

UPMC HEALTH PLAN

*The Current and Future Roles of
Technology & Analytics:*

Improving the Consumer and
Clinical Professional Experience

Angela L. Perri
Chief Medicare Officer
UPMC Health Plan

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Agenda



Key challenges facing technology adoption in health and human services

Transparency & Interoperability
Addressing Silos



UPMC's approach to leveraging technology and multi-dimensional analytics in health plans and in provider delivery system

Enhancing Consumer Engagement

- RxWell Health
- Plan App
- AnywhereCare



Unique challenges of serving consumers with chronic conditions and complex needs, including service prioritization, workflow simplicity and care personalization

Distill Data into Actionable Insights
Adaptive Analytics

Who is UPMC and what is an IDFS?



Health Services Division

- Clinical excellence and innovation
- Full continuum of care
- Geographic coverage



Payer-Provider Initiatives



Aligning and Integrating data so patients and quality are always first

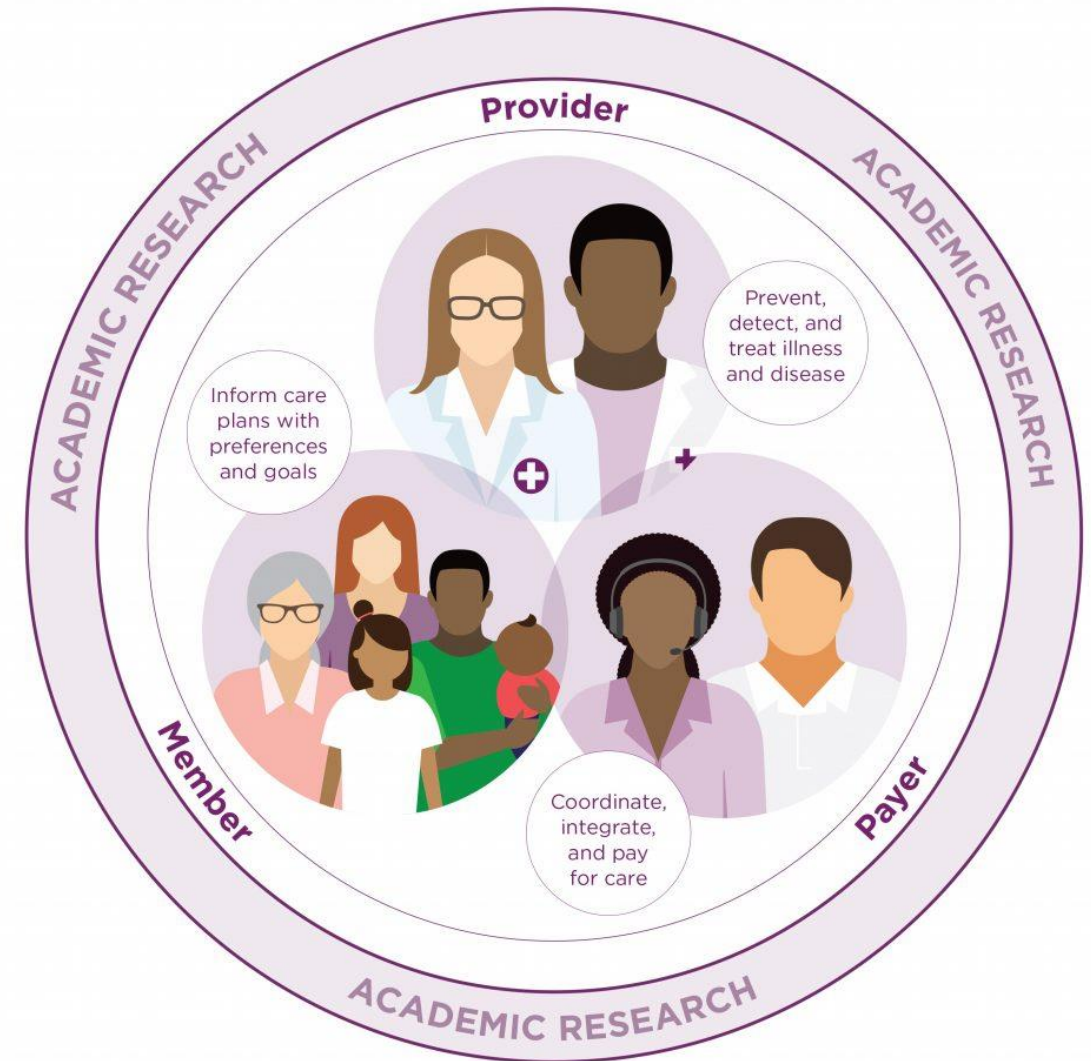
Insurance Services Division



- Premium dollar
- New analytics models
- E2E Workflow Focus
- 360-degree member view

UPMC as an IDFS: Partners in Care

- ✓ Establish a deep connection with our providers who understand the needs of their patients.
- ✓ **Align incentives to promote higher quality care at lower costs.**
- ✓ Share knowledge, expertise, and technology with UPMC to coordinate care more efficiently.
- ✓ Study the best ways to deliver interventions, programs, and benefits to different populations, reducing unnecessary care and improving long-term health outcomes.
- ✓ Respond quickly to our communities during times of crisis.



**What are key challenges facing
technology adoption in health and
human services?**

Policies Overview

Interoperability (Interop)

Requires payers to provide a Patient Access application programming interface (API) which gives patients access to certain health data including personal data. Also, payers must offer a Provider Directory API, which clearly delineates which providers are in-network.



NSA

Interop

TIC



Payers



Providers



Both

No Surprises Act (NSA)

It will be illegal for providers to bill patient's "surprises" for more than the in-network cost-sharing due under patients' insurance in select out-of-network scenarios. The legislation also creates a new final-offer arbitration process to determine how much insurers must pay out-of-network providers.



No Surprises Act

Applicable to all Commercial insurance plans (IND, FI, ASO). Penalties of up to \$10,000 per non-compliant violation.

Interoperability

Applies to most public & individual plans across Medicare, Medicaid, CHIP, and ASO. Penalties of information-blocking rule can see up to \$1 million per violation.

Transparency in Coverage (TIC)

Health systems are required to make available to participants, beneficiaries and members personalized (1) out-of-pocket cost information, and (2) underlying negotiated rates, for all covered health care items and services, including prescription drugs, through a public internet-based self-service tool (1/1/23) and in paper form upon request. Pricing information for ALL provided services must be made available with disclosures in plain language via online tools as well as a paper mailing within two business days.

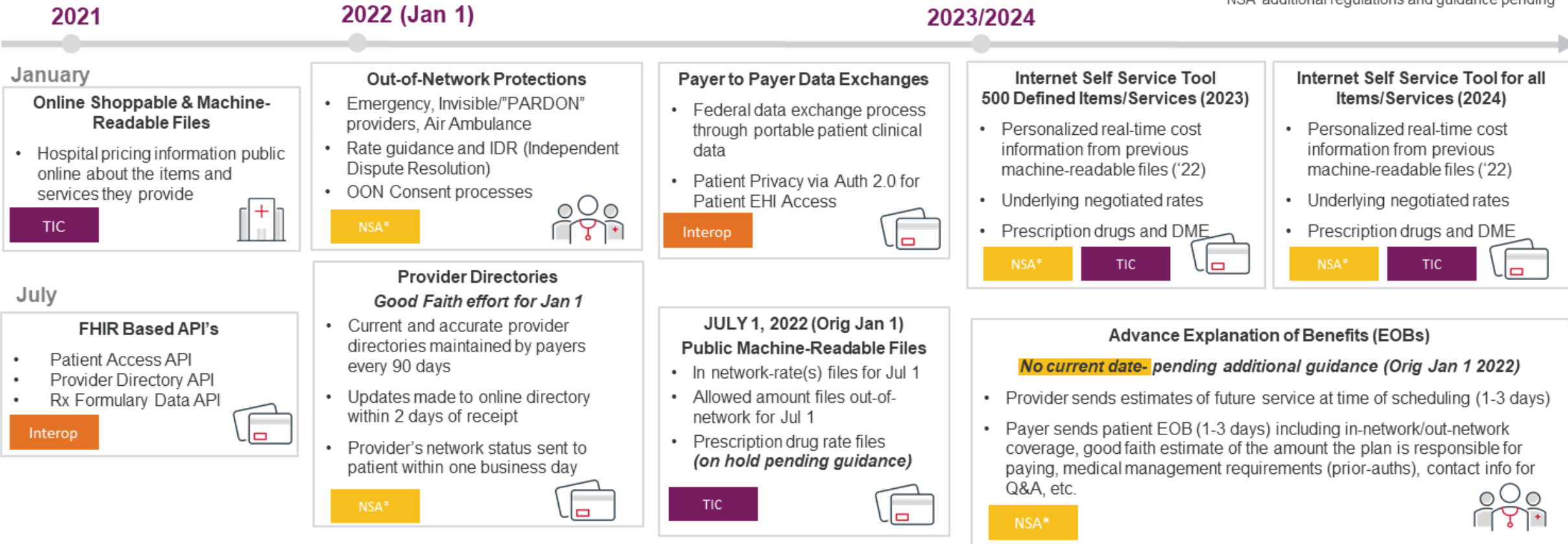


Transparency in Coverage

Applicable to non-grandfathered individual and group markets. Penalties up to \$100 for each day per individual with respect to which the failure occurs.

