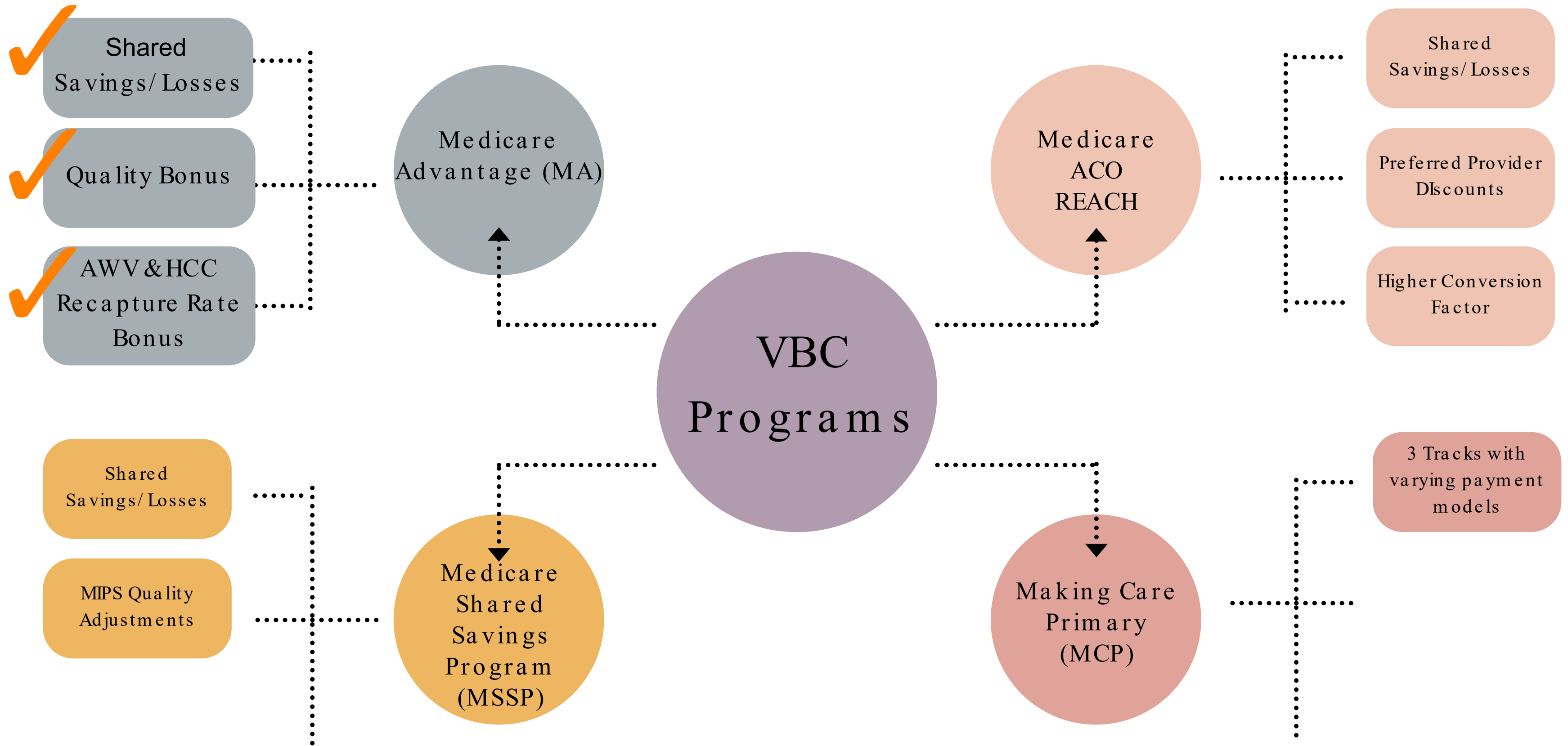
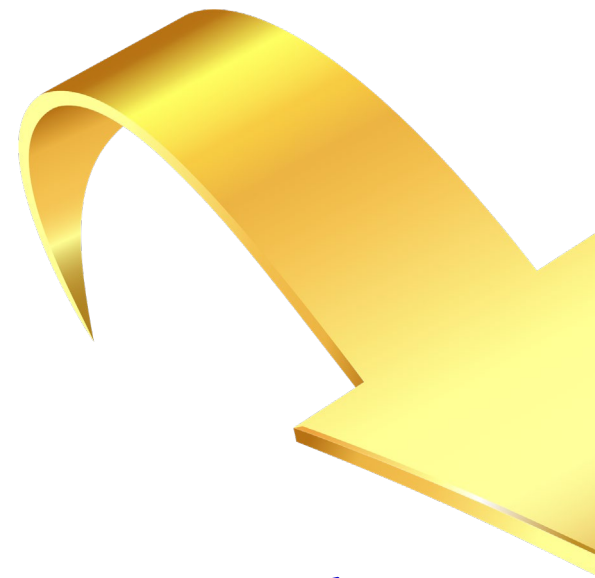


THE POWER OF INSIGHTS

Value -Based Care: Clinic Transformation to Optimize Value-Based Care Payment
Incentives



Clinic Transformation KPIs to Optimize Value-Based Care Payment Incentives



Quality Measures

Clinic KPI of 75% to 90%
quality measure
performance rate.



HCC Coding

Clinic KPI of 70-85% of HCC
Recapture Rate



High-Value Wellness Visits

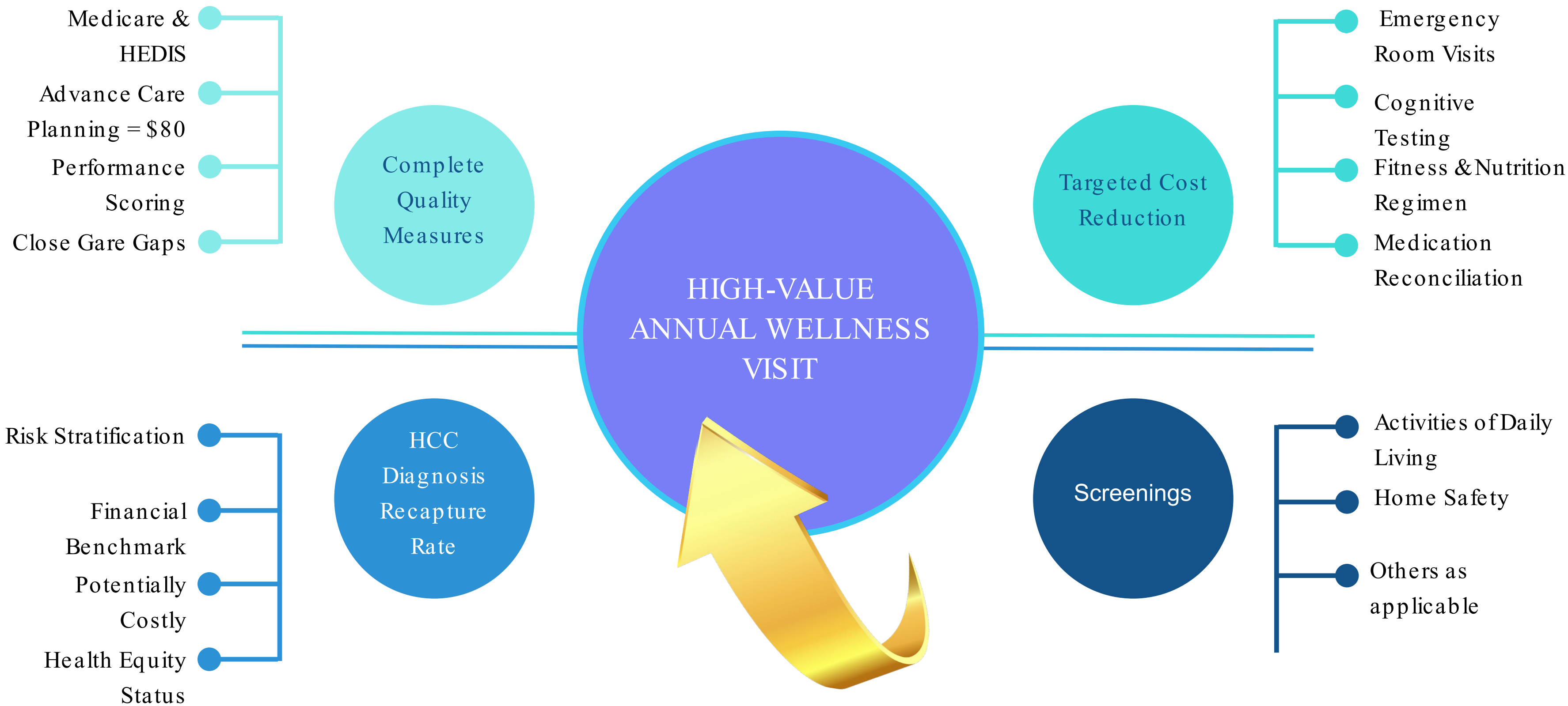
Clinic KPI of 70-85% Annual
Wellness Visit (AWV)
completion factor,



Targeted Cost Reduction

Identify 1 to 3 high-cost
encounters for cost
reduction.





70-85% HCC Diagnosis Recapture Rate

- Provider Trending Visuals
- Provider Level Analytics
- Point of Care Notifications



DIAGNOSE



Enrollment Type, Age, Gender

Patient
Demographics
Score



Total Value of HCC
Diagnosis Codes

HCC Diagnosis
Codes Coded in
Calendar Year

The CMS -HCC risk score for a beneficiary is the sum of the score or weight attributed to each of the demographic factors and HCCs within the model.

