



- Using Data to Understand Your Performance and Plan Your Future

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Overview



- Approaches for analyzing your own claims data
- Sources of comparative performance information
- Using episode to measure provider performance

Institute for Accountable Care

Policy Analysis

Custom Data Analytics

Research & Collaboratives

Medicare Data

100% of FFS Claims
Annual and Quarterly
Through Q2 2021

- Part A, B, D claims
- MDS assessments
- ACO provider file
- ACO beneficiary file
- MD-PPAS
- MA encounters (18)

Using Claims Data to Analyze Provider Performance



- Linking beneficiaries to ACO physician groups (TINs)
- Calculating PMPY spending
 - Risk-standardized spending
 - Differences among beneficiary eligibility categories
- Utilization rates
- Out-of-network utilization (by provider group and service)
- Identifying patients for care management
- Analytic challenges
 - Small N's
 - Regression to the mean

Using Medicare Claims Data to Profile Providers

Name	Attributed Beneficiaries	% Dual, Disab or ESRD	HCC (Normalized)	Average PMPY	Risk-Adjusted
ACO	31,888	33%	0.98	\$12,724	\$13,046
Medical Group 1	15,613	30%	0.89	\$12,991	\$14,579
Medical Group 2	12,759	31%	0.89	\$11,421	\$12,815
Community Health Center	1,084	88%	0.91	\$14,111	\$15,471
Medical Group 3	664	17%	0.99	\$10,941	\$11,031
Medical Group 4	500	25%	0.75	\$9,276	\$12,382
Medical Group 5	453	42%	1.05	\$15,127	\$14,358
Medical Group 6	445	34%	0.85	\$15,745	\$18,613
Individual Practitioner 1	370	57%	1.00	\$19,747	\$19,826

PMPY Comparisons for Part A

Name	Attributed Beneficiaries	HCC (Normalized)	Acute Hospital	Hospital Outpatient	SNF	Home Health	Other Inpatient	Hospice
ACO	31,888	0.98	\$3,721	\$3,240	\$714	\$761	\$795	\$274
Medical Group 1	15,613	0.89	\$3,792	\$3,239	\$696	\$802	\$933	\$306
Medical Group 2	12,759	0.89	\$3,169	\$3,194	\$484	\$711	\$518	\$174
Community Health Center	1,084	0.91	\$4,372	\$3,601	\$673	\$709	\$1,734	\$29
Medical Group 3	664	0.99	\$3,264	\$2,521	\$613	\$718	\$521	\$165
Medical Group 4	500	0.75	\$2,508	\$2,281	\$391	\$487	\$446	\$85
Medical Group 5	453	1.05	\$4,686	\$3,219	\$1,580	\$717	\$176	\$846
Medical Group 6	445	0.85	\$4,450	\$3,703	\$598	\$872	\$1,464	\$204
Individual Practitioner 1	370	1.00	\$5,248	\$2,770	\$3,268	\$749	\$1,217	\$3,374

Part B PMPY Comparisons

Name	Attributed Beneficiaries	HCC (Normalized)	E&M	Procedure	Imaging	Test	Part B Drug	DME & Other Part B
ACO	31,888	0.98	\$653	\$559	\$201	\$219	\$282	\$406
Medical Group 1	15,613	0.89	\$669	\$591	\$208	\$216	\$282	\$409
Medical Group 2	12,759	0.89	\$566	\$532	\$198	\$140	\$298	\$370
Community Health Center	1,084	0.91	\$767	\$323	\$193	\$366	\$141	\$307
Medical Group 3	664	0.99	\$615	\$612	\$194	\$216	\$328	\$332
Medical Group 4	500	0.75	\$557	\$518	\$187	\$293	\$372	\$359
Medical Group 5	453	1.05	\$709	\$534	\$201	\$265	\$272	\$752
Medical Group 6	445	0.85	\$785	\$693	\$228	\$384	\$508	\$388
Individual Practitioner 1	370	1.00	\$1,756	\$482	\$177	\$167	\$270	\$794

