



Inpatient Quality Reporting Program

Support Contractor

Hospital Value-Based Purchasing Claims Based Measures

Moderator:

Bethany Wheeler, BS

Speaker:

Bethany Wheeler, BS
HSAG

Jennifer Podulka, MPAff
Accumen, LLC

Kayte Hennick, BA
Hospital Reporting, Reports and Analytics Contractor

January 20, 2015
2 p.m.

Matt McDonough: Good afternoon, everybody, and thank you for joining us for today's Hospital Value-Based Purchasing Claims-Based Measures webinar. My name is Matthew McDonough and I'm going to be your virtual host for today.

Before we turn the presentation over to our first presenter, I'd like to cover some housekeeping items with you so that you're able to interact with our presenters today. The first notice is that audio for this event is available via Internet streaming, and if you're hearing my voice now, you know that already. So, no telephone lines required, but computer speakers or headphones are necessary to listen to our streaming audio feed today.

What that means is that we will not have live audio lines for our attendees, but that does not mean that you're not able to send questions to us this afternoon. We do have a chat window located to the left side of your screen, as you see on this slide here. Simply type your question into the bottom in the box there, click the send button, and your question will be sent to all of our presenters today.

Inpatient Quality Reporting Program

Support Contractor

Key questions will be answered by our presenters today, as well as any sort of technical issues that you may have. Please do submit those in the chat box so that you could interact with our team today during today's event.

That is going to do it for my introduction today. So without further hesitation, let me hand [it] over to Bethany Wheeler, who will be our first presenter of the day. Bethany?

Bethany Wheeler:

Hello and welcome to our Hospital Value-Based Purchasing Program monthly webinar. My name is Bethany Wheeler. I am the lead of the Hospital Value-Based Purchasing Program at the VIQR Support Contractor, and I will be your host for today's event. Before we begin, I'd like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the Qs&As will be posted to our new Inpatient website www.qualityreportingcenter.com. Again, that's www.qualityreportingcenter.com, and that is all one word. [It will be available] within 2 days, and will be posted at *QualityNet* at a later date.

If you registered for this event, a reminder email, as well as the slides, were sent out to your email one or two hours ago. If you didn't receive the email, you can download the slides at our new Inpatient website. Again, that's www.qualityreportingcenter.com.

Next slide, please.

Today, we will be covering Claims-Based Measures, their Hospital-Specific Reports, and the Review and Correction Processes.

We are happy to tell you that we have two guest speakers today: Kayte Hennick, representing the 30-Day Mortality Measures and AHRQ PSI-90 Composite and Jennifer Podulka, covering the MSPB Measure. They will both walk through how to read and understand the Claims-Based Measures Hospital-Specific Reports and [provide] an overview of the Review and Correction process associated with the Claims-Based Measures.

At the end of the presentation, I will cover the Review and Correction process of the Percentage Payment Summary Report.

Next slide, please.

Inpatient Quality Reporting Program

Support Contractor

And now, I would like to introduce our guest speaker, Kayte Hennick. Kayte is a Senior Analyst with the Hospital Reporting, Reports and Analytics Contractor. The Reports and Analytics Contractor is responsible for producing the Hospital-Specific Report for the Claims-Based Measures.

Thank you, Kayte, for presenting today. The floor is yours.

Kayte Hennick:

Thank you, Bethany. Can we please advance the slide to slide seven?

Okay, so today, I'm going to talk about how to read and interpret your hospital results and the Hospital-Specific Reports. We're also going to learn about the Claims-Based Review and Corrections process, including: how to submit a Review and Corrections request; what items can be submitted for Review and Corrections; and the timeframe for submitting those requests.

Next slide, please.

So, the first report I'm going to address is the AHRQ PSI-90 Hospital-Specific Report (HSR).

Next slide.

So, the HVBP AHRQ HSR shows the result for the AHRQ PSI-90 Composite Measure which is a weighted average of eight individual patient safety indicators. The HSR content for the AHRQ Composite Measure includes Hospital Level Result, PSI Performance Information, and Discharge Level Information for each PSI.

Next slide, please.

The Hospital Results [displays] hospitals' Performance Index Value. It is important to note here that a lower value indicates a better quality. Additionally, a hospital must have a minimum of three valid discharges for at least one component measure in order to retain a PSI-90 Composite Value.

