



CPC+ Dashboard Release Notes

Release 7.0

► DECEMBER 10, 2021

This document provides information about the data and features included in releases of the CPC+ Dashboard.

End of Initiative Planning

- Final 3-Payer Dashboard release.
- Turning off access to Medicare-only data: December 31, 2021.

Data

Release 7.0 contains the following data:

- The following new measurement period: July 1, 2020 – June 30, 2021.
- Medical claims data paid through August 2021, allowing for a two-month run-out period.
- BCBSM and Priority Health drug claims data paid through August 2021, allowing for a two-month run-out period. CMS does not provide prescriptions drug claims.
- Patient Attribution: June 2021.
- Quarterly Provider Hierarchy File from BCBSM and CMS to associate providers to practices and managing organizations.
- Demographic information including age, gender, community, and payer.

Release 6.0

► OCTOBER 21, 2021

New This Release!

MDC reran all historical periods to include Priority Health data for each measure. All Measure Trends information is now available and includes all payers for each time period.

Utilization measures for BCBSM attributed patients use HEDIS 2019 criteria starting in the September 2020 reporting period; all previous BCBSM utilization periods use HEDIS 2018. Utilization measures for Medicare and Priority Health attributed patients use HEDIS 2019 criteria for all reporting periods.

All other measures use HEDIS 2018 criteria across all payers and reporting periods.

Data

Release 6.0 contains the following data:

- The following new measurement period: April 1, 2020 – March 31, 2021
- Medical claims data paid through May 2021, allowing for a two-month run-out period.
- BCBSM and Priority Health drug claims data paid through May 2021, allowing for a two-month run-out period. CMS does not provide prescriptions drug claims.
- Patient Attribution: March 2021
- Quarterly Provider Hierarchy File from BCBSM and CMS to associate providers to practices and managing organizations.
- Demographic information including age, gender, community, and payer.

Dashboard Features

See sections below for Dashboard information:

- [Measures](#)
- [Pages](#)

Considerations

Some helpful information when utilizing the dashboards:

Benchmarks

When looking at historic periods there is a slight discrepancy between the displayed Project Level results and the calculated benchmarks and central tendencies (Michigan All-Payer Average; Michigan All-Payer 50th Percentile). This occurs because we receive additional data that drives retroactive changes to the underlying data, but we also maintain static benchmarks for a given release. These differences are very small. For example, when reviewing **Measure Results**, and selecting *Release December 2019* and the chronic condition Hypertension, there is a difference of 0.3 percentage points between the new project aggregate results (42.43%) and the displayed Michigan All-Payer Average (42.76%).

CMS Measure Differences

COST

The CMS Data Feedback Tool (DFT) Expenditure measures are calculated differently than the MDC Total Cost of Care measures and because of this we don't recommend that you compare them. The CMS DFT includes Medicare data while the MDC dashboard includes commercial and Medicare data. Because of the varied payer mix, different methodologies are applied across the tools:

| | DFT | MDC |
|----------------------------------|--|---|
| Financial Fields | Paid Amount | Health Partners Total Cost of Care (TCOC) estimates costs based on Allowed Amount |
| Risk Adjustment | Hierarchical Condition Category (HCCs) | Johns Hopkins Adjusted Clinical Groups (ACGs) |
| Risk Adjustment Reference Groups | CPC+ Medicare Population | Average Elderly Population for the Medicare population |

CPC+ Dashboard Release Notes

| | DFT | MDC |
|--|---|---|
| Claims Sources | DFT includes Medicare | MDC includes Medicare and commercial payers; a relatively small portion of the Medicare patients also have commercial coverage or transitioned to Medicare during the period which also includes their commercial costs |
| Continuous Enrollment | Patients must have 1 month of eligibility per quarter in the reporting period | 1 month gap allowed during 12-month reporting period |
| Medicare/Medicaid Dual Eligible Patients | Included | Excluded |
| Ages | 18 and older | For Medicare, 65 and older per HealthPartners recommendations |

Similar concerns will exist when comparing MDC's Total Cost of Care measures to those produced by other organizations.