Utilization Rate Comparisons

Name	Attributed Beneficiaries	HCC (Normalized)	Admissions per 1,000	ED Visits Per 1,000	SNF stays per 1,000	SNF LOS
ACO	45,377	0.98	308	824	70	18
Medical Group 1	25,613	0.89	310	775	71	17
Medical Group 2	2,759	0.89	276	820	46	19
Community Health Center	1,084	0.91	424	1,430	64	21
Medical Group 3	664	0.99	250	643	59	18
Medical Group 4	500	0.75	200	624	36	17
Medical Group 5	453	1.05	373	1,223	137	19
Medical Group 6	445	0.85	379	925	72	17
Individual Practitioner 1	370	1.00	425	947	287	23



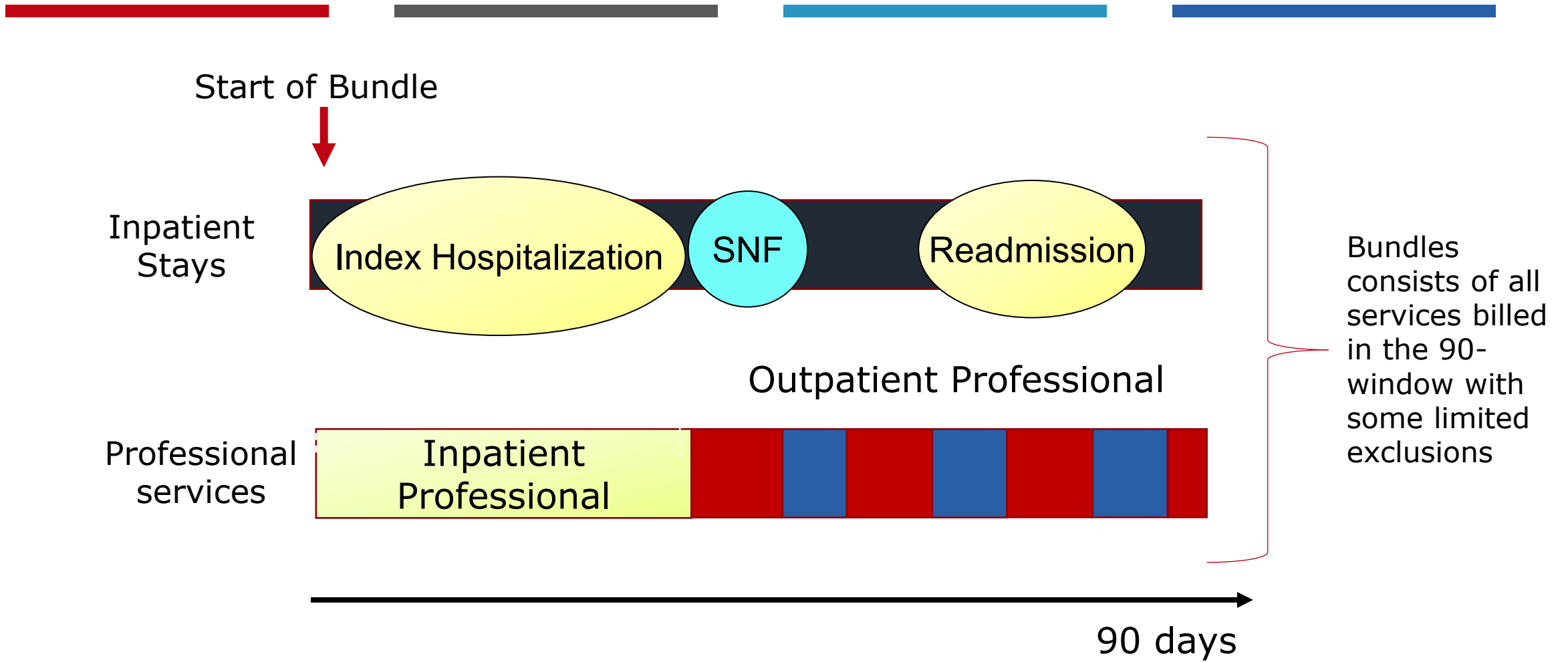
Using Episodes to Assess Provider Performance

Why Use Episodes to Assess Performance



- Provides information about cost variation in specialty care (especially for providers with little/no attribution)
- Insight into services and cost for acutely ill patients
- Two important challenges
 - Bundle prices unreliable for low-volume providers/services
 - Risk adjustment can be challenging

Anatomy of a Bundle



Input data: Claim and Claim Line Feed Files (CCLF)



2 CCLF File Layouts

The filename convention for the Medicare Shared Savings Program in [Table 1](#) is:

- For regular CCLFs: P.A****.ACO.ZC1Y**.Dyymmdd.Thhmmssst.
- For run-out CCLFs: P.A****.ACO.ZC1R**.Dyymmdd.Thhmmssst, "R" instead of "Y" indicating run-out.

