About the Alliance

• 501(c)(3) non-profit research foundation

• Mission: To support research and education on the value home health care can offer to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America.

• www.ahhqi.org
Sally Rodriguez  
Director, Avalere Health

Sally provides analytic and strategic support to our clients in the post-acute and long-term care sectors by using data analysis and policy expertise to help them navigate the healthcare market. Sally uses a variety of Medicare and Medicaid data sources to conduct original analyses that shed light on key issues in post-acute and long-term care.

Prior to joining Avalere, Sally worked as an Analyst for the Government Accountability Office (GAO). Prior to GAO, she fielded and analyzed HEDIS CAHPS surveys for the Center for the Study of Services, and worked for a Washington, DC-based policy consultant.

Sally has a BS in Health Promotion Disease Prevention Studies from the University of Southern California and a MPH with a concentration in Policy from George Washington University.
Today’s Speakers

**Stephen Scott**  
Senior Associate, Avalere Health

Stephen provides research, analytic and strategic support to clients in the post-acute and long-term healthcare sectors. Stephen’s work is primarily focused on the skilled nursing industry, CMS’s bundled payment demonstration and improvements in care transitions.

Prior to joining Avalere, Stephen served as a Research Assistant at the University of North Carolina’s Gillings School of Public Health and as an Administrative Intern for Brigham and Women’s Faulkner Hospital.

Stephen holds a BA in Economics from the University of North Carolina at Chapel Hill.
Today’s Webinar

• During the presentation submit questions to “Teresa Lee” at the Fuze Chat Box.
• Slides will be posted on the “Webinars” portion of the Alliance website. We are also recording the webinar for playback on the website.
Managing Risk: What’s New with Bundled Payments and are YOU ready?

April 9, 2015
www.Avalere.com
About Avalere Health

Reach and Influence
- Extensive Fortune 500 client roster
- Sought-after by national and trade outlets for our independent voice and analysis
- Featured speaker at national industry conferences and webinars

Informing the Discussion

KAISER HEALTH NEWS
January 14, 2015
Health-Law Test To Cut Readmissions Lacks Early Results

The Washington Post
November 28, 2013
Large discrepancies found in Medicare spending on post-hospital care

McKnight’s
October 24, 2014
Bulk of Medicaid to be managed care in two years: Avalere

Customer Overview
- Presently 250+ employees
- Singly focused on healthcare
- Privately held, majority employee owned
- Founded in March 2000
Today’s Agenda

• What’s New with Bundled Payments
• Requirements for Success In BPCI and Other Risk-Based Models
What is Bundling?

BUNDLING IS A SINGLE PAYMENT FOR AN ARRAY OF SERVICES

- Bundles are currently used in Medicare to reimburse a single provider for services rendered.
  - For example, CMS makes a single payment to hospitals for the care provided based on the inpatient MS-DRG.

- Policy makers and payers are now exploring bundled payments that cross provider silos and include a variety of services from different providers.
  - For example hospital and physician services or all services post hospital discharge (for a specified amount of time).

* Hospital outpatient services, Part B drugs, durable medical equipment (DME), clinical laboratory services and independent outpatient therapy services.
Bundled Payment Gains Policy Momentum During 2014

President’s Budget FY14, FY15 & FY16

Bundling and Coordinating Post-Acute Care Act of 2014 (BACPAC)

2014 Hospitals Improvement for Payment Act
NEARLY HALF OF ALL FEE-FOR-SERVICE PAYMENTS WILL BE MADE UNDER ALTERNATIVE PAYMENT MODELS BY 2018

**Momentum Continuing in 2015:** HHS has Announced Goals to Shift Payments from Volume to Value

**FFS Tied to Quality:** At least a portion of payments vary based on the quality or efficiency of health care delivery (e.g. Hospital VBP, Physician Value-Based Modifier)

**Alternative Payment Models:** Some or all payment linked to effective management of a population or episode of care (e.g. ACOs, medical homes, bundled payment)
States and Commercial Payers Continue to Develop Bundled Payment Partnerships with Providers

STATES

Arkansas
2011: Arkansas Medicaid and two commercial payers (Arkansas BCBS and QualChoice) collaborated to implement the “Arkansas Health Care Payment Improvement Initiative”.

