Multi-payer Reporting Suite

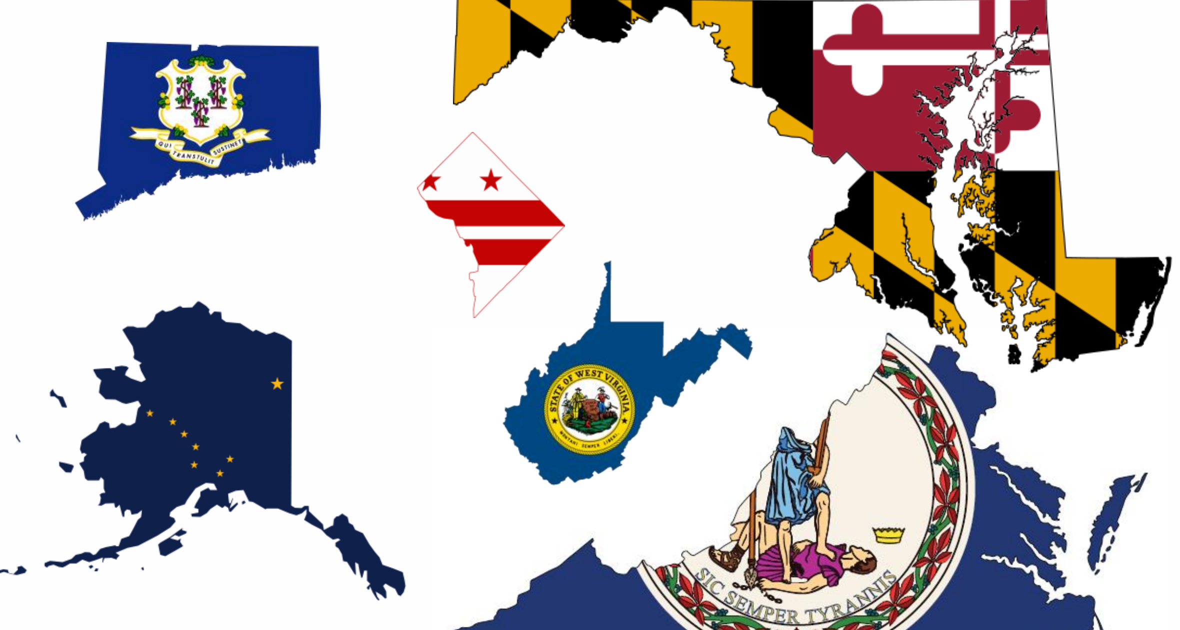
Overview for Maryland Medicaid Advisory Committee

11/16/2023

About CRISP

State Designated Health Information Exchange (HIE) serving Maryland, and in affiliation with the HIEs in West Virginia, Virginia, the District of Columbia, Connecticut, and Alaska.

Vision: To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration



Guiding Principles

1. Begin with a manageable scope and remain incremental.
2. Create opportunities to cooperate even while participating healthcare organizations still compete in other ways.
3. Affirm that competition and market-mechanisms spur innovation and improvement.
4. Promote and enable consumers' control over their own health information.
5. Use best practices and standards.
6. Serve our region's entire healthcare community.

What is an HIE?

A Health Information Exchange (HIE) is "an entity that provides or governs organizational and technical processes for the maintenance, transmittal, access, or disclosure of electronic health care information between or among health care providers or entities through an *interoperable* system."
(updated definition from May 15, 2018 Senate Bill 17, *Health Information Exchanges – Definitions and Regulations*)

Why is interoperability important?

"Leveraged correctly, health information technology can help automate efforts, increase transparency, and reduce miscommunication between health plans, providers, and healthcare organizations."

