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Troubleshooting Audio

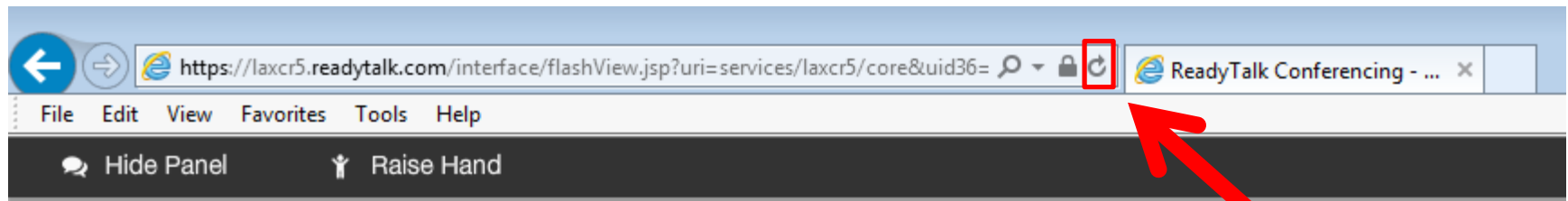**Audio from computer speakers breaking up? Audio suddenly stop?**

Click <u>Refresh</u> icon

– or –

Click F5

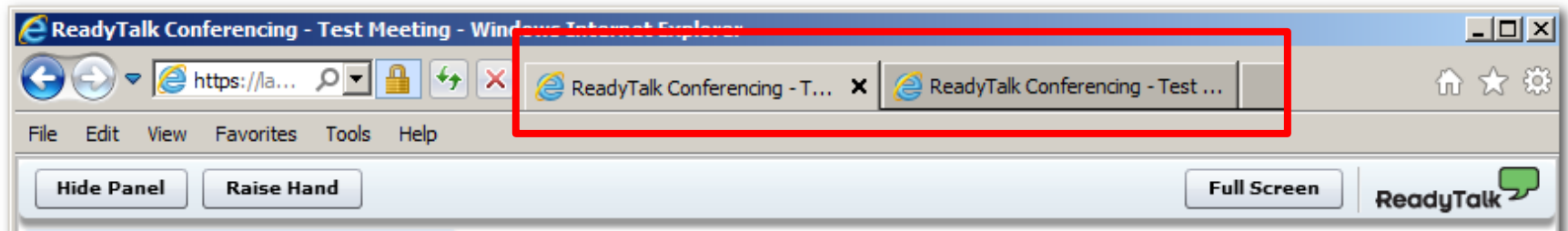**F5 Key
Top Row of Keyboard**

Location of Buttons

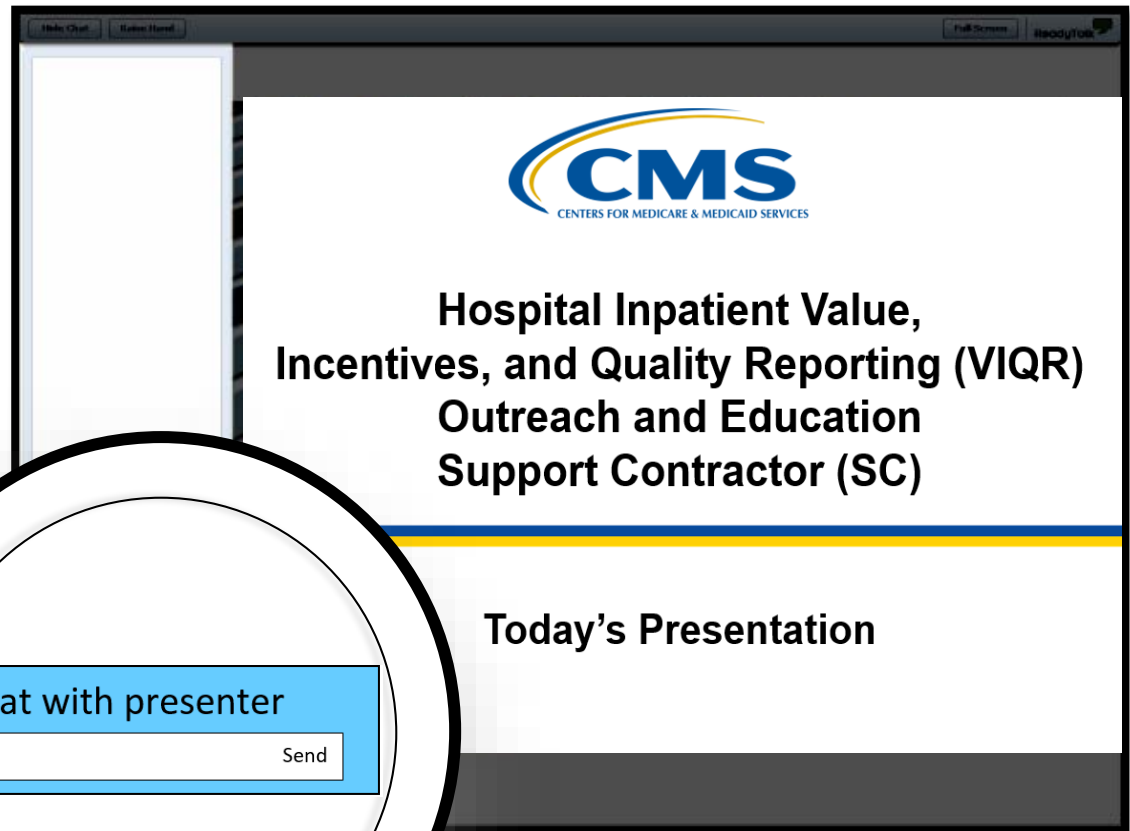**Refresh**

Troubleshooting Echo

- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).**
- **Close all but one browser/tab and the echo will clear.**

Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the "Chat with presenter" section, located in the bottom-left corner of your screen.

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

Today's Presentation

Chat with presenter

Send

Hospital Readmissions Reduction Program: Early Look Hospital-Specific Reports

March 29, 2018

Speakers

Tamyra Garcia
Deputy Division Director
Division of Value, Incentives, and Quality Reporting (DVIQR)
Centers for Medicare & Medicaid Services (CMS)

Kati Michael
Program Lead, HRRP
Hospital Quality Reporting Program Support (HQRPS)

Kristin Maurer, MPH
HRRP Analyst, HRRP
HQRPS

CMS Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

- *Address <u>high impact</u> measure areas that <u>safeguard public health.</u>*