Maryland
2014: Maryland commits to shift virtually all of its hospital revenue over a five year performance period into global payment models, incentivizing hospitals to work in partnership with other providers to prevent unnecessary hospitalizations and readmissions.

PAYERS

Blue Cross Blue Shield
In New Jersey, Horizon Blue Cross Blue Shield is administering hundreds of bundled payment contracts per year, covering pregnancies and deliveries, joint replacements and breast cancer.
Self-Insured Employers Are Also Expanding Bundled Payment Partnerships with Providers

LARGE EMPLOYERS

- **BOEING**
  - Started: 2012
  - Members: 83,000
  - Procedure(s): Cardiac
  - Patient Cost: Limited or none

- **Walmart**
  - Started: 2013
  - Members: 1.1 million
  - Procedure(s): Cardiac
  - Patient Cost: None

- **LOWE'S**
  - Started: 2010
  - Members: 200,000
  - Procedure(s): Cardiac, expanding to spinal
  - Patient Cost: None

**Cleveland Clinic**

Cleveland Clinic’s Program for Advanced Medical Care (PAMC) works with self-insured companies to develop innovative solutions that provide their employees with high-quality healthcare while also managing costs. Programs like PAMC between employers and leading specialty hospitals help keep costs down through bundled pricing and better outcomes while giving employees greater access to the best possible care.
### CMMI Bundled Payment Models Overview: New Participants Added in 2014

<table>
<thead>
<tr>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Episode</strong></td>
<td>All acute patients, all DRGs</td>
<td>Selected DRGs + post-acute period</td>
<td>Post-acute only for selected DRGs</td>
</tr>
<tr>
<td><strong>Services included in the bundle</strong></td>
<td>All Part-A DRG-based payments</td>
<td>All Part A and B services (hospital inpatient, hospital readmissions, physician, LTACH, IRF, SNF, HHA, hospital outpatient, independent outpatient therapy, labs, DME, part B drugs)</td>
<td>All Part A and B services (hospital readmissions, physician, LTACH, IRF, SNF, HHA, hospital outpatient, independent outpatient therapy, labs, DME, part B drugs)</td>
</tr>
<tr>
<td><strong>Payment</strong></td>
<td>Retrospective</td>
<td>Retrospective</td>
<td>Retrospective</td>
</tr>
<tr>
<td><strong>Episode Duration</strong></td>
<td>Inpatient stay only</td>
<td>Inpatient hospital stay, plus 30, 60, or 90 days</td>
<td>30, 60, or 90 days beginning with post-acute admission</td>
</tr>
<tr>
<td><strong>Discount Amount</strong></td>
<td>Up to 1 percent</td>
<td>2-3 percent*</td>
<td>3 percent</td>
</tr>
<tr>
<td><strong>Episode Initiators in Phase 1 only (data sharing)</strong></td>
<td>0 facilities/providers</td>
<td>2,050 facilities/providers</td>
<td>4,285 facilities/providers</td>
</tr>
<tr>
<td><strong>Episode Initiators in Phase 2 (risk bearing)</strong></td>
<td>12 facilities/providers</td>
<td>142 facilities/providers</td>
<td>81 facilities/providers</td>
</tr>
</tbody>
</table>

*3 percent discount for 30 and 60 day episodes, 2 percent discount for a 90 day episode.

* Updated January 2015. Includes some duplicates who have applied under multiple conveners.