Compliance Requirements Timeline (2021-2024)

Implementation of compliance requirements are unlikely to change. However, due to COVID-19 and additional CMS delays, dates of compliance are potentially subjected to change. Most health plans are working to comply with all requirements by given dates shown below.



No Surprises Act and Transparency in Coverage are exclusively for Commercial Products (ALL)

Interop

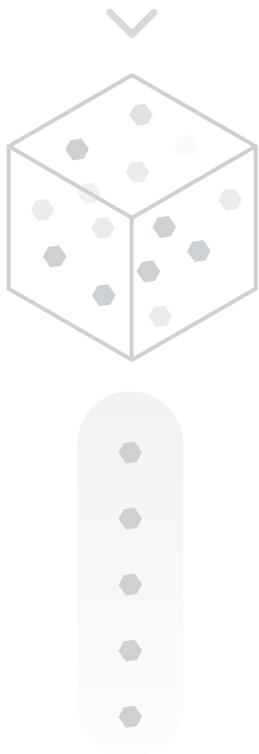
& FHIR Foundational Technology builds across all requirements

Revised 9/14/21

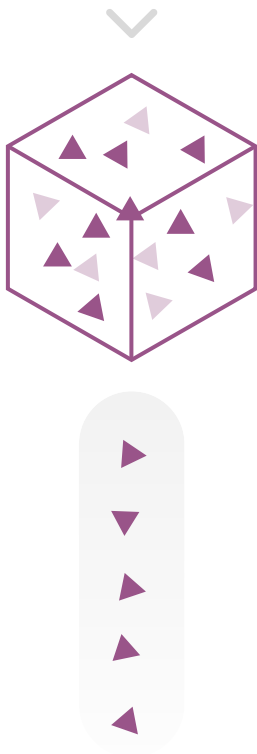
**How do we address the need for
transparency and interoperability?**

