

BCDA Discovery Call



October 23, 2024

2:00 pm – 3:00 pm ET



Ask Questions & Provide Feedback

Raise your hand to make a verbal comment or using the **chat** at any time during the call



Cameras On!

Keep your cameras on when possible and **mute** your microphone when not speaking



Discovery call is Recorded

The recording and slides will be available on the [NAACOS website](#) within 48 hours.

Speakers



Gabe Orthous

Director of Value Based Performance and Analytics
Health Choice Network



Brad Reel

Vice President, Risk Based Medicare Programs
Lumeris



Sarah Jenkins

Director, Product Development
Lumeris

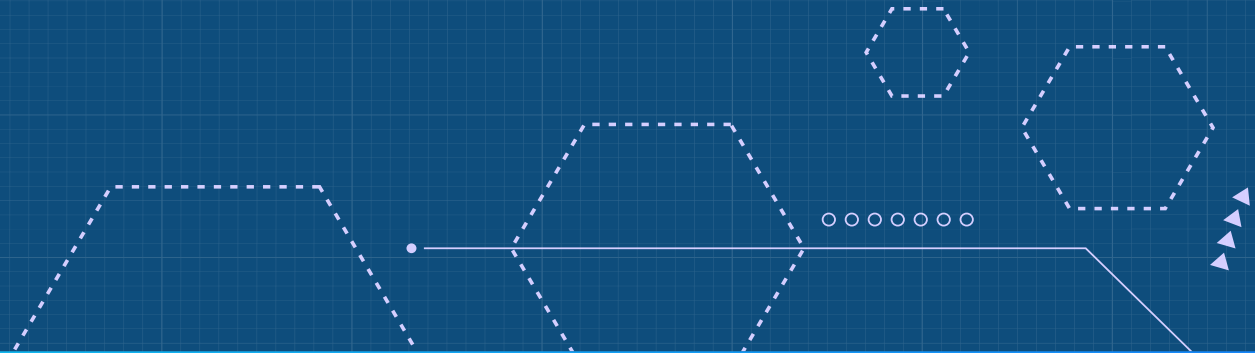
TECHNICAL BLUEPRINT

BCDA - Beneficiary Claims Data API

The Beneficiary Claims Data API (BCDA) is an Application Programming Interface provided by the Centers for Medicare & Medicaid Services (CMS) that enables Accountable Care Organizations (ACOs) and other model entities to retrieve Medicare claims data for their beneficiaries

Survey

1. Which of the programs below is your organization currently participating in? Select all that apply
 - ACO Reach
 - Medicare Shared Savings Program ACOs
 - Kidney Care Choices (KCC)
2. Is your organization currently using CCLF files?
3. Is your organization currently using BCDA?



AGENDA

01

Explanation

What is BCDA in comparison to other data pulls?

02

Use Cases

What cases can I start with?

03

How To

How to pull the data?

04

Infrastructure

What are the resources needed to get data?

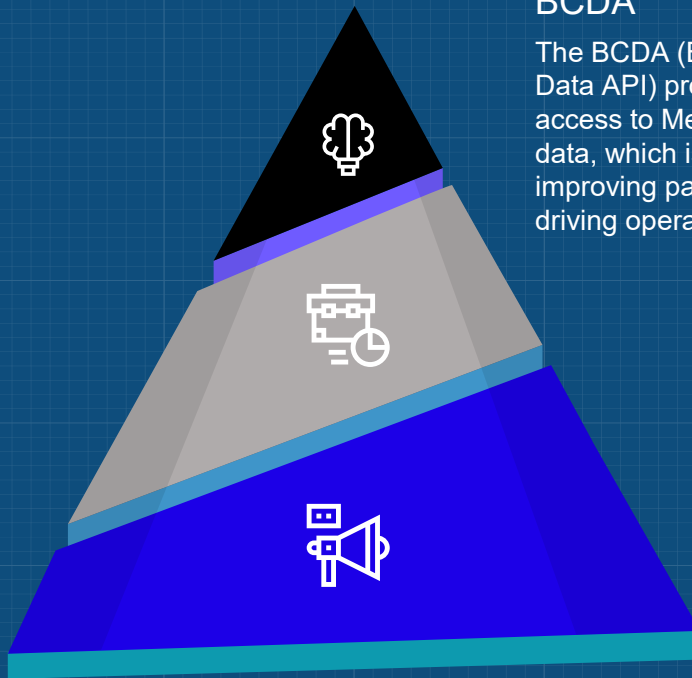
The background of the slide is a dark blue grid with white architectural floor plan lines. The lines form various geometric shapes, including rectangles, circles, and zig-zag patterns, representing a building's layout. The grid is composed of small squares.

