Using CareAnalyzer® Reports to Manage HUSKY Health Members

A Department of Social Services PCMH Presentation hosted by Community Health Network of CT, Inc.



Connecticut Department of Social Services

Making a Difference



Learning Objectives

Use CareAnalyzer® reports to identify:

- Members who may have gaps in care
- Members with high risk conditions for intervention and/or care management
- Members for referral to Intensive Care Management for care coordination support
- Cost of care for your attributed members vs. the overall population and/or subsection (setting) of the population

CareAnalyzer[®] Uses

CareAnalyzer[®] can be used to:

- Assist with proactive population management through the use of analytics
- Categorize HUSKY members by risk and severity
- Examine the relationship between morbidities/illnesses and healthcare service utilization
- Generate member risk score based on claims diagnostic history
- Provide member detail data
 - Utilization and illness profiles

CareAnalyzer[®] uses the Johns Hopkins ACG[®] (Adjusted Clinical Group) Logic

Population Management

Define Population	What member segment do you want to evaluate?
Stratify Risk	Who are your high risk members?
Identify Gaps	Which members are missing care?
Engage Patients	How do you outreach to members in need of care?
Track Outcomes	Which treatment plans are working, which are not?

CareAnalyzer[®] Data Source & Criteria



Analyzing Your Data from CareAnalyzer®

 Use data/information for planning how to address gaps in care and manage risk levels



Getting Started – Home Page

Select Project

Expand HEDIS, ACG, and Provider modules to view report menu tree



Tips for Using Reports

- Use hyperlinks for more information
 - Within data results: Click to drill down to line item detail
 - Within report headings: Click for report/heading explanations
- CareAnalyzer[®] opens tabs to generate reports
 - Individual report tabs may be closed
 - DO NOT close the CareAnalyzer[®] tab itself or you will be locked out for about 30 minutes
 - To exit CareAnalyzer[®]: Log Out on the HOME page



ACG (Risk) Module



- Identify high risk members
- Target care management interventions
- Disease Prevalence Report
 - Condition prevalence summary with associated costs
 - Classifies HUSKY members into disease categories

ACG Report Tips

- Click OK when pop-up appears to confirm only your data will be displayed
- Select 'PCP_TIN' within 'Group Type' drop down menu
 - Reports default to 'All'
- Report will auto-populate
 - Reports take a few seconds to populate
 - 'Refresh' not required at this point

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ACG Report - Disease Prevalence

- 1. Select condition type
 - Use MEDC (Major Expanded Diagnosis Clusters) filter or EDC (Expanded Diagnosis Clusters) hyperlinks within report
- 2. Click 'Refresh' to populate report

- Drill into data detail → High Risk Members Report
 - Example: Asthma with status asthmaticus (acute, severe asthma attack)



High Risk Members Report – Asthma

- 'High Risk Member' report has multiple filters
- Click 'Show Filtering Criteria' for options
- Click 'Member ID' hyperlinks to drill down to 'Member Clinical Profile' report

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High Risk Members Report Filtering Criteria

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Product	MEDICAID 🔻	Product Type	All	All			f
RUB	from to	# Chronic Conditions	All V	Program	In 🔻		
Frailty Flag	All	Pregnancy No Delivery	All	Race_Ethnicity	In 🔻		
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RX Cost Band	All v 0% v	Probability High Rx Cost	from to	PCP_TIN	In 🔻		
Total \$ Predicted	All 🔻	Probability Hosp (12 mos)	from to	Case_Mgmnt	In 🔻		
# Unique MDs	All 🔻	Inpatient Admissions	All 🔻				
Coord Risk	All	30-Day Readmits	from to				
ER Services	All 🔻	Total RX Gaps	All 🔻				
Gaps in Care	All 🔻	RX Ingredient Count	All 🔻	Show EDC & RxMG			
Psychotherapy	All 🔻	Mechanical Vent	All				
Age	from to	Active Flag	All	Refresh Report			
Sort Order	RRS Predicted	¥	▼				

