

## MVC Common Conditions and Procedures Report

Dear MVC member,

The Michigan Value Collaborative (MVC) Common Conditions and Procedures Report was developed to help MVC members evaluate performance and identify areas of opportunity within common hospital conditions and procedures. These reports compare your hospital to other hospitals in the collaborative on the following 30-day measures: risk-adjusted and price-standardized total episode payments, readmission rates, post-acute care utilization, and emergency department utilization. The reports also provide information on reasons for readmissions and a snapshot of your patient population.

These measures are consistent across report pages with exceptions when a measure is less relevant or meaningful for a specific condition/procedure. Trend line figures only show data points for time intervals with 11 or more episodes. In addition, one of the figures shows the breakdown of 30-day risk-adjusted, price-standardized total post-acute care payments by the following payer categories: Blue Cross Blue Shield of Michigan/Blue Care Network (BCBSM/BCN) Commercial, BCBSM/BCN Medicare Advantage (MA), patients with Medicare Fee-for-Service (FFS) only, patients with Medicaid only, and patients dual-eligible for Medicare and Medicaid. This figure is only included within a given condition-specific page if there is at least one payer category with at least 11 episodes during the reporting period. For more information on MVC episodes and data, please see the [MVC Data Guide](#).

### Report Details

- Patients Included
  - 30-day inpatient/surgery-based episodes with index admissions 1/1/2023-12/31/2024 (BCBSM, BCN, and Medicaid) and index admissions 1/1/2023 - 6/30/2024 (Medicare FFS)
  - Adults with index hospitalizations or surgeries for atrial fibrillation (A-Fib), chronic obstructive pulmonary disease (COPD), colectomy (non-cancer), congestive heart failure (CHF), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), pneumonia, or sepsis
  - Hospitals will receive data on a specific condition only if they had at least 11 episodes per calendar year for that condition across all payers
- Patients Excluded
  - Patients with an inpatient hospital transfer during their index hospitalization
  - Patients with an index discharge disposition of inpatient death or transfer to hospice
- Comparison Groups
  - "Your Region" data reflect rates and averages among all MVC general acute care hospitals in your [region of the state](#)
  - "MVC All" data reflect rates and averages among all MVC general acute care hospitals with attributed patient episodes meeting the above criteria
- Data Sources
  - BCN HMO Commercial and MA claims
  - BCBSM PPO Commercial and MA claims
  - Medicare FFS claims
  - Michigan Medicaid claims

If you have feedback, questions, or would like to see additional data for your hospital, please reach out to the MVC Coordinating Center at [Michigan-Value-Collaborative@med.umich.edu](mailto:Michigan-Value-Collaborative@med.umich.edu).

Thank you for your partnership,  
MVC Coordinating Center



## MVC Common Conditions and Procedures Report

### Hospital A

Patient Population Snapshot for Common Conditions at Your Hospital*								
	Atrial Fibrillation	COPD	Colectomy (Non-Cancer)	CHF	CABG	PCI	Pneumonia	Sepsis
Mean Age (years)	70.8	66.5	64.9	71.9	66.8	70.0	70.4	62.6
Percent Female	49.8%	61.3%	48.0%	46.5%	21.4%	32.5%	52.0%	50.7%
Percent Dual-Eligible	12.0%	27.0%	11.8%	16.7%	6.6%	5.2%	17.2%	20.2%
Percent of Patients Living in an "At-Risk" or "Distressed" Zip Code**	21.3%	25.4%	28.0%	26.2%	31.9%	32.6%	23.2%	25.1%
American Indian or Alaska Native	0.4%	1.0%	1.2%	0.6%	0.8%	0.4%	1.0%	0.9%
Asian or Pacific Islander	0.2%	0.0%	0.0%	0.2%	0.8%	0.9%	0.2%	0.2%
Black	4.3%	6.9%	9.4%	12.4%	2.7%	3.0%	8.8%	10.6%
Hispanic	0.9%	0.6%	0.8%	1.2%	2.3%	1.1%	0.5%	2.1%
White	89.8%	88.6%	85.0%	82.9%	85.6%	90.4%	87.5%	82.9%
Other or Unknown	1.3%	0.2%	1.2%	0.9%	4.3%	2.3%	0.7%	1.1%
Most Frequent Comorbidities	CHF (37.4%), Diabetes (31.3%), Vascular Disease (26.5%)	CHF (40.1%), Diabetes (27.7%), Psychological Disorders (26.6%)	Diabetes (28.0%), Vascular Disease (24.8%), CHF (21.3%)	Diabetes (46.9%), COPD (39.9%), Vascular Disease (32.0%)	Diabetes (45.9%), CHF (38.9%), Vascular Disease (23.7%)	Diabetes (44.1%), CHF (33.4%), Vascular Disease (24.8%)	COPD (46.6%), Diabetes (31.9%), CHF (31.7%)	Diabetes (38.3%), COPD (27.5%), CHF (26.1%)

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).

\*N/A indicates <11 episodes across all payers per calendar year

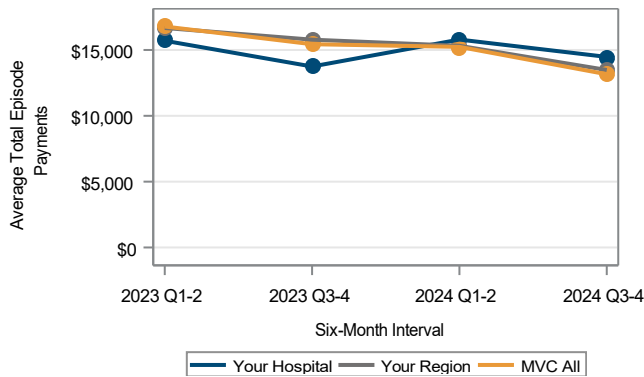
\*\*Patient zip codes categorized as prosperous, comfortable, mid-tier, at-risk, or distressed according to the Economic Innovation Group's Distressed Communities Index 2015-19, which incorporates economic indicators such as education, employment, and income.

