



# **MDPCP 2022 Annual Report Extended Performance Data Summary**

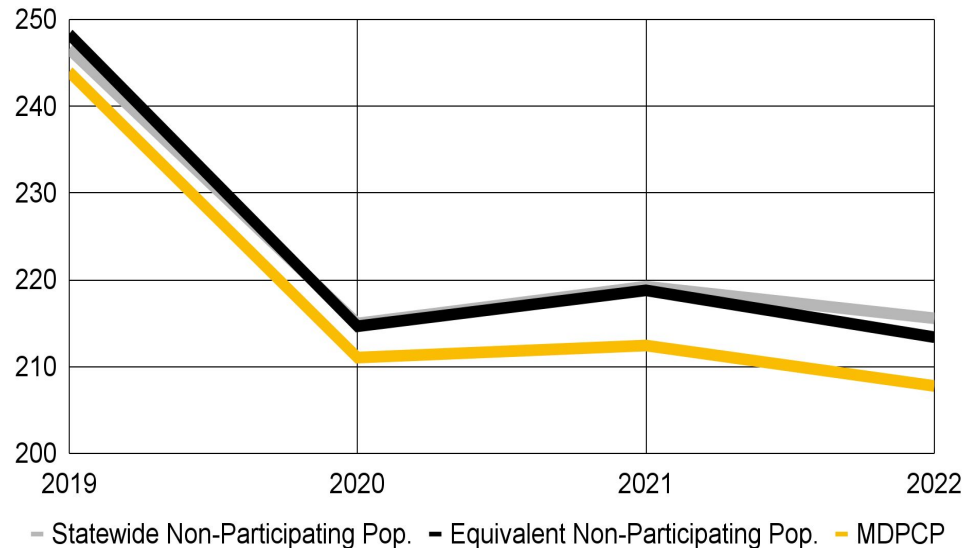
## Utilization Trends

In PY4, IP utilization, as measured by IP visits per every 1,000 MDPCP-attributed beneficiaries, was 207.78, a decrease of 2.2% compared to the prior year.

This is a reversal from the prior year, in which inpatient admissions slightly increased after the COVID-19 pandemic, reflecting pent-up demand.



## Inpatient Admissions per k, 2019-2022



Population	Percent Change (2021 vs 2022)
Statewide Non-Part. Pop.	-1.66%
Equivalent Non-Part. Pop.	-2.47%
<b>MDPCP</b>	<b>-2.19%</b>

Population	2019	2020	2021	2022	Percent Change (2019 vs. 2022)
Statewide Non-Participating Population	246.61	214.98	219.23	215.58	-12.58%
Equivalent Non-Participating Population	248.34	214.66	218.8	213.4	-14.07%
<b>MDPCP</b>	243.99	211.05	212.44	207.78	<b>-14.84%</b>

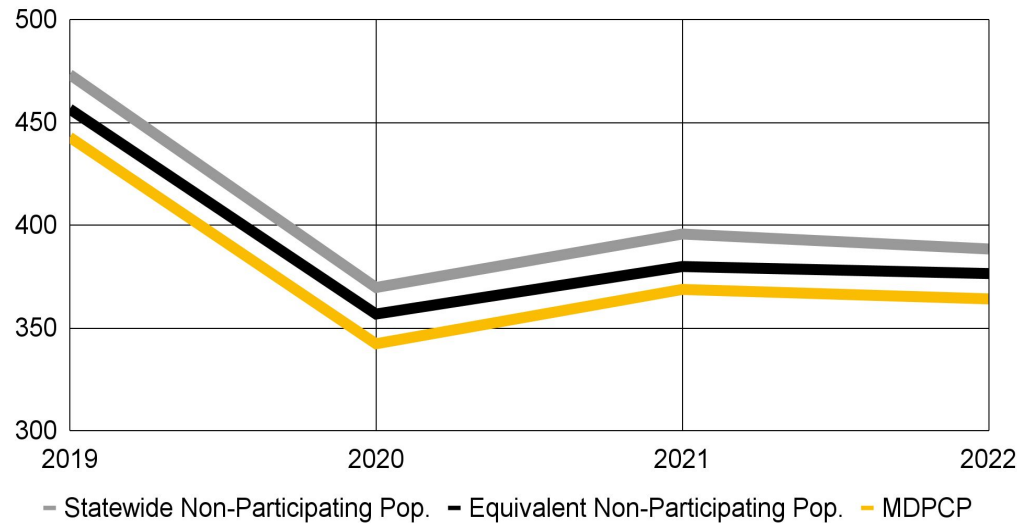
## Utilization Trends

In PY4, ED visits per k, as measured by IP visits per every 1,000 MDP-CP-attributed beneficiaries, was 364.11, a decrease) of 1.25% compared to the prior year.