Filter settings can be saved as custom filters

Include MEDC	Include EDC Refresh EDC Or And	Exclude MEDC	Exclude EDC Refresh Exclude EDC
Allergy Administrative Allergy Cardiovascular Dental Ear, Nose, Throat Endocrine Eye Eye Exemple Reproductive	AII	All Administrative Administrative Cardiovascular Dental Ear, Nose, Throat Endocrine Eye Eye Exemels Reproductive	No Al
Include Major RxMG	Include RxMG Refresh RxMG Or O And	Exclude Major RxMG	Exclude RxMG Refresh Exclude RxMG
All Allergy/Immunology Cardiovascular Ears, Nose, Throat	All	All Allergy/Immunology Cardiovascular Ears, Nose, Throat	No All

- Filter for members by EDC (Expanded Diagnosis Clusters)
- Groups diagnosis codes into condition categories

Member Clinical Profile Report - Asthma



- Definitions:
 - NP = Not Present
 - NR = Not Reported
 - TRT = Member meets treatment criteria for condition

Member Risk & Utilization

Chronic Condition Count	15
ER Services	2
Unique MDs	9
Ingredient Count	24
Member Condition Markers	
CHF	
Hypertension	
Persistent Asthma	

- Member event in May
- Drill to Pharmacy Adherence Report

Pharmacy Adherence Report - Asthma

- TRT in 'Present' column indicates member meets criteria for treatment for associated condition
- Drill down to 'Pharmacy Spans Detail' Report from 'TRT' hyperlink

Community	Current Me Men PC PC Rest	DSTHS Care mber Pharmacy t Reporting Period: 04/01 Member ID: mber Name: her Gender: Aember Age: P ID - Name: CP Specialty: ricted View:	Analyzer [®] / Adherence /2015 to 03/31/2016		
		Medication	Medication		
Condition	Dresent2	Availability	Possession Ratio	# RY Gane	Untreated
Bipolar Disorder	NR	(CSA)	(mir ix)	# IX Oaps	Unitedieu
Congestive Heart Failure	TRT	0.99	0.98	0	
Depression	NR			-	
Diabetes	NP				
Disorders of Lipid Metabolism	TRT	0.98	0.97	0	
Glaucoma	NP				
Human Immunodeficiency Virus	NR				
Hypertension	TRT	0.99	0.98	0	
Hypothyroidism	NP				
Immunosuppression/Transplant	NP				
Ischemic Heart Disease	TRT	0.96	0.93	0	
Osteoporosis	NP				
Darkineon's Disease					
Persistent Asthma	TRT	0.74	0.68	3	
Rheamatoid Arthritis					
Schizophrenia	NR				
Seizure Disorders	NP				

Pharmacy Spans Detail Report

- Not accessible from the menu tree
- Use to determine any gaps between prescription refills



Provider Module



- Use to target members to improve quality outcomes
- Drill down behavior in Provider Module
 - 'Provider Effectiveness' Report drills down to 'Provider Detail' Report
 - 'PCP Cost of Care Assessment' Report drills down to 'PCP Profile' Report
 - 'PCP Profile' Report drills down to 'PCP Member List' Report

Provider Module Report Tips

Provider Module reports compare practice to peer groups

- 'Provider Effectiveness' and 'PCP Cost of Care Assessment' Reports
 - Click 'Open Report'
- 'Provider Detail,' 'PCP
 Profile' and 'PCP Member
 List' Reports
 - Enter Practice TIN in 'Provider ID' field
 - Click 'Open Report'

Provider Effe	ctiveness Report	
Reporting Period	4/1/2015 to 3/31/2016	~
Provider Attribution	PCP	\checkmark
Group By	Provider Group	V
Open Report		

Provider Mea	sure Detail Report	
Reporting Period	4/1/2015 to 3/31/2016	~
Provider Attribution	PCP	~
Group By	Provider Group	~
Provider ID	1	Search
	Open Report	

Provider Effectiveness Report

- Looks at rates across a number of quality measures
 - Drill into Provider (Measure) Detail reports
 - Example: Two asthma reports AMR & MMA
 - 'Peer Group' can be filtered to 'Setting' type; choose 'Group Value'

Choose Filtering Criteria			Mor	euro to	Inclu	do					
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Refresh Report Setting		All.		ual Dent	al Visit	for Pt on P	ersistent Med	5			
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Provider Detail Reports - Asthma

Asthma measures include members 5 - 64 years of age during the reporting period with persistent asthma

Asthma Medication Ratio (AMR)

 Members with a ratio of 50% or greater during the reporting period for controller medications to total asthma medication (controller medications to total asthma medication >50%)

Medication Management for People with Asthma (MMA)

