

# Business Intelligence Scope of Work Document

1. Report Title: HPSM Data Request
2. Requestors Information
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  - b. Position: Health System CIO / SMMC Chief Medical Information Officer / Quality Strategist
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  - d. Phone: 650-573-2022 / 650-573-2389 / 650-573-2212
3. Need/Purpose:

In order to better serve HPSM members, the San Mateo County Health System is requesting the entire claims history since April 2011 of all ACE members, HPSM members currently assigned to SMMC, or members who have had at least one encounter with SMMC within the past 12 months. As detailed below, SMMC requests HPSM claims data in Healthsuite for SMMC patients in a number of areas (e.g. pharmacy, laboratory, etc.) along with the corresponding dimension tables. This request is for an initial historical data set with updates on a monthly basis. The specific tables and variables requested are located in the appendix.

Population health management encompasses a variety of activities designed to keep HPSM members as healthy as possible—thus reducing the need for more costly or invasive services. The data will be used to understand services members receive outside SMMC facilities, assist in medication reconciliation and clinical decision support. The data domains include pharmacy, radiology, laboratory, and outpatient and inpatient encounters outside of SMMC facilities/clinics.

SMMC will report to HPSM on an annual basis or on request on the various reports and projects using these data.

SMMC will use these data to serve three general purposes:

- 1) enable SMMC primary care teams to proactively identify and engage high-risk members to prevent unnecessary and avoidable ED and inpatient encounters
- 2) enable SMMC providers to better coordinate the care of HPSM members who have received or are receiving care from out-of-network providers, hospitals, and specialists with other Health System divisions (e.g. Behavioral Health and Recovery Services) and out-of-network providers.
- 3) facilitate the planning and evaluation of SMMC health care operations

### Augmenting patient records to improve care

The data received by HPSM will be loaded into the SMMC Decision Support System (DSS) data warehouse for use in reporting. The primary use of data will be detailed reports given to medical providers at SMMC clinics. These reports will be directly useful in the treatment of individual patients because they give medical providers a more complete view of treatment received by people in their care. Office of Managed Care will also use these data to identify high-risk members and plan programs to bring these

members into care.

For example, SMMC providers currently receive radiology and laboratory reports that are faxed or scanned into patients' records as images which are unstructured data elements. HPSM has structured data that indicates the type of radiology/laboratory service performed, date of service and service provider. These structured data fields are an important addition to the patient record.

As another example, HPSM's pharmacy records indicate what medications have been picked up by our patients and also include medications from providers not part of SMMC. The data will be used for medication reconciliation and to track if patients are using their prescribed medications.

#### Improving care coordination with outside providers

SMMC is also requesting the claims history of any HPSM member who has had at least one encounter at SMMC although they have not been assigned to SMMC. SMMC views data on these members as also necessary because our knowledge of out-of-network claims will substantially improve our ability to care for these patients, and SMMC wants to provide the best possible care regardless if a patient is enrolled in fee-for-service or managed care. Further, SMMC has historically assigned these members to a primary care provider panel—often after an ED encounter--although they were not in a managed care plan. Data on these members will also help SMMC plan and evaluate empanelment and clinic capacity.

Patient Visits, referrals, treatment authorizations, and clinical events outside SMMC facilities – These data keep SMMC providers up to date on admissions and clinical events that they may not be aware of otherwise. SMMC will use these data to improve case management and care transitions. In addition, SMMC, from these data, will design interventions to outreach to high-risk members to prevent avoidable ED visits and hospital readmissions.

#### Moving SMMC to population health management

SMMC views this request as vital to its transition from fee-for-service to a managed care capitated payment structure. Managed care capitation better incentivizes and reimburses SMMC for programs and technology that enable robust population health management than traditional fee-for-service.

SMMC is currently sharing its patient encounter data with third-party consultants and analytics companies contracted with SMMC to work on financial performance, provider dashboard, and other analytics projects. These companies are required to observe the same privacy and confidentiality standards required by all SMMC staff. Based on the needs of the projects, SMMC would like to share HPSM data with these vendors, and will notify HPSM if/when there is need to do so.

#### 4. Description of the Report

SMMC requests the tables and variables described in Appendix A of this document in two formats 1) SAS data sets, with corresponding SAS format libraries, and 2) a pipe-

delimited flat file of each data and dimension table

5. Priority - when, why then, do you have a hard deadline

SMMC would like to start receiving data within four weeks of the approval of the SOW. While there is no hard deadline, SMMC believes the data is important to incorporate into a global view of services our patients receive.

