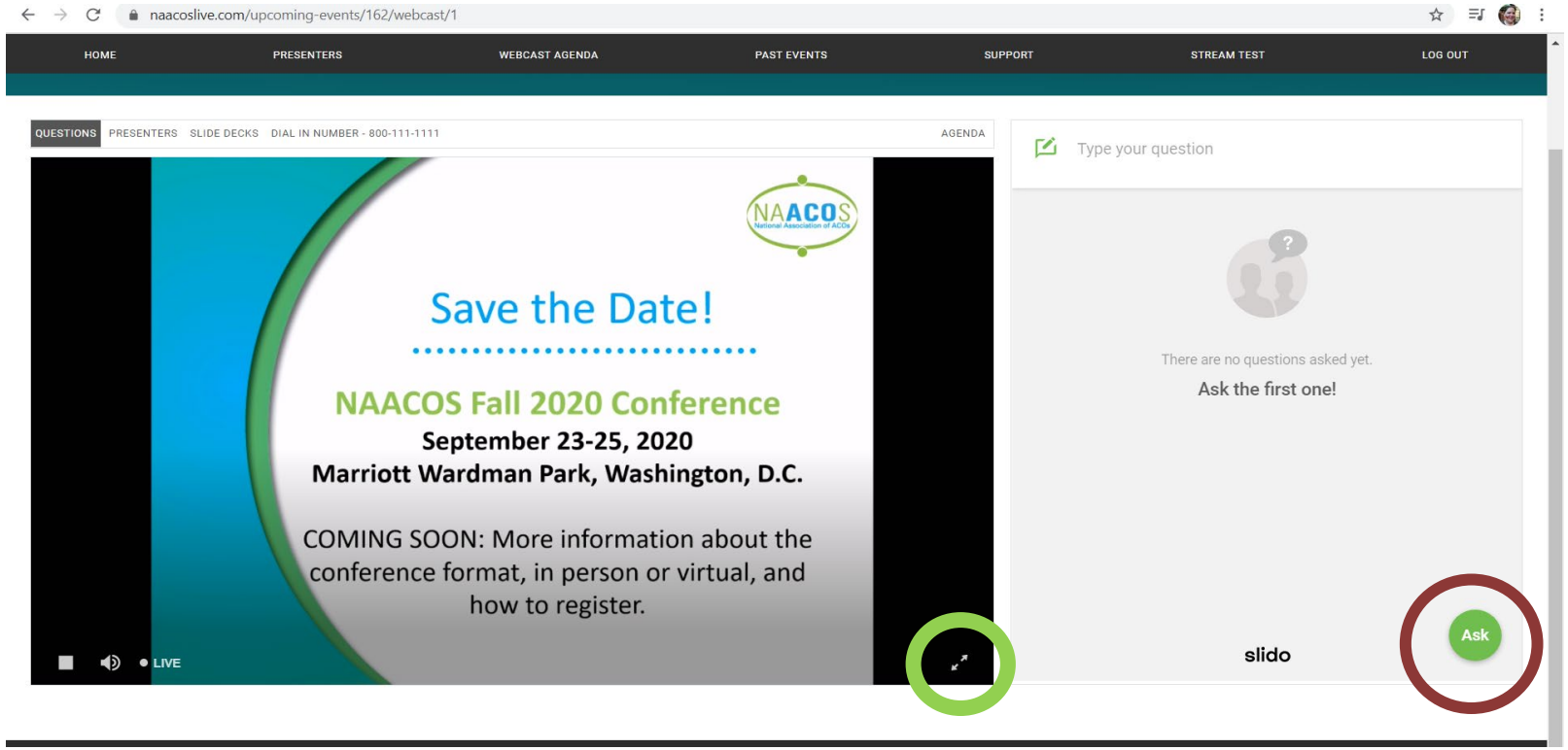
The Future of Population Health Management

Data Sharing Is the Change Agent

Housekeeping

1. If you would like to make the presentation full screen on your device, hover over the presentation and hit the double arrow button circled in the screen shot below in green.
2. To ask a question, click on the green “ask” button in the bottom right of the questions box. Please see the red circle in the screen shot below.
   - You can type in a question at any time during the presentation.



Purpose

- Focus on new CMS initiatives to provide data to patients, clinicians and ACOs to improve lead time, formatting structure and ease for data retrieval for action.
- Get the insight on current and expected data releases and how big technologies are providing easy to use apps for various audiences in the healthcare continuum.
- Discuss perspectives on how ACOs need to be engaged with CMS directly in this process versus relying on EHR or population health platforms vendors.

Introductions

Moderator: **Melanie Matthews**, CEO, Physicians of Southwest Washington;
& President MultiCare Connected Care

- **Anna-Noelle Routh:** Product Owner/Manager for the Beneficiary Claims Data API (BCDA) Pilot Product & Data at the Point of Care (DPC) API pilot product, CMS
- **Ann Goldman:** Executive Director of Analytics & Digital Strategy, MultiCare Connect Care
- **Anna Taylor:** Program Director, MultiCare Connected Care
- **Jennifer Perloff:** Director of Research, The Institute for Accountable Care & Senior Scientist, Brandeis University

CMS LAN Announcement

- **Goal Statement**: Accelerate the percentage of US health care payments tied to quality and value in each market segment through the adoption of shared accountability alternative payment models

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%

FHIR Medicare Claims Data APIs from CMS

Anna Routh, Product Manager for the Beneficiary Claims Data API (BCDA)
Pilot Product & Data at the Point of Care (DPC) API Pilot Product

MyHealthEData

- The MyHealthEData initiative aims to unleash data to give patients control of their healthcare information and allow that information to follow them through their healthcare journey
- Government-wide initiative led by the White House Office of American Innovation
- HHS and CMS are key partners in this initiative

Using Industry Standards

- Embracing industry standards for information formats supports CMS' data transparency goals and promotes interoperability
- The HL7 Fast Health Interoperability Resource (FHIR) community has gained significant traction with their API

CMS FHIR Claims Data APIs

BB2.0

- For Medicare beneficiaries
- Single data call

bluebutton.cms.gov

BCDA

- For Accountable Care Organizations (ACO)
- Bulk data calls

bcda.cms.gov

AB2D

- For Part D plan (PDP) sponsors
- Bulk data calls

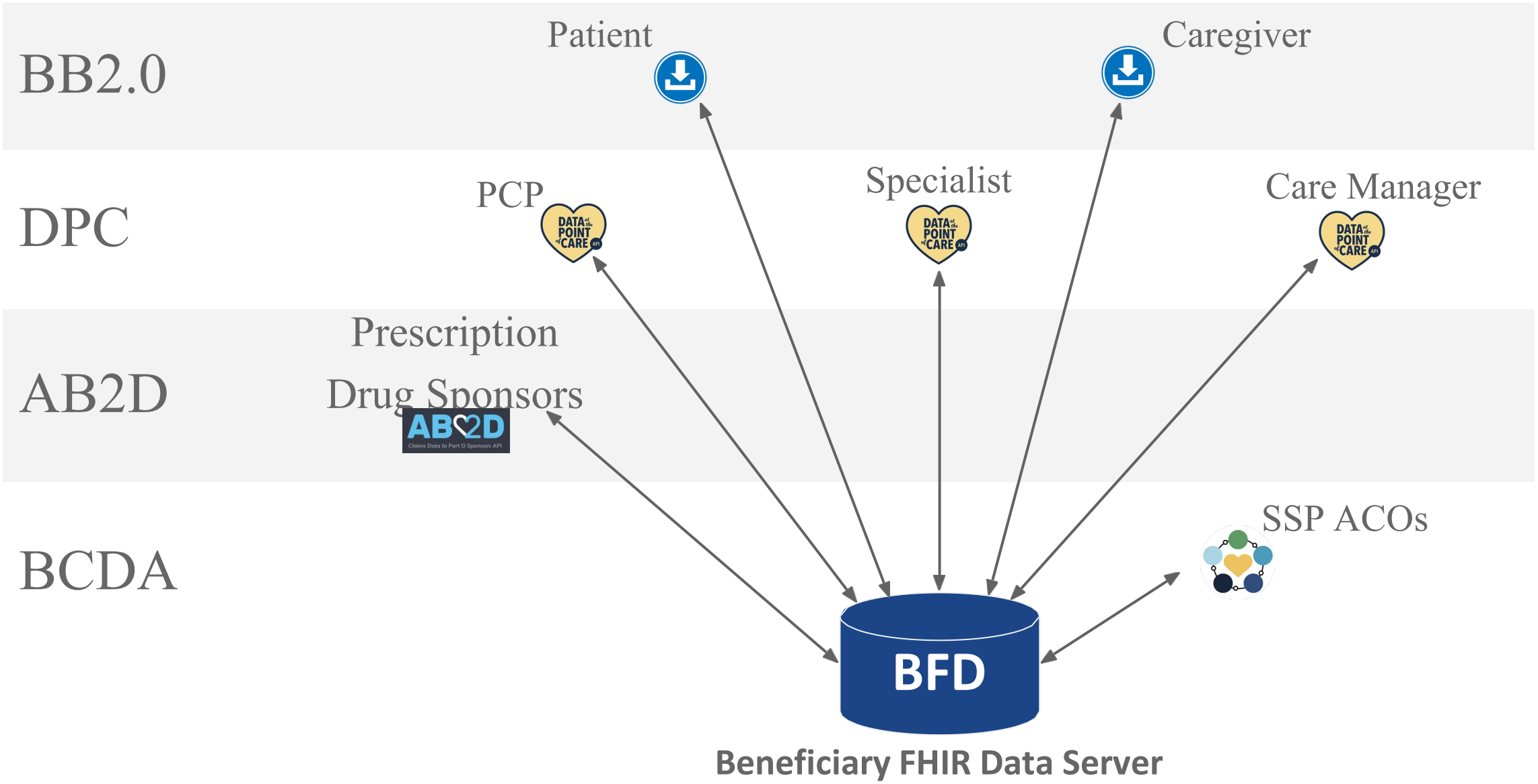
ab2d.cms.gov

DPC

- For Providers
- Bulk data calls

dpc.cms.gov

The BFD family

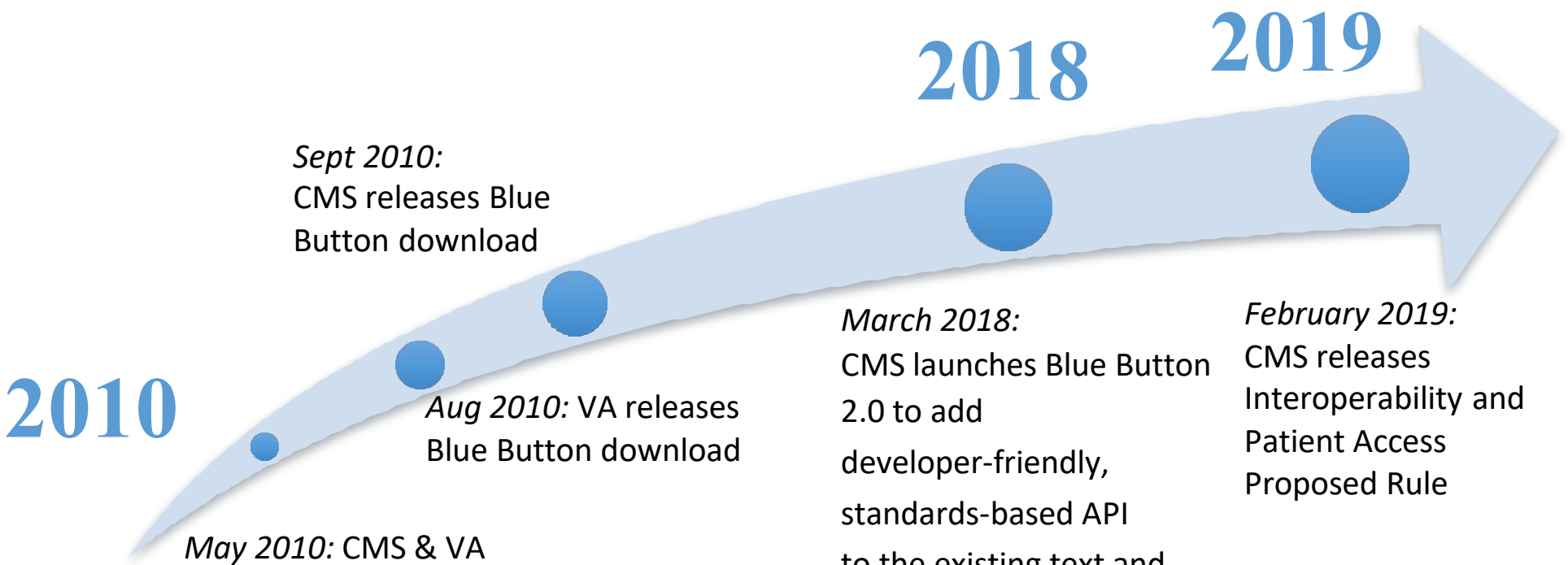


Blue Button 2.0 API (BB2.0)

What is Blue Button 2.0?

Blue Button 2.0 is an OAuth and passthrough API that enables third-party developers to build applications to enable Medicare beneficiaries to connect their claims data to applications, services and research programs they trust

A Brief History of Blue Button



Medicare.gov

TestApp has asked for some of your data.

Information about your doctor/hosiptal visits

Information about the prescription medications you take

Personal Information like your name, address, date of birth, race, and gender

Privacy Options

- [x] Share all of your data
  This app will have access to both your healthcare data and some personal information
- [ ] Share healthcare data, but not your personal info
  Block some of your personal data like name, address, date of birth, race, and gender

Understand how your data is being used

To understand fully how TestApp will use your data, please read the app's Privacy Policy and Terms and Conditions.

Allow Deny

You can revoke this app's access to your data at any time by logging into your MyMedicare.gov account or calling us at 1-800-633-427.

sandbox.bluebutton.cms.gov/home

Apps Calendar Mail

Developer Dashboard

The Developer Sandbox lets you register applications to get credentials to access our synthetic (or sample) beneficiary data. You can use that data to build and test your application to get it ready for production!

ADD AN APPLICATION →

READ OUR DOCUMENTATION →

My Sandbox Apps

You haven't registered or created any apps yet.

You'll need to register your app to get a sample token and make API calls to our sample data. Let's get started!

⊕ Add an Application

Blue Button Resources

Delving Into Blue Button Data

Sample Apps to Get Your Started

Beneficiary Claims Data API (BCDA)

Announced HIMSS19

"…today, we are launching a project that uses the FHIR Bulk Spec to share Medicare claims data with Accountable Care Organizations or ACOs. And for those of you non-techies, this means we are sharing claims data for ACO participants in a bulk format. And I am pretty sure we are one of the first to use this!"

