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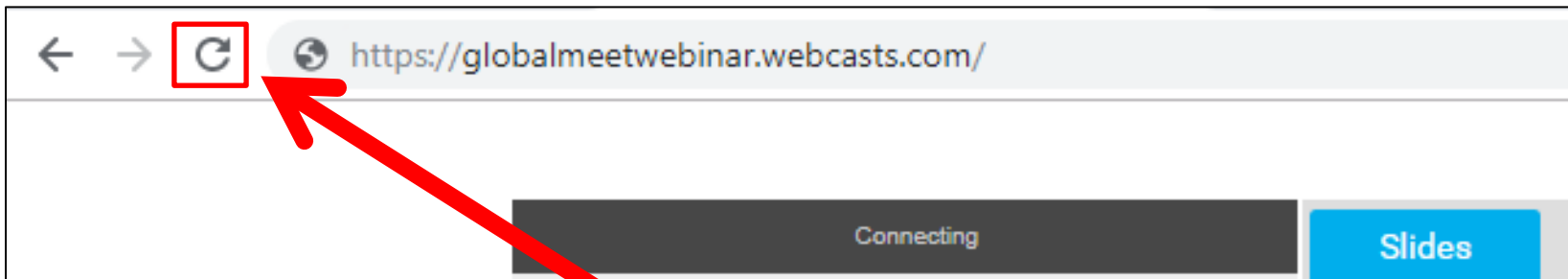
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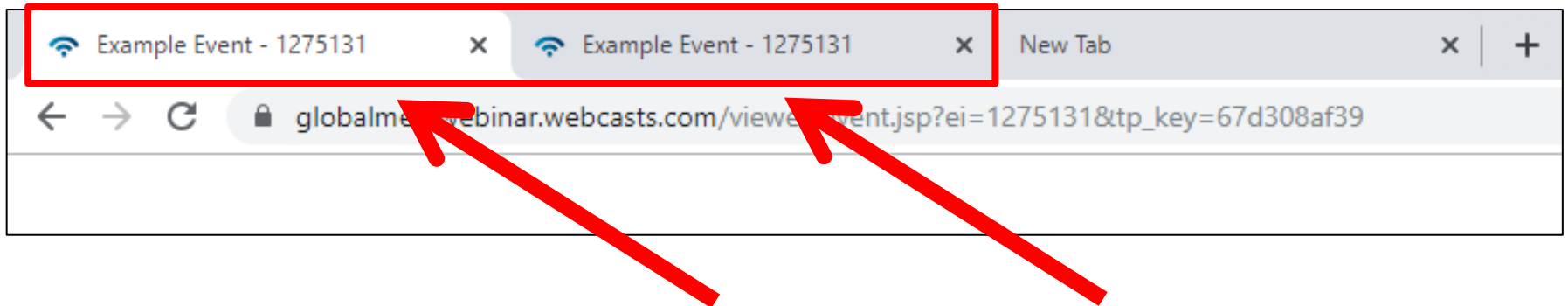
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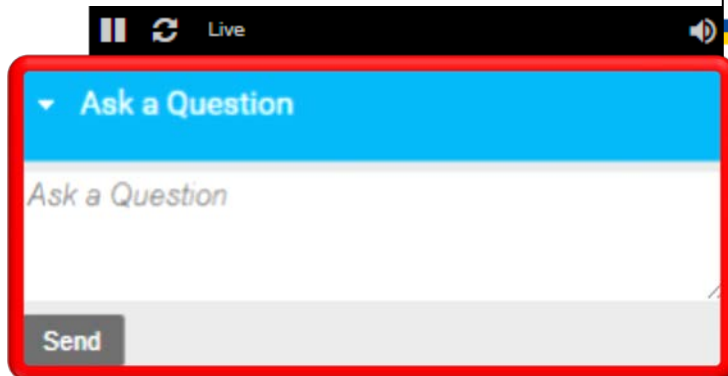
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



Reviewing Your FY 2022 Hospital VBP Program and January 2022 Public Reporting MSPB Hospital-Specific Report

**Hosted by:
Inpatient Value, Incentives, and Quality Reporting
(VIQR) Outreach and Education Support Contract**

June 8, 2021

Speakers

Bethany Bunch, MSHA

Hospital Value-Based Purchasing (VBP) Program Lead
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Anoosha Akhlaq

Hospital VBP Program, Project Lead
Healthcare Quality Analytics and Reports Contractor

Purpose

This event 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. The event will also provide instructions for submitting a review and correction request and accessing the MSPB HSRs from Managed File Transfer (MFT).

