

Maternity Multi-Stakeholder Action Collaborative

Track 2: Data Sharing and Infrastructure

July 7, 2017

1:00 – 2:00 pm ET



PLEASE NOTE:

- All telephone lines are **unmuted** and you are no longer in “Listen-Only” mode. **Please mute your own telephone.**
- ReadyTalk works best with Chrome, but does work with other browsers. If you have connectivity issues, try refreshing your browser or switching to Chrome.



For technical issues, please contact Kristian Motta (kmotta@rippleeffect.com) or Leah Allen (lallen@mitre.com)

Agenda

| | Timeframe (ET) | Topic | Facilitators/Presenters |
|---|----------------|--|-------------------------|
| 1 | 1:00 - 1:05 pm | Welcome and Meeting Overview | Tanya Alteras |
| 2 | 1:05 – 1:20 pm | What Information Do Payers Need to Share with Providers? | Michael Bailit |
| 3 | 1:20 – 1:55 pm | Discussant Interview and Facilitated Discussion | Jack Feltz, MD |
| 4 | 1:55 – 2:00 pm | Wrap-Up and Next Steps | Michael Bailit |

Antitrust Statement

MAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from participants will be shared with others or with the general public.**

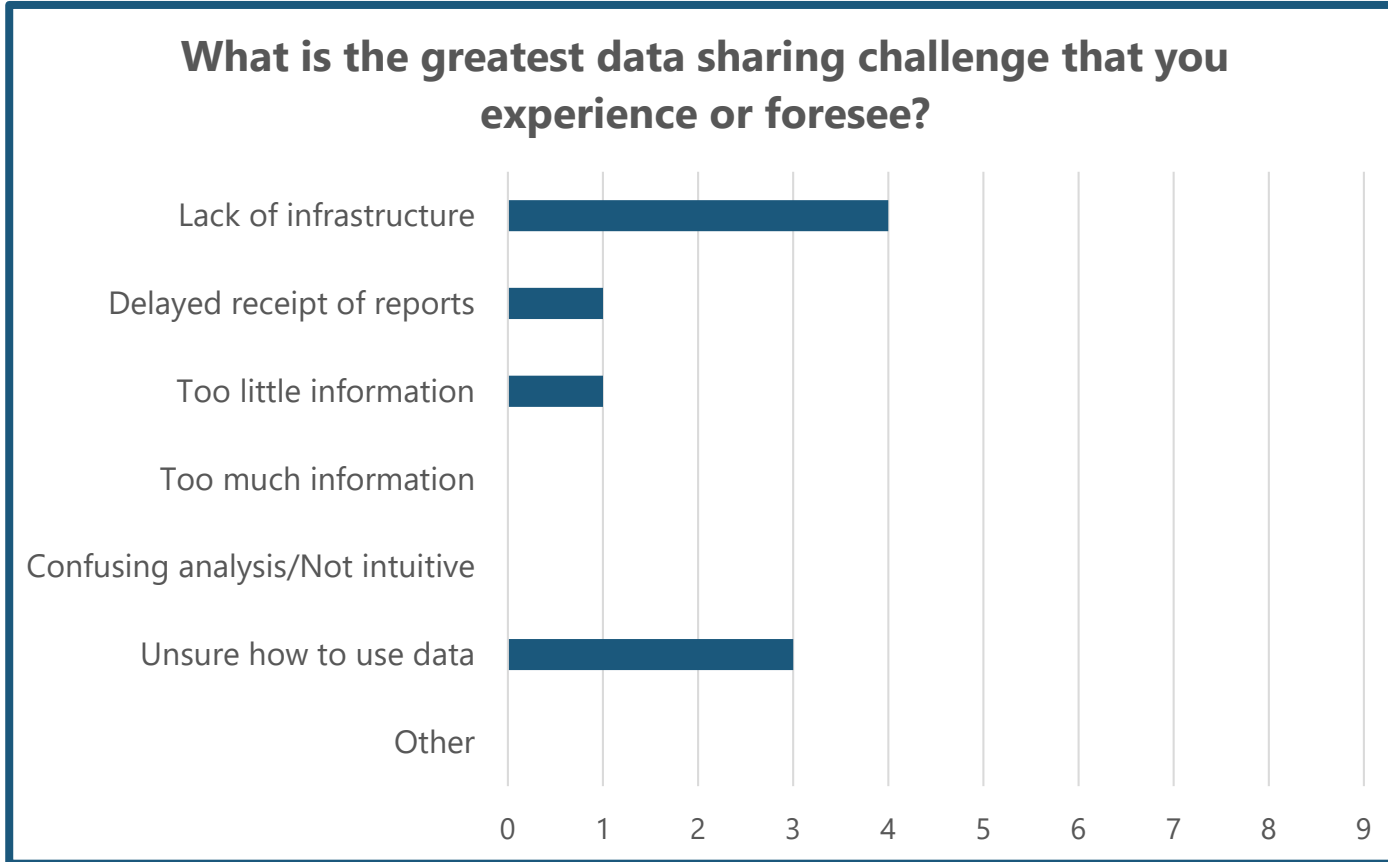
During meetings and other activities, including all formal and informal discussions, each participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

- ✓ PMPM
- ✓ Shared savings or incentive payments
- ✓ Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage

Meeting Objectives

- Understand the type of data providers need to help them succeed in a maternity care APM.
- Consider examples of maternity episode report cards.
- Learn how payers have supported providers with education on interpreting reports and understanding the data.

Poll Results



| <i>Answer</i> | <i>Total #</i> | <i>Total %</i> |
|---|----------------|----------------|
| <i>Lack of infrastructure</i> | 4 | 44% |
| <i>Delayed receipt of reports</i> | 1 | 11% |
| <i>Too little information</i> | 1 | 11% |
| <i>Too much information</i> | 0 | 0% |
| <i>Confusing analysis/Not intuitive</i> | 0 | 0% |
| <i>Unsure how to use data</i> | 3 | 33% |
| <i>Other</i> | 0 | 0% |

What Data Do Providers Need to be Successful in an Episode-Based Payment Model?

Providers should have access to:

- Overall cost performance compared to budget or threshold
- Overall quality performance compared to benchmark
- Detailed information on cost performance on a per-episode basis to support further drill down analysis by providers.
 - Some plans may want to conduct this analysis for the providers and identify opportunities for improvement in efficiency by highlighting cost of referrals, tests, labs, procedures, etc. compared to averages of other providers
- Detailed calculations for any shared savings payments or financial liability

Such transparent sharing of data can be a motivator for providers to improve performance. However, providers may need education on how to read reports, interpret data, and turn data into action – a very important step that payers should consider!