The Achievement Threshold and Benchmark values are also displayed on this tab. The Achievement Threshold is the median performance level among all hospitals with measure results and minimum valid discharges during the baseline period. The Benchmark is the average of the top decile of index values among hospitals with measure results and minimum valid discharges during the baseline period.

Inpatient Quality Reporting Program

Support Contractor

Next slide, please.

The PSI Performance Tab includes data on each component measure as well as the PSI-90 Composite Index Value. A hospital can utilize the replication instructions that are just distributed with the HSR to calculate the values displayed. The information on this tab includes the following. The total number of all eligible discharges is also referred to as the denominator at your hospital. The number of discharges at your hospital that may include criteria for the component measures, and these are defined in the AHRQ Technical Specifications, the smoothed rate, which is the estimate of your hospital's expected performance with a large population of patients for each individual to component measure, [and] the national Risk-Adjusted Rate, which is the overall Risk-Adjusted Rate for the performance period on each component measure. The Composite Index Value thus, is the PSI-90 Composite Value calculated for your hospital, and this is the same as the Performance Period Index Value displayed on the first tab of the HSR.

The Measure's Weight in Composite – These are the weights that are used to construct the PSI-90 Composite from the smoothed rate of the individual PSI measures. Here the same weights are applied for all hospitals.

Next slide, please.

So, continuing with the PSI Performance Tab, also shown is the number of outcomes or the numerators. This is the number of outcomes for each component measure, and these are also defined in AHRQ Technical Specifications; the Observed Rate, which is the – a calculation of the numerator divided by the denominator times a thousand; the Risk-Adjusted Rate, which is an estimate of the hospital's performance on each component measure if your hospital had an average patient case-mix, given your hospital's actual performance; Expected Rate, which is your hospital's expected performance on each component measure; and Reliability Rate. These weights are used to construct the smoothed rate for each component measure, and these reliability weights will vary by hospital.

Next slide, please.

The final tab in the HVBP: AHRQ HSR is your facility's Discharge-Level Information. This tab includes information on discharges that are included in the numerator of one or more

Inpatient Quality Reporting Program

Support Contractor

component measures. This information assists hospitals in reviewing the discharges that were utilized for the measures calculations and with the replication process.

Next slide, please.

So on the next slide we're going to address the 30-Day Mortality HSR.

So, next slide.

So, measures included in the HVBP: Mortality HSR includes Acute Myocardial Infarction, Heart Failure, and Pneumonia. The HSR for Mortality includes Hospital Level Results, a tab with additional information for purposes of replication, and Discharge-Level Information for each measure.

Next slide.

The first tab of the HSR displays the Hospital Results for each measure including the numbers of eligible discharges. This number can be confirmed by reviewing the measures-specific Discharge Tab with the Index Stay column equals yes.

The Performance Period Survival Rate – this can be replicated with the information on the Additional Information Table and the measure-specific Discharge Table. This result is used to calculate the achievement and improvement points; the Achievement Threshold, which is the median survival rate among all hospitals with measure results and minimum case size, during the baseline period; and the Benchmark, which is the mean survival rate of all hospitals in the top performing decile during the baseline period.

Next slide, please.

The Additional Information Table contains information for use in replicating expected and predicted deaths. Information displayed on this tab includes the following: number of eligible discharges; predicted deaths, which is the number of deaths predicted within 30 days of admission to your hospital. This is based on your hospital's performance with your case mix and your hospital's estimated effect on mortality; Expected Deaths which is the number of deaths expected within 30 days of admission to your hospital based on the average hospital's performance with your case mix and the average hospital effect on mortality; the National Crude Mortality Rate, which is the national observed mortality rate. This is within 30 days of

Inpatient Quality Reporting Program

Support Contractor

admission. This value does not account for risk factors; the Risk-Standardized Mortality Rate – this is the calculation of Predicted Deaths divided by Expected Deaths times the National Crude Mortality Rate. Here, lower values are better; and the Performance Period Survival Rate – this is equal to one minus the Risk-Standardized Mortality Rate. Higher values are better in this instance because they correspond to lower mortality rates.

Next slide, please.

There's also a Discharge Level worksheet for each of the three measures, as with AHRQ. This information assists hospitals in reviewing the discharges that were utilized for the measure calculation and with the replication process.

