



CRISP

MPA ATTRIBUTION TRACKING TOOL (MATT)

Submitter User Guide 1.4.6

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hMetrix

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1 WELCOME TO THE MPA ATTRIBUTION TRACKING TOOL

The Medicare Performance Adjustment (MPA) Attribution Tracking Tool (MATT) automates the process of gathering and maintaining provider data required for the MPA attribution as well as supporting hospital user access to PHI-level beneficiary data. There are two types of user roles within MATT: Submitter (Hospital User) and Reviewer (HSCRC and CRISP user). Both submitters and reviewers are needed in order to submit, review, and update the provider-to-hospital relationships considered under the MPA for Medicare FFS beneficiary PHI sharing purposes. This guide is for a Submitter (Hospital User).

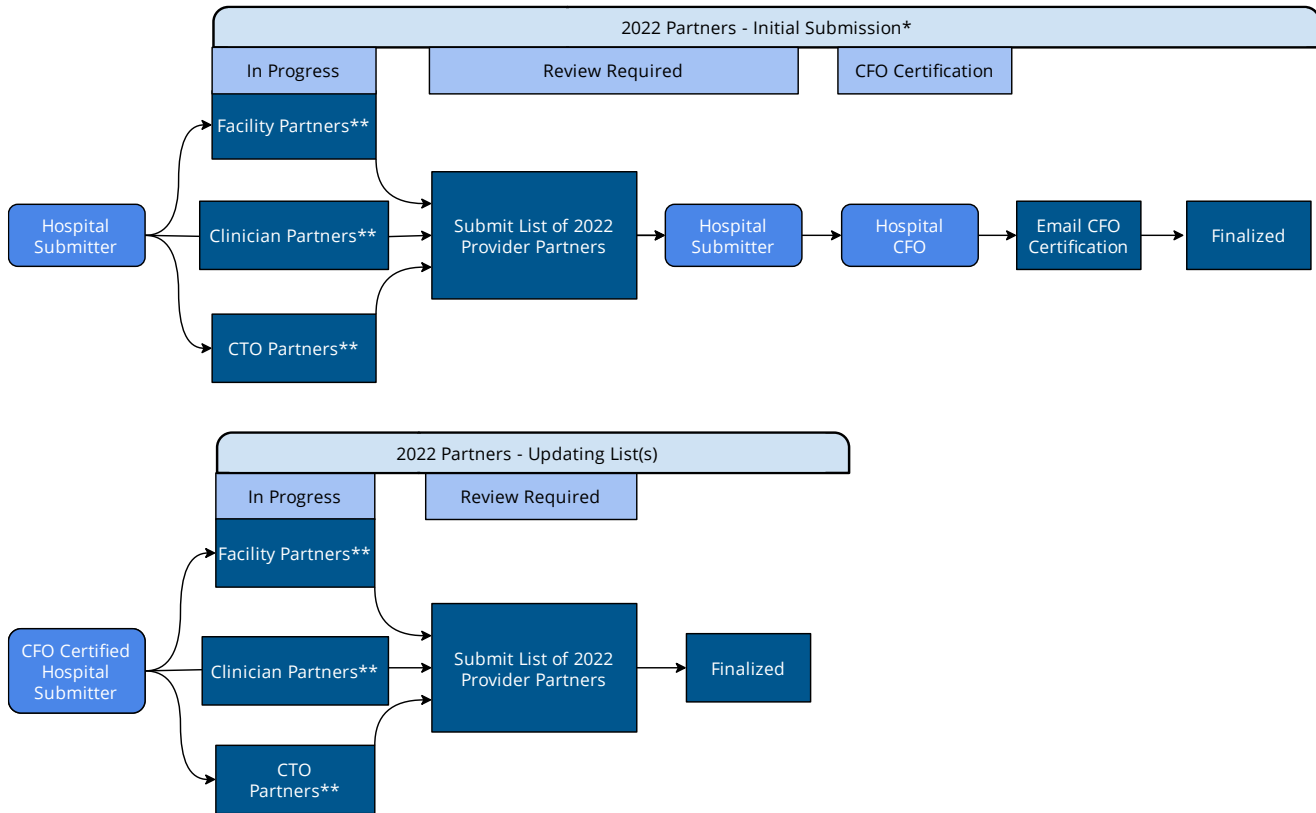
This release of MATT includes workflows for both CY 2021 and CY 2022.

1.1 Workflow for CY 2023

With the switch from primary-care based attribution to geographic attribution for MPA Y5, the form and function of MATT has considerably changed. Rather than enabling users to acknowledge and attest to their MPA-affiliated beneficiaries, MATT is now focused entirely on sharing beneficiary level PHI data for hospital-affiliated providers.

For the MPA Y6 PHI access period (June 2023-May 2024), the process for gaining access to beneficiaries' PHI differs for the initial submission versus subsequent submissions during the year. The workflows for 2023 are available in the Care Partner List module.

1. **Care Partners List – 2023 Initial Submission** describes the process for uploading and first submitting providers for CY 2023 in MATT or when modifying any 2023 Partner provider list *after* a new user has been credentialed for access to MATT for the respective hospital.
2. **Care Partners List – Updating List(s)** describes the process for adding and/or removing provider partners after the initial submission.



