

Best Practices in Analytics

Eighth Annual APCD Workshop

October 7, 2014

Panel Members:

Jo Porter, New Hampshire

Kathy Hines, Massachusetts

Karynlee Harrington, Maine

Topics for today's panel:

- Patient Attribution—Jo Porter
- Alternative Payments—Kathy Hines
- Consumer Tools—Karynlee Harrington

Best Practices in Analytics

APCD Analytics - Patient Attribution

Jo Porter, MPH

UNH Institute for Health Policy and Practice

NAHDO Annual Meeting, APCD Workshop

October 2014



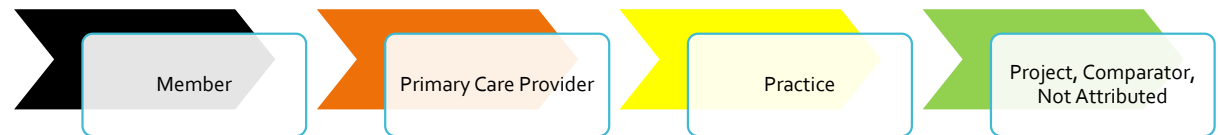
University of New Hampshire
College of Health and Human Services

Patient Attribution to Primary Care

- In general, a member is attributed to the provider who renders the majority of primary care services.
- Components of the work:
 - Identification of primary care physicians
 - Identification of primary care services
 - Attribution of a patient to a provider rendering primary care services

Attribution and Groupings

- Unique members are attributed to providers.
- Providers are attributed to practices (for participating practices).
- Practices are grouped to project participants or comparator.



Methods – Provider Identification

- Provider identification numbers: National Provider Index and Payer-Specific Provider Identification Numbers
- Analytic work focused on NPIs
 - Project partner sites have NPIs
 - NPI database contains provider taxonomy
- Used available data to address NPI inconsistencies

Methods – Primary Care Definition

- Defining primary care is based on provider taxonomy and visit type.
 - What types of providers deliver primary care?
 - NPI and Taxonomy
 - What types of visits are considered primary care?
 - Procedure codes and visit types
- Developed a method to be used for Commercial, Medicaid, and Medicare analysis

Methods – Primary Care Definition, Taxonomy

- Providers who are considered primary care providers need to be identified in claims based on the taxonomy associated with their NPI.
- The National Uniform Claims Committee (NUCC) maintains a listing of taxonomy codes (http://www.nucc.org/index.php?option=com_content&view=article&id=14&Itemid=125:).
- 2 tiers of providers

Methods – Primary Care Definition, Taxonomy

Taxonomy Table - Excerpt

Taxonomy Code	Type	Classification
<i>TIER 1 – Select these provider types first</i>		
207Q00000X	Allopathic & Osteopathic Physicians	Family Medicine
207R00000X	Allopathic & Osteopathic Physicians	Internal Medicine
363A00000X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant
363L00000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner
<i>TIER 2 – If no visits with PCPs in Tier 1, count visits with these provider types</i>		
207V00000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology
2080P0202X	Allopathic & Osteopathic Physicians	Pediatrics, Pediatric Cardiology Specialization

Methods – Primary Care Definition, Visit Type

- Methodology factors in both types of providers and types of visits
- Visits types are defined using the Current Procedural Terminology (CPT) codes associated with the visits. (American Medical Association, *Current Procedural Terminology - Professional Edition*, 2012)
- 2 tiers of visit types

Methods – Primary Care Definition, Visit Type

Visit Type Table - Excerpt

CPT Codes	Description
Tier 1	
99201-99215	Office or Other Outpatient Services - New or Established Patient
99381-99387; 99391-99397	Preventive Medicine Services - New or Established Patient
99401-99404	Counseling Risk Factor Reduction and Behavior Change Intervention - Preventive Medicine, Individual Counseling - New or Established Patient
Tier 2	
99241-99245	Office or Other Outpatient Consultation - New or Established Patient
99341-99350	Home Visit Services - New Patient or Established Patient
99354-99355; 99358-99359	Prolonged Services - With Direct Patient Contact or Without Direct Patient Contact

