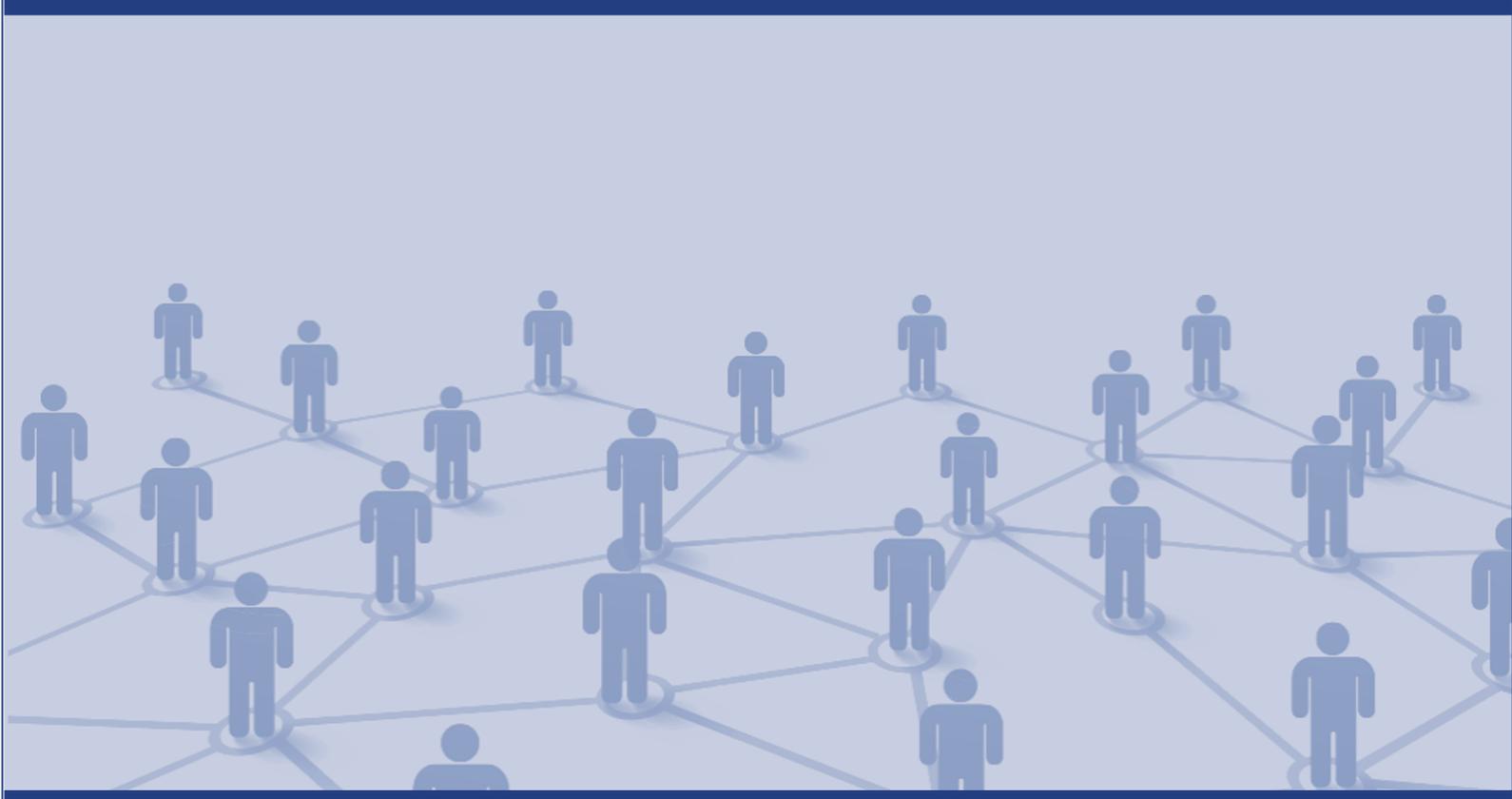


AN OVERVIEW OF NASCATE RELATIONSHIPS



Value-based success, informed by *life*.

The Value of Relationships in Healthcare

Nasate Relationships were built as a diagnostic tool around attribution.

Attribution is used to tie Members and Providers together and is the most critical component of value-based contract design. The goal of attribution is to have credible, measurable results that are equitable to both payers and providers. The perspectives of the patient, provider and payer/actuary should converge on the same answer to the question, *“Whose patient is it?”* And all three stakeholders should have insight into the accountability of costs that are affected over time.

“Attribution is defined as the method used to determine which provider group is responsible for a patient’s care and costs.”

