
NWMOMENTUM
HEALTH PARTNERS
www.nwmomentumhealthaco.com

Innovaccer Overview

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Purpose

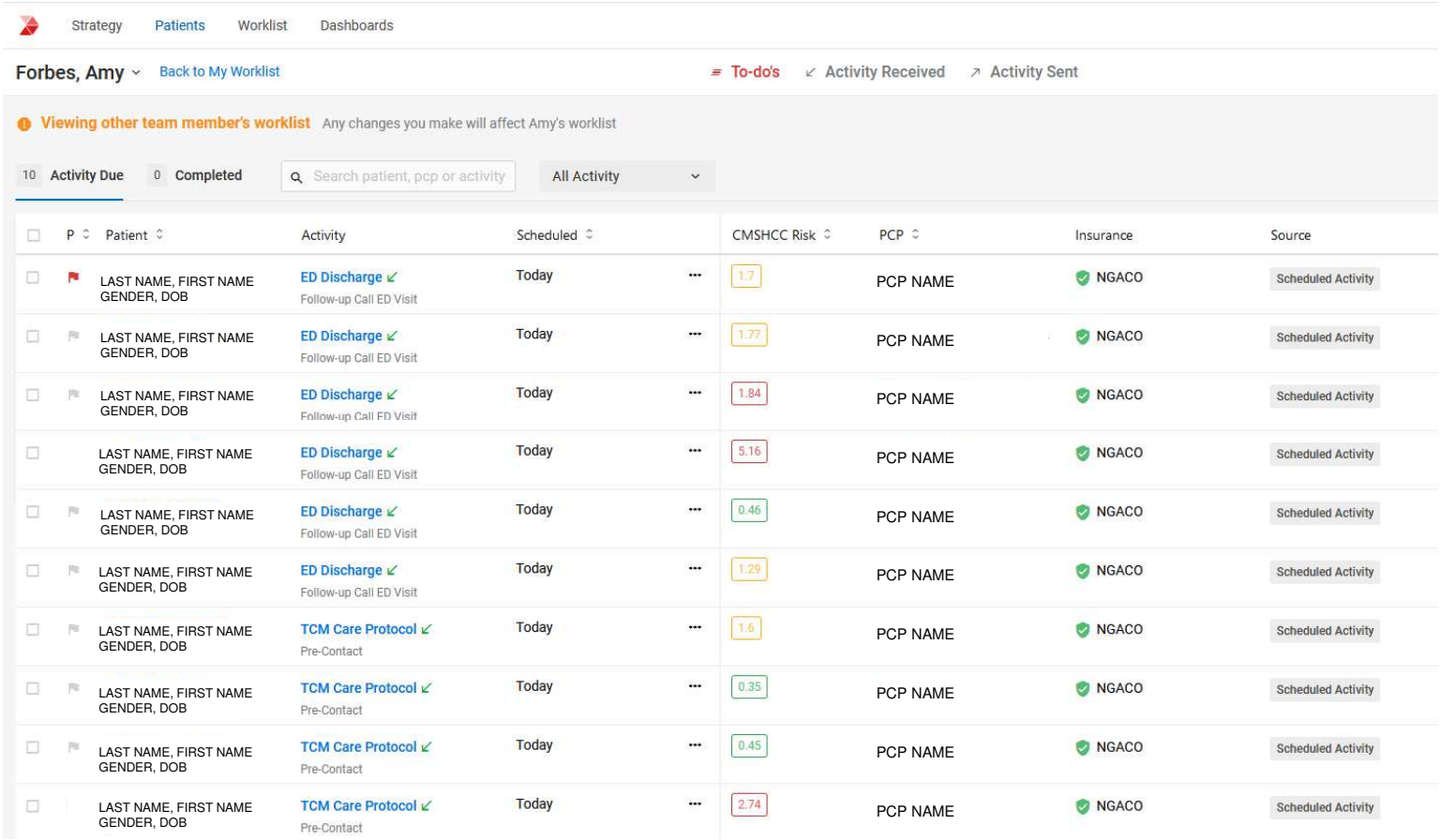
Innovaccer Purpose

- **Automate** the population health management of NGACO patient lives to allow staff to **efficiently** manage these patients with regard to **care, risk, utilization**, and **finance** to achieve **high quality outcomes** while **minimizing expenditures**.

InCare and Analytics

Care Management - Worklist

Purpose: Provide an automated worklist for management of daily activities. Provides insights into the types of activities scheduled and allows for risk stratification of outreach based on HCC Risk Score.

