

# Alabama Coordinated Health Network (ACHN)

Wednesday, January 22, 2020 -- The webinar will begin at 12:00 p.m. CST

## Overview of New Provider Profiler Reports

# Attention!

Please MUTE your phone and computer microphone!

- You will not hear any sound until the webinar begins.
- Use the Chat Box function to type in questions.
- Questions will be answered at the end of the webinar.

# Provider Profiler Reports Overview



# Today's Objectives



- PCP Payment Structure and Timeline
- Review of Attribution, Quality Measures and Cost Effectiveness
- Accessing Provider Profiler Dashboard Reports through Provider Portal
- Overview of Reports:
  1. Provider Profiler Quality Measure Scorecard (MGD-S362-Q Report)
  2. Provider Profiler Supplemental Member Summary File – Quality Measures (MGD-M362-Q Report)
  3. Provider Profiler Cost Effectiveness Scorecard (MGD-S364-Q Report)
  4. Provider Profiler Supplemental Member Summary File – Cost Effectiveness (MGD-M364-Q Report)



# PCP Payment Structure

## BONUS PAYMENTS

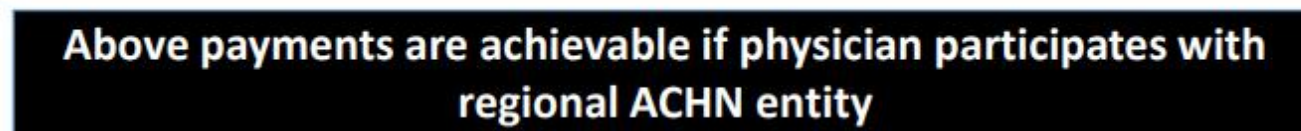
This is a Bonus pool in the amount of \$15 million annually to fund three Bonus payments for Participating PCP groups.

The Bonus Payment pool is paid quarterly and allotted as follows:

- 50% for Quality
- 45% for Cost Effectiveness
- 5% for PCMH Recognition



Impacted by attribution



\* Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will **NOT** be eligible for Participation Rates or Bonus Payments.



# Guiding Principles of Attribution Methodology



- Consistency with ACHN's principles of paying for activity.
- Continued emphasis on care coordination and health outcomes with a focus on preventative care.
- Acknowledgement that some recipients require specialist care.
- Evaluation of activities at the group level.

# Attribution Overview



- Attribution is the process that is used to associate a Medicaid recipient to the PCP Group that provides primary care to that recipient.
  - PCP Groups must sign the two agreements (one with Medicaid, one with an ACHN entity) to participate.
- Under the ACHN Program, Medicaid recipients are attributed to PCP Groups based on historical claims data utilization.
- PCPs are encouraged to continue seeing patients, as medically necessary, on a consistent basis to increase the likelihood of attribution.
- Attribution is a critical factor in determining distribution of bonus payments among eligible providers.
- Attribution replaced panel assignments. Under ACHN, the Patient 1<sup>st</sup> program ceased to exist and capitation payments were no longer paid, as of September 30, 2019.
  - A smaller number of attributed members compared to members in the previous panel does not necessarily equate to a reduced payment.

# Guiding Principles for Quality Metrics



- The Centers for Medicare and Medicaid Services (CMS) collects quality measure data from all 50 states in an effort to strengthen quality of care and health outcomes.
- Specifications for adult and child core set measures are released annually by Health & Human Services.
- All measures are nationally validated and have standard specifications.
- The ACHN benchmarks are based on quality performance scores as reported by the various states and are adjusted as necessary.
- Benchmarks are posted at [www.Medicaid.Alabama.gov](http://www.Medicaid.Alabama.gov) and will be updated on an annual basis.
- The primary focus is measurable attainable improvement in healthcare outcomes.
- To qualify for quality bonus payments, PCP groups must achieve a quality score of 50% or higher (i.e., meet targets for at least half of applicable quality measures).