DME: Durable Medical Equipment; CMS: Centers for Medicare and Medicaid Services.
**BPCI: What Happens Next? CMS Has Not Announced Plans for Another Round of Participants**

**PROVIDERS MUST GO LIVE WITH AT LEAST ONE EPISODE BY JULY 1**

- **Aug 2011**: BPCI Round 1 RFA
- **Oct 2012**: Round 1 Awardees selected
- **June 2012**: Round 1 Applications Due
- **Oct 2013**: Initial end of Round 1, Phase I
- **Jan 2014**: Select participants entered Phase II with option to add more episodes later
- **July 2013**: Participants may move episodes to Phase II
- **July 2014**: Participants must move at least one episode to Phase II to remain in program
- **Jan 2015/ April 2015**: Participants may move additional episodes to Phase II; Phase I ends
- **October 2015**: Participants must move at least one episode to Phase II to remain in program
- **April 2014**: CMS announces provisional acceptances of Round 2 and delay of baseline data and target pricing worksheets; Phase I extended through October 2015
- **July 2015**: CMS announces provisional acceptances of Round 2 and delay of baseline data and target pricing worksheets; Phase I extended through October 2015
- **Nov 2014**: BPCI Round 2 RFA; Round 1 applications that did not enter Phase II re-opened
- **Jun 2015**: Round 2 Applications Due

**Round 1**  **Round 2**  **Round 1&2**

BPCI Model 2: Number of Episode Initiators by State (Phases 1 and 2)

Over 2,000 Episode Initiators Participating in BPCI Model 2
BPCI Model 3: Number of Episode Initiators by State (Phases 1 and 2)

Over 4,000 Episode Initiators Participating in BPCI Model 3
Recent Movement In/Out of BPCI Phase 2 Suggests Model 2 Gaining More Momentum than Model 3

27 Model 3 Episode Initiators dropped out of BPCI Phase 2 since October 2014; all were home health agencies

<table>
<thead>
<tr>
<th>BPCI Model</th>
<th>August 2014</th>
<th>Number of EIs Dropped</th>
<th>Number of EIs Added</th>
<th>January 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>15</td>
<td>-3</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Model 2</td>
<td>112</td>
<td>-12</td>
<td>+42</td>
<td>142</td>
</tr>
<tr>
<td>Model 3</td>
<td>106</td>
<td>-27</td>
<td>+2</td>
<td>81</td>
</tr>
<tr>
<td>Model 4</td>
<td>10</td>
<td>-1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>243</td>
<td>-43</td>
<td>44</td>
<td>244</td>
</tr>
</tbody>
</table>
How Much of the Post-Acute Care Industry Participating in BPCI?

PAC PROVIDER FACILITIES MAKE UP 57% OF ALL FACILITIES PARTICIPATING IN BPCI

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Total # of Facilities</th>
<th># in BPCI</th>
<th>% in BPCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF</td>
<td>15,163</td>
<td>3,178</td>
<td>21%</td>
</tr>
<tr>
<td>IRF</td>
<td>1,161</td>
<td>112</td>
<td>10%</td>
</tr>
<tr>
<td>LTCH</td>
<td>432</td>
<td>34</td>
<td>8%</td>
</tr>
<tr>
<td>HHA</td>
<td>12,613</td>
<td>274</td>
<td>2%</td>
</tr>
</tbody>
</table>

Total # of BPCI Participants: 6,637

PAC Providers In BPCI, By Provider Type

* Non-PAC providers defined as STACHs and PGPs

HHAs Should Look for Opportunity in BPCI Conditions Commonly Chosen by Model 2 Hospitals and Physicians

In Phase 2, Model 2 hospitals are most commonly selecting CMS HRRP* conditions. Model 3 HHAs have selected fewer orthopedic conditions.

