Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Calendar Year 2019 Medicare Spending per Beneficiary Measure Hospital-Specific Report Overview

Presentation Transcript

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Maria Gugliuzza: Hello and thank you for tuning into the *Calendar Year 2019 Medicare Spending per Beneficiary Measure Hospital-Specific Report Overview* webinar On Demand. My name is Maria Gugliuzza, and I am the Outreach and Education Program Lead at CMS's Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host for the webinar.

I would like to welcome our speakers for this webinar. Bethany Bunch is the Hospital Value-Based Purchasing Program Lead at CMS's Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Sam Bounds is the Senior Policy Lead at Acumen LLC, and Ellen Jarosinski is the Hospital VBP Program Project Lead at CMS's Healthcare Quality Analytics and Reports Contractor.

The purpose of the event is to provide an overview of the Medicare Spending per Beneficiary (MSPB) Measure and Hospital-Specific Reports (HSRs), including the goals of the MSPB Measure, the measure methodology, and the steps to perform MSPB Measure calculations. Additionally, participants will learn how to download the MSPB HSRs from the *QualityNet Secure Portal*.

At the conclusion of the webinar, you should be able to identify the goals of the MSPB Measure, recall the MSPB Measure methodology, and download the MSPB HSRs.

If you have questions during the webinar, you may submit them to the following email address: WebinarQuestions@hsag.com. Again, the email address is WebinarQuestions@hsag.com. When sending questions, please use the webinar title in the subject line. The webinar title is *Calendar Year 2019 Medicare Spending per Beneficiary Measure Hospital-Specific Report Overview*. In the email body, please include your question, and, if your question pertains to a specific slide, please include the slide number for us to more efficiently assist you. We will answer your questions as soon as possible. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the *QualityNet* Inpatient Questions and Answers tool. If you do not find a similar topic, feel free to use the tool to submit a new question.

That concludes our introduction. I will now turn this over to our first speaker. Bethany, the floor is yours.

Bethany Bunch: Thank you, Maria. I'll just be covering a few quick slides on receiving and downloading your MSPB HSRs.

The MSPB measures HSRs are scheduled to be delivered May 21 and 22. You should only receive one report which serves as the HSR for the Hospital VBP Program and Public Reporting. This HSR includes claims from January 1 through December 31 of 2019, which will be used in the FY 2021 Hospital VBP Program. We anticipate the FY 2021 Hospital VBP Program Percentage Payment Summary Reports will be enabled on the *QualityNet Hospital Quality Reporting Secure Portal* by August 1, 2020.

Hospitals may review and request corrections to their MSPB Measure for 30 days after the release of their HSR. The Hospital Value-Based Purchasing Program review and correction period ends June 26 at 11:59 Pacific Time. During this review and correction period, hospitals may submit questions or requests for corrections through the *QualityNet* Inpatient Q&A tool; the link is available on this slide, or you can navigate to the tool by going to *QualityNet*, hovering over Help at the top-right side of the navigation pane, and selecting Hospitals – Inpatient. When filling out the Ask a Question form, select Inpatient Claims-Based Measures as the program. For Topic, expand the Medicare Spending per Beneficiary option and select Review & Correction request, if you would like to submit a review and correction request. Options are available for questions regarding measure methodology, results, or requests for the HSR. Please be sure to include your hospital CMS Certification Number, or CCN, so the appropriate team can easily review your hospital's questions against the data that were provided in the HSR. As with any other claims-based measures, hospitals may not submit additional corrections to underlying claims data, and they may not submit new claims to be added to the calculations. If you have any questions regarding the receipt of your HSR, please contact the *QualityNet* Help Desk.

Now, we will move on to receiving your HSR. Active hospital *QualityNet* users that have been assigned the Hospital Reporting Feedback-Inpatient and File Exchange and Search roles for your hospital will receive the report in their *QualityNet* Secure File Transfer inbox.