UTILIZATION

Utilization measures are available in the CMS Data Feedback Tool. There are differences between the MDC and CMS measure definitions resulting in MDC rates that are lower than those reported in the CMS tool. MDC's initial analysis shows that the main reason that drives the rate differences is because MDC methodology is not identical to the CMS approach. Some of these differences include:

- CMS excludes outliers from the Acute Hospital Admissions measure and MDC includes them. Outliers are defined for the Medicare population as members with four or more inpatient or observation stay discharges during the reporting period. When outliers are removed, the measure rates are similar between MDC and DFT. MDC does not remove outliers in the dashboard so that organizations can easily identify patients with higher utilization.
- MDC's denominator for ED Visits and Acute Hospital Admissions differs from the CMS approach:
 - MDC utilizes the anchor date from HEDIS, meaning that beneficiaries must be eligible in the last month of the reporting period.
 - CMS excludes members from the denominator that do not have an HCC risk score assigned resulting in MDC having 1% more members than in DFT.

Documentation

The documentation for the Dashboard can be found on the [CPC+ Support page](#) of the MDC Website, including:

- [User Guide](#) – Includes descriptions of the Dashboard components, instructions for using the features, and detailed information about the data.

- [Technical Guide](#) – Provides detailed information about the measures and chronic conditions included in the Dashboard.

Dashboard Features

Measures

The CPC+ Dashboard contains the following measures and chronic conditions. All measures are calculated across all payers.

| Type | Measures | Chronic Conditions |
|--------------------|--|---|
| Quality | <ul style="list-style-type: none"> • Breast Cancer Screening • Chlamydia Screening* • Diabetes Eye Exam • Diabetes Nephropathy | <ul style="list-style-type: none"> • Asthma • Diabetes • Hypertension • Obesity - Any • Obesity - Moderate • Obesity – Overweight • Obesity – Severe |
| Utilization | <ul style="list-style-type: none"> • Emergency Department Visits • Acute Admissions | |
| Cost | <ul style="list-style-type: none"> • Risk Adjusted PMPM Costs (Commercial and Medicare reported separately) | |

*Note that Medicare has a low population but is still reported for this measure.

Pages

The CPC+ Dashboard includes several pages to help you view and analyze the measure results.

- **Overview** – View patient demographic information and the quartile assignment for each measure/chronic condition.
- **Measure Results** – View data for all measures: Chronic, Quality, and Utilization.
- **Measure Trends** – View trend points across time for all measures: Chronic, Quality, and Utilization.
- Note: Utilization measures for BCBSM attributed patients use HEDIS 2019 criteria starting in the September 2020 reporting period, all previous BCBSM utilization periods use HEDIS 2018. Utilization measures for Medicare and Priority Health attributed patients use HEDIS 2019 criteria for all reporting periods.
- All other measures use HEDIS 2018 criteria across all payers and reporting periods.
- **Insights** – View demographic information for subsets of your CPC+ population for each measure or chronic condition.
- **Patient Lookup (Managing Organization [MO])** – View all measure information for a particular patient.
- **Comparisons (MO)** – Compare measure data across all managing organizations, only available if you have MO-level access.
- **Comparisons (Practice)** – Compare measure data across all practices within your managing organization, only available if you have MO-level access.
- **Cost** – Compare cost measures (Risk Adjusted PMPM Costs reported separately for Commercial and Medicare) data across all practices within your managing organization, only available if you have MO-level access.

- **User Guide and Technical Guide** – The User Guide provides instructions about how to navigate and use the Dashboard. The Technical Guide includes details on how the measures are calculated.

Release 5.1

JULY 23, 2021

New This Release!

