



Date: September 25, 2014

MN Community Measurement is proud to present this inaugural Total Cost of Care report.

TCOC is a measure of all costs associated with treating commercially insured patients. It's based on actual costs, and includes professional; facility inpatient and outpatient; pharmacy; lab; radiology; ancillary; and behavioral health services. Patients are attributed to medical groups based on the majority of their primary care claims. The primary measure is the Total Cost Index which is the medical clinic's risk adjusted average cost per patient divided by the market's average cost per patient. The cost is defined as the total allowed amount - both insurance payment and patient responsibility - from four major Minnesota health plans: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica and PreferredOne.

It is MNCM's intention to publicly report some or all of the information included on Page 2 (the remainder of the report will be private) of this report on MNHealthScores.org in the future. Public reporting will be determined by MNCM's Measurement and Reporting Committee later in 2014. TCOC is intended to serve both medical groups and consumers as a directional guide to enhance the understanding of cost of care, confirm previous findings and illuminate new trends. Additionally, the separation of adult and pediatric costs provides even more specific data for medical groups and consumers.

2014 Timeline	
Sept 25	Report set delivered
Oct 2	Deadline for request of attributed patient List
Oct 28	Final deadline for comments, concerns, appeals <sup>1</sup>
TBD	1 week prior to final public release – each medical group will receive a preview of the un-blinded public TCOC report

<sup>1</sup> Immediate feedback and questions are appreciated – we will make every effort to respond as quickly as possible.

The documents included in your FTP folder:

- **Methodology Specifications** – Description of the MNCM Board of Directors approved and National Quality Forum endorsed Total Cost of Care methodology.
- **Total Cost Of Care Summary Report** – Your specific medical group's report. Please note that the data on the Overall Results page may be eligible for public reporting. The other data is ineligible for public reporting. It is for your private use to aid in the understanding of how the calculations were created and how your clinic compares to the community.
- **ACG Summary** – File detailing how the ACG Risk Score was calculated for your medical group and information on your cost per Risk Category compared to all providers in the measurement

If you would like to receive the listing of patients attributed (assigned) to your medical group, please send the request, including the name and email address of whom should receive the list, to [TCOC@mncm.org](mailto:TCOC@mncm.org) no later than **October 2<sup>nd</sup>**.

MNCM will forward the request to the health plans who will then send the files back to the medical groups directly. The files can be reviewed in total or by random sampling.

**Please note that due to PHI and HIPPA restrictions, do not share the patient information with MNMCM.** If you find concerns with the lists, please inform MNMCM with the following:

	Blue Cross MN	HealthPartners	Medica Health Plans	PreferredOne
Number of Patient Reviewed				
Number of Patients Matched (During 10/1/201 – 12/31/2013 dates of service)				
Number of Patients Not Matched (During 10/1/201 – 12/31/2013 dates of service)				

A copy of this form is included in the FTP site.

If you find a substantial number of unidentifiable patients, greater than 5%, MNMCM will review the process with the health plans to determine the possible problems. This measure does not allow for the removal of specific patients from the measure. **Please do not send patient information to MNMCM.**

### Comment Process

Feedback related to errors will be accepted until **Friday October 28 at 5 p.m. (CST)**. If you have questions or concerns about your results, please contact us at [TCOC@mncm.org](mailto:TCOC@mncm.org) or 612-454-4810. We will respond promptly.

Each medical group is responsible for reviewing its own rates, investigating any concerns and submitting evidence to MNMCM if a change in results is requested. In that event, MNMCM staff will review the information provided and decide whether to publicly report the results based upon the evidence submitted.

### Appeals Process

If our decision does not favor the medical group/clinic, a formal written appeal may be submitted. Medical groups have two weeks from the date of our decision to submit a formal appeal. Supporting evidence must be submitted with the appeal. However, before submitting a formal appeal, please contact us well before the October 31 deadline with questions, concerns and/or evidence as indicated above.

Only concerns about publicly reported results are subject to appeal. It is extremely rare for MNMCM to change performance results unless a medical group/clinic provides evidence of an error, or a pattern of data errors can be identified by MNMCM based on multiple comments. Concerns with the definition of a measure, patient attribution methodology, or other data collection methods are not subject to appeal; however, they will be forwarded to our Measurement and Reporting Committee.

To file an appeal, medical groups must submit it in writing, by letter or email, to Jim Chase, MN Community Measurement President, at Broadway Place East #455, 3433 Broadway Street NE, Minneapolis, MN 55413; or [chase@mncm.org](mailto:chase@mncm.org).

The President will review your appeal and make a recommendation to the MNMCM Quality Audit Committee, which makes final decisions about the dispensation of appeals.