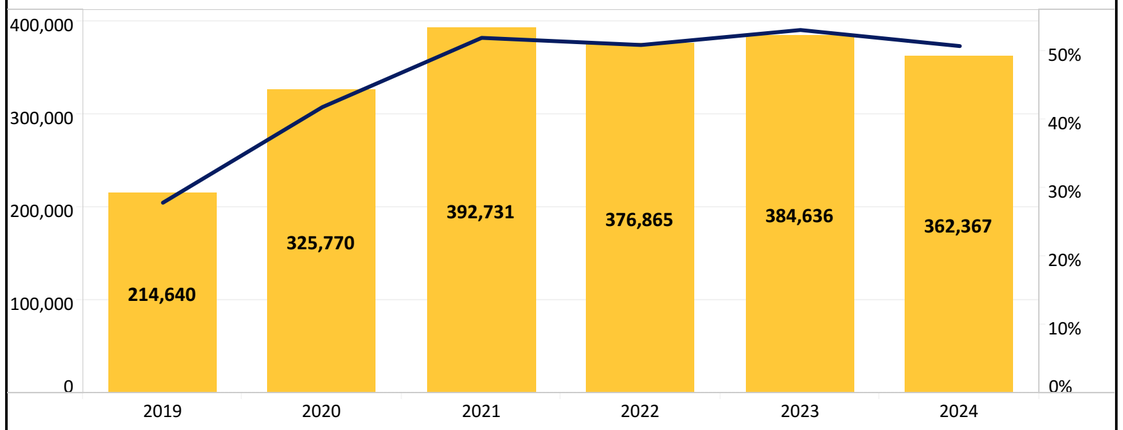
Maryland Primary Care Program (MDPCP) Dashboard

Reporting Period: January 2019 - February 2025

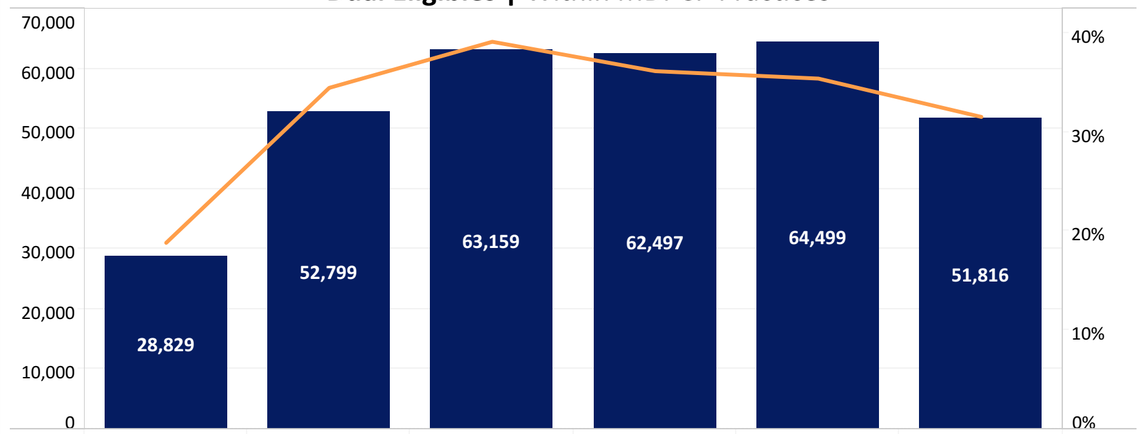
Medicare FFS Beneficiaries	Dual Eligibles	MDPCP Practices	MDPCP Providers
362,367 ▼ -5.8%	51,816 ▼ -19.7%	481 ▼ -5.9%	2,087 ▼ -5.7%

MDPCP Beneficiaries | Medicare FFS Population



*The data are through March 2024. Q1 attribution for all years.

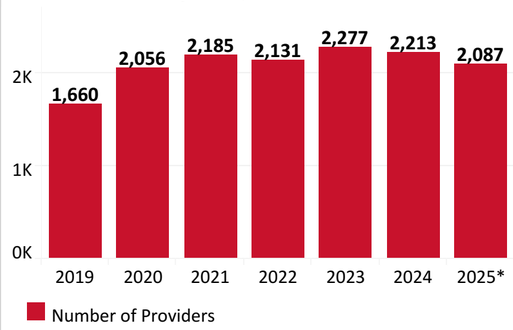
Dual Eligibles | Within MDPCP Practices



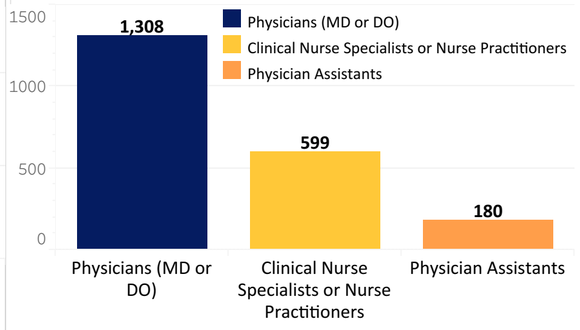
*The data are through October 2024.