# Provider Quality Measures



## 8 Provider Quality Measures

### 4 Child Quality Measures

W34-CH: Well-Child Visits in the 3rd, 4th, 5th, and 6th years of Life

AWC-CH: Adolescent Well-Care Visits

CIS-CH: Childhood Immunization Status - Combination 3

IMA-CH: Immunization For Adolescents - Combination 2

### 4 Adult Quality Measures

AMM-AD: Antidepressant Medication Management - Continuation Phase

HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1C (HBA1C) Testing

FUA-AD: Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

CHL-AD: Chlamydia Screening in Women Ages 21-24

# Guiding Principles for Cost Effectiveness



- Consistency with ACHN's principles of paying for activity with a focus on preventative care and health outcomes.
- Acknowledgement that risk levels vary across practices.
- Results are risk-adjusted, using validated methodologies.
- Evaluation of activities at the group level.
- To qualify for cost effectiveness bonus payments, PCP groups must be at or below the statewide median cost efficiency score.

# Cost Effectiveness Overview



- Compares a 12-month per member per month (PMPM) to a risk-adjusted expected PMPM.
- Groups ranked by a Cost Effectiveness score that is derived from actual PMPM versus the expected PMPM.
- Bonus payment is paid for PCP groups at or below the median Cost Effectiveness score.
- Cost Effectiveness calculation includes a PMPM calculation for the state-wide assigned ACHN population.
  - Cost Effectiveness calculation excludes certain costs that are beyond the control of the PCP (e.g., Network Entity case management costs, other bonus payments, waiver costs, drug rebates, etc.).

# Provider Profiler Dashboard Reports



1. Provider Profiler Quality Measure Scorecard: MGD-S362-Q Report (this is a summary level report that illustrates your current scoring)
2. Provider Profiler Supplemental Member Summary File – Quality Measures: MGD-M362-Q Report (this is a report that reveals how each individual affects your score)
3. Provider Profiler Cost Effectiveness Scorecard: MGD-S364-Q Report (this is a summary level report that illustrates your current scoring)
4. Provider Profiler Supplemental Member Summary File – Cost Effectiveness: MGD-M364-Q Report (this is a report that reveals how each individual affects your score)

# Accessing Provider Profiler Reports through the Provider Web Portal



- **Web Portal Link :** <https://www.medicaid.alabamaservices.org/ALPortal/>
- To access the login panel click Account and then click Secure Site

A screenshot of the Alabama Medicaid Provider Web Portal login page. The page has a blue header with navigation tabs: Home, NDC Look Up, Information, Account, and Provider Look Up. Below the header is a sub-header with links: Home, Account Setup, Reset Password, and Secure Site. The main content area is titled "Login" and contains the following text: "The Alabama Medicaid Interactive secure site is intended for providers, clerks and billing agents." Below this, it says: "For first time users who have received a Personal Identification Number (PIN) letter, click the Setup Account button. First time users who have not received a PIN letter must contact the EMC Helpdesk for support. Refer to the Contact Us page, from the Information menu, for contact information." There are two buttons: "setup account" and "login". Below the buttons are two input fields: "User Name\*" and "Password\*". At the bottom, it says: "If you have forgotten your password, please click the Reset Password button." and there is a "reset password" button.



# Accessing Provider Portal, Cont.

- Click on Trade Files Tab and Download Options

**File Download Search** ? ↑

Transaction Type*	
	820 - Group Premium Pymt 5010
	835 - Clm Payment/Advice 5010
	999 - Functional Ack 5010
	BRF - Batch Response File
	CLM-0425-Q - Provider Referral Report
	CLM-0700-Q - Attribution Report
	EPS-0500-M - Periodic Rescreen List
	EPS-0550-M - Periodic Screening List
	LT1 - Long Term Care Accepted
	LT2 - Long Term Care Rejected
	MGD-0002-M - Capitation Payment Listing (Patient 1st)
	MGD-0004-M - Capitation Payment Listing
	MGD-0055-M - Monthly PMP Enrollment Roster (Patient 1st)
	MGD-0056-M - Monthly PCP Enrollment Roster
	MGD-0081-M - Capitation Errors for ICN
	MGD-0100-M - Capitation Payment Summary by Provider
	MGD-A120-M - Capitation Payment Summary by Payee Provider
	MGD-A131-M - Capitation Payment Summary by Plan
	MGD-A500-Q - Quarterly Patient 1st Referral Report
	MGD-A810-M - Monthly Medicare Advantage Enrollment and Errors (Medicare Advantage)
	MGD-A820-M - Monthly ICN Enrollment and Errors
	MGD-S362-Q - Provider Profiler Quality Measure Scorecard
	MGD-M362-Q - Provider Profiler Supplemental Member Summary File - Quality Measures
	MGD-S364-Q - Provider Profiler Cost Effectiveness Scorecard
	MGD-M364-Q - Provider Profiler Supplemental Member Summary File - Cost Effectiveness
	NCP - NCPDP:E1, B1 and B2(1.2)
	PA - Prior Authorization Decision Letter
	PRV-A035-M - Provider Reenrollment Facsimile
	RA - Remittance Advice
	TA1 - Interchange Ack

# Provider Portal showing MGD-S362-Q in drop down list



Alabama Medicaid Agency

# Medicaid



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Wednesday, January 15, 2020

You have approximately 18 minutes until your session will expire.

