

CMS/RTI Multipayer Advanced Primary Care Project (MAPCP) Practice Feedback Reports

Overview

Practice Feedback Report

- Produced by RTI (the CMS evaluation contractor)
- Reports produced by RTI initially for Vermont, Rhode Island and New York, (states with earliest MAPCP start dates) and then for states with later starts
- Comparison is to other MiPCT practices (not to the CMS control group)
- CMS does not intend to supply the analysis using the control group, but we are exploring for potential to construct using MiPCT resources
- Practices are grouped in two categories by HCC (a CMS risk score)
 - High acuity (HCC Score greater than .771 which is the median HCC value for assigned beneficiaries at practices)
 - Low acuity (HCC Score of .771 or lower)
- RTI does not produce reports for pediatric practices
- On following pages, a template, generic report is shown for illustrative purposes. The actual reports for your practices will be more current (expected timing follows later in this presentation).

July 2012

**Multi-payer Advanced Primary Care
Practice (MAPCP) Demonstration**

Medical Home Feedback Report

**Based on Medicare FFS Beneficiaries
Assigned July 1, 2011 – December 31, 2011**

DEMO DEMO

Prepared by

RTI International
701 13th Street, NW, Suite 750
Washington, DC 20005-3967

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Practice Feedback Report Content

- **Utilization** - hospitalization rates (all cause and ACSCs), ED visit rates, % of ED visits that do not lead to a hospitalization
- **Medicare expenditures** - average Medicare expenditures per beneficiary (total and by type of service)
- **Quality of care**
 - **Diabetes:** LDL-C, HbA1c, retinal eye exams, nephropathy screening
 - **Heart disease:** total lipid panel

Table 1. Utilization and Expenditure Measures: July 1, 2011 – September 30, 2011

Measure	Your Practice (N beneficiaries=212)	Comparison State Low HCC Practices (N practices=46) (N beneficiaries=631)
<i>Utilization</i>		
Hospitalization Rate (for any cause) (rate per 1,000 beneficiaries per quarter)	57.8	57.5
Hospitalization Rate (for ACSCs) (rate per 1,000 beneficiaries per quarter)	149.4	183.3
ER Visits / Observation Stays Rate (for any cause) (rate per 1,000 beneficiaries per quarter)	4.8	6.1
Percent of ER Visits / Observation Stays not leading to an admission (Percent of beneficiaries with a ER visit/ observation stay during the quarter)	4.8%	11.2%
<i>Annual Expenditures (Average \$ per beneficiary)</i>		
Total Medicare (\$)	\$751	\$669
Acute Care Hospital (all-cause) (\$)	\$315	\$226
Acute Care Hospital (for ACSCs) (\$)	\$106	\$155
All other Inpatient Facilities ¹ (\$)	\$148	\$77
ER/Observation Stay (\$)	\$15	\$27
Outpatient Department (\$)	\$85	\$146
Federally Qualified Health Centers (FQHC) and Rural Health Center (\$)	\$0	\$14
Primary Care Provider Services (\$)	\$36	\$26
Specialty Care Provider Services (\$)	\$68	\$52
Laboratory (\$)	\$4	\$4
Imaging (\$)	\$6	\$8
Home Health (\$)	\$33	\$34
Other ² (\$)	\$40	\$55

1. Other inpatient facilities include psychiatric and rehabilitation hospitals and hospital units, as well as skilled nursing units long-term care hospitals.