MDPCP Providers | By Year

Provider Count by Year, 2019-2025

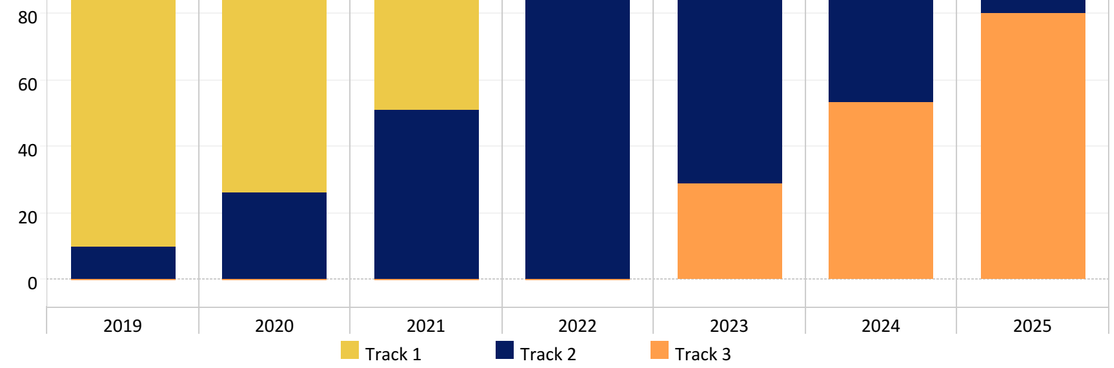


Distribution of Providers for 2025



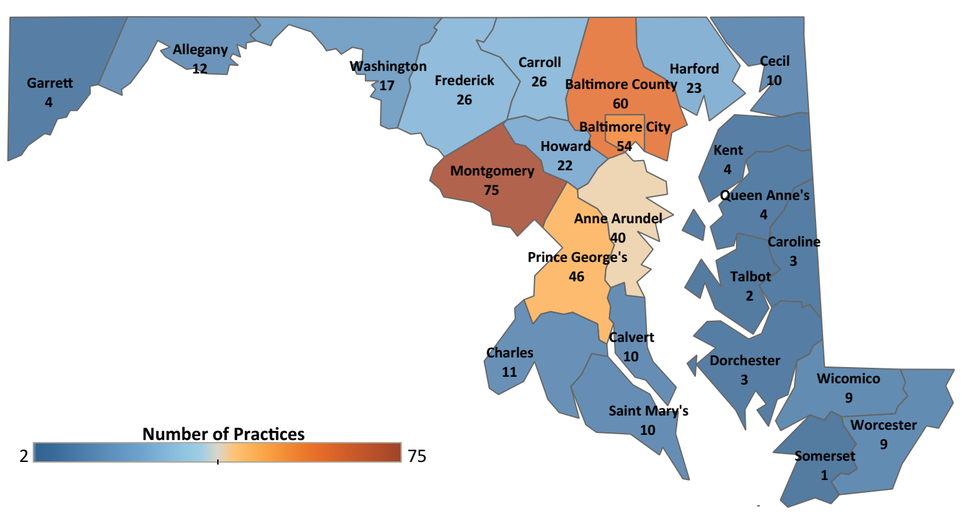
*The data are through February 2025.

MDPCP Practices | Track Distribution



*The data are through January 2025.

MDPCP Practices | By County



The marks on the map are labeled by county and number of practices within the county. The data are through January 2025.

Contact:
Data Inquiries:
Office of Advanced Primary Care (OAPC)
mdh.pcmodel@maryland.gov

Maryland Primary Care Program Dashboard

Inpatient Utilization per k (YTD)

213.9

▲ 1.0%

ED Utilization per k (YTD)

367.6

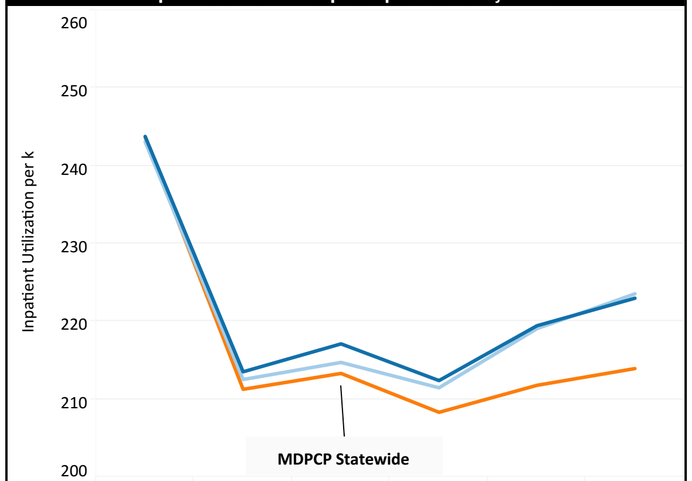
▼ -1.1%

PQI-like Events per k (YTD)