01

Explanation

Gabe Orthous

CMS DATA



CCLF

CCLFs are packages of 12 files containing claims and beneficiary data sent monthly to organizations participating in specific healthcare models.

BCDA

The BCDA (Beneficiary Claims Data API) provides more timely access to Medicare claims data, which is crucial for improving patient care and driving operational efficiencies.

CMS Reports

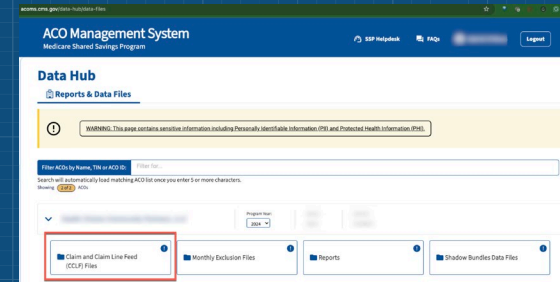
Focus particularly on the Aggregate Expenditure/Utilization Report (EXPU) and the Beneficiary Expenditure Utilization Report (BEUR).

Boot Camp 101

Live Virtual Events

CCLF

- CCLF stands for Claim and Claim Line Feeds. CCLFs are packages of **12 files containing claims** and beneficiary data sent monthly to organizations participating in specific healthcare models.
- CCLFs are generated for assigned or aligned beneficiaries who haven't opted out of data sharing or been administratively suppressed. Substance abuse data is not included per CMS policy.
- CCLF files are typically delivered mid-month and contain data from the prior calendar month. For instance, files sent in February 2023 include claims data finalized in January 2023.
 - The 12 files in a CCLF package cover various aspects of healthcare claims and beneficiary information



BCDA – Key Features

- Data Retrieval: ACOs can use BCDA to download bulk claims data for their attributed beneficiaries every week, rather than monthly. This provides more up-to-date information for care coordination and analysis.
- Provides bulk Medicare claims data (Parts A, B, and D) for assigned or assignable beneficiaries
- Uses the FHIR (Fast Healthcare Interoperability Resources) standard for data exchange
- Offers more **timely access to claims data** compared to previous methods
- Allows system-to-system communication, reducing manual intervention

Difference between adjudicated and non-adjudicated claims?

Adjudicated claims are finalized claims that have been processed by payers, reflecting the full payment and adjustment information. These are critical for understanding final payments and cost reconciliation.

Non-adjudicated claims are preliminary claims that have not yet been fully processed. They provide early insights into services rendered but may lack complete financial details.

BCDA primarily delivers non-adjudicated claims, offering early indicators of care but requiring validation through later adjudication processes.

```
> curl -d " " -X POST "%BCDA_API_URL%/auth/token" --user  
%BCDA_CLIENT_ID%:%BCDA_CLIENT_SECRET% -H "accept: application/json"
```

Overview of Expense Reports

- The EXPU provides an **aggregated** view of expenditures and utilization patterns for an ACO's assigned beneficiary population. Delivered as an Excel file (.xlsx).
- The BEUR complements the EXPU by offering beneficiary-level expenditure data. This detailed breakdown enables ACOs to analyze spending patterns for individual beneficiaries, supporting more targeted interventions and care management strategies. Delivered as a CSV file (.csv).
- Both EXPU and BEUR derive data from various claims, including hospital inpatient and outpatient, SNF, physician/supplier, home health, DME, and hospice. Additionally, they incorporate Non-Claims Based Payments (NCBPs), such as care management fees, for a comprehensive financial picture.
- Both reports provide ACOs with the essential tools to monitor and analyze healthcare expenditures at both aggregate and beneficiary levels.