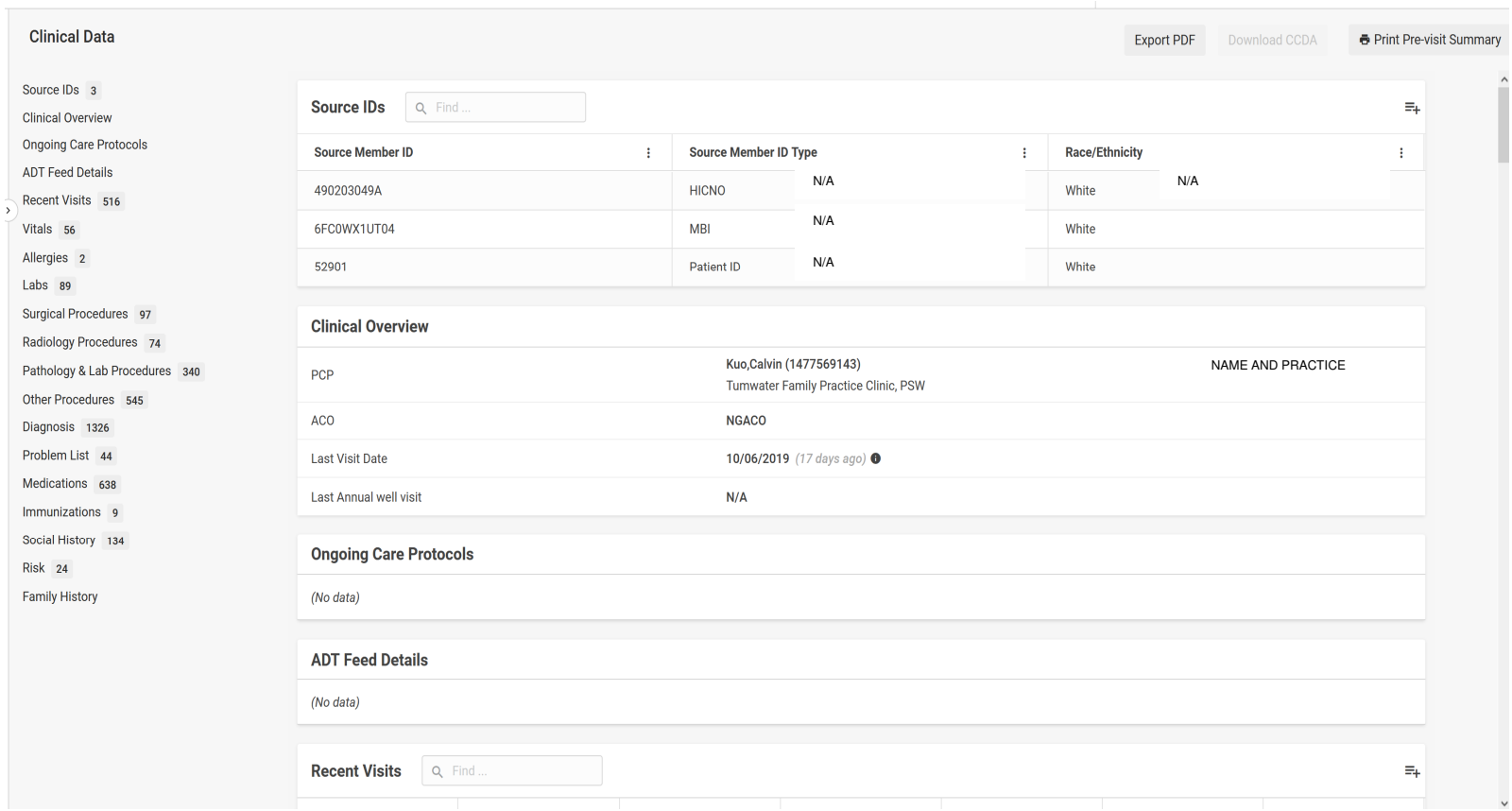


P	Patient	Activity	Scheduled	CMSHCC Risk	PCP	Insurance	Source
	LAST NAME, FIRST NAME GENDER, DOB	ED Discharge ↙ Follow-up Call ED Visit	Today	1.7	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	ED Discharge ↙ Follow-up Call ED Visit	Today	1.77	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	ED Discharge ↙ Follow-up Call ED Visit	Today	1.84	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	ED Discharge ↙ Follow-up Call ED Visit	Today	5.16	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	ED Discharge ↙ Follow-up Call ED Visit	Today	0.46	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	ED Discharge ↙ Follow-up Call ED Visit	Today	1.29	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	TCM Care Protocol ↙ Pre-Contact	Today	1.6	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	TCM Care Protocol ↙ Pre-Contact	Today	0.35	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	TCM Care Protocol ↙ Pre-Contact	Today	0.45	PCP NAME	NGACO	Scheduled Activity
	LAST NAME, FIRST NAME GENDER, DOB	TCM Care Protocol ↙ Pre-Contact	Today	2.74	PCP NAME	NGACO	Scheduled Activity

Patient 360 View

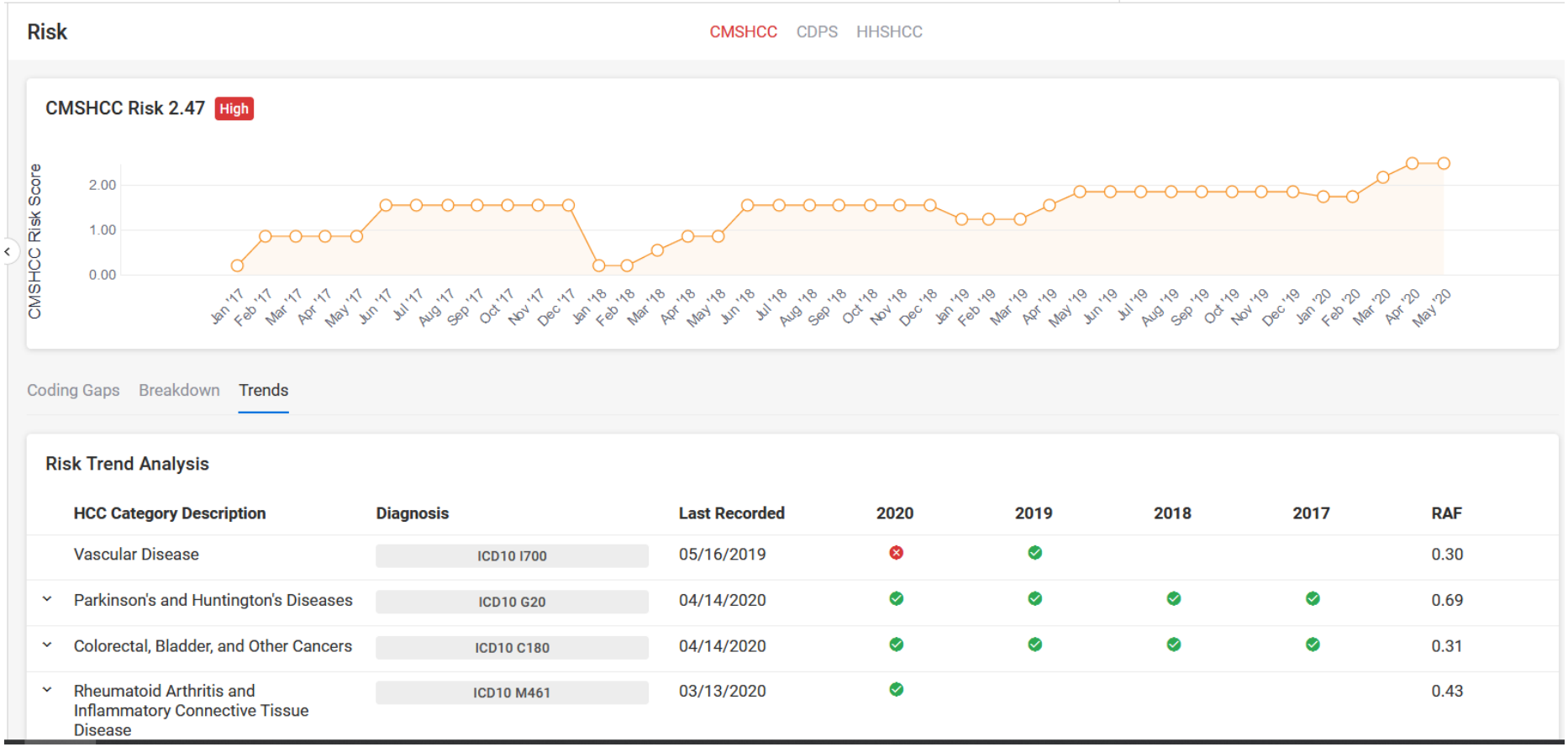
Purpose: view of aggregated patient level data (clinical and claims, ADT feeds) used by care management to have holistic view of patients prior to outreach.

PATIENT NAME and INFORMATION



Patient Level Risk Detail

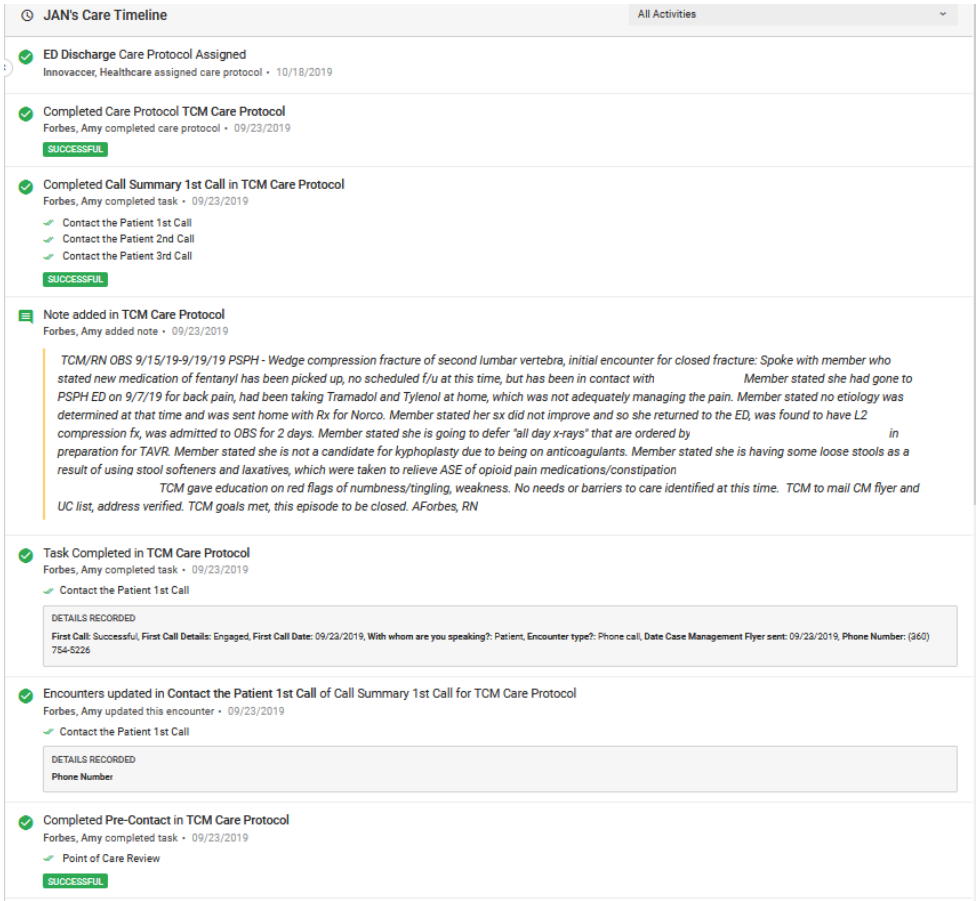
Purpose: Provides insight into the patient's risk score and the chronic conditions associated. Identifies and assists care managers in addressing gaps prior to outreach.