Methods – Patient Attribution

- A member is attributed to the provider who renders the majority of primary care services
- Encounters are created by summarizing claims at the provider-member-date level
- For each 12 month period, encounters are sorted. Member is assigned to the NPI based on provider and visit type tiers, by:
 1. Largest visit count
 2. Most recent visit
 3. Largest allowed amount

NH CITIZENS HEALTH INITIATIVE

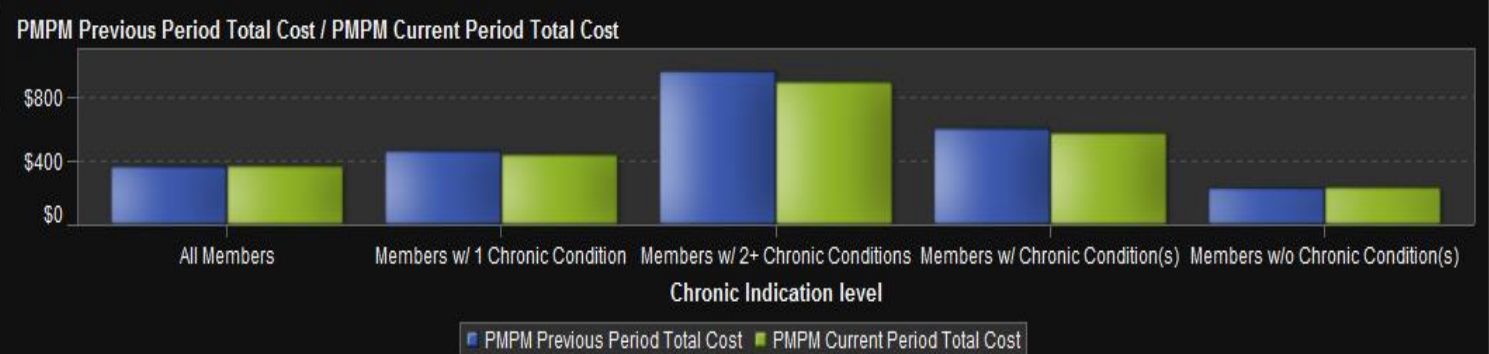


Type: High - Po Medical Type: High - Comparison Medical Type: Low - Population Medical Type: Low - Comparison Cost by Chronic Indication Level - Population Cost by Chronic Indication Level - Comparison

☒ 1 - ACP
☐ 2 - Non-ACP

☐ North Country
☐ Upper Valley

☐ 2010-01-01 to 2010-12-31 (Previous)
☒ 2011-01-01 to 2011-12-31 (Current)



Chronic Indication le...	Medical Members: 2010-01-01 to 2010-12-31	Medical Member Months: 2010-01-01 to 2010-12-31	Medical Cost - Total (allowed): 2010-01-01 to 2010-12-31	PMPM Previous Period Total Cost	Medical Members: 2011-01-01 to 2011-12-31	Medical Member Months: 2011-01-01 to 2011-12-31	Medical Cost - Total (allowed): 2011-01-01 to 2011-12-31	PMPM Current Period Total Cost
All Members	125,269	1,476,425	\$542,955,470	\$368	130,567	1,536,503	\$568,055,111	\$
Members w/ 1 Chronic Condition	32,425	384,560	\$178,363,794	\$464	36,250	429,472	\$188,927,742	\$
Members w/ 2+ Chronic Conditions	12,663	150,499	\$145,400,743	\$966	15,275	181,317	\$162,566,170	\$
Members w/ Chronic Condition(s)	45,088	535,059	\$323,764,537	\$605	51,525	610,789	\$351,493,912	\$

Questions

Jo Porter, MPH

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Massachusetts: Alternative Payment Methods