Top Five Conditions Selected by Model 2 Participants Phase 2 (Risk-Bearing Phase)**

1. Major joint replacement of the lower extremity
2. Congestive heart failure
3. Chronic obstructive pulmonary disease, bronchitis, asthma
4. Hip & femur procedures except major joint
5. Simple pneumonia and respiratory infections

Top Five Conditions Selected by Model 3 HHAs in Phase 2 (Risk-Bearing Phase)

1. Congestive heart failure
2. Simple pneumonia and respiratory infections
3. Chronic obstructive pulmonary disease bronchitis asthma
4. Coronary artery bypass graft
5. Diabetes

---

2 *HRRP: Hospital Readmissions Reduction Program
** Includes only participants who have moved at least one episode into Phase 2 as of January 2015
## HHAs Play Strategic Roles, Have Significant Opportunities Within BPCI

<table>
<thead>
<tr>
<th>BPCI Model</th>
<th>Financial Risk</th>
<th>HHA Role</th>
<th>Opportunities</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 2</strong></td>
<td>Risk Bearing</td>
<td>HHA bearing risk on behalf of hospital or physician episode initiator</td>
<td>More financial upside (volume and BPCI savings)</td>
<td>More downside risk</td>
</tr>
<tr>
<td></td>
<td>Non-Risk Bearing</td>
<td>HHA enters into gainsharing agreement with hospital or physician episode initiator</td>
<td>Positioning in preferred hospital/physician referral network</td>
<td>Higher-acuity patients</td>
</tr>
<tr>
<td><strong>Model 3</strong></td>
<td>Risk Bearing</td>
<td>HHA initiates and bears financial risk for BPCI episodes</td>
<td>Experience managing a bundle as a risk-bearing entity</td>
<td>Less opportunity for savings</td>
</tr>
<tr>
<td></td>
<td>Non-Risk Bearing</td>
<td>HHA enters into gainsharing agreement with PAC (e.g. SNF) episode initiator</td>
<td>Positioning with SNF referral partners</td>
<td>Less control over PAC episode</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Opportunity to share in savings</td>
<td></td>
</tr>
</tbody>
</table>
Today’s Agenda

• What’s New with Bundled Payments

• Requirements for Success In BPCI and Other Risk-Based Models
Increasing Need to Understand Episode-Level Metrics
Episode-Level Metrics Enable Executives To Make Informed, Data-Driven Decisions

Generally, the data illustrates an abundance of opportunities exist within PAC and markets to improve performance.

- Secure positions in bundled payment programs and other risk models
- Make strategic decisions about entering into episodic financing models
- Negotiate better contracts with MA plans
- Target patient populations to manage
- Demonstrate understanding of episodic care in value-based payment programs
Avalere’s Episode Performance Solutions

SOLUTIONS FOR THOSE IN AND OUT OF THE BPCI PROGRAM

For BPCI Participants
- Bundled Payment Performance Navigator
  - Derived from BPCI Participant DATA

For non-Participants
- Vantage CPS Bundled Payment Calculator
  - Derived from Medicare FFS Standard Analytic File

- Track quarterly financial performance for all facilities or providers initiating episodes under BPCI
- Identify which conditions your participating providers are underperforming on
- Report BPCI results to stakeholders
- Identify trends and inefficiencies in BPCI episodes
- Create a specific, performance-driven dialogue with downstream providers that are high cost or low performing on readmissions
- Compare the performance of every hospital and PAC provider in your markets
- Drill down on episode-based metrics within 30, 60, and 90 day time-frames for any of 48 conditions, and 2 additional episodes groupings
- Communicate your value as a strategic partner in managing episode costs and outcomes
- Understand how you can control downstream episode costs
Data Disorganization to Performance Dashboards

Raw Medicare Files By Claim Type

① Programmed to Create Beneficiary Level Episodes

② Performance Dashboard

Visualize
Evaluate
Report
# One Use Case: Evaluating Participation in BPCI

Providers Not Currently Participating In Bundling Still Need To Engage And Evaluate Their Utilization, Performance And Opportunities For Improvement

