

Total Cost of Care Dashboard

Training Webinar for Advanced Medical Homes

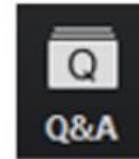
April 2024

**Closed Captioning is available
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Participants can access real-time captioning by clicking **“Show Captions”** within Zoom.

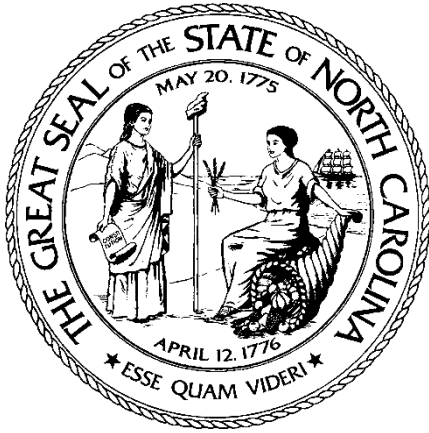
Logistics for Today's Webinar

Question during the live webinar



Technical assistance

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Background and Dashboard Overview

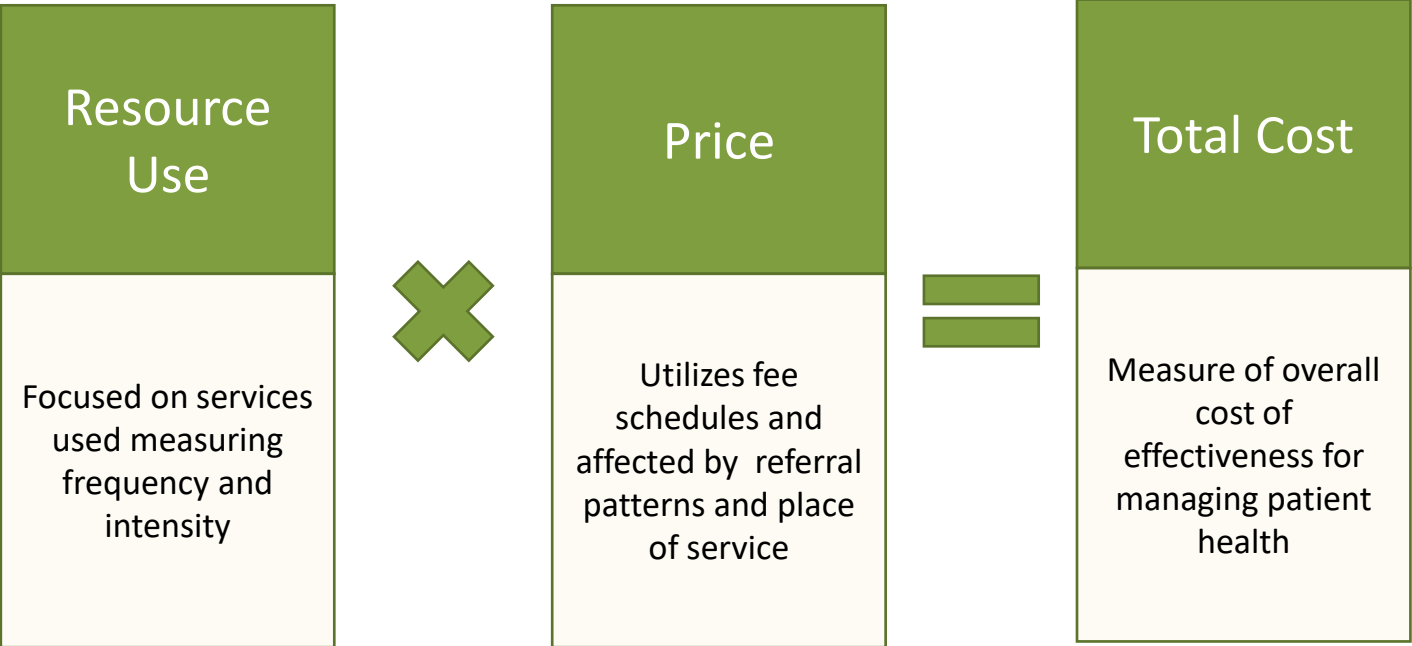
Objectives & Goals of TCOC Dashboard

- Objective
 - Support the 3 aims in NC Medicaid’s Managed Care Quality Strategy:
 - Improving care delivery
 - Fostering healthier communities
 - Promoting smarter spending
- Goals
 - Enhance providers’ understanding of their costs and resource use to help them make informed decisions when entering into Value Based Payment (VBP) arrangements with NC Medicaid Prepaid Health Plans (PHPs)
 - Help providers and PHPs understand patterns and drivers of potential overuse and/or inefficiency
 - Support good stewardship of state funds

