



- FIRST AID
- MONEY MANAGEMENT
- EXAMINATIONS

# ACO Data 101 —

Sources, How to Access, Use Cases

 **SALIENT**<sup>®</sup> HEALTHCARE

A Division of Salient Management Company

- MEDICAL TREATMENT
- FINANCIAL BENEFITS
- DISEASE COVERAGE

# Speakers



**Amy H. Kotch, MHA**  
Principal Business Consultant



**Maria Nikol, MJ**  
Sr. Business Consultant

# Agenda

- **Data Sources**
- **Obtaining, Organizing & Enriching the Data**
- **Continuous Process Improvement for VBP**

# Data Sources

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# Data Sources

## CMS Sources

- **1) Assignment and Alignment**
- **2) Exclusion Files**
- **3) Physician Supplier**
- **4) CCLF (Claim & Claim Line Feed)**
- **5) QEXPU/MEXPU/AEXPU (Expenditure & Utilization Files)**
- **6) Benchmark**
- 7) PUF (Public Use Files)
- 8) NPES (National Plan and Provider Enumeration System)
- 9) APP ( Alternative Payment Models (A) Performance Pathway)
- 10) Chronic Condition Warehouse
- 11) CMS Compare

## Other Sources

- 12) Claims and attribution files from other payers
- 13) EHR/EMR (Electronic Health Record/ Electronic Medical Record)
- 14) HIE/ADT (Health Information Exchange/ Admit/Discharge/Transfer)
- 15) Scheduling/Billing
- 16) Care Management
- 17) SDOH (Social Determinants of Health)

Filter ACOs by Name, TIN or ACO ID:   
Search will automatically load matching ACO list once you enter 5 or more characters.

Showing: ACOs

LLC

Program Year: 2020

ACO ID

ACO TIN

Claim and Claim Line Feed (CCLF) Files

Monthly Exclusion Files

Reports

LLC

Program Year: 2020

ACO ID

ACO TIN

Claim and Claim Line Feed (CCLF) Files

All Active Archived

Name ↑	Date Created ↑	Size ↑	Last Downloaded By ↑	Actions
<input type="text" value="Display Name"/>	From <input type="text" value=""/> To <input type="text" value=""/>			
<a href="#">CCLF Delivered in Jan.2020 (.zip)</a>	01/15/2021, 4:21 PM EST	0.82 GB		
<a href="#">CCLF Delivered in Dec.2020 (.zip)</a>	12/15/2020, 11:15 AM EST	40.99 MB		
<a href="#">CCLF Delivered in Nov.2020 (.zip)</a>	11/13/2020, 11:14 AM EST	31.4 MB		
<a href="#">CCLF Delivered in Oct.2020 (.zip)</a>	10/13/2020, 1:21 PM EST	46.63 MB		
<a href="#">CCLF Delivered in Sept.2020 (.zip)</a>	09/06/2020, 2:00 AM EST	82.51 MB		



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- Dashboard
- My ACOs
- Annual Certification
- Change Request
- Reporting
- Data Hub
- Knowledge Library

## Reports


📄 Data Extracts

Data Extracts


Download File As:  CSV  XLSX

📅 Program Year: 2020 [▼](#)

ACO:  [▼](#)

  
Providers and Suppliers List

  
SNF Affiliate List

  
Participants List

  
Agreements Data

  
Final Disposition Report

  
Participation Options Report (prior participation and high/low revenue determinations)

  
Track 1+ Experienced ACO Participant Report

   
[ACO Annual Certification Signature Status Report \(2020\)](#)

# Obtaining, Organizing and Enriching the Data



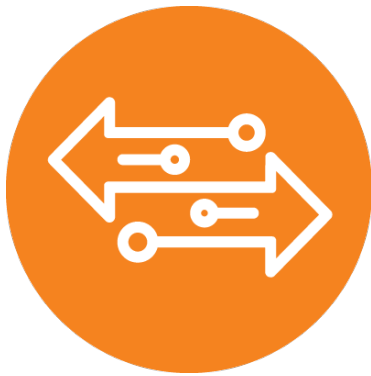
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# Security Protocol: Encryption



Transfer

Storage

Consume

# How to Obtain the Data



## Data Templates

- QRDA (Quality Reporting Document Architecture) 1, 3: eCQM (Electronic Clinical Quality Measure), CCDA (Consolidated Clinical Document Architecture)
- HL7 (Health Level), FHIR (Fast Healthcare Interoperability Resources): HIE (Health Information Exchange), EMR (Electronic Medical Record), ADT (Admit/Discharge/Transfer)

# How to Obtain the Data | Cont'd



## Data Transfer

- SFTP (Secure File Transfer Protocol)
- Portal Access for Direct Download
- API (Application Programming Interface)

