







Partnered to create an ACCOUNTABLE CARE ORGANIZATION

2010

The Nebraska Health Network includes:



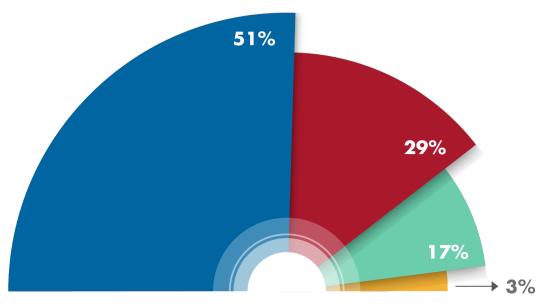
8 Hospitals



More than 3,200 physicians and advanced practice providers

2023 Value-Based Contracts

210,936 Covered Lives





Medicare: 60,242 (29%)

Medicaid: 34,939 (17%)

Commercial IFP: 7,809 (3%)

Commercial Group Aetna Commercial Blue Cross ACO 66,229 Ne Furniture Mart DTE 1,285 1,285 UHC Commercial ACO 33,032 33,032 Aetna MA 5,317 Blue Cross MA 1,463 Humana MA 4,650 MSSP Basic Level E 37,484 NTC MA (Wellcare) 550 UHC MA 10,778 Medicaid Ne Total Care Medicaid 13,153 Ne Total Care Medicaid 13,140 UHC Medicaid 8,646 Medica IFP (Elevate) 7,612 Individual NTC IFP (AmBetter) 197			
Blue Cross MA	_	Blue Cross ACO Ne Furniture Mart DTE	66,229 1,285
MedicaidNe Total Care Medicaid13,140UHC Medicaid8,646CommercialMedica IFP (Elevate)7,612	Medicare	Blue Cross MA Humana MA MSSP Basic Level E NTC MA (Wellcare)	1,463 4,650 37,484 550
	Medicaid	Ne Total Care Medicaid	13,140
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Agenda

- Public Use Files API Connection
- More Current Data: Quarterly Data Files



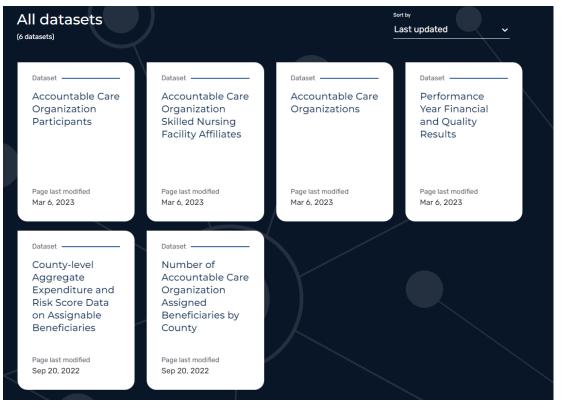




CMS Data Website

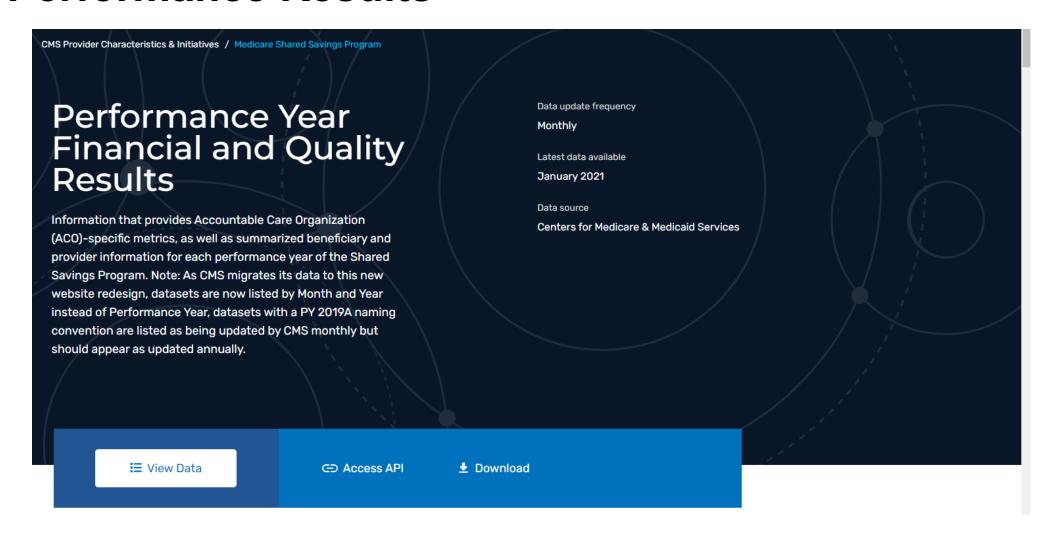
Data.cms.gov/medicare-shared-savings-program