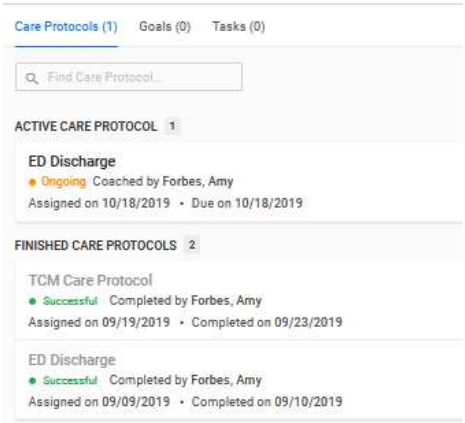


HCC Category Description	Diagnosis	Last Recorded	2020	2019	2018	2017	RAF
Vascular Disease	ICD10 I700	05/16/2019	✗	✓			0.30
Parkinson's and Huntington's Diseases	ICD10 G20	04/14/2020	✓	✓	✓	✓	0.69
Colorectal, Bladder, and Other Cancers	ICD10 C180	04/14/2020	✓	✓	✓	✓	0.31
Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	ICD10 M461	03/13/2020	✓				0.43

Care Management Timeline

Purpose: view of all outreach activities that have occurred in order of most recent first for a patient. Shows active and completed care protocols and names of care team members who have worked on patient case.





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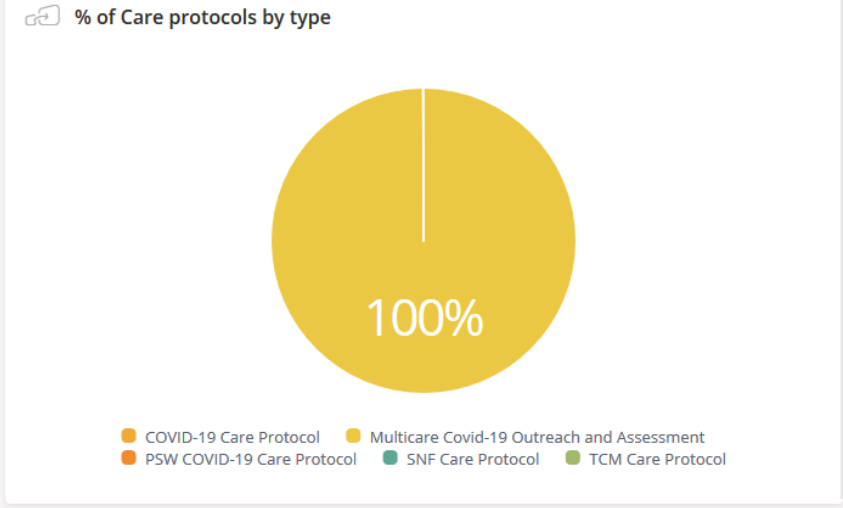
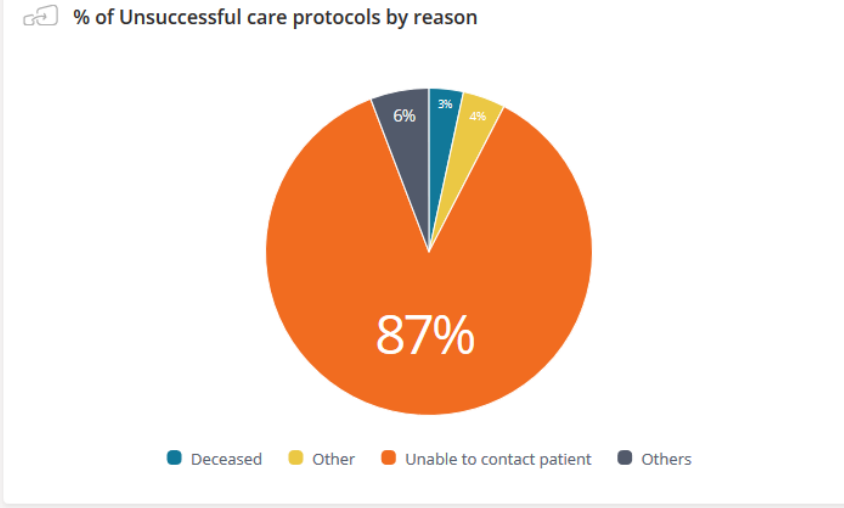
Care Management Productivity Dashboard

Purpose: to monitor care management activities and protocols overall and specific to individual care managers performance

Total Protocols	Open Protocols	Completed Protocols	Successful Protocols	% Successful Protocols
Total Protocols 16,203	Open Protocols 11,228	Completed Protocols 4,975	Successful Protocols 2,857	% Successful Protocols 57.43%

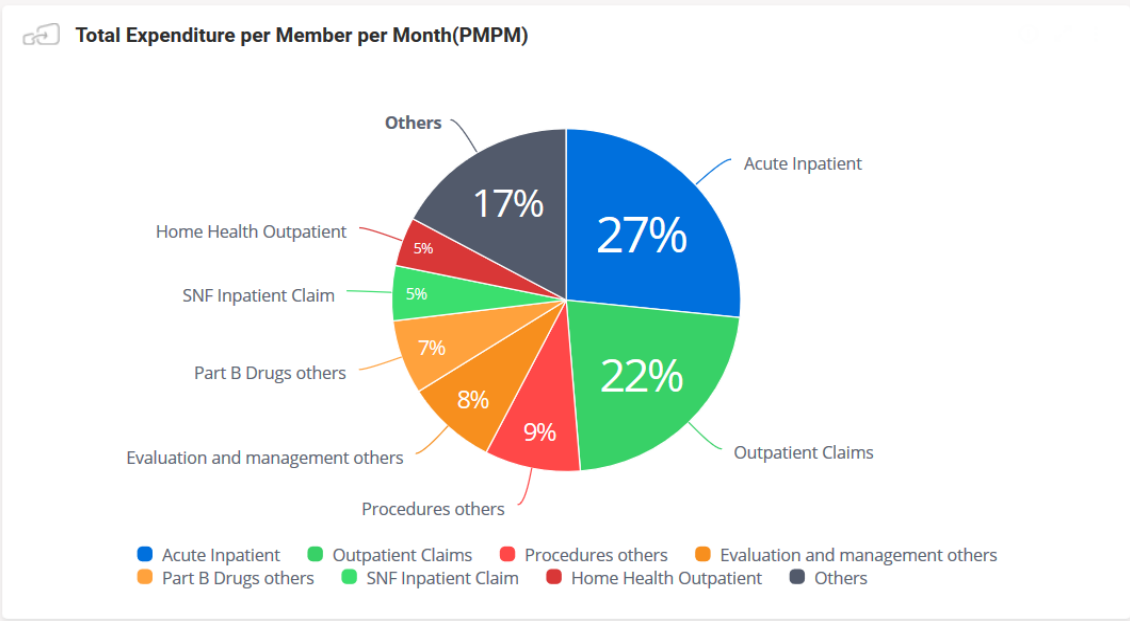




Per Member Per Month Dashboard

Categorized Spend

Purpose: evaluate spending trends and monitoring financial performance at regional, clinic / provider level, and within lines of business, drill down functions available at patient level (i.e: acute care facilities and DRG views) .