- Seema Verma, CMS Administrator, HIMSS19

Beneficiary Claims Data API

The Beneficiary Claims Data API (BCDA) enables Accountable Care Organizations (ACOs) participating in the Shared Savings Program to retrieve Medicare Part A, Part B, and Part D claims data for their prospectively assigned or assignable beneficiaries.

Similar data to Claim and Claim Line Feed (CCLF) files, currently provided monthly to Accountable Care Organizations by CMS.

This includes Medicare claims data for instances in which beneficiaries receive care outside of the ACO, allowing a full picture of patient care.

Why We're Doing It

> We check [the MFT] mailbox every day knowing that 28 of the 30 days nothing will be there.
>
> *— Data Analyst, Track 1 ACO*

> It takes 2 engineering staff to manage turning it [the files] into useful information.
>
> *— VP of Member Services, Vendor*

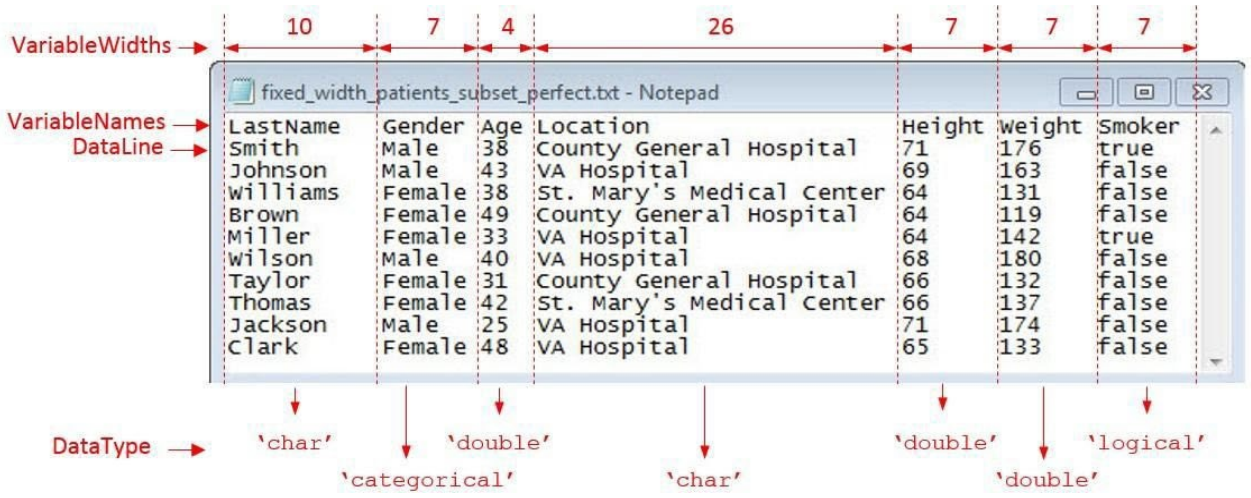
Why We’re Doing It

- Promote interoperability
  - Utilize Standards: HL7’s FHIR Bulk Data Access

- Enable Automation
  - Remove manual intervention and enable computers to communicate through native APIs

- Security Focused
  - Utilize synthetic Sandbox Data for testing integrations
  - Implement encryption on sensitive data at rest and in transit

What We're Doing



i.e. we are turning ⬆ …. into ➡ FHIR

Why We’re Doing It

> More frequent delivery makes staffing and administration easier.
>
> *— ACO Production Partner*

> I'm telling you there will be a Historychannel series about all of you!
>
> Can't wait to be one of the commentators!
>
> *— ACO Production Partner*

Getting Started with BCDA in Sandbox

A beginner's guide to learning about APIs by walking through the BCDA Swagger documentation.

This page is intended for a user who has little to no experience with APIs, and provides a guided walkthrough for working with BCDA using our interactive documentation. More advanced API users may be better served by the Advanced User Guide. If you're not sure where to go, start here!

Getting Started with APIs

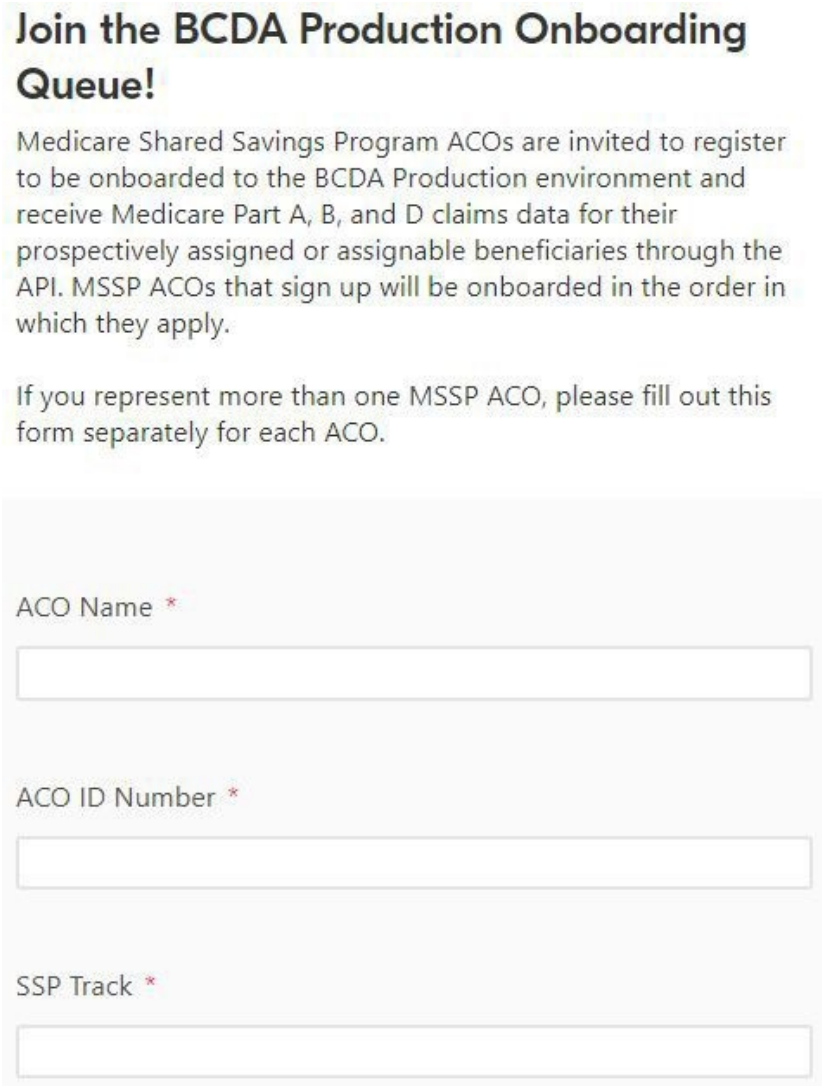
- What's an API?
  - An API (Application Programming Interface) is a set of features and rules that exist inside a software program that allows other

Ready for production?

Shared Savings Program (SSP) ACOs that are interested in retrieving their Claims data through BCDA and have already:

1. Joined the BCDA Google Group
2. Tested in the BCDA Sandbox Environment

Should go to https://bcda.cms.gov/production/user-guide/ and follow the steps to onboard your SSP ACO.



Join the BCDA Production Onboarding Queue!

Medicare Shared Savings Program ACOs are invited to register to be onboarded to the BCDA Production environment and receive Medicare Part A, B, and D claims data for their prospectively assigned or assignable beneficiaries through the API. MSSP ACOs that sign up will be onboarded in the order in which they apply.

If you represent more than one MSSP ACO, please fill out this form separately for each ACO.

ACO Name *

ACO ID Number *

SSP Track *

Claims Data to Part D Sponsors API (AB2D)

AB2D

The Claims Data to Part D Sponsors API (AB2D) is a standards-based Application Programming Interface (API)_ that provides PDP sponsors with Medicare Parts A and B claims data for enrollees

The Centers for Medicare and Medicaid Services (CMS) contracts with private insurance companies, known as Medicare Part D Plan (PDP) sponsors, to provide prescription drug coverage for enrollees.

Consistent with CMS' Final Rule to implement Section 50354 of the Bipartisan Budget Act of 2018, CMS is providing standalone Medicare Part D plan (PDP) sponsors the opportunity to request access to Medicare claims data. Access to Medicare claims data for their enrollees will help plans promote the appropriate use of medications and improve health outcomes, among other

H.R.1892 - Bipartisan Budget Act of 2018

115th Congress (2017-2018)

LAW Hide Overview ✖

Sponsor:	Rep. Larson, John B. [D-CT-1] (Introduced 04/04/2017)
Committees:	House - Judiciary | Senate - Judiciary
Committee Reports:	H. Rept. 115-119
Latest Action:	02/09/2018 Became Public Law No: 115-123. (TXT | PDF) (All Actions)
Roll Call Votes:	There have been 6 roll call votes
Notes:	Continuing appropriations through 3/23/2018.

Tracker:

Introduced > Passed House > Passed Senate > Resolving Differences > To President > **Became Law**

NATIONAL ARCHIVES

FEDERAL REGISTER

The Daily Journal of the United States Government

Rule

Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021

A Rule by the Centers for Medicare & Medicaid Services on 04/16/2019

https://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-tech nical-changes-to-the-medicare-advantage-medicare#page-15745

What is the Sandbox?

The Sandbox is a test environment that enables you to interact with the AB2D API and retrieve synthetic Medicare parts A and B claims data.

The API follows the FHIR Bulk Data Export pattern to perform data export. This requires an asynchronous call to create a job and provides status updates on that job until it is complete and the generated files can be downloaded.

Retrieving Synthetic Data

We are providing three different examples on how users can interact with the AB2D API and retrieve synthetic claims data.

1. Postman and Swagger User Guide
2. Curl User Guide
3. Advanced User Guide

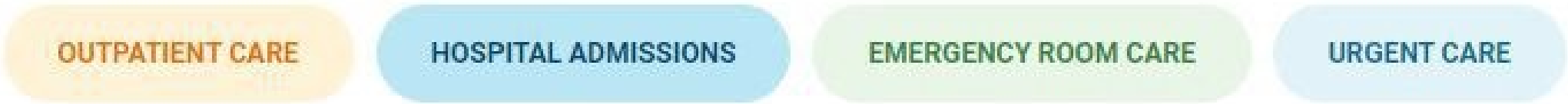
Ready for production?

PDP Sponsors that are interested in retrieving their Claims data through AB2D attest on the AB2D website and retrieved synthetic claims data from our Sandbox environment. Once they have done so, they can send an email with the job ID generated to: **PDP-Data@cms.hhs.gov.** The AB2D team will verify and follow-up with production credentials.

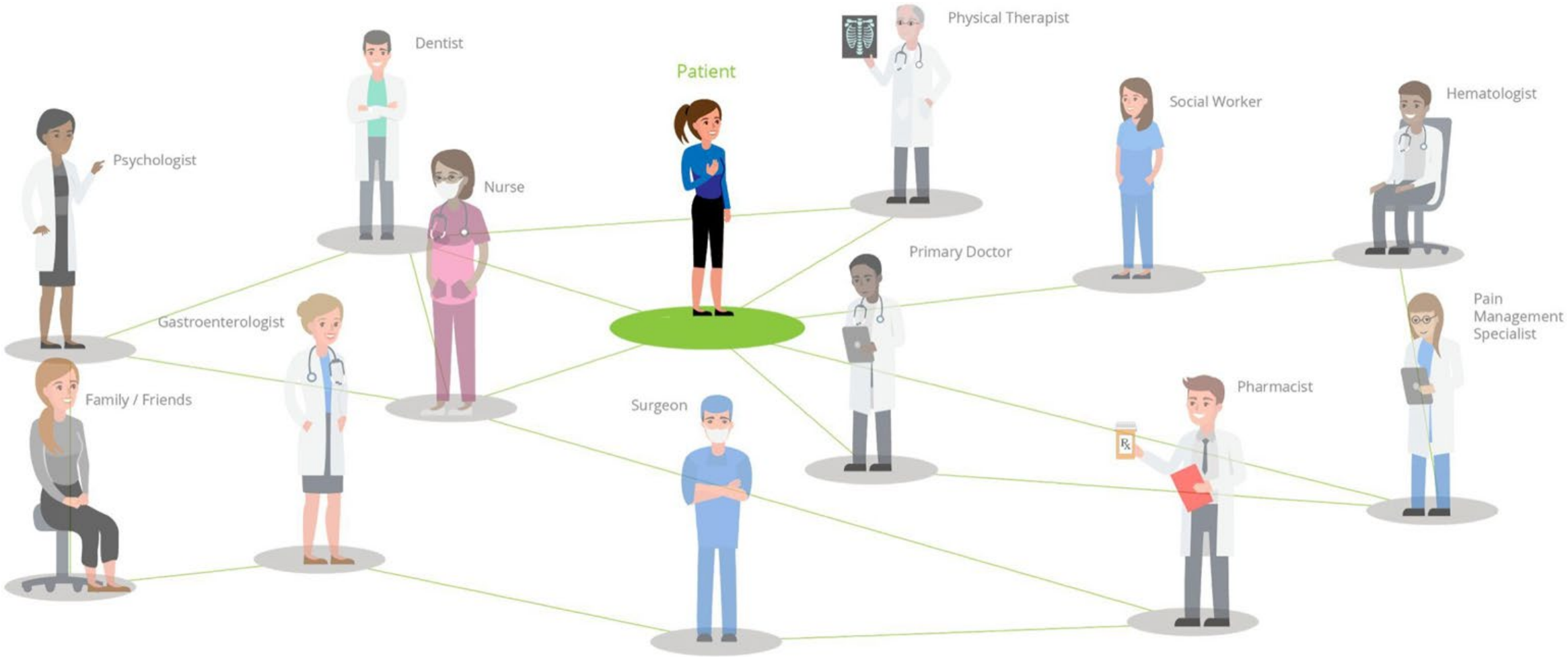
Data at the Point of Care (DPC) API Pilot

DPC

The Data at the Point of Care pilot was created to enable providers to deliver high quality care directly to Medicare beneficiaries by providing the same Medicare claims data that BB2.0, BCDA, and AB2D provides, directly to the provider at the point of care.



