

HIE Steering Committee
Claims Pilot Subcommittee
Meeting #4 – May 7, 2021

Agenda

- Review New Use Cases: Blue Cross Blue Shield
- Next Steps

Role of Subcommittee Members Re: Use Cases

- Learn about each of the use cases presented by fellow subcommittee members
 - *What is the user trying to accomplish? How does this relate to or inform my use cases?*
- Weigh in: support editing, culling, prioritizing
 - *How could this be augmented to be clearer? Is it missing anything? Where does this fit in your sense of priorities?*
- Support assessment of technical feasibility by VITL and MMIS partners

Use Case Categories - Definition

- Clinical uses – Individual:
 - These use cases focus **on how data/information is used in a clinical setting to support clinical decisions** made **between an individual and their provider**.
- QI/operational - Organization:
 - These use cases focus **on how data is used by an organization** and can be grouped into two categories. 1) How a health care organization uses data **to improve its processes/workflow** and improve panel management for groups of patients. 2) How a program uses data **to enhance operations** such as setting payment levels for value-based payments or making policy decisions on how the program operates.
- Evaluation – Population health:
 - These use cases focus on whether a program, policy, or intervention achieved what it meant to achieve. The **outcomes are used to support decision making**; can be more dynamic and flexible than reporting, though often rely on similar nationally recognized measures; see below.
- Reporting – Population Health:
 - These use cases are **measures** often agreed upon at the beginning of a program/ agreement/demonstration **to be monitored by an overseeing entity**, e.g., the federal government. Generally, these **measures are drawn from nationally recognized measures**.

Use Case Review

Help Inform Care Management Functions

ORGANIZATIONS

1. BCBS provides Integrated Health Programming directly to its Members e.g., Case Management
2. Provider Billing Department submits the Claims information to BCBS. BCBS will consume the Claims data for its operations.
3. Yes, BCBS uses Claims Data to inform identification for Care Management Programming and actual Care Management Functions

CHALLENGES/PAIN POINTS

1. BCBS has
 - a. Access to Claims Data Only
 - b. No Access to Clinical Data
 - c. Access to limited social vulnerability data at the population level.
2. BCBS pain points:
 - a. BCBS cannot get a complete health picture of an individual, as they do not have access to Clinical Data.
 - b. BCBS has a gap in knowledge of what Data is available in VHIE.
 - c. Unable to help in prioritize services for Individuals, as BCBS do not have access to Clinical

GOAL

Improve member health outcomes based on the available programs at BCBS (overarching goal)

TRADING PARTNERS AND SYSTEMS

1. BCBS Internal Data Warehouse that has Membership Data and Claims Data
2. BCBS Internal Analytics Application and Care Management platform
3. ADT data feed identifies a subset of members through notification of ER and inpatient discharges.
4. Members and Providers provide referrals for care management services directly via customer service, direct dept phone, or web form.
5. Utilization management team flags members for outreach during the prior approval process
6. Outreach team use screening information to prioritize Services when they speak with Individuals/Members

DATA TO EXCHANGE

1. Need Electronic Health Record (EHR) Data of the Individual
2. Separate datasets for individual with different health and mental health and substance use disorder conditions e.g., Cancer Vs Diabetes

USER STORY

Actors: VITL, Providers, BCBS IT Team, BCBS Analytics and Integrated Health Teams

As a Case Manager, if I have access to integrated Clinical and Claims data on the Patients I support, I will be able to further tailor their assessments, make more targeted recommendations, and develop better care plans with Patients and in partnership with providers. My goal is to make sure BCBS Patients access and use the services that are most appropriate for them and aligned with their benefits so that they can improve their health and wellness. Having a complete picture of Patients' welfare, their barriers to care, and the risk factors they experience supports this goal.

If Clinical Data is available to me, I can ask fewer and more precise questions during screening/assessment and work more effectively in collaboration with the provider for the benefit of the Patient. For example, clinical data can:

- 1) Fill in information on the prescriptions and medications a person receives when a pharmacy prescription is not available.
- 2) Include lab tests ordered by Provider when Claims data is not visible.
- 3) Identify a service received from the previous health plan, before changing to BCBS Health Plan.

