



MEDICARE CCLF ANALYTICS: MEDICARE ANALYTICS DATA ENGINE (MADE)

Frequently Asked Questions 1.2

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hMetrix

This document contains frequently asked questions regarding the utility, functionality, and technical specifications of MADE. These questions were gathered during a series of questions and answers during MADE introductory webinars. This document is organized by theme.

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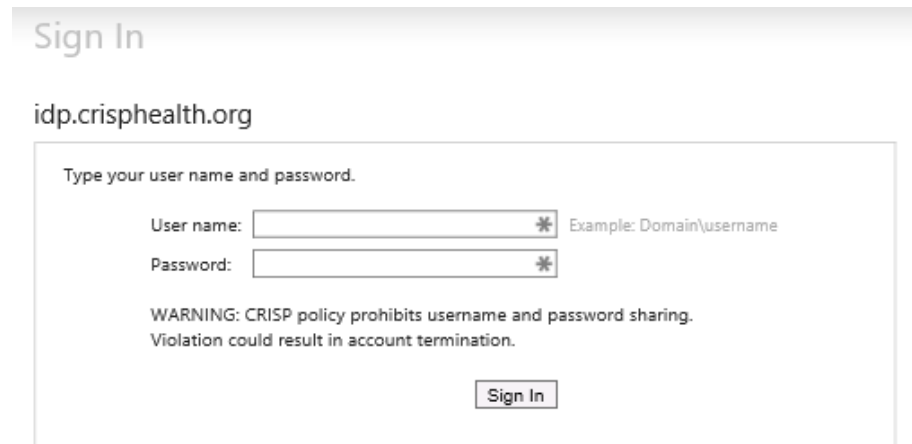
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1. ACCESS TO CCLF DATA & REPORTS

1. Where do I go to access the CCLF reports?

A user that wishes to access hMetrix must first login to the CRISP Hospital Reporting Portal. Once in the portal, the user shall click the Card named "Medicare CCLF Data". The following screen shots represent the user's workflow.

Step 1: User logs in to the CRISP Hospital Reporting Portal using the user id and password provided for the portal - <https://reports.crisphealth.org/>



Sign In

idp.crisphealth.org

Type your user name and password.

User name: * Example: Domain\username

Password: *

WARNING: CRISP policy prohibits username and password sharing.
Violation could result in account termination.

Sign In

Step 2: User clicks the Card named "Medicare CCLF Data" within the Portal



Step 3: Upon clicking on the card user is directed to the MADE site in a new tab.

Medicare Analytics Data Engine (MADE)

The screenshot shows the Medicare Analytics Data Engine (MADE) interface. At the top, there is a navigation bar with the CRISP logo and 'MEDICARE CCLF DATA EXPLORER'. The navigation bar includes tabs for Home, Population, Episode, Pharmacy, and Administration. The 'Population' tab is selected. Below the navigation bar, there is a 'Start Here.' section. The main content area is divided into several sections, each with a list of reports:

- Population Analytics**
 - > Population Navigator
 - > County Distribution
 - > HH/SNF Providers
 - > Specialty Summary
 - > PMPM by Demographics
 - > County Characteristics
 - > DRG Summary
 - > Place of Service Summary
 - > PMPM by Type of Service
 - > Diagnosis Summary
 - > BETOS Summary
 - > Paid Band Report
 - > PMPM by County
 - > Inpatient Outpatient Providers
 - > Imaging Summary
 - > High Cost Member
- Episode Analytics**
 - Financial**
 - > Financial Performance
 - > Payment Details
 - > Episode Payment Distribution
 - Acute Care**
 - > Acute Care Management
 - > Length of Stay
 - > Readmission Overview
 - > Readmission Analysis
 - > Physician Report
 - > Physician Readmissions
 - Post-Acute Care**
 - > Post-Acute Care Management
 - > First PAC Payment
 - > Physician Discharge Pattern
 - > Inpatient Rehab Report
 - > Skilled Nursing Facility Report
 - > Home Health Report
 - > Sequence of Care
 - > Opportunity Summary
 - > PAVE - Savings Opportunity
- Pharmacy Analytics**
 - > Top 200 Drugs
 - > Top 10 Therapeutic Categories: Rolling 12 Months
 - > Post-Op Infections with Tumor Necrosis Factor (TNF) Blockers
 - > High Risk Medications - Top 100 Prescribers
 - > Opioid Claims-Global Summary
 - > High Risk Medications - Top 100 Prescriptions
 - > Medication Synchronization Opportunity Summary
 - > Prescription Activity Report
 - > Biological Products Utilization

