Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program & Hospital VBP Program: FY 2018 Medicare Spending Per Beneficiary (MSPB)

Questions & Answers

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Support Contractor

Question 1: **Would an observation encounter count as an "index admission" or is that just inpatient status? Thanks!**

An observation encounter alone would not qualify.

Question 2: **Can you explain what type of claims are included in the "carrier" category in the 30 days after hospital discharge?**

The carrier file (also known as the physician supplier Part B claims file) contains final action fee-for-service claims submitted on a CMS 1500 claim form. Most of the claims are from non-institutional providers, such as physicians, physician assistants, clinical social workers, and nurse practitioners. Claims for other providers, such as freestanding facilities, are also found in the carrier file. Examples include independent clinical laboratories, ambulance providers, and freestanding ambulatory surgical centers.

Question 3: **Do we want our MSPB as close to one as possible, or is it better to be well below one?**

An MSPB measure of greater than one indicates that your hospital's MSPB amount is more expensive than the U.S. national median MSPB amount. An MSPB measure of less than one indicates that your hospital's MSPB amount is less expensive than the U.S. national median MSPB amount. I should point out that this MSPB measure should be viewed in the context of other measures to evaluate quality of care. MSPB is not the only measure of by which CMS evaluates hospitals, it is instead one part of the Hospital Value-Based Purchasing Program that contributes to overall evaluation of a hospital's performance.

Question 4: **From reviewing some of the MSPB materials, it appears outlier cases are excluding. However, "outlier payments" to hospitals for particular patients whose costs exceed normal [diagnosis-related group] DRG amounts are included. Is this accurate?**

So, the question is whether or not it is an accurate statement to say that outlier cases are removed but outlier payments that are made to hospitals as part of, for example, their inpatient prospective payment system (IPPS) payment can be included. That is correct. Payments that are included in the price-standardized amounts are counted toward MSPB amount calculations. Outliers are excluded based on the distribution of episode spending. If it ends up being that the episode is an outlier in the spending distribution, then those episodes are removed and not included in the MSPB measure calculation for the hospital.

Question 5: **How can we identify where post-index inpatient spending is occurring?**

Table 5 in the HSR provides information about spending during the 30-day post-hospital discharge period. The episode file that accompanies the reports, lists top 5 providers by claim type.

Question 6: **Is it better to receive MSPB compared to baseline MSPB? How?**

An MSPB measure of greater than one indicates that your hospital's MSPB amount is more expensive than the U.S. national median MSPB amount. An MSPB measure of less than one indicates that your hospital's MSPB amount is less expensive than the U.S. national median MSPB amount.

Question 7: **Is there a user guide available, which would provide additional information on the spreadsheet column headings?**

The MSPB *QualityNet* web page has a hospital-specific, data-files description here: http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772064655.

Question 8: **Slide 45. Regarding MSBP episode file, would post-index inpatient visits be considered readmissions? Thanks**.

Regardless of whether inpatient hospitalizations are readmissions or not, inpatient hospitalizations that occur within 30 days of post-discharge from the index IPPS hospital are included in the episode spending.

Question 9: **On Table 5, what does the category "carrier" represent?**

From the Research Data Assistance Center (ResDAC) website (https://www.resdac.org/cms-data/files/carrier-rif): The carrier file (also known as the Physician/Supplier Part B claims file) contains final action fee-for-service claims submitted on a CMS-1500 claim form. Most of the claims are from non-institutional providers, such as physicians, physician assistants, clinical social workers, and nurse practitioners. Claims for other providers, such as freestanding facilities, are also found in the carrier file. Examples include independent clinical laboratories, ambulance providers, and freestanding ambulatory surgical centers.

Question 10: **Slide 8. Is there a specific time, immediately prior to or following the episode, that is included in the MSPB?**

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.

Question 11: **Can you explain what is meant by price-standardized payments?**

Price standardization accounts for payment differences in geographic locations and special Medicare programs unrelated to care, e.g., graduate medical education, in payments while retaining other aspects of Medicare payments. Please refer to the MSPB Measure Information Form, located on the *QualityNet* Measure Methodology Reports webpage for specifics: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350

Question 12: **So, in an extreme case, if a patient was admitted to a SNF 29 days after the admission, and stayed at the SNF for 60 days, all 60 days are included in the MSPB for the patient. Is that correct?**

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, if the start date of the skilled nursing facility (SNF) claim is within the episode window, then yes.