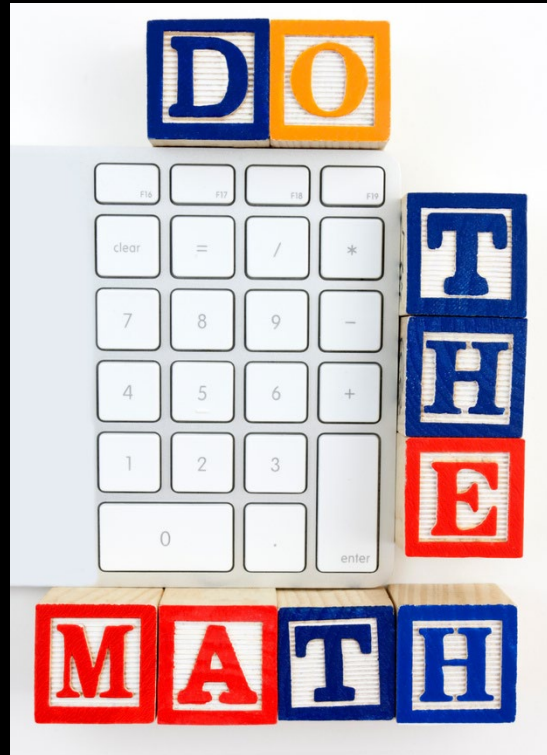
The CMS -HCC model is normalized to 1.0. Beneficiaries would be considered relatively healthy, and therefore less costly, with a risk score less than 1.0.

Raw HCC Risk
Score

Usually normalized
and adjusted for
regional factors.



Benchmark Leakage



Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity/CHF/Amputation)	1.973	\$20,523
NOT CODED - HCC 189 (Amputation Status, Lower Limb)	0.588	\$6,116
NOT CODED -HCC 22 (Morbid Obesity)	0.273	\$2,839
HCC Benchmark (With Removed HCCs)	1.112	\$11,567

Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity)	1.062	\$11,046
CODED HCC 86 (Acute myocardial Infarction)	0.233	\$2,423
CODED HCC 111 (Chronic Obstructive Pulmonary Disease)	0.328	\$3,411
CODED HCC 137 (Chronic Kidney Disease, Severe Stage 4)	0.237	\$2,465
HCC Benchmark (With Added HCCs)	1.86	\$19,347

Patient	HCC Diagnoses (Health Status)	Risk Score Health Status + Demographics	Base Rate Risk Adjusted	Benchmark Leakage (loss in value to risk score)	Base Rate Risk Adjusted due to Benchmark Leakage	Per Patient Benchmark Leakage
ABC	Diabetes Hypertension	1.5	\$ 15,603.00	1.2	\$ 12,482.40	\$ 3,160.60
XYZ	Heart Disease Hypertension	1.2	\$ 12,482.40	.8	\$ 8,321.60	\$ 4,160.80
CDF	COPD Arthritis	1.6	\$ 16,643.20	1.2	\$ 12,482.40	\$ 4,160.80

A large, 3D metallic graphic of the text '85%' in a bold, sans-serif font. The numbers and percentage symbol have a reflective, chrome-like finish with highlights and shadows, giving them a three-dimensional appearance. They are positioned on the left side of the slide.

Recapture Rate Goal

Reasons for NOT coding diabetes diagnosis each year:

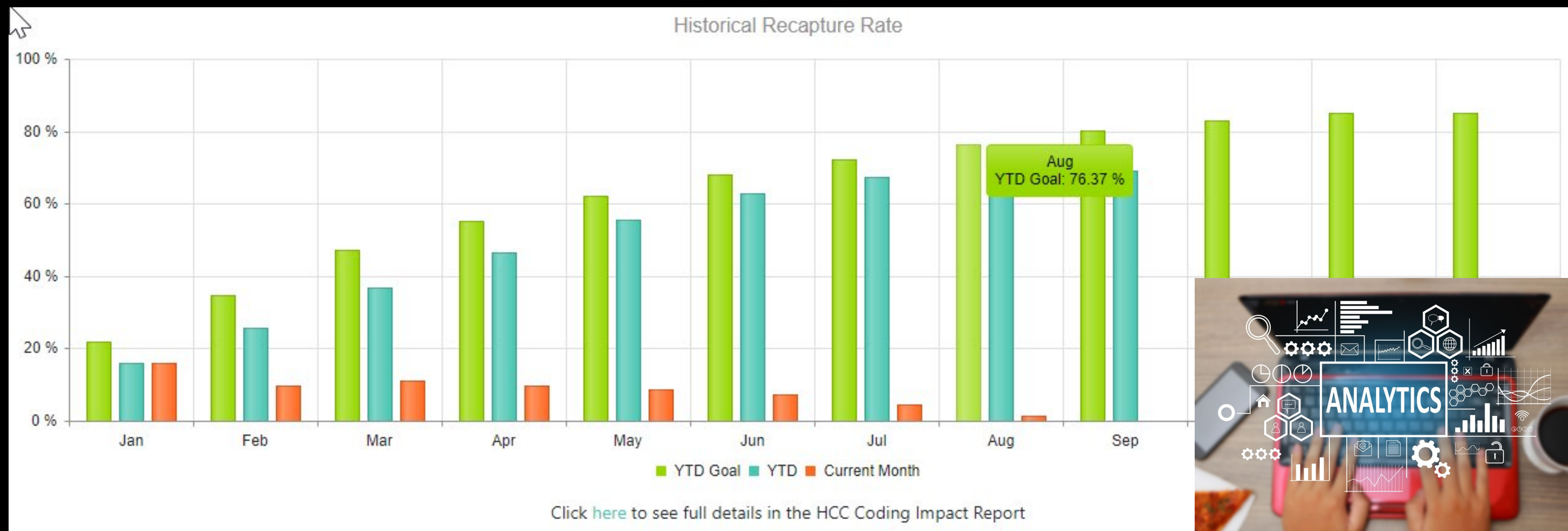
- No encounter during the performance year so diagnosis not coded
- Only one non-wellness visit encounter during the performance year results in diagnosis not being coded as focus is on the primary reason for the visit such as pain.

Annual wellness visit encounter is significantly correlated to increased HCC diagnosis recapture rate.



Recapture Rate Trending Visuals

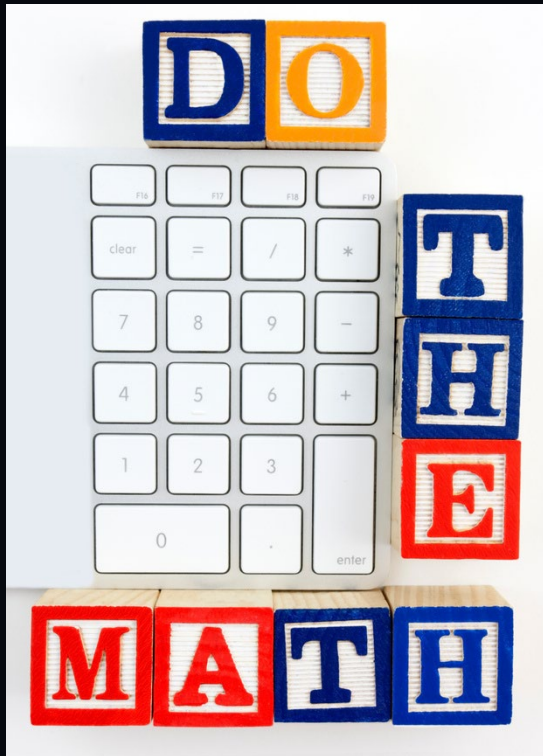
85%





85%

#No. Patients with claims	#No. Costly Patients	Hospital Benchmark	2022 AVG HCC Score ⬇	2023 AVG HCC Score ⬇	Diagnosis Recapture Rate 2022 to 2023 YTD	Change in HCC Score 2022 to 2023 YTD	2023 HCC Spend Allowance YTD	2023 YTD AVG Per Patient Spend	Percent of Spend Allowance Used YTD ⬇	Benchmark Leakage ⬇
40	12	-15.48 %	1.583	1.654	67.39 %	4.48 %	\$17,201.31	\$24,361.04	141.62 %	\$167,633.71
50	14	41.95 %	1.445	1.431	71.21 %	-1.03 %	\$14,881.17	\$28,416.76	190.96 %	\$207,953.18
58	24	8.72 %	1.599	1.711	72.63 %	7.04 %	\$17,798.94	\$30,628.56	172.08 %	\$211,500.38
42	15	55.09 %	1.508	1.739	72.57 %	15.30 %	\$18,084.47	\$26,958.53	149.07 %	\$108,922.90
48	22	10.82 %	1.933	2.036	70.18 %	5.33 %	\$21,183.07	\$38,487.34	181.69 %	\$252,443.99



Do the Math: Medicare ACOs

7 out of 8 Medicare ACOs DO NOT recapture recurring chronic conditions during a performance year. This results in in millions lost to their financial benchmark due to Benchmark Leakage. Benchmark Leakage is the loss to the financial benchmark due to the failure to recode recurring chronic conditions in the performance year.

#No. Patients with claims	#No. Costly Patients	Hospital Benchmark	2022 AVG HCC Score	2023 AVG HCC Score	Diagnosis Recapture Rate 2022 to 2023 YTD	Change in HCC Score 2022 to 2023 YTD	2023 HCC Spend Allowance YTD	2023 YTD AVG Per Patient Spend	Percent of Spend Allowance Used YTD	Benchmark Leakage
40	12	-15.48 %	1.583	1.654	67.39 %	4.48 %	\$17,201.31	\$2,411.31	14.01 %	\$167,633.71
50	14	41.95 %	1.445	1.431	71.21 %	-1.03 %	\$14,881.17	\$28,411.17	191.53 %	\$207,953.18
58	24	8.72 %	1.599	1.711	72.63 %	7.04 %	\$17,798.94	\$21,150.38	118.84 %	\$211,500.38
42	15	55.09 %	1.508	1.739	72.57 %	15.30 %	\$18,084.17	\$28,411.17	157.16 %	\$108,922.90
48	22	10.82 %	1.933	2.036	70.18 %	5.33 %	\$21,150.38	\$38,487.34	181.69 %	\$252,443.99

HCC Coding Challenges

Benchmark Leakage

Failure to recapture
recurring chronic HCC
diagnoses in each
calendar year
(Benchmark Leakage)

No Wellness Visit

Failure to conduct annual
wellness visits

Codes Sent from EHR to Payer?

