Analytics for Risk Contracting (ARC) Suite

To successfully thrive in a pluralistic payment environment, organizations need to understand how to optimize their contracts 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.

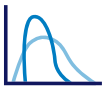
"Stitched" Claims

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.

SNF Assessment Tool

We evaluate SNFs by benchmarking them against both peers and best practices across multiple domains: quality, staffing model, readmission rate, etc. The outputs of the analysis support network and care management strategies such as where to appropriately move volume, how to address service gaps, and how to better manage transitions from SNF to home care.

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.

"Using its years of population health management experience and ARC, Montefiore's Care Management company found opportunities to reduce single-day admissions, admissions for end stage renal disease, improve in-network referral, and reduce overall cost of specialty care."

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.

ARC is a subsidiary of COPE Health Solutions, formed through an LLC between COPE Health Solutions, Montefiore Health System, Adventist Health, and Dr. Richard Merkin, owner of Heritage Provider Network Inc. Montefiore Health System and Adventist Health have been strategic partners with COPE Health Solutions in developing and using the cloud-native ARC tool.

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 identify, prioritize and implement actionable initiatives to advance delivery system restructuring and payment systems reform effort, please visit us copehealthsolutions.com or call us at (213) 259-0245.