Hospital Value-Based Purchasing: Claims-Based Measures

January 20, 2015
2 P.M. ET

Objectives

Participants will be able to:

- Summarize instructions on how to resubmit claims;
- Understand Hospital Specific Reports (HSRs) for claims-based measures;
- List items that may be requested during the Claims-Based Review and Correction Period; and
- List items that may be requested during the Percentage Payment Summary Report Review and Correction Period.

How to Read a Hospital Specific Report

Hospital Value-Based Purchasing

Kayte Hennick, BA, Hospital Reporting, Reports and Analytics Contractor

Purpose

This presentation will explain how to read and interpret your Hospital Value-Based Purchasing (VBP) Hospital Specific Reports (HSRs) and explain the Claims-Based Measure Review and Corrections Process.

Objectives

- Understand how to read and interpret results in HSRs.
- Learn about the Claims-Based Review and Corrections Process, including:
  - How to submit a Review and Corrections Request;
  - What items can be submitted for Review and Corrections; and
  - Timeframe for submitting Review and Corrections requests.

AHRQ PSI-90 HOSPITAL-SPECIFIC REPORT

HVBP: AHRQ HSR

- **AHRQ PSI-90 Composite Measure**
  - Composite value is a weighted average of eight individual Patient Safety Indicators (PSIs), also referred to as “Component Measures”
    - PSI 03 – Pressure Ulcer
    - PSI 07 – Central Venous Catheter-Related Bloodstream Infections
    - PSI 08 – Postoperative Hip Fracture
    - PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis
    - PSI 13 – Postoperative Sepsis
    - PSI 14 – Postoperative Wound Dehiscence
    - PSI 15 – Accidental Puncture or Laceration
- **HSR content:**
  - Hospital Results
  - PSI Performance
  - Discharge Information (for each PSI)

HVBP: AHRQ HSR

Hospital Results

- **Performance Period Index Value**
  - Weighted average of eight (8) individual PSIs
    - A lower value indicates better quality.
    - A hospital must have a minimum of three valid discharges for at least one component measure to receive a PSI-90 Composite Value.
- **Achievement Threshold**
  - The median performance level among all hospitals with measure results and minimum valid discharges during the baseline period.
- **Benchmark**
  - The average of the top decile of index values among all hospitals with measure results and minimum valid discharges during the baseline period.

HVBP: AHRQ HSR

PSI Performance

- **Total Number of Eligible Discharges (Denominator) at Your Hospital**
  - Number of discharges at your hospital that meet inclusion criteria for each component measure, as defined in the AHRQ Technical Specifications.
- **Smoothed Rate***
  - Estimate of your hospital's expected performance with a large population of patients for each individual component measure.
- **National Risk-Adjusted Rate**
  - The overall risk-adjusted rate for the performance period for each component measure.
- **Composite Index Value***
  - PSI-90 Composite value calculated for your hospital. The PSI-90 Composite is calculated from PSI 03, 06, 07, 08, 12, 13, 14, and 15.
  - Same as Performance Period Index Value on Table 1 of the HSR.
- **Measure's Weight in Composite**
  - Weights that were used to construct the PSI-90 Composite from the smoothed rates of the individual PSI measures.
  - The same weights are applied for all hospitals.

*Indicates values that can be verified by replication. Instructions are distributed with your HSR and can also be found at https://www.qualitynet.org/ > Hospitals – Inpatient > Claims-Based Measures > Hospital Value-Based Purchasing (VBP) Mortality and AHRQ Measures > Description of FY 2015 Hospital VBP Mortality HSR and ARHQ PSI-90 Measures HSR.

HVBP: AHRQ HSR

- **Number of Outcomes (Numerator)**
  - Number of measure outcomes for each component measure, as defined in the AHRQ Technical Specifications.
- **Observed Rate***
  - (Numerator/Denominator) x 1,000.
  - Also referred to as the “raw rate.”
- **Risk-Adjusted Rate***
  - Estimate of your hospital’s performance on each component measure if your hospital had an “average” patient case-mix, given your hospital’s actual performance.
- **Expected Rate**
  - Your hospital’s expected performance on each component measure.
- **Reliability Rate**
  - Weights that are used to construct the smoothed rate for each component measure.
  - Reliability weights vary by hospital.

*Indicates values that can be verified by replication. Instructions are distributed with your HSR and can also be found at https://www.qualitynet.org/ > Hospitals – Inpatient > Claims-Based Measures > Hospital Value-Based Purchasing (VBP) Mortality and AHRQ Measures > Description of FY 2015 Hospital VBP Mortality HSR and ARHQ PSI-90 Measures HSR.