MEDICARE PATIENTS' DATA IS IN SILOS



Patient's History

“

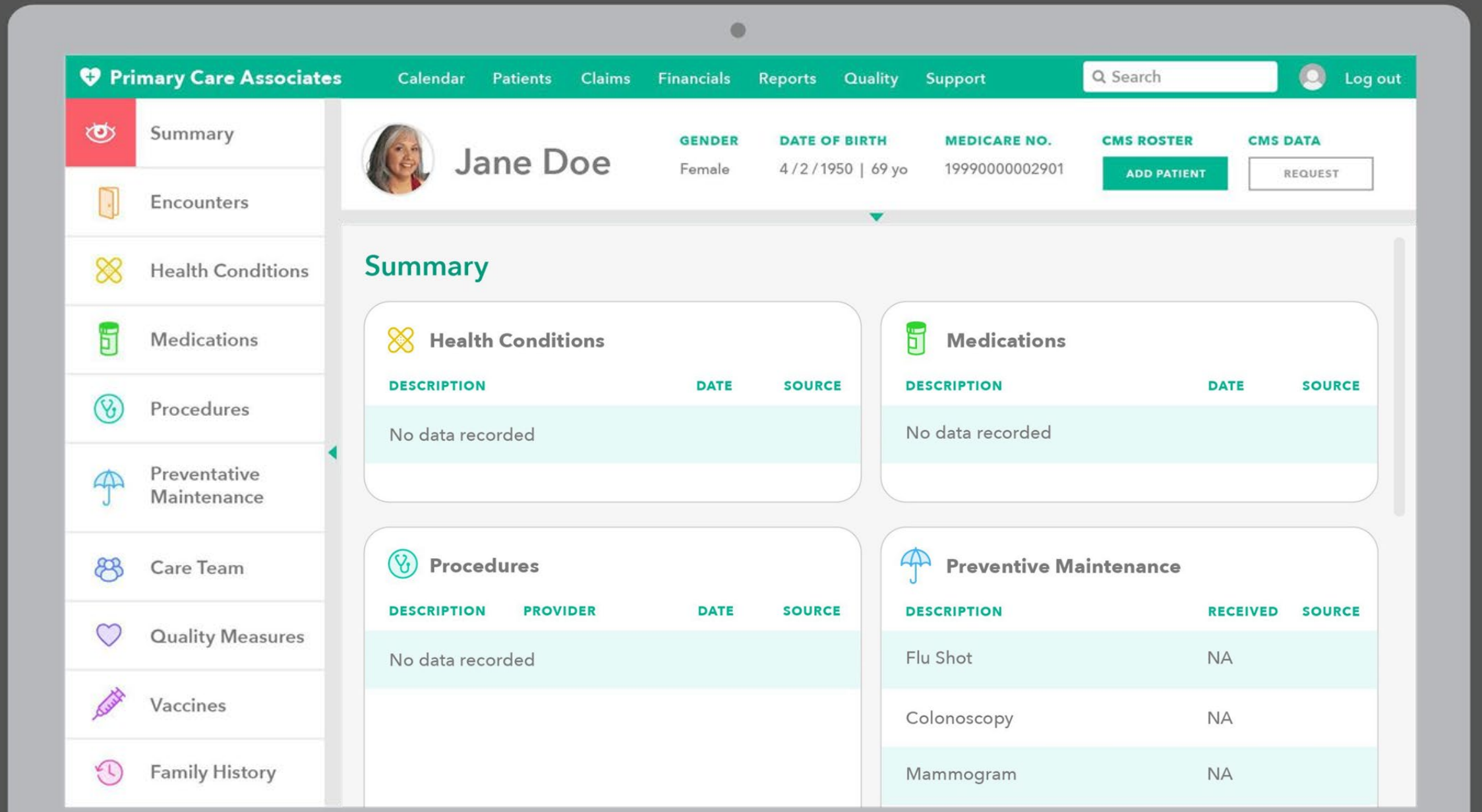
I only have a **15 minute time slot**, and I often **spend 10 minutes** trying to figure out if they had their shingles vaccine or mammogram.

“

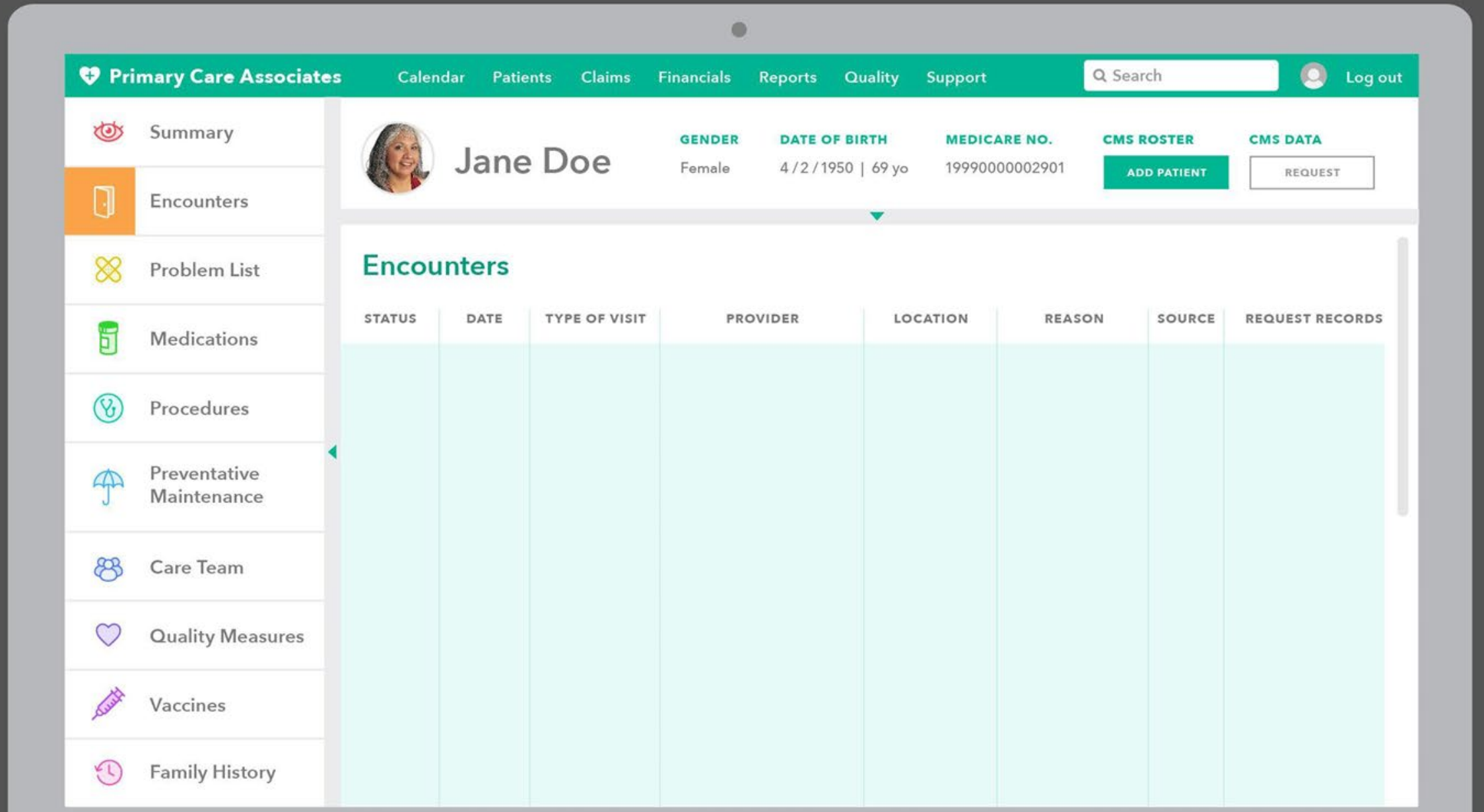
My patients **show up without records** and rarely remember all of their history. I am often worried that I am **missing important information**.

DPC Use Cases

- **Inform patient history** for providers
- **Provide insight** into what other providers are doing – new diagnoses, medications
- **Provide medication history information** for patients
- **Identify treatments** and preventive needs (e.g. colonoscopy, flu shot, mammogram)
- **Facilitate interventions** by providers and care managers for missed referrals or incomplete orders
- **Set an example**. As the largest payer in the industry, CMS can set an example.



PRIMARY CARE - DR. ROBISON



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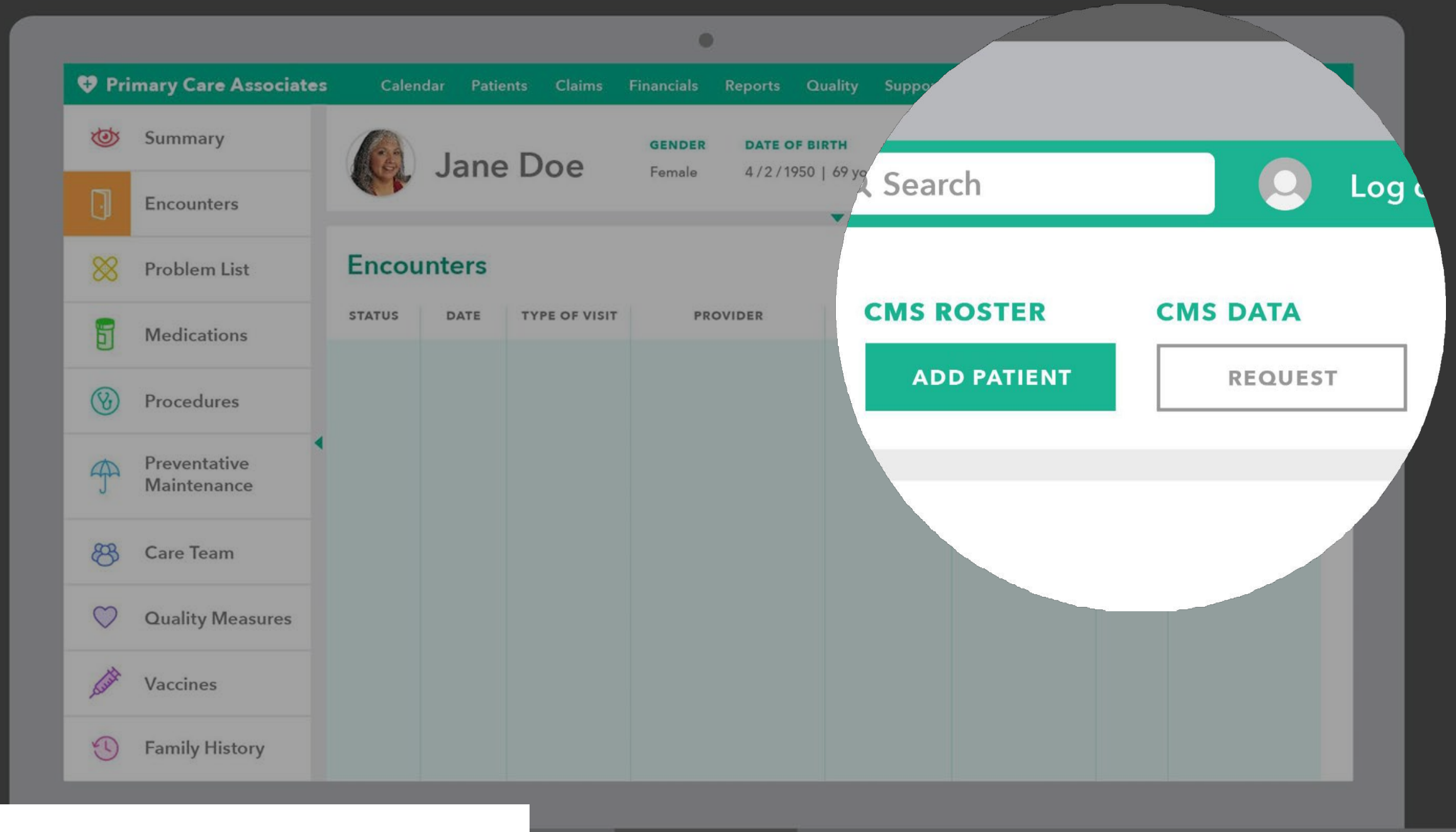