*This process also applies after a new user is credentialed for access to MATT in order for the CFO to certify that new user may attest to provider relationships in MATT .
 **Hospital users may modify the lists of Partners in any category before May 25th or, for non-initial submissions, until the 25th of each month.

A detailed description of the 2023 workflow is presented in Section 3 below. It is identical to the 2022 workflow depicted above.

1.2 MPA Policy Context

In MPA Years 1 through 4, MPA used a two-tiered system to attribute beneficiaries to hospitals based primarily on the relationship between a beneficiary and its primary care provider (PCP) and that PCP's relationship to a hospital. HSCRC then grants hospitals access to beneficiaries' PHI:

1. if the hospital could attest to having a Care Coordination Agreements (CCAs) with the MPA-attributed PCP, or
2. for any beneficiary who had a "touch" at the hospital (IP admission and/or ED visit).

For MPA Y5 (CY2022) onward, the tiered attribution approach is replaced with a purely geographic approach¹. Beneficiaries and their costs are assigned to hospitals based on the zip code of residence using the Primary Service Area Plus (PSAP) algorithm². A beneficiary can be attributed to more than one hospital under the PSAP algorithm due to overlap in hospital PSAs. While geographic attribution does afford hospitals more transparency in how their MPA attributed beneficiaries are identified, the attribution of beneficiaries does not rely on an established treatment relationship between a hospital and the beneficiary – a requirement of HSCRC's data sharing policies.

Therefore, a [new data access policy](#) was developed by HSCRC in order for hospitals to access PHI for beneficiaries without an IP or ED touch. Under this policy, hospitals use the MPA Attribution Tracking Tool (MATT) in CRS to submit lists of NPIs and medical facility CCNs (CMS Certification Numbers) with which the hospital has a CCA. For the purposes of this PHI data access policy, submitted NPIs with a CCA are referred to as Clinician Partners and submitted facilities with CCAs are Facility Partners. A single beneficiary E&M visit with a Clinician Partner or any single claim with a Facility Partner then establishes a treatment relationship with the hospital; deeming the flow of PHI for those beneficiaries acceptable.

In order to ensure that hospitals do not get inundated with beneficiaries and their PHI in the reporting suites, the data access approach prioritizes beneficiaries with whom the hospital has a direct interest in managing, established through participation in a Care Redesign Program, MDPCP, or MPA attribution.

There is a second MPA Y5 attribution layer for the two academic medical centers, which includes an IP admission, so is not affected by this data access policy, i.e., all academically attributed beneficiaries' PHI is available via their IP admission.

The PSAP is the same approach used in the final MPA Year 4 tier. If the zip code is in only one hospital's primary service area (PSA), as indicated in their original Global Budget Revenue agreements, all patients who

¹ There is a second MPA Y5 attribution layer for the two academic medical centers, which includes an IP admission, so is not affected by this data access policy, i.e., all academically attributed beneficiaries' PHI is available via their IP admission.

² The PSAP is the same approach used in the final MPA Year 4 tier. If the zip code is in only one hospital's primary service area (PSA), as indicated in their original Global Budget Revenue agreements, all patients who reside in the zip code are attributed to that hospital. If the zip code is in more than one hospital's PSA, costs and beneficiaries will be allocated according to utilization share in that zip code. If the zip code is not in any hospital's PSA, it is assigned to hospitals based on share of Medicare ECMADs and drive time.

reside in the zip code are attributed to that hospital. If the zip code is in more than one hospital's PSA, costs and beneficiaries will be allocated according to utilization share in that zip code. If the zip code is not in any hospital's PSA, it is assigned to hospitals based on share of Medicare ECMADs and drive time.

2 INTRODUCTION TO MATT

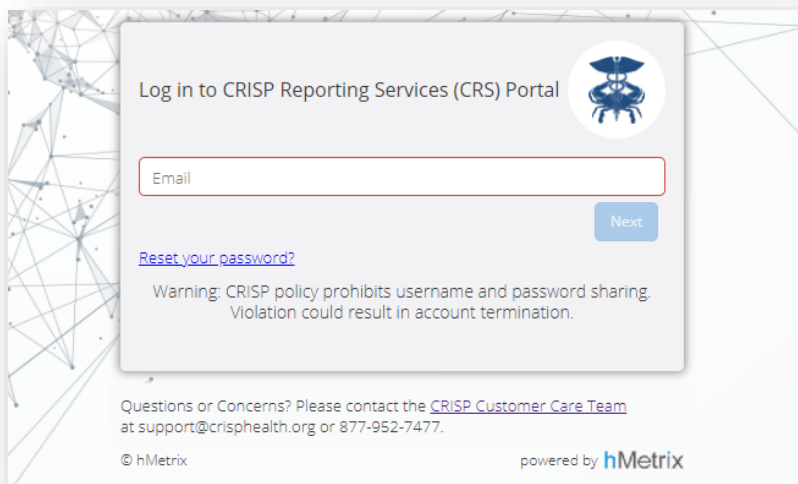
2.1 Software Requirements

MATT is a web-based application accessible through a modern browser: Google Chrome 57 or higher, Internet Explorer 11 or higher, Firefox 52 or higher, and Safari 9 or higher.