This is a reversal from the prior year, in which hospital utilization increased after the COVID-19 pandemic, reflecting pent-up demand.



## ED Visits per k, 2019-2022



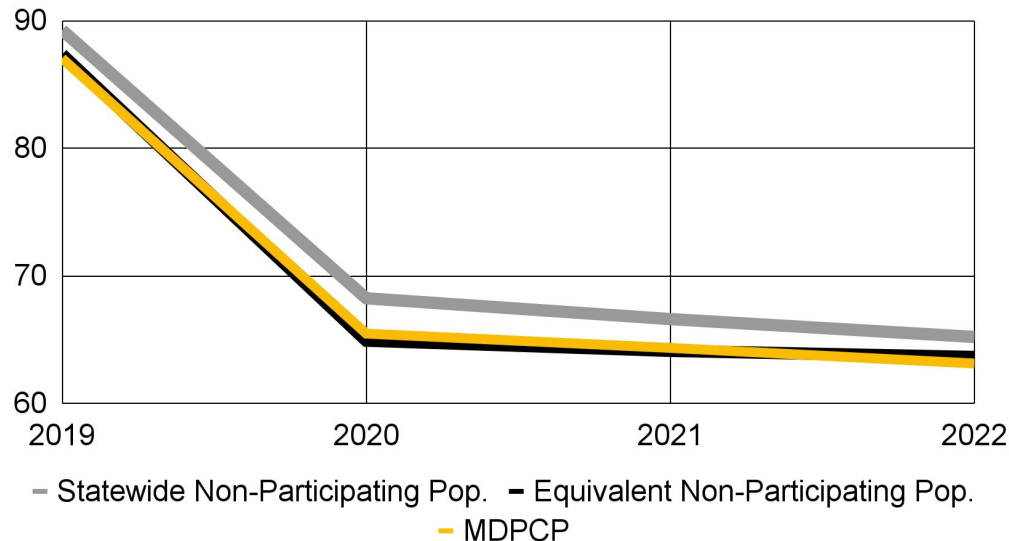
Population	Percent Change (2021 vs 2022)
Statewide Non-Part. Pop.	-1.84%
Equivalent Non-Part. Pop.	-0.9%
MDPCP	-1.25%

Population	2019	2020	2021	2022	Percent Change (2019 vs 2022)
Statewide Non-Participating Population	473.31	369.65	395.69	388.41	-17.94%
Equivalent Non-Participating Population	456.53	356.73	379.86	376.44	-17.54%
MDPCP	442.8	342.25	368.71	364.11	-17.77%

## Utilization Trends

In PY4, there were 63.13 PQI-like events per every 1,000 MDPCP-attributed beneficiaries, a decrease of 1.90% compared to the previous year. This trend follows the prior three years in which PQI-like events decreased.

