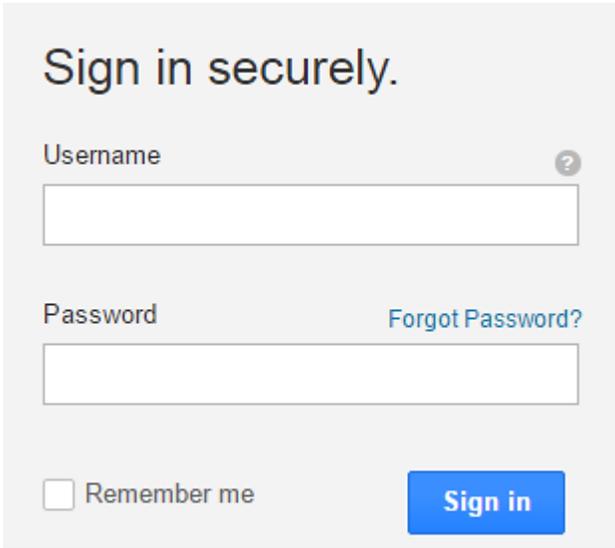
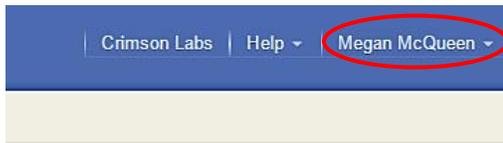


Crimson Population Risk Management Tip Sheet for Primary Care and Pediatrics

Logging into Crimson Population Risk Management:

1. Log into Crimson account using BHPP issued username (email address on file).
2. A temporary password will be sent to you from Crimson if you have not already set up your Crimson account.
3. If you need assistance obtaining a username please contact Megan McQueen at megan.mcqueen@baptist-health.org
4. Once logged into Crimson the home page will open-the home page may look different depending on specialty and access.

nic Reviews



On-Demand

4. Once logged into Crimson the home page will open-the home page may look different depending on specialty and access.
5. Locate the account name listed in the top right hand corner of the home page.
6. Click the dropdown next to the account name for access to different Crimson products- access to modules will be dependant on specialty and attribution. Select "My Products".

7. "Your Products" page will open and display two links. Click the Crimson Population Risk Management Link

Your Products

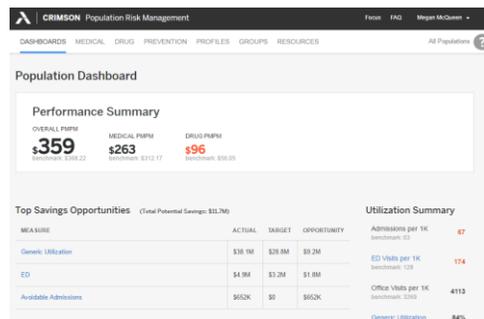
Baptist Health - Little Rock - CRIM-CCC

[Crimson Continuum of Care](#)

Baptist Health - Little Rock - AR

[Crimson Population Risk Management](#)

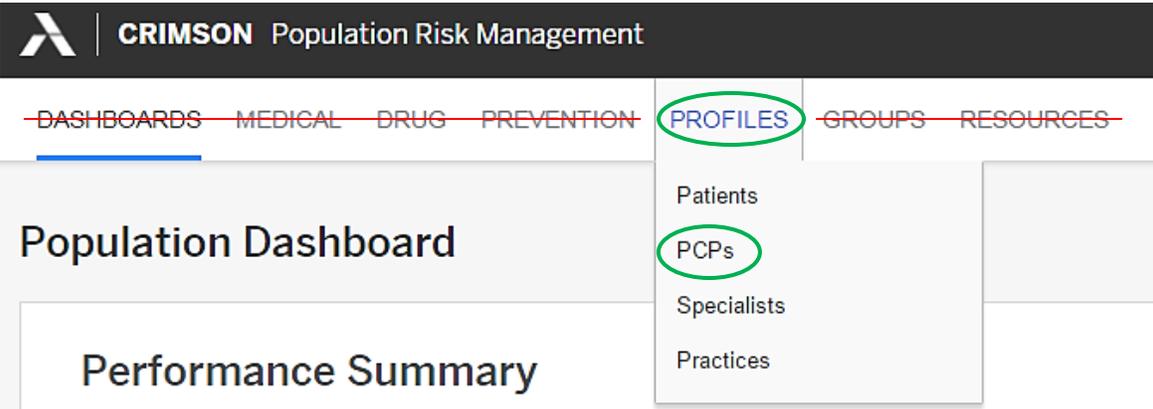
8. The Population Dashboard will open.



Crimson Population Risk Management

Tip Sheet for Primary Care and Pediatrics

Navigating the Population Dashboard and Locating Physician Profile:



1. Dashboard will contain an aggregate overview of population performance metrics for all physicians.
2. Physicians accessing Crimson Population Risk Management should **ONLY ACCESS YOUR PCP** profile and view individual performance summaries. **Do not access tabs outside of your individual profile.**
3. In the menu, hover over “Profiles” and select PCPs.

4. Click on “Filters”.
5. Type your last name in the blank labeled, “Physician Name” and hit enter.
6. **DO NOT ADJUST ANY OTHER PRESET FILTER.**



PHYSICIAN NAME	ASSOCIATED PRACTICE	SPECIALTY	NI
Smith, Doctor	Baptist Health Family ...	Family practice	D

7. Locate YOUR name and select that blue link. This will open your Physician Profile with an overview of your attributed patient population.