Disparate Data and Data Sources

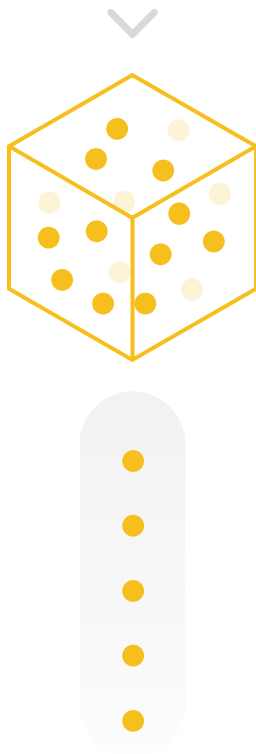
Claims Data



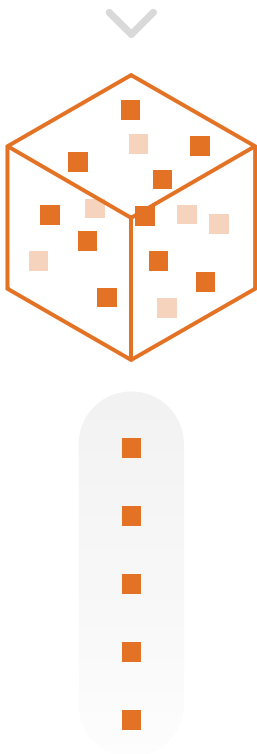
Clinical Data



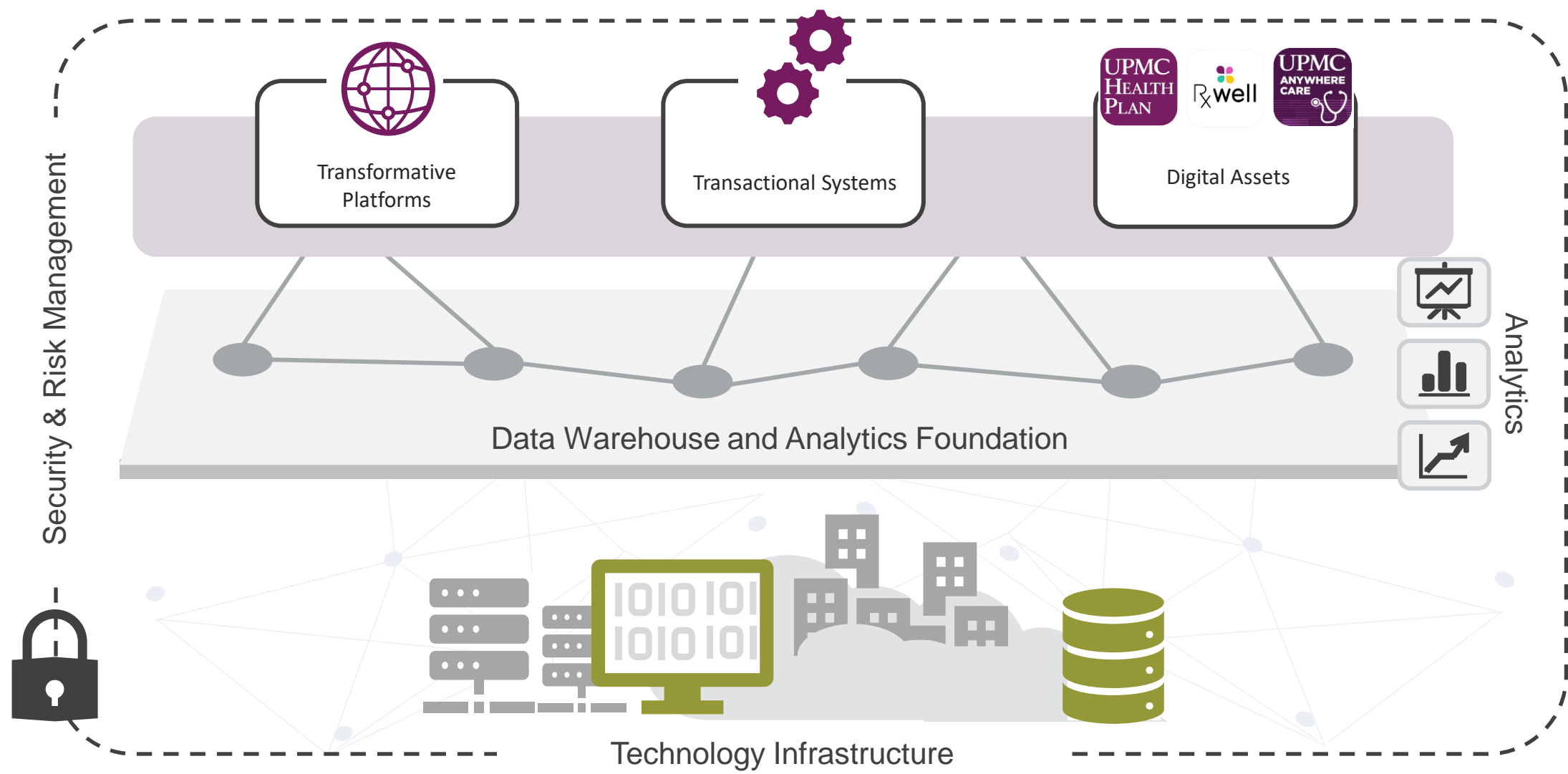
Social Influencer
of Health Data



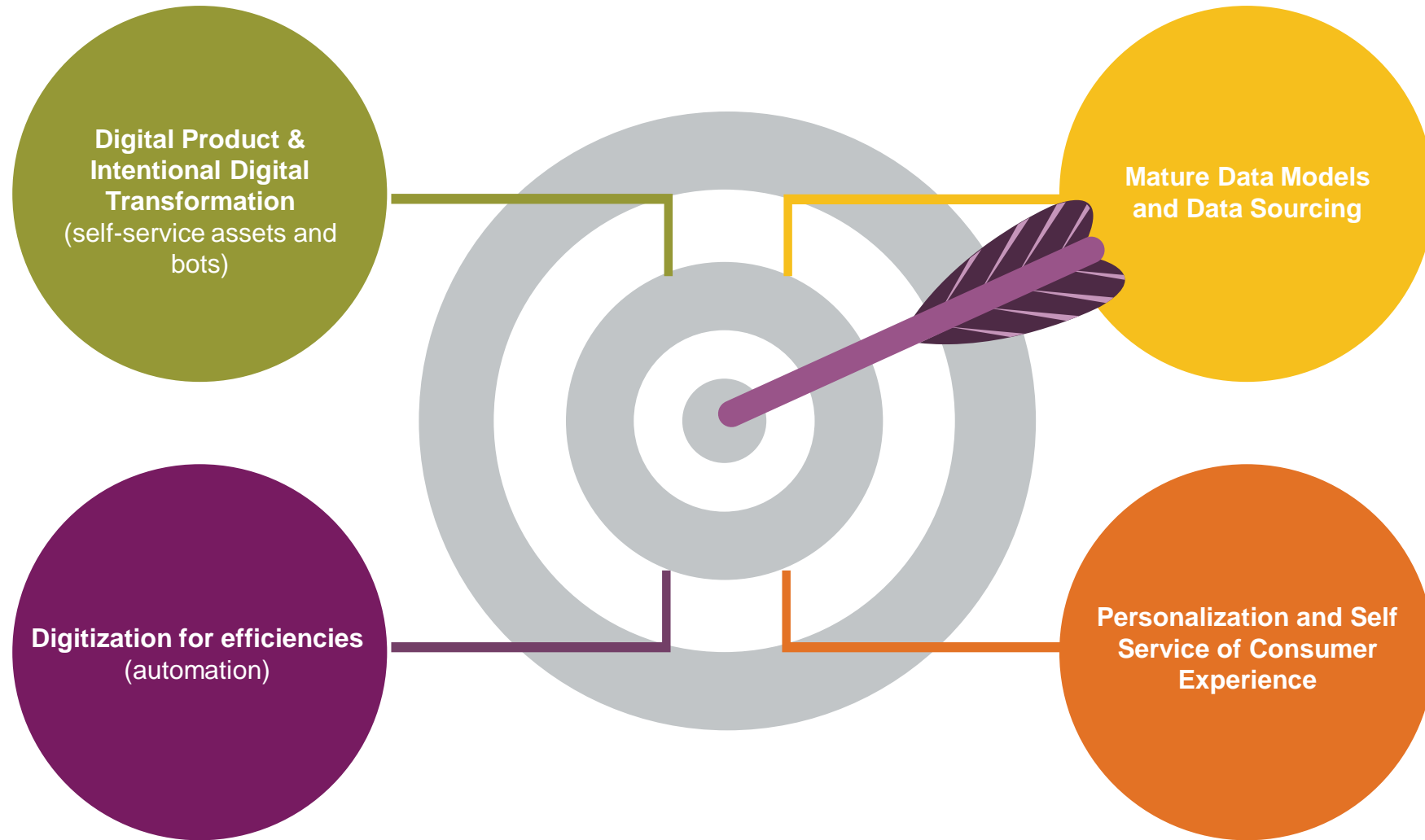
Consumer Data



Organizing the technology ecosystem



Health Plans are recognizing the value of digital strategies post-COVID



Adaptive Analytics



Real-time data capture from inputs (customer, AI, claims, clinical, social, and other) followed by immediate processing and sharing of data insights to inform decision making across teams.

The path to Adaptive Analytics



Best practices in developing adaptive analytics



Addressing Data Silos

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Health Plan value considerations

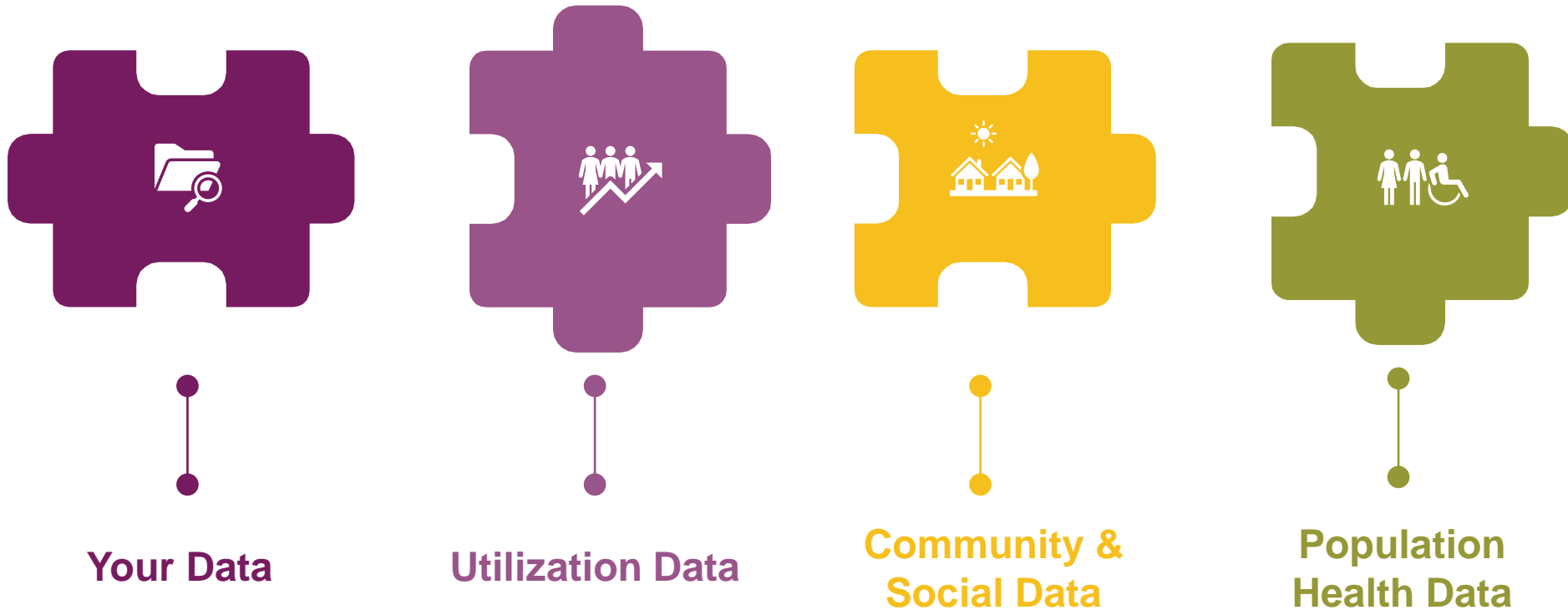
Medical Cost Opportunity

- Preventable medical events
- Appropriate diagnoses, treatment or management
- Location (site of care)
- Unit costs (e.g., in vs. out of network rates)

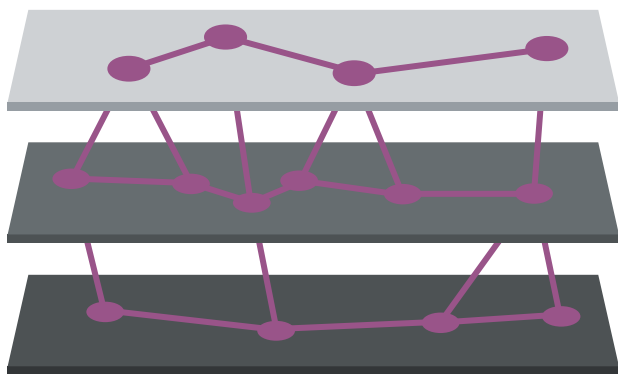
Revenue Opportunity

- Improved attraction or retention rates
- Care gap closure
- CAHPS
- Clinically appropriate and accurate coding (HCCs)

Leverage data from health plans for value-based partnerships

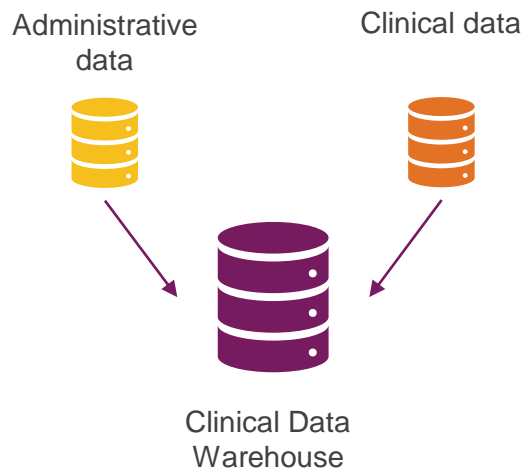


Plans are building data infrastructures to support growing and evolving data usage



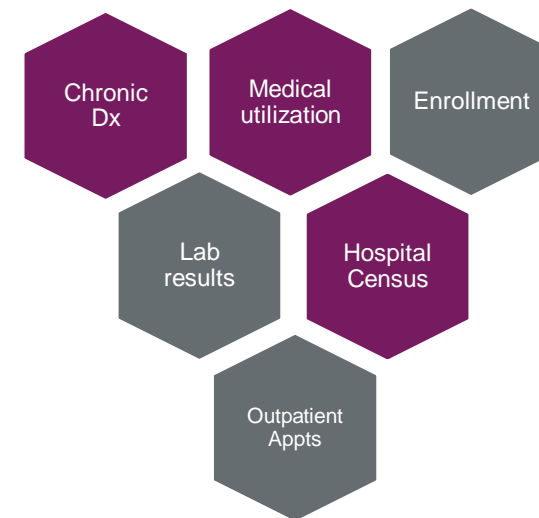
Data layer

- Single source of truth for reporting, analytics, and applications
- Operational data hub and analytical platform