Sample Cost Report

Example from Tennessee

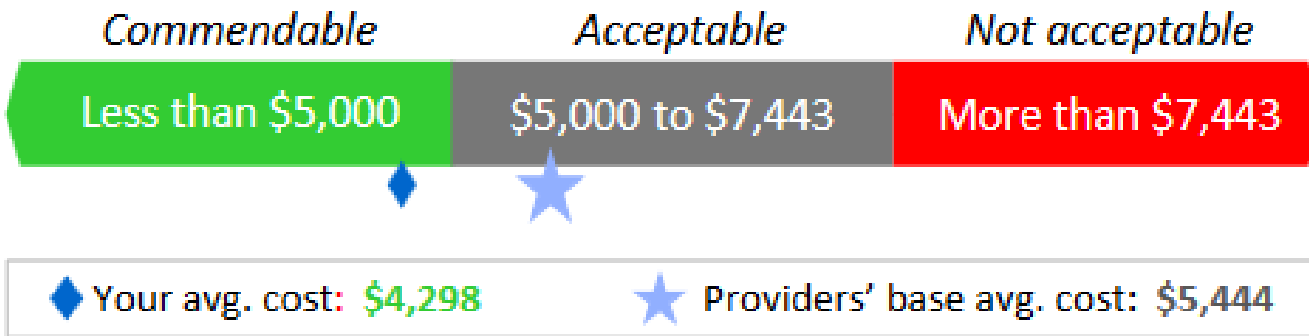
1 Overview

Total episodes: **262**

Total episodes included: **233**

Total episodes excluded: **29**

2 Cost of care (avg. adj. episode cost) comparison



YOUR GAIN/ RISK SHARE

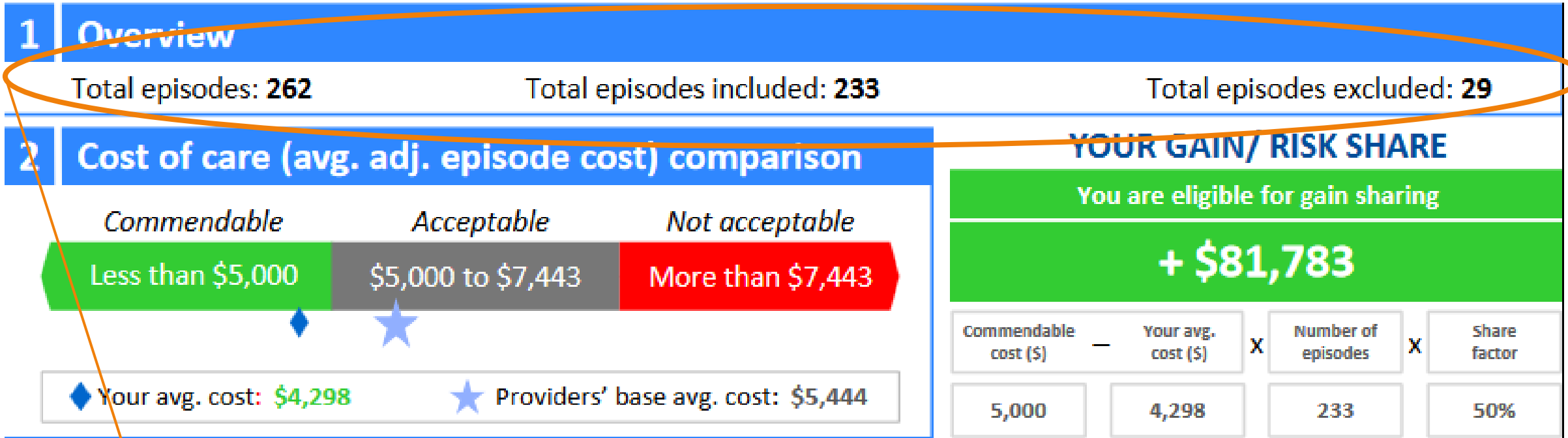
You are eligible for gain sharing

+ \$81,783

| Commendable cost (\$) | — | Your avg. cost (\$) | X | Number of episodes | X | Share factor |
|-----------------------|---|---------------------|---|--------------------|---|--------------|
| 5,000 | | 4,298 | | 233 | | 50% |

Sample Cost Report

Example from Tennessee



Total number of episodes completed. Recall that Tennessee has several exclusions, including lack of continuous enrollment, active cancer, and business exclusions (e.g., claims errors).

Sample Cost Report

Example from Tennessee

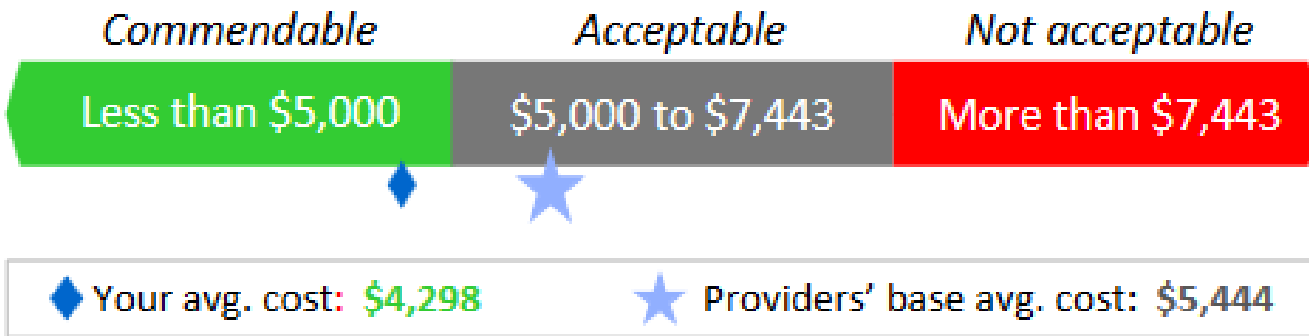
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Sample Cost Report

Example from Tennessee

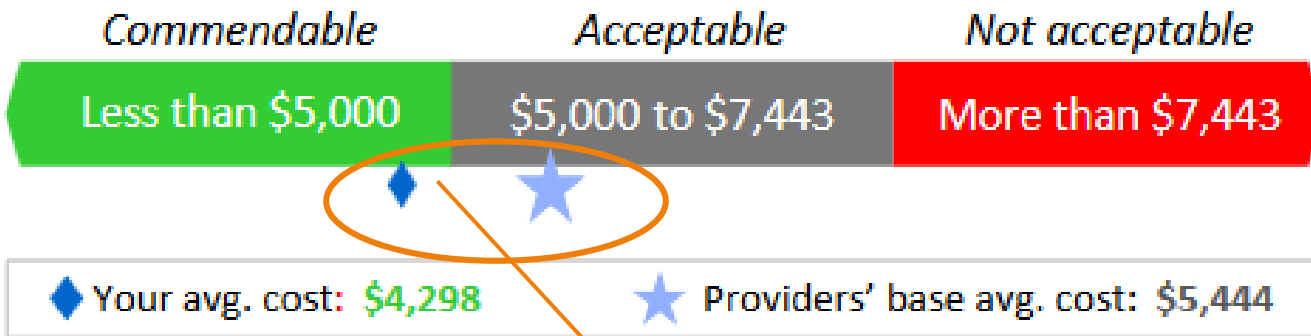
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Provider performance (summary level over a performance period) compared to others.

