



## IAC/NAACOS Medicare Analytic Services

NAACOS and the Institute for Accountable Care have access to 100% of Medicare Parts A, B and D claims through the CMS virtual research data center (VRDC). Our “Innovator” data use agreement allows us to use the data for analytics to help ACOs improve their performance. We have access to annual data files for 2011 – 2019, and 2020 quarterly data (Q1 – Q4). We will begin receiving 2021 quarterly data starting July 2021.

- 1. Modeling ACO and provider group QP performance.** CMS does not provide ACOs with data that allow them to measure the contribution of each TIN or NPI to the ACOs QP status. Using data from the VRDC we offer a report that calculates QP score at the ACO, TIN and individual provider level for the patient count and payment methods. The Institute can also model scenarios to measure the impact of adding TINs or removing TINs on ACO-level QP scores.
- 2. Physician group performance analysis.** We conduct a variety of analyses to help ACOs analyze the performance of independent physicians in their ACO based on their total Medicare billings (not just ACO beneficiaries). We also create performance profiles for other physician groups in your market to help you evaluate whether they could have a positive impact on your ACO’s performance. Profiles include risk-adjusted spending and utilization measures, attribution profile and referral patterns for hospital and specialist services.
- 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 (Expected July 2021).** 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. These episodes are used to 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 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. Analysis of Attribution Dynamics.** We can identify the extent to which Medicare patients seen by your ACO’s primary care providers have not been attributed and determine why. We can measure the impact of annual wellness visits on your current attribution. These analyses can help you identify opportunities to increase the “stickiness” patients for purposes of attribution.



- 7. Pharmaceutical spending comparisons.** 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.