HVBP: AHRQ HSR

Discharge-Level Information

- ***Only* includes information on discharges that are included in the numerator of one or more individual PSIs.**
- **Assists you in:**
  - Reviewing the discharges used in the measure calculations; and
  - Replicating your observed rate, risk-adjusted rate, smoothed rate, and PSI-90 Composite Value.

30-DAY MORTALITY HOSPITAL-SPECIFIC REPORT

HVBP: Mortality HSR

- **Measures:**
  - Acute Myocardial Infarction (AMI)
  - Heart Failure (HF)
  - Pneumonia (PN)
- **HSR Content:**
  - Hospital Results
  - Additional Information
  - Discharge Information (for each measure)

HVBP: Mortality HSR

Hospital Results for Each Measure

- **Number of eligible discharges**
  - On the Discharge Table, the number of stays where Index Stay = YES.
- **Performance Period Survival Rate**
  - Can be replicated with the information within the Additional Information Table and the measure-specific Discharge Table.
  - This is the result that is used to calculate the achievement and improvement points.
- **Achievement Threshold**
  - Median survival rate among all hospitals with measure results and minimum case size, during the baseline period.
- **Benchmark**
  - Mean survival rate of the hospitals in the top performing decile, during the baseline period.

HVBP: Mortality HSR

Additional Information Table

- **This table contains supplemental information for use in replicating expected and predicted deaths, including:**
  - Number of Eligible Discharges
  - Predicted Deaths
    - Number of deaths predicted within 30 days of admission to your hospital, based on your hospital's performance with your case mix and your hospital's estimated effect on mortality.
  - Expected Deaths
    - Number of deaths expected within 30 days of admission to your hospital, based on the average hospital's performance with your case mix and the average hospital effect on mortality.
  - National Crude Mortality Rate
    - The national observed mortality rate (within 30 days of admission).
    - This doesn't account for risk factors.
  - Risk-Standardized Mortality Rate (RSMR)
    - (Predicted Deaths/Expected Deaths)*National Crude Mortality Rate.
    - Lower values are better.
  - Performance Period Survival Rate
    - Equal to 1 – RSMR.
    - Higher values are better because they correspond to lower mortality rates.

HVBP: Mortality HSR

Discharges Level Information

- **The information on these tables is provided to aid hospitals in locating the stays in internal records and to allow for replication of the results presented in the Hospital Results Table and the Additional Information Table.**
  - Replication instructions are detailed in the HSR description document).
- **Important variables for replication:**
  - Index Stay (Yes/No)
    - This variable indicates whether a stay is included in the measure calculation, only stays with ‘YES’ are included.
  - Risk Factors
    - These differ between measures.
    - Row eight (8) contains the model coefficients that are indicated in the replication instructions.
  - HOSP_EFFECT
    - This is the estimated effect your hospital has on mortality.
  - AVG_EFFECT
    - This is the average hospital effect on mortality.

CLAIMS-BASED MEASURES: REVIEW AND CORRECTIONS PERIOD

Understanding Review and Corrections

Claims-Based Review and Corrections

- Separate from the Review and Corrections period following the release of the VBP Percentage Payment Summary Reports.
- Allows hospitals to review:
  - Claims Detail;
  - 30-Day Mortality Measures Calculations; and
  - PSI-90 Composite Calculations.
- Does NOT allow hospitals to:
  - Submit additional corrections to underlying claims data; or
  - Submit new claims to be added to the calculations.
- Facilities may submit a Review and Corrections request if they believe there is an error in the measure calculations.
  - Requests must be submitted within 30 days of their HSR becoming available through the QualityNet Secure Portal.
  - Review and Corrections requests submitted after the 30-day cut-off will not be considered.

