

Managing implementation of bundled payment models

Leveraging data to engage key stakeholders

The current healthcare reform landscape demands that providers prepare for fundamental changes in the way they're paid. Bundled payments, when effectively managed, offer substantial opportunity to providers and payers alike.

The Center for Medicare and Medicaid Innovation (CMMI) has announced multiple voluntary and mandatory bundled payment arrangements in recent years. These include the Bundled Payments for Care Improvement models, the Comprehensive Care for Joint Replacement model, and the Oncology Care Model. Private payers are also rolling out bundled payment arrangements with increasing frequency for commercial populations. These bundled payment programs require providers to take on risk for the services included in the episodes of care. But with effective management, they can also offer opportunity for savings.

Developing payment specifications

A key aspect of implementing a successful bundled payment arrangement between a provider and a payer is developing episode definitions and payment specifications. Milliman has worked with numerous parties to develop episodes and payment methodologies using client data as well as its own commercial and Medicare claims data resources. We can develop customized episodes or implement episode definitions from commercially available sources or groupers.

Claims-based reporting

As part of many bundled payment models, participants receive claims data on a regular basis. One of the keys to managing a successful program is understanding the contents of claims data feeds. Milliman has developed a dynamic claims data reporting interface in QlikView—a data discovery platform that allows self-service data visualization and guided analytics. Bundled payment program sponsors or participants can log into the interface at their convenience and access personalized, comprehensive reports. These reports include details on all episodes included in claims feeds, with detailed views that cover:

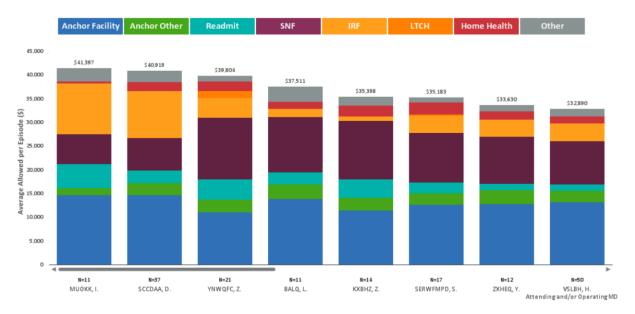
- Anchor hospitalizations and their associated costs
- Post-acute care costs
- Post-acute facility profiling
- Provider profiling
- Patient profiling
- Target price and quality calculations, including complications
- Utilization performance

Report functionality

The Milliman bundled payment reporting interface is unique in that it allows the user to control the various views of data. The user can filter data based on the episode type, operating physician, beneficiary demographic characteristics, or dozens of other criteria. The entire interface dynamically adjusts to meet the needs of the user based on a simple and straightforward set of user inputs.

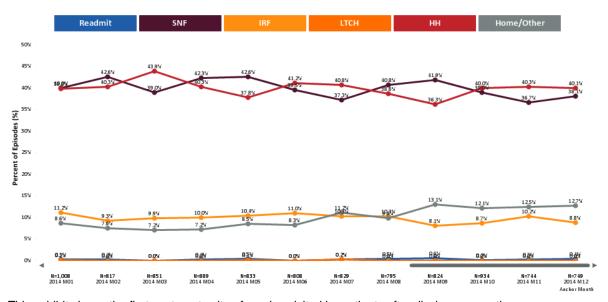


AVERAGE ALLOWED PER EPISODE FOR ATTENDING AND/OR OPERATING MDS WITH 10+ EPISODES



This exhibit shows a provider profiling tool, allowing comparison of expenditures across operating physicians.

POST-ACUTE CARE UTILIZATION: FIRST PAC



This exhibit shows the first post-acute site of service visited by patients after discharge over time.



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