PRIMARY CARE - DR. ROBISON

	id	beneficiary_id	first_name	last_name	dob
1	07b407fb-8fde-4764-a078-cabe67c43aa3	19990000002901	Jane	Doe	1950-04-02
2	4bbfb7a9-cd27-46d8-9f6c-8f37bfd43d04	20000000001810	Tester -1092912540	Patient	2019-03-01
3	28dd087a-2777-4091-8c98-c08266e9e0af	20000000001811	Tester 403697323	Patient	2019-03-01
4	e04b2a81-1708-4e23-a07c-4c1dd77cf6cc	20000000001812	Tester -111398150	Patient	2019-03-01
5	b531bf95-27b5-4a7c-b3a7-52dbb7f7ace1	20000000001813	Tester -1690914895	Patient	2019-03-01
6	9bbc0c30-5dd2-4245-9eec-91e58a79cc97	20000000001814	Tester -188976764	Patient	2019-03-01
7	6ae3814f-3134-4ef6-9f8f-4509ace08113	20000000001815	Tester 1178843645	Patient	2019-03-01
8	4f702fa9-0e41-4412-8834-8aebab5fb4db	20000000001816	Tester -1875811144	Patient	2019-03-01
9	f5c4972b-74ad-4621-85eb-744aeee02d9d	20000000001817	Tester 1576162756	Patient	2019-03-01
10	8946ce77-3bb4-4868-bbdc-1d7940775c4b	20000000001818	Tester 380558550	Patient	2019-03-01
11	12351f44-20b1-4156-ba9d-cd33ca463153	20000000001819	Tester 1824844814	Patient	2019-03-01
12	04d1a8b9-8798-4719-88f9-571d96e7126a	20000000001820	Tester -877291543	Patient	2019-03-01
13	4aaa0f32-a626-49be-86be-02f4491a1432	20000000001821	Tester -1158541766	Patient	2019-03-01
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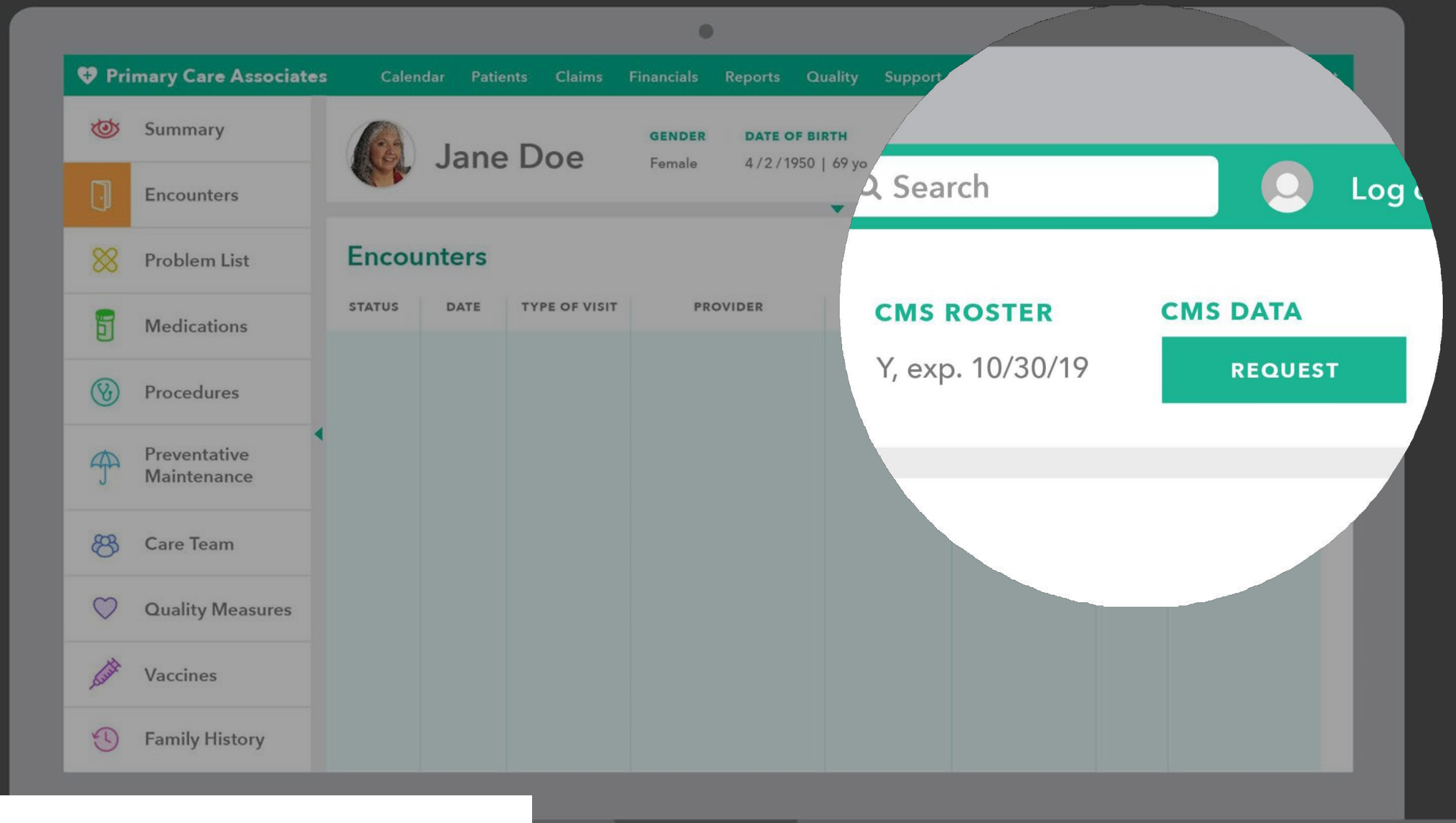
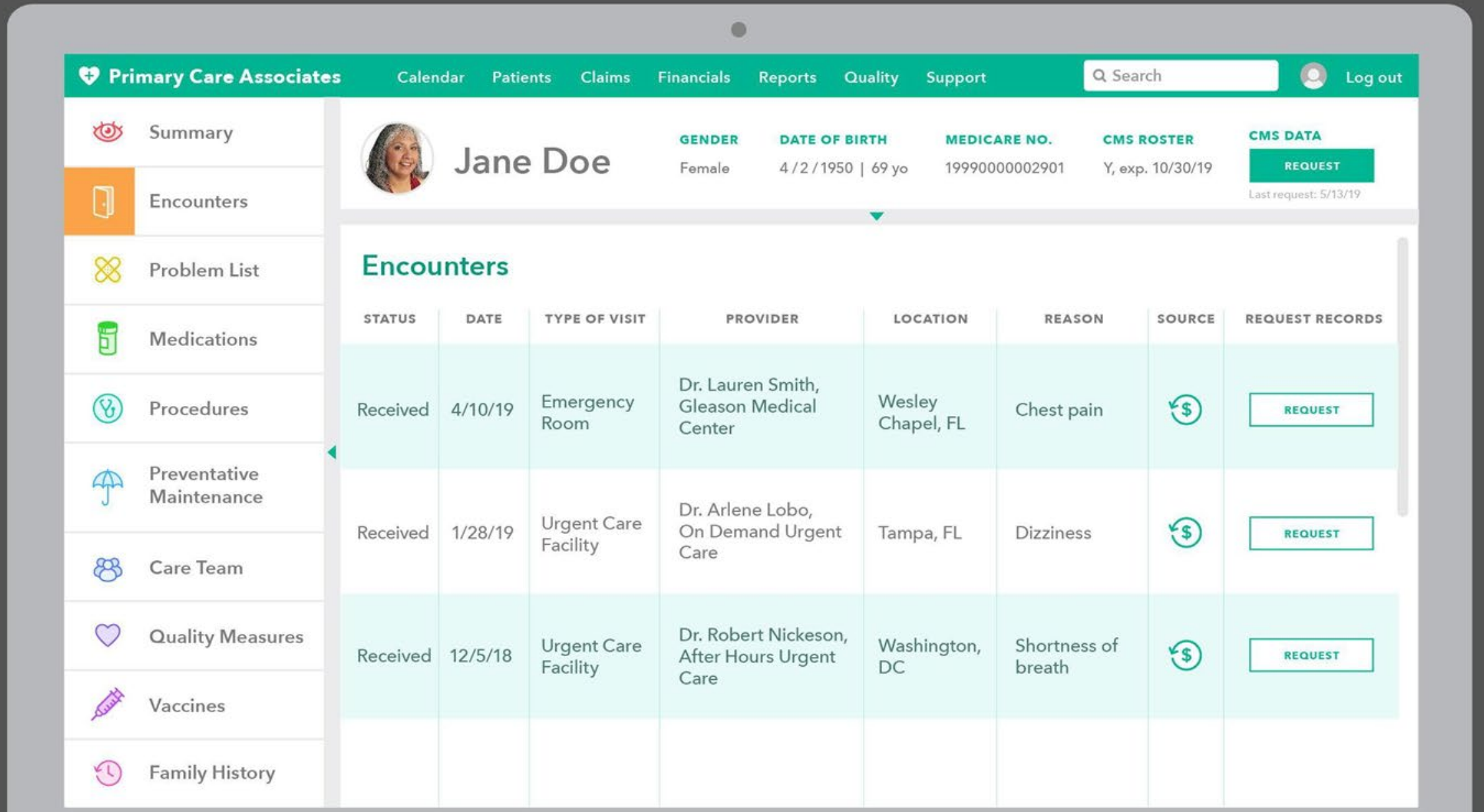
19	5de69471-37e1-462e-b130-ea2c8b8a779e	20000000001827	Tester -2133887711	Patient	2019-03-01
20	41872efc-ea05-4086-8c1e-6a1fc042df43	20000000001828	Tester -1040484122	Patient	2019-03-01
21	05771ec7-ab63-4148-8e80-762bf5b31675	20000000001829	Tester -684425726	Patient	2019-03-01
22	07512df8-4e92-487b-afcf-dae93834f648	20000000001830	Tester -1150794819	Patient	2019-03-01
23	afb21078-fff6-4276-9dfe-8c452daf2ffc	20000000001831	Tester -817544559	Patient	2019-03-01
24	4d94002f-966d-4f51-aabe-17321b28c031	20000000001832	Tester 1222491830	Patient	2019-03-01
21	05771ec7-ab63-4148-8e80-762bf5b31675	20000000001829	Tester -684425726	Patient	2019-03-01
22	07512df8-4e92-487b-afcf-dae93834f648	20000000001830	Tester -1150794819	Patient	2019-03-01
23	afb21078-fff6-4276-9dfe-8c452daf2ffc	20000000001831	Tester -817544559	Patient	2019-03-01
24	4d94002f-966d-4f51-aabe-17321b28c031	20000000001832	Tester 1222491830	Patient	2019-03-01

CMS DATABASE



PRIMARY CARE - DR. ROBISON



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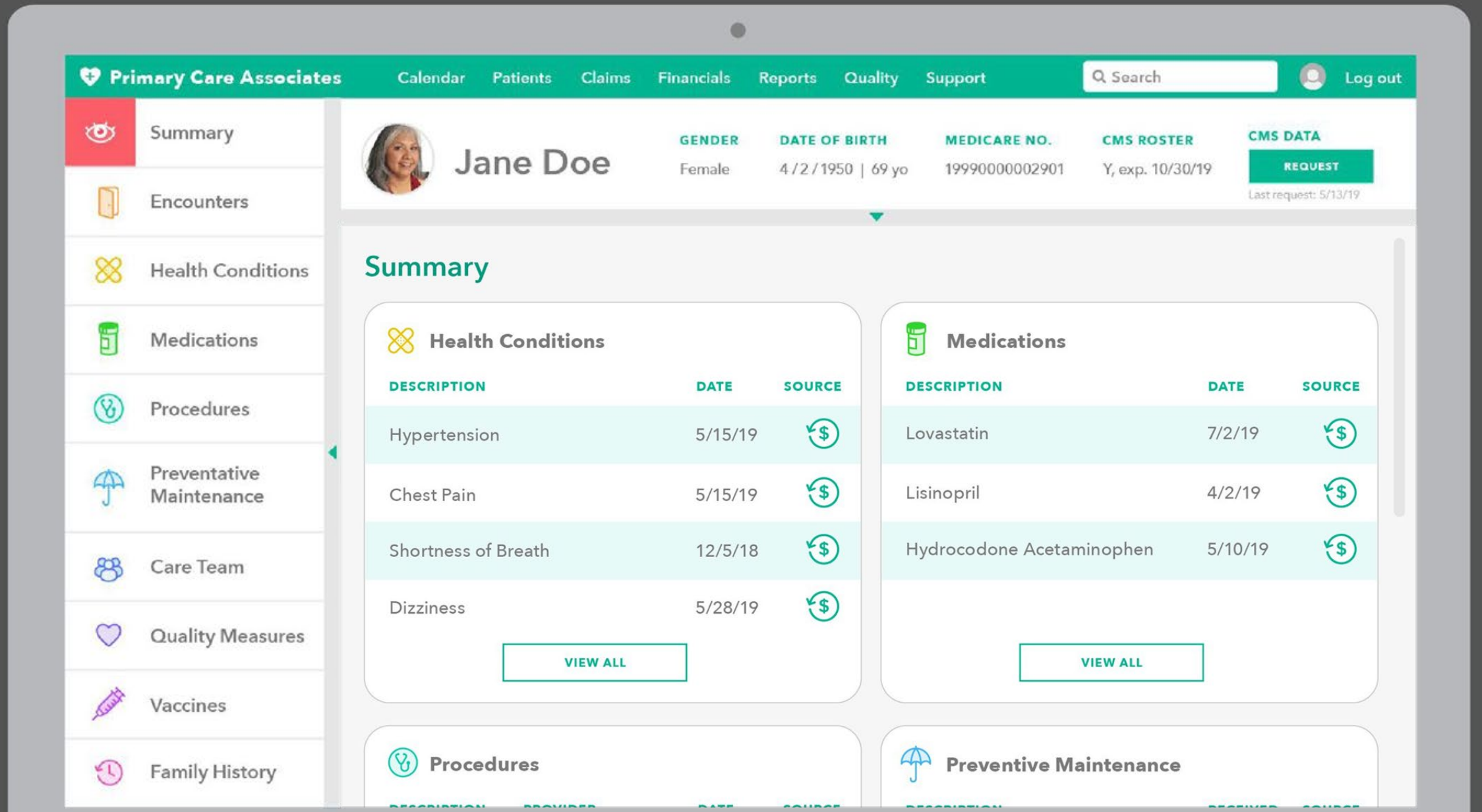

