

What Is Rural Connectivity?

The Rural Connectivity Program was implemented to increase access to health information technology (HIT) resources and analytics for Colorado's Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs). CCMCN makes available a Community Analytics Platform (CAP) that provides a comprehensive suite of analytics to allow rural health providers to view:

- Population health
- Costs of care
- Operational opportunities

By accessing the analytics provided through the CAP, providers are better supported with initiatives that address the following:

- Developing programs
- Understanding costs
- Refining workflows
- Population health strategies

CRHC will be disseminating newsletters quarterly with CCMCN to provide users with helpful tips for navigating the CAP and beneficial insights demonstrated within the data. Providers can utilize this to identify trends within their attributed population.

In partnership with:



Mark your calendars Rural Connectivity User Group

CCMCN and CRHC will be hosting quarterly user group meetings on the **2nd Tuesday of every quarter at 10am**, with the first meeting on **Tuesday, November 8th, 10am - 11am MST**.

The objectives of these meetings will be to:

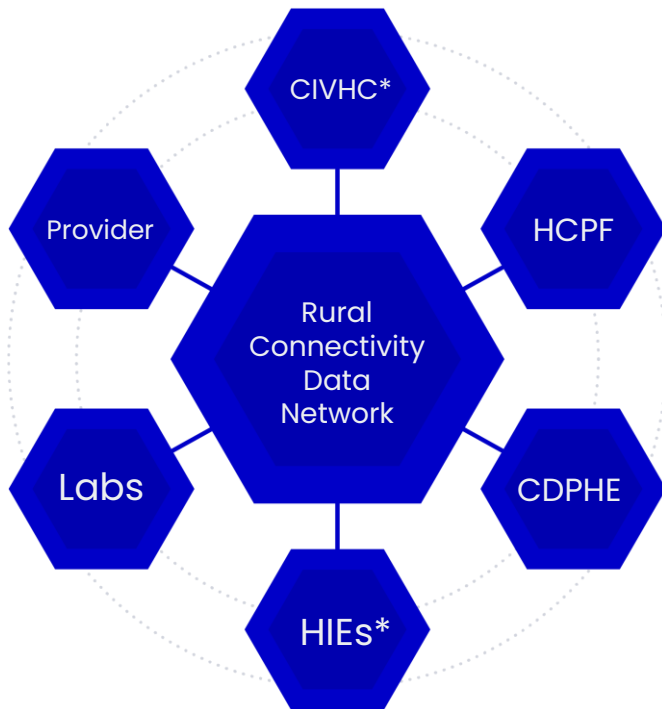
- ✓ Increase awareness of the Community Analytics Platform (CAP) and available reports
- ✓ Collaborate on new reporting ideas
- ✓ Increase utilization and comprehension of the CAP
- ✓ Gather feedback from users for enhancements to the platform
- ✓ Understand how organizations are using the CAP

Join us for our next Rural Connectivity User Group!

[Click here to join the meeting](#)

You Asked We Listened!

The CAP is being launched with multi-factor authentication (MFA) enabled. This process enhances information security and provides peace of mind to organizations participating in the Rural Connectivity Project.



*Recently Updated Data Sources (All updates are visible in the CAP as of 8/31/2022)

Initiatives Supported by the CAP

- Reduction in ER and IP visits
- Reduction in healthcare-associated costs
- Improvement in population health
- Improvement in quality of care delivered
- Reduction in the number of duplicative services
- Population Analysis. Allows providers to see a high-level view of data to make equitable decisions for all individuals represented in the population
- Aid in meeting metric targets or requirements of programs such as alternative payment models (APM) and the Hospital Transformation Project (HTP)

Data Sources Explained!