- Members who were dispensed appropriate medications and remained on medications during treatment period
- Two rates reported:
 - 50% = remained on an asthma controller for at least 50% of their treatment period
 - 75% = remained on an asthma controller for at least 75% of their treatment period

Provider Detail Report - Asthma Medication Ratio

- 'Met Criteria' filter defaults to 'All'
- Date 1 Most recent date prescription filled for numerator data (AMR numerator = members who met 50% rate for controller medications)
- Date 2 first date of service from qualifying claims for denominator data (AMR denominator = members ages 5-64 with persistent asthma)

Choose Filtering Criteria						
Numerator All	Met Criteria All	Exclusi	on All 🔽			
Measure Asthma Medication Ratio	Active Flag All					
Date All Description All	From	To				
Sort By Member ID Vumerator	\checkmark	~	● Asc ○ Desc			
Refresh Report						
🔐 🚝 K < 1 /4 ▶ M 🕆 100% ▾	M					
	DSTHS Care	Analy	/zer [®]			
	Asthma Medicat	ion Rati	o Details			
	Report Period 4/	1/2015 to 3	3/31/2016			
	Provider Attribution Method Po	P				
	Group By Pr	ovider Gro	bup			
	Continuous Enrollment Us	er Defined	ł			
	Restricted View: Ye	S				
Member ID Memb	er Name Date of Birth	Met	Date 1		Date 2	
111111111 Member 1 xx/xx/x	xxx	No	Last Rx Date	03/10/2016	Denom Date	07/02/2014
		Yes	Last Rx Date	03/30/2016	Denom Date	04/06/2014
		No	Last Rx Date	03/02/2016	Denom Date	04/02/2014
		Yes	Last Rx Date	03/28/2016	Denom Date	06/09/2014
Data de-identi	fied	No	Last Rx Date	03/10/2016	Denom Date	04/06/2014
Data do laoliti		Yes	Last Rx Date	03/08/2016	Denom Date	04/07/2014
		NO	Last RX Date	03/21/2016	Denom Date	03/17/2014
		165	Last NA Date	03/21/2010	Denom Date	04/14/2014

Member Count = 91 Results include all members meeting measure criteria

Provider Detail Report - Asthma Medication Ratio

- Set filter for 'Met Criteria' to 'No;' 'Refresh Report'
- Use to identify members diagnosed with 'Persistent Asthma' with a ratio of controller to total asthma medications less than 50%

Numerator	All	-	▼ Met Criteria	All 🔻	Exclusion All •	
Measure	Asthma Medicati	ion Ratio	 Active Flag 	All Yes		
Date All	▼ Des	cription All		No	То	
Sort By	Member ID	▼ Numerator	•]	▼ ● Asc ● Desc	
Refres	sh Report					
₽ 36 н. ч.	1_/4 ▶ ▶ ᡧ	100% -				
	<u>K</u> e	D	STHS Care Asthma Medicatio	Analyzer [®] n Ratio Details		
		Re	port Period	4/1/2015 to 3/31	/2016	
		Provider Attribut	ion Method	PCP		
			Group By	Provider Group		
		Mer	nber Count	39		
		Continuous	Enrollment	User Defined		
		D 4 1	I \ /!	Vec		

Member Count = 39

Results restricted to members with condition and did not meet measure numerator criteria (controller use greater than 50% for AMR)

Provider Detail – MMA 50% & 75%

- Two rates based on controller use for defined percent of treatment period
- Date 1 Most recent date prescription filled for numerator data (MMA numerator = length of time member on medication, 50/75% of treatment period)
- Date 2 first date of service from qualifying claims for denominator data (MMA denominator = members ages 5-64 with persistent asthma)

	па	Met Criteri	a All	Exclusion	All	T I				
Measure										
50%	Intersting 50% Active Flag All ▼									
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Health Network B Health Network Report Period 4/1/2015 to 3/31/2016 Report Period Provider Attribution Method PCP Group By Provider Group Member Court. 91 Continuous Enrollment Continuous Enrollment User Defined Restricted View: Yes										
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Provider Detail – MMA 50% & 75%

- Set filter for 'Met Criteria' to 'No;' 'Refresh Report'
- Use to identify members diagnosed with 'Persistent Asthma' and did not meet asthma medication use for 50/75% of the treatment period

