Clarification questions:

- What is the drug form of staquili? Or Is it that the product consists of different types of drugs which are mentioned?
- Which metric are we tracking for considering top payer name?
- In Q6. what is the number of top payers required (Top1, Top 10, Top 100)?
- What factors/metrics are required to track for understanding more imp payer channels?

Q1. What types of Data checks you'll apply to the provided data to ensure the integrity and completeness of the given data tables?

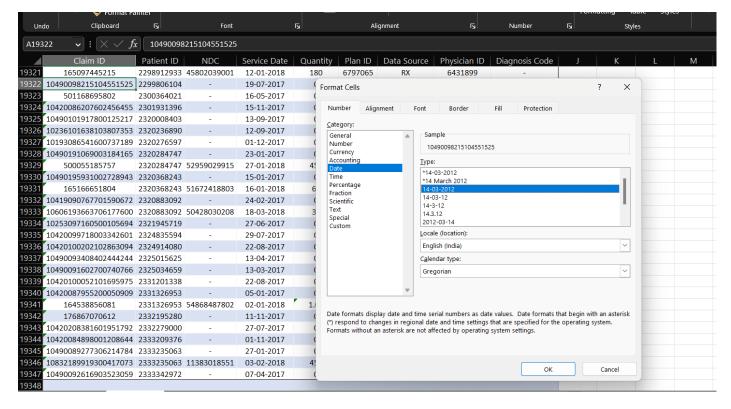
SOLUTION:

1) Data Exploration Checks

- By exploring the data we found I found that **Service data** in the **Claims** is not in the correct format.
- Hence converted the complete data in the correct(<u>Date</u>) format.

▲ A	В	C	D	Е	F	G	Н	I	J	K
Claim ID	Patient ID	NDC	Service Date	Quantity	Plan ID	Data Source	Physician ID	Diagnosis Code		
10308099445001689940	102686832	50090023600	43324	454	6811811	RX	6800371	-		
10577197139300161894	102890080	-	42845	0	6796601	MX	6796464	L20		
10577197139300824351	102890080	-	42845	0	6812400	MX	10605421	L20		
10047190318900863264	102914824	-	42782	0	7964107	MX	8028543	L20		
10490194259811427510	102914824	21695050180	43147	45	16707226	RX	6810428	-		
165165091259	103014611	-	43116	0	12033139	MX	6796449	L20		
165165091257	103014611	-	43116	0	6800758	MX	16318502	L20		
166423757286	103014611	51672201309	43131	90	6796762	RX	6805430	-		
10047092138800447779	103014611	40085002880	43193	60	6800149	RX	6430426	-		
10047093825000441915	104011131	-	42859	0	6806007	MX	6797031	L20		
10047096703500480267	104011131	51672127001	42912	45	6796496	RX	6813833	-		
10015134668500054119	104876896	-	43725	0	18576550	MX	6810785	L20		
10015134668500054121	104876896	-	43725	0	6799544	MX	6812054	L20		
10015142503000055696	104876896	54569227500	43802	90	6812731	RX	10453104	-		
10577192245801211621	104963691	-	42799	0	6810818	MX	6811304	L20		
10606194899803464146	104963691	50090023700	43189	454	6809510	RX	6791548	-		
10725127924000323985	105126596	-	43664	0	6805408	MX	6813586	L20		
10725129042600122142	105126596	50090327600	43675	45	6812441	RX	6800872	-		
161503836502	105154384	-	43441	0	15154081	MX	6812506	L20		
507964739589	105154384	54569420000	43500	180	6807892	RX	6417440	-		
511808157690	105619000	-	43318	0	6801015	MX	6810425	L20		
511829716346	105619000	11822372390	43321	4 5	6798863	RX	6806891	-		
165216933634	105704284	-	42752	0	6798226	MX	6800218	L20		
10490088668704775382	105704284	47781053226	43118	180	6792417	RX	6798909	-		
501382556263	105728145	-	42892	0	6811557	MX	6810309	L20		
507650262655	105728145	50090164700	43468	30	6789984	RX	6813705	-		
509333041961	105728145	55724021123	43700	90	6811960	RX	6789687	-		

