

Multi-Payer Report Showcase



Resources



<https://www.crisphealth.org/multi-payer-reporting-suite/>

A screenshot of the CRISP Multi-Payer Reporting Suite website. The header is white with the CRISP logo on the left and navigation links: "Services", "Solutions", "For Patients", "Resources", "About CRISP", and a "Login" button with a right-pointing arrow. The main content area has a dark blue background. On the left, it says "Multi-Payer Reporting Suite" in small white text, followed by "Multi-Payer Reporting Suite" in large white text, and "View Population Health Metrics Agnostic to Payer" in smaller white text. On the right, there is a large image showing a person's hand interacting with a tablet displaying various data visualizations like pie charts, bar graphs, and line charts. Below this image is a white horizontal bar with rounded ends containing five links: "Overview", "User Guide", "Webinar", "Quality Dashboard Demo", and "Prediction Tools Demo".

CRISP
Chesapeake Regional Information
System for our Patients

Services Solutions For Patients Resources About CRISP Login

Multi-Payer Reporting Suite

Multi-Payer Reporting Suite

View Population Health Metrics Agnostic to Payer

Overview User Guide Webinar Quality Dashboard Demo Prediction Tools Demo

• **Speakers**

- Grace Mannix, Senior Project Manager, CRISP
- Garrett Morris, Senior Director of Population Health, GBMC
- Laura Goodman, Deputy Director, Medicaid Office of Innovation, Research and Development
- Sharon Neely, Division Chief, Medicaid Office of Innovation, Research and Development

Background

- CRISP, in partnership with hMetrix, created the Multi-payer Reporting Suite to support alignment between Maryland Medicaid and the Office of Advanced Primary Care by combining Medicaid and Medicare claims data within a single suite.
- The suite of reports can assist users to understand trends in hospital utilization, facilitate care coordination, and monitor population health across their Medicare and Medicaid beneficiaries.

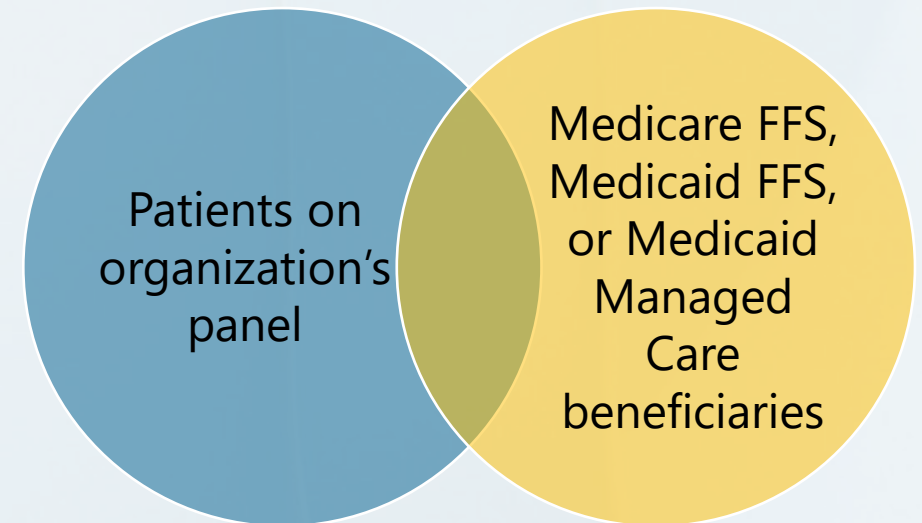
About the Data

- The suite displays the following data for patients on an organization's panel:
 - Medicare fee-for-service
 - Medicaid fee-for-service
 - Medicaid Managed Care
- The data includes all care settings and services covered under Medicare and Medicaid.
- Data displayed are for the last 36 months and there is a two-month data lag.

About the Data

- The Multi-Payer Reporting Suite displays patients on an organization's panel that are enrolled in Medicare FFS, Medicaid FFS, or Medicaid Managed Care
 - Patients not enrolled in Medicare or Medicaid will not appear in the suite.
 - Patients not on the organization's panel will not appear in the suite.

