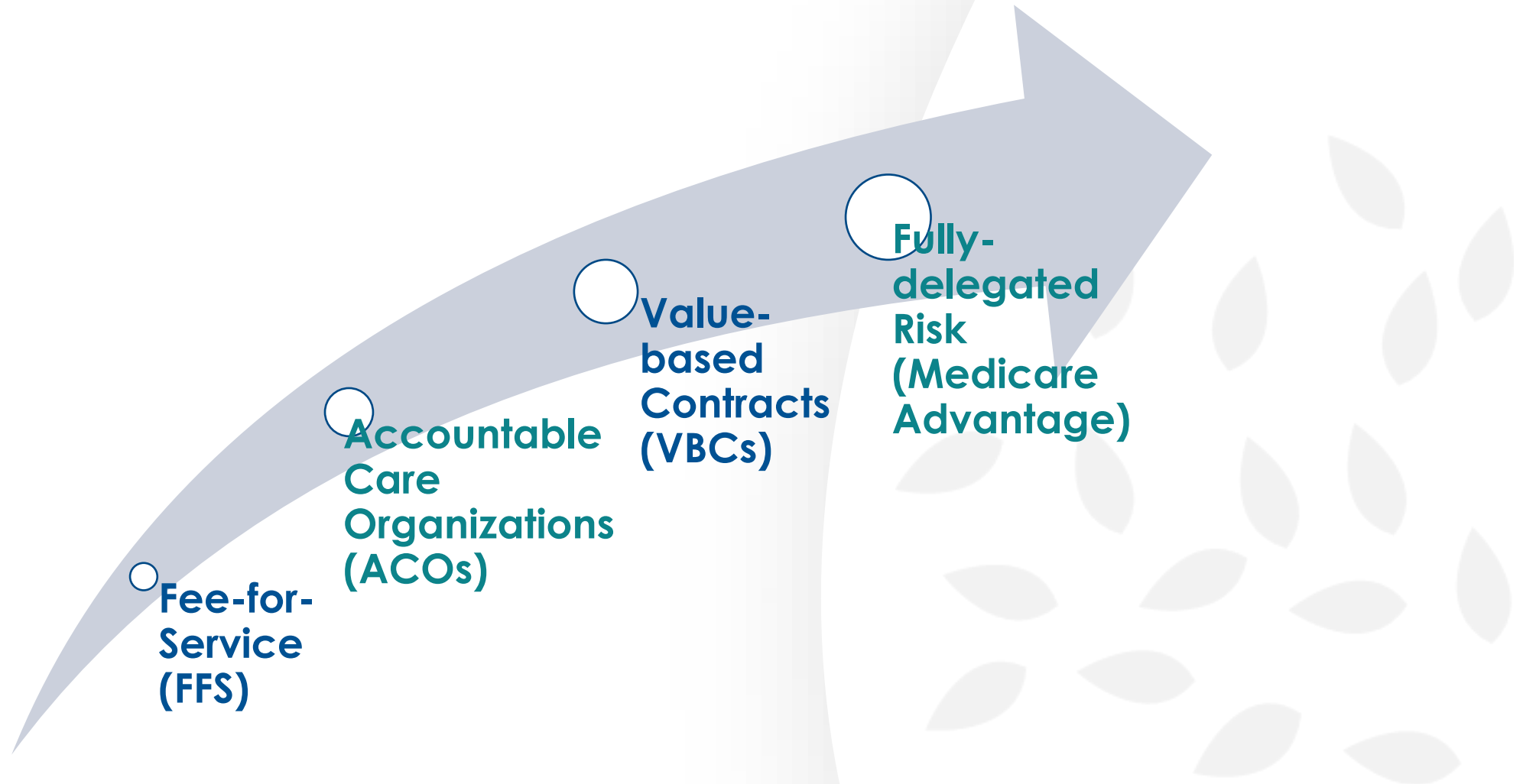# Learning Objectives

1. Illustrate healthcare's payment model progression—from fee-for service to fully-delegated risk as it relates to value-based contracts.

2. Outline the role of laboratory data in successful payor contract performance & for proper documentation of patient health status and risk.

3. Explain how laboratory data applies to quality performance metrics.

4. Appraise the value that point-of-care testing and lab metrics bring to value-based contracts, including specific data mining examples.