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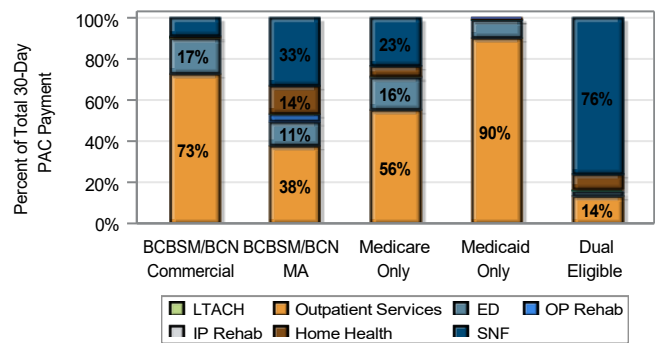
## MVC Common Conditions and Procedures Report: Atrial Fibrillation

### Hospital A

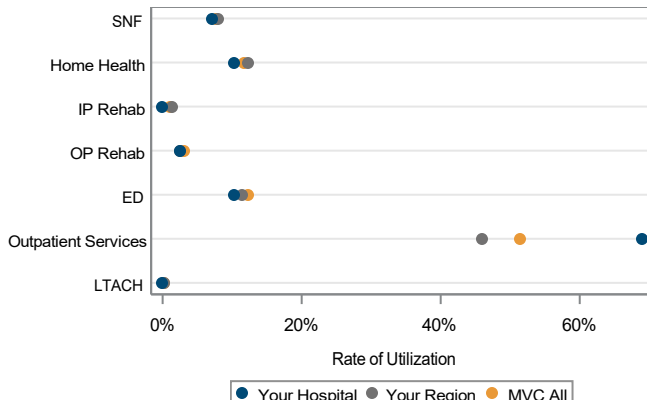
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients Hospitalized for Atrial Fibrillation\***



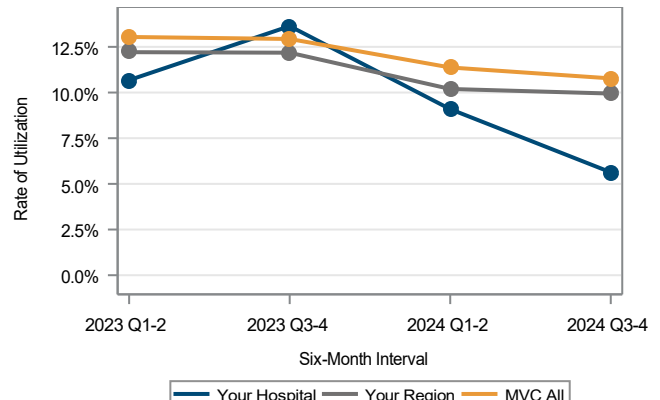
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients Hospitalized for Atrial Fibrillation at Your Hospital\*\***



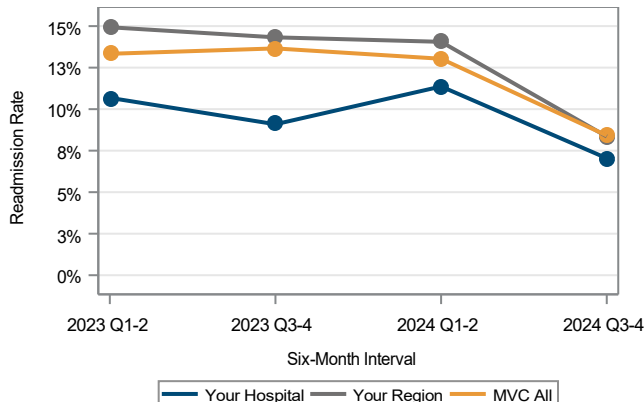
**30-Day Post-Acute Care Utilization Among Patients Hospitalized for Atrial Fibrillation**



**30-Day Post-Discharge ED Utilization Among Patients Hospitalized for Atrial Fibrillation\***



**30-Day Readmission Rate Among Patients Hospitalized for Atrial Fibrillation\***



**Most Common Reasons for Readmissions After Atrial Fibrillation Hospitalization\*\*\***

DRG Code	DRG Description	Percent of Readmissions
309	Cardiac Arrhythmia And Conduction Disorders w/ CC	14.0%
243	Permanent Cardiac Pacemaker Implant w/ CC	8.0%
291	Heart Failure And Shock w/ MCC	8.0%
193	Simple Pneumonia And Pleurisy w/ MCC	6.0%
281	Acute Myocardial Infarction, Discharged Alive w/ CC	6.0%

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
Report generated 08/12/2025

\*Data points are only shown for six-month intervals with 11 or more episodes. Data from 2024 Q3-Q4 excludes Medicare episodes.

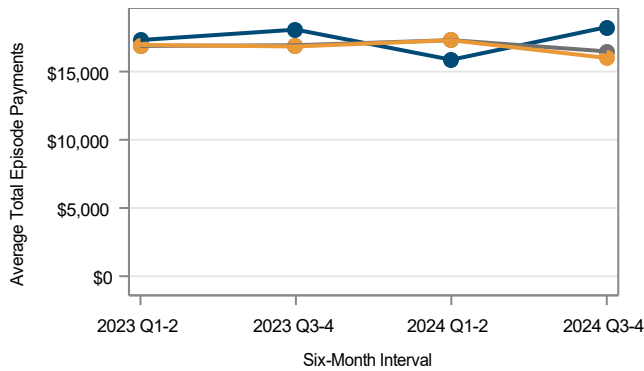
\*\*Information is presented only for those payer categories that have at least 11 episodes during reporting period. Missing data labels represent less than 9% of the total

\*\*\*When the number of readmissions is tied for multiple DRGs, codes are displayed in numeric order. MCC = Major Complication/Comorbidity, CC = Complication/Comorbidity, MV = Mechanical Ventilation

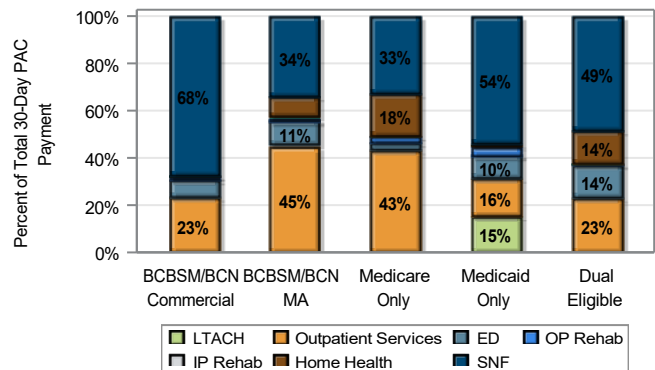
## MVC Common Conditions and Procedures Report: COPD

