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Incorporating Non-Traditional Data into
Your Workflow for Expanded Decision
Making Processes

NAMPI 2019

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Why are we all here? Lets keep things in perspective.

- We aren't here just to 'improve program integrity.' Often the context of the programs we serve and the good work that comes of it is lost... and we CANNOT forget that.
- It's important that we get it right!
 - There are real doctors that spent a lot of time and money to get where they are; and they did it because they thought they could help
 - There are real people that need real care
 - We have to make it better for all involved, while still doing our jobs
- Remember...
 - We are people and we care
 - We are patients
 - Some of us are providers

The House Family



Protecting Members, Helping Providers, Protecting Taxpayers

Problems	Initiatives	Challenges
Patient Matching	<ul style="list-style-type: none">• EMPI/MCI	<ul style="list-style-type: none">• Simple rules, data standardization issues
Better Patient Outcomes	<ul style="list-style-type: none">• SDOH	<ul style="list-style-type: none">• Aggregate Population Views
Fraud, Waste, Abuse	<ul style="list-style-type: none">• Provider Screening• Identity Authentication• Dual Participation• Eligibility Determination• Claims Analysis	<ul style="list-style-type: none">• Limited understanding of providers, patients, and connections



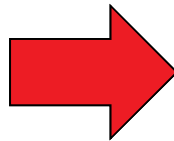
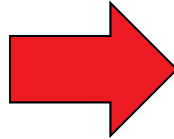
Will Throwing Data and Analytics at My Problems Help Solve Them?



Analytics are awesome



... but they need fuel



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Utilize
Non-Traditional Data
 To
Better Solve
 Problems




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Patient Matching

From Simple Matching


Name: John Allen Smith
SSN: XXX-XX-6789
Add: 123 Main St

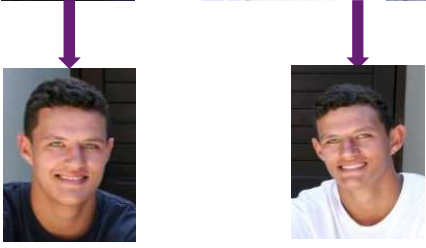


Name: John Smith Allen
SSN: XXX-XX-9876
Add: 123 Main St




Name: J. Smith Allen
SSN: XXX-XX-9876
Add: 567 Church St.






Name: John Allen Smith
SSN: XXX-XX-6789
Add: 123 Main St




Name: John Smith Allen
SSN: XXX-XX-9876
Add: 123 Main St




To Referential Data Matching


Name: John Allen Smith
SSN: XXX-XX-6789
Add: 123 Main St

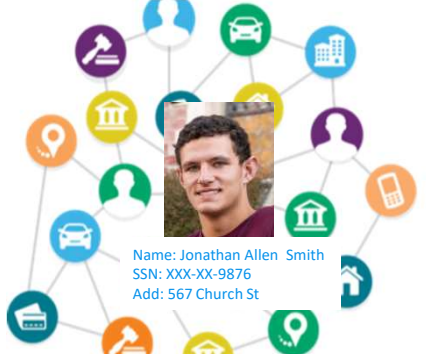


Name: John Smith Allen
SSN: XXX-XX-9876
Add: 123 Main St




Name: J. Smith Allen
SSN: XXX-XX-9876
Add: 567 Church St.






Name: Jonathan Allen Smith
SSN: XXX-XX-9876
Add: 567 Church St




Better Outcomes


“Whole Patient Understanding”

Looking at a Patient...



also as a Person





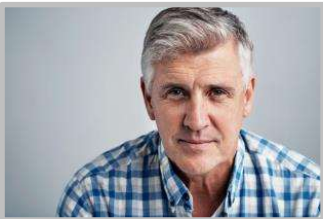
A story about Larry and Bill:

