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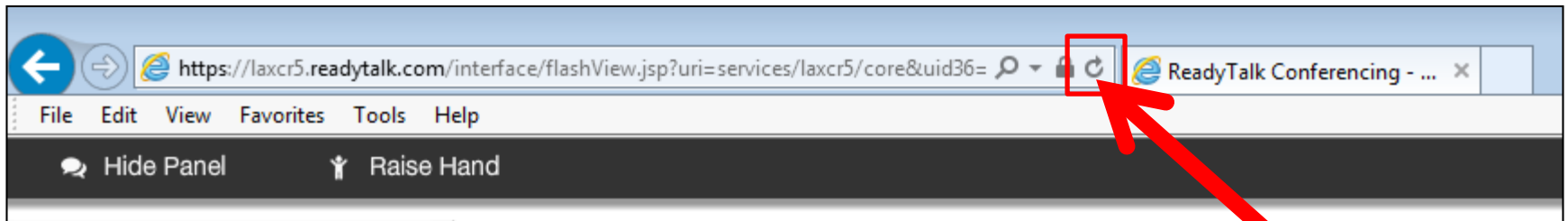
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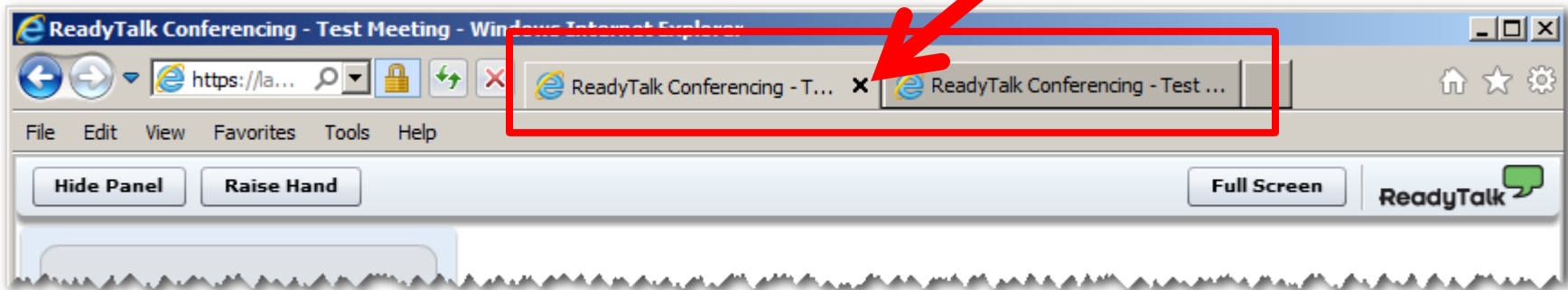


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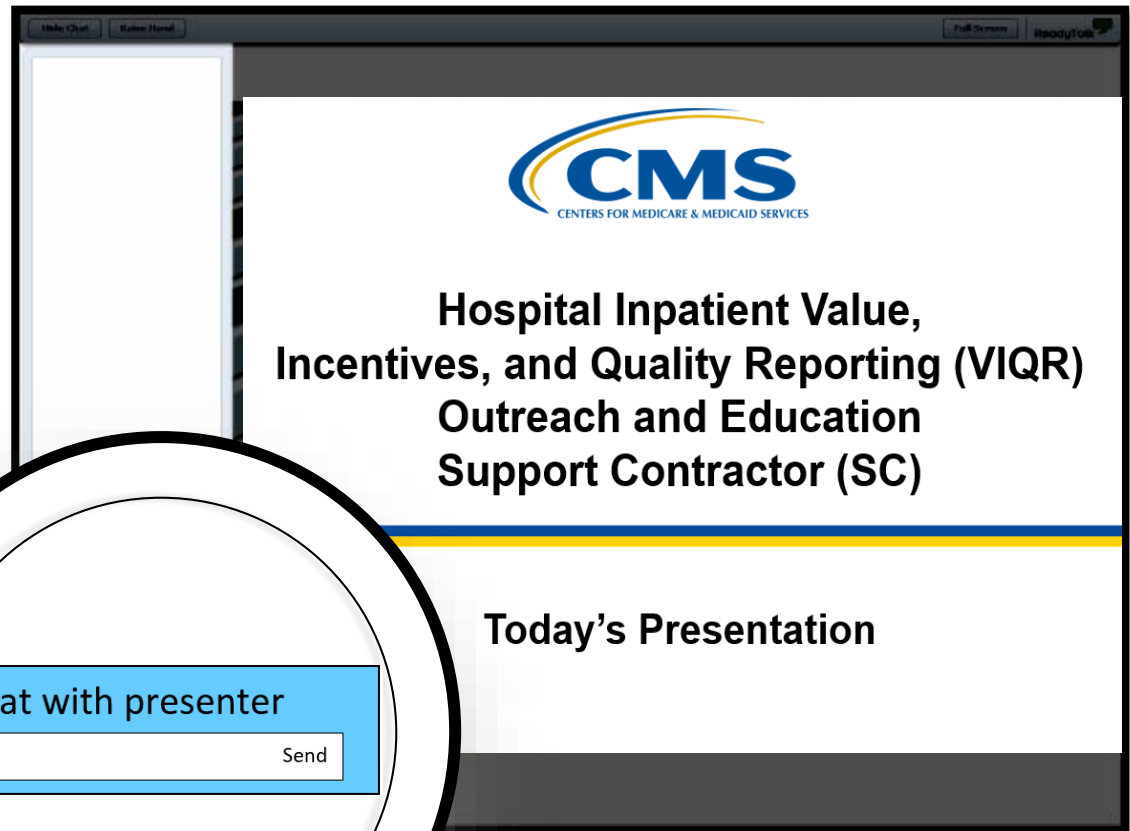
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Fiscal Year 2019 Clinical Episode-Based Payment Measures Overview