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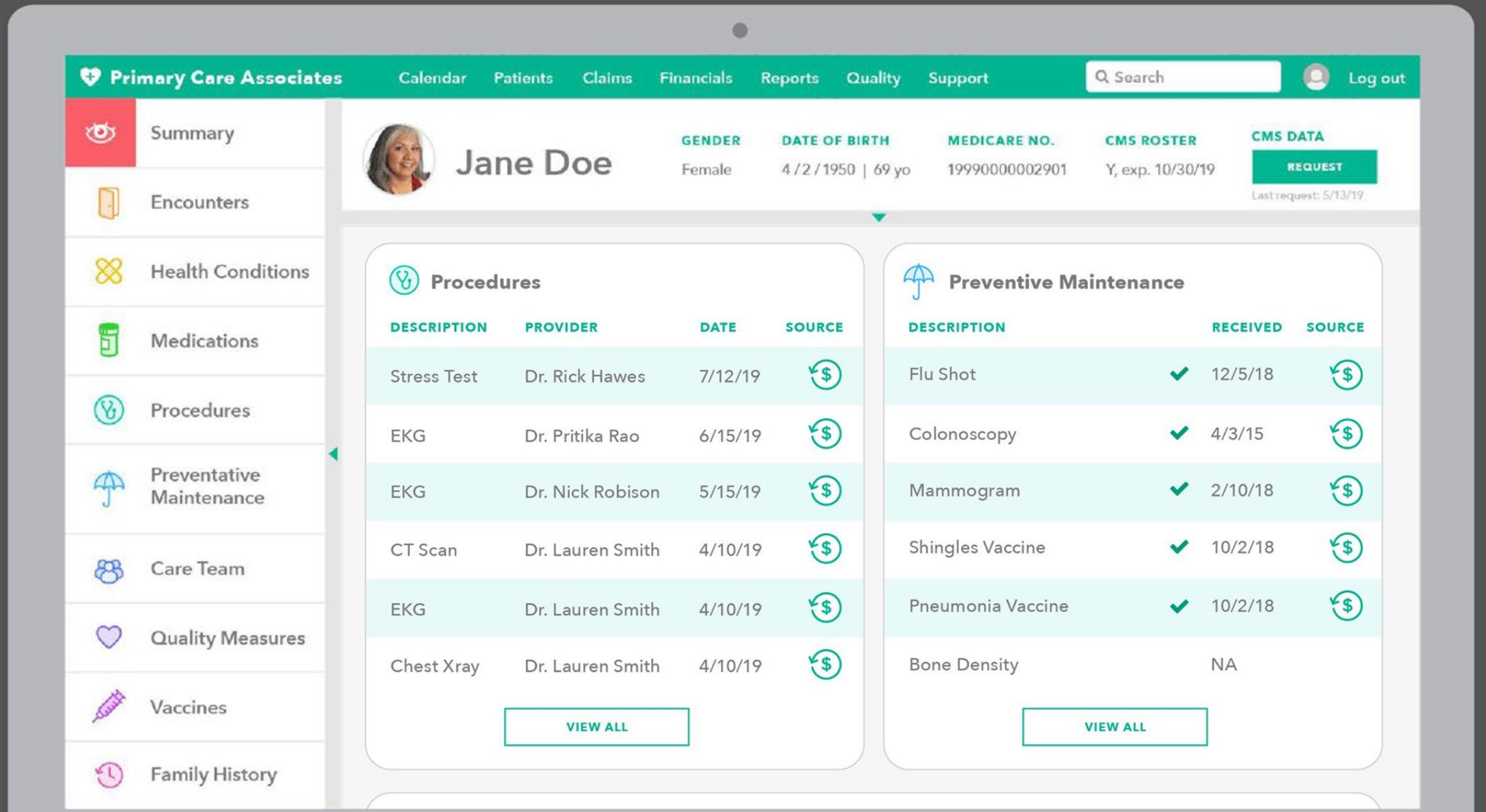
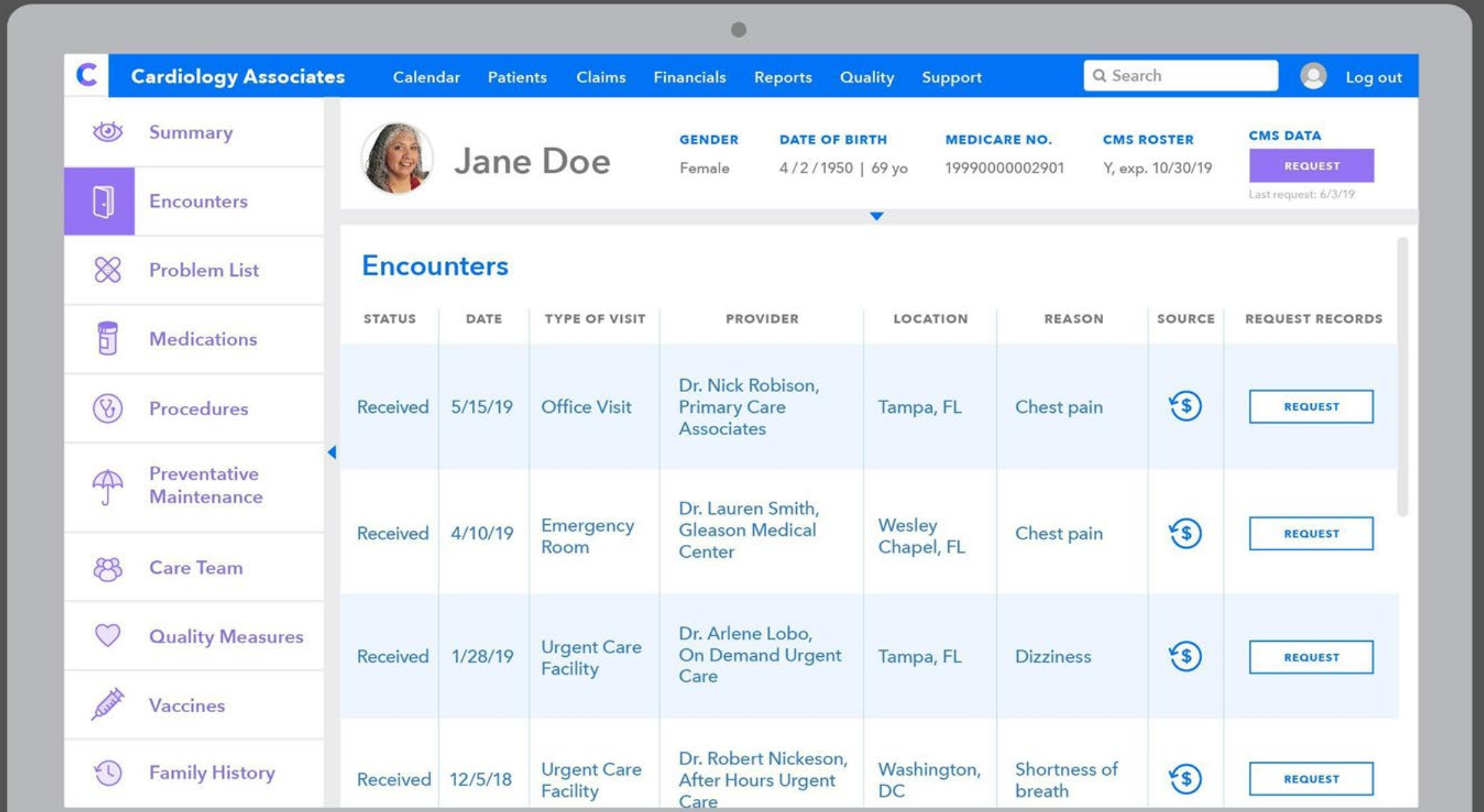
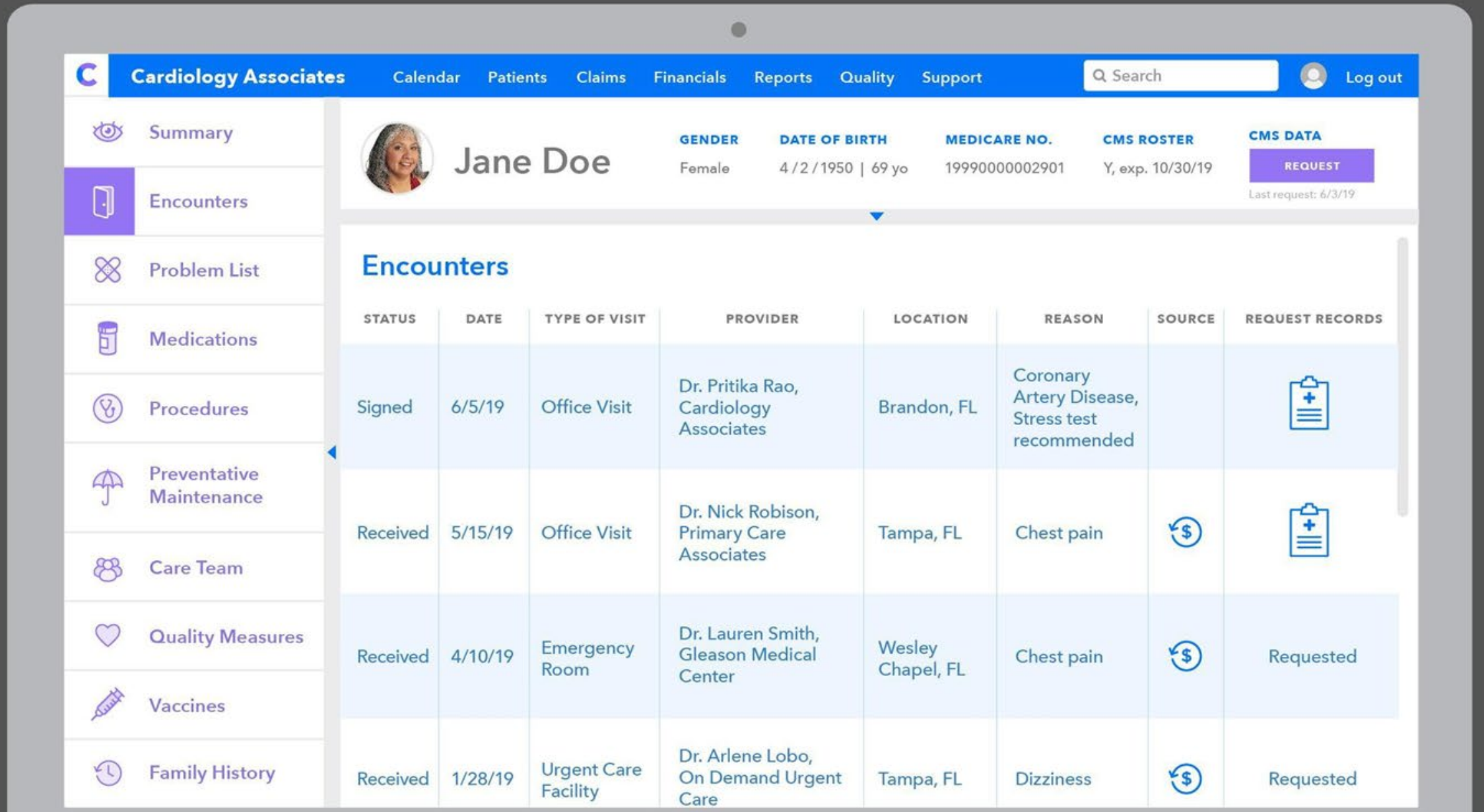


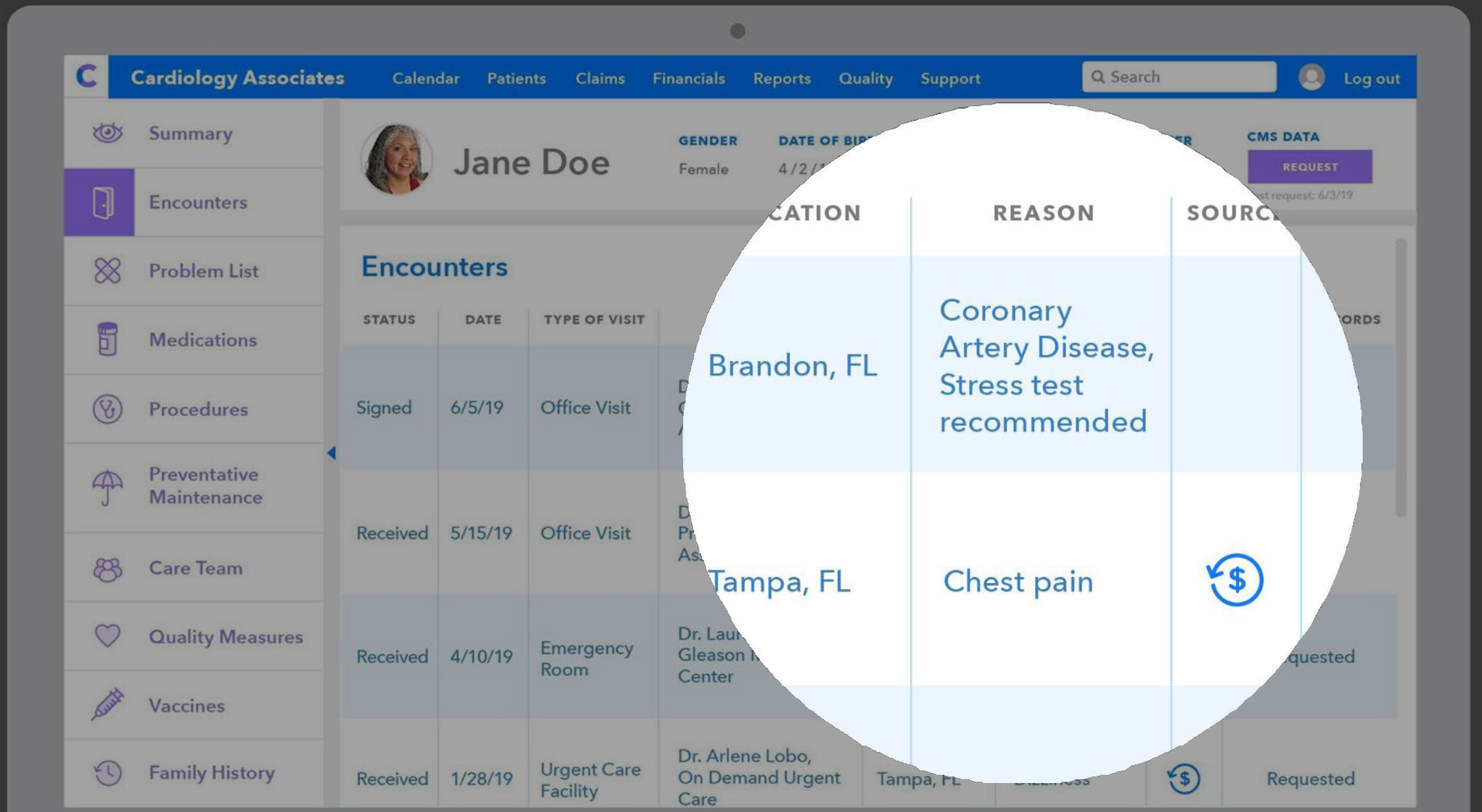
PRIMARY CARE NURSE



CARDIOLOGIST – DR. RAO



CARE MANAGER – SALLY



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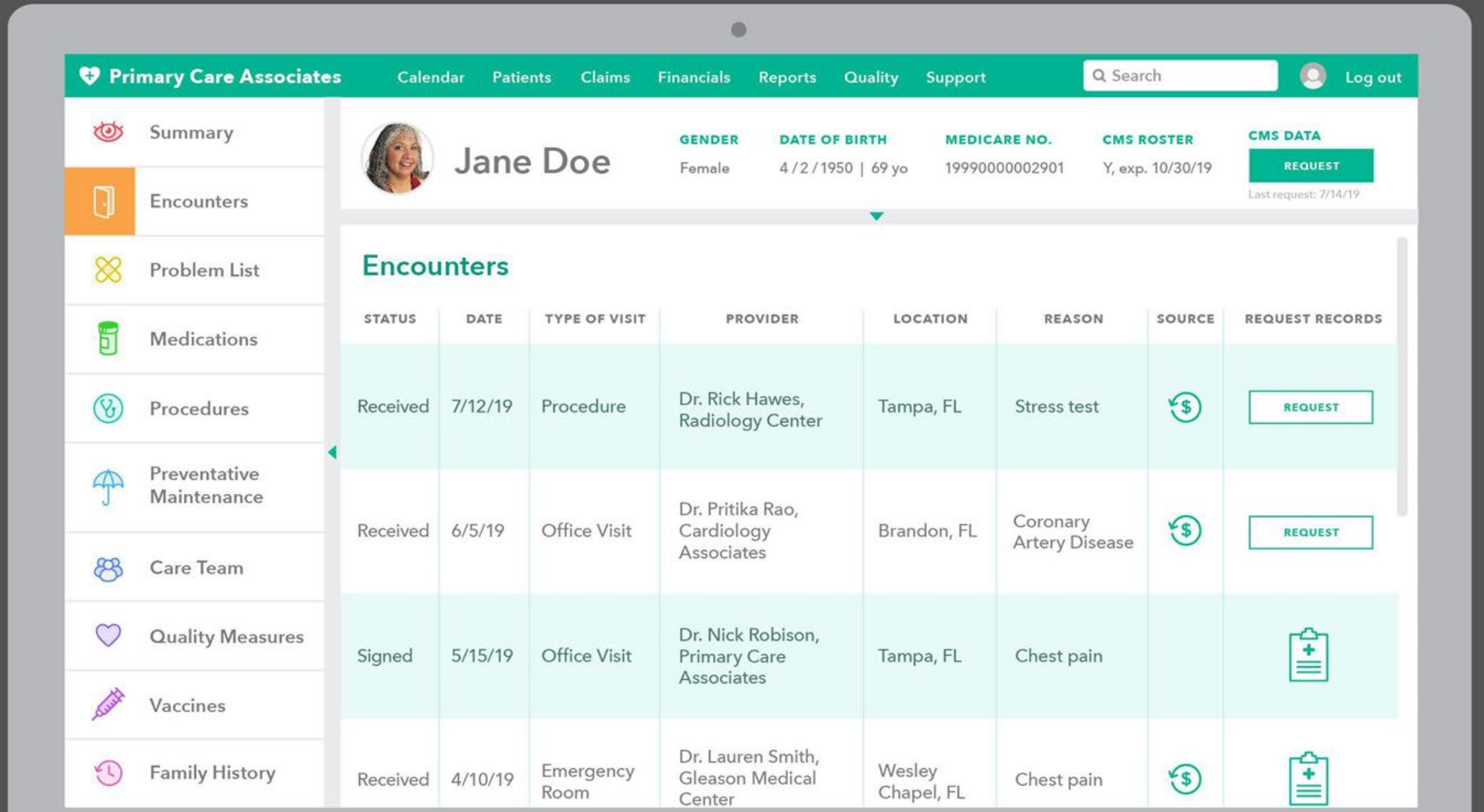