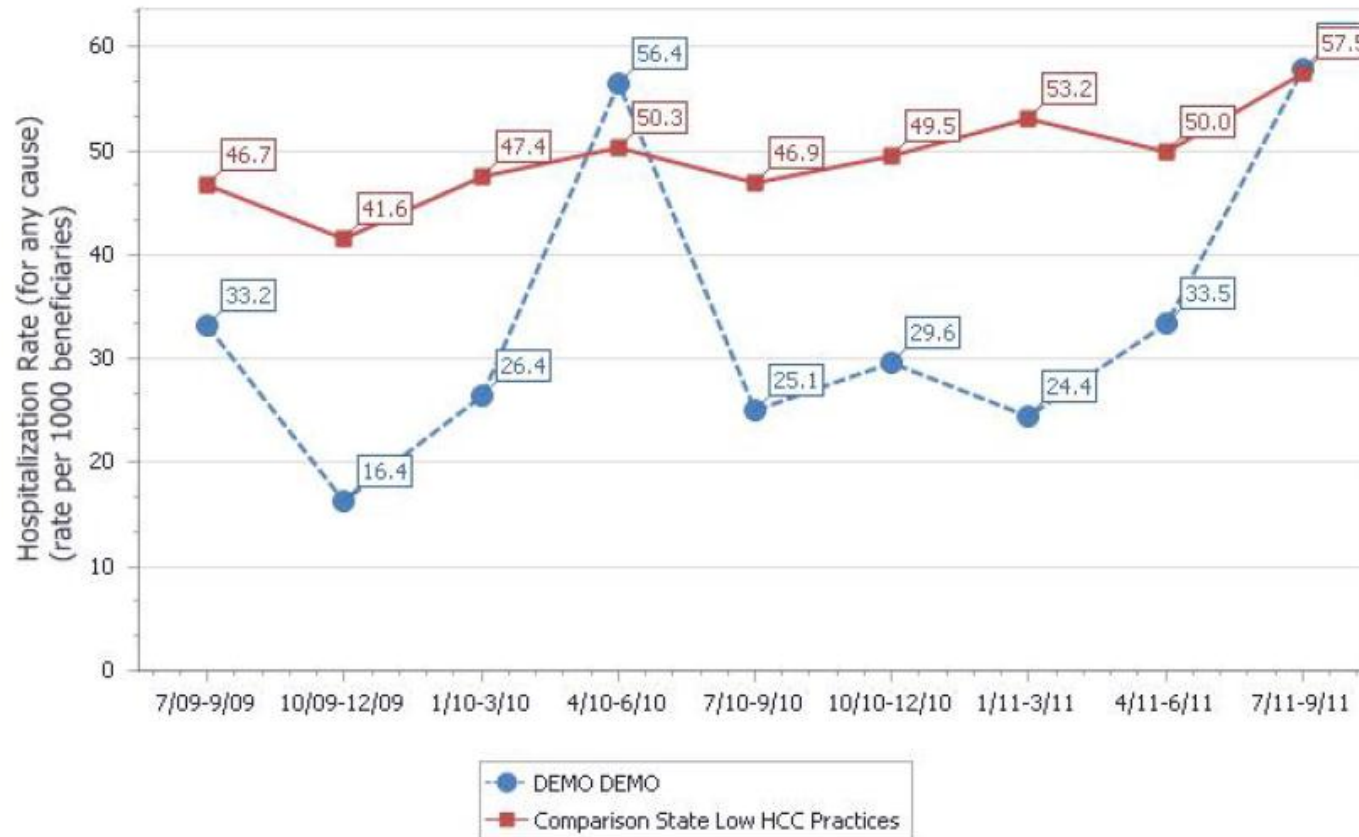
2. Other expenditures = Part B (non-laboratory or imaging tests, ambulance, psychiatric visits, chiropractic visits, immunizations and vaccinations, physical therapy visits, other minor procedures, and pain management), Durable Medical Equipment, Hospice

UTILIZATION AND EXPENDITURE TRENDS

This section presents trends in utilization rates both before and after the start of the demonstration for beneficiaries assigned to your practice between July 1, 2011 and December 31, 2011, regardless of the number of months of enrollment in Parts A and B. We present trends for 8 quarters prior to the start of the demonstration (i.e., from 7/1/2009 to 6/30/2011) and for 1 quarter of the demonstration (7/1/11 – 9/30/11). Rates expressed “per 1000 beneficiaries” are per 1000 beneficiaries assigned to your practice between July 1, 2011 and December 31, 2011.

Please see page 7 in the **Technical Reference Guide** for more information on how to interpret these trend graphs.

Figure 1. Trends in Hospitalizations for Any Cause (Rate per 1000 beneficiaries): July 1, 2009 – September 30, 2011.



Practice Feedback Report Availability to POs

- Feedback reports for your practices will be posted to the MDC portal (with an advance notice about timing and how to access)
 - The first round of reports are “**Based on Medicare FFS Beneficiaries Assigned January, 2012 - June, 2013**”
 - New reports are expected on a **quarterly** basis.
 - The next set of reports are expected to be available to MDC and posted in April, 2014
- In addition, MDC created a PO-specific table that includes the information for all the PO’s Practices
 - RTI did not calculate **PO-level Totals**. MDC is collecting the information from RTI to be able to derive and report PO-level totals. We expect to have them available by end of March, 2014