- *Are patient-centered and <u>meaningful to patients, clinicians, and providers.</u>*
- *Are outcome-based, where possible.*
- *Minimize level of <u>burden for providers.</u>*
- *<u>Identify significant opportunity for improvement.</u>*
- *Address measure needs for <u>population-based payment through alternative payment models.</u>*
- *<u>Align across programs and/or with other payers.</u>*

Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication management
- Admissions and readmissions to hospitals
- Transfer of health information and interoperability

**Strengthen Person & Family Engagement as Partners in Their Care**
Meaningful Measure Areas:
- Care is personalized and aligned with patient's goals
- End-of-life care according to preferences
- Patient's experience of care
- Patient-reported functional outcomes

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-associated infections
- preventable healthcare harm
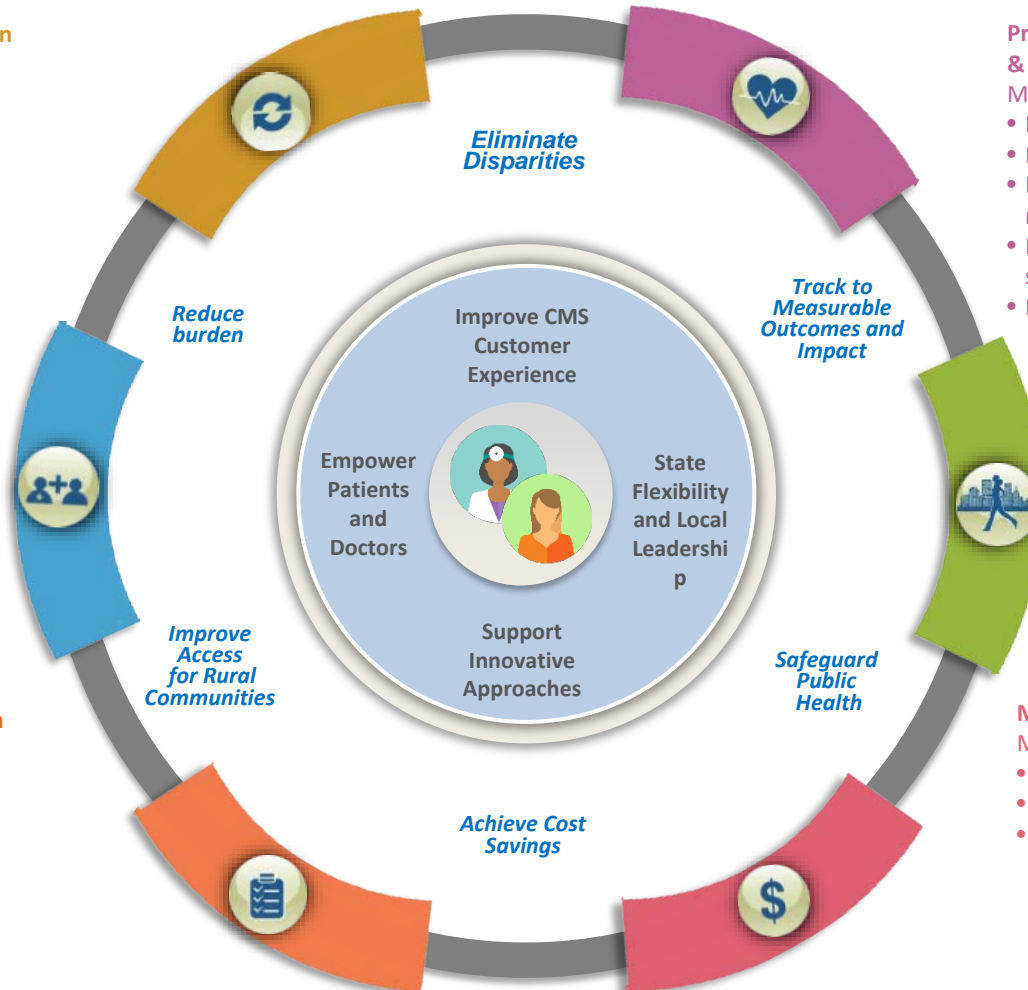
Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive care
- Management of chronic conditions
- Prevention, treatment, and management of mental health
- Prevention and treatment of opioid and substance use disorders
- Risk-adjusted mortality

