KONZA Products and Services

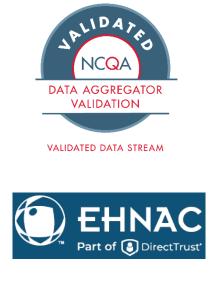
Overview

2023-2024



KONZA National Network

- Private, Non-Profit
- Provider Led, Provider Governed
- Operate 10 HIEs across 10 states with regional and national presence
- Candidate Qualified Health Information Network (QHIN)
- Validated Data Stream under the NCQA DAV program with 348 DAV-Accredited sites
- EHNAC HIEAP Accreditation
- HITRUST R2 Certification







Advancing health information sharing for better care management, transformative value-based payment models and actionable data analytics to improve patient outcomes



THE KONZA NATIONAL NETWORK





















Product Portfolio – Product Categories

HIE SERVICES

Access a suite of HIE Services to ease the technical, legal, and administrative burden of data exchange.

DATA DELIVERY SERVICES

Delivery of data to enable care coordination, improve risk management, and drive efficiencies in payment and operations.

ANALYTIC SERVICES

Analytic platforms providing actionable data insights to improve health.

KONZA Bi-Directional HIE Services

KONZA National Network provides next generation health information exchange solutions that support local data sharing as well as data sharing across the nation and the world. KONZA embeds the HIE into the EHR or provides a web-based portal.

KONZA National Network provides health information exchange solutions to hospitals, health plans, health systems, providers, public health, behavioral health, pharmacies, labs, hospice, school health clinics and many other organizations that care for patients.

The KONZA National Network supports data sharing through traditional HL7v2-2.7 connections, XDS.b, XDR, XCA, XCDR and FHIR.



QHIN – HHS TEFCA Recognition Event



CERTIFICATE OF RECOGNITION



THIS CERTIFICATE IS PROUDLY PRESENTED TO

KONZA

In recognition of your dedication to implementing a secure, nationwide electronic health information exchange network that will allow health information to improve health care across the United States.

TEF

TEFCA Recognition Event

February 13, 2023 11:00 AM - 12:30 PM ET

Welcome Remarks Dr. Micky Tripathi, National Coordinator for Health IT, ONC

Keynote Remarks and Presentation of Certificates Secretary Xavier Becerra, Secretary, HHS

Future Opportunities Dr. Arati Prabhakar, Assistant to the President for Science and Technology and the Director of the Office of Science and Technology Policy

Looking Back and Moving Forward Dr. Micky Tripathi, National Coordinator for Health IT, ONC

What TEFCA Will Mean for Public Health Dr. Rochelle Walensky, Director, CDC

What TEFCA Will Mean for the Health Care Delivery System Jon Blum, Principal Deputy Administrator & Chief Operating Officer, CMS

What TEFCA Will Mean for Veterans Dr. Shereef Elnahal, Under Secretary for Health, VA

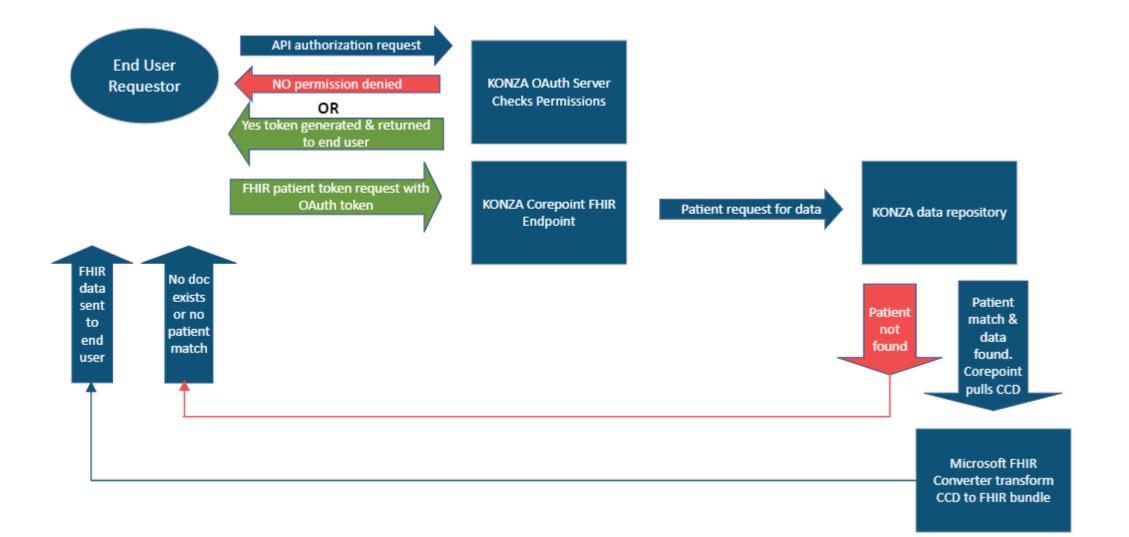
Roundtable of Approved QHIN Applicants Moderator: Mariann Yeager, CEO, The Sequoia Project Panelists: Representatives from the Approved QHIN Applicants