Sample Cost Report

Example from Tennessee

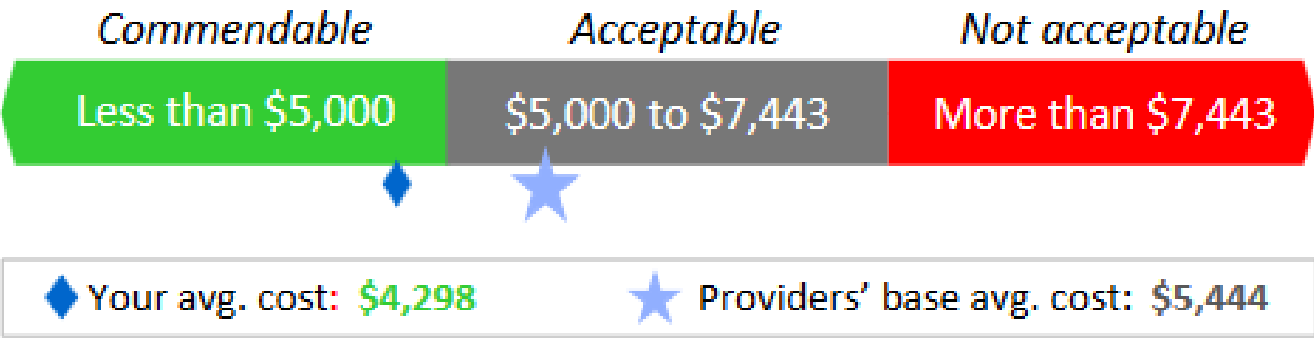
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Sample Cost Report

Example from Tennessee

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2 Cost of care (avg. adj. episode cost) comparison

Commendable

Acceptable

Not acceptable

Less than \$5,000

\$5,000 to \$7,443

More than \$7,443

◆ Your avg. cost: **\$4,298**

★ Providers' base avg. cost: **\$5,444**

YOUR GAIN/ RISK SHARE

You are eligible for gain sharing

+\$81,783

| Commendable cost (\$) | — | Your avg. cost (\$) | X | Number of episodes | X | Share factor |
|-----------------------|---|---------------------|---|--------------------|---|--------------|
| 5,000 | | 4,298 | | 233 | | 50% |

Mathematical formula describing the provider's shared savings payment calculation.

Sample Cost Report

Example from Tennessee

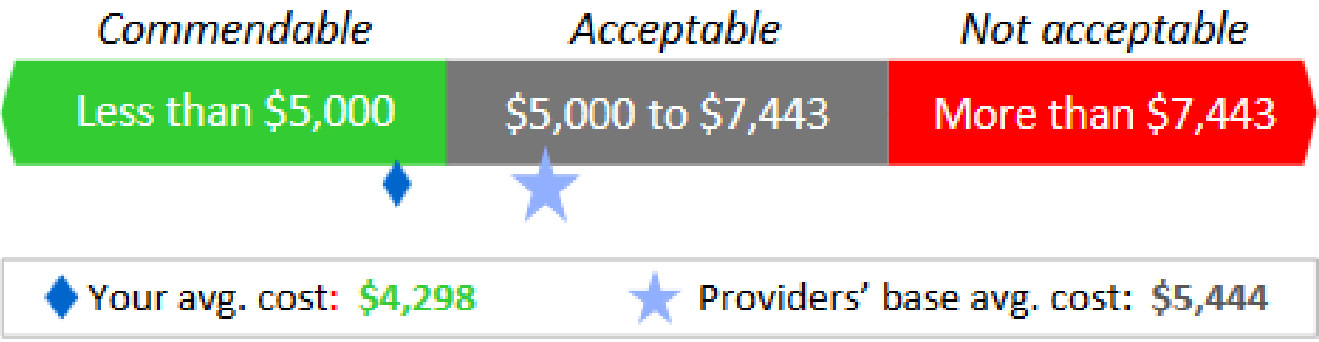
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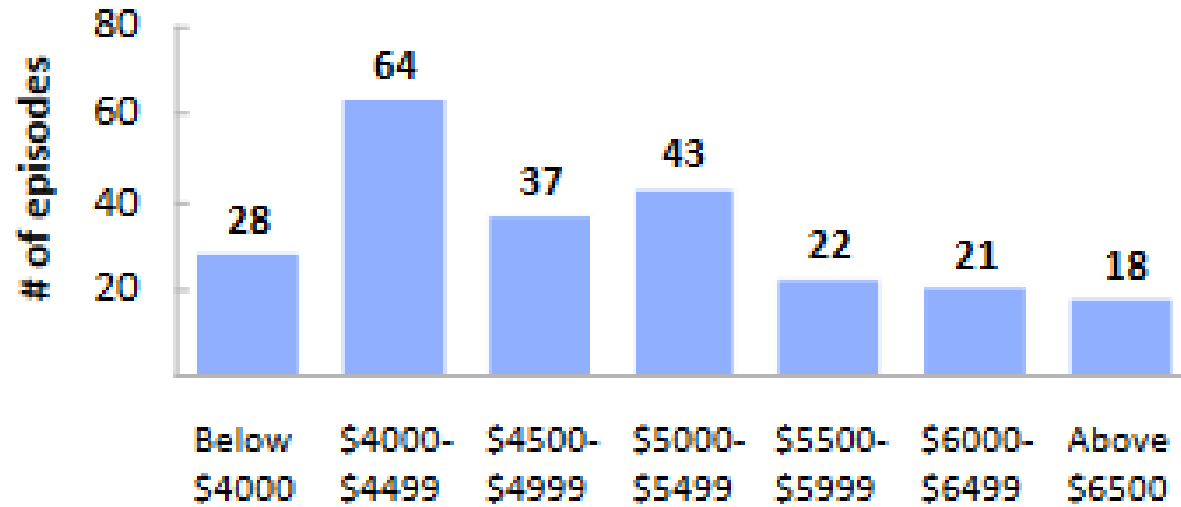
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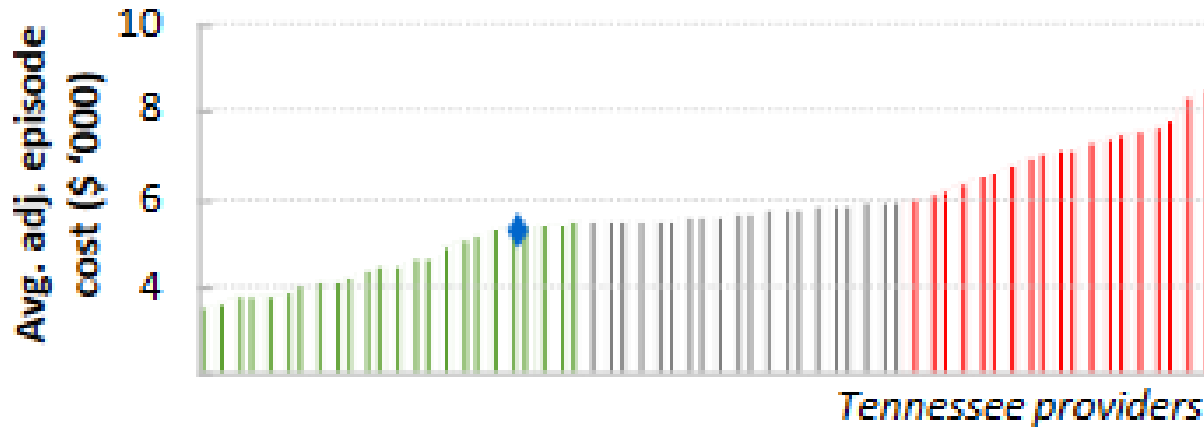
Sample Cost Report

