eHealth Exchange™

2018 ANNUAL

Participant Meeting

OCTOBER 24, 2018

Gaylord National Harbor, MD

Engage with eHealth Exchange to Increase ROI

Tara Broxton Cramer, GRAChIE

Dr. Matthew Eisenberg, Stanford Health Care

Stephen Hrinda, Clareto (MedVirginia)

Tracy Rico, Superior HealthPlan

Today's Speakers

Matthew Eisenberg, MD
Medical Informatics
Director for Analytics and Innovation
Stanford Health Care

Stephen Hrinda
Vice President, Data Solutions
Clareto (MedVirginia)

Tara Broxton Cramer
Executive Director
GRAChIE

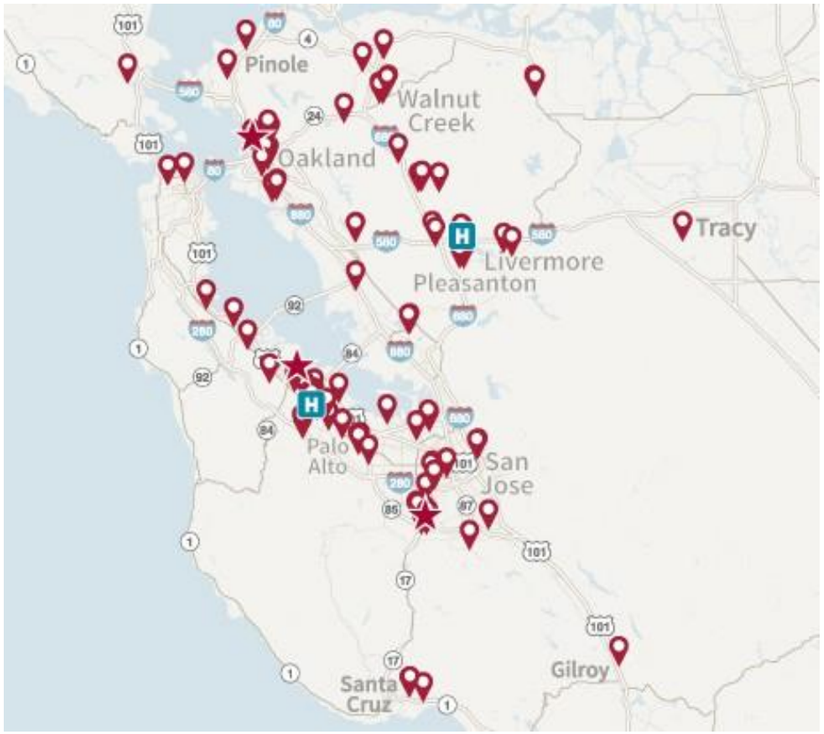
Tracy Rico
Telehealth and Clinical Data Exchange Manager
Superior HealthPlan

Engage with eHealth Exchange to Increase ROI

Today's Agenda

- Provider & Health System Perspective
- Service Provider Perspective
- HIE Perspective
- Payer & Data Contributor Perspective
- Roundtable Discussion

Stanford Health Care
Matthew A. Eisenberg
MD, FAAP, Associate CMIO



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Stanford Health Care HIE Goals

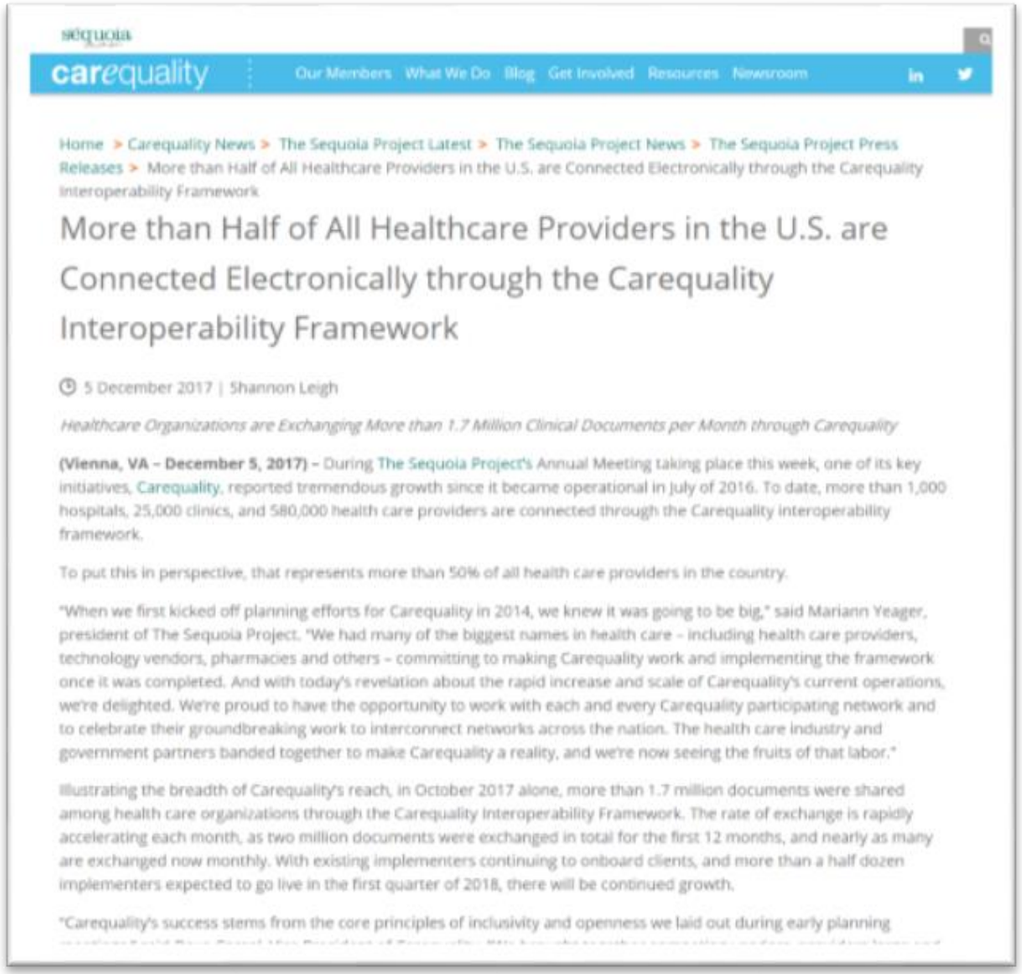
- Health information exchange should be the part of every patient touchpoint and in between
- We must and should educate patients about the value of secure HIE and move to a default opt-in
- We should leverage standards based exchange and automate exchange whenever possible
- Integrate information into local workflows and make the most of the EHR experience
- We will partner with regional and national exchange partners to expand the reach, volume, quality and ease of health information exchange
- Stanford Health Care will help lead the way to successful, scalable, health information exchange!