Objectives

Participants will be able to:

- Identify the goals of the MSPB measure.
- Recall the MSPB measure methodology.
- Access and review the HSR.
- Understand how to submit a review and correction request.

Acronyms

CCN	CMS Certification Number	IFC	Interim final rule with Comment Period
CE	continuing education	IPPS	inpatient prospective payment system
CMS	Centers for Medicare & Medicaid Services	IQR	inpatient quality reporting
ECE	Extraordinary Circumstance Exception	MDC	Major Diagnostic Category
FY	fiscal year	MFT	Managed File Transfer
HARP	HCQIS Access Role and Profile	MSPB	Medicare Spending per Beneficiary
HCC	Hierarchical Condition Categories	PHI	protected health information
HIPAA	Health Insurance Portability and Accountability Act of 1996	Q	quarter
HSR	Hospital-Specific Report	Q&A	question and answer
HUG	Hospital User Guide	SA/O	Security Administrator/Official
HVBP	Hospital Value-Based Purchasing	VBP	value-based purchasing
ICD	International Classification of Diseases	VIQR	Value, Incentives, and Quality Reporting

Bethany Bunch, MSHA

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

HSR Measurement Period

MSPB HSR Notes

- There is only one combined HSR for both the Hospital VBP Program and Public Reporting.
- The HSR contains MSPB measure results for the fiscal year (FY) 2022 Hospital VBP Program performance period and for January 2022 Public Reporting.
- MSPB HSRs were delivered **May 27-28, 2021.**

Updated Performance Period Due to COVID-19 Exception

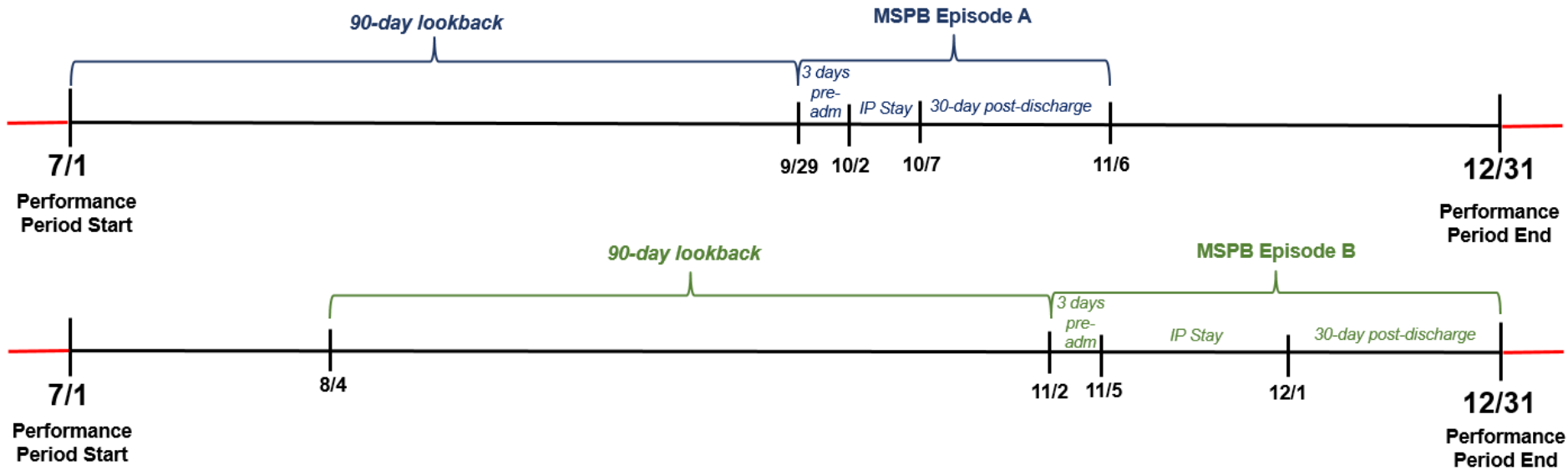
- As finalized in the Interim final rule with Comment Period (CMS-3401-IFC), published on September 2, 2020, CMS will not use claims reflecting services provided January 1, 2020, through June 30, 2020, (Q1 and Q2 2020) in its calculations for the Medicare quality reporting and VBP programs. The discharge period in this HSR has been updated to reflect this policy.