Home Download Upload Forms

Home NDC Look Up Information Account Claims Eligibility Trade Files Prior Authorization Providers Provider Look Up

### File Download Search

Transaction Type*	Description
820	- Group Premium Pymt 5010
835	- Clm Payment/Advice 5010
999	- Functional Ack 5010
BRF	- Batch Response File
CLM-0425-Q	- Provider Referral Report
CLM-0700-Q	- Attribution Report
EPS-0500-M	- Periodic Rescreen List
EPS-0550-M	- Periodic Screening List
LT1	- Long Term Care Accepted
LT2	- Long Term Care Rejected
MGD-0002-M	- Capitation Payment Listing (Patient 1st)
MGD-0004-M	- Capitation Payment Listing
MGD-0055-M	- Monthly PMP Enrollment Roster (Patient 1st)
MGD-0056-M	- Monthly PCP Enrollment Roster
MGD-0081-M	- Capitation Errors for ICN
MGD-0100-M	- Capitation Payment Summary by Provider
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MGD-A131-M	- Capitation Payment Summary by Plan
MGD-A500-Q	- Quarterly Patient 1st Referral Report
MGD-A810-M	- Monthly Medicare Advantage Enrollment and Errors (Medicare Advantage)
MGD-A820-M	- Monthly ICN Enrollment and Errors
MGD-M362-Q	- Provider Profiler Supplemental Member Summary File - Quality Measures
MGD-M364-Q	- Provider Profiler Supplemental Member Summary File - Cost Effectiveness
MGD-S362-Q	- Provider Profiler Quality Measure Scorecard
MGD-S364-Q	- Provider Profiler Cost Effectiveness Scorecard
NCP	- NCPDP:E1, B1 and B2(1.2)
PA	- Prior Authorization Decision Letter
PRV-A035-M	- Provider Reenrollment Facsimile
RA	- Remittance Advice
TA1	- Interchange Ack

search clear

# MGD-S362-Q report download from the Web Portal



Home NDC Look Up Information Account Claims Eligibility Trade Files Prior Authorization Providers Provider Look Up

Home Download Upload Forms

### File Download Search

Transaction Type\* MGD-S362-Q - Provider Profiler Quality Measure Scorecard

search

clear

You will need [Adobe Acrobat Reader](#) on your computer to view and/or download reports in PDF format.

Files are listed in order of the date they become available.

#### Current Reports Available for Download

File Name	Transaction Type	Provider ID	Payee ID	Report Date
MGDS362Q.1093768723.01142020.pdf	Provider Profiler Quality Measure Scorecard	1093768723	528500220	01/14/2020





# Links to More Detailed Resources

- **Website:** [www.Medicaid.alabama.gov](http://www.Medicaid.alabama.gov)  
[https://medicaid.alabama.gov/content/5.0 Managed Care/5.1 ACHN/5.1.3 ACHN Providers.aspx](https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx) (this link directs you to 3 webinars re: Attribution, Quality Measures, and Cost Effectiveness)
- **Direct Link to Frequently Asked Questions**  
[https://medicaid.alabama.gov/content/5.0 Managed Care/5.1 ACHN/5.1.1ACHN FAQs.aspx](https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.1ACHN_FAQs.aspx)
- **Submit questions for official response to:** [ACHN@medicaid.alabama.gov](mailto:ACHN@medicaid.alabama.gov)

PROVIDER (NPI:MCD:NAME): 009999999 : 999999900 : ABC PROVIDERS PC

The ACTUAL bonus payments for this quarter are based solely on provider attribution. The CALCULATED Provider Quality bonus payments begin in July 2021. The ESTIMATED bonus payment shown in the scorecard below is projected based on Quality Measures for this quarter and are shared for illustrative purposes only. This dashboard is designed to provide guidance for attainment of future bonus calculations. Quality Measure scores are based on attributed recipients for this quarter and calculated using calendar year 2018 as the measurement period.