CCMCN collaborates with multiple organizations to collect ample data equipping end users with quality analytics, creating the environment for data-driven decision making

Contexture HIE

- ✓ ADTs (Admission, Discharge, and Transfers) received in real-time via HL7
- ✓ Laboratory Results

QHN (Quality Health Network) HIE

- ✓ ADTs (Admission, Discharge, and Transfers).
 - Previously ADTs were received in real-time via HL7 for patients with a positive COVID-19 diagnosis only. As of June 30, 2022, ADTs are included for all patients of participating rural providers

HCPF

- ✓ 834 Medicaid Enrollment Files
 - Receive a monthly patient roster of Health First Colorado Members **for organizations who designate CCMCN as an authorized Trading Partner.**

CIVHC (Center for Improving Value In HealthCare)

- ✓ Attribution data on participating rural health providers in the network
- ✓ APCD - All Payers Claims Database
 - As of August 15, 2022, CCMCN receives Medicaid administrative billing claims for participating rural health providers.

Labs

- ✓ Laboratory data collected on behalf of participating rural health providers.

Demographic Files

- ✓ CCMCN receives demographic files from participating rural health providers

All About Dashboards!

CCMCN has crafted dashboards that can be utilized by leadership teams to inform decision making.

Current and Historical Attribution

CCMCN provides network and patient-level Medicaid attribution reports to highlight Medicaid population trends over time. Organizations can utilize this report to view patients who had a temporary loss of coverage, outreach geographically attributed patients who have yet to receive services, and view attribution changes over time. The attribution report contains several dashboards including:

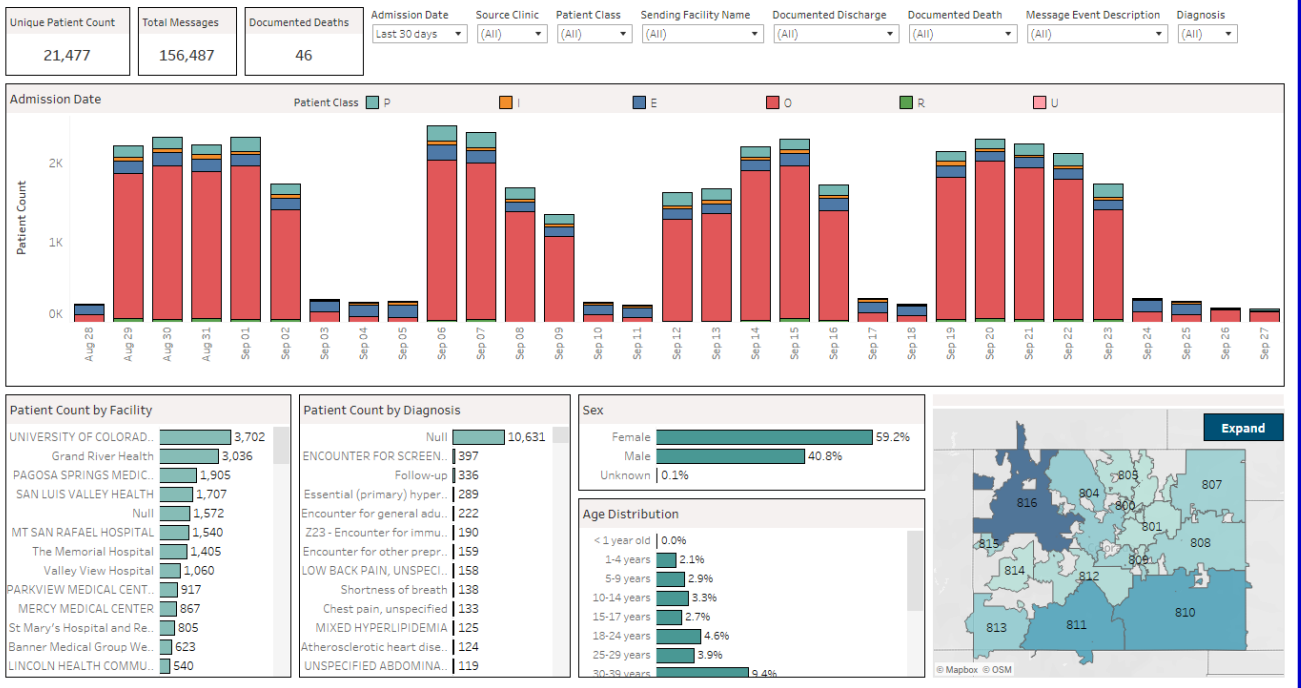
- ✓ **Monthly Attribution Enrollment Trends** - Includes monthly member counts and differences in enrollment from month to month
- ✓ **Monthly Enrollment Churn** - Attribution status changes every month
- ✓ **Currently Attributed** - List of currently attributed patients with breakdowns by age, gender, and location