Example from Tennessee

Your episode cost distribution (risk adj.)



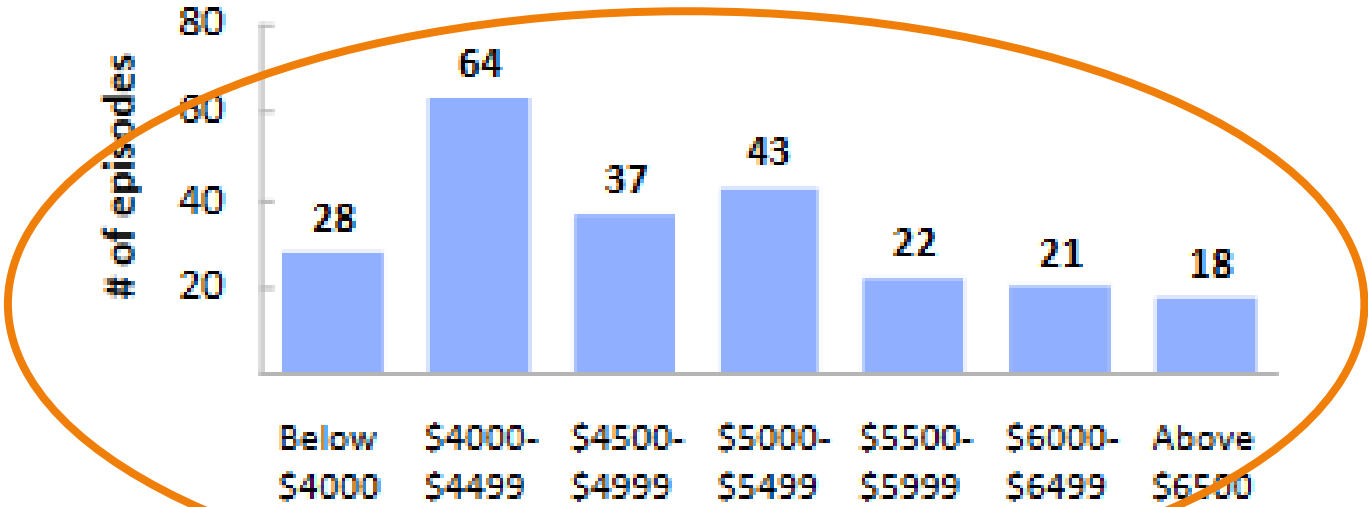
Distribution of provider average episode cost (risk adj.)



◆ You
 ■ Commendable
 ■ Acceptable
 ■ Not acceptable

Sample Cost Report

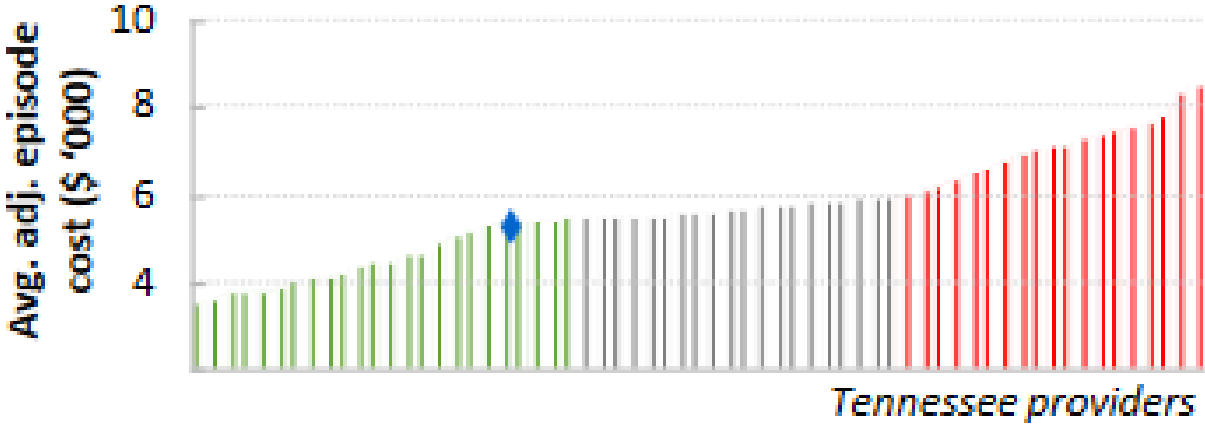
Your episode cost distribution (risk adj.)



Example from Tennessee

This type of information helps providers understand their cost distribution and what is driving their average episode cost.

Distribution of provider average episode cost (risk adj.)