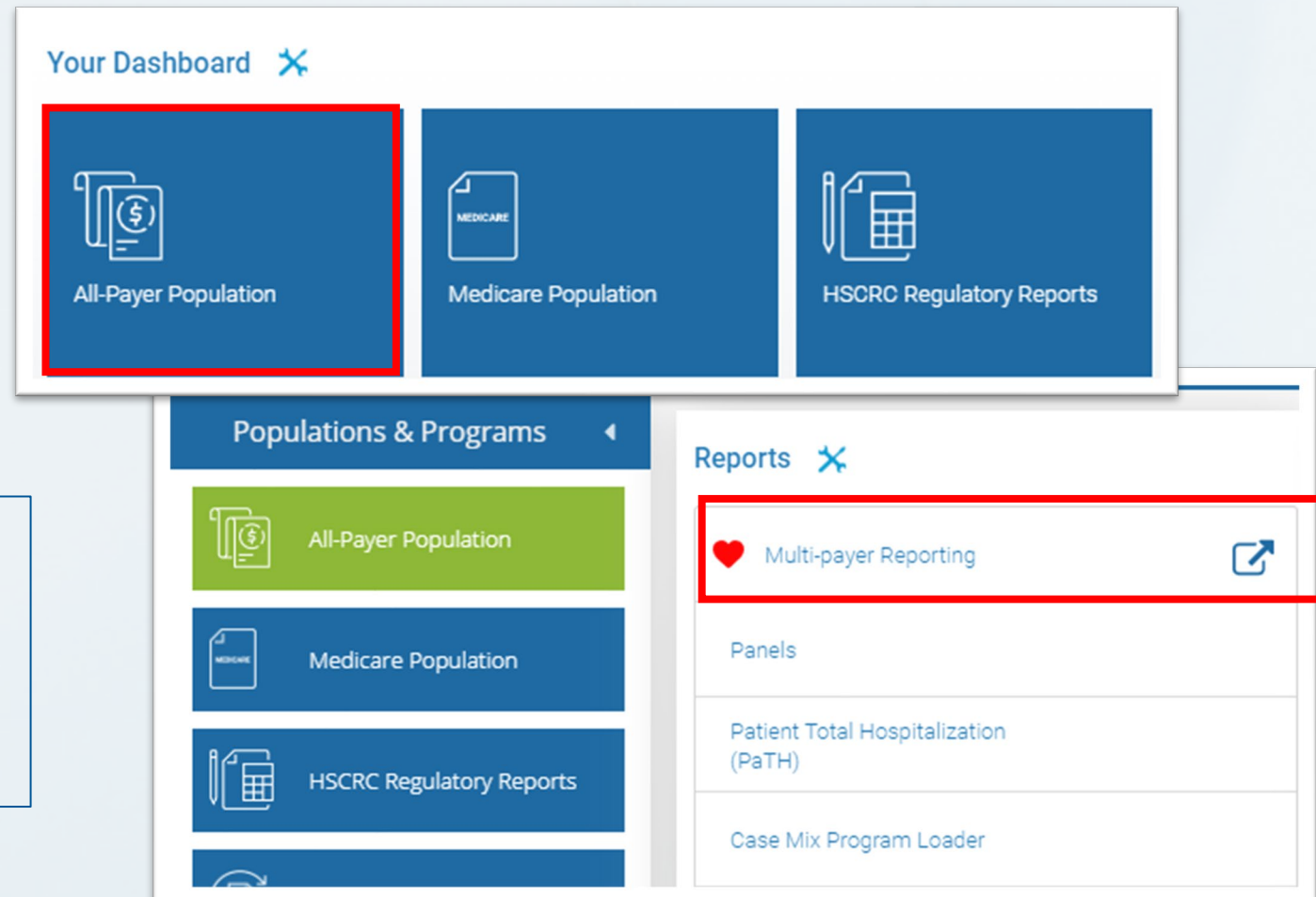
Requires the intersection of both Medicare/Medicaid beneficiaries and patient panels



- # Accessing the Report

The Multi-Payer Reporting Suite is available in the CRS Portal under the 'All-Payer Population' Card. Users can access the CRS Portal at reports.crisphealth.org

If you do not have access to the suite, please contact your organization's CRS POC or report-support@crisphealth.org



Landing Page Dashboard with
links to each individual report

List of all available beneficiaries
on your panel; create Rosters

Comparison of utilization trends
over time

Track Inpatient, ED, PQI &
Readmission utilization, including
physician follow-up

New dashboard focused on
quality and utilization measures

Reports

Population Summary

Population Navigator

Measure Comparison by Time Period

Acute Care Setting Utilization Report

Emergency Room Utilization Report

Plan All Cause Readmission (PCR) Report

PQI Utilization Report

Follow Up After Inpatient Discharge Report

PMPM Trend Report

Health Equity by Demographics Report

Maternal Health Utilization Reports

Redetermination Report

▼ Quality Measure Dashboard

Quality Measure Dashboard

Health Equity by Demographics (Quality)

Investigate PMPM spending by
care setting

Explore utilization trends by
demographic characteristics

Suite focused on prenatal,
delivery, and postpartum care

Track Medicaid Redetermination
Dates for follow-up



Primary Care Multi-Payer Reporting Suite

Presentation for the CRISP User Summit

May 13, 2025



Agenda

- Primary Care Initiatives under the AHEAD Model
- Multi-Payer Reporting Suite Development