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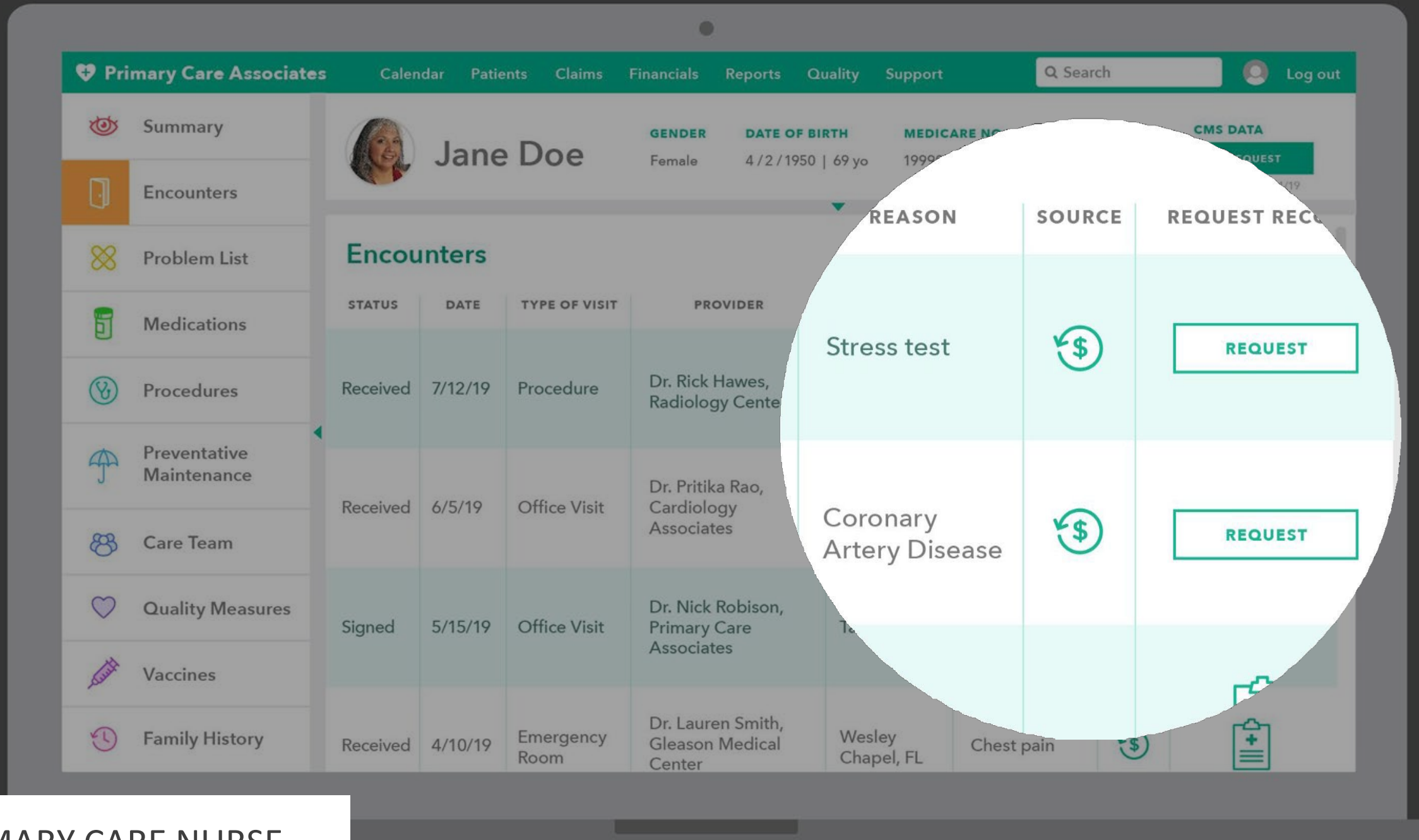

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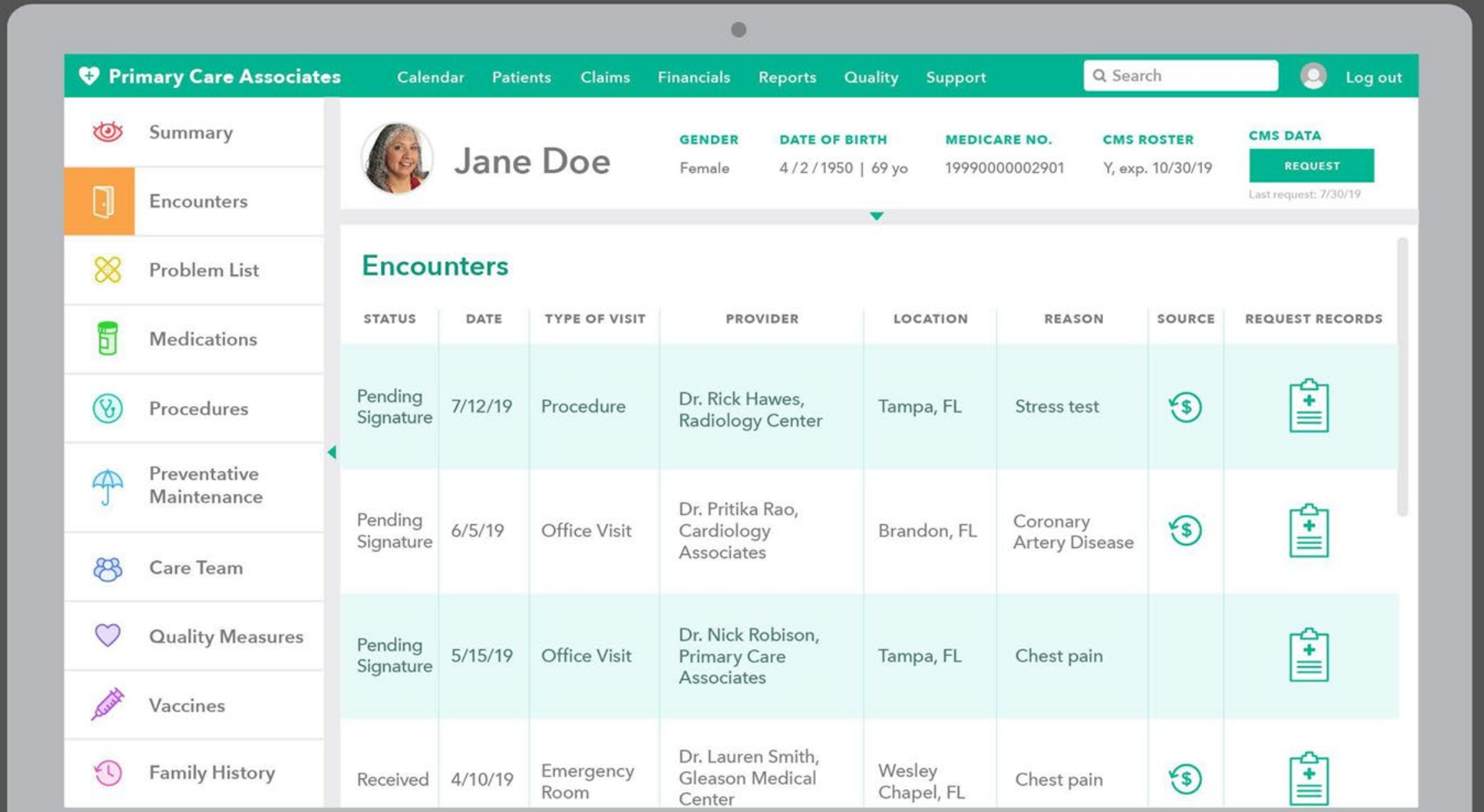

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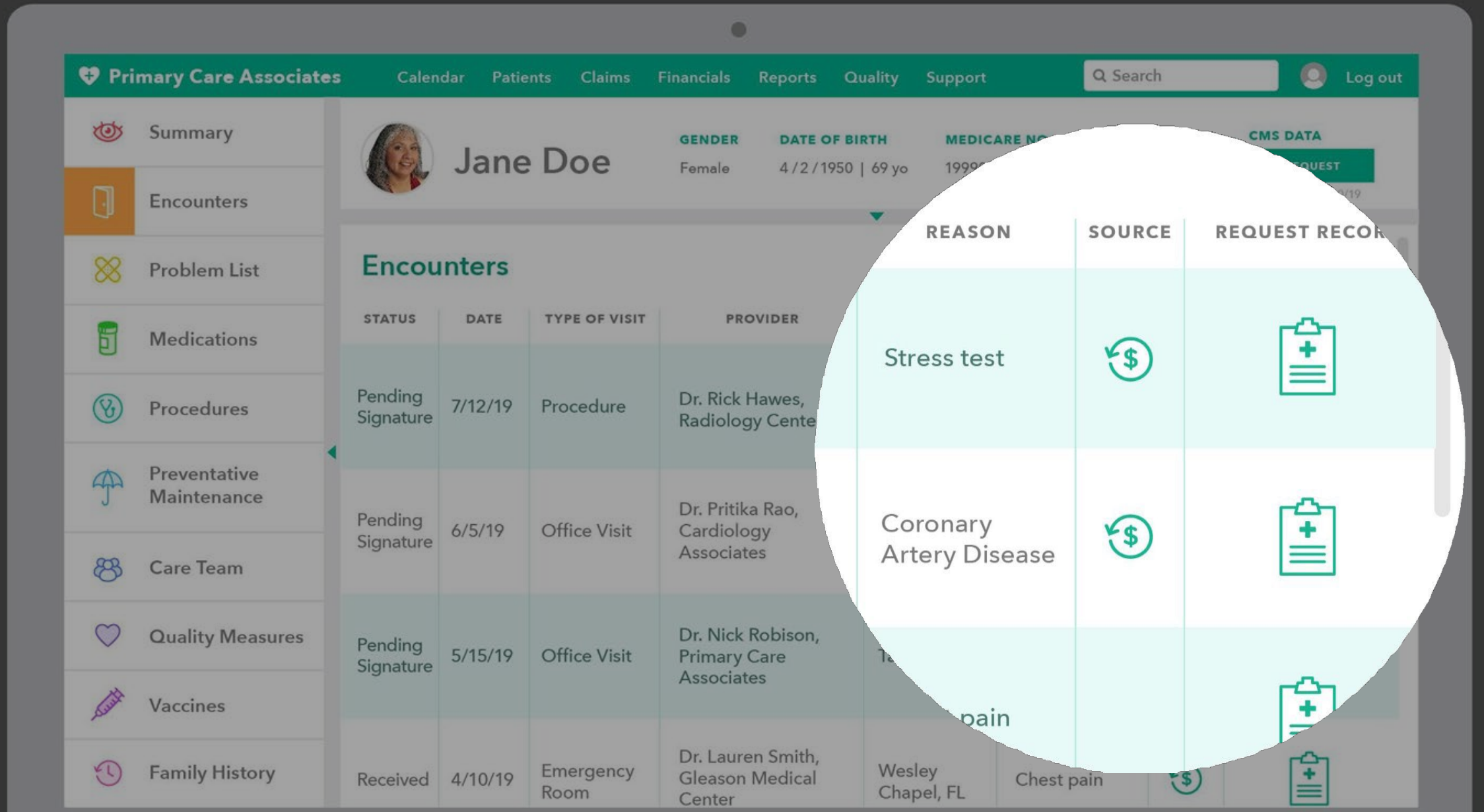