Warehouse

- Real time clinical and administrative data sharing
- Data governance
- Bidirectional knowledge transfer
- Data feeds for STARS, Quality, HCCs, and predictive modeling



Data Marts

- Near real time integrated data mart
- Groomed and curated data

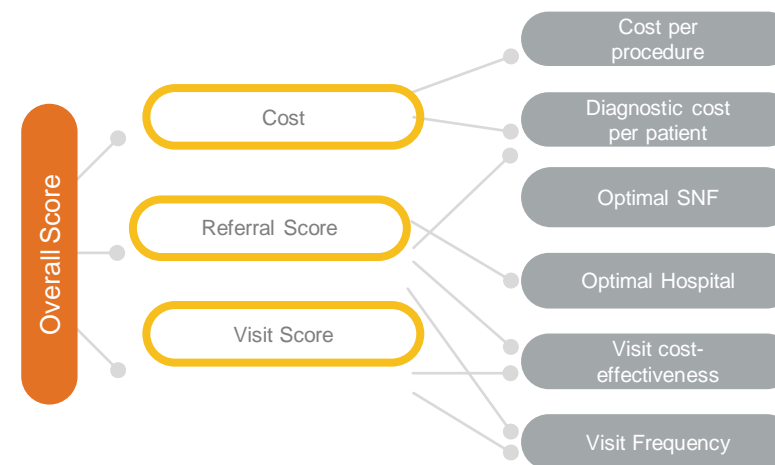
Plans are **investing in tools** that enable analysis from the data infrastructure

Analytic Tools

- BI tools to enable rapid, fact-based culture for decision making
- Machine learning and AI tools for predictive analytics – clinical and financial
- Develop Natural Language Process (NLP) for business application

Web Platform

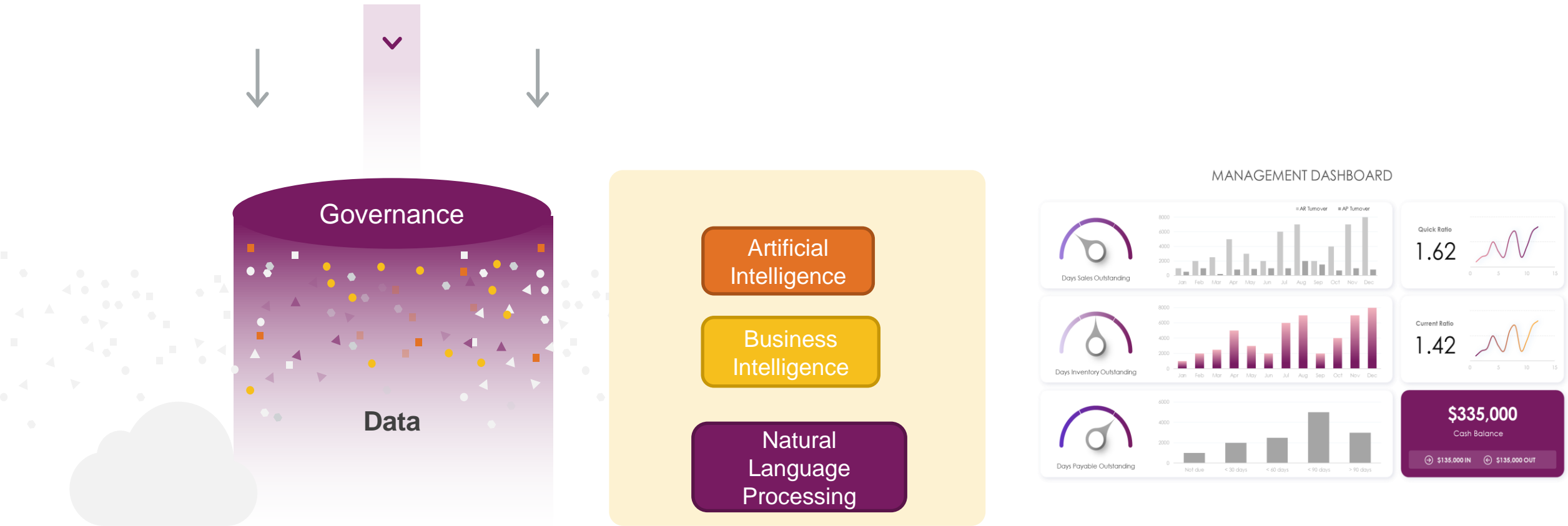
- Best-in-class tool for quality and regulatory HEDIS reporting
- Efficiency and standardization in data and methodology
- Dedicated experts assigned to help us maximize rates



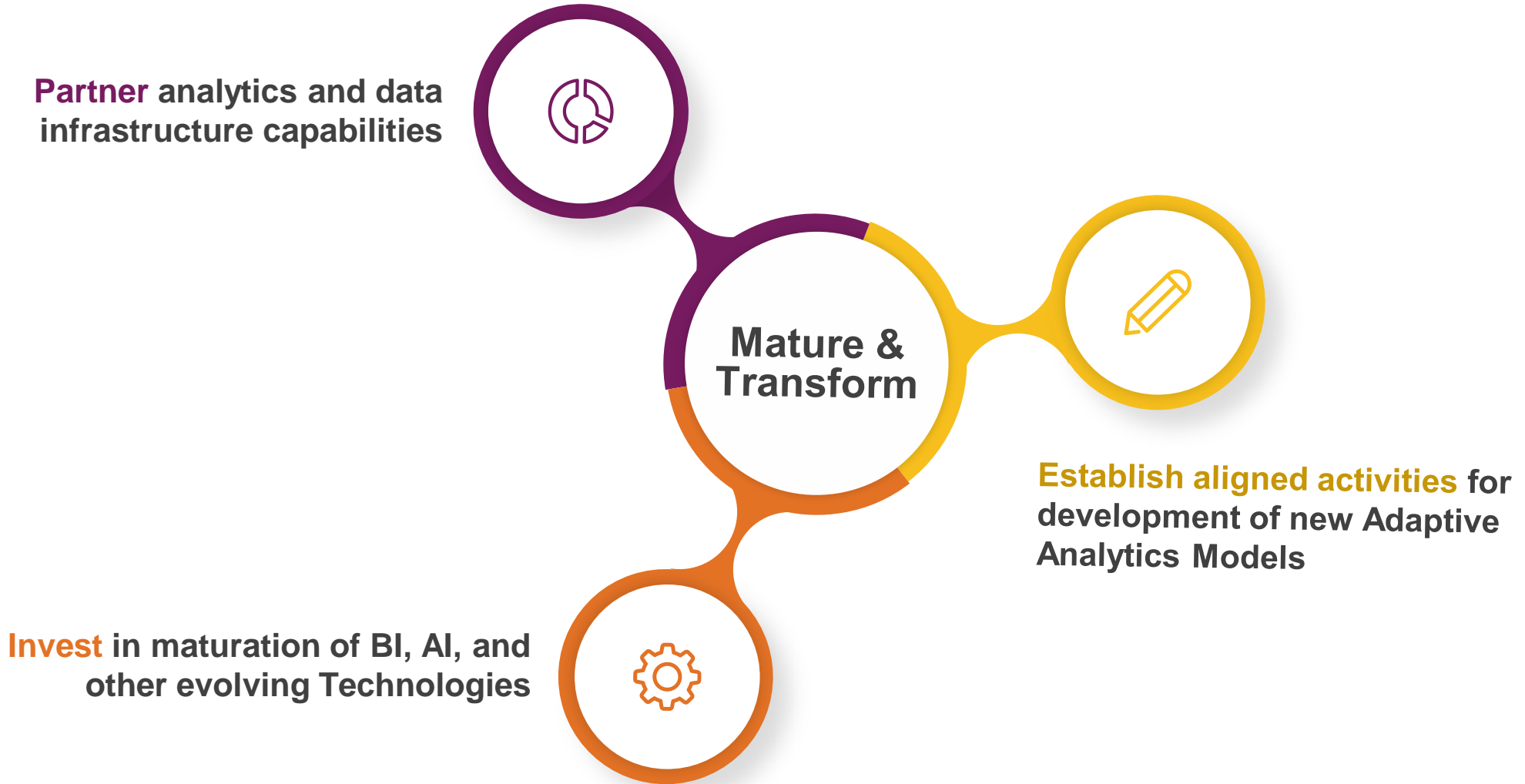
Web Platform

- Transparency on physician performance compared to peers
- Practice pattern analysis shared with physicians
- Aligned with the transformation to value-based payment models