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of care
- Community engagement

Make Care Affordable
Meaningful Measure Areas:
- Appropriate use of healthcare
- Patient-focused episode of care
- Risk-adjusted total cost of care

Eliminate Disparities
Track to Measurable Outcomes and Impact
Reduce burden
Improve Access for Rural Communities
Safeguard Public Health
Achieve Cost Savings

Improve CMS Customer Experience
Empower Patients and Doctors
State Flexibility and Local Leadership
Support Innovative Approaches

*All presentation images are still under development**.**

Kati Michael
Program Lead, HRRP, HQRPS

Hospital Readmissions Reduction Program

Purpose

- Provide an overview for hospitals on the Early Look Hospital-Specific Reports (HSRs)
  - Hospital-level dual proportions
  - Peer group assignments
  - Estimated payment adjustment information for the new stratified methodology
- Fiscal Year (FY) 2018 data
  - Discharges from July 1, 2013, through June 30, 2016

Objectives

At the conclusion of the presentation, participants will be able to understand:

- New stratified methodology
- Early Look HSRs and results with the stratified methodology
- Accessing Early Look HSRs
- Upcoming FY 2019 program information

Acronyms and Abbreviations

AMI	acute myocardial infarction	**HF**	heart failure
ASPE	Office of the Assistant Secretary for Planning and Evaluation	**HQRPS**	Hospital Quality Reporting Program Support Program
CABG	coronary artery bypass graft	**HRRP**	Hospital Readmission Reduction Program
CE	continuing education	**HSR**	Hospital-Specific Reports
CMS	Centers for Medicare & Medicaid Services	**IME**	indirect medical education
COPD	chronic obstructive pulmonary disease	**IPPS**	inpatient prospective payment system
DRG	diagnosis-related group	**IQR**	Inpatient Quality Reporting
DSH	disproportionate share hospital	**MMA**	Medicare Modernization Act
ERR	excess readmission ratio	**PPS**	prospective payment system
FAQs	frequently asked questions	**THA**	total hip arthroplasty
FFS	fee-for-service	**TKA**	total knee arthroplasty
FY	Fiscal Year		

Background

- Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program (HRRP).

- The program supports CMS's national goal of improving healthcare by linking payment and the quality of hospital care.

Applicable Hospitals

- Subsection (d) hospitals, as defined in section 1886(d)(1)(B) of the Social Security Act, as well as Maryland hospitals participating in the All-Payer Model.
- Subsection (d) hospitals are not:
  - Long-term care hospitals
  - Critical access hospitals
  - Rehabilitation hospitals and units
  - Psychiatric hospitals and units
  - Children's hospitals
  - PPS-exempt cancer hospitals

Social Risk Factors

- CMS continues to consider options to address equity and disparities in its value-based purchasing programs.

- A recent Assistant Secretary for Planning and Evaluation (ASPE) report found that dual eligibility was the most powerful predictor of poor healthcare outcomes among social risk factors tested.

- The goal is to improve health disparities by increasing transparency and the ability to compare disparity across hospitals.

21st Century Cures Act Provisions for HRRP

- CMS assesses penalties based on performance relative to other hospitals with similar proportions of full-benefit, dual-eligible patients.

- Budget Neutrality: Estimated payments under the new stratified methodology equals estimated payments under the non-stratified methodology.