Updated Performance Period	Updated Episode Restriction Period
<p>Jul. 1, 2020 – Dec. 31, 2020*</p> <p>*Original performance period was Jan. 1, 2020 – Dec. 31, 2020.</p>	<p>Episodes with admission dates after Oct. 2, 2020 and with discharge dates prior to Dec. 1, 2020*.</p> <p>*Original episode restriction period was discharges between Jan. 1, 2020 – Dec. 1, 2020.</p>

- The performance period is different from the episode restriction period because the entire 90-day lookback period and the entire 30-day post-discharge period must fall within the performance period.
- Hospitals do **not** need to request an Extraordinary Circumstance Exception (ECE) for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020.

Updated Episode Restriction Period

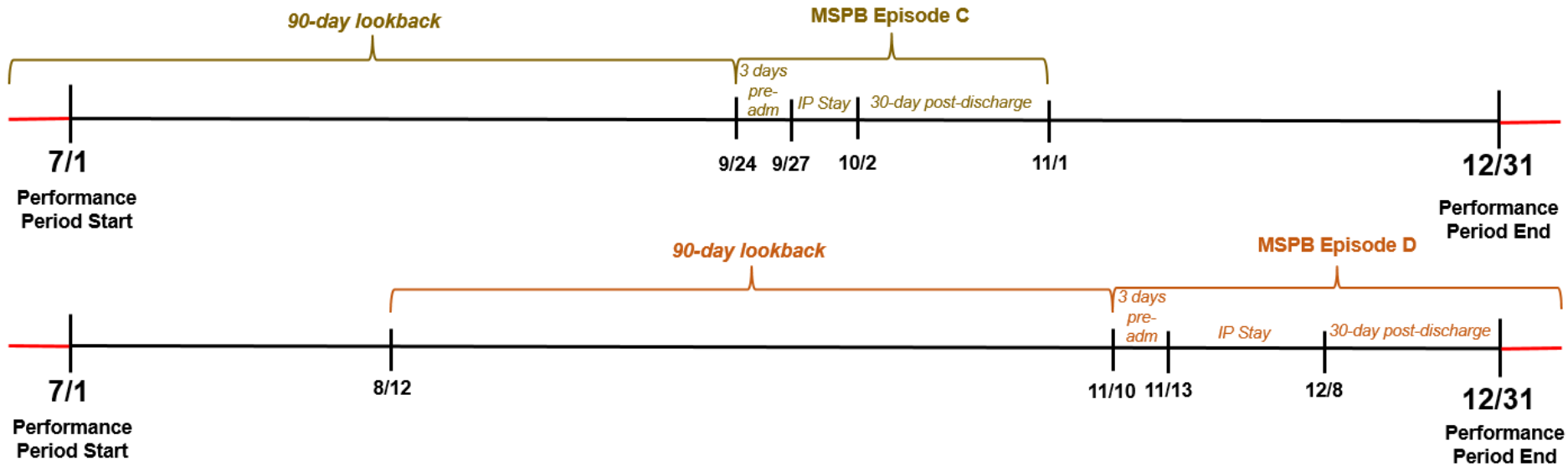
Examples : Included Episodes



Episode	Lookback	Episode Start Date	IP Admission	IP Discharge	Episode End Date	Included in Performance Period?
A	7/1/2020 – 9/28/2020	9/29/2020	10/2/2020	10/7/2020	11/6/2020	Yes
B	8/4/2020 – 11/1/2020	11/2/2020	11/5/2020	12/1/2020	12/31/2020	Yes

Updated Episode Restriction Period

Examples: Excluded Episodes



Episode	Lookback	Episode Start Date	IP Admission	IP Discharge	Episode End Date	Included in Performance Period?
C	6/28/2020 – 9/23/2020	9/24/2020	9/27/2020	10/2/2020	11/1/2020	No
D	8/12/2020 – 11/9/2020	11/10/2020	11/13/2020	12/8/2020	1/7/2021	No

Individual Hospital Extraordinary Circumstance Exception Requests

If a hospital believes that their performance continues to be adversely impacted by this extraordinary circumstance beyond June 30, 2020, they can submit an individual ECE request to CMS for the Hospital VBP Program within 90 days of the date of the extraordinary circumstance.

- At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested.
- A granted individual ECE in the Hospital VBP Program would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted.
- An excluded hospital will not incur the 2 percent reduction in payments, but it would also not receive incentive payments for the fiscal year.
- More information about ECE requests for the Hospital VBP Program can be accessed on *QualityNet*:

<https://qualitynet.cms.gov/inpatient/hvbp/participation#tab6>

FY 2022 Baseline Measures Reports

Only performance period data will be included in the HSR for the Hospital VBP Program.

