



ANALYSIS OF RECENT CMS CHANGES IN DATA FILES

June 1, 2014

This analysis compares the recent changes, announced by CMS in the May 22 ACO Spotlight. These changes are, at least in part, a response to the request made by NAACOs in the January 2014 NAACOs Data Task Force Document. The analysis below itemizes each requested item and delineates how CMS has responded. In addition, a recommended follow response is provided for each item and discussed below. This analysis is prepared as a draft for consideration by the Data Task Force, the Policy Committee and the NAACOs Board.

BENEFICIARY ASSIGNMENT REPORTS				
Item	Description	CMS Response	Discussion	Follow Up
1	Beneficiary change status	Added Table 1-5 "Quarterly Beneficiary Turnover Analysis"	This new table provides a list of beneficiaries dropped from assignment, with a flag indicating one of 6 reasons for the turnover	None
2	Add the NPI used for assignment	Added Table 1-4 "Top 3 TIN/NPI for assigned beneficiaries"	This new table addresses the request for CMS to assist ACOs in making an association between each beneficiary and a primary care physician. CMS has provided the top 3 physicians, in descending order of primary care services, for each assigned beneficiary	Seek feedback from NAACOs members
3	Consolidate Tables 1-2 and 1-3 and additional clarification	No response	Recent communications from CMS indicate they are aware of assignment problems	Seek more detail from ACOs with FQHCs regarding assignment to narrow the ask
4	Beneficiary address	No response		Renew request and ask for clarification
5	Date of beneficiary	No response		Drop this request

BENEFICIARY ASSIGNMENT REPORTS

Item	Description	CMS Response	Discussion	Follow Up
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6	Count of qualifying primary care services by NPI	See item #2 above	CMS has effectively responded to this item indirectly by providing the top 3 NPIs providing primary care services	None
7	Beneficiary Change Status Reason	Added Table 1-5 "Quarterly Beneficiary Turnover Analysis"		None
8	Medicare entitlement date	No response	CMS has provided this information with a change in the CCLF data files (See below)	Inquire of NAACOs members if this change is sufficient
9	Notation of a change in HICNO	No response		Renew this request seeking either a change or CMS's rationale
10	Individual HCC markers by beneficiary	No response		Renew this request seeking either a change or CMS's rationale
11	Declined data sharing flag	No response		Drop this request, this information can be inferred from the CCLF data file process
12	Eligibility status by month for all months applicable to the program (ESRD, Aged, Dual, Disabled)	No response		Drop this request in lieu of pressing for item # 8
13	Truncated costs for those beneficiaries with truncated claims cost by eligibility status	No response		Drop this request
14	Rx Data Flag	No response		Drop this request, this information can be inferred from the CCLF data
15	Institutional status, with institutional name and contact info.	No response		Seek feedback from NAACOs members
16	Hospice status	No response		Seek feedback from NAACOs members

BENEFICIARY ASSIGNMENT REPORTS

Item	Description	CMS Response	Discussion	Follow Up
17	No NAACOS request	CMS has added a flag indicating “newly assigned” beneficiaries to the Annual Assignment List provided with the financial reconciliation		None

The changes implemented by CMS were put in place with the Q1 2014 Beneficiary Assignment Reports.

Quarterly and Annual Expenditure/Utilization Reports

Item	Description	CMS Response	Discussion	Follow Up
1	Discrete quarter reports	No response		Renew this request with greater specification and justification
2	Provide drill down capability	No response		Drop this request
3	Provide details on the coding and classification used for these reports	Incomplete response	CMS has provided some additional education about these reports and may believe they have answered this request	Renew this request
4	Separate I/P costs by type	Additional detail has been built into the reports	Substantial detail has been added which satisfies the essential request	None
5	Move IME/DSH to footnotes	CMS has removed these two components		None
6	Additional detail in the Outpatient cost section	No response		Renew this request
7	Additional detail in the Physician expenditure section	No response		Renew this request
8	Additional detail in the Skilled nursing facility cost section	CMS has provided Skilled nursing facility discharge rates	The CMS response does not get to the heart of the NAACOs request. This need is addressed, obliquely, with the additional detail for I/P expenditures	Renew the request for item # 3 above and incorporate this argument

Quarterly and Annual Expenditure/Utilization Reports

Item	Description	CMS Response	Discussion	Follow Up
9	Provide a greater explanation of changes in methodology	Limited response	CMS has provided additional education regarding the Quarterly Exp/Util reports. They may believe they have addressed this issue.	Drop this request. Our request may be beyond CMS's understanding of "Transparency"
10	Restate prior reports with methodology changes	No response	Colloquial wisdom and some feedback from CMS suggests they do not have the resources to restate prior reports	Drop this request
11	Provide a pathway to reconcile the CCLF and Qrtly Exp/Util reports	CMS has provided an additional education program	The education program left many questions unanswered.	Clarify and renew our request for a clearer pathway to reconciliation and transparency

The changes implemented by CMS were put in place with the Q1 2014 reports.

