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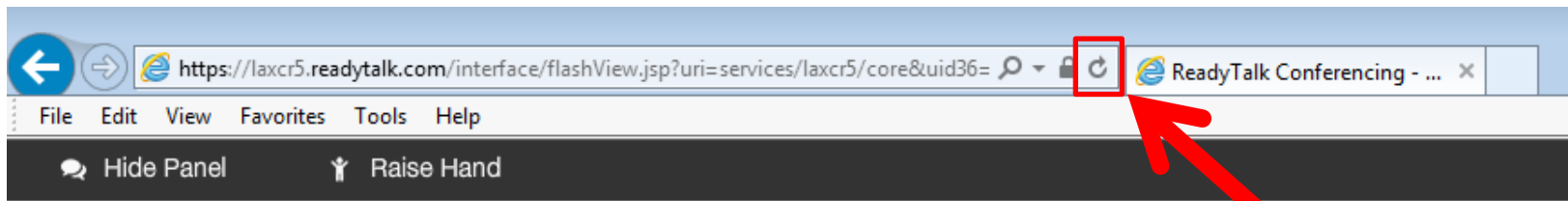


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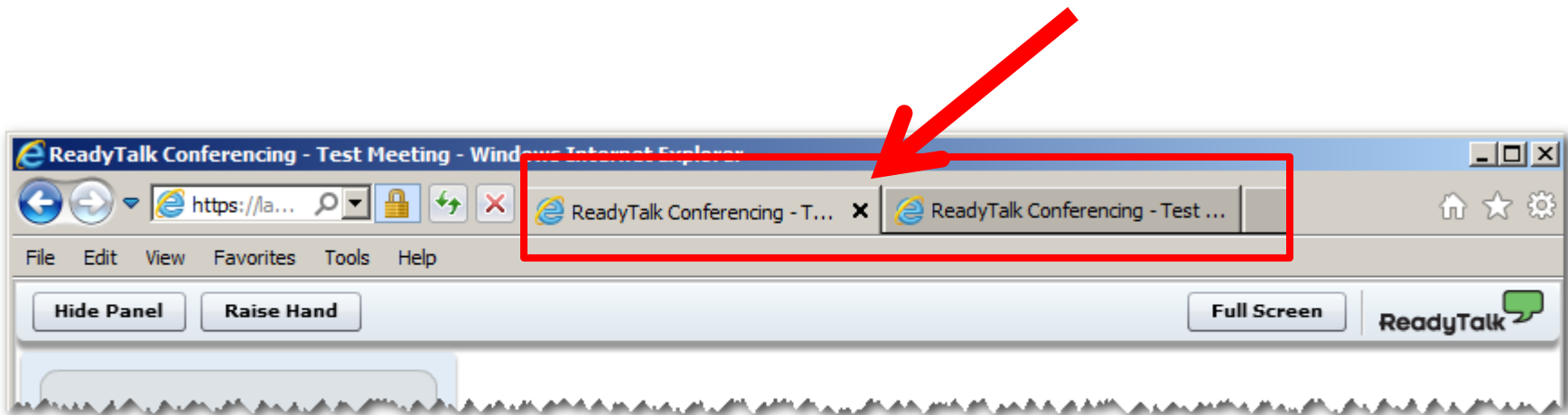