The 3 “V’s” of our Connectivity Strategy

- Vicinity
- Volume
- Value

eHealth Exchange & Carequality

- Live on the eHealth Exchange in May 2014
- DIRECT secure messaging and HISP implemented June 2014
- VA Health System connected Oct 2014
- SSA connected April 2015
- Dignity Health connected May 2015
- Joined Carequality via Epic in Apr 2016
- Surescripts RLS early adopter May 2016



sequoia project

carequality

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Home > Carequality News > The Sequoia Project Latest > The Sequoia Project News > The Sequoia Project Press Releases > More than Half of All Healthcare Providers in the U.S. are Connected Electronically through the Carequality Interoperability Framework

More than Half of All Healthcare Providers in the U.S. are Connected Electronically through the Carequality Interoperability Framework

5 December 2017 | Shannon Leigh

Healthcare Organizations are Exchanging More than 1.7 Million Clinical Documents per Month through Carequality

(Vienna, VA – December 5, 2017) – During The Sequoia Project's Annual Meeting taking place this week, one of its key initiatives, Carequality, reported tremendous growth since it became operational in July of 2016. To date, more than 1,000 hospitals, 25,000 clinics, and 580,000 health care providers are connected through the Carequality interoperability framework.

To put this in perspective, that represents more than 50% of all health care providers in the country.

"When we first kicked off planning efforts for Carequality in 2014, we knew it was going to be big," said Mariann Yeager, president of The Sequoia Project. "We had many of the biggest names in health care – including health care providers, technology vendors, pharmacies and others – committing to making Carequality work and implementing the framework once it was completed. And with today's revelation about the rapid increase and scale of Carequality's current operations, we're delighted. We're proud to have the opportunity to work with each and every Carequality participating network and to celebrate their groundbreaking work to interconnect networks across the nation. The health care industry and government partners banded together to make Carequality a reality, and we're now seeing the fruits of that labor."

Illustrating the breadth of Carequality's reach, in October 2017 alone, more than 1.7 million documents were shared among health care organizations through the Carequality Interoperability Framework. The rate of exchange is rapidly accelerating each month, as two million documents were exchanged in total for the first 12 months, and nearly as many are exchanged now monthly. With existing implementers continuing to onboard clients, and more than a half dozen implementers expected to go live in the first quarter of 2018, there will be continued growth.

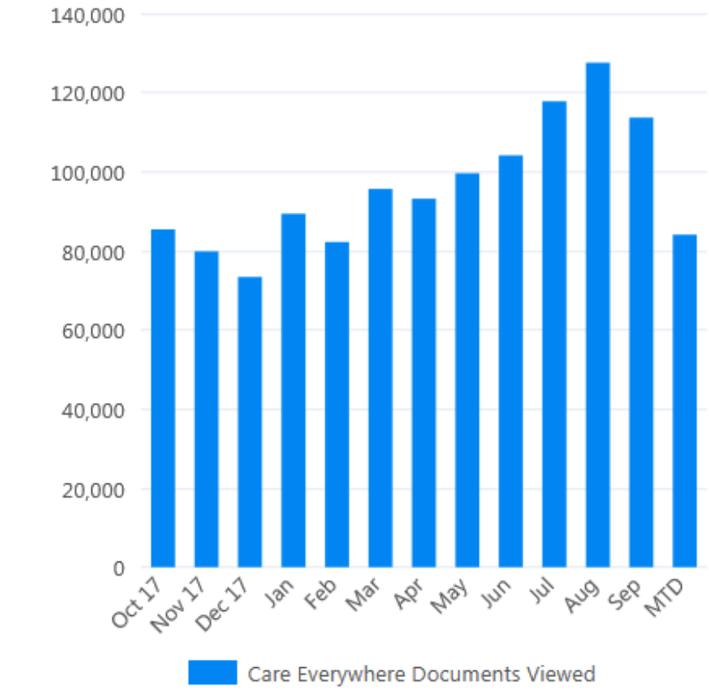
"Carequality's success stems from the core principles of inclusivity and openness we laid out during early planning

Sent and Received Patient Records

STANFORD HEALTH CARE · Just now

Care Everywhere Documents Viewed

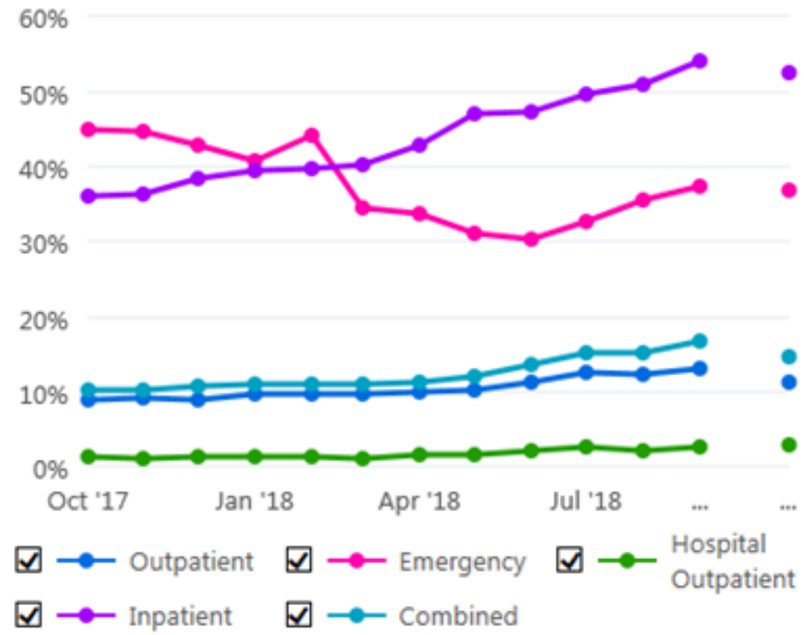
STANFORD HEALTH CARE



	Oct 17	Nov 17	Dec 17	Jan	Feb	
Care Everywhere Documents Viewed	85,342	79,837	73,335	89,288	82,178	9