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02

Use Cases

Sarah Jenkins

BCDA

The BCDA (Beneficiary Claims Data API) provides more timely access to Medicare claims data, which is crucial for improving patient care and driving operational efficiencies. **The ROI for using BCDA** can manifest in:

- Reduced lag time: Access to near real-time data allows for more accurate decision-making and improved care coordination, reducing unnecessary admissions and interventions.
- Improved population health management: BCDA data supports timely identification of high-risk patients, allowing for more proactive interventions.
- Financial savings: More accurate and timely data helps with better financial forecasting, reducing costs associated with over-utilization, fraud, and waste.
- Patient-level alerts: Identifying high-risk patients in real-time for interventions like hospital admissions or emergency department usage.
- Timely claims data helps care coordinators track patient needs and care gaps more accurately.

BCDA does not replace but rather supplements CCLF (Claim and Claim Line Feed). While CCLF offers historical claims data, BCDA provides near real-time claims for more immediate decision-making. Using BCDA alongside CCLF helps ACOs strike a balance between having a comprehensive historical dataset and gaining access to more current claims data for **quicker interventions**.

Improve Revenue Cycle Management

Improve revenue cycle management and value-based care performance projections with more timely access to CMS claims data. Compared to CCLF, which is updated monthly, BCDA is updated weekly.

As an example, organizations can leverage BCDA for improve timeliness and visibility into key cost and utilization metrics including PMPM, ED/1000 or Acute Admits/1000

Improved Medical Visit Visibility

Leverage BCDA to create a more robust picture of a patient's recent visit history which can help to reduce fragmented or duplicative patient care and further improve revenue cycle management. Examples include:

- Identification of new, recent diagnoses coded by a specialist
- Reducing duplication of services such as testing, labs, etc.,
- Identify when an annual wellness visit occurred but was not correctly billed for (also has revenue cycle implications)

Track DME Utilization

Organizations can leverage BCDA to track trends in DME utilization over time and improve patient identification and care coordination. For example, organizations can:

1. Analyze claims data to identify trends in DME utilization and patient outcomes
2. Identify patients who could benefit from DME but are not currently utilizing it
3. Enhance care coordination among providers by ensuring providers involved in patient's care are aware of potential DME benefits

Event Notification

Leverage BCDA partially adjudicated claims to trigger provider and care team alerts/actions. For organizations using ADT data today, this would be similar. Examples of how this can be useful include:

- Development of dashboards and/or providers and care team alerts that identify recent discharges to improve timely follow-up post-discharge and reduce readmission likelihood.
- Development of dashboard and/or alerts notify providers and care teams when a patient has visited the ED to trigger patient outreach about appropriate ED utilization or enrollment in Care Management/Care Coordination programs.

Reducing Low Value Care

Organizations can leverage BCDA to intervene and monitor on potentially low-value or unnecessary patient care. As an example, an affiliated specialist might order a carotid endarterectomy procedure for a patient who is not having neurologic symptoms which would not be the recommended course of action. In this example, organizations could use:

- BCDA partially adjudicated claims to trigger an alert for the primary care provider and improve real-time feedback for the specialist and follow-up care planning for the patient.
- BCDA partially and fully adjudicated claims could be used to create dashboards that track this type of care over time and develop initiatives to educate ordering providers

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03

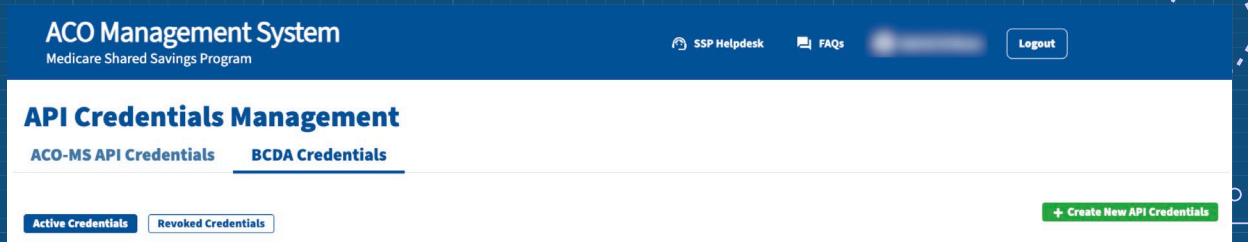
How To

Gabe Orthous

Getting Started

Integrating BCDA with existing systems requires substantial IT infrastructure and data management expertise. Compliance and security: Handling near real-time claims data necessitates strict compliance with HIPAA and other data privacy regulations.