# Organizing and Storing Data

Data Warehousing

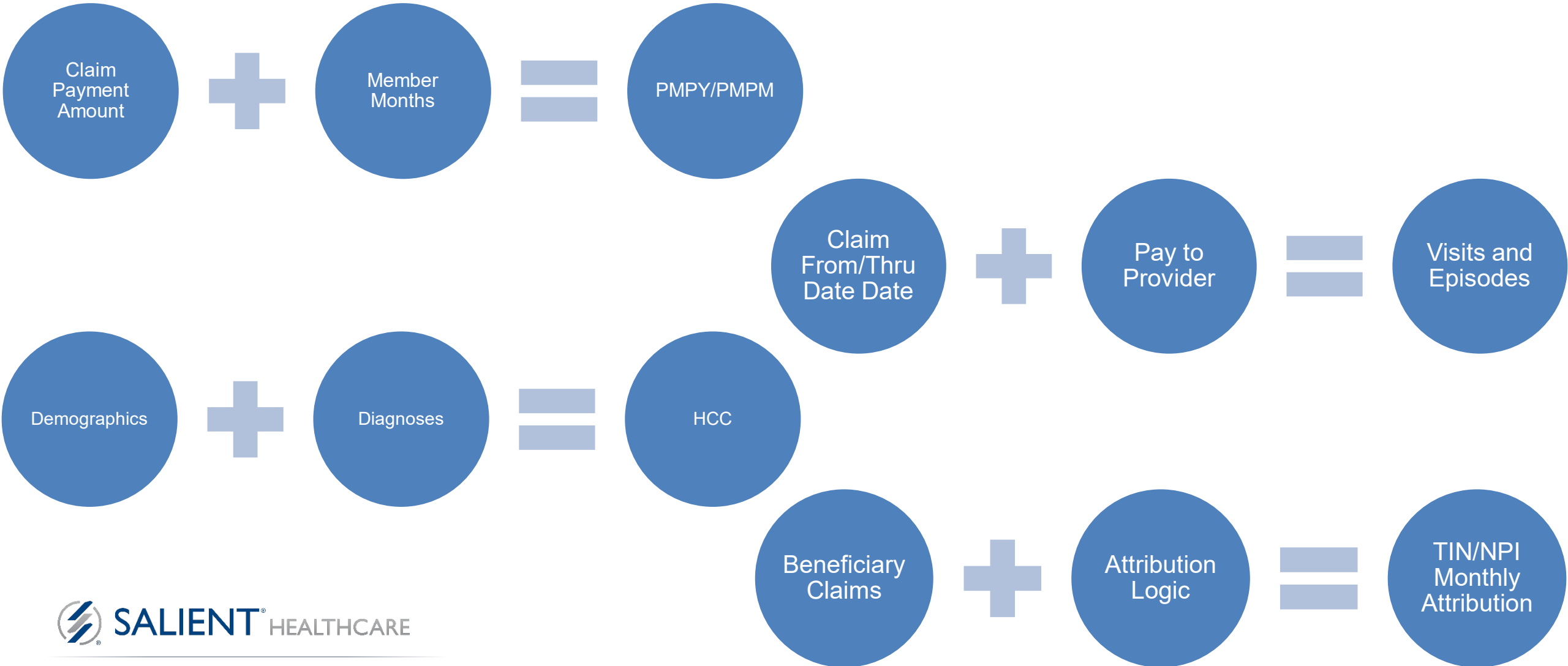


# Organizing and Storing Data | Cont'd

...and other payers

MSSP ACO	NextGen	UHC Commercial	Humana MA
CLM_PMT_AMT		NET_PD_AMT	FUND_EXP
NPI		MPIN	SERV_PROV
Null		BRND_GNRC_CD	
Claim Count		Claim Count	Claim Count
PAY_TO_PRVDR	SERV_PROV_NPI		
	CLM_PBP_RDCTN_AMT		

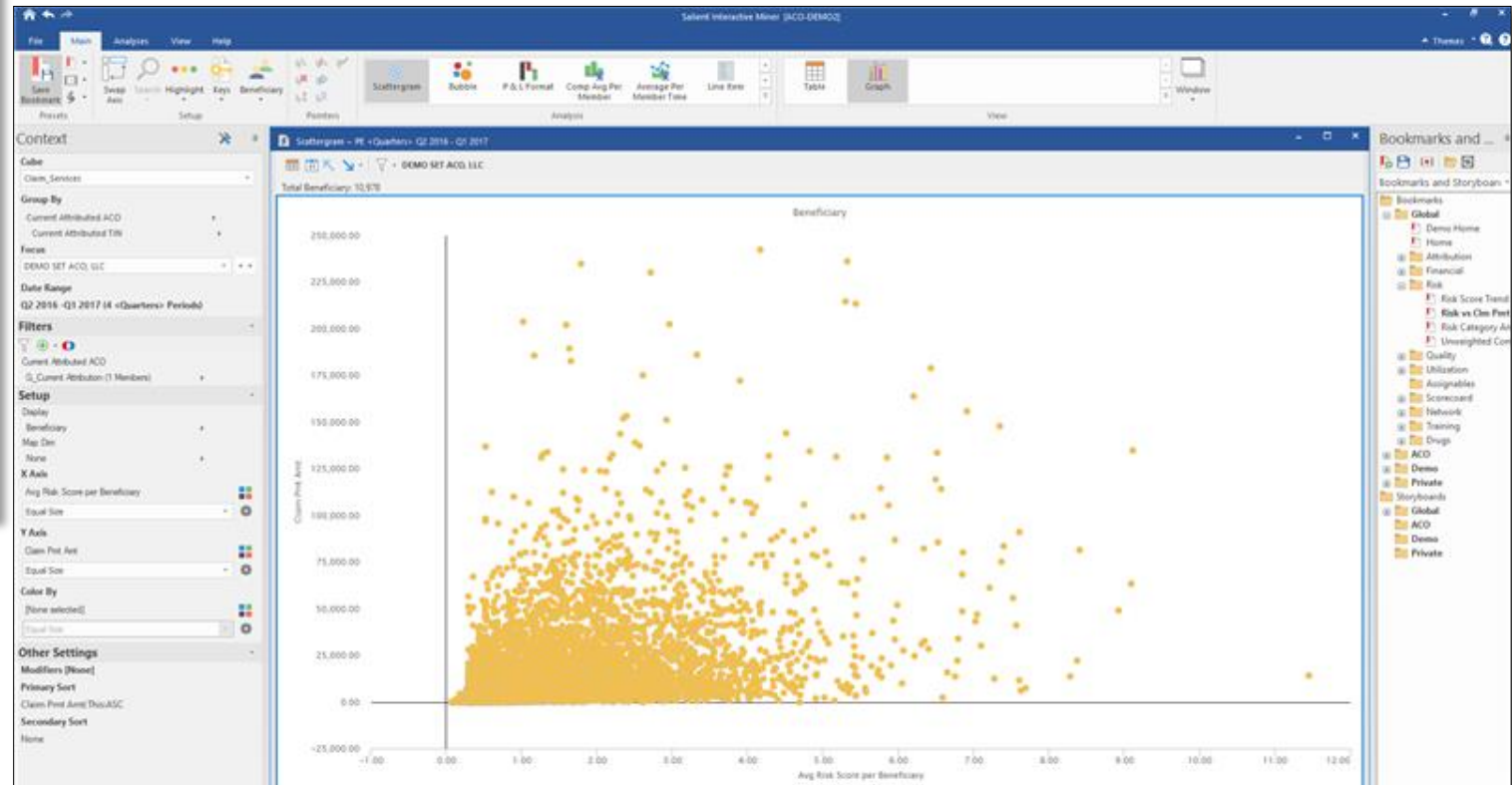
# Data Enhancements





# Data Visualization

# Various Methods of Interfacing





# Continuous Process Improvement



# CPI Example

Review the Baseline Data to Identify Areas of Opportunity

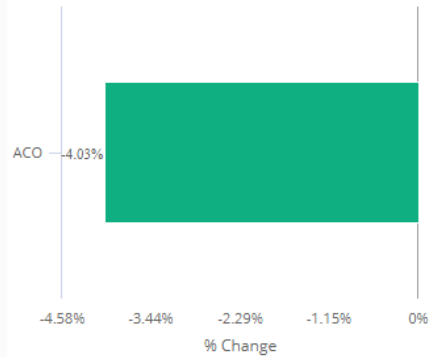
# ACO Scorecard

FINANCIAL   RISK   QUALITY   ATTRIBUTION   UTILIZATION

## % Change PMPY Actual

View Context

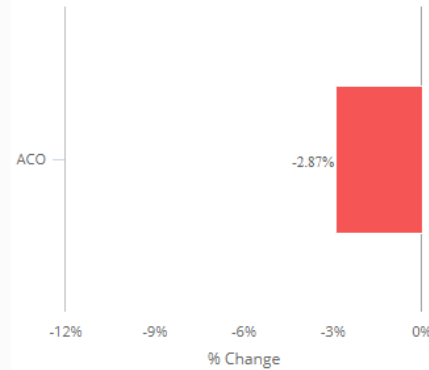
ACO | Payer



## % Change Risk Score

View Context

ACO | Payer



## % of AWW Complete

View Context

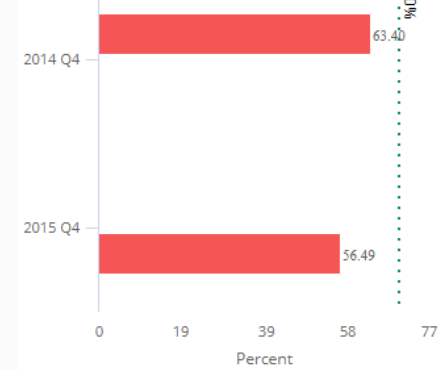
ACO | Payer



## % Continuous Attribution

View Context

ACO | Payer



## % of Beneficiaries w/ In-Network PC Visits

View Context

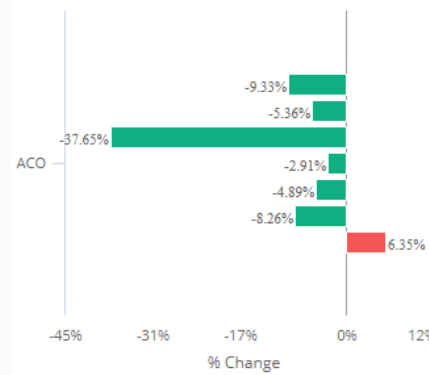
Date ^	Attributed Beneficiaries	% of Beneficiaries w/ Primary Care
Q2 2015	9,430	63.0
Q3 2015	9,285	52.9
Q4 2015	9,246	59.0
Q1 2016	7,975	55.7
Q2 2016	7,825	54.6
Q3 2016	7,703	47.2
Q4 2016	7,578	50.3
Q1 2017	5,988	54.7

