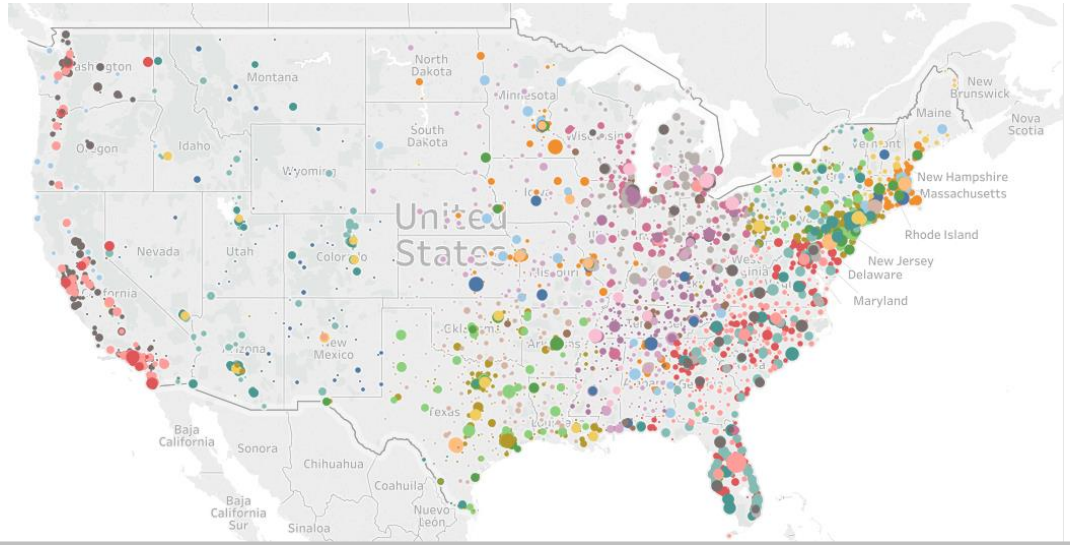
Additional Peer Group Considerations



Peer Group Geo-Mapping

- **400** possible Peer Groups
- **100+ distinct** Peer Groups in historical data
- Observed # of hospitals per Peer Group: **Avg. 30; Min 1; Max 250+**
- Avg. # of States per Peer Group: **3.25**

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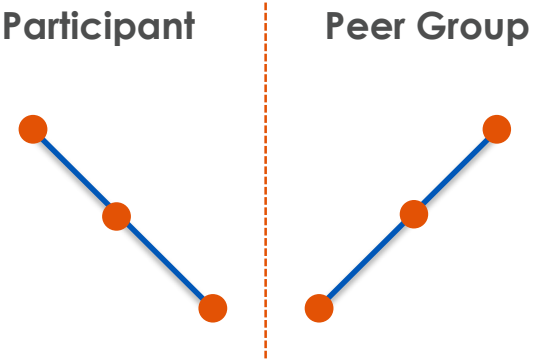
Additional Peer Group Considerations, Cont,d.

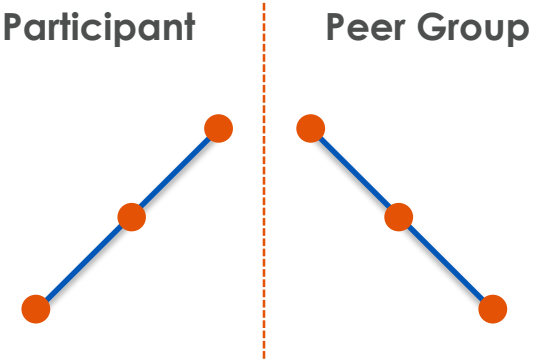
Trended Performance vs. Peer Group

FAVORABLE



Participant's costs have trended down while the peer group has trended up

UNFAVORABLE



Participant's costs have trended up while the peer group has trended down

- Immediate favorability or unfavorability to peer group trend is a key component of episode selection
- Ongoing peer group comparison provides a moving target, making the pace of improvement important in order to stay ahead of the group during the program

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Quick Poll

What is the primary factor driving your episode selection decisions?

