

# MDPCP Track 3 Financial Projections Guide

## Disclaimers

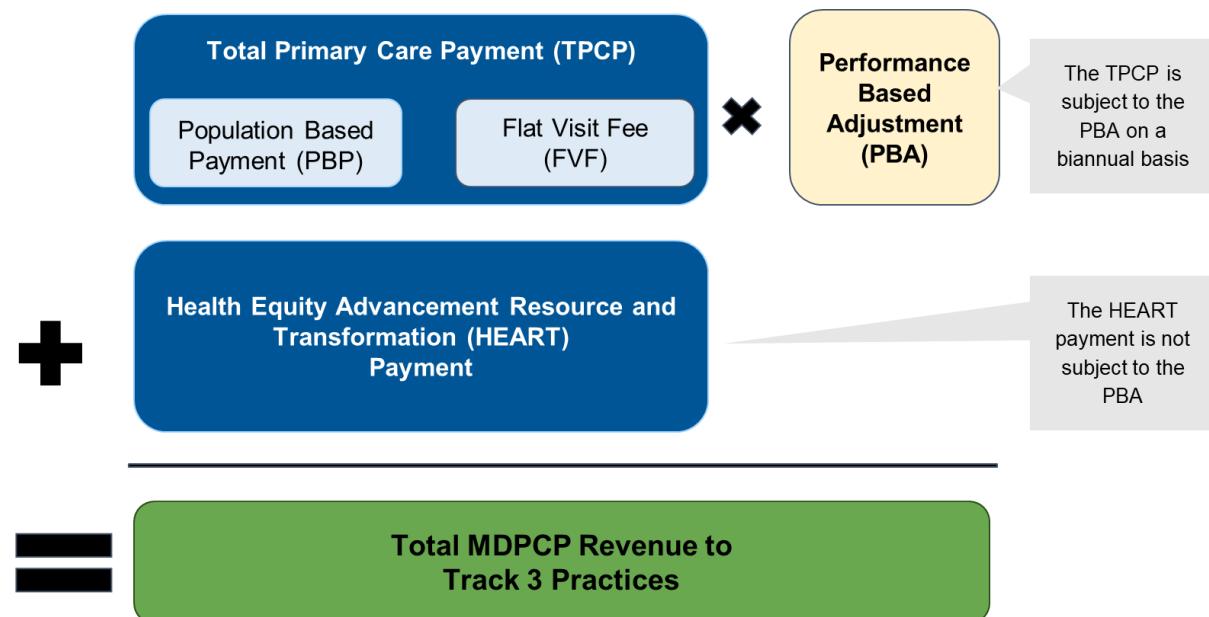
- *This is a product of the MDH PMO and does not represent CMMI or CRISP.*
- *The report, like the attached mockup, can give practices historical program financial information.*
- *Historical program financial information does not necessarily predict future revenues.*
- *Track 3 revenues are contingent on other participating Track 3 practices. Until actual Track 3 practices are identified, your projection will differ from actual revenue.*
- *Your PMO Practice coach is available to direct you to the referenced reports and review this Guide. However, PMO Practice coaches will be limited to reviewing the guide and the MDPCP Historical Practice Report with you and will not be able to help you produce financial projections.*

## Purpose

This guide informs how to use historical data inputs to understand three key aspects of Track 3 revenues:

- HCC score and relative distribution of practice HCC scores in the program,
- SPCS weighted average payment for your practice and visit distribution
- HEART beneficiaries

## Track 3 Payment Components



**Note: Additional details on Track 3 payment components can be found in the Q3 '23 MDPCP Office Hour Slide Deck**

## How to Project T3 Revenues

### Step 1 - Project your Population Based Payments (PBP)

1. Review your historical practice-level HCC score
  - a. MDPCP Historical Practice Report provides your 2022 average HCC score and percentile for all active MDPCP practices.
2. Identify your potential Track 3 HCC group(s)
  - a. Consider that your practice's percentile could be higher or lower than historically stated, as the Track 3 PBP group is based on only Track 3 practices and not all MDPCP practices.
3. Review your historical number of attributed beneficiaries.
4. Estimate your PBP by using the PBP chart [Financial Methodology, Table 8-1] and multiplying by the number of attributed beneficiaries.