Choose Fi	Itering Criteria										
Numerator	All		Met Criteria	No	Exclusion All	\checkmark					
Measure	Medication Mgmt	for People With Asthma	Active Flag	All							
Date All	Date All Description All				То						
Sort By	Member ID	Numerator	~		Asc O Desc						
Refre	sh Report										
📄 🍊 K	(M 🕆 100% 🗸	ጠ								
_	DSTHS CareAnalyzer® Medication Mgmt for People With Asthma Details Report Period 4/1/2015 to 3/31/2016 Provider Attribution Method PCP Group By Provider Group Member Count 48 Continuous Enrollment User Defined Restricted View: Yes										
r	Member ID	Member Name	Date of Birth	Numerator			Met	Date	1	Date	2
Membe	er 1			75%		N	No	Last Rx Date	11/11/2015	Denom Date	05/10/2014
Membe	er 2			75%		N	Vo	Last Rx Date	02/29/2016	Denom Date	04/09/2014
Membe	Member 3			50%		N	٧o	Last Rx Date	03/10/2016	Denom Date	07/02/2014
Member 4			75%			Vo	Last Rx Date	03/10/2016	Denom Date	07/02/2014	
Membe	Member 5			50%			Vo	Last Rx Date	03/02/2016	Denom Date	04/02/2014
Membe Membe	er 5							Last Rx Date	03/02/2018	Denom Date	
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Member Count = 48

Results restricted to members with condition and did not meet measure numerator criteria (controller use of 50/75% or more for treatment)

Additional Provider Reports



- 'PCP Cost of Care Assessment' Report summarizes total actual cost vs. expected cost of care
- 'PCP Profile' Report provides risk-adjusted comparison of total cost of care for attributed members
- Reminder:
 - Filter on 'Peer Group;' select 'Setting'
 - 'Group Value' = 'All' or setting type for user practice
 - 'FQHC,' 'Glide Path Non-FQHC,' 'PCMH Non-FQHC,' or 'Practice with no PCMH Recognition'

	1		-	1		Include	-
Provider Group			Denominator	>= 30		Include HEDIS Measures Only	
Measure Rate	Al	$\overline{}$	Quartile			Include STARS Measures Only Adolescent Well-Care Visits	
Peer Group	TOTAL	M	Group Value	A1		Adult Access to Preventive Svcs	
Refresh Report	Setting			AI	_	Annual Monitoring for Pt on Persistent Meds	

PCP Profile Report/Provider Group Profile



- Profiles PCP practices compared to peer setting
- RUB = Resource Utilization Band
 - Groupings by health risk level
- Compare risk adjusted expected costs to actual costs

Using Data to Support Care Coordination Goals

- Data analysis process
 - Identify member risks by condition or utilization
 - Stratify by treatment needs
 - Identify gaps in care
 - Determine efficiencies for risk management
- Use the same process within CareAnalyzer[®] for data analysis for any selected condition or utilization criteria
- Care coordination and interventions
 - Use identified gaps in care to define care coordination needs and specific interventions
 - Care coordination services available to HUSKY members through referral to Intensive Care Management (ICM)
 - To refer members to ICM:
 - Call 800.440.5071, extension 2025
 - Fax a completed ICM Referral Form to 1.866.361.7242; download from www.ct.gov/husky. Select "For Providers," "Provider Bulletins & Forms" then "ICM Referral Form"

Printing, Exporting and Saving Reports

Use 'Export' and 'Print' icons at the top of any report

	Choose Filtering Criteria			Measure to Include		Export & Save a Report	
	Provider Group	Denominator	>= 30 v	Include All	A		
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					From: To:		
						Export 27	7

Key Contacts for Support

- CHNCT Medical ASO general support
- CareAnalyzer[®] support

Provider Engagement Services						
Telephone	1.800.440.5071					
Fax	1.855.755.0855					
Intensive Care Management (ICM) Referrals						
Telephone	1.800.440.5071, x2024					
Fax	1.866.361.7242					
Provider Portal URL						
HUSKY Health Provider Portal	http://huskyhealthct.org/providers/providers_login.html					
Technical Assistance						
HUSKY Health Provider Portal	1.877.606.5172 - prompt 3					
	Email: WebSupport@chnct.org					
CareAnalyzer [®] Registration and Training	Email: NetworkManagement@chnct.org					
CareAnalyzer [®] Help Desk	Email: CareAnalyzerHelpDesk@chnct.org					

Questions?