UPMC Health Plan's Analytics incorporates **data, tools, and analysis** to produce actionable **business insights** that informs **business processes**



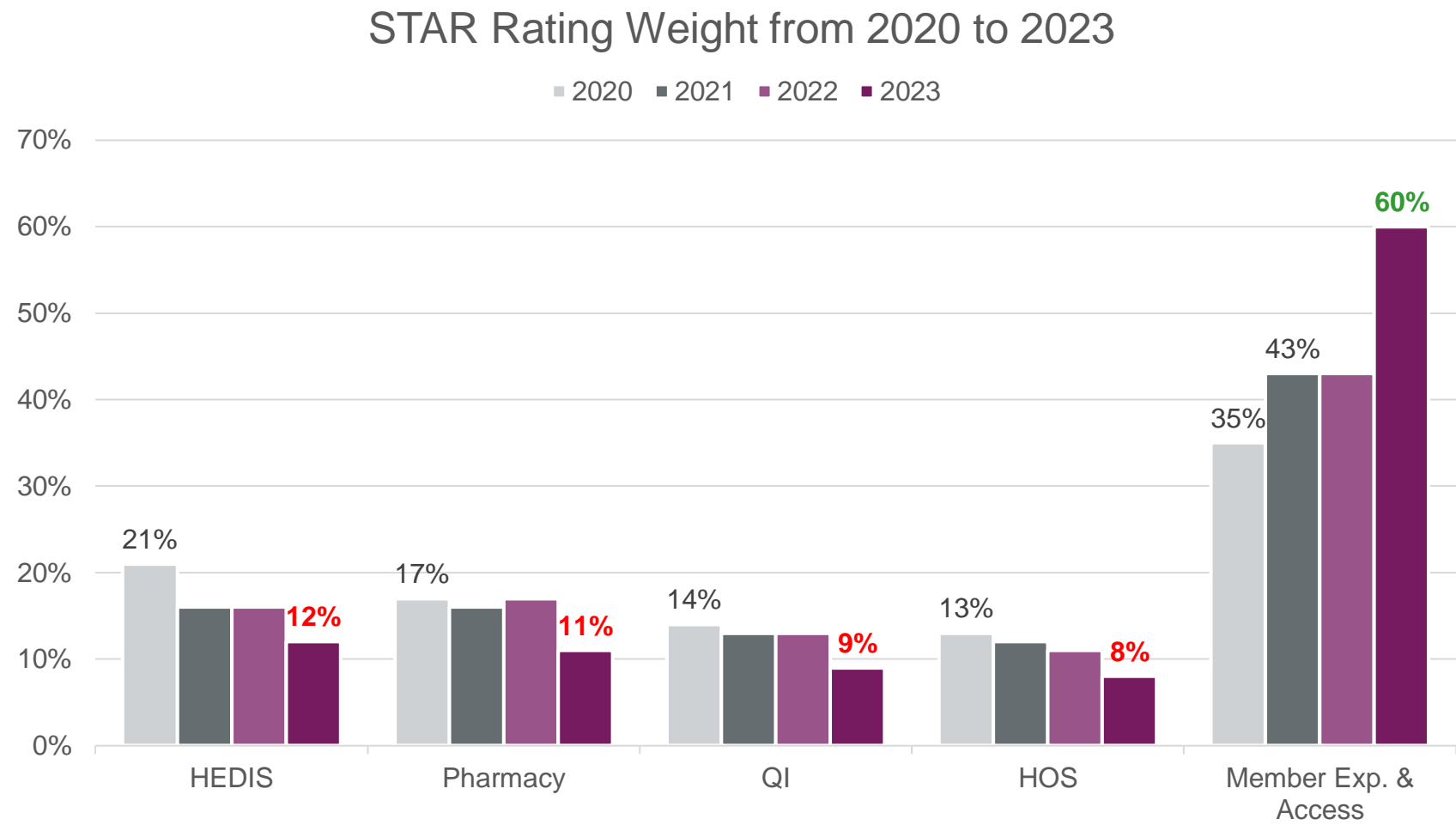
Our strategy will mature and transform data structures and analytics solutions



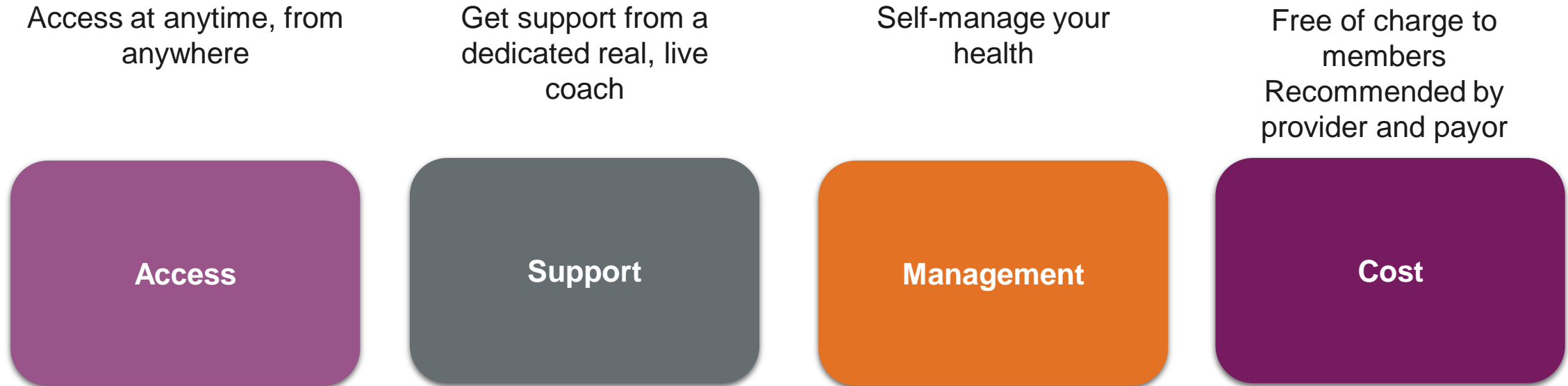
Enhance Experience

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STAR ratings increase in Member Experience and Access Measures from a weight of 2 to 4



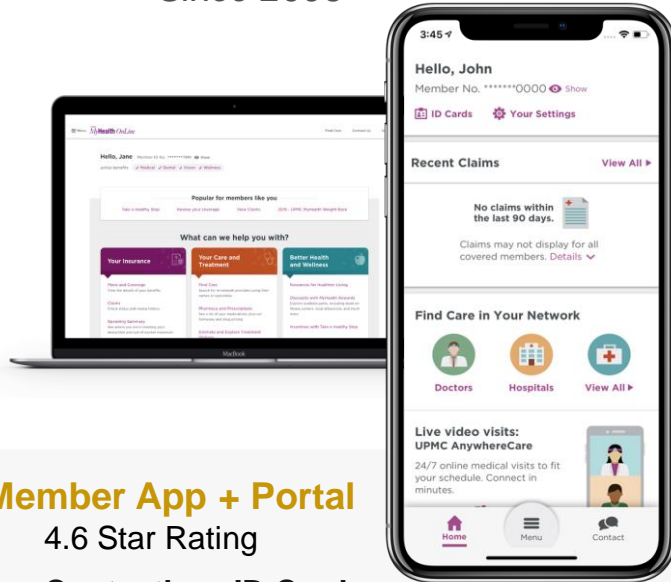
A member perspective on health information...