Excuse me, some important variables for replication are: the Index Stay Tab, "Yes" or "No." This variable indicates whether a stay is included in the measure calculation and only stays marked "Yes" are included in the calculation; Risk Factors – these differ between measures. Generally, row eight, or the first rail of the Discharge Table with the HSR, contains the model coefficients which are referenced in the replication instructions; the Hospital Effect – this is the estimated effect to your hospital has on mortality; and the Average Effect – this is the average hospital effect on mortality.

Next slide, please.

And now, I'm going to review the Claims-Based Measures Review and Corrections Process.

Next slide.

It is important to note here that this is a separate Review and Corrections [from] some of the periods following the release of the VBP Percentage Payment Summary Reports.

Hospitals can review Claims Detail, their claims included in any of the calculations, the 30-Day Mortality Measures Calculations, and the PSI-90 Composite Calculations.

During this time, the hospitals are not allowed to submit additional corrections underlying claims data, or to submit new claims to be added to the calculations.

Facilities may submit a request for Review and Corrections if they believe there's an error in the measure calculation.

Inpatient Quality Reporting Program

Support Contractor

Requests must be submitted within 30 days of the HSR becoming available through *My QualityNet* [*QualityNet Secure Portal*]. And Review and Corrections requests submitted after the 30-day cut-off will not be considered.

Next slide, please.

If you do identify potential discrepancies in the calculation of your measure results within your HSR, you may review – excuse me, request a Review and Correction by sending an email to the *QualityNet* Help Desk at gnetsupport@HCQIS.org.

Please remember to include your facility's CMS Certification Number, your hospital name, your hospital address, your phone number, and email address for the point of contact, for this will be the person the *QualityNet* Help Desk works directly with, and include a clear explanation of why you believe the discrepancy has occurred.

Please do not submit personally identifiable information or protected health information when emailing the help desk, as doing so is considered a security violation.

Okay, next slide.

And one more, please. So, here are some resources for general inquiries, as well as the resources for the AHRQ and Mortality Measures if you need additional information.

So, that brings me to the end of my portion of the presentation, and I will go ahead and turn things over to Bethany.

Bethany Wheeler: Thank you, Kayte, for your presentation. As a reminder, if you have any questions for Kayte or for Jennifer, please submit them through the chat window.

Now we would like to introduce our next speaker. Jennifer Podulka is the Policy Researcher with Acumen, LLC, the contractor that develops the Medicare Spending per Beneficiary, or MSPB, Measure that is used in the Hospital Value-Based Purchasing Program.

Jennifer, the floor is yours.

Jennifer Podulka: Thank you, Bethany. As Bethany mentioned, the next slide will include descriptions of the Medicare Spending per Beneficiary Measure of MSPB. The MSPB Measure is a claims-based measure that includes price-standardized payments for all

Inpatient Quality Reporting Program

Support Contractor

Medicare part A and part B services that are provided from three days prior to a hospital admission, also known as the index admission, through 30 days following hospital discharge. MSPB episodes are risk-adjusted for beneficiary characteristics. The MSPB evaluates hospitals' efficiency relative to the efficiency of the median hospital in the nation, and MSPB is included in the Hospital Value-Based Purchasing Efficiency Domain.

Next slide, please.

During the preview period, individual hospitals can review their MSPB Measure in their HSR. Reports include six tables which are accompanied by three supplemental hospital-specific data files. Tables include the MSPB Measure results of the individual hospital and of other hospitals in the state and the nation. Supplemental hospital-specific data files contain information on the admissions that were considered for the individual hospital's MSPB Measure and data on the Medicare payment to the individual hospitals and other providers that were included in the measure.

Next slide, please.

Table one, which is the MSPB Measure Performance Rate, displays the individual hospital's MSPB Measure Performance Rate.

Table two, which includes additional information about the individual hospital's MSPB Performance, provides the number of eligible admissions and MSPB Amount for the individual hospital, the state, and the nation.

Table three includes detailed MSPB Statistics. These display the major components such as the number of eligible admissions, MSPB Amount, and National Median MSPB Amount that are used to calculate the individual hospital's MSPB Measure Performance Rate.

And table four includes national distribution for the MSPB Measure. This displays the national distribution across all hospitals in the nation.

Next slide, please.