V28

V28 impact (removal of
over 2,000 HCC Diagnosis
Codes 2024)

Suspect

Failure to capture
suspect or rule out
diagnosis codes (Lab,
DME)

Q. Why does V28 HCC Coding Model Matter?

A. Removal of over 2,000 codes

Year	V28 Model Blend
2023	V28 33%
2024	V28 67%
2025	V28 100%

Transitioning from version 24 (V24) to version 28 (V28) includes significant changes to HCC codes, disease mappings, and impacts on RAF scores. Now is the time to review documentation to achieve accurate code assignments.

Since V24 was originally structured based on ICD-9-CM codes, it lacked the specificity of ICD-10-CM. Even though V24 was transitioned to ICD-10-CM, because its basis was in ICD-9-CM it could not reap the benefits of the new code set.

V28 will fully transition HCCs to ICD-10-CM, therefore, enhancing its ability to fully incorporate the specificity of the code set.

Sampling of Removed HCC Value Impact

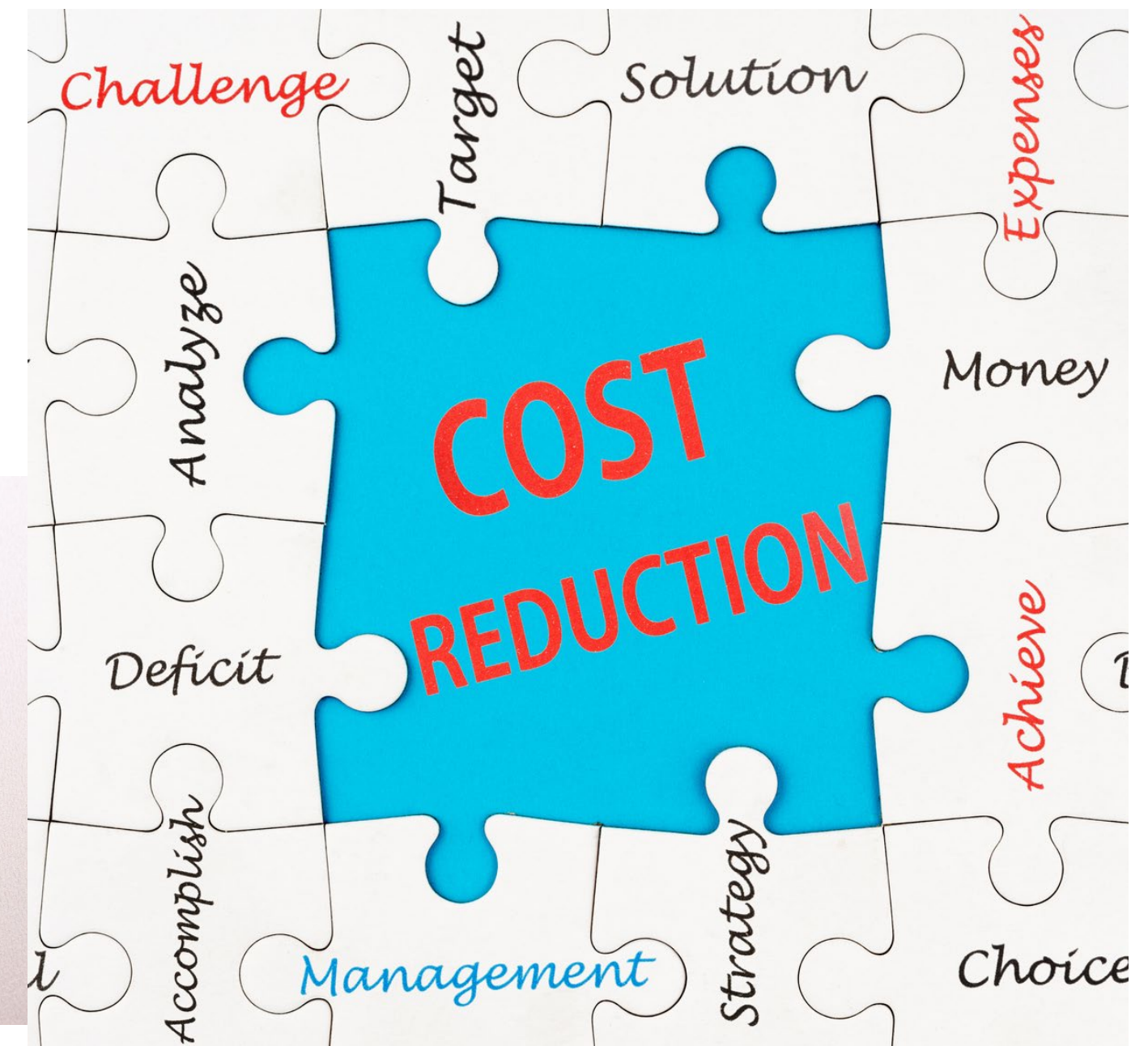
HCC115
Pneumococcal
Pneumonia,
Empyema, Lung
Abscess \$1,352.30

HCC48 Coagulation
Defects and Other
Specified
Hematological
Disorders \$1,997.24

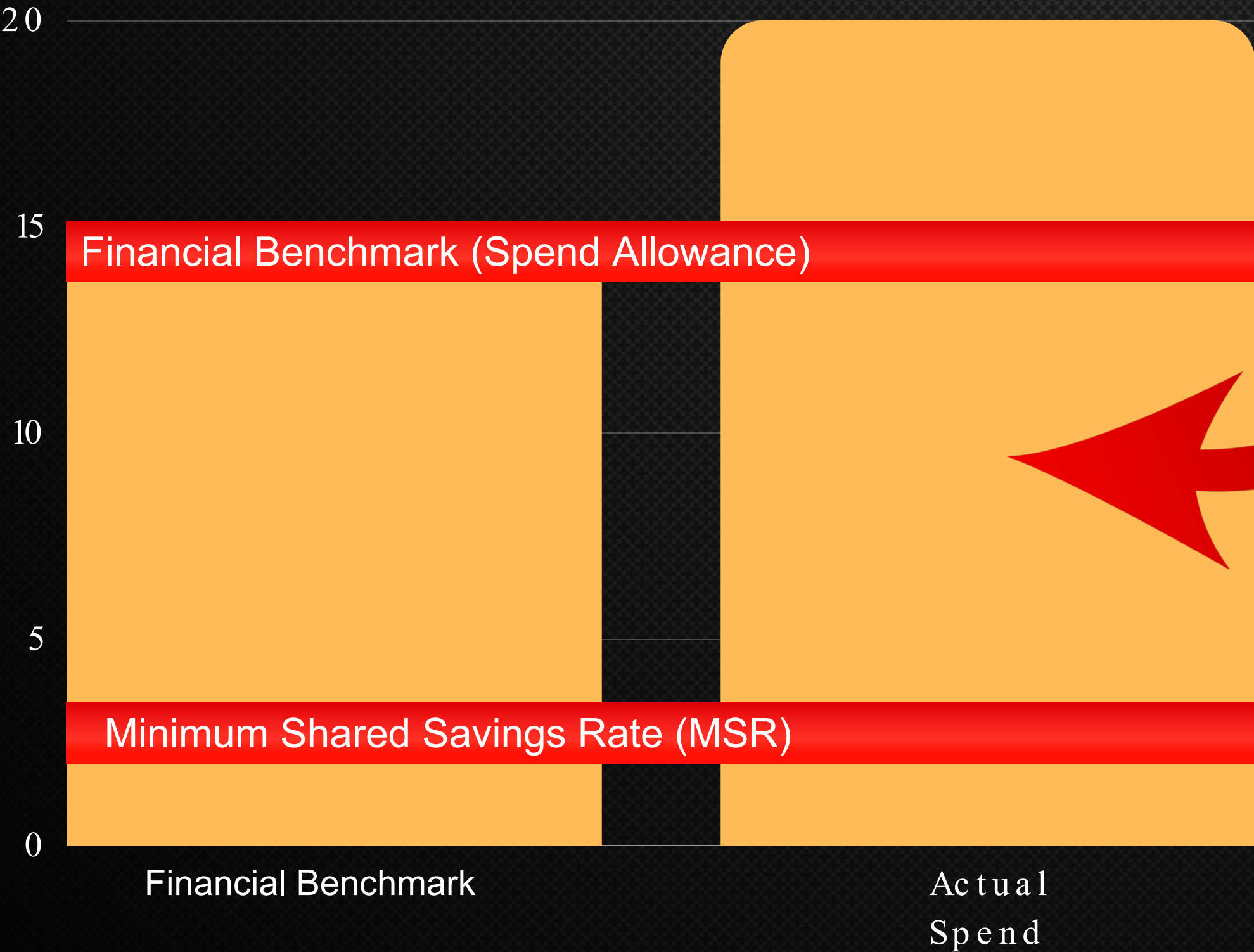
HCC112 Fibrosis of
Lung and Other
Chronic Lung
Disorders \$2,278.11

Targeted Cost Reduction

- KPI Suite Scorecards - Collegial Intervention
- Point of Care Notifications
- SNFs
- Avoidable Emergency Room Notifications



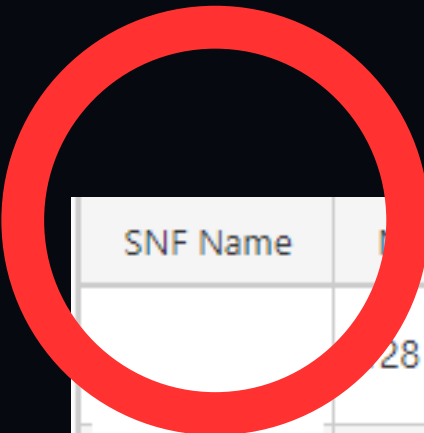
Targeted Cost Reduction



Financial Benchmark: The risk adjusted spend allocated to a patient or a population.