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Value-based Contracts

The Continuum of Payment Models

Fee-for-Service (FFS)

Accountable Care Organizations (ACOs)

Value-based Contracts (VBCs)

Fully-delegated Risk (Medicare Advantage)

Terms Explained

Fee-for-Service (FFS)

- Providers are paid for services provided on transactional basis
- More transactions = more revenue

Shared Savings (Upside Risk)

- Rewards providers for reducing healthcare spending below an expected target
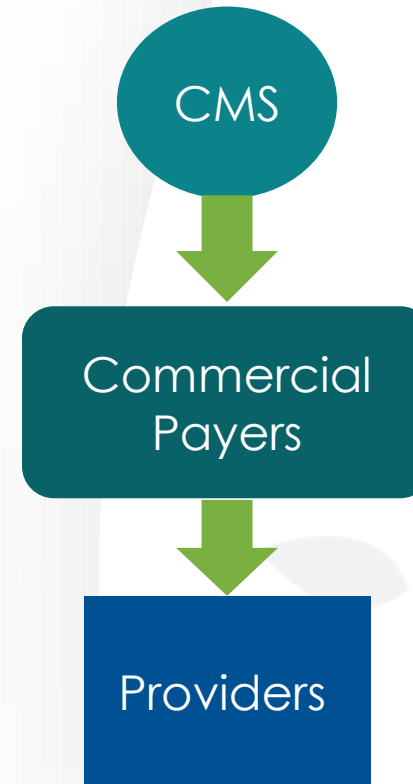
Shared Risk (Downside Risk)

- Performance-based incentives
- Share costs savings + disincentives for overspending

How the $$ Flows

Medicare

Medicare Advantage

CMS

Providers

CMS

Commercial Payers

Providers

Examples
- UHC
- Aetna
- Humana

Successful Alignment with Payors

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Tips for Aligning Value with Payors

1. Maximize your service
   - Not likely to win on higher FFS pricing
   - Show how your lab will provide value-based services

2. Make a reasonable offer to:
   - Understand the payer's financial pain points and objectives
   - Present a fair offer that helps both parties succeed

Chen, P. How to Negotiate Contracts: Leveraging Quality to Combat Price. Lab Leaders. Aug 2021. Accessed at: https://lableaders.roche.com/us/en/resource-center-pages/128-how-to-negotiate-contracts-leveraging-quality-to-combat-price.

Use Data to Show Value

Actively monitor diabetic & chronic kidney disease (CKD) populations to identify patients who:

- Have not been seen for at least a year
- Are undiagnosed (do not have a Dx code that correlates with lab results that indicate CKD or diabetes)

For those patients:

- Prioritize patients by disease severity
- Schedule lab tests before the next visit
- Work with providers to document proper Dx codes
- Communicate to providers patients that need follow-up

Chen, P. How to Negotiate Contracts: Leveraging Quality to Combat Price. Lab Leaders. Aug 2021. Accessed at: https://lableaders.roche.com/us/en/resource-center-pages/128-how-to-negotiate-contracts-leveraging-quality-to-combat-price.

Benefits

- Patients
  - Better manage their disease
  - Avoid dangerous complications
  - Avoid hospitalization

- Payers/ACOs
  - Avoid negative financial effects of missing Dx codes
  - Realistically estimate costs
  - Achieve higher shared savings

- Providers
  - Improve their PQRS scores
  - Receive financial bonuses for delivering quality care
  - Improve patient outcomes

Chen, P. How to Negotiate Contracts: Leveraging Quality to Combat Price. Lab Leaders. Aug 2021. Accessed at: https://lableaders.roche.com/us/en/resource-center-pages/128-how-to-negotiate-contracts-leveraging-quality-to-combat-price.

Measuring Payor Performance

HEDIS
Healthcare Effectiveness Data and Information Set

"HEDIS is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance."

- HEDIS performance tools are used as part of the Medicare Star Rating system.
  - Help determine if medical services are improving patient outcomes

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HEDIS® includes more than 90 measures across 6 domains of care:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health Plan Descriptive Information
6. Measures Collected Using Electronic Clinical Data Systems

HEDIS Example - CDC

CDC –
Comprehensive
Diabetes Care*

Members 18 to 75 with type 1
and 2 diabetes who received
proper testing and care for
diabetes during the
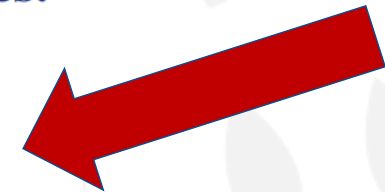measurement year

*Medicare
  Medicaid
  Commercial

Documentation needed:

1. Hemoglobin A1C*
2. Blood pressure*
3. Nephropathy: Urine rests, ACE/ARB prescription, or visits to nephrologists during the measurement year
4. Dilated retinal eye exam (during the measurement year or year prior)

Common chart deficiencies:

- Incomplete information from consultants in the PCP charts
- Incomplete information related to yearly lab testing and results

* Note: Date and result of last screening in the measurement year.

