

ΡΕΥΜΑΤΟΙΑ



ΚΝΟΚΟΥΤ

Using the CMS Hospital-Specific Reports to Learn More About Your Patients With Pneumonia



November 2017

Presented by:

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Chief Data Officer

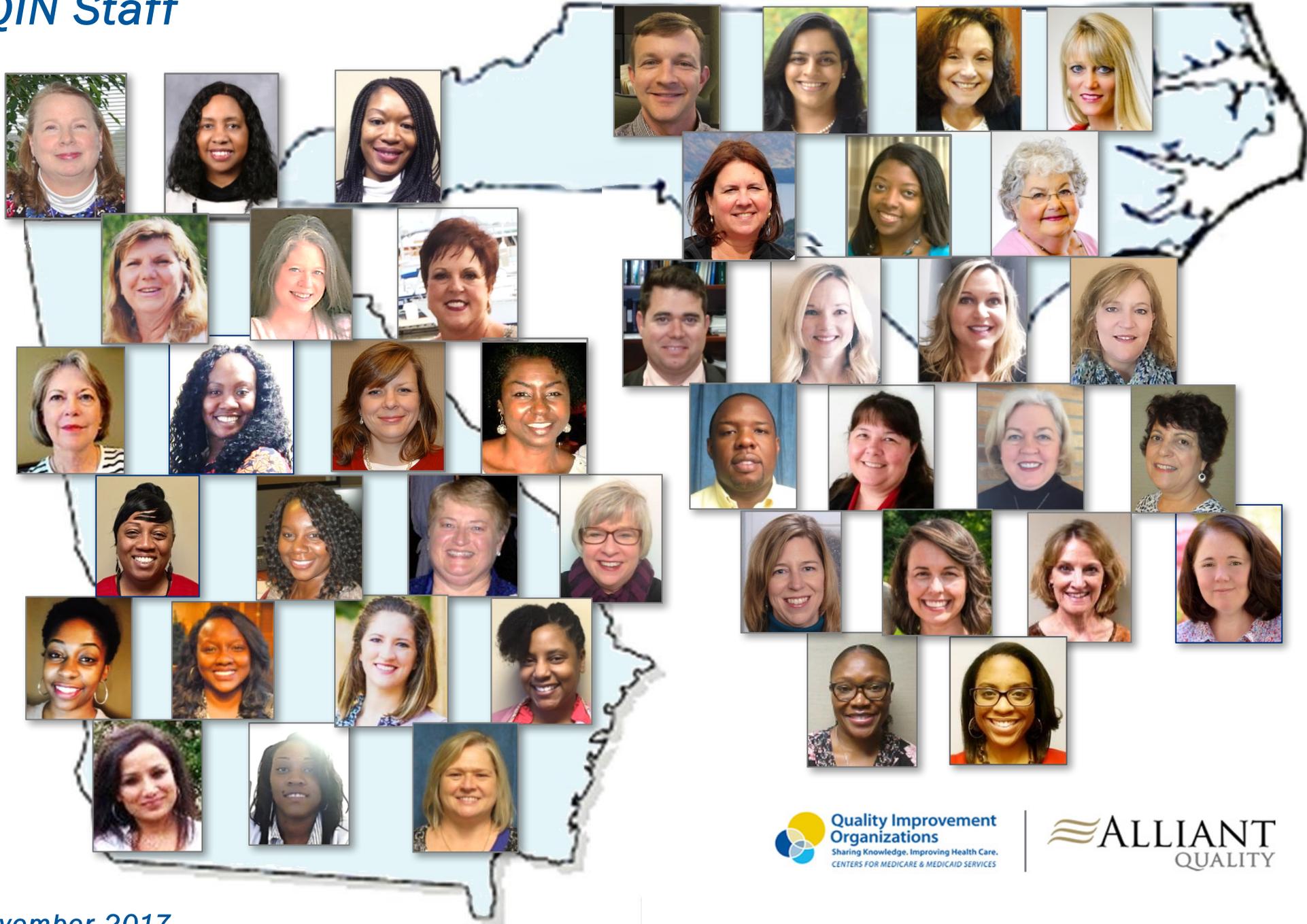
Kimberly.Rask@AlliantQuality.org



Webinar Objectives

- ▶ Understand how to access the CMS hospital specific reports for the pneumonia 30-day readmissions penalty program
- ▶ Understand how to access the CMS hospital specific reports for the pneumonia mortality measure in the Value Based Purchasing program
- ▶ Learn how to use these reports to target quality improvement efforts