Accessing the Reports

MiPCT Dashboards – Download PO Reports tab



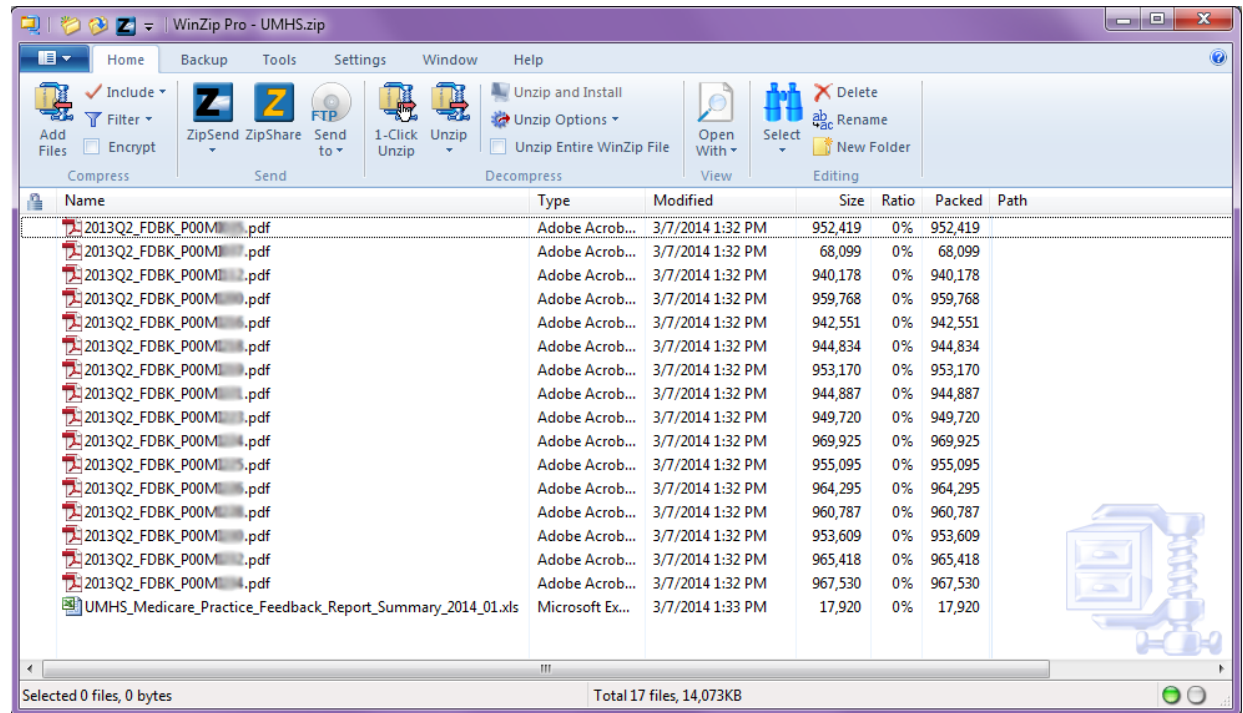
The screenshot displays the MiPCT Dashboard interface. At the top, the 'miPCT Dashboard' title is visible, along with 'Help' and 'Sign Out' options. A navigation bar contains several tabs: '<<TION', 'PO COMPARISON - QUALITY', 'PO COMPARISON - UTILIZATION', 'PO POPULATION AND COST TRENDS', 'PO QUALITY TRENDS', 'PO UTILIZATION TRENDS', 'VIEW PO REPORTS', and 'DOWNLOAD PO REPORTS'. The 'DOWNLOAD PO REPORTS' tab is highlighted with a red box. Below the navigation bar, a list of reports is shown, each with a link, a title, and a description. The report 'UMHS Medicare Practice Feedback Reports 2014 01' is highlighted with a red box. The report 'UMHS G-Code Reports MIPCT Overall 2013 11' is also highlighted with a red box.

Report Link	Report Title	Description
UMHS G-Code Reports MIPCT Overall 2013 11	G-code Aggregated Totals Report	Provides to-date totals of BCBSM claims using G-codes, starting from April 2012. The date range is listed in the report header. For more information, see the Download PO Reports - G-Code Reports Quick Reference document .
UMHS G-Code Reports MIPCT Overall 2013 10		
UMHS G-Code Reports MIPCT Overall 2013 09		
UMHS G-Code Reports MIPCT Overall 2013 08		
UMHS G-Code Reports MIPCT Overall 2013 07		
UMHS G-Code Reports MIPCT Overall 2013 06	G-code Report	Provides a monthly total of BCBSM claims using G-codes. The month is listed in the report header. For more information, see the Download PO Reports - G-Code Reports Quick Reference document .
UMHS G-Code Reports MIPCT Overall 2013 04		
UMHS G-Code Reports MIPCT Overall 2013 03		
UMHS G-Code Reports MIPCT Overall 2013 02		
UMHS G-Code Reports MIPCT Overall 2013 01		
UMHS Medicare Practice Feedback Reports 2014 01	Medicare Practice Feedback Reports	Provides the RTI-derived reports and measures provided to CMS for the national demonstration project. The reports contain measure rate comparisons at a Practice level for Medicare patients only. The key measure categories included are: Utilization Measures, Medicare Expenditures, Quality of Care, and Trend Charts. The time period covered is included in the report header. For more information, see the Download PO Reports--Medicare Practice Feedback Reports Quick Reference document .
UMHS All Payer Patient List 2014 02	All-Payer Patient List	Provides a current list of patients attributed to a practice and eligible for the MIPCT project.
UMHS All Payer Patient List 2014 01		