What analytics based on claims and enrollment data tells us about each



LARRY

- 67 years old
- Rural residence
- Recently enrolled
- Pre-diabetic and has COPD



BILL

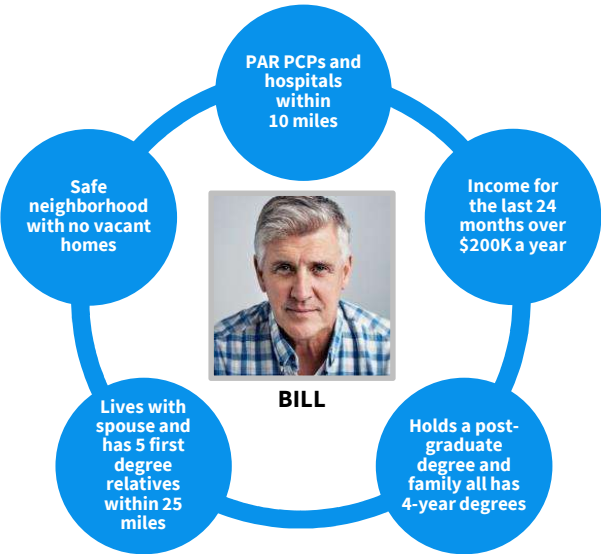
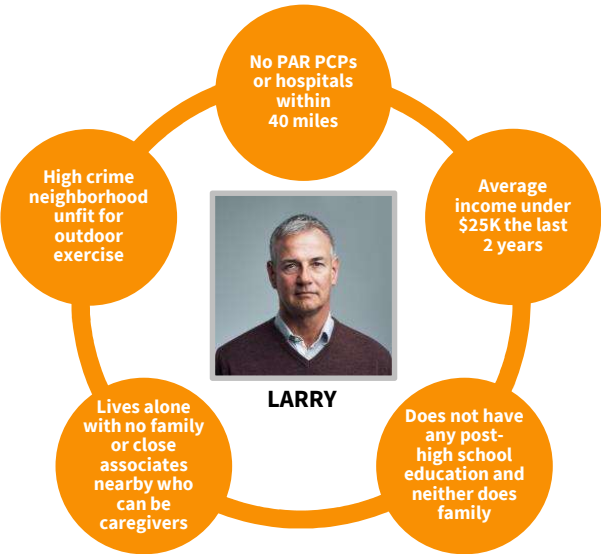
- 67 years old
- Rural residence
- Recently enrolled
- Pre-diabetic and has COPD

Age, location and health risk are similar—leading to the same intervention program



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Adding SDOH can potentially paint a very different picture



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Dual Program Participation

Dual participation is a challenge plaguing all Health and Human Services (HHS) programs throughout the United States

Dual participation occurs within and across state lines.

Dual participation is as much of an intrastate issue as it is an interstate issue. Following dynamic and changing identities is hard



Medicaid beneficiary at \$5,790 annually

Dual participation is not a regional issue. States may experience levels of dual participation as high or higher with states in distant geographic regions



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Existing Proof Impact Assessment

Potential Dual Participation Savings Identified

Interstate and Intrastate Identity Collisions by Program

Program	Collision Count	Avg. Annual Beneficiary Cost	Annual Dual Participation Savings Potential
Medicaid	11,932	\$5,790	\$69,086,280
TANF	64	\$3,000	\$192,000
WIC	14	\$520	\$7,280

Cross-Program Intelligence Impact to Medicaid Cost Savings

Medicaid Participants Who Collided with Out of State , Non-Medicaid HHS Program

State Program Description	Collision Count	Avg. Annual Beneficiary Cost	Annual Dual Participation Savings Potential
Medium-Sized, Eastern	55	\$5,790	\$318,450
Small-Sized, Western	43		\$248,970
Medium-Sized, Central	158		\$914,820

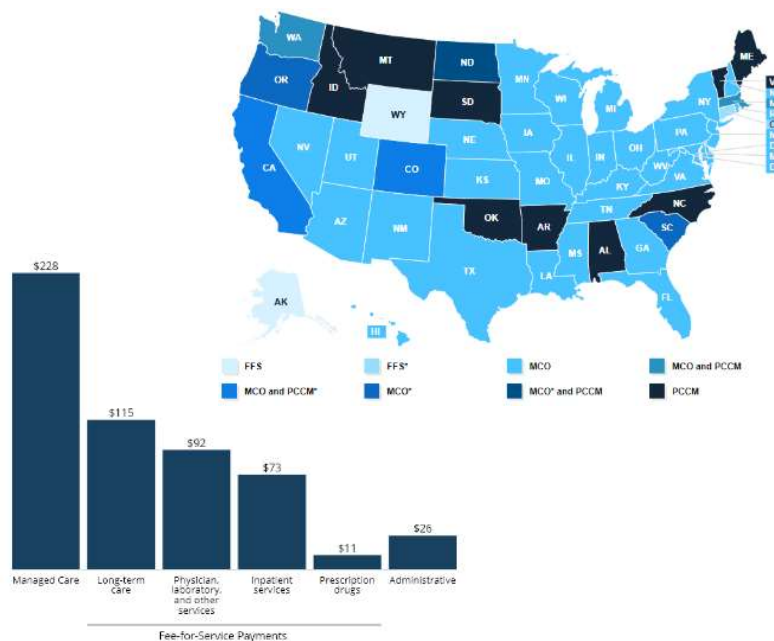


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Customer Benefits to Using Program Participation Analyzer