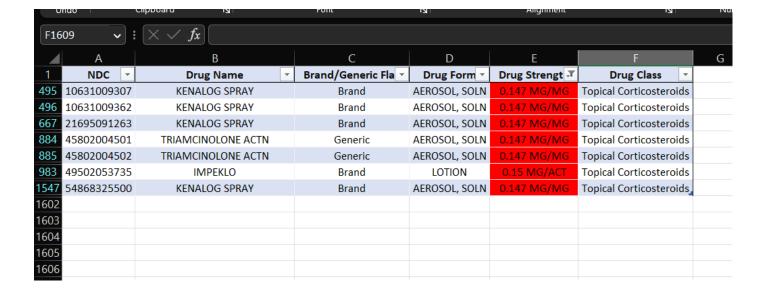
-Formatting is done to convert it into date format



-Final

▲ Claim ID	Patient ID	NDC	Service Date	Quantity	Plan ID	Data Source	Physician ID	Diagnosis Code	J
10069138400100446501	100639327	55724021123	23-10-2019	45	6811228	RX	10579436	-	
166512394538	100640793	-	31-01-2017	0	8021238	MX	6812894	L20	
10419088517701589349	100640793	40986001936	10-01-2018	120	10261157	RX	10672374	-	
10606089381005632209	100640793	43598034190	01-02-2018	30	6800375	RX	6811249	-	
10740141892435133083	101036153	-	08-03-2018	0	7973285	MX	7843404	L20	
10740107241933773376	101036153	24470092060	22-09-2018	30	6791189	RX	6800776	-	
10047089465001025761	101092106	-	04-02-2018	0	8277306	MX	6805751	L20	
10047096841101932855	101092106	33261042501	28-06-2018	90	6800355	RX	6795846	-	
10047094378300248741	101363189	-	15-05-2017	0	6812192	MX	6797325	L20	
10047095244900226613	101363189	33261072701	31-05-2017	30	20879139	RX	6790285	-	
162241099797	101363189	54868158900	16-12-2017	45	10326795	RX	6793603	-	
162176325849	101363189	55724021111	15-12-2017	30	10081863	RX	11064409	-	
10047095949000212883	101363189	51672129501	13-06-2017	45	10117432	RX	15947885	-	
10047091394100759792	101363202	-	19-03-2017	0	5988069	MX	6796244	L20	
161383808293	101363202	50428445264	06-12-2017	180	6808750	RX	8055649	-	
161383808287	101363202	51672125903	06-12-2017	60	8749330	RX	6794746	-	
10420094110403569746	101578090	-	10-04-2018	0	6789636	MX	6799618	L20	
10420097740701323984	101578090	51672125906	15-06-2018	30	6812044	RX	6801613	-	
164980156702	101690733	-	14-01-2017	0	9872376	MX	6804611	L20	
10047098997000200742	101690733	16729042201	04-08-2018	45	6811972	RX	11949850	-	
164980156705	101690733	45802039001	14-01-2018	180	16447195	RX	11241714	-	
10047091975400862855	101789657	-	30-03-2018	0	6146928	MX	11101639	L20	
163352297852	101789657	55724021121	27-12-2018	60	7992058	RX	18944987	-	
10490093907408659749	101872171	-	26-04-2018	0	6802097	MX	6797871	L20	
500939605624	101872171	-	26-04-2018	0	6803364	MX	8010039	L20	
10493098970000151010	102091370	-	04-08-2017	0	6789501	MX	8913310	L20	
10493099094800195535	102091370	54868244602	07-08-2017	90	6811150	RX	15172806	-	
10493115461600222203	102091370	45802000402	19-03-2019	45	6806057	RX	7623751	-	

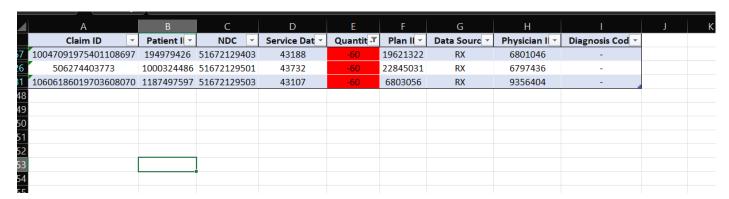
- In **Market Definition** table, the units for certain inputs is **MG/MG** and **MG/ACT**, while the majority of the data is in percentage. Hence we need to convert MG/MG and MG/ACT into percentage.