Once the report has been delivered to your Auto Route Inbox, you should receive an Auto Route File Delivery Notification e-mail, similar to the one displayed at the bottom of the screen. In addition, a Listserve communication announcing the availability of the report was sent on May 22.

To download your report, login to the *QualityNet Secure Portal*, and select Secure File Transfer from the home page. Please note that the MSPB HSR is not available in the new *QualityNet Hospital Quality Reporting Secure Portal* that you log in to using your HARP ID. You must use the *QualityNet Secure Portal* and select Secure File Transfer to access the report.

Once logged in to the *QualityNet Secure Portal*, select Secure File Transfer from the home page.

On the left hand side, you will select Auto Route Inbox. You will then see the file containing the report. You can select the desired file and then click Download. Please note that the files will be deleted after a specified period of time after transmission (normally 30–60 days). So, please download the report timely after receiving the notification. If you were not able to download the report in time, you can submit a request for the HSR to be resent in the *QualityNet* Inpatient Q&A tool that we discussed earlier on slide 8. Thank you for your time. I will now turn the presentation over to Sam Bounds to discuss the MSPB measure methodology and calculations. Thank you.

Sam Bounds: I will be covering the MSBP and measure calcuations today.

The MSPB Measure evaluates hospitals' efficiency relative to the national median hospital. Specifically, the MSPB Measure evaluates the cost to Medicare for services performed by a hospital and other healthcare providers during an MSPB episode. An MSPB episode includes all

Medicare Part A and Part B claims during the periods immediately prior to, during, and after a patient's hospital stay.

The MSPB Measure is the sole efficiency measure in the Hospital Value-Based Purchasing Program, also known as the Hospital VBP Program. The measure was included starting in fiscal year 2015, and the measure was required for inclusion by the Social Security Act and is endorsed by the National Quality Forum. More measure details are included in the fiscal year 2012 and 2013 inpatient prospective payment system final rules. The links are included on this slide.

On your screen is our agenda for today's presentation, I will go over the goals of the measure, the measure methodology, the specific calculation steps, and example calculations. Ellen Jarosinski, our colleague from the Healthcare Quality Analytics and Reports Contractor, will then take us through a tour of the HSRs and supplemental followed by our question and answer section.

Goals of the MSPB Measure: In conjunction with the Hospital Value-Based Purchasing Program quality measures, the MSPB measure aims to promote more efficient care for beneficiaries by financially incentivizing hospitals to coordinate care, reduce system fragmentation, and improve efficiency. For example, hospitals can improve efficiency through actions, such as improving coordination with pre-admission and post-acute providers to reduce the likelihood of re-admission.

Next, I will provide a description of the measure methodology and define a few key terms.

The MSPB is a claims-based measure that includes price standardized payments for Part A and Part B services. A hospital admission, indicated by the red triangle on the slide, is also known as the index hospital admission. An index hospital admission is the signal to initiate and measure and episode of care within the MSPB hospital measure. As detailed on the present slide, the three days prior to an index hospital admission through 30 days after the hospital discharge constitutes an

episode of care and is the duration for which Part A and Part B services will be assessed.

The MSPB Measure is based on all MSPB episodes that an inpatient prospective payment system hospital, or IPPS hospital, has during a performance period. An MSPB episode includes all services provided three days before the hospital admission through 30 days post hospital discharge. The reason why an episode includes three days prior to hospital admission is to include diagnostic or pre-operative services that are related to the index admission. Including services that are 30 days after the discharge emphasizes the importance of care transitions and monitors the mitigation of complication of care. The population of hospital admissions that qualify as an MSPB episode excludes the following scenarios to create a more homogenous study group: Admissions that occur within 30 days of discharge of another index admission; transfers between acute hospitals for both the transferring and receiving hospital; episodes where the index admission claim has zero dollar payment; and, lastly, admissions having a discharge date fewer than 30 days prior to the end of a measure performance period.