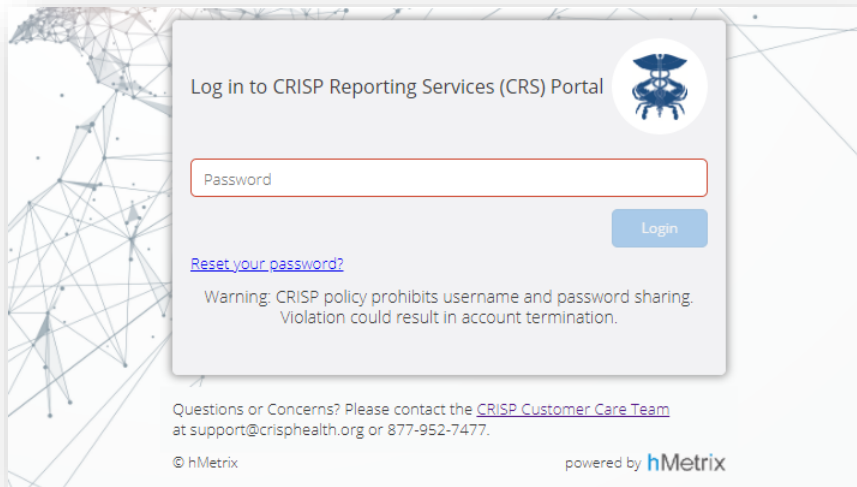
2.2 Launching MATT

A user trying to access MATT must first login to the CRISP Reporting Services (CRS) Portal. Once in the portal, the user shall click the Card named "MPA Attribution Tracking Tool (MATT)". The following screen shots represent the user's workflow.

Step 1: Log into the CRS Portal using the user ID and password provided for the portal - <https://reports.crisphealth.org/>



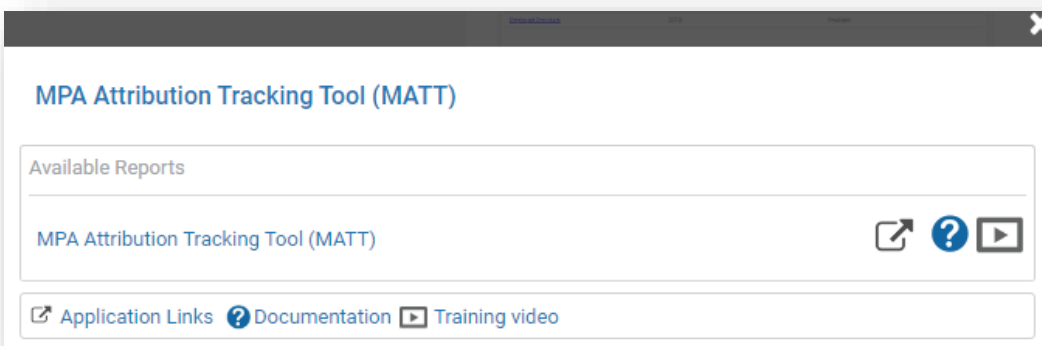
The screenshot shows the login page for the CRISP Reporting Services (CRS) Portal. The page has a light gray background with a network diagram on the left. The main content area is a white box with a blue border. At the top, it says "Log in to CRISP Reporting Services (CRS) Portal" next to a blue logo of a caduceus. Below this is a text input field labeled "Email" with a red border. To the right of the field is a blue "Next" button. Below the field is a blue link "Reset your password?". Underneath is a warning message: "Warning: CRISP policy prohibits username and password sharing. Violation could result in account termination." At the bottom of the white box, it says "Questions or Concerns? Please contact the [CRISP Customer Care Team](#) at support@crisphealth.org or 877-952-7477." The footer of the page includes "© hMetrix" on the left and "powered by hMetrix" on the right.



Step 2: Click the Card named “MPA Attribution Tracking Tool (MATT)” within the Portal



Step 3: Click the icon of the square with an arrow pointing out of it to launch MATT. The user documentation and training slides are also available in this subcard.



Step 4: Upon clicking on the corresponding icon, the user will be directed to MATT in a new browser tab.

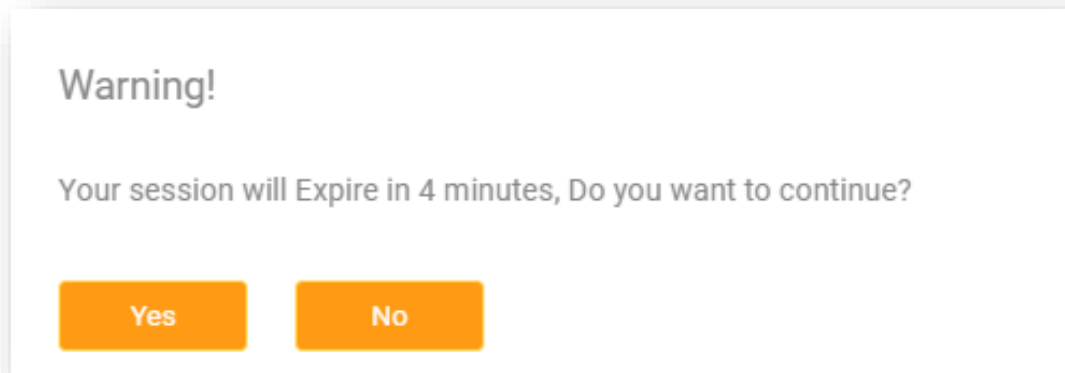
The screenshot displays the CRISP MPA Attribution Tracking Tool interface. At the top left is the CRISP logo, followed by the title "MPA Attribution Tracking Tool". A "Logout" button is in the top right. Below the title bar is a navigation menu with "Partner Lists" and "Help" buttons, and a "Hospital:" dropdown menu. The main content area is titled "Home" and features a "Care Partner List" table. The table has three columns: "Partners", "Year", and "Status". The data rows are:

Partners	Year	Status
CTO Partners	2023	In Progress
Facility Partners	2022	Finalized
Clinician Partners	2022	In Progress

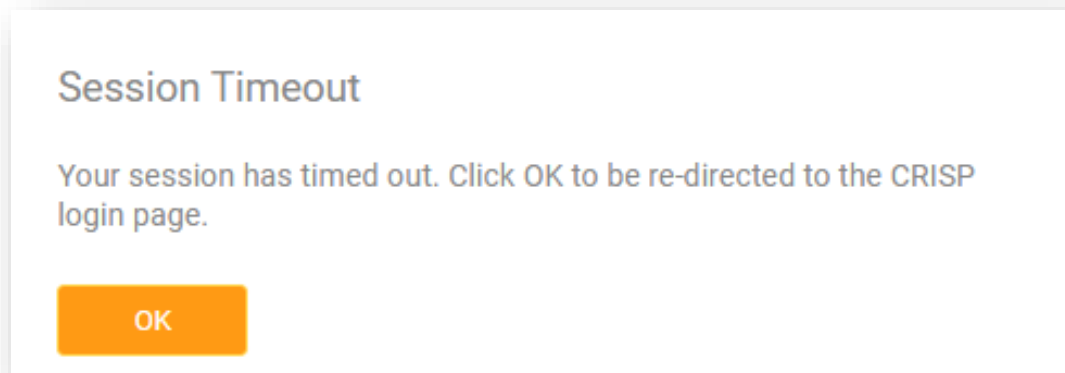
At the bottom center of the interface, there is a copyright notice: © hMetrix.

2.2.1 Session Timeout

To minimize unauthorized use of MATT, a user's session is set to time out after 30 minutes of inactivity. A warning message will be displayed 5 minutes before the session times out.

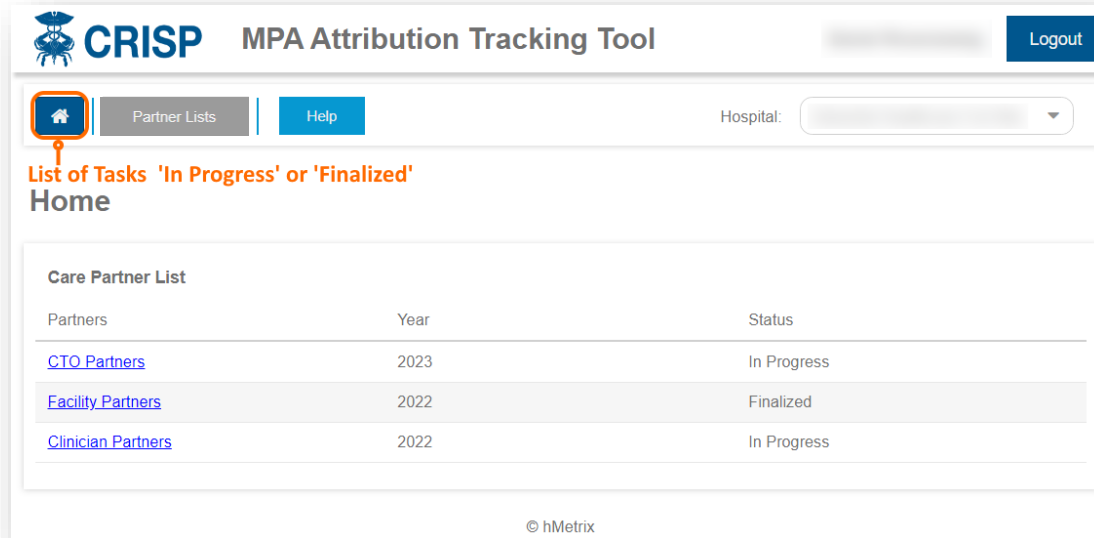


If the user clicks Yes to the warning message, then the user's session will be active for another 30 minutes. If the user clicks No or does not respond to the warning message, the user's session will time out and the Session Timeout warning message will be displayed.



2.3 MATT Home Page

Accessing MATT through the CRS Card will take users to the MATT home page. Users can then navigate to the Care Partner List view. The home page shows tables of finalized and in progress tasks in the Care Partner List module.