Rationale for Stratification Approach

- In response to rule comments, the ASPE report, and the Cures Act, CMS finalized policy which requires the Secretary to compare cohorts of hospitals to each other based on their proportion of dual-eligible beneficiaries in determining the extent of excess readmissions.

- The finalized FY 2018 HRRP policy adjusts hospital performance scores by stratifying hospitals based on the proportion of their patients who are dual-eligible, thereby accounting for social risk.

Kristin Maurer
Analyst, HRRP, HQRPS

Hospital Readmissions Reduction Program: New Stratified Methodology

Overview of Non-Stratified HRRP Payment Methodology (FY 2018)
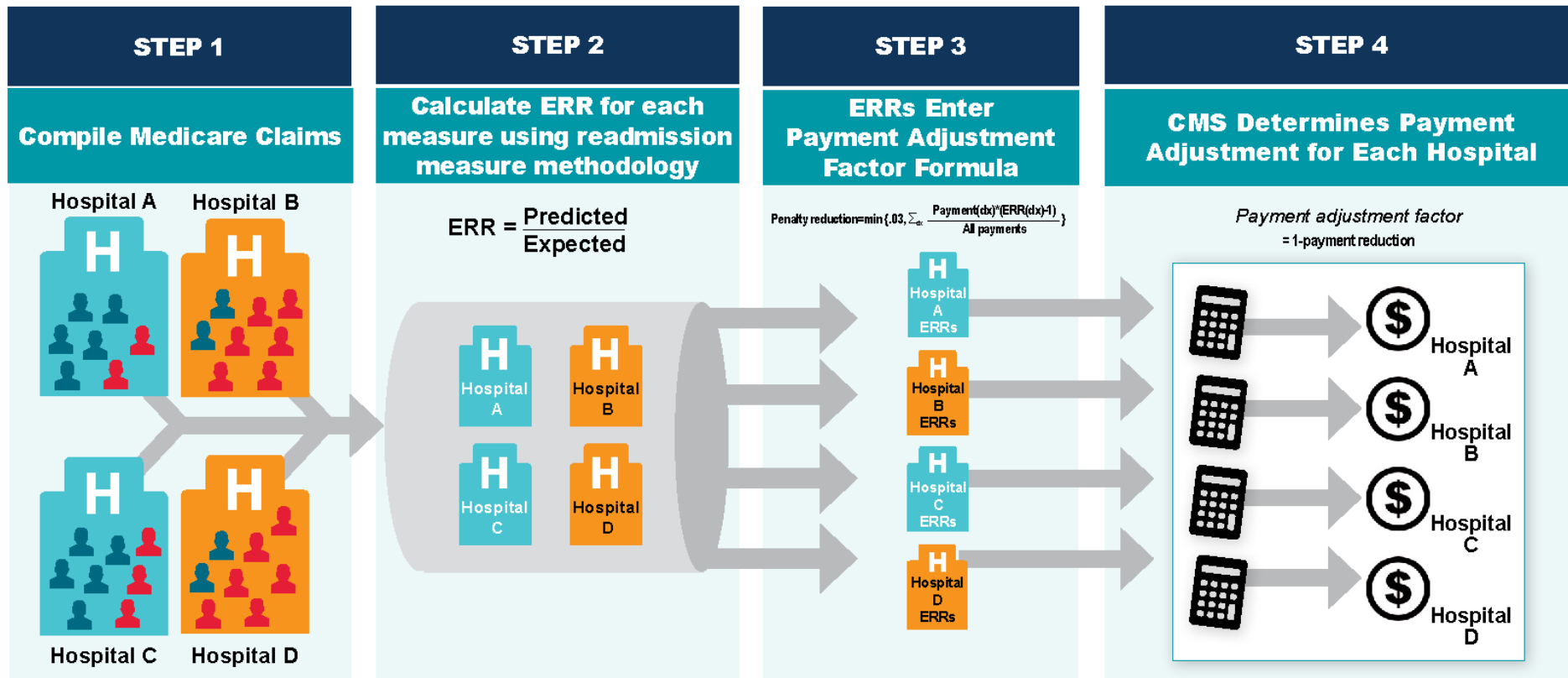
Blue = high proportion of dual eligible beneficiaries
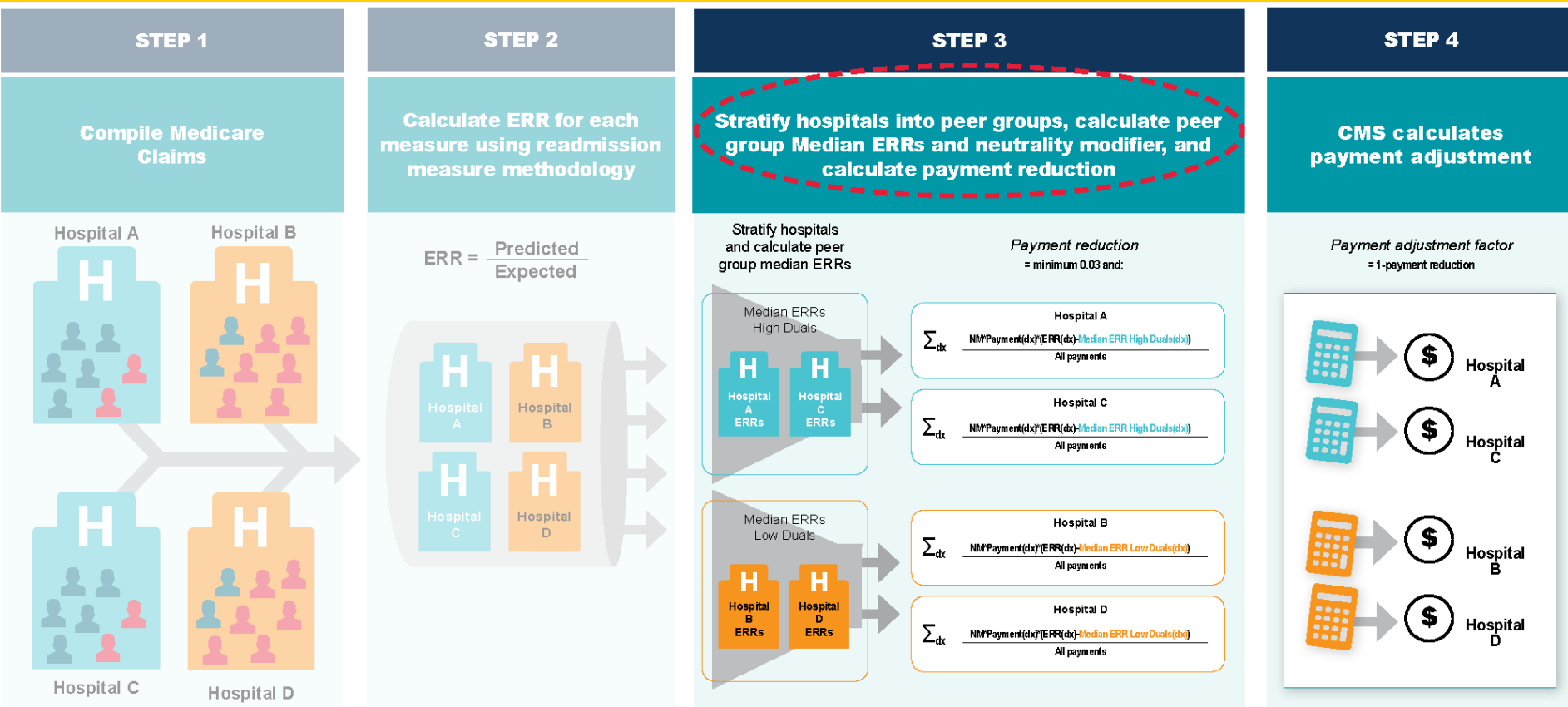Blue person = dual eligible beneficiary
ERR = excess readmission ratio
An ERR is calculated for each of the 6 HRRP readmission measures: AMI, HF, pneumonia, COPD, THA/TKA, and CABG.