64.20

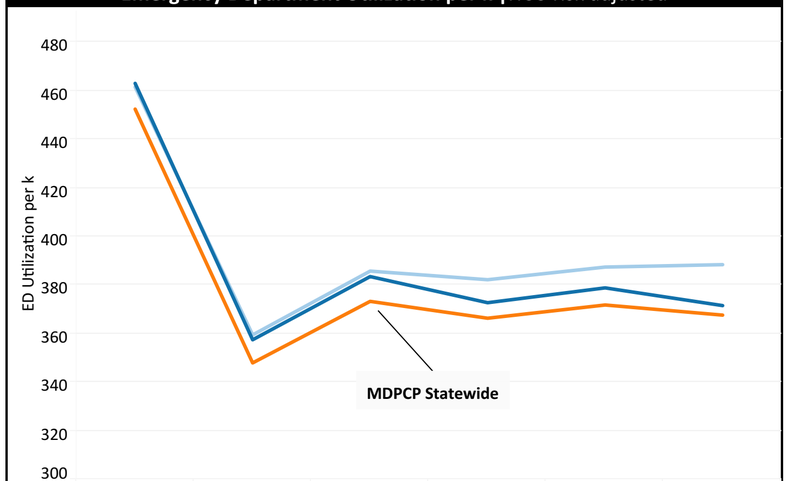
▼ -2.2%

Inpatient Utilization per k | HCC-risk adjusted



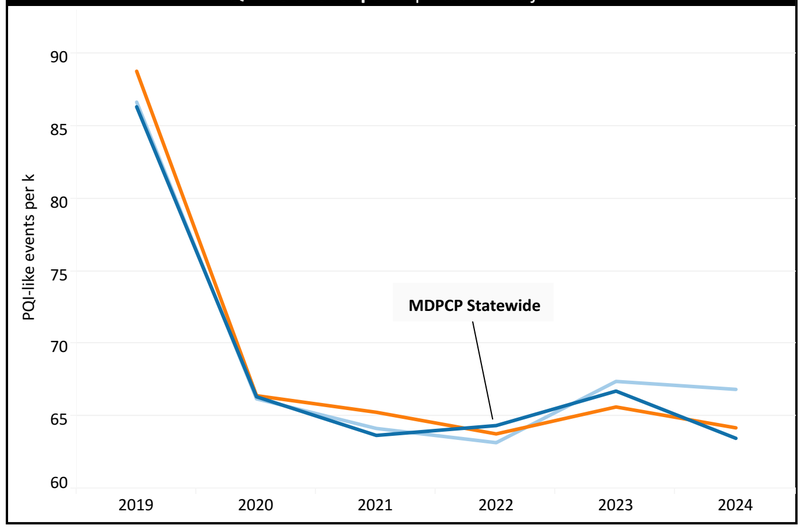
Year	2019	2020	2021	2022	2023	2024 YTD	Overall Percent Change (2019 vs 2024)
Statewide Non-Participating Population	243.09	212.52	214.72	211.46	219.06	223.53	-8.04%
Equivalent Non-Participating Population	243.77	213.52	217.10	212.39	219.43	222.97	-8.53%
MDPCP Statewide	243.68	211.26	213.31	208.31	211.78	213.93	-12.21%

Emergency Department Utilization per k | HCC-risk adjusted



Year	2019	2020	2021	2022	2023	2024 YTD	Overall Percent Change (2019 vs 2024)
Statewide Non-Participating Population	461.57	359.45	385.74	382.19	387.40	388.39	-15.85%
Equivalent Non-Participating Population	463.05	357.45	383.48	372.72	378.83	371.53	-19.77%
MDPCP Statewide	452.45	347.92	373.27	366.33	371.78	367.61	-18.75%

PQI-like events per k | HCC-risk adjusted



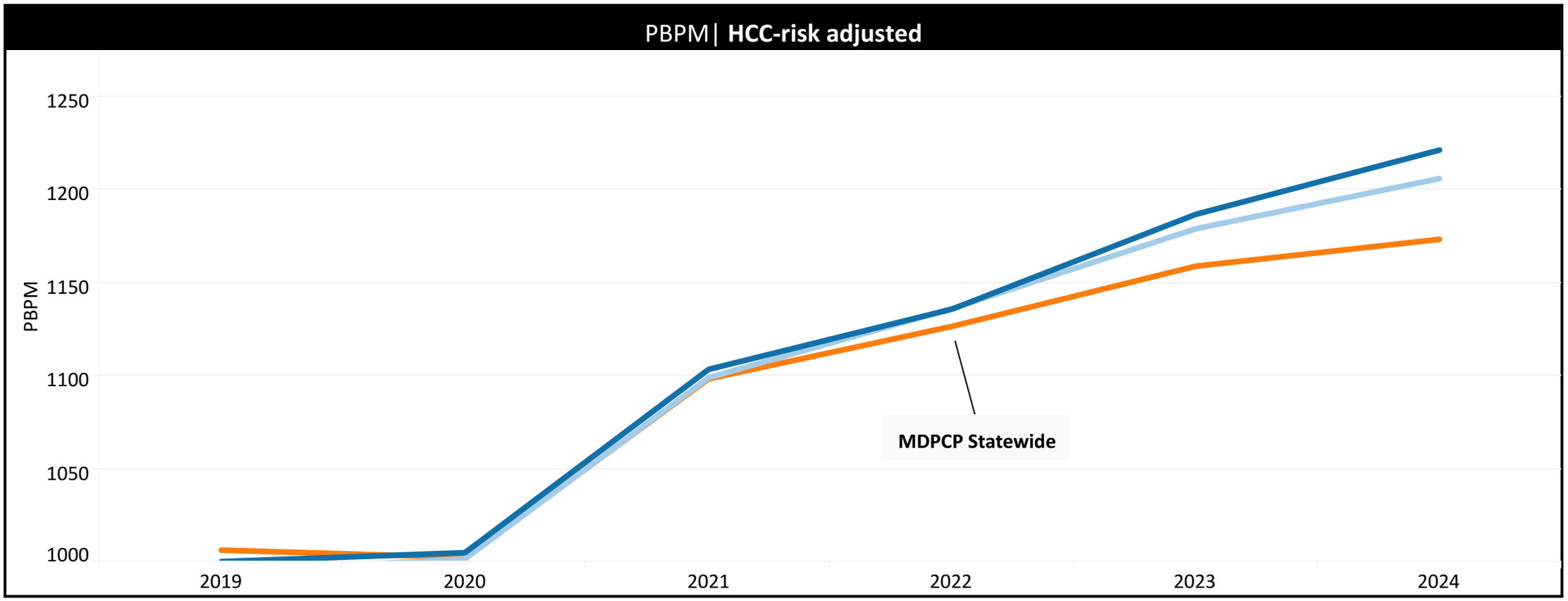
Year	2019	2020	2021	2022	2023	2024 YTD	Overall Percent Change (2019 vs 2024)
Statewide Non-Participating Population	86.68	66.20	64.16	63.17	67.40	66.85	-22.87%
Equivalent Non-Participating Population	86.35	66.34	63.68	64.35	66.73	63.47	-26.49%
MDPCP Statewide	88.81	66.42	65.27	63.78	65.64	64.20	-27.71%