Total      12,968      76.9

## % Change Visits

View Context

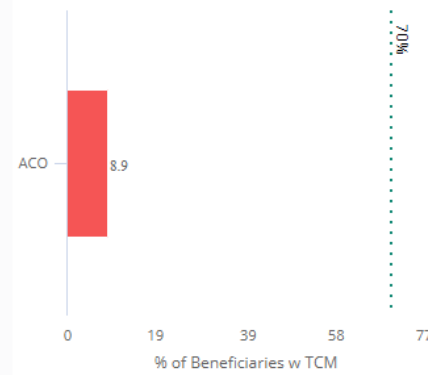
ACO | Payer



## % of TCM Complete

View Context

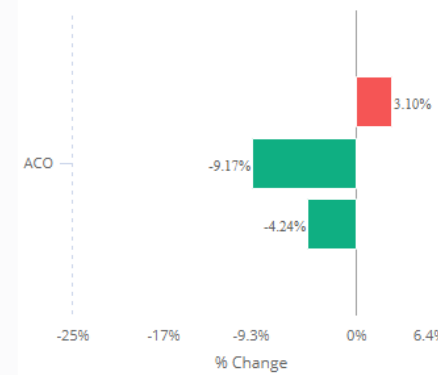
ACO | Payer



## % Change Inpatient Readmissions

View Context

ACO | Payer



# CPI Example

Review the Baseline Data to Identify Areas of Opportunity



Design Initiatives to Impact Areas of Opportunity

# Quality Improvement

## Example Initiative: monthly care gap assessment

Qlty ID	Measure	Submitter Type
#321	CAHPS for MIPS	Survey Vendor
#479	HWR Readmission Rate	CMS Administrative Claims
#TBD	MCC Unplanned Admissions	CMS Administrative Claims
#001	HbA1c Poor Control	EHR, Qual Reg, QCDR
#134	Screen for Depression and Follow up	EHR, Qual Reg, QCDR
#236	Control of High BP	EHR, Qual Reg, QCDR

# Emergency Room Visits

Example Initiative: extend office hours in the AM and PM/weekends

## UHC Changes Emergency Department Claims Evaluation Protocols

Starting in July, the payer will provide coverage for emergency department claims only if they are deemed to be emergent in an attempt

### Program delayed

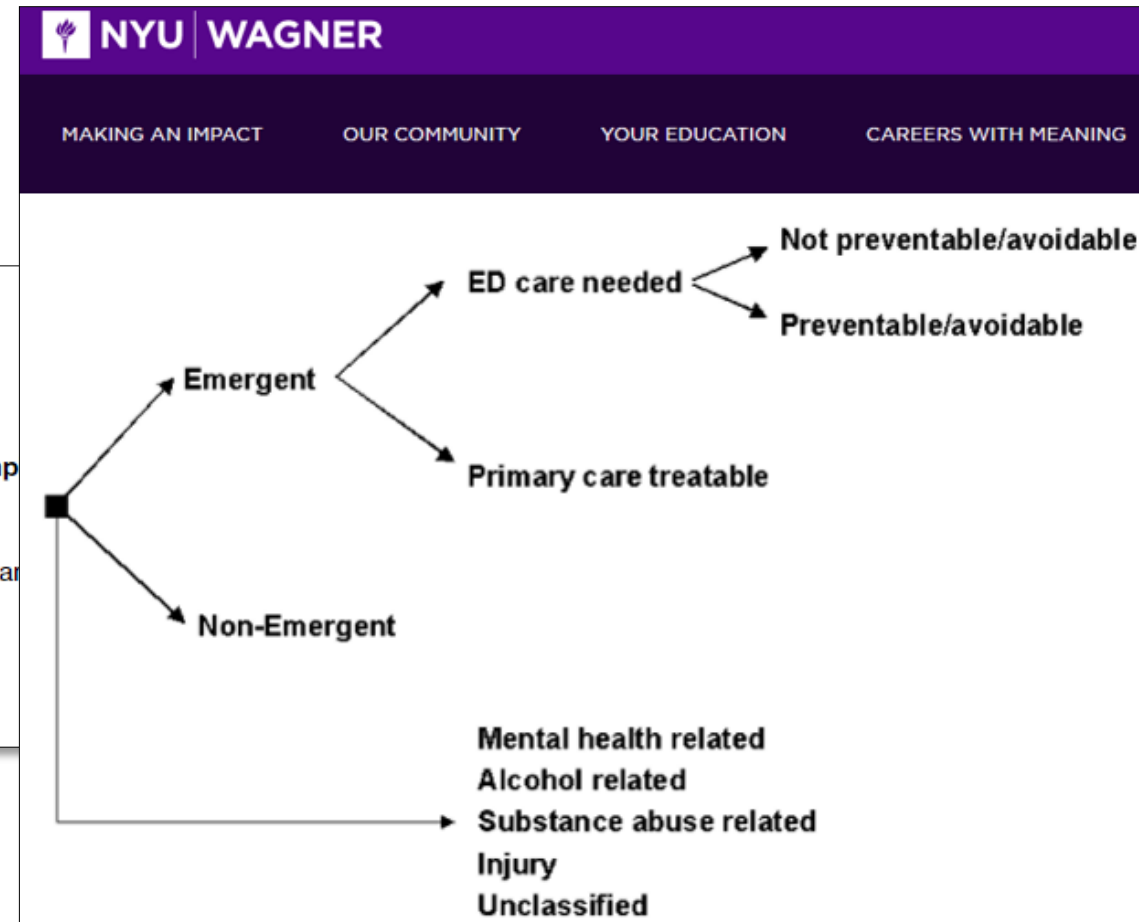
Based on feedback from our provider partners and medical societies, we have decided to **delay the implementation** of the emergency department program until at least the end of the national public health emergency period.

We will use this time to continue to educate consumers, customers and providers on the new program and encourage people to visit an appropriate site of service for non-emergency care needs.