ADT Summary

The ADT Summary report allows users to visualize Admits, Discharges, and Transfers over time for their respective organizations. Users can view any ADT message for patients attributed to their organizations. Access to ADT messages allows for proactive care coordination, timely follow-up after discharge, a decrease in duplicative services, improved patient outcomes and decreased hospital utilization among members. Users have access to:

- ✓ **Sending Facility**
- ✓ **Presenting Diagnoses**
- ✓ **Demographic Characteristics**
- ✓ **Discharge Status**
- ✓ **Patient Class**

Network Admit, Discharge, and Transfer Summary Report



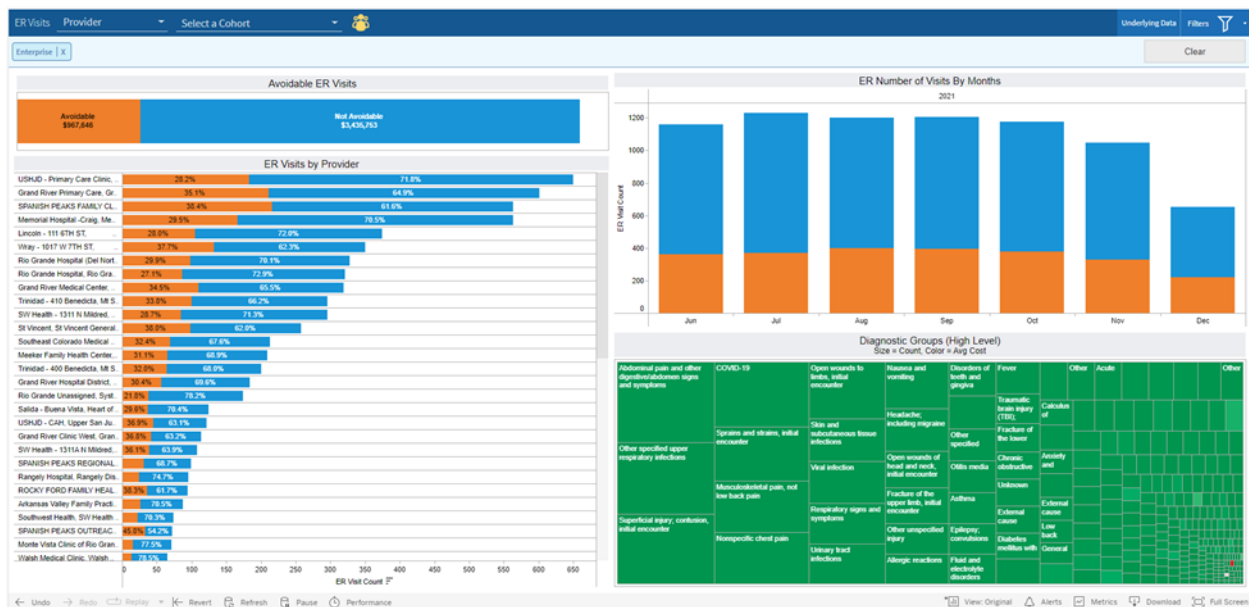
COVID-19 Reporting

The CAP offers several reports that equip providers with the tools to identify and manage patients who have been diagnosed or have symptoms associated with COVID-19 utilizing HIE ADT messages, labs, and CIVHC Medicaid administrative billing claims data. These include:

- ❖ **COVID-19 HIE Activity**
- ❖ **COVID-19 Patient Management**
- ❖ **COVID-19 Trends and Distributions**

Users are also able to view breakdowns by symptoms, chronic conditions, diagnoses, and other demographic characteristics of their member populations.

All About Dashboards!