2) Data Accuracy Test:

Quantity of the drug is negative for some entries in **Claims Data** which is not possible. Hence the data is wrong.

Deleted the rows from the data

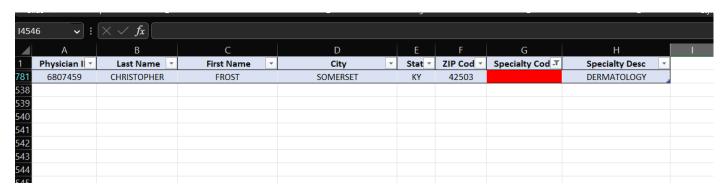


3) Missing Data:

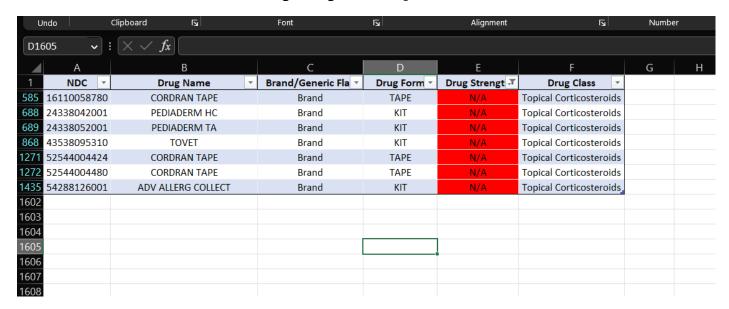
- The data of **Zip codes** of the regions is missing for some of the rows from **Specialty Description** table.



- The data of **Specialty Code** is missing for row in the **Specialty Description** table.



-In Market Definition table, the data of Drug strength is missing for some rows.



- Data of Payers name is missing in some of the entries in Plan description.



-Data of Payer Channel is missing for some of the rows in Plan Description.

50 🕶	$\times \checkmark f_x$					
1 A	В	С	D		Е	F
Plan ID 🔻	Plan Name 🔻	Payer name	Payer Ch	annel 🏋		
10025288	DEAN BRONZE PLUS (WI)	DEAN HEALTH PLAN (WI)	-			
6813306	BEST BUY COPAY HSA HMO BRNZ (MA)	HARVARD PILGRIM HEALTH CARE	-			
6807339	BEST BUY PPO GOLD SHOP (MA)	HARVARD PILGRIM HEALTH CARE	_			
6811126	AFFORDABLE PPO PLATINUM SHP (MA)	-	-			
6812567	ANTHEM HEALTH PLANS GENERAL	BCBS ANTHEM/WELLPOINT/WELLCHO	IC -			
6793043	MERCYCARE EPO CO GOLD (WI)	-	_			
6811347	MERCYCARE HMO SILVER SHOP (WI)	MERCYCARE HEALTH PLAN (WI)	-			
16967751	MERCYCARE HIX HMO GNRL	MERCYCARE HEALTH PLAN (WI)	_			
8276700	PRIORITY HEALTH (MI)	PRIORITY HEALTH (MI)	_			
21481642	FED HIGH RISK POOL (SD)	-	_			
6813552	CCHP PLATINUM SHOP (CA)	CHINESE COMMUNITY HLTH/CCHP (CA)	_			
6802985	DAKOTA CHOICE GOLD SHOP (SD)	DAKOTACARE (SD)	-			
16243639	LIFEGUARD (CA)	LIFEGUARD (CA)	-			
8005833	AETNA MEDICARE RX VALUE PLUS(TN)	AETNA INC	-			
10138548	CIGNA MEDICARE RX PLAN 3 (GA)	CIGNA	_			
6811545	CONNECTICARE VIP CUSTOM 1 (CT)	HIP/CONNECTICARE	-			
19371268	HEALTH NET PEARL OPTION 12 (CA)	HEALTH NET INC	-			
6793263	HEALTH NET PEARL OPT 9 (VA)	HEALTH NET INC	-			
6446167	ABRAZO ADVANTAGE GOLD (AZ)	PHOENIX MEMORIAL HOSPITAL (AZ)	-			