HEDIS Example
Comprehensive Diabetes Care (CDC)

Assesses adults 18–75 years of age with diabetes (type 1 & 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%) for a selected population
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (<140/90 mm Hg)

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Hgb A1C > 9

Selected Tests: POC A1C

Run Date/Time: 07/12/2021 8:48AM

Excluded Order Choices: None Specified

Selected Patients: All Patients

Dates: None Specified

Results Shown: Critical, Abnormal, Normal, STAT, ASAP, ROUTINE, Only Active Patients

Total Rows: 8   **Mean:** 11.225   **Standard Deviation:** 2.140594   **Coefficient of Variation:** 19.06988

Patient DOB (MM/dd/YYYY)	Patient First Name	Patient Last Name	Patient ID	Sample ID	Test Name	Result	Order Choice Diagnoses	Result Approval Date	Ordering Provider First Name	Ordering Provider Last Name
3/31/1985	Gale	Gavins	16-201-006	18155-CU-016	POC A1C	9.3	E11.9	06/04/2018 11:50AM	Billie	Harris
1/23/1981	Gina	Haflich	16-146-014	18155-CU-014	POC A1C	12.8	E10.9	06/04/2018 11:50AM	Jane	Provider
2/12/1990	Mary	Andrews	19-124-183	18155-CU-011	POC A1C	15.0	E11.9	06/04/2018 11:50AM	Jane	Provider
6/30/1982	Hannah	Hanover	16-201-004	18155-C1-015	POC A1C	9.9	E10.9	06/04/2018 11:51AM	Michelle	Anderson
4/21/1985	Melissa	Gabel	16-146-011	18155-C1-013	POC A1C	13.0	E11.8	06/04/2018 11:51AM	Michelle	Anderson
4/1/2013	Kain	Kartinelli	16-202-003	18155-C1-012	POC A1C	9.3	E10.9	06/04/2018 11:51AM	Michelle	Anderson
4/2/1951	Jerome	Abrams	J123A	18155-C1-017	POC A1C	11.0	E10.8	06/04/2018 11:51AM	Michelle	Anderson
7/27/2000	Brad	Tuttle	0000066678	18086-ry-008	POC A1C	9.5	E11.9	08/07/2018 1:30PM	Jane	Provider

Hgb A1C <8

Patient DOB (MM/dd/YYYY)	Patient First Name	Patient Last Name	Patient ID	Sample ID	Test Name	Result	Order Choice Diagnoses	Result Approval Date	Ordering Provider First Name	Ordering Provider Last Name
12/5/1985	Louise	Babcock	16-202-002	16203--1-005	POC A1C	5.0	E08.00	07/21/2016 8:40AM	Michelle	Anderson
2/1/1977	Isabella	Ians	16-201-003	16203-iv-020	POC A1C	6.1	E10.9	07/21/2016 10:51AM	Michelle	Anderson
6/30/1982	Hannah	Hanover	16-201-004	16203-iv-050	POC A1C	5.2	E11.9	07/21/2016 1:25PM	Michelle	Anderson
6/30/1982	Hannah	Hanover	16-201-004	16203-iv-050	POC A1C	5.2	E11.9	07/21/2016 1:25PM	Michelle	Anderson
12/5/1985	Louise	Babcock	16-202-002	16203-HB-082	POC A1C	5.0	E10.9	02/26/2018 9:09AM	Patricia	Bolding
12/5/1985	Louise	Babcock	16-202-002	16203--1-013	POC A1C	5.2	E08.00	02/26/2018 1:01PM	Michelle	Anderson
12/5/1985	Louise	Babcock	16-202-002	16203-HB-082	POC A1C	5.0	E10.9	02/26/2018 9:09AM	Patricia	Bolding
12/5/1985	Louise	Babcock	16-202-002	16203--1-012	POC A1C	5.9	E08.21	02/26/2018 1:39PM	Michelle	Anderson
4/1/2013	Kain	Kartinelli	16-202-003	18155-CU-007	POC A1C	7.8	E10.8	06/04/2018 11:39AM	Jane	Provider
6/30/1982	Hannah	Hanover	16-201-004	18155-C1-004	POC A1C	7.4	E10.9	06/04/2018 11:40AM	Michelle	Anderson
2/12/1990	Mary	Andrews	19-124-183	18155-C1-008	POC A1C	7.1	E10.9	06/04/2018 11:41AM	Michelle	Anderson