QIN-QIO 11SOW Alliant Quality QIN Staff



November 2017

How to Receive Your Hospital-Specific Report

- How to know your report is available:
 - A *QualityNet* notification was sent via email to those who are registered for the notifications regarding the Hospital IQR Program. The notification indicated the reports are available.
- Who has access to the report:
 - Hospital users with the Hospital Reporting Feedback-Inpatient role and the File Exchange and Search role will have access to the HSRs and User Guide.
- How to access the report:
 - For those with the correct access, the HSRs and User Guide will be in their *My QualityNet* Secure File Transfer Inbox.

Hospital IQR and Hospital VBP Program HSR User Guide

The FY18_HVBP_HSR_UserGuide.pdf that accompanies your Agency for Healthcare Research and Quality (AHRQ) and Mortality HSRs includes additional information about the data in the HSRs, as well as, examples for the AHRQ and mortality replication process.

The FY2018_Hospital_IQR_Program_HUG.pdf that accompanies the IQR HSRs includes additional information about the data in the HSRs.

Hospital IQR Program HSR Bundle

The screenshot shows a file compression software window titled "999999_FY2018_IQR_HSR - SecureZIP". The interface includes a ribbon with tabs for Home, Organize, Compression, Extraction, View, and Miscellaneous. The Compression tab is active, showing options for "Enable Encrypt Files" (checked) and "Enable Sign Files" (unchecked). A "Strong: Passphrase" dropdown is visible. Below the ribbon is a "Wizard" button. The main area displays a list of files with columns for Name, Size, and Type. Two red arrows point to the first two files in the list.

Name	Size	Type
999999_IQR_I_Readmission_HSR.xls	210 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_II_HWR_HSR.xls	162 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_III_Mortality_HSR.xls	222 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_IV_Complication_HSR.xls	126 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_V_Payment_HSR.xlsx	91 KB	Microsoft Excel Worksheet
999999_IQR_VII_EDAC_HSR.xls	131 KB	Microsoft Excel 97-2003 Worksheet
FY18_IQR_AHRQ_PSI_Measures.docx	14 KB	Microsoft Word Document
FY2018_Hospital_IQR_Program_HUG.pdf	1,163 KB	Adobe Acrobat Document

Hospital IQR Program

Fiscal Year (FY) 2018 Measurement Periods

Measure Set	Measurement Period
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) <ul style="list-style-type: none"> • Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), Stroke (STK), Coronary Artery Bypass Graft (CABG) Surgery 	July 1, 2013 – June 30, 2016
Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) <ul style="list-style-type: none"> • AMI, HF, PN, Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA), COPD, STK, CABG • Hospital-Wide Readmission (HWR) 	July 1, 2013 – June 30, 2016 July 1, 2015 – June 30, 2016
Hospital-Level Risk-Standardized Complication Rate (RSCR) <ul style="list-style-type: none"> • THA/TKA Complication 	April 1, 2013 – March 31, 2016
Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care <ul style="list-style-type: none"> • AMI, HF, PN • THA/TKA 	July 1, 2013 – June 30, 2016 April 1, 2013 – March 31, 2016
Excess Days in Acute Care (EDAC) <ul style="list-style-type: none"> • AMI, HF 	July 1, 2013 – June 30, 2016

Note: The Patient Safety Indicator (PSI) 90 and PSI 4 measures will be refreshed on *Hospital Compare* in October 2017. HSRs containing the refreshed data will be available in July 2017.

Hospital VBP Program FY 2018 Measurement Periods

Measure Set	Baseline Period	Performance Period
RSMR: AMI, HF, PN	October 1, 2009 – June 30, 2012	October 1, 2013 – June 30, 2016
PSI 90 Composite	July 1, 2010 – June 30, 2012	July 1, 2014 – September 30, 2015

Note: Only performance period data will be included in the HSR.

