



Summit Health Solutions



Understanding & Using CMS Data

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Summit Medical Group

- 150 PCPs + 50 hospitalists + 20 specialists (pul, rheum & card'l) + 100 phy extenders
- 55 practice sites, 11 county market
- Ancillaries – lab, imaging, sleep, PT / OT, express clinics & wellness
- 100% primary care sites recognized by NCQA as Patient Centered Medical Home (III)
- AllScripts EMR in all sites



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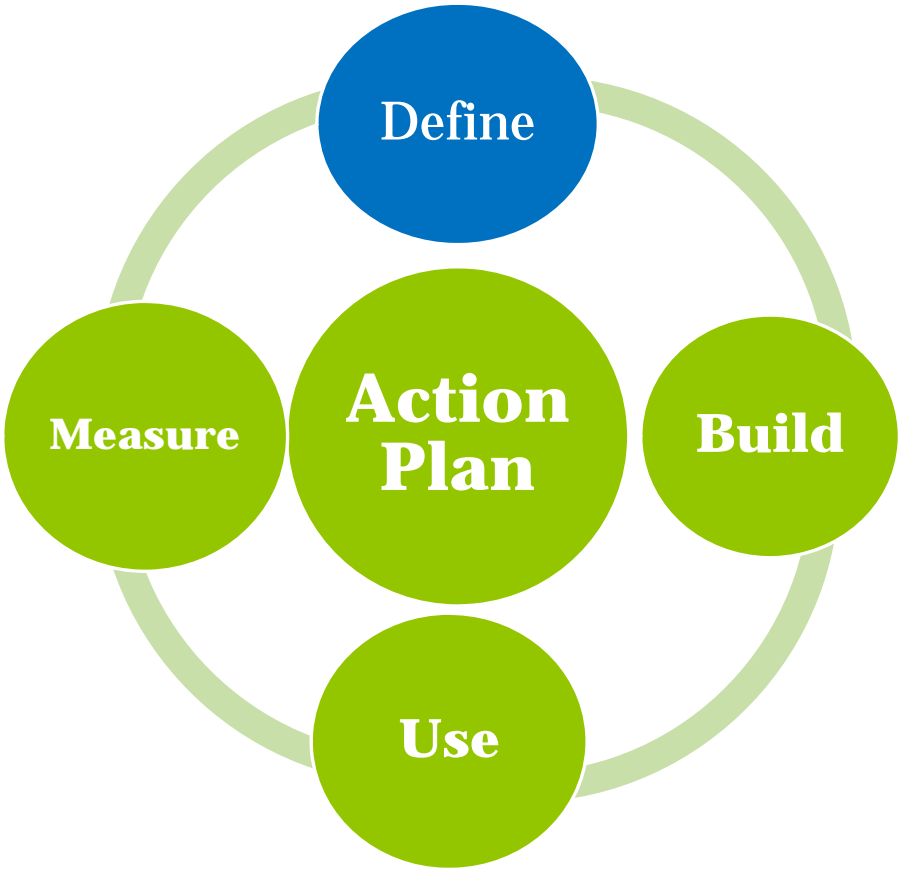
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- ACO w/ July 1, 2012 start date
- Wholly owned by Summit Medical Group
- Two hospital systems as participant providers
- 23 RN Care Coordinators, 5 Social Workers
- 2 Care Navigators, 1 Medical Director
- 37,000 attributed beneficiaries
- 44,000 pts in Med Adv or Mcare FFS



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Clear Action Plan



Attribution Report

- Attribution vs. exclusions
- Proportion of 1° care allowables
- Count of 1° care services
- Demographic & enrollment info
- County distribution
- Frequency & rates by HCC



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Patient Notification

- Letter with opt-out form
 - 30 day response window
- Office visit notification
 - In lieu of letter
 - In addition to letter
 - Trackable
- Data Sharing Request Report

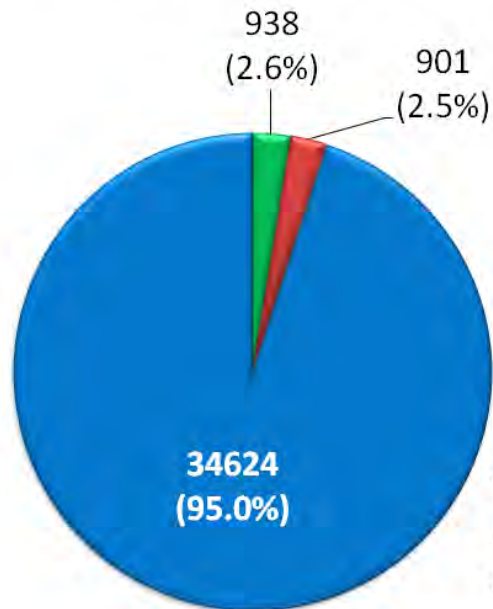


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by CPT: Attribution & Paid \$