How to Submit a Review and Correction Request

- **If you identify potential discrepancies in the calculation of your measure results, you may request a review by sending an email to the QualityNet Help Desk at qnetsupport@HCQIS.org.**
- **Hospitals should include the following information:**
  - CMS Certification Number (CCN);
  - Hospital Name;
  - Hospital Address;
  - Phone Number and Email Address for the point of contact; and
  - A clear explanation of why you believe a discrepancy has occurred.
- **Hospitals should not include personally identifiable information (PII) or protected health information (PHI) when emailing the help desk. Doing so is considered a security violation.**

RESOURCES

Resources

- **QualityNet Help Desk**
  - 866.288.8912 (TTY 877.715.6222) 7 a.m.–7 p.m. CST M-F
  - qnetsupport@HCQIS.org

  You will be asked to provide basic information such as name, practice, address, phone, and email.
- **AHRQ Resources**
  - QualityNet
    - Path: httsp://www.qualitynet.org > Hospitals – Inpatient > Claims-Based Measures > Agency for Healthcare Research and Quality (AHRQ) Indicators > Resources
    - Link: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228695355425
  - Quality Indicators Support
    - QIsupport@ahrq.hhs.gov
  - PSI Resources
    - http://www.qualityindicators.ahrq.gov/modules/psi_resources.aspx
- **Mortality Resources**
  - QualityNet
    - Path: httsp://www.qualitynet.org > Hospitals – Inpatient > Claims-Based Measures > Mortality Measures > Resources
    - Link: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1163010398556
  - Questions about the 30-day mortality measures may be sent to cmsmortalitymeasures@yale.edu

Medicare Spending Per Beneficiary (MSPB)

Jennifer Podulka, MPAff, Acumen, LLC

MSPB Measure Definition

- The MSPB Measure is a claims-based measure that includes price-standardized payments for all Part A and Part B services provided from 3 days prior to a hospital admission (index admission) through 30 days after the hospital discharge.
- MSPB episodes are risk adjusted.
- MSPB evaluates hospitals' efficiency relative to the efficiency of the median hospital in the nation.
- MSPB is included in the HVBP Efficiency Domain.

Overview of HSRs

- **During the preview period, individual hospitals can review their MSPB measure in their HSR.**
- **Reports include six tables and are 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 the 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.

Overview of Tables 1 through 4

- **Table 1: MSPB Measure Performance Rate**
  - Displays the individual hospital's MSPB measure performance rate.
- **Table 2: Additional Information About Your Hospital's MSPB Performance**
  - Provides the number of eligible admissions and MSPB amount for the individual hospital, the state, and the nation.
- **Table 3: Detailed MSPB Statistics**
  - 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.
- **Table 4: National Distribution of the MSPB Measure**
  - Displays the national distribution of the MSPB measure across all hospitals in the nation.

Overview of Table 5: Spending Breakdown by Claim Type

- **Provides a detailed breakdown of the individual hospital's spending for the following time periods:**
  - 3 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 the time periods.**
- **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 *(1 of 2)*

Time Period:
When in the episode the claim occurred.

Your 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	Your Hospital Spending per Episode	Your Hospital Percent of Spending	State Percent of Spending	Nation Percent of Spending
During-Index Admission	*Total During-Index*	*6,687*	*41.23%*	*70.2%*	*54.1%*
	Home Health Agency	47	0.29%	3.1%	0.0%
	Hospice	75	0.46%	4.9%	0.0%
	Inpatient	5,262	32.45%	47%	46.3%
	Outpatient	0	0.00%	0.1%	0.0%
	Skilled Nursing Facility	340	2.10%	10%	0.0%
	Durable Medical Equipment	76	0.47%	0.1%	0.1%
	Carrier	887	5.47%	5.0%	7.7%

Table 5: Detailed MSPB Spending Breakdown by Claim Type *(2 of 2)*

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	Your Hospital Spending per Episode	Your Hospital Percent of Spending	State Percent of Spending	Nation Percent of Spending
During-Index Admission	*Total During-Index*	*6,687*	*41.23%*	*70.2%*	*54.1%*
	Home Health Agency	47	0.29%	3.1%	0.0%
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	Inpatient	5,262	32.45%	47%	46.3%
	Outpatient	0	0.00%	0.1%	0.0%
	Skilled Nursing Facility	340	2.10%	10%	0.0%
	Durable Medical Equipment	76	0.47%	0.1%	0.1%
	Carrier	887	5.47%	5.0%	7.7%

Overview of Table 6: Spending Breakdown by Major Diagnostic Category (MDC)

- Provides a breakdown of the individual hospitals' average actual and expected spending for an MSPB episode by Major Diagnostic Category (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 *(1 of 2)*

MDC Number and Description

Hospital Spending:
The individual hospital's average and expected spending per episode for a given MDC

MDC	Description	(A) Your Hospital Average Spending per Episode	(B) Your Hospital Average Expected Spending per Episode	(C) State Average Spending per Episode	(D) State Average Expected Spending per Episode	(E) National Average Spending per Episode	(F) National Average Expected Spending per Episode
4	Respiratory System	14,585	16,444	16,324	15,565	16,593	16,711
5	Circulatory System	19,053	17,422	16,533	17,200	19,624	19,812
6	Digestive System	6,605	11,700	8,000	9,200	16,223	16,355

Table 6: Detailed MSPB Spending Breakdown by MDC *(2 of 2)*

Spending in the Individual Hospital's State and Nation

This table illustrates average spending values for the state and for the nation.