Claims Analytics

In previous end-user groups, participants were asked to provide feedback on current dashboards within the CAP and additional information that would be beneficial to report on. Feedback from end-users included:

- ✓ Access to services performed on attributed members at other facilities
- ✓ The ability to build cohorts for high-risk patients within the organization
- ✓ Ability to view duplicated services and collection of information

The information can now be accessed with the new Claims Analytics module that is visible in the CAP. As of August 31, 2022, end-users who have authorized CCMCN to receive data from CIVHC can view their attributed population in claims reports.

Claims reports can be utilized to look at aggregate-level data for your respective organization. Providers can view their attributed patients and review ER & IP visits, pharmacy claims, utilization, costs and much more.

New Claims Analytics include the following reports:

- **Detailed Finance & Utilization (DFU)** – aggregate-level view of utilization and PMPM cost over time.
- **Detailed Finance & Utilization Professional (DFUP)** – aggregate-level view of utilization and cost by specialty over time.
- **Patient Episodes** – highlights cost & utilization for post-acute care facilities.
- **Facility Claims Analysis** – displays total paid claims over time by claim type for Part A data only.
- **ER Visits**– displays avoidable and non-avoidable ER visits over time by the diagnostic group.
- **Professional Claims Analysis** – overview of in-network and out-of-network claims over time by rendering provider specialty.
- **Pharmacy Claims Analysis** – displays pharmacy claims over time by drug medication name.
- **Pharmacy Cost and Generic Use** – pharmacy costs over time by drug name, brand, or generic use case. Highlights the total cost and average cost of the drug by medication name and therapeutic class.
- **Contract Summary** – a high-level summary of cost, risk, and quality metrics based on hierarchy over time.
- **Cohort tracking** – displays cohort metrics for users to understand how cohorts are performing individually, over time, and in comparison, with each other
- **Financial Summary** – detailed financial and utilization metrics based on monthly attributed patients across contracts.
- **Wellness Visit Summary Analysis** – overview of patients who have and have not received a wellness visit in the last year or user-specified time frame.
- **Visit Detail Analysis** – allows the monitoring of patient behavior for utilizing office visits inside and outside the organization’s network
- **Risk Analysis** – displays average risk score and total spend based on utilization.
- **Care Coordination Analysis**– allows providers to identify at-risk patients for care coordination and the care density of patients.
- **Actual vs Expected Costs**– highlights the comparison between actual and expected costs based on a 12-month lookback observation period.
- **Population Analysis**– allows providers to view their population count and distributions by age and gender.
- **Chronic Condition Trending**– highlights patients who had a reading related to blood pressure or obesity. Allows providers to visualize which patients have produced improved readings over time.

Over **1.6** million lives represented in the CAP

170,602 lives attributed to rural providers

Over **\$65** million in non-pharmacy Medicaid expenditures during 2021



Cost metrics are a representation of Medicaid-attributed patients of participating rural providers only. Incurred but not yet reported (IBNR) claims are not represented. Please note the analysis may not include data pertaining to substance use disorders or other patient records protected by confidentiality rules



To learn more about claims analytics and its functionality, be sure to review our quarterly analytic newsletter and participate in our quarterly user group meetings

Rural Health Today

Find recent publications that contain rural health research & policy

-  [Review of Rural U.S. Economic and Health Care Trends](#)
-  [Examining the Burden of Public Stigma Associated with Mental Illness in the Rural United States](#)
-  [Telemedicine to Improve Reproductive Healthcare for Rural Coloradans](#)
-  [CRHC's Snapshot of Rural Health and Regional Snapshots of Rural](#)
-  [Rural Health Information Hub](#)

Request a Demo

If you are interested in receiving an in-depth demonstration of the CAP and all it has to offer, please contact Demetria Flowers at demetria@ccmcn.com

Topics of Interest

Are you interested in learning more about a topic that has not yet been covered in the quarterly newsletter or CAP user group meeting? Submit any questions or topics to Demetria Flowers at demetria@ccmcn.com

Demographic Files and Trading Partner Authorization

Want to view data for your organization in the CAP? If you would like to begin submitting demographic files to CCMCN or allow CCMCN Trading Partner Authorization, please reach out to Jessica Whiting at Jessica.whiting@ccmcn.com

Next Rural Connectivity Quarterly Newsletter: January 2023.