Care Everywhere Documents Viewed During Encounter

STANFORD HEALTH CARE



Organization	Sent	Received	Total
Dignity Health	5,085,078	284,017	5,369,095
Record Locator Service (Surescripts)	0	2,331,333	2,331,333
Santa Cruz Health Information Exchange	411,869	47,403	459,272
Foothill Health Center	291,446	6,455	297,901
Practices using NextGen EHR	229	84,522	84,751
Inna Yaskin	34,132	3,593	37,725
Practices using athenahealth EHR	0	28,144	28,144
Coastal Cardiology - CA	25,891	161	26,052
Veterans Affairs (VA) GWPRD01	12,483	9,256	21,739
SEQ - Comprehensive Diabetes Endocrine Medical	20,656	57	20,713
Santa Cruz Community Health Centers	17,312	1,094	18,406
Golden Gate Urgent Care	15,659	1,179	16,838
Chabot Nephrology Medical Group	12,766	3	12,769
Lifelong Medical Care	11,106	294	11,400
Social Security Administration	11,217	0	11,217
DNS Management	9,845	60	9,905
Surescripts HISP	5,336	3,008	8,344
Chris Threatt, MD, Inc.	7,578	0	7,578
Urological Surgeons of Northern California, Inc.	4	7,359	7,363
Trehan, MD, Yogesh	7,287	0	7,287
Santa Rosa Community Health Centers	7,161	7	7,168

Challenges Remain – The 3 “R’s”

- Relevance
- Reconciliations
- Readability/Usability

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"Creating a longitudinal, complete, and timely record of information for each person has arguably been the most important goal of federal HIT policy and continues to have top priority."

"The ultimate goal of information technology is not only to service patient care in the moment but to be the underpinning of a continuously learning health system that supports the continuous improvement of health, care and value."

Information Technology Interoperability and Use for Better Care and Evidence, JB Perlin et al, National Academy of Medicine Vital Directions Initiative, Sept 2016

Authorized Electronic Release of Information for Life Insurance Underwriting

Stephen Hrinda, Clareto / MedVirginia, shrinda@clareto.com

State of the Life Insurance Market: Declining ownership, widening protection gap.

eHealth Exchange™

60M

Number of American households (48%) lacking adequate life insurance coverage (average gap of $200,000)

38M

Number of American households (30%) remaining completely uninsured

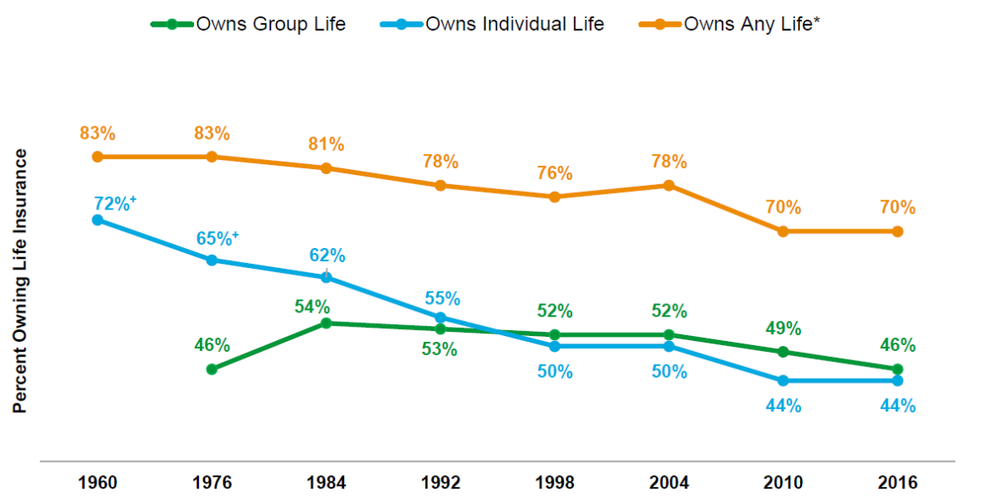
3.0

Years of household income replaced by average total coverage (50% of households would feel the financial impact of the loss of the primary wage earner in a year or less)

80%

Percent of Americans that over-estimate the cost of life insurance (by an average of more than 3x)

Figure 2 — Trends in Life Insurance Ownership Rate



* Includes Individual, Group, SGLI & VGLI
\+ Individual Life Sold Face-to-Face through an Agent

Distribution Inefficiencies

+

Operational Inefficiencies

=

$25 Trillion US Mortality Protection Gap

LIMRA (2016) – Trends in Life Insurance Ownership Study. LIMRA (2017) – Insurance Barometer Study. Swiss Re (2018)– Bridging the US Mortality Protection Gap.

State of the Life Insurance Market: Distribution gets disrupted, underwriting turns to EMRs.

eHealth Exchange™

Ladder Secures $30M In Series B Funding To Fuel Expansion

Ladder

The company has rolled out across the nation and launched the Ladder API

NEWS PROVIDED BY
Ladder →
Jan 10, 2018, 09:00 E

Bestow Raises $15 Million in Series A Financing

bestow

New financing fuels national expansion of a leading insurtech platform

NEWS PROVIDED BY
Bestow Inc. →
May 21, 2018, 09:00 E

Ethos Secures $11.5M Financing Led by Sequoia to Build a Life Insurance Company People Love

ETHOS

Officially launching today, Ethos makes life insurance accessible, affordable and simple to close the coverage gap for millions of Americans

NEWS PROVIDED BY
Ethos →
Jun 14, 2018, 07:00 E

Fabric Announces $10M Round and Continues Rapid Growth

Fabric

Series A Round Led by Bessemer Venture Partners and Includes RGAx

NEWS PROVIDED BY
Fabric →
Jun 19, 2018, 05:00 E

Haven Life acquires online insurance broker Quilt

Haven Life

Haven Life Insurance Agency, LLC and Quilt, Inc. will be working together to bring innovative annuity products to the marketplace.

NEWS PROVIDED BY
Haven Life →
Aug 08, 2018, 08:00 ET

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WHAT IF EVERYONE HAD EASY ACCESS TO HIS MEDICAL RECORDS?

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After more than 2 decades of online shopping and online banking, online access to medical records for patients is finally entering health care's mainstream. Most US and UK health care providers now have the technology to gather patient medical information electronically, and to provide patients with online access to that information.

For both the US and UK, this represents significant change. In the UK, technology to enable patients to access their records currently covers 99% of the population. Historically, doctors had feared data protection issues and therefore blocked patients from accessing their records. Attitudes, however, have been changing.

Since April 2015, doctors in England have given online access to their Summary Care Records (SCRs) to 55 million patients (97% of the population). Although SCRs currently store limited information--allergies, medicines taken and adverse reactions to any medications--this access is a significant step forward and shows commitment from health professionals to allow patients greater access to their own medical data.

In addition, since being re-elected in early 2015, the UK government has reiterated its ambition to give every patient in the country online access to full health records, including details of every consultation, prescription and test result, by 2018. If this ambition is met, life insurance applicants in the UK will have online access to their medical records within the next 2-3 years.