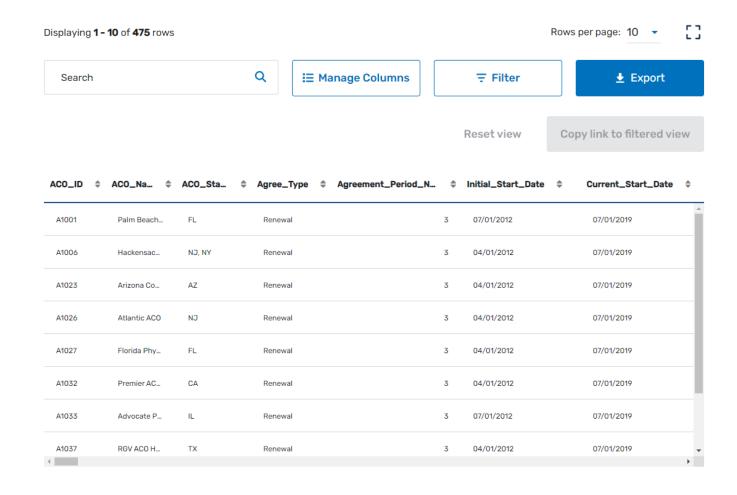


Performance Results



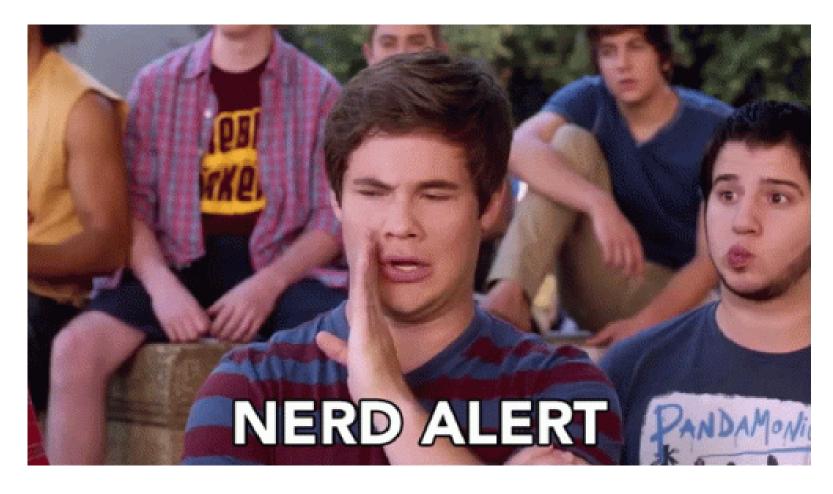














Performance Results API Link



Access API for Performance Year Financial and Quality Results

The Open Data API (ODA) provides programmatic access to this dataset including the ability to filter, query, and aggregate data. The latest endpoint returns the most recent version of the data.

TIME PERIOD		API ENDPOIN	Т	
Latest	~	JSON 🚽	https://data.cms.gov/data-api/v1/data	Сору

API Docs for the Dataset



Performance Results API Link-use



Use Cases

Compare: Size, Track, Assignment Type, Utilization - Emergency Room, Inpatient, Primary Care Visits, Cost, Benchmark etc.

To Whom: ACOs in same City, State, Region, Type, High/Low

Performers





Summary

As a "nerd" it is great to connect to the API and run code as needed. It allows for easy access and manipulation of data based on the curiosity of the day and to meet research needs. I love the ability to look at others to see how we compare and where opportunities lie.

What do you do if you want to look at more current information? How do we compare now with strategic actions completed in the current year?

<u>ACTIONABLE DATA</u> - Let's look at adding in current data as well as comparing to some peers near our ACO.