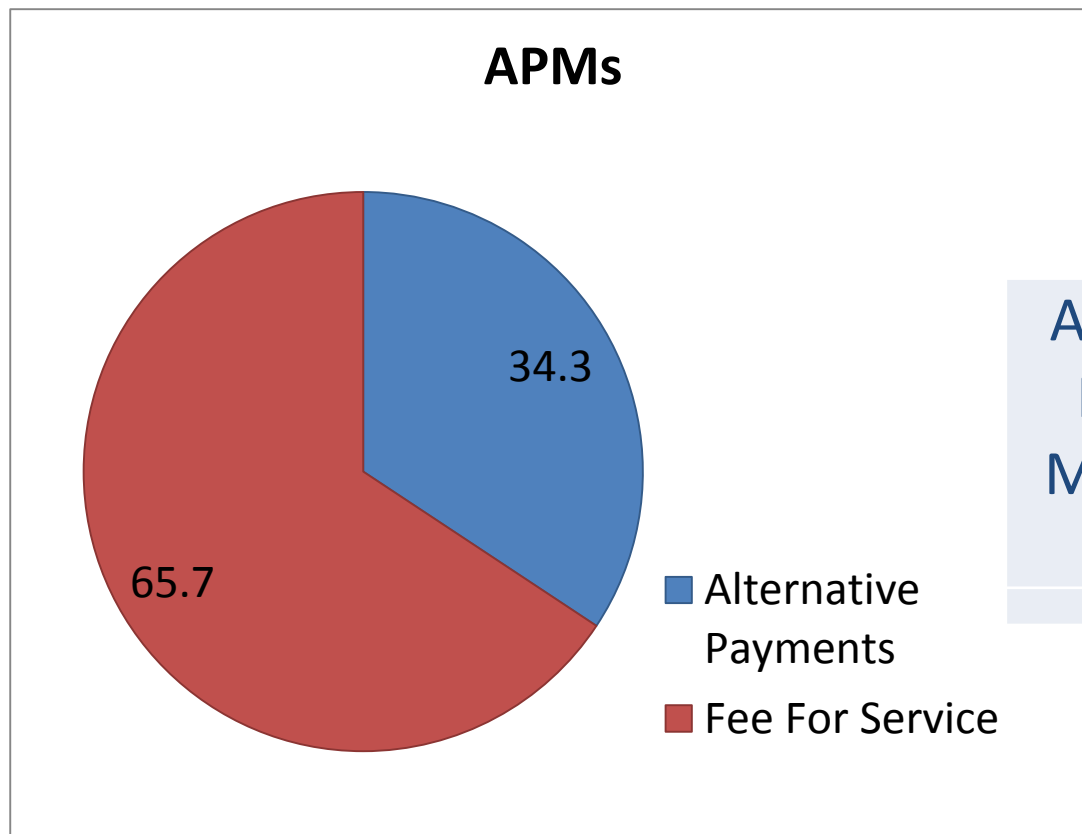
October 7, 2014

Kathy Hines
Director of Data Compliance and Support



center
for health
information
and analysis

Where Is Massachusetts in Alternative Payment Methods (APMs)?



SOURCE:

ANNUAL REPORT ON THE
PERFORMANCE OF THE
MASSACHUSETTS HEALTH
CARE SYSTEM

September 2014

SUPPLEMENT 11:
ALTERNATIVE
PAYMENT
METHODS

Reports at: <http://www.mass.gov/chia>

Aggregate Data APM Reporting To CHIA (non-APCD)

Insurance Category Code	Definition
1	Medicare & Medicare Advantage
2	Medicaid & Medicaid MCO
3	Commercial: Full-Claim
4	Commercial: Partial Claim
5	Commonwealth Care
6	Medicare and Medicaid Dual-Eligibles, 65 and older
7	Medicare and Medicaid Dual-Eligibles, 18-64
8	Other (MSP, S)

Product Type Code	Definition
1	HMO and POS
2	PPO
3	Indemnity
4	Other (e.g. EPO)

Payment Method Code	Definition
1A	Global Budget/Payment (Full Benefits: budget includes comprehensive services)
1B	Global Budget/Payment (Partial Benefits: certain services carved-out and not part of the budget)
2	Limited Budget
3	Bundled Payments
4	Other, non-FFS based
5	Fee for Service

Provider Level

Zip Code Level

Challenge: Move APM into MA APCD

- Services rendered under APM coming into MA APCD
Ex: Bundled vs Global
- Members under APM coming into MA APCD
- Dollars and Cents: Costs, Charges and Payments
Tied to Provider or Product/Member Incentive Based
 - Not to a specific service

Alternative: APM Indicator Reporting to CHIA (MA APCD)

TME Global Budget/Payment Indicator	Report whether the member's contract was assigned under a global budget/payment contract. EXAMPLE: 1 = Yes, the member's contract was assigned under a global/budget/payment contract.
Value	Description
1	Yes
2	No

