MPA Monitoring Reports

TCOC Workgroup

April 25, 2018

CRISP is Developing MPA Monitoring Reports

Based on input from hospital users and the HSCRC, CRISP is developing MPA monitoring reports using CMS Medicare data

Today's Discussion:

- Data sources and reporting levels

- Aggregate reports and flexible, user-driven analytic tool ('sandbox')

- Production and deployment timeline

Overall CCLF Reporting Plan

Current focus is on this module, identified as the critical in the short term.

Initial Phase	Second Phase	Potential Future Development
(1) MPA Aggregate Reporting/ Per Capita Scorecard	(1B) Benchmarks (National)	
	(2) Market Shift Analytics	
	(3) Quality Monitoring,	(3C) Potentially Unnecessary Utilization or other future concepts
	(4A) State level adaptation of existing post-acute episodes	(4B) Comprehensive Episodic Analysis

Data Sources for MPA Monitoring

CCW

(Chronic Conditions Warehouse)

- CMS scorekeeping
- Modeling
- Access/usability challenges

CCLF

(Claims and Claims Line Feed)

- Readily available for reporting
- Ties closely with CCW

Aggregate vs. Patient-Level Data

MPA Monitoring Reports

- Aggregate level

- No patient names, DOB, etc.

- Hospitals see each others aggregate data

- Today's focus

MADE Tool

- CRP Hospital - Patient details available upon drill down

- Hospitals only have access to their own data

  - HSCRC and MHA continuing to discuss policy questions

Introduction to MPA Monitoring Reports

Component 1: MPA Reports

- Standing Reports are that follow are intended to give a quick snap shot of Medicare results using MPA attribution at the state and hospital level in an easy to digest fashion.

- Intent is to expand the report set over time but this set would be those available upon initial release (along with the sandbox).

- Reports were designed to answer broad questions about a facility's attributed population and the care they receive.   It is not intended to provide member level information.

- First set of following slides are PPT mock ups of the proposed reports. Orange text is intended to support this review and is not part of the final report (except where it might appear in notes and documentation).

- All data shown is illustrative only and does not reflect real results.

Component 2: MPA Interactive Query Tool ("Sandbox")

- More flexible query interface that will allow power users to create custom reports across multiple claims attributes in order to access all CCLF data at an aggregate level.

- Supports benchmarking among facilities across many levels.

- Second set of slides following include screen shots and examples of the "Sandbox" functionality.

Tab 1 (Landing Page): Overview of Care Cost Trend Experience
## Goal – Provide quick look at the CCW scorekeeping and CCLF

Hospital Filter		Attribution Type

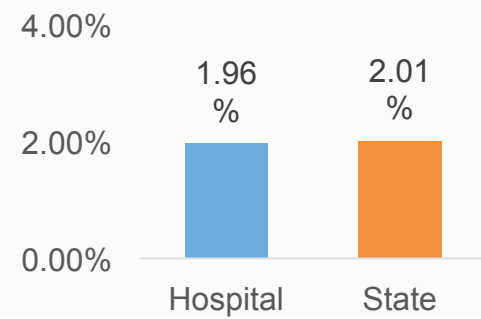Drop down filters. Filters allow multi select (additive) or all:
- Hospital reference thes attributed beneficiaries of that hospital(s).
- Attribution Type = e.g. PCP+ or ACO-like.

MPA Per Capita Percent Change – Year to Date Performance* Year Over Base Year

CMS TCOC Scorekeeping Data (CCW)^

Hospital 1.90%, State 2.00%, National 2.45%

Target Performance: National - 0.33% = 2.12%
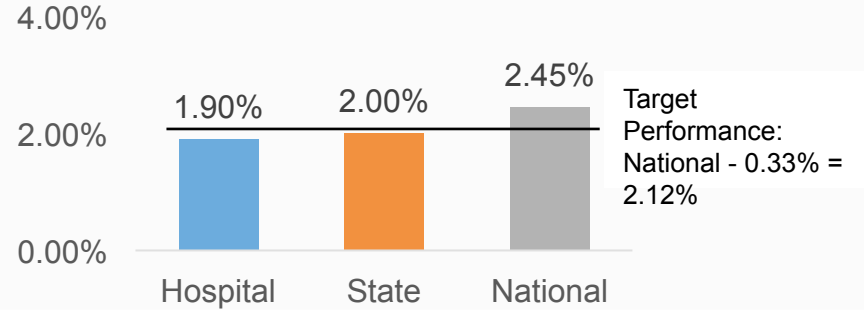
Monitoring Data (CCLF)^

Hospital 1.96%, State 2.01%

* As this chart represents YTD performance (to match the official performance period) it will likely be distorted in the initial months of the year due to the short timeframe.   The chart below is provided to present a broader perspective by showing completed 12 month periods.