You Commendable Acceptable Not acceptable

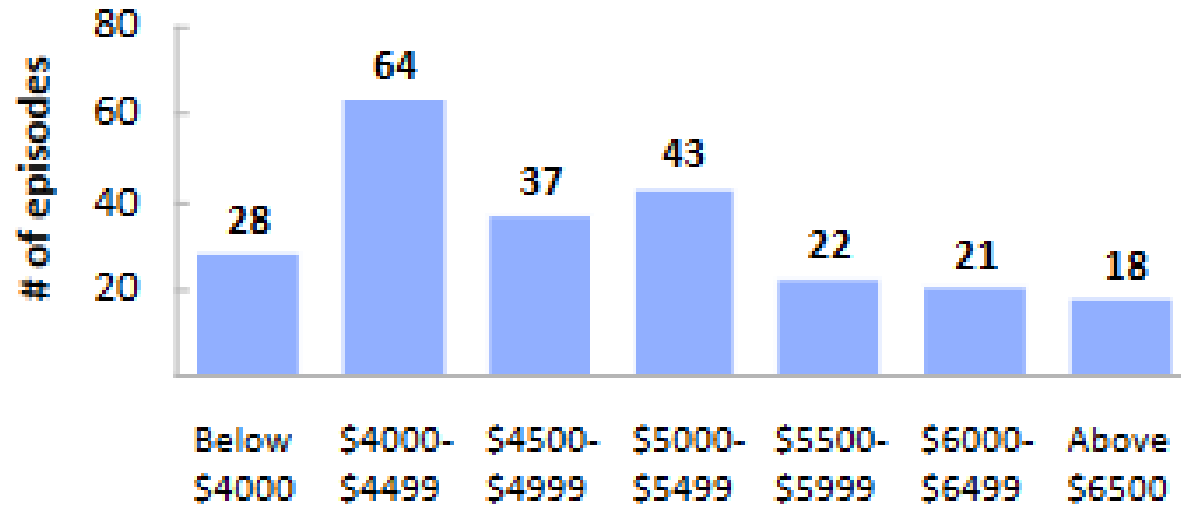
HCP LAN
Health Care Payment Learning & Action Network

Source: www.tn.gov/assets/entities/hcfa/attachments/TNPaymentReform.pdf

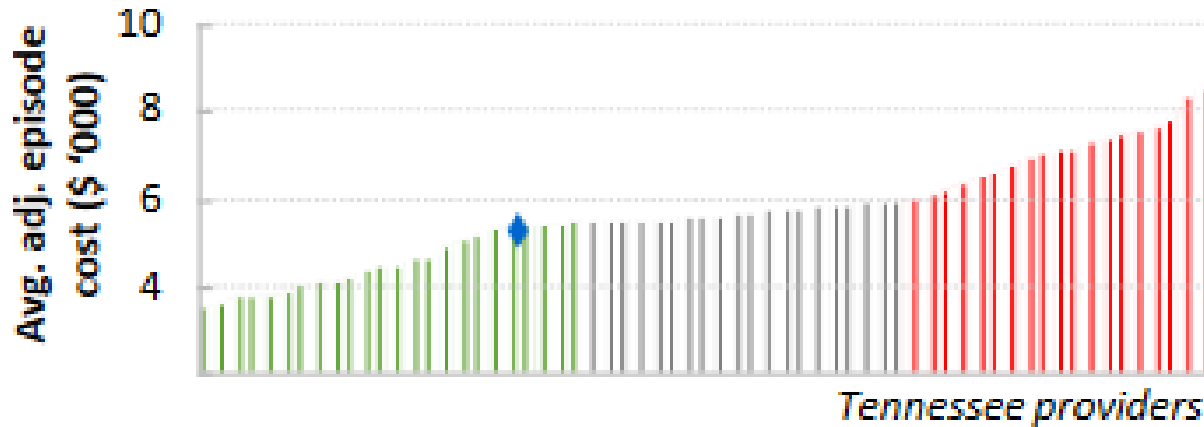
Sample Cost Report

Example from Tennessee

Your episode cost distribution (risk adj.)



Distribution of provider average episode cost (risk adj.)