- **Medicaid capitation payments**
 - Approximately \$1,200-\$6,000/yr. per patient paid to MCO
- **FFS payments**
 - Wrong state paying benefits



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Customer Benefits to Using Program Participation Analyzer

- **Improved constituent experience**
 - Individuals applying for benefits receive services that quickly and accurately authenticate their identity for efficient delivery of benefits.
- **Eligibility assessment costs**
 - Identification of duplicate program participation early in a workflow not only saves benefit costs, but also eligibility assessment costs.
- **Staff efficiencies**
 - Facilitate efficient state-to-state coordination and remediation process
- **Medical Identity Theft**
 - Improper payments for services rendered (or not) on fraudulent identity
 - Patient safety



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Identifying and Preventing Fraud Waste and Abuse

Issues Identified

- Services not performed or rendered
- Up-coding
- Stolen credentials
- Kickback Schemes

By Way of

- Medical Necessity
- Utilization
- Peer Comparisons
- Policy Violations

Claims Data



There is a lot to know beyond just what the claim tells you



Providers

360 degree view

- Individuals
- Typical/Atypical
- Professional View
- Person View
- Facilities



Should they be Participating in my Program?

Are they Licensed? Incarcerated? Deceased? Stolen/Fictitious Identity?

What is their Motivation?

Do they have identity risk factors?

Where do they practice, and with whom are they affiliated?

Is there a history of fraud with this Location? Business? Provider?



Members

Identity Risk Assessment

Are they who they say they are?

Are there eligibility risk factors?



