

# **Beneficiary Assignment for the Electronic Health Records Demonstration**

**Kickoff Meeting**

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(ARC)**

## **Types of Beneficiary Assignment**

- I. Assignment of beneficiaries to practices
- II. Assignment of chronic conditions to beneficiaries

## I. Practice Assignment

- A practice participating in the demonstration should be the principle primary care provider for at least 50 assigned eligible Medicare beneficiaries
- Emphasis on solo or small-medium sized practices (20 or fewer total providers)
- How are beneficiaries “assigned” to a practice?

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## I. Practice Assignment

- **Medicare beneficiaries are assigned to the practice with the greatest number of primary care visits**
  - What is the data source?
  - What is a practice?
  - What is a primary care visit?
  - What if there is a tie among two or more practices?
  - Which beneficiaries are eligible?

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# I. Practice Assignment

## What is the data source?

- ARC will use Medicare physician claims data for the applicable demonstration years
- Beneficiary assignment will take place six times, and there may be different assignments each time:
  - Initial eligibility: July 2007 – June 2008
  - Demo Year 1: June 2009 – May 2010
  - Demo Year 2: June 2010 – May 2011
  - Demo Year 3: June 2011 – May 2012
  - Demo Year 4: June 2012 – May 2013
  - Demo Year 5: June 2013 – May 2014

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# I. Practice Assignment

## What is a practice?

- A practice is a group of tax ID numbers (TINs) and individual National Provider Identifier (NPIs)
- These are the identifiers that are found on every physician claim, and also were collected on the demonstration applications

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## I. Practice Assignment

### What is a practice?

- Demonstration practices have been defined by their application submission
- They will be compared to all other demonstration applications in their state, as well as non-demonstration individual TIN + NPI combinations in the claims data

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## I. Practice Assignment

### What is a practice?

- It is imperative that the TINs and NPIs we are provided by the practice match what is stored in CMS's data systems
- We are not “automatically” informed if your NPI or TIN changes during the demonstration, so you **MUST** let us know!

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# I. Practice Assignment

## ■ Example Practices

TIN	NPI	Physician Name	EHR Practice ID
<b>Group 1</b>			
000111222	0123456789	John Wilkin	EXX0001
000111222	9876543210	Kerry Moroz	EXX0001
000111222	0011223344	Erika Yoshino	EXX0001
<b>Group 2</b>			
999851677	4567890123	Michael Sandler	EXX0002
123456789	1213141516	Laurie Pekala	EXX0002
<b>Group 3</b>			
410740919	1010101010	Gordon Trapnell	EXX0003

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# I. Practice Assignment

What is a primary care visit?

- A visit to a physician, nurse practitioner, or physician's assistant having an eligible specialty
  - General Practice, Internal Medicine, Preventive Medicine, Family Practice, Geriatric Medicine, Cardiology, Endocrinology, Gastroenterology, Osteopathic Medicine, Medical Oncology, Pulmonary Disease, Infectious Disease, Allergy/Immunology, Rheumatology, Hematology, Nephrology
- A visit with a qualifying Evaluation & Management (E&M) code
  - Office visits only; not consults
  - Includes visits to home or nursing home

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## I. Practice Assignment

What is a primary care visit?

- Visits not meeting these criteria will be dropped from the beneficiary assignment process to ensure that we are assigning beneficiaries to their actual primary care physicians

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## I. Practice Assignment

What if there is a tie among two more practices?

- If a beneficiary has had the same number of visits to more than one practice, the following tie-breakers are applied:
  - Most recent visit
  - Participating demonstration practice

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# I. Practice Assignment

## Which beneficiaries are eligible?

- To be eligible for assignment (and thus, for payment) a beneficiary must, for at least 6 months of reporting year\*:
  - Be fee-for-service (FFS) (i.e., not in a MA plan or hospice care)
  - Have both Part A and Part B
  - Have Medicare as the primary insurer
  - Reside in the demonstration area
  - Have at least one of specified chronic conditions
  - Be alive

\*Note: 6 months do not have to be consecutive

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# II. Chronic Condition Assignment

- Specified chronic condition categories for beneficiary eligibility (based on ICD9-CM diagnostic codes):
  - Diabetes Mellitus
  - Congestive Heart Failure
  - Coronary Artery Disease
  - Alzheimer's and Mental Health
  - Other Chronic Cardiac or Circulatory Disease
  - Kidney Disease
  - Lung Disease
  - Cancer
  - Osteoporosis & Arthritis

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## II. Chronic Condition Assignment

- **Chronic condition assignment is based on physician and hospital claims data for one year<sup>1</sup>:**
  - **Beneficiaries must have at least one inpatient claim (or ER visit for diabetes) for one of the specified diagnostic codes**
  - OR**
  - **Two outpatient claims on different dates having specified diagnostic codes for the same condition**
- ***This population forms the basis for Reporting Payments in Year 2 and Quality Incentive Payments in Years 3 – 5 on preventive measures, as well as EHR Incentive Payments in all years.***

1. For Diabetes assignment two years of data are used.

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## II. Chronic Condition Assignment

- **Demonstration target conditions are a subset of the specified chronic conditions**
  - **Congestive Heart Failure (CHF)**
  - **Coronary Artery Disease (CAD)**
  - **Diabetes Mellitus (DM)**
- **Overlap: beneficiaries may be in more than one target category**

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## II. Chronic Condition Assignment

- **Target condition assignment based on:**
  - CHF: CHF diagnosis on 1+ inpatient hospital claim OR 2+ outpatient claims on different dates
  - CAD: same as CHF, but for CAD diagnosis codes
  - DM: similar, but 2-yr measurement period, and one ER visit sufficient to qualify
  
- *This population forms the basis for Reporting Payments in Year 2 and Quality Incentive Payments in Years 3 – 5 on the disease-specific clinical quality measures.*

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## Beneficiary Assignment Summary

- **Claims experience used to:**
  - Assign beneficiaries to practices providing majority of primary care
  - Assign beneficiaries to chronic condition categories
    - All specified chronic conditions
    - Subset target conditions: CHF, CAD, DM

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## Beneficiary Assignment Summary

- Assigned beneficiaries with any general chronic condition form the basis for payments on *preventive* clinical quality measures.
- Assigned beneficiaries with general chronic conditions form the basis for payments based on performance on the Office Systems Survey (OSS).
- Assigned beneficiaries with target conditions (CHF, CAD, DM) form the basis for payments on *disease-specific* clinical quality measures.

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## Beneficiary Assignment Summary

- First beneficiary assignment has already been completed and was used to determine practice eligibility for demonstration (whether each practice was the primary care provider for at least 50 eligible Medicare beneficiaries)
- New assignments made after the end of each demonstration year are used to determine patients for reporting and payment

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