Hgb A1C <7

Selected Tests: POC A1C   **Run Date/Time:** 07/12/2021 8:40AM
Excluded Order Choices: None Specified
Selected Patients: All Patients
Dates: None Specified
Results Shown: Critical, Abnormal, Normal, STAT, ASAP, ROUTINE, Only Active Patients
Total Rows: 8   **Mean:** 5.3250003   **Standard Deviation:** 0.4301163   **Coefficient of Variation:** 8.077301

Patient DOB (MM/dd/YYYY)	Patient First Name	Patient Last Name	Patient ID	Sample ID	Test Name	Result	Order Choice Diagnoses	Result Approval Date	Ordering Provider First Name	Ordering Provider Last Name
12/5/1985	Louise	Babcock	16-202-002	16203--1-005	POC A1C	5.0	E08.00	07/21/2016 8:40AM	Michelle	Anderson
2/1/1977	Isabella	Ians	16-201-003	16203-iv-020	POC A1C	6.1	E10.9	07/21/2016 10:51AM	Michelle	Anderson
6/30/1982	Hannah	Hanover	16-201-004	16203-iv-050	POC A1C	5.2	E11.9	07/21/2016 1:25PM	Michelle	Anderson
6/30/1982	Hannah	Hanover	16-201-004	16203-iv-050	POC A1C	5.2	E11.9	07/21/2016 1:25PM	Michelle	Anderson
12/5/1985	Louise	Babcock	16-202-002	16203-HB-082	POC A1C	5.0	E10.9	02/26/2018 9:09AM	Patricia	Bolding
12/5/1985	Louise	Babcock	16-202-002	16203--1-013	POC A1C	5.2	E08.00	02/26/2018 1:01PM	Michelle	Anderson
12/5/1985	Louise	Babcock	16-202-002	16203-HB-082	POC A1C	5.0	E10.9	02/26/2018 9:09AM	Patricia	Bolding
12/5/1985	Louise	Babcock	16-202-002	16203--1-012	POC A1C	5.9	E08.21	02/26/2018 1:39PM	Michelle	Anderson

HEDIS Example – COL

COL — Colorectal Cancer Screening*

Members age 50 to 75 who had appropriate screening for colorectal cancer

* Medicare and Commercial

Documentation needed:

Date and result of one of these screenings:
- Colonoscopy (within last 10 years)
- Fecal occult blood testing (FOBT) in measurement year
  - FOBT tests performed in an office setting or on a digital rectal exam do not count
- Flexible sigmoidoscopy (within last five years)
- CT colonography (within last five years)
- Fecal immunochemical DNA test (FIT-DNA) a.k.a. Cologuard®, (within the last three years)

> Patient reported data noted on a medical record is sufficient evidence with *date and results noted.*

Common chart deficiencies:

- Colorectal screenings are not consistently documented in health histories.
- Typically this information is included on health history forms; however, this information is not always provided as part of the record submissions.

Patients 50-75 years old with FOB within last year

Excluded Tests: None Specified   **Run Date/Time:** 07/12/2021 10:20AM
Selected Order Choices: POC FOBT
Selected Patients: All Patients
Dates: None Specified
Results Shown: Critical, Abnormal, Normal, STAT, ASAP, ROUTINE, Only Active Patients
Total Rows: 7   **Mean:** NaN   **Standard Deviation:** -0.0   **Coefficient of Variation:** NaN