Additional Changes

CMS announced the following additional changes to the Quarterly and Annual Expenditure/Utilization Reports:

1. Updated the 30-day all cause readmissions, 30-day post-discharge provider visits, and ACSC discharge rates by:
 - a. Removing the sample restriction to include only assigned beneficiaries with at least 2 primary care services at the ACO during the assignment period;
 - b. Removing the sample restriction of no months of hospice; and,
 - c. Removing the sample restriction of being 18 years or older.
2. Updated the 30-day all cause readmissions, specifically, by:
 - a. Including critical access hospital discharges; and,
 - b. Adjusting for transfers by combining two admissions into one when the second admission was within one day of the discharge date of the first admission.
3. Updated the 30-day post-discharge provider visit, specifically, by:
 - a. Adding two new transitional care management codes (99495 & 99496) to codes that qualify as a "visit" as of January 2013.
4. Removed ACSC discharge rates for diabetes including both "short-term complications" and "uncontrolled."
5. Removed DSH and IME expenditures, which was previously listed under "inpatient expenditures." DSH uncompensated care payments are also excluded.

Claim and Claims Line Feed Files

Item	Description	CMS Response	Discussion	Follow Up
1	De-identified claim date for claims not included (x3)	No response		Ask CMS for clarification why this request cannot be satisfied
2	Provide a population denominator for the CCLF data files	No response	CMS may believe this data is currently available through the Beneficiary Assignment files	Drop this request, provide education to NAACOS members about creating their own population denominator
3	The original reason for entitlement	CMS will add this indicator		Re-evaluate after the change is made
4	Provide allowed units of service	CMS will add data to this field		None
5	Original admission date	No response		Query NAACOs members to determine the criticality this item
6	Include the TIN for A & B	No response		Renew this request with greater specification and justification
7	Add the modifier associated with CPT codes	No response		Renew this request with greater specification and justification

These enhancements are expected to be implemented by September of this year.

Other Requests Regarding Data from NAACOs

Annual Reconciliation

NAACOs requested full transparency around the annual reconciliation. CMS has not directly responded to this issue. CMS has provided some additional education regarding reconciling the CCLF and Quarterly and Annual Cost/Utilization reports. Since the first reconciliations have not been provided, NAACOS should reconsider this issue after obtaining feedback from members have reviewed the first reconciliations.

Updated Benchmark

CMS's only response to this issue has been to ask for feedback on proposed changes to ACO regulations. The request made by NAACOs for revision to the benchmark determination process should be read considered and restated in the context of revised regulations.

Improve Historical Data for New ACOs

CMS has not responded to this request. Given that four cohorts of ACOs have started with the existing report package, it can reasonably be assumed CMS may be reluctant to take extraordinary measures to make a change in this area. NAACOs should drop this request and focus on a deliberate process of aiding new ACOs, with the support of CMS, during their start-up phase.

Eligibility Verification Process and Feedback

CMS has not responded to this request publicly. Through other sources we understand a plan has been under consideration by CMS for some time. NAACOs should renew this issue with feedback regarding new regulations.

Auditable Data for Performance Validation

CMS has not responded directly to this issue. CMS has made several efforts to provide transparency and work with ACOs through NAACOS. The issue of auditability and verification will come to the fore again as the first ACOs go through the reconciliation process and again as CMS begins to apply quality performance standard in PY2. NAACOs will have additional opportunities then to encourage CMS toward greater partnership and transparency.

Summary

CMS has made a number of substantial changes to the data exchange process with ACOs. These changes have been stimulated, to a large extent, by the clarity of NAACOs request. NAACOs members, in fact all ACOs, have been well served in this area through the efforts of NAACOs. NAASOs can legitimately send two messages to CMS in this regard: 1) Thank you for listening and 2) There is more needed.

For the Data Task Force

Randy Cook