Quarterly Files

- Quarterly Aggregate Expenditure/Utilization Report (QEXPU Report), Tables 1 and 2
- P.XXXXX.ACO.QEXPU.2022Q4.D229999.T0400000.xlsx



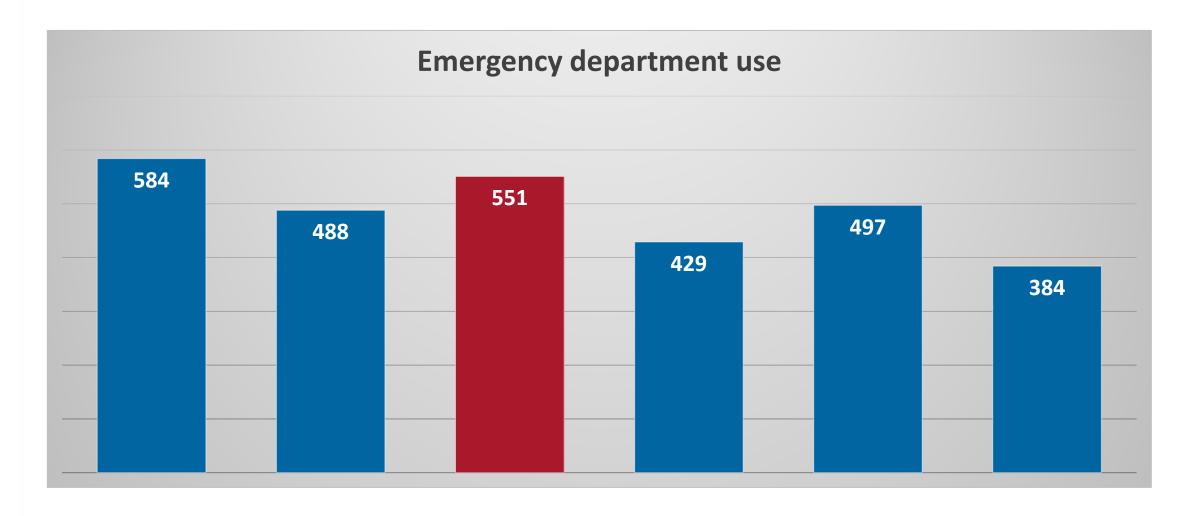
Quarterly Files
Gather data

Additional Utilization Rates (Per 1,000 Person Years)[10]	
Hospital Discharges, Total	229
Short-Term Stay Hospital	223
Long-Term Stay Hospital	2
Rehabilitation Hospital or Unit	3
Psychiatric Hospital or Unit	2
Emergency Department Visits	543
Emergency Department Visits That Lead to Hospitalizations	159
Observation Stays[11]	32
Computed Tomography (CT) Events[12]	708
Magnetic Resonance Imaging (MRI) Events[12]	221
Primary Care Services	8,564
With a Primary Care Physician	2,950
With a Specialist Physician	3,667
With a Nurse Practitioner/Physician Assistant/Clinical Nurse Specialist	1,885
With a FQHC/RHC	62

Total Expenditures by Assigned Beneficiary Medicare Enrollment Type, Excluding COVID-19 Episodes[6]	
Total	11,075



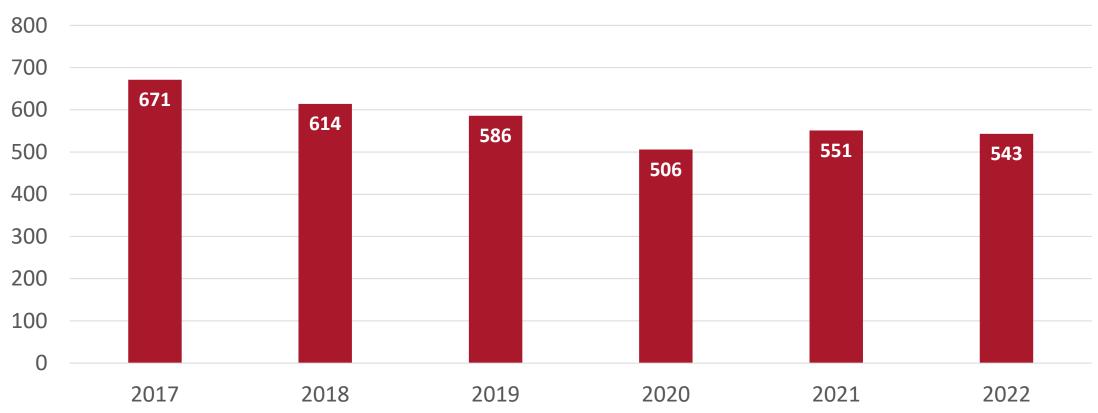
2021 Emergency department visits per 1000