Minimum Savings Rate (MSR): The minimum percentage of savings an organization must achieve to earn shared savings. Example: 0% to 4%

Actual Spend: The actual inpatient and outpatient spend for a patient or population.



SNF Name	Number Of Patients	Number Of Episodes	Episode Of Care Total Spend	Average Days Stayed	PAC Cost Per Day	Readmissions	Emergency Visits	Cost Of Complications
	28	201	\$3,511,023.30	32	\$537.59	60	67	\$185,158.29
	121	160	\$2,235,195.15	27	\$499.71	39	48	\$143,276.56
	117	173	\$2,719,460.80	27	\$574.45	46	57	\$79,822.41
	109	157	\$2,412,296.10	27	\$559.31	42	51	\$94,092.78

SO YOU IDENTIFIED A SPEND PROBLEM



Discussion with SNFs and HHAs

A standard of care must be attained and maintained or patients cannot be referred to their organization. Initial and monthly discussions.

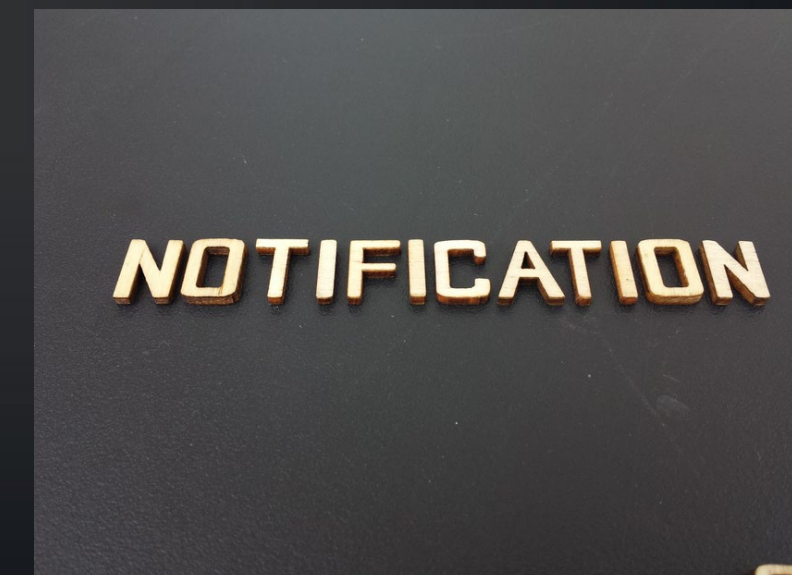


Set Benchmarks

Benchmarks to improve re-admissions, emergency visits, and overall cost of complications that are reviewed during monthly discussions. Notification process when poor care encounter occurs.

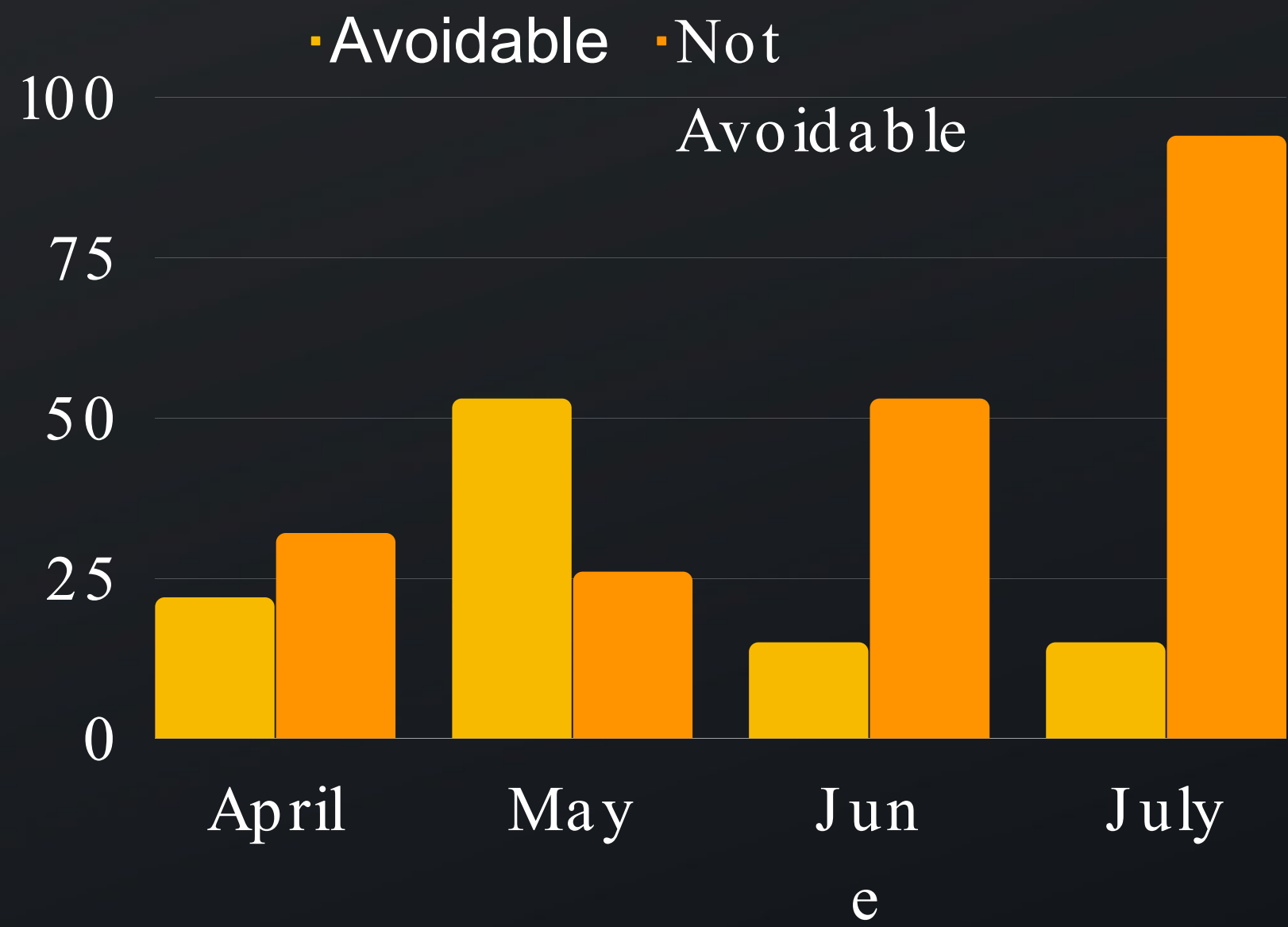
Notifications

Put in place notification process when poor care encounter occurs to immediately peer review in 1 to 3 days.



AVOIDABLE EMERGENCY VISITS

Example: Urinary Tract
Infection (UTI) encounter in
emergency room



SO YOU IDENTIFIED A SPEND PROBLEM



Discussion with Patients

Face -to-Face Discussion
with patients or brochure
mailed to patient outlining
the costs of emergency room
for non-urgent conditions
and alternative ways to see
a provider on short notice.



Notifications

Put in place notification process when
emergency visit occurs. Care Managers
should follow-up with a phone call and
future resources for the patient.

NOTIFICATION

70-85% Annual Wellness Visit Performance Rate

- HCC Diagnosis Recapture Rate
- Medication Reconciliation
- Quality Measure Completion
- Cost Reduction

