

# MANAGE RISK AND DECREASE COSTS IN VALUE BASED CARE TRACKING AND REPORTING

Healthcare organizations enrich sparse patient-provider population attribution files with trusted EMPI data to assist EHRs in managing population health and value-based care data.

Increasingly healthcare providers have transitioned from volume-based to value-based care. Some of the largest payers, including Medicare, Medicaid and commercial are driving this paradigm shift through:



Incentives for High Quality Care at Low Cost



Penalties for Missing Quality and Cost Goals



Provider Ownership of Financial Risk/Reward

## THE CHALLENGE WITH ATTRIBUTION AND ROSTER FILES

Value-based payment programs periodically deliver patient membership files that include attributions to participating providers. The providers are accountable to the assigned population's quality of care and must report cost, quality, volume, and patient compliance metrics for full reimbursement for services provided from public and private payers.

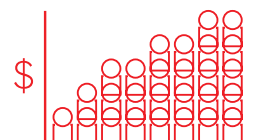
The Payer files must be matched against current patients in the EMR. Any new patients that are not currently known, must be registered. To do this, an efficient and accurate matching process is required that can overcome the challenges with sparse demographic provided on the roster file.

Modern EMRs can track population attribution once defined, but EMR-provided "roster matching engines" fall short. Most are unable to match against large files in bulk or apply deterministic matching requiring exact match for five (or more) attributes. These engines often miss many matches, resulting in new duplicate EMR registrations.

When attributing patients to providers, the primary provider ID is often is the National Provider Identifier (NPI) which may not be consistently available in the EMR or quality reporting systems. If the attributed provider is not found while matching, patient attribution in the EMR will fail.

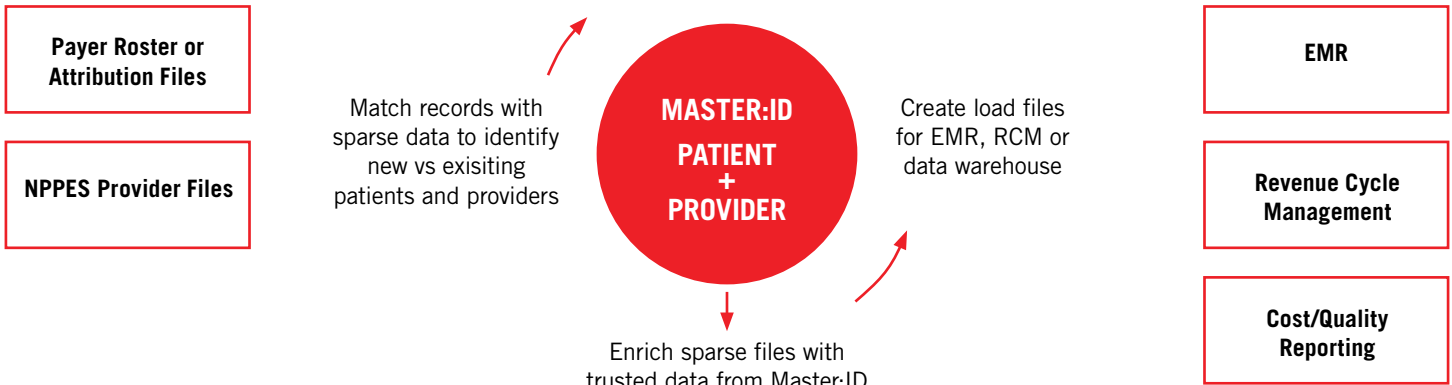
### Issues with roster matching compound quickly to impact data quality, costs and patient care.

1. Monthly updates can increase duplicates by more than 15%
2. Effort and cost to fix misattribution can compound rapidly
3. Errors impacts patient care, quality reporting and reimbursement



## HOW IMT HELPS CUSTOMERS SOLVE THESE CHALLENGES

IMT Professional Services applied expert knowledge of matching and duplicate prevention to develop processes that help healthcare organizations improve matching against external attribution and roster files using the trusted data healthcare organizations already have in their patient and provider registries.



## CUSTOMER CASE STUDY 1: LARGE US ACADEMIC HEALTH SYSTEM

This health system maintains at-risk contracts with multiple insurance providers and participates in the regional ACO. Each month insurance providers send the regional ACOs list of patients that are attributed to the health system. Initial matching results using the EPIC's roster matching service were not very successful, generating over 50,000 duplicates over a four-month period.

EPIC suggested enriching data via a third-party external reference data service, at a cost of over \$100,000, not including fees for ongoing updates. The health information management team did not want to use external services due to doubts regarding the timeliness or accuracy of the external data. They knew the data in the EMPI was the most trusted and did not want to overlay out of date information into EPIC.

Instead, IMT developed a process that leverages trusted data in the health system's EMPI to enrich the roster files with known demographics to increase the match rate in EPIC and prevent duplicate creation. This process saves the organization over \$100,000 per year in manual remediation effort and helped to avoid costly external reference data subscription services.

Prevented  
**33,000**  
new duplicates in EPIC,  
saving over  
**\$120,00**  
in remediation costs for  
first time roster load.

## CUSTOMER CASE STUDY 2: US CLINICAL INTEGRATED NETWORK

This Clinically Integrated Network (CIN) provides high quality and cost-efficient care to patients enrolled in accountable care programs. Patient rosters provided by the payer organizations are first matched against the known patient population in the EMPI with probabilistic matching. The process creates two output files: patients that are registered in EPIC, and patients who are not registered in EPIC. Unregistered patients are automatically registered from the EMPI generated list, including key demographics from the payer roster + EMPI enriched IDs.

This automated matching and registration process replaces a cumbersome manual process and results in more accurate and timely population health analytics in their data lake used to compare cost and quality metrics across multiple payers.

# CUSTOMER CASE STUDY 3:

## ENRICHING PROVIDER DATA WITH NPPES

The National Plan & Provider Enumeration System (NPPES) directory published by the Centers for Medicare and Medicaid Services (CMS) is the authoritative source of NPI across the US. This health system was challenged with maintaining correct NPIs for the 31,000 providers licensed to practice across the state. They needed an efficient way to match against just those providers licensed in their state and avoid loading the entire list of providers into their Provider Registry.

IMT developed a process to efficiently match the subset of provider records relevant to their geographic location. NPPES records that match an existing record in the Provider Registry are updated from the NPPES source file. Those that do not match are added to the Provider Registry as new providers.

This process ensures that the Provider Registry is always up to date, but omits providers that are not licensed in their state. The improved quality of provider information will increase the attribution rate in the EMR between patients and providers and improve billing accuracy with CMS and other payers.



### BENEFITS ACHIEVED:

- Match success rates improved with limited manual processing
- Duplicate creation and remediation minimized
- Increased accuracy in EMRs and CAQH reporting and billing

### ADVANTAGES OVER THIRD PARTY ENRICHMENT SERVICES:

- No costly subscriptions for ongoing processing
- Your data is the best data, curated by your organization and policies

**To Learn more about how IMT Professional Services can help solve your unique data matching challenges, please contact [sales@imt.ca](mailto:sales@imt.ca)**



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