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Purpose

This presentation will provide an overview of the clinical episode-based payment (CEBP) measures and hospital-specific reports (HSRs), including the goals of the CEBP measures, the measure methodology, and how to perform CEBP measure calculations. Additionally, participants will learn about the CEBP HSRs, the location of related supplemental files, and the public posting of CEBP measures scores on *Hospital Compare*.

Objectives

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

- Identify the goals of the CEBP measures
- Explain the CEBP measure methodology
- Locate the following:
 - HSRs
 - Supplemental files that accompany HSRs
 - Additional measure information on *QualityNet*
 - Measure specification and grouping rules documentation
 - Frequently Asked Questions
 - Mock HSR
 - Public posting on *Hospital Compare*

CEBP Measures Introduction

- Clinically coherent groupings of healthcare services that can be used to assess providers' resource use
- Assessment of Medicare spending for clinically related services for a condition or procedural CEBP episode
 - Episode—comprised of periods immediately prior to, during, and following a patient's hospital stay for a given procedure or condition

Condition Measures	Procedural Measures
Cellulitis	Aortic Aneurysm Procedure
Gastrointestinal (GI) Hemorrhage	Cholecystectomy and Common Duct Exploration
Kidney/Urinary Tract Infection (Kidney/UTI)	Spinal Fusion

CEBP Measures Prioritization

The CEBP measures were selected based on the following criteria:

- Constitute a significant share of Medicare payments and potential savings during and surrounding a hospital stay
- Represent services that can be linked to care provided during a hospitalization
- Comprise a substantial proportion of payments and potential savings for post-acute care
- Reflect high variation in post-discharge payments, enabling differentiation among hospitals
- Managed by general physicians or hospitalists, or by surgical subspecialists, depending on the type of measure

NOTE: Fiscal Year (FY) 2016 Inpatient Prospective Payment System (IPPS) Final Rule:
<https://www.federalregister.gov/d/2015-19049/p-3917>

CEBP Measures and Medicare Spending per Beneficiary (MSPB) Measure

- CEBP and MSPB measures are part of the Hospital Inpatient Quality Reporting (IQR) Program.
- CEBP measures follow the general construction of the Medicare Spending per Beneficiary (MSPB) measure:
 - Standardized payments for Medicare Part A and Part B services
 - Risk adjustment for individual patient characteristics
 - Episode window—three days prior to inpatient admission (also known as “index admission”) through 30 days after hospital discharge
- Unlike the MSPB measure:
 - CEBP measures focus on Medicare Part A and Part B services for a condition or procedure.
 - CEBP episodes may also begin during the 30-day post-discharge window of another CEBP episode.
 - CEBP measures are not a part of the Hospital VBP Program.

Agenda

- Goals of CEBP measures
- Measure methodology
- Calculation steps
- Example calculation
- Overview of HSRs and supplemental files
- Public posting of CEBP measures scores

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Goals of CEBP Measures

In conjunction with other Hospital IQR Program quality measures, the CEBP measures aim to:

- Contribute to the overall picture of providers' clinical effectiveness and efficiency
- Allow meaningful comparisons among providers based on resource use for certain conditions or procedures

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Measure Methodology

Index Admission and Classification

The presence of specific medical codes on claims triggers an index admission for CEBP episodes. CEBP measures are classified into:

- Episode Types—defined by presence of complications or comorbidities (e.g., Major Complications and Comorbidities [MCC]) on triggering inpatient hospitalization
- Clinical Subtypes—defined by presence of International Classification of Diseases (ICD)-10 diagnosis codes (condition episodes) or Current Procedural Terminology (CPT) (procedural episodes) during hospitalization and/or on Physician/Part B claims associated with the triggering inpatient hospitalization

Measure Methodology

Type and Subtype

Division of measures into types and subtypes allows for a more accurate comparison of observed to expected costs for beneficiaries who have a similar clinical picture.