### Hospital A

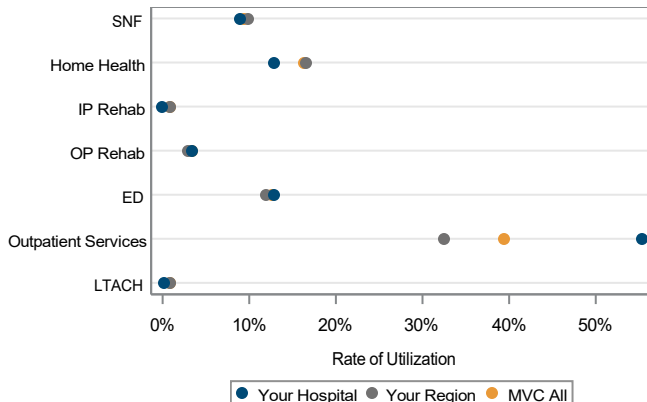
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients Hospitalized for COPD\***



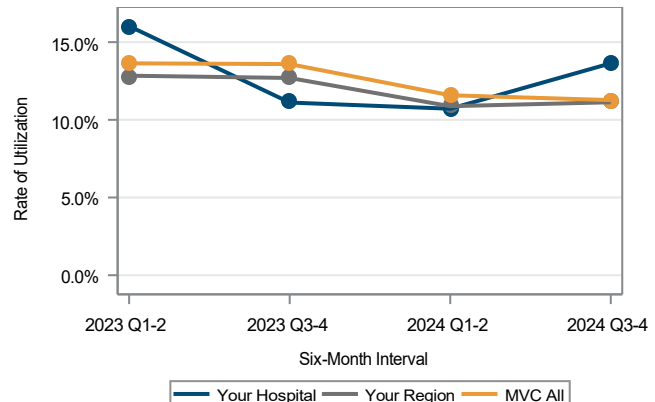
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients Hospitalized for COPD at Your Hospital\*\***



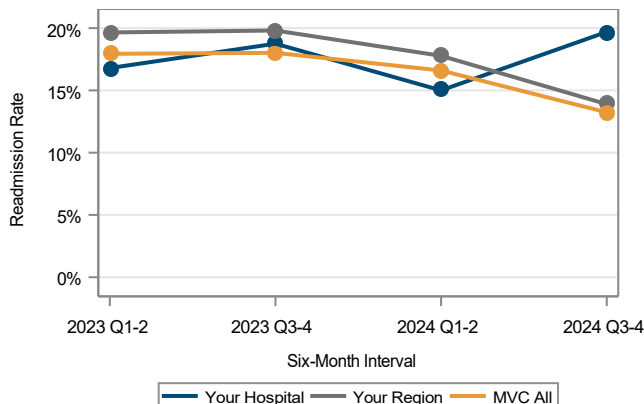
**30-Day Post-Acute Care Utilization Among Patients Hospitalized for COPD**



**30-Day Post-Discharge ED Utilization Among Patients Hospitalized for COPD\***



**30-Day Readmission Rate Among Patients Hospitalized for COPD\***



**Most Common Reasons for Readmissions After COPD Hospitalization\*\*\***

DRG Code	DRG Description	Percent of Readmissions
189	Pulmonary Edema And Respiratory Failure	19.1%
871	Septicemia Or Severe Sepsis w/out MV >96 Hours w/ MCC	9.6%
291	Heart Failure And Shock w/ MCC	8.5%
177	Respiratory Infections And Inflammations w/ MCC	6.4%
193	Simple Pneumonia And Pleurisy w/ MCC	6.4%

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
Report generated 08/12/2025

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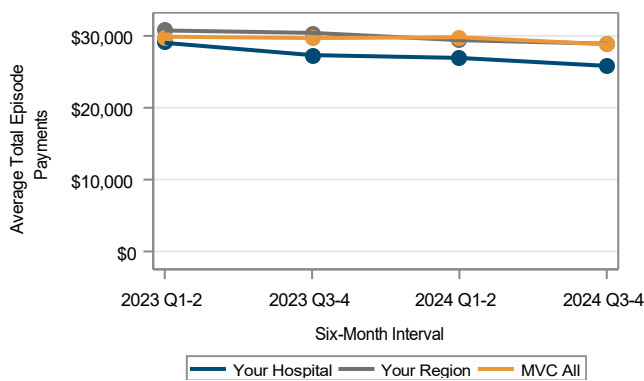
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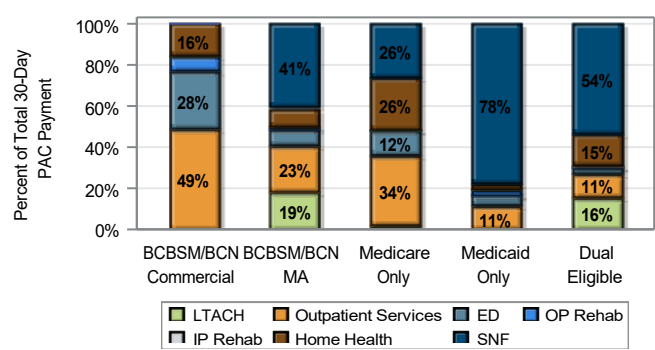
## MVC Common Conditions and Procedures Report: Colectomy (Non-Cancer)

### Hospital A

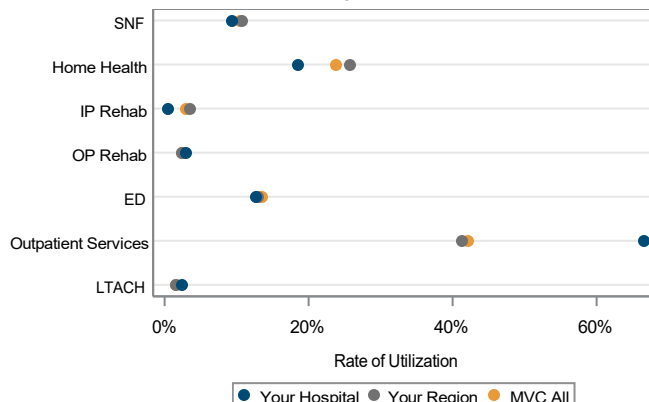
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients that had a Colectomy Procedure\***