## PQI-like events per k, 2019-2022



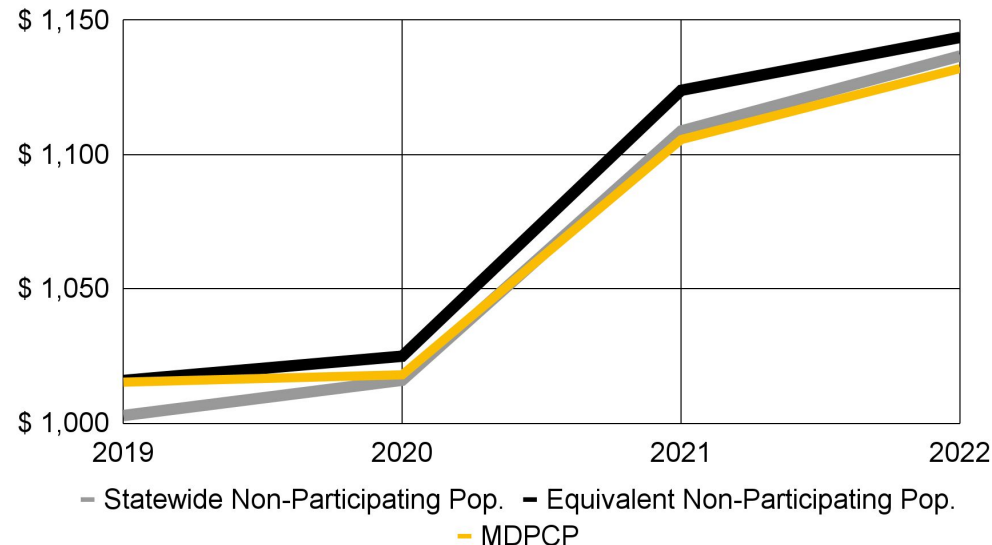
Population	Percent Change (2021 vs 2022)
Statewide Non-Part. Pop.	-2.10%
Equivalent Non-Part. Pop.	-0.75%
<b>MDPCP</b>	<b>-1.90%</b>

Population	2019	2020	2021	2022	Percent Change (2019 vs 2022)
Statewide Non-Participating Population	89.25	68.24	66.61	65.21	-26.94%
Equivalent Non-Participating Population	87.34	64.92	64.12	63.64	-27.14%
<b>MDPCP</b>	<b>87.04</b>	<b>65.47</b>	<b>64.35</b>	<b>63.13</b>	<b>-27.47%</b>

## Utilization Trends

In 2022, MDPCP practices had an average PBPM payment of \$1,131.99. This represents a 2.39% increase in average PBPM payment since 2021.

# Per Beneficiary Per Month (PBPM) Payments, 2019-2022



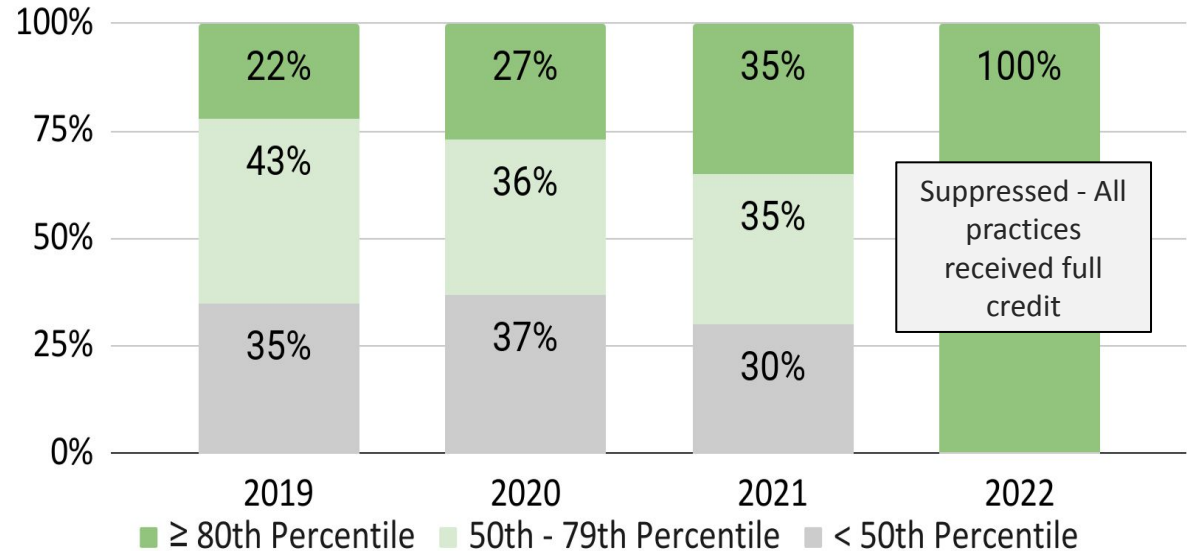
Population	Percent Change (2021 vs 2022)
Statewide Non-Part. Pop.	2.52%
Equivalent Non-Part. Pop.	1.75%
<b>MDPCP</b>	<b>2.39%</b>

Population	2019	2020	2021	2022	Percent Change (2019 vs 2022)
Statewide Non-Participating Population	\$1,002.87	\$1,016.02	\$1,108.73	\$1,136.65	13.34%
Equivalent Non-Participating Population	\$1,015.91	\$1,024.95	\$1,123.87	\$1,143.57	12.57%
<b>MDPCP</b>	\$1,015.29	\$1,018.02	\$1,105.55	\$1,131.99	<b>11.49%</b>

## Performance Compared to Benchmarks: Clinical Quality

The electronic clinical quality measure (eCQM) CMS165 was suppressed for PY2022. Thus, all practices received full credit for this eCQM, as reflected in the chart.

