

# Analytics Dashboard

Patient Population:


Medicare


Effective Period:

2022 A

Data Year:

2022

 Aggregate Expenditure & Utilization

 PAC Dashboard

**Patient Population Dropdown:** Select the patient payer population you want to view, e.g., Medicare, Medicare Advantage, Self-Insured Employer, Commercial or Medicaid. You may only select one population at a time.

**Effective Period Dropdown:** Select the period for the patients you want to view, e.g., the active / attributed patients during that period. Effective periods apply to Accountable Care Organizations (ACOs), Primary Care First (PCF), and Direct Contracting Entity (DCE) but not commercial populations as it shows only the most recent imported membership list. Effective Period is intended to display patients for the time period selected and the current year of data unless the **Data Year** is changed to a different year.

## Definitions below are for ACOs

- **QASSGN** - A quarterly assignment file supplied from CMS. Note this naming convention was used for Q4 2018 or prior.
- **QALR** – A quarterly assignment file supplied from CMS. Note this naming convention started in Q1 2019 and after
- **HALR** – An annual assignment file supplied from CMS. Note this naming convention started in 2019 and after.

## Definitions below are for DCEs

- Year MMonth example is 2021 M12 for December 2021

## Definitions below are for PCFs

- Q1, Q2, Q3, and Q4

**Data Year Dropdown:** Select the year of claims data you want to view, e.g., selecting 2021 will show claims from calendar year 2021. Data year is intended to display the data for the year selected. To select patients, use the **Effective Period** dropdown.

**Aggregate Expenditure & Utilization:** This button allows the user to drilldown to the Interactive Aggregate Expenditure & Utilization tool.

**PAC Dashboard:** This button allows the user to drilldown to the PAC and SNF Dashboards.

## Population Stats

The Population stats display aggregated data at the access level. For example, a Master ACO user will see the bar for all ACO participants combined or a commercial Master user will see data for all commercial participants combined. A Clinic or facility user will only see aggregated data for their assigned patients.

## Provider NPI Analytics Dashboard

View NPI

View Subgroup

View TIN

View Division

All Patients

Columns

Export to Excel

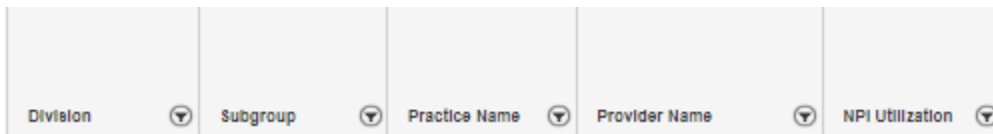
**Provider NPI Analytics Buttons:** Displays aggregated data at the National Provider Identifier (NPI)/Individual Provider level, SubGroup/location level, Tax Identification (TIN)/facility level, or Division level.

- **View NPI** – View individual providers within the organization. The provider/NPI is the specific provider billing under the given National Provider Identifier.
- **View TIN** – View individual facilities designed by Tax Identification Number (TIN). The TIN is a single TIN with access to all provider data under the TIN.
- **View Subgroup** – View groups of NPIs setup in a group, created in Network Manager.
- **View Division** – View groups of facilities setup in a group, created in Network Manager.

**All Patients** – This button will bring users to the Patient Master Dashboard showing all patients that make up data in the Analytics Dashboard.

**Columns** – The columns button allows the end user to define which columns to view.

**Export to Excel** – Export to Excel to view the filtered information.



The image shows a horizontal bar with five columns, each containing a label and a dropdown arrow icon. The columns are: Division, Subgroup, Practice Name, Provider Name, and NPI Utilization.

Division	Subgroup	Practice Name	Provider Name	NPI Utilization
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Division, Facility/TIN, Subgroup and Provider/NPI networks are configured by your organization to better organize and group many practices and providers within it.

- **Division** – a division is a group of facilities. This column has a “contains” filter. Type in a portion of the division name and the solution will filter and display.
- **Subgroup** – (Facility Locations) – E.g., a TIN may have 2000 patients and 5 locations. This column has a ‘contains’ filter. Type in a portion of the subgroup name and the solution will filter and display.
- **Practice Name** – Name of the practice for the NPI shown.
- **Provider /NPI** – A provider or NPI is the specific provider that is billing under the given National Provider Identifier.
- **NPI Utilization** - Clicking on the NPI number allows a drill down to the aggregate expenditure and utilization benchmarks for the NPI.