Example: Cellulitis CEBP Measure

Episode Measure	Episode Type	Clinical Subtype
Cellulitis	Major Complications or Comorbidities (MCC)	Diabetes
		Decubitus pressure ulcers
		Other
	Without MCC	Diabetes
		Decubitus pressure ulcers
		Other

Measure Methodology

Excluded CEBP Index Admissions

Hospital admissions are **not** considered CEBP index admissions when:

- Admissions have discharge dates fewer than 30 days prior to the end of the yearly performance period (i.e., before December 31)
- There are acute-to-acute transfers (as defined by the claim discharge code)
- Admissions are to hospitals that Medicare does not reimburse through the IPPS (e.g., cancer hospitals, critical access hospitals)
- Claims have data coding errors, including missing date of birth or death date preceding the date of the index admission
- Index admission claims have \$0 payment

Measure Methodology

Episode Grouping and Categories

- Clinically related services are grouped to an episode by applying grouping rules.
- Grouping rules identify and aggregate clinically related services by two categories of medical care:
 - **Treatment services** that encompass the medical care occurring during the hospital stay and clinically related services three days prior to the hospital stay
 - **Clinically related post-discharge services** that include routine follow-up, as well as services after discharge linked to occurrence of adverse outcomes fully or partially attributable to care while in the hospital

CEBP Measure Definition

$$\text{CEBP Measure} = \frac{\text{CEBP amount}}{\text{National Episode-Weighted Median CEBP amount}}$$

CEBP Amount

Average of the ratio of each episode's standardized episode payment amount over its expected episode payment amount, multiplied by the national average observed episode payment amount. The average is taken across all of a hospital's episodes.

CEBP Measure

A hospital's CEBP amount divided by the episode-weighted median CEBP amount across all hospitals.

Measure Interpretation

- CEBP measures that are less than 1 indicate that a given hospital spends less than the national median CEBP amount for a condition or procedure across all hospitals during a given performance period.
- Improvement on the CEBP measures for a hospital would be observed as lower CEBP measure values (as compared to the national median hospital) across performance periods.
- Resource use measures, such as CEBP measures, are most meaningful when presented in the context of other quality measures to provide a more comprehensive assessment of hospital performance.

Measure Specifications

Included and Excluded Populations

- Episodes are included for beneficiaries who 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
- Episodes are excluded if beneficiaries:
 - Are enrolled in Medicare Advantage during the episode
 - Have Medicare as the secondary payer 90 days prior to the episode through the end of the episode
 - Died during the episode

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- Goals of CEBP measures
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- **Calculation steps**
- Example calculation
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Calculation Steps for Each CEBP Measure

1. Standardize claims payments
2. Calculate standardized episode payments
3. Calculate predicted episode payments
4. Winsorize predicted values
5. Calculate residuals
6. Exclude episodes with outlier residuals
7. Calculate hospital-level risk-adjusted payments (CEBP amount)
8. Calculate CEBP measure

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 that delivers the service
 - Number of services provided in the same encounter
 - Outlier cases
- Refer to the CMS Price (Payment) Standardization documents at this *QualityNet* web page:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier4&cid=1228772057350>

Step 2: Calculate Standardized Episode Payments

Sum all standardized Medicare Part A and Part B claim payments for clinically related services starting within an episode (i.e., between three days prior to the hospital admission until 30 days after discharge), including:

- Patient deductibles and coinsurance
- Claims grouped 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 Predicted Episode Payments

- Account for variation in patient clinical complexity by estimating expected episode cost (based on risk-adjustment variables) using a linear regression:
 - Risk-adjustment variables include factors, such as age; severity of illness (Hierarchical Condition Categories version 22; 2016); clinical subtype; disabled/end stage renal disease (ESRD) enrollment status; long-term care indicator; comorbidity interactions; and Medicare Severity Diagnosis-Related Group (MS-DRG) of index admission.
 - Additional independent variables included depend on a given procedure or condition.
 - Full details available on this *QualityNet* web page:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775614447>
- Separate regression model for each clinical subtype.

Step 4: Winsorize Predicted Values

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

Steps 5 and 6: Calculate Residuals and Exclude Outliers

- Calculate residuals to identify outliers
 - Residual = Standardized Episode Spending (Step 2) – Winsorized Predicted Episode Spending (Step 4)
- Exclude statistical outlier episodes based on outlier clinical subtype; 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 predicted spending to ensure that average expected spending is the same as average standardized spending after outlier exclusions within a clinical subtype

Step 7: Calculate Hospital-Level Risk-Adjusted Payments (CEBP Amount)

- For each episode in a given condition or procedure measure, calculate a ratio of the hospital's standardized payment (Step 2) to its renormalized predicted payment (Step 6)
- Calculate the average of the ratios for a given condition or procedure (n = number of episodes in a hospital)
- Multiply average ratio by the national average standardized episode payment to convert this ratio to a dollar amount

Risk-Adjusted payment (CEBP amount) =

$$\left[\left(\frac{1}{n} \right) \left(\sum \frac{\text{std. episode payments}}{\text{predicted episode payments}} \right) \right] * (\text{avg. standardized episode payments}_{\text{all hospitals}})$$

Step 8: Calculate the CEBP Measure

Each CEBP measure is calculated as the ratio of the CEBP amount for the hospital divided by the episode-weighted median CEBP amount across all hospitals.