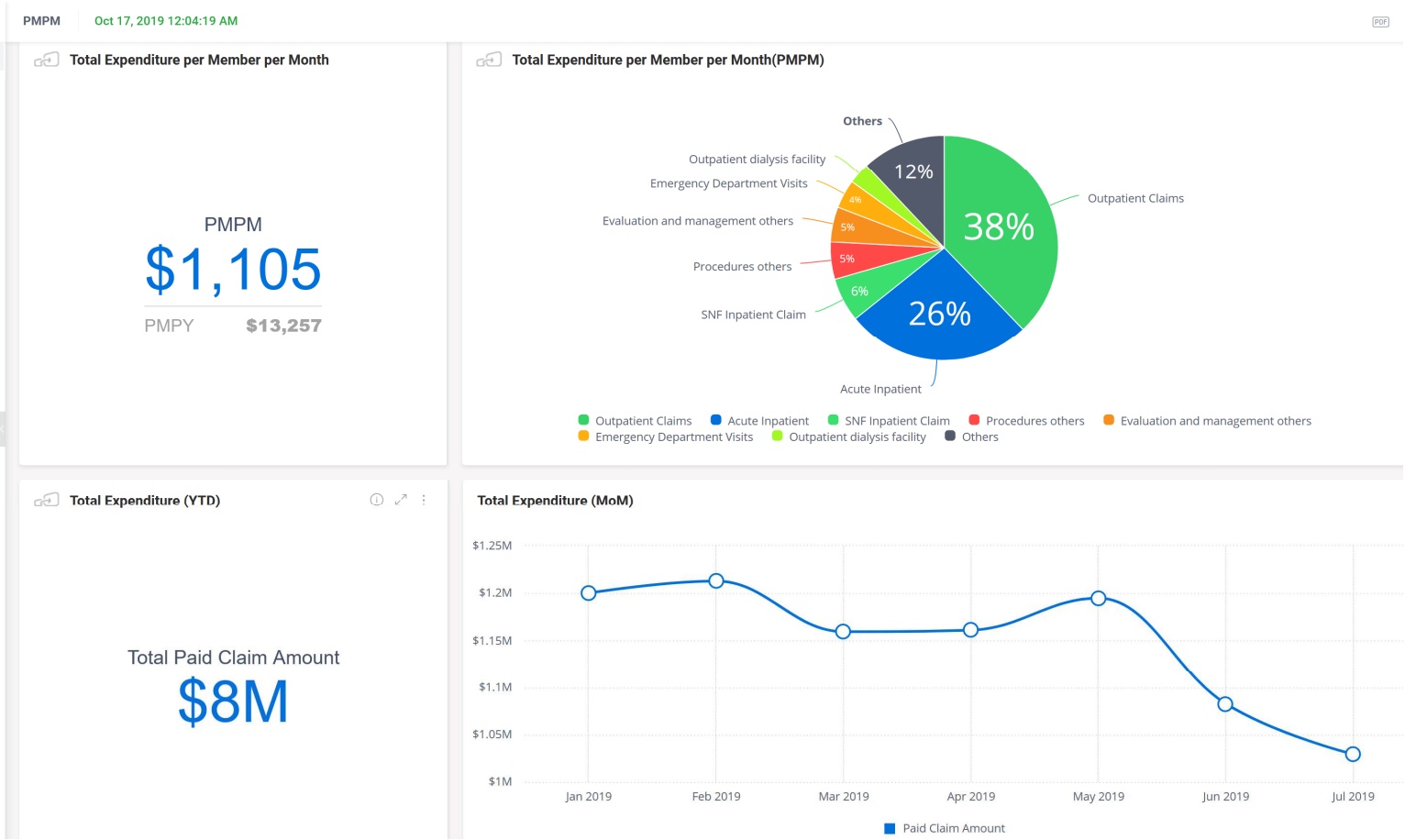


Spend type drill down

- Top 10 Diagnoses (each category)
- Patient level detail:
  - Cost
  - Facility based on NPI and Name
  - DRG
  - Bill type
  - Primary procedure

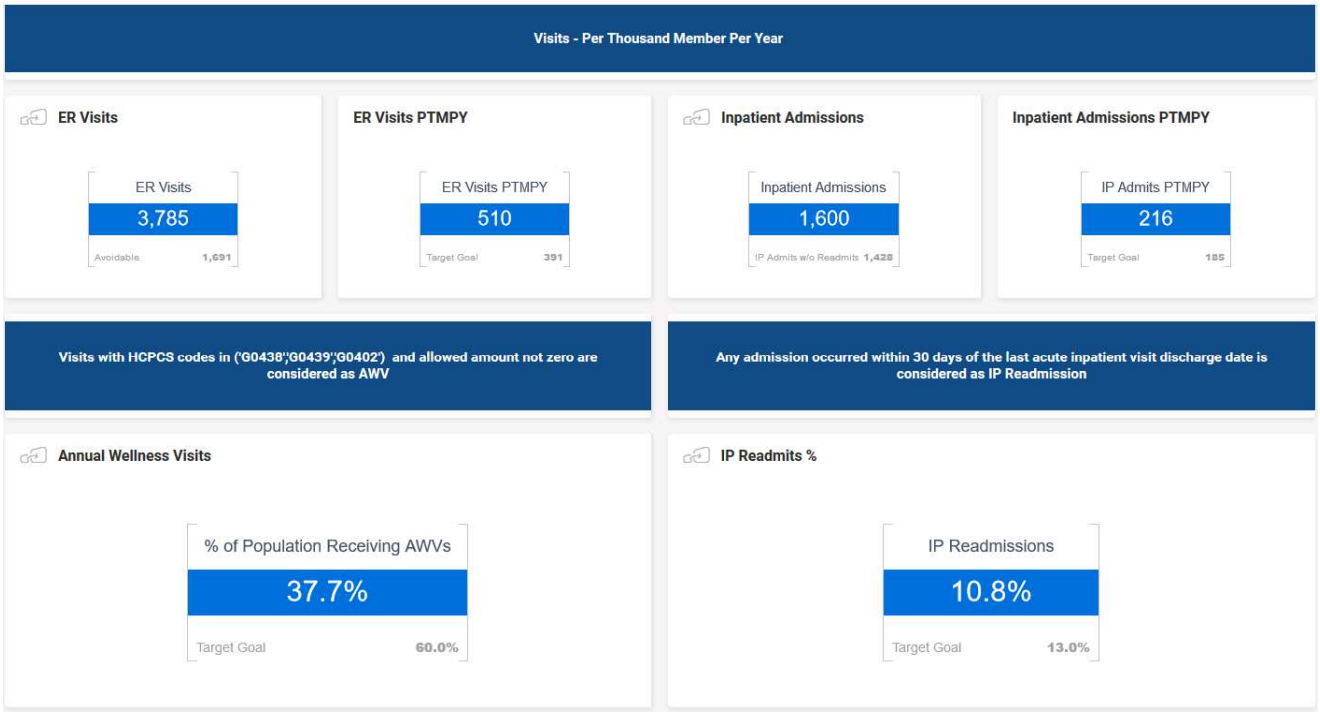
All data can be pulled into csv format for further evaluation.