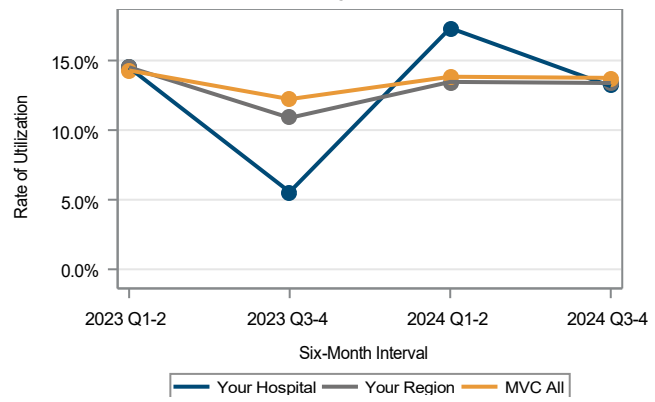
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients that had a Colectomy Procedure at Your Hospital\*\***



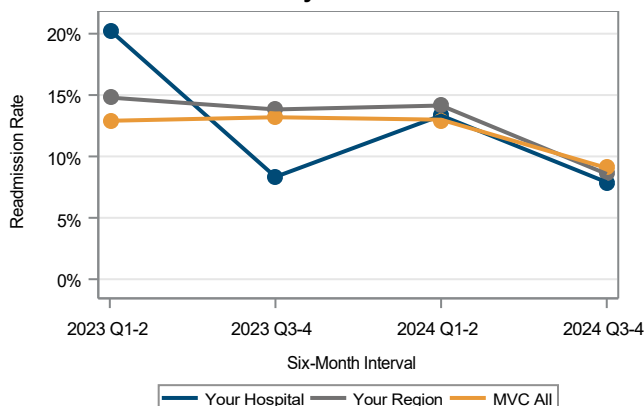
**30-Day Post-Acute Care Utilization Among Patients that had a Colectomy Procedure**



**30-Day Post-Discharge ED Utilization Among Patients that had a Colectomy Procedure\***



**30-Day Readmission Rate Among Patients that had a Colectomy Procedure\***



**Most Common Reasons for Readmissions After Colectomy Procedure\*\*\***

DRG Code	DRG Description	Percent of Readmissions
329	Major Small And Large Bowel Procedures w/ MCC	7.7%
191	Chronic Obstructive Pulmonary Disease w/ CC	5.1%
377	Gastrointestinal Hemorrhage w/ MCC	5.1%
394	Other Digestive System Diagnoses w/ CC	5.1%
640	Miscellaneous Disorders Of Nutrition, Metabolis Fluids And Electrolytes w/ MCC	5.1%

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
Report generated 08/12/2025

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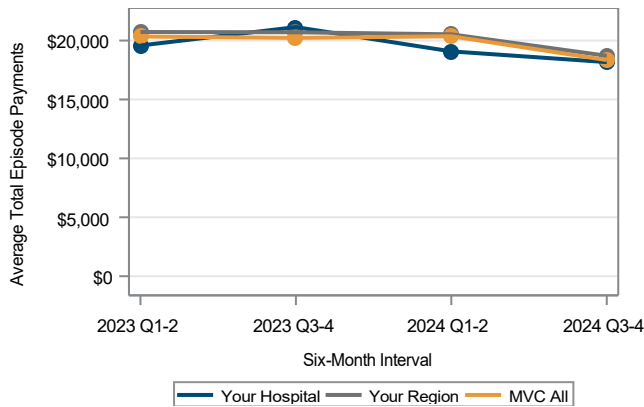
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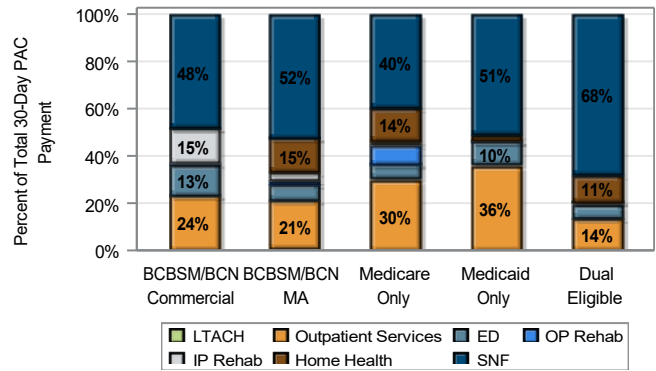
## MVC Common Conditions and Procedures Report: CHF

### Hospital A

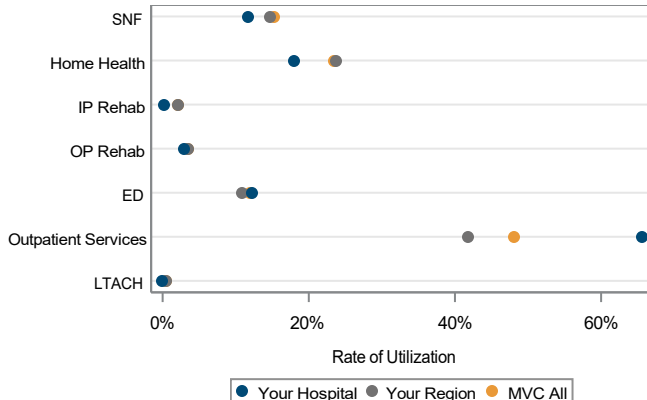
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients Hospitalized for CHF\***



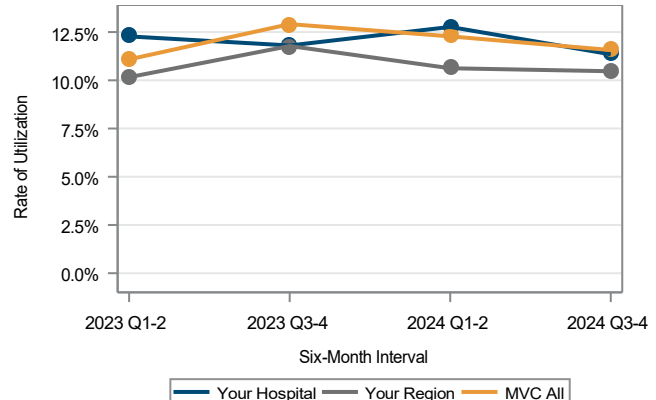
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients Hospitalized for CHF at Your Hospital\*\***