Table 1. Part A Claims Header File (CCLF1)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. ^{1H}
2	PRVDR_OSCAR_NUM	Provider OSCAR Number	14	19	6	X(06)	A facility's Medicare/Medicaid identification number. It is also known as a Medicare/Medicaid Provider Number, or CCN. This number verifies that a provider has been Medicare certified for a particular type of service. ^H
3	BENE_MBI_ID	Medicare Beneficiary Identifier	20	30	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. ^{1H}
4	BENE_HIC_NUM	Beneficiary HIC Number	31	41	11	X(11)	¹ Legacy Beneficiary HICN field. Note: To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.

Key Ingredients

- Part A Institutional Services
 - Inpatient
 - SNF
 - IRF
 - LTAC
- Part B Clinician Bills
 - Clinician Service
 - Part B Drugs
 - DME



Inputs from CMS

- Trigger codes
- Exclusions
- HCC score

Wide Variation in Observed Cost Across Bundles

	Mean	Std. Dev	5 th	25 th	Median	75 th	95 th
CABG	\$36,000	\$15,249	\$21,643	\$27,703	\$33,574	\$42,470	\$68,868
PCI	\$15,698	\$6,350	\$9,876	\$11,793	\$13,623	\$18,159	\$29,107

Key Point

- ✓ Observed price variation within any given bundle can be large and varies by bundle.

And Variation in Cost by DRG within Bundle

MS-DRG	Clinical Episode	Mean Payment	Coefficient of Variation (CV)
291	Heart failure w MCC	\$25,352	0.82
292	Heart failure w CC	\$20,135	0.91
293	Heart failure w/out CC/MCC	\$15,288	1.04

Large State, 2009-2012, Medicare claims data

Key Points

- ✓ Wide variation in bundle payment by DRG
- ✓ Considerable variation with DRG as well – the higher the CV the more variation within the bundle

Variation in Cost by Setting

Bundle	Total Bundle Payment	Readmissions	SNF	HH	IRF	Part B	Patients using PAC
CABG	\$49,704	\$2,691	\$3,255	\$1,968	\$2,046	\$3,675	46.1%
Stroke	\$31,996	\$2,736	\$7,688	\$1,603	\$6,441	\$452	64.7%