Orange = low proportion of dual eligible beneficiaries
Red person = Medicare only beneficiary

Examples of the Stratified Methodology with Two Peer Groups

Blue = high proportion of dual eligible beneficiaries
Blue person = dual eligible beneficiary
ERR = excess readmission ratio

Orange = low proportion of dual eligible beneficiaries
Red person = Medicare only beneficiary

An ERR is calculated for each of the 6 HRRP readmission measures: AMI, HF, pneumonia, COPD, THA/TKA, and CABG. This figure includes 2 peer groups for illustrative purposes; however, in the FY 2018 IPPS final rule CMS finalized a policy to stratify hospitals into 5 peer groups.

Compile Claims Data, Calculate ERRs and Dual Proportions, Stratify Hospitals into Peer Groups

Use of hospital claims to generate ERRs and peer groups

Medicare FFS

▼

Calculate ERRs for each measure

$$ERR = \frac{\text{Predicted readmission rate}}{\text{Expected readmission rate}}$$

Medicare FFS + Managed Care

▼

Calculate dual proportion for each hospital and stratify hospitals into 5 peer groups

FY 2019: Determining Proportion of Dual Eligible Patients

- **Dual proportion definition**
  - <u>Numerator</u> (i.e., full-benefit duals): Full-benefit dual based on data from the state Medicare Modernization Act (MMA) file.
  - <u>Denominator</u> (i.e., total number of Medicare Patients): All Medicare FFS and Medicare Advantage accurately represent the proportion of dually eligible patients the hospital served, particularly for hospitals in states with high managed care penetration rates.