In the US, health care records have been computerized for decades. In 2004, President George W. Bush laid out a 10-year plan to promote the development and adoption of electronic health records, with the goal that every American would have an electronic health record by 2014. Bush's plan created the Office of the National Coordinator for Health Information

ON THE RISK vol.32 n.1 (2016)

Medical record

Electronic Health Records – what are they and how will they affect life and disability insurance underwriting?

Munich RE

The advent of electronic health records (EHRs) brings to mind a story I like to tell. I was developing a ruleset for an automated underwriting rules engine 20 years ago when the IT director brought up a point during dinner. He said, "You underwriters really like your medical records. Well, I need them in an electronic data format with a dedicated field containing diagnostic codes. Then I can use those codes to assign an automated risk class." I told him, "I know. It will happen, in our lifetime, but it will not be due to what we are doing with automated life insurance underwriting." Here we are all these years later and due to such factors as the Affordable Care Act, automation, the focus on patient rights and wellness, we are almost there. EHRs can provide what my IT friend was looking for, and will be a huge leap forward for our industry as we look to improve the customer experience, reduce costs, and increase efficiency.

This paper will define important terms related to EHRs, provide insight into components and content, and identify the steps needed so we can best leverage this data for faster and better risk assessment.

What are EHRs and what information do they contain?

Electronic health records are, "a real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision making," according to the Office of the National Coordinator for Health Information Technology.[1]

Implementation of EHRs by health care providers serves a dual purpose: to improve the level of care provided to the patient and to better manage the reimbursement for services rendered.

EHRs contain patient vitals, doctor's notes, diagnoses and treatment plan. The EHR may include medical test images (CT, X-ray, MRI), pathology reports or lab results. EHRs only contain information generated after the system started. Previous medical history will not be back-coded into the medical record unless it is noted as past medical history by the physician.

Sensitive medical information such as psychiatric notes and drug or alcohol histories may not be included. A separate order and authorization may be required in order to obtain this information.

Patient portals, designed for ease of patient access, are websites that provide access to a patient's medical history. There are vendors offering services which obtain EHR data for insurers by logging into a patient portal and providing an electronic authorization. The amount of information available on the portal is often less than the full EHR.

Ownership of the EHR is murky at best. While the information is owned by the patient, the media itself is owned by the providers and the electronic platform is owned by the vendor. All have a vested interest, including a financial stake.

Hit rates, provider perception and the current status of EHRs

The health care provider perspective is very interesting in that 63 percent of doctors believe EHRs improve documentation, 70 percent say EHRs decrease face-to-face time with patients, 39 percent state they improve collections for doctor services, and 38 percent feel they "worsen patient services." [2]

The New Underwriting Paradigm

Carrier Options

Executive Summary

Dave Dorans, who heads up SCOR's Velogica solution for middle market business, outlines the challenges involved in developing new underwriting platforms that automatically assess mortality risk without traditional medical evidence. He presents development options available to life insurers with a warning: it's not easy.

By Dave Dorans
Senior Vice President
Value Added Solutions
ddorans@scor.com

When underwriting reform became a fixed topic at industry meetings a few years ago, some dismissed it as a topic of the day. But it has proven to be much more than that. Today life insurers from niche players to mainstream companies are taking steps to change

movement is a desire to grow or tap into the

electronic health records (EHR) – a rich source of historical medical data – will bring about a more radical paradigm shift in how we sell and underwrite life insurance. These changes are not in the far-off future. Companies can take steps today to leverage existing technology and third party data and prepare for the really big advancements down the road.

It's not easy…

As companies explore the options for building technology- and data-driven platforms, they quickly learn that these projects are big and costly, hard to build and even harder to maintain on a long-term basis. (Just keeping up with new and changing prescription drugs requires an enormous commitment.) From a financial, human and intellectual capital perspective, few companies are positioned to build and maintain these new and innovative systems by themselves.

These projects are big and costly, hard to build, and even harder to maintain

So where can a carrier turn? Basically, there are four options: build in-house, work with a software company, work with a data vendor, work with a reinsurance partner. Each option has its pros and cons, which are outlined here.

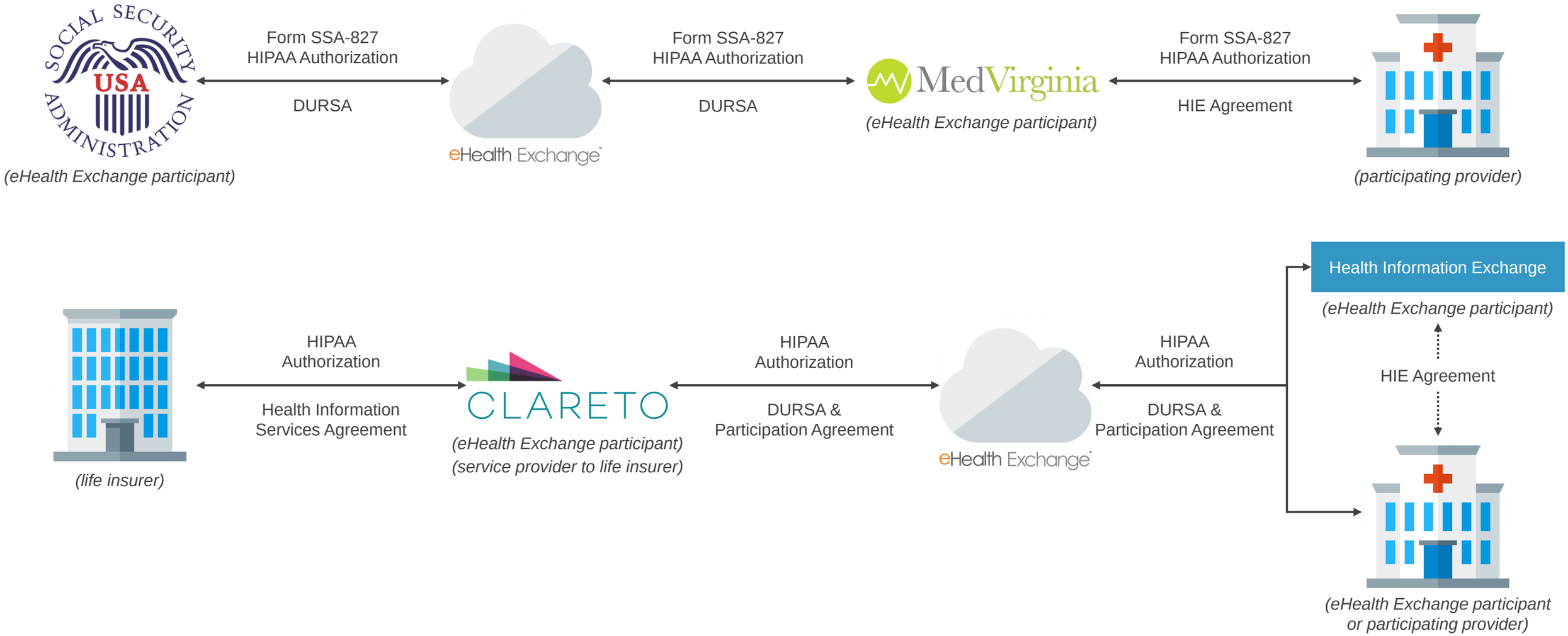
VR, pharmacy records, to increase underwriting ents underway with

ild in-house

	Cons:
intellectual property control of underwriting advantage ndor strategy changes	• Requires significant resources and investment • Maintenance is complex • Responsible for vendor connectivity and management, disaster recovery and security • Competes with other high value projects • Costs can only be spread over carrier's portfolio