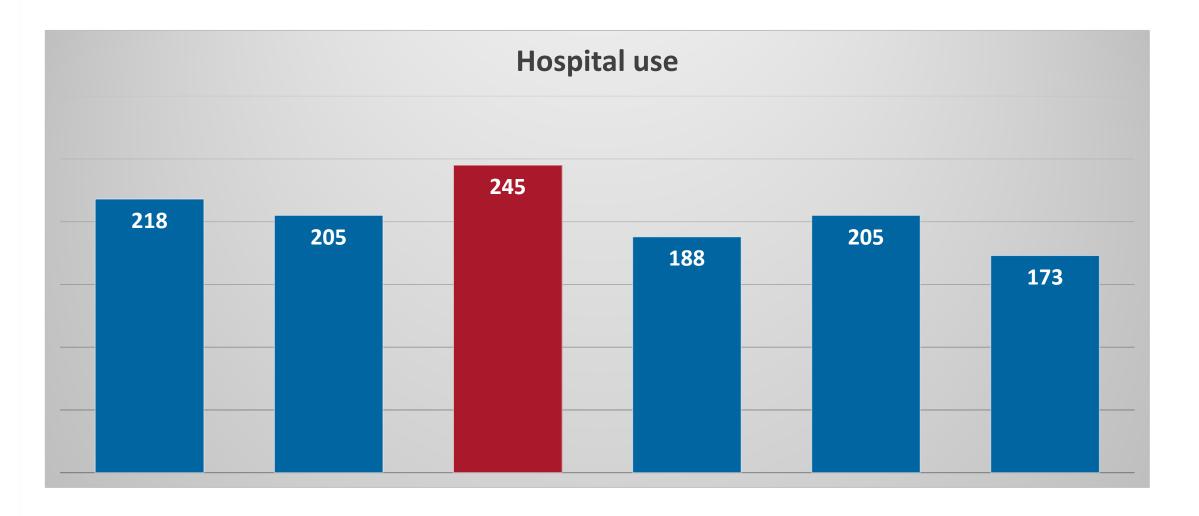
Emergency department visits







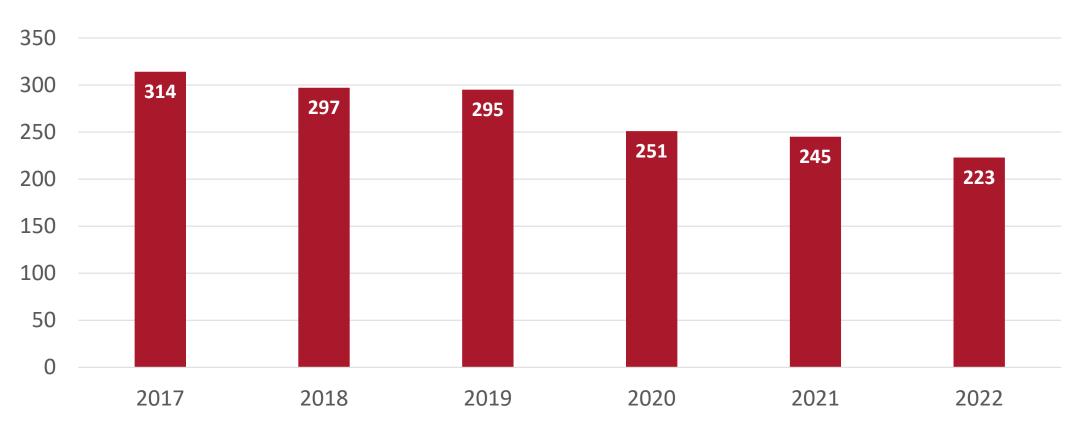
2021 Acute hospital admissions per 1000