Scorecard	KPI Suite
Go	Go

**Scorecard** – Click scorecard to view the scorecard for the Organization, NPI, Subgroup or TIN shown. The scorecard shows financial and quality performance for the hierarchy selected.

**KPI Suite** – Click KPI Suite ‘Go’ button to view the KPI Suite for the Organization, NPI, Subgroup or TIN shown. The scorecard shows financial performance and identifies targets for health outcome improvement, cost reductions and more.

#No. Patients with claims	#No. Patients Opted Out	#No. Costly Patients
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**#No. Patients with Claims** – Shows the number of patients that are active/attributed and have claims data. Patients with no encounters or that have opted out of data sharing will not display in the number. Click No. Patients with Claims to view the Patient Master Dashboard with those specific patients shown.

**#No. Patients Opted Out** – Shows the number of patients that have opted out of data sharing. Click No. Patients with Claims to view the Patient Master Dashboard with those specific patients shown.

**#No. Costly Patients** – Shows costly patients today or trending to be costly in the future. Risk score in top 30% of this year or previous year, 1 or more hospitalizations in last 12 months, 3 or more emergency department visits in the last 24 months and 3 or more chronic conditions. Click No. Costly Patients to view the Patient Master Dashboard for those specific patients.

Hospital Benchmark	▼
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**Hospital Benchmark** – The ratio of observed (actual) versus expected (benchmark) of hospital discharges. A negative number indicates below the benchmark (green color) and a positive number indicates above the benchmark (red color) for acute hospitalizations. Clicking on the number in a row will bring you to the Acute Hospital Utilization quick report for review.

2021 AVG HCC Score	▼	2022 AVG HCC Score	▼	Diagnosis Recapture Rate 2021 to 2022 YTD	▼
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**Average Hierarchical Condition Categories (HCC Risk Score)** – The average HCC risk score for the assigned patients calculated for TIN, Subgroup or NPI. An average above 1.5 is a moderately sick population. An average above 2.0 is a very sick population. Click on the button to expand to past year scores. The risk scores are calculated using the diagnoses for the year displayed.

**Current Year HCC Risk Score** – The average HCC risk score for the assigned patients calculated for TIN, Subgroup or NPI. An average above 1.5 is a moderately sick population. An average above 2.0 is a very sick population. The risk score is calculated using the diagnoses for the current year. Diagnoses not captured in the current year are not included in the current year risk score.

**HCC Diagnosis Recapture Rate** – A comparison of the current year to past year recaptured HCC diagnoses codes. This column displays the total percentage of HCC diagnoses (recurring chronic condition codes) that have been captured again in the current year. Clicking on the button here will drill down to a quick report for additional review.

Change in HCC Score 2022 to 2023 YTD	2023 HCC Spend Allowance YTD	2023 YTD AVG Per Patient Spend	Percent of Spend Allowance Used YTD	Benchmark Leakage	Spend Allowance Predictor	Change in Spend 2022 vs 2023	AWV Completion
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**HCC Risk Score Change** – Selected year risk score compared to the prior year.

**HCC Spend Allowance YTD** – The financial benchmark calculated using the HCC Risk Score for the organization, TIN, Subgroup or NPI based on the Average HCC score of assigned patients.

**Year to Date average per patient spend** – Average year to date per patient spend for Part A and Part B (including DME) but not including Part D for assigned patients to a TIN, Subgroup or NPI.

**Percent of Spend Allowance Used YTD** – Percentage of financial spend benchmark used year to date. What has actually been spent vs the total HCC benchmark.

**Benchmark Leakage** - Loss in benchmark caused by not capturing a diagnosis in the performance year that existed in your previous benchmark years.

**Spend Allowance Predictor** – A warning symbol indicates our algorithm is predicting the actual spend will exceed the financial benchmark before the end of the current year.

**Change in Spend (per patient)** – The per patient spend for the selected year as compared to the prior year.

**AWV Completion** – The percentage of Annual Wellness Visits (AWV) completed during a rolling 12 months from Claims through date. You may click on the button to drill to the incomplete patients.

#### Switch Companies

**Switch Companies** – Sometimes an organization has subsidiaries, sister companies or companies they may merge with in the future for ACO and commercial lines. When they want the company accounts separate, this option allows the assignment of company access.