



1

INEVITABLE SHIFT TO VALUE-BASED CARE

FFS

- Fragmentation
- Multiple Payor Portals
- Data Sharing Challenges
- Difficulty Interpreting Data
- Fees For Volume



Value

- Collaboration & Connectivity
- Synthesize Clinical & Financial Data
- Actionable Outcomes
- Increased Shared Savings

2

2

MINIMUM REQUIREMENTS

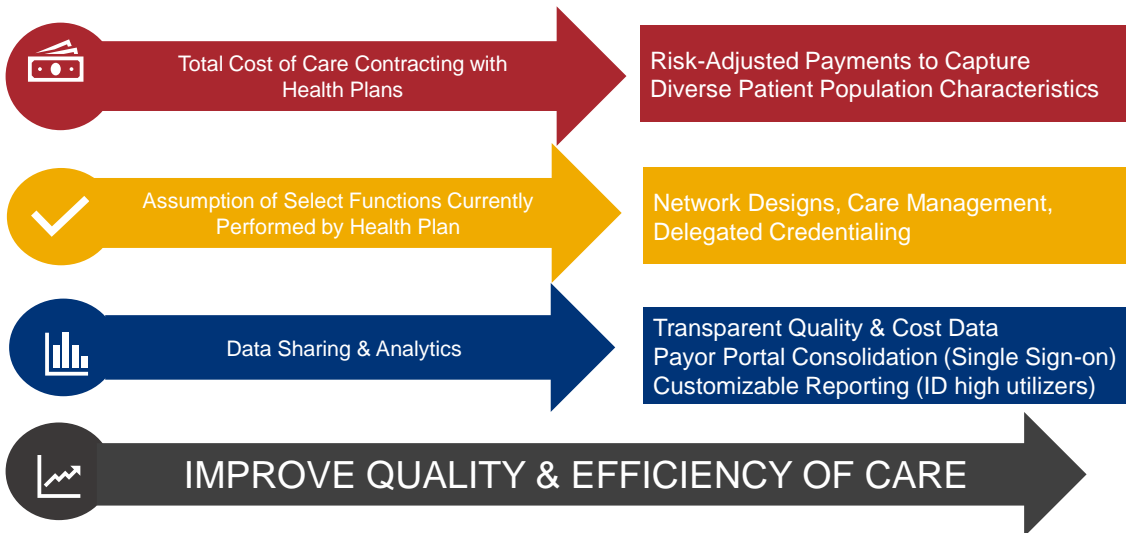


- ✓ High Quality Cost Efficient Care
- ✓ Membership Attribution
- ✓ Effective Clinical Programs
- ✓ Access to Clean Data to Drive Referral Decisions
- ✓ Comprehensive Action Reports

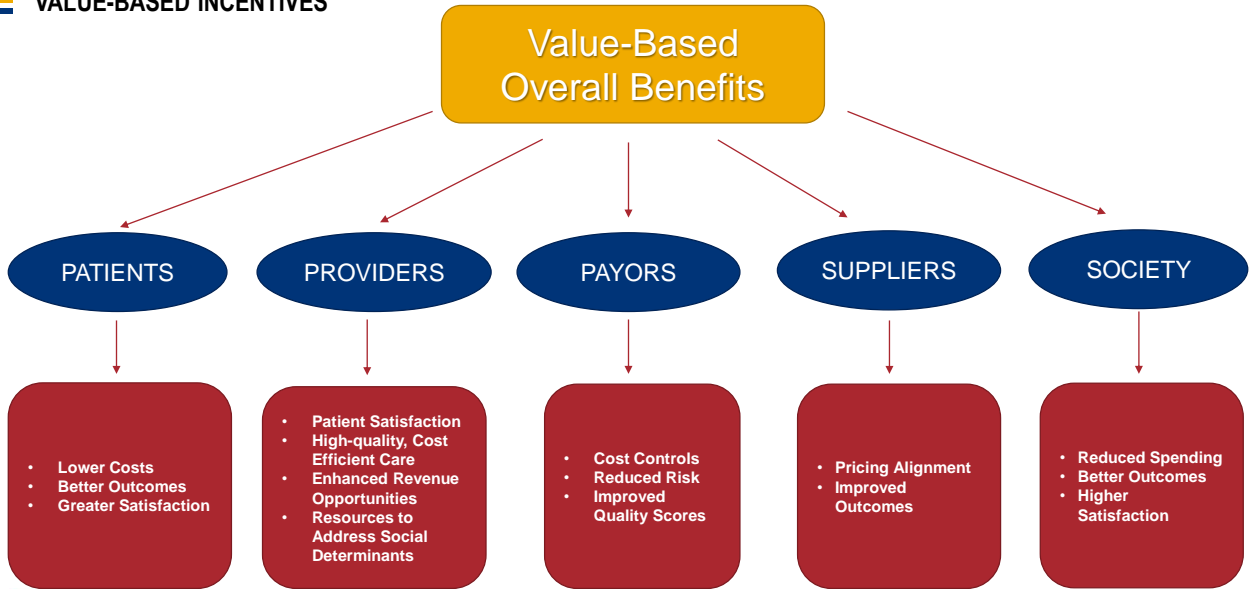
**Model of Care
Where Physicians
& Their Teams
Assume
Responsibility**