Dashboard PMPM



Scorecard Dashboard

Purpose: to monitor organizational, clinic and provider utilization performance and use for fund flow of shared savings distribution

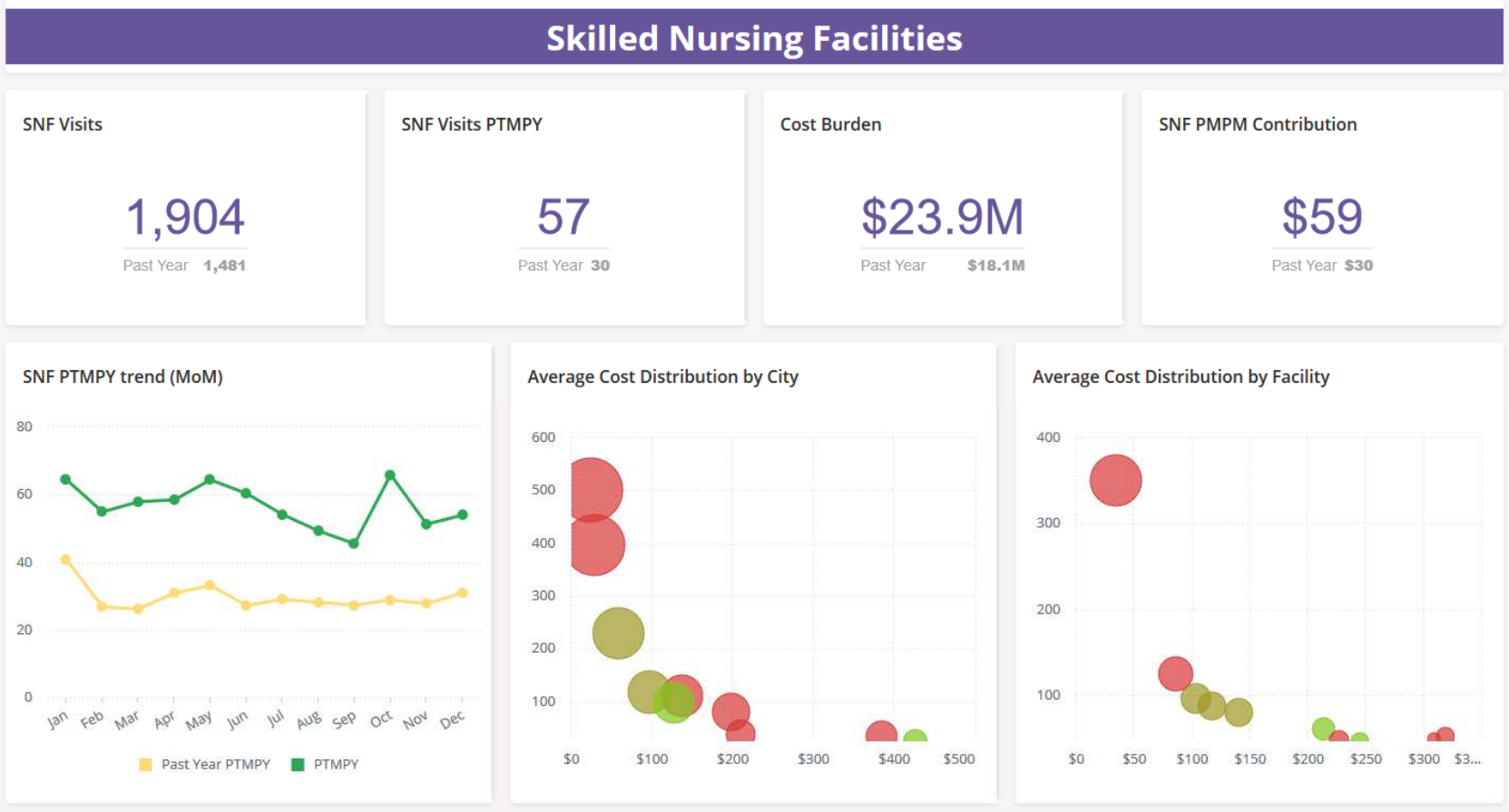


Metrics drill down

- Procedure code (level of care) – ER Visits
- Bill Type (identify CAH)
- Utilization counts by patient
- NPI Facility Identifier
- DRG
- Readmit Identifier (patient level)
- Visit Date
- Last AWV Date
- PCP Alignment – AWV
- AWV Code Billed (Initial, Welcome, Subsequent)

SNF Dashboard Detail

Purpose: to compare SNF level detail, contracted performance, length of stay, per days **costs & readmissions**



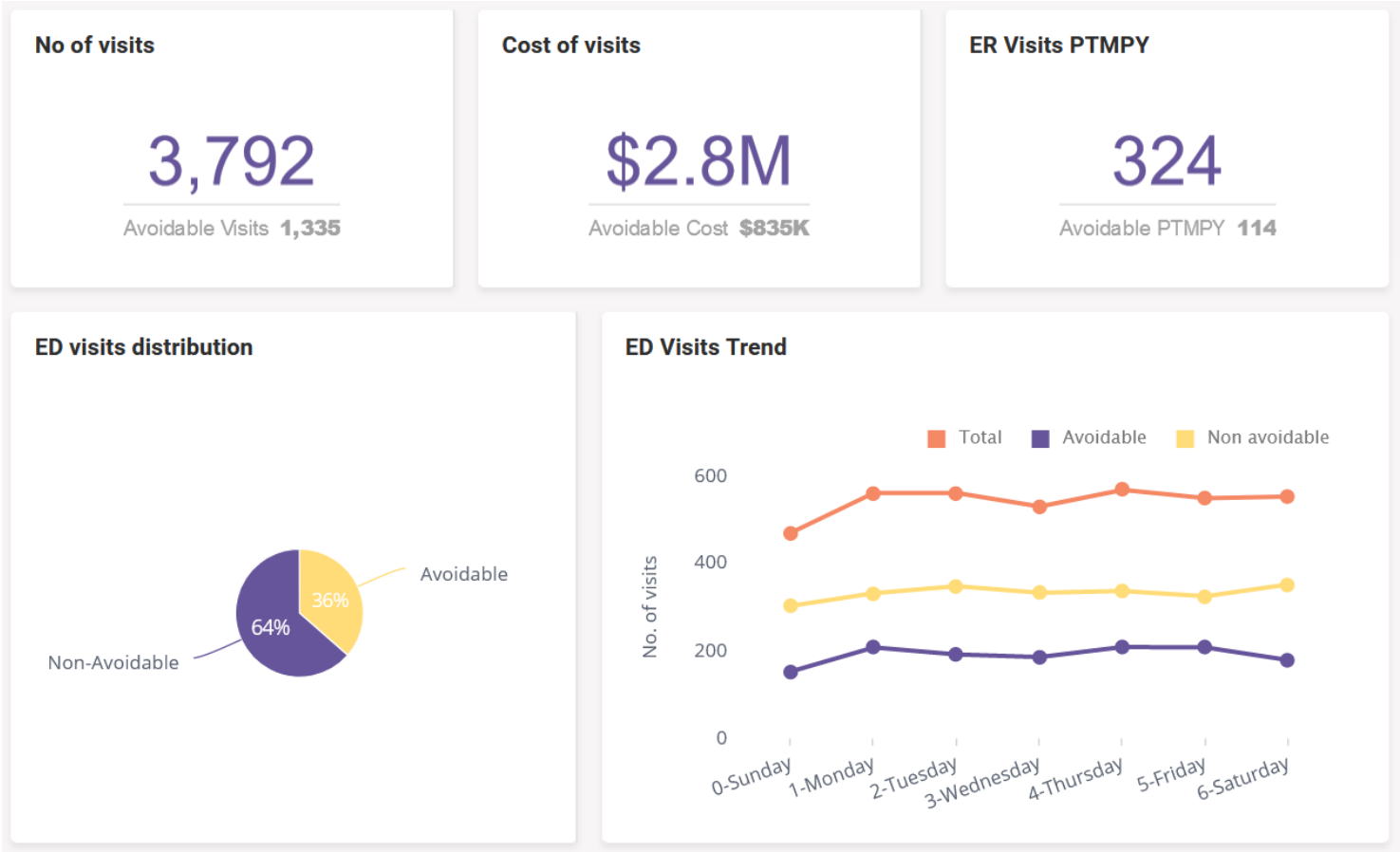
SNF Dashboard Drill Down

Data downloadable into Excel for sorting and filtering

City	No of visits	Cost Burden	Length Of Stay	Risk adjusted cost per visit	Cost per day	Number of Readmission to IP Based on 30 Days	% Readmission to IP Based on 30 Days	# No of ED visits during SNF
OLYMPIA	37	$460K	22	$2,882	$560	8	22%	7
FRUITLAND	58	$632K	21	$2,760	$515	6	10%	5
CENTRALIA	24	$291K	23	$2,839	$523	5	21%	3
LEWISTON	21	$205K	22	$2,821	$453	4	19%	3
LEWISTON	23	$236K	23	$3,077	$451	3	13%	6
LACEY	32	$410K	23	$3,525	$552	3	9%	4
OLYMPIA	13	$298K	38	$4,750	$606	3	23%	1
TACOMA	2	$24K	23	$2,810	$532	2	100%	0
CLARKSTON	15	$154K	26	$2,066	$399	2	13%	7
LEWISTON	14	$203K	35	$4,206	$417	2	14%	2