Attribution by CPT

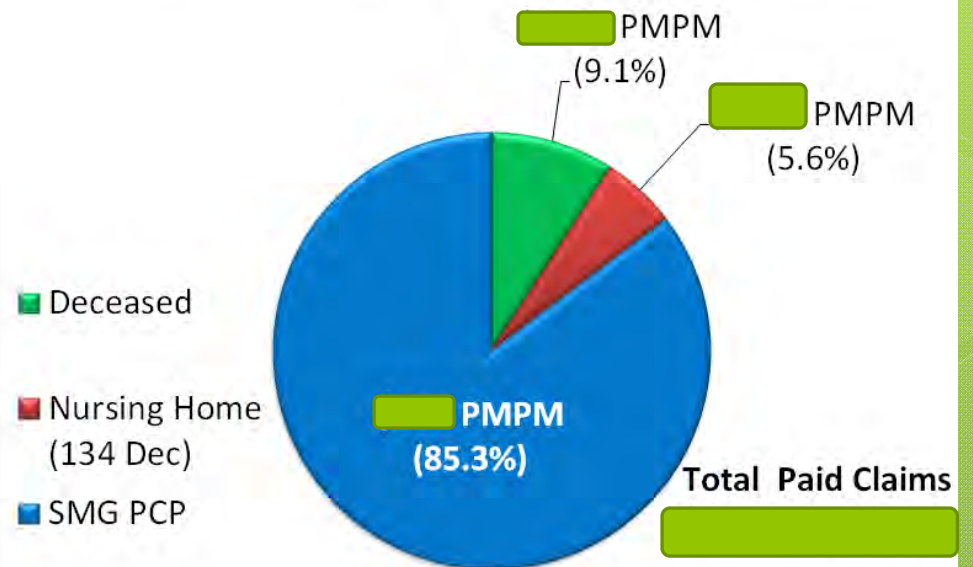
Dates of Service 4/1/2012 - 3/31/2013, paid as of 5/31/2013, no IBNR



