Is Your Customer Master a Mess?

Insights on Refreshing Reference Data and COTs Within Customer Masters

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General Manager, Managed Markets Services

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Agenda

• Why COT is Important?
• What are the Industry Challenges?
• Best Practices in the Industry
• How to Clean Up the Customer Master
Importance of Class of Trade

• Class of Trade is a core pillar for all Government Pricing
  – “Retail Community Pharmacy”
  – “Wholesaler” definition
  – Include / Exclude transactions

• Restricting membership eligibility by Class of Trade
  • VA/FSS Contract (Dual Pricing)
  • GPO Contracts

• Reporting requirements based on Class of Trade
  – VA Quarterly Sales Report
  – Internal sales analysis and segregation
Industry Challenges

• Regulation changes (and interpretation) require COT accuracy and upkeep
  • AMP Final Rule
  • Retail Community Pharmacy: *Dispenses drugs to general public?*
  • Specialty Pharmacy / Home Health / Home Infusion: *RCP or not?*
  • Manufacturer: *Act as a Wholesaler or not?*

• Structural Questions
  – Where does the Customer Master reside? *SAP vs. GP System vs. 3PL*
  – Who owns the Customer Master and COT Assignment? *Customer Service vs. GP Team vs. Data Management vs. Sales Operations*
    • Direct Customers vs. Indirect Customers
  – Organization Changes – these responsibilities are transferred
Industry Challenges

• Process for Customer record creation
  – Reference field accuracy
  – Integrity of the customer record
    • Eliminate duplicates
    • Expire or inactivate closed facilities

• Customer record volume
  – GPO Membership rosters

• Acquiring companies or products and changing systems

• Assigning PHS Covered Entities a “PHS” COT
  – Is “PHS” really a COT, or should PHS eligibility be managed by Membership Rosters?
Best Practices

• Involvement and direct oversight by the GP Team in the COT process
• Strict rules and clear process on Customer record creation and COT Assignment
  – Involvement of multiple teams
  – Documentation with a Policy and SOP
  – Selection of approved COT categories only
  – No processing until customer record COT is approved
• Utilize external databases to guide reference accuracy
  – DEA, HIN
  – Process for inactivating or updating DEA changes
Best Practices

• Develop a COT Schema
  – Balance of precision vs. effectiveness

• Incorporate a clear COT Assignment Protocol
  – Use various external sources
  – Manual research: clarity in the process
  – Objective: Accurate and Consistent

• Reviews of results
  – Occasional sample review
  – External review of Policy/SOP and Assignments

• System capability
  – Strong interfaces and controls
  – Effective dates of COT Assignment
# COT Schemas

## Sample Categories

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COT Assignment Protocol

External Primary Database Source
- DEA
- HIN
- IMS HCRS

Review Other Available Sources
- Website Listings
- GPO Member Rosters
- Internal Info

Manual Research
- Internet
- Phone Call to Site
COT Assignment Protocol

• External COT’s reliable vs. additional research required

• Performing internet research
  – Known site or Google
  – Look for key clues (decision-tree SOP) to find distinguishing characteristics of COT definitions
    • Reseller or dispenser?
    • Mail order or walk-in?
    • Serve patients or open to the public?
    • Government owned or private?
    • If no website – a clue that it is not open to the public?

• Phone call to facility
  – Ask brief specific prepared questions
# DEA Business Activity Codes

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IMS Customer Database

Health Care Professional Services (HCPS) → Health Care Relational Services (HCRS) → Health Care Organization Services (HCOS)

- HCRS profiles include the organization’s attributes, such as:
  - Location
  - Industry identifiers (DEA, HIN, NPI)
  - Class of trade and clinical specialty
  - Key corporate contacts
  - Other information relative to specific types of facilities
HCRS - A complete & comprehensive view

Complete mapping and network view of the full Integrated Health Systems including:

- ~1,000 Integrated Health Systems
- ~66,500 C-level decision makers
- ~136,000 Medical Groups
- ~8,300 Hospitals
- ~15,500 Nursing Homes
- ~7.8 M Professionals
- Over 500,000 Administrative contacts
HCRS Foundation