Source: https://www.healthit.gov/topic/health-it-basics/health-information-exchange
https://journal.ahima.org/2018/09/01/the-future-of-healthcare-data-exchange

CRISP Services

1. **POINT OF CARE: Clinical Query Portal & InContext Information**
   - Search for your patients' prior health records (e.g. labs, radiology reports, etc.)
   - Determine other members of your patient's care team
   - View external records in a SMART on FHIR app inside your EHR
2. **CARE COORDINATION: Encounter Notifications**
   - Be notified when your patient is hospitalized in any regional hospital
   - Enhance workflows across multiple care settings and teams
3. **POPULATION HEALTH REPORTS: CRISP Reporting Services (CRS)**
   - Use administrative and clinical data to measure interventions
4. **PROGRAM ADMINISTRATION:**
   - Making policy discussions more transparent and informed
   - Disseminating evidence-based best practices and technology
5. **PUBLIC HEALTH DATA UTILITY:**
   - Deploying services in partnership with health officials
   - Providing information and services to state and local health departments
   - Supporting COVID-19 response efforts

Service	Typical Week
Data Delivered into EMRs	1,500,000
Patients Manually Searched	205,000
ENS Messages Sent	3.5 mil
Clinical Documents Processed	675,000
Portal Users	107,000
Live ENS Practices	1,580
Reports Accessed	2,750
Report Users	2,000

About CRISP Reporting Services (CRS)

Established in 2016, CRS develops and displays curated reports and dashboards in partnership with external stakeholders: state agencies (HSCRC, Medicaid, etc.), hospitals, primary care and public health

Stakeholders use CRS to monitor:

- ✓ Population health
- ✓ Quality of care
- ✓ Readmissions
- ✓ Health disparities
- ✓ Value-based programs
- ✓ And more

CRS Website

- Web based portal- reports.crisphealth.org
- Hospital, ambulatory, public health and regulatory users
- Different levels of access to data depending on user

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CRISP REPORTING SERVICES

Download HSCRC Regulatory Reports | Help | Report Updates | Talbert, Kate | Logout

Search Reports...

The CRS Portal is for authorized use only. By using this system, all users acknowledge notice of, and agree to comply with, CRISP's Participation Agreement ("PA") and CRISP Policies and Procedures. Click here to review the policies and procedure. Users will not release, publicize, or permit others to release or publicize, data containing PHI or statistics where the number of observations in any given cell of tabulated data is less than or equal to ten, except to other members of my organization who are permitted access to PHI data under the applicable state and federal laws and regulations. CRISP uses a privacy monitoring tool to ensure all users are adherent to an approved policy or use case. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use.

Your Dashboard

All-Payer Population

Medicare Population

HSCRC Regulatory Reports

MDPCP Reports

Favorites

Quality Financial Impact Dashboard

HSCRC Regulatory Reports >> Quality Financial Impact Dashboard

CCLF Medicare Analytics & Data Engine (MADE)

Medicare Population

Interactive Reports | Application Links | Documentation

Multi-payer Reporting Suite

Background

- The Multi-payer Reporting Suite was developed to align efforts between Maryland Medicaid and the State's advanced primary care program, the Maryland Primary Care Program (MDPCP).
- The suite was flexibly designed to be used by any organization that submits a patient panel to CRISP
- Based on their patient panel, users can 1) understand trends in hospital utilization 2) facilitate care coordination, and 3) monitor population health **across their Medicare and Medicaid population**