## Percentage of MDPCP Practices above the National Median in Controlling High Blood Pressure (CMS165)

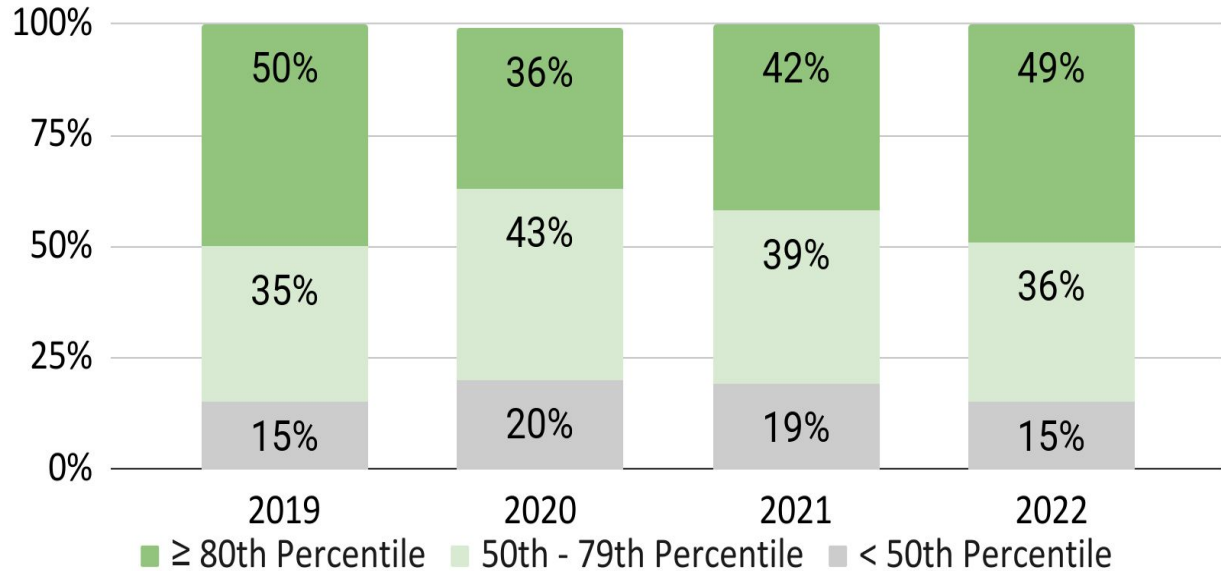


## Performance Compared to Benchmarks: Clinical Quality

For HbA1c control, performance for the majority of practices remained above the national median, as compared to performance on the national benchmarks from the Merit-based Incentive Program (MIPS).

85% of practices surpassed the 50th percentile, and 49% surpassed the 80th percentile for A1c control in 2022. These percentages are slightly higher than those in 2021, where 81% of practices surpassed the 50th percentile.