Healthcare Organizations

Primary Research

- Corporate Parents
- GPOs
- Hospitals
- Medical Groups
- IDNs
- Nursing Homes
- ACOs
- IPAs

~625,000 Organizations

Primary Research/Pre-aligned Data

- Eligible Organizations
- Address Intelligence
- Baseline Matching

Quality Checks

- Hospital
- Street Front
- Organization COT to Professional Spec
- Business Rules

3.3 Million Affiliations

- ~1.9 Million Professionals

Healthcare Professionals

Primary Research

- NPI
- AOA
- DEA
- SLN
- Xponent

7.8+ Million Professionals

- Massachusetts Covered Recipient
  - Current Addresses
  - Business Addresses
  - Home or Other
  - Prior Addresses

Invalid affiliations prevented based on quality checks

4.4M office addresses ranked 6 or higher for 3.2 million professionals

Hospital Affiliations

Group Practice Affiliations

ACO Affiliations

Nursing Home Treating Affiliations

IPA Affiliations
Classes of Trade

HCOS maintains a single best class-of-trade (COT) for over 600,000 U.S. healthcare organizations

Top Level: Classification
- Academic
- Buying Organization
- Corporate Parent
- Correctional Facility
- Elder Care
- Emergency
- Health Alliance

Hospital
- Insurance
- Laboratory
- Miscellaneous
- Outpatient Center
...

Second Level: Facility Type
- Acute Care Hospital
- Psychiatric Hospital
- Rehabilitation Hospital

Third Level: Specialty
- Cardiology
- Children's
- Critical Access
- Eye and Ear
- General Acute
- Long-term Acute Care
- Oncology
- Ophthalmology
- Orthopedics
- Surgical
Classes of Trade

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- Corporate Parent
- Correctional Facility
- Elder Care
- Emergency
- Health Alliance
- Outpatient Center
- Insurance
- Laboratory
- Miscellaneous
- Hospital
- ...

Second Level: Facility Type
- Alternative Medicine
- Clinic
- Health Department
- Imaging Center
- Independent Physician Practice

Medical Group
- Outpatient Surgi Center
- Physical Medicine and Rehabilitation
- Alternative Medicine

Third Level: Specialty
Cardiology
- Chiropractic Medicine
- Dentistry
- Dermatology
- Addiction Medicine
- ...

Addiction Medicine
- Allergy/Immunology
- Anesthesiology
- Anticoagulation
- Audiology
- Behavioral Health
- Behavioral Health-CMHC
HCRS: Robust Data Collection

- IMS Health blends all methods of data collection and integration to derive a best of breed data output:
  - Primary Research
  - External Industry sources
  - Transactional data (Rx, claims, sales)
  - Customer inquiries/change requests
  - Automatic and Manual Processes

- Continual updating and verifying record each year
Acute-care hospitals are in-patient facilities that provide patients with such services as emergency, intensive care and medical-surgical services. The length of stay varies, depending upon the reason for the admission and the type of procedure(s) performed. The goal at acute-care hospitals is to discharge patients or transition them to nursing homes or other sub-acute facilities when extended care is required.

- According to the American Hospital Association, acute-care facilities should have a Case Mix Index of 1.26 or higher.
- Acute Care Hospitals may provide general acute-care services or may specialize in areas such as cardiology, children’s medicine, oncology, critical access, long-term acute care or surgery.

1. What types of services does the hospital provide, for example, emergency, intensive-care and medical/surgical services?
2. What is the average length of stay? What is the bed breakdown, and are acute bed categories the predominant beds?
3. What specialties are medical staff licensed to provide?
4. Review data on the hospital’s CMI, which typically is greater than 1.26 for general acute-care hospitals.
5. Review the top-30 ICD-9s and DRGs, making certain that they include acute-care procedures and admissions.
# Websites for COT Research