Total Number of Attributed ACHN Members: 497,211  
 Attributed Members in Groups Meeting Quality Score Minimum: 287,046  
 Members Attributed to PCP Group in Quarter: 769  
 Quarterly Bonus Amount: \$5,249.59

PCP QUALITY BONUS PAYMENT SCORECARD

	Measure	Numerator	Denominator	Quality Score	Baseline	Benchmark	Improvement Needed	Meets Target
PEDIATRIC MEASURES	W34-CH	51	65	78.5%	61.1%	66.7%	-11.8%	Yes
	AWC-CH	21	31	67.7%	43.0%	45.0%	-22.7%	Yes
	CIS-CH	12	25	48.0%	70.5%	74.0%	26.0%	No
	IMA-CH	2	6	33.3%	20.4%	24.6%	-8.7%	Yes
ADULT MEASURES	AMM-AD	0	0	0.0%	29.6%	37.1%	0.0%	N/A
	HA1C-AD	0	0	0.0%	73.4%	83.3%	0.0%	N/A
	FUA-AD	0	0	0.0%	11.4%	12.4%	0.0%	N/A
	CHL-AD	0	0	0.0%	9.7%	54.3%	0.0%	N/A

Provider Quality Measures Legend

- W34-CH Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- AWC-CH Adolescent Well Care Visits
- CIS-CH Childhood Immunization Status (Combo 3)
- IMA-CH Immunization for Adolescents (Combo 2)
- AMM-AD Antidepressant Medication Management - Continuation Phase (6 months)
- HA1C-AD Comprehensive Diabetes Care: Hemoglobin A1C (HbA1C) Testing
- FUA-AD Follow-Up after Emergency Department Visit for Alcohol or other drug abuse or Dependence (30 Days)
- CHL-AD Chlamydia Screening in Women Ages 21 - 24

QUALITY BONUS PAYMENT CALCULATION METHODOLOGY STEPS

\$1,875,000	Quarterly Quality Bonus Payment Pool
50%	Minimum Quality Metric for Bonus (a)
769	Members Attributed (b)
0.15%	Distribution of Attributed Members (c)
75.00%	Quality Score (d)
0.27%	Distribution of Attributed Members for Groups Meeting Quality Metric Minimum (e)
0.27%	Bonus Distribution Rate before normalization (f)
0.28%	Normalized Bonus Distribution Rate (g)
\$5,249.59	Quality Bonus Distribution (h)

Methodology:

- (a) - Represents the minimum ratio of applicable quality metrics met
- (b) - Represents the members attributed to the PCP group in the quarter
- (c) - Represents the distribution of members in each PCP Group compared to the total ACHN attributed members
- (d) - Represents members attributed to PCP Group in the quarter who met the minimum quality metric
- (e) - Represents the distribution of members in each PCP Group who met the minimum quality metric
- (f) - Bonus Distribution by PCP group before normalization  
 (calculated by multiplying the Quality Score and member distribution in groups meeting minimum quality metric)

Report : MGD-S362-Q  
Process : MGDS362Q  
Location: MGDS362Q

ALABAMA MEDICAID AGENCY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER PROFILER QUALITY MEASURE SCORECARD  
REPORT PERIOD: 01/01/2020 - 03/31/2020

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- (g) - Bonus Distribution by PCP group after normalization  
(calculated by dividing the bonus distribution rate for each PCP group by the sum of total rates for qualifying groups)
- (h) - Bonus Distribution is calculated by multiplying the normalized bonus distribution rate and the quarterly bonus amount.