Episodes are used in the MSPB Measure to calculate a hospital's MSPB amount. An MSPB amount is the sum of all standardized and risk-adjusted spending across all of the hospital's eligible episodes divided by the number of episodes. In other words, it's a hospital's average, risk-adjusted spending across the hospital's attributed episodes. In later slides detailing the calculation steps, we'll cover how the risk-adjusted spending of an episode is determined. The MSPB Amount is a representation of how efficiency is measured by the measure. The MSPB Measure is then defined as the hospital's MSPB amount divided by the episode-weighted median MSPB amount across all hospitals. This transformation step from the MSPB Amount to the MSPB Measure normalizes the measure score so that it can be interpreted as a ratio of a hospital's cost efficiency in comparison to the national median.

An MSPB Measure that is less than 1 indicates that a given hospital spends less than the national median MSPB Amount across all hospitals

during a given performance period. Improvement on this measure for a hospital would be observed as a lower MSPB Measure value across performance periods. For example, a hospital would have improved in its MSPB measure if it had a measure value of 1.05 in 2012 baseline period and then that decreased to 1.01 in the 2014 performance period. Now, we do want to take a moment to point out that the MSPB Measure alone does not necessarily reflect the quality of care provided by hospitals. The MSPB Measure is most meaningful when presented in the context of other quality measures, which is why the MSPB Measure is combined with other measures in the Hospital Value-Based Purchasing Program to provide a more comprehensive assessment of hospital performance.

Now that I've gone over the definition of key terms and how to interpret the MSPB Measure, this slide will discuss populations of beneficiaries that are included and excluded when calculating a hospital's measure. Beneficiaries included are those who are enrolled in Medicare Parts A and B from 90 days prior to the episode start date through the end of the episode and who are admitted to subsection (d) hospitals. Starting with 2014 data, the beneficiaries covered by the Railroad Retirement Board were also included in the hospital's MSPB Measure. Beneficiaries that are excluded are those enrolled in Medicare Advantage, those who have Medicare as a secondary payer, or those who died during the episode.

The next section of this presentation will focus on the steps to calculate the hospital's MSPB Measure once MSPB episodes have been identified.

There are eight calculation steps and one reporting step that we will walk through over the next several slides. The first step is to standardize claim payments so that spending can be compared across the country. The second step is to calculate the standardized episode spending for all episodes in a hospital. The third step is to estimate the expected episode spending using linear regression and, in the fourth step, all extreme values produced in step three are Winsorized. The fifth and sixth step is to calculate the residuals for each episode so that we can exclude outliers. The seventh step is to calculate the MSPB amount for each hospital. The eighth step is to calculate the MSPB Measure for a hospital based on the

MSPB Amount. Finally, in Step 9, we report the MSPB Measure for the Hospital Value-Based Purchasing Program for eligible hospitals.

In Step 1, claims payments are standardized to adjust for geographic differences and payments from special Medicare programs that are not related to resource use, such as hospital graduate medical education funds for training residents. However, payment generalization maintains differences that result from healthcare delivery choices, such as the setting where the service is provided, specialty of the provider, the number of services provided in the same visit, and outlier cases. For more information on the full methodology that's used in calculating standardized payments, you can refer to the documents on this *QualityNet* website.

In the second step, all standardized Medicare Part A and Part B claim payments made during MSPB episodes are summed. Payments are defined as Medicare allowed amounts, which includes patient deductibles and co-insurance. A claim is defined as occurring during an episode based on the "from date," or the start date variable. This means, if a claim starts during the MSPB episode and extends beyond 30 days after hospital discharge, the entire claim will be included without proration. For example, if a patient is admitted to an eligible hospital, which triggers an MSPB episode and then this patient receives home health care after discharge beyond the episode end date, the MSPB amount of the index hospital will include the total home health claim payment.