^Only summary level data is available for the official TCOC scorekeeping data (CCW), therefore, except where noted on this tab, these reports will represent the CCLF data set which CMS has provided for detail use. The two charts above compare outcomes between CCLF and CCW, one of the detail reports will reconcile these two datasets. National data is not available in the CCLF so is not shown in the right hand graph.

Year Over Year Change – Rolling 12 Months (CCW)

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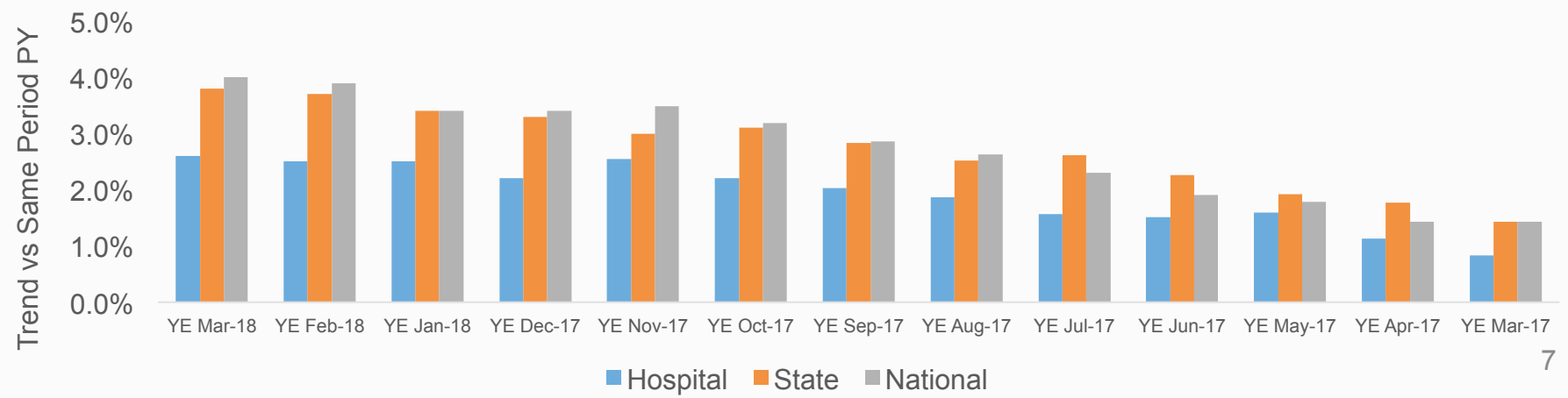
Tab 2: Care Cost Trend Experience by Attribution Type
Goal – Compare cost trend experience by attribution type

Hospital Filter

Care Setting

Drop down filters. Filters allow multi select (additive) or all:
• Hospital references the attributed beneficiaries of that hospitals.
• Care Setting means IP/OP etc. Facility OP is segregated from non-facility

MPA Per Capita Percent Change – Year to Date Performance Year Over Base Year

ACO Like

- Hospital: 2.25%
- State: 2.70%

PCP+

- Hospital: 2.43%
- State: 2.92%

Geographic

- Hospital: 2.45%
- State: 3.01%
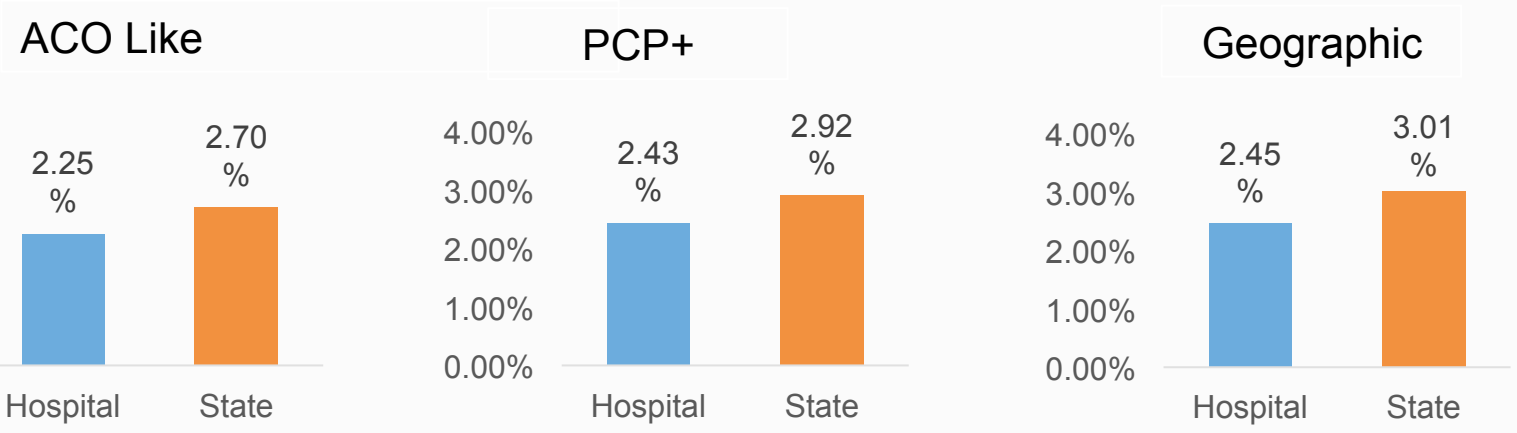
Hospital Year Over Year Change – Rolling 12 Months