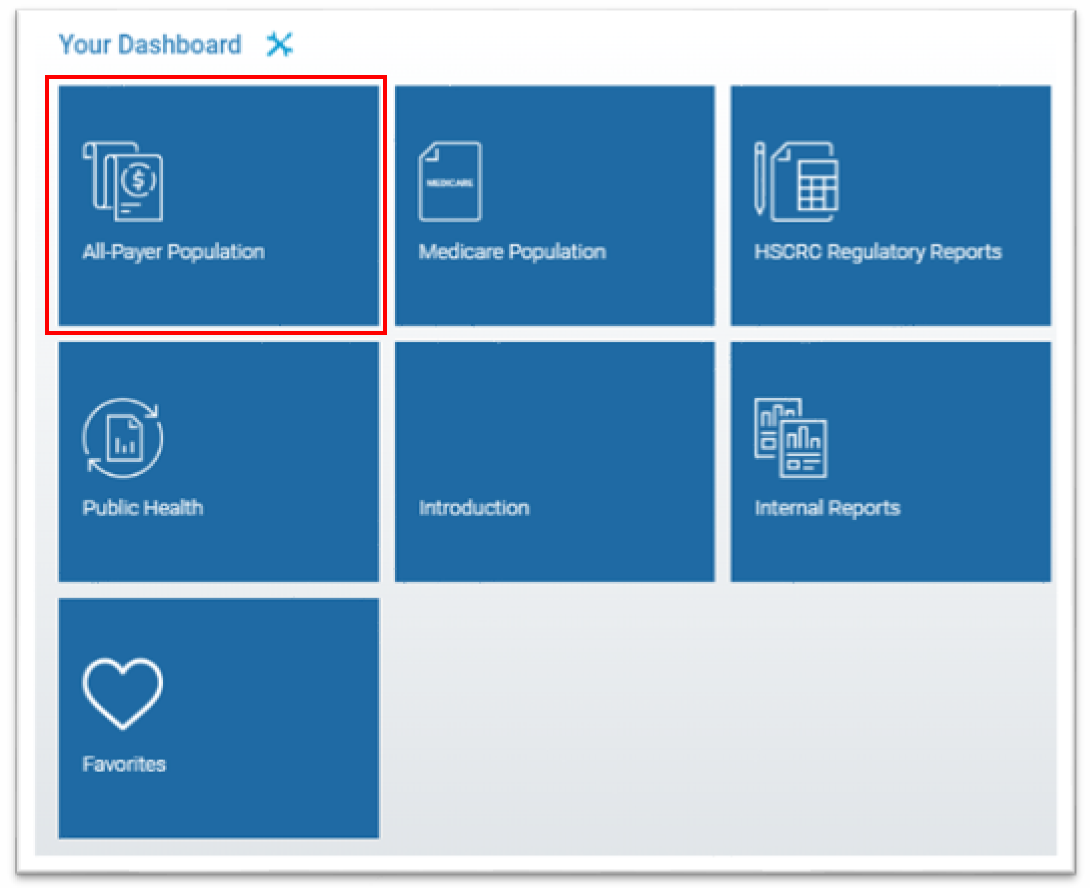
Reporting Suite Details

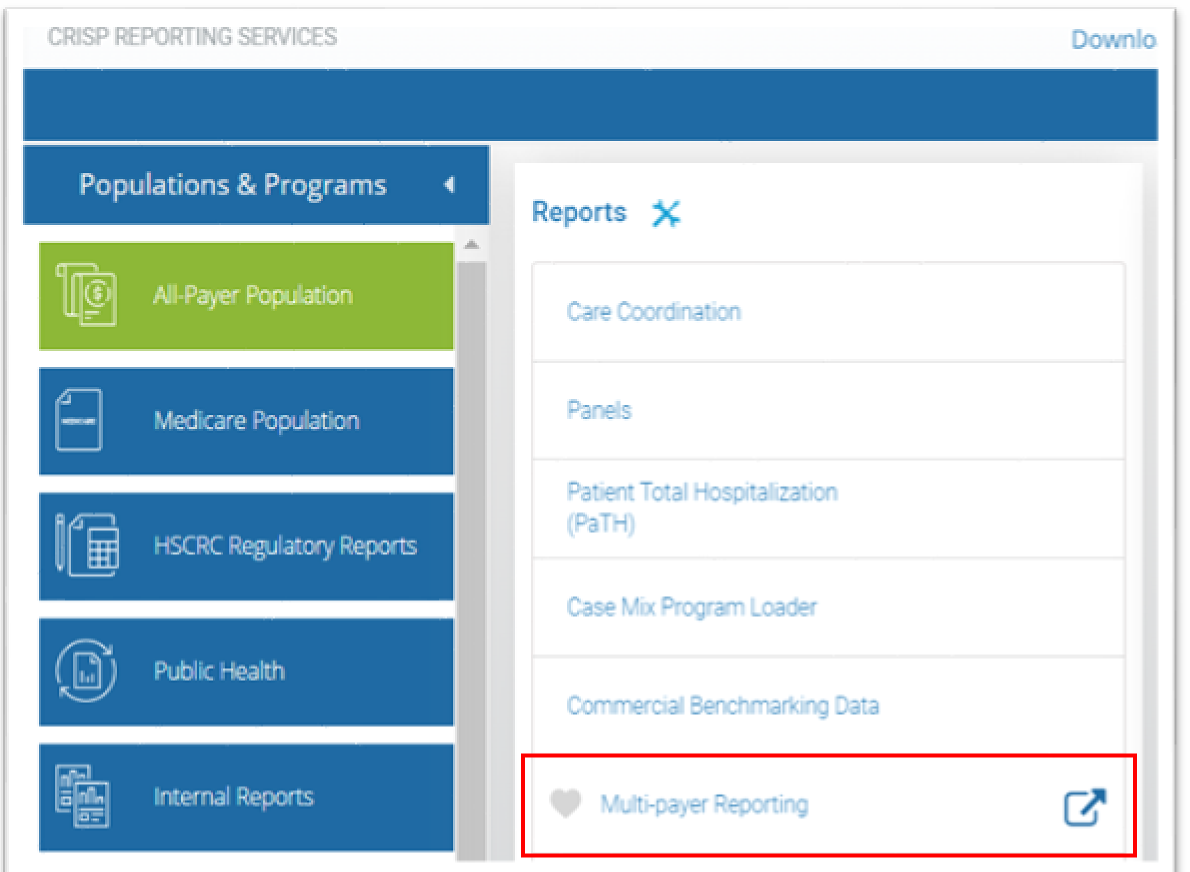
- Multi-payer reporting suite will be available to **all CRS users with a patient panel**: ambulatory practices, Medicaid Managed Care Organizations, hospitals and others
- Includes Medicare and Medicaid claims; plan to add other data sources in future phases

Phase 1 Reports Available
Population Navigator
Acute Care Setting Utilization
ER Utilization
All-Cause Readmissions
Follow Up Post-Acute Setting Discharge
PMPM Trend
Health Equity by Demographics
Maternal Health Utilization
CMS Core Set Measure Dashboard

Reporting suite is currently being tested by select users.
*Phase 1 full release will be in **mid-December.***

Reporting Suite





Multi-payer Reporting Suite Landing Page

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MULTI PAYER REPORTING

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Reports

- Population Summary
- Population Navigator
- Acute Care Setting Utilization Report
- Emergency Room Utilization Report
- Plan All Cause Readmission (PCR) Report
- Follow Up After Inpatient Discharge Report
- PMPM Trend Report
- Health Equity by Demographics Report
- Maternal Health Utilization Reports
- CMS Core Set Measure Dashboard

Panel: Panel_1 - 1 | Roster: -Default- | Payer Type: All | Apply

Population Summary

1 : Panel_1

Beneficiary Count 21,315	Inpatient Admissions (Per K) 10,112 (171)	ER Visits (Per K) 28,857 (488)
Readmission Rate 14.04%	**Follow Up Rate** 34.84%	**PMPM** $882.44