- CEBP amount (Step 7) is the average risk-adjusted episode payment across all episodes of a condition or procedure for a hospital.

$$\text{CEBP Measure} = \frac{\text{CEBP amount}}{\text{National Episode-Weighted Median CEBP amount}}$$

Report and Use of CEBP Measures for the Hospital IQR Program

- The CEBP measures for Hospital IQR Program-eligible hospitals are publicly posted on *Hospital Compare* when hospitals have at least:
 - 40 condition episodes
 - 25 procedural episodes
- Hospitals with fewer than 40 condition episodes or 25 procedural episodes will not have their respective CEBP measures publicly reported on *Hospital Compare*.

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- Goals of CEBP measures
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- **Example calculation**
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Example Calculation: Cellulitis

Conditions and procedures have different episode types and clinical subtypes, but follow similar calculation steps.

Episode Measure	Episode Type	Clinical Subtype
Cellulitis	Major Complications or Comorbidities (MCC)	Diabetes
		Decubitus pressure ulcers
		Other
	Without MCC	Diabetes
		Decubitus pressure ulcers
		Other

Example Calculation: Cellulitis (Cont.)

Hospital A has seven cellulitis episodes, ranging from \$8,000 to \$11,000. After applying Steps 1–4, one episode had a residual higher than the 99th percentile residual over all cellulitis episodes and was excluded in Step 6.

- Calculate Residuals (Step 5) = Standardized Episode Payment (Step 2) – Winsorized Expected Value (Step 4)
- Example Episode Residual = \$9,000 – \$8,500 = \$500

Example Calculation

Step 7

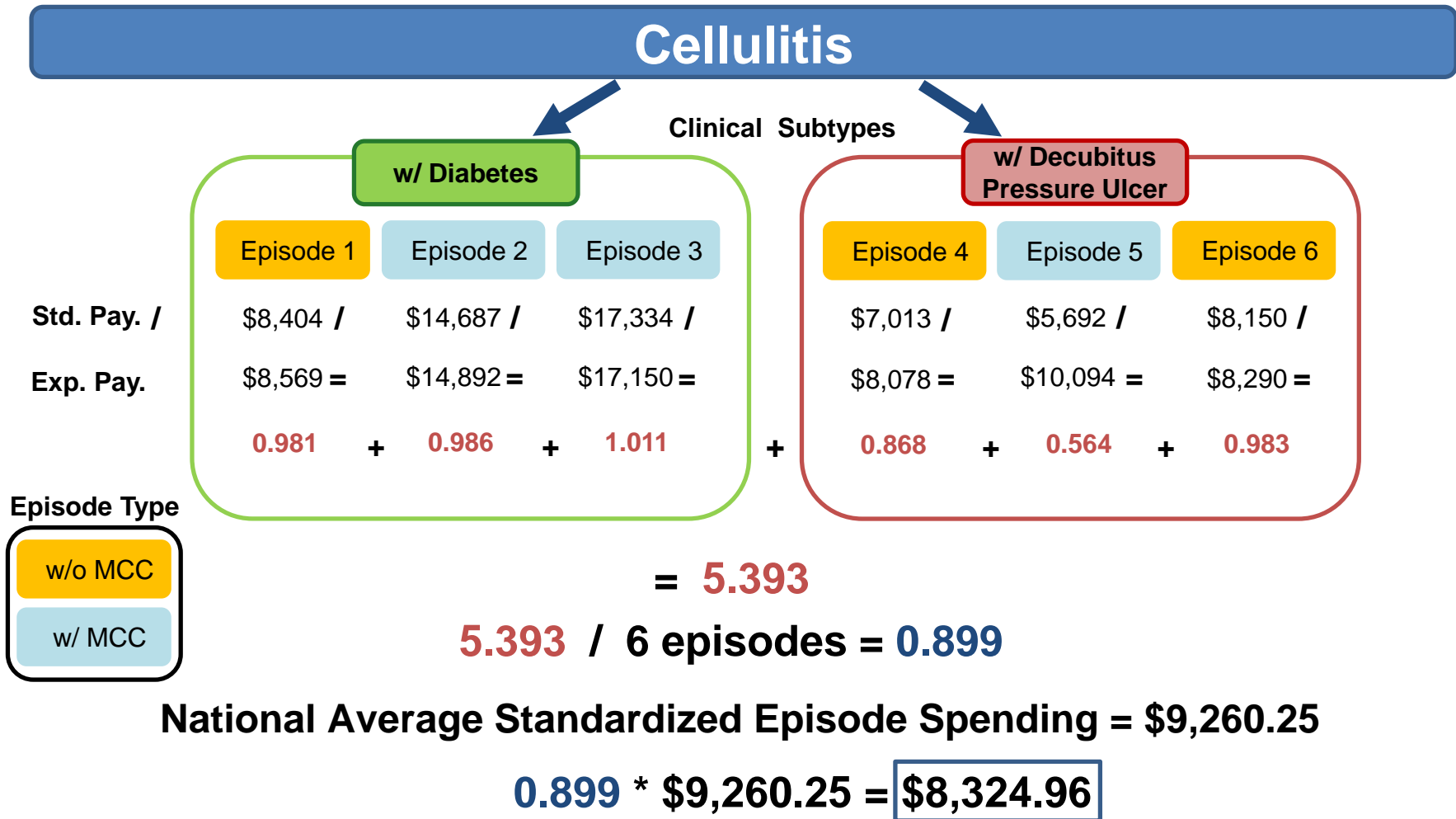
- Calculate the average of the ratios of each episode's standardized payment (Step 2) to its expected payment (Step 6)
- Multiply average ratio by the national average standardized episode payment