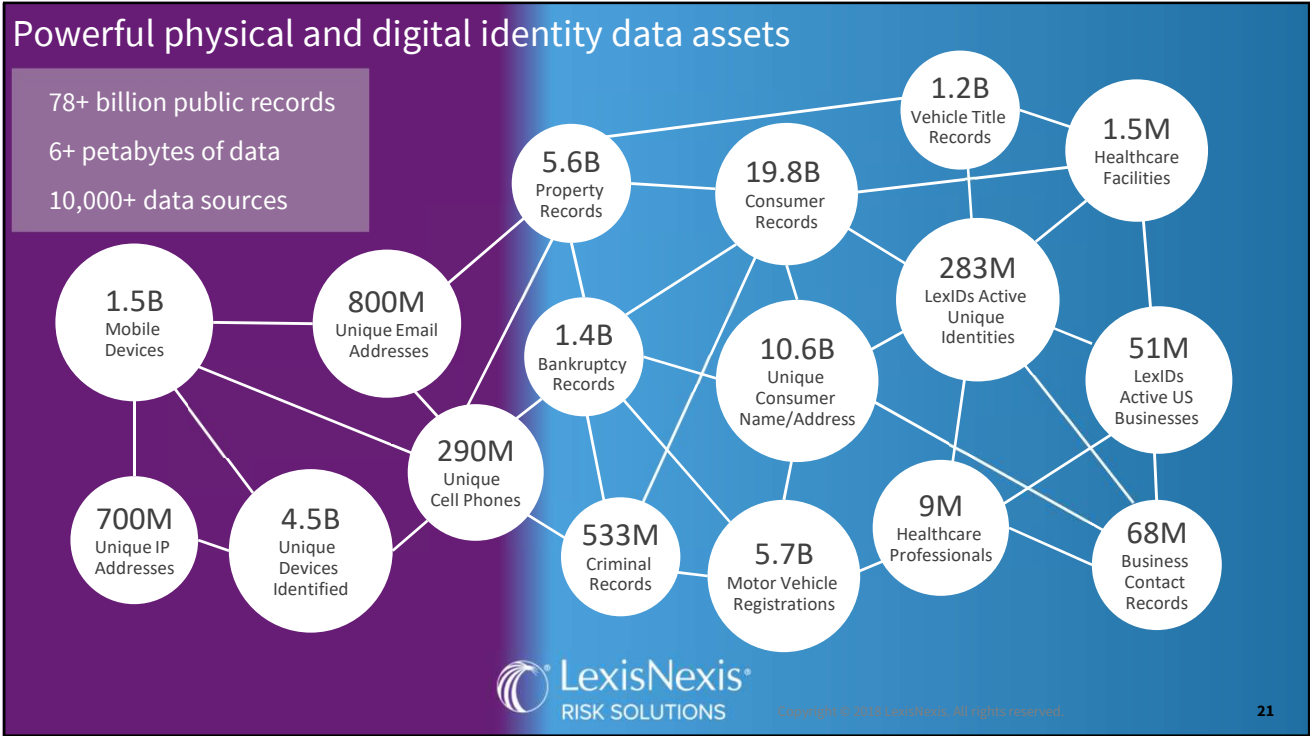
Initial Review



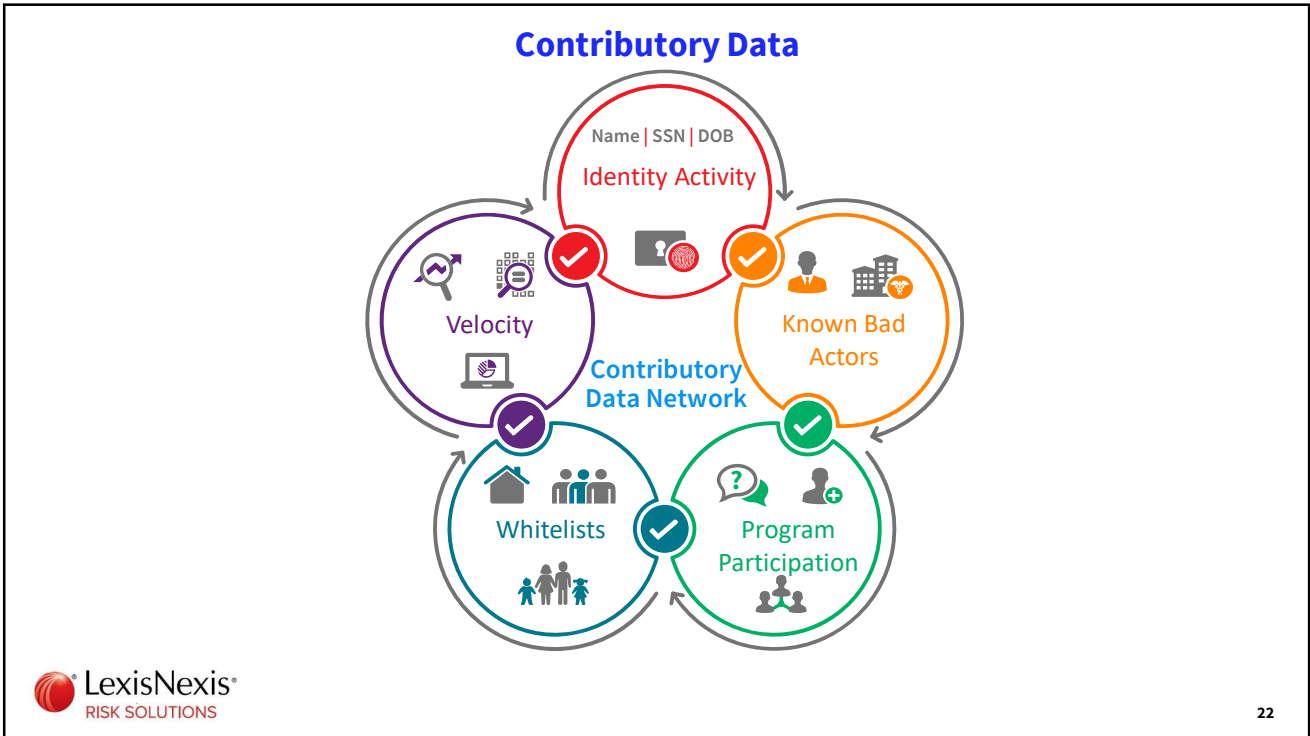
Ongoing Monitoring

The Non-Obvious Relationships that May Exist






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Advanced Analytics




➤ Creating an accurate view of an individual or business

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Deliver
Mission
Critical
Identity
Insights


- Socioeconomic Attributes
- Payment Protection
- Identity Risk Assessment
- Benefit Assessment-Eligibility
- Provider Integrity Scan
- Program Participation Analyzer


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Problems	Initiatives	Challenges	Data-Driven Approaches
Patient Matching	<ul style="list-style-type: none">• EMPI/MCI	<ul style="list-style-type: none">• Simple rules, data standardization issues	<ul style="list-style-type: none">• Referential Matching Using Outside Data
Better Patient Outcomes	<ul style="list-style-type: none">• SDOH	<ul style="list-style-type: none">• Aggregate Population Views	<ul style="list-style-type: none">• Patient/Person Specific View
Fraud, Waste, Abuse	<ul style="list-style-type: none">• Provider Screening• Identity Authentication• Dual Participation• Eligibility Determination• Claims Analysis	<ul style="list-style-type: none">• Limited understanding of providers, patients, and connections	<ul style="list-style-type: none">• Comprehensive View of Providers, Patients, and Relationships

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Any questions?

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