## Percentage of MDPCP Practices above the National Median in HbA1c Control (CMS122)

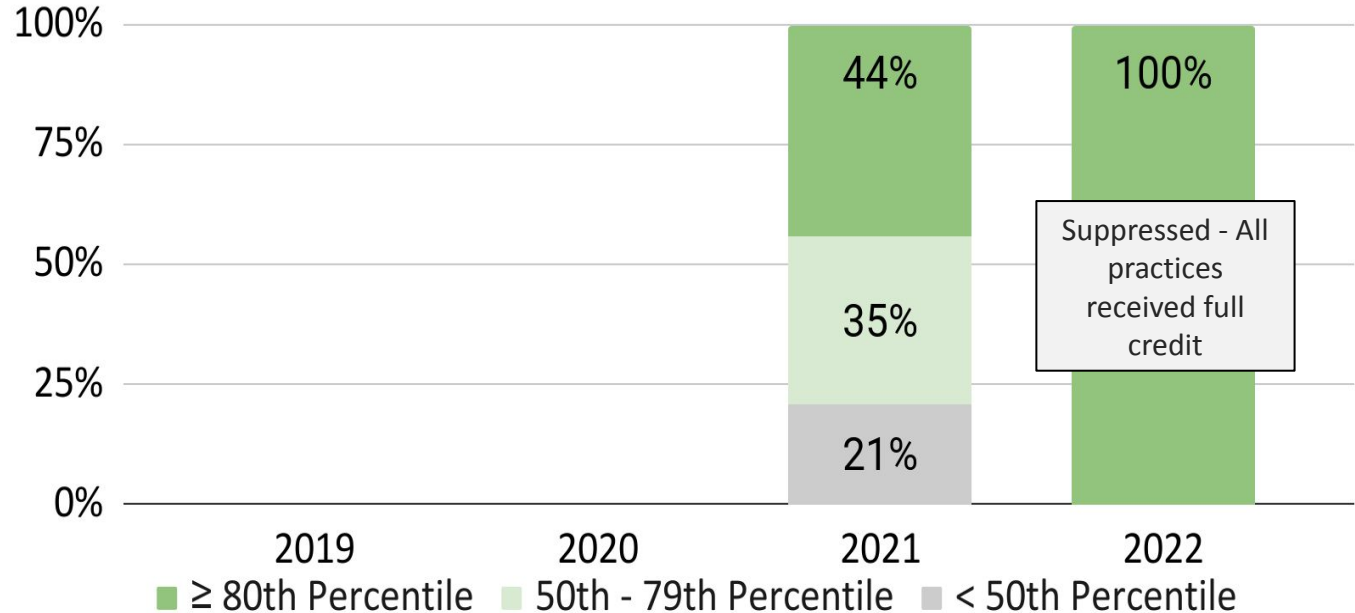


## Performance Compared to Benchmarks: Clinical Quality

The electronic clinical quality measure (eCQM) CMS2 was suppressed for PY2022. Thus, all practices received full credit for this eCQM, as reflected in the chart.