PRIMARY CARE - DR. ROBISON

Request access

• • requiredfie|ds

• First name

• Lastname

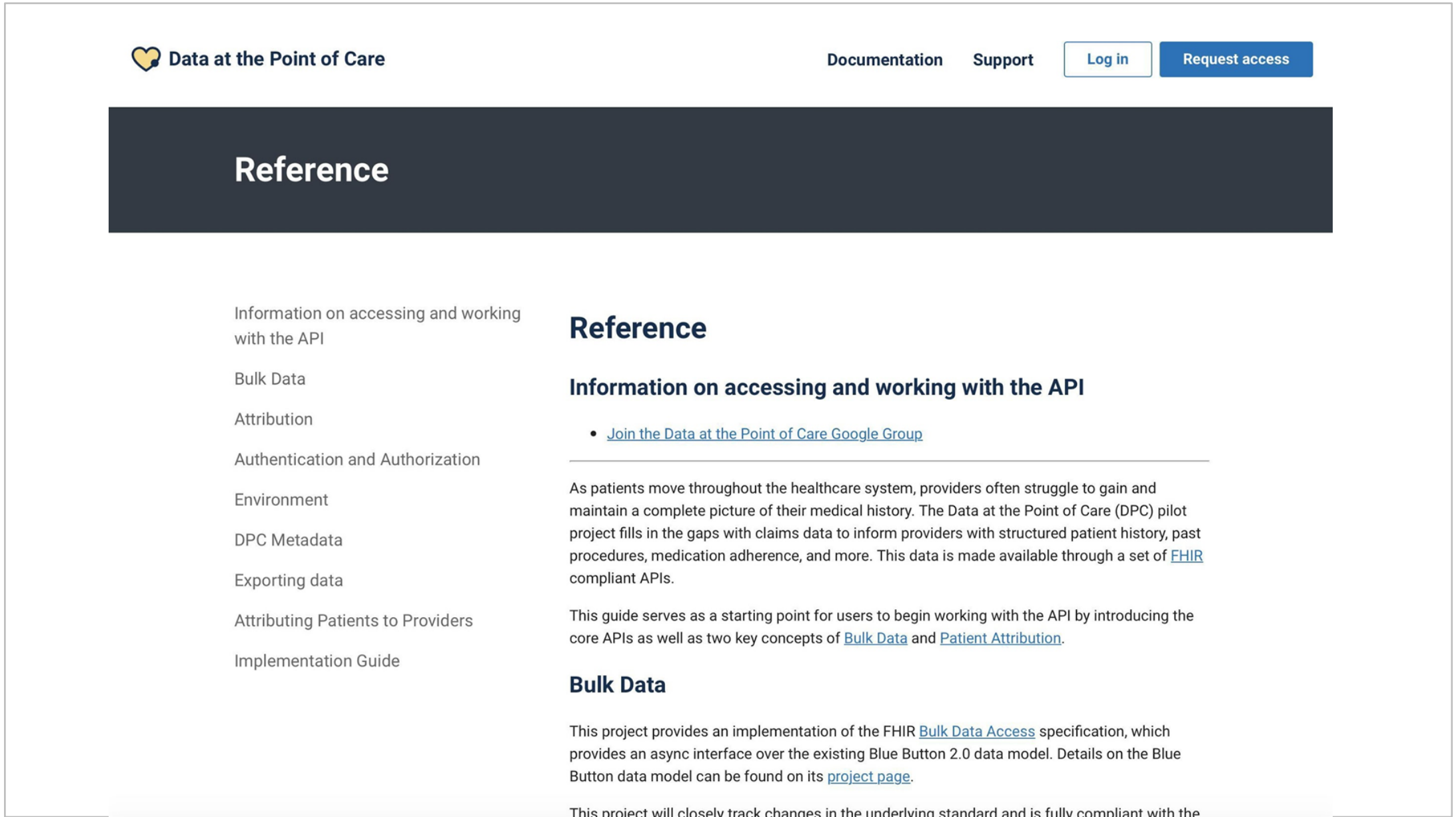
• Email

• Password *(6 characters minimum)*

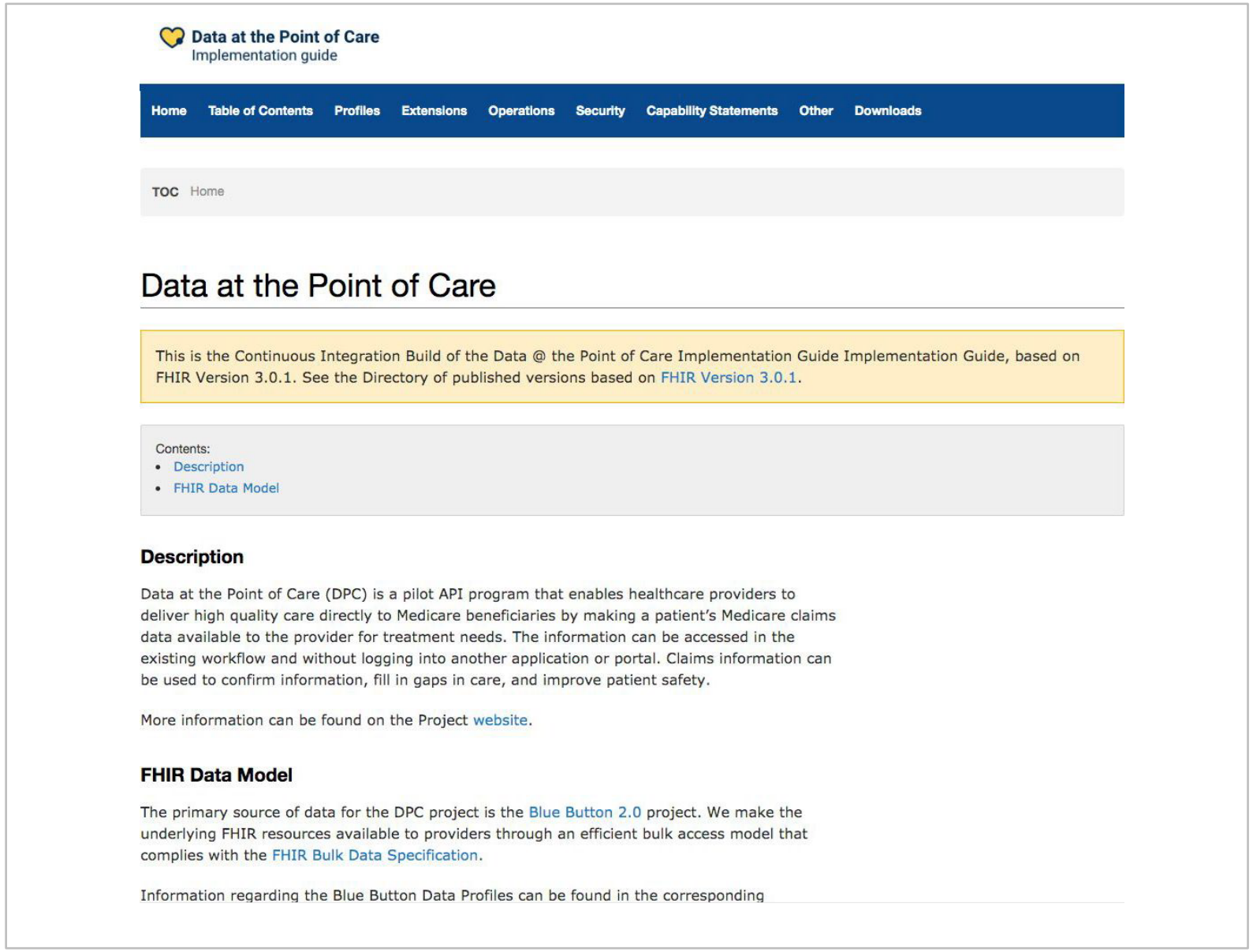
• Password confirmation

Your organization

API DOCUMENTATION



FHIR IMPLEMENTATION GUIDE



Data at the Point of Care
Implementation guide

Home | Table of Contents | Profiles | Extensions | Operations | Security | Capability Statements | Other | Downloads

TOC Home

Data at the Point of Care

This is the Continuous Integration Build of the Data @ the Point of Care Implementation Guide Implementation Guide, based on FHIR Version 3.0.1. See the Directory of published versions based on FHIR Version 3.0.1.

Contents:
- Description
- FHIR Data Model

Description

Data at the Point of Care (DPC) is a pilot API program that enables healthcare providers to deliver high quality care directly to Medicare beneficiaries by making a patient's Medicare claims data available to the provider for treatment needs. The information can be accessed in the existing workflow and without logging into another application or portal. Claims information can be used to confirm information, fill in gaps in care, and improve patient safety.

More information can be found on the Project website.

FHIR Data Model

The primary source of data for the DPC project is the Blue Button 2.0 project. We make the underlying FHIR resources available to providers through an efficient bulk access model that complies with the FHIR Bulk Data Specification.

Information regarding the Blue Button Data Profiles can be found in the corresponding

Interoperability

Building Internal Capabilities and Capacities

MultiCare Connected Care
Ann Goldman, Executive Director, Analytics & Digital Strategy
Anna Taylor, Program Director

MCC

Our Mission

Partnering for a healing and healthy future.

Our Vision

» ***MultiCare Connected Care will be leading catalyst of patient and population centered value in the Pacific Northwest.*** We will:

- collaborate to achieve unparalleled performance in how people experience healthcare by delivering exceptional quality, efficiency and value.
- be the preferred method to align with systems, patients, clinicians, payers and community stakeholders to address health and social needs across the continuum.
- empower, engage and support our clinicians to deliver patient and family-centered care in a model that thrives in value-based agreements.

Our Values

Respect | Integrity | Stewardship | Excellence
Collaboration | Kindness

MCC

The why behind interoperability

» ***The mission***: Partnering for healing and a healthier future

» Data and information from partnering entities – disparate systems and operations

» Foundational data elements: Member, Provider, Claims

- How do we get these using the least amount of resources and have the highest accuracy rates (timing is important too)

MCC

Population Health Digital Ecosystem

Advanced Analytics & Business Intelligence

Predictive Analytics, Productivity Management, Medical Economics Performance, Clinical & Quality Risks Insights

Workflows & Operations

Population Health Platform (Plug & Play)

Accomplishes 80% of Population Health Capabilities & Capacities – the driver

Acquisition & Aggregation

Data Lake & Interoperability

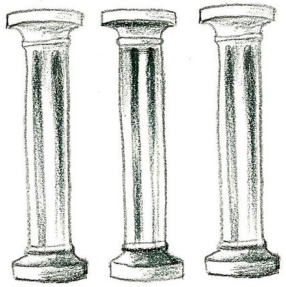
Sources

Foundation

- **Provider Data Management**
- **Member Eligibility**
- **All Claim Types**
- **Clinical – EMR Data**
- **Supplemental Data**
- **Publicly Reported Data**

"Without the foundational base, the additional layers cannot be built"

MCC



Strategic Alignment

Population Health Engine

Use Cases:

Med Rec

Quality Measures

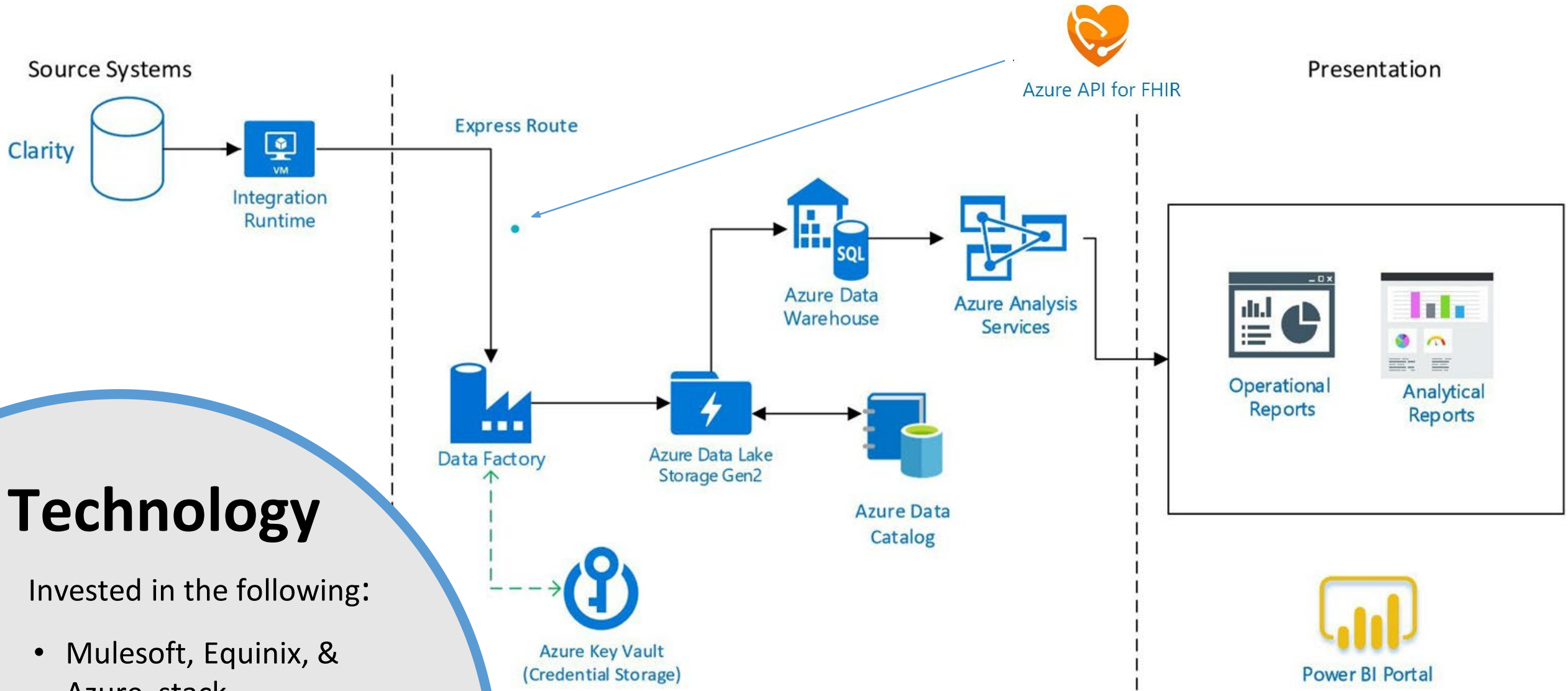
Membership

Federal Rulings

Technology

Invested in the following:

- Mulesoft, Equinix, & Azure stack
- Considering use of Azure FHIR service



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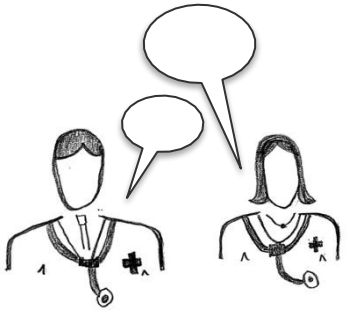
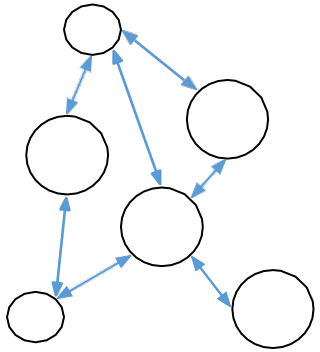
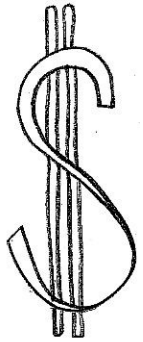
Adoption and Hiccups



Provider Alignment



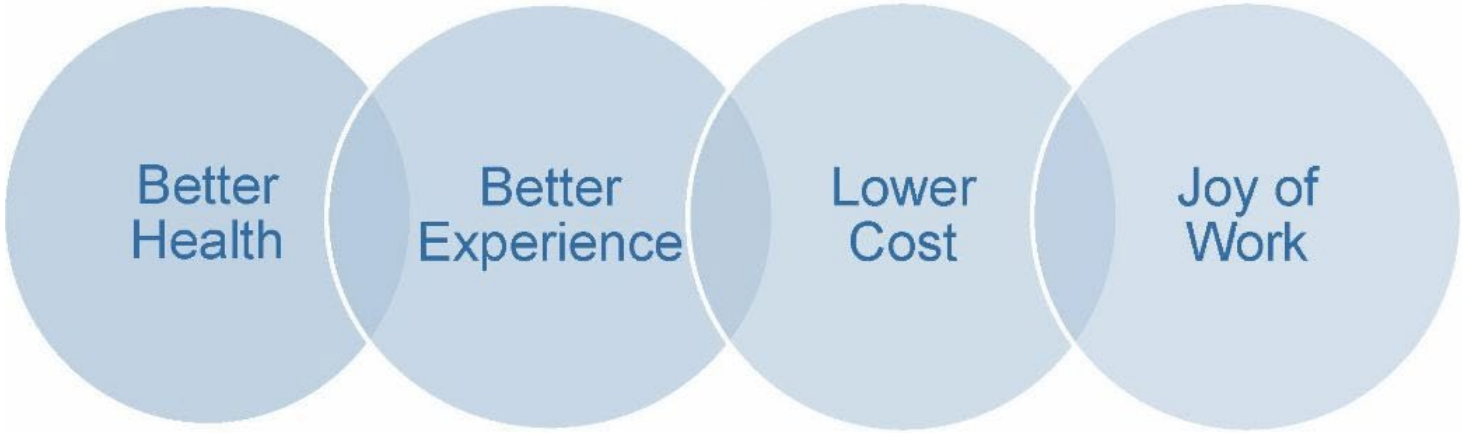
EHR & Interoperability



Big $ Investment

Where do we go from here?