Trend vs Same Period PY

ACO Like ■ PCP+ ■ Geographic

YE Mar-18, YE Feb-18, YE Jan-18, YE Dec-17, YE Nov-17, YE Oct-17, YE Sep-17, YE Aug-17, YE Jul-17, YE Jun-17, YE May-17, YE Apr-17, YE Mar-17
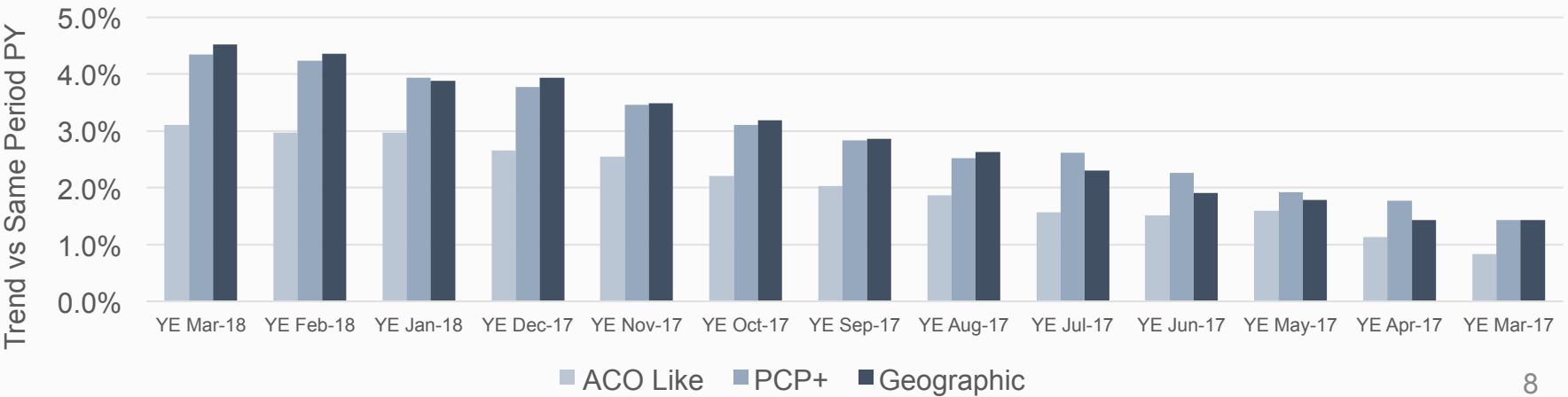
Tab 3A: Comparison Tools
Goal – Compare key metrics across the state by attributed facility

Comparison of Selected Populations

Attribution Type	Period
Enrollment Cat.	Metric
Primary Dx	Care Setting

Drop down filters. Filters allow multi select (additive) or all:
- Attribution Type = e.g. PCP+ or ACO-like.
- Enrollment Category = Aged/Disabled/ESRD
- Metric = Those in Sandbox
- Care Setting means IP/OP etc. Facility OP is segregated from non-facility
- Primary Dx = CCS categories

Hospital Selection

Sortable on any of these

	Attributed Facility	Metric - From Metric Selection Example: TCOC Paid* $ Per Capita	% Above (Below) Selection Average	% Above (Below) State Average
Select 1, some or all facilities for inclusion and a single metric	Hospital 1	$945	%	%
	.	$926	.	.
	.	$935	.	.
	.	$960	.	.
	Hospital N	$944	.	.
	Selection Average	$942	.	.
	State Average	$960	.	.