PCA-1-21-01380-Clinical-News



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## VBP Toolkits

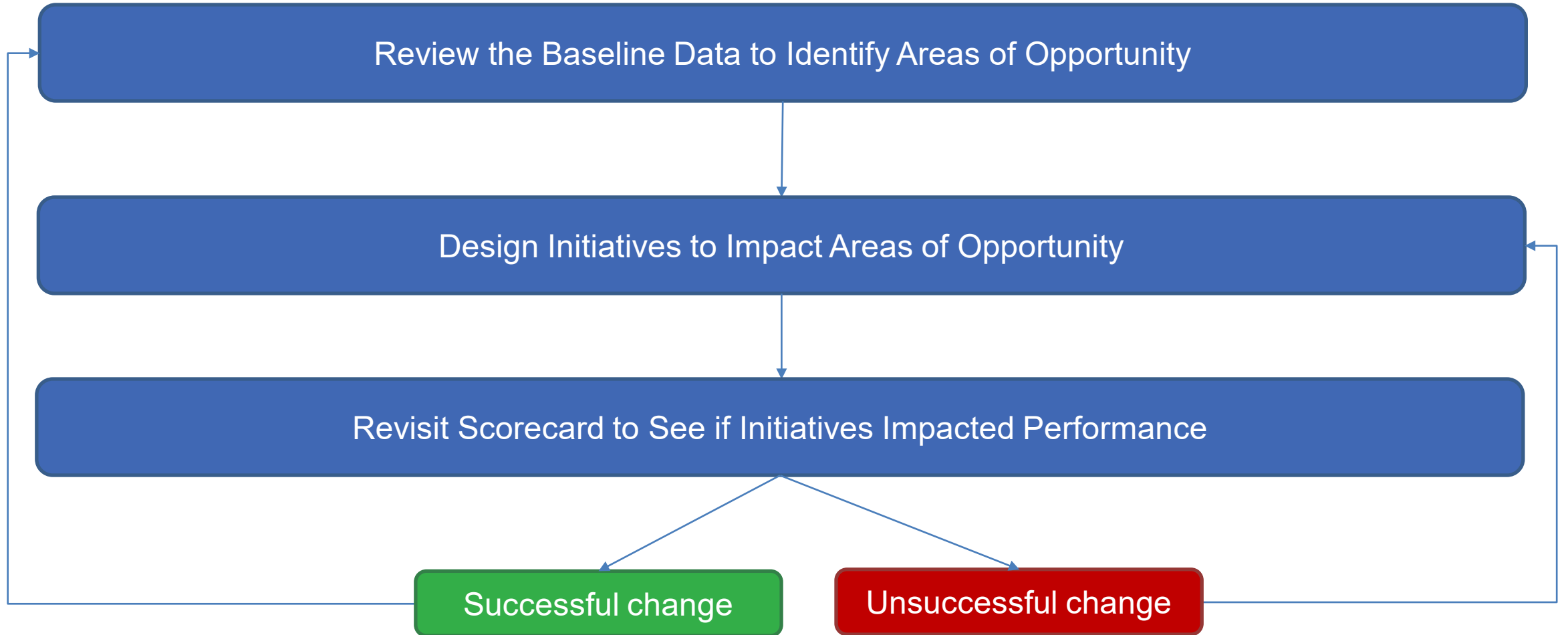
Getting the data you need is key, but also putting that data into action is paramount, which is why Salient Healthcare has designed a series of toolkits to help our clients implement key initiatives to drive shared savings. These toolkits are based on the most commonly implemented initiatives and we hope the added value brings your initiatives to life. The Salient Toolkits house general information about each initiative, operational documents that can be used in medical practices, and customized additional resources. These toolkits are meant to be used in conjunction with the Salient solution. If there is a resource that you'd like to see, but are unable to find, please don't hesitate to reach out at [healthcaresupport@salient.com](mailto:healthcaresupport@salient.com).

[Annual Wellness Visits \(AWV\)](#)[Hierarchical Condition Category \(HCC\)](#)[Transitional Care Management \(TCM\)](#)[Reducing Inappropriate Emergency Room Utilization](#)[Chronic Care Management \(CCM\)](#)[Developing Partnerships with External Organizations](#)[Advance Care Planning](#)[Home Health](#)[Skilled Nursing Facilities \(SNF\)](#)

### Navigation

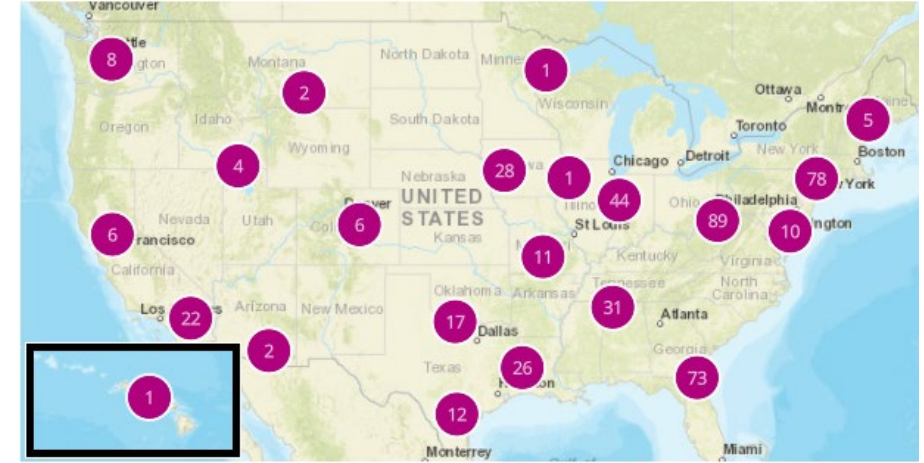
- [Dashboard](#)
- [Site home](#)
- [Site pages](#)
- [My courses](#)
  - [FAQs and Bookmark Resources](#)
  - [Salient Interactive Miner Analyst Training](#)
  - [Key Performance Indicators: Dashboards](#)
  - [Product Upgrades and Enhancements](#)
  - [Helpful Resources](#)
  - [Demoseet Dashboards Training](#)
  - [VBP Toolkits](#)
    - [Participants](#)
    - [Badges](#)
    - [Competencies](#)
    - [Grades](#)
      - [Annual Wellness Visits \(AWV\)](#)
      - [Hierarchical Condition Category \(HCC\)](#)
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      - [Advance Care Planning](#)
      - [Home Health](#)
      - [Skilled Nursing Facilities \(SNF\)](#)

# CPI Example





# Final Takeaways



Questions?  
Thank You

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- Using Data to Understand Your Position and Plan Your Future

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Robert Mechanic, MBA  
Jennifer Perloff, Ph.D

Institute for Accountable Care  
June 22, 2021



# What is Your Principal Role in Your ACO



1. Executive leadership
2. Medical leadership
3. Finance
4. Actuarial
5. Analytics
6. Operations
7. Care management
8. Other (Please enter in the chat function)

# IAC Focus Areas



Policy Analysis

Custom Data Analytics

Research & Collaboratives

# Medicare Claims for 100% of Beneficiaries

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## Annual Data

Status: Complete

Runout: 14 months

Include:

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

## Quarterly Data

Status: Incomplete

Runout: 3 months

Include:

- Part A, B, D claims
- ACO beneficiary file

## Monthly Data\*

Status: Refreshed  
monthly

Runout: 1 month

Include:

- Part A, B claims

\* Special DUA for  
analysis related to  
COVID-19

# Data and Custom Analytics

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- BCAPA report (NAACOS member benefit)
- Benchmark construction building blocks and modeling
- Physician group and market performance profiles
- QP score modelling
- SNF benchmark reports
- Episode grouper analytics (in development)

# 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



# Part A Data:

[Export to Excel](#)