- To use BCDA, ACOs need to:
 - Obtain BCDA credentials from the ACO Management System – AKA ACOMS (for Medicare Shared Savings Program ACOs) or the 4i portal (for REACH ACOs and Kidney Care models)
- Implement the API in their systems, following the FHIR bulk data export specification
- Use the API to authenticate, request data, check job status, and download the claims data



ACOMS – What's your Secret

Create New API Credentials

Enter the following information

1 ACO & Key Information

Enter an ACO and following information for generating the API Key.

*Select ACO:

*Client Credentials Name:

*Client Name:

*IP Address:

Please enter valid ip address

(You may add up-to eight unique IP addresses individually.

IP Address may take up to 60 minutes to White-list)

2 Resources

Select the scopes for the resources. The resources will get automatically selected for the selected scopes.

Select the following:

BCDA

BCDA - API

Other challenges to consider?

Data reconciliation: Because BCDA provides non-adjudicated claims, there may be a need for post-adjudication reconciliation, especially for financial reporting.

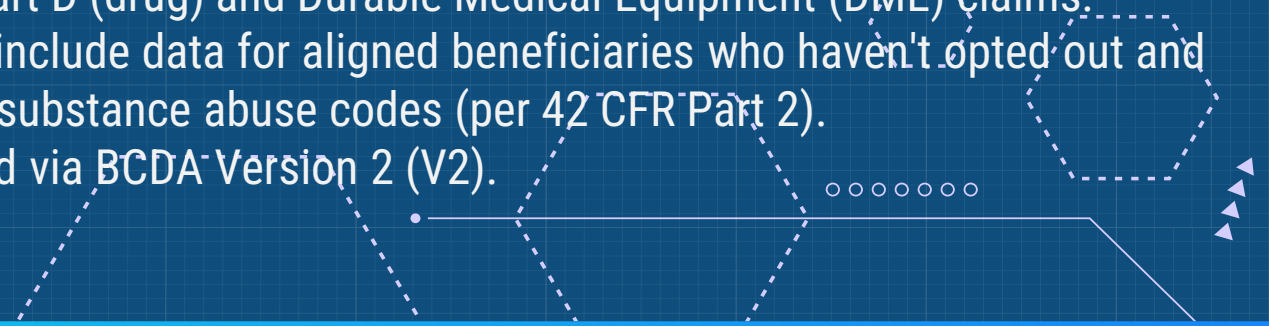
Claims Data Availability

- BCDA provides fully adjudicated Medicare claims data (Parts A, B, and D).
- Claims availability depends on how quickly they are submitted, processed, and approved.
- The Affordable Care Act (Section 6404) mandates Medicare Fee-for-Service claims be submitted within 12 months of service.
- CMS typically receives claims 3-4 weeks after care is provided.
- Claims may undergo multiple rounds of processing (adjustments, edits, cancellations) before approval.
- Data becomes available via the API only after claims are approved.
- **BCDA updates data weekly, while Claim and Claim Line Feed (CCLF) files are updated monthly.**
- Data refresh delays will be communicated through the BCDA Google Group.