DATA GOVERNANCE

1. HIPAA
2. VHIE Patient Consent Policy – Clinical
3. VHIE Patient Consent Policy – Claims
4. BCBS Policies
5. Standard Federal and State Rules

FREQUENCY

Ideally Real Time, and not via standard time bound extracts

USE CASE TARGET DATE

As soon as available

DATA FORMAT (Source to VHIE)

Preferably API

TRANSPORT MECHANISM

Preferably API

DATA RECIPIENT FORMAT (VHIE to End User)

Check with technical team.
Preferably follow the industry standard e.g., HL7 or FHIR

CONSENT SPECIFICATIONS

TBD

LEGAL AGREEMENTS

1. A contractual relationship agreement between VITL and BCBS
2. Contracts are required to share data
3. HIPAA analysis is required for all data sharing arrangements

Identify Members for Integrated Health Programming including Risk Stratification

ORGANIZATIONS

1. BCBS provides Integrated Health Programming directly to its Members e.g., Case Management
2. Provider Billing Department submits the Claims information to BCBS. BCBS will consume the Claims data for its operations.
3. Yes, BCBS uses Claims Data to inform identification for Care Management Programming and actual Care Management Functions

CHALLENGES/PAIN POINTS

1. BCBS has
 - a. Access to Claims Data Only
 - b. No Access to Clinical Data
 - c. Access to limited social vulnerability data at the population level.
2. BCBS pain points:
 - a. BCBS cannot get a complete health picture of an individual, as they do not have access to Clinical Data.
 - b. BCBS has a gap in knowledge of what Data is available in VHIE.
 - c. Unable to help in prioritize services for Individuals and at population level, as BCBS do not have access to Clinical

GOAL

1. Improve Member health outcomes based on the available Programs at BCBS (overarching goal)
2. Prioritizing people for Public Outreach
3. Allows BCBS to refine the people that require Services.
4. Identify potential duplication of Services (e.g., Care Management Services) across multiple Organizations (Provider Care Management Services, Blueprint Care Management Services at Member level)
5. Improving integration of Care Co-ordination Records

TRADING PARTNERS AND SYSTEMS

1. BCBS Internal Data Warehouse that has Membership Data and Claims Data
2. BCBS Internal Analytics Application and Care Management platform
3. Analytics team use Risk Stratification Data (Clinical Risk Grouper)

DATA TO EXCHANGE

1. Need Electronic Health Record (EHR) Data of the Individual
2. Separate datasets for Individual with different health conditions e.g., Cancer Vs Diabetes
3. Separate datasets for Population with different health conditions and mental health and substance use disorders e.g., Cancer Vs Diabetes

USER STORY

Actors: BCBS Clinical Analyst who performs the analysis to identify Members/Cohorts for Programming

As a BCBS Clinical Analyst,
I want to use the integrated Claims and Clinical data to review health care service utilization patterns as well as Clinical outcomes,
So that I can use this data to identify those patients/BCBS Members who would most benefit from BCBS Care Management Services and from which services they would benefit. I can also employ this data in a Risk Stratification Methodology/Algorithm to identify those most in need of services to prioritize outreach.

DATA GOVERNANCE

1. HIPAA
2. VHIE Patient Consent Policy – Clinical
3. VHIE Patient Consent Policy – Claims
4. BCBS Policies
5. Standard Federal and State Rules

FREQUENCY

Ideally Real Time, and not via standard time bound extracts.
If not, then closer to real time will be more effective in terms of Care Management Outreach.

USE CASE TARGET DATE

As soon as available

DATA FORMAT (Source to VHIE)

Preferably API

TRANSPORT MECHANISM

Preferably API

DATA RECIPIENT FORMAT (VHIE to End User)

Check with technical team.
Preferably follow the industry standard e.g., HL7 or FHIR

CONSENT SPECIFICATIONS

TBD

LEGAL AGREEMENTS

1. A contractual relationship agreement between VITL and BCBS
2. Contracts are required to share data
3. HIPAA analysis is required for all data sharing arrangements

Evaluate the performance of a Healthcare Reform/Payment Reform Program

ORGANIZATIONS

1. BCBS participates in state level reform programming and creates proprietary reform programs
2. Provider Billing Department submits the Claims information to BCBS. BCBS will consume the Claims data for its operations.
3. Yes, BCBS uses Claims Data to inform the evaluation of reform programs