- **Data period for dual proportion**
  - Three-year measure performance period that accounts for social risk factors in the ERR.

Establish Thresholds and Assess Performance

Determine **median ERRs** for each peer group

| Median ERRs | Median ERRs | Median ERRs | Median ERRs | Median ERRs |

Determine which ERRs will enter the **payment adjustment formula**

ERR >
Peer Group Median ERR

Assessment of Performance

&

Eligible
discharges ≥ 25

Minimum Case Size Criteria

▶

Payment
adjustment
formula

Determine the Medicare Budget Neutrality Modifier

Calculate neutrality modifier

Payments under the non-stratified methodology $$$$$ Neutrality Modifier $$$$$ Payments under the stratified methodology
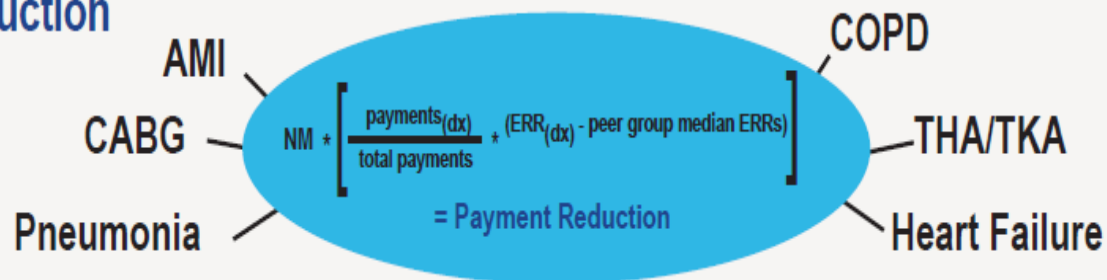
Section 15002 of the 21st Century Cures Act requires the new stratified methodology to produce a similar amount of Medicare savings as the non-stratified methodology.

Calculate Payment Reductions and Payment Adjustment Factors

Calculate payment reduction

Σ **6**

AMI

CABG

Pneumonia

COPD

THA/TKA

Heart Failure

$$NM * \left[\frac{payments_{(dx)}}{total\ payments} * (ERR_{(dx)} - peer\ group\ median\ ERRs) \right]$$

$$= Payment\ Reduction$$

Determine payment adjustment factor

$7

IF Payment Reduction ≤ 0.03 ▶ Adjustment factor = 1 - Payment Reduction

IF Payment Reduction > 0.03 ▶ Adjustment factor = .9700

Payment Adjustment Formula

- **Non-Stratified Methodology:**

$$P = 1 - \min\left\{.03, \sum_{dx} \frac{Payment\,(dx) * \max\{(\text{ERR}\,(dx) - 1.0), 0\}}{All\ payments}\right\}$$

- **FY 2019 Stratified Methodology:**
  Median ERR plus a neutrality modifier

$$P = 1 - \min\left\{.03, \sum_{dx} \frac{NM_M\,\text{Payment}\,(dx) * \max\{(\text{ERR}\,(dx) - \text{Median peer group ERR}\,(dx)), 0\}}{All\ payments}\right\}$$