AHEAD Model in Maryland

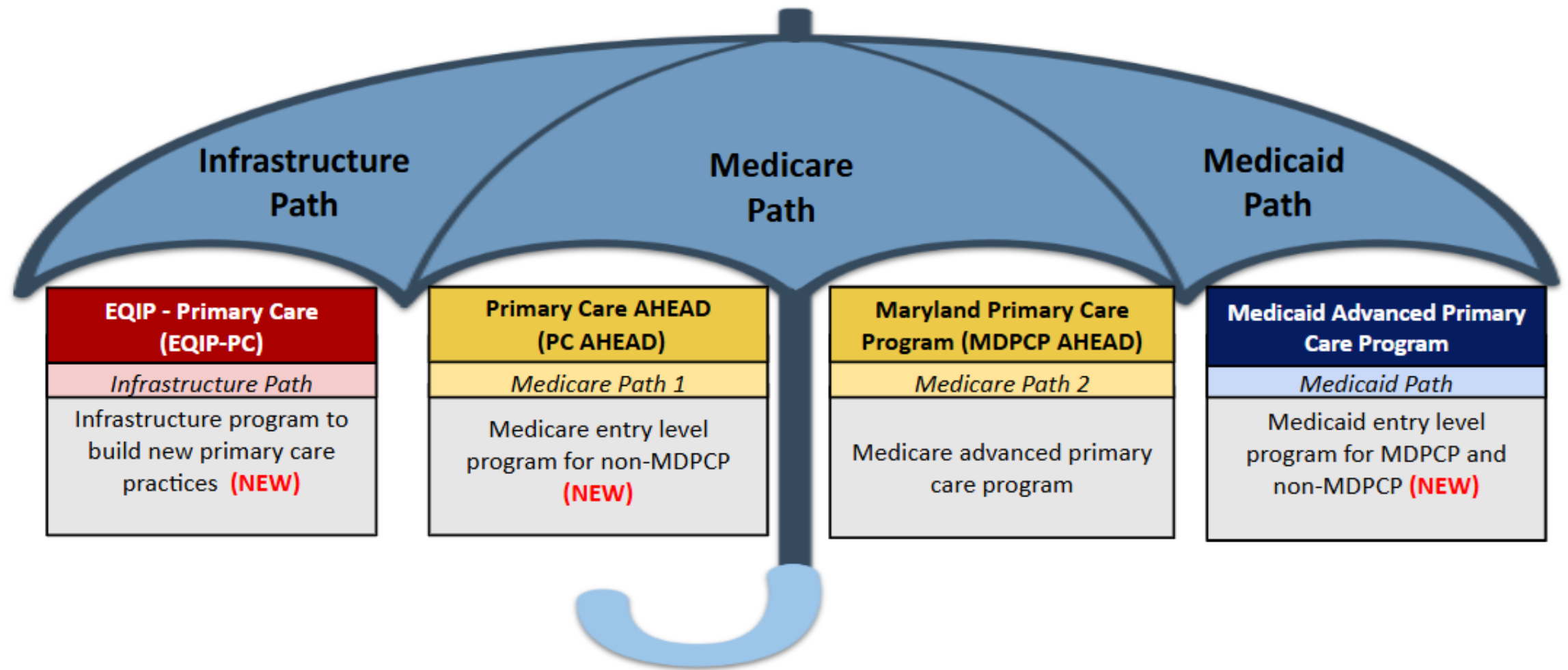
AHEAD implementation in Maryland has three parts:

- Hospital global budgets
- Primary care investment
- Statewide health measures targets

AHEAD and Maryland Medicaid

Focusing on primary care investment, i.e. the Medicaid Advanced Primary Care Program:

- Increasing primary care rates for all PCPs
- Investment in care management and practice transformation, in alignment with MDPCP and PC AHEAD
- Quality incentives for performance improvement



Aligning with MDPCP and PC AHEAD

The Maryland Primary Care Program (MDPCP) is a voluntary program that provides funding and support for the delivery of advanced primary care and care management to Medicare patients. Starting in January 2027, practices will be eligible for MDPCP only if they participate in the Medicaid Advanced Primary Care Program.

PC AHEAD, currently in development by CMS, is a similar program that will be offered to practices not currently participating in MDPCP. When the program begins in January 2026, only practices participating in the Medicaid Advanced Primary Care Program will be eligible.

Multi-Payer Reporting Suite

CRISP, in partnership with hMetrix, created the Multi-Payer Reporting Suite to support alignment between Maryland Medicaid and MDPCP.

The suite of reports helps users understand trends in hospital utilization, facilitate care coordination, and monitor population health across their Medicare and Medicaid beneficiaries.

Multi-Payer Reporting Suite Features

Maryland Medicaid has worked with CRISP and hMetrix to build out the reporting suite:

- All Medicaid patients across MCOs in one report
- Medicaid Redetermination Date tracking
- Utilization and quality measures
- Prediction tools
 - Pre-AH
 - Pre-DC

Predictive Tools

Important tool for care management developed by the Hilltop Institute:

- Pre-AH: Predicts inpatient admissions or ED visits for preventable hospital events in the next month. 'Preventable' is based on 10 Prevention Quality Indicators (PQI) conditions
- Pre-DC: Predicts inpatient admissions or ED visits for severe type 2 diabetes complications in the next month. Scores created for all beneficiaries, not limited to those with diabetes

Maryland Advanced Primary Care Program Features

For practices in the Medicaid Advanced Primary Care Program, the Multi-Payer Reporting Suite will have:

- MCO assignment lists: To identify which MCO members are assigned to the practice as a health home, across all MCOs, in one place
- Care management flags: To identify which of those MCO members may benefit from care management

Contact Information

The Department looks forward to continuing to build the suite in partnership with CRISP, hMetrix and Hilltop to support multi-payer advanced primary care.

Contact:

Sharon Neely, Division Chief,
Medicaid Office of Innovation,
Research and Development:
sharon.neely@maryland.gov

Laura Goodman, Deputy Director,
Medicaid Office of Innovation,
Research and Development:
laura.goodman@maryland.gov

CRISP Multi-Payer Tool Showcase

Garret Morris, MBA

Senior Director Population Health

GBMC Health Partners

May 13, 2025

Agenda

Intro

Background & Current State

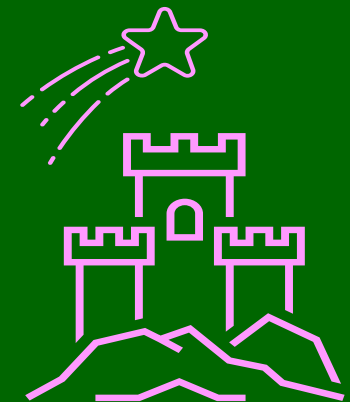
Use Case

Available Information

Questions

Affordable Care Act
Clinical Transformation
Electronic Medical Records
Demonstrate Quality
“Accountable Care”

Once upon a
time...in 2010



Healthcare Payment Progression

Volume

Quality

Value

Downside Risk

Incentives & Penalties

Payment Adjustments

HEDIS, NCQA, HCC, PQI, etc.