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Population Navigator

Demo data shown

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Roster | Excel Export

Beneficiary Name	Medicare ID	Medicaid ID	Medicaid	Medicare
(je			Yes	No
,al			No	Yes
00			Yes	No
10			No	Yes
100602 Eviatar W	l2l1t2zc0uh	4qw8je8la8g	No	Yes
107109840ce8042 Olansile	sqr6l1bkx21	1icsd27ed8z	Yes	No
5310-i Lyons Connor Mich...	sqr6l1bkx21	gx5oi0klog3	Yes	No
5310-i Schwartz Celwyn P	pqb15w85hyj	4qw8je8la8g	No	Yes
=gbongbor Ramatel A	pzhfq4wdt02	4qw8je8la8g	No	Yes
A Ahmed Jadaa P	ahlxdo0tfa2	4qw8je8la8g	No	Yes
A De Jesus Souza Jimetta	sqr6l1bkx21	pryk1vrj47o	Yes	No
A Ellano Guicheng M	wv1c2pqvcth	4qw8je8la8g	No	Yes

Features include custom rosters, custom column headers, export functionality and more.

Page 1 of 1066 — Displaying 1 - 20 of 21315

Measures

Filter	Measures	Value	Count
☐	Alzheimers Disease	Yes	282
☐	Anemia	Yes	3,973
☐	Asthma	Yes	1,714
☐	Atrial Fibrillation	Yes	2,180
☐	Chronic Kidney Disease	Yes	2,401
☐	Chronic Obstructive Pulmon...	Yes	1,856
☐	Colorectal Cancer	Yes	250
☐	Depression	Yes	4,673
☐	Diabetes	Yes	4,345
☐	Endometrial Cancer	Yes	106
☐	Female/Male Breast Cancer	Yes	751
☐	Heart Failure	Yes	1,549
☐	Hip/Pelvic Fracture	Yes	190
☐	Hyperlipidemia	Yes	9,642

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Acute Care Setting Utilization Report

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Panel: Panel_1 - 1 Roster: -Default- Payer Type: All Apply

Acute Care Setting Report

The Acute Care Setting Report allows you to view Inpatient utilization (including index admissions and readmissions) for your beneficiaries over a selected time period, alongside a comparison group of all Medicare or Medicaid beneficiaries in the State of Maryland. This report can help your organization identify the provider associated with these services and the diagnoses specific to these events.

Service Date: August 2020 – September 2023

Comparison Group: Medicare

Time period presented includes lag.

Monthly Trend of Total IP and Readmissions

400, 300, 200, 100, 0

2021, 2022, 2023

Monthly Trend of Average Inpatient Admissions and Readmissions Payments

$0

2021, 2022, 2023

Use case: identify trends in patients w/ frequent hospital inpatient utilization.

Monthly Trend of Total IP and Readmissions for

Monthly Trend of Average Inpatient Admissions

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Emergency Room Utilization Report

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Panel: Panel_1 - 1 | Roster: -Default- | Payer Type: All | Apply

Emergency Room Utilization Report

The Emergency Room Utilization Report allows you to view emergent and nonemergent hospital utilization for your attributed beneficiaries over a selected time period alongside a reference grou such as Medicare or Medicaid beneficiaries. This report can be used to identify high utilizers of emergency room services. This report also identifies the top reasons for emergency room visits, as well as where the visits are most often occurring.

Note: Selecting any data point in the report will allow you to drill-through to details of those beneficiaries.

Service Date: September 2020 – September 2023

Comparison Group: Medicare

Time period presented includes lag.

Count / Rate: NED

Monthly Trend of NED Measure

NED Rate: 40%, 20%, 0%

Septem.. October .. Novemb.. Decemb.. January .. Februar.. March 2.. April 20.. Septem.. October .. Novemb.. Decemb.. January .. Februar.. March 2.. April 20.. May 2023

Use Case: identify trends in patients w/ frequent hospital emergency department utilization.

Comparison of Annual NED Rate

FY 2021 | FY 2022 | FY 2023 | FY 2024 (Not Complete)

Number of ED and NED Visits by Hospital

Derm-aid, Llc

Muscogee (creek) Nation Dme, Llc — 1,422

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Plan All Cause Readmission (PCR) Report

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Plan All Cause Readmission (PCR) Report

The Planned All Cause Readmission (PCR) Report allowsyou to view readmission details for your attributed beneficiaries over a selected time period alongside a comparison group of all Medicare or Medicaid beneficiaries in the State of Maryland. This report can help your organization identify specific visits that trigger readmissions based on APR DRG, Index Hospital, or patient demographic information.