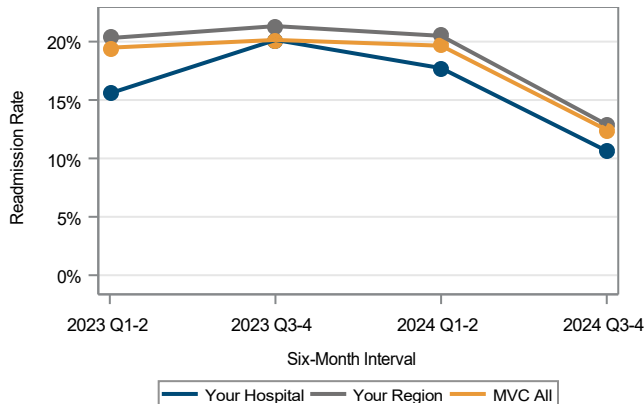
**30-Day Post-Acute Care Utilization Among Patients Hospitalized for CHF**



**30-Day Post-Discharge ED Utilization Among Patients Hospitalized for CHF\***



**30-Day Readmission Rate Among Patients Hospitalized for CHF\***



**Most Common Reasons for Readmissions After CHF Hospitalization\*\*\***

DRG Code	DRG Description	Percent of Readmissions
291	Heart Failure And Shock w/ MCC	23.7%
280	Acute Myocardial Infarction, Discharged Alive w/ MCC	7.9%
871	Septicemia Or Severe Sepsis w/out MV >96 Hours w/ MCC	5.1%
177	Respiratory Infections And Inflammations w/ MCC	4.2%
189	Pulmonary Edema And Respiratory Failure	4.2%

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
Report generated 08/12/2025

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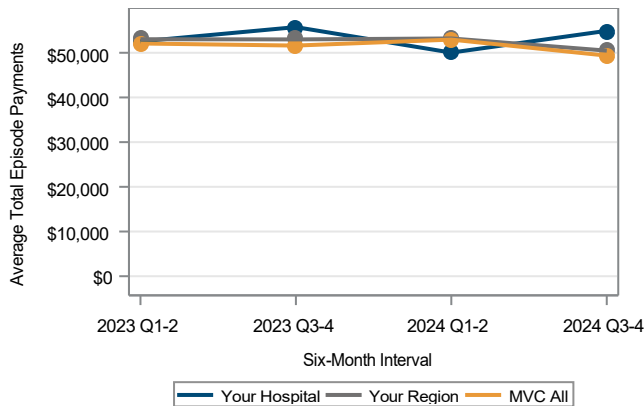
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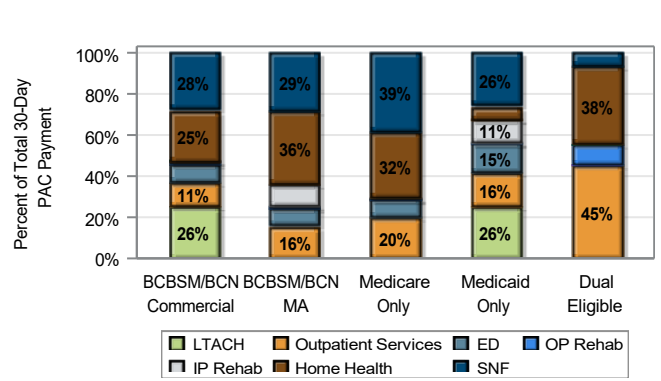
## MVC Common Conditions and Procedures Report: CABG

### Hospital A

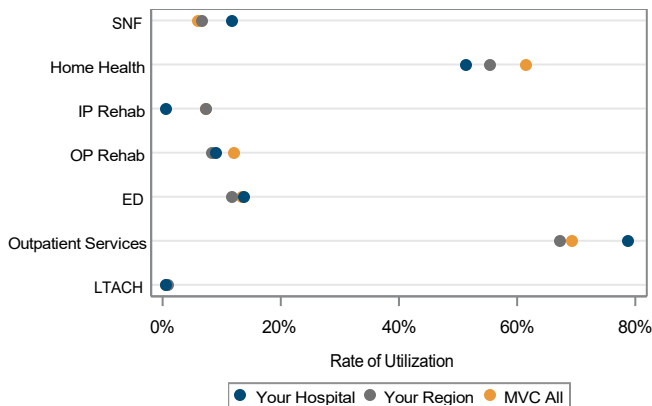
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients that had a CABG Procedure\***



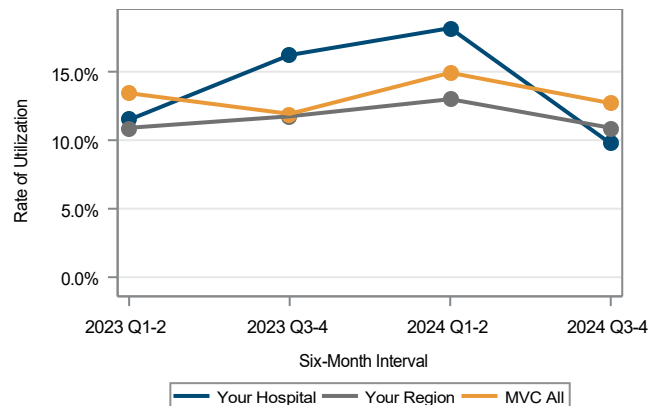
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients that had a CABG Procedure at Your Hospital\*\***



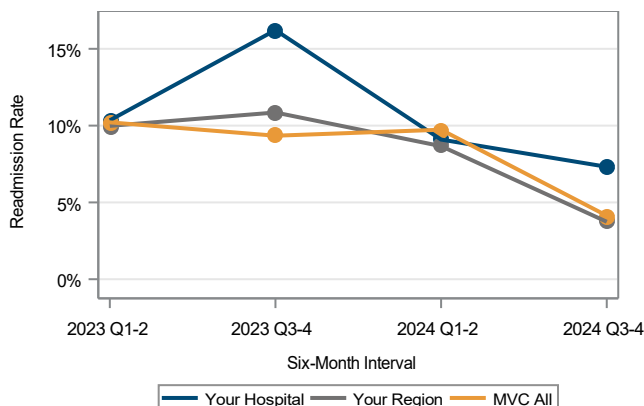
**30-Day Post-Acute Care Utilization Among Patients that had a CABG Procedure**