Population

Equivalent Non-Participating Population | Statewide Non-Participating Population | MDPCP Statewide

*Data are through September 2024.

Maryland Primary Care Program Dashboard



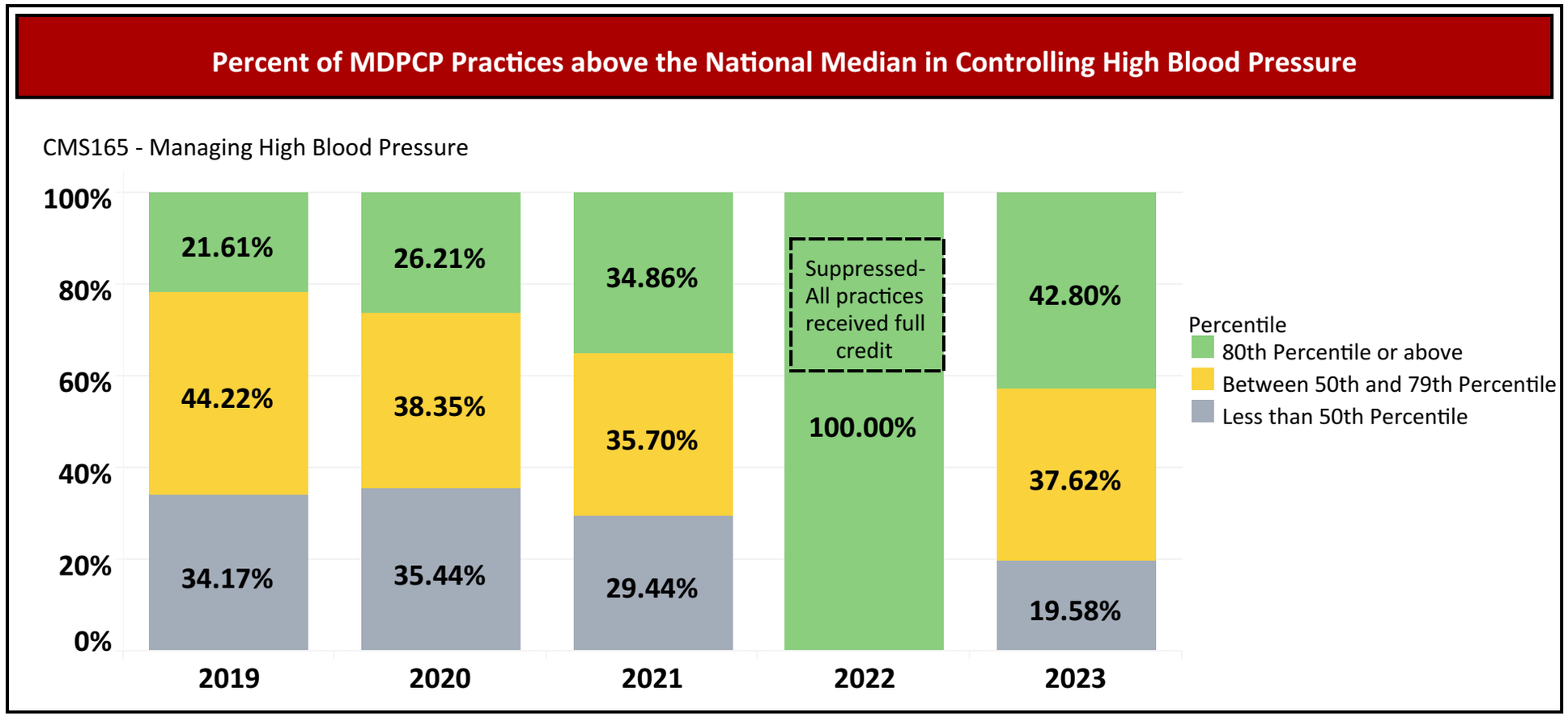
	2019	2020	2021	2022	2023	2024 YTD	Overall Percent Change (2019 vs 2024)
Statewide Non-Participating Population	$994.58	$1,001.75	$1,098.98	$1,136.11	$1,178.94	$1,205.88	21.25%
Equivalent Non-Participating Population	$1,000.26	$1,005.05	$1,103.44	$1,135.82	$1,186.68	$1,221.16	22.08%
MDPCP Statewide	$1,006.41	$1,002.51	$1,098.36	$1,126.56	$1,158.82	$1,173.23	16.58%