CHALLENGES/PAIN POINTS

1. BCBS has
 - a. Access to Claims Data Only
 - b. No Access to Clinical Data
 - c. Access to limited social vulnerability data at the population level.
2. BCBS pain points:
 - a. BCBS cannot get a complete picture of an Individual and also for population basis, as they do not have access to Clinical Data.
 - b. BCBS has a gap in knowledge of what Data is available in VHIE.
 - c. Combining claims and clinical data would provide a complete picture of impact of reform programs

GOAL

1. Improve Member health outcomes and cost based on the available Programs at BCBS or the state level reform program (overarching goal)
2. Use the clinical data in combination with claims data to provide a complete picture of the impact of the programming.
3. Identify potential duplication of Services (e.g. Care Management Services) across multiple Organizations (Provider Care Management Services, Blueprint Care Management Services at Member level)

TRADING PARTNERS AND SYSTEMS

1. BCBS Internal Data Warehouse that has Membership Data and Claims Data
2. BCBS Internal Analytics Application and Care Co-ordination tool
3. Analytics team use Risk Stratification Data (Clinical Risk Grouper)

DATA TO EXCHANGE

1. Need Electronic Health Record (EHR) Data of the Individual/population

USER STORY

Actors: BCBS Analyst who performs the analysis to identify Members/Cohorts for Programming

As a BCBS Analyst,
I want to use the integrated Claims and Clinical data to review health care service utilization patterns as well as Clinical outcomes for the organization,
So that I better understand the impacts of BCBS services and benefits on member health outcomes and cost and assess whether trends are moving in a desired or undesired trend.

BCBS stakeholders would use this data to inform strategy on health care reform program

DATA GOVERNANCE

1. HIPAA
2. VHIE Patient Consent Policy – Clinical
3. VHIE Patient Consent Policy – Claims
4. BCBS Policies
5. Standard Federal and State Rules

FREQUENCY

Ideally Real Time, and not via standard time bound extracts.
If not, then closer to real time will be more effective in terms of Care Management Outreach.

USE CASE TARGET DATE

As soon as available

DATA FORMAT (Source to VHIE)

Preferably API

TRANSPORT MECHANISM

Preferably API

DATA RECIPIENT FORMAT (VHIE to End User)

Check with technical team.
Preferably follow the industry standard e.g., HL7 or FHIR

CONSENT SPECIFICATIONS

TBD

LEGAL AGREEMENTS

1. A contractual relationship agreement between VITL and BCBS
2. Contracts are required to share data
3. HIPAA analysis is required for all data sharing arrangements

Development of a Healthcare Reform/Payment Reform Program

ORGANIZATIONS

1. BCBS participates in state level reform programming and creates proprietary reform programs
2. Provider Billing Department submits the Claims information to BCBS. BCBS will consume the Claims data for its operations.
3. Yes, BCBS uses Claims Data to inform the development of reform programs

CHALLENGES/PAIN POINTS

1. BCBS has
 - a. Access to Claims Data Only
 - b. No Access to Clinical Data
 - c. Access to limited social vulnerability data at the population level.
2. BCBS pain points:
 - a. BCBS cannot get a complete picture of an Individual and also for population basis, as they do not have access to Clinical Data.
 - b. BCBS has a gap in knowledge of what Data is available in VHIE.
 - c. Combining claims and clinical data would provide a complete picture for the development of new reform programs

GOAL

1. Improve Member health outcomes and cost based on the creation of new Programs at BCBS or for state level reform program (overarching goal)
2. Use the clinical data in combination with claims data to provide a complete picture of the current state for the development of reform programming
3. Identify potential duplication of Services (e.g. Care Management Services) across multiple Organizations (Provider Care Management Services, Blueprint Care Management Services at Member level)

TRADING PARTNERS AND SYSTEMS

1. BCBS Internal Data Warehouse that has Membership Data and Claims Data
2. BCBS Internal Analytics Application and Care Co-ordination tool
3. Analytics team use Risk Stratification Data (Clinical Risk Grouper)

DATA TO EXCHANGE

1. Need Electronic Health Record (EHR) Data of the Individual/population

USER STORY

Actors: BCBS Analyst who performs the analysis to identify Members/Cohorts for Programming

As a BCBS Analyst,
I want to use the integrated Claims and Clinical data to review health care service utilization patterns as well as Clinical outcomes,
So that I can use this data to assess areas for improvement or gaps in services that care inform the development of new programs on member health outcomes and cost.