Risk-Adjusted payments (CEBP amount) =

$$\left[\left(\frac{1}{n}\right) * \left(\sum \frac{\text{std. episode costs}}{\text{predicted episode costs}}\right)\right] * (\text{avg. standardized episode cost}_{\text{all hospitals}})$$

*Example Cellulitis CEBP amount = [0.899] * (\$9,260.25) = \$8,324.96*

Example Calculation of Risk-Adjusted (CEBP) Amount



Example Calculation

Step 8

- Calculate the hospital's Cellulitis CEBP Measure (Step 8) by dividing the Cellulitis CEBP amount (Step 7) by the episode-weighted national median of episode amounts across hospitals.

$$CEBP \text{ Measure} = \frac{CEBP \text{ amount}}{National \text{ Episode-Weighted Median CEBP amount}}$$

$$Example \text{ Cellulitis CEBP Measure} = \frac{\$8,324.96}{\$9,382.23} = 0.89$$

NOTE: This example shows that Hospital A's spending on Cellulitis was lower than the national median hospital spending amount on Cellulitis.

- Cellulitis CEBP Measure for Hospital A will not be publicly posted on *Hospital Compare* because Hospital A had fewer than 40 eligible Cellulitis episodes.

Agenda

- Goals of CEBP measures
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- Example calculation
- **Overview of HSRs and supplemental files**
- Public posting of CEBP measures scores

Overview of Hospital-Specific Reports (HSRs)

- Reports include 12 tables
 - Six tables for CEBP condition measures
 - Six tables for CEBP procedural measures
 - Tables include CEBP measures for the individual hospital and other hospitals in the state and the nation.
- HSRs accompanied by three supplemental hospital-specific data files
 - Supplemental hospital-specific data files contain information on the admissions that were considered for the individual hospital's CEBP measures and data on the Medicare payments (to individual hospitals and other providers) that were included in the measures.

Hospital-Specific Reports (HSRs) Tables and Figures

Table 1a: CEBP Condition Measures

Table 1b: CEBP Procedural Measures

Table 2a: Summary of Your Hospital's CEBP Condition Measure Performance

Table 2b: Summary of Your Hospital's CEBP Procedural Measure Performance

Table 3a: Detailed Statistics of Your Hospital's Condition Measure Performance

Table 3b: Detailed Statistics of Your Hospital's Procedural Measure Performance

Figure 1a and Table 4a: National Distribution of the CEBP Condition Measure across IPPS Hospitals

Figure 1b and Table 4b: National Distribution of the CEBP Procedural Measure across IPPS Hospitals

Table 5a: Detailed CEBP Condition Measure Spending Breakdowns by Clinical Episode Grouping

Table 5b: Detailed CEBP Procedural Measure Spending Breakdowns by Clinical Episode Grouping

Table 6a: Detailed CEBP Condition Measure Spending Breakdowns by Clinical Subtypes

Table 6b: Detailed CEBP Procedural Measure Spending Breakdowns by Clinical Subtypes

NOTE: Remainder of presentation will showcase table content for CEBP condition measures, which parallels table content for CEBP procedure measures.