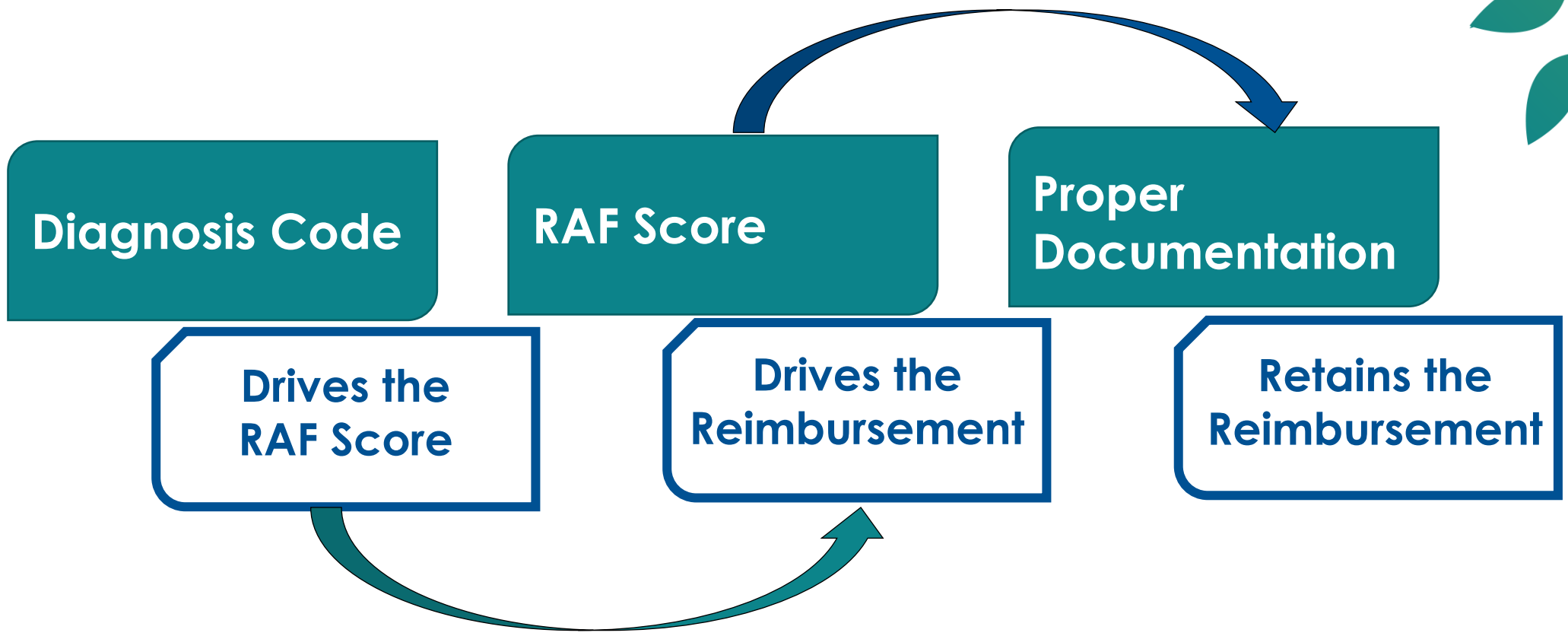| Patient DOB (MM/dd/YYYY)	Patient First Name	Patient Last Name	Patient ID	Sample ID	Test Name	Result	Order Choice Diagnoses	Result Approval Date	Ordering Provider First Name	Ordering Provider Last Name
2/1/1977	Isabella	Ians	16-201-003	17101-YN-004	POC FOBT	Negative	D72.829	02/26/2018 1:42PM	Michelle	Anderson
4/2/1951	Jerome	Abrams	J123A	21193-FM-006	POC FOBT	Negative	R36.1	07/12/2021 10:16AM	Michelle	Anderson
6/28/1939	Janice	Cain	16-202-001	21193-FM-003	POC FOBT	Negative	K92.1	07/12/2021 10:16AM	John	Doe
6/28/1939	Janice	Cain	16-202-001	21193-FM-003	POC FOBT	Negative	R36.1	07/12/2021 10:16AM	John	Doe
4/30/1966	Morgan	Marx	M123M	21193-FM-004	POC FOBT	Negative	K92.1	07/12/2021 10:16AM	Allen	Weber
4/30/1966	Morgan	Marx	M123M	21193-FM-004	POC FOBT	Negative	R36.1	07/12/2021 10:16AM	Allen	Weber
7/16/1957	Nancy	Bacon	16-146-176	21193-FM-005	POC FOBT	Positive	R36.1	07/12/2021 10:16AM	Michelle	Anderson

How RAF Affects Reimbursement

Risk Adjustment Factor

- Average Medicare patient RAF = 1.0

- Starting RAF score determined by demographics
  - age, race, etc. + a market-based adjustment

- CMS reimburses 1% **HIGHER** for every 0.01 RAF increase
  - ~ $100 PMPM for every 0.1 RAF increase

Example: $1,000 PMPM ($12,000 annually)
  - With RAF increase, payment for that member would increase to $1,100/month ($13,200 annually)

Source: Resnick, R. Risk Adjustment 2018 and RAF Scores 101. Accessed at: http://www.tmgipa.com/rafcoding318a.pdf

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Diagnosis Code — Drives the RAF Score

RAF Score — Drives the Reimbursement

Proper Documentation — Retains the Reimbursement

Source: Resnick, R. Risk Adjustment 2018 and RAF Scores 101. Accessed at: http://www.tmgipa.com/rafcoding318a.pdf