- Baseline period data are displayed on your hospital's Baseline Measures Report.
- The FY 2022 Baseline Measures Report was first made available in February 2020.
- You can request a copy of your hospital's FY 2022 Baseline Measures Report in the Inpatient Questions & Answers tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
 - When requesting a copy of this historical Hospital VBP Program report, select **HVBP – Hospital Value Based Purchasing** for Program; select **Reports** for Topic; and include your hospital's CMS Certification Number (CCN), name of the report requested (Baseline Measures Report), and fiscal year (FY 2022) in the Question field.

Bethany Bunch, MSHA

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

Accessing the HSR

How to Receive Your HSR

- A Listserve communication was sent via email to those who are registered for the **HIQR Notify: Hospital Inpatient Quality Reporting (IQR) Program Notifications** and the **HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications** Listserve groups on *QualityNet* announcing the reports would be delivered no later than May 28.
- An AutoRoute File Delivery Notification will be sent to your e-mail once your hospital's HSR has been delivered to your MFT inbox. Only hospital users with the appropriate roles will receive a report and the notification.

From: TEST-CMS-MFT <noreply@hcqis.org>
Date: January 25, 2021 at 8:57:06 AM CST
To:
Subject: AutoRoute - Package 310084_IQR_Test_Zip.zip

CMS.gov | MANAGED FILE TRANSFER

The following file(s) have been sent to you from noreply@hcqis.org:

IQR_Test_Zip.zip 37.14 KB

Please log into MFT using your HARP account and access your inbox to retrieve the file(s).
If you do not have a HARP account, register for a HARP account by clicking the Log into MFT button below and then clicking the Sign Up link from the MFT login.

[MFT Login](#)

How to Receive Your HSR

- HSRs are provided to users with a hospital that have approved **Auto-Route (IQR)** and **Managed File Transfer** permissions associated with their Hospital Quality Reporting (HQR) Profile.
 - If you are not a Security Administrator/Official (SA/O) for your hospital or you have not recently taken action to request these permissions in the previous few months on your account, you **will not** have the permissions on your profile required to receive an HSR.
- Reference the March 18, 2021, *Important: Request Access to Managed File Transfer (MFT) & Auto-Route Now to Ensure You Receive Your Reports* email notification for instructions to request these permissions or to confirm these permissions are active on your profile.
 - Link to email notification:
<https://www.qualityreportingcenter.com/globalassets/2021/03/iqr/mft-permissions-announcement508.pdf>

Accessing Your HSR

When your hospital's report is delivered to your MFT mailbox, a notification is sent to the email address associated with your HARP account. Upon receipt of this notification, follow these steps to access your HSR in your MFT mailbox:

1. Navigate to the CMS Managed File Transfer page: <https://qnetmft.cms.gov/mft-signin/login>
 2. Enter your HCQIS Access Role and Profile (HARP) User ID and Password. Select the **I agree to the Terms and Conditions** checkbox. Then, select **Sign In**.
 3. You will be directed to the Two-Factor Authorization page. A preview of the device or email that will be sent a code will be displayed. Select **Send Code**. After selection, the Send Code button will update to **Sent**.
 4. After receipt of the code via your device or email, enter the code. Then, select **Verify**.
 5. Upon successful login, you will be directed to the MFT dashboard. Select **Mail** on the left-navigation pane to expand the mailbox.
 6. Select **Inbox** under the expanded **Mail** options.
 7. This HSR will have a subject of AutoRoute – Package 999999_FY2022_MSPB_HSR with your hospital's CCN replacing 999999. Open the message containing the HSR by clicking on that line.
 8. Download the HSR by selecting the file in the **Attachments** section of the message.
- HSRs will be available in your MFT mailbox for a thirty (30) day period after delivery.

What if I didn't receive my HSR?

- If after May 28, you have not received an email notifying you of the report delivery and you believe your profile has the appropriate permissions, follow the instructions for accessing your HSR to check if the report was delivered.
- If the report was not delivered, confirm that your profile has the permissions required to receive the report, as detailed above.
 - If your profile did not have active Auto-Route (IQR) and MFT permissions prior to May 27, you may request these permissions now using the instructions in this [notification](#). Your hospital's SA/O will review your requested permissions. Once you have been granted the proper permissions you will have access to any future report deliveries via MFT; however, this report will not be available unless a request to resend the report is submitted.
 - If your profile did have active Auto-Route (IQR) and MFT permissions prior to May 27, and you did not receive your report, please contact the *QualityNet* Help Desk for further assistance at qnetsupport@hcqis.org.