Final Remarks and Adjourn Dr. Micky Tripathi, National Coordinator for Health IT, ONC

EMR Vendor Partners



FHIR Transaction Chart



Clinical Data Repository Services

For health plans, health systems and providers to be successful in new payment models, access and utilization of a clinical data repository is critical.

KONZA's clinical platform compiles data from hundreds of sites into actionable intelligence.

KONZA utilizes a proprietary data architecture maintained in the Azure cloud and equipped with the highest level of security to power analytic solutions.

Highly trained engineers and health care analysts help design customized solutions to provide actionable solutions to inform care expenditures and drive improvements in population health and care management.



HQInsight Population Health/Analytics

KONZA National Network aggregates data from all sources and provides a facility a control panel that provides insights into patient health trends including;

- patient gaps in care,
- patients with unusual ED utilization,
- patient opioid and controlled substance use,
- patient 30-day readmissions that may result in hospital penalties,
- patient quality metrics which include those that are met, not met and how they compare with standard benchmarks,
- patient disease registries,
- patient health care utilization and many more.

HQInsights Population Health and Analytics Dashboards



KØNZA								my account admin help log off	
∃ Back Home 4			Home				Share Print		
ACO Metrics	High Risk Patients	(()) Polychronic Patients	Behavioral Health	Controlled Substances	Disease Registries	Population Health	Readmissions	Utilization	
CoP Audit CoP Alerts	Quality Metrics	Pediatric Metrics	COVID-19	AcuteAlerts	PI/IA Attestation	Provider Patient Pool Review	Administrator Patient Pool Review	Appendix	
User Management	Local Audit								





HEDIS REPORTING

KHIN can provide NCQA standard supplemental data for payer HEDIS reporting in the form of a CCDA which contains normalized, de-duplicated clinical data.



RISK ADJUSTMENT

KHIN can provide diagnosis information to support payer risk adjustment for value-based payment models.



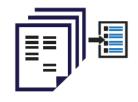
CODING

KHIN can support providers in more completely coding patient diagnosis to support payer risk adjustment.



ALERTS

KHIN can provide alerts to payer Care Coordinators & contracted providers to let them know a high risk patient has been admitted, discharged or transferred.



DATA EXTRACTS

KHIN can provide data extracts that can be incorporated into payer information systems.



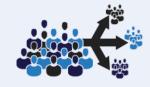
CARE COORDINATION

Care Coordinators can use the KHIN Payer Portal to look up patients & review their longitudinal patient record ensuring better, safer & more informed decisions regarding patient care.



POPULATION HEALTH

KHIN can produce dashboards using clinical data extracts to provide business intelligence in priority areas such as high risk, rising risk & gaps in preventive care delivery, among others.



HEALTH DISPARITIES

KHIN can support payers in identifying health disparities such as race & ethnicity patterns in receiving preventive care & implementing innovative technology driven solutions to support medically vulnerable patients.