Question 13: **Will critical access hospitals have access to their MSPB reports? Thanks!**

No, admissions to hospitals that Medicare does not reimburse through the IPPS system, e.g., cancer hospitals, **critical access hospitals**, hospitals in Maryland, are not eligible to begin an MSPB episode. These institutions do not receive an MSPB hospital-specific report (HSR).

Question 14: **Do the services provided in the three days prior to an index admission have to be related to the index admission to count in the MSPB?**

No.

Question 15: **Does the 30-day post-hospital discharge exclude skilled nursing or rehabilitation care?"**

No. 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. For more information about the post-discharge period, the questioner can refer to Table 5 of the HSR.

Question 16: **What is the reason for excluding beneficiaries and Medicare Advantage?**

The rationale there was that we wouldn't have a complete picture of the claims for Medicare Advantage beneficiaries, so it would be difficult to compare them to a national benchmark or even to score them comparatively against other hospitals when those beneficiaries' claims aren't paid under the fee-for-service program.

Question 17: **In regards to the 30 days post-index, which bucket in the episode file for my hospital shows the total inpatient visits in the episode inpatient?**

In the episode file, there is an IP_actual_cost and IP_std_cost variable. Those cost will supply you with the inpatient episode expenditures. However, they are not separated by the different time periods within the episode construct. That is, they're not separated by the three-day-prior index admission during the index admission and the 30-day-after index admission, but instead, an aggregate of those inpatient costs.

Question 18: **Will the higher HCC increase allowable payment?**

The Hierarchal Condition Categories (HCC) indicators are applied to the risk adjustment for beneficiary case mix by age and illness severity of when calculating the MSPB amount. A description of payments included in the calculation of MSPB episodes can be found in the MSPB Measure Information Form on the *QualityNet* website, https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350.

Question 19: **In Table 3, it shows that the MSPB measure for the US is 0.98. How could that be? Wouldn't it always be one as the measure is based on the national median?**

The average MSPB measure for the U.S. is the average MSPB measure across hospitals. Although the average score and median score are expected to be similar, there are likely to be differences depending on the distribution of scores.

The average score can be influenced by high and low scores because these scores are taken into account when calculating the average. The median score represents the score that falls in the middle of the distribution of scores, going from lowest score to highest score, and is less influenced by scores in the high or low ends of the distribution than the average. As a consequence, the average score may be slightly different from the median score.

Question 20: **Are the episodes above the 99th percentile still included in the files; and if so, how are they flagged that they are not included?**

A residual, i.e., difference between the standardized episode spending and winsorized episode spending (see slide 25), an episode that falls above the 99th percentile is excluded from the calculation for hospital's MSPB measure. However, excluded episodes are listed in the supplementary episode file that accompanies the HSR.

Question 21: **Can you explain why the hospital's MSPB amount is divided by the national median MSPB and not the national average MSPB?**

The rationale behind that decision was that the national median is less subject to being moved by a few, really high or really low dollar cases. So, if we had used a national mean or average for comparison purposes, then you would see those really high dollar cases and really low dollar cases reflected in the average. Whereas, if you take the median, which is a score that falls in middle of the distribution, you're getting more of a picture of a middle of the road amount, which makes more sense for comparison purposes.

Question 22: **If a patient is discharged from the index admission to an inpatient rehab facility within 30 days of the index admission, where is the inpatient rehab spending included on Table 5?**

Slide 41 only shows a portion of the MSPB hospital reports that providers receive. Another portion to Table 5 shows the 30 days at the hospital discharge breakout by different claim types, including inpatient. As an inpatient facility, the inpatient rehabilitation center would show up within the inpatient category.

Question 23: **Is it possible to tell the time frame, for example, three days before admission, the index admission, and 30 days after discharge breakout by MDC?**

No, the episode file (which is organized by MDC) does not provide a breakdown of claims by time period. The episode file only provides an aggregate of claim payments across episodes.

Question 24: **Are psych claims included from Acute Care Hospitals?**

Mental diseases and disorders are included in the list of Major Diagnostic Categories (MDC) and can be included in the hospital's MSPB measure. Hospitals can learn more about the episodes included in their MSPB measure in the supplementary episode file that accompanies the HSR.