How do I submit a request to resend my HSR?

- Requests to resend the HSR can be submitted through the Questions and Answers tool on *QualityNet*.
https://cmsqualitysupport.servicenowservices.com/qnet_ga?id=ask_a_question
 - When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select **Request for hospital-specific report** from the *Medicare Spending Per Beneficiary (MSPB)* topic drop-down menu. In the subject line, type **Request to Resend FY 2022 Hospital VBP Program MSPB HSR**.
 - In the *please describe your question* text box, include your hospital's CCN.
- Do not email HSR files or their contents. HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law.

Bethany Bunch, MSHA

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

Review and Correction Period and Contacts for Questions

Review and Correction Period

- Hospitals may review and request corrections to their MSPB measure results for 30 days following the release of the HSR.
 - The Hospital VBP Program review and correction period ends on June 28, 2021, at 11:59 p.m. Pacific Time.
 - The MSPB measure is part of the Efficiency and Cost Reduction domain in the Hospital VBP Program. Hospitals will be notified of their FY 2022 Hospital VBP Program results in the HQR Secure Portal later in the year.
- During the review and correction period hospitals may submit questions or requests for correction through the QualityNet Q&A tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
 - Program: Inpatient Claims-Based Measures
 - Topic: Medicare Spending Per Beneficiary (MSPB) > **Review & correction request**
 - Please include your hospital's CCN.
- As with other claims-based measures, hospitals may **not** submit the following:
 - Additional corrections to underlying claims data
 - New claims to be added to the calculations

Contacts for Questions

You can submit questions regarding measures, HSRs, and the Hospital VBP Program through the [Questions and Answers tool on QualityNet](#). Include your hospital's six-digit CCN for all questions and use the following program and topic selections when submitting questions through the tool:

Question Topic	Program Selection	Topic Selection
MSPB measure methodology	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Measure methodology
Data or calculations in the HSR	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Question about results
Review and correction request	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Review & correction request
Request to resend an HSR	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Request for hospital-specific report
Hospital VBP Program, COVID-19 Exception, and Individual ECE Requests	HVBP – Hospital Value Based Purchasing	General information (HVBP)

If you experience issues accessing your HSR from MFT or requesting and reviewing your HARP permissions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Sam Bounds
Associate Research Manager
Acumen, LLC

MSPB Methodology and Calculation

Introduction

The MSPB Measure:

- Evaluates the efficiency of hospitals 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 the sole measure within the Efficiency and Cost Reduction domain of the Hospital VBP Program and was included starting in 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 51618–51626)¹ and the FY 2013 IPPS final rule (77 FR 53583–53602)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

Agenda

- **Goals of MSPB Measure**
- MSPB Measure methodology
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Goals of the MSPB Measure

In conjunction with other Hospital VBP Program quality measures, the MSPB Measure aims for the following:

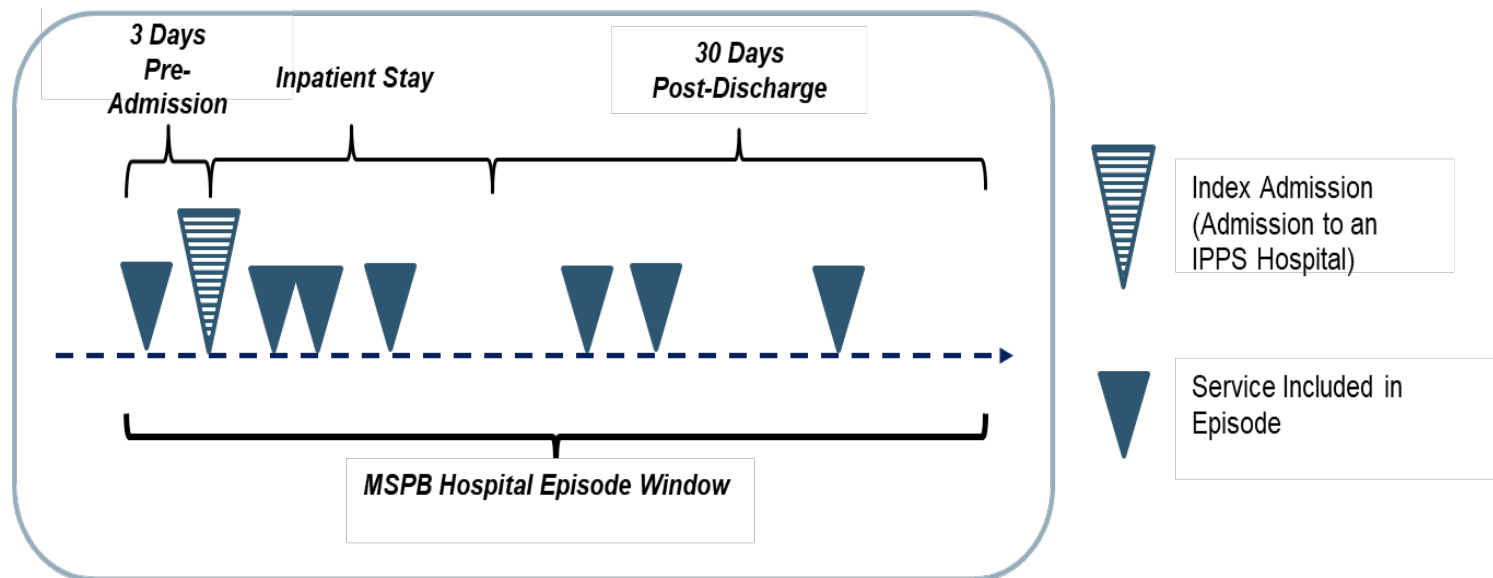
- Incentivize hospitals to coordinate care
- Reduce system fragmentation
- Improve efficiency