QUALITY REPORTS

KHIN can provide quality reports for payers on select groups of patients by provider, practice or hospital.

Public Health

TRANSLATE Solution

KONZA developed a new electronic process to report physician COVID lab results to state public health registries by converting existing health information exchange lab messages to compliant public health lab messages.

This removes the manual reporting burden for physician practices and public health registries and replaces it with a low cost, electronic solution using health information exchange data feeds that are already in place in most physician practices



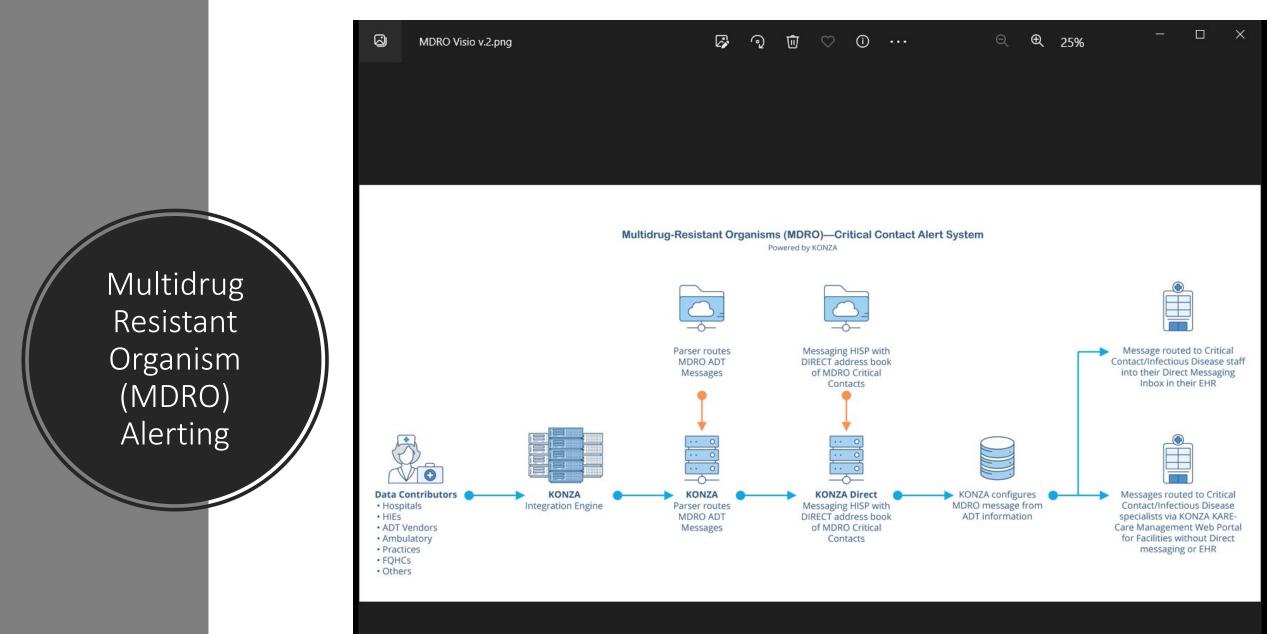
KONZA Launches new Product, Translate, to assist Physician Practices with COVID-19 Lab Reporting

Topeka, KS – December 13, 2021 - As a recipient of the <u>STAR HIE Program</u> the Kansas Health Information Network, Inc. dba KONZA is focusing on effectively responding to the COVID-19 pandemic to transport data to public health and ensure healthcare providers have the medical information to provide safe and effective care. KONZA is announcing today that it has released a new product, Translate, an ambulatory electronic lab reporting product, to reduce physician burden in reporting COVID-19 lab results. This product will improve the health IT infrastructure by turning lab messages used by health information exchanges into compliant lab messages for public health reporting.

Over 700 million COVID-19 laboratory tests have been processed nationwide in the last 18 months, many in primary care physician offices. In order to track the spread of COVID-19, physicians are expected to report the COVID-19 test results to their respective state public health departments. However, many have experienced challenges in reporting those tests electronically and instead resorted to manually entering the lab results onto spreadsheets and faxing them on to the state on a daily basis. That process is difficult, time consuming and expensive, as it takes critical resources away from patient care.