COVID-19 changed our member's expectations

Engagement

Since 2006

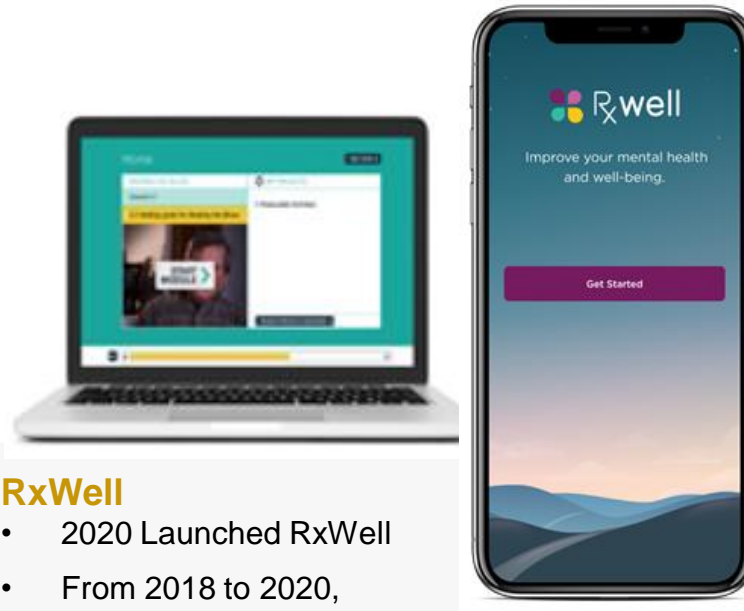


Member App + Portal

- 4.6 Star Rating
- **Contactless ID Cards**
- Insurance Info and Utilities
- Member Services
- **Front Door for the Digital Concierge**

Behavioral Health

Since 2010



RxWell

- 2020 Launched RxWell
- From 2018 to 2020, member use of our digital tools **increased 1367%**

Telehealth

Since 2014



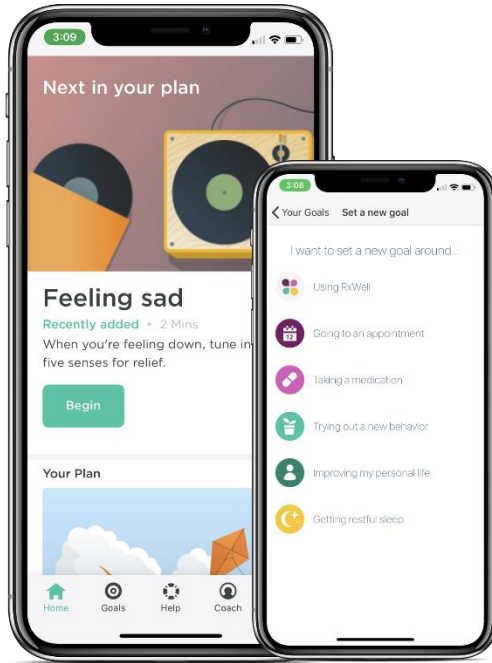
AnywhereCare

- Launched 8 new practices in 2020
 - Children's Urgent Care
 - Ask A Pharmacist
 - Virtual Counseling,
 - multiple care management programs
- From 2018 to 2020, utilization **increased 570%**

COVID-19 Impact

RxWell is one our flagship product providing wellness, mental health, chronic illness digital interventions:

These tools are here to stay!



- ✓ Anxiety
- ✓ Depression
- ✓ Stress Management

New Programs

- ✓ Weight
- ✓ Nutrition
- ✓ Physical Activity
- ✓ Tobacco Cessation

Programs in Development

- ✓ Diabetes
- ✓ Sleep
- ✓ Stress refresh

RxWell example:

Clinical Studies & Demonstration Projects

52% of user's health improved

* A 3-point decrease in GAD, PHQ, or PSS scores from baseline

73% patient engagement

User Feedback

"I have dealt with anxiety for a long time and the techniques are so useful. I love practicing them when I am calm so I can use them when I feel anxious."

"Has been helpful to manage stress, help with falling asleep. Easy format and user friendly

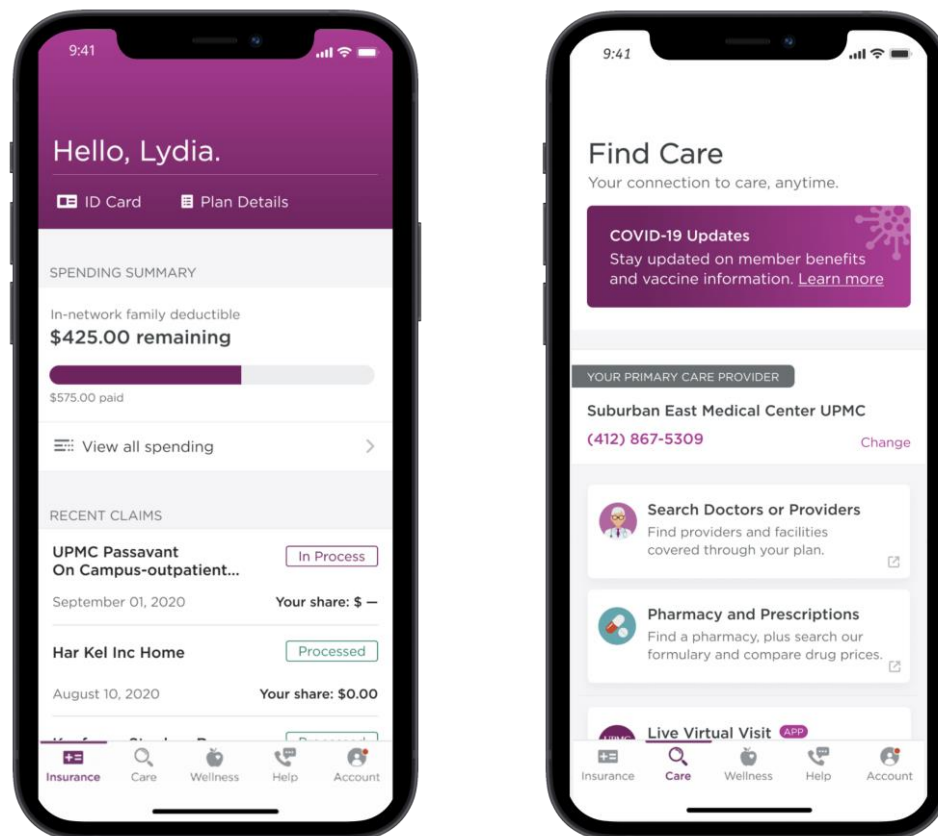
"Great tool to help you cope with stress and anxiety! Very calming material."

" This app has helpful tips for taking time out of your day to slow down and focus on one thing. It has helped me focus on my stress levels."

Plans are getting creative with Mobile Apps too

Your health insurance at your fingertips

The free UPMC Health Plan mobile app puts your health information in one place. And you can access that information instantly — anywhere, anytime.



The need for scaling interventions will only increase over time

In the United States...

- Depression affects over **18 million** adults (one in ten) in any given year. The COVID-19 pandemic has greatly exacerbated depression and anxiety levels.
- The prevalence of obesity was **42.4%** in 2017-2018
- **71%** of adults report at least one symptom of stress (e.g., headache, fatigue, irritability)
- Up to **80%** of all chronic diseases may be related to stress.

Current care models are not working or scalable!



Distill Data into Actionable Insights

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Clinical Transformation demands we simplify...



Real-time Data

ADT, scheduling, claims, consumer inputs, structured, unstructured, clinical and social data curated for speed and accuracy



Advanced Analytics with AI

Proprietary algorithms identify and prioritize patients-members most at risk to benefit from care management or coordination intervention



Intelligent Workflows

Machine learning engine supports engagement, outcomes and user productivity with prepopulated care plans and recommended interventions



User Enabled Content and Business Rules

Admin tools and business rules engine allow governed users to update content, business rules and workflow without a software release



Supports all Modalities

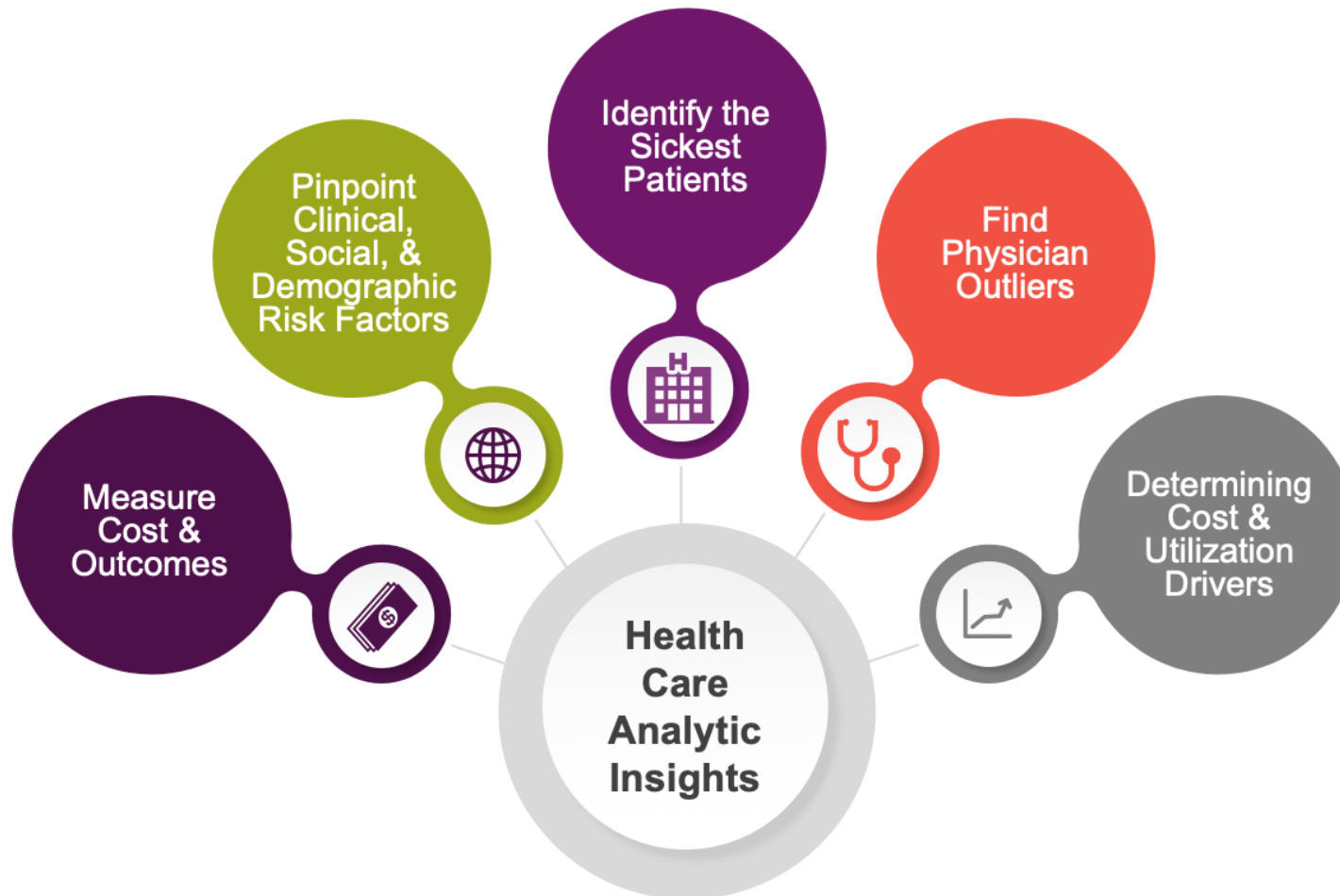
Integration with consumer assets to enable telephonic, digital, in-person and video capabilities