**30-Day Post-Discharge ED Utilization Among Patients that had a CABG Procedure\***



**30-Day Readmission Rate Among Patients that had a CABG Procedure\***



**Most Common Reasons for Readmissions After CABG Hospitalization\*\*\***

DRG Code	DRG Description	Percent of Readmissions
291	Heart Failure And Shock w/ MCC	17.2%
246	Percutaneous Cardiovascular Procedures w/ Drug-Eluting Stent w/ MCC Or 4+ Arteries Or Stents	6.9%
309	Cardiac Arrhythmia And Conduction Disorders w/ CC	6.9%
314	Other Circulatory System Diagnoses w/ MCC	6.9%
856	Postoperative Or Post-Traumatic Infections w/ O.R. Procedures w/ MCC	6.9%

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
Report generated 08/12/2025

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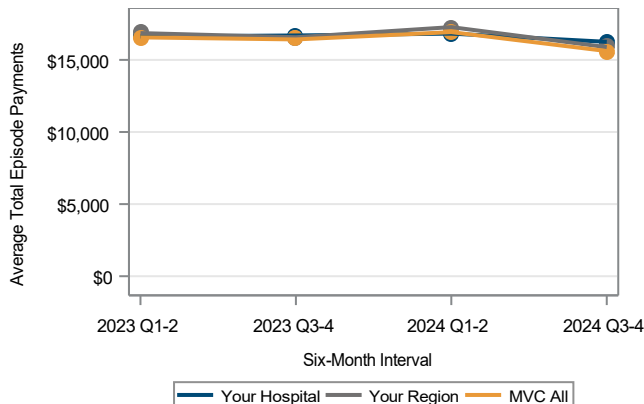
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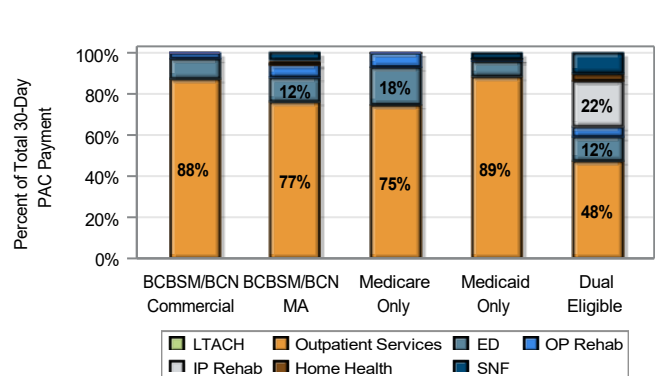
## MVC Common Conditions and Procedures Report: PCI

### Hospital A

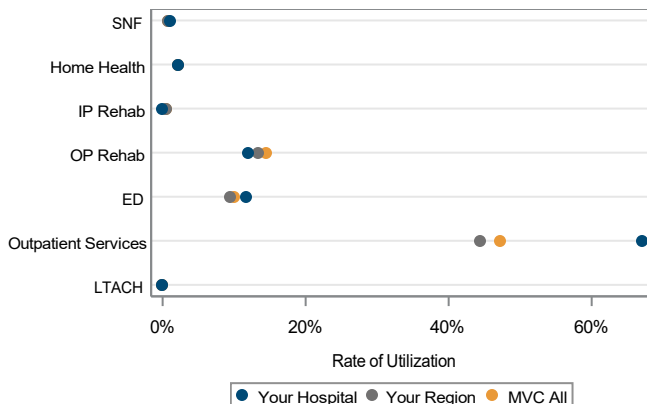
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients that had a PCI Procedure\***



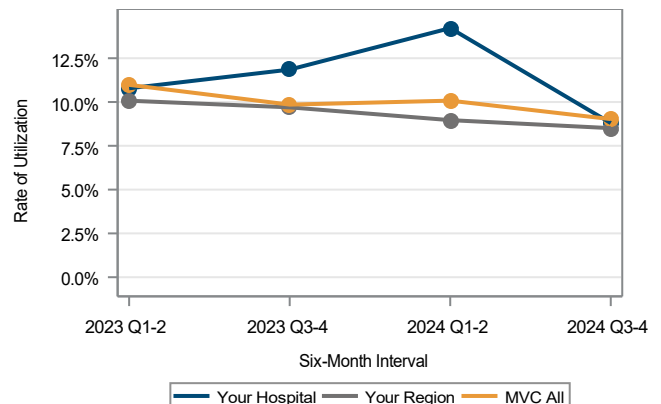
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients that had a PCI Procedure at Your Hospital\*\***



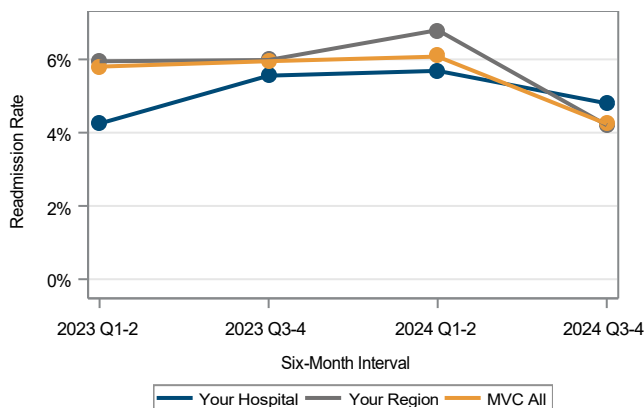
**30-Day Post-Acute Care Utilization Among Patients that had a PCI Procedure**



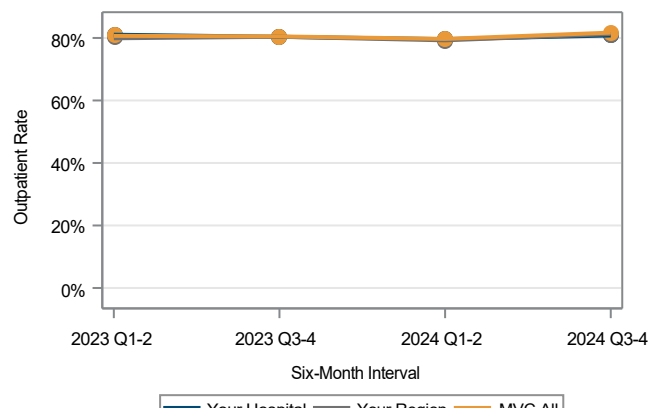
**30-Day Post-Discharge ED Utilization Among Patients that had a PCI Procedure\***



**30-Day Readmission Rate Among Patients that had a PCI Procedure\***



**Outpatient Surgery Rate Among Patients that had a PCI Procedure\***



Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
Report generated 08/12/2025

\*Data points are only shown for six-month intervals with 11 or more episodes. Data from 2024 Q3-Q4 excludes Medicare episodes.