VBP ADVANTAGES

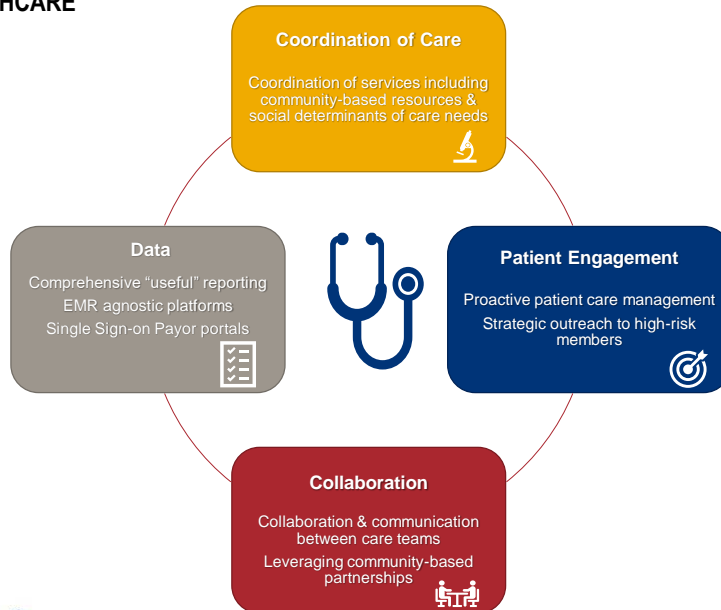


VALUE-BASED INCENTIVES



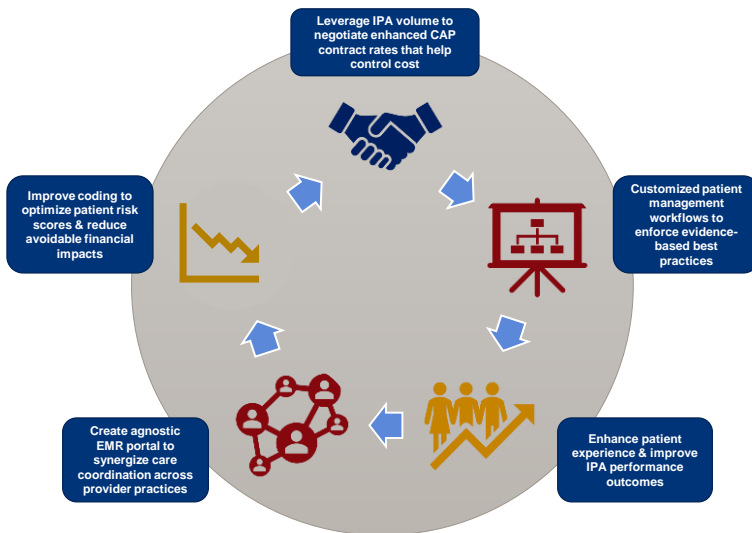
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HIGH-VALUE HEALTHCARE



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REVENUE & PERFORMANCE OPTIMIZATION



Enhances IPA revenue & shared-savings opportunities using a wholistic approach involving...