MDC added Risk Adjusted PMPM measures to the dashboard. The measure is calculated using the Health Partners Total Cost of Care tool and Johns Hopkins ACGs. They are estimated costs based on the payer Allowed Amount and risk adjusted with ACGs.

Data

Release 5.1 contains the same data as release 5.0.

Release 5.0

JUNE 23, 2021

New This Release!

Emergency Department (ED) and Acute Admissions have been upgraded to HEDIS 2019 to more closely align with the CMS Data Feedback Tool (DFT). Historical time periods are not comparable until MDC re-runs all periods using the same logic, so the Measures Trend page is disabled until that is completed in an upcoming release. A denominator change limiting to only adults decreased the commercial ED and Acute Admission rates. See [CMS Measure Differences](#) for details on Medicare.

Data

Release 5 contains the following data:

- Priority Health data has been integrated for the 3 most recent reporting periods
- The following new measurement period: January 1, 2020 – December 31, 2020 (includes all three payers)
- Medical claims data paid through February 2021 (allowing for a two-month run-out period).
- BCBSM and Priority Health drug claims data paid through February 2021 (allowing for a two-month run-out period). CMS does not provide prescription drug claims data.
- Patient Attribution: December 2021
- Quarterly Provider Hierarchy File from BCBSM and CMS to associate providers to practices and managing organizations.
- Demographic information including age, gender, community, and payer.

Release 4.0

MARCH 26, 2021

Data

Release 4 contains the following data:

- Priority Health data has been integrated for the 2 most recent reporting periods
- The following new measurement period: October 1, 2019 – September 30, 2020 (includes all three payers)
- Medical claims data paid through November 2020 (allowing for a two-month run-out period).
- BCBSM and Priority Health drug claims data paid through November 2020 (allowing for a two-month run-out period). CMS does not provide prescriptions drug claims.
- Patient Attribution: September 2020
- Quarterly Provider Hierarchy File from BCBSM and CMS to associate providers to practices and managing organization.
- Demographic information including age, gender, community, and payer.

Release 3.0

► DECEMBER 28, 2020

Data

Release 3 contains the following data:

- Priority Health data has been integrated for the most recent reporting period
- Two 12-month measurement periods:
 - July 1, 2019, through June 30, 2020 (includes all three payers)
 - April 1, 2019, through March 31, 2020 (includes BCBSM and CMS)
- Medical claims data paid through August 2020 (allowing for a two-month run-out period).
- BCBSM and Priority Health drug claims data paid through August 2020 (allowing for a two-month run-out period). CMS does not provide prescriptions drug claims.
- Patient Attribution
 - June 2020 for the most recent reporting period for all three payers
 - March 2020 for the older reporting period (for BCBSM and CMS)
- Quarterly Provider Hierarchy File from BCBSM and CMS to associate providers to practices and managing organization.
- Demographic information including age, gender, community, and payer.

Release 2.0

► JULY 27, 2020

Data

This release includes the following data:

- A 12-month measurement period with dates of service between January 1, 2019, through December 31, 2019.
- BCBSM and CMS Medical claims data paid through February 2020 (allowing for a two-month run-out period).
- BCBSM drug claims data paid through February 2020 (allowing for a two-month run-out period).
- BCBSM and CMS December 2019 patient attribution
- Quarterly Provider Hierarchy File from BCBSM and CMS to associate providers to practices and managing organization.
- Demographic information including age, gender, community, and payer.

Release 1.0

► MAY 4, 2020

Data

This release includes the following data:

- A 12-month measurement period with dates of service between October 1, 2018, through September 30, 2019.
- BCBSM and CMS Medical claims data paid through November 2019 (allowing for a two-month run-out period).
- BCBSM drug claims data paid through November 2019 (allowing for a two-month run-out period).
- BCBSM and CMS September 2019 patient attribution
- Quarterly Provider Hierarchy File from BCBSM and CMS to associate providers to practices and managing organization.
- Demographic information including age, gender, community, and payer.
-