Member
Level

PCP/Attributed PCP
Provider ID

Physician Group of the
Member's PCP

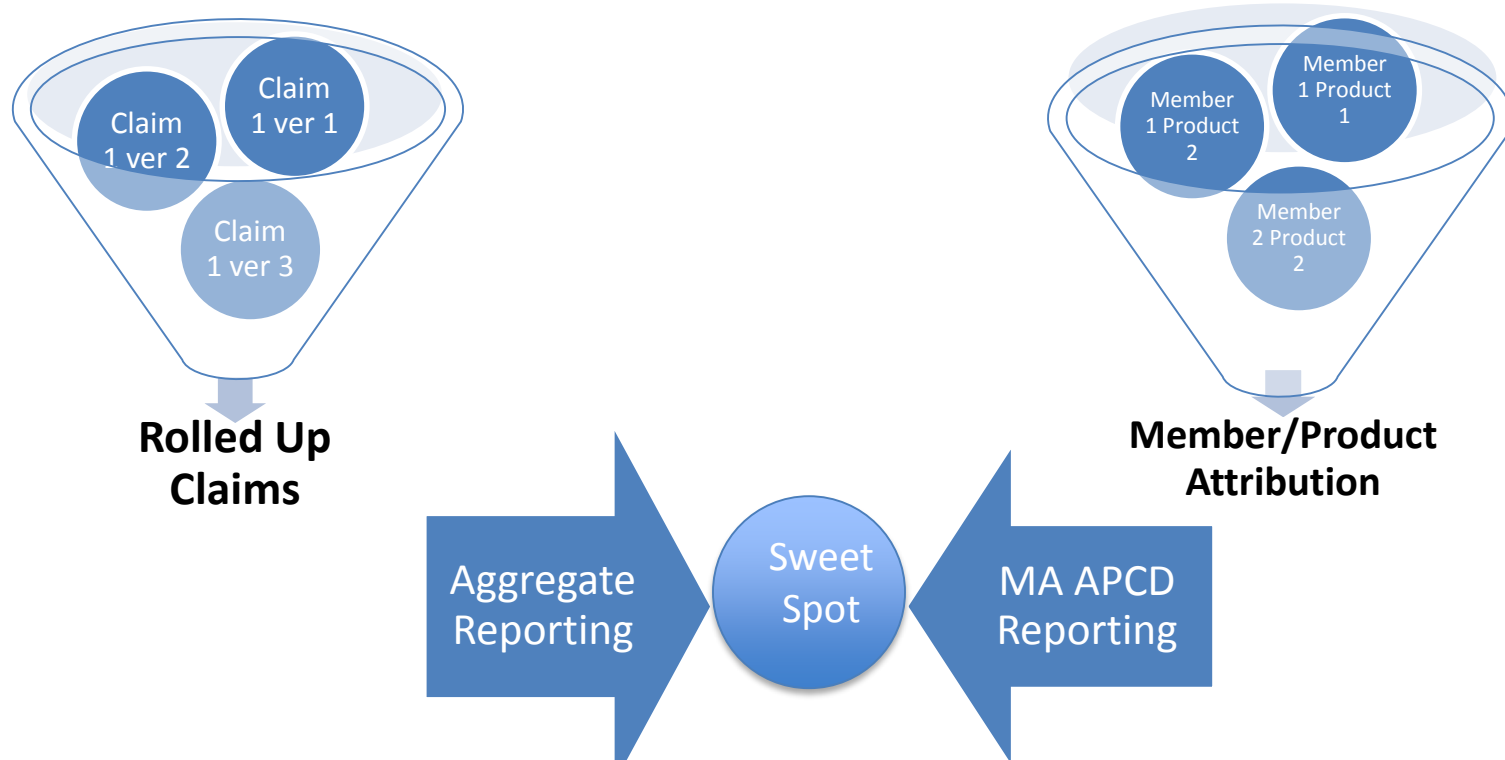
Local Practice Group
Provider ID for each
physician

Provider Level

Claim Level

Payment Arrangement Type Value	Report the value that defines the contracted payment methodology for this claim line. EXAMPLE: 02 = Fee for Service
Value	Description
01	Capitation
02	Fee for Service
03	Percent of Charges
04	DRG
05	Pay for Performance
06	Global Payment
07	Other
08	Bundled Payment
09	Payment Amount Per Episode (PAPE) (MassHealth)