## MDPCP Practices' Performance Against Benchmark Screening for Depression and Follow-Up Plan (CMS2)



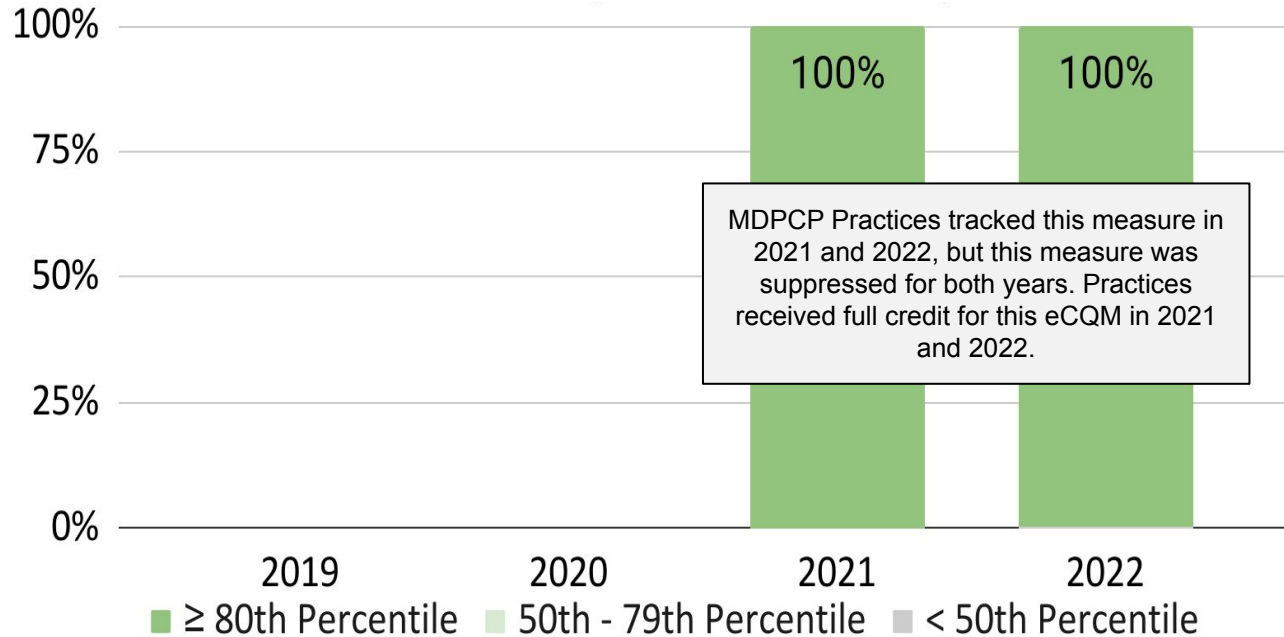


## Performance Compared to Benchmarks: Clinical Quality

The electronic clinical quality measure (eCQM) CMS69 was suppressed for PY2022. Thus, all practices received full credit for this eCQM, as reflected in the chart.



## MDPCP Practices' Performance Against Benchmark for BMI Screening and Follow-up Plan (CMS69)

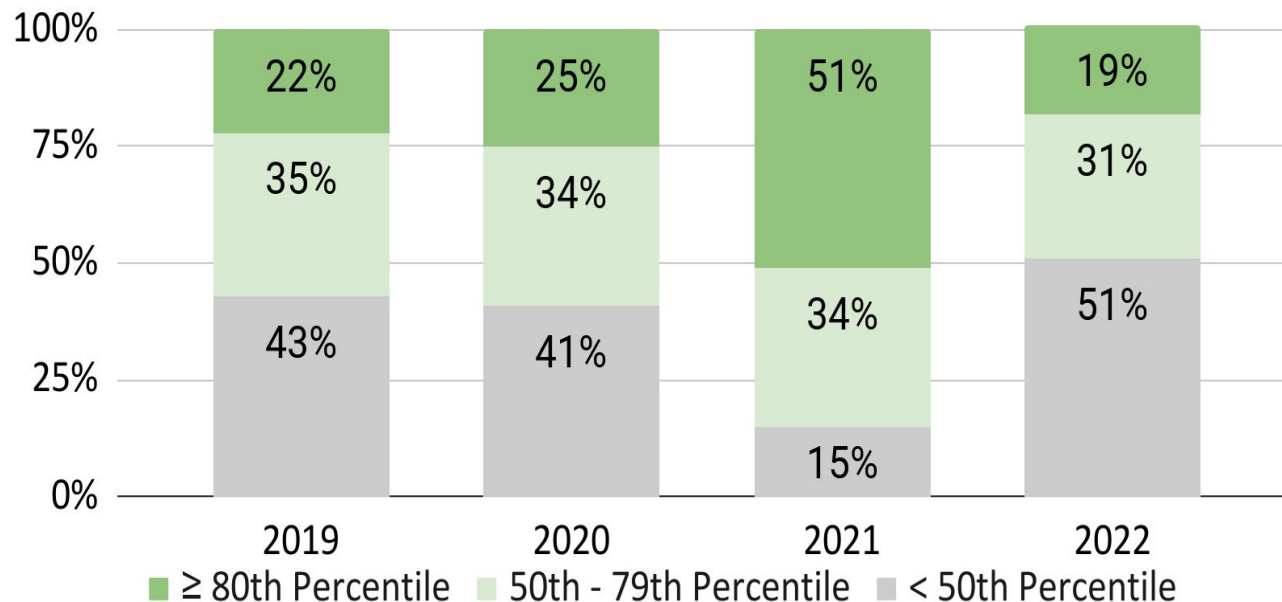


## Performance Compared to Benchmarks: Utilization

In 2022, 49% of practices performed better than the 50th percentile benchmark for AHU. When measuring performance against the benchmark, these results represent no improvement compared to prior years. However, raw AHU scores showed improvement compared to the prior year.