Valid HCC Documentation Requires 3 Points

Hierarchical Condition Codes

1	**Diagnosis**	Face-to-face visit with NP or higher (pandemic has created changes here)
2	**Status or Condition**	Stable condition, worsening, labs/ tests ordered, medications adjusted
3	**Plan of Action**	COPD, Stable, continue current medications

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The Importance of M.E.A.T

Documentation for Every Diagnosis must have the M.E.A.T.	
Monitor	signs, symptoms, disease progression, disease regression
Evaluate	test results, medication effectiveness, response to treatment
Assess/ Address	order tests, discussion, review records, counseling
Treat	medications, therapies, other modalities

Source: Resnick, R. Risk Adjustment 2018 and RAF Scores 101. Accessed at: http://www.tmgipa.com/rafcoding318a.pdf

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Documentation is Critical for MA

"Every patient with diabetes should be evaluated for the many manifestations, co-morbidities of the disease, and complications with the progress notes and tests showing that this evaluation was done."

Diagnosis	ICD-10	HCC Weight
Without complications	E11.9	0.104
DM w/Kidney Comp.	E11.2X	0.318
DM w/Ophthalmic Comp.	E11.3X	0.318
DM w/Neurologic Comp	E11.4X	0.318
DM w/Circulatory Comp.	E11.5X	0.318
DM w/Oral Comp.	E11.6X	0.318
DM w/CKD	**E11.22**	**0.318**

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No Documentation = No $$$$

Chronic Kidney Disease

Stage	Severity	GFR(mL/min)	ICD-10	HCC Weight
Stage 1		90	N18.1	0
Stage 2	Mild	60-89	N18.2	0
Stage 3	Moderate	30-59	N18.3	0
Stage 4	**Severe**	**15-29**	**N18.4**	**0.237**
Stage 5	**Kidney Failure**	**<15**	**N18.5**	**0.237**
ESRD	**Code w/renal dialysis status Z99.2**	**Requiring chronic dialysis or transplant**	**N18.6**	**0.422**
CKD Unspecified			N18.9	0

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Financial Impact of **Poor** Documentation

E11.0 Diabetes without complications

Diabetes without complications (HCC 19)	RAF 0.121
$1000.00 PMPM X 0.121	= $121/ PMPM
X 12 months	= $1452/ year
X 500 members	= **$726,000/ year**

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Financial Impact of <u>Proper</u> Documentation

E11.51 Diabetes with Diabetic Peripheral Angiopathy

Diabetes with complications (HCC 18)	RAF 0.374
Vascular Disease (HCC 108)	RAF 0.319
$1000.00 PMPM X (0.374 + 0.319)	= $693/ PMPM
X 12 months	= $8316/ year
X 500 members	= **$4,158,000/ year**

Without the right documentation, $3,432,000 unavailable for patient resources

Source: Resnick, R. Risk Adjustment 2018 and RAF Scores 101. Accessed at: http://www.tmgipa.com/rafcoding318a.pdf

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How to Get an A+

Medicare STAR Rating System

Medicare reviews plan performance yearly & releases new star ratings each fall…

MA Plans are rated on how well they perform in 5 different categories:

- Staying healthy: screenings, tests, & vaccines
- Managing chronic (long-term) conditions
- Plan responsiveness & care
- Member complaints, problems getting services, & choosing to leave the plan
- Health plan customer service

HEDIS, STAR Performance Metrics

Measure Level Performance

STAR Ratings by Plan

	Measure Description			STAR Ratings by Plan	
ID	**Measure Name**	**Type**	**Weight**		
ABA	Adult BMI Assessment	Hybrid	1.0	4.00	4.00
CDCEYE	Diabetes Care – Eye Exam	Hybrid	1.0	3.00	3.00
CDCNEP	Diabetes – Kidney Disease	Hybrid	1.0	4.00	4.00
CDCA1C9	Diabetes – Blood Sugar	Hybrid	3.0	4.00	5.00
MAD	Med Adherence – Diabetes	Acumen	3.0	3.00	4.00
CBP	Controlling Blood Pressure	Hybrid	3.0	3.00	2.00
MAH	Med Adherence – Hypertension	Acumen	3.0	4.00	5.00
MAC	Med Adherence - Cholesterol	Acumen	3.0	3.00	4.00

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CMS Star Ratings - Examples

Star Rating Measure	Description
Diabetes Care: Blood Sugar Controlled	Percent of plan members with diabetes who had an HbA1c test during the year that showed their average blood sugar is under control (< 9%)
Diabetes Care: Kidney Disease Monitoring	Percent of plan members with diabetes who had a kidney function test

HEDIS Comprehensive Diabetes Care + Medicare Star

Date range - April 1 to Sept 30

Dx of diabetes (type 1 and type 2)

Hgb A1c >9

GFR <30

CMS Star Rating – Kidney disease

MA plan members with diabetes

With a kidney function test (creat/GFR, kidney function panel, etc.)