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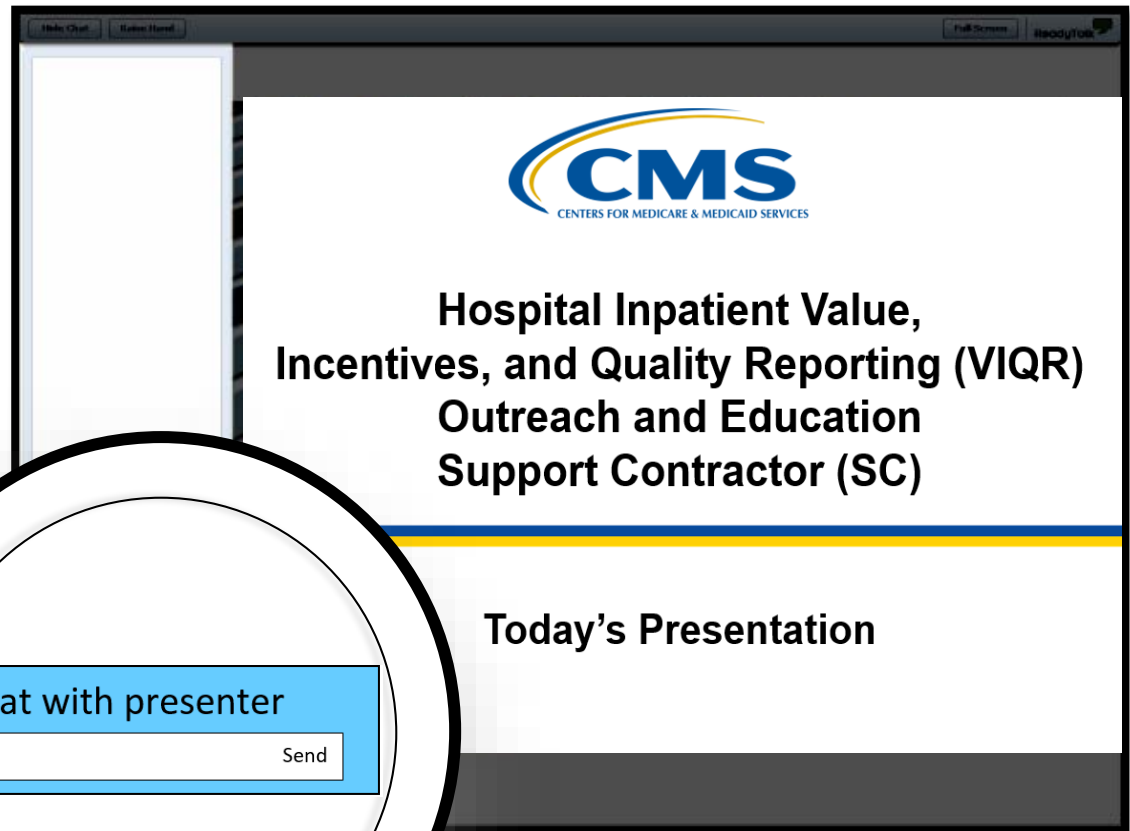
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Fiscal Year 2019 Medicare Spending per Beneficiary Measure Overview

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Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

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June 5, 2018

Purpose

This presentation will provide an overview of the Medicare Spending per Beneficiary (MSPB) measure and hospital-specific reports (HSRs), including the goals of the MSPB measure, the measure methodology, and the steps to perform MSPB measure calculations. Additionally, participants will learn the location of downloadable MSPB files (on *Data.Medicare.gov/data/hospital-compare*), HSRs, and HSR supplemental files.

Objectives

By the end of the presentation, participants will be able to:

- Identify the goals of the MSPB measure.
- Explain the MSPB measure methodology.
- Locate the following MSPB documents:
 - Downloadable MSPB files posted on <https://data.medicare.gov/data/hospital-compare>
 - HSRs and their supplemental files

Introduction

The MSPB measure:

- Evaluates hospitals' efficiency relative to the efficiency of the national median hospital.
- Assesses the cost to Medicare for services performed by hospitals and other healthcare providers during an MSPB episode.
 - An episode is comprised of the periods immediately prior to, during, and following a patient's hospital stay.

MSPB and Hospital VBP Program

- **The MSPB measure:**
 - Is an efficiency measure in the Hospital Value-Based Purchasing (VBP) Program and was included starting in Fiscal Year (FY) 2015.
 - Was required for inclusion in the Hospital VBP Program by §1886(o)(2)(B)(ii) of the Social Security Act.
- Final details of MSPB episode construction and adjustment are in the FY 2012 Inpatient Prospective Payment System (IPPS) Final Rule (76 FR 51618 through 51626)¹ and the FY 2013 IPPS Final Rule (77 FR 53583 through 53602)².

¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

² <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>

Agenda

- Goals of MSPB measure
- MSPB measure methodology
- Calculation steps
- Example calculation
- Overview of HSRs and supplemental files
- Overview of downloadable MSPB files posted on *Data.Medicare.gov/data/hospital-compare*

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- **Goals of MSPB measure**
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Goals of MSPB Measure

In conjunction with other Hospital VBP Program quality measures, the MSPB measure aims to:

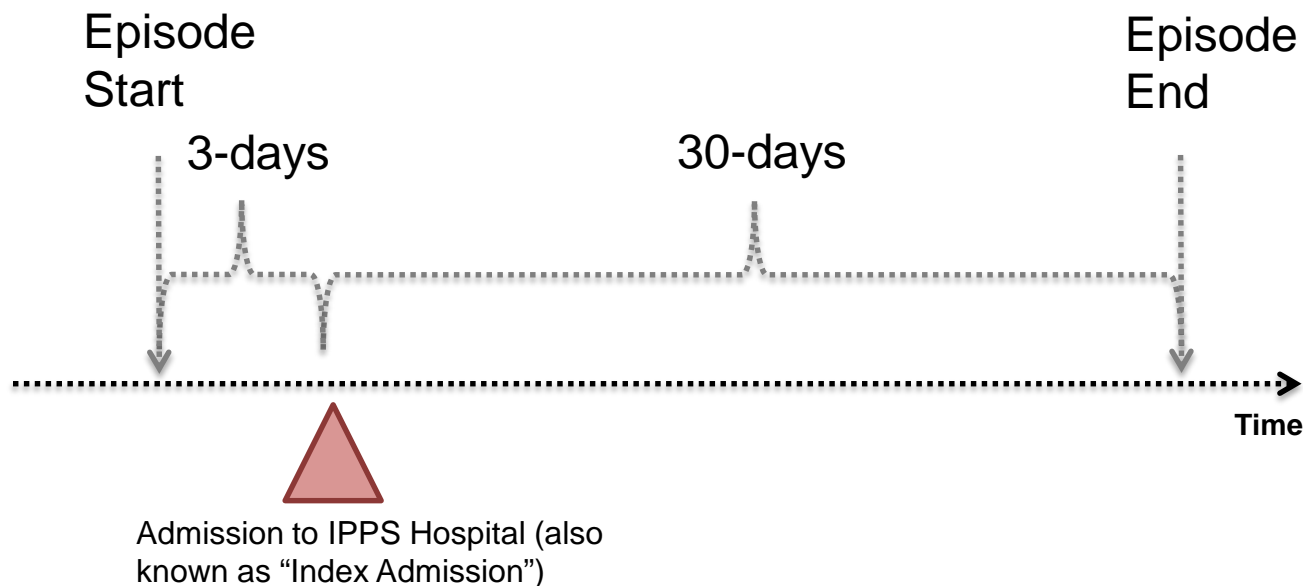
- Incentivize hospitals to coordinate care.
- Reduce system fragmentation.
- Improve efficiency.

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MSPB Measure Methodology

The MSPB Measure is a claims-based measure that includes price-standardized payments for all Part A and Part B services provided from 3 days prior to a hospital admission (index admission) through 30 days after the hospital discharge.



MSPB Measure Definitions

MSPB episode:

- Period 3 days prior to an IPPS hospital admission (also known as the “index admission”) through 30 days post-hospital discharge
- Hospital admissions that are NOT considered as index admissions:
 - Admissions which occur within 30 days of discharge from another index admission
 - Acute-to-acute transfers
 - Episodes where the index admission claim has \$0 payment
 - Admissions having discharge dates fewer than 30 days prior to the end of the performance period

MSPB Measure Definitions

$$\text{MSPB Measure} = \frac{\text{MSPB Amount}}{\text{National Episode-Weighted Median MSPB Amount}}$$

MSPB Amount:

- Sum of a hospital's standardized, risk-adjusted spending across all of the hospital's eligible episodes divided by the number of episodes

MSPB Measure:

- A hospital's MSPB Amount divided by the episode-weighted median MSPB Amount across all hospitals
 - Normalized MSPB Amount so that median MSPB Measure equals 1.0

MSPB Measure Interpretation

- An MSPB Measure that is less than 1 indicates that a given hospital spends less than the national median MSPB Amount across all hospitals during a given performance period.
- Improvement on the MSPB Measure for a hospital would be observed as a lower MSPB Measure value across performance periods.

