

**University of Michigan
Michigan Primary Care Transformation Project
DCG Assignment Process**

BACKGROUND

Michigan is one of eight states selected by CMS to participate in multi-payer demonstration of advanced primary care practices, also known as patient-centered medical homes (PCMH). This project is called the Michigan Primary Care Transformation (MiPCT) Project and is being administered by the University of Michigan (UofM).

As part of the MiPCT Project Truven Health will use the DxCG Risk Smart™ software licensed from Verisk Analytics, Inc. to assign a set of DCG scores to each person for which data is received. The DCG scores will be updated quarterly using the most recent complete twelve months of data. Claims will be considered complete when there is a three month lag between incurred date and paid date. For example, we would consider March 2012 data complete once June 2012 paid data has been submitted.

DCG MODELS & ASSIGNMENT

We will use the following models for DCG assignment:

- # 2 - Medicare All-Encounter Explanation Med Only, Year 1
- # 3 - Medicare All-Encounter Payment Med Only, Year 2

- # 18 - Commercial All-Encounter Explanation Med+Rx, Year 1
- # 26 - Commercial All-Encounter Explanation Med+Rx, Year 2

- # 76 - Medicaid MC All-Encounter Explanation Med+Rx Year 1
- # 77 - Medicaid MC All-Encounter Explanation Med+Rx Year 2

The plan model a person is enrolled in (Commercial, Medicare, or Medicaid) will determine which DCG model is used for that person. If a person has split enrollment, e.g. they are enrolled in a Commercial plan for eight months and move to a Medicare plan for the last four months of the twelve month period, Truven Health will assign the risk score using the model that reflects their most recent month of enrollment in the DCG period. In the above example the individual would be assigned based on the Medicare model.

On a quarterly basis Truven Health will use the most current 12 months of incurred data to assign DCG scores. DCG scores are assigned in the models using a person's age, gender, and all available diagnosis codes.

CREATING NORMALIZED DCG SCORES

Various normalization processes have been discussed. Because of the data that is available, the decision was made to create a normalized score by simply running all three plan types, Commercial, Medicare and Medicaid, through the same DCG model. This normalization process was one that was recommended by Verisk. The models used to create the normalized DCG risk scores are:

18 - Commercial All-Encounter Explanation Med+Rx, Year 1

26 - Commercial All-Encounter Explanation Med+Rx, Year 2

The results for the Commercial data will be the same for both “Risk score” and “Normalized risk score” fields.

IMPACT TO ELIGIBILITY FILE LAYOUT

Six fields will be added to each eligibility record to support the DCG assignments:

1. DCG Model Indicator
2. DCG Time Range
3. Concurrent Risk Score
4. Prospective Risk Score
5. Normalized Concurrent Risk Score
6. Normalized Prospective Risk Score

INTRODUCING ADDITIONAL DATA AND MEMBERS

During the production of the MiPCT project database, payers (BCBSMI and BCN) will be included in phases. With this approach, risk score values provided before the inclusion of the new data feeds may not be complete. The historical risk scores will reflect what the risk scores were before the addition of the new data feeds.

For every database update when risk scores are run (or when new vendor data or data for a new member who has historical claims are included for the first time), new risk scores are generated. If we receive data for new members, where we additionally receive historical claims for them, for example back to 01/01/2010, we will not assign Risk Scores to their historical time periods. New risk scores will be assigned to the most current eligibility records represented during the database update. (The most current data for the DCG run, rolling 12 months of incurred claims with 3 months of paid run out.) Historical data will not be altered and will contain risk scores created when that data was the most current. In addition, new members with historical eligibility records solely found in the new vendor data will contain a missing (null) value on their historical Eligibility records.

DCG Timing

The same time periods will be used for all DCG Models when the DCGs are run. See below for examples.

Delivered	Eligibility Month	DCG Period Dates			DCG Time Period Reflected
		Incurred Start	Incurred End	Paid Through	In Data File
Initial Build	01/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	02/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	03/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	04/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	05/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	06/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	07/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	08/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	09/10	01/01/10	12/31/10	03/31/11	Jan. 2010 - Dec. 2010
	10/10	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	11/10	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	12/10	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	01/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	02/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	03/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	04/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	05/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	06/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	07/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	08/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
09/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011	
10/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011	
11/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011	
12/11	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011	
Update 1	01/12	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
	02/12	10/01/10	09/30/11	12/31/11	Oct. 2010 - Sept. 2011
Update 2	03/12	01/01/11	12/31/11	03/31/12	Jan. 2011 - Dec. 2011
	04/12	01/01/11	12/31/11	03/31/12	Jan. 2011 - Dec. 2011
Update 3	05/12	01/01/11	12/31/11	03/31/12	Jan. 2011 - Dec. 2011
	06/12	04/01/11	03/31/12	06/30/12	Apr. 2011 - Mar. 2012
Update 4	07/12	04/01/11	03/31/12	06/30/12	Apr. 2011 - Mar. 2012
	08/12	04/01/11	03/31/12	06/30/12	Apr. 2011 - Mar. 2012
Update 5	09/12	07/01/11	06/30/12	09/30/12	Jul. 2011 - Jun. 2012
	10/12	07/01/11	06/30/12	09/30/12	Jul. 2011 - Jun. 2012
Update 6	11/12	07/01/11	06/30/12	09/30/12	Jul. 2011 - Jun. 2012
	12/12	10/01/11	09/30/12	12/31/12	Oct. 2011 - Sept. 2012
Update 7	01/13	10/01/11	09/30/12	12/31/12	Oct. 2011 - Sept. 2012
	02/13	10/01/11	09/30/12	12/31/12	Oct. 2011 - Sept. 2012

The timing reflected in the previous table is based on the following assumptions:

- Data is always extracted and delivered on a paid basis.
- DCGs are always run on an incurred basis with three months of run-out.
- If a new patient is added between DCG runs, the DCG fields on their eligibility record will remain blank until the next DCG run.
- We are not reprocessing eligibility data with each delivery of data.
- We are not reprocessing DCGs when new data, such as the Medicare final action file, is made available.

The month of eligibility used to determine the model run is the last month of eligibility reflected in the DCG time period. For instance, in the April 2012 eligibility file we have assigned DCGs for January 2011 – December 2011. The plan the member is enrolled in for December 2011 is the plan that will determine which DCG model (Commercial, Medicare or Medicaid) is used and reflected in the April 2012 file.