

FH[®] Episodes of Care Analytics

Risk-Adjusted Episodes of Care

As the healthcare sector explores transitioning from fee-for-service to value-based payment models, the ability to establish the costs of care and associated insurance reimbursement for bundled healthcare services—"episodes of care"—will be key. Based on your organization's member experience and utilization profile, FAIR Health can integrate cost information into a broad range of risk-adjusted episodes.

Determining appropriate payment based on the beginning-to-end treatment of a particular condition made up of multiple encounters, procedures and follow-up visits is a challenge. Cost and utilization analytics based on customized episodes of care can help your organization manage risk and better plan for healthcare costs.

As the only independent nonprofit certified and licensed by the Altarum Institute to operate its PROMETHEUS Payment[®] model, FAIR Health can help you meet important goals, including:

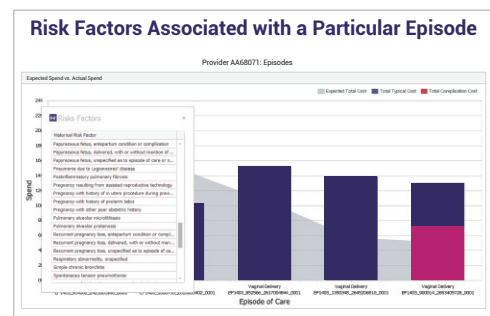
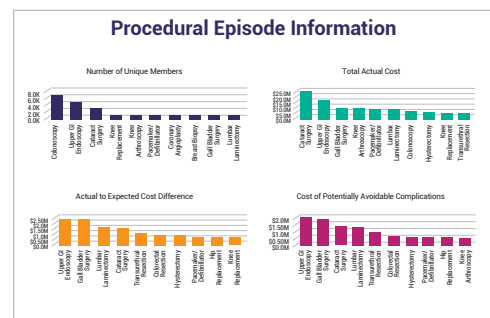
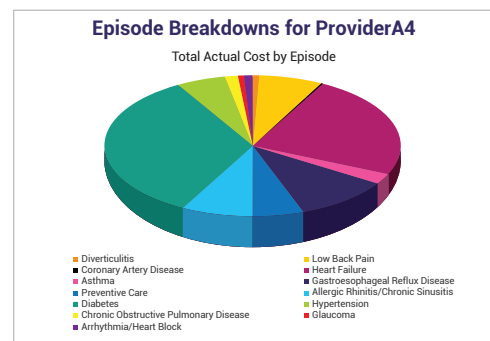
- Projecting costs based on patients' conditions, risk profiles and likely duration of care;
- Improving network quality;
- Contracting with providers;
- Monitoring and managing provider expected outcomes and risk sharing; and
- Identifying costs and occurrences of potentially avoidable complications (PACs).

Visual Tools Bring Episodes of Care to Life

FAIR Health offers reports on the entire breadth of episodes of care developed by the Altarum Institute, with additional episodes expected to be added quarterly.

FAIR Health will process three years of your organization's medical claims data, as well as pharmacy data when available, to create episodes of care. Once the data are grouped into episodic results, FAIR Health will develop a series of dashboards and analytic reports that can help your organization plan initiatives to create efficiency, improve outcomes and potentially recognize savings.

Identify costs and occurrences of potentially avoidable complications.



FAIR Health can present analytics by:

- Episode category (e.g., chronic, acute, procedural, system-related failure);
- Distinct episode (e.g., diabetes, colonoscopy, knee replacement, asthma);
- Physician and facility; and
- Member.

This analysis can help identify patterns in your organization, inform budgeting strategies and highlight areas for improvement and potential savings.

Additionally, FAIR Health can create interactive dashboards that bring your customized episodes of care analytics to life. Our FH Dashboards enable you to compare your data to an external data source, apply filters to isolate data elements, combine views to refine your analyses and more.

Tailored, Risk-Adjusted Payment Bundles

Through FH Episodes of Care Analytics, episodes, risk factors and PACs are identified to assist you in evaluating your organization's overall costs, and to help you:

- Assess provider performance based on clinical quality and unnecessary spend;
- Retool networks in accordance with providers' demonstrated performance;
- Inform negotiation strategy, comparing provider performance against expected costs;
- Educate providers about recurring PACs and improving care delivery;
- Encourage providers to engage with patients about reducing PACs;
- Enhance budgetary planning for future episode costs and analyze cost trends over time;
- Better educate patients to manage conditions; and
- Inform patients on centers of excellence.

FH Episodes of Care Analytics can illuminate your organization's experience, helping you to understand your costs and improve the care of your employees and plan members.

FAIR Health is a national nonprofit organization whose mission is to bring transparency to healthcare costs and health insurance information through comprehensive data products, consumer resources and support for health systems research, all powered by the nation's largest collection of private health insurance claims data. FAIR Health is not affiliated with any governmental agency, insurer or other organization in the healthcare sector.

Call **855-301-FAIR** or e-mail info@fairhealth.org to learn more.

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**INDEPENDENT. SECURE.
COMPREHENSIVE.**



HITRUST
CSF Certified



FAIR Health is a national independent nonprofit that holds the largest collection of private healthcare claims data in the United States, and, as a Qualified Entity certified by the Centers for Medicare & Medicaid Services (CMS), receives all Medicare Parts A, B and D claims for all 50 states and Washington, DC. FAIR Health earned HITRUST CSF Certified Status by meeting key healthcare regulations and requirements for protecting and securing sensitive private healthcare information. In recognition of its data security policies and practices, FAIR Health also received Service Organization Controls (SOC 2) certification, demonstrating compliance with the guidelines of the American Institute of Certified Public Accountants (AICPA).



FH Benchmarks **FH** Consumer **FH** Custom Analytics