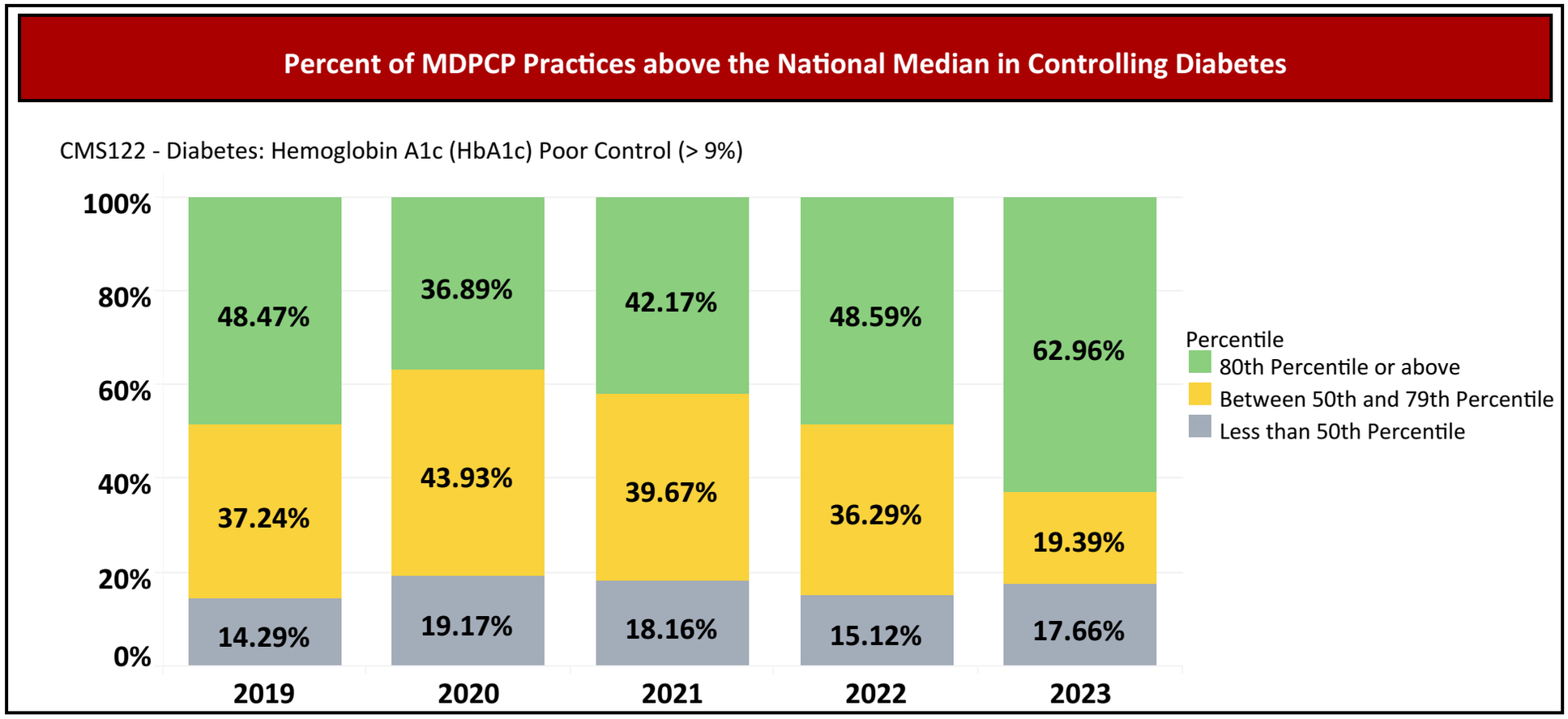
Population

Equivalent Non-Participating Population | Statewide Non-Participating Population | MDPCP Statewide

*Data are through September 2024.