2. Are there different access levels across users within my hospital/organization?

Yes. Each user will be credentialed based on their ability to access personal health information (PHI). Users with access to PHI data will be able to access all CCLF reports and drill down to patient-level details. Users without PHI-level access will be able to see summary reports only. Within an organization, there may be both users with access to PHI and users without access to PHI. To gain access to CCLF reports – non PHI reports and / or PHI-level data – contact the point of contact within your hospital or the CRISP administrator.

3. Who has access to CCLF reports? Will access be given to non-hospital entities (e.g., local health departments)?

CCLF reports are currently only available to hospitals in the state of Maryland affiliated with CRISP. No reports, even in the aggregate, will be made available to non-hospital entities.

2. CCLF SOURCE DATA

1. Which patients are included in MADE? Is it only for fee-for-service (FFS) beneficiaries?

MADE is generated using CMS' Claim and Claim Line Feed (CCLF) data, which includes all Medicare FFS beneficiaries. Medicare beneficiaries enrolled in Medicare Advantage and those with third party/commercial insurance are not included in MADE.

2. Are out-of-state beneficiaries included in the data? What about out-of-state claims for Maryland residents?

Yes, beneficiaries who reside outside of Maryland and have an inpatient admission at a Maryland hospital are included in MADE. MADE includes all claims for attributed patients, including those from out of state providers.

3. How recent are the data used to generate MADE reports? Is there a data lag?

Generally, the data used in MADE is for the most recent three years of Medicare claims. However, the date range varies by MADE module. For the Population Module, data are available for the most recent 36 months, or August, 2014 through June, 2017. Episode Module includes all episodes of care triggered by a hospital discharge date from August, 2014 through June, 2017. Pharmacy Module includes data from July, 2016 through June, 2017. Summary reports do not include services rendered in July or August of 2017, as the claims data are not complete. However, patient drill-down reports do include service provided until August, 2017.

4. How often will the data in MADE be updated?

MADE will be updated every month with the most recent CCLF data. Users can expect updated data to be loaded by the 15th of every month.

5. How are patients assigned to my hospital? What is the attribution methodology?

Each beneficiary in the Population Analytics Module is assigned to one or more of the 47 CRISP hospitals. Beneficiaries must be enrolled in Medicare Part A and Part B (no Medicare Advantage beneficiaries). Lastly, all beneficiaries with a "touch" (an inpatient admission claim) will be assigned to each and every hospital to which they have been admitted. That is, a beneficiary admitted to two different hospitals will be attributed to each of those hospitals. Both hospitals will be able to see the full patient claims for that beneficiary.

3. CCLF REPORT FUNCTIONALITY

1. Can I select more than one hospital at a time to see the combined data, representing a health system or regional partnership?

If you are provisioned to access data for more than one hospital, you can view data for either all hospitals for which you are provisioned, or each hospital individually. Currently, you cannot select a subset of your hospitals to combine data within a health system or regional partnership.

2. My hospital currently defines high needs patients as those with three or more bedded visits. Can I easily filter patients in Population Navigator to identify these patients by hospital?

In Population Navigator, using the Measures panel, you can filter patients based on the presence of a Hospital Admission (Yes/No). You can then create a roster to save this list of patients for future queries. However, currently you cannot limit the list to those with 3 or more admissions. This functionality is a future enhancement that will be included in the next monthly update of the application.

3. Are patient rosters available only to the person who created them?

Currently the roster is available only to the person who created it. Sharing rosters across users within an organization is a future enhancement that will be included in the next monthly update of the application.

4. For roster creation, do names have to match exactly (e.g., Patrick vs Pat) and conform to a specific format such as Last Name, First Name?

Currently, the roster upload requires exact matches based on separate fields for Last Name, First Name, Gender and Date of Birth. The roster upload template, which contains the required order and headings for the columns, can be downloaded from MADE. The team is working on a future enhancement to allow for matches to be based on a “fuzzy match.”