Note: Selecting any data point in the report will allow you to drill-through to details of those beneficiaries.

Service Date: September 2020 – September 2023

Comparison Group: Medicare

Time period presented includes lag.

PCR vs Readmission: PCR Measure

Monthly Trend of PCR Measure

Use Case: identify patterns in hospital readmissions by diagnosis group, hospital or patient demographics

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Follow Up After Inpatient Discharge Report

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Follow Up After Inpatient Discharge Report

The Follow Up After Inpatient Discharge Report allows you to track rate of physician follow-up within 7 to 14 days after an inpatient discharge over a selected time period, alongside a comparison group of all Medicare or Medicaid beneficiaries in the State of Maryland. This report can help your organization identify differences in follow up rates for each of the provider, as well as among diagnoses associated with the inpatient admission.

Note: Selecting any data point in the report will allow you to drill-through to details of those beneficiaries.

Service Date: July 2020 – September 2023 | Comparison Group: Medicare | Utilization: Inpatient

Time period presented includes lag.

Monthly Trend of Follow Up Rate

60% | 40% | 20% | 0%

August 2020 | Februa | February 2023 | August 2023

Panel_1

Use Case: identify frequency of post-hospital follow up and differences in rates by diagnosis or provider

Overall Follow Up Status for the Panel_1

Top Diagnoses for Inpatient Discharges and Distribution of Follow Up Status

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PMPM Trend Report

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PMPM Trend Report

The PMPM Trend Report allows you to identify per-member-per-month spending across care settings over a selected time period, alongside a comparison group of all Medicare or Medicaid beneficiaries in the State of Maryland. This report can help your organization identify drivers of total health care spending.

Service Date: September 2020 – October 2023

Comparison Group: Medicare

Time period presented includes lag.

PMPM by Claim Type

$400
$200
$0
$59
$22
$50
$20
$229
$490
$441
$459
ER
HHA

PMPM by Part A/B

$1,500
$1,000
$500
$648
$810
$567
$1,458
$888
Part B
Grand Total

Legend: Orange amounts indicate th

Use Case: understand per member per month spending and identify drivers of costs

Practice
Medicare
$400
$600

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Health Equity by Demographics Report

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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 benefic 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 th population, indicated with an asterisk(*), which has a Disparity Index of 1.0.*

Service Date

August 2020 August 2023

Time period presented includes lag.

Beneficiary Count

5000
4500
4000
3500
3000
2500
2000
1500
1000

Date Type
- Rolling Quarter
- Calendar Quarter

Measure
- Beneficiary Count
- IP Admissions
- ER Visits
- missions
- mission Rate
- vents
- Claim Amount
- M
- missions Per K
- ER Visits Per K
- PQI Events Per K

Chart Lines

Filters

Age Group (All)

Gender (All)

Race (All)

County (All)

Region (All)

Dual Status (All)

Use Case: segment data by a variety of demographic characteristics to identify disparities

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Maternal Health Utilization Reports

Maternal Demographics, Delivery Outcomes, Prenatal Care, Postpartum Care

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Panel: Panel_1 - 1 Roster: -Default- Payer Type: All Apply

Pregnancy Dashboard: Maternal Demographics

The Pregnancy Dashboard allows you to track overall counts of pregnancies by maternal demographic categories. Users can filter the report to select chronic condition categories or pregnancy status.

