



## Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education

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### Support Contractor

## July 2020 Publicly Reported Claims-Based Measures Hospital-Specific Report Overview

### Questions and Answers

#### Speakers

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This document answers provider questions submitted to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com). Subject-matter experts developed the responses.

**Question 1: Do the payment measures inform the Medicare Spending per Beneficiary (MSPB) measure?**

The results of the CMS episode-of-care payment measures provide independent, but complementary information to the MSPB measure results. While these measures provide different perspectives of cost for a hospital, hospitals can use the results in combination to better understand costs of care.

The MSPB measure evaluates hospitals' efficiency relative to the efficiency of the national median hospital. Paired with quality measures, the MSPB measure enables hospitals to understand and take action to improve the efficiency of care they provide to Medicare beneficiaries who are hospitalized. The measure is calculated for beneficiaries enrolled in Medicare Parts A and B who were discharged from short-term acute care hospitals [subsection (d)] during the performance period. Hospitalizations with nearly all Medicare Severity Diagnosis Related Groups (MS-DRGs) are included in the measure, with some exceptions. The measure includes all Medicare Parts A and B claims for services performed by hospitals and other healthcare providers during an MSPB episode, which is composed of the periods immediately prior to, during, and following a patient's hospital stay. More information on this measure can also be found on QualityNet at <https://www.qualitynet.org/inpatient/measures/mspb>. Questions regarding the MSPB measure should be directed to the ServiceNow Q&A Tool at [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa).

In contrast, the four episode-of-care payment measures calculate hospital-level, risk-standardized payments for care that begins with an index admission for acute myocardial infarction, heart failure, pneumonia, or an elective primary total hip/knee arthroplasty. The narrowed cohorts of these measures to specific conditions or procedures enables hospitals to use the data to understand drivers of costs, by concentrating on the multiple care settings, services, and supply costs associated with these conditions/procedures. Additionally, since these measures align with the readmission, mortality, or complication quality measures, hospitals can utilize the measure results in combination with those measures to understand the value of care provided and improve quality. More information on these measures can be found on QualityNet at <https://www.qualitynet.org/inpatient/measures/payment>. Questions

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regarding these measures should be directed to the [CMSepisodepaymentmeasures@yale.edu](mailto:CMSepisodepaymentmeasures@yale.edu) inbox.

There are significant methodological differences between the episode-of-care payment measures and the MSPB measure, including the periods that define the episodes, population inclusions/exclusions, risk adjustment, and calculation of the measures. We encourage you to explore the resources posted on the above referenced webpages if you are interested in learning more about these measures.