Click on the Buttons Below to Change your Data Outputs

### Select Year/Quarter

2017 2018 Q1 2019

### Price Standardization

Yes No

### Peer Group

US ACO Average Similar HCC State MSSP Track

### Beneficiary Type

All Aged Non-Dual Dual Eligible Disabled ESRD

## Part A Data

Medicare Spending

Medicare Utilization

Number of Beneficiaries

Category / Metric	US ACO Average			
	PMPY Spending	Peer PMPY Spending	Dollar Difference	Percent Difference
Inpatient Acute	\$3,137	\$3,313	\$ (176)	-6%
LTCH	\$59	\$82	\$ (23)	-39%
IRF	\$255	\$274	\$ (19)	-7%
Inpatient Psych	\$116	\$71	\$ 45	39%
SNF	\$758	\$726	\$ 32	4%
Home Health	\$565	\$559	\$ 6	1%
Acute Readmissions	\$533	\$533	\$ 0	0%



# Understanding MSSP Benchmarking & Attribution

Medicare Shared Savings Program

## SHARED SAVINGS AND LOSSES AND ASSIGNMENT METHODOLOGY

### Specifications

February 2021 Version #9  
Applicable to Performance Years Starting  
on January 1, 2021, and Subsequent Years

MSSP PUF files:

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable -Public-Use-Files/SSPACO](https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/SSPACO)

County-level rebasing PUF files:

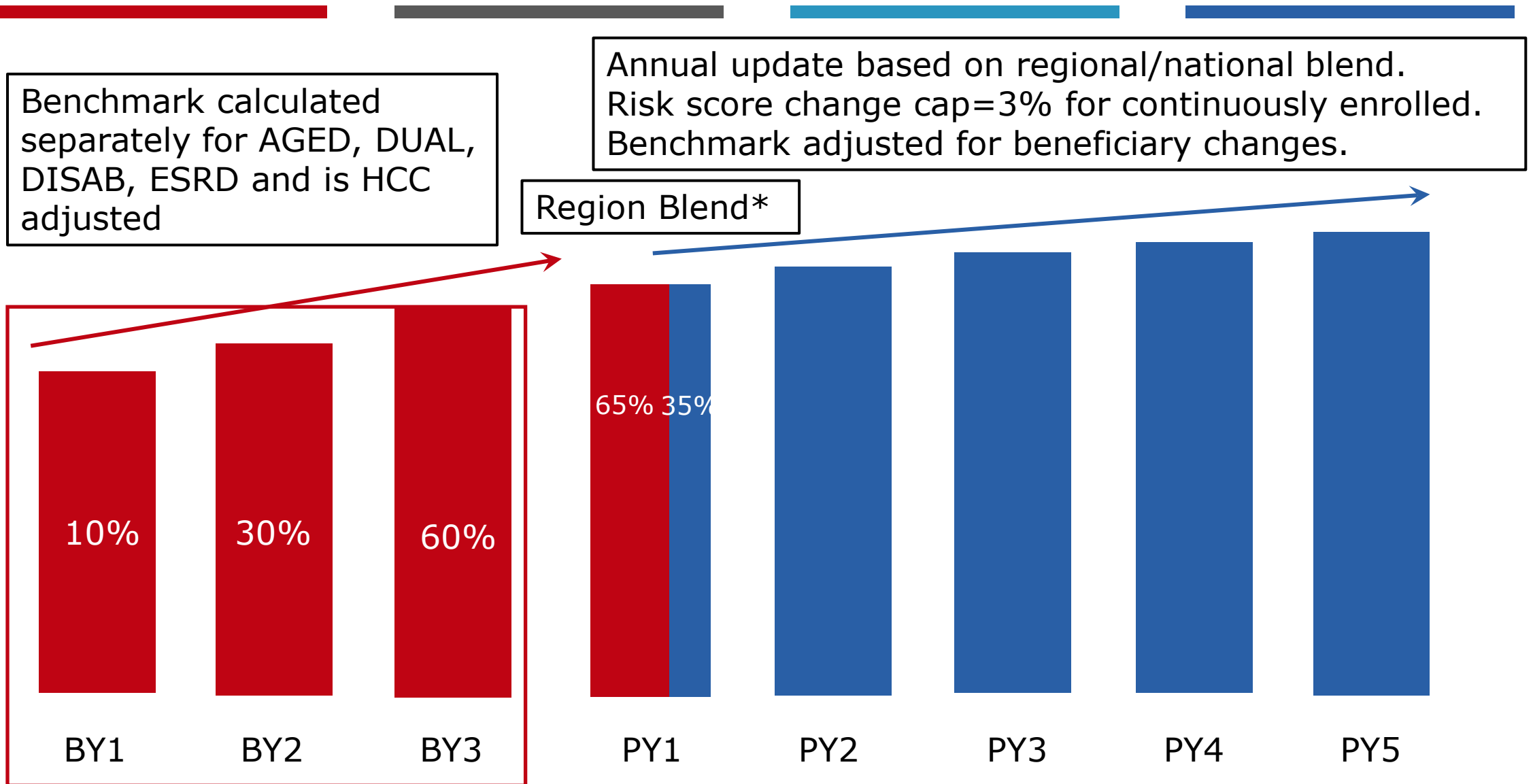
[https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/SSPACO/SSP\\_Benchmark](https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/SSPACO/SSP_Benchmark)

# How familiar are you with the Shared Savings Methodology?



1. I've got it memorized.
2. I understand generally how it works but don't know all the details.
3. I have no idea – its someone else's responsibility.

# Setting the Benchmark – Initial MSSP Agreement



\* Change capped at 5%. Regional share of benchmark is 15% if benchmark is above region average. Institute for Accountable Care: Copyright © 2021

# Estimating MSSP Benchmarks (AGND<sup>1</sup>)

	<b>BY1 (10%)</b>	<b>BY2 (30%)</b>	<b>BY3 (60%)</b>	<b>Weighted BNCHMK</b>	<b>Historical BNCHMK<sup>1</sup></b>	<b>Updated BNCHMK</b>	<b>Savings Rate</b>
ACO <sup>3</sup>	\$10,560	\$10,908	\$11,252	\$11,357	\$11,437		
TIN 1	\$9,145	\$9,852	\$10,665	\$10,526	\$10,897		
TIN 2	\$10,891	\$11,011	\$11,106	\$11,332	\$11,421		
TIN 3	\$11,645	\$11,861	\$11,985	\$12,212	\$11,992		
Region	\$10,815	\$11,194	\$11,585	NA	\$11,585		

1. Benchmarks calculated separately by eligibility category.
2. Historical benchmark is a blend with 65% weighted benchmark and 35% regional benchmark.
3. Assumes each TIN has exactly 1/3 of ACO's attributed beneficiaries.