Hospital IQR Program HSR Content

Each of the Hospital IQR Program HSRs use the same basic structure for consistency, with tabs providing the following information:

- Your hospital's measure results
- The distribution of state and national performance categories
- The discharge-level data used to calculate your hospital's measure results
- Case mix comparison of the risk factors used for risk-adjusting the measures

IQR Workbook III Mortality

A11 : X ✓ fx 34xxxx_IQR_VII_EDAC_HSR.xls

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	
1	Workbook III: Hospital Inpatient Quality Reporting Program Hospital-Specific Report for AMI, COPD, HF, Pneumonia, Stroke and CABG																						
2	30-Day Mortality Measures																						
3	Blinded																						
4	This workbook is one of a set of workbooks that provide results for the FY 2017 IQR Program. This set includes the following:																						
5	34xxxx_IQR_I_Readmission_HSR.xls																						
6	34xxxx_IQR_II_HWR_HSR.xls																						
7	34xxxx_IQR_III_Mortality_HSR.xls																						
8	34xxxx_IQR_IV_Complication_HSR.xls																						
9	34xxxx_IQR_V_Payment_HSR.xls																						
10	34xxxx_IQR_VI_AHRQ_HSR.xls																						
11	34xxxx_IQR_VII_EDAC_HSR.xls																						
12																							
13	The zip file contains read-only Excel files; if you wish to manipulate your results, save the workbook (or spreadsheet tab) as a new document.																						
14																							
15	Do NOT email the contents of this file. The file contains Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data.																						
16																							
17	For more information about the data, refer to the Hospital IQR Program HSR User Guide delivered with your HSRs or visit the QualityNet website:																						
18	http://www.qualitynet.org >Hospitals-Inpatient>Claims-Based Measures>Mortality Measures																						
19																							
20	Please direct questions about CMS's calculations to the QualityNet Help Desk.																						
21	Phone: (866) 288-8912 TTY: (877) 715-6222																						
22	Email: qnetsupport@hcqis.org																						
23																							
24	Please direct questions about the measures' methodology to YNHHS/CORE.																						
25	Email: cmsmortalitymeasures@yale.edu																						
26																							
27	Preview Period Information:																						
	The FY 2017 preview period will begin approximately in early April 2016 with a 30-day period for hospitals to review their																						
	Workbook III Mortality I.1 30-Day M Perf III.2 Distrib of 30-Day M Perf III.3 30-Day M Discharges III.4 Cond M Case Mix Comp III.5 Proc M Case ...																						

III.1 Hospital Performance Summary

Clipboard | Font | Alignment | Number | Styles | Cells | Editing

A12 : Total Number of 30-Day Deaths (Numerator) at Your Hospital [a]

Performance Information	AMI 30-Day Mortality	COPD 30-Day Mortality	HF 30-Day Mortality	Pneumonia 30-Day Mortality	Stroke 30-Day Mortality	CABG 30-Day Mortality
Your Hospital's Comparative Performance	No different than the national rate	No different than the national rate	No different than the national rate	Worse than the national rate	No different than the national rate	No different than the national rate
Total Number of Eligible Discharges (Denominator) at Your Hospital	446	719	879	1,421	616	167
RSMR at Your Hospital	15.1%	8.2%	12.6%	19.6%	14.6%	3.4%
Lower Limit of 95% Interval Estimate	12.6%	6.6%	10.7%	17.7%	12.3%	2.0%
Upper Limit of 95% Interval Estimate	18.0%	10.2%	14.8%	21.6%	17.4%	5.7%
National Observed Mortality Rate (Numerator/Denominator)	14.1%	8.0%	12.1%	16.3%	14.9%	3.2%
Total Number of 30-Day Deaths (Numerator) at Your Hospital [a]	62	54	103	270	78	7
Raw Mortality Rate (Numerator/Denominator) at Your Hospital [a]	13.9%	7.5%	11.7%	19.0%	12.7%	4.2%
Average RSMR in Your State [a]	13.8%	8.2%	12.3%	17.6%	15.5%	2.9%
Total Number of 30-Day Deaths (Numerator) in Your State [a]	2,395	2,095	4,276	8,929	2,984	118
Total Number of Eligible Discharges (Denominator) in Your State [a]	18,080	27,061	35,571	51,320	20,464	4,797
Observed Mortality Rate (Numerator/Denominator) in Your State [a]	13.2%	7.7%	12.0%	17.4%	14.6%	2.5%
Total Number of 30-Day Deaths (Numerator) in the Nation [a]	69,927	61,749	118,273	227,433	77,880	4,499
Total Number of Eligible Discharges (Denominator) in the Nation [a]	494,752	769,860	976,803	1,398,329	521,599	138,990

[a] These statistics are not shown on Hospital Compare, but are included here for your reference.