Chronic Condition: All Patients — Pregnancy Status: Completed Pregnancies — Service Date: October 2020 – May 2023

Maternal Age Distribution

Age	Count
0 to 19	11
20 to 32	164
33 to 44	69
45 to 64	1

Number of Pregnant Women by County

Maternal Chronic Condition Distribution

Chronic Conditions	Count	Percentage
ANEMIA	84	34.57%
ASTHMA	30	12.35%
HYPERLIPIDEMIA	20	8.23%
HYPERTENSION	18	7.41%
DIABETES	14	5.76%
KIDNEY DISEASE	3	1.23%
COPD BRONCHIECTASIS	2	0.82%
STROKETIA	0	0.00%
PROSTATE CANCER	0	0.00%
OSTEOPOROSIS	0	0.00%
LUNG CANCER	0	0.00%
HIP PELVIC FRACTURE	0	0.00%

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Pregnancy Dashboard: Delivery Outcomes

The Pregnancy Dashboard: Delivery Outcomes Report allows you to track delivery outcomes for completed pregnancies over a selected time period. Users can view delivery types and their associated costs, gestational age at the time of delivery, number of babies, and delivery hospitals.

Chronic Condition: All Patients — Service Date: September 2020 – August 2023

Number of Deliveries by Delivery Type: 416 total; 119; 297

Cost by Delivery Type: $667,168 total; $141,717; $525,451

Cost Measure: Total Cost — CESAREAN, VAGINAL

Gestational Age at the Time of Delivery

Number of Babies by Outcome: Live Birth, Non Live.., Unspecif..

Number of Deliveries by Hospital Name: Russell, Shanay 192, 61

Use Case: understand maternal health population characteristics, birth outcomes, and patterns in prenatal and postpartum care

Prenatal Care Dashboard

The Prenatal Care Dashboard allows you to track prenatal care trends for completed or ongoing pregnancies ... beneficiaries receive recommended prenatal visits and identify beneficiaries who may be at risk for not rece...

Chronic Condition: All Patients — Prenatal Visits: Completed Pregnancies — Service Date: October 2020 – July 2023

Gestational Age for the First Prenatal Visit

Week	Count
<8 Weeks	41
9 Weeks	16
10 Weeks	27
11 Weeks	29
12 Weeks	17
13 Weeks	16
14 Weeks	9
15 Weeks	9
15+ Weeks	72

Cost Distribution for Prenatal Services: $504 (0.60%); $84,046 (99.40%)

Cost Measure: Total Cost — Non-ED Visits, Procedures

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Postpartum Care Dashboard

...m Care Dashboard allows you to track postpartum care trends for completed pregnancies over a selected time period. Users can identify the rate in which ...eceive recommended postpartum visits and identify the postpartum services beneficiaries receive following delivery.

Chronic Condition: All Patients — Service Date: September 2020 – July 2023

Distribution of First Postpartum Visits by Weeks after Delivery

Week	Count
Week 1	33
Week 2	123
Week 3	62
Week 4	48
Week 5	72
Week 6	80
Week 7	55
Week 8	11
Week 9	4
Week 10	4
Week 11	4
Week 12	3

Cost Distribution for Postpartum Services: $361,328 total; $5,485; $111,935; $26,546; $28,195; $188,975

Cost Measure: Total Cost — Drugs, Imaging, Lab Tests, Other, Physician Visits, Procedures

Percent of Patients Receiving Recommended Postpartum Care: Overall, Visits Within 2 Weeks of, Visits Within 6 Weeks of

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CMS Core Set Measure Dashboard

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CMS Core Set Measure Dashboard

This report contains a subset of the CMS Core Set of Measures for Medicaid Health Home programs. It is known collectively as the Health Home Core Set. It contains core set quality and utilization measures that are endorsed by CMS, NCQA and AHRQ.

Service Date: September 2020 – August 2023

Comparison Group: Medicaid

Legend: Medicaid, Panel_1

Rate Based Measures

Measure	Panel_1	Medicaid
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH)	8.33%	7.83%
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	23.53%	3.86%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)		26.60%
All-Cause Readmissions	17.35%	17.79%

Use Case: understand performance on CMS Health Home Core Set measures compared to total Medicaid population

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Questions?

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