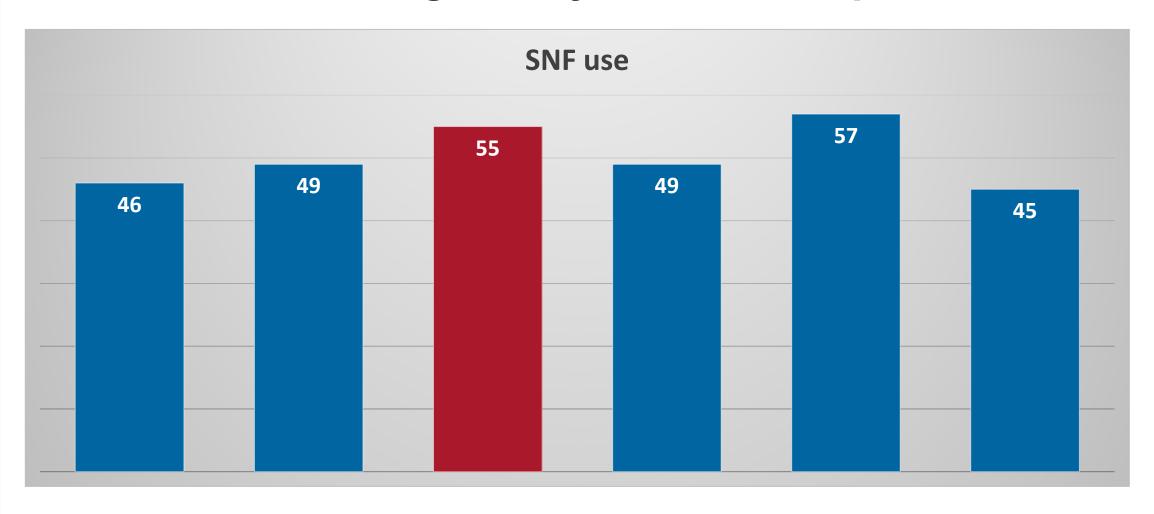
Acute hospital admissions

Hospital admits per 1000





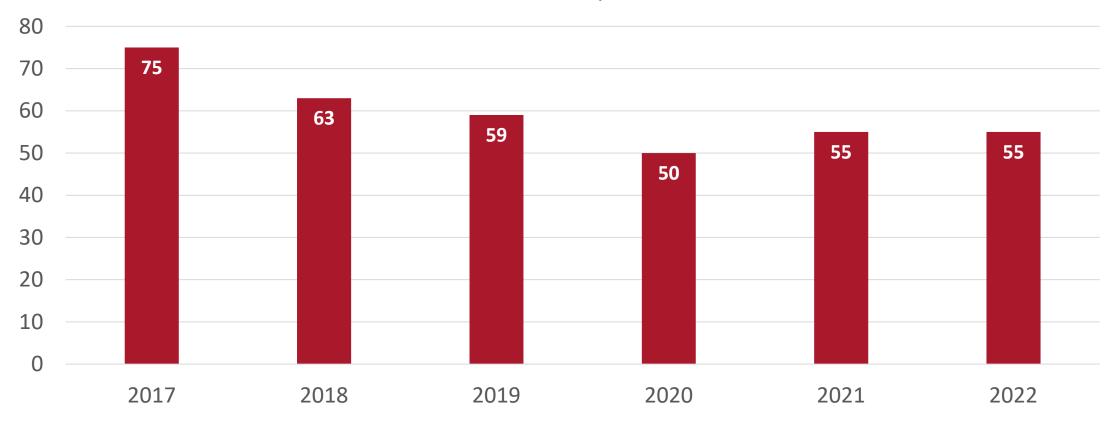
2021 Skilled nursing facility admissions per 1000