2) What % of patients move from diagnosis to treatment? What could be the probable reasons for some patients not getting on treatment?

Solution:

No of people diagnosed: **7261** (There are few people who are diagnosed 2 times)

No of people started treatment: 4507

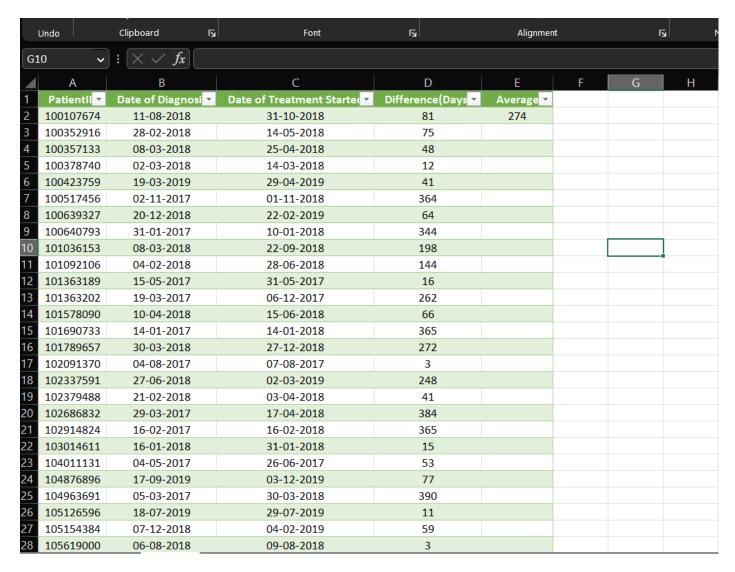
% of people moving from diagnosis to treatment: 4507*100/7261= 62.071%.

Probable reasons for some patients not getting on treatment:

- Financial barriers, such as lack of insurance or inability to afford the treatment.
- Lack of transportation to get to medical appointments.
- Limited access to healthcare providers in their area.
- Difficulty understanding or trusting the medical system.
- Fear or mistrust of the medical profession.
- Difficulty understanding the treatment or its potential side effects.
- Belief that the treatment is unnecessary or unproven.
- Co-occurring mental health or substance abuse issues.
- Cultural or linguistic barriers.
- Difficulty managing the treatment regimen.
- Personal beliefs or values that conflict with the treatment.

3) On average, how long (in days) do patients take to move from diagnosis to treatment?

Solution:



On average patient takes 274 days to move from Diagnosis to treatment.

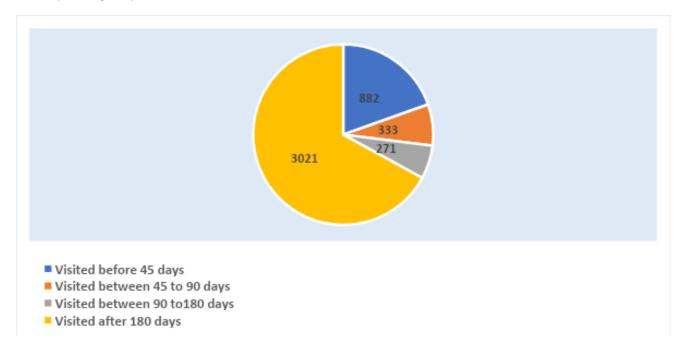
4) Create a graph to show patients started with the treatment within 45, 90, 180 and post 180 days.