5. Can I load a panel of patients using Medical Record Numbers (MRNs) into this tool?

CCLF data does not contain or support the use of MRNs. You can create a roster for a specific panel of patients by uploading a completed Roster Template. The roster would need to include patient name, gender and date of birth.

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6. In the pharmacy reports, can I create my own filter (roster) to apply to all reports (e.g., antibiotics of a certain class)? If so, how?

The Therapeutic Classifications are not customizable; however, you can create rosters of patients with drugs of interest and use that as a filter for other reports.

Starting with the “Top 10 Therapeutic Categories-Rolling 12 Months” Report, you can first select a therapeutic category of interest and click on the drill through report for “Therapeutic Category Details.” Then, click on the “sub category,” “subcategory 2” or “drug name” of interest and drill through to “Top 10 Therapeutic Categories- Drug Details” report. Once the list of patients is visible, click on the “Create Roster” button on the top of the report. Enter a roster name to define the roster. Check “selected patients” in order to create a roster from all patients contained in the report. If you would like the report to be available to all authorized users within your hospital, select “make public. Last, click “create roster and review” to have your roster created. You can then filter on that specific roster throughout MADE.

7. Can we create a roster for our hospitalists?

Rosters are only for grouping patients. However, you can create a separate roster for the panel of patients treated or cared for by each hospitalist.

8. Can the reports in MADE be exported?

Reports and contents displayed in MADE can be exported to PDF and Excel using the Print button and the Excel button, respectively.

9. What are the dates of service contained in the Opportunity Summary report?

The Opportunity Summary presents data for the most recent 12 months of data available. With each subsequent data update, the report will change, without the ability to change the time period. Consider downloading the report if you are interested in trending results over time.

10. Is there a report that shows the performance of a SNF across multiple DRGs?

In the “Skilled Nursing Facility Report” within the Episode module, a user can select “All” Index Admission DRG Families, and select a SNF of interest to see the drill through report of “Post-Discharge Provider Details.” This report will contain all episodes discharged to this SNF (across all DRGs). hMetrix will consider a future enhancement that summarizes these results by DRG within a single report.

11. Is there a report that summarizes physician practice patterns by physician by cost efficiency and readmission rates?

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In the PAVE Savings Opportunity report within the Episode module, physicians are compared based on episode payments and post-discharge payments in order to determine the highest performing cluster of physicians. While this does not directly consider readmission rates; however a physician with relatively high readmission rates will likely have higher post-discharge payments. This report will allow you to see which discharge patterns are likely to lead to the lowest readmission rates.

Also, within the “Physician Discharge Pattern” report within the Episode module, you can compare discharge patterns across physicians and access episode details for each physician through the “Physician Detail” drill throughs.

12. What is the process for prioritizing future enhancements to MADE?

We plan to continually improve upon the reports presented in MADE. Priorities will be determined based on discussions with CRISP and user community. Users will be notified of the enhancements through CRISP communications and updated User Manuals.

13. What tool is used to generate the reports in MADE?

MADE is based on Tableau visualizations and .NET.

4. DATA DEFINITIONS

1. How is the “Patient Master ID” determined? Is it the same as the “CRISP EID”?

The Patient Master ID is an encrypted patient identifier contained in the CCLF data. This patient ID cannot be linked to Medical Record Numbers (MRNs), CRISP EIDs, or other hospital-specific identifiers.

2. How are the diagnoses within the Population Module identified?

Within in the Population Module, users can filter on a series of diagnostic categories. These diagnoses are based on ICD-9/ICD-10 diagnosis codes. In some instances (e.g., Diagnosis Summary report), the Diagnosis is further divided into different Clinical Classification Software (CCS) categories.

3. How are readmissions defined? Are they all-cause or do they align with Maryland or CMS’ methodologies?

As an episode of care captures all health care utilization, readmissions are based on all causes over the 90-days. At this time, a 30-day readmission rate is not available within MADE.