The screenshot displays the MATT Home Page interface. At the top left is the CRISP logo, followed by the title "MPA Attribution Tracking Tool". A "Logout" button is located in the top right corner. Below the header is a navigation bar with a home icon, "Partner Lists", and "Help" buttons. A "Hospital:" dropdown menu is also present. The main content area features a heading "List of Tasks 'In Progress' or 'Finalized' Home" with an orange callout pointing to the home icon. Below this is a table titled "Care Partner List" with columns for Partners, Year, and Status.

Partners	Year	Status
CTO Partners	2023	In Progress
Facility Partners	2022	Finalized
Clinician Partners	2022	In Progress

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2.4 Common Functions

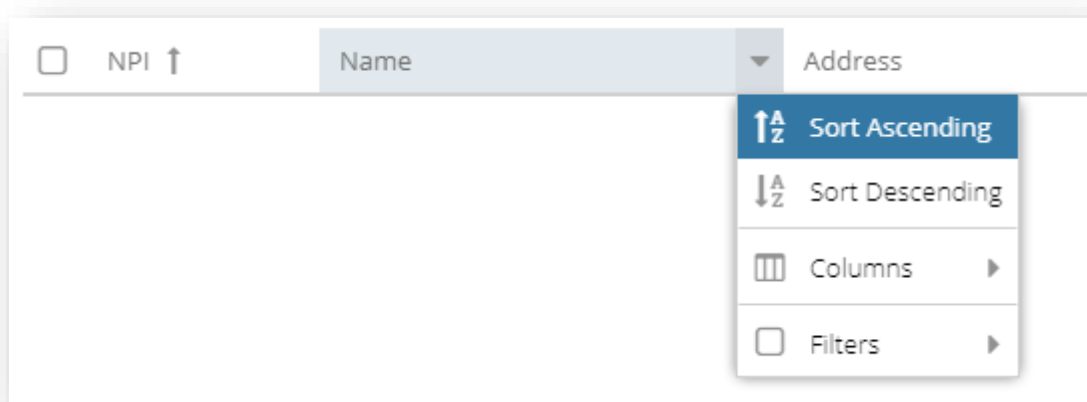
2.4.1 Exporting to Microsoft Excel

Any view in MATT can be downloaded to an Excel workbook by clicking the Excel icon at the top right of the page.

2.4.2 Sorting and Filtering Columns

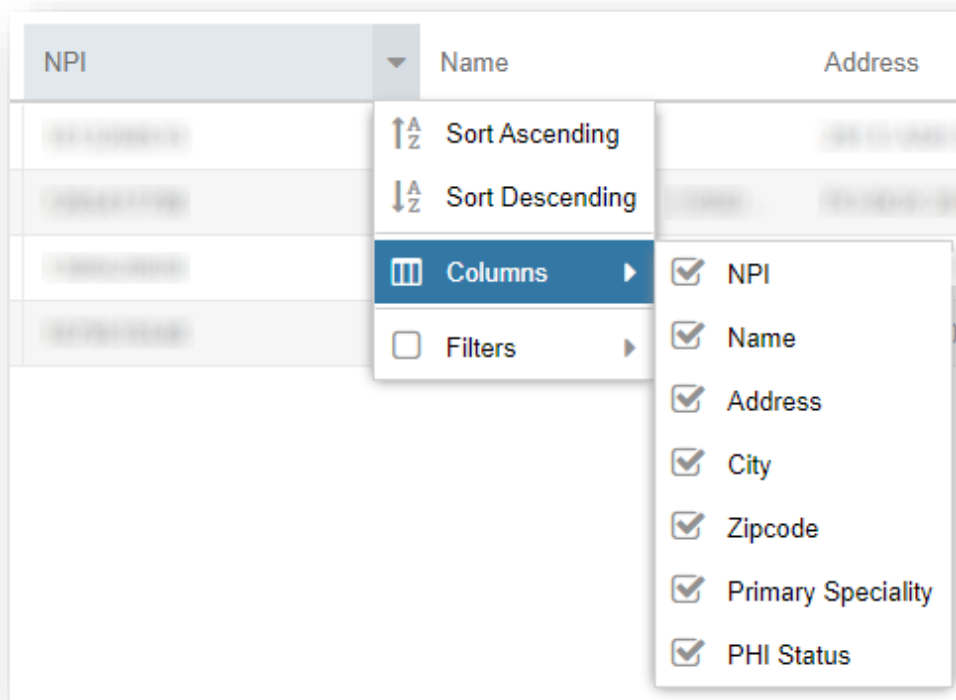
When viewing a table of providers, click a column header to sort values in ascending order and click again to sort descending. Additionally, when hovering over a column header, a carat will appear that when clicked allows manual selection of sort order, adding or removing columns, and filtering on values for that column.

This is useful when a user wants to filter to a specific provider by NPI, name, or other field.



2.4.3 Removing and Adding Columns

The user may add or remove columns displayed in any table within MATT. As above, click the carat that appears when hovering over a column, move to the “Columns” section and select or deselect columns as desired.



3 USING MATT FOR CY 2023

MATT serves as a means for hospitals to attest to relationships with providers outside the hospital. These attestations are required in order for the hospitals to gain access to beneficiaries' PHI beyond those beneficiaries they would receive due to hospital inpatient or emergency room touches. Providers submitted through this module are not factored into the MPA algorithm or policy. Beneficiaries will be linked to these providers based on a treatment history defined as at least one evaluation and management visit with the provider over the last rolling 36 months. This will include both beneficiaries who are MPA attributed to the hospital and those who are not.