*TCOC Paid $ represents dollars paid by CMS and is the metric used in the overall scorekeeping. A second dollar metric is also available: Allowed $. Allowed $ reflects the amount paid by CMS plus the beneficiary cost share. For some comparative analytics Allowed $ may be a preferred because it removes noise that can be caused by beneficiary cost shares. The Metric filter would allow

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Tab 3B: Comparison Tools
Goal – Compare key metrics across time for an attributed facility

Trend Over Time for Selected Populations

Attribution Type	Periods
Enrollment Cat.	Care Setting
Primary Dx	Metric

Drop down filters. Filters allow multi select (additive) or all:
- Attribution Type = e.g. PCP+ or ACO-like.
- Enrollment Category = Aged/Disabled/ESRD
- Care Setting means IP/OP etc. Facility OP is segregated from non-facility
- Primary Dx = CCS categories
- Periods = quarter, rolling years, calendar years

Hospital Selection

Select 1, some or all facilities for inclusion and a single metric

Metric From Metric Selection – Example: TCOC Paid $ per Capita

Legend: Hospital 1 — Hospital 2 — State Average

Tab 4: Attributed beneficiaries by Care Setting
Goal – Summarize where attributed beneficiaries have received care and how it differs from the State average.

Hospital Filter	Period	Primary Dx
	Enrollment Cat.	Attribution Type

TCOC Paid Per Capita Information for Selected Populations

TCOC Paid Per Capita Cost

TCOC Paid Per Capita Break Out By Source

Bar chart — TCOC Paid Per Capita Cost: $945 (TCOC Paid Per Capita)

Break Out By Source:
- IP Acute: $360 (Mouse over for % of total)
- ED: $20
- OP Facility: $130
- Prof. Office: $145
- Prof.: $150
- DME: $15
- HHA: $30
- SNF: $65
- IP Rehab: $10
- Hospice: $20
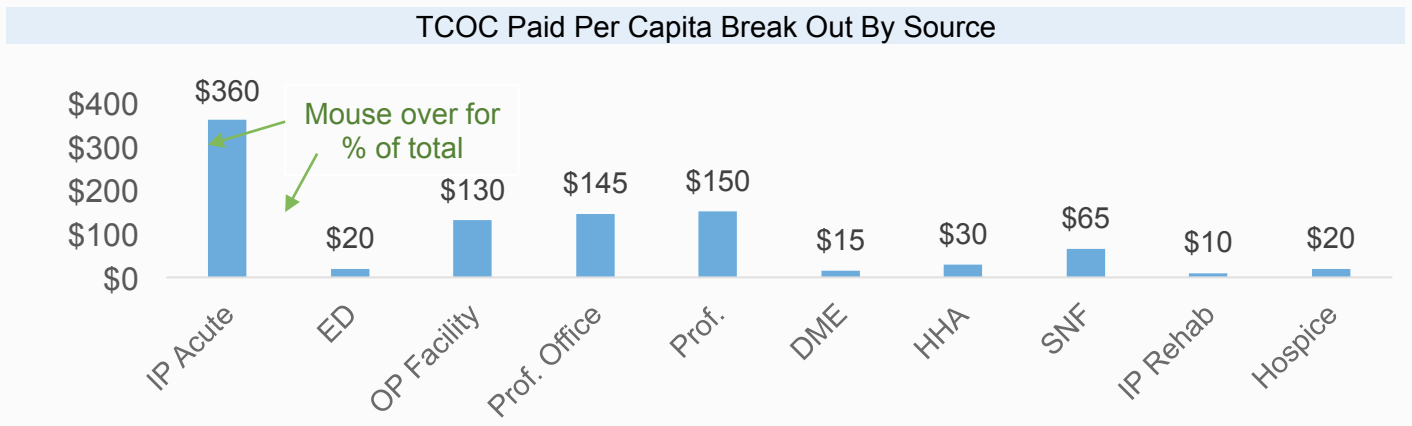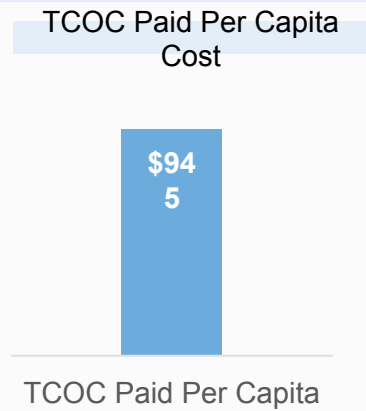
TCOC Paid Per Capita Above (Below) State Average for Selected Populations

TCOC Paid Per Capita Diff.