Table 1a: CEBP Condition Measures

Displays the individual hospital's CEBP measures by condition

Your Hospital's Cellulitis CEBP Measure	Your Hospital's GI Hemorrhage CEBP Measure	Your Hospital's Kidney/UTI CEBP Measure
0.96	0.91	0.92

Table 2a: Summary of Your Hospital's CEBP Condition Measure Performance

Provides the number of eligible admissions and CEBP condition measure amounts for the individual hospital, the state, and the nation

Performance Scores	Cellulitis	GI Hemorrhage	Kidney/UTI
Number of eligible admissions at your hospital	52	125	80
Your hospital's CEBP amount	9,052.64	9,700.25	9,002.00
State average CEBP amount	8,996.60	10,694.34	9,452.25
US national average CEBP amount	9,264.25	10,578.28	9,680.81

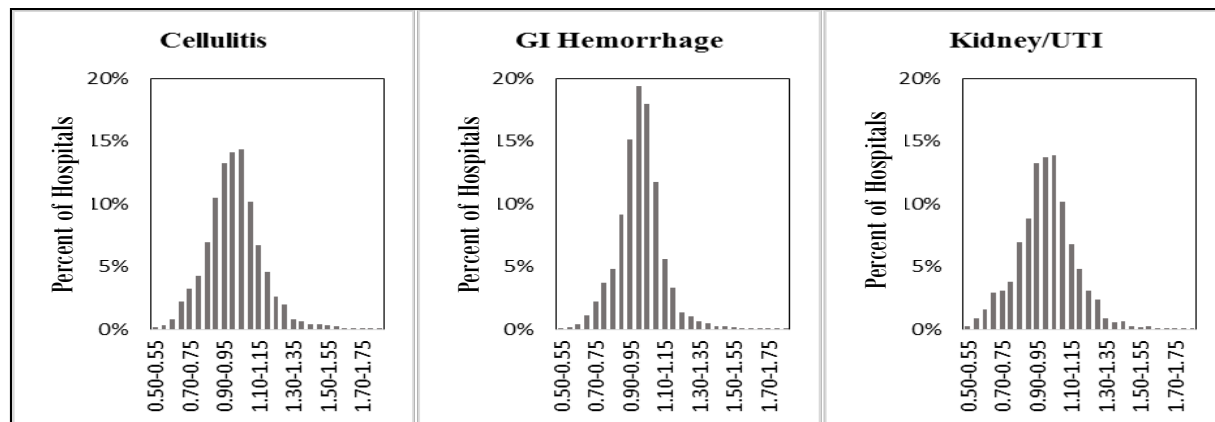
Table 3a: Detailed Statistics of Your Hospital's Condition Measure Performance

Displays the major components (e.g., number of eligible admissions, CEBP amount, and national median CEBP amount) used to calculate the individual hospital's CEBP measures

Cellulitis	Your Hospital	State	United States
Number of eligible admissions	52	2011	102,764
Average spending per episode	8,260.82	8,002.30	8,652.80
CEBP amount (average risk-adjusted spending)	9,052.60	8,996.60	9,260.25
US national median CEBP amount	9,382.23	9,382.23	9,382.23
CEBP measure	0.96	0.96	0.99
GI Hemorrhage	Your Hospital	State	United States
Number of eligible admissions	125	3,082	142,048

Figure 1a and Table 4a: National Distribution of the CEBP Condition Measures Across IPPS Hospitals

Displays the national distribution of the CEBP condition measures across all hospitals in the nation



Percentile	Cellulitis	GI Hemorrhage	Kidney/UTI
5	0.73	0.68	0.78
10	0.79	0.75	0.83
25	0.90	0.89	0.92
50	0.99	0.99	0.98
75	1.09	1.09	1.07
90	1.20	1.21	1.15
95	1.29	1.30	1.23

Table 5a: Detailed CEBP Condition Measure Spending Breakdowns by Clinical Episode Grouping

Category of Medical Care

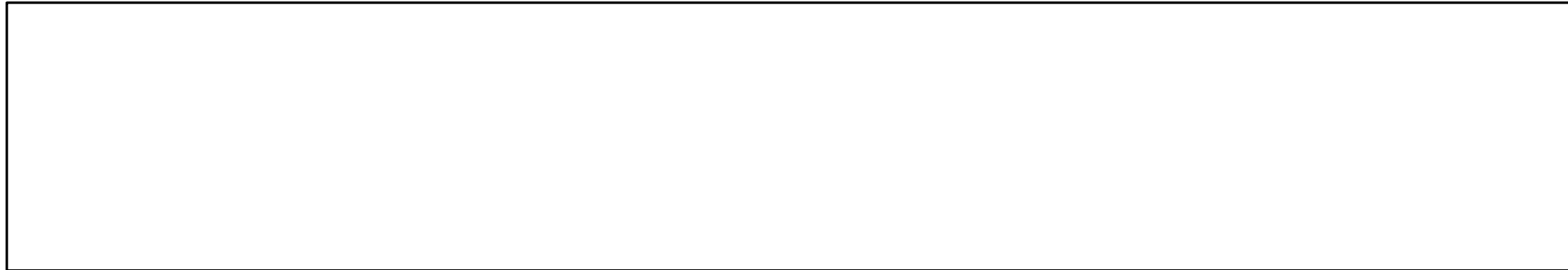
When in the episode clinically related services are grouped