Lewin Year 5 Evaluation Report, Appendix G, Control Group

Key Points

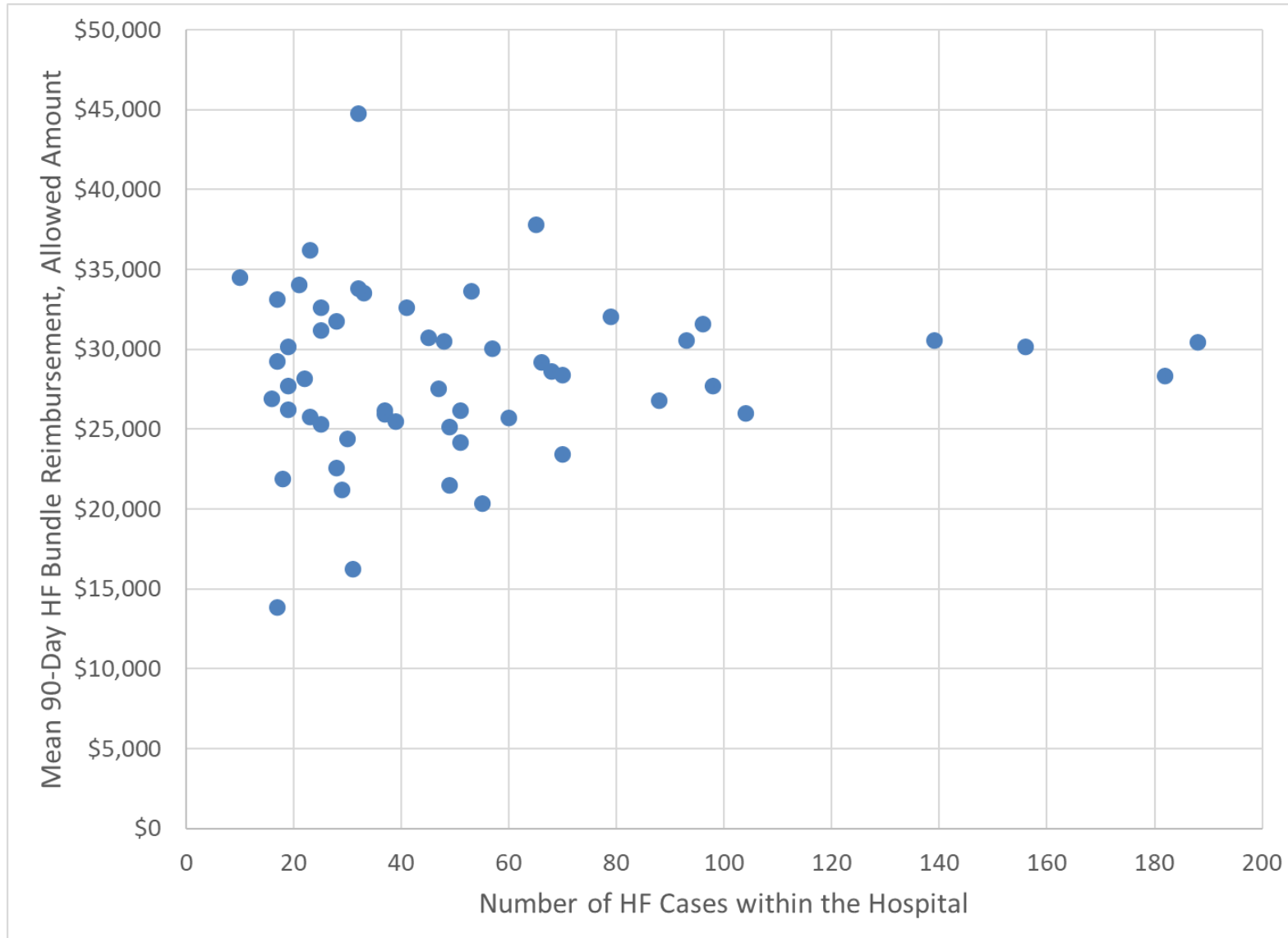
- ✓ Variation in cost by setting by episode
- ✓ Considerable spending in the post-discharge period