TCOC Paid Per Capita Difference By Source

Period Filter*	Comparison Filter*

Bar chart — TCOC Paid Per Capita Diff.: -$13 (Total Difference)

Difference By Source (Above State / Below State):
- IP Acute: -$12
- ED: $0
- OP Facility: $6
- Prof. Office: $3
- Prof.: -$6
- DME: $0
- HHA: $1
- SNF: -$3
- IP Rehab: $0
- Hospice: -$1
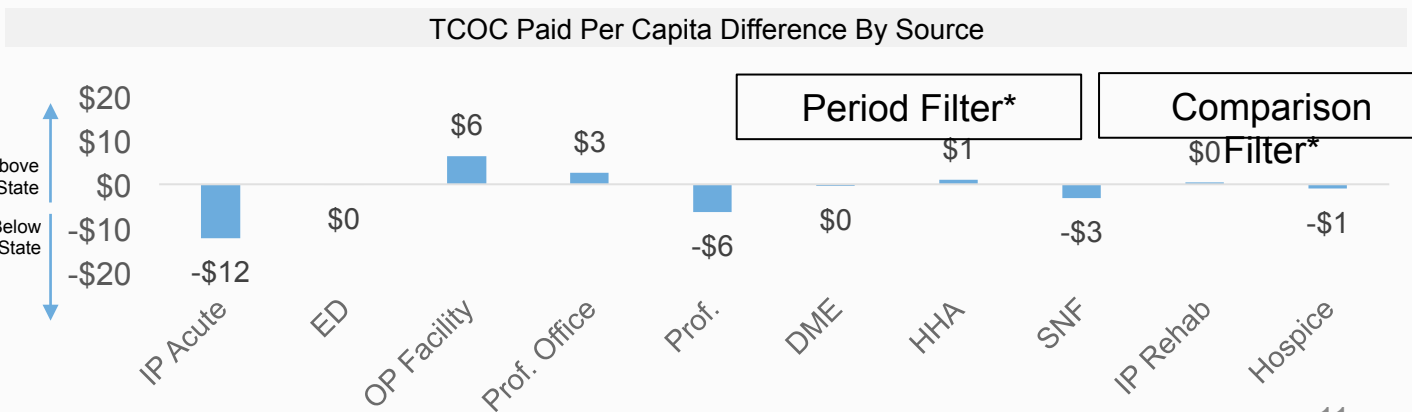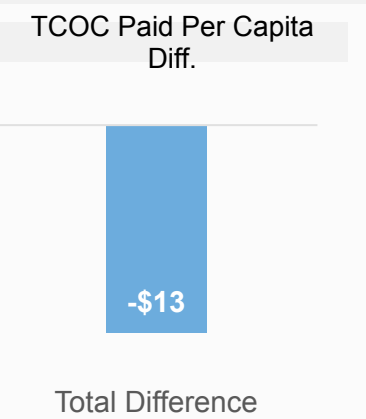
*Filters that would allow selection of one or more hospitals (based on attributed members) instead of State as the comparison group. Period filter would allow period over period comparison by selecting hospital in top graphic in the in comparison filter.

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Tab 5: Description of Attributed beneficiaries
Goal – Understand the profile of attributed beneficiaries

Hospital Filter

Drop down filters. Filters allow multi select (additive) or all:
- Hospital reference the attributed beneficiaries of that hospital(s).

Population Statistics for Selected Populations – Year Over Year

Enrollment Cat.

Member County

hAM Score

Age Bracket

Attribution Type

Available Dimensions for table:
- Enrollment Category = Aged/Disabled/ESRD
- Attribution Type = e.g. PCP+ or ACO-like.
- hAM scores will be in pre-defined brackets (impactable need score)

Dimension 1^	Dimension 2*^ (optional)	Current CY	Prior CY	State Average Current CY
Dimension 1 Member 1	Dimension 2 Member 1	Ave. Bene. % of Total Bene. TCOC Paid per Capita % of Total TCOC $	Ave. Bene. % of Total Bene. TCOC Paid per Capita % of Total TOC $	Ave. Bene. % of Total Bene. TCOC Paid per Capita % of Total TCOC $
	.	.	.	.
	Dimension 2 Member N	.	.	.
Dimension 1 Member 2	Dimension 2 Member 1	.	.	.
	.	.	.	.
	Dimension 2 Member N	.	.	.
.		.	.	.
Dimension 1 Member N	Dimension N Member 1	.	.	.
	.	.	.	.

*Nesting Dimension 1 in Dimension 2 is chosen for presentation rather than rows and columns to make comparison to prior year and state benchmarks easier.

^"All" element for each dimension should be displayed.