Apply Payment Adjustments

Payment adjustment

8

Payment for **Medicare FFS** claims submitted starting **October 1, 2018** = Base operating DRG payment amount* X Adjustment factor
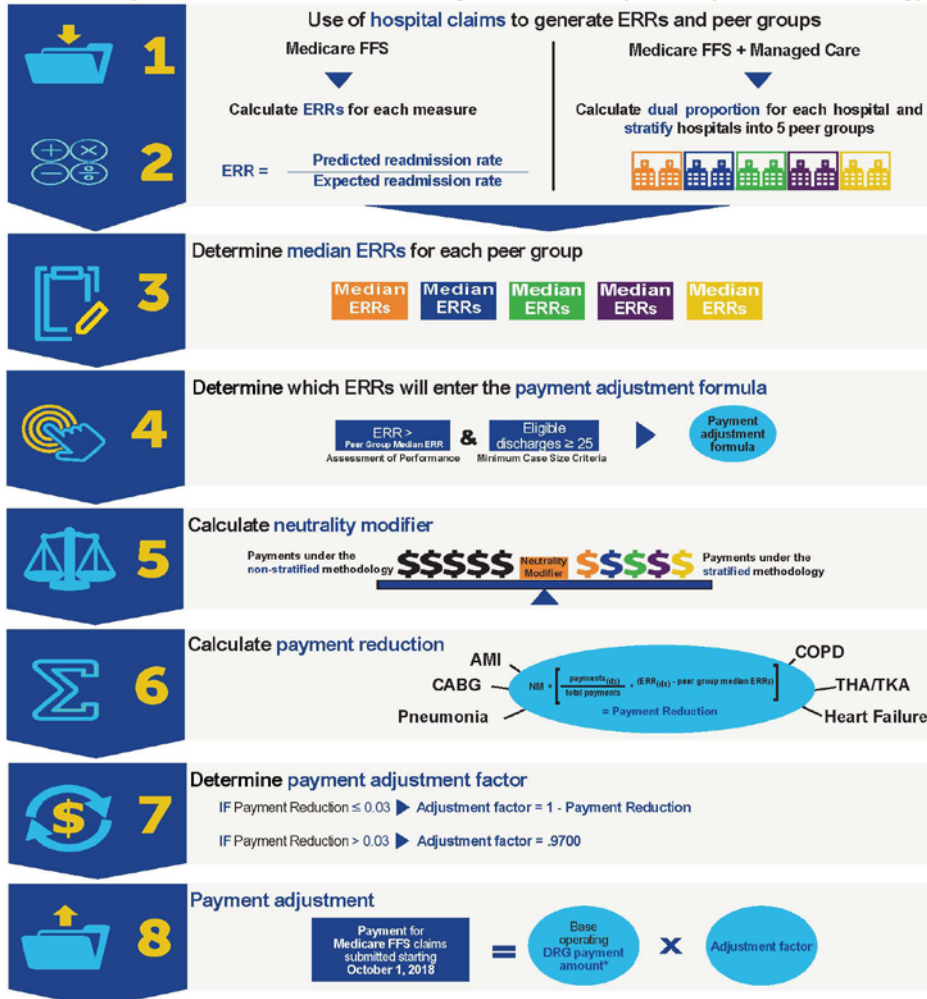
Medicare FFS base-operating DRG payments are the base DRG payment without any add-on payments such as disproportionate share hospital (DSH) and indirect medical education (IME) payments.

HRRP Stratified Payment Methodology

FY 2019 Hospital Readmissions Reduction Program Stratified Payment Adjustment Methodology

AMI=Acute Myocardial Infarction; CABG = Coronary artery bypass graft; COPD=Chronic Obstructive Pulmonary Disease; DRG=Diagnosis-Related Group; ERR=Excess Readmission Ratio; FFS=Fee-for-Service; FY=Fiscal Year; HF=Heart Failure; NM = neutrality modifier; THA/TKA=Total Hip and/or Total Knee Arthroplasty
*In general, base operating DRG payments are the base DRG payment without any add-on payments.

Kati Michael
Program Lead, HRRP, HQRPS

Hospital Readmissions Reduction Program: Early Look Hospital-Specific Reports (HSRs)

New Early Look *QualityNet* Section

Hospital Readmissions Reduction Program Early Look:

- Mock HSR

- User Guide

- Frequently Asked Questions (FAQs)

- FY 2019 Stratified Payment Methodology

- Link: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228776478716

How to Receive Your Early Look HSR

- How to know your Early Look report is available:
  - A *QualityNet* notification was sent via email to those who are registered for the notifications regarding HRRP.
  - The notification indicated the reports are available.
- Who can access to the Early Look HSRs and User Guide:
  - Hospital users with the following roles:
    - Hospital Reporting Feedback-Inpatient
    - File Exchange and Search
- How to access the report:
  - For those with the correct access, the HSRs and User Guide will be in their *QualityNet* Secure File Transfer inbox.

HRRP Early Look HSR User Guide

The *HRRP_EarlyLook_HSR_UsrGde.pdf* that accompanies your HRRP Early Look HSR includes information about the data, as well as examples for replicating the HRRP payment adjustment factor in the HSRs.

HRRP HSR Content

The HRRP Early Look HSRs contain tabs that provide hospitals with the following information:

- Contact information for the program and additional resources
- Payment Adjustment Factor information
- Performance information

HRRP Workbook Tab

Workbook: Hospital Readmissions Reduction Program (HRRP) Hospital-Specific Report (HSR) Early Look Report
HOSPITAL NAME

This workbook provides an early look at estimated hospital-level Dual Proportions, Peer Group Assignment, and Estimated Payment Adjustment information for the fiscal year (FY) 2019 HRRP using FY 2018 data.

This report does not reflect actual payment adjustments for FY 2019.

The zip file contains read-only Excel files; if you wish to manipulate your results, save the workbook (or spreadsheet tab) as a new document.