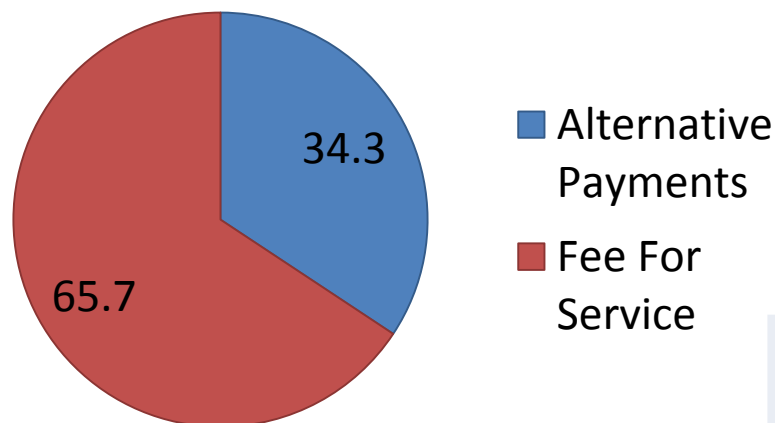
A Work in Progress....



...To Move Into Payment Analysis

Where Is Massachusetts in Alternative Payment Methods (APMs)?

APMs



Alternative Payment Methods in the Massachusetts Commercial Market: Baseline Report (2012 Data)

December 2013

Massachusetts Total Health Care Expenditure Methodology

December 2013

ANNUAL REPORT ON THE PERFORMANCE OF THE MASSACHUSETTS HEALTH CARE SYSTEM

September 2014

SUPPLEMENT 11: ALTERNATIVE PAYMENT METHODS

Reports at:
<http://www.mass.gov/chia>

Maine Health Data Organization (MHDO)

1. Establishment- Legislature Created MHDO in 1995 as an independent executive agency-Title 22 Chapter 1683.

2. Governance-multi stakeholder board includes representation from: hospitals, providers, employers, consumers, payers, government.

3. Purpose of the Agency- The purpose of the Maine Health Data Organization (MHDO) is to create and maintain a useful, objective, reliable, and comprehensive health information database that is used to improve the health of Maine citizens **and** to promote transparency of the cost and quality of healthcare in the State in conjunction with the Maine Quality Forum through a publically accessible website. <https://mhdo.maine.gov/rules.htm>

MHDO Consumer Tools:

- **HealthCost 2014:** <http://gateway.maine.gov/mhdo/monahrq/index.html>
 - Users can compare the average cost of over 150 procedures at over 50 high volume health care facilities and hospitals in the state of Maine.
 - The information used to calculate the average cost is from claims data collected by MHDO from all licensed health plans in the State and third-party administrators.
 - At present, we do not include Medicaid and Medicare claims data.

- **MONAHRQ (My Own Network, Powered by the [Agency for Healthcare Research and Quality](http://gateway.maine.gov/mhdo/monahrq/index.html))** - <http://gateway.maine.gov/mhdo/monahrq/index.html>
 - **The tool is populated with Maine Hospital Inpatient Data**
 - Hospital Quality Ratings – allows for comparisons of hospitals in the State of Maine to assess level of quality.
 - Hospital Utilization – allows for comparison of Maine hospitals by the number of patients they treat for different medical conditions and procedures.
 - County Rates of Hospital Use – provides maps and comparison of counties by rates of inpatient medical conditions and procedures.

- **Patient Experience of Care** -<http://www.mainepatientexperiencematters.org>
 - Collect and publicly report patient experience survey data about primary and specialty healthcare in Maine. Key to the project was the use of a standardized survey instrument that allows for valid comparisons to be made across medical practices in Maine, regionally and nationally.

Future State of MHDO's Consumer Tools

- Level III and Level IV grants are allowing the MHDO to enhance the consumer transparency information that we are required to make publically available.
- Establishment and Role of the MHDO Consumer Advisory Group
- Integration of healthcare cost and quality data

Lessons Learned

- Define your users
- Understand the different needs of the users
- Define your goals
- Stay focused on your goals

Q & A—

- What keeps you up at night?
- Is there anything that you would advise others to avoid doing?
- What do you feel best about?

Best Practices in Analytics