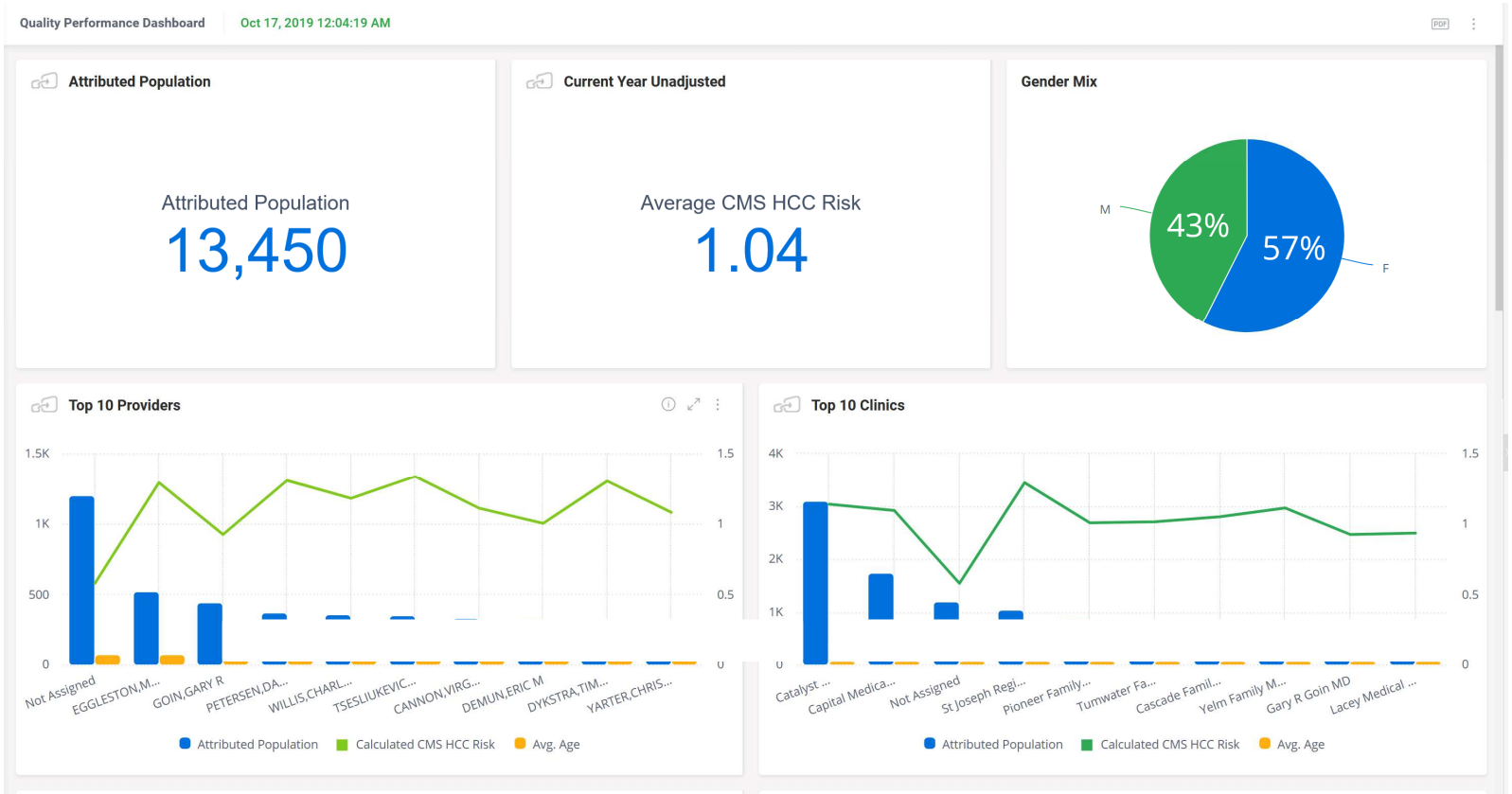
Emergency Department Dashboard

Purpose: drill down data for potentially avoidable utilization based on NYU algorithm identify high-fliers.



Dashboard - Quality Performance

Purpose: to monitor quality performance, create targets / measures based on contract requirements, prioritize patient level outreach to create campaigns for gap closure. Drill down at provider level with patient level detail.



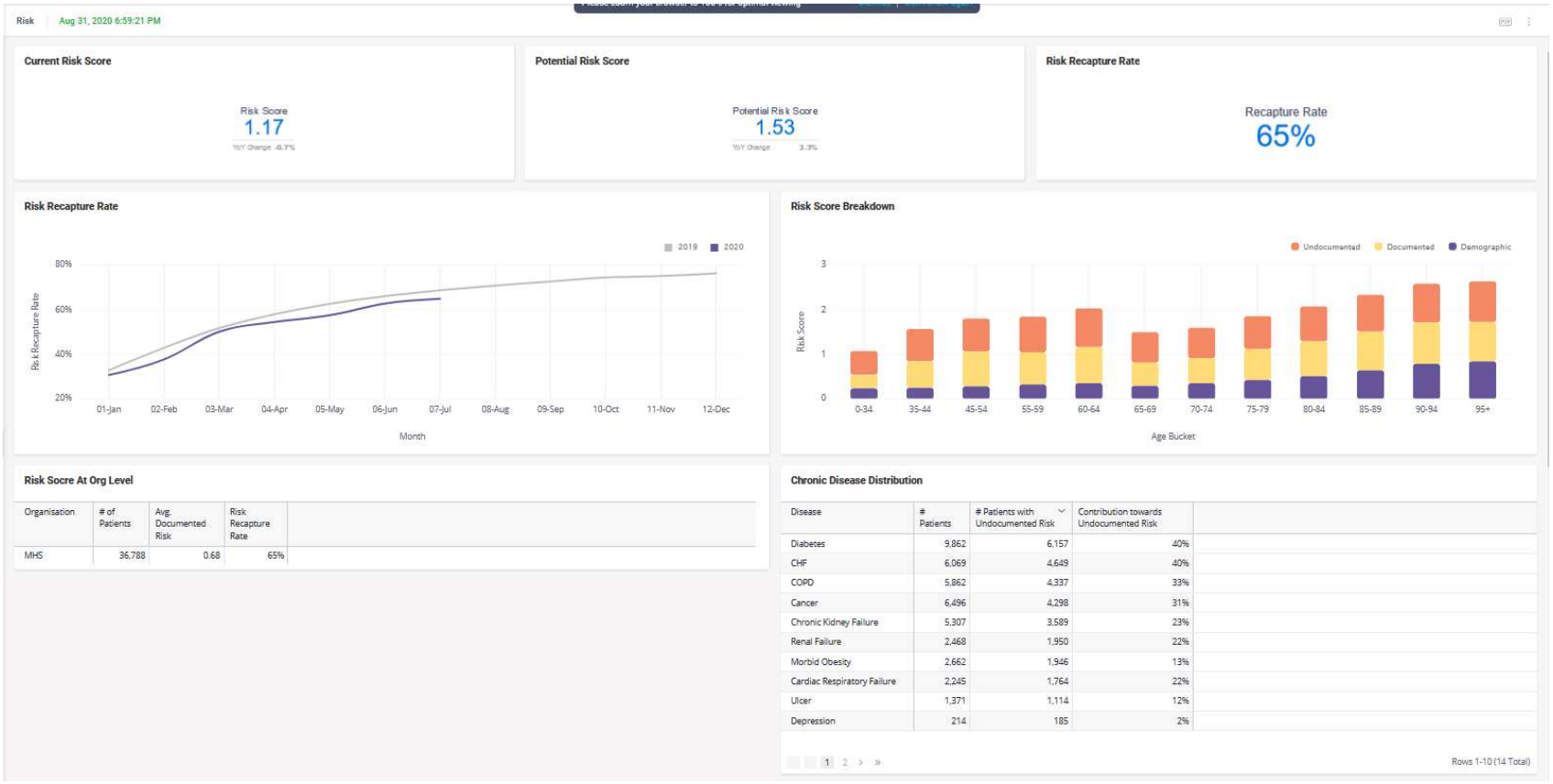
Dashboard - Quality Performance
(Slide 2)