% of MA Plan Members with Controlled Diabetes

Hgb A1C <9

Excluded Tests: None Specified
Selected Order Choices: POC Hgb A1C
Selected Patients: All Patients
Dates: None Specified
Results Shown: Critical, Abnormal, Normal, STAT, ASAP, ROUTINE, Only Active Patients

Run Date/Time: 07/12/2021 3:16PM

Total Rows: 4   **Mean:** 6.9999995   **Standard Deviation:** 0.7874008   **Coefficient of Variation:** 11.248584

Insurance Name	Patient First Name	Patient Last Name	Patient ID	Sample ID	Test Name	Result	Order Choice Diagnoses	Result Approval Date	Ordering Provider First Name	Ordering Provider Last Name
Medicare A	Jerome	Abrams	J123A	21193-FM-007	POC A1C	7.9	E10.9	07/12/2021 2:48PM	Michelle	Anderson
Medicare A	Janice	Cain	16-202-001	21193-FM-008	POC A1C	6.0	E10.9	07/12/2021 3:09PM	Michelle	Anderson
Medicare A	Allison	Gillespie	16-146-042	21193-FM-009	POC A1C	7.2	E11.9	07/12/2021 3:16PM	John	Doe
Medicare A	Clark	Kent	16-146-189	21193-FM-010	POC A1C	6.9	E10.9	07/12/2021 3:16PM	John	Doe

% of Plan Members with Diabetes who had Kidney Function Test

DX = Diabetes and GFR <30

Selected Tests: POC GFR calc
Excluded Order Choices: None Specified
Selected Patients: All Patients
Dates: None Specified
Results Shown: Critical, Abnormal, Normal, STAT, ASAP, ROUTINE, Only Active Patients

Run Date/Time: 07/28/2021 2:37PM

Total Rows: 5   **Mean:** 24.0   **Standard Deviation:** 3.391165   **Coefficient of Variation:** 14.129855

Collection Date	Patient Last Name	Patient First Name	Patient ID	Sample ID	Order Choice Diagnoses	Test Name	Result	Ordering Provider First Name	Ordering Provider Last Name
07/28/2021 11:04AM	Abrams	Jerome	J123A	21209-SC-001	E11.9	POC GFR calc	23	Michelle	Anderson
07/28/2021 11:06AM	Ling	Lily	L123L	21209-SC-002	E10.8	POC GFR calc	22	Ralph	Redwood
07/28/2021 11:05AM	Marx	Morgan	M123M	21209-SC-003	E11.9	POC GFR calc	28	Allen	Weber
07/28/2021 2:26PM	Haflich	Gina	16-146-014	21209-SC-004	E08.22	POC GFR calc	27	Dan	Allen
07/28/2021 2:27PM	Gabel	Melissa	16-146-011	21209-SC-005	E10.9	POC GFR calc	20	Allen	Weber

% of Plan Members with Diabetes who had Kidney Function Test

Dx=Diabetes and Elevated Microalbumin/Creat Ratio

Selected Tests: Alb/Creat Ratio
Excluded Order Choices: None Specified
Selected Patients: All Patients
Dates: None Specified
Results Shown: Critical, Abnormal, Normal, STAT, ASAP, ROUTINE, Only Active Patients

Run Date/Time: 07/30/2021 1:26PM

Total Rows: 6   **Mean:** 87.666664   **Standard Deviation:** 39.20034   **Coefficient of Variation:** 44.71522