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Part Two:
Ongoing Data & Performance Analytics for BPCI Advanced

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Utilizing Data in BPCI Advanced

Financial Performance	How am I performing?
Key Performance Indicators	What is driving my performance?
Provider & Episode Group Dashboards	How are providers across the continuum performing?
Performance Improvement	How can I manage performance going forward?

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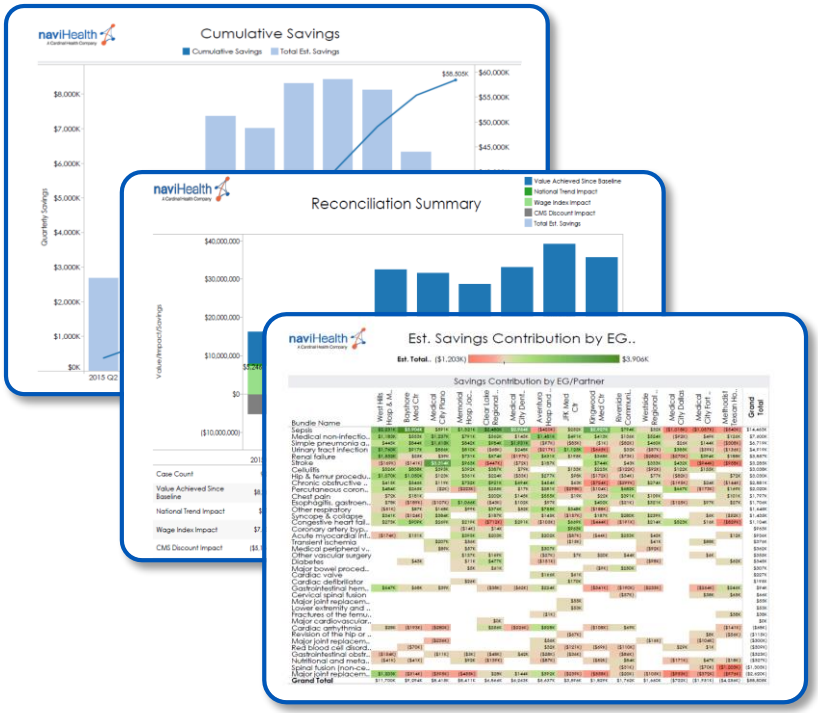
Financial Performance Tracking

- Visibility into program financial performance is critical
- NPRA forecasting is critical to:
  - Gain visibility into achieved results
  - Enable providers to consider program expansion or reduction opportunities
- Providers must be able to attribute cases, apply completion factors, and anticipate target price fluctuations base on estimated case mix adjustments



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Key Performance Indicator Tracking

- It is essential to understand what is driving the financial performance in the program
- Monitoring operational metrics and KPIs by episode group and by Episode Initiator will be needed to drive change
- KPI tracking will highlight areas of opportunity relative to baseline and target utilization benchmarks
- Viewing key performance metrics quarter over quarter will allow for optimal management of the program