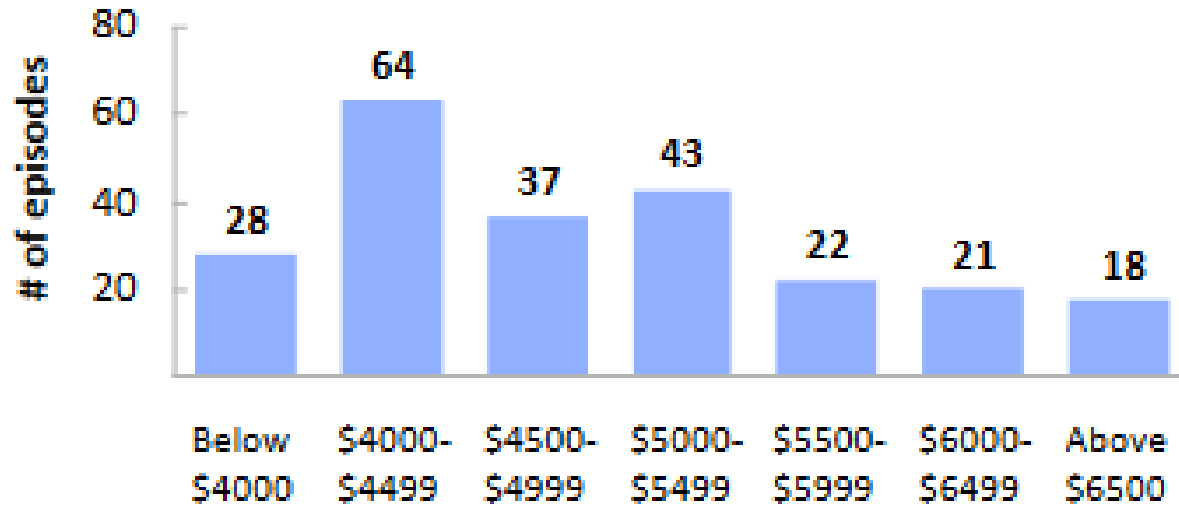


◆ You
 ■ Commendable
 ■ Acceptable
 ■ Not acceptable

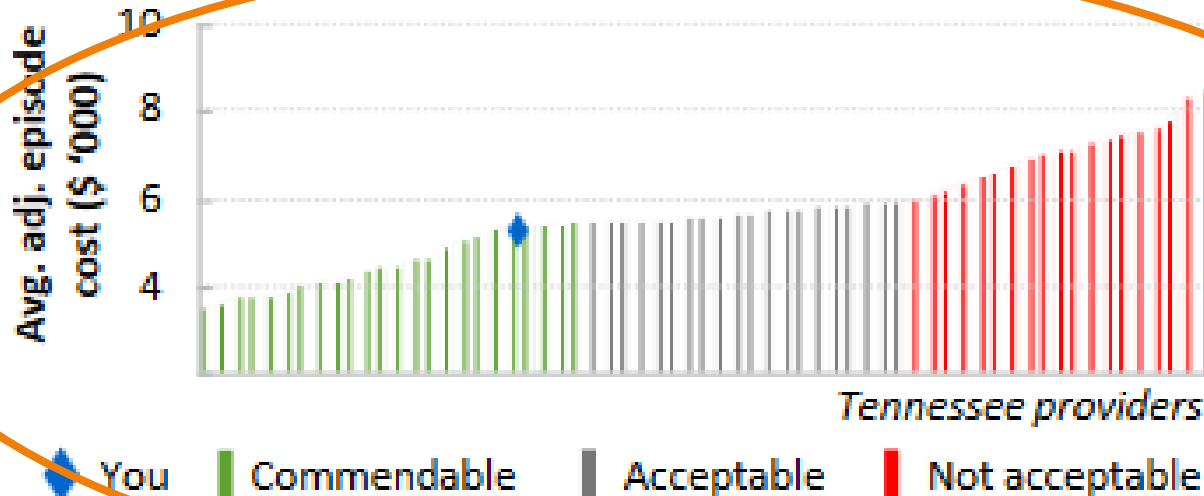
Sample Cost Report

Example from Tennessee

Your episode cost distribution (risk adj.)



Distribution of provider average episode cost (risk adj.)

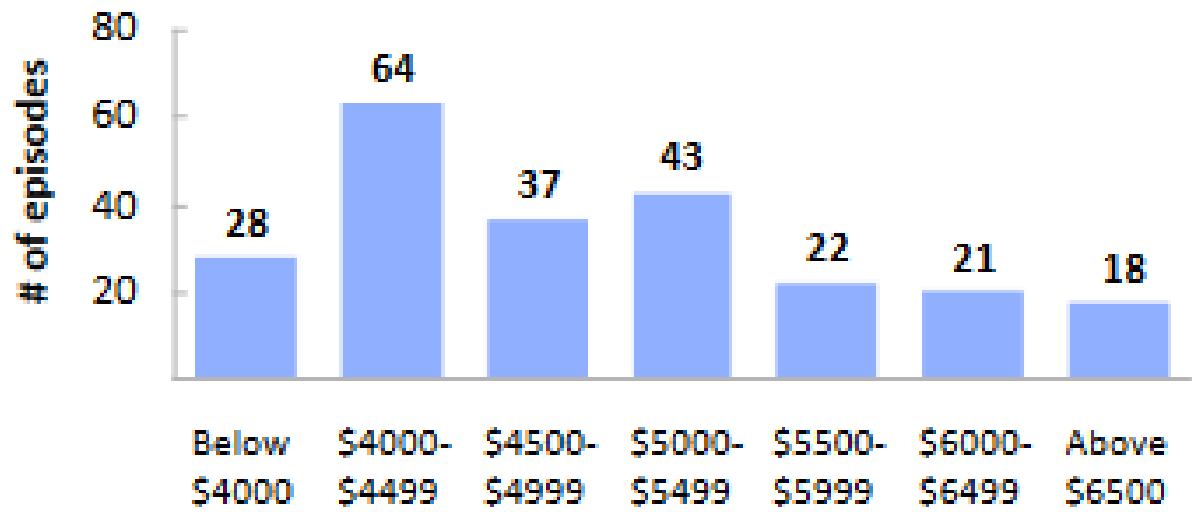


This helps providers understand how their performance compares to other providers and what opportunity they may have to improve performance.

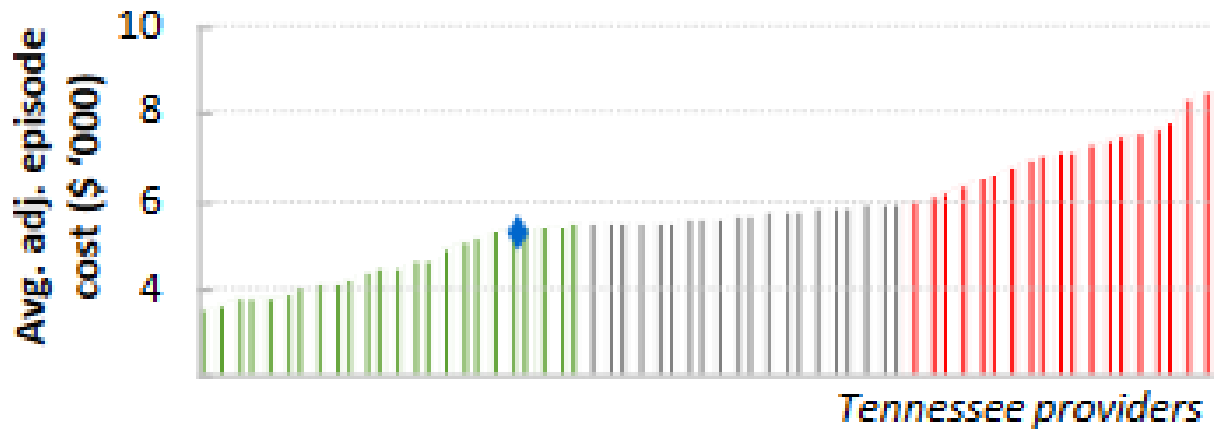
Sample Cost Report

Example from Tennessee

Your episode cost distribution (risk adj.)



Distribution of provider average episode cost (risk adj.)



◆ You
 ■ Commendable
 ■ Acceptable
 ■ Not acceptable

Sample Cost Report

Example from Tennessee

6 Episode cost breakdown by care category (risk adj.)

Total episodes included: 233

■ Your performance ■ Provider base average

| Care category | # of episodes with claims in care category | % of episodes with claims in care category | Avg. adj. cost per episode when care category utilized | | | | | |
|-------------------------------------|--|--|--|-------------|------------|-------------|-------|--|
| | | | Percentile (Quartile) of Providers | | | | | |
| | | | 0 (first) | 25 (second) | 50 (third) | 75 (fourth) | 100 | |
| Outpatient Professional | 195 | 84% 82% | < \$100 | < \$125 | < \$150 | \$120 | \$120 | |
| Pharmacy | 11 | 5% 5% | < \$25 | < \$45 | < \$65 | \$50 | \$50 | |
| Emergency department or observation | 90 | 39% 30% | < \$200 | < \$230 | < \$260 | \$235 | \$230 | |
| Outpatient lab | 220 | 96% 84% | < \$145 | < \$195 | < \$245 | \$190 | \$200 | |
| Outpatient radiology/procedures | 215 | 94% 88% | < \$275 | < \$325 | < \$375 | \$320 | \$330 | |