Collection Date	Patient Last Name	Patient First Name	Patient ID	Sample ID	Order Choice Diagnoses	Test Name	Result	Ordering Provider First Name	Ordering Provider Last Name
07/30/2021 8:51AM	Marx	Morgan	M123M	21211-SC-001	E11.22	Alb/Creat Ratio	109	Michelle	Anderson
07/30/2021 9:45AM	Ling	Lily	L123L	21211-SC-002	E10.22	Alb/Creat Ratio	138	Allen	Weber
07/30/2021 9:47AM	Ubl	Richard	R123U	21211-SC-003	E10.29	Alb/Creat Ratio	117	Michelle	Anderson
07/30/2021 9:48AM	Cain	Janice	16-202-001	21211-SC-004	E10.21	Alb/Creat Ratio	45	Allen	Weber
07/30/2021 1:21PM	Haflich	Gina	16-146-014	21211-SC-006	E10.44	Alb/Creat Ratio	46	Michelle	Anderson
07/30/2021 1:23PM	Andrews	Mary	19-124-183	21211-SC-007	E08.22	Alb/Creat Ratio	71	Allen	Weber

% of Plan Members with Diabetes who had Kidney Function Test

Dx = Diabetes and Elevated BUN/Creat Ratio

Selected Tests: BUN/Creat Ratio
Excluded Order Choices: None Specified
Selected Patients: All Patients
Dates: None Specified
Results Shown: Critical, Abnormal, Normal, STAT, ASAP, ROUTINE, Only Active Patients

Run Date/Time: 07/28/2021 2:47PM

Total Rows: 5	Mean: 30.2	Standard Deviation: 3.49285	Coefficient of Variation: 11.565728

Collection Date	Patient Last Name	Patient First Name	Patient ID	Sample ID	Order Choice Diagnoses	Test Name	Result	Ordering Provider First Name	Ordering Provider Last Name
07/28/2021 11:04AM	Abrams	Jerome	J123A	21209-SC-001	E11.9	BUN/Creat Ratio	28	Michelle	Anderson
07/28/2021 11:06AM	Ling	Lily	L123L	21209-SC-002	E10.8	BUN/Creat Ratio	32	Ralph	Redwood
07/28/2021 11:05AM	Marx	Morgan	M123M	21209-SC-003	E11.9	BUN/Creat Ratio	26	Allen	Weber
07/28/2021 2:26PM	Haflich	Gina	16-146-014	21209-SC-004	E08.22	BUN/Creat Ratio	30	Dan	Allen
07/28/2021 2:27PM	Gabel	Melissa	16-146-011	21209-SC-005	E10.9	BUN/Creat Ratio	35	Allen	Weber
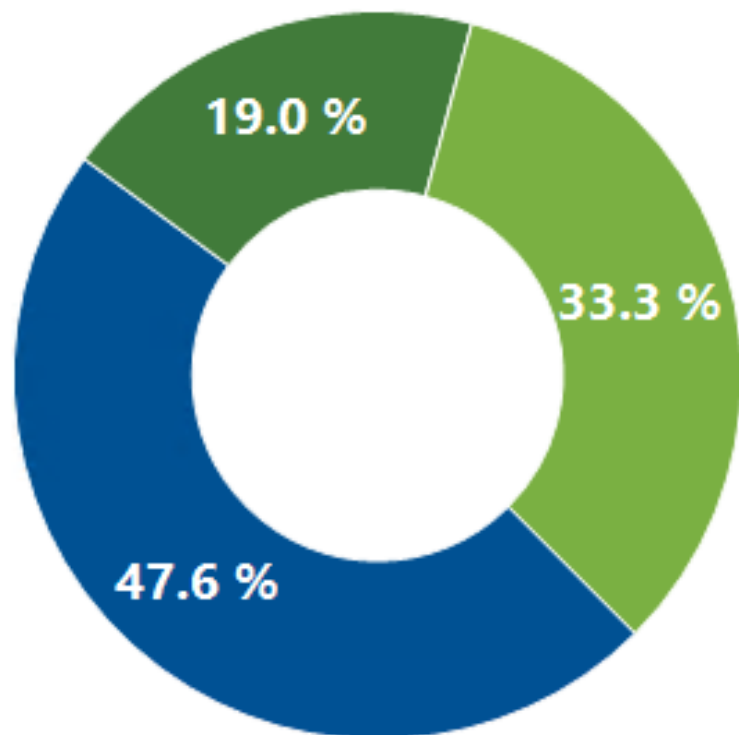
Key Takeaways

Knowledge is power. Knowing what your payers are trying to achieve and how that impacts your lab customers is step 1.

The next step is to meet with the people in your organization who know how those payer elements are cascaded into your value-based contracts. This will help you focus on meaningful lab data that affects your contracts.

Pull reports like the examples in this presentation and set up time with your CMO, VP of Quality, or whomever measures contract performance, and share the types of data you have (or could get) that help move the needle.

You don't have to be an expert to bring value. Be proud of your lab data. It's REALLY valuable☺!

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Thank you

Confidential & Proprietary

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