Opportunities for Savings



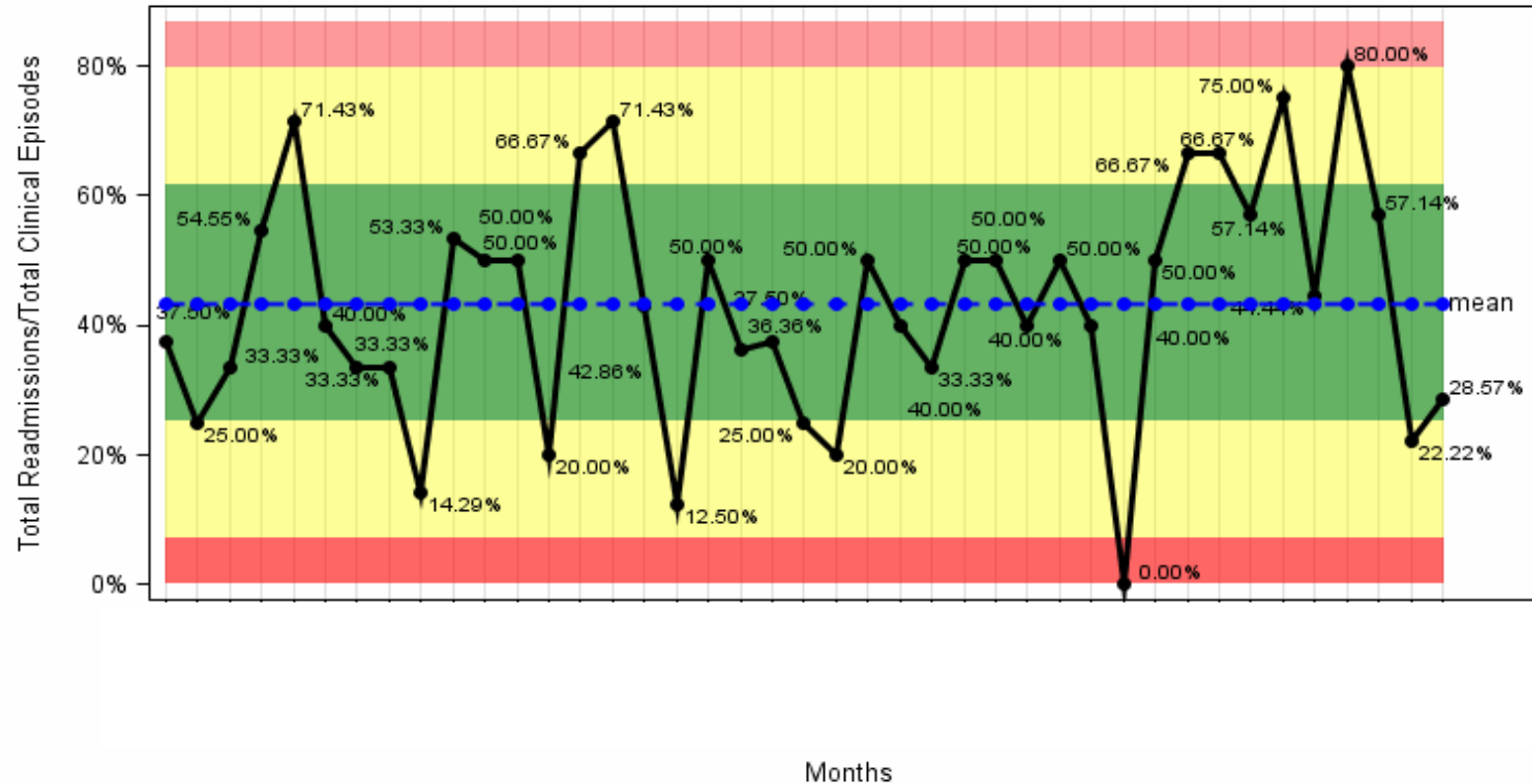
- Reduce acute acerbations – proactive primary care
- Inpatient diversion – e.g., extensivist clinic, acute care at home
- Surgical appropriateness
- Reduced in-hospital consultations and ‘add on’ care
- Select efficient providers (see chart)
- Reduce use of post acute institutional care
- Reduce readmissions

Select Efficient Providers in your Market – Heart Failure bundles by Hospital



Monitor Cohorts over Time

90 Days Readmission Rates by Month of Anchor Hospital Stay for Congestive heart failure



Note: Monthly rates reflect all readmissions that related to index admissions that occurred in that month even if the readmissions occurred later.

Challenges/Considerations



- Severity mix within bundle
 - Adjust for DRG mix
- Severity differences between patients
 - Consider risk adjustment
 - E.g., model cost as a function of age, sex, enrollment status and clinical co-morbidities
- Low volume hospital or specialist groups
 - Pool multiple years of data to increase N
 - Look at multiple bundles for the same group