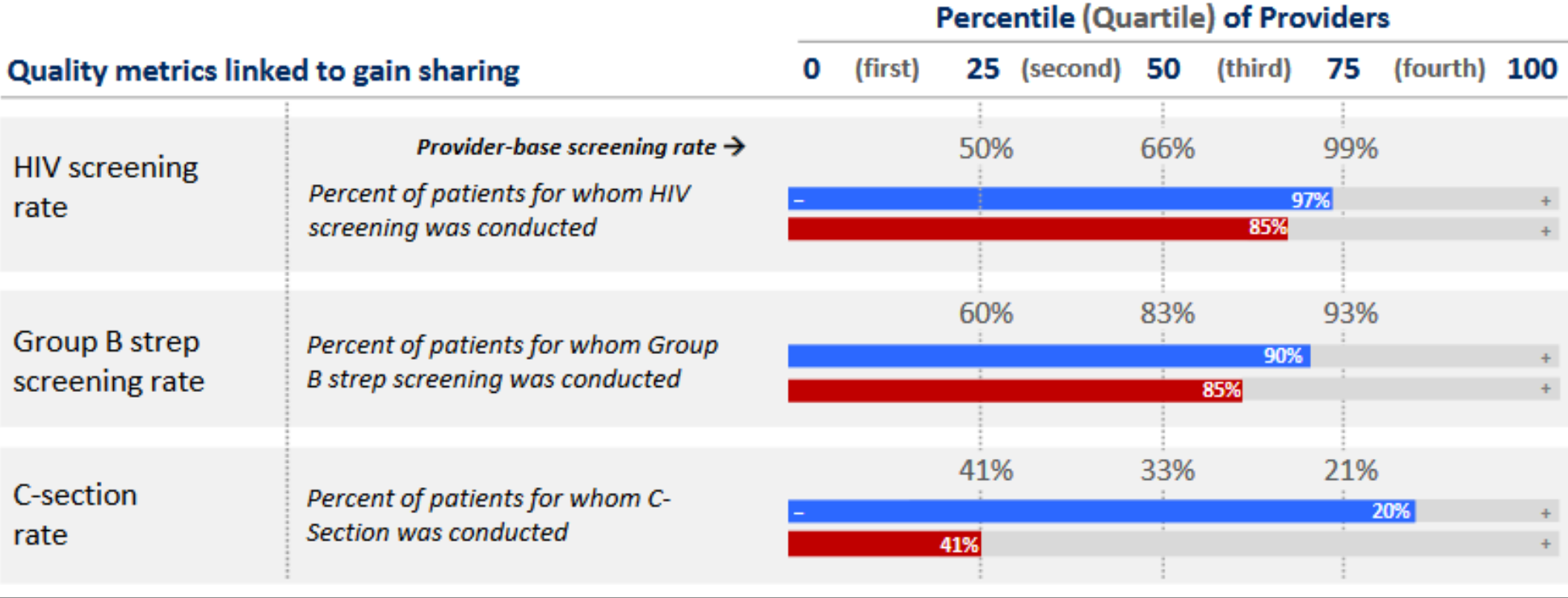
Detail that describes which services cost the most within an episode can help providers pinpoint areas of opportunity for performance improvement.

Sample Quality Report

Example from Tennessee

■ Your performance ■ Minimum standard for gain sharing

 You achieved selected quality metrics linked to gain sharing



Sample Drill Down Report (1 of 2)

Total episodes included: 233

■ Less than provider base average cost
 ■ More than provider base average cost

| Episode ID | Patient Name | Episode start date | Episode end date | Date of birth | Total risk adjusted cost | Episode risk factor | Non-adjusted cost | Outpatient Professional Cost | Outpatient Professional # claims |
|--------------|------------------------------|-----------------------|----------------------------|---------------|--------------------------|---------------------|-------------------|------------------------------|----------------------------------|
| AVG_B | Provider Base Average | | | | \$5,444.25 | 1.13 | \$6,152 | \$136 | |
| AVG_Y | Your Average | | | | \$4,298.36 | 1.22 | \$5,244 | \$146 | |
| NPI: | 1000000002 | Provider Name: | HCFALast, HCFAFirst | | \$3,919 | 0.99 | \$3,893 | \$139 | |
| 3000000 | Juniper Pink | 02/13/2012 | 10/02/2012 | 11/29/79 | \$3,807 | 1.03 | \$3,921 | \$137 | 2 |
| 4000000 | Green Forest | 03/07/2012 | 10/07/2012 | 01/21/88 | \$4,105 | 1.00 | \$4,105 | \$181 | 2 |
| 1000000 | Jeaux Health | 02/21/2012 | 10/11/2012 | 08/21/77 | \$3,569 | 1.01 | \$3,605 | \$125 | 2 |
| 2000000 | Jazmyn Care | 02/14/2012 | 10/03/2012 | 11/13/81 | \$3,776 | 0.98 | \$3,700 | \$114 | 2 |
| 6000000 | Lara Croft | 02/15/2012 | 11/04/2012 | 04/20/90 | \$3,882 | 1.01 | \$3,921 | \$137 | 2 |
| 5000000 | Joley Foley | 03/19/2012 | 11/10/2012 | 07/07/93 | \$4,064 | 1.01 | \$4,105 | \$181 | 2 |

Example from Community Health Choice

Per patient look at cost information for providers to do further investigation

Sample Drill Down Report (2 of 2)

| Member # | Member Id | Newborn ID | Facility ID | Newborn 1 Nursery Level | Sum of Total_Budget | Total Spend | Newborn Budget | Newborn 1 Costs | Newborn 2 Costs |
|-------------|-----------|------------|-------------|-------------------------|---------------------|-------------|----------------|-----------------|-----------------|
| 11111 | 321145 | 123456789 | 1 | 4 | \$ 11,252.0 | \$ 70,261 | \$ 3,109 | \$ 49,176 | |
| 11112 | 456654 | 987654321 | 2 | 1 | \$ 11,322.3 | \$ 8,685 | \$ 3,109 | \$ 879 | |
| 11113 | 789987 | 654987312 | 2 | | \$ 7,094.5 | \$ 7,355 | \$ 2,018 | \$ 174 | |
| Grand Total | | | | | \$ 29,668.8 | \$ 86,301.4 | \$ 8,236.0 | \$ 50,228.8 | \$ - |

| Delivery Budget | Delivery Total | Pregnancy Budget | Pregn Total | Difference (Actual-Budget) | Number of Records |
|-----------------|----------------|------------------|-------------|----------------------------|-------------------|
| \$ 5,148 | \$ 13,211 | \$ 2,995 | \$ 7,874 | \$ 59,009 | 1 |
| \$ 5,865 | \$ 5,334 | \$ 2,348 | \$ 2,472 | -\$ 2,637 | 1 |
| \$ 4,470 | \$ 6,823 | \$ 607 | \$ 358 | \$ 261 | 1 |
| \$ 15,482.5 | \$ 25,368.1 | \$ 5,950.3 | \$ 10,704.5 | \$ 56,632.6 | 3 |