Agenda

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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 three days prior to a hospital admission (index admission) through 30 days after the hospital discharge.



MSPB Measure Definitions

- An MSPB episode is the period three days prior to an IPPS hospital admission (also known as the “index admission”) through 30 days post-hospital discharge
- The following are hospital admissions **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 1.0 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.
- **Excluded beneficiaries:**
 - Are enrolled in Medicare Advantage.
 - Have Medicare as the secondary payer.
 - Died during the episode.

Agenda

- Goals of MSPB Measure
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- **Calculation steps**
- Example calculation
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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 *ResDAC* webpage:
<https://resdac.org/articles/cms-price-payment-standardization-overview>

Step 2: Calculate Standardized Episode Spending

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

- 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 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 the following:
 - 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 :

$$MSPB\ Amount_j = \frac{Avg\ Standardized\ Spending_j}{Avg.\ Winsorized\ Expected\ Spending_j} \times Avg.\ Standardized\ Spending_{all\ hospitals}$$

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 or fewer episodes will not have their MSPB Measure data used for payment purposes nor will their data be publicly reported.
- CMS anticipates data refreshing on *Care Compare* website during the January 2022 refresh.

Agenda

- Goals of MSPB Measure
- Measure methodology
- Calculation steps
- **Example calculation**
- Overview of HSRs and supplemental files

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*:
<https://qualitynet.cms.gov/inpatient/measures/mspb/methodology>

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.

$$MSPB\ Amount_j = \frac{vg.S\ dardiz\ di}{Avg.W\ ri\ Exp\ ct\ pe\ ing_j} \times Avg.\ Standardized\ Spending_{all\ hospitals}$$

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

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.

Anoosha Akhlaq

Hospital VBP Program, Project Lead

Healthcare Quality Analytics and Reports Contractor

Overview of HSRs and Supplemental Files

Overview of HSRs

- During the preview period, hospitals can review their MSPB Measure results in their HSR.
- The MSPB HSR includes six tables and is 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.
- A separate PDF Hospital User Guide (HUG) will accompany the HSR including additional information about the data in the HSRs and supplemental files.

Table 1: Your Hospital's MSPB Measure

MSPB Measure Performance Rate

- Displays the individual hospital's MSPB Measure performance rate

Your Hospital's MSPB Measure [a]
1.00

Table 2: A Summary of Your Hospital's MSPB Performance

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 [a]	Your Hospital's MSPB Amount [b]	State Average MSPB Amount [c]	U.S. National Average MSPB Amount [d]
194	\$22,448.28	\$22,084.31	\$22,268.38