The third step is to calculate the expected episode spending amount. In this step, the episode spending amount is adjusted for age, severity of illness, and comorbidities. Specifically, to account for case-mix variation and other factors across hospitals, a linear regression is used to estimate the relationship between a number of risk adjustment variables and the standardized episode spending calculated in Step 2. Risk adjustment variables include factors such as age, severity of illness, and comorbidity interactions. Severity of illness is measured using several indicators, including the Hierarchical Condition Categories, or HCC, indicators; the admissions MS-DRG; an indicator for patients with End Stage Renal

Disease; and an indicator for patients that are long term care institutionalized. The expected spending for each episode is calculated by using a separate model for episodes within a Major Diagnostic Category, or MDC.

In the regression model in Step 3, many variables are included to more accurately capture beneficiary case mix. However, a risk of using a large number of variables is that the regression can produce some extreme predicted values due to having only a few outlier episodes in a given cell. In the fourth step, extremely low values for expected episode spending are Winsorized, or bottom coded. That is, for each Major Diagnostic Category, episodes that fall below the 0.5 percentile of the Major Diagnostic Category expected spending distribution are identified. Next, the expected spending of those extremely low spending episodes are set to equal to the 0.5 percentile. Lastly, the expected spending scores are renormalized to ensure that the average expected episode spending level for any Major Diagnostic Category is the same before and after Winsorizing. This renormalization is done by multiplying the expected spending by the ratio of the average expected spending level within each Major Diagnostic Category and average Winsorized expected spending level within each Major Diagnostic Category.

In the fifth and sixth step, we calculate the residual for each episode to exclude outliers. The residual is calculated as the difference between the standardized episode spending, which was calculated in Step 2, and the Winsorized expected episode spending, which was calculated in Step 4. Outlier episodes are identified and then excluded to mitigate the effect of high spending and low spending outliers for each hospital's MSPB Measure. Spending far above the expected spending as predicted through risk adjustment are identified when the residuals fall above the 99th percentile of the residual distribution across the total episode population. Inversely, spending much lower than predicted, are identified when the residual falls below the first percentile. After excluding outliers, episodes expected cost is renormalized again to ensure that the average expected spending is the same as the average standardized spending after outlier exclusions.

In the seventh step, the risk-adjusted MSPB Amount is calculated as the ratio of the average standardized episode spending by the average expected episode spending. This ratio is then multiplied by the average spending level across all hospitals, a constant which transforms the metric into dollars.

In the eighth step, the MSPB Measure is then calculated as a ratio of the risk-adjusted MSPB Amount for a given hospital, as calculated in Step 7 and the national episode weighted median MSPB Amount. This final calculation step is a transformation so that the measure can be interpreted respective to the national median.

In the last step, the MSPB Measure of hospitals that are eligible for the Hospital Value-Based Purchasing Program and have at least 25 episodes are reported and used for payment purposes. Hospitals with 24 or fewer episodes will not have the MSPB Measure used for payment purposes or publicly reported. *Hospital Compare* or any successor website anticipates refreshing the measure data in January of 2021.

Now that we've gone over each of the steps to calculate the MSPB Measure, the next several slides will walk through the calculation for an example hospital.

In this example, Hospital A has 30 MSPB episodes ranging from $1,000 to $33,000 in standardized episode spending. After applying steps one through four of the calculations, each episode will have an observed standardized episode spending and a Winsorized expected episode spending as predicted through risk adjustment. We see that the hospital has one episode with the residual higher than the 99th percentile. The residual is calculated as the difference between the standardized episode spending and the Winsorized expected episode spending. This episode is considered an outlier and excluded. The MSPB Amount and the MSPB Measure will then be calculated based on the remaining 29 episodes for Hospital A. We also have an example calculation as fully explained with sample data on the MSPB *QualityNet* web page that's linked on this slide.

The MSPB Amount for Hospital A is then calculated as the ratio of the average standardized episode spending across Hospital A's 29 episodes and the average expected episode spending across these same episodes. The ratio is multiplied by the average episode spending across all hospitals. So, for Hospital A, the MSPB Amount is now $8,462.