## MDPCP Practices' Performance Against Benchmark, IP Utilization (AHU)

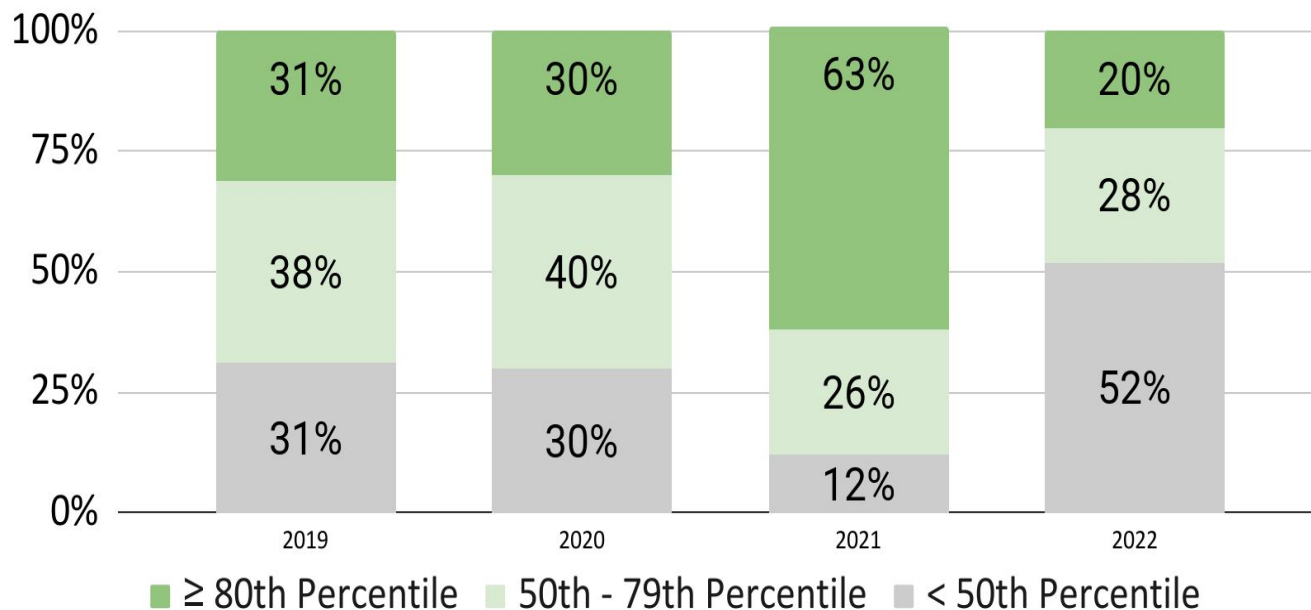


## Performance Compared to Benchmarks: Utilization

In 2022, 48% of practices performed better than the 50th percentile benchmark for EDU. When measuring performance against the benchmark, these results represent no improvement compared to prior years. Raw scores on EDU remained static compared to the prior year as well.