ACO Measures: Care and Preventive

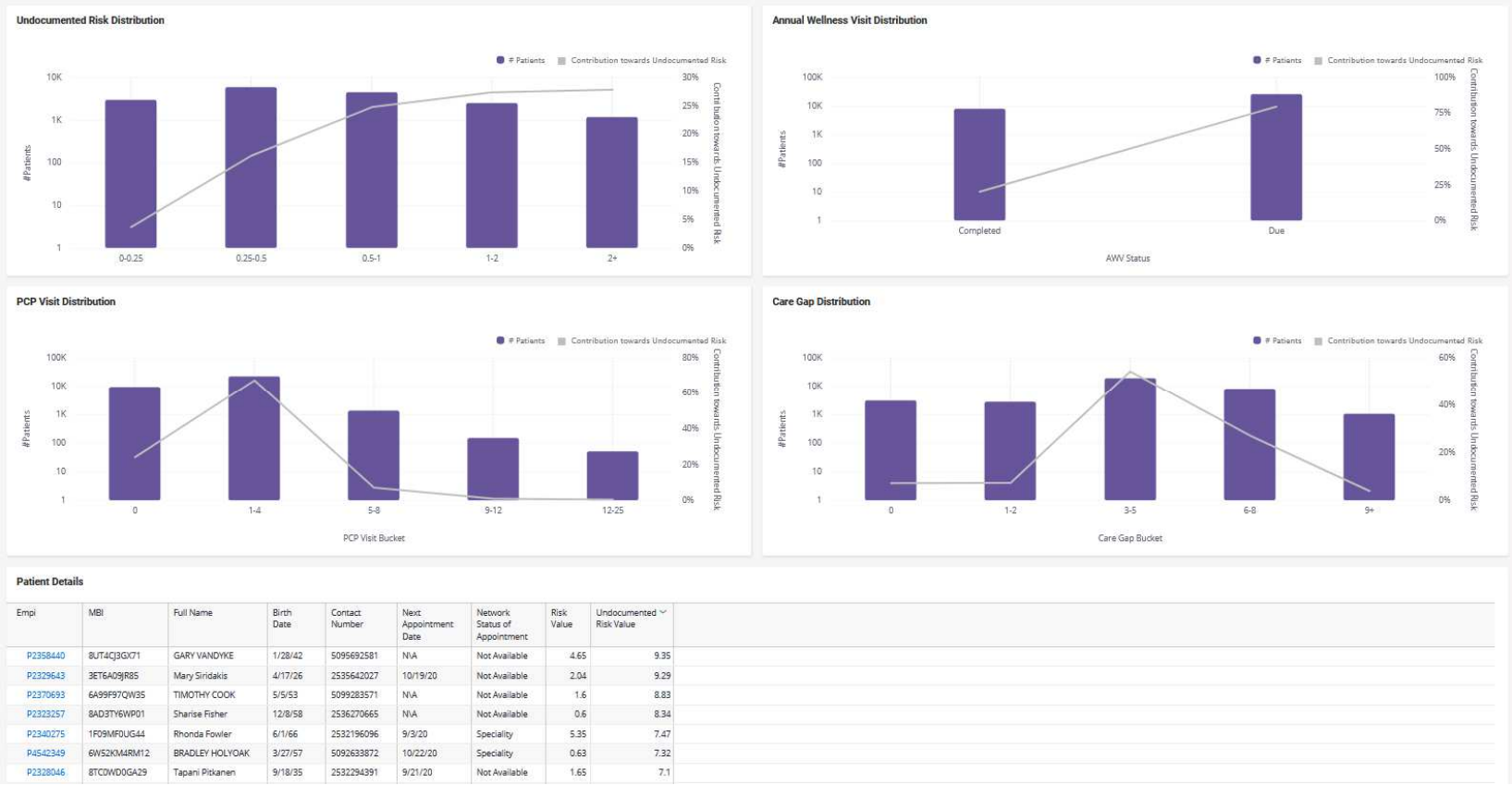
Measure Code	Measure Name	30th percentile	90th percentile	Performance %	Qualified	Care Gap	Eligible populati...
ACO-15	Pneumonia Vaccination Status for Older Adults	30.0%	90.0%	76.65%	8,325	2,808	10,861
ACO-14	Preventive Care and Screening: Influenza Immunization	30.0%	90.0%	67.83%	8,116	3,849	11,965
ACO-42	Statin Therapy for the Prevention and Treatment of Ca...	NA	NA	48.79%	3,535	5,123	7,245
ACO-19	Colorectal Cancer Screening	30.0%	90.0%	51.64%	3,424	3,757	6,630
ACO-16	Preventive Care and Screening: Body Mass Index Scree...	30.0%	90.0%	24.08%	2,941	10,590	12,213
ACO-20	Breast Cancer Screening	30.0%	90.0%	70.17%	2,355	1,318	3,356
ACO-17	Preventive Care and Screening: (Population 3) Tobacco...	55.22%	92.31%	15.18%	1,714	10,242	11,290
ACO-30	Ischemic Vascular Disease: Use of Aspirin of Another A...	30.0%	90.0%	19.73%	520	2,352	2,636
ACO-18	Preventive Care and Screening: Screening for Clinical D...	30.0%	90.0%	0.60%	71	11,786	11,813
ACO-41	Diabetes: Eye Exam	29.9%	60.37%	3.23%	61	1,872	1,889
ACO-13	Falls: Screening for Future Fall Risk	43.42%	90.73%	0.46%	51	11,073	11,086

Dashboard – Risk

Purpose: to monitor recapture rate and understand risk score trends and assist at the provider and individual patient level is workflow process development.



Dashboard – Risk
(Slide 2)