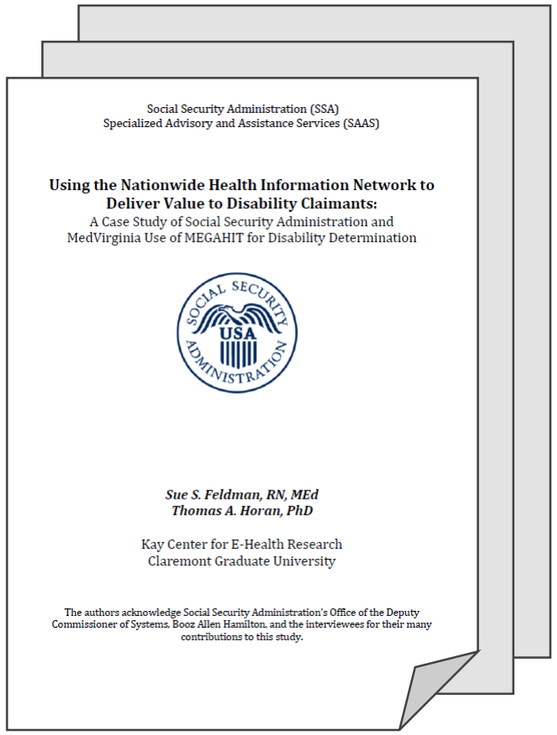
Authorized Electronic Release of Information: An established precedent for an emerging opportunity.

eHealth Exchange™



Path to Sustainable Interoperability: Seeking out proven use cases over fuzzy ROI.

eHealth Exchange™



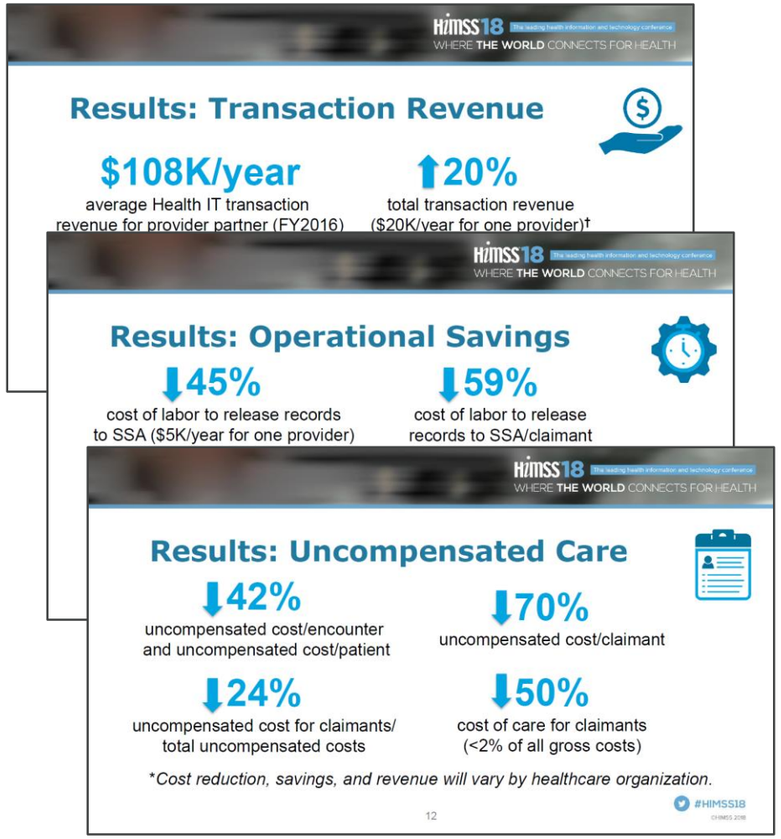
Social Security Administration (SSA)
Specialized Advisory and Assistance Services (SAAS)

Using the Nationwide Health Information Network to Deliver Value to Disability Claimants:
A Case Study of Social Security Administration and MedVirginia Use of MEGAHIT for Disability Determination

Sue S. Feldman, RN, MEd
Thomas A. Horan, PhD

Kay Center for E-Health Research
Claremont Graduate University

The authors acknowledge Social Security Administration's Office of the Deputy Commissioner of Systems, Booz Allen Hamilton, and the interviewees for their many contributions to this study.



HIMSS18 WHERE THE WORLD CONNECTS FOR HEALTH

Results: Transaction Revenue

$108K/year
average Health IT transaction revenue for provider partner (FY2016)

⬆20%
total transaction revenue ($20K/year for one provider)†

HIMSS18 WHERE THE WORLD CONNECTS FOR HEALTH

Results: Operational Savings

⬇45%
cost of labor to release records to SSA ($5K/year for one provider)

⬇59%
cost of labor to release records to SSA/claimant

HIMSS18 WHERE THE WORLD CONNECTS FOR HEALTH

Results: Uncompensated Care

⬇42%
uncompensated cost/encounter and uncompensated cost/patient

⬇70%
uncompensated cost/claimant

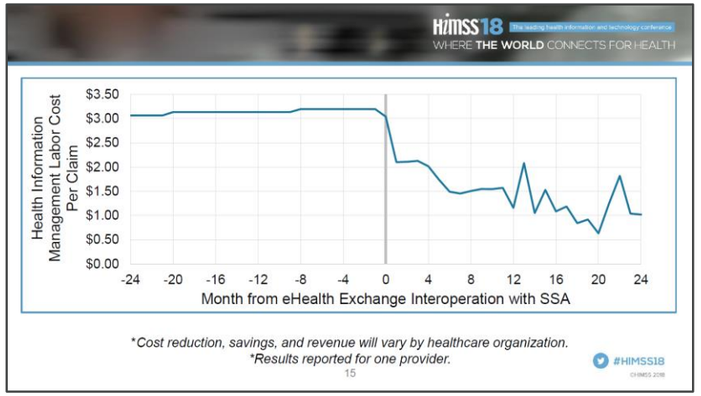
⬇24%
uncompensated cost for claimants/ total uncompensated costs