# Calculating ACO's Regional Average PMPY and Trend

State	County	PMPY_AGND	Avg Risk Score_AGND	Person Years_AGND	ACO's Bene Distribution	Regional PMPY
Florida	Palm Beach	\$13,046	1.152	137,367	40%	\$5,219
Florida	Lee	\$11,020	1.047	86,569	25%	\$2,755
Florida	Sarasota	\$11,173	1.034	75,163	15%	\$1,676
Florida	Pinellas	\$12,111	1.121	71,526	10%	\$1,211
Florida	Broward	\$12,509	1.096	70,940	6%	\$751
Florida	Hillsborough	\$11,572	1.117	60,895	4%	\$463
					100%	\$12,074

# MSSP Rebasing PUF (2019)

County_Name	Per_Capita Exp_AGDU	Avg_Risk Score_AGDU	Person_Yrs AGDU	Per_Capita_E xp_AGND	Avg_Risk_ Score_AGND	Person_Yrs AGND
Palm Beach	\$22,626	1.113	8,140	\$13,046	1.152	137,367
Lee	\$18,882	1.020	3,899	\$11,020	1.047	86,569
Miami-Dade	\$23,082	1.184	32,367	\$11,867	1.076	48,484
Broward	\$22,756	1.122	11,239	\$12,509	1.096	70,940
Pinellas	\$28,566	1.280	7,087	\$12,111	1.121	71,526
Sarasota	\$22,368	1.093	2,753	\$11,173	1.034	75,163
Hillsborough	\$23,236	1.237	7,828	\$11,572	1.117	60,895
Duval	\$22,040	1.146	5,191	\$11,355	1.084	57,635
Brevard	\$24,469	1.141	3,160	\$11,132	1.080	58,122
Orange	\$25,021	1.156	5,454	\$11,157	1.090	49,858
Collier	\$15,226	0.873	2,077	\$11,124	1.017	55,063
Volusia	\$23,026	1.168	2,907	\$10,968	1.069	46,214
Polk	\$24,251	1.224	3,150	\$10,754	1.108	44,806
Manatee	\$23,179	1.170	2,033	\$11,230	1.014	44,617
Lake	\$22,551	1.207	1,893	\$11,109	1.182	43,665

# 2019 – 20 PMPY Spending Trend by City

State Name	City Name	2019 Medicare Assignable Beneficiaries	2019 Spending Per Beneficiary	2020 Spending Per Beneficiary	2020 Spending Per Beneficiary (Minus COVID Expense)	2019-20 Change in Medicare PMPY Spending	2019 - 2020 Change in Medicare PMPY Spending (Minus COVID Expense)
US Average	US Average	25,469,205	\$11,686	\$11,414	\$10,910	-2.3%	-6.6%
Wisconsin	Milwaukee-Waukesha, WI	113,471	\$10,937	\$11,034	\$10,417	0.9%	-4.8%
Wisconsin	Madison, WI	60,080	\$8,261	\$8,083	\$7,846	-2.2%	-5.0%
Wisconsin	Green Bay, WI	20,792	\$9,526	\$9,384	\$8,943	-1.5%	-6.1%
Wisconsin	Eau Claire, WI	18,543	\$10,250	\$10,114	\$9,700	-1.3%	-5.4%
Wisconsin	Racine, WI	17,920	\$10,899	\$10,599	\$9,999	-2.8%	-8.3%
Wisconsin	Janesville-Beloit, WI	15,862	\$10,671	\$10,087	\$9,698	-5.5%	-9.1%

Source: <https://institute4ac.org>

# Estimating MSSP Benchmarks (AGND<sup>1</sup>)

	<b>BY1 (10%)</b>	<b>BY2 (30%)</b>	<b>BY3 (60%)</b>	<b>Weighted BNCHMK</b>	<b>Historical BNCHMK<sup>2</sup></b>	<b>Updated BNCHMK</b>	<b>Savings Rate</b>
ACO <sup>3</sup>	\$10,560	\$10,908	\$11,252	\$11,357	\$11,437	\$11,723	
		1.033	1.032			1.025	
TIN 1	\$9,145	\$9,852	\$10,665	\$10,526	\$10,897	\$11,169	
		1.077	1.083			1.025	
TIN 2	\$10,891	\$11,011	\$11,106	\$11,332	\$11,421	\$11,706	
		1.011	1.009			1.025	
TIN 3	\$11,645	\$11,861	\$11,985	\$12,212	\$11,992	\$12,292	
		1.019	1.010			1.025	
Region	\$10,815	\$11,194	\$11,585	NA	\$11,585	\$11,875	
		1.035	1.035	NA	NA	1.025	

1. Benchmarks calculated separately by eligibility category.
2. Historical benchmark is a blend with 65% weighted benchmark and 35% regional benchmark.
3. Assumes each TIN has exactly 1/3 of ACO's attributed beneficiaries.
4. Assumes update factors based solely on the regional average spending increase.



# Poll: Which TIN Will Contribute the Most Towards Savings?



- TIN 1
- TIN 2
- TIN 3

# Estimating MSSP Benchmarks (AGND<sup>1</sup>)

	BY1 (10%)	BY2 (30%)	BY3 (60%)	Historical BNCHMK	Updated BNCHMK <sup>2</sup>	Proj. PY SPEND <sup>5</sup>	Savings Rate
ACO <sup>3</sup>	\$10,560	\$10,908	\$11,252	\$11,437	\$11,723	\$11,538	0.8%
Trend		1.033	1.032		1.025	1.032	
TIN 1	\$9,145	\$9,852	\$10,665	\$10,897	\$11,169	\$10,998	0.3%
Trend		1.077	1.083		1.025	1.080	
TIN 2	\$10,891	\$11,011	\$11,106	\$11,421	\$11,706	\$11,384	-0.3%
Trend		1.011	1.009		1.025	1.010	
TIN 3	\$11,645	\$11,861	\$11,985	\$11,992	\$12,292	\$12,285	2.4%
Trend		1.019	1.010		1.025	1.014	
Region	\$10,815	\$11,194	\$11,585	\$11,585	\$11,875		
Trend		1.035	1.035		1.025 <sup>4</sup>		

1. Benchmarks calculated separately by eligibility category.
2. Historical benchmark is a blend with 65% weighted benchmark and 35% regional benchmark.
3. Assumes each TIN has exactly 1/3 of ACO's attributed beneficiaries.
4. Assumes update factors based solely on the regional average spending increase.
5. Assume ACO TIN's spending growth continue at historical average rate.

# What is Your ACO's #1 Strategy to Improve Performance?



1. Identify and aggressively manage high-cost patients
2. Provide enhanced support for primary care providers
3. Develop preferred relationships with efficient specialists
4. Control post-acute care spending
5. Reduce unnecessary admissions and readmissions
6. Recruit high performing providers to the ACO and weed out low performing providers

If your ACO's #1 strategy is not on this list, please enter it in the chat.

# What is Your ACO's #2 Strategy to Improve Performance?



1. Identify and aggressively manage high-cost patients
2. Provide enhanced support for primary care providers
3. Develop preferred relationships with efficient specialists
4. Control post-acute care spending
5. Reduce unnecessary admissions and readmissions
6. Recruit high performing providers to the ACO and weed out low performing providers

# Sample 2019 ACO Practice Profiles in Southern County

ACO Practices in Gaus County	Aged Non-Dual Beneficiaries	Total Providers (MD/APC)	% PCP MDs	Normalized HCC Score	PMPY Spending*	IP Admits per 1,000*	ED Visits per 1,000*	SNF Admits per 1,000*
ACO Group #1	2500 -4000	21-40	100%	0.85	\$11,513	243	529	53
ACO Group #2	2500 -4000	5-10	100%	0.89	\$11,366	220	427	51
ACO Group #3	4000+	41+	50%	1.11	\$11,118	219	441	51
County Average				1.00	\$10,970	222	467	51
ACO Group #4	1500-2500	21-40	80%	0.90	\$10,943	214	503	39
ACO Group #5	2500 -4000	5-10	100%	1.18	\$10,167	184	405	36