Fast Forward

DATA & POPULATIONS

Hospitals, Provider Groups, & Providers must:

Data Driven Decisions

Expand Focus and Responsibility of care

But...

Which Population?

Which Interventions?

Which Resources?



Fast Forward continued

Which Data?

Silos

Complicated mapping

Expense to consolidate

Risk of “Tunnel Vision”

Missed opportunities



Connecting **Providers with Technology** to Improve Patient Care

CRISP MULTI-PAYER TOOL

Multi-Payer Tool Use

CRISP

Connecting Providers with Technology to Improve Patient Care

MULTI-PAYER REPORTING

Help

Morris, Garret

Reports

Population Summary

Population Navigator

Measure Comparison by Time Period

Acute Care Setting Utilization Report

Emergency Room Utilization Report

Plan All Cause Readmission (PCR) Report

PQI Utilization Report

Follow Up After Inpatient Discharge Report

PMPM Trend Report

Health Equity by Demographics Report

Maternal Health Utilization Reports

Redetermination Report

Prediction Tools

Quality Measure Dashboard

Quality Measure Dashboard

Health Equity by Demographics (Quality)

Panel: Greater Baltimore Medical Associates - GBMA_PART

Roster: -Default-

Payer Type: All

Apply

Revert

Pause

Print

Population Summary

Greater Baltimore Medical Associates : GBMA_PART

Beneficiary Count

23,570

Measure Comparison

by Time Period

Inpatient Admissions

(7,862)

ER Visits

(28,531)

Readmission Rate

10.17%

PQI Utilization Report

PQI Events (803)

Follow Up Rate

32.45%

PMPM

\$1,044.95

Health Equity by Demographics

Report

Maternal Health

Utilization

Quality

Measure

Dashboard

Metrics on the Landing Page reflect the 36-month period from 4/1/2022 through 3/31/2025

Timely Follow Up
Transitions of Care (TOCs)
HSCRC
MDPCP
ACO
Commercial Payers

© CRISP. All Rights Reserved

Population Navigator

MULTI-PAYER REPORTING

Help | Morris, Garret | Logout

Panel: Greater Baltimore Medical Center - GBMC_AS Roster: -Default- Payer Type: All Apply

Reports

- Population Summary
 - Population Navigator
 - Measure Comparison by Time Period
 - Acute Care Setting Utilization Report
 - Emergency Room Utilization Report
 - Plan All Cause Readmission (PCR) Report
 - PQI Utilization Report
 - Follow Up After Inpatient Discharge Report
 - PMPM Trend Report
 - Health Equity by Demographics Report
 - Maternal Health Utilization Reports
 - Redetermination Report
 - Prediction Tools
- Quality Measure Dashboard
 - Quality Measure Dashboard
 - Health Equity by Demographics (Quality)

Measures

Beneficiary Name	Medicare ID	Medicaid ID	MRN	Medicaid	Medicare	ADI	Medicaid Plan	Gender	Race	Filter	Measures	Value	Count
										<input type="checkbox"/>	Alzheimer's Dementia	Yes	35
										<input type="checkbox"/>	Alzheimer's Disease	Yes	3
										<input type="checkbox"/>	Asthma	Yes	128
										<input checked="" type="checkbox"/>	Asthma	Yes	240
										<input type="checkbox"/>	Atypical Teratoma	Yes	50
										<input type="checkbox"/>	Chronic Kidney Disease	Yes	84
										<input type="checkbox"/>	Chronic Obstructive Pulmon...	Yes	89
										<input type="checkbox"/>	Colorectal Cancer	Yes	3
										<input type="checkbox"/>	Depression	Yes	129
										<input type="checkbox"/>	Diabetes	Yes	90
										<input type="checkbox"/>	Endometrial Cancer	Yes	2
										<input type="checkbox"/>	Female/Male Breast Cancer	Yes	20
										<input type="checkbox"/>	Heart Failure	Yes	77
										<input type="checkbox"/>	Hip/Pelvic Fracture	Yes	7
										<input type="checkbox"/>	Hyperlipidemia	Yes	164
										<input type="checkbox"/>	Hypertension	Yes	180
										<input type="checkbox"/>	Ischemic Heart Disease	Yes	74
										<input type="checkbox"/>	Lung Cancer	Yes	10
										<input type="checkbox"/>	Mental Health Excluding De...	Yes	123
										<input type="checkbox"/>	Mental Health Including De...	Yes	148
										<input type="checkbox"/>	Non-Alzheimer's Dementia	Yes	34
										<input type="checkbox"/>	Osteoporosis	Yes	45
										<input type="checkbox"/>	Parkinson's Disease	Yes	7

Page 1 of 12

Displaying 1 - 20 of 240

Population Navigator

Provides Patient Level Data

- *Immediately available*
- *Exportable*
- *Focused*
- *Disease Specific*
- *Claims Based – Perspective beyond GBMC's system(s)*
- *Includes MRN*
- *Population Health Intervention*