Table 3: A Comparison of Your Hospital's MSPB Performance

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

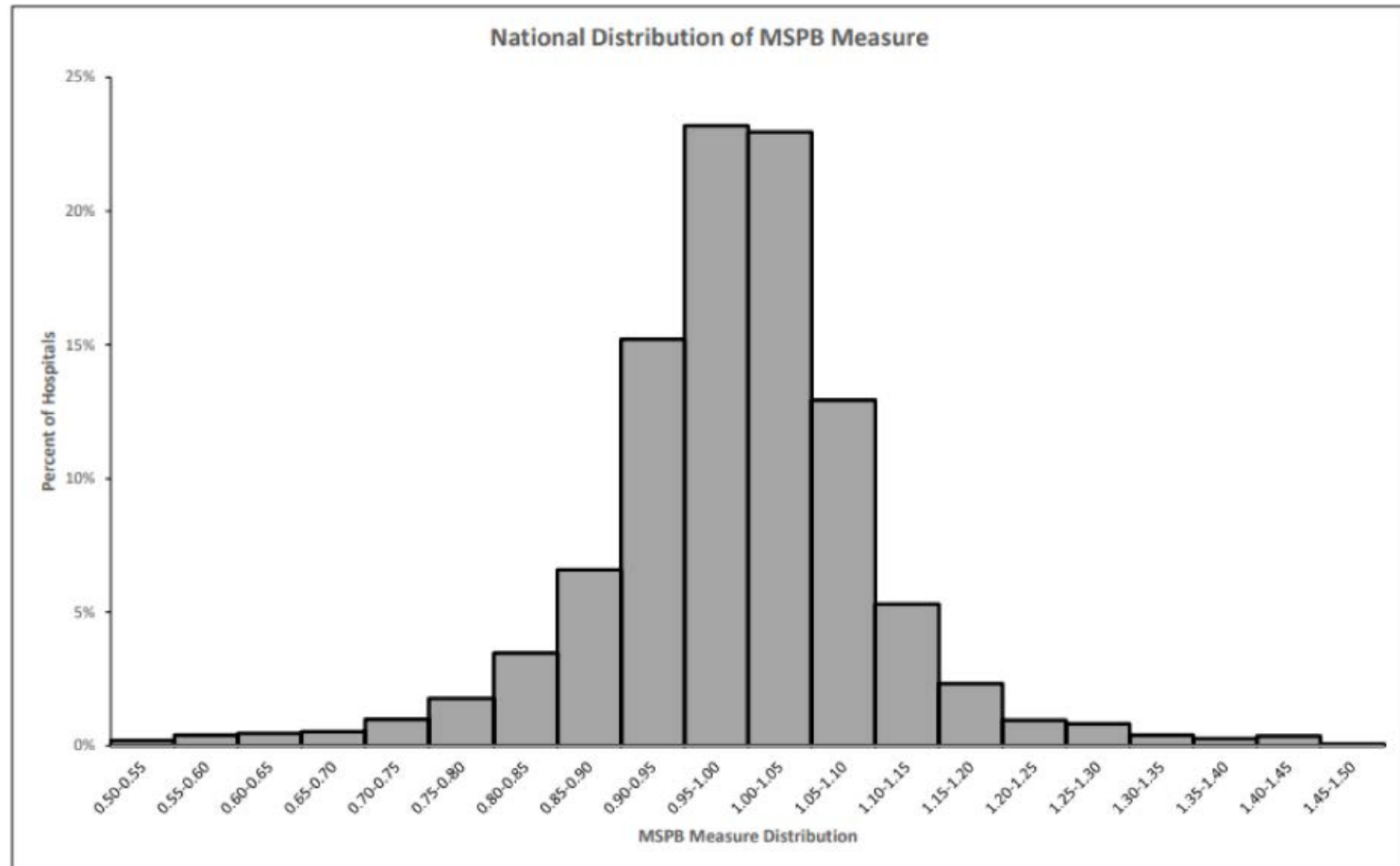
	Your Hospital	State	U.S. National
Number of Eligible Admissions [a]	194	17,076	551,380
Average Spending per Episode [b]	\$20,131.49	\$22,621.77	\$22,537.40
MSPB Amount [c] (Avg. Risk-Adjusted Spending)	\$22,448.28	\$22,084.31	\$22,268.38
U.S. National Median MSPB Amount [d]	\$22,491.85	\$22,491.85	\$22,491.85
MSPB Measure* [e]	1.00	0.98	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	0.80
10	0.87
25	0.93
50	0.99
75	1.04
90	1.10
95	1.16

Table 4: Graphical Display of National Distribution of the MSPB Measure



Overview of Table 5

Spending Breakdown by Claim Type

- The table provides a detailed breakdown of the individual hospital's spending for the following time periods:
 - Three 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.
- This 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
Where in the episode the claim occurred

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	Hospital Spending Per Episode [d]	Hospital Percent of Spending [e]	State Percent of Spending [f]	U.S. National Percent of Spending [g]
Total During Index Admission [a] [b]	\$11,136	55.3%	57.6%	57.8%
Home Health Agency	\$0	0.0%	0.0%	0.0%
Hospice	\$0	0.0%	0.0%	0.0%
Inpatient	\$9,722	48.3%	51.2%	50.9%
Outpatient	\$0	0.0%	0.0%	0.0%
Skilled Nursing Facility	\$0	0.0%	0.0%	0.0%
Durable Medical Equipment	\$41	0.2%	0.1%	0.1%
Carrier	\$1,373	6.8%	6.3%	6.8%

Table 5: Detailed MSPB Spending Breakdown by Claim Type

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

A higher 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 more than other hospitals in the state or the nation, respectively.