BCDA Files

- [1. Explanation of Benefit](#)
- [2. Patient](#)
- [3. Coverage](#)
- [4. Claim](#)
- [5. ClaimResponse](#)

BCDA Partially Adjudicated Claims

- BCDA Partially Adjudicated Claims provides faster access to Medicare claims, reducing the wait from up to 14 days to 2-4 days for Parts A and B Fee-for-Service (FFS) claims.
 - Partially adjudicated claims are in the Medicare system but not yet fully processed or paid by CMS.
 - REACH ACOs with BCDA credentials can access additional data through two new Fast Healthcare Interoperability Resource (FHIR®) types: Claim and Claim Response.
 - The enhancement adds data to existing fields in BCDA, supporting care coordination.
 - Includes Fee-for-Service claims from institutional (FISS) and professional (MCS) systems, excluding Part D (drug) and Durable Medical Equipment (DME) claims.
 - Filters claims only to include data for aligned beneficiaries who haven't opted out and excludes claims with substance abuse codes (per 42 CFR Part 2).
 - Data must be retrieved via BCDA Version 2 (V2).
- 

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04

Infrastructure

Gabe Orthous

Infrastructure

.1

People

Technical resources: IT staff skilled in working with APIs to integrate BCDA into existing platforms, whether EHRs, data warehouses, or analytics platforms.

.2

Process

Data management infrastructure: Secure, scalable storage and processing systems to handle incoming claims data efficiently.

.3

Technology

Analytical tools: To process and generate actionable insights from the claims data in real-time.

- Buy
- Build
- Rent

EHR integration: While not every organization incorporates BCDA into their EHR, those that do benefit from immediate, **actionable data embedded into the clinician workflow.**

```
> curl -d " " -X POST "%BCDA_API_URL%/auth/token" --user  
%BCDA_CLIENT_ID%:%BCDA_CLIENT_SECRET% -H "accept: application/json"
```

Presenters



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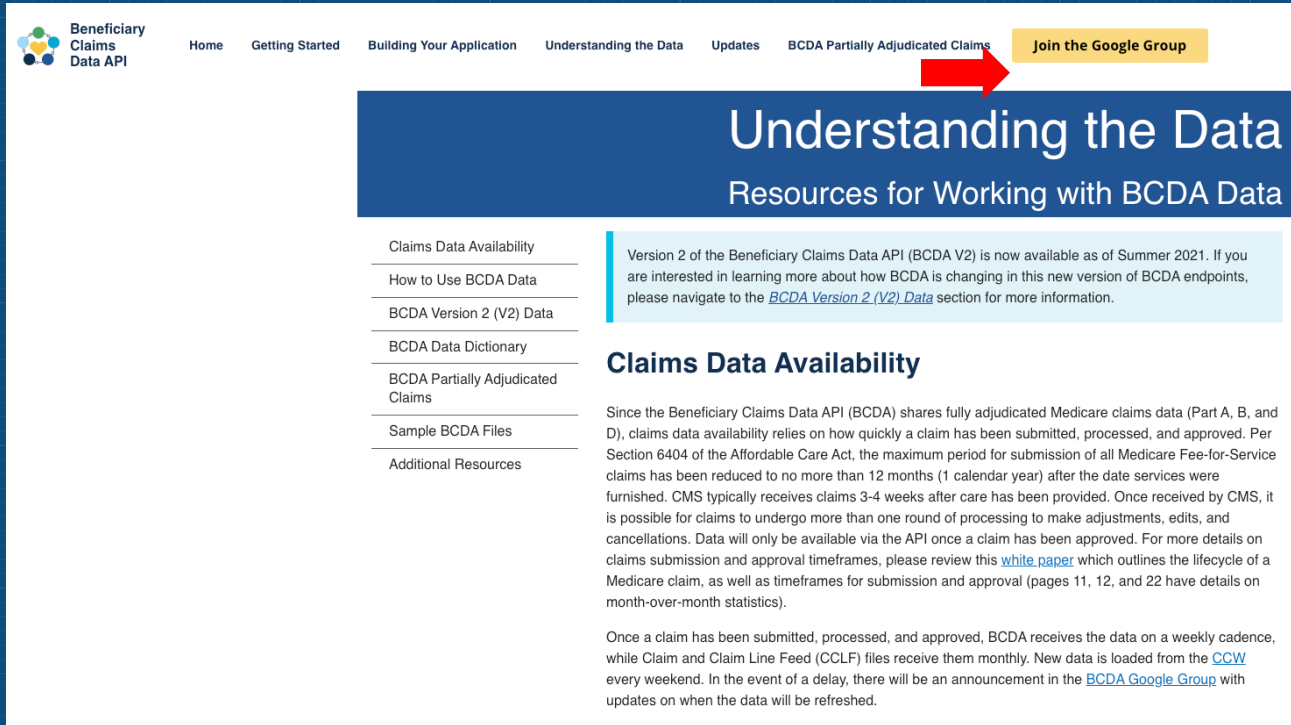
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Resources