Total ACO Att.
Q1 2013
36,463

Paid Claims by CPT Attribution

Dates of Service 4/1/2012 - 3/31/2013, paid as of 5/31/2013, no IBNR



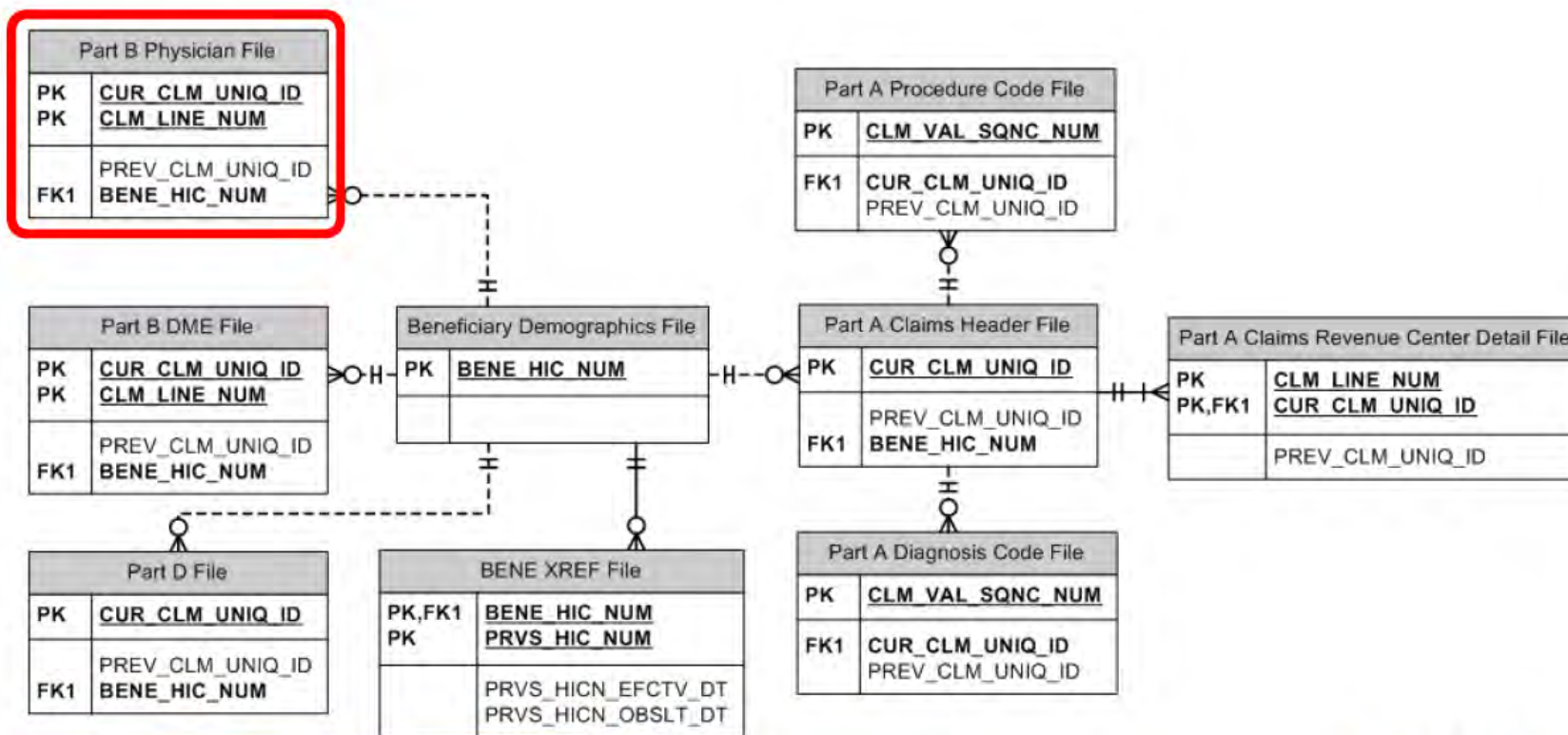
Total Paid Claims



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ACO Data and Reporting

Claims Data Feed: Part B Physician File



Key Fields

HICN

Provider ID

Claim id

Dx

DOS

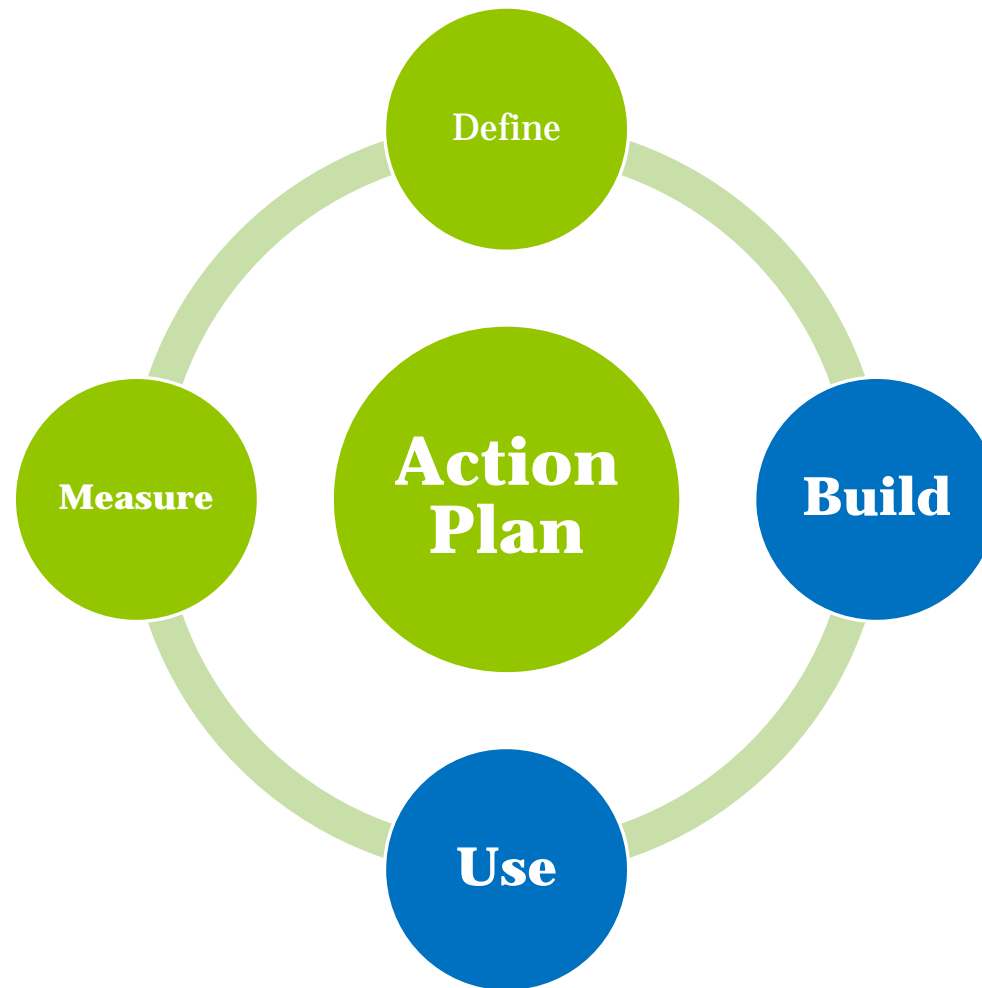
Pd \$ w/o co-share

Claim type

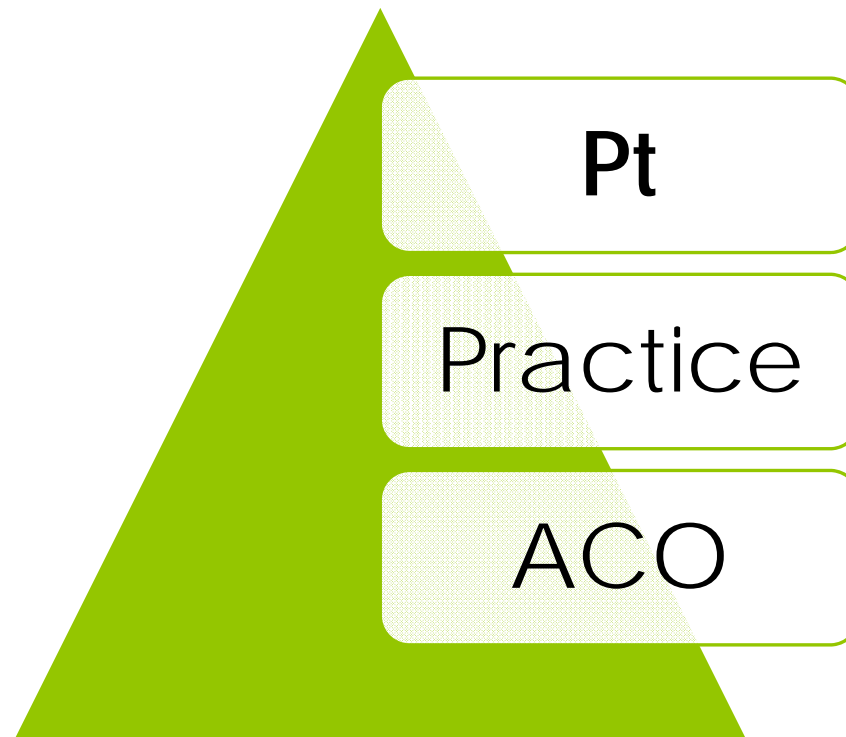
HCPCS



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Build – determine its use



Patient Level

- Organize & prioritize staff - proactive
 - Risk stratification
 - Predictive modeling
 - Pts @ risk of future event
- Engage physicians & providers