⬇50%
cost of care for claimants (<2% of all gross costs)

**Cost reduction, savings, and revenue will vary by healthcare organization.*

#HIMSS18

12

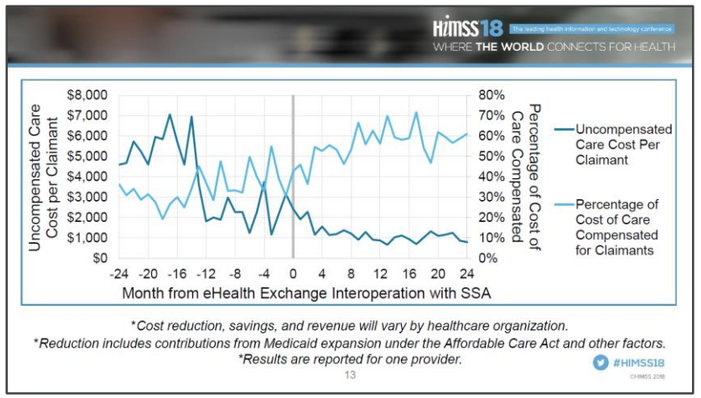


HIMSS18 WHERE THE WORLD CONNECTS FOR HEALTH

**Cost reduction, savings, and revenue will vary by healthcare organization.*
**Results reported for one provider.*

#HIMSS18

15



HIMSS18 WHERE THE WORLD CONNECTS FOR HEALTH

**Cost reduction, savings, and revenue will vary by healthcare organization.*
**Reduction includes contributions from Medicaid expansion under the Affordable Care Act and other factors.*
**Results are reported for one provider.*

#HIMSS18

13

Use Case Considerations:
Non-treatment use cases can still be mission-aligned.

eHealth Exchange™

HIE Benefits: *"The Usual Suspects"*

- Improve **patient safety** by reducing medication and medical errors;
- Increase **efficiency** by eliminating unnecessary paperwork and handling;
- Provide caregivers with clinical decision support tools for **more effective care and treatment**;
- **Eliminate redundant or unnecessary testing**;
- Improve **public health reporting and monitoring**;
- **Engage healthcare consumers** regarding their own personal health information;
- Improve **healthcare quality and outcomes**; and
- **Reduce health related costs.**

Validated by SSA Health IT program

70% of Americans would prefer to purchase life insurance without paramed exams and lab testing

Life insurers maintain long-term relationships with their members, have aligned incentives, and are focused on engaging members, maximizing wellness, and managing risk longitudinally

2017 Insurance Barometer Study Reveals That Consumers Want Transparent Life Insurance Buying Options

Seventh annual study from Life Happens and LIMRA shows simplified underwriting and easy-to-understand offerings are key to getting consumers the coverage they know they need, but don't have

ARLINGTON, Va. and WINDSOR, Conn., April 25, 2017 /PRNewswire/ -- American consumers expect the life insurance industry to remain innovative and continue to meet their needs and preferences, according to the 2017 Insurance Barometer Study. The study finds that 70 percent of Americans who would consider purchasing life insurance would be interested in doing so without a physical exam, also known as simplified underwriting.*

* For this survey, simplified underwriting is defined as making use of publically available data for risk classification decisions for life insurance pricing, enabling purchase without requiring blood and fluids for medical testing.

John Hancock Leaves Traditional Life Insurance Model Behind to Incentivize Longer, Healthier Lives

BOSTON, Sept. 19, 2018 /PRNewswire/ -- Starting today, in a departure from the traditional life insurance business model, all John Hancock life insurance policies will come with Vitality – a behavior change platform that rewards customers for the everyday steps they take to live longer, healthier lives. Built on the convergence of behavioral economics and consumer technology, John Hancock Vitality policies incentivize healthier choices linked to physical activity, nutrition and mindfulness.

The results are compelling. To date, worldwide Vitality policyholders have shown to:

- Live 13-21 years longer than the rest of the insured population [2]
- Generate 30 percent lower hospitalization costs than the rest of the insured population [2]

While John Hancock Vitality policyholders:

- Take nearly twice as many steps as the average American [3]
- Have logged more than three million healthy activities including walking, swimming, and biking [4]
- Engage with the program approximately 576 times per year – compared to customers with traditional insurance, who engage with their life insurance company one or two times per year on average [4]

Use Case Considerations:
Tomorrow's opportunity is not limited to today's reality.

eHealth Exchange™

- Medical records are the "gold standard" for underwriting
  - Used for only ~25% of cases
  - Downward pressure due to high costs, long cycle times
- Traditional underwriting is based on age/amount guidelines
  - Prioritizes paramed exams, lab testing, other requirements
- Growing adoption of simplified issue and accelerated underwriting programs
  - Utilization of electronic data expanding rapidly
  - Rx claims, MIB, MVR used for 80+% of cases
  - Emerging tools – credit scores, medical claims, historical labs

2.2M

Disabled workers applications for disability benefits in 2017 (SSA)

11.0M

Individual life insurance policies issued in 2016 (ACLI)

~20M

Individual life insurance applications (does not include underwriting, claims, and related business processes for disability, long-term care, and other non-major medical insurance products)

Use Case Considerations:
Wants and needs don't have to be mutually exclusive.

eHealth Exchange™

What the market demands…

- ✓ Simple, unified workflow
- ✓ High hit rates
- ✓ Instant availability
- ✓ No special authorizations/requirements
- ✓ No patient usernames/passwords
- ✓ No/low friction for consumers
- ✓ No/low adverse selection risk
- ✓ Electronic data (not just electronic delivery)

What has to be true first…

- ✓ Trust
- ✓ Common ground- technical, legal, security (eHealth Exchange)
- ✓ Implementation optionality
- ✓ Right individual, right authorization, right record, right recipient
- ✓ No data persisted or made available for any other purpose
- ✓ Special rules for insurance users
- ✓ Safety net

Positioning for Success:
Bridging the gap on the underwriting continuum.

eHealth Exchange™

Electronic Underwriting Requirements

- Prescription drug (Rx) profile
- Medical Info Bureau (MIB) report
- Motor vehicle report (MVR)
- Credit score

Electronic Health Data

Access more health information, with same ease of use…

…at lower cost, without usual pain points

Traditional Underwriting Requirements

- Traditional medical records (APS)
- Paramedical examination
- Laboratory testing

Low cost, instant availability, increasing utilization

High cost, long cycle times, decreasing utilization

Higher premiums, limited coverage options

Inconvenient and invasive underwriting process

Principles of Use Case Development: Things we've learned so far…

- Know your customers (and their priorities)
- A rising tide lifts all boats – engaging national customers requires national participation
- Stack use cases (SSA, life insurance) with common denominators (patient authorization) to maximize near-term ROI, long-term opportunity
- One size does not fit all – multiple connectivity/consent models needed to address vendor gaps and organization-specific policy requirements
- It's possible to over-estimate technical lift – test first, plan second
- Time and tide wait for none – pursue opportunities in parallel
- Cross-pollination between industries creates uncommon value

GRAChIE
Tara Broxton Cramer
Executive Director

GRAChIE is well established with committed Stakeholders

NavicentHealth
Everything about us, is all about you.