Next, the MSPB Measure for Hospital A is calculated as the ratio of the MSPB Amount, which we calculated in the previous slide, divided by the national episode weighted median MSPB Amount. So, let's pretend that the national episode weighted median MSPB Amount is $9,100. As a result, our example hospital would then then have an MSPB Measure score of 0.93. Since our example hospital here has 29 episodes, which exceeds the reporting case minimum of 25 episodes, its MSPB Measure will be reported and used in the Hospital Value-Based Purchasing Program. I will now hand the presentation over to Ellen Jarosinski to discuss the HSRs and supplemental files.

Ellen Jarosinski : Thank you, Sam. My name is Ellen Jarosinski, and I am the Hospital VBP Program Project Lead on the Healthcare Quality Analytics and Reports Contractor.

Today, I am going to provide an overview of the Medicare Spending Per Beneficiary Hospital-Specific Report and Supplemental Data Files.

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 for the performance period of January 1, 2019, through December 31, 2019. In addition to the MSPB Measure, the HSR includes the major components used to calculate the MSPB Measure (Average Spending per Episode; Average Risk-Adjusted Spending or MSPB Amount; Number of Eligible Admissions; and National Median MSPB Amount) for the hospital, state, and the nation. The three 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, or HUG, will accompany the HSR that includes additional information about the data in the HSR and supplemental files.

Table 1 displays your hospital's MSPB Measure. The MSPB Measure is calculated as the ratio of the payment-standardized, risk-adjusted MSPB Amount for the hospital divided by the episode-weighted, median MSPB Amount across all hospitals. A MSPB Measure of greater than 1 indicates that the hospital's MSPB Amount is more expensive than the US National Median MSPB Amount. A MSPB Measure of less than 1 indicates that the hospital's MSPB Amount is less expensive than the national median MSPB amount.

Table 2 provides a summary of your hospital's individual MSPB performance. It includes the number of eligible admissions at your hospital and the MSPB Amount for your hospital, the state, and the nation during the performance period from January 1, 2019, through December 31, 2019.

Table 3 provides a comparison of the individual hospital's MSPB performance to the performance of the state and nation. This table displays the major components used to calculate an individual hospital's MSPB Measure. The following data are included in Table 3 for your hospital, state, and the nation: The number of eligible admissions is the number of episode-establishing index admissions; the average spending per episode is the average spending for non-risk-adjusted services provided to a Medicare beneficiary during an episode; the MSPB Amount is the average payment-standardized, risk-adjusted Medicare Part A and Part B payments included in the MSPB Measure for episodes that occur during the discharge period; the FY 2021 Hospital Discharge Period is January 1, 2019, through December 1, 2019. Please note that the performance period is different from the hospital discharge period because the entire 30-day post-discharge period must fall within the performance period. The FY 2021 MSPB Performance Period is January 1, 2019, through December 31, 2019. The US National Median MSPB Amount is the same for your

hospital, state, and the nation. The MSPB Measure is the ratio of the MSPB Amount divided by the US National Median MSPB Amount. Only the MSPB Measure will be publicly reported. Hospitals with fewer than 25 episodes will not have their MSPB Measure publicly reported. Only state and US national values will be posted in that instance.

Table 4 displays the national distribution of the MSPB Measure by percentile across all hospitals in the nation. This data are the same for all hospitals.

The graph on this slide provides a visual representation of the national distribution of the MSPB Measure found in the HSR User Guide. The graph includes hospitals with an MSPB Measure between 0.5 and 1.5, representing 99.6 percent of hospitals. Hospitals outside of this range were excluded to ensure the figure is readable.

Table 5 provides a detailed breakdown of the individual hospital's spending by claim types and three time periods - three days prior to index admission, during-index admission, and 30 days after hospital discharge. Spending levels are broken down by claim type within each of these time periods. Hospitals can compare the percentage of total average episode spending by claim type and time period to the percent of total average spending at hospitals in their state and the nation. The values included in Table 5 represent the average actual standardized episode spending amount. Please note, spending amounts are not risk-adjusted for hospital case mix because risk adjustments are performed at the Major Diagnostic Category (MDC) level.