4. How is the Responsible Physician identified?

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Each episode in the Episode Module is assigned to a physician. The assigned physician is the one most responsible for the index acute care hospitalization. For a surgical discharge, the responsible physician is the operating physician or the surgeon, if available on the claims. For a medical discharge or a surgical discharge without an operating physician identified, the responsible physician is the attending physician.

5. How are the first post-acute care settings defined within the Episode Module?

The first post-acute care setting represents the first care setting the beneficiary enters upon discharge from the index acute care hospitalization. The first post-acute care settings are as follows:

- Short term hospital: Patient is discharged to the community (presumably home) and before having any encounter with a physician or other care setting, they are readmitted to the hospital. This does not include transfers across hospitals within the index hospitalization.
- Inpatient rehab: Patient is admitted to an inpatient rehabilitation facility
- Skilled Nursing Facility: Patient is admitted to a skilled nursing facility
- Home Health: Patient is discharge home to receive skilled home health care
- Community: Patient is discharged home with follow-up from their physician or outpatient therapy
- Other: Patient is admitted to another inpatient facility including a long-term care hospital or psychiatric facility or admitted to hospice.

6. How is "High-Risk Medication" defined?

A high-risk medication is defined according to the American Geriatrics Society (AGS) Beers Criteria for Potentially Inappropriate Medication Use in Older Adults list. This list contains drugs that are best avoided in older adults and those with certain diseases or syndromes. Patients on these medications should be prescribed reduced doses or prescribed with caution and carefully monitored, as these medications have been found to be associated with poor health outcomes, including confusion, falls, and mortality.

7. How is the Therapeutic Class defined in the Pharmacy Module?

The Therapeutic Class presented in the Pharmacy Module is obtained from the Multum Vantage Rx reference database. This data is not contained the CCLF data.

5. EPISODE STRUCTURE

1. Can I filter the MADE reports to a specific time period?

In the Population and Episode Modules, reports can be filtered to a specific date range. In the Population module, reports can be filtered by calendar year, while in the Episode Module, reports can

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be filtered by the month of the index acute care hospital discharge date. The Pharmacy Module does not allow for filtering by date.

2. How is the episode start date determined? Is the admission time period based on admission date or discharge date?

The Episode Module presents 90-day episodes of care. An episode is triggered by an acute care hospitalization. The “Admission Time Period” drop down menu allows users to filter episodes based on the date of the trigger hospitalization. The admission time period is based on the **date of discharge**. That is, episodes included within a given month were discharged in that month, but may have been admitted in the previous month. The episode does not include any pre-admission days (i.e., time prior to the index acute care hospitalization).

3. When does the 90-day episode start?

The 90-day episode starts at discharge from the index acute care hospitalization. The total cost for the index acute care hospitalization is presented in several reports, but is not included in the 90-day episode of care.

4. What is included in the 90-day episode of care?

The 90-day episode of care includes all care across all Part A and Part B sites of services and represents the total cost of care. An episode can only be triggered by an acute care hospital admission.

5. How are differences in severity of illness (SOI) accounted for within the Episode Module?

Across the Episode Module and select reports within the Population Module, users can filter by APR-DRGs. As the APR-DRG framework risk-stratifies patients with like conditions/services received, APR-DRGs can be used to control for differences in SOI. There are no separate severity adjusters applied to the data.

At this time, hMetrix does not have access to other standard risk adjusters such as the RUGS in SNFs or functional status captured from MDS, OASIS, or IRF-PAI.

6. REQUESTS FOR ADDITIONAL INFORMATIONS

1. Will there be additional educational sessions?

The hMetrix team will host a series of “Office Hours” to answer any and all questions related to MADE and the CCLF data. The schedule is as follows:

- Wednesday 10/25 – 11:00-12:30: Session #1 – Pharmacy Module

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- Friday 10/27 – 11:00-12:30: Session #2 – Population Module
- Tuesday 10/31 – 11:00-12:30: Session #3 – Episode Module
- Wednesday 11/8 – 11:00-12:30: Session #4 – Open Session for Remaining Questions

A recording of a webinar will also be available to participants for their review. Based on future need, an additional webinar will be schedule at a later time.

2. If we have additional questions or suggestions for enhancements, who do we contact?

Please contact support@crisphealth.org if you have additional questions and suggestions regarding MADE and the CCLF data.