Individual Hospital Spending

Amount and percent of total average episode spending for the clinical episode within a grouping period and claim type

Cellulitis	Claim Type	Your Hospital		State	Nation
		Spending per Episode	Percent of Spending	Percent of Spending	Percent of Spending
Treatment services	Total	6180.29	73%	73%	71%
	Inpatient	5186.31	62%	61%	58%
	Part B (Carrier)	993.98	11%	12%	13%
Clinically related post-discharge services	Total	2300.68	28%	29%	31%
	Home Health Agency	361.42	4%	4%	3%
	ER	8.96	.06%	.15%	.30%
	Inpatient**	647.88	8%	4%	5%
	Outpatient	129.91	2%	.82%	.92%
	Skilled Nursing Facility	1030.07	12%	16%	19%
	Durable Medical Equipment	20.61	.2%	.5%	.08%
	Carrier	101.83	1.7%	19.4%	2.7%

Table 5a: Detailed CEBP Condition Measure Spending Breakdowns by Clinical Episode Grouping (Cont.)



Cellulitis	Claim Type	Your Hospital		State	Nation
		Spending per Episode	Percent of Spending	Percent of Spending	Percent of Spending
Treatment services	Total	6180.29	73%	73%	71%
	Inpatient	5186.31	62%	61%	58%
	Part B (Carrier)	993.98	11%	12%	13%
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	Inpatient**	647.88	8%	4%	5%
	Outpatient	129.91	2%	.82%	.92%
	Skilled Nursing Facility	1030.07	12%	16%	19%
	Durable Medical Equipment	20.61	.2%	.5%	.08%
	Carrier	101.83	1.7%	19.4%	2.7%

Table 6a: Detailed CEBP Condition Measure Spending Breakdowns by Clinical Subtypes

- Provides a breakdown of the individual hospital's average actual and expected spending per CEBP condition episode by clinical subtypes
- Compares the individual hospital's average actual and expected spending to state and national average actual and expected spending

Table 6a: Detailed CEBP Condition Measure Spending Breakdowns by Clinical Subtypes (Cont.)

CEBP Measure
Episode Measure and Episode Type

Hospital Spending
The individual hospital's average and expected spending by clinical subtype

Episode Measure	Episode Type	Clinical Subtype	A	B	C	D	E	F
			Your Hospital		State		National	
			Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode
Cellulitis	MCC	Diabetes	10,404.28	10,596.31	14,240.16	13,900.11	14,000.29	14,562.98
		DPC**	14,6871.12	14,892.11	16,698.10	16,790.15	15,754.08	16,162.48
		Other	17,158.72	17,334.81	13,877.21	13,900.61	13,852.16	13,886.00
	Without MCC	Diabetes	7,013.89	8,078.23	8,021.17	8,629.16	8,706.14	8,972.00
		DPC**	5,692.34	10,094.13	13,836.18	12,146.19	12,028.18	12,382.18
		Other	8,154.18	8,298.15	7,996.72	8,354.19	8,306.28	8,570.56

Table 6a: Detailed CEBP Condition Measure Spending Breakdowns by Clinical Subtypes (Cont.)

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 clinical episode by clinical subtype)

Episode Measure	Episode Type	Clinical Subtype	A	B	C	D	E	F
			Your Hospital		State		National	
			Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode	Average Spending per Episode	Average Expected Spending per Episode
Cellulitis	MCC	Diabetes	10,404.28	10,596.31	14,240.16	13,900.11	14,000.29	14,562.98
		DPC**	14,6871.12	14,892.11	16,698.10	16,790.15	15,754.08	16,162.48
		Other	17,158.72	17,334.81	13,877.21	13,900.61	13,852.16	13,886.00
	Without MCC	Diabetes	7,013.89	8,078.23	8,021.17	8,629.16	8,706.14	8,972.00
		DPC**	5,692.34	10,094.13	13,836.18	12,146.19	12,028.18	12,382.18
		Other	8,154.18	8,298.15	7,996.72	8,354.19	8,306.28	8,570.56

Overview of Supplemental Hospital-Specific Data Files

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

- **Index Admission File**
Presents all inpatient admissions for the individual hospital in which a beneficiary was discharged during the period of performance
- **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
- **CEBP Episode File**
Shows the type of care, spending amount, and top five billing providers in each care setting for each CEBP episode

Hospital IQR Program Preview Period

- Hospitals may preview their CEBP 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 CMScebpmeasures@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

Summary of Agenda

- Goals of CEBP measures
- Measure methodology
- Calculation steps
- Example calculation
- Overview of HSRs and supplemental files
- **Public posting of CEBP measures scores**