In this example, the hospital spent an average of $6,336 for inpatient claims during the index admission. This represents 40.8 percent of total episode spending for the hospital. Table 5 also allows us to compare the percent of total average spending in an individual hospital to the percent of spending at the state and national levels. The red box highlights the comparison that we can make for the percent of spending on inpatient claims during the index hospital admission. In this example, the hospital spends 40.8 percent of episode spending on inpatient services. This is

lower than the percent of spending in the state, which is 47.4 percent, and the nation, which is 47.2 percent. A lower percentage of spending in an individual hospital for a given time period and claim type indicates that the individual hospital spends less than other hospital's in their state and the nation. Alternatively, a higher percent of spending in an individual hospital when compared to the percent of spending in their state and the nation indicates that the individual hospital spends more than the other hospitals in the state and the nation.

Table 6 provides a breakdown of average, actual, and expected spending for an MSPB episode by major diagnostic category, or MDC. Hospitals can compare their average actual and expected spending to the state and national average actual and expected spending.

In this example, we can look at the hospital's average actual and expected spending per episode for the Major Diagnostic Category (MDC) for Ear, Nose, Mouth, and Throat. The hospital's average, actual, and expected spending per episode are found in Columns C and D. This hospital has an average actual spending of $18,155 per episode compared to an average expected spending of $10,305 per episode.

Table 6 also allows us to compare the average, actual, and expected spending of the individual hospital to the spending level in their state and the nation. For episodes included in the MDC for Ear, Nose, Mouth and Throat, let's look at Columns G and H and identify the national average actual and expected spending which we see as being around $14,800 per episode. Hospitals can compare their average expected spending per episode, found in Column D, to the national average expected spending per episode, found in Column H. In this example, the hospital had an average expected spending of $10,305. Here, we see that this hospital has a lower than average expected spending per episode in the nation.

Accompanying your MSPB HSR are three supplemental hospital-specific data files: the Index Admission File, the Beneficiary Risk Score File, and the Episode File. These files contain information on the admissions that were considered for inclusion in the MSPB Measure calculation for your

hospital. The Index Admission File presents all inpatient admissions for your hospital in which a beneficiary was discharged during the period of performance. This file indicates whether or not an inpatient admission was counted as an index admission and, if not, it provides the reason for exclusion. For each inpatient admission, the file provides dates of admission and discharge, length of stay, diagnosis codes, Major Diagnostic Category, and actual payment amounts. The 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. This file includes the predicted payment amount and the risk adjustors used in the MSPB risk adjustment regression model. The Episode File identifies the type of care, spending amount, and the top five billing providers in each care setting for each MSPB episode at your hospital, allowing you to identify the type of inpatient provider that is billing the most for the given episode. The information included in the three supplemental hospital-specific data files is not publicly reported.

This concludes the MSPB HSR and supplemental file overview. Now, I'd like to turn it over to Maria for the question-and-answer portion of the presentation.

Maria Gugliuzza: Thank you, Ellen. We will now address some frequently asked questions regarding the calendar year 2019 Medicare Spending per Beneficiary Measure Hospital-Specific Report overview HSRs.

Why are beneficiaries required to be continuously enrolled in Part A/B for the 90 days prior to the episode start date?

Sam Bounds: The 90 days prior to an episode is used to define a beneficiary's characteristics to predict expected episode spending during risk adjustment. Since the measure is based on Part A and Part B claims, enrollment during this period is required so that the beneficiary's risk factors can be appropriately observed through the claims data used.

Maria Gugliuzza: Can you explain what is meant by "risk adjustment"?

Sam Bounds: Risk adjustment predicts the expected spending of an MSPB episode by adjusting for factors outside of the hospitals reasonable influence that can impact spending, for example pre-existing health conditions or age. A linear regression is used to predict the coefficients for each indicator in the model. These coefficients represents the mean difference in episode spending when the health condition is present. For example, if we observe that patients with ESRD are more expensive that non-ESRD patients, then the mean difference in episode spending observed in the population for ESRD patients will be added to the expected spending of an episode for ESRD patients. This adjustment prevents disadvantaging episodes that serve riskier patients.