Physician Group Name	Aged Non-Dual Beneficiaries	Total Providers (MD/APC)	% PCP MDs	Normalized HCC Score	PMPY Spending*	IP Admits per 1,000*	ED Visits per 1,000*	SNF Admits per 1,000*
Indep. TIN #12	1500-2500	5-10	100%	1.12	\$12,192	272	486	69
Indep. TIN #6	1500-2500	41+	50%	1.09	\$11,743	276	562	74
Indep. TIN #9	1500-2500	11-20	100%	1.08	\$11,435	225	498	59
County Average				1.00	\$10,970	222	467	51
Indep. TIN #21	2500 -4000	5-10	100%	1.19	\$10,609	212	476	48

\* Spending and utilization are risk adjusted

# Physician Group and Market Profiles



- Attribution and beneficiary characteristics
- Risk-adjusted PMPY spending and spending by service
- Utilization rates
- Out-of-network utilization
- Other areas:
  - Annual wellness visit rates
  - Leakage by provider group and service type

# QP Modeling & AAPM Bonus Calculation

- Clinicians in ACOs that meet the QP threshold (35% of patients; 50% of Part B payments through an AAPM) qualify for 5% bonus on Medicare physician revenue
- Average bonus: approximately \$3,000/clinician

Group	Period	Payments: Attributed Beneficiaries	Payments: Attribution Eligible	Payment Threshold	Patient Attributed Beneficiaries	Attribution Eligible Beneficiaries	Patient Threshold
ACO	Jan-Mar	\$4,604,748	\$9,981,612	46.1%	22,721	44,502	51.1%
TIN #1	Jan-Mar	\$1,681,782	\$3,622,262	46.4%	11,861	21,887	54.2%
TIN #2	Jan-Mar	\$1,571,171	\$3,478,041	45.2%	7,548	15,583	48.4%
TIN #3	Jan-Mar	\$239,173	\$444,232	53.8%	2,253	4,035	55.8%
CCN #	Jan-Mar	\$51,377	\$75,772	67.8%	1,258	1,702	73.9%
TIN #4	Jan-Mar	\$159,151	\$232,792	68.4%	1,041	1,550	67.2%
TIN #5	Jan-Mar	\$204,018	\$700,474	29.1%	848	2,117	40.1%
TIN #6	Jan-Mar	\$73,298	\$95,389	76.8%	706	876	80.6%
TIN #7	Jan-Mar	\$70,294	\$220,697	31.9%	557	1,402	39.7%
CCN #2	Jan-Mar	\$130,473	\$183,271	71.2%	526	729	72.2%

# Poll Question



- What is the average number of skilled nursing facility (SNF) stays per 1000 ACO beneficiaries?
- 10
- 62
- 117
- 226
- 374



# Poll Question



- What percent of ACOs have preferred SNF networks?
- 10%
- 35%
- 55%
- 75%
- No one knows

# SNF Market Reports

## 2017 SNF Market Analysis: Montgomery County Pennsylvania (SNFs with 50+ Cases)

NAME	Medicare Admissions	Functional Status Score	SNF Normalized HCC Score	Average Length of SNF Stay	SNF Spend Per Case	Readmission During SNF	ED Visit During SNF	90-day spend post SNF Discharge	SNF Stay Plus 90-day Post Discharge
MAJESTIC OAKS NURSING	72	18.7	3.2	45.1	\$16,611	30%	30%	\$20,139	\$36,750
BROOKSIDE HEALTHCARE	64	20.1	2.7	38.4	\$15,570	27%	27%	\$15,240	\$30,810
WAVERLY HEIGHTS	76	17.5	2.2	47.0	\$14,226	21%	17%	\$15,176	\$29,402
FAIRVIEW NURSING	66	19.2	3.1	31.2	\$13,263	22%	22%	\$15,485	\$28,748
RYDAL PARK OF PHILADELPHIA	236	18.9	2.0	21.0	\$10,282	17%	16%	\$14,776	\$25,058
CHRIST'S HOME	139	19.9	1.8	21.5	\$10,242	13%	12%	\$14,696	\$24,939
MANORCARE HEALTH SERVICES	69	17.8	2.2	30.8	\$10,724	16%	15%	\$14,043	\$24,767
MEADOWOOD	128	16.9	2.1	43.4	\$10,958	17%	13%	\$13,058	\$24,016
REHAB AT SHANNONDELL	745	16.0	2.0	23.5	\$10,802	14%	12%	\$12,949	\$23,751
WHITEMARSH HEALTH CENTER	197	17.0	2.1	28.4	\$11,005	9%	8%	\$11,577	\$22,582
ST JOSEPH'S MANOR	395	20.3	2.2	15.8	\$8,101	7%	5%	\$14,153	\$22,255
ANN'S CHOICE	70	20.0	2.2	21.1	\$9,929	9%	7%	\$10,853	\$20,782
FREDERICK LIVING	92	16.7	2.1	21.6	\$9,810	16%	12%	\$9,801	\$19,611
HRH TRANSITIONAL CARE	248	17.1	1.7	8.8	\$4,535	6%	0%	\$12,512	\$17,048

# SNF Market Reports

## 2017 SNF Performance Analysis: Montgomery County Pennsylvania -- CCN 395321

	COUNTY AVG.	Rydal Park	Difference
Number of annual Medicare SNF admissions	2891	236	
Number of ACO beneficiary admissions	1475	182	
Functional Status Score	17.9	18.9	1.0
Average HCC Score (SNF normalized)	2.2	2.0	-0.2
Spending and Utilization During SNF Stay	COUNTY AVG.	Rydal Park	Difference
Percent of SNF days billed as Ultra High Rehab RUG	68%	80%	12.5%
Average length of stay	25.5	21.1	-4.4
Average SNF spending per case	\$10,268	\$10,282	\$14
ED visit rate during index SNF admission	14%	17%	3%
Rehospitalization rate during index SNF admission	12%	16%	4%
Mean 90-Day Spending After SNF Discharge	COUNTY AVG.	Rydal Park	Difference
Total 90-day Spending	\$13,451	\$14,776	\$1,325
Acute hospital spending	\$4,065	\$5,073	\$1,008
SNF spending	\$2,836	\$3,201	\$365
Home Health spending	\$2,133	\$2,720	\$587
Inpatient rehab spending	\$203	\$60	(\$143)
Long term care hospital spending	\$103	\$0	(\$103)
Part B spending	\$2,808	\$2,799	(\$9)
Other spending	\$1,302	\$922	(\$380)

# SNF Market Reports

## 2017 SNF Performance by PDPM Clinical Group: Powerback Rehab Inc. - Moorestown NJ -- CCN315517

	Non-Surgical Orthopedic & Musculoskeletal	Medical Management	Acute Infections	Cardiology & Coagulation	Acute Neurologic	Pulmonary	Cancer	No prior 3- day hospital stay
Medicare SNF admissions	180	132	105	93	38	37	29	65
Functional Status Score	16.3	15.0	15.1	14.0	17.3	16.2	15.9	14.5
HCC Score (SNF normalized)	1.7	2.3	2.7	2.4	1.9	2.8	2.4	2.2
SNF spending per case	\$12,792	\$11,509	\$12,255	\$10,854	\$10,522	\$12,214	\$9,302	\$10,890
<b>Mean 90-Day Spending After SNF Discharge by Site of Service</b>								
Total 90-day Spending	\$12,035	\$17,395	\$15,978	\$19,911	\$25,462	\$20,061	\$24,912	\$14,475
Acute hospital spending	\$3,099	\$5,519	\$6,091	\$8,209	\$7,742	\$5,305	\$9,816	\$3,478
SNF spending	\$2,190	\$4,042	\$2,950	\$4,268	\$7,000	\$5,348	\$5,116	\$1,855
Home Health spending	\$2,553	\$2,248	\$1,975	\$1,956	\$1,887	\$2,247	\$1,571	\$2,748
Inpatient rehab spending	\$128	\$149	\$0	\$0	\$858	\$912	\$0	\$0
LTAC spending	\$484	\$152	\$814	\$340	\$2,166	\$1,559	\$0	\$753
Part B spending	\$2,808	\$3,867	\$3,150	\$3,710	\$3,843	\$3,682	\$4,211	\$4,284
Other spending	\$773	\$1,418	\$998	\$1,428	\$1,966	\$1,007	\$4,198	\$1,356