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<tr>
<th>Facility Type</th>
<th>Organization</th>
<th>Website Address</th>
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<tr>
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<td>HDMA</td>
<td><a href="#">www.hdmanet.org</a></td>
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<td>Veterinary</td>
<td>American Veterinary Distributors Org</td>
<td><a href="#">www.avda.net</a></td>
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<td>NACDS</td>
<td><a href="#">www.nacds.org</a></td>
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<td>Retail Pharmacy</td>
<td>Global Market Development Center</td>
<td><a href="#">www.gdmc.org</a></td>
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<td><a href="#">www.alfa.org</a></td>
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<td>Dept. of Veteran Affairs</td>
<td><a href="#">www.va.gov/directory/guide</a></td>
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# CMS Hospital Listing

Can be helpful for identifying Government ownership

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<td>010005</td>
<td>MARSHALL MEDICAL CENTER SOUTH</td>
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<td>HUNTSVILLE</td>
<td>AL</td>
<td>35801</td>
<td>Acute Care Hospitals</td>
<td>Government - Hospital District or Authority</td>
</tr>
<tr>
<td>010040</td>
<td>GADSDEN REGIONAL MEDICAL CENTER</td>
<td>1007 GOODYEAR AVENUE</td>
<td>GADSDEN</td>
<td>AL</td>
<td>35903</td>
<td>Acute Care Hospitals</td>
<td>Proprietary</td>
</tr>
<tr>
<td>010044</td>
<td>MARION REGIONAL MEDICAL CENTER</td>
<td>1256 MILITARY STREET SOUTH</td>
<td>HAMILTON</td>
<td>AL</td>
<td>35570</td>
<td>Acute Care Hospitals</td>
<td>Voluntary non-profit - Private</td>
</tr>
<tr>
<td>010045</td>
<td>FAYETTE MEDICAL CENTER</td>
<td>1653 TEMPLE AVENUE NORTH</td>
<td>FAYETTE</td>
<td>AL</td>
<td>35555</td>
<td>Acute Care Hospitals</td>
<td>Voluntary non-profit - Other</td>
</tr>
</tbody>
</table>
Customer Master Clean Up

- Define Scope
  - Reference Data review and COT review?
  - Consultative approach or just COT Assignment?
- Establish clear COT Schema
  - Considerations for historical impact if changes
  - Mapping of new COT Schema to old
- Establish clear COT Assignment Protocol
  - One-time project
  - On-going assignment
Customer Master Clean Up

• Auto-matching
  – Utilize database as starting point to identify potential corrections
  – ID Exact Matches
  – Fuzzy logic for potential/likely matches

• Manual review
  – Precision enhancement of auto-matches
  – Full assignment on remaining records
# Database Comparison – Auto Matching

<table>
<thead>
<tr>
<th>Customer Master</th>
<th>HCRS Database</th>
<th>DEA Database</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ID (DEA)</td>
<td>• ID</td>
<td>• DEA ID</td>
<td>• Recommended COT</td>
</tr>
<tr>
<td>• Customer Name</td>
<td>• Customer Name</td>
<td>• Customer Name</td>
<td>• Feedback on Name or Address</td>
</tr>
<tr>
<td>• Address, City, ST, Zip</td>
<td>• Address, City ST, Zip</td>
<td>• Address, City, ST, Zip</td>
<td>• Expired DEA</td>
</tr>
<tr>
<td>• Current COT</td>
<td>• HCOS COT</td>
<td>• Bus. Activity Code &amp; Sub-Code</td>
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</tr>
</tbody>
</table>

If exact ID Match to HCRS – Then use HCRS COT automatically
### Database Comparison – Auto Matching

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If no exact ID Match to HCRS – Then apply “Fuzzy Logic” to find a matching HCRS record and a COT
Customer Master Clean Up

• Review auto-match results
  • COT Schema map
    • Using new COTs or current COT
  • Gaps in Databases COT values

• Manual investigation
  • Supplementary websites
  • Internet Search
  • Phone calls

• Re-assignment complete
  • Internal review
  • Load revised Customer Master
    • Inactivate records
    • New COT effective date (GP impacts)

• Continue On-Going COT Assignment with consistent approach
Questions?

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