<table>
<thead>
<tr>
<th>Participation</th>
<th>Organizations that are not participating in BPCI may still participate through gain sharing or preferred provider relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis</td>
<td>Understanding current performance and utilization is key to preparing for future value-based purchasing and ACO and bundled payment opportunities and partnerships</td>
</tr>
<tr>
<td>Care Redesign</td>
<td>Organizations can redesign care to improve outcomes to position themselves for bundling and preferred partnerships</td>
</tr>
<tr>
<td>Risk</td>
<td>The current models provide a framework for risk sharing that can serve as a foundation for evaluating different risk sharing arrangements</td>
</tr>
</tbody>
</table>
Vantage CPS Bundled Payment Calculator

Distribution of Episode Payments

Care Setting: SNF
Avg. Payment: $3,956.34
% of Total: 20.62%

Return to Acute
HHA
SNF
Home
IRF
LTACH
Initiator
Other IP
Vantage CPS Bundled Payment Calculator: Key Elements

- Medicare payment and performance data for each provider included in episode
- Episode initiators: hospital or post-acute care providers
- Episode length: 30, 60, or 90 days
- Conditions: 48 conditions (and the option to select all 48 BPCI Conditions)
HHA Initiator Case Study: Evaluating Participation

1. In this case, the HHA is performing relatively well in terms of overall episode cost and readmission rates
2. The HHA may decide that taking risk for these major joint episodes is a smart move, since they are already below benchmarks
3. Alternatively, the HHA may look at more data and determine that they perform better in other condition-based episodes

Let’s drill down in the data to find out more...
Hospital Initiator Case Study

// Illustrative //

<table>
<thead>
<tr>
<th>Major joint replacement of the lower extremity</th>
<th>Facility</th>
<th>Market Area</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of episodes</td>
<td>NR</td>
<td>4,646</td>
<td>10,417</td>
</tr>
<tr>
<td>Percent of episodes with a rehospitalization</td>
<td>16%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Percent of rehospitalizations for the same condition as the initial hospitalization</td>
<td>0%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Percent of rehospitalizations that returned to a different hospital</td>
<td>27%</td>
<td>29%</td>
<td>25%</td>
</tr>
<tr>
<td>Length of stay at initiator</td>
<td>5.02</td>
<td>3.29</td>
<td>3.26</td>
</tr>
<tr>
<td>Average episode payment</td>
<td>$28,888.49</td>
<td>$19,348.01</td>
<td>$19,315.75</td>
</tr>
<tr>
<td>Average payment for episode with a rehospitalization</td>
<td>$44,564.62</td>
<td>$36,140.23</td>
<td>$36,237.97</td>
</tr>
<tr>
<td>Average payment for episode without a rehospitalization</td>
<td>$25,269.84</td>
<td>$17,671.17</td>
<td>$17,470.93</td>
</tr>
<tr>
<td>Average payment for initiating index stay</td>
<td>$16,945.15</td>
<td>$11,914.75</td>
<td>$11,851.96</td>
</tr>
</tbody>
</table>

1. There were more than 4,600 90-day major joint episodes in the Atlanta metro area
2. Atlanta Medical Center has a very high episode readmission rate compared to the market and state benchmarks, despite a longer length of stay in the hospital
3. Accordingly, the average episode payment for episodes beginning at Atlanta Medical Center is quite high relative to the benchmarks
4. The high readmission rates and episode costs could indicate inefficiencies in the use of post-acute care services during these episodes

Let’s drill down in the data to find out more…
1. The average SNF and HHA payments as part of 90-day major joint episodes beginning at Atlanta Medical Center are higher than the market and state benchmarks – HHA just slightly, SNF is extremely high

2. Rehospitalization payments were slightly higher than benchmarks, which could indicate more highly acute patients returning to the hospital
1. Atlanta Medical Center sends twice as many patients to SNFs compared to the market average, and much fewer patients to home, with or without home health.

2. Atlanta Medical Center aggressively utilizes PAC for these patients, but relies heavily on SNFs rather than HHAs – has not lead to significant efficiency gains.
Hospital Initiator Case Study: Picking Partners

Atlanta Medical Center should consider a HHA partnership in order to improve the overall efficiency of 90-day joint replacement episodes.