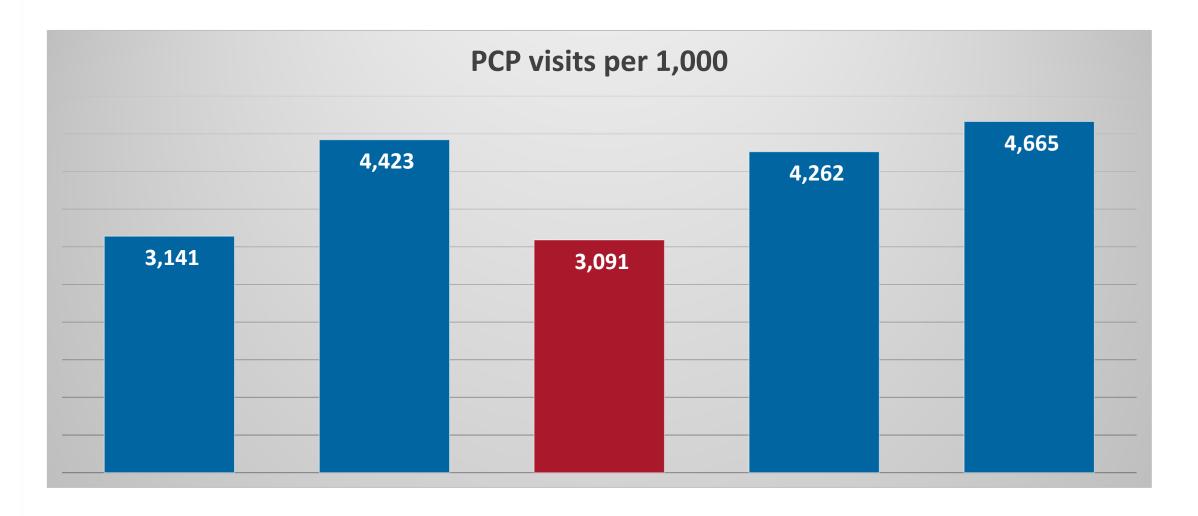
Skilled nursing facility admissions

SNF admissions per 1,000





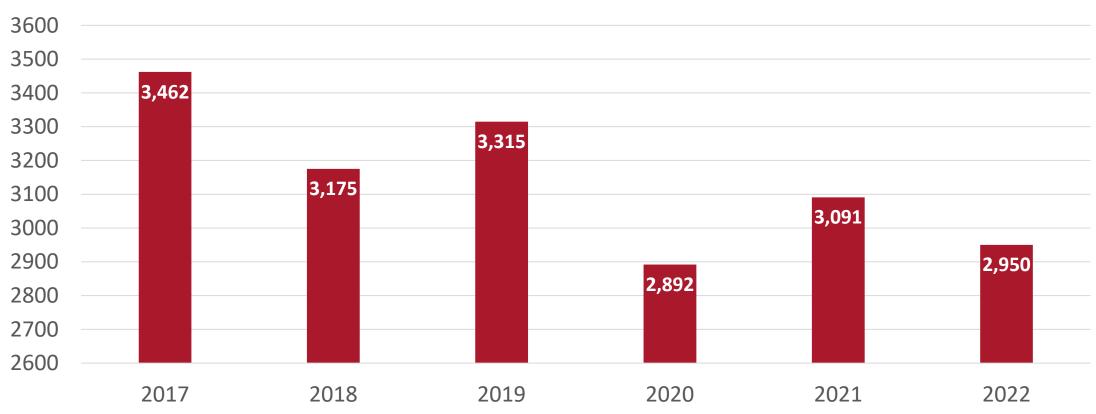
Visits with a primary care physicians





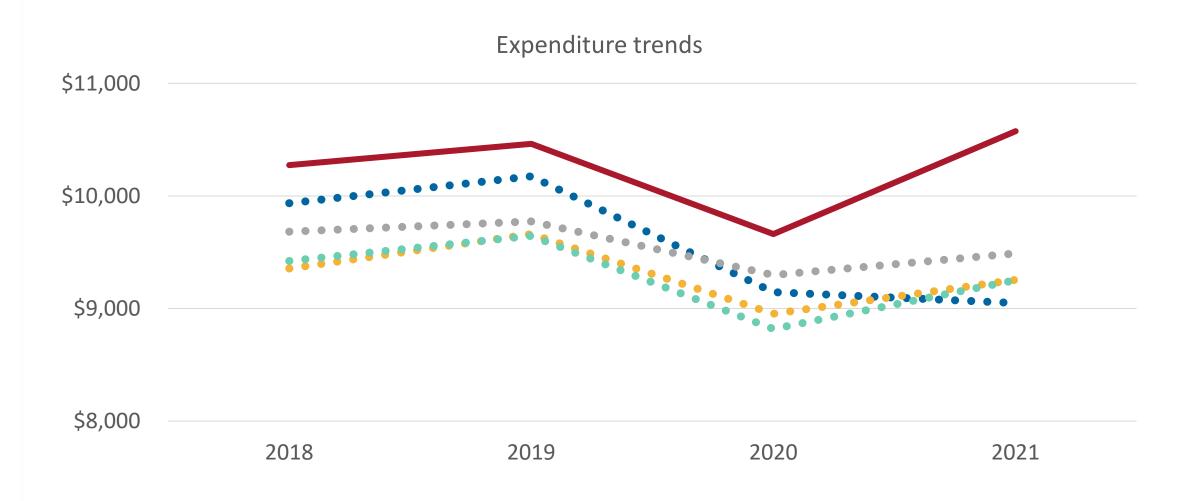
Visits with a primary care physicians





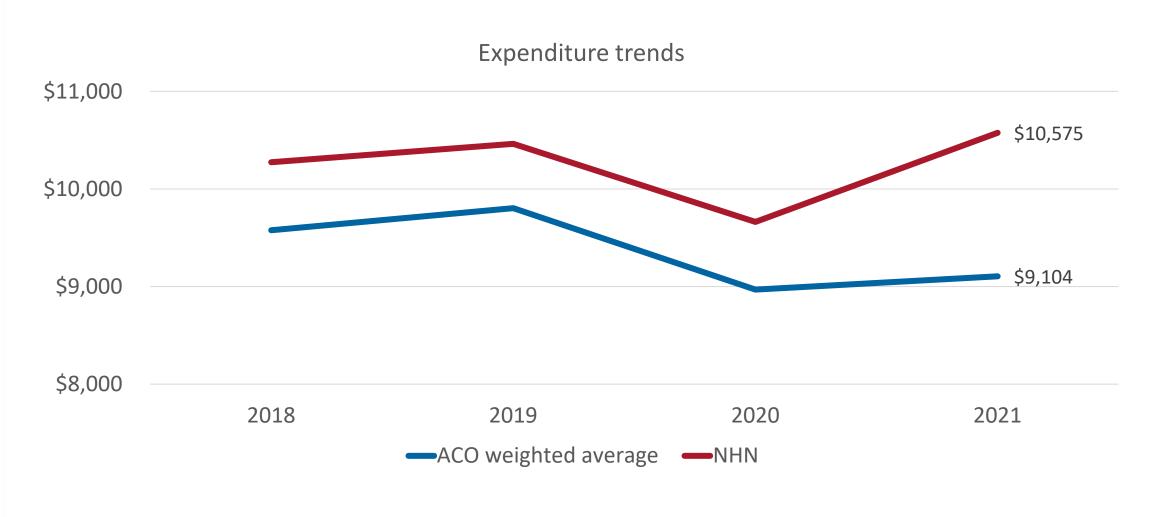