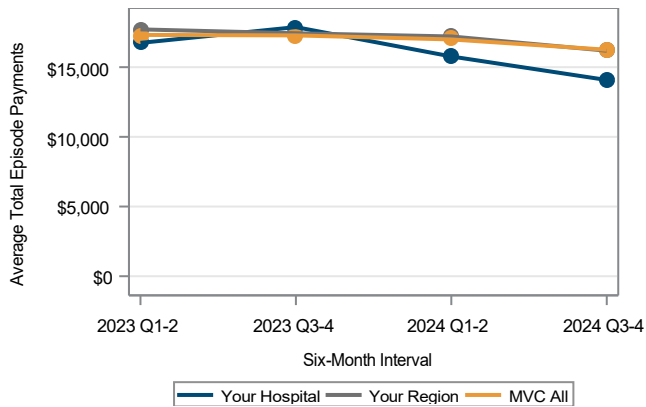
\*\*Information is presented only for those payer categories that have at least 11 episodes during reporting period. Missing data labels represent less than 9% of the total



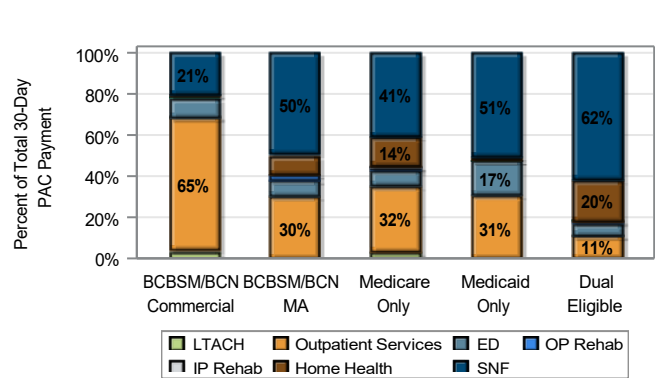
## MVC Common Conditions and Procedures Report: Pneumonia

### Hospital A

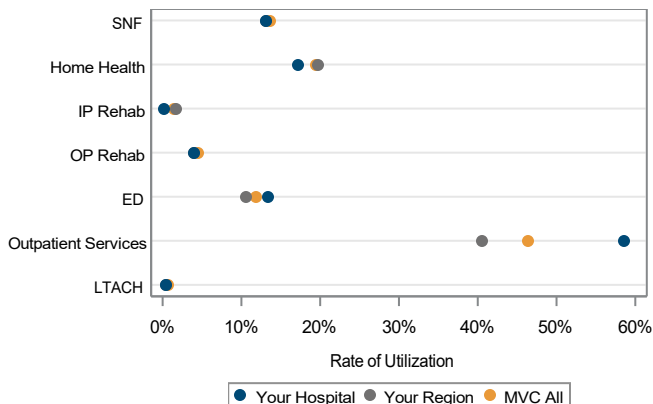
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients Hospitalized for Pneumonia\***



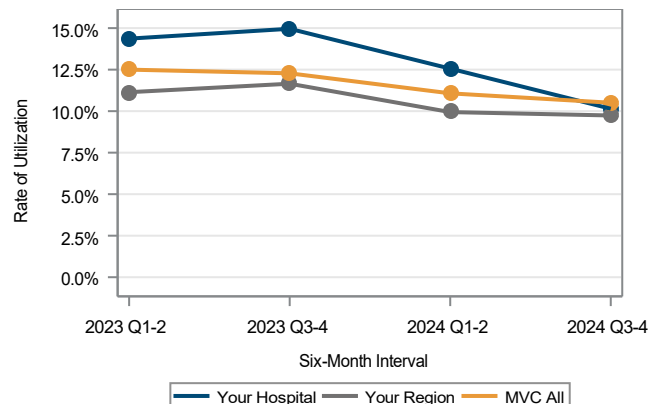
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients Hospitalized for Pneumonia at Your Hospital\*\***



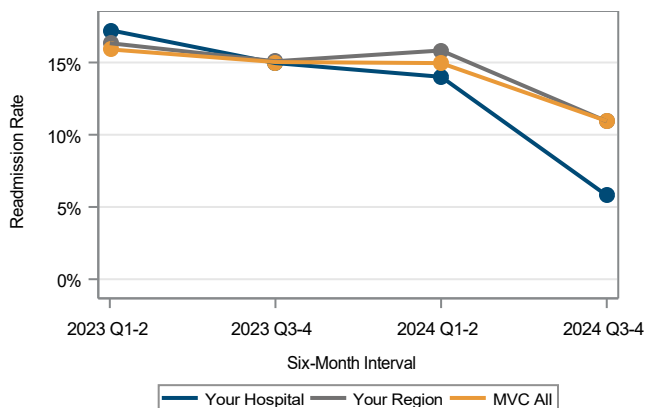
**30-Day Post-Acute Care Utilization Among Patients Hospitalized for Pneumonia**



**30-Day Post-Discharge ED Utilization Among Patients Hospitalized for Pneumonia\***



**30-Day Readmission Rate Among Patients Hospitalized for Pneumonia\***



**Most Common Reasons for Readmissions After Pneumonia Hospitalization\*\*\***

DRG Code	DRG Description	Percent of Readmissions
871	Septicemia Or Severe Sepsis w/out MV >96 Hours w/ MCC	9.3%
189	Pulmonary Edema And Respiratory Failure	8.2%
291	Heart Failure And Shock w/ MCC	7.2%
177	Respiratory Infections And Inflammations w/ MCC	4.1%
193	Simple Pneumonia And Pleurisy w/ MCC	4.1%