Measure Specifications: Included and Excluded Populations

- **Included beneficiaries are:**
 - Enrolled in Medicare Parts A and B from 90 days prior to the episode through the end of the episode.
 - Admitted to subsection (d) hospitals.
 - Covered by the Railroad Retirement Board.
- **Excluded beneficiaries:**
 - Are enrolled in Medicare Advantage.
 - Have Medicare as the secondary payer.
 - Died during the episode.

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Overview of Calculation Steps

1. Standardize claims payments
2. Calculate standardized episode spending
3. Calculate expected episode spending
4. Winsorize expected values
5. Calculate residuals
6. Exclude outliers
7. Calculate MSPB Amount for each hospital
8. Calculate MSPB Measure
9. Report and use MSPB Measure for the Hospital VBP Program

Step 1: Standardize Claims Payments

- Standardize spending to adjust for geographic differences and payments from special Medicare programs that are not related to resource use (e.g., graduate medical education).
- Maintain differences that result from healthcare delivery choices such as:
 - Setting where the service is provided
 - Specialty of healthcare provider who delivers the service
 - Number of services provided in the same encounter
 - Outlier cases
- Full details are available at this *QualityNet* webpage:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier4&cid=1228772057350>

Step 2: Calculate Standardized Episode Spending

Sum all standardized Medicare Part A and Part B claim payments made during an MSPB episode (i.e., between 3 days prior to the hospital admission until 30 days after discharge), including:

- Patient deductibles and coinsurance
- Claims identified based on the “from date” variable
 - The first day on the billing statement covering services rendered to the beneficiary (or admission date for inpatient claims)

Step 3: Calculate Expected Episode Spending

- Account for variation in patient case mix across hospitals by using a linear regression to estimate the relationship between risk adjustment variables and standardized episode cost (Step 2).
 - Risk adjustment variables include factors such as age, severity of illness, and comorbidity interactions.
 - Severity of illness is measured using a number of indicators, including Hierarchical Condition Categories (HCC) indicators. HCC indicators are specified in the HCC Version 22 (2016) model, which accounts for the inclusion of ICD-10 codes by mapping ICD-9 codes to condition categories and ICD-10 codes to condition categories.
- Use a separate regression model for each major diagnostic category (MDC).

Step 4: Winsorize Expected Values

- Winsorize (i.e., bottom code) expected spending for extremely low-spending episodes/expected values for each MDC.
 1. Identify episodes that fall below the 0.5 percentile of the MDC expected spending distribution.
 2. Reset the expected spending for these episodes to the expected spending of the episode at the 0.5 percentile.
- Renormalize expected spending so the average expected spending within any MDC remains unchanged.
 - Multiply Winsorized expected spending by the ratio of the average standardized spending level within each MDC and average Winsorized predicted spending level within each MDC.

Step 5 and 6: Calculate Residuals and Exclude Outliers

- Calculate residuals for each episode to identify outliers:
 - Residual = Standardized Episode Spending (Step 2) – Winsorized Expected Episode Spending (Step 4)
- Exclude statistical outlier episodes to mitigate effect of high-cost and low-cost outliers on each hospital's MSPB Measure. Statistical outlier episodes are defined as:
 - High-Cost Outlier – Residual falls above 99th percentile of the residual cost distribution
 - Low-Cost Outlier – Residual falls below 1st percentile of the residual cost distribution
- Renormalize expected cost to ensure that average expected cost is the same as the average standardized cost after outlier exclusions

Step 7: Calculate the MSPB Amount for Each Hospital

- Calculate the risk-adjusted MSPB Amount for each hospital as the ratio of the average standardized episode spending over the average Winsorized expected episode spending multiplied by the average episode spending level across all hospitals.
- For hospital j :

$$\text{MSPB Amount} = \frac{\text{Avg. Standardized Spending}_j}{\text{Avg. Winsorized Expected Spending}_j} \times \text{Avg. Standardized Spending}_{\text{all hospitals}}$$

Step 8: Calculate the MSPB Measure

MSPB Measure for each hospital is reported as the ratio of the MSPB Amount for the hospital (Step 7) divided by the episode-weighted median MSPB Amount across all hospitals.

$$\text{MSPB Measure} = \frac{\text{MSPB Amount}}{\text{National Episode-Weighted Median MSPB Amount}}$$

Step 9: Report and Use of MSPB Measure for the Hospital VBP Program

- Hospitals with at least 25 episodes will have their MSPB measure data reported and used for payment purposes under the Hospital VBP Program.
- Hospitals with 24 and fewer episodes will not have their MSPB measures data used for payment purposes.