\*\* End of Report \*\*

Report : MGD-M362-Q  
 Process : MGDM362Q  
 Location : MGDM362Q

ALABAMA MEDICAID AGENCY  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 PROVIDER PROFILER SUPPLEMENTAL MEMBER SUMMARY FILE - QUALITY MEASURES  
 REPORT PERIOD: 01/01/2020 - 03/31/2020

Run Date: 01/21/2020  
 Run Time: 08:55:00  
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PROVIDER (NPI:MCD:NAME): 9999999999 : 9999999999 : XYZ MEDICAL ASSOCIATES PC

MEMBERS ATTRIBUTED IN QUARTER: 23

MEDICAID ID	BIRTH DATE	W34-CH		AWC-CH		CIS-CH		IMA-CH		AMM-AD		HA1C-AD		FUA-AD		CHL-AD	
		N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D
000000000001	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
000000000002	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000003	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0
000000000004	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000005	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
000000000006	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
000000000007	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0
000000000009	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
000000000010	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000011	XX/XX/XXXX	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
000000000012	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0
000000000013	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000014	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000015	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
000000000016	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
000000000017	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000018	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000019	XX/XX/XXXX	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
000000000020	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000021	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000022	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000023	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
000000000024	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TOTALS	Measure	NUMERATOR	DENOMINATOR	Measure	NUMERATOR	DENOMINATOR
	W34-CH	0	0	AMM-CH	0	3
	AWC-CH	1	2	HAC-CH	9	9
	CIS-CH	0	0	FUA-CH	0	0
	IMA-CH	0	0	CHL-CH	0	0

In the column headings, N=NUMERATOR, D=DENOMINATOR.  
 Value '1' in the numerator and/or denominator indicates that the recipient met the criteria for the specific Quality Measure.  
 Value '0' in the numerator and/or denominator indicates that the recipient did not meet the criteria for the Quality Measure.  
 Values above '1' in the numerator and/or denominator is applicable only to FUA-AD measure, which indicates a count of follow-up visits (e.g. a value of '3' equals '3' visits).

Provider Quality Measures Legend:

- W34-CH Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- AWC-CH Adolescent Well Care Visits
- CIS-CH Childhood Immunization Status (Combo 3)
- IMA-CH Immunization for Adolescents (Combo 2)
- AMM-AD Antidepressant Medication Management - Continuation Phase (6 months)
- HA1C-AD Comprehensive Diabetes Care: Hemoglobin A1C (HbA1C) Testing
- FUA-AD Follow-Up after Emergency Department Visit for Alcohol or other drug abuse or Dependence (30 Days)
- CHL-AD Chlamydia Screening in Women Ages 21 - 24

\*\* End of Report \*\*

Report : MGD-S364-Q  
Process : MGDS364Q  
Location: MGDS364Q

ALABAMA MEDICAID AGENCY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER PROFILER COST EFFECTIVENESS SCORECARD  
REPORT PERIOD: 01/01/2020 - 03/31/2020

Run Date: 01/21/2020  
Run Time: 08:33:03  
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PROVIDER (NPI:MCD:NAME): 0099999999 : 999999900 : ABC PROVIDERS PC

The ACTUAL bonus payments for this quarter are based solely on provider attribution. The CALCULATED Provider Cost Effectiveness bonus payments begin in January 2021. The ESTIMATED bonus payment shown in the scorecard below is projected based on Cost Effectiveness Measures for this quarter and are shared for illustrative purposes only. This dashboard is designed to provide guidance for attainment of future bonus calculations. Cost Effectiveness scores are based on attributed recipients for this quart and calculated using claims data from 10/01/2018 to 09/30/2019 as the measurement period.

TOTAL NUMBER OF ATTRIBUTED ACHN MEMBERS:	497,211
ATTRIBUTED MEMBERS IN GROUPS AT OR BELOW MEDIAN THRESHHOLD:	180,048
MEMBERS ATTRIBUTED TO PCP GROUP IN QUARTER:	769
COST EFFECTIVENESS BONUS:	\$7,207.45

PCP Cost Effectiveness Bonus Payment Scorecard - Cost Effectiveness Metrics

Service Type	PMPM	State-wide PMPM		
Inpatient	\$24	\$70	Practice Risk Score	1.56
Outpatient	\$2	\$15	Expected PMPM	\$448
Mental Health	\$13	\$12	Cost Effectiveness Score	0.37
Pharmacy	\$31	\$81	Median Threshold	0.58
Physician	\$44	\$51	Below Median	Yes
Other	\$50	\$55		
TOTAL	\$166	\$287		

COST EFFECTIVENESS BONUS PAYMENT CALCULATION METHODOLOGY STEPS

\$1,687,500	Quarterly Cost Effectiveness Bonus Payment
0.58	Median Threshold (a)
769	Members Attributed (b)
0.15%	Distribution of Attributed Members (c)
0.43%	Distribution of Attributed Members for Groups below Median Threshold (d)
0.37	Cost Effectiveness Score (e )
0.43%	Bonus Distribution Rate (f)
\$7,207.45	Cost Effectiveness Bonus Distribution (g)