Question 25: **But, wouldn't you expect a higher case mix, so higher HCC number to incur higher costs?**

The HCC (Hierarchal Condition Categories) is applied to the risk adjustment for beneficiary case mix by age and illness severity of when calculating the MSPB Amount. A description of payments that are included in the calculation of MSPB episodes can be found in the MSPB Measure Information Form on the *QualityNet* website, https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350

Question 26: **Can you expand on why the case mix index isn't used as it is more specific to a hospital's patient mix?**

The beneficiary case mix is used as an adjustment factor when calculating hospitals' MSBP measure. The HCC v22 (Hierarchal Condition Categories) is applied to the risk adjustment for beneficiary case mix using 12 categorical variables for patient age and 79 variables for patient illness severity of when calculating the MSPB amount. A description of the risk adjustment methodology can be found in the MSPB Measure Information Form on the *QualityNet* website, https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350

Question 27: **Do we double check our score by dividing "Your Hospital's MSPB amount" by the "US National Average MSPB amount" (on page 7 of 12 of the HSR)?**

No, to double check your hospital's MSPB measure, you would divide your hospital's "MSPB amount" by "U.S. national median MSPB amount," not the U.S. national average. The U.S. national median MSBP amount can be found on row 4 of Table 3 in the HSR.

Question 28: **Can you explain the methodology for Improvement and Achievements points for MSPB?**

Improvement and Achievement points are not calculated in the MSPB HSRs. More information about Improvement and Achievement points can be found in the following CMS resources: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Hospital_VBPurchasing_Fact_Sheet_ICN907664.pdf and http://www.qualityreportingcenter.com/wp-content/uploads/2016/02/VBP_FY2018_BaselineOverview_February2016_01272016_FINAL-5081.pdf

Question 29: **Did he just say IP Rehab shows up under IP charges?**

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. Note that the inpatient category includes all claims in the inpatient claim file. Overall, the inpatient file contains any claims submitted by inpatient providers. Additional information on the inpatient claim type, as well as other claim types, is available at https://www.resdac.org/cms-data/files/ip-rif .

Question 30: **Does acute-to-acute on slide 15 mean acute IP to acute IP?**

Yes. Acute-to-acute transfers (where a transfer is defined based on the claim discharge code) are not considered index admissions. In other words, these cases do not generate new MSPB episodes; neither the hospital which transfers a patient to another subsection (d) hospital, nor the receiving subsection (d) hospital will have an index admission or associated MSPB episode attributed to them. For more information, the MSPB Measure Information Form can be found at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350

Question 31: **Does the 30 days after IP also include scheduled Outpatient endoscopies?**

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.

Question 32: **Even if the hospital is not IPPS? OPPS? Thanks!**

Admissions to hospitals that Medicare does not reimburse through the IPPS system, e.g., cancer hospitals, critical access hospitals, hospitals in Maryland, are not considered index admissions and are therefore not eligible to begin an MSPB episode. If an acute-to-acute hospital transfer or a hospitalization in a PPS-exempt hospital type happens during the 30-day window following an included index admission, however, it will be counted in the measure. For more information, the MSPB Measure Information Form can be found at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350.

Question 33: **Hospital 'Spend' is really the Medicare Payments received, correct?**

This is correct. The MSPB measure uses Medicare claims data, which reflects Medicare payments.

Question 34: **If a patient has an index visit and the patient is readmitted 15 days' post discharge and dies during that readmission visit, does that mean that the index visit did not trigger an episode?**

That is correct. Episodes where the beneficiary becomes deceased during the episode are also excluded from MSPB calculations. For more information, the MSPB Measure Information Form can be found at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350.

Question 35: **How did she say to navigate the *Hospital Compare* site?**

To access downloadable MSPB files, go to https://data.medicare.gov/data/hospital-compare. On that webpage, navigate to the "In category" drop-down menu and select "Payment and Value of Care."

Question 36: **If the carrier claim type includes physician, ASC, and laboratory services, what then is included in the outpatient claim type?**

The outpatient file contains final action, fee-for-service claims data submitted by institutional outpatient providers. Examples of institutional outpatient providers include hospital outpatient departments, rural health clinics, renal dialysis facilities, outpatient rehabilitation facilities, comprehensive outpatient rehabilitation facilities, and community mental health centers. Additional information on the outpatient claim type is available at https://www.resdac.org/cms-data/files/op-rif.