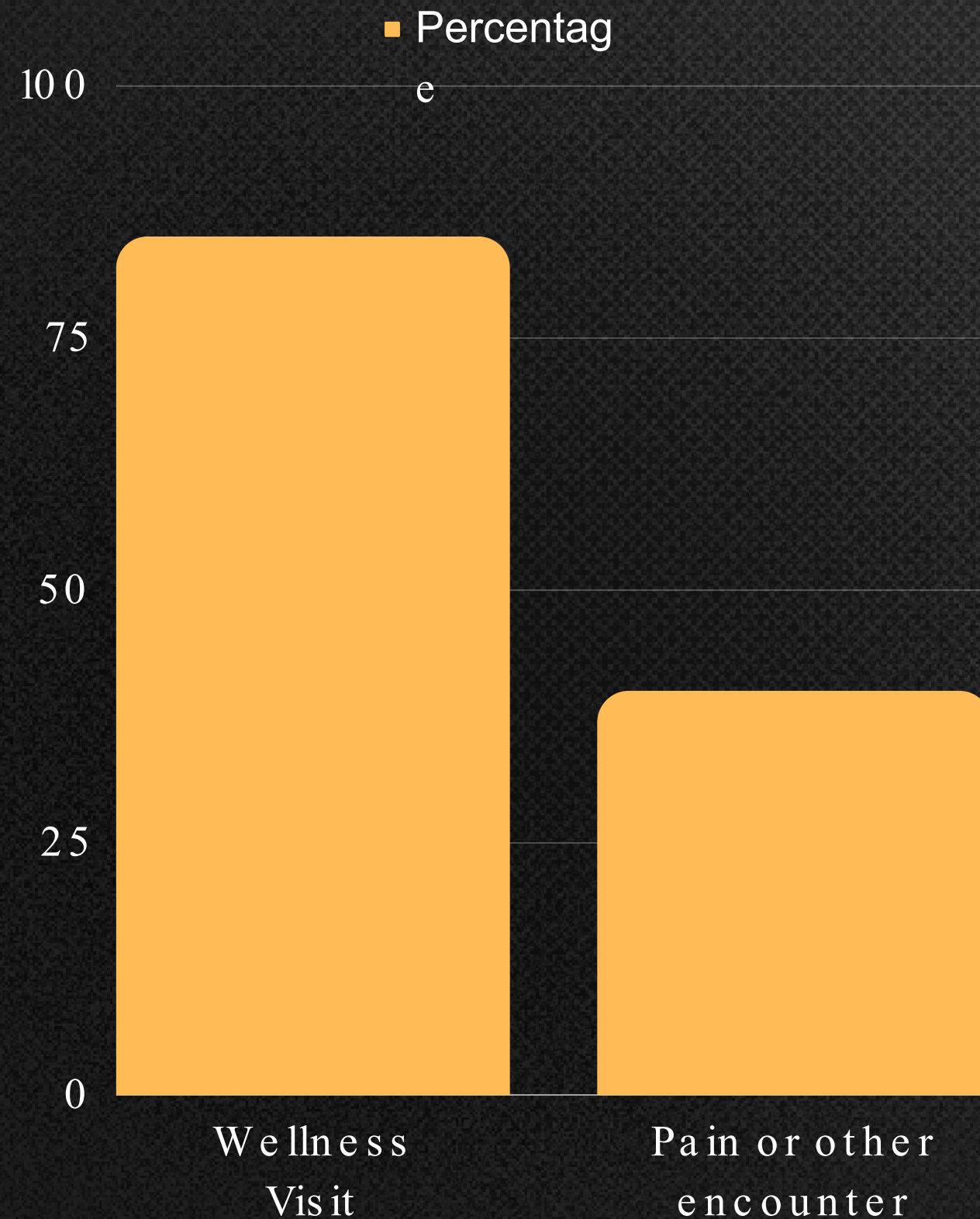


Importance of Wellness Visit



85% vs. 40%
Recapture Rate


Good revenue for provider and patient

- No copay for patient
- Ability to add Advance Directives reimbursement to AWP visit to increase the compensation on average by \$80 per encounter
- Maintain a stable risk score/financial benchmark for the patient
- Complete quality measures



Review Wellness Visit Checklists & Processes

Task	Establish Process
Measurement of individual's height, weight, BMI	
Document other providers involved in providing medical care to the individual	
Document individual's medical/family history.	
Review current diagnoses in the EHR. Use Health Endeavors' patient lookup solution to review possible missing diagnoses captured during out-of-network services. Code and document all applicable diagnoses.	
Reconcile medication and renew applicable expiring medications. Use Health Endeavors' patient lookup to review possible missing medications prescribed during out-of-network services or medications no longer being picked up by the patient.	

Task	Establish Process
Review current and past symptoms to identify other applicable diagnoses. Code and document all applicable diagnoses in the EHR	
Complete applicable quality measures such as: HbA1c, Depression Screening, Blood Pressure Screening, Tobacco Screening, etc.	
Complete Advance Care Planning using a standard script	
Conduct patient cognitive testing	
Social Determinants of Health Screening	
Complete the Activities of Daily Living (ADLs) and Home Safety Screening	
Add other applicable tasks based on patient age, gender, or diagnoses to this task list	
Establish year-round care plan for patient and schedule next follow-up visit.	

Solutions for VBC Success

Achieve KPIs



HEQuality

Medicare and HEDIS quality reporting solution including care gaps, performance scoring, and data completeness. Data sources include QRDAs, flat files, HL7 lab, and FHIR.

FHIR BOTS

EHR Notifications in pop-up or tab form and longitudinal medical record using FHIR technology. Includes care coordination tool with ADT events.

KPI Suite

Aggregate analytics including standard and customizable visuals, interactive dashboards, and on-demand reports.

VBC Marketplace

Consulting services to assist healthcare providers in optimizing value-based care incentives via contract negotiation, renegotiation, and clinic transformation.

KPI Suite Solutions



Visuals

01

Create clear, measurable and achievable goals through action, details and deadlines.

Standard and customizable

02

Analytics Dashboard

Provider KPI Scorecards

03

Risk stratification, benchmark, benchmark leakage

Configurable PDF or patient drill down. On-demand KPIs.

04

Aggregate Expenditure & Utilization

SNF & PAC Dashboards

05

Drill down or compare options.

06

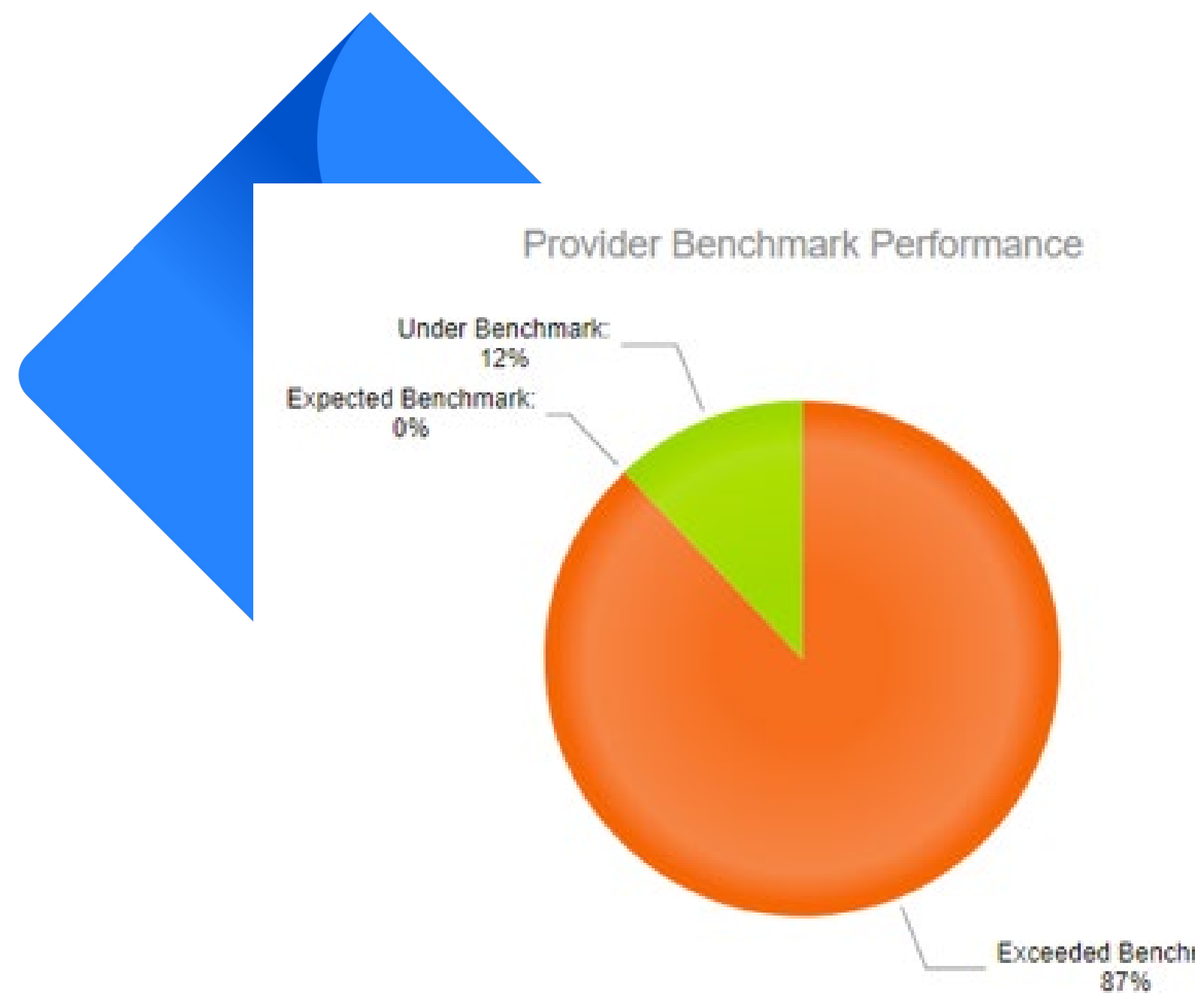
Quick Reports & Query Builder

Hierarchy





Visuals

Standard or customized visuals with drill down to patient-level details capabilities.



Analytics Dashboard

Analytics Dashboard to access key performance indicators on-demand such as costly patients, historical risk scores, diagnosis recapture rate, percent of benchmark used, annual wellness visit completion rate, acute hospital utilization performance, benchmark leakage, and more.

#No. Patients with claims	#No. Costly Patients	AHU Benchmark	2020 AVG HCC Score 	2021 AVG HCC Score	Diagnosis Recapture Rate 2020 to 2021	Change in HCC Score 2020 to 2021	2021 HCC Benchmark	Percent of Benchmark Used	AWV Completion 	QM Performa...
53	28	62.21 %	1.9	1.974	68.53 %	3.86 %	\$18,488.34	126.79 %	50.94 %	35.26 %
26	1	-48.93 %	0.758	0.708	40.00 %	-6.65 %	\$6,629.67	17.43 %	3.85 %	9.93 %
47	24	49.74 %	1.48	1.972	67.42 %	33.24 %	\$18,469.13	120.03 %	25.53 %	32 %
45	17	47.32 %	1.386	1.42	65.29 %	2.48 %	\$13,303.64	126.93 %	48.89 %	25.45 %
20	0	-78.33 %	0.801	0.58	61.11 %	-27.61 %	\$5,430.99	97.69 %	25 %	10.04 %

KPI Scorecard Indicators


KPI Score Indicators compare key performance indicators to the national average to determine high and poor performing providers and facilities.