# Poll question



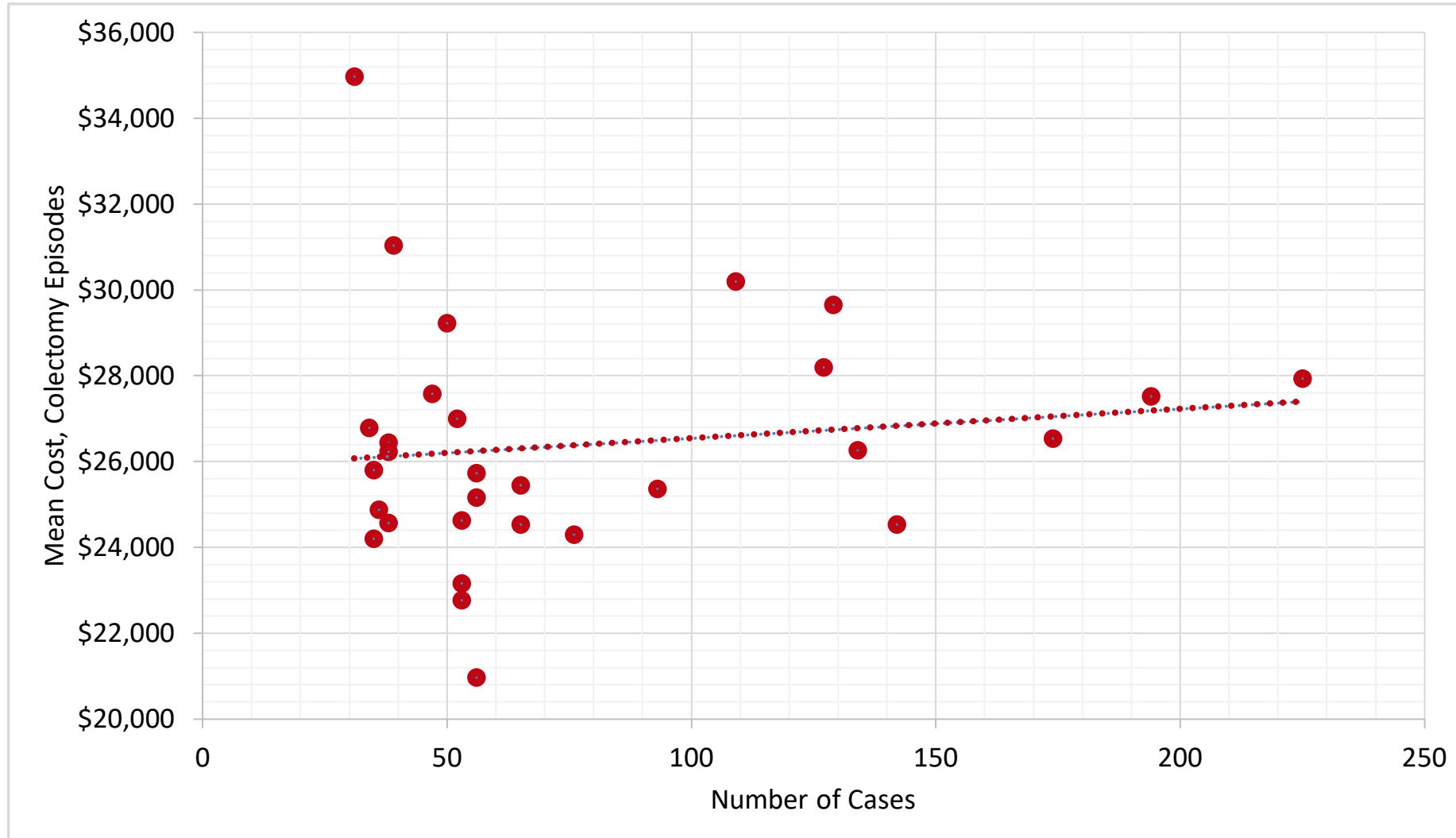
- What is the typical reimbursement for a 90-day colectomy surgery episode?
- \$10,000
- \$22,000
- \$32,000
- \$55,000

# Episode Analytics

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- Draws on the PACES tool, designed for Medicare with over 600 episodes (150 available for profiling);
- Can be used to:
  - Understand a more complete picture resource use, including stratification and drill down for root cause analysis
  - Profile specialty care within an ACO
  - Profile specialty care practices based on the totality of their work (not just selected episodes)
  - Analyze efficiency (production cost relative to quality)

# Variation in Mean 90-Day Colectomy Cost by Hospital



# Resource Use by Phase of Surgery and Setting 90-Day Colectomy Bundle

Category of Spending	Quartile 1	Quartile 2	Quartile 3	Quartile 4
Number of cases	525	525	525	524
Pre-surgical, other	\$49	\$128	\$286	\$1,033
Pre-surgical E&M	\$129	\$155	\$187	\$367
Pre-surgical Imaging	\$170	\$188	\$312	\$338
Index Inpatient Facility	\$11,243	\$15,917	\$20,711	\$37,498
Inpatient Outlier Payments	\$0	\$0	\$216	\$8,023
Index OP Facility Charges	\$9	\$5	\$20	\$66
Operating Clinician	\$1,730	\$1,872	\$2,073	\$2,106
Anesthesia	\$379	\$422	\$478	\$546
Index Stay Imaging_lab	\$188	\$205	\$254	\$246
Index stay other	\$19	\$56	\$63	\$129
Readmission	\$0	\$26	\$325	\$1,688
Post-Acute: SNF, IRF, LTAC	\$39	\$81	\$969	\$7,458
Sequelae	\$30	\$343	\$1,200	\$5,854
Post-Acute, Other	\$1,174	\$2,348	\$5,518	\$4,825
Total	\$15,129	\$21,403	\$31,415	\$64,323

Drivers  
of Cost  
Variation  
Within  
Episodes





# Can stratify episode based on key characteristics

Indication for surgery	N	P5	P25	P50	P75	P95
Colorectal neoplasm malignant	9,249	\$11,402	\$16,195	\$21,184	\$30,206	\$48,532
Diverticulitis of colon	4,030	\$11,392	\$15,937	\$21,271	\$34,483	\$59,687
Colorectal neoplasm benign	2,466	\$9,763	\$11,863	\$14,954	\$19,142	\$36,344
Intestinal obstruction	2,343	\$13,852	\$20,685	\$30,944	\$41,706	\$76,110
Intestine perforation	755	\$17,192	\$29,737	\$36,670	\$48,680	\$107,227

## Options include:

- Presence or absence of an inpatient stay
- Indication for surgery
- Elective vs Emergent/Urgent procedure
- Trigger code – individual CPTs or diagnosis codes used to trigger an episode
- Sequelae or complications

# Questions or Suggestions



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