## MDPCP Practices' Performance Against Benchmark, ED Utilization (EDU)

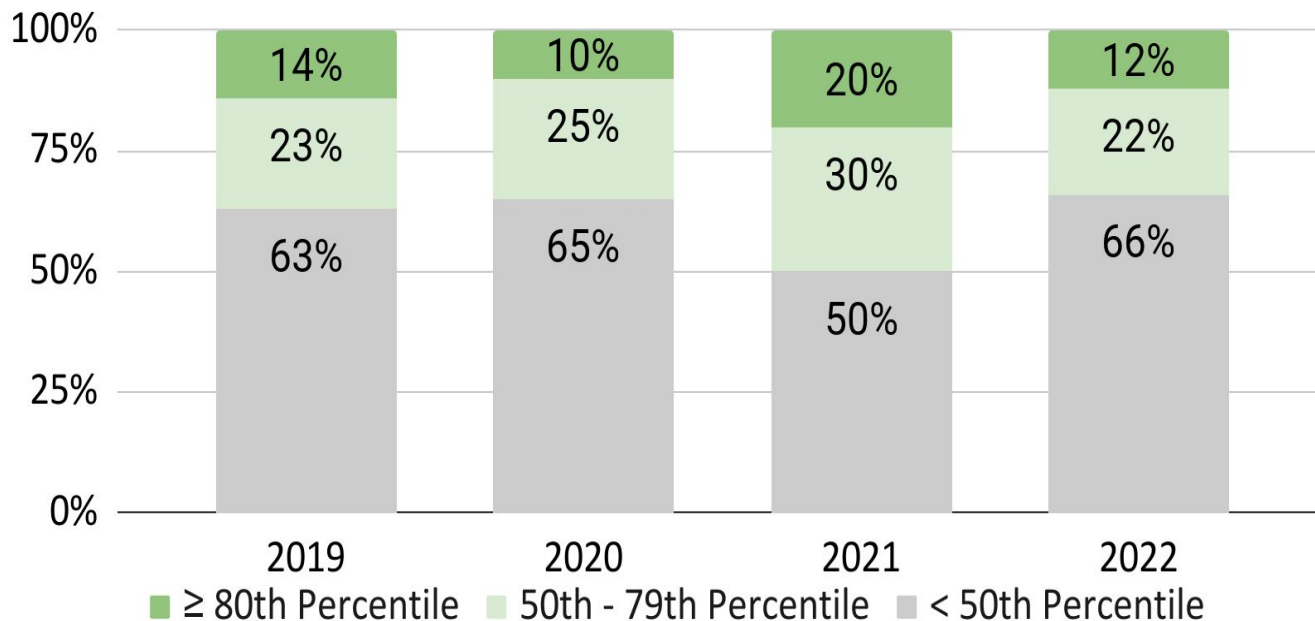


## Performance Compared to Benchmarks: Patient Satisfaction

As seen by the CAHPS summary score, 34% of practices exceeded the 50th percentile of the benchmark breakpoints in 2022, compared to practices in the Comprehensive Primary Care Plus (CPC+) program.

As shown in the figure, performance decreased from 2021, where 50% of practices beat the 50th percentile of benchmark breakpoints for the CAHPS summary score due to the use of a Maryland-specific benchmark in 2021. However, raw CAHPS scores in 2022 improved compared to the prior year.

## MDPCP Practices' Performance Against Benchmark, CAHPS Scores

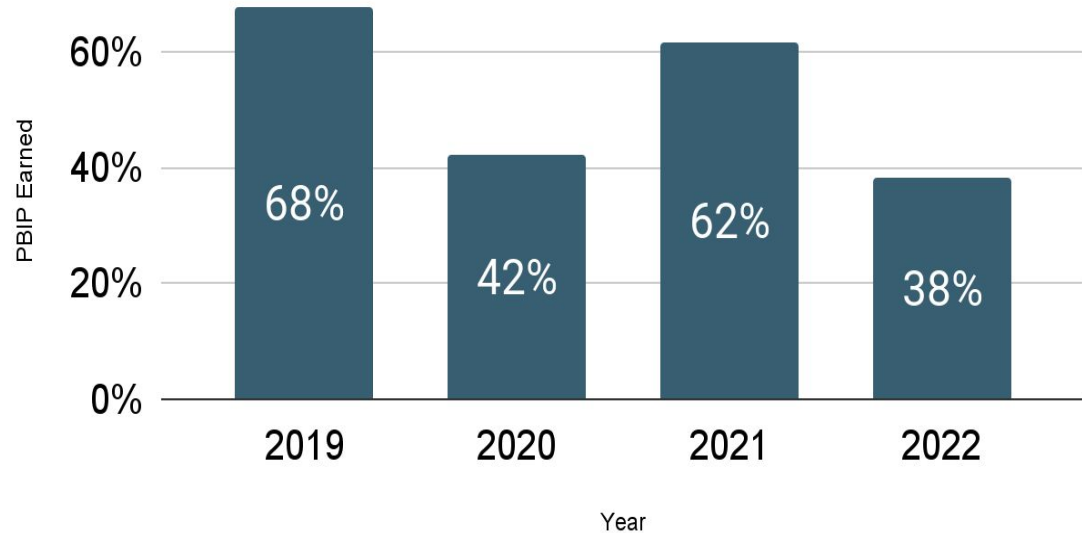


## Measure Performance Impact on PBIP

In 2022, 38.2% of practice PBIP was retained based on PY4 performance, reflecting a 23.5% decrease in PBIP retention from the prior year. As previously noted, raw scores improved in many categories, but changes in PBIP scoring methodology may account for these differences in actual PBIP retained.



## Percentage of PBIP Earned by MDPCP Practices, 2019-2022



## Measure Performance Impact on PBIP

In 2022, there was variation in how much PBIP was retained among groups, organized by practice track and CTO affiliation. The key results are:

- Track 2 practices outperformed Track 1 practices
- CTO affiliated practices retained more PBIP than non-CTO affiliation practices



## Percentage of PBIP Earned by Group, 2022