Health
AUGUSTA UNIVERSITY

Chatham County
SafetyNet
Planning Council

501c3 status/ Independent Entity

GRAChIE's Founding Focus

- Care Coordination
- Clinical Integration/Affiliation
- Building a Community Record/Data Repository

GRAChIE

eHealth Exchange™

- Care Coordination
  - Primary care to specialist (multiple sites of care)
  - CAH/rural hospital to large health system
  - Trauma transport
  - Tele-medicine
  - ED visits
- Meaningful Use/payment reform
- Clinical integration/affiliation
- Back-up for planned or unplanned downtime

GRAChIE

eHealth Exchange™

Sharing data beyond the “standard”

- *Demographic data*
- *Visit history*
- *Problems and Diagnoses*
- *Medications*
- *Allergies*
- *Vital signs*
- Lab results
- Immunizations
- *Discharge Summaries*
- *History and Physical*
- *Radiology reports*
- *Provider reports*

HIE **is dependent** on the information sent to it by the EMR

GRAChIE Membership

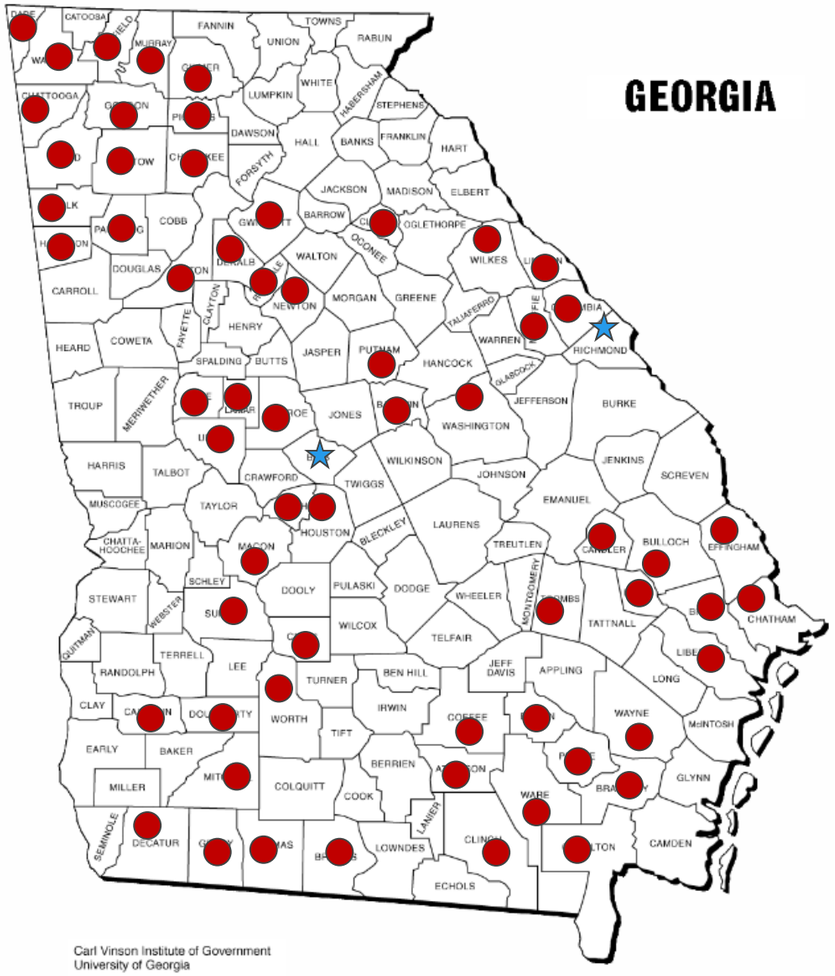
Currently 50+ data contributors across 225 locations.

Approximately 3900 active provider users

2.5 million Unique Patients

Crossover up to 11 sources

https://www.google.com/maps/d/edit?mid=15fjSGdbh7eNMCy9MS9JqlUcxczw&ll=32.92950238862197%2C-84.40560308124992&z=7



GRAChIE

eHealth Exchange™

50+ Data Contributing Members

Hospitals
Independent Practices
Behavioral Health
Correctional Health
Long-term Care
Home Health
Care Coordinators

20 Different EMR Vendors

GRAChIE

In addition, GRAChIE has several external partners. It is our goal to provide as much patient information as we have access to.

- Veterans Affairs, DOD, MUSC via eHealth Exchange
- Palmetto Health, Columbia, SC
- Adventist Health System
- Emory Healthcare
- Georgia Health Information Network (state designated HIE)
- Patient Bridge, AL

GRAChIE – Making an Impact

- GRAChIE is expanding beyond traditional providers and working with correctional care, home health, long-term care, hospice and more

- The first in our state to integrate behavioral health

- 2018 Millbank Award Nominee for “Building Continuity of Care System for Chatham County Jail Inmates” in conjunction with Chatham County Safety Net Planning Council