For CY2023, hospitals will use the "Partners Lists" component of MATT with "Attribution Year" set to 2023 to submit lists of clinicians (physician and non-physicians) and facility provider partners to which they attest to formal arrangements in which PHI may be shared. This can include, for example, clinicians with an employment contract, a care coordination agreement, or facilities with an ownership or other program arrangement with the hospital.

Unlike the MPA Y4 MATT PHI Status process, no part of the MATT Care Partner List module is compulsory with the exception of turning off PHI Status for partners with whom the relationship that garnered the hospital access to PHI ceases (see Section 3.6). There is no need to submit lists of Care Partners through MATT on a monthly basis, as was required for MPA Y4. Submissions are necessary only when provider partners are added or removed. **Reminder that the MATT submissions for 2023 have no direct connection to the MPA Y6 attribution, and rather focus only on PHI sharing.**

3.1 Facility Partners

Identify facilities with which the hospital has a legal arrangement that allows sharing of PHI.

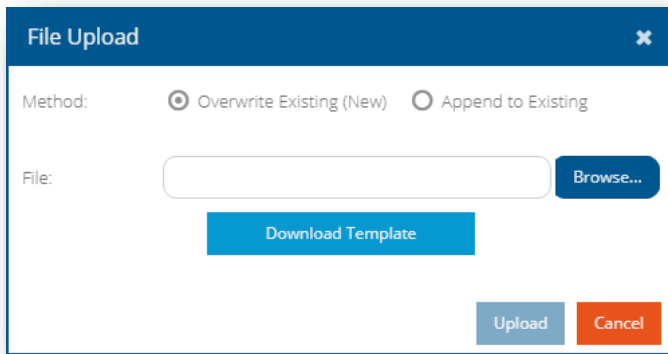
How would you like to update your Facility Partners?

Upload New Values

Add Manually

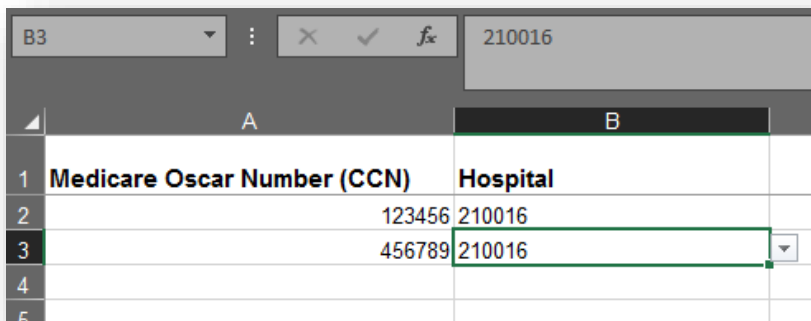
<input type="checkbox"/>	Medicare Oscar Number (C...	Name	Address	City	Zipcode	Facility Type	PHI Status <input checked="" type="checkbox"/>
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The "Upload New Values" button will create a pop-up dialogue where the user may download a blank template (.xlsx file) into which they will enter facility Oscar Numbers (CCNs) and their hospital ID. When uploading a list of facilities, the user may select to replace any entries already in the list ("Overwrite Existing (New)") or to add the providers in the upload to the list currently present ("Append to Existing").



The image shows a 'File Upload' dialog box with a blue header and a close button (X) in the top right corner. Below the header, there are two radio buttons for the 'Method' section: 'Overwrite Existing (New)' (which is selected) and 'Append to Existing'. Underneath, there is a 'File:' label followed by a text input field and a 'Browse...' button. A 'Download Template' button is centered below the input field. At the bottom of the dialog, there are 'Upload' and 'Cancel' buttons.

The hospital ID will be prepopulated for users with access to a single hospital, and users with access to multiple hospitals will need to select using the dropdown menu in the template file. Ensure that every row with a Medicare Oscar Number (CCN) has a matching hospital ID in the adjacent field.



The image shows a screenshot of an Excel spreadsheet. The active cell is B3, containing the value 210016. The spreadsheet has two columns: 'A' and 'B'. Column A is labeled 'Medicare Oscar Number (CCN)' and column B is labeled 'Hospital'. The data is as follows:

	A	B
1	Medicare Oscar Number (CCN)	Hospital
2	123456	210016
3	456789	210016
4		
5		

The “Add Manually” button will create a pop-up dialogue in which the user may search for individual providers to add to the table by name or CCN. After entering a name or CCN, clicking a facility will add it to the table presented in the dialogue. After all facilities of interest have been added, clicking “Save” will append these providers to the list shown in MATT.