Solution:

-Table showing the required data

Days	No. of Peoples
Visited before 45 days	882
Visited between 45 to 90 days	333
Visited between 90 to 180 days	271
Visited after 180 days	3021
Grand Total	4507

-Corresponding Graph



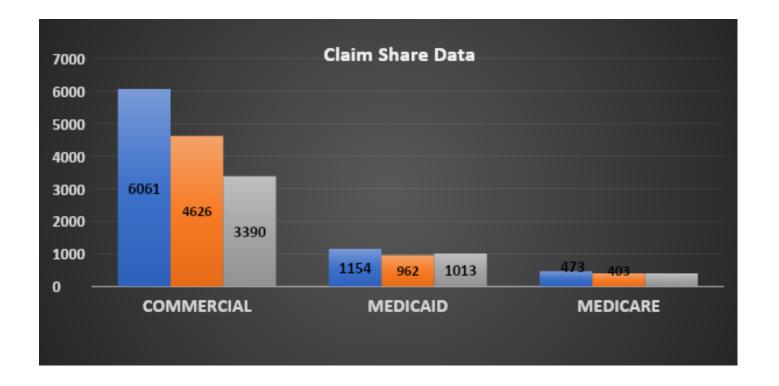
5) What is the claim share of the payer channel over the years? Provide insights and visualizations. Do you see any change in claim pattern across years?

Solution:

-Claim share of Different payer channel over the years :

	NO. of					
Payer Channel	2017	2018	2019	TOTAL		
COMMERCIAL	6061	4626	3390	14077		
MEDICAID	1154	962	1013	3129		
MEDICARE	473	403	403	1279		
					_	

-Insights and Visualization:



- We can observe that no. of claims by Medicaid and Medicare payer channel remains almost constant throughout the consecutive years.

But it is continuously decreasing for the Commercial Payer channel

6) Who are the top payers (Payer name) within the commercial channel over the years?

Solution:

Top 10 Payers from Commercial Ch	annel in 2017	
Payer Name	Count of Patient ID	
AETNA INC	800	
COVENTRY HEALTH CARE/FIRST HLTH	693	
HEALTH NET INC	338	
UNITED HEALTHCARE	323	
BCBS ANTHEM/WELLPOINT/WELLCHOICE	249	
MOLINA HEALTHCARE INC	225	
HARVARD PILGRIM HEALTH CARE	173	
GEISINGER HEALTH PLAN	153	
INDEPENDENT HEALTH ASSN (NY)	147	
MEDICAID	139	

Top 10 Payers from Commercial Ch	annel in 2018
Payer Name	Count of Patient ID
AETNA INC	467
COVENTRY HEALTH CARE/FIRST HLTH	332
HEALTH NET INC	258
UNITED HEALTHCARE	248
BCBS ANTHEM/WELLPOINT/WELLCHOICE	186
HARVARD PILGRIM HEALTH CARE	154
MOLINA HEALTHCARE INC	150
MEDICAID	112
INDEPENDENT HEALTH ASSN (NY)	109
GEISINGER HEALTH PLAN	109

Top 10 Payers from Commercial Ch	annel in 2019	
Payer Name	Count of Patient ID	
AETNA INC	457	
COVENTRY HEALTH CARE/FIRST HLTH	348	
UNITED HEALTHCARE	162	
HARVARD PILGRIM HEALTH CARE	150	
MOLINA HEALTHCARE INC	147	
HEALTH NET INC	137	
BCBS ANTHEM/WELLPOINT/WELLCHOICE	116	
CARESOURCE HEALTH PLAN	99	
PROMINENCE HEALTH PLAN	86	
COMMUNITYCARE (OK)	78	

7) Considering Dermatology and Nurse Practitioners specialty physicians as the major targets for ProcDNA, which payer channel becomes more important and why?

Solution:

Commercial Channel becomes very important because the count of this is the largest for Dermatologist and Nurse practitioners

Payer Chan	nel Count of Payer.Payer Chann	el
COMMERC	IAL 100	36
MEDICAID	22	19
MEDICARE	8	79
Grand Tota	131	34