GRAChIE – The Future

eHealth Exchange™

Interoperability
is key

- Results Delivery
- Event Notification
- ACO/CIN/Population Health Support

Centene – Superior Healthplan
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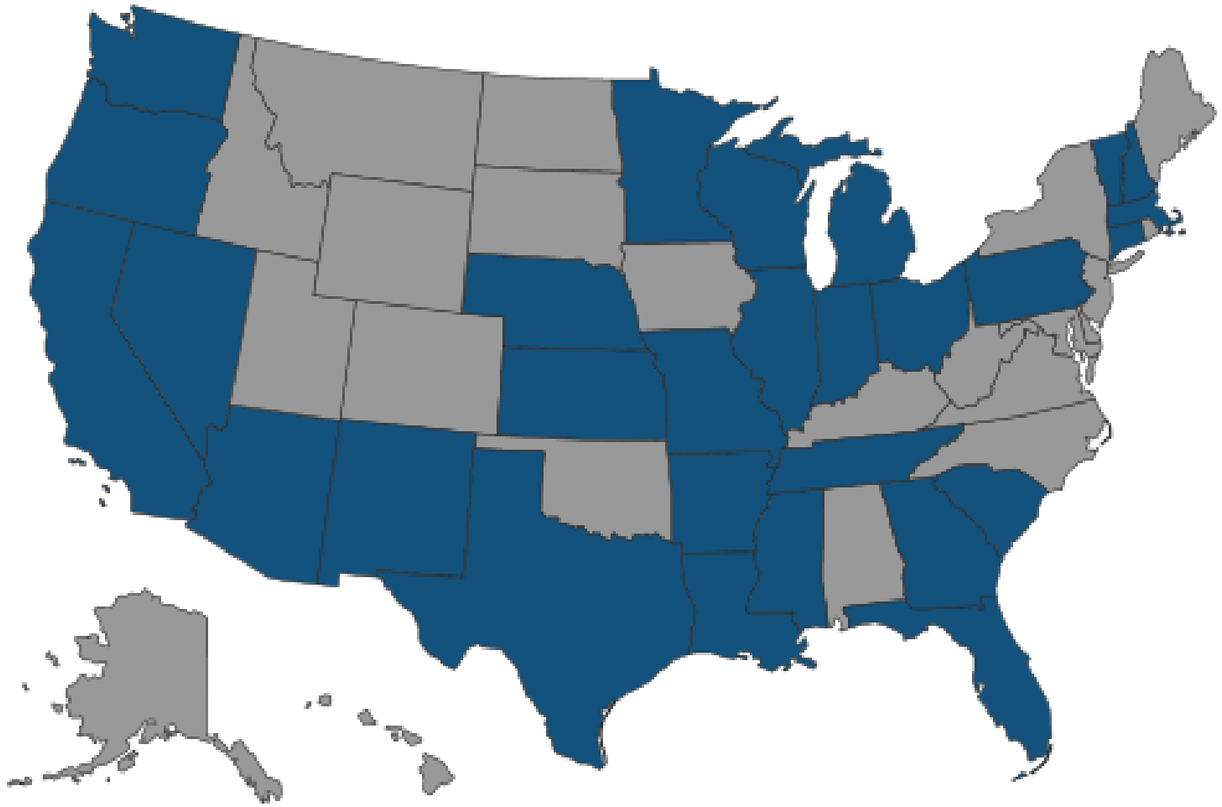
CENTENE® Corporation

eHealth Exchange™



Medicaid

Low-income families, individuals with disabilities and the elderly. We support TANF, CHIP, Foster Care, ABD, and Long-Term Care.

Medicare

Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) and Medicare-Medicaid Plans (MMP).

Health Insurance Marketplace (HIM)

ambetter. Ambetter is our HIM product. Plans include valuable programs, educational tools and support designed to fit the needs and budget of the consumer.

eHealth Exchange™

- We are a wholly owned subsidiary of Centene Corporation.
- Since 1999, Superior HealthPlan has steadily grown into a statewide leader in healthcare, now offering nine unique products to more than 1.2 million members across Texas.
- Our focus is on improving outcomes by providing quality care coordination and care management while reducing duplicative services to lower costs and improve the patient experience.

How does data save lives?

RN – Care Manager – Clinical Liaison – HIE advocate – Clinical Informaticist

- The Member experience made it personal -Billy's story
  - 37 year old male with palpitations that caused him to pass out repeatedly over the last 3 years.
  - 3 ERs visits resulted in missed diagnosis with no treatment or follow up care.
  - I took him to a PCP that could access HIE data. We found an ECG from an ER visit that showed evidence of a previous MI.
  - We saw a cardiologist who ordered an ECHO study and diagnosed cardiomyopathy with an E/F of only 10-15%. He started medications but still had no cause for his episodes.
  - 27 days later, he was readmitted for Sick Sinus Syndrome. An Electrophysiologist looked at all of the PAPER records from the HIE and diagnosed him with 3 arrhythmias that required an AICD placement.
- Access to HIE data saved his life!

Superior's Clinical Data Exchange Strategy

- 2016
  - Started an ADT notification pilot with 1 HIE, 20 PCP groups and our Care Managers
- 2017
  - Expanded to 3 HIEs, 175 PCP groups, Behavioral Health Care Managers
  - Provided HIEs in Texas with Pharmacy claims during Hurricane Harvey
- 2018
  - Aligning with Availity to combine 5 data sources into their Provider Portal for provider notifications.
  - **Contributing** claims data to PCPs and HIEs
  - Delivering daily ADT alerts to over 1000 PCPs
  - Collecting CCDs from HIEs
  - Contracting with large EHR vendors to collect CCDs from Providers.

Value-based Care needs Clinical Data to empower Providers

eHealth Exchange™

Comprehensive clinical data facilitates case management, risk adjustment, and quality reporting, while simultaneously **empowering our providers** to effectively manage their patient populations, eventually lowering the cost of care.

- Providers can better understand their current performance against quality measures when they have more access to clinical data.
- We are implementing data sharing agreements with contracted provider networks.
- We have funded connections costs between HIEs and Providers to improve access to timely clinical data.

Payers are active participants in Treatment

HIE increases our ability to improve health outcomes by being able to design interventions for members with more complete and timely data.

Care Management teams need clinical data to:

- Identify high-risk members for early enrollment into specialized Care Management programs
- Notify care managers when a member is admitted to the hospital or emergency room
- Facilitate discharge plans for members upon admission to hospitals
- Inform case managers if a member has not received a necessary clinical service so they can help schedule it.

Why do we need data for Operations?

Federal law requires that MCOs develop a written quality strategy, including quality metrics for reporting. States and their contracted health plans use these strategies to assess the quality of care that beneficiaries receive and to set measurable goals and targets for improvement.

- Accreditation (HEDIS)
- Quality Improvement programs (STARS)
- Risk adjustment activities for Provider incentive contracts
- Reduce inefficient and duplicative “Chart Chasing” activities costing both the MCO and the Providers excess time and money

Emergency Treatment

We have designed reports for Members in case of a large emergency. These reports can be provided on demand to HIEs and contain the last 120 days of claims for each member in their respective areas.

They contain:

- Pharmacy claims so emergency providers can be treat Members appropriately and replace medications that are lost due to flooding etc.
- Their and current PCPs and most recent prescribers to coordinate care, access more complete clinical records directly and know where to send their notes once care is completed

What's Next?

- Bring PULSE to Texas!
- Expand ADT Alerts and CCD access to additional PCPs and care teams
- Enhanced data sharing **TO** HIEs and Providers
- Automation of expedited authorizations to hospitals for some services (ex: OB Deliveries)
- Creation of CCDs for hospital providers when we receive and authorization request for a member admission.
- Push member care gaps to PCPs for preventative care
- Notifications to PCPs when Foster Care kids are taken back into custody by DFPS

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Discussion