Core Platform Applications

Integrated platform serving as the key enabling technology creating a continuum that is extensible and scalable

Overall, analytics uncover meaningful patterns



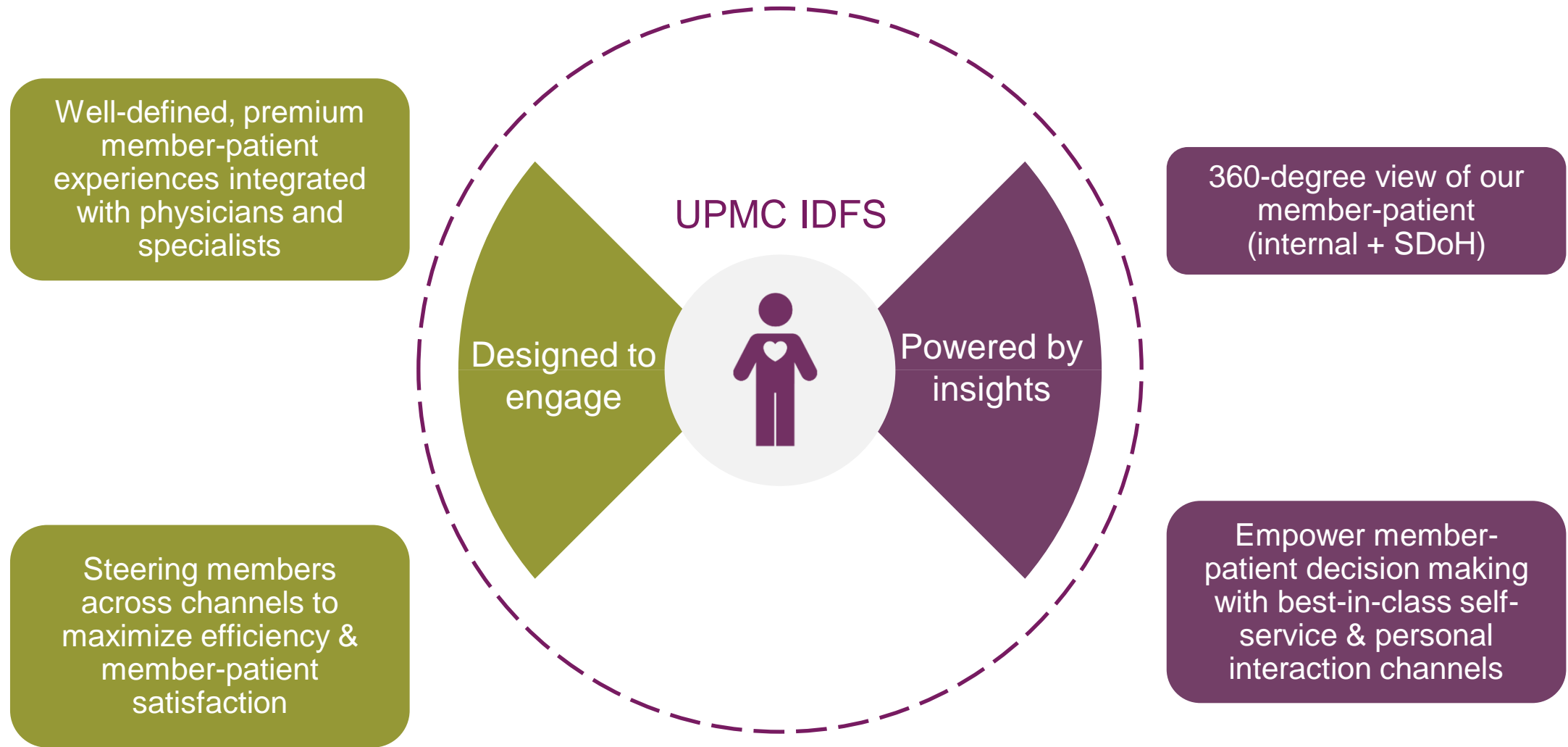
UPMC has been utilizing its data within each of the core areas of the ecosystem:

- **Hospitals (clinical data)**
- Facilities
- **Health Plan (claims data)**
- Enterprises

Claims data has helped payers utilize comparative analytics to understand care patterns and inform disease management programs. But claims data is limited because it is transactional. It alone doesn't contain the depth and detail needed to see the full picture of patient care.

That type of data is found in clinical records, stored within provider organizations.

Leveraging tech & analytics to align member-patient experience creates a WIN-WIN-WIN!