Multi-Payor Tool – Population Navigator

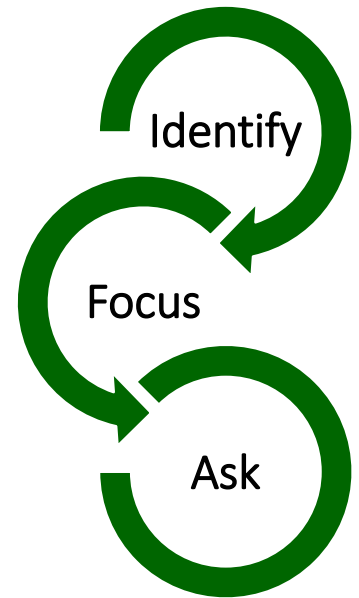
Use Case: Identify Patients with Asthma Dx and ED use (Report Date: April 7, 2025):

240 Total Patients – Narrowed down to 88 patients

Goal: ➤1➤ Educate Patients ➤2➤ Avoidable ED Utilization ➤3➤ Asthma Medication Ratios

Questions:

- Can RN Care Managers or Providers to educate patients on the importance of Asthma controller medicines?
- Can we develop a stronger relationship, one which encourages same day visits instead of ED visits?
- How do we engage attributed patients, with no or limited relationships to seek care with GBMC?
- Are any of these patients due for an Annual Wellness visit?
- What other action(s) can GBMC take to reduce the cost of care?



Multi-Payor Tool – Population Navigator

Use Case: Identify Patients with Asthma Dx and ED use (Report Date: April 7, 2025):

240 Total Patients – Narrowed down to 88 patients

Goal: ➤1➤ Educate Patients ➤2➤ Avoidable ED Utilization ➤3➤ Asthma Medication Ratios

Questions: Listed in previous Slide

Next Steps:

Encourage & Track Outreach

Collect feedback from:

Managers

Care Team

Revisit and re-run list in three months

GBMC Model for Improvement



Additional Useful Information & Reports

Measure Comparison by Time Period

- Reports
- Population Summary

Population Navigator

Measure Comparison by Time Period

Acute Care Setting Utilization Report

Emergency Room Utilization Report

Plan All Cause Readmission (PCR) Report

PQI Utilization Report

Follow Up After Inpatient Discharge Report

PMPM Trend Report

Health Equity by Demographics Report

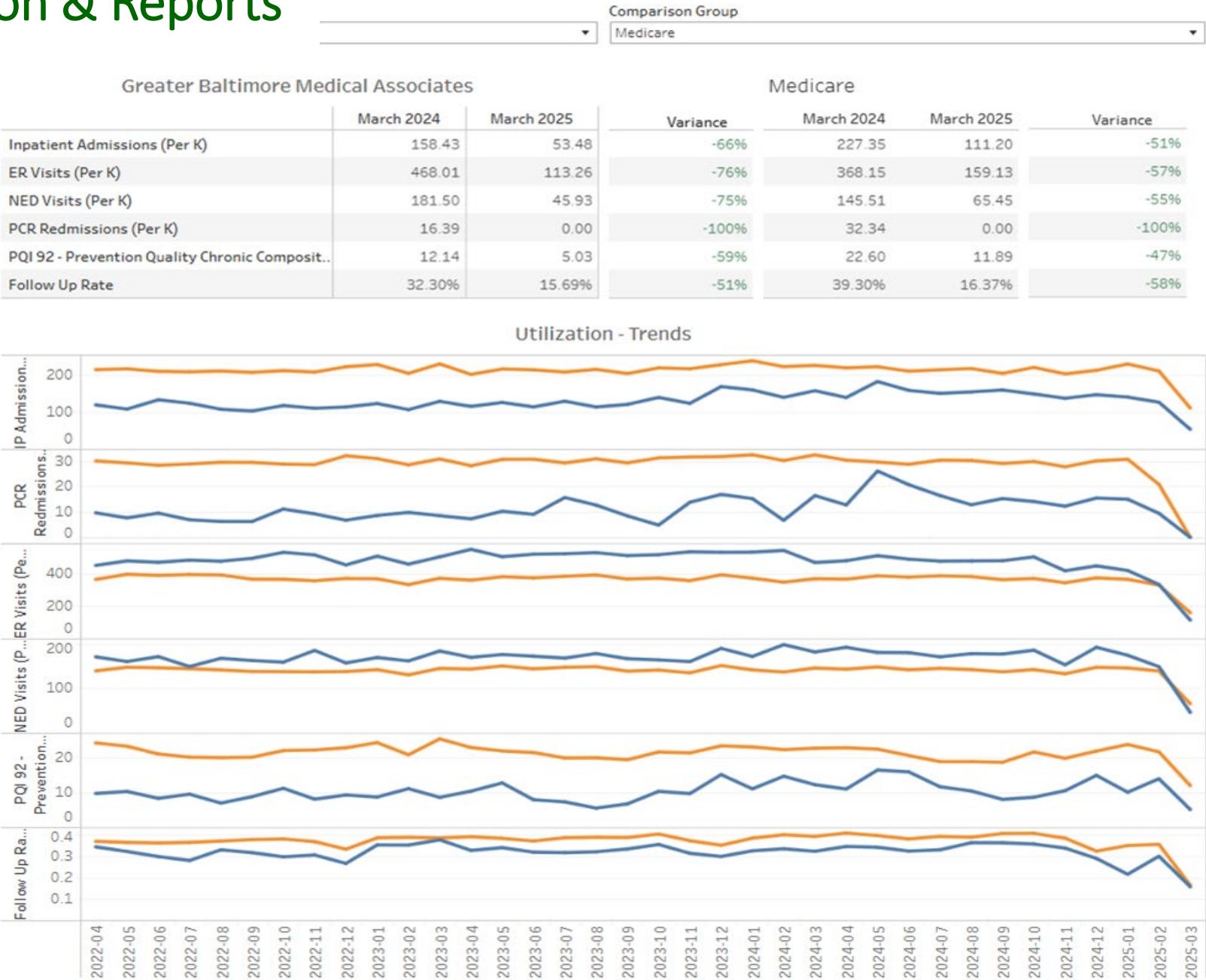
Maternal Health Utilization Reports

Redetermination Report

Prediction Tools
- Quality Measure Dashboard

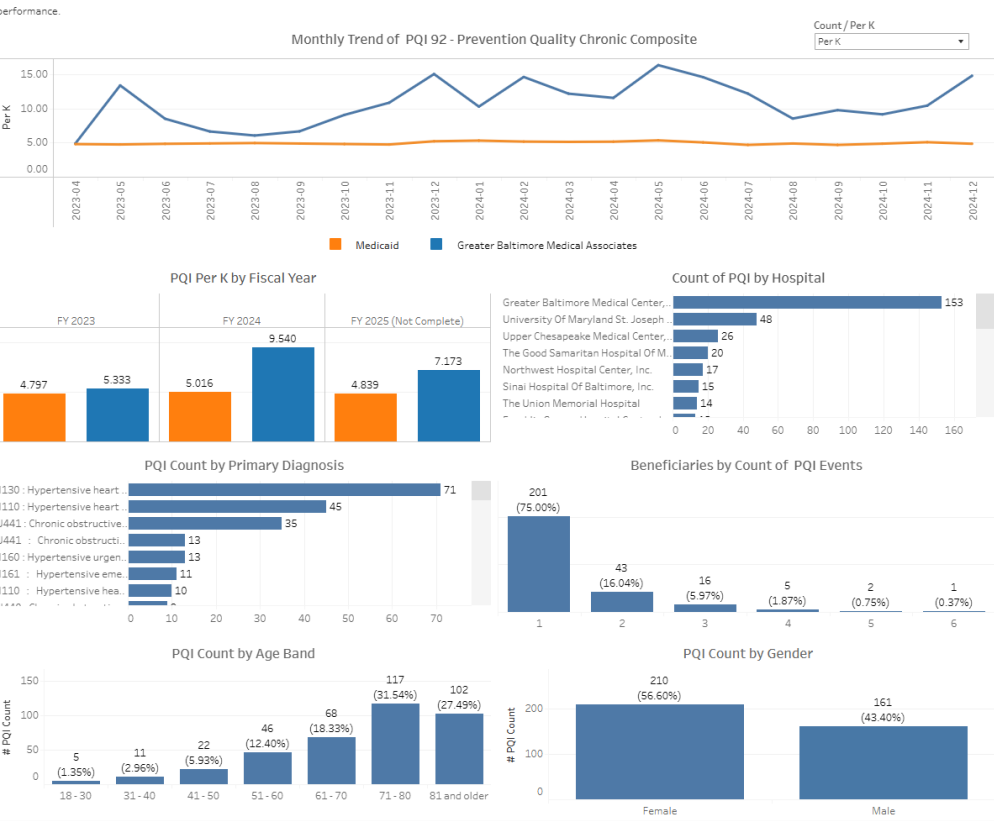
Quality Measure Dashboard

Health Equity by Demographics (Quality)

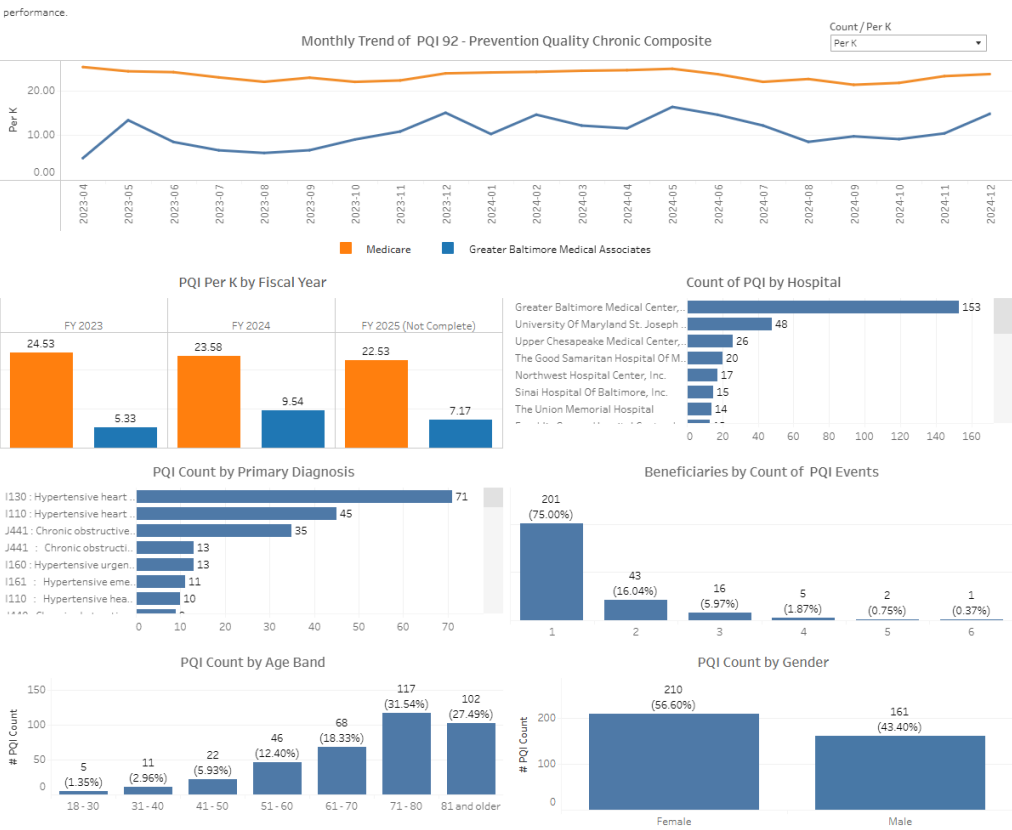


Prevention Quality Indicators (PQI per K)