-The Health Care Payment Learning and Action Network (HCP-LAN)

To understand the impact and opportunities inherent in any attribution methodology, Nasate has developed Relationships.

PROBLEMS WITH TRADITIONAL METHODOLOGY

In traditional attribution methodology, organizations use historical claims history with a focus on recency and dollars. But Nasate has observed two core issues with this logic:

➔ Instability

Instability is caused by short periods of intense use that often do not reflect long term relationships, or utilization following a gap in care.

➔ Unattributed Members

A high percentage of members do not get attributed under traditional assignment rules for a few reasons. They do not demonstrate utilization that fits the traditional attribution rules, they are excluded because they under-utilize, or because they have access challenges.

Nasate Relationships were built as a diagnostic tool around attribution. Relationships connect each member to his or her main provider, whom the member has an established relationship with. The *strength* of that relationship is then quantified and categorized as either strong, medium, or weak.



RELATIONSHIPS SIGNIFICANTLY IMPACT OUTCOMES

Strong Member-Provider relationships greatly impact outcomes for the payer, provider, and member.

Strength of Relationship and Outcomes for a Sample Commercial Population

STRENGTH OF RELATIONSHIP	PERCENT OF POPULATION WITH RELATIONSHIPS	POPULATION AVERAGE CHRONIC CONDITION COUNT	ALLOWED DOLLARS PER MEMBER PER MONTH
PCP Strong	48.2%	1.6	\$406
PCP Medium	24.5%	1.4	\$503
PCP Weak	22.9%	1.1	\$547
Specialist Strong	3.5%	1.0	\$407
Specialist Medium	0.8%	1.8	\$801
Specialist Weak	0.1%	2.2	\$1,199
TOTAL	100%	1.4	\$464

Members with a strong relationship to a provider have lower cost, are less likely to have dispersed care, and have more services that stay in the network when compared to those members with weaker relationships.

We see similar directional outcomes when accounting for cohorts of clinical risk.

Strength of Relationship and Outcomes for Nascate's Complex Persona

STRENGTH OF RELATIONSHIP	PERCENT OF POPULATION WITH RELATIONSHIPS	POPULATION AVERAGE CHRONIC CONDITION COUNT	ALLOWED DOLLARS PER MEMBER PER MONTH
PCP Strong	51.3%	2.2	\$523
PCP Medium	25.4%	2.2	\$719
PCP Weak	17.2%	2.4	\$1,083
Specialist Strong	4.5%	1.8	\$628
Specialist Medium	1.5%	2.1	\$898
Specialist Weak	0.2%	3.1	\$1,864
TOTAL	100%	2.2	\$677

Strength of Relationship plays a greater role in individuals with more serious medical issues and consequently more interaction with the system. To illustrate, this is an example of outcomes for a complex population (those with two or more complex chronic conditions).

RELATIONSHIPS OVERCOME PROBLEMS IN TRADITIONAL METHODOLOGY

By utilizing Relationship insight, Nascate is able to overcome the two core problems mentioned in traditional attribution methodology- instability and unattributed members.

➔ Stability

Relationships are stable. The link between member and provider can only be broken if there's enough evidence to show a weakening and changing relationship to a new provider.

➔ More Attributed Members

Relationships are more inclusive of different individuals. Under-users, or those with gaps in care, still get attributed because the methodology is based on a long history and includes additional options around behaviors and family where an individual relationship cannot be established.

Relationships can be used as a replacement for attribution. But your existing Attribution and Relationships can also work together as a powerful tool that allows organizations to understand and prioritize an attributed population, improve performance (by strengthening relationships), and identify opportunities around population growth.

NASCATE'S METHODOLOGY FOR RELATIONSHIPS

To calculate Relationships, Nascate evaluates claims utilization over time. We focus on the **behaviors** between individuals and Providers, and not purely on volume. This emphasis on *continuity* of utilization over *recency* of utilization is a key factor in establishing more stable connections. Our longitudinal view of relationships, and the **strength** of those relationships, is the starting point for our methodology and allows us to better understand *how* Members and Providers are working together and what natural behaviors exist.

Relationships between individuals and providers are assigned a strength (strong, medium, or weak) which can be tracked and monitored over time.

Once Relationship Strength has been established, our methodology has a set of rules that must be met before an individual is shifted to a new provider. In other words, the person would have to “qualify” out of their existing relationship.

Relationships are developed at the base level of NPI-to-Person, and therefore are configurable to different levels of Provider organizations (such as TIN, ACO, and Risk Arrangement).