6. Ask requestor for any existing Specification Documents like DSRIP, UDS, HEDIS, etc and specify target reading related to this specific request. Allocate time for clarification.

N/A

7. What do you want to see in report? *(List fields at the end of this document)*

a. Target Population for Report – All HPSM members assigned to SMMC , etc

HPSM members who are currently assigned to SMMC or have had at least one encounter at SMMC within the past 12 months. All ACE patients regardless of where they are/were assigned.

b. Scope – how to qualify data for the report - which Clinics, which patients, what diagnosis, charges/payments, treatments, tests

HPSM members who are currently assigned to SMMC or have had at least one SMMC encounter within the past 12 months, with records going as far back as April 2011, and all ACE patients regardless of assignment. SMMC defines a patient as empanelled if s/he has been seen within the past 18 months.

c. Exclusions and Exceptions

Exclude any HPSM member who is not currently assigned or has had no previous encounter/assignment with SMMC within the past 12 months, or is not an ACE patient. HPSM will also exclude all reimbursement data from providers outside of SMMC.

d. Data Time Frame – last month, fiscal year, calendar year. Which date fields to use – admission date, service date, posting date etc

Please provide records as far back as April 2011 (as of service date or earliest possible) of currently assigned members, members with at least one SMMC encounter within the past 12 months, and all ACE patients regardless of assignment.

e. Summary/Aggregate Data needed? Define

N/A

f. Calculation – average/mean min/max, any custom calculations

N/A

g. How to group and sort data – with examples

N/A

h. Drilldown capability explained

N/A

8. Parameters – Making the report versatile, time frame, clinics to customize output on demand. List the ways an end user should be able to filter the data.

N/A

9. Report Destination – Web Published, xls, etc.

HPSM will upload data to a secure FTP site available to SMMC.

10. Data Visualization – Graphs, Charts, etc.

N/A

11. Where do you see or enter this data *(if analyst is not sure)*

N/A

12. *Analysts to think of other sources of data where similar data might be available*

N/A

13. *Is there already a similar report or piece of the report*

Yes. HPSM already sends a monthly list of all members assigned to SMMC. SMMC would like to continue to receive the monthly eligibility list with the patient's SSN and last policy number used to bill for a SMMC encounter added.

14. Validation Plan – Any other existing reports; Ballpark numbers; any idea what the outcome should be? BI analyst will propose to guide customer on ideas to validate.

SMMC will validate client list against clients identified as assigned to SMMC by HPSM using the Health System's enterprise master patient index (EMPI).

15. Final Report Title *(if applicable)*

N/A

16. Frequency

We would like this report to be updated on a monthly basis.

17. Audience – Who needs access?

Data will be available within reports to SMMC staff and their contracted partners with security rights to view the information.

18. Source Output Systems – Soarian/Invision/eCW/Picis

HPSM/SMMC secure, encrypted FTP site

19. *Ability to meet deadline*

N/A

20. Data Fields to include in report/output: See Appendix A.

## APPENDIX A

### Data Sets Requested

SMMC requests the following HPSM tables from Healthsuite. The spreadsheet includes all of the tables and variables requested. In addition, SMMC requests the corresponding SAS format library(ies), dimension tables, table relationship schemata, and other relevant documentation to facilitate data analysis.

1. **The table “ELIGIBILITY”** includes the patient’s demographic and policy information.
2. **The table “PROVIDER”** to identify providers in the MEDICAL\_CLAIMS and RX\_CLAIMS data sets
3. The table **“MEDICAL\_CLAIMS”** which include claims of SMMC patients/ members who receive care and ancillary services both at SMMC and at other health care providers and facilities. These services and facilities include but not limited to: radiology, medical imaging, other hospitals, emergency departments, specialists, ambulatory surgery, etc. SMMC understands that data about reimbursement to out-of-network networks and providers will be suppressed.
4. The table **“RX\_CLAIMS,”** which include variables associated with pharmacy/prescription drug utilization of HPSM members assigned to SMMC.
5. These tables, **“ATH-CLM”** and **“ATH-SRV”**, include variables associated with authorizations for treatment and care for our patients to and from outside providers.