Notes:

- Number of cases too small = Number of cases too small (fewer than 25) to reliably tell how the hospital is performing. Rate will not be publicly reported.
- RSMR = Risk-Standardized Mortality Rate; the RSMR presented for the state is the weighted average of all hospitals' risk-standardized mortality rates in the state.
- N/A = No data are available from the hospital for this measure. No data will be reported on Hospital Compare.

III.1 30-Day M Perf | III.2 Distrib of 30-Day M Perf | III.3 30-Day M Discharges | III.4 Cond M Case Mix Comp | III.5 Proc M Case Mix Comp



III.2 Compare State and National Rates

A21

Table III.2: National and State Performance Categories for 30-Day Risk-Standardized Mortality Measures for AMI, COPD, HF, Pneumonia, Stroke and CABG
Blinded
Hospital Discharge Period: July 1, 2012 through June 30, 2015

Hospital Performance Category	AMI 30-Day Mortality	COPD 30-Day Mortality	HF 30-Day Mortality	Pneumonia 30-Day Mortality	Stroke 30-Day Mortality	CABG 30-Day Mortality
Total Number of Hospitals in the Nation with Measure Results	4,365	4,643	4,640	4,689	4,465	1,194
Number of Hospitals in the Nation that Performed Better than the national rate	57	57	168	252	70	14
Number of Hospitals in the Nation that Performed No Different than the national rate	2,375	3,580	3,510	3,783	2,615	1,015
Number of Hospitals in the Nation that Performed Worse than the national rate	24	107	89	267	76	21
Number of Hospitals in the Nation that had Too few cases	1,909	899	873	387	1,704	144
Total Number of Hospitals in Your State with Measure Results	104	106	108	107	105	23
Number of Hospitals in Your State that Performed Better than the national rate	1	0	2	2	0	1
Number of Hospitals in Your State that Performed No Different than the national rate	72	96	93	80	84	21
Number of Hospitals in Your State that Performed Worse than the national rate	1	3	3	22	4	0
Number of Hospitals in Your State that had Too few cases	30	7	10	3	17	1

Notes:

- Total national and state hospital counts vary by measure. This is because each measure uses different cohort selection criteria and not every hospital has eligible cases for every measure.
- AMI = acute myocardial infarction; COPD = chronic obstructive pulmonary disease; HF= heart failure; CABG = coronary artery bypass graft

III.1 30-Day M Perf | **III.2 Distrib of 30-Day M Perf** | III.3 30-Day M Discharges | III.4 Cond M Case Mix Comp | III.5 Proc M Case Mix Comp

III.3 30- Day Mortality Discharges

Table III.3: Discharge-Level Information for 30-Day Risk-Standardized Mortality Measures for AMI, COPD, HF, Pneumonia, Stroke and CABG

Hospital Discharge Period: July 1, 2012 through June 30, 2015

Do NOT email the contents of this file. The file contains Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	Provider ID	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	CABG Procedure Date [a]	Discharge Date of Index Stay [b]	Inclusion/Exclusion Indicator	Death within 30 Days (Yes/No)	Death Date
3030		HF			2/23/19xx	05/31/2015	N/A	06/03/2015	7	NO	N/A
3031		HF			2/23/19xx	06/18/2015	N/A	06/21/2015	7	NO	N/A
3032		HF			2/23/19xx	06/24/2015	N/A	06/29/2015	7	NO	N/A
3033		Pneumonia			2/23/19xx	06/25/2012	N/A	07/03/2012	0	YES	07/03/2012
3034		Pneumonia			2/23/19xx	07/07/2012	N/A	07/13/2012	0	YES	07/13/2012
3035		Pneumonia			2/23/19xx	07/01/2012	N/A	07/13/2012	0	YES	07/13/2012
3036		Pneumonia			2/23/19xx	07/10/2012	N/A	07/14/2012	0	YES	07/22/2012
3037		Pneumonia			2/23/19xx	07/12/2012	N/A	07/17/2012	0	YES	07/31/2012
3038		Pneumonia			2/23/19xx	07/29/2012	N/A	07/31/2012	0	YES	08/28/2012
3039		Pneumonia			2/23/19xx	08/01/2012	N/A	08/05/2012	0	YES	08/07/2012
3040		Pneumonia			2/23/19xx	08/10/2012	N/A	08/15/2012	0	YES	08/15/2012
3041		Pneumonia			2/23/19xx	08/12/2012	N/A	08/16/2012	0	YES	08/21/2012
3042		Pneumonia			2/23/19xx	08/06/2012	N/A	08/17/2012	0	YES	08/17/2012
3043		Pneumonia			2/23/19xx	08/17/2012	N/A	08/22/2012	0	YES	08/22/2012
3044		Pneumonia			2/23/19xx	08/19/2012	N/A	08/24/2012	0	YES	08/24/2012
3045		Pneumonia			2/23/19xx	08/23/2012	N/A	09/01/2012	0	YES	09/17/2012
3046		Pneumonia			2/23/19xx	08/29/2012	N/A	09/07/2012	0	YES	09/20/2012
3047		Pneumonia			2/23/19xx	08/26/2012	N/A	09/08/2012	0	YES	09/08/2012
3048		Pneumonia			2/23/19xx	08/08/2012	N/A	08/12/2012	0	YES	08/12/2012