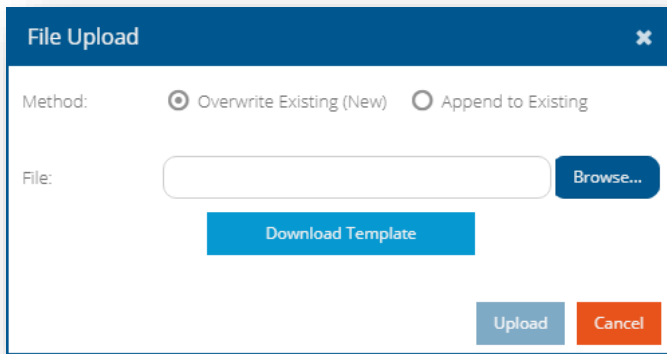
The screenshot shows a dialog box titled "Add Attribution" with a close button (X) in the top right corner. Inside the dialog, there is a search input field labeled "Name/CCN:" with a placeholder text "search...". Below the search field is a table with the following columns: "Medicare Oscar...", "Name", "Address", "City", "Zipcode", and "Facility Type". The table is currently empty. At the bottom right of the dialog, there are two buttons: "Save" (blue) and "Cancel" (orange).

3.2 Clinician Partners

This is where users may indicate individual clinicians with whom the hospital has a formal arrangement that allows for sharing of PHI. Any provider with a valid NPI may be included.

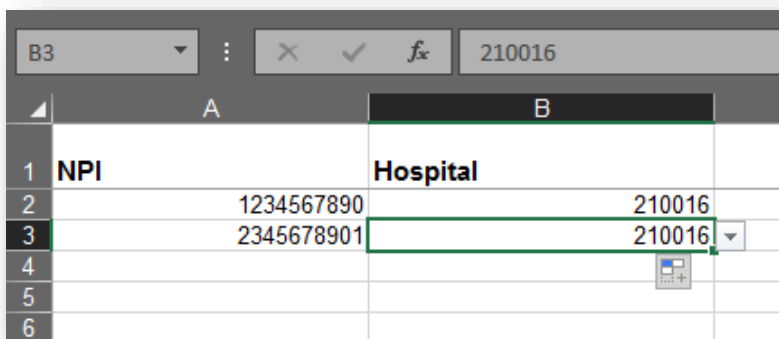
The screenshot shows a dialog box titled "How would you like to update your Clinician Partners?". It contains two buttons: "Upload New Values" and "Add Manually". Below the buttons is a table header with the following columns: "NPI", "Name", "Address", "City", "Zipcode", "Primary Speciality", and "PHI Status" (with a checked checkbox).

This “Upload New Values” button will create a pop-up dialogue where the user may download a blank template (.xlsx file) into which they will enter provider NPIs and the hospital ID. When uploading a list of NPIs, the user may select to replace any entries already in the list (“Overwrite Existing (New)”) or to add the providers in the upload to the list currently present (“Append to Existing”).



The File Upload dialog box features a blue header with the title "File Upload" and a close button. Below the header, there are two radio buttons for the "Method": "Overwrite Existing (New)" (selected) and "Append to Existing". A "File:" label is followed by a text input field and a "Browse..." button. A "Download Template" button is centered below the input field. At the bottom right, there are "Upload" and "Cancel" buttons.

The hospital ID will be prepopulated for users with access to a single hospital, and users with access to multiple hospitals will need to select using the dropdown menu in the template file. Ensure that every row with an NPI has a matching hospital ID in the adjacent field.



The image shows a portion of an Excel spreadsheet. The active cell is B3, containing the value 210016. The spreadsheet has two columns: "NPI" in column A and "Hospital" in column B. Row 1 contains the headers "NPI" and "Hospital". Row 2 contains the values "1234567890" and "210016". Row 3 contains the values "2345678901" and "210016", with the "Hospital" cell highlighted and a dropdown arrow visible.

	A	B
1	NPI	Hospital
2	1234567890	210016
3	2345678901	210016
4		
5		
6		

The "Add Manually" button will create a pop-up dialogue in which the user may search for individual providers to add to the table by name or NPI. After entering in a name or NPI, clicking a provider will add them to the table presented in the dialogue. After all providers of interest have been added, clicking "Save" will append these providers to the list shown in MATT.

Add Attribution
✕

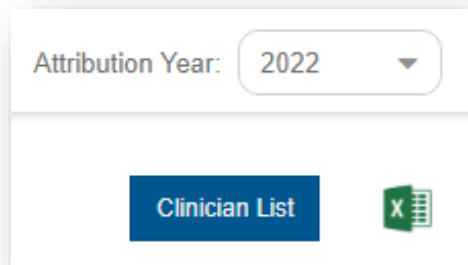
Name/NPI:

NPI	Name	Address	City	Zipcode	Primary Speciality	
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXX	XXXX	XXXXXXXXXX	✕
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXX	XXXX	XXXXXXXXXX	✕

Save
Cancel

3.2.1 Clinician List Download

As hospitals are responsible for identifying the providers with whom they would like to enter a formal arrangement, MATT contains a downloadable reference document that identifies every clinician that has provided services to at least 50 beneficiaries who are MPA attributed to the hospital. Use this list to identify which providers would be appropriate for establishing formal arrangements. Be aware this is only available in with Attribution Year 2022 selected.