MEDICAID



MEDICARE



Additional Useful Information & Reports

**CRISP**

MULTI-PAYER REPORTING

Reports

▼ Population Summary

Population Navigator

Measure Comparison by Time Period

Acute Care Setting Utilization Report

Emergency Room Utilization Report

Plan All Cause Readmission (PCR) Report

PQI Utilization Report

Follow Up After Inpatient Discharge Report

PMPM Trend Report

Health Equity by Demographics Report

Maternal Health Utilization Reports

Redetermination Report

Prediction Tools

▼ Quality Measure Dashboard

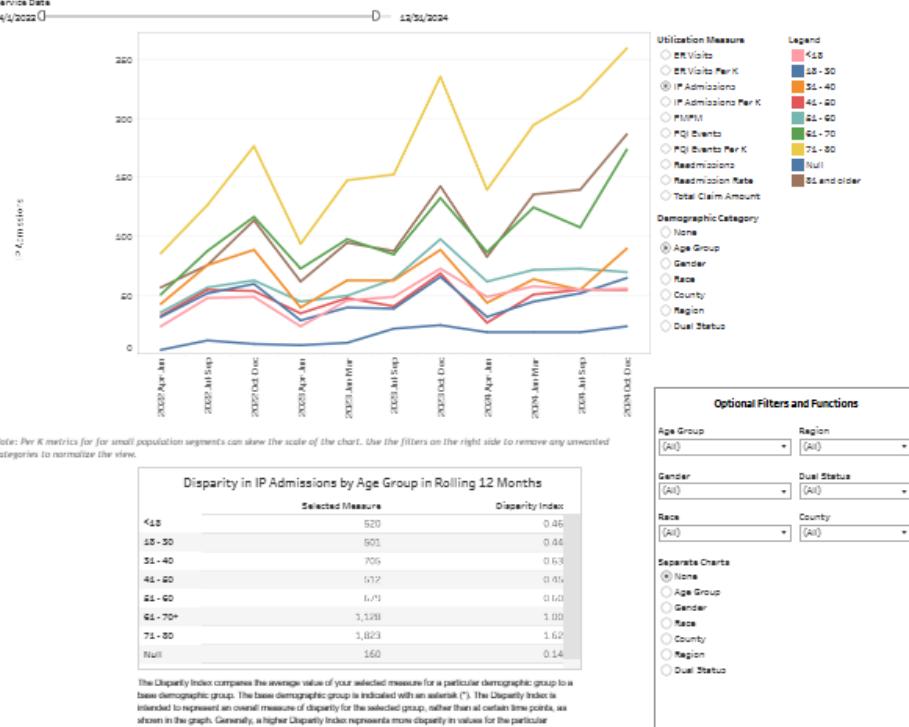
Quality Measure Dashboard

Health Equity by Demographics (Quality)

Health Equity by Demographics Report

The Health Equity by Demographic Report displays utilization and payment measures for your patient population over a selected time period, alongside a comparison group of all Medicare or Medicaid beneficiaries in the State of Maryland. By using the demographic filters, this report can help you identify any disparities within and across demographic groups. The Disparity Index shows the selected measure relative to the base population, indicated with an asterisk(*), which has a Disparity Index of 1.0.

Service Date
4/1/2022



Distribution of Beneficiaries with IP Admissions by Chronic Condition and Age Group

Use this chart to understand the prevalence of certain chronic conditions in the selected demographic category as well as how the distributions of these conditions may contribute to disparities in the utilization measures. Click on a figure to access the drill through to Beneficiary Details for that specific population.