Table five includes the spending breakdown by claim type. This provides a detailed breakdown of the individual hospital's spending for the following three time periods: the three days

Inpatient Quality Reporting Program

Support Contractor

prior to the index admission; during the index admission hospital stay; and 30 days following hospital discharge. These spending levels are broken down by claim type within each of the time periods, and table five compare[s] the percent of total average episode spending by claim type and time period at the individual hospital to the total average spending at hospitals in the state and in the nation.

Next slide, please.

Here, you can see an excerpt from table five. This excerpt includes the During-Index Admission Period, and the highlighted box shows the amount and percent of total average episode spending for the individual hospital's episodes in a given category and claim type.

Next slide, please.

Continuing on the inpatient row, the highlighted box here shows a higher percentage of spending in the individual hospital than the percent of spending in the state or the nation. It means that for a given category and claim type, in this case, inpatient, the individual hospital spends more than other hospitals in the state or the nation, respectively.

Next slide, please.

Table six provides the breakdown of the individual hospital's average actual and expected spending for an MSPB Episode by Major Diagnostic Category or MDC. Table six compares the individual hospital's average actual and expected spending to state and national average actual and expected spending.

Next slide, please.

And here you can see an excerpt from table six which shows detailed MSPB Spending Breakdown by MDC. In this case, the highlight shows the MDC's Circulatory System and continues to show the individual hospital's average and expected spending per episode for the given MDC.

Next slide.

Looking across the row for Circulatory System, the table also illustrates average spending values for the state and the nation. In this example, if the individual hospital has a lower value in Column B for your hospital average expected spending per episode. Then, in Column F which is national average expected

Inpatient Quality Reporting Program

Support Contractor

spending per episode. The individual hospital's patients have lower expected spending level than the nation's for that given MDC.

Next slide, please.

In addition to these tables, each Hospital-Specific Report is also accompanied by three supplemental hospital-specific data files. The first is an Index Admission File which presents all inpatient admissions for the individual hospital in which a beneficiary was discharged during the period of performance. The second data file is a Beneficiary Risk Core File which identifies beneficiaries and their health status based on the beneficiary's claims history in the 90 days prior to the start of an episode. And the third data file is the MSPB Episode File which shows the type of care, spending amount, and top five highest spending providers in each care setting for each MSPB episode.

Next slide, please.

I'd like to provide again, some Review and Correction information. Please note that hospitals may preview their MSPB Measure from mid-May to mid-June of 2015 on *QualityNet*. Data will then be posted on Hospital Compare in October 2015. During the preview period, hospitals may submit questions or requests for correction to cmsmspbmeasure@acumenllc.com and this email address is provided within the slide. When you send your email, please do include your hospital's CMS Certification Number or CCN. And, as with other claims-based measures, hospitals may not submit additional corrections to underlying claims data or submit new claims to be added to the calculation.

Thank you and we welcome any questions. And now I'd turn the presentation back over to Bethany Wheeler.

Bethany Wheeler:

Thank you, Jennifer. Now we will be moving into the last section of our presentation covering the Review and Correction Period of the Percentage Payment Summary Report.

Next slide, please.

The Percentage Payment Summary Report is a separate report from the Hospital-Specific Reports covered earlier in this presentation, and it is provided to the hospital.

Inpatient Quality Reporting Program

Support Contractor

The Claims-Based Hospital-Specific Reports are provided to hospitals in order for us, well, to review and assure that the calculations of the measure rates, ratios or index values, have been calculated correctly.

The Percentage Payment Summary Report uses those review values and calculates improvement points, achievement points, measure scores, domain scores, and ultimately, the total performance score from those rates.

The image on the screen is the first page of the Percentage Payment Summary Report which displays the hospitals' total performance scores, domain scores, and payment adjustments for a fiscal year. The report also contains separate pages for each of the domains that give measure-specific scoring.

Next slide, please.

Hospitals may request recalculation of scores based on the condition score, domain score, or total performance score. More specifically, a hospital may request recalculation of improvement points, achievement points, or measure score if they feel there was an error in CMS' calculations. However, specific rates, ratios, or index values that were reviewed during [the] Review and Correction Period, such as the claims-based Review and Correction Period that were referenced in those presentations earlier, are not eligible for a review because they were already supposed to be reviewed during that time period. Request for Review and Corrections of the Percentage Payment Summary Report should be completed within 30 calendar days following the posting date of the Percentage Payment Summary Report. The Percentage Payment Summary Reports are released by August first of each year.

Next slide, please.