Public health officials have also reported frustration at the lack of electronic reporting capabilities for critical COVID-19 test results. Dealing with faxed test results that then have to be manually loaded into electronic lab reporting software has taken a significant amount of time and resources for public health.

KONZA has successfully tested and deployed a new electronic process to report physician COVID-19 lab results to state public health registries by converting existing health information exchange lab messages to compliant public health lab messages. This removes the manual reporting burden for physician practices and public health registries and conloses it with a low cost electronic solution using health the statement of the solution of the statement of the solution of t





Technology Partners-Modular Approach



- 1. SSI Group-Health Information Exchange Platform
- 2. Availity-XML Uplifting
- 3. Dimensional Insights-Data Visualization
- 4. Rhapsody-Interface Engine
- 5. HITRUST-Security
- 6. Microsoft-Azure Cloud
- 7. NCQA-DAV Accreditation

Data Aggregator Validation (DAV)

KONZA awarded NCQA's Data Aggregator Validation Accreditation

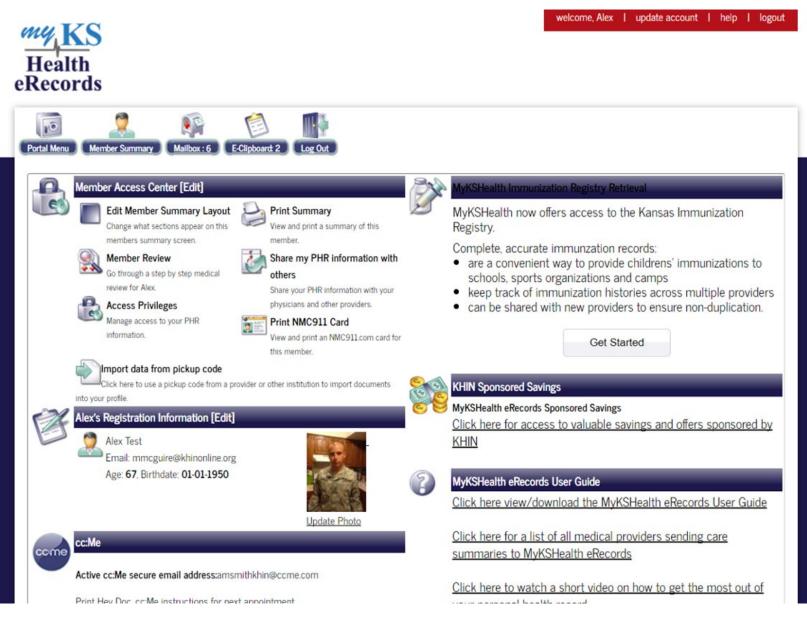
- 1. KONZA Completed Cohort 1-6 of the NCQA's Program.
- 2. KONZA is participating in Cohort 7.

DAV Accredited Data

- 1. Availity -KONZA Data Partner
- 2. The DAV accreditation allows KONZA to submit NCQA certified Standard Supplemental Data sets to payers.
- 3. Payers will not need to validate the data (PSV) at the source.



Personal Health Record for Patients



KONZA Products and Services

New for 2024



Product Strategy *Digital Quality Measures*

Through a Joint Partnership, SSI and KONZA are uniquely positioned to combine clinical and claims data along with accredited quality metric reporting outputs.

Contracted as an early adopter for NCQA's Digital Content Services.