- Contract Management & Funds Flow Agreements
- Quality Improvement Strategies & Performance Support
- Advanced Data Analytics & Downstream Provider Reporting



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COMPREHENSIVE QUALITY REPORTING

Utilize existing Payor data to develop comprehensive quality reports to streamline patient management for both Physician & Office Staff

SAMPLE - HEDIS Report Card as of 6.1.2019 for Multi-Specialty IPA

Provider Name	Measure	Yes	No	Grand Total	% Complete	60% ★☆☆☆☆	Legends
Provider A	Adolescent Well Care Visit	40	10	50	80.0%	90% to 100%	★★★★★
Provider B	Asthma Medication Ratio Total (5-64 yrs)	10	1	11	90.9%	80% to 89%	★★★★☆
Provider C	Breast Cancer Screening	24	14	38	63.2%	70% to 79%	★★★☆☆
Provider D	Chlamydia Screening - (16-24)	9	3	12	75.0%	60% to 69%	★★★☆☆
Provider E	Colorectal Cancer Screening	30	37	67	44.8%	50% to 59%	★★☆☆☆
Provider F	Diabetes Care: Eye Exam	4	16	20	20.0%	0% to 49%	☆☆☆☆☆

Reports identify targets for both Provider & Patient outreach by drilling down to PCP, Practice Location, & Member ID data

MEASURE TARGET LIST						COUNT OF MISSING ANTIGENS/IMMUNIZATIONS (REQUIRED #)						TOTAL	
PCP NAME	OFFICE LOCATION	MEMBER NAME	MEMBER ID	DOB	LAST VISIT	DTP_(4)	IPV_(3)	MMR_(1)	Hib_(3)	HEPB_(3)	VZV_(1)	PCV_(4)	# MISSING
DR. C	SITE #2	PATIENT A	A123456A	9/28/2016	10/13/2017	4	3	0	3	3	0	4	17
DR. C	SITE #2	PATIENT B	A123456B	7/26/2016	3/14/2019	3	2	0	2	2	0	3	12
DR. A	SITE #3	PATIENT C	A123456C	1/19/2016	7/23/2018	2	0	0	0	0	0	2	4
DR. B	SITE #1	PATIENT D	A123456D	5/28/2016	4/1/2019	1	0	0	3	0	0	0	4
DR. C	SITE #2	PATIENT E	A123456E	3/27/2016	9/20/2018	1	0	0	0	1	0	1	3

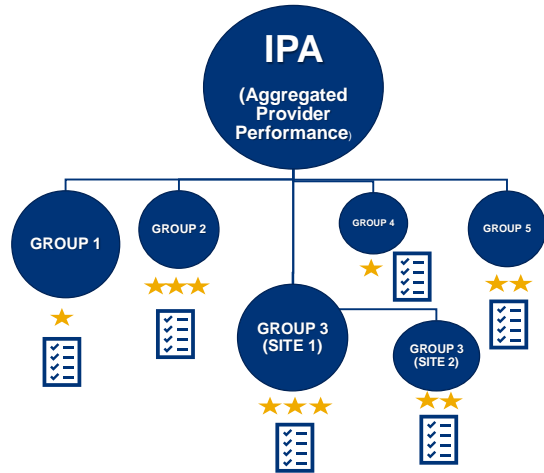


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Can be customized for unique Practice structures & sizes (Color coded to easily identify quality gaps)

QUALITY INCENTIVE MANAGEMENT

Aggregated Payor quality scores can be broken-down to the Group & Practice Site level

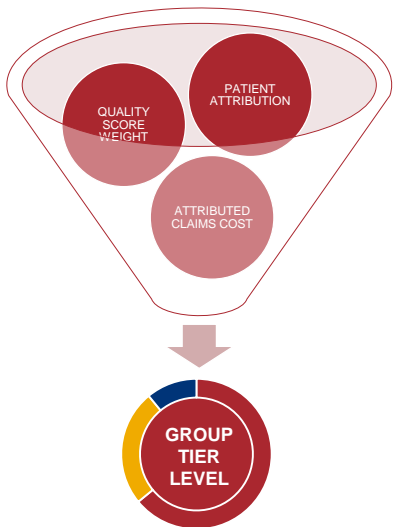


Custom report cards can be automated to calculate quarterly quality performance & projected payouts for both individual Provider & IPA progress