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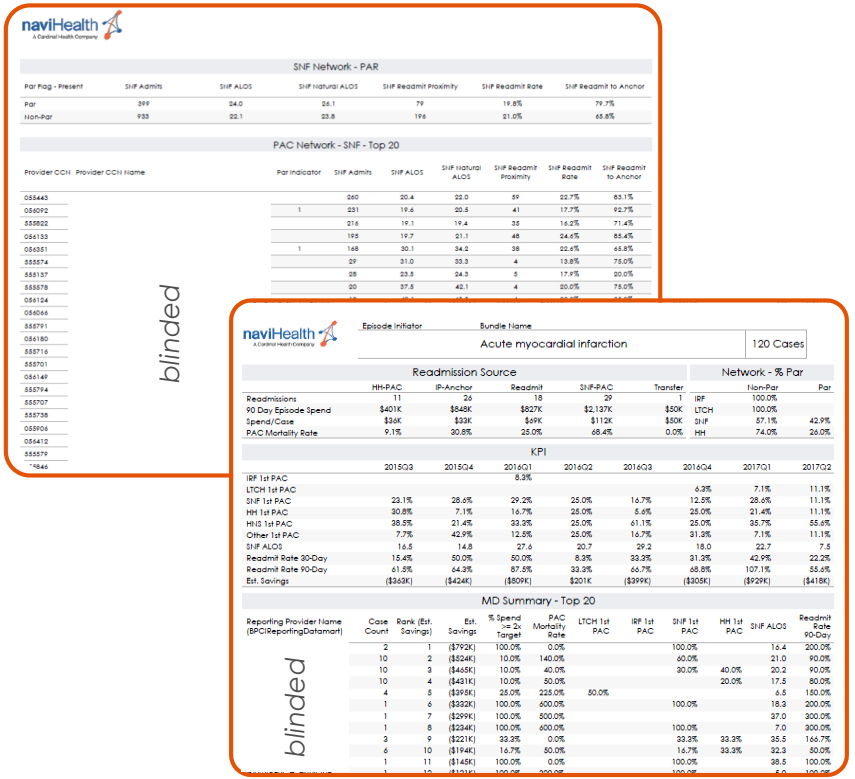
Provider Dashboards

- Network and physician-level provider dashboards supplement standard BPCI Advanced KPI reporting
- These dashboards are critical to informing strategies about how to best manage the program going forward
- Enable participants to understand which physicians and which post-acute care providers are delivering quality, cost-effective outcomes to patients



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Quick Poll

How does your organization plan to monitor performance in BPCI Advanced?

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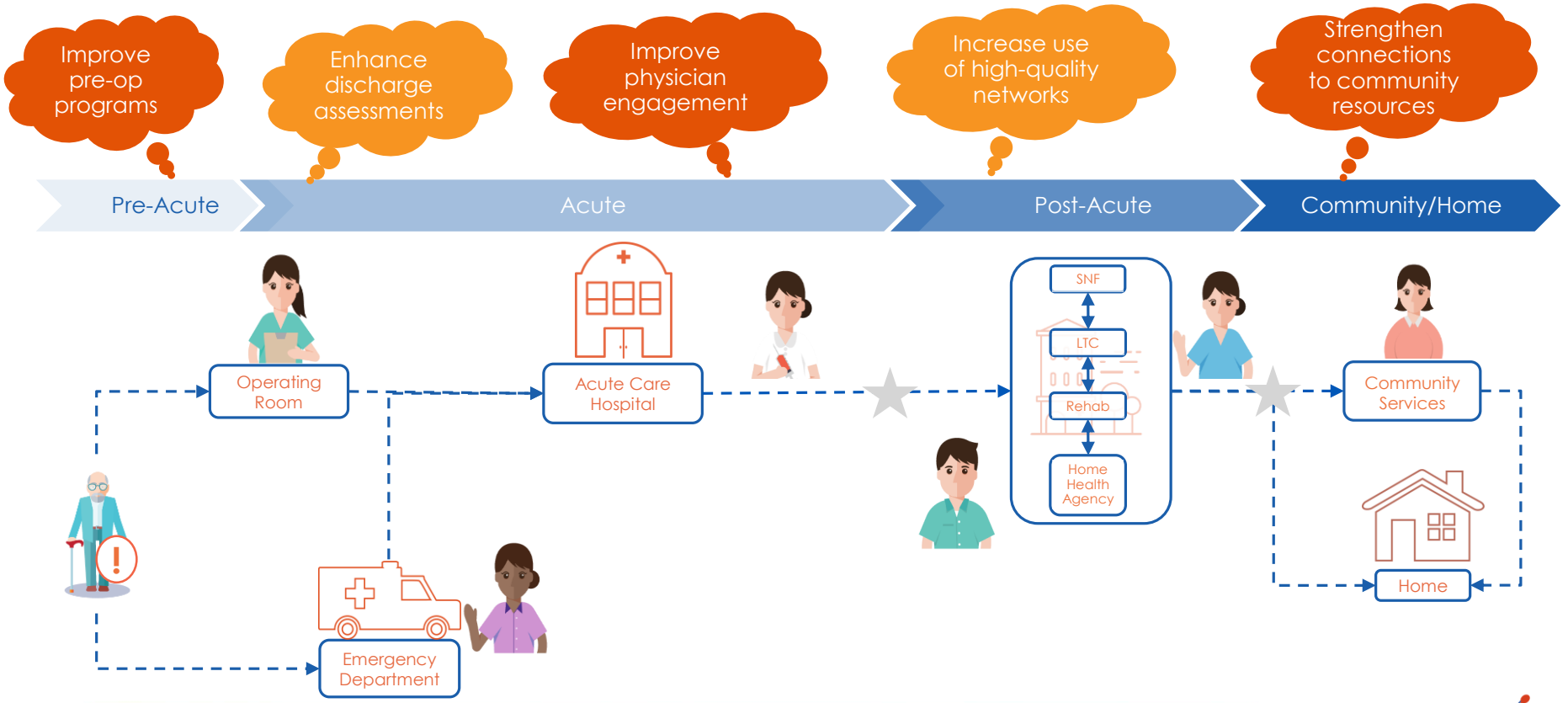
Performance Improvement: Strategies for Care Redesign