Expenditure trends of our regional ACO peers



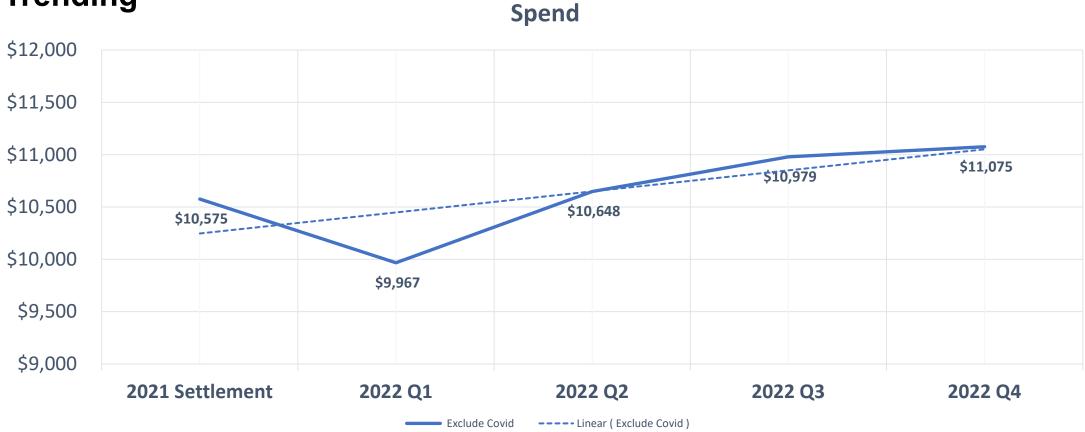


Weighted average expenditure trends of our peers





Results Trending



^{*}Q1 typically seems lower than accurate likely due to completion factor and seasonal utilization. Utilize the benchmark estimate more than spending trend.