

# Analytics for Risk Contracting (ARC) Suite

To successfully thrive in a pluralistic payment environment, organizations need to understand how to optimize their contracts (risk or not) from a holistic, system-wide point of view. This starts by looking at not just EHR data but also at claims data. Looking at claims data enables a provider to understand the total cost of care and services their members are using both in and out of their own network of providers and facilities. This data can be put to work to identify network gaps and clinical redesign opportunities and to transparently incentivize based on provider impact on total cost and quality of care.

## Population Health Expertise Supported by Robust Analytics through the ARC Suite

COPE Health Solutions helps providers and health plans succeed in payment reform and delivery system transformation. Coupled with our population health expertise, our **Analytics for Risk Contracting (ARC) Suite** provides a powerful array of analytic and reporting tools designed to achieve optimal value and performance for organizations currently in or planning to move to risk-based arrangements. Leveraging our extensive, hands-on expertise in helping IPAs, ACOs and health systems achieve successful outcomes in risk contracts, our team of managed care experts draw insights from the analytic outputs that are tailored to each organization's unique circumstances to interpret the data and recommend initiatives to help improve total cost and quality.

## OUR APPROACH

We run our proprietary actuarial forecasting methodology to predict the cascading impact of interventions with a detailed budget and pro forma.

### DATA INPUTS



- Medical, behavioral health, and pharmacy claims file combined with provider roster and attributes member file
- Total and risk adjusted utilization in Medicaid, Medicare, and commercial payors
- Avoidable utilization by care setting
- Total cost of care and member utilization across all lines of business (LOB) and by product categories
- Performance according to standard quality metrics
- Medicaid, Medicare and commercial payor data aggregation

### PROCESS



- Target and prioritize opportunities to reduce unnecessary medical spend and identify appropriate opportunities based on data analytics outputs
- Evaluate the potential return on investment from identified opportunities
- Assess impact of return on investment on targets and the overall profit and loss
- Operationalize strategic interventions informed by return on investment impact

### KEY OUTPUTS



- Strategies and workflow redesign to optimize care models
- Financial incentive and bonus funds flow tools for contracting
- Budget and forecasting model and operational dashboards to continuously evaluate impact

## SUCCEEDING IN RISK BASED ARRANGEMENTS

The Analytics for Risk Contracting (ARC) Suite of tools, supported by our expert consulting services, is peerless in its capabilities to identify opportunities for improving revenue, quality, and clinical efficiency.



### QUALITY MANAGEMENT

Effectively manage total cost of care through evidence-based medical practices

- Primary care provider (PCP) and specialist co-management
- Chronic condition management



### REVENUE OPTIMIZATION

Increase premium revenue through membership growth, service expansion and appropriate documentation

- MCO quality incentive programs
- Membership enrollment reconciliation



### UTILIZATION MANAGEMENT

Optimize appropriate utilization through improved care coordination

- Reduce duplication and improve clinical efficiency and effectiveness
- Improve patient and provider satisfaction

## THE ARC SUITE'S UNIQUE SOLUTIONS

### Physician Benchmarking



Our provider benchmarking methodology compares providers against their own peer network rather than relying on regional or national benchmarks. By using a provider's own data to benchmark the network, our clients are able to set realistic performance targets.

### “Stitched” Claims



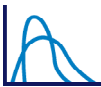
Our “stitching” methodology allows us to see total medical expenditures by specialty service categories. This is unique because it “stitches” all of the expenditures related to a service so it can be viewed as an episode of treatment - many other tools do not consider all related expenditure categories as part of the specialty service.

### Pharmacy Management Tool



Through integrating costs covered under pharmacy benefits, we identify network management and utilization reduction opportunities for the full breadth of the member experience. Ensuring appropriate generic drug use; detailing drug utilization; and impact on total cost over care. This also include optimization of dispensing channel and driving alignment with the group purchasing organization (GPO). In concert with medical costs, integrated pharmacy claims offers another dimension into member PCP and prescribing physician performance management.

### Quality Measure Overlap Tool



Our Quality Measure Overlap Tool allows us to identify a provider's overlap of similar quality measures across the numerous quality incentive programs such as HEDIS, ACO and health plan-specific programs. This enables us to prioritize the quality measures with the highest incentive opportunities and identify the most impactful interventions that will maximize quality revenue.

### “Cascading Impact” of Interventions Methodology



This proprietary methodology predicts impacts to medical expenditure categories when initiatives are implemented. When an expenditure category is expected to go down, there may be other expenditure categories that go up. Our proprietary methodology predicts the impact of initiatives on medical expenditure categories.

### Physician Compensation “Strawman”



This is a helpful recruitment tool for health systems or networks moving toward full-risk (sub-capitated) payment arrangements for in-network practices. Our Physician Compensation “Strawman” tool accurately shows a side-by-side comparison of fee-for-service business with a sub-capitated arrangement shown at the physician or practice level.

### Provider Incentive and Funds Flow Toolset



Our funds flow toolset helps you properly incentivize providers to embrace and exhibit desired behaviors. This toolset allows organizations to adjust the size of the incentive (by provider type, by risk pool, by LOB, etc.) and to simulate the impact of successful initiatives on practice/provider revenue.

“There are a lot of analytics tools in the market, but COPE Health Solutions' ARC Suite is truly unique in its ability to analyze our own claims data across all lines of business so that we can identify opportunities to ensure success in a risk-based environment. This, along with the deep expertise in managed care that the experts at COPE Health Solutions provide, have helped us make data-driven decisions to meet our strategic goals.”

*Stephen Rosenthal, Senior Vice President, Population Health Management, Montefiore Health System and President of CMO, Montefiore Care Management*

## ABOUT COPE HEALTH SOLUTIONS

COPE Health Solutions helps providers and payors thrive in the emerging pluralistic payment environment, allowing them to achieve visionary, organizationally relevant results. The firm has expertise in all aspects of population health, strategy, delivery system development, payment systems reform, workforce development, and value-enabling services, including peerless analytics and performance improvement.

Our multidisciplinary team of health care experts provides our clients with the experience, capabilities, and tools needed to plan for, design, implement and support both the development and execution of strategy. We partner with our clients through aligned mission and financial incentives to pursue performance excellence in a challenging and rapidly evolving health care environment.

We strive to help our clients build their own internal expertise and capabilities as we work together to provide clear, results-oriented solutions.

**COPE Health Solutions** is a national leader in helping health care organizations succeed amid complexity and uncertainty

Learn more about how COPE Health Solutions can help your organization achieve identify, prioritize and implement actionable initiatives to advance delivery system restructuring and payment system reform effort, please visit us [copehealthsolutions.com](https://copehealthsolutions.com) or call us at (213) 259-0245.