For example, if the individual hospital has a lower value in Column B than in Column F, its patients have lower expected spending level than the Nation for that given MDC.

MDC	Description	(A) Your Hospital Average Spending per Episode	(B) Your Hospital Average Expected Spending per Episode	(C) State Average Spending per Episode	(D) State Average Expected Spending per Episode	(E) National Average Spending per Episode	(F) National Average Expected Spending per Episode
4	Respiratory System	14,585	16,444	16,324	15,565	16,593	16,711
5	Circulatory System	19,053	17,422	16,533	17,200	19,624	19,812
6	Digestive System	6,605	11,700	8,000	9,200	16,223	16,355

Overview of Supplemental Hospital-Specific Data Files

Each Hospital-Specific Report (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.
- **MSPB Episode File**
  - Shows the type of care, spending amount, and top five providers in each care setting for each MSPB episode.

Review and Correction

- **Hospitals may preview their MSPB measure from mid-May to mid-June 2015.**
- **Data will be posted on *Hospital Compare* in October 2015.**
- **During the preview period, hospitals may submit questions or requests for correction to** cmsmspbmeasure@acumenllc.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; or
  - Submit new claims to be added to the calculations.

Hospital Value-Based Purchasing

Percentage Payment Summary Report:

Review and Correction Period

Bethany Wheeler

Hospital VBP Program Support Contractor Lead

Percentage Payment Summary Report

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report

Percentage Summary Report

Provider: 999999

Reporting Period: Fiscal Year 2015

	Facility	State	National
Total Performance Score	73.100000000000	56.966666666667	45.617630609556

	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Process of Care Domain	69.000000000000	20%	13.800000000000
Patient Experience of Care Domain	69.000000000000	30%	20.700000000000
Outcome Domain	62.000000000000	30%	18.600000000000
Efficiency Domain	100.000000000000	20%	20.000000000000

	Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentage	Net Change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Value-Based Percentage Payment Summary - Fiscal Year 2015	1.5000000000%	2.4025759116%	+0.9025759116%	1.0090257591	2.1911317023

Calculated values were subject to rounding.

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Review and Corrections Period

Hospitals may review and request recalculation of scores on:

- ***Condition Score;***
- ***Domain Score; and***
- ***Total Performance Score.***

Requests should be completed **within 30 calendar days** following the posting date of the Percentage Payment Summary Report (PPSR).

Understanding the PPSR Review and Correction Period

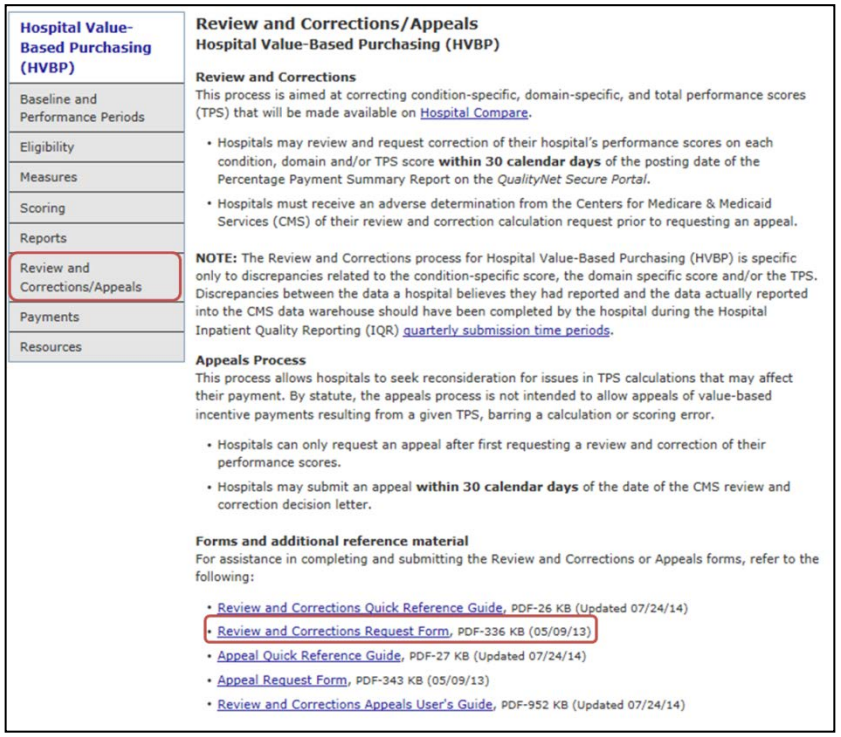
- **What can be requested?**
  - Condition-Specific Score (CSS);
  - Domain-Specific Score (DSS); and
  - Total Performance Score (TPS).