COLUMN NAME	DEFINITION
Clinician NPI	National Provider Identifier
Clinician Full Name	Provider’s full name; Surname, first name
Clinician Specialty	Provider’s Specialty according to NPPES (National Plan and Provider Enumeration System) lookup

Primary Care	Indicator for provider specialty among: <ul style="list-style-type: none"> • Family Medicine / Family Health • General Practice • Geriatric Medicine • Internal Medicine • Nurse Practitioner • Pediatrics • Physician Assistant All other specialties are grouped under “Other Specialties” in this column.
CTO ID	For NPIs participating in MDPCP with a hospital-based CTO, this column shows the CTO’s ID number
CTO Name	For NPIs participating in MDPCP with a hospital-based CTO, this column shows the CTO’s name
MD/Non-MD clinicians	NPIs with Maryland addresses are indicated as “MD Provider.” All others are indicated as “Non-MD Provider.”
Number of Geographically Attributed Beneficiaries with an E and M BETOS touch	The count of MPA attributed beneficiaries whose PHI would be shared with the hospital after an attestation in MATT is established.
Number of Medicare FFS beneficiaries (Part A and B) with an E and M BETOS touch	The count of all beneficiaries (MPA attributed and not MPA attributed) whose PHI would be shared with the hospital after an attestation in MATT is established.
Percentage of Geographic attributed beneficiaries	The count of MPA attributed beneficiaries with an E&M touch with the provider divided by all FFS beneficiaries with an E&M touch with the provider.

3.3 CTO Partners

The CTO Partners NPI lists are pre-populated for hospital-based CTOs with NPIs for MDPCP practices participating in 2023. Users may turn on or off PHI sharing for any NPI in this list, but it is not possible to add NPIs.

3.4 Removing PHI Status for Clinician, Facility, and CTO Partners

Submitters may change the PHI status of any provider available within an association type. When a hospital may no longer access PHI associated with a provider according to the Termination events described in section 3.6, the submitter shall navigate to the respective partner section within MATT and uncheck the value in the column ‘PHI Status’ in the loaded table. Changing a ‘PHI Status’ column value from checked to unchecked will result in a pop up message to confirm the action.

3.5 CFO Certification

The CFO Certification form is a required document in which the CFO attests to having legal arrangements between the hospital and the uploaded providers. This attestation is required in order for any PHI-level data to

be shared with the hospital. This form also formally designates the hospitals' MATT users as proxies to attest to any new such relationships on behalf of the CFO. These attestations will remain valid throughout the MPA Y6 PHI access period (June 2023-May 2024), as long as the MATT user maintains an active account with CRISP and the hospital. Last, this form identifies all provider partner categories (up to three, including Facility, Clinician and CTO) that have been uploaded to date.

After submitting an initial CFO Certification, signed by the CFO with one or more proxy users indicated, additional CFO certifications are not required when adding additional partners throughout the MPA Y6 PHI access period. The only times a subsequent CFO certification is required is after a new MATT user is credentialed at the hospital, to which the CFO will certify that user's proxy authority.

3.6 Requirements for Updating Provider Partners

The below table describes instances in which an update in MATT should be completed for Provider Partners during the MPA Y6 PHI access period (June 2023-May 2024).

EVENT TYPE	RELEVANT ATTRIBUTION TIER	EVENT	NOTIFICATION REQUIREMENTS
Termination	CTO Partners	Termination of group's participation in MDPCP where the groups is associated with a hospital's CTO.	Update MATT with the hospital(s) associated with the termination.
Termination	All Other	Termination of a previously signed carte coordination agreement between a hospital and an individual clinician or facility partner.	Update MATT with the NPIs or CCNs of any terminated provider relationships. Updating data sharing for a specific terminated clinician within a provider group is not necessary if an agreement remains in place with their provider group.
Addition	All Other	Signing of a HIPAA-compliant care coordination agreement between a hospital and an individual provider or provider group.	Update MATT with the NPIs of any added providers.

4 APPENDIX

4.1 Glossary

TERM	DESCRIPTION
CCA	Care Coordination Agreement. Attestation to a signed CCA allows a hospital to see PHI for beneficiaries who have claims with a Care Partner.
Clinician Partners	Any individual provider with an NPI with whom the hospital may attest a PHI sharing arrangement for the MPA Y5 PHI access period (June 2022 through May 2023).
CRS	CRISP Reporting Services
CTO	Care Transformation Organization. Hospitals may serve this role under the auspices of the Maryland Primary Care Program (MDPCP).
Facility Partner	A medical facility with a CMS Certification Number (CCN) (formerly referred to as OSCAR Provider Numbers) with which the hospital may attest a PHI sharing arrangement for the MPA Y5 PHI access period (June 2022 through May 2023).
MDPCP	Maryland Primary Care Program. Maryland statewide program in which providers may be associated with a CTO. Hospital based CTOs have access to their associated MDPCP providers' beneficiaries' PHI; provider to hospital MPA Attribution Type.
MPA	Medicare Performance Adjustment. System under which beneficiaries are attributed to providers and providers are attributed to hospitals. See HSCRC.maryland.gov for more information.
NPI	National Provider Identifier as assigned by the National Plan & Provider Enumeration System (NPPES)
PHI	HIPAA defined Protected Health Information; in this context, the CCLF data for individual beneficiaries.
Partners	Clinicians and facilities with which the hospital may attest to a HIPAA-compliant arrangement and share PHI.