Workbook III Mortality

III.1 30-Day M Perf

III.2 Distrib of 30-Day M Perf

III.3 30-Day M Discharges

III.4 Cond M Case Mix Comp

III.5 Proc M Case ...

Compare to State and National Case-mix

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A2 Blinded

Table III.4: Distribution of Patient Risk Factors for AMI, COPD, HF, Pneumonia, and Stroke

Blinded

Hospital Discharge Period: July 1, 2012 to

Risk Factor	COPD Mortality: National	HF Mortality: Hospital	HF Mortality: State	HF Mortality: National	Pneumonia Mortality: Hospital	Pneumonia Mortality: State	Pneumonia Mortality: National	Stroke Mortality: Hospital	Stroke Mortality: State	Stroke Mortality: National
Count of eligible discharges	769,860	879	35,571	976,803	1,421	51,320	1,398,329	616	20,464	521,599
Mean Age	77.0	79.5	79.9	81.1	79.8	79.9	80.8	79.4	79.3	80.2
Standard Deviation of Age	7.6	8.1	8.3	8.4	8.6	8.4	8.5	8.3	8.3	8.3
Male	N/A	44%	44%	45%	45%	44%	46%	42%	42%	42%
History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (ICD-9 V45.82, 00.66, 36.06, 36.07)	N/A	12%	13%	14%	6%	7%	7%	N/A	N/A	N/A
History of Coronary Artery Bypass Graft (CABG) Surgery (ICD-9 V45.81, 36.10-36.16)	N/A	21%	18%	19%	10%	8%	9%	N/A	N/A	N/A
History of Mechanical Ventilation (ICD-9 93.90, 96.70, 96.71, 96.72)	9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sleep Apnea (ICD-9 327.20, 327.21, 327.23, 327.27, 327.29, 780.51, 780.53, 780.57)	19%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Anterior Myocardial Infarction (ICD-9 410.00-410.12)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Location of Myocardial Infarction (ICD-9 410.20-410.62)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
History of Infection (CC 1, 3-6)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19%	21%	28%
Septicemia/shock (CC 2)	N/A	N/A	N/A	N/A	11%	12%	12%	N/A	N/A	N/A

III.1 30-Day M Perf | III.2 Distrib of 30-Day M Perf | III.3 30-Day M Discharges | **III.4 Cond M Case Mix Comp** | III.5 Proc M Case Mix Comp



Hospital Readmissions HSR

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

Clipboard Font Alignment Number Conditional Formatting Table Styles Cells Editing

Workbook: Hospital Readmissions Reduction Program (HRRP) Hospital-Specific Report (HSR) for AMI, COPD, HF, Pneumonia, CABG, and THA/TKA 30-Day Readmission Measures

1 Workbook: Hospital Readmissions Reduction Program (HRRP) Hospital-Specific Report (HSR) for AMI, COPD, HF, Pneumonia, CABG, and THA/TKA 30-Day Readmission Measures

2

3 HOSPITAL NAME

4

5 This workbook provides hospital-level measure results for the fiscal year (FY) 2018 HRRP.

6 It does not include information on the payment reductions your hospital may receive in the FY 2018 program.

7

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

9

10 This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

11

12 For more information about the data, refer to the FY 2018 HRRP HSR User Guide delivered with your HSR or visit the QualityNet website.

13 <https://www.qualitynet.org> >Hospitals-Inpatient>Hospital Readmissions Reduction Program>Resources

14

15 Please direct questions about CMS's calculations or reporting of the Excess Readmission Ratios for the Hospital Readmissions Reduction Program to the QualityNet Help Desk.