Tab 6: Who Delivers Care to Attributed beneficiaries
Goal – Summarize providers delivering care to an attributed set of beneficiaries

Care by Provider to Attributed beneficiaries

Hospital Filter

Attribution Type

Member County

Care Setting

Primary Dx

Metric

Drop down filters. Filters allow multi select (additive) or all:
- Hospital references the attributed beneficiaries of that hospital(s).
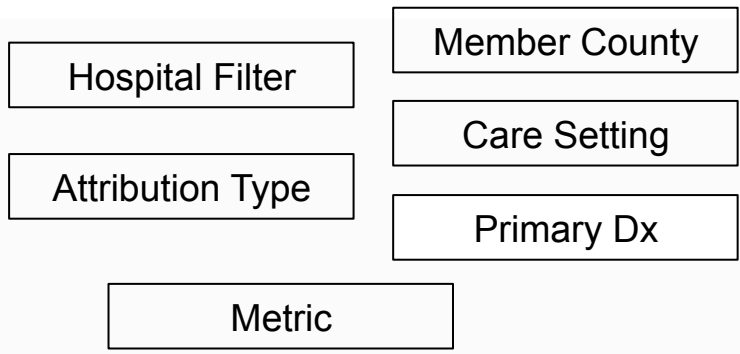- Attribution Type = e.g. PSAP-like or ACO-like.
- Care Setting means IP/OP etc. Facility OP is segregated from non-facility
- Primary Dx = CCS categories

	Most Recent 12 Months	Most Recent Quarter	2nd Most Recent Quarter	3rd Most Recent Quarter	4th Most Recent Quarter
Largest Rendering Provider*	Metric (Example: TCOC Paid $)/% of Total)	Metric (Example: TCOC Paid $)/% of Total)	Metric (Example: TCOC Paid $)/% of Total)	Metric (Example: TCOC Paid $)/% of Total)	Metric (Example: TCOC Paid $)/% of Total)
2nd Largest Rendering Provider	.	.	.	.	.
.	.	.	.	.	.
.	.	.	.	.	.
.	.	.	.	.	.
.	.	.	.	.	.
Nth Largest Rendering Provider	.	.	.	.	.

*Relies on sandbox rendering facility field which is intended to reflect facilities name for facilities and physician group for physician care. Depth of this report will be dependent on the level of detail shared on rendering provider.

Sandbox Overview

The sandbox allows hospitals to access data to flexibly profile and benchmark Medicare costs at an aggregate level in order to identify cost outliers and areas of pressure without requiring analysis of detail claims.

The tool will support dynamic analysis based on member and cost dimensions, from 2015 forward, across 15 metrics.

Time Periods

- Incurred 1/1/15 forward
- Paid 1/1/15 forward
- Month, Quarter and Annual
- Calendar, 6-30 Fiscal & Rolling Year Organization

Metrics

- Beneficiary Months and Average Beneficiaries
- Paid $ and Monthly Per Capita
- Allowed $ and Monthly Per Capita
- IP days and Days/1000
- IP admits and Admits/1000
- ED Visits and ED Visits/1000
- Ambulatory Visits and Ambulatory Visits/1000
- Unique Patient Count

Claims-Based Categorizations*

- Care Setting (e.g. IP, HH, SNF etc.)
- Regulated/Not
- Primary Dx
- Rendering Facility*
- Professional Provider*
- Provider Specialty
- Rendering Provider Location

Member-Based Categorizations

- MPA Facility Assigned
- MPA PCP Assigned
- Age
- Attribution Type (e.g. ACO-like, PCP-like etc.)
- MC Eligibility Status (e.g. Aged, ESRD etc.)
- Current hAM Score
- Member Location (County, Zip)

* For security and performance reasons it may become necessary to eliminate or restrict access to one or more of the claims-based categorization, particularly Rendering Provider and Professional Provider

Sandbox Screen Shots - Intro

Incurred, Period and Window can be manipulated.

Incurred Date:		Paid Date:		Attributed Facility	Metric	Year Period:	Time window
10/1/2015	9/30/2017	1/31/2015	12/31/2017	(All) ▼	Beneficiary Months ▼	Rolling ▼	Annual ▼

Category 1	Category 1 - Value	Category 2	Category 2 - Value	Category 3	Category 3 - Value
Medicare Eligibility Status ▼	(All) ▼	MPA Facility Assigned ▼	(All) ▼	All ▼	All ▼

Category 1	Category 2	Category 3	2015	2016	2017
Grand Total			205,051	850,316	672,173
AGED WITHOUT ESRD		. All	74,467	318,494	263,353
		. All	47,363	190,894	143,936
	Facility 3	er All	37,548	152,640	116,310
DISABLED WITH ESRD		. All	218	856	626
		. All	173	638	434
	Facility 3	er All	334	1,224	849
DISABLED WITHOUT ESRD		. All	11,569	49,732	40,783
		. All	15,861	64,487	49,613
	Facility 3	er All	16,861	68,510	53,725
ESRD ONLY		. All	307	1,361	1,240
		. All	108	442	365
	Facility 3	All	242	1,038	939

Up to 3 slices are available from the Claims and Member-based categorizations.

