



IAC/NAACOS Medicare Data Analytic Services

NAACOS and the Institute for Accountable Care conduct research and analysis using Medicare claims data accessed through the Centers for Medicare and Medicaid Services (CMS) Virtual Research Data Center (VRDC). Our dataset includes 100 percent of Medicare Parts A, B and D claims and our Innovator data use agreement allows us to develop and share analytics to help ACOs improve their performance. We have data from 2011 – 2020 and through the first quarter of 2021.

- 1. Physician group performance analysis.** We offer a variety of analyses to help ACOs benchmark physician group performance based on total Medicare billings (not just services provided to ACO beneficiaries). These profiles help you understand your market and identify physician groups to consider recruiting to expand your ACOs network. We analyze physician group market share, beneficiary attribution potential, risk-adjusted spending, utilization and referral patterns for the full continuum of healthcare services. We can also measure the impact of adding new practices on your ACOs benchmark.
- 2. Data Support for MSSP Benchmark Modeling.** We develop the data you need to estimate future MSSP benchmarks whether you are an existing ACO or launching a new ACO. We run attribution for your ACO providers for all historical benchmark years and calculate PMPY spending and risk scores by beneficiary eligibility category. We also calculate regional PMPY expenditures, risk scores and trend rates. We work closely with your actuaries to support benchmark forecasting to help your ACO make informed strategic decisions.
- 3. Scientific evaluation of clinical and care management programs.** Many groups utilize pre-post analysis to evaluate the impact of care management programs which can be heavily biased by regression to the mean. We conduct scientifically rigorous evaluations based on clinically and geographically matched comparison groups that generate statistically significant results regarding the true impact of your programs on spending and utilization.
- 4. Episode-based analytics for hospitals and specialist physicians (currently piloting).** We use an episode grouper designed specifically for Medicare beneficiaries (developed during a five-year CMS contract) to help you identify opportunities to reduce spending and improve quality within specific clinical domains. The grouper includes chronic condition episodes, acute medical episodes and procedural episodes and is designed to profile resource use at the patient, provider, population or health system level. The episode analytics help you identify opportunities to streamline care, reduce complications and identify efficient specialty practices in your market.
- 5. Post-acute care network analysis.** We profile the performance skilled nursing facilities (SNF) in your market to support development of preferred relationships with high-quality efficient facilities. We analyze performance based on all of the SNF's Medicare patients (not just your ACO patients) to provide more reliable estimates of spending and quality. We use MDS/OASIS functional status assessments and can develop risk adjustment techniques that incorporate patient functional status.
- 6. Modeling ACO and provider group QP performance.** Physicians that qualify for QP status through advanced APM participation receive a 5 percent bonus based on their Part B billings which can



generate millions in additional revenue. But CMS does not provide ACOs with data that allow them to measure the contribution of individual physician groups to the ACOs QP score. We offer a report that calculates QP scores at the ACO, TIN and individual provider level for the patient count and payment methods to help ACOs plan their 2022 network structure and we can model scenarios to show the impact of adding new TINs or removing current TINs on ACO-level QP scores.

- 7. Analysis of attribution dynamics.** We can identify Medicare patients seen by your ACO's primary care providers or specialists that are not attributed to your ACO and help you understand which providers are successfully competing for these patients. These analyses help you develop strategies to increase the "stickiness" of patients to your ACO to grow attribution.
- 8. Pharmaceutical spending comparisons (under development).** We can provide profiles of pharmaceutical spending by ACO, TIN and NPI and generate benchmarking information by clinical service area or particular treatment categories for Part B and Part D drugs.