- Bulk Capabilities
- Innovative partnerships with payers
  - Analytics as the driver
- Keep in mind quadruple aim



The Institute for Accountable Care (IAC) and NAACOS/IAC Analytic Support for ACOs.

Institute for ACCOUNTABLE CARE

Topics

- What is the Institute for Accountable Care (IAC)?
- Benchmarking Comparison and Performance Analysis Reports (BCAPA)
  - Current format
  - Future direction
- Custom analysis and work under development

Institute for ACCOUNTABLE CARE

Resources/Data assets

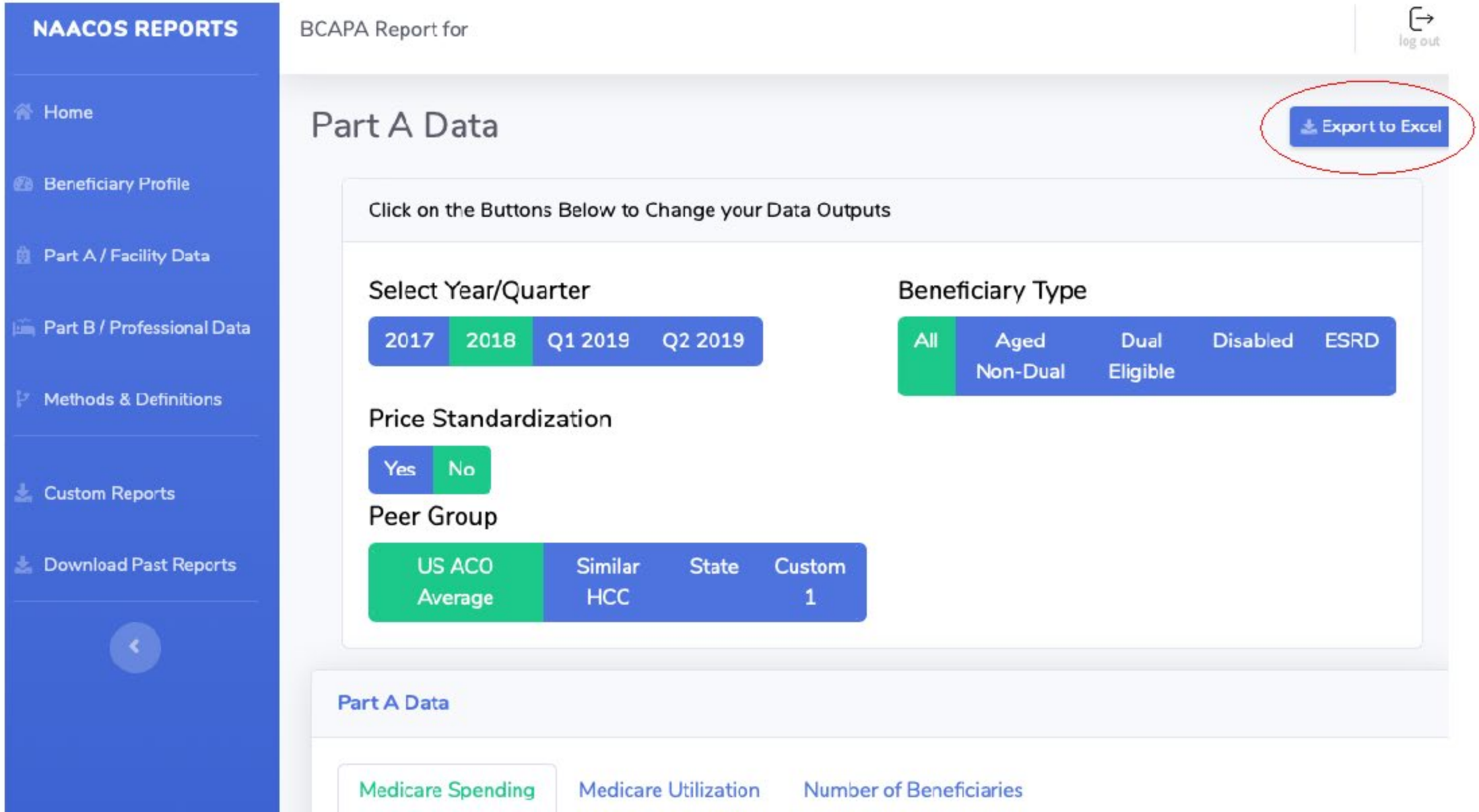
- 100% of Medicare beneficiaries 2011 - present
  - Inpatient, Outpatient and Provider bills
  - Prescription Drug Event (PDE) claims (Part D)
  - MDS/OASIS assessments
- Comprehensive cost and quality measure set
- ACO survey data
- Now testing attribution models to profile physician group and create "synthetic" ACOs

Benchmarking Comparison and Performance Analysis (BCAPA) Reports

BCAPA at a Glance

Category	Details
Measures	Resource use – Part A (Institutional) Resource use – Part B (Professional) Utilization
Types of Cost	Actual Price Standardized
Break downs by ACO cohort	Aged-non dual, Aged-dual eligible, Disabled, ESRD
Comparison groups	State ACO Peers; National ACO Average; Similar HCC Scores, Custom Peer Group
Years	2017, 2018, Q1– Q4 2019

New Web-based interface



Part B Professional Bills

Summary of spending category followed by detail break outs

Summary | Evaluation and Management | Procedures | Imaging | Tests | Durable Medical Equipment | Other | All Measures

	Target ACO	US ACO Average	Difference from Peer Group	
Category / Metric	**PMPY Spending**	**PMPY Spending**	**Dollar Difference**	**Percent Difference**
Evaluation and Management Total (M)	$909	$1,158	$(249)	-27%
Procedures Total (P)	$686	$931	$(245)	-36%
Imaging Total (I)	$160	$269	$(109)	-68%
Tests Total (T)	$198	$334	$(136)	-69%
Durable Medical Equipment Total (D)	$189	$229	$(40)	-21%
Other Total (O)	$941	$727	$214	23%

Part B Service Drill Down

Savings Opportunities ?

	Target ACO	Regional Comparison Group Average	Difference from Peer Group	
Category / Metric	**PMPY Spending**	**PMPY Spending**	**Dollar Difference**	**Percent Difference**
Standard Imaging-Nuclear Medicine (I1E)	$49	$26	$23	47%
Standard Imaging-Other (I1F)	$9	$14	$(5)	-56%
Advanced Imaging-CAT: Head (I2A)	$11	$10	$1	9%
Advanced Imaging-CAT: Other (I2B)	$39	$36	$3	8%
Advanced Imaging-MRI: Brain (I2C)	$11	$8	$3	27%
Advanced Imaging-MRI: Other (I2D)	$46	$23	$23	50%
Echography-Eye (I3A)	$4	$3	$1	25%
Echography-Abdomen/Pelvis (I3B)	$7	$6	$1	14%
Echography-Heart (I3C)	$35	$25	$10	29%

Download Past Reports

Custom Report
Pricing:
1 ACO: $1,000
5 ACOs: $2,000
Additional Above 5
$400 Per ACO

Peer Group

US ACO Average	Similar HCC	State	Custom 1

Select Individual ACOs or Group Average from your Custom Report

	Select Comparison ACO
	Custom group average
A9991	West ACO
A9992	North ACO
A9993	South ACO
A9994	East ACO
A9995	Southwest ACO

All Beneficiaries - 2018 (N=52,876)

Summary | Evaluation and Management | Procedures | Imaging | Tests | Durable Medical Equipment | Other | All Measures

	Target ACO	Custom 1	Difference from Peer Group	
Category / Metric	PMPY Spending	PMPY Spending	Dollar Difference	Percent Difference
Evaluation and Management Total (M)	$909	$1,397	$(488)	-54%
Procedures Total (P)	$686	$904	$(218)	-32%

Download Past Reports

Custom Report Pricing:
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All Beneficiaries - 2018

Summary | Evaluation and Management | Procedures | Imaging | Tests | Durable Medical Equipment | Other | All Measures

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Drilling down – Part B Drugs (upcoming)

Drug		2016		2017		
Line HCPCS	Brand Name	Claims	Mean Allowed Amount	Claims	Mean Allowed Amount	Percent Change
J0129	Orencia	356	3,193	430	3,702	16%
J0178	Eylea	1,877	1,931	2,044	1,930	0%
J0897	Prolia	856	1,039	1,064	1,074	3%
J1745	Remicade	900	3,606	1,003	3,734	4%
J2505	Neulasta	65	3,804	40	4,255	12%
J2778	Lucentis	831	1,858	1,307	1,798	-3%
J9035	Avastin	326	457	835	199	-57%
J9271	Keytruda	20	4,146	52	6,551	58%

Custom Analysis and Work Under Development

TIN-Level PMPY Performance By Service Type

Aged Non-Dual Beneficiaries: 2017

TIN_LBN	HCC Score	N_Benes	Hospital Inpatient	Hospital Outpatient	SNF	Other Part A	E&M	Procedures	Other Part B	Total PMPY
TIN 1	1.23	5,721	$2,139	$1,975	$549	$1,063	$1,186	$950	$1,119	$8,981
TIN 2H	1.18	5,102	$1,469	$3,217	$512	$691	$1,097	$944	$910	$8,840
TIN 3	1.13	4,219	$1,319	$1,208	$288	$670	$1,235	$883	$1,181	$6,785
TIN 4	1.14	4,325	$1,380	$924	$397	$614	$1,175	$830	$1,007	$6,326
TIN 5H	1.50	3,941	$2,593	$6,294	$663	$1,663	$1,424	$1,507	$1,937	$16,080
TIN 6	1.13	2,781	$1,452	$1,236	$585	$917	$1,263	$750	$1,052	$7,255
TIN 7	1.07	2,936	$1,287	$943	$418	$696	$1,171	$851	$1,227	$6,595
TIN 8	1.20	1,667	$1,621	$1,288	$721	$777	$1,236	$709	$890	$7,242
ACO Avg.	1.20	30,691	$1,682	$2,287	$500	$897	$1,197	$949	$1,174	$8,645
Range	0.44	NA	$1,306	$5,369	$433	$1,049	$327	$798	$1,028	$9,485
Range/Avg.	36%	NA	78%	235%	87%	117%	27%	84%	88%	110%

This ACO Would Save $29 million ($955 PMPM) if it could change TIN 5H performance to the ACO Average

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SNF Market Profile: Facility View

High HCC Score

Name	SNF 1	SNF 2	SNF 3	SNF 4
City	ATCO	AUDUBON	HAVERTOWN	PHILADELPHIA
Medicare Admissions	121	1119	253	111
ACO Admissions	26	507	139	36
Portion ACO/FFS	21%	45%	55%	32%
Functional Status Score	17.78	16.23	20.02	18.44
Average HCC Score	3.04	2.92	5.10	3.82
Portion of SNF Days billed Ultra High Rehab	77%	81%	69%	35%

Observations
- Variation in size and ACO penetration rate
- Large variation in clinical severity leading to variation in billing high-intensity RUGs

SNF Market Profile: Cost of stay and 90-day post-discharge cost

High HCC Score

Name	SNF 1	SNF 2	SNF 3	SNF 4
City	ATCO	AUDUBON	HAVERTOWN	PHILADELPHIA
Medicare Admissions	121	1119	253	111
Average LOS	30.59	24.13	33.92	24.68
Average SNF expenditures	$10,461	$10,491	$14,189	$8,764
Average ED visits	18%	14%	23%	20%
Average downstream spending per case	$13,940	$15,183	$22,801	$20,358
Discharged with Home health	20%	30%	9%	12%
Discharged Home	68%	55%	70%	66%

Observations

- $5,425 dollar difference between SNFs with highest and lowest average expenditures per stay
- Average expenditures do not correlate with discharges to home.

Hospital Profile by Clinical Episode

Similar HCC Score, different cost profile

Provider Name	Medicare Admissio	ACO Attributed Bene Admissio	Normalized HCC Score	Average LO	Average expenditur	Average downstream spending per case
ROXBOROUGH MEMORIAL HOSPITAL	73	28	2.28	3.47	$10,459	$25,769
NAZARETH HOSPITAL	189	65	2.26	4.10	$7,350	$19,399
ALBERT EINSTEIN MEDICAL CENTER	442	130	2.17	4.71	$15,401	$28,425
TEMPLE UNIVERSITY HOSPITAL	336	87	2.15	6.20	$19,092	$22,553
HAHNEMANN UNIVERSITY HOSPITAL	422	126	2.03	5.83	$13,500	$19,130
JEANES HOSPITAL	123	26	2.03	3.77	$9,001	$19,516
ARIA HEALTH	501	227	1.98	4.40	$9,353	$19,949
PENN PRESBYTERIAN MEDICAL CENTER	289	76	1.94	6.21	$11,712	$25,471
CHESTNUT HILL HOSPITAL	186	60	1.85	3.78	$6,460	$17,715
HOSPITAL OF UNIV OF PENNSYLVANIA	743	201	1.68	5.82	$18,490	$28,734
THOMAS JEFFERSON UNIVERSITY HOSPIT	1258	580	1.62	5.57	$15,212	$24,435
PENNSYLVANIA HOSPITAL	250	82	1.52	4.94	$15,280	$21,353

Under development

- SNF market profiles
  - Cross sectional facility view (100% of Medicare cases)
  - Trends over time within facility
  - ACO vs. all other patients by facility
  - ACO – hospital – SNF mapping
- Hospital market profiles
- QP Status – marginal contribution of each ACO TIN to overall QP
- Referral and leakage analysis

Contact us: analytics@institute 4ac.org

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Questions?