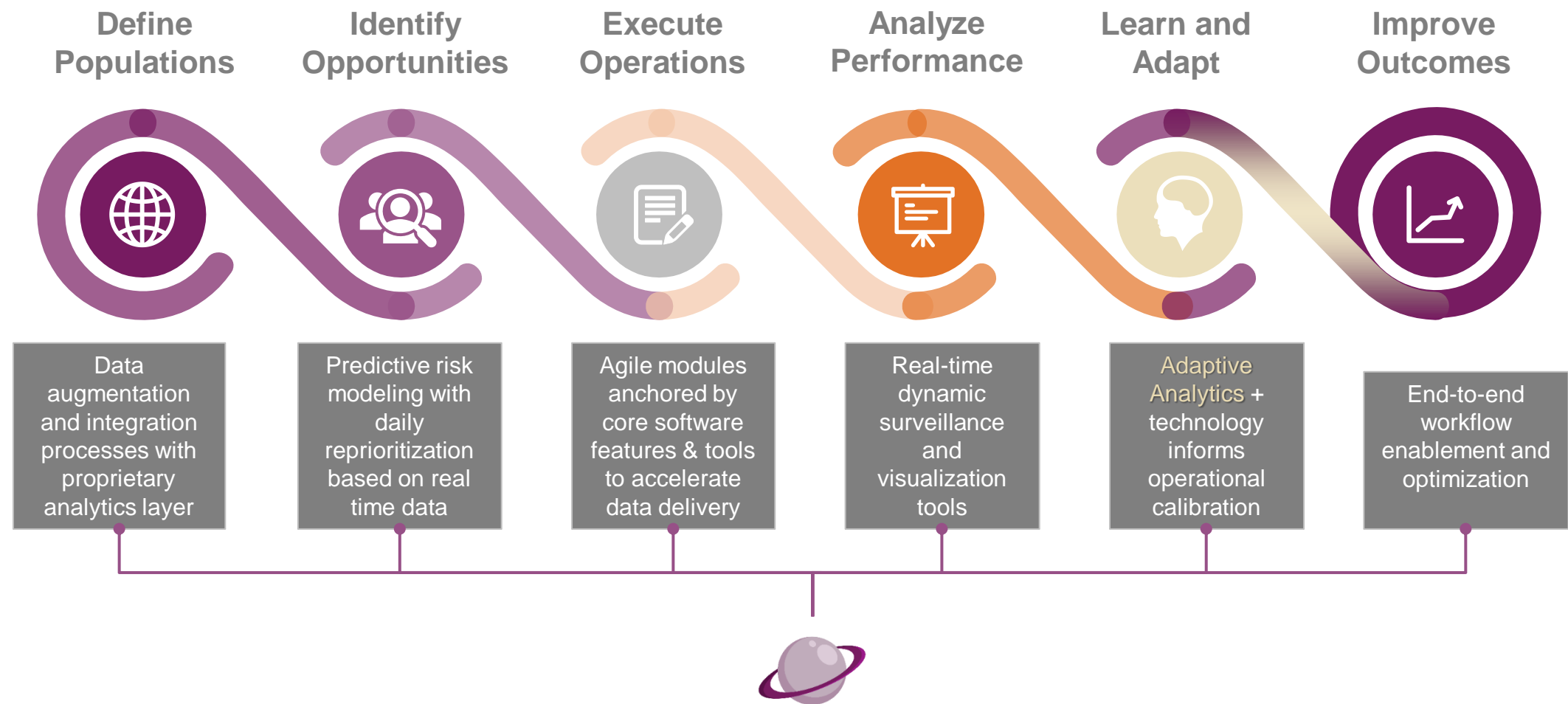


Using Adaptive Analytics to Serve Complex Populations

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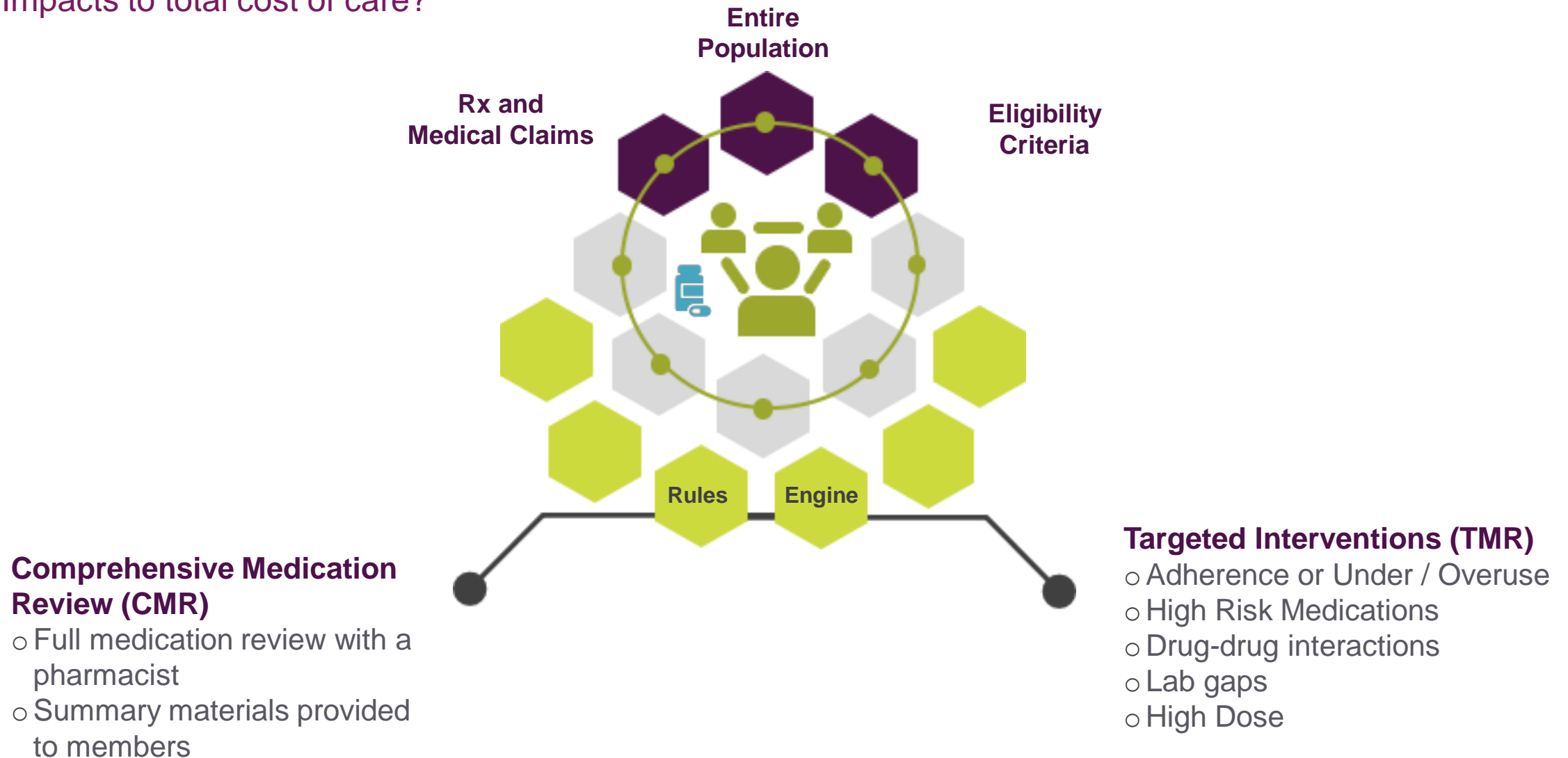
The future of population health management relies on adaptive analytics

Proprietary software provides infrastructure and core capabilities that enable the full scope of population health functions.

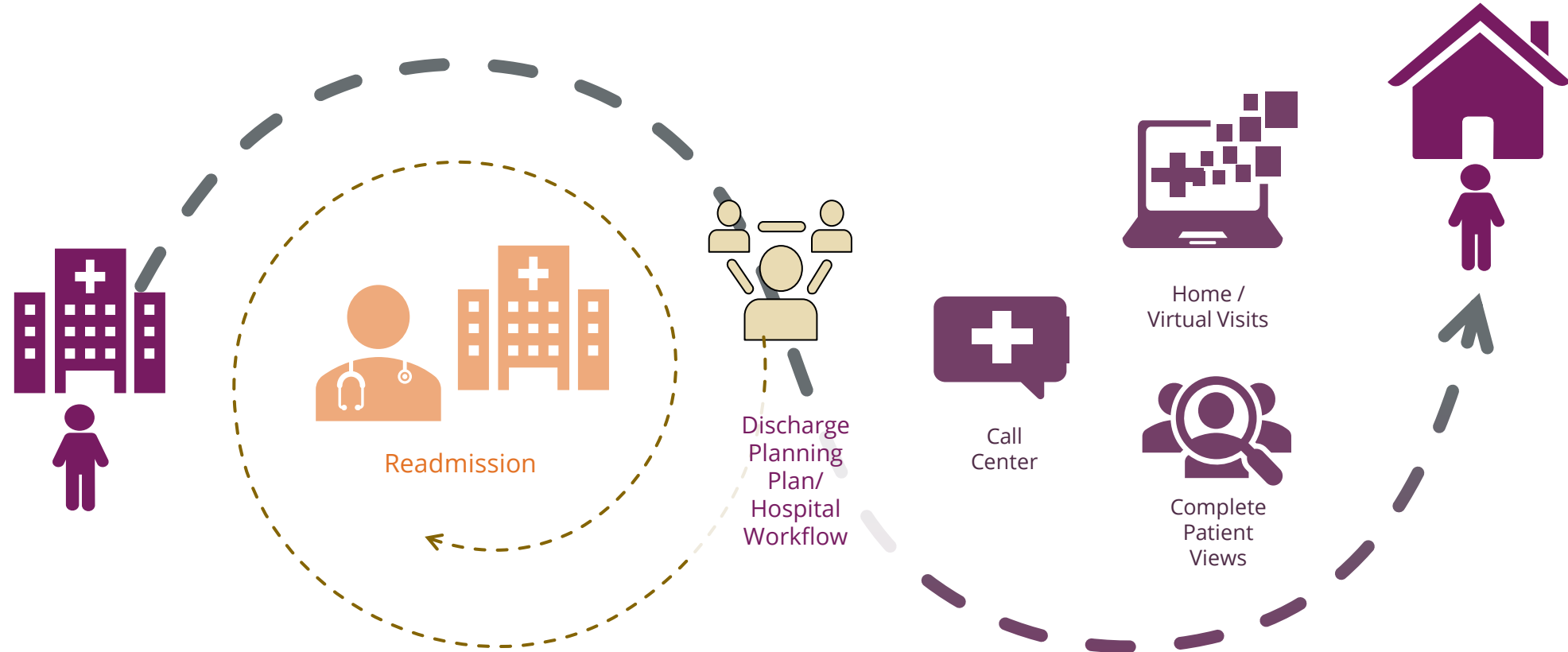


Integrated pharmacy example:

Impacts to total cost of care?



Improving care transitions and coordination



**How do you see adaptive analytics
maturing in the next 3 years?**

Intelligence vs. reporting



Adaptive analytics will drive business and health plans to build a holistic view of members and patients.

Actionable insights within the physician or care management workflows will be expected to streamline and simplify experience and focus.

Quality will be further redefined through a patient and payment lens.

Thank you.

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