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
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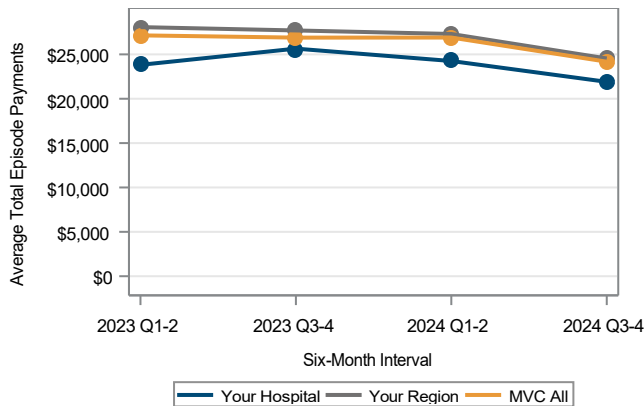
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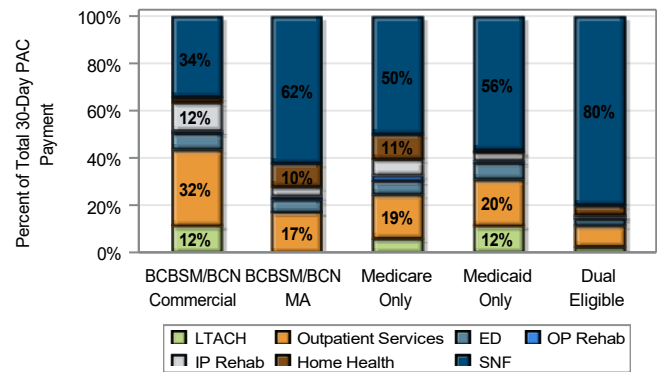
## MVC Common Conditions and Procedures Report: Sepsis

### Hospital A

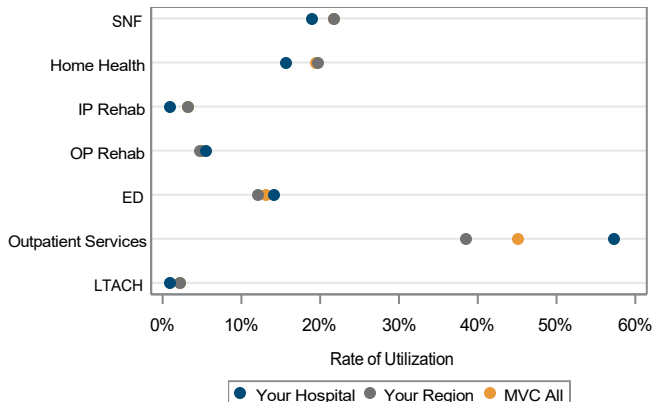
**30-Day Risk-Adjusted, Price-Standardized Total Episode Payments Among Patients Hospitalized for Sepsis\***



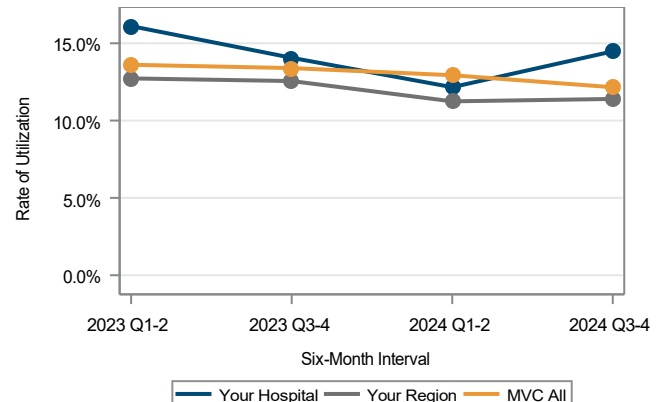
**Breakdown by Payer of 30-Day Risk-Adjusted, Price-Standardized Total Post-Acute Care Payments Among Patients Hospitalized for Sepsis at Your Hospital\*\***



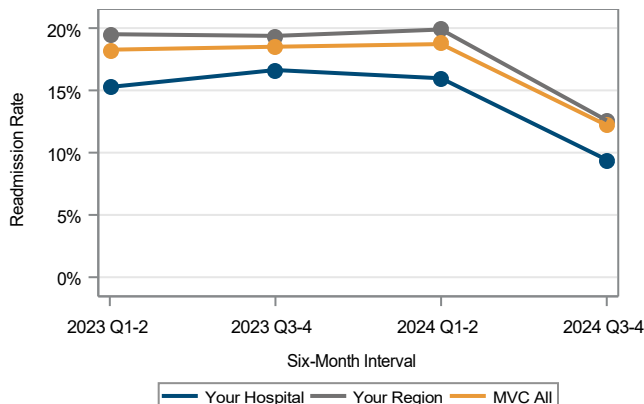
**30-Day Post-Acute Care Utilization Among Patients Hospitalized for Sepsis**



**30-Day Post-Discharge ED Utilization Among Patients Hospitalized for Sepsis\***



**30-Day Readmission Rate Among Patients Hospitalized for Sepsis\***



**Most Common Reasons for Readmissions After Sepsis Hospitalization\*\*\***

DRG Code	DRG Description	Percent of Readmissions
871	Septicemia Or Severe Sepsis w/out MV >96 Hours w/ MCC	16.2%
193	Simple Pneumonia And Pleurisy w/ MCC	4.9%
291	Heart Failure And Shock w/ MCC	4.9%
853	Infectious And Parasitic Diseases w/ O.R. Procedures w/ MCC	4.9%
872	Septicemia Or Severe Sepsis w/out MV >96 Hours w/out MCC	4.2%

Data source: MVC 30-day episodes with index events 1/1/23 - 12/31/24 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 1/1/23 - 6/30/24 (Medicare FFS).  
Report generated 08/12/2025

\*Data points are only shown for six-month intervals with 11 or more episodes. Data from 2024 Q3-Q4 excludes Medicare episodes.

\*\*Information is presented only for those payer categories that have at least 11 episodes during reporting period. Missing data labels represent less than 9% of the total

\*\*\*When the number of readmissions is tied for multiple DRGs, codes are displayed in numeric order. MCC = Major Complication/Comorbidity, CC = Complication/Comorbidity, MV = Mechanical Ventilation