

Data Sources and Applicability to Care Coordination Activities

	HSCRC Case Mix	ADT	HIE	APCD	Medicare Claims	Patient Assessment
Current Custodian of Data	HSCRC/CRISP	CRISP	CRISP	MHCC	HSCRC (non-identifiable data)	Not Centralized
Data Description	All hospital encounters, Maryland only, 30 day lag	Real Time Admission, Discharge, Transfers	Clinical data collected or transmitted through HIE, including labs, radiology reports, discharge summaries and	All patient use and cost, currently commercial payers, collected quarterly >6 month lag	All patient use and cost for Medicare (from CMS) Maryland residents, 60 to 90 day lag	Data collected from onsite visit with patient, family, etc.
Hospital encounters/claims	Yes	All Maryland hospitals Getting DC and Delaware ADT in CRISP, will need to understand use agreements		Yes	Yes	
Physician encounters/claims	None	Many not connected, many PCPs receiving ENS, but not submitting ADT		Yes	Yes	
Post acute and long term care	None		Most not connected, but	Yes	Yes	
Other claims	None			Yes	Yes	
Pharmacy claims	None		Some available	Some	Maybe	
HCCs (Medicare risk score)					Maybe	
OASIS					Maybe	

Applicability of Data Sets for care coordination activities

Case Management and overall plan of care (requires patient-level data)

	HSCRC Case Mix	ADT	HIE	APCD	Medicare Claims	Patient Assessment
High risk stratification, high hospital use		w/HSCRC data				
High risk stratification, total use & cost					*Need Patient ID	
Modifiable risk stratification for CCM					*Need Patient ID	
ID providers for data sharing		w/provider submissions			*Need Patient ID	
Medical information for overall care plans					*Need Patient ID	
Non-medical needs						
Case management assignment						

High Applicability
Moderate Applicability
Low Applicability
Not Applicable

Care integration and delivery (requires patient-level data)

Care transitions		Best Source, needs enhanced interoperability, EHR Collection, and more non-hospital connections.			
Emergency care					
Encounter care plans/reason for visit					
Encounter notification					
Gaps in care-modifiable risks					

System level data use (does not require patient-level data)

Resource planning-case managers					
Resource planning-navigators					
Resource planning-community needs					
Alignment model planning					
Hot Spotting - Hospital Utilization		w/HSCRC data			
Hospital cost/use planning & outcomes					
Total cost/use planning & outcomes					
Episode costs and use					
Alignment model savings					
Alignment model outcomes					