Maria Gugliuzza: Do we want a higher or lower value for the MSPB Measure?

Sam Bounds: An MSPB Measure of greater than 1 indicates that your hospital's MSPB Amount is more expensive than the US national median MSPB Amount. An MSPB measure of less than 1 indicates that your hospital's MSPB amount is less expensive than the US national median MSPB Amount. Lowering of a MSPB Measure score indicates improvement on the measure. The MSPB Measure should be viewed in the context of other measures to evaluate the quality of care. The MSPB Measure is not the only measure by which CMS will evaluate hospitals.

Maria Gugliuzza: Has the MSPB hospital measure calculation changed from last year?

Sam Bounds: No, there have been no changes to the measure calculation methodology.

Maria Gugliuzza: Are readmissions for elective procedures included in the MSPB Measure calculation?

Ellen Jarosinski : An MSPB episode will include all Medicare Part A and Part B claims with a start date falling between three days prior to an IPPS hospital admission (also known as the index admission for the episode) through 30 days post-hospital discharge. Thus, readmissions for elective procedures are included in the measure calculations.

Maria Gugliuzza: What are carrier claims?

Ellen Jarosinski : Carrier spending levels represent spending for services that appear in the Carrier Claims File, which contains claims submitted by non-institutional providers. Research Data Assistance Center describes the carrier file as follows: "The carrier file includes fee-for-service claims submitted by professional providers, including physicians, physician assistants, clinical social workers, and nurse practitioners. Claims for some organizational providers, such as free-standing facilities, are also found in the Carrier Claims File. Examples include independent clinical laboratories, ambulance providers, free-standing ambulatory surgical centers, and free-standing radiology centers."

Maria Gugliuzza: What is included in the Inpatient claim type category during the time period 30 Days after Hospital Discharge on Table 5 Detailed MSPB Spending Breakdown by Claim Type of my HSR?

Ellen Jarosinski : The Inpatient category includes all claims in the Inpatient claims file. Regarding claims during the 30 Days after Hospital Discharge category, this category includes all claims that fall between an episode's index admission discharge date and 30 days after hospital discharge. Accordingly, in Table 5, an MSPB episode can have an inpatient claim during this time if the patient is readmitted to the hospital after the index admission discharge. In the 30 Days After Hospital Discharge category, this could include IP readmissions, as well as admissions to an IP psychiatric or rehab facility.

Maria Gugliuzza: How can I verify the Number of Eligible Admissions used to calculate my hospital's MSPB performance found in Tables 2 and 3 of my HSR?

Ellen Jarosinski : This can be verified from any of the three supplemental data files provided by looking at the variable Hosp_Episode_Count. In addition, you can filter the Index Admission File, where the Index_Admsn_Flag variable equals 1. The variable Excluded_Reason in the Index Admission File provides the reason for exclusion.

Maria Gugliuzza: Will critical access hospitals (CAHs) receive a FY 2021 MSPB HSR?

Ellen Jarosinski : The MSPB measure calculation only includes hospitals subject to the IPPS. As a result, CAHs are excluded from the MSPB calculation and will not receive an HSR.

Maria Gugliuzza: If you have questions during the webinar, you may submit them to the following email address, WebinarQuestions@hsag.com. Again, the email address is WebinarQuestions@hsag.com. When sending questions, please use the webinar title in the subject line. The webinar title is *Calendar Year 2019 Medicare Spending per Beneficiary Measure Hospital-Specific Report Overview*. In the email body, please include your question, and, if your question pertains to a specific slide, please include the slide number for us to more efficiently assist you. We will answer your questions as soon as possible. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the *QualityNet* Inpatient Questions and Answers tool. If you do not find a similar topic, feel free to use the tool to submit a new question.

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