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ER Frequent Flier

Pt Key	Primary Diagnosis		ER Visits	Dx Specific ER Visits
4062	78650	Chest pain, unspecified	51	11
4062	78900	Abdominal pain, unspecified site	51	6
4062	78659	Chest pain, other	51	4
4062	78652	Painful respiration	51	3
4062	7242	Lumbago	51	3
4062	8500	Concussion w/ no loss of consciousness	51	2
4062	7243	Sciatica	51	2
21613	30000	Anxiety state, unspecified	49	7
21613	34690	Migraine, unspecified	49	7



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Patient Detail

Member Detail

Dates of Service 5/1/2012 - 4/30/2013, paid as of 6/30/2013, no IBNR

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Update Report

Member Key	
MRN	
Prospective HCC	0.32
Age	054
Status	Disabled
Death Date	
Hospice	

Inpatient Visits	
Historical ER Visits - 7/12 - 6/13	1
Historical Non-SNF Admits - 7/12 - 6/13	2
Historical SNF Admits - 7/12 - 6/13	2
Historical Readmissions - 5/12 - 4/13	1
Highest Cost DRG - 7/12 - 6/13	493
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	

Chronic Conditions
Diabetes

HCCs
Diabetes without Complication

Attributed Physician
Name
Practice
Address
Phone

Claims Summary	Part A	Part B	Part D*	Total
July, 2011	\$ -	\$ -	\$ -	\$ -
August, 2011	-	-	-	-
September, 2011	-	-	-	-
October, 2011	-	-	-	-
November, 2011	-	-	-	-
December, 2011	-	-	-	-
January, 2012	-	-	-	-
February, 2012	-	-	-	-
March, 2012	-	-	-	-
April, 2012	-	-	-	-
May, 2012	-	-	-	-
June, 2012	-	-	-	-
July, 2012	51	136	-	187
August, 2012	5,214	1,324	-	6,538
September, 2012	-	53	-	53
October, 2012	-	223	-	223
November, 2012	17,666	3,383	-	21,049
December, 2012	21,158	1,446	-	22,604
January, 2013	-	601	79	680
February, 2013	1,844	145	-	1,989
March, 2013	-	674	55	728
April, 2013	-	-	-	-
May, 2013	-	338	68	406
June, 2013	-	-	56	56
Total	\$ 45,932	\$ 8,322	\$ 257	\$ 54,511

*Part D paid amounts represent beneficiary paid amounts.

Drugs			
Name	Scripts	Average Quantity	Average Days Supply
MORPHINE SULFATE ER	5	60.0	30.0
OXYCODONE HCL	5	120.0	30.0
TIZANIDINE HCL	5	50.2	25.0
ALPRAZOLAM	3	60.0	30.0
IBUPROFEN	1	30.0	10.0



Pt

Practice

ACO



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PCP Engagement

Reports criteria

Credible

Actionable

Timely

“Trendable”

Relevant

Delivery criteria

What?

So what?

Now what?



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Story vs. Stats



PCP Dashboard

18

Provider Detail

Dates of Service 5/1/2012 - 4/30/2013, paid as of 6/30/2013, no IBNR
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Update Report - NPI

Update Report - Site Number

Provider Detail

Name

Site Name

Address

Phone

Provider NPI/Site Number Incurred 5/12 - 4/13		Average (All ACO Pts)	ACO Benchmark	ACO Goal
Attributed Beneficiaries	174			
Average HCC Risk Score	1.0783			
Average PMPM	\$ 743.11	\$		
Part A PMPM [5]	\$ 419.63	\$		
Part B Physician PMPM [4]	\$ 268.88	\$		
IP Admits/1,000	340.4			
ER Visits/1,000	651.9			
Readmits Rate	16.9%			

High Risk Care Coordination Opportunities

No. of Low Utilizers [1]	2
No. of Top 100 Frequent Flyer ER Beneficiaries [2]	0
No. of Top 100 Frequent Flyer IP Beneficiaries [2]	1
No. of High Cost Beneficiaries [3]	4

[1] Beneficiaries with less than \$1,000 in paid claims and a prospective HCC risk score greater than 1.00.

[2] Beneficiaries included on the list of top 100 utilizers based on ER visit or IP admit count using all available MSSP data.

[3] Beneficiaries who have more than \$50,000 in paid claims during the current calendar year.

[4] Part B Physician/Provider does not include DME

[5] Part A Includes Inpatient, Outpatient, SNF, and Hospice

SCP Engagement

- Medical Neighborhood
- Utilization & steerage
- Collaboration Agreements
- Share practice pattern data w/ individual specialty practices
- Identify opportunities to understand & improve components of care delivery
- Identify opportunities to get pts the right care, at the right location, at the right time, every time



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Cost & Use – all specialities

Specialty Code Summary

Incurred May 2012 - April 2013, paid through June 2013 w/o IBNR

SELECT ATTRIBUTED PHYSICIAN FILTER

Attributed Physician Filter:

NO FILTER

NO FILTER

Apply Physician Filter

Provider Specialty Code & Description	ACO				Comparison Data - 2011 Sp Knoxville MSA Attributed Population Demographically-Adjusted to Summit's Population				Comparison		
	Procedures	Cost per Procedure	Total Cost PMPM	Cost Distribution	Procedures	Cost per Procedure	Total Cost PMPM	Cost Distribution	Cost per Procedure	Total Cost PMPM	Cost %
11 Internal Medicine	422,157	\$ 30.85	\$ 28.28	12.0%	36,931	\$ 34.40	\$ 27.07	11.1%	\$ (3.55)	\$ 1.22	0.9%
18 Ophthalmology	49,975	172.71	18.74	8.0%	6,019	144.11	18.48	7.6%	28.61	\$ 0.26	0.4%
08 Family Practice	277,187	28.48	17.14	7.3%	27,315	27.74	16.14	6.6%	0.75	\$ 1.00	0.7%
83 Hematology/Oncology	53,706	112.46	13.11	5.6%	4,932	97.56	10.25	4.2%	14.91	\$ 2.86	1.4%
59 Ambulance Service Supplier	45,444	147.50	14.55	6.2%	4,885	147.69	15.37	6.3%	(0.19)	\$ (0.82)	-0.1%
69 Independent Clinical Laboratory	155,744	28.44	9.62	4.1%	26,913	22.72	13.02	5.4%	5.72	\$ (3.41)	-1.3%
30 Diagnostic Radiology	116,655	35.20	8.92	3.8%	13,807	30.03	8.83	3.6%	5.17	\$ 0.08	0.2%
49 Ambulatory Surgical Center	9,528	412.60	8.54	3.6%	1,026	375.24	8.20	3.4%	37.36	\$ 0.34	0.3%
06 Cardiology	88,518	44.69	8.59	3.6%	12,903	43.80	12.04	4.9%	0.89	\$ (3.45)	-1.3%
50 Nurse Practitioner	85,799	42.22	7.87	3.3%	8,003	35.20	6.00	2.5%	7.02	\$ 1.86	0.9%
20 Orthopedic Surgery	37,538	90.46	7.37	3.1%	4,915	84.77	8.88	3.6%	5.69	\$ (1.50)	-0.5%



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Cost & Use - Ophthalmology

Cost and Use Report (Physician Services Only) - by Provider Specialty Code
Incurred May 2012 - April 2013, paid through June 2013 w/o IBNR

SELECT PROVIDER SPECIALTY CODE

Attributed NPI Filter: NO FILTER
Attributed Physician Filter: NO FILTER
Provider Specialty Code: 18
Provider Specialty Code Description: Ophthalmology

Update Report - by Specialty Code

Service Type	Procedures	Cost per Procedure	Total Cost PMPM	Cost Distribution	Benchmark - 2011 5p Attributed Population Demographically-Adjusted to Summit Specialty Type: Ophthalmology	Benchmark - 2011 5p Attributed population Demographically-Adjusted to Summit All Specialty Types
Grand Total	49,975	\$ 172.71	\$ 18.74	100%	100%	100%

Service Type	Procedures	Cost per Procedure	Total Cost	Cost Distribution	Cost Distribution	Cost Distribution
Professional						
All Other	1	\$ 78.40	\$ 0.00	0%	0%	0%
Inpatient Visits	31	81.57	0.01	0%	0%	9%
Lab/Pathology	6	31.89	0.00	0%	0%	9%
Neurology	2	122.77	0.00	0%	0%	1%
Ophthalmology - Exams - Med Nec	18,245	80.21	3.18	17%	0%	0%
Ophthalmology - Office Visits	5,315	65.27	0.75	4%	6%	0%
Ophthalmology - Services - Med Nec	15,056	46.08	1.51	8%	0%	0%
Other HCPCS	104	1,459.48	0.33	2%	0%	0%
PRV-Glaucoma Screening	2	34.71	0.00	0%	0%	0%
Radiology	634	37.10	0.05	0%	0%	7%
Routine Vision Exams	20	73.37	0.00	0%	0%	0%
Surgery	7,607	289.25	4.78	25%	37%	13%
Professional Total	47,023	\$ 103.87	\$ 10.61	57%	43%	72%

Service Type	Procedures	Cost per Procedure	Total Cost PMPM	Total Cost	ACO Benchmark: Ophthalmology	ACO Benchmark All Specialty Types
Other						
Home Health	-	-	-	-	0%	18%
Orthotics & Prosthetics	-	-	-	-	0%	0%
Part B Drugs (J Codes)	2,952	1,269.37	8.14	43%	57%	10%
Transportation - Medicare Covered	-	-	-	-	0%	0%
Transportation - Non-Medicare	-	-	-	-	0%	0%
Other Total	2,952	\$ 1,269.37	\$ 8.14	43%	57%	28%

Cost & Use – specific TIN

TIN Summary within Selected Specialty Code

Incurred May 2012 - April 2013, paid through June 2013 w/o IBNR

Attributed NPI Filter: NO FILTER
 Attributed Physician Filter: NO FILTER
 Provider Specialty Code: 18
 Provider Specialty Code Description: Ophthalmology

TIN Summary								
TIN	Procedures	Patients	Cost per Procedure	Total Cost	Total Cost per Patient	Average HCC Score of TIN Panel	Normalized Cost per Procedure	Normalized Cost per Patient
★	49,975	15,972	\$ 172.71	\$ 8,631,407	\$ 540.41	1.117	\$ 154.57	★ \$ 483.64
★ .3	18,296	2,066	\$ 272.63	\$ 4,988,101	\$ 2,414.38	1.313	\$ 207.68	★ \$ 1,839.19
.7	5,249	2,314	117.37	616,084	266.24	1.087	107.96	★ 244.89
.2	4,810	2,219	102.20	491,597	221.54	1.058	96.57	209.32
.7	3,886	1,672	110.00	427,459	255.66	1.067	103.11	239.64
.4	2,982	1,211	103.58	308,887	255.07	1.074	96.45	237.50
.1	2,697	1,437	105.14	283,562	197.33	1.122	93.68	175.82
0	1,993	1,109	99.38	198,071	178.60	1.184	83.96	150.89



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C&U – specific TIN

Cost and Use Report (Physician Services Only) - by Specialty Code and TIN
Incurred May 2012 - April 2013, paid through June 2013 w/o IBNR

PASTE PROVIDER TIN

Attributed NPI Filter NO FILTER
Attributed Physician Filter NO FILTER
Specialty Code 18
Specialty Code Description Ophthalmology
TIN:

Update Report for TIN

HCC score: 1.3127

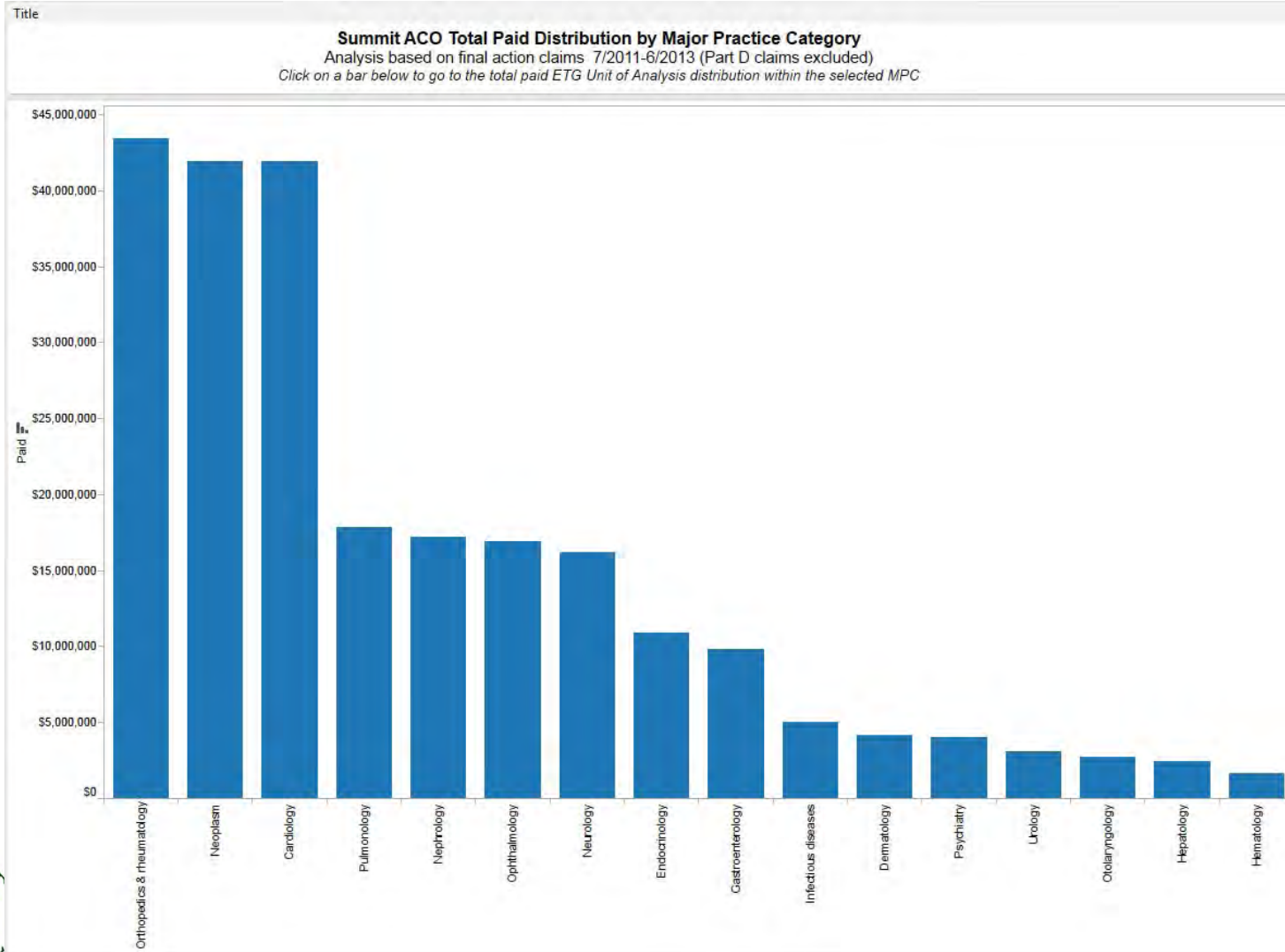
Service Type	Procedures	Cost per Procedure	Total Cost	Cost Distribution	Benchmark - 2011 5p Attributed Population Demographically-Adjusted to Summit Specialty Type: Ophthalmology
Grand Total	18,296	\$ 272.63	\$ 4,988,101	100%	100%

Service Type	Procedures	Cost per Procedure	Total Cost	Cost Distribution	Cost Distribution
Professional					
Inpatient Visits	1	148.12	148	0%	0%
Ophthalmology - Exams - Med Nec	4,346	86.60	376,353	8%	0%
Ophthalmology - Office Visits	596	103.26	61,543	1%	6%
Ophthalmology - Services - Med Nec	7,287	49.58	361,292	7%	0%
Other HCPCS	56	1,384.29	77,520	2%	0%
Radiology	35	69.89	2,446	0%	0%
Surgery	3,192	139.96	446,766	9%	37%
Professional Total	15,513	\$ 85.48	\$ 1,326,069	27%	43%