1. Atlanta Medical Center sends major joint patients to 4 HHAs in the market

2. All of the rehospitalizations that occurred while beneficiaries were under the care of an HHA came from one of the HHAs; they may not be a great referral partner.
Bundled Payment Calculator: Potential Outcomes

HOSPITAL A DISCHARGE → CARE REDESIGN PLAN → EPISODE REFERRAL

Evaluate Major Joint Episodic Performance:

<table>
<thead>
<tr>
<th>Episode Volume</th>
<th>LOS (Days)</th>
<th>Re-hosp Rate</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRF A</td>
<td>1.5%</td>
<td>21</td>
<td>18.4%</td>
</tr>
<tr>
<td>SNF A</td>
<td>15.8%</td>
<td>37</td>
<td>25.1%</td>
</tr>
<tr>
<td>SNF B</td>
<td>22.1%</td>
<td>45</td>
<td>24.2%</td>
</tr>
<tr>
<td>HHA A</td>
<td>8%</td>
<td>32</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

- HHA can find out whether Hospital A is participating in BPCI, and for what conditions
- Hospital A appears to be bearing risk for major joint replacement episodes

HHA A

- Strong joint rehab programming in place; this HHA may receive some patients previously sent to SNFs and IRFs
- Care transitions program in place to ensure continuity
- Maintain lower than average joint readmission rates
- More HHA utilization will lower episode cost
Avalere’s Episode Performance Solutions

SOLUTIONS FOR THOSE IN AND OUT OF THE BPCI PROGRAM

For BPCI Participants
- Bundled Payment Performance Navigator
  - Derived from BPCI Participant DATA

For non-Participants
- Vantage CPS Bundled Payment Calculator
  - Derived from Medicare FFS Standard Analytic File

<table>
<thead>
<tr>
<th>Features</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track quarterly financial performance for all facilities or providers initiating episodes under BPCI</td>
<td></td>
</tr>
<tr>
<td>Identify which conditions your participating providers are underperforming on</td>
<td></td>
</tr>
<tr>
<td>Report BPCI results to stakeholders</td>
<td></td>
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<tr>
<td>Identify trends and inefficiencies in BPCI episodes</td>
<td></td>
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<tr>
<td>Create a specific, performance-driven dialogue with downstream providers that are high cost or low performing on readmissions</td>
<td></td>
</tr>
<tr>
<td>Compare the performance of every hospital and PAC provider in your markets</td>
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<tr>
<td>Drill down on episode-based metrics within 30, 60, and 90 day time-frames for any of 48 conditions, and 2 additional episodes groupings</td>
<td></td>
</tr>
<tr>
<td>Communicate your value as a strategic partner in managing episode costs and outcomes</td>
<td></td>
</tr>
<tr>
<td>Understand how you can control downstream episode costs</td>
<td></td>
</tr>
</tbody>
</table>
The Benefits of Avalere’s BPN

OUR DECISION SUPPORT TOOL MAKES IT EASY TO:

**Visualize**
View your BPCI performance in customizable dashboards derived from raw CMS claims data

**Evaluate**
Analyze your results using filters, drill downs and ad-hoc queries to find opportunities at the facility, condition and individual episode level

**Report**
Drive decision making with internal and external stakeholders

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Access to Avalere Experts
Bundled Payment Performance Navigator (BPN)

YOUR PROGRAM PLATFORM

Avalere’s Bundled Payment Performance Navigator (BPN) *empowers* program success by transforming raw CMS data files into *actionable* information on performance.