Additional Resources

Comparisons Among ACOs: MSSP Public Use File

ACO_Name	ACO_State	Current Start Date	N_AB	Sav_rate	MinSavPer	Bnchmk - Expense	Generated Save/Loss	Earned Save/Loss
Palm Beach Accountable Care Organiza	FL	1/1/16	74,707	10.9%	2.0%	\$57,047,752	\$57,047,752	\$27,971,226
CCACO	NY, NJ	1/1/16	8,702	15.8%	3.1%	\$7,735,804	\$7,735,804	\$3,601,984
Hackensack Alliance ACO	NJ, NY	1/1/16	34,989	4.2%	2.4%	\$9,933,568	\$9,933,568	\$4,577,792
NH Accountable Care Partners	NH, MA	1/1/16	37,953	1.1%	2.3%	\$2,288,580	\$0	\$0
Arizona Connected Care, LLC	AZ	1/1/16	13,704	2.9%	2.8%	\$1,807,914	\$1,807,914	\$886,669
Atlantic ACO	NJ	1/1/16	50,330	0.8%	2.2%	\$2,282,110	\$0	\$0
Florida Physicians Trust, LLC	FL	1/1/16	17,401	4.8%	2.6%	\$5,907,112	\$5,907,112	\$2,795,725
Premier ACO Physicians Network, LLC	CA	1/1/16	8,471	1.8%	3.2%	\$1,082,273	\$0	\$0
Advocate Physician Partners Accountabl	IL	1/1/16	128,289	3.9%	0.0%	\$30,325,778	\$30,325,778	\$14,689,997
RGV ACO Health Providers, LLC	TX, NJ	1/1/16	10,533	9.3%	2.0%	\$6,857,825	\$6,857,825	\$5,055,288
West Florida ACO, LLC	FL	1/1/16	17,684	8.2%	2.0%	\$9,708,607	\$9,708,607	\$7,026,604
Coastal Carolina Quality Care, Inc.	NC	1/1/16	11,646	7.8%	1.0%	\$4,897,611	\$4,897,611	\$2,403,808
Quality Independent Physicians, LLC	KY, IN	1/1/16	7,302	6.1%	0.5%	\$2,468,910	\$2,468,910	\$1,137,774
Physicians Healthcare Collaborative, LL	NC	1/1/16	12,739	6.3%	2.8%	\$3,869,781	\$3,869,781	\$1,885,309
Optimus Healthcare Partners, LLC	NJ	1/1/16	12,654	5.3%	2.8%	\$4,328,273	\$4,328,273	\$1,999,797
Ascension Care Management Health Pa	TN	1/1/16	33,069	3.3%	0.0%	\$5,808,028	\$5,808,028	\$4,014,864
Summa Accountable Care Organizator	OH	1/1/16	19,929	5.6%	2.5%	\$5,631,261	\$5,631,261	\$2,751,399
Essentia Health	MN, WI, ND	1/1/16	27,638	2.6%	1.0%	\$4,103,079	\$4,103,079	\$2,934,983
Allcare Options, LLC	FL	1/1/16	15,306	12.1%	2.7%	\$22,551,303	\$22,551,303	\$10,440,549
Accountable Care Coalition of Texas, Ir	TX	1/1/16	3,654	2.9%	4.6%	\$741,642	\$0	\$0
Accountable Care Organization of the I	NY	1/1/16	7,693	0.6%	3.3%	\$207,768	\$0	\$0

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Part A Data

Export to Excel

Click on the Buttons Below to Change your Data Outputs

Select Year

2017 2018 2019 2020

Beneficiary Type

All Aged Dual Disabled ESRD
Non-Dual Eligible

Price Standardization

Yes No

Variable Type

Spending Utilization

Peer Group

US ACO Average State ACO Average

NAACOS REPORTS

Medicare Spending

State : West
Hawaii

Surfside
ACO

**State
Comparison
Group Average**

**Difference from Peer
Group**

Category / Metric

PMPY Spending

**Peer PMPY
Spending**

**Dollar
Difference**

**Percent
Difference**

Total_PMPY_Spending
(Unadjusted)

\$9,347

\$9,412

\$(65)

-1%

Total_Risk_Standardized
PMPY Spending

\$8,063

\$9,497

\$(1434)

-18%

Inpatient Acute

\$2,579

\$2,580

\$(1)

-0%

LTCH

\$32

\$47

\$(15)

-47%


IRF

\$192

\$177

\$15


8%

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NAACOS REPORTS Home Beneficiary Profile Part A / Facility Data Part B / Professional Data About BCAPA Terms and Conditions Custom Reports Export All My Data	State : West Hawaii	Surfside ACO	State Comparison Group Average	Difference from Peer Group	
	Category / Metric	PMPM Spending	PMPM Spending	Dollar Difference	Percent Difference
	Total Part B	\$3,842	\$3,332	\$510	13%
	Evaluation_and_Management Total (M)	\$1,054	\$934	\$120	11%
	Procedures Total (P)	\$893	\$769	\$124	14%
	Imaging Total (I)	\$287	\$193	\$94	33%
	Tests Total (T)	\$432	\$325	\$107	25%
	Part B Drugs	\$854	\$728	\$126	15%
	Durable Medical Equipment Total (D)	\$199	\$244	\$(45)	-23%

Questions or Suggestions



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