



## MVC Sends P4P PY 2022 Midyear Scorecards, Bonus Point Survey Reminders

In September, MVC distributed Mid-Year Scorecards for Program Year (PY) 2022 of the MVC Component of the Blue Cross Blue Shield of Michigan (BCBSM) Pay-for-Performance (P4P) Program. These were the first scorecards of the new two-year cycle for PYs 2022-2023. PY2022 evaluates index admissions in 2021 as the performance year against admissions in 2019 as the baseline year. MVC is using a z-score methodology to calculate both improvement and achievement scores. Hospitals will receive the better of the two scores for each of their two selected conditions.

The average points scored was 5.9/10 (without bonus points). This is 0.9 points higher than the average points scored at the conclusion of PY21 (excluding bonus points). Consistent with previous years, joint replacement was the highest scoring condition with an average of 4.5 points earned. Pneumonia was the lowest-scoring condition with hospitals earning less than one point on average.

This cycle awards up to two bonus points to hospitals that return a completed survey for each of their selected conditions by **November 1, 2022**. MVC will use these surveys to improve the program for future years and elicit best practice sharing between members. Sites received reminders in late September to return their completed surveys by the deadline to receive points.

The Mid-Year P4P scores are subject to change as new data is added, with final scorecards distributed in 2023. Hospitals can track their score through the new P4P PY 2022-2023 reports on the MVC registry.

## FALL SEMI-ANNUAL MEETING

*Prescribing Health in MI*

October 28,  
9 a.m. to 2:30 p.m.

Lansing, MI

[Learn more](#)

## UPCOMING WORKGROUPS

**Joint Replacement**  
Featuring Spectrum Health

Thurs., Oct. 20, 2-3 p.m.

[REGISTER](#)

**Health Equity**

Tues., Nov. 1,  
11 a.m. - 12 p.m.

[REGISTER](#)

## NEW MVC STAFF

Meet the newest addition to the MVC team and read her [introductory blog here](#).



**Usha  
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MPH**  
Senior Data  
Analyst

# MVC Adds Patient-Level Medicare Data as Qualified Entity

The Michigan Value Collaborative is excited to announce that its Qualified Entity (QE) reports are now available on the MVC registry for hospital members that have returned their signed QE DUA and QE authorized user list. The QE Medicare data is contained in a separate tab on the MVC registry. Authorized users will have access to both the existing Medicare FFS reports as well as the QE reports.

These reports include the most recent 1.5 years of Medicare data without cell suppression, as well as additional patient population filters to view the data by patient comorbidities, patient age, and more granular date options. In addition to uncensored data, the QE data allows for patient-level drill-down, which was previously only available in the Blue Cross Blue Shield of Michigan data. Although patient drill-down is available, the provider identifiers have been removed in conjunction with the QECP regulations. Additionally, the skilled nursing facility report is not

available in the QE reports to avoid identifying providers.

As part of this change, MVC implemented a new data use agreement (DUA) QE with the Centers for Medicare and Medicaid Services (CMS). The QE DUA permits MVC to display Medicare Fee-For-Service (FFS) claims data with fewer data suppression limitations than its research DUA within its online registry. As a result, authorized users of the MVC registry may gain access to identifiable Medicare beneficiary data.

These changes are the result of years of work by the MVC team to earn its QE status through the Qualified Entity Certification Program (QECP), which is also known as the Medicare Data Sharing for Performance Measurement Program. The QE application includes multiple phases before an entity is permitted to show patient-level data. The MVC Coordinating

Center has been working through the final phase (see Figure 1) of the application, which involves developing and documenting measures for public reporting.

If you represent a hospital that has not yet returned the QE DUA document signed by an authorized representative from your institution, please review and return it to MVC along with the verified list of registry users so the Coordinating Center can approve your access to the QE registry pages. Please also note that MVC's current CMS research DUA will remain in effect on non-QE registry pages and for non-QE activities. For additional information on MVC's QE status, you can read about it on the [MVC Blog](#).

## Q3 Registry Updates Include New Data, Conditions, Filters, & Methods

On July 6, MVC added **P4P reports for PYs 2022 and 2023** with the corresponding P4P cohort comparison groups. At this time, MVC also made a methodological fix to its episode creation requirements to capture **more eligible outpatient surgery claims**, which mostly increased episode counts for joint replacement and spinal surgeries.

On September 7, MVC added a new comparison group so users can **filter by Critical Access Hospital (CAH) or General Acute Care Hospital (ACH)**. During this update, MVC also removed joint replacement episodes that did not have valid facility claims due to abnormally low episode payments.

On September 29, MVC added **three additional conditions**: endocarditis, nephrectomy, and small bowel obstruction. Users will find endocarditis and small bowel obstruction under the medical service line and nephrectomy under the urology service line. During this update, MVC also **added ICD procedure codes to the birth condition episode definitions**, which resulted in some additional inpatient episodes.

MVC added **one month of BCBSM and BCN data** on July 6. MVC data sources now have the following date ranges:

- BCBSM/BCN: 1/1/15-5/31/22
- Medicare: 1/1/15-9/30/21
- Medicaid: 1/1/15-3/31/21

### IN BRIEF

## MiCR Network's First Meeting

MVC and the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2) partnered to host the first Michigan Cardiac Rehabilitation (MiCR) Network meeting with experts from across the state of Michigan. Guest speakers discussed strategies for securing buy-in from clinicians and administrators, how to navigate insurance challenges, and patient and provider resources. Follow the MVC blog for a detailed summary later this month.

## Return to In-Person Visits

MVC returned to in-person engagement with its members in July with a site visit at Spectrum Health Lakeland. MVC also hosted regional networking dinners in Midland for Region 3 (east Michigan) members and Detroit for Region 4 (southeast Michigan) members.