Question 37: **Slide 45. In the MSPB episode file, which column (I can't fully understand all of the acronyms in the actual file headers) shows the post-index inpatient visits per episode? Thanks.**

In the episode file, there is an IP_actual_cost and IP_std_cost variable. Those will supply you with the inpatient episode expenditures. However, they are not separated by the different time periods within the episode construct. That is, they're not separated by the three-day prior index admission during the index admission and the 30 day after day index admission, but instead, an aggregate of those inpatient costs.

Question 38: **Are LTAC and inpatient rehab expenses in the index admission?**

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. Medicare Part A and Part B expenditures and services may be counted in any of these three time frames, i.e., 3-days prior, during the index admission, or 30-days post-hospital discharge, and where they are counted is determined by service start date.

Question 39: **Is CMS going to make time frame a new column at some point for the episode file?**

Hospital admission and discharge dates and episode start and end dates are provided in the supplementary episode file that accompanies the HSR.

Question 40: **Is the national episode weighted median MSPB amount located anywhere on the hospital-specific report? I only [see] the US national average.**

The national episode weighted median MSBP amount is located on row 4 of Table 3 in the HSR.

Question 41: **On Table 3, it shows that the number of eligible hospitals is 21. Doesn't there have to be at least 25?**

The minimum of 25 episodes only applies to the public reporting of hospital MSPB measures on the *Hospital Compare* website. Hospitals reimbursed under the IPPS receive an HSR regardless of the number of MSPB episodes.

Question 42: **Slide 43. Please explain Pre-MDC.**

The explanation of the Pre-Major Diagnostic Category (MDC), is explained in a footnote of Table 6. The Pre-MDC can be reached from a number of diagnosis/procedure situations, all related to transplants. Pre-MDC DRGs include organ transplants, bone marrow transplants, and tracheostomy cases.

Question 43: **What is the process to request access to national data for HSR and supplemental files?**

National MSBP scores using Medicare data from FY 2015 is currently available on the *Hospital Compare* website. Slide 48 of the presentation provides additional details about the data files in *Hospital Compare*. National MSBP scores using Medicare data from FY 2016 will be available on *Hospital Compare* in December 2017. The three supplemental files—Index, Episode, and Beneficiary—are included with the HSR file.

Question 44: **What types of corrections do hospitals request?**

To date, no hospital has requested a correction to their MSPB measure.

Question 45: **When will the downloadable MSPB files be available?**

Downloadable MSPB files based on 2015 claims data are currently available on *Hospital Compare's* website. However, MSPB files based on 2016 claims files will not be available on *Hospital Compare* until December 2017.

Question 46: **Where can we find the breakdown for exactly which charges are included in the categories. For example, in Table 5, I can see the Inpatient category, but how do I know what specific things are included in that category?**

That level of detail is not currently available in the HSR or supplementary files within a given episode. The inpatient category includes final action fee-for-service claims data submitted by inpatient hospital providers for reimbursement of facility charges. More information about the inpatient category can be found at https://www.resdac.org/cms-data/files/ip-rif.

Question 47: **Your example on Slide 35. Hospital MSPB=1.08; What values are used to get this ratio? I thought it was from Slide 37: MSPB Amount (Your Hospital) = 19546.53 and U.S. National Median MSPB Amount = 20473.32. I get 19546.53/20473.32=0.95, not 1.08. Thank you.**

The values displayed in tables of the presentation were dummy values. However, for actual reports, it is correct that dividing the "MSPB Amount (Your Hospital)" by the U. S. National Median MSBP amount would provide the hospital's MSBP measure.

If we were to use the data displayed in Table 3 on Slide 37, then it is correct that the MSPB measure should be 0.95. We appreciate the questioner for pointing out this oversight in the presentation. We will edit this presentation accordingly for future purposes.

Question 48: **Would it be possible to add the MS-DRG to the episode file?**

Currently, the episode file contains primary diagnosis codes and major diagnostic categories. CMS appreciates your feedback and will continue to investigate ways to review MSPB measure supplementary files.