	<18	18-30	31-40	41-50	51-60	61-70	71-80	81 and older	All Other
Alzheimer's Dementia	0 (0.0%)	1 (0.3%)	3 (0.8%)	3 (0.8%)	10 (2.6%)	43 (5.4%)	106 (9.3%)	132 (18.8%)	7 (5.8%)
Alzheimer's Disease	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.8%)	3 (0.4%)	22 (1.9%)	32 (4.6%)	1 (0.8%)
Anemia	32 (6.9%)	103 (26.9%)	173 (33.1%)	132 (26.0%)	150 (27.3%)	299 (37.4%)	528 (46.3%)	363 (51.6%)	36 (29.8%)
Asthma	48 (10.3%)	100 (25.2%)	96 (18.4%)	58 (11.6%)	71 (12.7%)	102 (12.8%)	126 (11.1%)	72 (10.2%)	12 (9.9%)
Atrial Fibrillation	0 (0.0%)	0 (0.0%)	0 (0.0%)	13 (3.5%)	29 (7.2%)	111 (15.1%)	288 (25.3%)	248 (34.9%)	18 (14.9%)
Chronic Kidney Disease	1 (0.2%)	10 (2.5%)	14 (2.7%)	38 (10.4%)	72 (12.7%)	194 (24.3%)	396 (34.2%)	281 (40.0%)	19 (15.7%)
Chronic Obstructive Pulmo..	1 (0.2%)	2 (0.5%)	9 (1.7%)	27 (7.4%)	67 (16.7%)	168 (21.0%)	249 (21.8%)	179 (25.5%)	14 (11.6%)
Colorectal Cancer	0 (0.0%)	0 (0.0%)	1 (0.2%)	2 (0.5%)	5 (1.2%)	16 (2.0%)	44 (3.9%)	36 (5.1%)	4 (3.3%)
Depression	24 (5.2%)	197 (49.6%)	254 (48.8%)	189 (31.5%)	206 (31.2%)	311 (39.9%)	410 (36.0%)	219 (31.2%)	22 (18.2%)
Diabetes	7 (1.5%)	25 (6.3%)	58 (11.1%)	85 (23.2%)	159 (34.6%)	320 (40.0%)	412 (36.1%)	225 (32.0%)	35 (28.9%)
Endometrial Cancer	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	6 (0.8%)	22 (1.9%)	7 (1.0%)	1 (0.8%)
Female/Male Breast Cancer	0 (0.0%)	0 (0.0%)	4 (0.8%)	13 (3.5%)	8 (2.0%)	47 (5.9%)	95 (8.3%)	71 (10.1%)	8 (6.6%)
Heart Failure	1 (0.2%)	4 (1.0%)	9 (1.7%)	35 (9.3%)	67 (16.7%)	160 (21.0%)	254 (22.2%)	230 (32.7%)	18 (14.9%)
Total	160	377	523	367	402	800	1,340	703	121

Additional Useful Information & Reports

Filters:

- Age
- Gender
- Race
- Diagnosis
- Disparity Index
- Time Horizon

Additional (Exiting) Information & Reports

- Top 1st Percentile
- Between 2nd and 5th Percentile
- Between 6th and 10th Percentile
- Between 11th and 20th Percentile
- Between 21st and 100th Percentile

Prediction scores are available for currently enrolled Medicare FFS and Medicaid FFS and MCO beneficiaries who are required to have both Part A and Part B coverage. Beneficiaries who do not meet these criteria are not presented in the report. The percentiles are determined at a single point in time and may vary when a roster or sub-population is selected.

The Pre-DC prediction tool provides risk scores and reasons for risk for all attributed beneficiaries registered with the system due to ophthalmic/retinopathic, nephropathic, cerebrovascular, cardiovascular, peripheral vascular, or other conditions.

Prediction Tool

Severe Diabetes Complications (Pre-DC)

Beneficiary Name

(All)

Beneficiary Name	Medicare ID	Medicaid ID	Gender	DOB	Dual Status
------------------	-------------	-------------	--------	-----	-------------

Claims available through 3/31/2025

Prediction scores are available for currently enrolled Medicare FFS and Medicaid FFS and MCO beneficiaries who are required to have both Part A and Part B coverage. Beneficiaries who do not meet these criteria are not presented in the report. The percentiles are determined at a single point in time and may vary when a roster or sub-population is selected.

Prediction Tool

Avoidable Hospital Events (Pre-AH)

Beneficiary Name	Medicare ID	Medicaid ID	Gender	DOB	Dual Status
------------------	-------------	-------------	--------	-----	-------------

Reports

Population Summary

Population Navigator

Measure Comparison by Time Period

Acute Care Setting Utilization Report

Emergency Room Utilization Report

Plan All Cause Readmission (PCR) Report

PQI Utilization Report

Follow Up After Inpatient Discharge Report

PMPM Trend Report

Health Equity by Demographics Report

Maternal Health Utilization Reports

Redetermination Report

Prediction Tools

Quality Measure Dashboard

Quality Measure Dashboard

Health Equity by Demographics (Quality)

Prediction scores are available for currently enrolled Medicare FFS and Medicaid FFS and MCO beneficiaries who are required to have both Part A and Part B coverage. Beneficiaries who do not meet these criteria are not presented in the report. The percentiles are determined at a single point in time and may vary when a roster or sub-population is selected.

This tool indicates the risk of inpatient hospitalization or ED visit for beneficiaries with Type 2 diabetes. If a beneficiary has Type 2 diabetes, they can also have other causes.

Prediction Score Key

PQI - Like Events	≥4 ED Visits Super Utilizer	Prediction Score	Claim Payment Amount
-------------------	-----------------------------	------------------	----------------------

- Top 1st Percentile
- Between 2nd and 5th Percentile
- Between 6th and 10th Percentile
- Between 11th and 20th Percentile
- Between 21st and 100th Percentile

Prediction scores are available for currently enrolled Medicare FFS and Medicaid FFS and MCO beneficiaries who are required to have both Part A and Part B coverage. Beneficiaries who do not meet these criteria are not presented in the report. The percentiles are determined at a single point in time and may vary when a roster or sub-population is selected.

Prediction Score Key

(All)

PQI - Like Events	≥4 ED Visits Super Utilizer	Prediction Score	Claim Payment Amount
-------------------	-----------------------------	------------------	----------------------



Questions & Thank you

Garret Morris, MBA
Senior Director Population Health
GBMC Health Partners
gemorris@gbmc.org



CRISP

Chesapeake Regional Information
System for our Patients

Questions?

Please take our survey



Training materials,
recorded webinars, etc.,
can be found at:

<https://www.crisphealth.org/multi-payer-reporting-suite/>

CRISP Support

support@crisphealth.org

877-952-7477