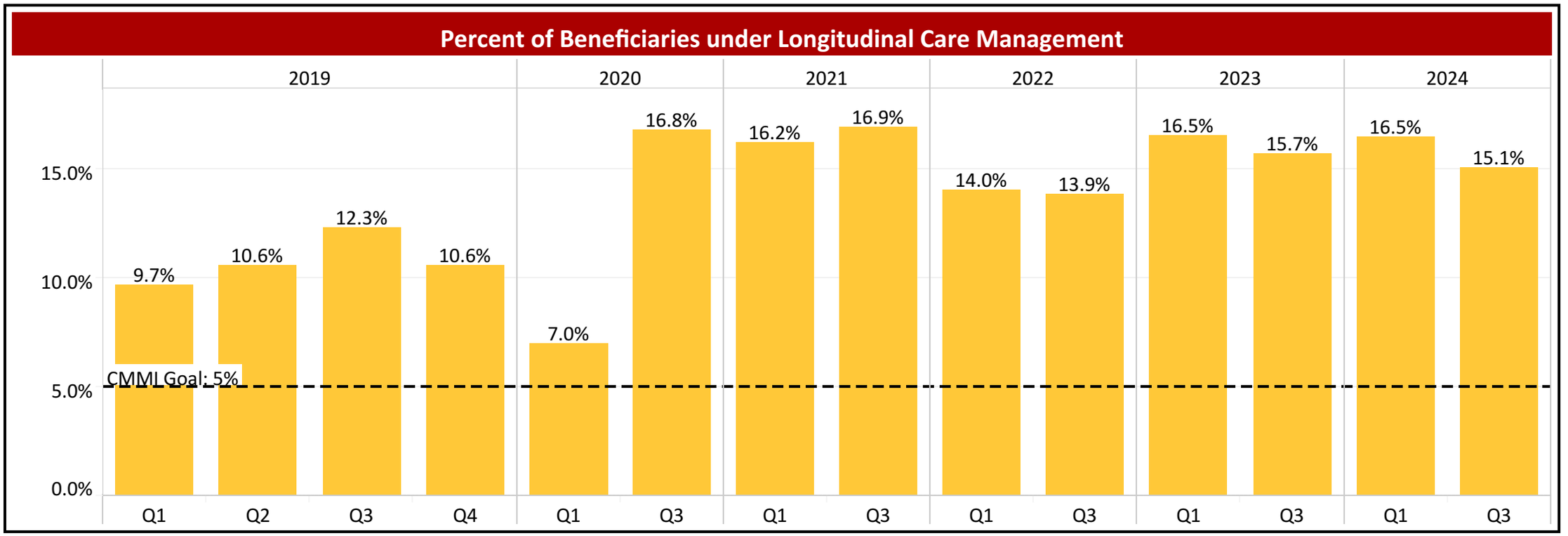
Maryland Primary Care Program Dashboard



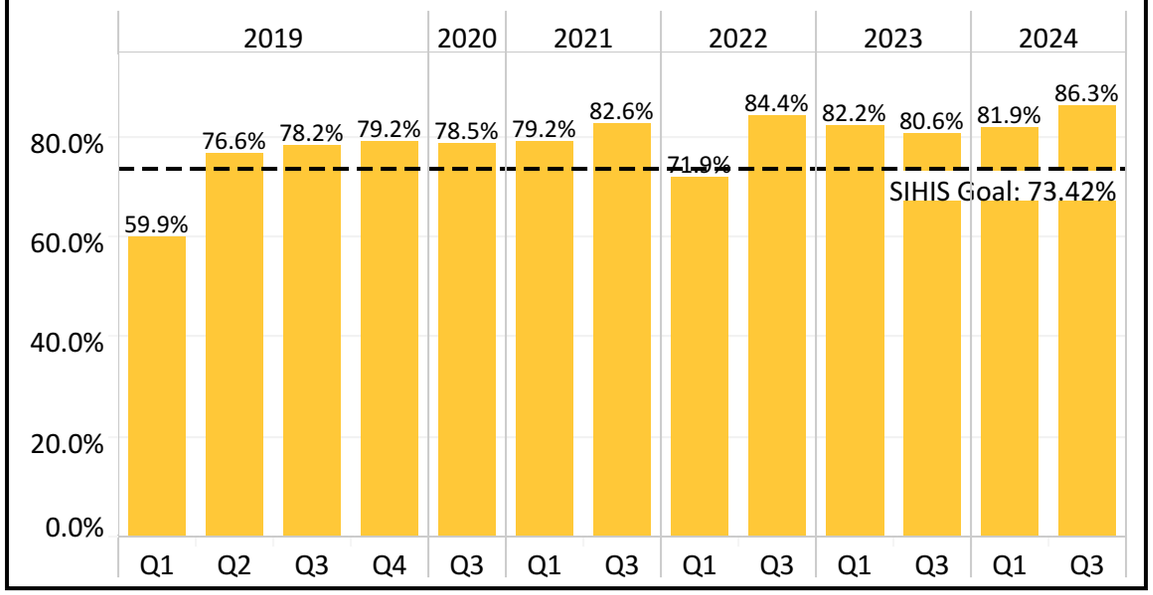


Maryland Primary Care Program Dashboard

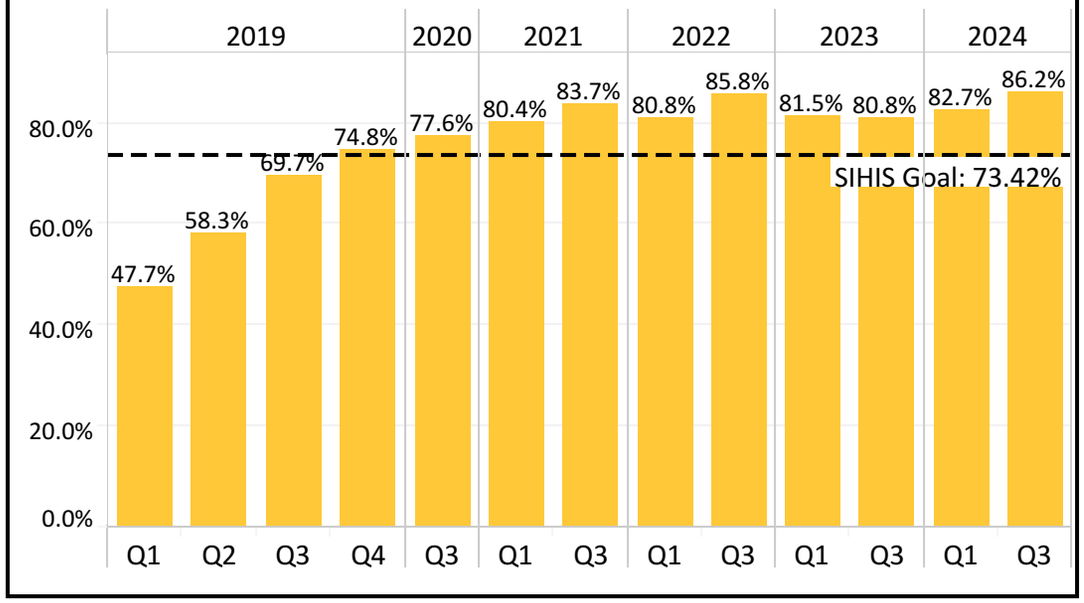
Percent of Beneficiaries under Longitudinal Care Management



