



Market Data That Matters



An AHCA/NCAL Data Solutions Platform Product

PATIENT PATHWAYS PLATFORM (P3[©]) FAQ

REPORT OVERVIEW AND ACCESS

What is P3[©]?

P3[©] is a SNF-centered report using hospital and SNF claims to track patient flow and availability in your market area, broken out by clinical categories relevant to the Patient Driven Payment Model (PDPM). The format of the P3[©] report is an Excel workbook with four data tabs:

- Hospital Referral Data: shows discharge patterns from the top five hospitals by volume in your market, state and national benchmarks, the top SNFs receiving patients from the top five hospitals in your market, the top five hospitals referring to your facility by volume
- SNF LOS and Referral Data: shows the LOS for your facility compared to state and top SNF benchmarks as well as a summary of what settings your facility discharges patients to
- Market PDPM Data: shows your market's hospital discharge volume by PDPM category
- Top Hospital PDPM Data: shows hospital discharge volume by PDPM category for the hospital from which you receive the most referrals

How do I use this publication?

This report is intended to help your organization understand your market hospitals' patient mix as you strengthen your clinical competencies and programming to deliver high-value care under PDPM.

Where do I get P3[©]?

You may obtain P3[©] reports on the AHCA/NCAL Data Solutions platform: datasolutions.ahcancal.org

This platform is where AHCA/NCAL hosts reports that are available for sale.

How do I get access to P3[©]?

In order to access P3[©], you must be an AHCA/NCAL member, and you must be registered for LTC Trend Trackersm. If you are a member who is already registered in LTC Trend Tracker, you may simply go to the AHCA/NCAL Data Solutions platform, datasolutions.ahcancal.org, log in using your LTC Trend Tracker credentials, then select and pay for subscription to the SNFs you are interested in.

Can I share my report with others?

Yes, you may share your subscriptions with up to five other LTC Trend Tracker users. You must use their LTC Trend Tracker log in emails, and they will have access to all reports you have subscribed to. You may add and remove shares if you change your mind later.

What if I do not have access to LTC Trend Tracker?

If you do not have access to LTC Trend Tracker because you are not an AHCA/NCAL member, then you will not have access to P3[©]. P3[©] is only accessible to AHCA/NCAL members.

If you are a member, but are not registered in LTC Trend Tracker, you may register here:

https://www.ahcancal.org/research_data/trendtracker/Pages/default.aspx

If you have further questions or need assistance with registration, please email: help@lcttrendtracker.com

Need more assistance?

Email: DataSolutions@ahca.org

Visit: P3.ahcancal.org

Get your P3[©] report on the AHCA/NCAL Data Solutions platform!
datasolutions.ahcancal.org

How much does it cost?

A one-year subscription to P3© is \$750 per SNF per year, plus state and local taxes.

What is included in a subscription?

A one-year subscription includes four quarterly report updates for the SNF building you have subscribed to. Subscriptions are for one calendar year from the date of purchase and will begin with immediate access to the most recent report available. Your subscription will then include the remaining three reports on a rolling basis for the remainder of the subscription cycle, as they become available.

In addition to the report itself, your subscription includes access to supporting and complementary educational material available through educate.ahcancal.org/p3. At launch, materials will include an informational video about the P3© report and how to access it and informational and marketing materials as they become available. As 2020 progresses, additional material will be added to expand and support your use and understanding of how to leverage the P3© tool.

How do I pay for a report?

Payments must be made by credit card and will be handled directly through the AHCA/NCAL Data Solutions Platform through the third party vendor, authorize.net. Shortly after launch, payment from electronic accounts will be made available, but that functionality is not currently supported.

Where do I find more information?

Information about the Data Solutions Platform and the P3© report will be hosted at p3.ahcancal.org.

Questions about P3© content or access may be directed to our customer service email: DataSolutions@ahca.org Staff will answer questions directly or direct questions to the appropriate internal staff and e-mail boxes.

REPORT METHODOLOGY

What is the data source and how often are the data refreshed?

100% Medicare Fee-For-Service (FFS) claims, updated quarterly. The first report data are from Q3 2018 – Q2 2019. Medicare Advantage referrals are not included in the data.

Why does my report show “*” or “<11”?

To comply with HIPAA, data points with <11 volume will show “*”. Cells will show 0 when there is no volume.

How is the market defined?

The market definition is based on the SNF’s county, which is then mapped to a Metropolitan Statistical Area (MSA). Should a facility be in a rural area and fall outside of an MSA, your market will be defined as your Hospital Referral Region (HRR).

How are hospitals selected in the “Market PDPM Data” tab?

This tab shows data from the top five hospitals in the market. Top five hospitals are defined by total number of discharges to all post-acute settings and home.

How is the hospital selected in the “Top Hospital PDPM Data” tab?

This tab shows data from the SNF’s (defined by CCN) top referring hospital by volume.

What is the PDPM condition methodology?

The underlying data in this report are Medicare Fee-For-Service hospital claims. PDPM conditions and services are specified to enable SNF coding on the MDS. For some PDPM conditions/services, there is a clear mapping back to the hospital claim data (ICD-10). For example, CMS provided crosswalks for some NTAs (e.g., HIV/AIDs, Lung Transplant Status, Opportunistic Infections) with the corresponding ICD-10 codes. For other PDPM conditions/services, especially those that indicate a level of function, this report uses the generic condition and may lose some level of detail in the crosswalk (e.g., Special Care High: COPD and shortness of breath when lying flat is captured as “COPD” in this report and includes all ICD-10 codes for COPD). Conditions may require additional clinical services. The conditions/services are not mutually exclusive (i.e., a patient can be counted under any number of conditions/services).



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