This screen shows beneficiary months by Medicare Eligibility and Attributed Facility (masked). Facility 3 has a much higher share of Disabled without ESRD beneficiaries than the other facilities. ESRD beneficiary counts are very small.

Sandbox Screen Shots – Changing Metrics

Same views as prior slide but Metric set to per capita on left and paid $ on the right.

Metric	Year Period:	Time window
▼ Monthly Per Capita ▼	Rolling ▼	Annual ▼

egory 2 - Value	Category 3	Category 3 - Value
(All) ▼	All ▼	All ▼

2016	2017
634	462
481	353
850	646
380	259
2,906	2,021
4,582	2,623
2,349	3,477
671	460
1,066	815
671	464
2,559	2,052
5,383	3,290
2,930	1,875

Metric	Year Period:	Time window
▼ Paid $ ▼	Rolling ▼	Annual ▼

egory 2 - Value	Category 3	Category 3 - Value
) ▼	All ▼	All ▼

2016	2017
$538,738,400	$416,608,971
$153,236,286	$125,272,369
$162,292,883	$124,021,930
$57,936,768	$40,269,311
$2,487,643	$1,677,753
$2,923,171	$1,516,282
$2,875,242	$3,879,806
$33,376,881	$25,174,077
$68,746,029	$54,008,039
$45,959,800	$33,334,374
$3,483,374	$3,430,543
$2,379,491	$1,671,096
$3,040,831	$2,353,391

Switching to view other metrics, shows that for Facility 3 the disabled members are almost 2x as expensive as per month as aged beneficiaries ($464 monthly per capita vs $259 monthly per capita) and account for almost as much spending ($33M vs $40 M).

Sandbox Screen Shots – Drill Down on Care Delivery to Disabled Beneficiaries

Attributed Facility Drop Down, frees up one slicer when a facility or group of facilities is being analyzed.

Focus is only on Disabled members, which is selected using the filter.

Report total provides visual check to $33 M spend on prior view.

Incurred Date:		Paid Date:		Attributed Facility	Metric	Year Period:	Time window
10/1/2015	9/30/2017	1/31/2015	12/31/2017	Facility 3	Paid $	Rolling	Annual

Category 1	Category 1 - Value	Category 2	Category 2 - Value	Category 3	Category 3 - Value
Care Setting	(All)	Medicare Eligibility Status	DISABLED WITHOUT ESRD	All	All

Category 1	Category 2	Category 3	2015	2016	2017
Grand Total			$11,104,073	$45,959,800	$33,334,374
Null	DISABLED WITHO..	All	$0	$0	$0
DME	DISABLED WITHO..	All	$386,465	$1,133,662	$944,971
ER	DISABLED WITHO..	All	$652,352	$2,820,434	$2,206,005
HHA	DISABLED WITHO..	All	$224,401	$713,265	$647,960
Hospice	DISABLED WITHO..	All	$9,462	$277,712	$160,888
Inpatient Reh..	DISABLED WITHO..	All	$27,989	$26,495	$490
Other Inpatient	DISABLED WITHO..	All		$2,809	$143
Outpatient Fa..	DISABLED WITHO..	All	$2,830,502	$12,618,813	$8,933,836
Physician Non-..	DISABLED WITHO..	All	$1,123,444	$4,320,342	$3,280,340
Physician Office	DISABLED WITHO..	All	$605,470	$2,249,874	$1,735,885
Short Term Ho..	DISABLED WITHO..	All	$4,976,685	$20,364,379	$14,058,271
SNF	DISABLED WITHO..	All	$267,303	$1,432,016	$1,365,585

Facility 3 Disabled Members are now the focus. Spending is split by Care Setting (primary Dx would be another option). IP accounts for about 40% of care ($14 M/$33 M).

Sandbox Screen Shots – MPA Attributed Physician: Category Provides Attribution Detail

In the final version the attributed Physician will be available for both ACO-like and PCP-like beneficiaries – this view would only be null for PSA attribution (currently null for ACO-like as well).

Same as prior view but metric is now IP admissions and the MPA assigned PCP is now added as a slice.