- Does **NOT** allow hospitals to:
  - Submit additional corrections to underlying claims data; or
  - Submit new claims to be added to the calculations.

Review and Correction Request Form

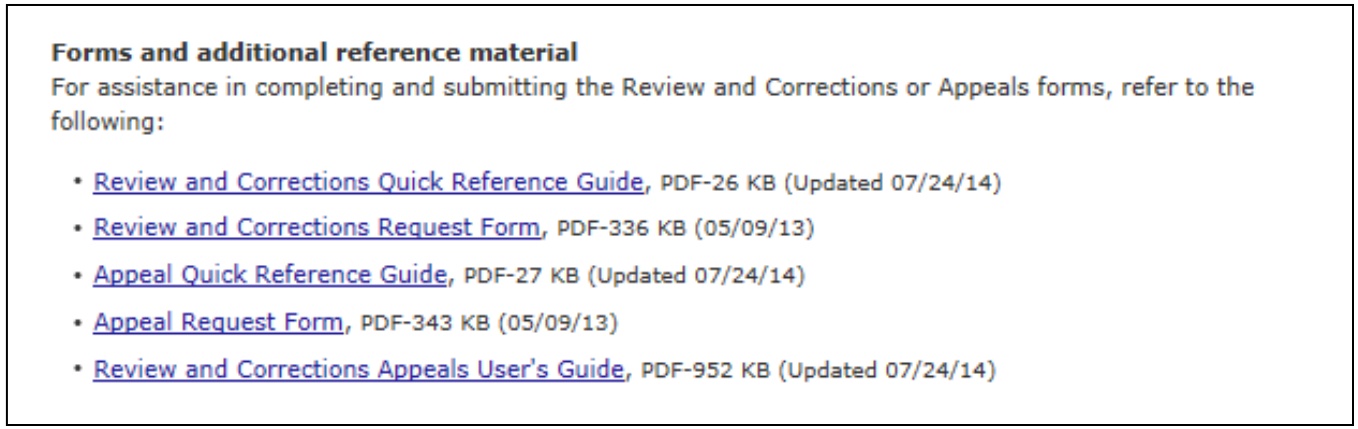
- Visit www.qualitynet.org
- From the **[Hospitals – Inpatient]** drop-down menu, select "**Hospital Value-Based Purchasing**"
- When the screen refreshes, select the "**Review and Corrections/Appeals**" (left navigation pane) and "**Review and Corrections Request Form**" (bottom of the page)

(direct link): https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558



Resources

- **Review and Corrections Quick Reference Guide**
- **Review and Corrections Appeals User's Guide**



Forms and additional reference material

For assistance in completing and submitting the Review and Corrections or Appeals forms, refer to the following:

- Review and Corrections Quick Reference Guide, PDF-26 KB (Updated 07/24/14)
- Review and Corrections Request Form, PDF-336 KB (05/09/13)
- Appeal Quick Reference Guide, PDF-27 KB (Updated 07/24/14)
- Appeal Request Form, PDF-343 KB (05/09/13)
- Review and Corrections Appeals User's Guide, PDF-952 KB (Updated 07/24/14)

Hospital IQR Support Contractor

- **Quality Reporting, Outreach & Education**
  - IPPS Hospitals
  - Inpatient Psychiatric Hospitals
  - PPS-Exempt Cancer Hospitals
  - Critical Access Hospitals

Hospital IQR Support

Q & A Tool

Email Support

Phone Support

Inpatient Live Chat

Monthly Web Conferences

Secure Fax

Listserves

Website

Continuing Education Approval

- **This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:**
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- **Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.**

CE Credit Process

- **Complete the WebEx survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.**
- **The survey will ask you to log in or register to access your personal account in the Learning Management Center.**
  - A one-time registration process is required.
- **Additional details are available at** www.oqrsupport.com/hospitaloqr/education_continuing

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