- Configurable, FHIR® CQL digital quality HEDIS measures that are expanded and executable
- Open source, dQM processing software system to help you flow new measures through your technologies and workflows



Use Case Focus: Long-Term

HEDIS Measures Being Digitalized by Early 2024

MEASURE YEAR 2023

(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis ()

(AAP) Adults' Access to Preventive/Ambulatory Health Services ()

(ACP) Advance Care Planning

(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication

(AHU) Acute Hospital Utilization

(AIS-E) Adult Immunization Status ()

(AMM) Antidepressant Medication Management

(AMR) Asthma Medication Ratio ()

(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics ()

(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics ()

(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up

(AXR) Antibiotic Utilization for Respiratory Conditions

(BCS-E) Breast Cancer Screening 60

(BPD) Blood Pressure Control for Patients With Diabetes

(CBP) Controlling High Blood Pressure 900

(CCS-E) Cervical Cancer Screening ()

(CHL) Chlamydia Screening in Women

(CIS-E) Childhood Immunization Status ()

(COA) Care for Older Adults () S

(COL-E) Colorectal Cancer Screening 80

(COU) Risk of Continued Opioid Use

(CRE) Cardiac Rehabilitation

(CWP) Appropriate Testing for Pharyngitis (

(DAE) Use of High-Risk Medications in Older Adults

(DBO) Deprescribing of Benzodiazepines in Older Adults

(DDE) Potentially Harmful Drug-Disease Interactions in Older Adults

(DMH) Diagnosed Mental Health Disorders

(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults ()

(DRR-E) Depression Remission or Response for Adolescents and Adults ${\scriptsize (9)}$

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults ()

(DSU) Diagnosed Substance Use Disorders

(EDH) Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes

(EDU) Emergency Department Utilization

(EED) Eye Exam for Patients With Diabetes

(ENP) Enrollment by Product Line

(FMC) Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions

(FUA) Follow-Up After Emergency Department Visit for Substance Use ()

(FUH) Follow-Up After Hospitalization for Mental Illness ()

(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (FUM) Follow-Up After Emergency Department Visit for Mental Illness

(HBD) Hemoglobin A1c Control for Patients With Diabetes

(HDO) Use of Opioids at High Dosage

(HFS) Hospitalization Following Discharge From a Skilled Nursing Facility

(HPC) Hospitalization for Potentially Preventable Complications

(IET) Initiation and Engagement of Substance Use Disorder Treatment ()

(IMA-E) Immunizations for Adolescents ()

(KED) Kidney Health Evaluation for Patients With Diabetes

(LBP) Use of Imaging Studies for Low Back Pain

(LDM) Language Diversity of Membership

(LSC) Lead Screening in Children 4

(OED) Oral Evaluation, Dental Services

(OMW) Osteoporosis Management in Women Who Had a Fracture (9)

(OSW) Osteoporosis Screening in Older Women

(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack

(PCE) Pharmacotherapy Management of COPD Exacerbation

(PCR) Plan All-Cause Readmissions 🛽

(PDS-E) Postpartum Depression Screening and Follow-Up

(PND-E) Prenatal Depression Screening and Follow-Up

(POD) Pharmacotherapy for Opioid Use Disorder

(PPC) Prenatal and Postpartum Care 🚯

(PRS-E) Prenatal Immunization Status

(PSA) Non-Recommended PSA-Based Screening in Older Men

(RDM) Race/Ethnicity Diversity of Membership

(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

(SMC) Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

(SMD) Diabetes Monitoring for People With Diabetes and Schizophrenia

(SNS-E) Social Need Screening and Intervention

(SPC) Statin Therapy for Patients With Cardiovascular Disease §

(SPD) Statin Therapy for Patients With Diabetes

(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

(TFC) Topical Fluoride for Children

(TRC) Transitions of Care 68

(UOP) Use of Opioids From Multiple Providers ()

(URI) Appropriate Treatment for Upper Respiratory Infection (9)

(W30) Well-Child Visits in the First 30 Months of Life

(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents .

(WCV) Child and Adolescent Well-Care Visits •

UNIVERSAL FOUNDATION

S CMS STARS

STARS 🔋 HYBRID 🕒 EARLY ADOPTER PROGRAM FOR DIGITAL CONTENT SERVICES

Measures marked "E" are ECDS measures. All ECDS measures will be digitalized and cover components from traditional measure counterparts.

Thank You!