Incurred Date:		Paid Date:		Attributed Facility	Metric	Year Period:	Time window
10/1/2015		9/30/2017	1/31/2015	12/31/2017	Facility 3 ▼	IP Admits ▼	Rolling ▼	Annual ▼

Category 1	Category 1 - Value	Category 2	Category 2 - Value	Category 3	Category 3 - Value
Care Setting ▼	Short Term Hospital ▼	Medicare Eligibility Status ▼	DISABLED WITHOUT ESRD ▼	MPA Facility Assigned PCP ▼	(All) ▼

Category 1	Category 2	Category 3	2015	2016	2017
Grand Total			244	868	662
Short Term Hospital	DISABLED WITHOUT ESRD	Null	33	155	168
		Physician 1	18	101	57
		Physician 2	16	75	37
		Physician 3	17	59	36
		Physician 4	12	38	34
			7	14	23
		Physician n			

This drill to MPA attributed physician (masked) allows a view of which attributed physician (not admitting) is associated with the admissions in the disabled subset. The top four account for 164 of 662 in 2017 (or ~30%).

The combination of zip and county information along with rendering and referring provider would allow users to detail market information throughout the state.   For example, this slide shows admitting physician for all admissions to a facility from a specific zip code.

Attributed facility does not have to be specified so by selecting "all" the entire state is included.

Category 2 and 3 select a hospital and zip, any hospital(s) or zip(s) in the state could be selected.

Sandbox Pivot Tool

Incurred Date:	Paid Date:	Attributed Facility	Metric	Year Period:	Time window
1/7/2017 to 12/31/2017 and Null values	1/31/2015 to 12/31/2017 and Null values	All	IP Admits	Rolling	Annual

Category 1	Category 1 - Value	Category 2	Category 2 - Value	Category 3	Category 3 - Value
Professional Provider	All	Rendering Facility	Hospital X	Geography - Zip	11111

Category 1	Category 2	Category 3	2017
Grand Total			397.9
Physician 1	Hospital X	Zip 11111	25.5
			18.7
			17.9
			16.3
			16.0
			15.9
			14.4
			13.8
			10.0
Physician n			9.3
			9.0
			8.9

Professional Provider is selected, if the view had not been masked Category 1 would list admitting physicians names.

Development and Production Timeline

- Targeting May release
  - Aligns with CCLF January performance data availability

- Development initiated in November
  - Worked to implement Year 1 MPA methodology on CCLF data, outline fields, user input meetings
  - CRISP's Reporting and Analytics Committee and Subcommittee members contributed significantly to report planning and feedback

- Deployment
  - Soft launch on May 11
  - Release to all CRS credentialed users May 25

Development and Production Timeline - Detail

CCLF Statewide Reporting - MPA Monitoring Module
Updated: 04/21/2018

Work Area	Activity	November	December	January	February	March	April	May	June
CRISP Reporting Services Product Release Dates								Soft launch: 5/11 All users:5/25	Updates: 6/8
MPA Year 1 Methodology Implementation	CRISP and hMetrix working with Eric L, LD Consulting, to replicate MPA year 1 methodology and reconcile CCLF to CCW. Various meetings, coordination efforts with CRISP and LD.	Began in November, continuing development.							
Data Field Definitions	CRISP outlining plan for fields								
	Meetings with HSCRC Staff								
	TCOC workgroup presentation	11/29		1/24					
	RAC Subcommittee		12/20						
	CRISP review plan with hMetrix				2/13				
Visualization Development	RAC meeting				2/1				
	Request feedback from RAC				2/3				
	Feedback due from RAC				2/20				
	Wireframe visualizations - draft					2/26 - 3/8			
	Review wireframes with RAC					3/12			
	Update wireframes based on RAC feedback					3/13 - 3/19			
	MHA MPA Workgroup discussion					3/20			
	Review demo with RAC and RAC Subcommittee						4/18		
	TCOC workgroup presentation						4/25		
	RAC committee meeting							5/1	5/1
Development and Testing	hMetrix development					Ongoing			
	hMetrix, CRISP testing						Ongoing		
	RAC meeting - Review MPA monitoring module in testing						5/1		
	HSCRC, CRISP users review through RAC Subcommittee membership						5/11		
Outreach and Feedback	Soft launch training - RAC Subcommittee members							5/15	
	RAC meeting								6/7
	All user training								6/12
	TCOC workgroup presentation								6/27
Contracting	Write modification for hMetrix				Complete				

Note: MPA Monitoring Module is a component of a larger CCLF statewide reporting

- Task complete
- Task ongoing/planned
- Planned release date

Discussion

William.Henderson@crisphealth.org

Mary.Pohl@crisphealth.org