I would like to reiterate on this slide that not only are the measures, rates, ratios, [and] index values not eligible for Review and Correction, hospitals may not submit additional corrections to the underlying claims data or submit new claims to be added to the calculation. To clarify, you may submit the corrections to these claims through your MACs since the data will not be changed for the Hospital Value-Based Purchasing Program.

Next slide, please.

Inpatient Quality Reporting Program

Support Contractor

If your hospital would like to submit a Review and Correction Request, the form is available on *QualityNet* under the Hospital Value-Based Purchasing Tab and the Review and Corrections appeals option.

Next slide, please.

If you would like assistance in submitting your Review and Correction Request for the Percentage Payment Summary Report, help guides and quick-reference guides are available to you in the same location. The form is located at – on *QualityNet*. The help guide will walk you, step-by-step, through the process.

Next slide, please.

If you have additional questions that the help guide does not address, please do not hesitate to contact us, the Hospital VIQR Support Contractor, through the phone help desk, fax, email, the Inpatient Q&A tool, or website. All those resources are listed on this slide.

Next slide, please.

In addition to the previous resources and methods to contact us, we now have the Inpatient live chat tool that is located on our www.qualityreportingcenter.com website.

To stay on top of all the latest news and invitations to our monthly program webinars, please sign up for the listservs on *QualityNet*. If you need assistance in signing up for these listservs, we would be more than happy to help you. Just contact us through one of our many methods.

Next slide, please.

I'd like to thank our speakers for the information they shared with us today. Before we have our subject matter experts read questions that were sent in, I want to remind you that today's webinar has been approved for 1.0 continuing education credit by the boards listed on this slide.

Next slide, please.

We now have an online CE certificate process. If you registered for this webinar through ReadyTalk[®], a survey will automatically pop up when the webinar closes. After you complete the survey, a page will display to register as either a new user, or if

Inpatient Quality Reporting Program

Support Contractor

you have attended any of our webinars, as an existing user. A one-time registration is required. Your complete email address is your user ID. If you do not receive the survey, don't worry. We will be sending out the survey link in an email to all participants within the next 48 hours. It will not arrive today.

If there are others listening to this event that are not registered in ReadyTalk, pass the survey to them.

And now, we will open the phone lines to our guest speakers. Kayte or Shannon, will you begin the Q&A?

Kayte Hennick: Yes.

(CROSSTALK)

Operator: Please make sure that your line is unmuted.

Kayte Hennick: Yes, sorry. I was having trouble getting it off mute. Some of the questions we got were about the version of the AHRQ indicators, and for this year, we will be using Version 4.5a for those. I think the rest of the questions have been answered or broadcast.

Bethany Wheeler: Okay, thank you. Jennifer, do you have any questions that you would like to read?

Jennifer Podulka: Yes, thank you. We received several questions on the general theme of what kinds of hospitals are included in the MSPB Measure. The answer is that short-term acute, otherwise known as subsection D hospitals that are in the 50 states or D.C. but excluding Maryland, are included within the MSPB Measure calculation; and hospitals must also be paid under the Inpatient Prospective Payment System or IPPS and have at least one MSPB episode during the performance period. This means that short-term acute hospitals exclude psychiatric hospitals, rehab hospitals, long-term care hospitals and critical access hospitals.

We also received a question about "How will the MSPB Measure impact my hospital's reimbursement?" The answer is that beginning in fiscal year 2015, CMS will use a VBP-eligible hospital's MSPB Measures during the baseline and performance period to calculate the efficiency domain, which will be used in the Hospital VBP Program brand (endorsement) calculation. And that – those were the questions for MSPB.

Bethany Wheeler: Okay, great. We received another question relating to the Percentage Payment Summary Report. Did the last speaker

Inpatient Quality Reporting Program

Support Contractor

say that [the] VBP summary report will be sent in August? The Percentage Payment Summary Reports are released by August first of each year.

The Review and Correction Request that your hospital chooses to request on will be due within 30 calendar days of the posting of that report on *QualityNet*. If your question was not answered, do not fret. We will answer these questions, and they will be posted to our website, *qualityreportingcenter.com*. So, check back within the next couple of weeks. If you didn't see your question answered, we will get all of them answered.

And now, we'd like to thank everyone for participating in our webinar and hope that you learned something today. Enjoy the rest of your day.

END

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-03092015-03