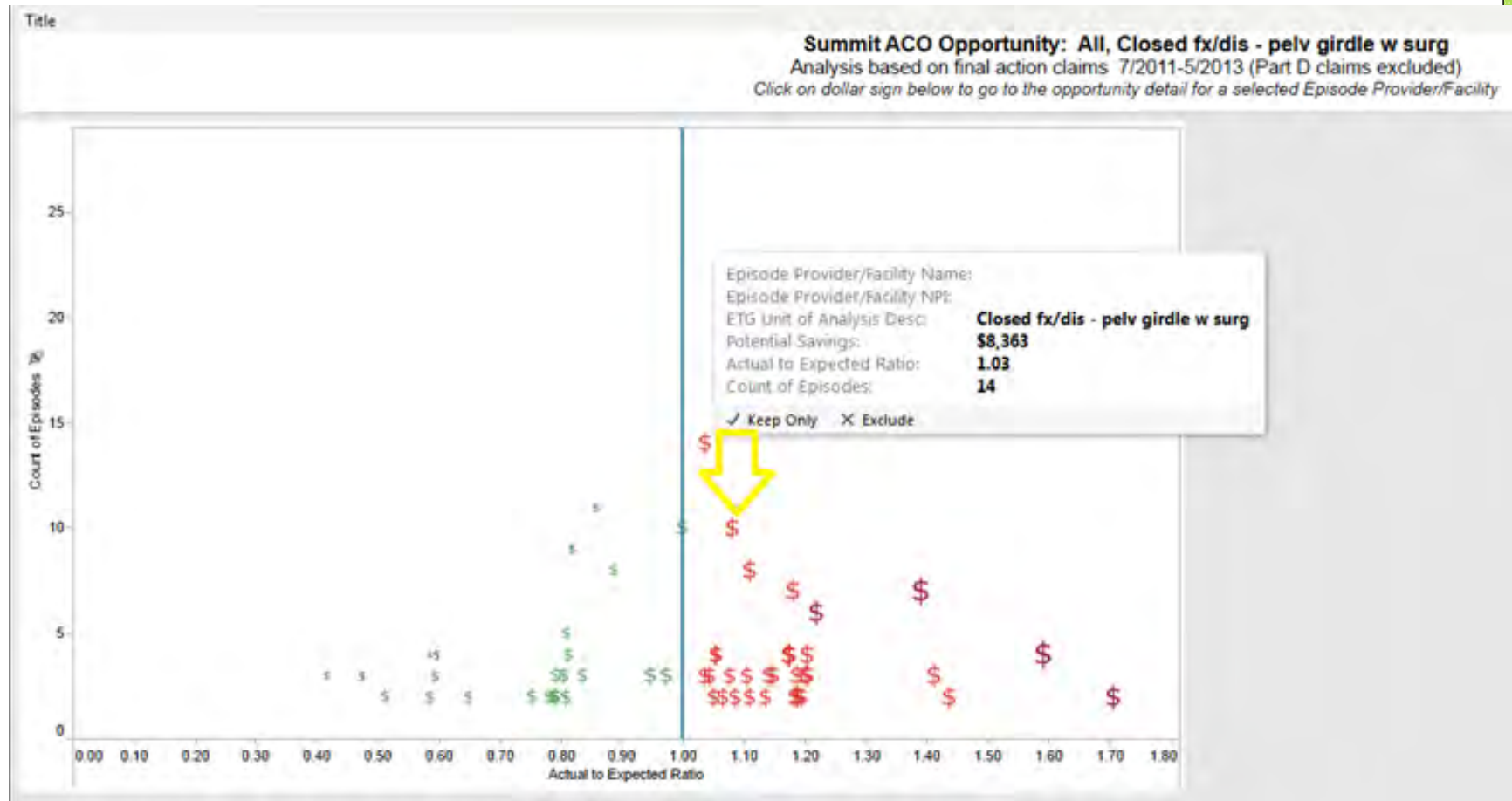
Service Type	Procedures	Cost per Procedure	Total Cost	Total Cost	ACO Benchmark
Other					
Home Health	-	-	-	-	0%
Orthotics & Prosthetics	-	-	-	-	0%
Part B Drugs (J Codes)	2,783	1,315.86	3,662,032	73%	57%
Transportation - Medicare Covered	-	-	-	-	0%
Transportation - Non-Medicare	-	-	-	-	0%
Other Total	2,783	\$ 1,315.86	\$ 3,662,032	73%	57%

ations

ETG



Opportunity Graph



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Service Category Drilldown

SNF Comparison for all Jt degen -back w surg ETG Episodes

Service Category	Facility Name on Claim	Distinct count of Episode Number	Paid per Confinement
SNF	Null	7	\$5,460
	Null	7	\$4,620
	Null	2	\$11,039
	Null	2	\$5,860
	Null	2	\$5,031
	Null	1	\$9,326
	Null	3	\$2,239
	Null	1	\$6,185
	Null	1	\$5,968
	Null	1	\$5,916
	Null	1	\$5,806
	Null	2	\$2,607
	Null	1	\$2,556
	Null	2	\$750

Inpatient Comparison for all Jt degen -back w surg ETG Episodes

Service Category	Facility Name on Claim	Distinct count of Episode Number	Paid per Confinement
INPATIENT	Null	56	\$17,184
	Null	48	\$20,631
	Null	38	\$14,289
	Null	34	\$14,546
	Null	27	\$20,564
	Null	10	\$18,544
	Null	9	\$6,818
	Null	5	\$4,679