### Step 2 - Project your Flat Visit Fee (FVF)

1. Review your distribution of SPCS, weighted average, and SPCS Count per Beneficiary
  - a. The MDPCP Historical Practice Report provides your distribution of SPCS based on 2022 billing patterns
2. Review your historical number of attributed beneficiaries.
3. Estimate your Track 3 FVF payments by taking your historical annual SPCS Count per Beneficiary multiplied by attributed beneficiaries times FVF rate (facility vs non-facility)

*Note: CMS's methodology allocates 60% of average SPCS payments to the FVF while 40% is incorporated into PBP rates to incentivize more population health management.*

### Step 3 - Project your HEART payments

1. Review historical number of HEART beneficiaries
  - a. MDPCP Historical Practice Report provides your historical count of HEART beneficiaries
2. Estimate your HEART payments by multiplying the HEART payment rate (\$110 PBPM) by the number of attributed beneficiaries.

### Step 4 - Project your Performance Based Adjustment (PBA)

1. Obtain a general idea of your historical PBIP performance compared to other MDPCP practices by consulting your previous CMMI PBIP Performance Reports
2. Consider multiple scenarios as your performance will be relative only to other Track 3 practices
3. Estimate your PBA by multiplying adjustment percentage by your estimated PBP and FVF payments.

## Other Considerations

### Other Estimates to Consider:

- Comparing your T2 2022 financial revenues (from 2022 Financial Reporting or MDPCP Portal) to T3 projected payments.
- Compare your FFS billing from 2022 (Available in your internal billing systems or use the MDPCP Historical Practice Report and calculate the weighted average payment times the number of beneficiaries) to T3 projected payments.

### Important Assumptions to Consider:

- HCC group in Track 3 is based on practice average and not individual beneficiaries, like Track 2
- MSSP status - like in Track 1 and 2, if your practice participates in a MSSP ACO, you will not receive a PBA (positive or negative).
- CTO split
  - Different in Track 3 (76/24 split)
  - Applies to PBP and HEART, not FVF

## MDPCP Historical Practice Report

The MDPCP Historical Practice Report will be available in the 2023 MDPCP Reporting Suite on September 15.

## **Instructions on how to access the MDPCP Historical Practice report:**

- Log In to CRS (CRISP Reporting Services)
- Click on the “MDPCP Reports” Card
- Click on MDPCP Reports 2023 which will take you to the Reports Menu and Population Summary home page.
- Once the Reports Menu and Population Summary home page is loaded, move your cursor down to the bottom of the reports menu (displayed on the left side of the home page). The MDPCP Historical Practice Report is listed under the header “Additional Reports”.
- To open and access the report, click on “MDPCP Historical Practice Report”.

▼ Additional Reports

- User Access Report
- User Access Report - PMO
- MDPCP Historical Practice Report



*Note: The historical data inputs in this report is to be used in tandem with this MDPCP Track 3 Financial Projections Guide to understand the three key aspects of Track 3 revenues.*

## Glossary

<b>Glossary</b>	
<b>CPCP</b>	Comprehensive Primary Care Payment
<b>FVF</b>	Flat Visit Fee
<b>HCC</b>	Hierarchical Condition Category
<b>HEART</b>	Health Equity Advancement Resource & Transformation
<b>MSSP ACO</b>	Medicare Shared Savings Program Accountable Care Organization
<b>PBA</b>	Performance Based Adjustment
<b>PBIP</b>	Performance Based Incentive Payment
<b>PBP</b>	Performance Based Payment
<b>PBPM</b>	Per Beneficiary, Per Month
<b>PFS</b>	Physician Fee Schedule (Medicare)
<b>SPCS</b>	Select Primary Care Services
<b>TPCP</b>	Total Primary Care Payment