Claim Type	Hospital Spending Per Episode [d]	Hospital Percent of Spending [e]	State Percent of Spending [f]	U.S. National Percent of Spending [g]
Total During Index Admission [a] [b]	\$11,136	55.3%	57.6%	57.8%
Home Health Agency	\$0	0.0%	0.0%	0.0%
Hospice	\$0	0.0%	0.0%	0.0%
Inpatient	\$9,722	48.3%	51.2%	50.9%
Outpatient	\$0	0.0%	0.0%	0.0%
Skilled Nursing Facility	\$0	0.0%	0.0%	0.0%
Durable Medical Equipment	\$41	0.2%	0.1%	0.1%
Carrier	\$1,373	6.8%	6.3%	6.8%

Overview of Table 6

Spending Breakdown by 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 hospitals' average and expected spending per episode for a given MDC

A	B	C	D	E	F	G	H
MDC	Description	Hospital Average Spending per Episode	Hospital Average Expected Spending per Episode	State Average Spending per Episode	State Average Expected Spending per Episode	U.S. National Average Spending per Episode	U.S. National Average Expected Spending per Episode
0	Pre-MDC†	--	--	\$115,964	\$104,630	\$109,705	\$100,782
1	Nervous System	\$32,785	\$23,754	\$24,616	\$23,955	\$23,844	\$23,630
2	Eye	\$6,634	\$6,039	\$15,596	\$15,542	\$14,930	\$14,466
3	Ear, Nose, Mouth, and Throat	\$7,616	\$10,383	\$16,517	\$17,231	\$14,937	\$15,049
4	Respiratory System	\$18,713	\$20,387	\$19,736	\$20,379	\$19,686	\$19,851
5	Circulatory System	\$14,800	\$16,376	\$23,710	\$23,932	\$23,454	\$23,645

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 D than in Column H, its patients have a lower expected spending level than the nation for that given MDC).

	A	B	C	D	E	F	G	H
	MDC	Description	Hospital Average Spending per Episode	Hospital Average Expected Spending per Episode	State Average Spending per Episode	State Average Expected Spending per Episode	U.S. National Average Spending per Episode	U.S. National Average Expected Spending per Episode
5								
6	0	Pre-MDC‡	--	--	\$115,964	\$104,630	\$109,705	\$100,782
7	1	Nervous System	\$32,785	\$23,754	\$24,616	\$23,955	\$23,844	\$23,630
8	2	Eye	\$6,634	\$6,039	\$15,596	\$15,542	\$14,930	\$14,466
9	3	Ear, Nose, Mouth, and Throat	\$7,616	\$10,383	\$16,517	\$17,231	\$14,937	\$15,049
10	4	Respiratory System	\$18,713	\$20,387	\$19,736	\$20,379	\$19,686	\$19,851
11	5	Circulatory System	\$14,800	\$16,376	\$23,710	\$23,932	\$23,454	\$23,645

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. Episode File

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

Reviewing Your FY 2022 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Report

Questions

Contacts for Questions

You can submit questions regarding measures, HSRs, and the Hospital VBP Program through the [Questions and Answers tool on QualityNet](#). Include your hospital's six-digit CCN for all questions and use the following program and topic selections when submitting questions through the tool:

Question Topic	Program Selection	Topic Selection
MSPB measure methodology	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Measure methodology
Data or calculations in the HSR	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Question about results
Review and correction request	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Review & correction request
Request to resend an HSR	Inpatient Claims-Based Measures	Medicare Spending Per Beneficiary (MSPB) > Request for hospital-specific report
Hospital VBP Program, COVID-19 Exception, and Individual ECE Requests	HVBP – Hospital Value Based Purchasing	General information (HVBP)

If you experience issues accessing your HSR from MFT or requesting and reviewing your HARP permissions, contact the *QualityNet* Help Desk at qnet support@hcgis.org or (866) 288-8912.

Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

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

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