Percent of Beneficiaries with Follow-up after Hospital Admissions within Two Business Days



Percent of Beneficiaries with Follow-up after Emergency Department Visits within One Week



Data Definitions for Public Maryland Primary Care Program (MDPCP) Dashboard

Page 1 - Overview	
Data Source Details	The Medicare data is sourced from the Medicare Claims and Claims Line Feed (CCLF) which consist of all Medicare Part A and B claims from Inpatient Facility, Outpatient Facility, Skilled Nursing Facility, Home Health Agency, Hospice, Professional, Durable Medical Equipment, and Part B Prescription Drug services.
Data Limitation	No data limitations to disclose.
Data Definition	**MDPCP Beneficiaries | Medicare Fee-For-Service (FFS) Population**: Represents the number of Medicare FFS beneficiaries attributed to MDPCP participating practices. These beneficiaries are a Medicare fee-for-service beneficiary population with both Part A and B coverage. Dual Eligible beneficiaries are included in this count. **Dual Eligibles**: MDPCP beneficiaries that are enrolled in Medicaid in addition to Medicare. Dual Eligible beneficiaries are low-income seniors and people with disabilities. **Track** ○ MDPCP offers practices the option of participating in one of three Tracks based on their readiness to engage in an advanced primary care model. ○ Track 1 is designed for practices that are in the process of building capacity to become an advanced primary care practice. Track 2 is designed for practices that have built these capabilities and are already able to function as an advanced primary care practice. Track 3 is designed for practices that are ready to take on more financial upside/downside risk while providing advanced primary care. Program requirements and payment rates in the MDPCP vary by Track. ■ Note that Track 1 was phased out at the end of PY2023.
Additional Notes	The Dual Eligible population count is the sum of MDPCP-Attributed Medicaid Full Duals and MDPCP-Attributed Medicaid Partial Duals populations.

	The dual eligible population count is measured using a cumulative Year to Date (YTD) methodology. Thus, as a consequence we expect to see dual eligible population count to increase throughout the year. Calculations ● Percent of Maryland Dual Eligible Beneficiaries in MDPCP ○ (Dual Eligibles)/ (All MD Medicaid Total Duals) ● Percent of Eligible MD Medicare FFS Beneficiaries in MDPCP practices ○ (Medicare FFS Beneficiaries)/ (Total Eligible MD Medicare FFS)

Pages 2 & 3 - Utilization & Cost	
Data Source Details	The comprehensive primary care delivered through MDPCP is designed to reduce avoidable hospitalization and ED (Emergency Department) use through improved access and continuity of care, targeted care management, delivery of more comprehensive and coordinated care, strategies of planned care and population health, and engagement of patients and families. Practice performance on utilization and cost measures is assessed using claims data. This claims data is sourced from the Medicare Claims and Claims Line Feed (CCLF) which consist of all Medicare Part A and B claims from Inpatient Facility, Outpatient Facility, Skilled Nursing Facility, Home Health Agency, Hospice, Professional, Durable Medical Equipment, and Part B Prescription Drug services. **Dynamic attribution:** Data and metrics are shown for a "dynamic" population across all years. Based on physicians participating in MDPCP in 2024, beneficiaries are attributed to the program in each prior year based on the CMS attribution methodology. Therefore, the beneficiaries in prior years may not have actually participated in the program in that year. This approach provides a more accurate comparison of program utilization over time.

Data Limitation	**Data Lag:** Data are published with a ~6 month lag in order to allow all claims to be submitted and processed. **Attribution:** This report is based on the MDPCP dynamic attribution, which is derived from the 2024 Q1 MDPCP attribution. Due to unexpected changes, about 8% of dynamically attributed MDPCP beneficiaries are missing. Hence the utilization or payment trends reported are either due to changes in practice patterns or due to the missing beneficiaries.
Data Definitions	**Population definitions** ○ **Statewide Non-Participating Population:** All Medicare FFS beneficiaries who are eligible for MDPCP and attributed to a provider who is not participating in MDPCP. ○ **Equivalent Non-Participating Population:** Represents a non-participating MDPCP population matched to the participating MDPCP population. This population is a subset of the statewide nonparticipating population, demographically matched to participants by age band, sex, dual eligibility, and county of residence. ○ **State – MDPCP**: Represents all Medicare FFS beneficiaries attributed to MDPCP participating practices. **Risk-adjustment** ○ **HCC (Hierarchical Condition Category) Risk Adjustment:** All MDPCP participating beneficiaries are assigned an HCC score, which reflects their clinical risk. The score is based on the community risk model to reflect the beneficiary's clinical profile and care needs. The HCC score is calculated based off of the most recent completed fiscal year. All utilization and cost reports adjust for beneficiary HCC clinical risk to compare populations of similar risk profiles. **Performance Metrics** ○ **Inpatient Admissions per k (per 1,000):** Count of inpatient admissions in short term acute care hospitals divided by the number of beneficiary months * 1,000 ○ **Emergency Department visits per k (per 1,000):** Count of emergency department visits divided by the number of beneficiary months * 1,000 ○ **PQI-Like events:** Prevention Quality Indicators (PQIs) are a set of metrics measuring potentially avoidable