Population Stats									
Population	Number of Patients w/Claims	Opt Out	Count of Costly Patients	HCC Benchmark YTD	Benchmark Leakage	% YTD HCC Benchmark Used	Average HCC Score	Recapture Rate	Average
Medicare	3027	9	1083	\$8,798.88	\$23,691,269.31	37.27%	0.939	31.79%	75.5

Export to Excel

Columns

+/- Click to expand column descriptions

	Population	Division	TIN Name	Subgroup Name	NPI Name	ED Visits Per 1000	ED Visit that lead to hospitalizations per 1000	Discharge per 1000	Readmissions %
	Medicare	Demo Practice Divisions	Demo Practice 5	None Assigned	BEA RAYMOND MS, LPC	75.47	18.87	75.47	0%

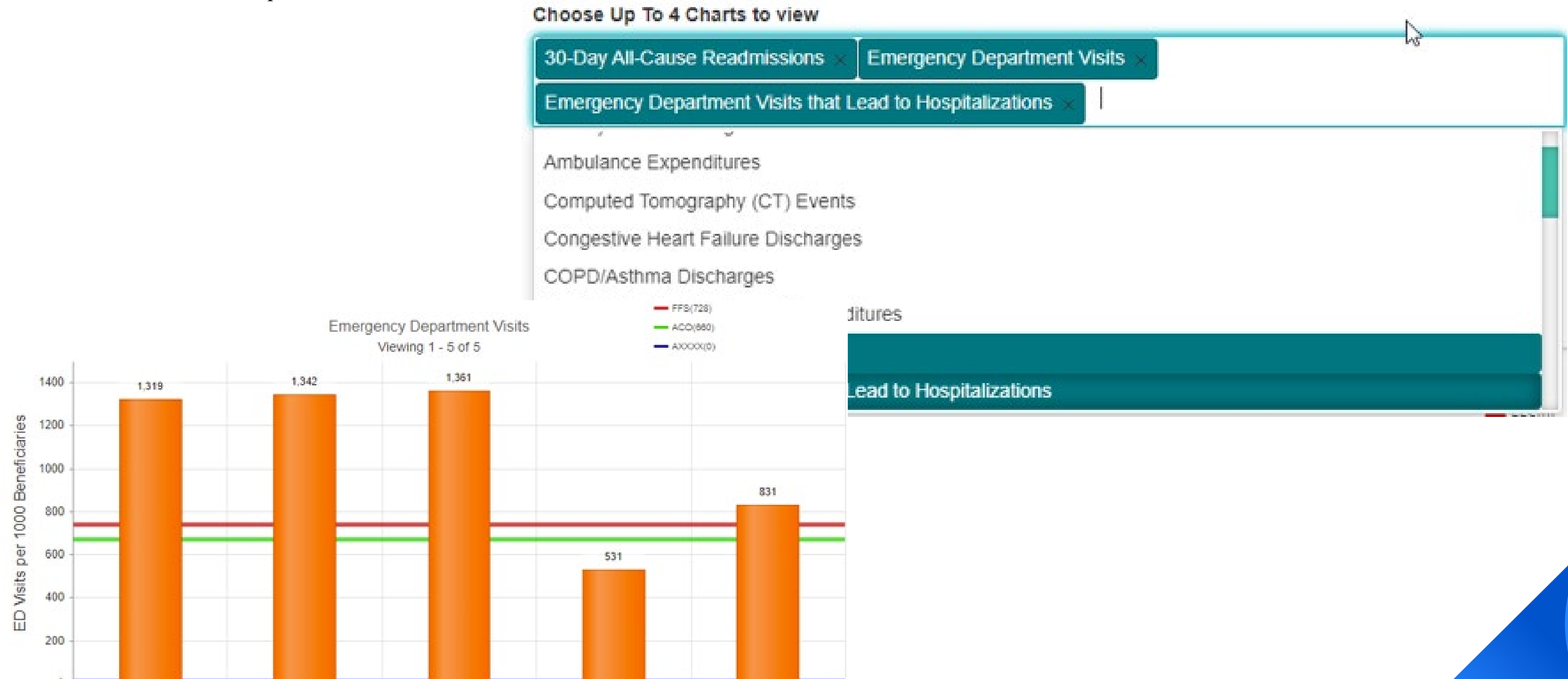
SNF/PAC Dashboards

Skilled Nursing Facility (SNF) and Post-Acute Care (PAC) Dashboards to review episodes of care for cost per day, readmissions, emergency visits, cost of complications, and more.

PAC Type	Number Of Patients)	Number Of Episodes	Episode Of Care Total Spend	Average Days Stayed	PAC Cost Per Day	Readmissions	Emergency Visits	Cost Of Complications
HHA	60	66	\$134,197.57	*	*	11	16	\$85,571.30
SNF	45	53	\$423,257.06	11	\$703.08	11	13	\$82,791.92
HHA	62	66	\$131,004.92	*	*	6	11	\$17,106.08
SNF	48	55	\$332,835.49	9	\$629.18	11	12	\$59,108.55
HHA	66	71	\$130,497.02	*	*	8	17	\$10,670.27

Aggregate Expenditure & Utilization

Aggregate Expenditure & Utilization solution to compare providers to national average or to other providers in their network using key performance indicators or drill down to patients.



Query Report Builder

Canned Quick Reports

Query Report Builder for the end user to select specific data points to generate a report, save it and run or edit in the future.
Canned Quick Reports with filters for time period, data year, patient attribution effective period, and more.

Part A	Date Type: Billing Date [DOS] ▼	Part A Claim Type: ▲
Part B Physician	Date Type: Date of Service ▼	Part B Claim Type: ▲

ICD-9 Code(s):

FROM TO Comma Delimited:

IF:

ICD-10 Code(s):

FROM TO Comma Delimited:

Version: 9 ▼

Query Builder

Admit and DC Hospital Readmission
ED Visits During SNF Admissions
Hospital Admissions
Hospital Readmission Within 30 Days
SNF 30-Day Hospital Readmissions
Home Health 30-Day Hospital Readmissions
All Cause Unplanned Admissions Diabetes (ACO-36)
All Cause Unplanned Admissions Heart Failure (ACO-37)
All Cause Unplanned Admissions Multiple Chronic Conditions (ACO-38)
All Condition Readmissions
Ambulatory Care

Quick Reports

HE Quality

Medicare _____
ACO

Medicare _____
MVP

HEDIS _____



75-90% Quality Measure Performance Rate

- Automate data: EHR QRDA or report extract
- Gaps in Care Analysis
- Performance Scoring Analysis
- EHR Data Feedback Reports
- Point of Care Notifications

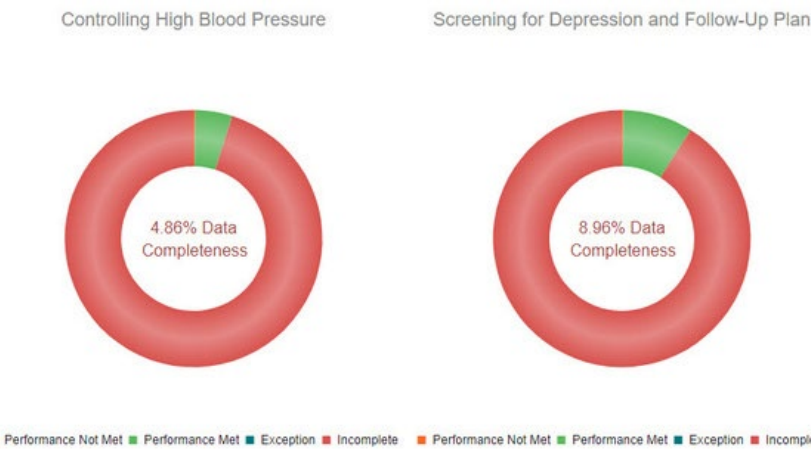


Medicare ACO



MEDICARE ACO QUALITY REPORTING	CMS WEB INTERFACE (LAST YEAR 2024)	MIPS CQM	ECQM	MEDICARE CQM (PROPOSED 2024)
Patients	Medicare attributed w/random sample file for reporting	All patients/All payers	All patients/All payers	Medicare-fee-for-service beneficiaries
Measure Answers Data Source	Claims QRDA I Flat Files Manual Key	Claims QRDA I Flat Files	QRDAs ONLY	Claims QRDA I Flat Files
Qualifying Encounter	Meets measure specs and had an encounter with an ACO professional during performance year	Meets measure specs and had an encounter with an ACO professional during performance year	Meets measure specs and had an encounter with ACO professional during performance year	Meets measure specs and had an encounter with ACO professional during performance year
Measures	10	3 MIPS CQM	3 ECQM	3 MIPS CQM
Completion Factor	248 patients in each measure	2023: 70% 2024: 75%	2023: 70% 2024: 75%	2024-2026: 75%

MIPS Value Pathways



HEDIS

Practice	CMS 90 Percentile	Total # Patients	Total # Completed/Not Qual	DM-2	HTN	MH	PREV-5	PREV-6	PREV-7	PREV-10	PREV-12	PREV-13	Care-2	Total Score
Franciscan Health Renaissance	10	10		0%	100%	0%	50%	50%	100%	0%	50%	50%	100%	Avg: 71.43%
Franciscan Physician Network	2184	2184		7.58%	96.46%	9.76%	63.41%	63%	61.78%	96.3%	74.01%	90.91%	94.79%	Avg: 67.03%
Franciscan St. Francis Health	5	5		0%	100%	0%	0%	100%	100%	0%	100%	100%	100%	Avg: 100%
Major Hospital	175	175		10.28%	100%	22.22%	91.67%	91.67%	90%	100%	62.51%	78.57%	100%	Avg: 63.69%
Major Multispecialty Associates	15	15		100%	100%	0%	100%	100%	100%	0%	100%	100%	66.67%	Avg: 64.62%
Specialty Physicians of Illinois	263	263		4.78%	96.55%	11.11%	95.45%	81.08%	78.17%	0%	75%	88%	90.57%	Avg: 67.45%
St. Francis Medical Group	218	218		8%	96.55%	33.33%	66.67%	72%	93.55%	100%	40.94%	96.88%	72%	Avg: 74.77%
Total Score				7.74%	96.8%	11.43%	83.96%	82.56%	83.67%	96.88%	72.31%	90.57%	92.36%	Avg: 66.5%
Points Earned				N: 35 D: 452 10	N: 272 D: 281 10	N: 12 D: 105 N/A	N: 246 D: 293 9.40	N: 284 D: 344 9.26	N: 246 D: 294 9.37	N: 31 D: 330 10	N: 316 D: 437 8.25	N: 317 D: 350 N/A	N: 520 D: 543 10	76.25 of 80 PT: 95.31%

Steps to ACO Quality Successful Reporting



Data Automation
drives reporting
option selection

Survey participants EHR
capabilities of QRDA vs. EHR
flat file extract.