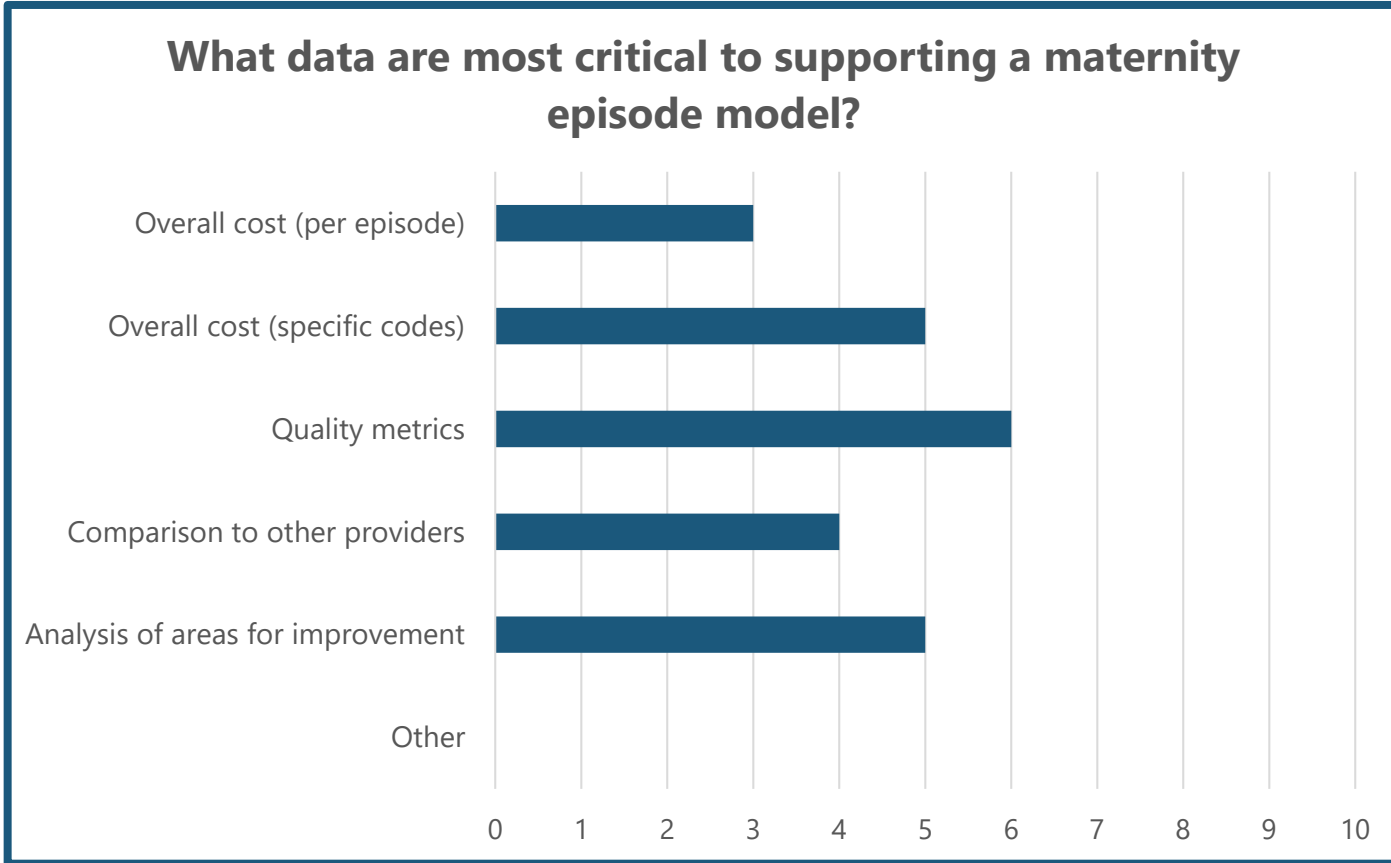
Per patient look at cost information – including the budget for each “phase” of the episode.

Example from Community Health Choice

What Do Payers Need to Provide Useful Data?

- Depending on whether a payer has implemented an episode payment model for one clinical area, or has a portfolio of episode models for multiple clinical areas, may lead to variation in the type of reports that payers provide, and the tools needed to create them can vary.
- Some payers that have implemented **just one episode** (e.g., Community Health Choice) can relay the information they need to the provider in less complicated software programs like Excel.
- Payers that have implemented **multiple episodes or across multiple providers**, might wish to engage external vendors (if necessary) to produce automated reports.

Poll Results



| <i>Answer</i> | <i>Total #</i> | <i>Total %</i> |
|--|----------------|----------------|
| <i>Overall cost (per episode)</i> | 3 | 30% |
| <i>Overall cost (specific codes)</i> | 5 | 50% |
| <i>Quality metrics</i> | 6 | 60% |
| <i>Comparison to other providers</i> | 4 | 40% |
| <i>Analysis of areas for improvement</i> | 5 | 50% |
| <i>Other</i> | 0 | 0% |

Approaches from the Field



Jack Feltz, MD
President, Lifeline
Medical Associates



Karen Ryer
Chief Operating
Officer, Lifeline
Medical Associates

Looking Ahead

| Session | Track | Session Name | Date | Time (ET) |
|---------|-------|---|-------------|---------------|
| 1 | 1 | Making the Business Case (Completed) | 2/8 | 2-3 PM |
| 2 | 2 | Quality Measurement, Part 1 (Completed) | 3/3 | 1-2:30 PM |
| 3 | 2 | Quality Measurement, Part 2 (Completed) | 3/20 | 2:30-4 PM |
| | | SESSION POSTPONED | 4/14 | 1-2 PM |
| 4 | 2 | Setting the Patient Population (Completed) | 5/4 | 1-2 PM |
| 5 | 1 & 2 | Alternative Models of Maternity Care Delivery & Determining Services (Completed) | 5/22 | 2-3 PM |
| 6 | 2 | Setting the Episode Price & Budget (Completed) | 6/15 | 1-2 PM |
| 7 | 2 | Data Sharing and Infrastructure | 7/7 | 1-2 PM |
| 8 | 2 | ** Next Session: Contracting with Providers** | 7/28 | 1-2 PM |
| 9 | 1 | Episode Payment in Medicaid Managed Care States | 8/16 | 2-4 PM |

MAC Team

Primary Points of Contact

27

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