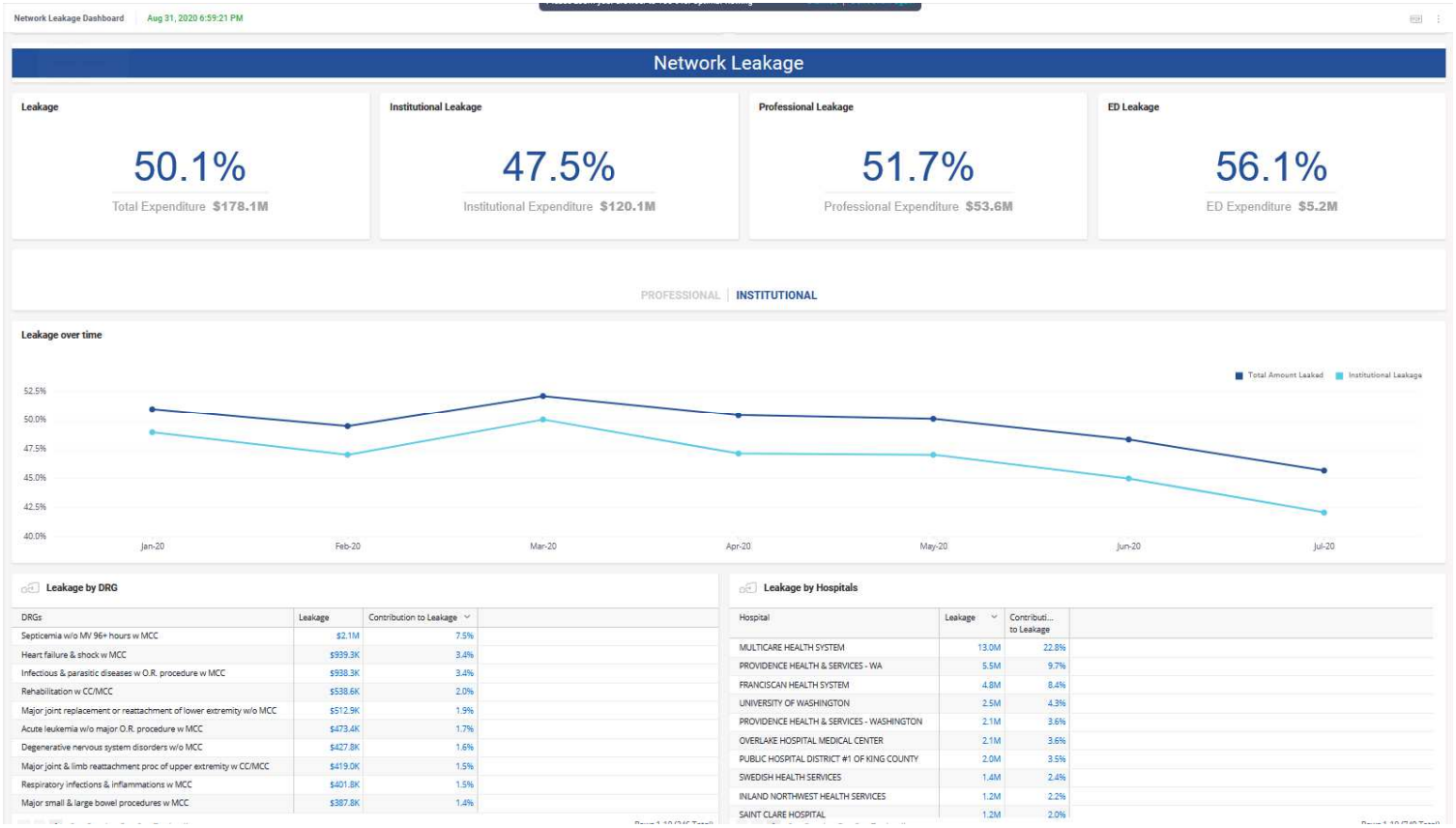


Patient Details

Empi	MBI	Full Name	Birth Date	Contact Number	Next Appointment Date	Network Status of Appointment	Risk Value	Undocumented Risk Value
P2358440	8UT4CJ3GX71	GARY VANDYKE	1/28/42	5095692581	N\A	Not Available	4.65	9.35
P2329643	3ET6A09JR8S	Mary Siridakis	4/17/26	2535642027	10/19/20	Not Available	2.04	9.29
P2370693	6A99F97QW3S	TIMOTHY COOK	5/5/53	5099283571	N\A	Not Available	1.6	8.83
P2323257	8AD3TY6WP01	Sharise Fisher	12/8/58	2536270665	N\A	Not Available	0.6	8.34
P2340275	1F09MF0UG44	Rhonda Fowler	6/1/66	2532196096	9/3/20	Speciality	5.35	7.47
P4542349	6W52KM4RM12	BRADLEY HOLYOAK	3/27/57	5092633872	10/22/20	Speciality	0.63	7.32
P2328046	8TC0WD0GA29	Tapani Pitkanen	9/18/35	2532294391	9/21/20	Not Available	1.65	7.1

Dashboard – Network Leakage

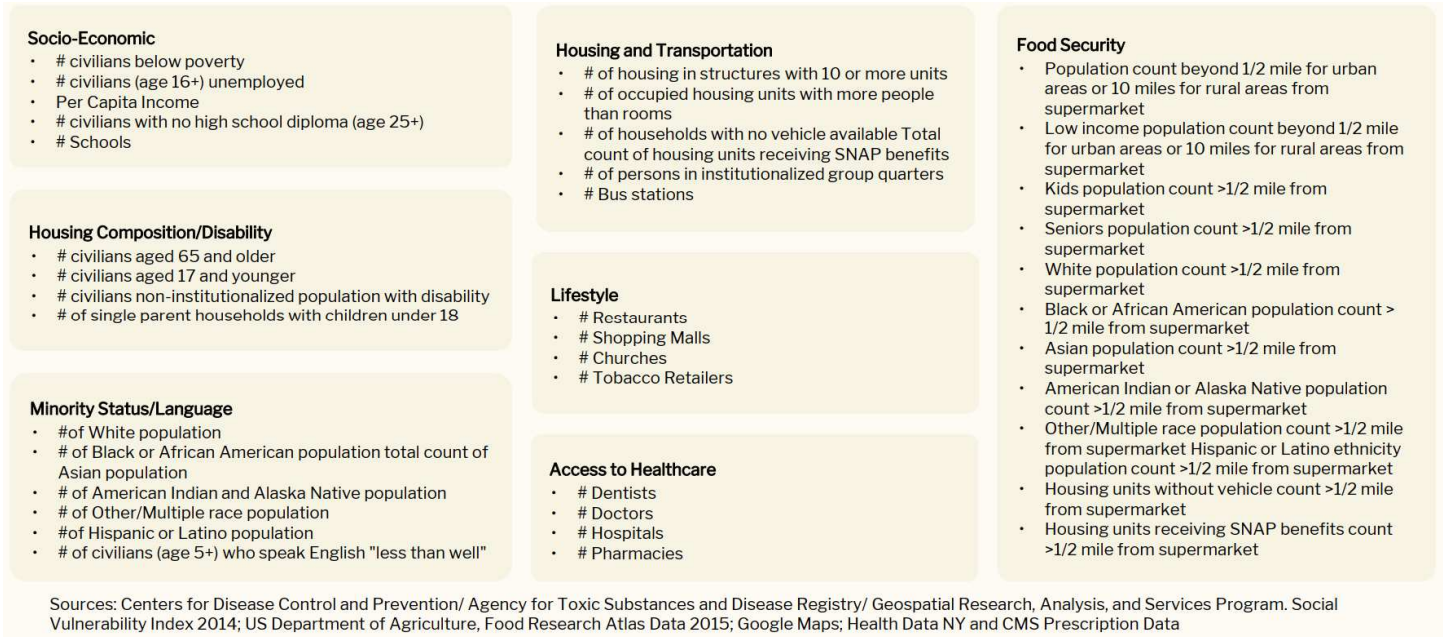
Purpose: to provide insight into current network utilization, understand leakage by DRG and facility as well as specialty and provider allowing for potential future contracting



Coming Soon: SDoH, InNote and InConnect

SDoH

- Innovaccer platform built using the Aunt Bertha for referral resourcing
- Social Vulnerability Index based upon the following:



Sources: Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. Social Vulnerability Index 2014; US Department of Agriculture, Food Research Atlas Data 2015; Google Maps; Health Data NY and CMS Prescription Data

InNote

- EHR Ribbon or Pop-up for Point of Care solution
  - 1 click to close
- Care Gaps
  - Presents care/measure gaps for care planning and improved quality outcomes
  - Presents potentially dropped diagnosis codes identified for clinical documentation improvement
  - Shares patient education opportunities through analysis of ED utilization
- Patient search function available

InConnect

- Analytics driven patient engagement solution
- Assists in scaling outreach workflow
  - Initiatives like cancer screenings, annual wellness visits, etc
- Provides care team additional capabilities for outreach
  - Care Management introduction letters
  - Urgent care collateral materials for avoidable ED visits