Public Posting: CEBP Measures and Hospital IQR Program

Measure Reporting	Condition Measures	Procedural Measures
August 2017 HSR	Informational Purposes Only	---
May 2018 HSR	x	x
December 2017 <i>Hospital Compare</i>	---	---
Beginning 2018 <i>Hospital Compare</i>	x	x

X = CEBP measures included in the Hospital IQR Program in 2018

CEBP measures become part of the Hospital IQR Program measure set starting FY 2019.¹

¹<https://www.federalregister.gov/d/2016-18476/p-4768>

CEBP Questions

- Hospitals may submit questions about CEBP calculations or their HSR at CMScebpmeasures@econometricalnc.com.
 - For report reupload requests, 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
- Additional measure information can be found on this *QualityNet* web page:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228775614447>

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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

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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.

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

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 with a registration form. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main heading of the form is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The 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.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

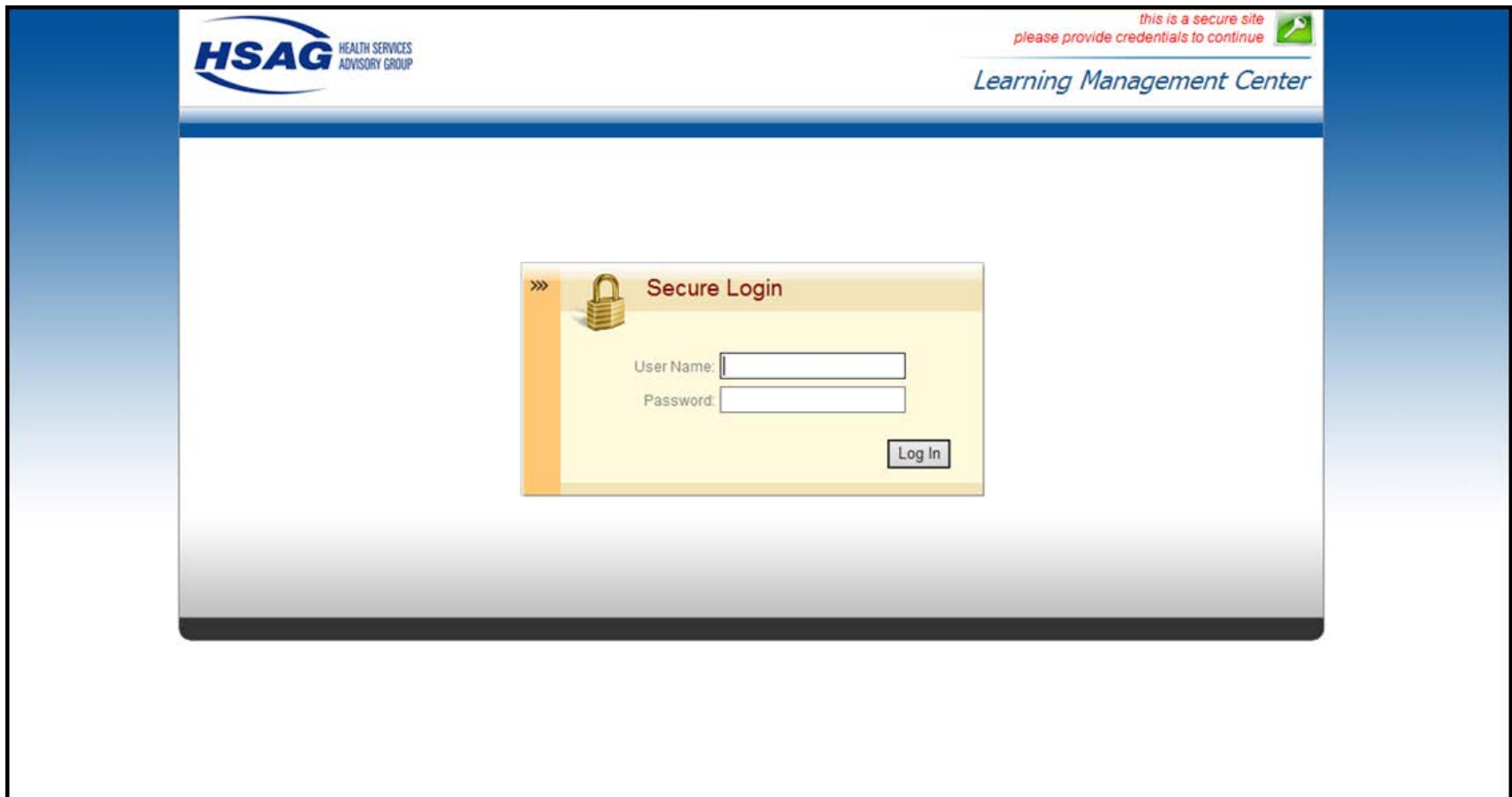
Learning Management Center

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 (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" next to a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

Disclaimer

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Thank You