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Example Calculation

- Hospital A has 30 MSPB episodes, ranging from \$1,000 to \$33,000. After applying Steps 1-4, one episode had a residual higher than the 99th percentile residual over all MSPB episodes and was excluded in Step 6.
 - Calculate Residuals (Step 5) = Standardized Episode Spending (Step 2) – Winsorized Expected Episode Spending (Step 4)
 - Example Episode Residual = \$33,000 - \$5,500 = \$27,500
- Full details of example calculation are available on *QualityNet* at:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier4&cid=1228772057350>

Example Calculation: Step 7

Calculate the MSPB Amount for each hospital as the ratio of the average standardized episode spending over the average Winsorized expected episode spending multiplied by the average episode spending level across all hospitals.

$$\text{MSPB Amount} = \frac{\text{Avg. Standardized Spending}_j}{\text{Avg. Winsorized Expected Spending}_j} \times \text{Avg. Standardized Spending}_{\text{all hospitals}}$$

$$\text{Example Hospital MSPB Amount} = \frac{\$9,368}{\$9,964} \times \$9,000 = \$8,462$$

Example Calculation: Steps 8 and 9

- 8. Calculate the MSPB Measure** as the hospital's MSPB amount divided by the episode-weighted median MSPB amount across all hospitals.

$$\text{MSPB Measure} = \frac{\text{MSPB Amount}}{\text{National Episode-Weighted Median MSPB Amount}}$$

$$\text{Example Hospital MSPB Measure} = \frac{\$8,462}{\$9,100} = 0.93$$

- 9. Report the MSPB Measure**

Since this hospital has 29 episodes, its MSPB Measure will be used for payment purposes.

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Overview of Hospital-Specific Reports (HSRs)

- During the preview period, hospitals can review their MSPB Measure in their HSR.
- Reports include six tables and 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 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 payments (to individual hospitals and other providers) that were included in the measure.

Overview of Table 1

MSPB Measure Performance Rate

- Displays the individual hospital's MSPB Measure performance rate

Your Hospital's MSPB Measure
0.95

Overview of Table 2

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

Number of Eligible Admissions at Your Hospital	Your Hospital's MSPB Amount	State Average MSPB Amount	U.S. National Average MSPB Amount
21	19,546.53	18,900.02	20,168.13