<table>
<thead>
<tr>
<th>BUNDLED PAYMENT PERFORMANCE NAVIGATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Summary</strong></td>
</tr>
<tr>
<td>Project Financial Performance for your Episode Initiators and Conditions</td>
</tr>
<tr>
<td><strong>Volume</strong></td>
</tr>
<tr>
<td>Track Number of Episodes over Time and by Referral Source</td>
</tr>
<tr>
<td><strong>Spending &amp; Financial</strong></td>
</tr>
<tr>
<td>Analyze Distribution and Variation of Medicare Payment</td>
</tr>
<tr>
<td><strong>Readmissions</strong></td>
</tr>
<tr>
<td>Identify Drivers of Returns to Acute Settings Analyze the Distribution and Source of Readmissions</td>
</tr>
<tr>
<td><strong>Utilization &amp; Care Sequence</strong></td>
</tr>
<tr>
<td>Classify Type and Number of Care Settings Utilized Evaluate Performance of Provider Partners</td>
</tr>
</tbody>
</table>

**Custom Analytics**
Query Individual Episode Data to Develop and Visualize Powerful Ad-Hoc Analyses
BPN Enables Executives to Track NPRA Monthly

![Image of Avalere Bundled Payment Performance Navigator]

**Estimated Aggregate NPRA Amount**

<table>
<thead>
<tr>
<th>Episode</th>
<th>Episode Volume</th>
<th>Avg Target Price</th>
<th>Avg Payment</th>
<th>Target Amount</th>
<th>Aggregate Payment</th>
<th>NPRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client (HCC)</td>
<td>231,089</td>
<td>$16,748.62</td>
<td>$16,748.62</td>
<td>$16,748.62</td>
<td>$16,748.62</td>
<td>$16,748.62</td>
</tr>
</tbody>
</table>

**Relapse**

<table>
<thead>
<tr>
<th>Episode</th>
<th>Episode Volume</th>
<th>Avg Target Price</th>
<th>Avg Payment</th>
<th>Target Amount</th>
<th>Aggregate Payment</th>
<th>NPRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF 352184</td>
<td>10,630</td>
<td>$26,766.07</td>
<td>$26,766.07</td>
<td>$26,766.07</td>
<td>$26,766.07</td>
<td>$26,766.07</td>
</tr>
<tr>
<td>SNF 337950</td>
<td>16,360</td>
<td>$26,125.31</td>
<td>$26,125.31</td>
<td>$26,125.31</td>
<td>$26,125.31</td>
<td>$26,125.31</td>
</tr>
</tbody>
</table>

**Bundled Payment Performance Navigator**

- **Filters**
  - Phase
    - Phase 2
  - Risk Track
  - NPRA Episodes
  - Performance Period
  - Convenor/Episode Initiator
  - Clinical Condition/MS-DRG

- **Apply Filters**

- **Reset**

- **Save**
BPN Enables Participants to Track Episode Payments by Setting

**Total Medicare Payment (Individual Episodes)**

- Initiated Stay
- Readmission
- LTACH
- Other IP
- RRF
- SNF
- HHA
- OP Hospital
- Physician
- DME

**Legend**

- Blue: Initiating Stay
- Green: Readmission
- Light Blue: LTACH
- Light Green: Other IP
- Orange: RRF
- Yellow: SNF
- Gray: HHA
- Dark Blue: OP Hospital
- Purple: Physician
- Light Gray: DME

Support
The quick brown fox jumped over the lazy dog.
BPN Creates Robust Diagnostic Visuals to Target Readmissions Improvement
Bundling Requires New Levels of Coordination

BUNDLE HOLDERS MUST MANAGE NEW RISKS

Success Requires
- New Levels of Cooperation with Local Partners Across the Care Continuum
- Better Access to Performance Data and Analytics to Identify Opportunities
- Support to Redesign Processes

Solutions
- Avalere’s Bundled Payment Performance Navigator for BPCI Participants
- Avalere’s Vantage Care Positioning System
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Discussion & Questions

• Submit questions to “Teresa Lee” at the Fuze Chat Box.

• Presentation slides and video replay will be available at
  http://ahhqi.org/education/webinars
Thank You!