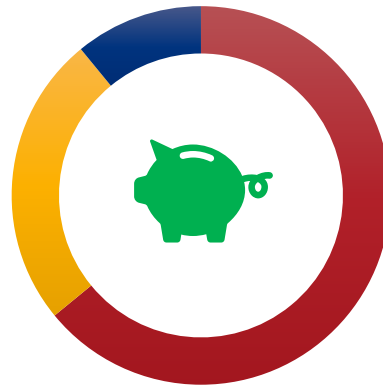
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REIMBURSEMENT MANAGEMENT & FUNDS FLOW



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IPA Attributed Savings Distribution

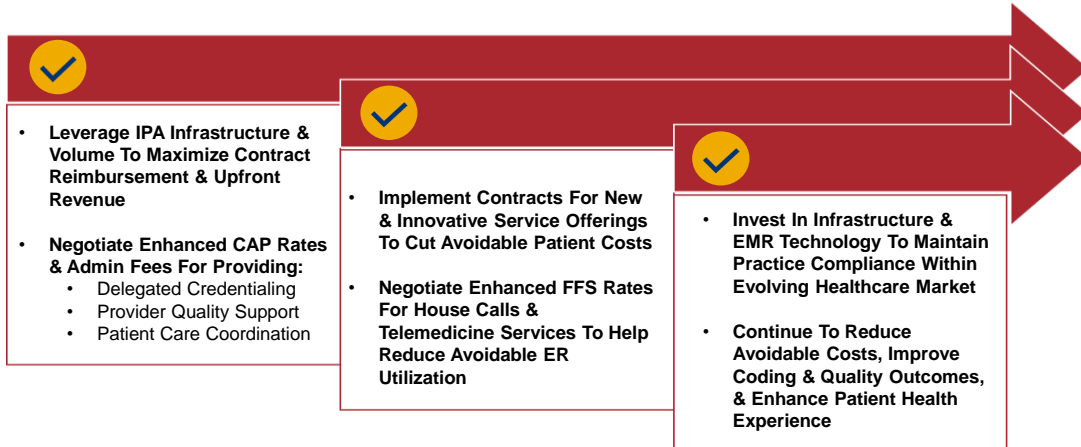


■ Tier 1 Provider ■ Tier 2 Providers ■ Tier 3 Providers

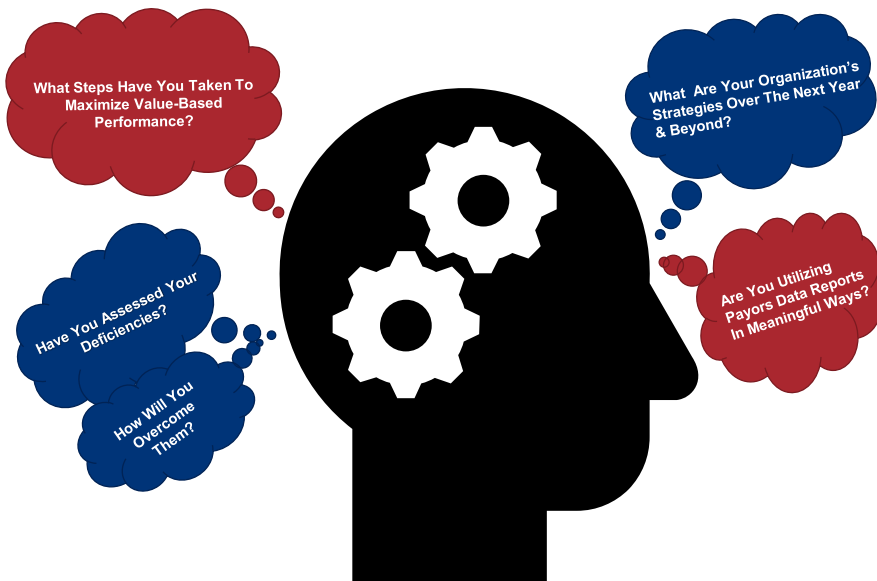
Aggregate IPA incentive earnings to the TIN# Level & negotiate downstream agreements to allocate reimbursement payouts based on each Group's attributed weight & quality score performance



Optimizing the Shift to Value Based Reimbursement



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Next steps...

- Collaborate with Health Plans & Health Systems to Develop Care Coordination Concepts
- Reach Quality Measures & Keep Readmissions Low To Effectively Manage Chronic Conditions, While Reducing Overall Cost of Care



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