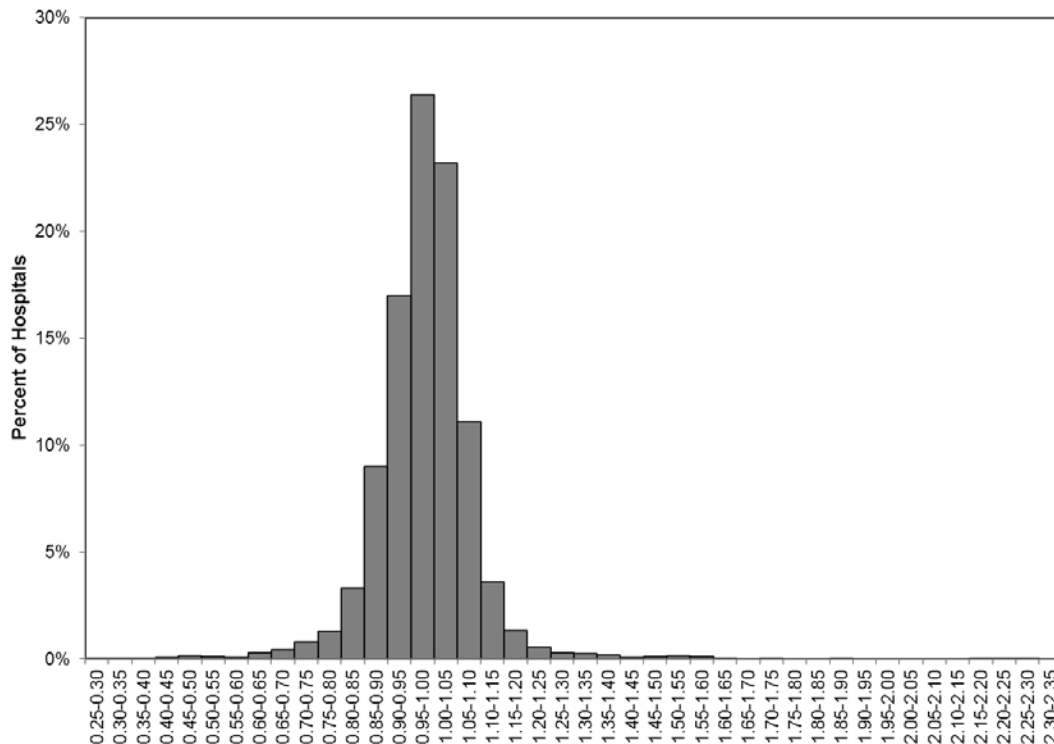
Table 3: Detailed MSPB Statistics

Displays the major components (e.g., number of eligible admissions, MSPB Amount, and National Median MSPB Amount) used to calculate the individual hospital's MSPB Measure performance rate

	Your Hospital	State	U.S.
Number of Eligible Admissions	21	64,000	5,420,633
Average Spending per Episode	16,215.81	15,502.55	20,497.09
MSPB Amount (Avg. Risk-Adjusted Spending)	19,546.53	18,900.02	20,168.13
U.S. National Median MSPB Amount	20,473.32	20,473.32	20,473.32
MSPB Measure	0.95	0.92	0.99

Table 4: National Distribution of the MSPB Measure

Displays the national distribution of the MSPB Measure across all hospitals in the nation



Percentile	MSPB Value
5	0.84
10	0.88
25	0.94
50	0.99
75	1.03
90	1.08
95	1.12

Overview of Table 5

Spending Breakdown by Claim Type

- Provides a detailed breakdown of the individual hospital's spending for the following time periods:
 - 3 days prior to index admission
 - During index admission
 - 30 days after hospital discharge
- Spending levels are broken down by claim type within each of the time periods
- Compares 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 the nation

Table 5: Detailed MSPB Spending Breakdown by Claim Type

Time Period
When in the episode the claim occurred

The Individual Hospital Spending
Shows the amount and percent of total average episode spending for the individual hospital's episodes in a given category and claim type

	Claim Type	The Individual Hospital Spending per Episode	The Individual Hospital Percent of Spending	State Percent of Spending	Nation Percent of Spending
During-Index Admission	<i>Total During-Index</i>	6,687	41.23%	70.2%	53.1%
	Home Health Agency	47	0.29%	3.1%	0.0%
	Hospice	75	0.46%	4.9%	0.0%
	Inpatient	5,262	32.45%	47%	45.5%
	Outpatient	0	0.00%	0.1%	0.0%
	Skilled Nursing Facility	340	2.10%	10%	0.0%
	Durable Medical Equipment	76	0.47%	0.1%	0.1%
	Carrier	887	5.47%	5.0%	7.5%

Table 5: Detailed MSPB Spending Breakdown by Claim Type

Percent of Total Average Spending in the Individual Hospital, State, and Nation

A lower percent of spending in the individual hospital than the percent of spending in the state or nation means that for the given category and claim type, the individual hospital spends less than other hospitals in the state or the nation respectively.

