

Analytics & Reporting

Effective Date: 10/19/2017

Draft/Review Date: 10/19/2017

Policy

- A. It is the policy of the ACO to develop and maintain a plan for analytics and reporting to meet the requirements of the Medicare Shared Savings Program. The plan addresses historical benchmarks, tracking of quality indicators and the reporting of performance within the ACO.
- B. The analysis and reporting for the ACO is provided in partnership with Collaborative Health Systems (CHS) and focuses on demographics, costs, utilization patterns, and quality initiatives.

Applicability

This policy and procedure applies to the Governing Body and Subcommittees as well as CHS departments: Analytics, Information Technology (IT), Quality Improvement, and Compliance.

Procedure

- A. Analysis is provided by CHS in report formats that are approved by Participants and Providers/Suppliers. The analysis and reporting is driven by CMS requirements along with the Quality Improvement plan.
- B. Reports include population data, healthcare utilization, costs and quality information that assist Participants and Providers/Suppliers in understanding their population, assessing areas of strength and opportunities to enhance engagement, communication, access to clinical practices and other identified areas to improve upon.
- C. Quarterly rosters are received from IT then reviewed, revised, and accepted by the Analytics team prior to distribution to Participants. The ACO reviews and updates rosters as needed and supplies the addresses of newly assigned beneficiaries as requested.
- D. Reports are also generated by CHS in collaboration with the ACO for shared savings.
- E. A list of standard reports is available to the Governing Body. Ad hoc reports may be generated at times based on ACO needs.
- F. Over the course of ACO development, analysis and reports may be fine-tuned or changed in order to meet the needs of the various parties utilizing the report data.
- G. Training will be provided to Participants and Providers/Suppliers on report content and analysis when appropriate.
- H. Reports are provided monthly to Participants unless otherwise designated in the plan.
- I. Participants and Providers/Suppliers who are in other shared savings programs or Medicare/Medicaid programs remain responsible for any additional reporting required in addition to those of the ACO.

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Reporting

- A. Reports are provided to Participants, Providers/Suppliers and other individuals or entities performing functions or services related to the ACO's activities on a regular basis as needed.

Related Documentation

- A. 42 CFR §425.316
- B. ACO Terms & Definitions Policy
- C. Beneficiary Rosters Policy
- D. Medicare Shared Savings Program Subpart G (42 CFR §425.600-608)
- E. Medicare Shared Savings Program Subpart H (42 CFR §425.700-710)
- F. Privacy and Security of Beneficiary Data Policy
- G. Quality Improvement Program Policy
- H. Quality Improvement Program Description
- I. Report Library Table of Contents
- J. Social Security Act Sec. 1899(b)(3)