BCBS Stakeholders would use this data to inform strategy on health care reform program.

DATA GOVERNANCE

1. HIPAA
2. VHIE Patient Consent Policy – Clinical
3. VHIE Patient Consent Policy – Claims
4. BCBS Policies
5. Standard Federal and State Rules

FREQUENCY

Ideally Real Time, and not via standard time bound extracts.
If not, then closer to real time will be more effective in terms of Care Management Outreach.

USE CASE TARGET DATE

As soon as available

DATA FORMAT (Source to VHIE)

Preferably API

TRANSPORT MECHANISM

Preferably API

DATA RECIPIENT FORMAT (VHIE to End User)

Check with technical team.
Preferably follow the industry standard e.g., HL7 or FHIR

CONSENT SPECIFICATIONS

TBD

LEGAL AGREEMENTS

1. A contractual relationship agreement between VITL and BCBS
2. Contracts are required to share data
3. HIPAA analysis is required for all data sharing arrangements

Conduct quality reporting that requires clinical data without relying on manual medical chart extractions

ORGANIZATIONS

1. BCBS quality reporting requires clinical data and is currently using manual chart extractions to support
2. Provider Billing Department submits the Claims information to BCBS. BCBS will consume the Claims data for its operations.
3. Yes, BCBS uses Claims Data as input to quality reporting

CHALLENGES/PAIN POINTS

1. BCBS has
 - a. Access to Claims Data Only
 - b. No Access to Clinical Data
 - c. Access to limited social vulnerability data at the population level.
2. BCBS pain points:
 - a. BCBS cannot get a complete picture of an Individual and also for population basis, as they do not have access to Clinical Data.
 - b. BCBS has a gap in knowledge of what Data is available in VHIE.
 - c. Combining claims and clinical data would provide a complete input for quality reporting and assessing members clinical risk profile.
 - d. Clinical data is currently obtained through manual chart extractions from provider offices. This is an administrative burden to providers and plan

GOAL

1. Improve accuracy of reporting by combining claims and clinical data.
2. Support risk coding work required for Health Care Exchange products
3. Eliminate the need for manual chart extractions and reduce provider and plan administrative burden.
4. Quality measures are required as the basis for reform programming, provider network assessment and accreditation

TRADING PARTNERS AND SYSTEMS

1. BCBS Internal Data Warehouse that has Membership Data and Claims Data
2. BCBS quality reporting system
3. Provider electronic health record
4. Medical chart extraction

DATA TO EXCHANGE

1. Need Electronic Health Record (EHR) Data of the Individual/population

USER STORY

Actors: BCBS HEDIS Reporting Manager

As a BCBS HEDIS Reporting Manager
I want to use the integrated Claims and Clinical data to support the calculation of quality measures.
So that I can use this data to inform the development of new programs on member health outcomes and cost, measure existing programs, assess provider network, and perform reporting/accreditation process.

BCBS Stakeholders would use this data to inform strategy on health care reform programming and assessment of network performance.

As an Actuarial/risk coding staff, the clinical data will supplement claims data to assess clinical risk profile of members in a Health Care Exchange product. This is required under this product offering. Clinical data could be retrieved electronically instead of through manual chart extractions with provider offices.

DATA GOVERNANCE

1. HIPAA
2. VHIE Patient Consent Policy – Clinical
3. VHIE Patient Consent Policy – Claims
4. BCBS Policies
5. Standard Federal and State Rules

FREQUENCY

Ideally Real Time, and not via standard time bound extracts.
If not, then closer to real time will be more effective in terms of Care Management Outreach.