	hospital events from 10 key conditions known as ambulatory sensitive conditions (ACSCs). ACSCs are conditions that should be treatable in an outpatient setting or that could be less severe if treated and managed at the outpatient level. PQIs are defined by AHRQ (Agency for Healthcare research and Quality). * Patient events are defined as "PQI-like" because PQI events are tracked in both ED and inpatient settings (classic PQI reporting is based solely on inpatient claims). ○ **PQI-Like events per k (per 1,000):** Count of PQI-Like Events divided by the number of beneficiary months * 1,000. ○ **PBPM:** Per Beneficiary Per Month; the total Part A and Part B Medicare FFS payments for all beneficiaries divided by the number of beneficiary months for the time period **Time Period** ○ **Year to date (YTD)**: January through the latest month of non-lagged CCLF data
Additional Notes	Calculations: ○ Year over Year Percent Change ■ [(Current year) - (previous year)] / (previous year) ○ Overall percent change ■ ([Current Year YTD]-[Base Year])/([Base Year]) ● Note that the data presented on this page is for Medicare FFS beneficiaries only. * For more information on AHRQ's definition of PQI: AHRQ PQI Technical Documentation, Version v2024, Agency for Healthcare Research and Quality, Rockville, MD. https://qualityindicators.ahrq.gov/measures/pqi_resources. Accessed October 21st, 2024.

Page 4 - Quality	
Data Source Details	The success of MDPCP depends, in part, on how well practices

	advance and maintain improvements in primary care throughout and across Performance Years. Practices are encouraged to monitor this progression through performance on selected electronic Clinical Quality Measures (eCQMs). The eCQM data is reported by MDPCP practices after each MDPCP performance year. The data in this report comes from practice-reported eCQM measure data. Practices are given a percentile rank based on how their performance compares to a benchmark set by a national, all payer population. **eCQM benchmarks by year:** ● **Controlling High Blood Pressure (CMS165)** ○ 2019: MIPS 2018 Performance ○ 2020: MIPS 2018 Performance ○ 2021: MIPS 2019 Performance ○ 2022: This measure was suppressed for the 2022 performance period. ● **Diabetes: Hemoglobin A1c (HbA1c) Poor Control (<9%) (CMS 122)** ○ 2019: MIPS 2018 Performance ○ 2020: MIPS 2018 Performance ○ 2021: MIPS 2019 Performance ○ 2022: MIPS 2020 Performance The benchmark population for these eCQM measures from 2019-2022 was a national, all payer population.
Data Limitation	Controlling High Blood Pressure (CMS165) was suppressed for PY2022. MDPCP Practices received full credit for this eCQM in 2022.
Data Definition	● **Controlling High Blood Pressure (CMS165)**: Percentage of patients (all patients, regardless of payer, who were seen at the MDPCP practice site during the Measurement Period) 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

	● **Diabetes: Hemoglobin A1c (HbA1c) Poor Control (<9%) (CMS 122)**: Percentage of patients (all patients, regardless of payer, who were seen at the MDPCP practice site during the Measurement Period) 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. *For more information on eCQM definitions: https://ecqi.healthit.gov/
Additional Notes	The measurement period is from January 1st through December 31st of each Performance Year.

Page 5 - Follow-Up	
Data Source Details	Bi-annually, MDPCP Practices are asked to report about their progress on specific MDPCP requirements that span the five essential primary care functions, in semi-annual questionnaires referred to as Care Transformation Requirement (CTR) Reporting. The "Follow-Up" page represents the aggregate percentage of MDPCP beneficiaries reported to be under longitudinal care management and receiving timely follow-up services based on the Care Transformation Reports (CTR).
Data Limitation	This data is self-reported. Thus, the data reflects an organizations' own report of their offerings and services.
Data Definition	● **Longitudinal care management**: Intensive, ongoing, relationship-based care for beneficiaries at highest risk for adverse, preventable outcomes. ● **Follow-up after hospital admissions within two business days**: A follow-up interaction from an attributed beneficiary's practice within two business days after a hospital discharge. ● **Follow-up after ED visits within one week**: A follow-up interaction from an attributed beneficiary's practice within one week after an emergency department (ED) discharge.
Additional Notes	The Statewide Integrated Health Improvement Strategy (SIHIS) Proposal goal of 73.42% is for the measure NQF#3455 and applies to only patients with chronic conditions. MDPCP data applies to *all* patients. The 73.42% goal is the 2023 Year 5 Target for the SIHIS goal. *For more information on SIHIS:

	https://hscrc.maryland.gov/Pages/Statewide-Integrated-Health-Improvement-Strategy-.aspx The follow-up goal of 5% is set by CMMI (Center for Medicare & Medicaid Innovation). CMMI develops and tests new healthcare payment and service delivery models to improve patient care and reduce costs, and jointly operates the MDPCP with the Maryland Department of Health.