For more information about the data, refer to the FY 2019 HRRP Early Look HSR User Guide delivered with your HSR or visit the QualityNet website:
https://www.qualitynet.org   >Hospitals-Inpatient>Hospital Readmissions Reduction Program (HRRP)>Early Look Hospital-Specific Reports

Please direct questions about CMS's calculations or reporting of the Excess Readmissions Ratios for HRRP to Hospital Quality Reporting Program Support.

Email: hrrp@lantanagroup.com

See the CMS Hospital Readmissions Reduction Program (HRRP) webpage for more information about the program and payment adjustments:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html

Table 1:
Payment Adjustment Tab

Table 1: Your Hospital's Payment Adjustment Factor Information
HOSPITAL NAME
Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

Dual Proportion [a]	Peer Group Assignment [b]	Neutrality Modifier [c]	Stratified Estimated Payment Adjustment Factor [d]	FY 2018 Payment Adjustment Factor [d]
0.2528	4	0.9481	0.9997	0.9980

Table 2:
Performance Tab

Table 2: Hospital Performance Information

HOSPITAL NAME

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

Performance Information	AMI	COPD	HF	Pneumonia	CABG	THA/TKA
Eligible Discharges [a]	20	73	307	325	NQ	409
ERR	1.0361	0.9664	1.0041	1.0425	NQ	0.9999
Peer Group Median ERR [b]	0.9971	0.9980	1.0064	1.0015	0.9944	0.9997
Non-Stratified Methodology Penalty Indicator [c]	N	N	Y	Y	N	N
Stratified Methodology Penalty Indicator [d]	N	N	N	Y	N	Y
Ratio of DRG payments per measure to total payments	0.0020	0.0461	0.0299	0.0508	NQ	0.0730

Example:
Less than 25 Discharges

Table 2: Hospital Performance Information

HOSPITAL NAME

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

Performance Information	AMI
Eligible Discharges [a]	20
ERR	1.0361
Peer Group Median ERR [b]	0.9971
Non-Stratified Methodology Penalty Indicator [c]	N
Stratified Methodology Penalty Indicator [d]	N
Ratio of DRG payments per measure to total payments	0.0020

Example:
Different Penalty Indicators

Table 2: Hospital Performance Information

HOSPITAL NAME

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

Performance Information	HF	THA/TKA
Eligible Discharges [a]	307	409
ERR	1.0041	0.9999
Peer Group Median ERR [b]	1.0064	0.9997
Non-Stratified Methodology Penalty Indicator [c]	Y	N
Stratified Methodology Penalty Indicator [d]	N	Y
Ratio of DRG payments per measure to total payments	0.0299	0.0730

Example: No Qualifying Cases

Table 2: Hospital Performance Information

HOSPITAL NAME

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This report does not reflect actual payment adjustments for FY 2019.

Performance Information	CABG
Eligible Discharges [a]	NQ
ERR	NQ
Peer Group Median ERR [b]	0.9944
Non-Stratified Methodology Penalty Indicator [c]	N
Stratified Methodology Penalty Indicator [d]	N
Ratio of DRG payments per measure to total payments	NQ

Upcoming FY 2019 Program Information

- Review and Corrections Modification
  - HSRs will be modified to include dual proportion, peer group assignment, and payment adjustment factor information.
  - HSRs will be distributed late summer/early fall.
- New CMS HSR tutorial video
  - CMS has released a new video to assist participants in the Hospital IQR Program with interpreting and understanding their HSRs. The video is located at: https://www.youtube.com/watch?v=0pE6VBUE8c8&t=17s

CMS wants to hear from you…

- CMS is interested in implementing a user-centered design approach to developing the HSRs and will reach out to stakeholders for feedback.

- If you are interested in engaging with CMS on the usability of the HSRs, contact the HQRPS Support Team via email at HRRP@lantanagroup.com. Place "HSR Feedback" in the subject line.

Hospital Readmissions Reduction Program Resources

HRRP information:

- https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458

HRRP general inquiries:

- HRRP@lantanagroup.com
- *QualityNet* Question and Answer Tool
  https://cms-ip.custhelp.com/app/homehrrp/p/843

HRRP measure methodology inquiries:

- cmsreadmissionmeasures@yale.edu

More program and payment adjustment information:

- https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html

Readmission measures:

- https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273

Hospital Readmissions Reduction Program:
Early Look Hospital Specific Reports

Questions

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

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

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- Another page will open that asks you to register in the HSAG Learning Management Center.

  o This is a separate registration from ReadyTalk®.

  o Please use your **personal** email so you can receive your certificate.

  o 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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Check out our sample surveys and create your own now!

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

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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

CE Credit Process: Existing User

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