USE CASE TARGET DATE

As soon as available

DATA FORMAT (Source to VHIE)

Preferably API

TRANSPORT MECHANISM

Preferably API

DATA RECIPIENT FORMAT (VHIE to End User)

Check with technical team.
Preferably follow the industry standard e.g., HL7 or FHIR

CONSENT SPECIFICATIONS

TBD

LEGAL AGREEMENTS

1. A contractual relationship agreement between VITL and BCBS
2. Contracts are required to share data
3. HIPAA analysis is required for all data sharing arrangements

Clinical Data to support Utilization Management Program

ORGANIZATIONS

1. BCBS Prior Authorization (PA) program requires clinical data to make authorization decisions
2. Provider Billing Department submits the Claims information to BCBS. BCBS will consume the Claims data for its operations.
3. Yes, BCBS uses Claims Data to oversee PA program

CHALLENGES/PAIN POINTS

1. BCBS has
 - a. Access to Claims Data Only
 - b. No Access to Clinical Data
 - c. Access to limited social vulnerability data at the population level.
2. BCBS pain points:
 - a. BCBS requests clinical data from providers to inform utilization management decisions, as they do not have access to Clinical Data.
 - b. BCBS has a gap in knowledge of what Data is available in VHIE.
 - c. Combining claims and clinical data would provide a complete input for PA program

GOAL

1. Improve Prior Authorization (PA) timeliness
2. Eliminate the need for manual submission of clinical data by providers and reduce provider and plan administrative burden.
3. Improve cost control

TRADING PARTNERS AND SYSTEMS

1. BCBS Internal Data Warehouse that has Membership Data and Claims Data
2. Provider submitted clinical data

DATA TO EXCHANGE

1. Need Electronic Health Record (EHR) Data of the Individual/population

USER STORY

Actors: BCBS PA staff

As a BCBS PA staff,
I want to use the integrated Claims and Clinical data to support the authorization process,
So that I can use this data to make authorization determinations.

BCBS Stakeholders would use this data to inform strategy on cost management programming and assessment of network performance.

DATA GOVERNANCE

1. HIPAA
2. VHIE Patient Consent Policy – Clinical
3. VHIE Patient Consent Policy – Claims
4. BCBS Policies
5. Standard Federal and State Rules

FREQUENCY

Ideally Real Time, and not via standard time bound extracts.
If not, then closer to real time will be more effective in terms of Care Management Outreach.

USE CASE TARGET DATE

As soon as available

DATA FORMAT (Source to VHIE)

Preferably API

TRANSPORT MECHANISM

Preferably API

DATA RECIPIENT FORMAT (VHIE to End User)

Check with technical team.
Preferably follow the industry standard e.g., HL7 or FHIR

CONSENT SPECIFICATIONS

TBD

LEGAL AGREEMENTS

1. A contractual relationship agreement between VITL and BCBS
2. Contracts are required to share data
3. HIPAA analysis is required for all data sharing arrangements

Discussion/Feedback

Debrief on Use Case Gathering Process

- What did you do to prepare?
- What helped you successfully participate in the process?
- What went well?
- What can be improved?
- What should others expect?

Next Steps

Use Case Gathering Sessions

#	Interview	Focus of Discussion	Schedule & Status
1	Katie Muir , <i>OneCare VT</i>	<ul style="list-style-type: none"> Evaluation & Reporting of the APM Support of clinical practices and the care model 	3/3/2021 – Completed
2	Pat Jones , <i>DVHA Payment Reform</i> Erin Flynn , <i>DVHA Payment Reform</i>	<ul style="list-style-type: none"> Evaluation & Reporting of the APM Support of clinical practices and the care model 	3/30/2021 – Completed
3	Ben Green , <i>Blue Cross Blue Shield</i> James Mauro , <i>Blue Cross Blue Shield</i>	<ul style="list-style-type: none"> Commercial Claims 	4/19/2021 – Completed
4	Sarah Lindberg , <i>Green Mountain Care Board</i>	<ul style="list-style-type: none"> Analytics for - <ul style="list-style-type: none"> evaluating the APM evaluating the Boards regulatory activities 	5/10/2021 -- Scheduled
5	Emma Harrigan , <i>VAHHS</i> Lauri Scharf , <i>BiState Primary Care Assoc.</i> Thomasena E Coates , <i>Blueprint QI Facilitator</i>	<ul style="list-style-type: none"> Point of care support 	6/1/2021 -- Scheduled
6	Lisa Schilling , <i>Medicaid Operation</i> Erin Carmichael , <i>Medicaid Quality</i> Shawn Skaflestad , <i>Medicaid Performance</i> <i>Management/Improvement</i> Tim Tremblay , <i>Vermont Blueprint for Health</i>	<ul style="list-style-type: none"> Quality Improvement and Reporting for Medicaid and the Blueprint Overall evaluation of GC1115 waiver 	TBD