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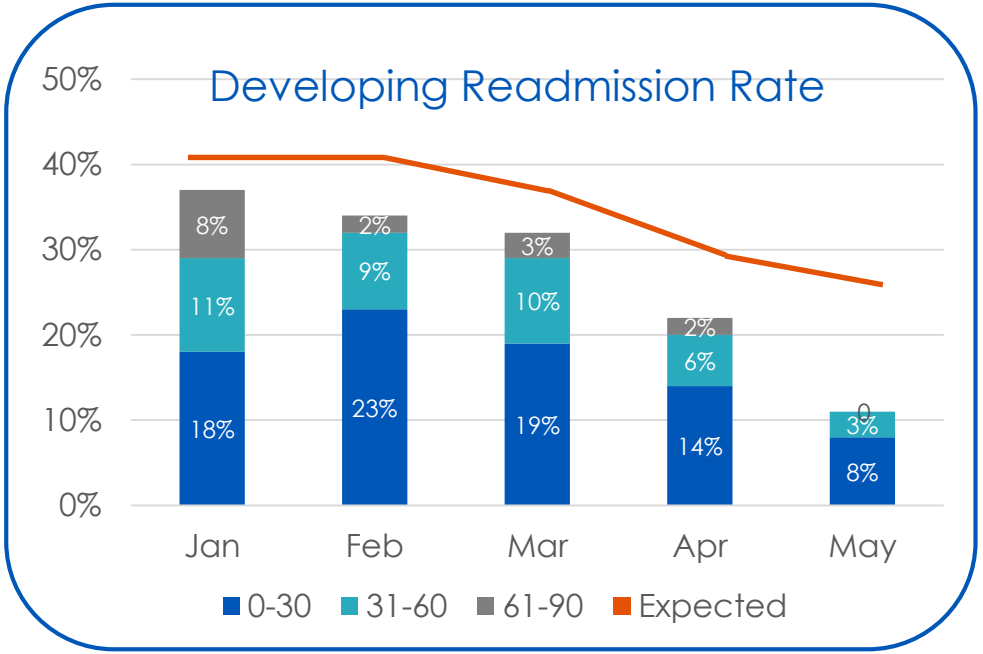
Performance Improvement: "Real-Time to Reconciled" Data

- Performance improvement initiatives require some data to be available prior to the receipt of reconciled claims
- Operational data may come from:
  - 837 files
  - Electronic Medical Records
  - Care transitions systems
- Developing data may not be as reliable as claims data, but it may be sufficient to drive timely care redesign



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With data just days away, what should you do now?

- Identify influencers and key decision-makers for episode and site selection
- Set expectations and eliminate bias in the decision-making process
- Finalize your BPCI Advanced team – internally and with external partners
- Establish an "insights strategy" for performance monitoring and improvement

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Questions?

Thank you and Stay in Touch

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