.zip file Contents

Contains:

- **PDF reports** for each Practice within your PO
- **Excel spreadsheet** with data for each Practice within your PO



Support Documentation








<https://www.michigandatacollaborative.org/MDC/#/support>

MI PCT DASHBOARD USER SUPPORT DOCUMENTS [Expand All](#)

[All-Payer Patient List](#)

[Release Notes](#)

[User Guides](#)

- - [MiPCT Dashboard Web Portal Login Reference Sheet](#) 
- - [MiPCT Dashboard FAQ](#) 
- - [MiPCT Dashboards and Reports User Guide](#) 
- - [View PO Report / Download PO Report - INPATIENT SUMMARY REPORT](#) 
- - [View PO Report / Download PO Report - INPATIENT DETAIL REPORT](#) 
- - [View PO Report / Download PO Report - ED SUMMARY REPORT](#) 
- - [View PO Report / Download PO Report - ED DETAIL REPORT](#) 

G-Code Reports

- - [Download PO Reports - G-Code Reports](#) 

Medicare Practice Feedback Reports

- - [Download PO Reports - Medicare Practice Feedback Reports](#) 
- - [Practice Feedback Report Technical Reference Guide](#) 

Two Support Documents:

- Quick Reference Guide
- Technical Reference Guide

Support Documentation

Technical Reference Guide (for the PDF-format Practice Feedback Reports)

- Generated by RTI / CMS
- Provides more information on the methodology that was used to produce the reports

Version date July 2013

PRACTICE FEEDBACK REPORT TECHNICAL REFERENCE GUIDE

Overview

The Centers for Medicare & Medicaid Services (CMS) is one of several payers participating in your state's multi-payer patient-centered medical home (PCMH) initiative. As a payer participant, CMS is providing participating practices with a feedback report that provides data related to quality of care, utilization, and Medicare expenditures for Medicare fee-for-service (FFS) beneficiaries assigned to your practice. This **Technical Reference Guide** has been created to provide more information on the methodology that was used to produce the report.


The report includes your practice's results for three data categories:

~~Utilization measures—Summary information for hospital inpatient (ER) utilization measures~~

Support Documentation

Quick Reference Guide (for the Excel spreadsheet with all Practice's data for your PO)

- Getting Started with the reports
- Info about each section



Download PO Reports – Medicare Practice Feedback Reports

Quick Reference

The Medicare Practice Feedback Reports (MPFRs) were produced by Research Triangle Institute (RTI), the CMS evaluation contractor, to provide key measure rate comparisons for Medicare patients at a Practice level. This report provides:

- An overview of how a Practice's Medicare outcomes compare to other Practices in the MiPCT who have a similar overall patient risk burden.
- Trending information for a Practice's utilization, cost, and quality over time.

The initial time period covered is from Jan 2012 – Jun 2013, and RTI plans to produce updated reports on a quarterly basis.

You can find the MPFRs in the <PO Name>_Medicare_Practice_Reports_YYYY_MM.zip file, which is located on the Download Reports tab of the MiPCT Dashboards. The .zip file contains a report in PDF format for each Practice and an Excel spreadsheet, which lists the results for each Practice in the PO. You can use this spreadsheet to compare Practice rates or to conduct additional analysis.

The reports contain data for the following:

- Utilization measures: hospitalization rates (all cause and ACSCs), ED visit rates, % of ED visits that do not lead to a hospitalization
- Medicare expenditures: average Medicare expenditures per beneficiary (total and by type of service)

The Important Link: PO Sharing of Practice Feedback Reports with Your Practices

- **This marks the first availability at a practice level of the key indicators that CMS is evaluating our project on.**
- **It provides an opportunity to see how each of your practices fares on each measure (compared to the internal high or low risk comparison they provide)**
- **It can be helpful information in making your PO and practice-level approaches even more effective**

Preparing for Sharing Practice Feedback Reports

- **Prepare**
 - How will you share the reports with practices (integrate into standing meetings, etc.)
 - Determine who in the practice will be the recipient
 - Anticipate their questions (or preview/focus group)
 - How will you expect practices to use the reports?
 - How can/will the PO use the reports
- **The logistics**
 - Who will receive the report in the practice?
 - In what format?

How Can Practices Use the RTI Feedback Reports

- To get an overview of how their Medicare outcomes compare to other practices in the MiPCT who have a similar overall patient risk burden**
- To look at trends in their utilization, cost and quality over time**
- To see if there are ways to make improvements to processes as a result of the information**