



## Roles, Data Flow and Timing

Review of organizations, data collection, payment processes & timelines

*Handout: Organizations and data flow*



## Organizations involved in the EHR Demonstration

- Physician practices
- Community Partners
- CMS
- ARC
- RTI
- IFMC
- MPR



## Roles: Physician Practices

- Provide and verify practice and provider information
- Complete the medical record abstraction tool (EHR-PAT) in Years 2 to 5
- Provide medical record documentation if selected for audit
- Complete the Office System Survey once a year and other evaluation-related materials



## Roles: Community Partners

- Help to recruit physician practices
- Conduct ongoing activities to advance HIT in the region
- Provide local guidance to CMS and its contractors



## Roles: CMS

- Provide direction and oversight for the EHR Demonstration
- Provide Medicare claims and enrollment data to ARC
- Host database and web-based system for collecting data
- Review and approve annual results
- Pay out performance bonuses



## Roles: ARC

- Conduct annual beneficiary assignment process for each physician group
- Provide Medicare claims and enrollment data to RTI and MPR
- Calculate annual performance payments and summary reports for each physician practice



## Roles: RTI

- Calculate performance results for claims-based quality measures for intervention and comparison groups
- Pre-populate sampled patients and claims data into the Performance Assessment Tool (PAT) for each physician practice
- Calculate quality measure reporting (Year 2) and performance (Years 3 to 5) results for each physician practice from completed PATs
- Provide technical assistance to practices



## Roles: IFMC

- Design the EHR-PAT medical record abstraction tool
- Provide training to practices on data collection
- Provide technical assistance to practices
- Liaison with measure owners, prepare measure specifications, and update as needed
- Audit data collection results from selected sites



## Roles: MPR

- Randomize applicants into intervention and comparison groups
- Administer and score the Office System Survey
- Evaluate demonstration effects



## Data Collection Timeline\*

- 1) Practices, CMS and ARC verify participating practice's and providers' information
- 2) Practices complete OSS (annually in the Spring)
  - Starting last 2 months of performance period
- 3) MPR Scores OSS
  - 2 months after performance period
- 4) ARC obtains final Medicare claims data from CMS, after lag
  - 3.5 months after end of performance period
- 5) ARC assigns beneficiaries and sends claims data to RTI and MPR
  - 4.5 months after end of performance period

\* In Years 2 to 5



## Data Collection Timeline (cont.)

- 6) RTI calculates claims-based quality measures and prepopulates the abstraction tool (PAT) with claims data
  - 6 months after end of performance period
- 7) Tools available to physician practices
  - 6.5 months after end of performance period
- 8) Physician practices submit completed tools
  - 8.5 months after end of performance period
- 9) RTI calculates scores for quality measures and transmits results to ARC and MPR
  - 10.5 months after end of performance period



## Data Collection Timeline (cont.)

- 10) ARC calculates performance payments owed to non-audited physician practices based on quality measure results and scores on OSS
  - 11.5 months after end of performance period
- 11) IFMC conducts audit on a sample of practices, ARC calculates payments owed to audited practices after results finalized
  - 13.5 months after end of performance period