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Pt

Practice

ACO



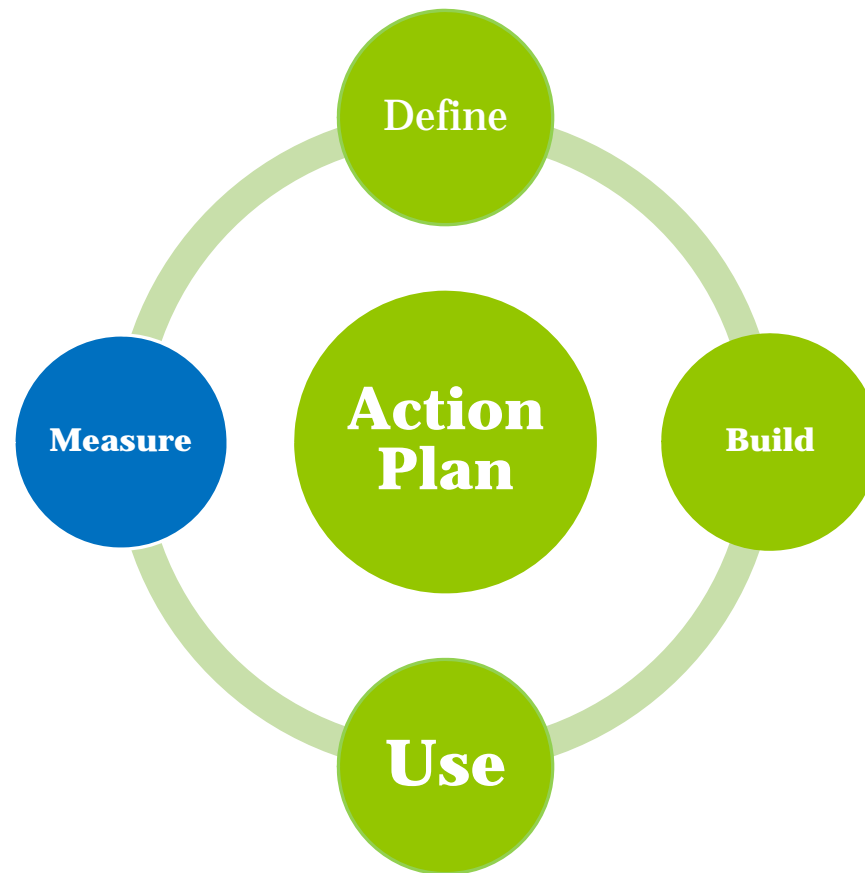
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Process Improvement

- ER use → access issues
- Readmit → coordination opportunities
- Low utilizers → proactive contact
- High cost → education indicated



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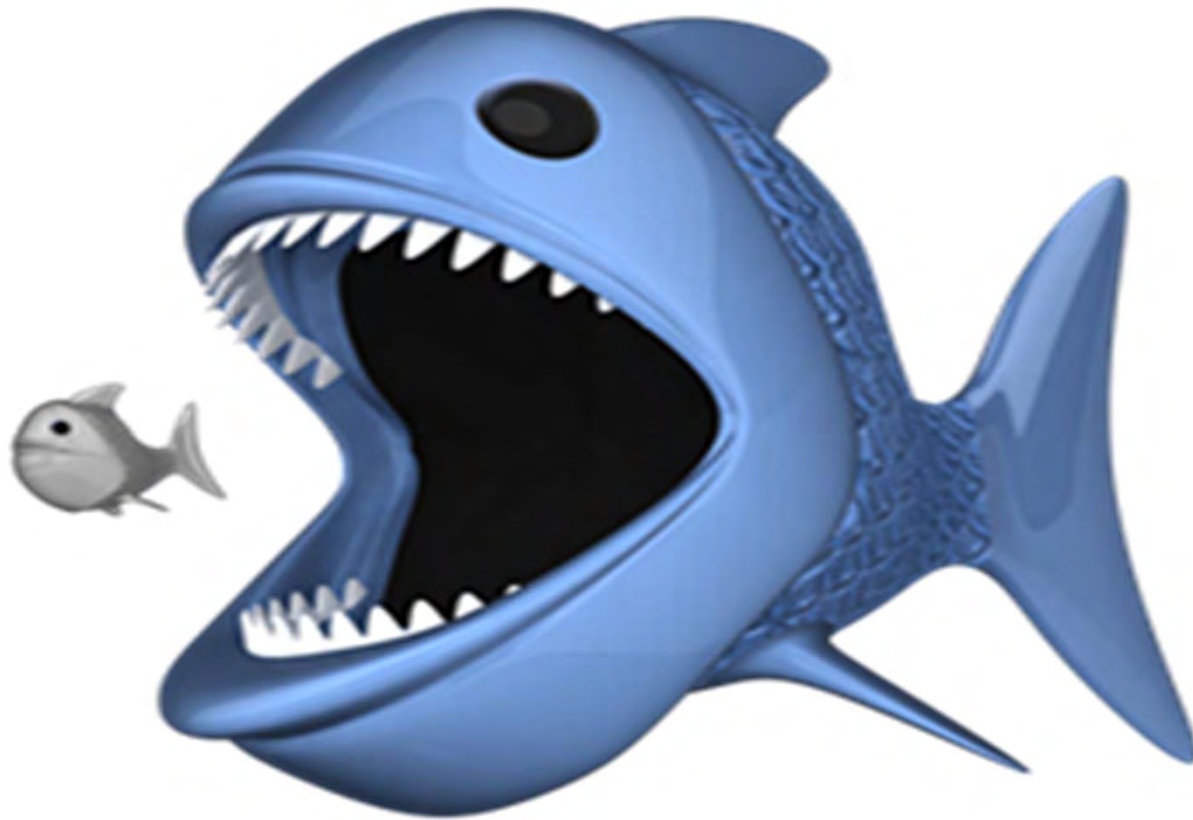
Different “buckets” of data

- CMS Trend Reports
 - 100% (no decline to share)
 - prospectively attributed for given 12 months
 - truncated
 - *no* claims detail available
 - drives determination of shared savings
- Optum Actuarial Reports
 - pts who did not decline to share (~96%)
 - regardless of current attribution status
 - no truncation
 - claims detail available
 - drives reports reviewed with providers



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Culture Eats Change!



Questions?



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