TCOC Dashboard Overview

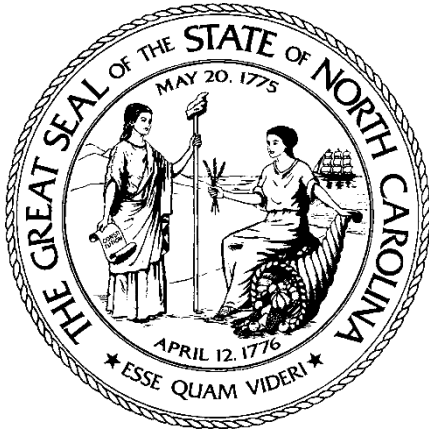
- There are 3 different versions of the dashboard:
 - NC Medicaid staff view: Launched early March
 - Prepaid Health Plan view: Launched early March
 - Advanced Medical Home (AMH) view: Launches late April
 - *AMHs are health care practices that provide primary care and care coordination services to NC Medicaid beneficiaries*
- This tool will allow entities to access and analyze data related to the total cost of care received by their assigned Medicaid members
 - While the underlying data and algorithm is the same across dashboards, each user can only view data for their own entity
- Built upon an open-source framework from HealthPartners that includes the following risk-adjusted measures:
 - Resource use
 - Total cost

HealthPartners Total Cost of Care Overview



Total Cost of Care Measures: Details

- Population-based measure, calculated as the average risk-adjusted cost for the health care of an attributed population.
 - Data presented as indices measured against a benchmark
 - Includes care delivery in multiple setting:
 - Professional, Outpatient, Inpatient, and Pharmacy
 - Includes all allowed amounts:
 - All payments made by the patient and the insurer
- Dashboard will include several different stratifications, such as age, geography, chronic condition, and more
 - AMHs can view their data for each NC Medicaid Prepaid Health Plan with whom they contract
- Please note that total cost and resource indices will be suppressed if there are fewer than 150 attributed Medicaid beneficiaries included in the calculation



Use Cases

Dashboard Insights

What can the TCOC dashboard tell us?

- Allows AMHs to see how their resource use and costs compare to their peers.
- Allows AMHs to see whether particular conditions, categories of services, or demographics are driving cost or resource use.
- Can help entities identify opportunities for quality improvement initiatives to reduce patterns of inefficiency or unnecessary healthcare utilization.
- Can help providers determine whether a VBP arrangement offered by an NC Medicaid Prepaid Health Plan is a good fit for them.

What is the TCOC dashboard NOT designed to tell us?

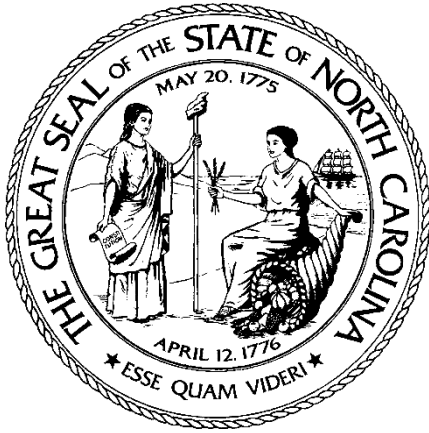
- Does not show member-level data.
- Not intended to inform care management, care delivery, or outreach to individual members. NC Medicaid and its health plans offer alternative tools and data sets to support this type of work.
- Not intended to indicate anything about quality of care.

The Department does not want to imply that lower costs are always better—but rather to encourage providers and plans to understand their own resource use and how it impacts their costs.

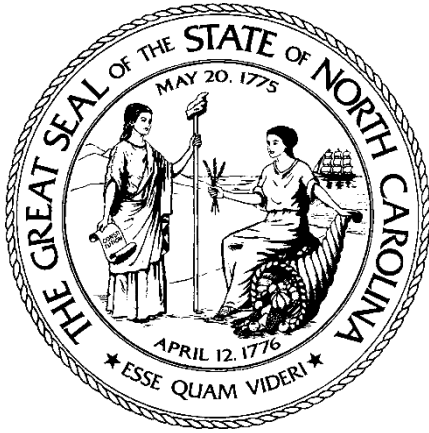
The Department will not be setting cost or utilization targets for AMHs.

How might this resource support providers in making decisions related to VBP?

- Most AMHs are not yet participating in these more advanced types of VBP arrangements, but we anticipate that this dashboard can serve as a tool as the field moves in this direction
- Example 1: Shared Savings arrangements
 - Aims to reduce spending for a defined patient population
 - Providers can keep a portion of net savings that results from their efforts—or may need to pay back a portion of extra costs incurred
- Example 2: Capitated arrangements
 - Providers are paid a set fee per person on their patient panel
 - If they spend less, they end up with a net gain; if they spend more, they end up with a net loss
 - Many providers have expressed an interest in this type of arrangement due to increased flexibility



Dashboard Demonstration



Outreach and Communications

Providing Access to the TCOC Dashboard

- Each AMH identifies 2 Dashboard Administrators that are directly permissioned by the Department's vendor, Health Services Advisory Group (HSAG)
 - These Administrators will be permissioned to see their entities' data in the dashboard and will manage permissions for up to 2 additional dashboard users within their entity
- NC Medicaid initiated the collection of AMH Dashboard Administrator information in December 2023 by reaching out to individual AMHs based on contact information available in NCTracks
 - If an AMH would like to set up access to the dashboard and has not been contacted, please have them reach out to Medicaid.Evaluation@dhhs.nc.gov
 - Clinically Integrated Network partners may set up access the dashboard on behalf of their AMHs by reaching out to Medicaid.Evaluation@dhhs.nc.gov
 - In early May 2024, HSAG will contact identified Dashboard Administrators with detailed instructions on setting up dashboard access



QUESTIONS?