Care Gaps

Year-round care gaps:
complete, incomplete,
performance, non-
performance.



Performance
Scoring

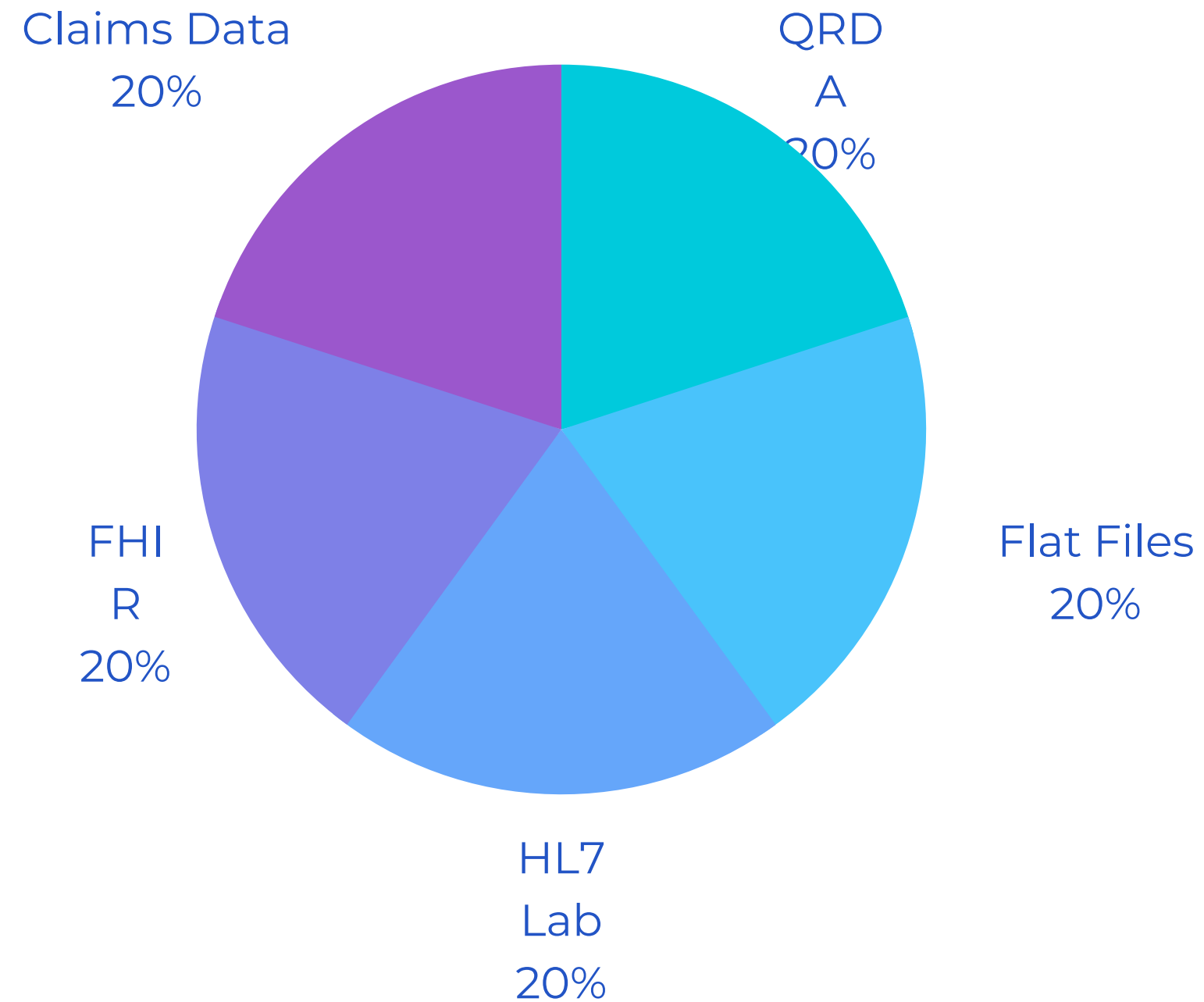
Year-round performance
scoring at facility and
provider level.



EHR Feedback
Reports

Feedback Reports

HEQuality



-  **Gaps in Care**
-  **Data Completeness**
-  **Performance Scoring**
-  **Data Imports**



Survey Participants

Capabilities

Does the facility have the ability to extract a QRDA I?

If all facilities can, then eCQM reporting.

If not all, then those that can should remit QRDA I for MIPS CQM reporting.

Does the facility have the ability to extract an EHR Measures Report?

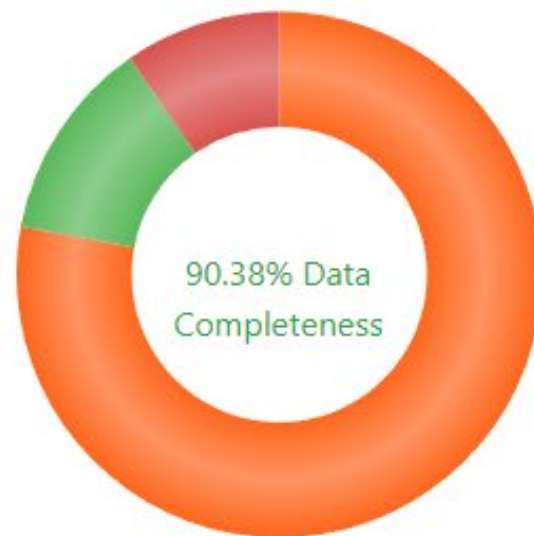
If yes, then CQM reporting.

May combine EHR measures reports and QRDA Is in MIPS CQM reporting.



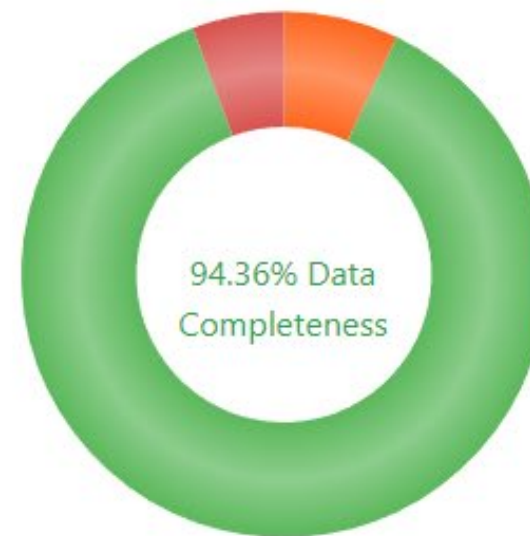
Year-Round Care Caps + Data Completeness Analysis

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)



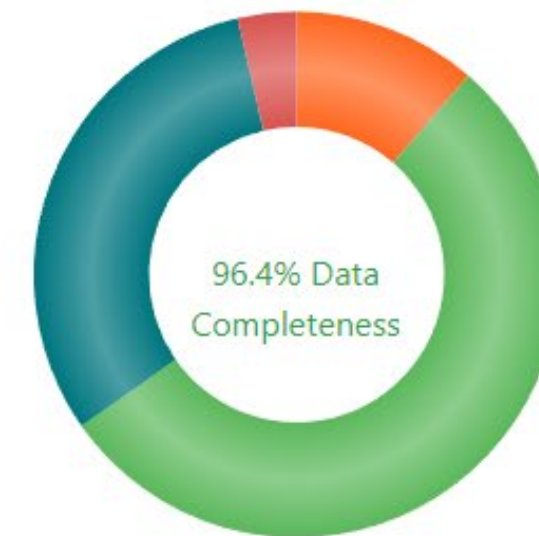
■ Performance Not Met ■ Performance Met ■ Exception ■ Incomplete

Controlling High Blood Pressure



■ Performance Not Met ■ Performance Met ■ Exception ■ Incomplete

Screening for Depression and Follow-Up Plan



■ Performance Not Met ■ Performance Met ■ Exception ■ Incomplete

Year-Round Performance Scoring

Default View

Percentage	Points/Score	Numerator/Denominator
------------	--------------	-----------------------