Crimson Population Risk Management Tip Sheet for Primary Care and Pediatrics

Navigating Your Physician Profile:

Profiles Physician

Smith, Doctor *Domestic*

AT A GLANCE

SPECIALTY	PRACTICE	PRIMARY CARE PHYSICIAN
Family Pract...	Baptist Hea...	Yes

ATTRIBUTED PATIENTS

# OF PATIENTS	AVG. AGE	GENDER
400	42	55% Male / 45% Female

PATIENT PANEL SUMMARY

CCHG: All [View Chronic Disease Prevalence](#)

Chronic Condition Hierarchy Groups

of patients attributed under contracts

Narrow focus to a specific chronic disease hierarchy by clicking drop down and selecting disease state. Example: Diabetes

COST SUMMARY

PMPM Adjust for risk

TOTAL \$363.23
population average: \$359.06

DRUG \$115.79
population average: \$96.38

MEDICAL \$247.44
population average: \$262.68

RISK SUMMARY

Concurrent Risk Score

TOTAL 1.43

Concurrent risk score= cost trends over last 12 months

Category	Score
Inpatient	0.30
Outpatient	0.40
Physician	0.38
Emergency Room	0.03
Drug	0.28
Other	0.04

EBM Compliance

TOTAL 67.97%

EBM=Evidenced Based Measures

Click "View All" for patient list by measure

Top Non-Compliant Measures	# Non Compliant Members
Prevention ...	66
Prevention ...	27
Prevention ...	26
Use of Serv...	20
Medication ...	19

Select for severity risk adjustment providing apples to apples view within population and physician partnership

PMPM=per member per month cost

UTILIZATION SUMMARY

ADMISSIONS PER 1K	ED VISITS PER 1K	GENERIC DRUG	OFFICE VISITS PER 1K
65.14 population average: 67.34	150.11 population average: 173.77	78% population average: 84%	3494.93 population average: 4112.88
HOSPITAL OUTPATIENT IMAGING PER 1K	OFFICE BASED IMAGING PER 1K		
65.14 MRIs population average: 51.03 MRIs	2.83 MRIs population average: 14.94 MRIs		
45.32 CTs population average: 31.47 CTs	11.33 CTs population average: 22.36 CTs		

QUALITY SUMMARY

READMISSIONS	AVOIDABLE ADMISSIONS
11% population average: 8%	9% population average: 4%

Note: Some outcomes are calculated using per 1k members within the population.



Crimson Population Risk Management

Tip Sheet for Primary Care and Pediatrics

Evidence Based Measures:
of non-compliant patients, # compliant patients, and compliance

Attributed Patients: patients under the contract, their CCHG, EBM compliance, and concurrent risk score

Connected Providers: utilization and cost for providers with whom you share patients, allows for filter by specialty

EBMS
Attributed Patients
Connected Providers

MEASURE	# NON COMPLIANT PATIENTS	# COMPLIANT PATIENTS	COMPLIANCE RATE	Actions
Prevention and Screening - Colorectal Cancer Screening	66	14	17.50%	▼

Blue links under the EMBS tab will show you a patient list by name with compliance and cost. (Exportable)

Click the "Actions" drop down to export any list to a CSV file.

Commonly Used Terms and Frequently Asked Questions

PMPM-PMPM stands for "per member per month cost". PMPM is calculated as Total Spend, in dollars, divided by Member Months.

Member Months-Member Months represent the number of covered lives in any given month. For instance, a family of three that is covered for an entire year will contribute 36 member months (3 members per month times 12 months).

Factors are used to determine 'Benchmark Range'-Milliman's benchmarks are generated using industry (based on the organization's SIC code), plan design, benefit design, demographics and geography.

'Incurred'-Incurred claims are those claims that the plan should have or can expect to render in that month.

'Paid' -Paid claims are the portion of incurred claims that have been received and paid by the plan for services rendered in that month.

How is the Primary Care Physician identified? The Primary Care Physician is either supplied through your organization's eligibility data or determined using an attribution methodology based on the presence of Evaluate & Management codes in your claims data.

How are Unnecessary ED Visits identified? ED Visits are classified using the New York University algorithm. This algorithm classifies visits as either Avoidable/Preventable, Primary Care Treatable, Non-Emergent or Necessary. All visits not classified as Necessary will be identified as Unnecessary.

What is a Non-Emergent Visit? A non-emergent visit is a visit where the patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours.

What is a Primary Care Treatable Visit? A primary care treatable visit is a visit where treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests).

What is an Avoidable / Preventable Visit?

An Avoidable/Preventable visit is one which ED care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure).

How are patients grouped in chronic conditions? Patients are grouped in to chronic conditions using Milliman's Chronic Conditions Hierarchical Groups (CCHG) engine. This grouper uses a ranked list of conditions based on treatment priority for which a particular patient can only have one at a time. It is useful because it is exclusive meaning patients and claims dollars are not double counted in a given month.

How are 'Admissions / 1k' calculated? Admissions per 1000 refer to inpatient stays at the facility per 1000 members.

How are benchmarks calculated for chronic disease? The benchmarks for chronic disease spend and utilization are calculated using national benchmarks for each chronic disease calculated using Milliman's database of 35 million covered lives.

'Concurrent Risk Score'- "Concurrent Risk Score" is a member's risk score based on their claims experience in the last 12 months.

'Prospective Risk Score'-Prospective Risk Score" is a member's risk score based on a projection of claims experience for the next 12 months.

Physician Profile Risk Summary-The Risk Summary is the breakdown of total projected risk into the specific service lines of Inpatient, Outpatient, Physician, and Drug for the patients that are attributed to a particular physician.

What is the "Adjust for Risk" box do within the physician profile? The "adjust for risk" box adjusted a particular physician's PMPM higher or lower, depending on the average risk of the panel of patients attributed to them. First, the average Concurrent Risk score for the patient panel is divided by the average risk of the population (to normalize it). Then, the physician's PMPM is divided by this adjusted risk to get the risk adjusted PMPM.