bcda.cms.gov



The screenshot shows the website's navigation bar with the following items: Home, Getting Started, Building Your Application, Understanding the Data, Updates, BCDA Partially Adjudicated Claims, and a yellow 'Join the Google Group' button. A red arrow points from the 'BCDA Partially Adjudicated Claims' link to the 'Join the Google Group' button. Below the navigation bar is a dark blue banner with the text 'Understanding the Data' and 'Resources for Working with BCDA Data'. On the left side, there is a vertical list of links: Claims Data Availability, How to Use BCDA Data, BCDA Version 2 (V2) Data, BCDA Data Dictionary, BCDA Partially Adjudicated Claims, Sample BCDA Files, and Additional Resources. The main content area features a light blue callout box with text about BCDA V2 availability. Below this is a section titled 'Claims Data Availability' with two paragraphs of text. On the right side of the page, there is a dashed white hexagon graphic with three white triangles pointing towards it from the right.

Beneficiary Claims Data API

Home Getting Started Building Your Application Understanding the Data Updates BCDA Partially Adjudicated Claims [Join the Google Group](#)

Understanding the Data

Resources for Working with BCDA Data

- Claims Data Availability
- How to Use BCDA Data
- BCDA Version 2 (V2) Data
- BCDA Data Dictionary
- BCDA Partially Adjudicated Claims
- Sample BCDA Files
- Additional Resources

Version 2 of the Beneficiary Claims Data API (BCDA V2) is now available as of Summer 2021. If you are interested in learning more about how BCDA is changing in this new version of BCDA endpoints, please navigate to the [BCDA Version 2 \(V2\) Data](#) section for more information.

Claims Data Availability

Since the Beneficiary Claims Data API (BCDA) shares fully adjudicated Medicare claims data (Part A, B, and D), claims data availability relies on how quickly a claim has been submitted, processed, and approved. Per Section 6404 of the Affordable Care Act, the maximum period for submission of all Medicare Fee-for-Service claims has been reduced to no more than 12 months (1 calendar year) after the date services were furnished. CMS typically receives claims 3-4 weeks after care has been provided. Once received by CMS, it is possible for claims to undergo more than one round of processing to make adjustments, edits, and cancellations. Data will only be available via the API once a claim has been approved. For more details on claims submission and approval timeframes, please review this [white paper](#) which outlines the lifecycle of a Medicare claim, as well as timeframes for submission and approval (pages 11, 12, and 22 have details on month-over-month statistics).

Once a claim has been submitted, processed, and approved, BCDA receives the data on a weekly cadence, while Claim and Claim Line Feed (CCLF) files receive them monthly. New data is loaded from the [CCW](#) every weekend. In the event of a delay, there will be an announcement in the [BCDA Google Group](#) with updates on when the data will be refreshed.

APPENDIX

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CCLF

CCLF stands for Claim and Claim Line Feeds. CCLFs are packages of 12 files containing claims and beneficiary data sent monthly to organizations participating in specific healthcare models. These models include:

- ○ ACO Realizing Equity, Access and Community Health (ACO REACH)
- ○ Kidney Care Choices (KCC)
- ○ Medicare Shared Savings Program (Shared Savings Program)
- ○ Primary Care First (PCF)
- ○ Vermont All-Payer ACO Model (VTAPM)

CCLFs are generated for assigned or aligned beneficiaries who haven't opted out of data sharing or been administratively suppressed. Substance abuse data is not included per CMS policy.

CCLF files are typically delivered mid-month and contain data from the prior calendar month. For instance, files sent in February 2023 include claims data finalized in January 2023.