	Claim Type	The Individual Hospital Spending per Episode	The Individual Hospital Percent of Spending	State Percent of Spending	Nation Percent of Spending
During-Index Admission	<i>Total During-Index</i>	6,687	41.23%	70.2%	53.1%
	Home Health Agency	47	0.29%	3.1%	0.0%
	Hospice	75	0.46%	4.9%	0.0%
	Inpatient	5,262	32.45%	47%	45.5%
	Outpatient	0	0.00%	0.1%	0.0%
	Skilled Nursing Facility	340	2.10%	10%	0.0%
	Durable Medical Equipment	76	0.47%	0.1%	0.1%
	Carrier	887	5.47%	5.0%	7.5%

Overview of Table 6

Spending Breakdown by Major Diagnostic Category (MDC)

- Provides a breakdown of the individual hospital's average actual and expected spending for an MSPB episode by MDC
- Compares the individual hospital's average actual and expected spending to state and national average actual and expected spending

Table 6: Detailed MSPB Spending Breakdown by MDC

MDC Number and Description

Hospital Spending
The individual hospital's average and expected spending per episode for a given MDC

MDC	Description	(A) The Individual Hospital Average Spending per Episode	(B) The Individual Hospital Average Expected Spending per Episode	(C) State Average Spending per Episode	(D) State Average Expected Spending per Episode	(E) National Average Spending per Episode	(F) National Average Expected Spending per Episode
4	Respiratory System	14,585	16,444	16,324	15,565	16,902	16,985
5	Circulatory System	19,053	17,422	16,533	17,200	20,999	21,216
6	Digestive System	6,605	11,700	8,000	9,200	16,516	16,641

Table 6: Detailed MSPB Spending Breakdown by MDC

Spending in the Individual Hospital's State and Nation

Average spending values for the state and for the nation (e.g., if the individual hospital has a lower value in Column B than in Column F, its patients have a lower expected spending level than the nation for that given MDC).

MDC	Description	(A) The Individual Hospital Average Spending per Episode	(B) The Individual Hospital Average Expected Spending per Episode	(C) State Average Spending per Episode	(D) State Average Expected Spending per Episode	(E) National Average Spending per Episode	(F) National Average Expected Spending per Episode
4	Respiratory System	14,585	16,444	16,324	15,565	16,902	16,985
5	Circulatory System	19,053	17,422	16,533	17,200	20,999	21,216
6	Digestive System	6,605	11,700	8,000	9,200	16,516	16,641

Overview of Supplemental Hospital-Specific Data Files

Each HSR is accompanied by three supplemental hospital-specific data files:

1. Index Admission File

- Presents all inpatient admissions for the individual hospital in which a beneficiary was discharged during the period of performance

2. Beneficiary Risk Score File

- Identifies beneficiaries and their health status based on the beneficiary's claims history in the 90 days prior to the start of an episode

3. MSPB Episode File

- Shows the type of care, spending amount, and top five billing providers in each care setting for each MSPB episode

Hospital VBP: Review and Correction Period

- Hospitals may review and request corrections to their MSPB Measure results for 30 days after release.
 - The Hospital VBP Program review and correction period **ends on June 25, 2018 at 11:59 p.m. Pacific Time (PT)**.
 - MSPB results will be used to calculate the Efficiency and Cost Reduction domain. Hospitals will be notified of their FY 2019 Hospital VBP Program results by August 1, 2018 in the Percentage Payment Summary Reports.
- During the review and correction period, hospitals may submit questions or requests for correction to cmsmspbmeasure@econometricainc.com.
 - Please include your hospital's CMS Certification Number (CCN).
- As with other claims-based measures, hospitals may **NOT** submit:
 - Additional corrections to underlying claims data
 - New claims to be added to the calculations

Hospital IQR: Preview Period

- Hospitals may preview their MSPB Measure for 30 days after release.
 - Data are posted on *Hospital Compare* after the conclusion of the preview period.
- During the preview period, hospitals may submit questions or requests for correction to cmsmspbmeasure@econometricainc.com.
 - Please include your hospital's CCN.
- As with other claims-based measures, hospitals may **NOT** submit:
 - Additional corrections to underlying claims data
 - New claims to be added to the calculations

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- Goals of MSPB measure
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- **Overview of downloadable MSPB files posted on *Data.Medicare.gov/data/hospital-compare***

Downloadable MSPB Files

Downloadable MSPB files (Payment and Value of Care category) are posted on *Data.Medicare.gov/data/hospital-compare* and include:

- **MSPB – Hospital, State, and National Level**
 - Presents the hospital, state average, and national average MSPB Measure
- **MSPB – Spending Breakdown By Claim Type**
 - Provides a breakdown of each hospital's MSPB episode spending into the three time periods and claim type, similar to what is presented in Table 5 of the HSRs. See:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html>
- **MSPB – Additional Decimal Places**
 - Provides hospital MSPB Measure up to six decimal places

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Questions

Continuing Education

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

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CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is visible. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

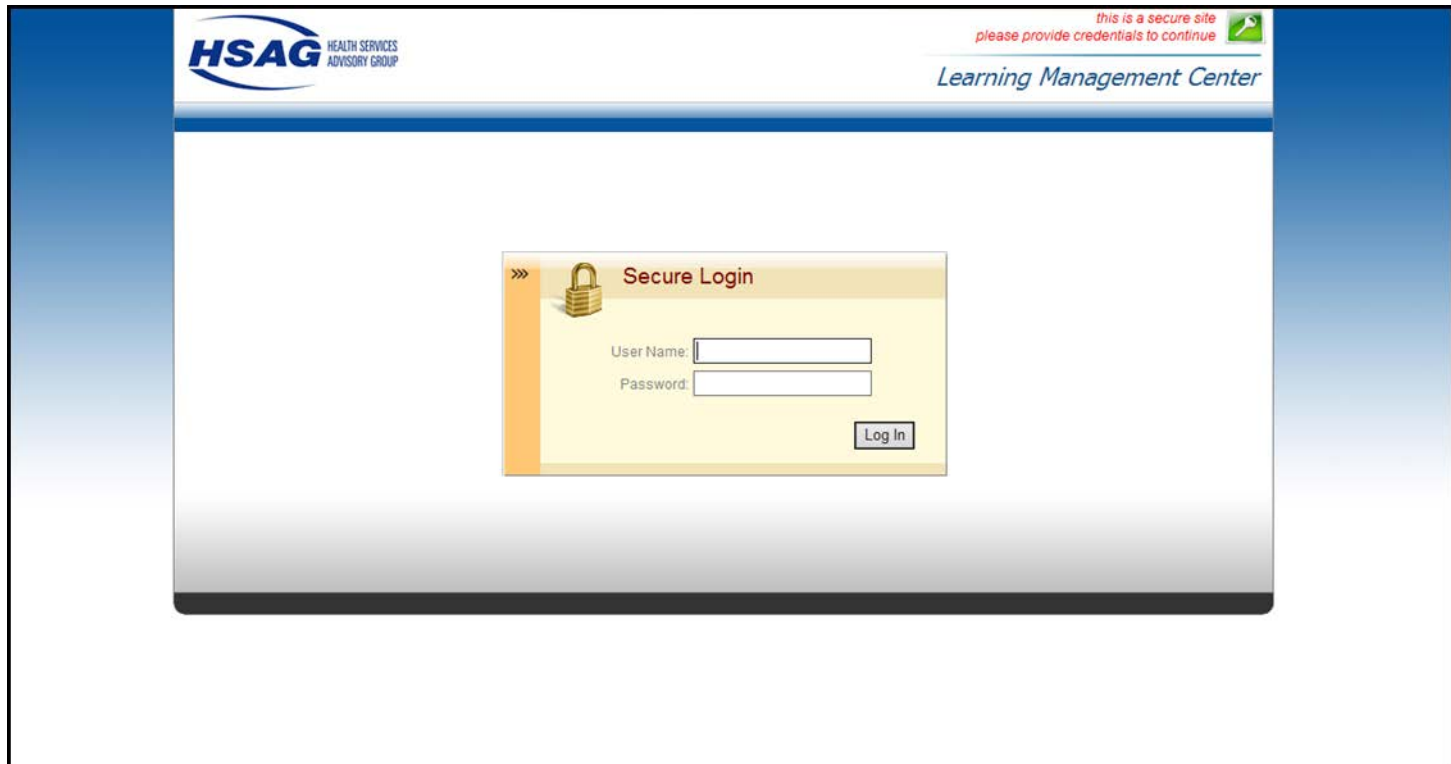
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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Thank You