➕ Expand All

📄 Export Full Report

📄 Export Percentage Report

📄 Export Points Report

📄 Export NUM/DEN Report

	Practice CMS 90 Percentile Benchmarks	Total # Patients	Total # Completed/ Not Qual	DM-2	HTN	MH	PREV-5	PREV-6	PREV-7	PREV-10	PREV-12	PREV-13	Care-2	Total Score
				10.00	90.00	N/A*	90.00	90.00	90.00	90.00	90.00	N/A*	90.00	
▶ Demo Practice 1		316	301	8.33%	97.22%	0%	73.77%	87.06%	95.82%	100%	98.13%	93.46%	97.65%	Avg: 94.65%
▶ Demo Practice 2		131	123	14.29%	89.19%	0%	86.36%	93.44%	94.78%	66.67%	100%	97.22%	100%	Avg: 95.07%
▶ Demo Practice 3		99	95	8.33%	98.28%	0%	66.67%	80%	100%	100%	100%	100%	100%	Avg: 95.34%
▶ Demo Practice 4		678	636	13.75%	90.31%	0%	87.1%	93.95%	98.28%	93.55%	92.56%	92.13%	92.69%	Avg: 93.06%
▶ Demo Practice 5		82	25	20%	100%	0%	60%	86.36%	100%	100%	100%	96.88%	100%	Avg: 94.48%
▶ Demo Practice 6		210	184	23.53%	70.77%	50%	95.7%	95.56%	81.48%	72.73%	93.62%	87.5%	86.32%	Avg: 86.02%
▶ Demo Practice 7		231	219	2.5%	93.62%	0%	88.33%	97.32%	94.69%	100%	99.46%	100%	99.07%	Avg: 96.54%
▶ Demo Practice 8		1861	1720	7.66%	84.87%	10%	90.72%	91.3%	82.76%	100%	90.52%	88.42%	97.28%	Avg: 89.87%
▶ Demo Practice 9		393	384	7.04%	94.44%	0%	62.83%	82.02%	83.02%	100%	98.03%	99.29%	97.97%	Avg: 89.48%
▶ Demo Practice 10		47	46	0%	100%	0%	100%	100%	100%	100%	100%	100%	100%	Avg: 100%
▶ Demo Practice 11		138	131	5.26%	96.77%	0%	96.77%	90.79%	100%	100%	100%	99%	97.5%	Avg: 97.37%
Total Score				9.68% N: 89 D: 919 10	88.65% N: 3320 D: 3745 9.87	19.44% N: 7 D: 36 N/A	82.59% N: 1618 D: 1959 9.26	89.27% N: 3487 D: 3906 9.93	88.98% N: 5491 D: 6171 9.90	96.22% N: 331 D: 344 10	93.72% N: 5163 D: 5509 10	94.77% N: 3606 D: 3805 N/A	95.51% N: 5919 D: 6197 10	Avg: 90.99% 78.95 of 80 PT: 98.69%
Points Earned		7134	6605											

◀ ▶ 🔍


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1 - 26 of 26 items

EHR Import Report Demo Practice 2

« Back

Answers Total	DM-2	HTN-2	MH-1	PREV-5	PREV-6	PREV-7	PREV-10	PREV-12	PREV-13	Care-2	Total
N/A	390	318	1441	0	5	0	0	186	608	0	2948
Negative	0	136	0	51	104	86	2	533	127	622	1661
Positive	0	461	0	180	404	980	26	398	376	462	3287
Medical	0	0	0	0	0	164	1083	0	0	0	1247
Total	390	915	1441	231	513	1230	1111	1117	1111	1084	9143

 Export to PDF

- Complete Module: Non-Performance Answer
- Complete Module: Performance Answer
- Complete Module: Medical or other exception
- Skipped: N/A Module is skipped



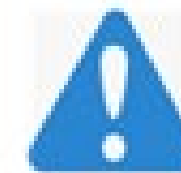
FHIR BOTS



Provider team
searches in **EHR** for
patient

MATCH to patient
occurs which
triggers the CDS
Hook

A card pops up in
the EHR workflow
using CDS Hooks



Sally Smart

DOB: 11/15/1972

AGE: 51

ICD-10 Code	Description
I495	Sick sinus syndrome
HCC96 Specified Heart Arrhythmias HCC Value \$2,454.15	

Dismiss

Take Action

Problem List

+ Care Coordination Note

Search for new problem

+ Add

DxReference

Show: ☒ Past Problems

Diagnosis	Sort Priority	Resolved
Sick sinus syndrome	Unprioritized	X
Hypertension	Unprioritized	X
Generalized anxiety disorder	Unprioritized	X

✓ Mark as Reviewed

Never Reviewed

If confirmed, the diagnosis
is added to the EHR
problem list


Types of FHIR BOT Notifications

Cost Reduction



The patient has an avoidable emergency room visit

Jane Doe went to the emergency room for an avoidable emergency room visit with dizziness at a cost of \$867.




The patient was treated by a specialist

Jane Doe was treated by specialist Jacob Anderson, MD on 2/28/2023 for Acute Pulmonary Edema.

[Acknowledge](#)

Health Equity



Sally Smart **DOB: 11/15/1972** **AGE: 51**


Social Determinants of Health

Z-Code	Description
Z5900	Homelessness unspecified

Dismiss

Take Action

HCC Coding



Sally Smart **DOB: 11/15/1972** **AGE: 51**

ICD-10 Code	Description
I495	Sick sinus syndrome
HCC96 Specified Heart Arrhythmias Benchmark Leakage \$2,454.15	

Dismiss








Take Action

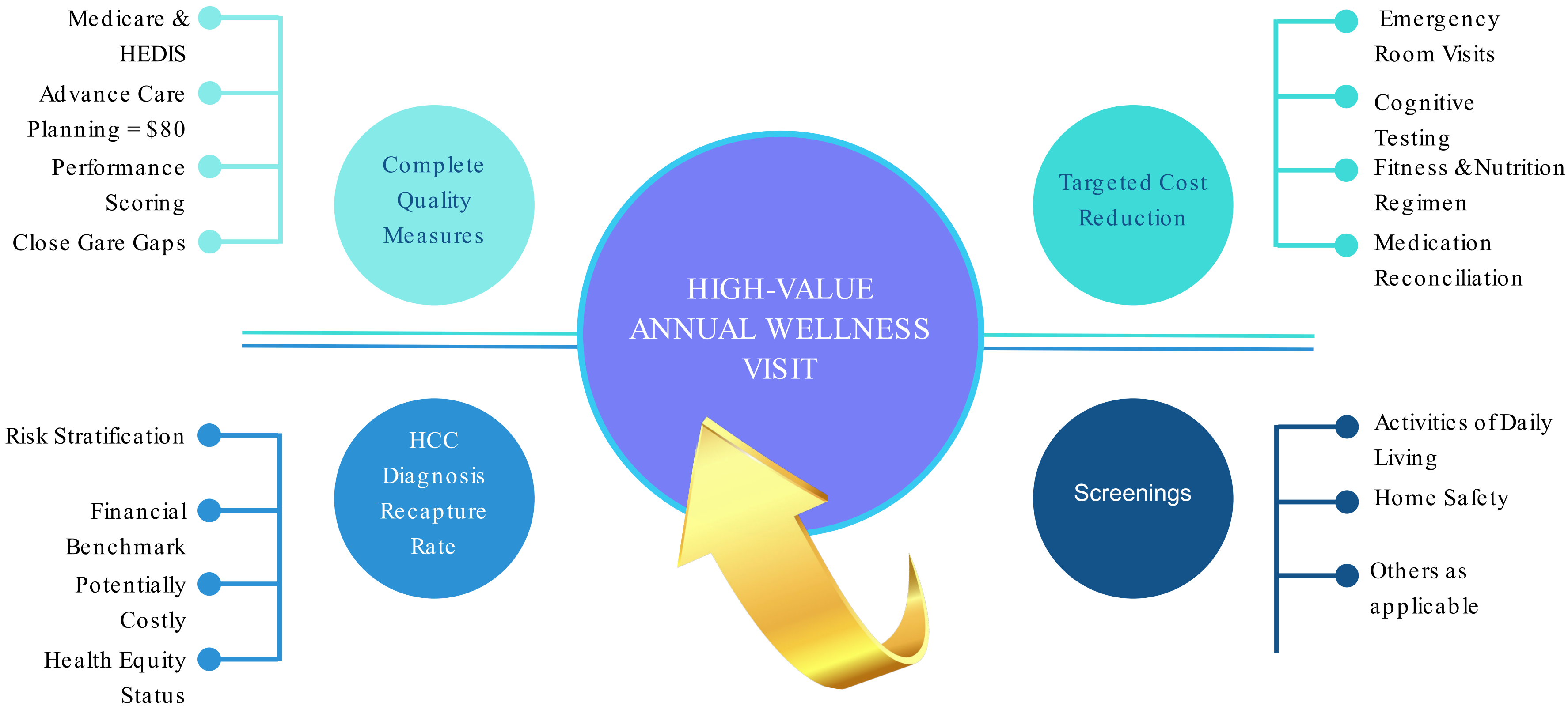
Quality

Quality Care Gaps - Not All Questions Answered		
DM-2 DM with HbA1c > 9 percent (poor control)	⊗	Action Required
HTN-2 Controlling High BP	⊗	Action Required
MH-1 Depression Remission		Not Applicable
PREV-5 Breast Cancer Screening		Not Applicable
PREV-6 Colorectal Cancer Screening		Not Applicable
PREV-7P1 Influenza Immunization		Done
PREV-7P2 Influenza Immunization (Flu Season 2023-2024)	⊗	Action Required
PREV-10 Tobacco Use: Screening and Cessation Intervention	⊗	Action Required
PREV-12 Screening for Depression and Follow-up Plan	⊗	Action Required
PREV-13 Statin Therapy		Done
Care-2 Falls: Screening for Future Fall Risk		Not Applicable
Wellness Exam	⊗	Action Required

Point of Care Gaps in Care



Quality Care Gaps  - Not All Questions Answered		
DM-2 DM with HbA1c > 9 percent (poor control)		Action Required
HTN-2 Controlling High BP		Action Required
MH-1 Depression Remission		Not Applicable
PREV-5 Breast Cancer Screening		Not Applicable
PREV-6 Colorectal Cancer Screening		Not Applicable
PREV-7P1 Influenza Immunization		Done
PREV-7P2 Influenza Immunization (Flu Season 2023-2024)		Action Required
PREV-10 Tobacco Use: Screening and Cessation Intervention		Action Required
PREV-12 Screening for Depression and Follow-up Plan		Action Required
PREV-13 Statin Therapy		Done
Care-2 Falls: Screening for Future Fall Risk		Not Applicable
Wellness Exam		Action Required



QUESTIONS?

CONTACT US

KRIS GATES

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G A T E S @ H E A L T H E N D E A V O R S . C O M