CCLF

The 12 files in a CCLF package cover various aspects of healthcare claims and beneficiary information:

- CCLF 1: Part A Claims Header File: Contains information on institutional claims, like inpatient hospital stays, skilled nursing facility stays, home health, outpatient institutional services, and hospice care.
- CCLF 2: Part A Claims Revenue Center Detail File: Provides details on revenue centers associated with inpatient and outpatient institutional claims.
- CCLF 3: Part A Procedure Code File: Includes ICD-9 or ICD-10 procedure codes from institutional claims.
- CCLF 4: Part A Diagnosis Code File: Contains ICD-9 or ICD-10 diagnosis codes from institutional claims.
- CCLF 5: Part B Physicians File: Covers physician and DME claims data.
- CCLF 6: Part B DME File: Provides information specific to Durable Medical Equipment (DME) claims.
- CCLF 7: Part D File: Contains pharmacy claims data for beneficiaries enrolled in Prescription Drug Plans (PDP).
- CCLF 8: Beneficiary Demographics File: Includes beneficiary details such as MBI, demographics, Medicare status, dual eligibility status, and hospice enrolment dates.
- CCLF 9: Beneficiary XREF File: Helps track beneficiary MBIs over time, linking records even if the MBI changes.
- CCLF A: Part A Claims Benefit Enhancement and Demonstration Code File: Details benefit enhancements and demonstration codes for Part A claims.
- CCLF B: Part B Claims Benefit Enhancement and Demonstration Code File: Provides similar information for Part B claims.
- CCLF 0: Summary Statistics Header Record: A summary file listing CCLFs 1-9, A-B, and their record counts, used to verify the completeness of the data package.

CCLF

Historical claims data going back 36 months is included for newly aligned or assigned beneficiaries. New participants in 2023 will receive this historical data in their initial CCLF file set.

- Run-out CCLF files are sent separately in February, March, and April for organizations that participated in the prior performance year. These files contain additional claims data from the previous year to allow for claims processing delays.
- The CCLF Information Packet (IP) is a crucial resource for understanding and using CCLF data. It provides variable definitions, file structure details, examples for calculating expenditures, and explanations of the natural key concept used for identifying related claims.
- CCLF files can be accessed through the 4i Data Hub for ACO REACH, VTAPM, KCC, and PCF models or the ACO-MS Data Hub for the Shared Savings Program. They can also be downloaded or viewed using the Command Line Interface (CLI) tool.
- Working with CCLF data requires understanding specific concepts like debits/credits and natural keys. CCLF files include all claim transactions, including originals, cancellations, and adjustments, which requires careful analysis to determine final expenditures. Natural keys help identify related claims across different files and transactions.
- CCLF data can be used for various purposes, including:
 - Identifying areas for care improvement
 - Analyzing healthcare utilization patterns
 - Developing population health management strategies

Overview of Expense Reports

The EXPU provides an aggregated view of expenditures and utilization patterns for an ACO's assigned beneficiary population. This report aids ACOs in understanding healthcare consumption and identifying areas for improvement in care coordination and population health management. The EXPU report is delivered as an Excel file (.xlsx).

The BEUR complements the EXPU by offering beneficiary-level expenditure data. This detailed breakdown enables ACOs to analyze spending patterns for individual beneficiaries, supporting more targeted interventions and care management strategies. The BEUR is delivered as a CSV file (.csv).

Here are some key features and aspects of these expense reports:

- **Data Sources:** Both EXPU and BEUR derive data from various claims, including hospital inpatient and outpatient, SNF, physician/supplier, home health, DME, and hospice. Additionally, they incorporate Non-Claims Based Payments (NCBPs), such as care management fees, for a comprehensive financial picture.

Data Organization: The EXPU is structured around various tables, each focusing on specific aspects of expenditures and utilization:

Table 1: Provides a general overview of total expenditures by beneficiary enrollment type, including those who declined data sharing, and breaks down spending by healthcare service components.

Table 1A: Mirrors Table 1 but excludes expenditures related to COVID-19 episodes.

Table 2: Presents regional expenditures over a 12-month period, weighted by the proportion of beneficiaries residing in each county.

Table 2A: Similar to Table 2, but excludes COVID-19 related expenses.

Table 3: Focuses specifically on SNF utilization and expenditures, including details relevant to ACOs participating in the SNF 3-Day Rule Waiver.