Methodology:

- (a) - Represents the state-wide median Cost Effectiveness Score threshold
- (b) - Represents the members attributed to the PCP group in the quarter
- (c) - Represents the distribution of members in each PCP Group compared to the total ACHN attributed members
- (d) - Represents the distribution of members in PCP Group compared to those at or below median threshold
- (e) - Represents the practice Cost Effectiveness Score (Actual PMPM divided by Expected PMPM);  
Expected PMPM calculated multiplying State-wide PMPM and Practice Risk Score
- (f) - Bonus Distribution Rate: Represents the distribution of members in each PCP Group who are at or below Median Threshold
- (g) - Cost Effectiveness Bonus Distribution (calculated by multiplying the bonus distribution rate and Quarterly Incentive)

\*\* End of Report \*\*

Report : MGD-M364-Q  
 Process : MGDM364Q  
 Location : MGDM364Q

ALABAMA MEDICAID AGENCY  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 PROVIDER PROFILER SUPPLEMENTAL MEMBER SUMMARY - COST EFFECTIVENESS  
 REPORT PERIOD: 01/01/2020 - 03/31/2020

Run Date: 01/21/2020  
 Run Time: 08:33:11  
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PROVIDER (NPI:MCD:NAME): 9999999999 : 9999999999 : XYZ MEDICAL ASSOCIATES PC

MEMBERS ATTRIBUTED IN QUARTER: 23

MEDICAID ID	BIRTH DATE	INPATIENT COSTS	OUTPATIENT COSTS	MENTAL HEALTH COSTS	PHARMACY COSTS	PHYSICIAN COSTS	OTHER COSTS	TOTAL COSTS	TOT MBR MTHS	PMPM
000000000001	XX/XX/XXXX	0	0	0	960	64	59	1,083	12	90
000000000002	XX/XX/XXXX	4,341	15	0	457	1,017	386	6,218	12	518
000000000003	XX/XX/XXXX	0	372	0	2,818	1,428	810	5,429	12	452
000000000004	XX/XX/XXXX	0	459	0	115	838	975	2,389	12	199
000000000005	XX/XX/XXXX	0	737	0	8,080	2,212	950	11,981	12	998
000000000006	XX/XX/XXXX	0	0	0	944	42	117	1,104	12	92
000000000007	XX/XX/XXXX	0	252	0	5,383	1,679	356	7,671	12	639
000000000009	XX/XX/XXXX	0	0	0	2,229	422	160	2,811	12	234
000000000010	XX/XX/XXXX	7,815	951	0	1,814	5,572	3,630	19,783	12	1,648
000000000011	XX/XX/XXXX	0	982	0	1,091	2,187	112	4,373	12	364
000000000012	XX/XX/XXXX	0	196	0	0	22	65	285	12	23
000000000013	XX/XX/XXXX	0	376	0	51	767	1,970	3,166	12	263
000000000014	XX/XX/XXXX	0	0	0	298	199	101	599	12	49
000000000015	XX/XX/XXXX	4,291	456	294	6,172	2,814	1,427	15,458	12	1,288
000000000016	XX/XX/XXXX	0	0	0	6,647	139	87	6,873	12	572
000000000017	XX/XX/XXXX	0	0	0	266	192	121	581	12	48
000000000018	XX/XX/XXXX	0	251	914	25,265	745	48	27,224	12	2,268
000000000019	XX/XX/XXXX	0	272	0	497	125	252	1,148	12	95
000000000020	XX/XX/XXXX	0	0	0	62,190	407	224	62,823	12	5,235
000000000021	XX/XX/XXXX	2,156	1,781	0	617	5,390	2,278	12,225	12	1,018
000000000022	XX/XX/XXXX	12,156	864	0	597	1,130	258	15,007	12	1,250
000000000023	XX/XX/XXXX	0	944	0	1,033	1,902	1,505	5,385	12	448
000000000024	XX/XX/XXXX	0	175	0	47	1,072	357	1,652	10	165
TOTALS		30,761	9,089	1,209	127,582	30,377	16,257	215,277	274	785

\*\* End of Report \*\*