Table 4: Provides insights into the impact of expenditure truncation (capping outlier expenses) on overall spending.

Table 4A: Offers the same truncation analysis as Table 4 but excludes COVID-19 related expenditures.

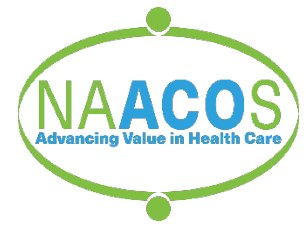
Data Calculations: The reports employ methodologies for annualizing, truncating, and weighting expenditures to account for variations in beneficiary eligibility periods and to minimize the influence of exceptionally high-cost claims. These calculations ensure fair and accurate comparisons across different beneficiary groups and time periods.

Data for ACOs Under Prospective Assignment: Quarterly reports for ACOs under prospective assignment use a distinct methodology compared to those under preliminary prospective assignment. They calculate expenditures and utilization measures for the year-to-date (YTD) period rather than a rolling 12-month period. This difference requires careful consideration when comparing data between ACOs under different assignment methods.

In summary, the expense reports (EXPU and BEUR) provide ACOs with the essential tools to monitor and analyze healthcare expenditures at both aggregate and beneficiary levels. They offer valuable insights into spending patterns, areas of potential overutilization, and opportunities for targeted care management interventions, ultimately supporting ACOs in their efforts to improve care quality and efficiency within the Shared Savings Program.

Discussion





Thank you!



Redesigned NAACOS Boot Camps



Three Tiers of Learning Opportunity

The NAACOS Boot Camp Series is designed to provide Medicare ACOs in the MSSP and REACH programs with educational options including fundamental videos on demand, 101 basics through virtual events, and 201 deep dives through in-person events focusing on ACO optimization, innovation, and advancement.

Find more on these option on our Boot Camp webpage.



Fundamentals

On-Demand Videos

Boot Camp 101

Virtual Events on
November 14 and
21, 2024

Boot Camp 201

In-Person Events on
February 6-7, 2025
Orlando, FL

Upcoming Events



Register here - [Virtual Affinity Group Meetings](#)

- **Operations Affinity Group**

Meets: October 29, 2024, from 3–4 pm ET.

Participants should include managers and others who oversee day-to-day aspects of running an ACO such as building provider networks, engaging patients, practice transformation, and implementing projects to achieve the ACO’s financial and strategic goals, etc.

- **Quality Affinity Group**

Meets: November 5, 2024, from 3–4 pm ET.

Participants should include managers and others who implement initiatives designed to improve, measure, and report the quality of care in an ACO, etc.

- **Data and Analytics Affinity Group**

Meets: November 12, 2024, from 3–4 pm ET.

Participants should include managers within ACOs who are responsible for integration, using data to analyze performance, creating and integrating data from sources like EMRs, claims and registries, etc.

Upcoming Events



Virtual Affinity Group Meetings

- **Executive Affinity Group**

Meets: November 19, 2024, from 3–4 pm ET.

Participants should include CEOs, CFOs, Executive Directors, Chief Value Officers, and others who oversee the ACO's finances, budget, strategy, contracting, etc.

- **CMO and Clinical Affinity Group**

Meets: December 3, 2024, from 3–4 pm ET.

Participants should include CMOs, CNOs, Pop Health Officers, and others who manage patient care, and clinical care redesign, etc.

- **Compliance and Legal Affinity Group**

Meets: December 10, 2024, from 3–4 pm ET.

Participants should include those who ACO leaders and staff members who deal with compliance documentation, operations, or events as well as those who deal with ACO contracting with payers and participants.

Upcoming Events



- [Practice Transformation Learning Lab Register Here](#) - fourth Friday of each month from 12:00-1:30 pm ET)
- Topics include:
 - Where to start in practice transformation
 - Managing the care team: Taking action on practice redesign
 - Understanding available population health data
 - Combining data for population health initiatives
 - Developing or redesigning clinical care models
 - Population health tools: What works for your practice/ACO
 - Payor/Provider contracts and financial distribution models
 - Managing ED and hospital events
 - Developing a post-acute network
 - Advanced care models (home care, BH, SDOH support)

Contact Information



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