16 Phone: (866) 288-8912 TTY: (877) 715-6222

17 Email: qnetsupport@hcqis.org

18

19 See the CMS Hospital Readmissions Reduction Program webpage for more information about the program and payment adjustments.

20 <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html>

21

22 See the Readmission Measures QualityNet webpage for information on the methodology of the 30-day risk-standardized unplanned readmission measures:

23 <https://www.qualitynet.org> >Hospitals-Inpatient>Hospital Readmissions Reduction Program>Resources

24

Workbook 1 Readmission Table 1 Hospital Results Table 2 Discharges AMI Readm Table 3 Discharges COPD Readm Table 4 Discharges HF Readm Table 5 ...

Hospital Readmissions HSR

Table 1

Table 1: Your Hospital's Performance on 30-Day All-Cause Unplanned Risk-Standardized Readmission for AMI, COPD, HF, Pneumonia, CABG, and THA/TKA

Blinded

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

Measure [a]	Number of Eligible Discharges at Your Hospital [b]*	Number of Readmissions Among Your Hospital's Eligible Discharges [c]*	Predicted Readmission Rate [d]*	Expected Readmission Rate [e]*	Excess Readmission Ratio [f]*	National Observed Readmission Rate [g]
AMI	490	83	15.7609%	14.4003%	1.0945	16.0%
COPD	763	151	19.6725%	19.4319%	1.0124	19.8%
HF	975	201	20.7929%	21.3920%	0.9720	21.6%
Pneumonia	1,299	209	16.2688%	16.9485%	0.9599	17.0%
CABG	141	22	14.2773%	13.3775%	1.0673	13.6%
THA/TKA	754	34	4.3726%	4.1383%	1.0566	4.3%

[a] AMI = acute myocardial infarction; HF = heart failure; COPD = chronic obstructive pulmonary disease; CABG = coronary artery bypass graft; THA/TKA = total hip arthroplasty and/or total knee arthroplasty.

[b] Final number of discharges from your hospital used for measure calculation. Results for measures with fewer than 25 eligible discharges will not be publicly reported nor used to calculate your hospital's FY 2018 readmission adjustment factor; your results are presented here for your information.

[c] Number of your hospital's eligible discharges that had an unplanned readmission within 30 days from discharge. Please refer to the FAQ document for an explanation on how the measures count readmission.

[d] <https://www.qualitynet.org> >Hospitals-Inpatient>Hospital Readmissions Reduction Program>Resources

[d] The 30-day readmission rate predicted on the basis of your hospital's performance with its observed case mix and your hospital's estimated

Workbook I Readmission | **Table 1 Hospital Results** | Table 2 Discharges AMI Readm | Table 3 Discharges COPD Readm | Table 4 Discharges HF Readm | Table 5 ...



Use Table 5 for Pneumonia Discharges

1 Table 5: Discharge-Level Information for the Pneumonia Unplanned Readmission Measure

2

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

4 Do NOT email the contents of this file. The file contains PII and PHI. Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

5 [Please note row 8 contains risk factor coefficients beginning at column R. Listing of the hospital discharges begins on row 9.]

6

ID Number	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [a]	Inclusion/Exclusion Indicator	Index Stay	Principal Discharge Diagnosis of Index Stay	Discharge Destination	Unplanned Readmission within 30 Days (Yes/No)
—	—	—	—	—	—	—	—	—	—	—
1			06/11/1931	06/28/2013	07/03/2013	0	YES	5070	6	YES
2			03/08/1930	07/03/2013	07/07/2013	0	YES	48230	3	YES
3			03/31/1926	06/20/2013	07/08/2013	0	YES	0382	3	YES
4			06/01/1922	07/12/2013	07/18/2013	0	YES	486	6	YES
5			09/15/1934	07/16/2013	07/19/2013	0	YES	486	50	YES
6			12/08/1939	07/10/2013	07/25/2013	0	YES	486	3	YES
7			05/07/1926	07/17/2013	07/26/2013	0	YES	5070	65	YES
8			06/04/1934	07/18/2013	07/29/2013	0	YES	486	6	YES
9			11/05/1940	07/26/2013	07/31/2013	0	YES	4821	1	YES
10			12/09/1935	08/01/2013	08/06/2013	0	YES	486	1	YES
11			03/01/1934	08/04/2013	08/06/2013	0	YES	486	1	YES
12			10/24/1926	08/04/2013	08/07/2013	0	YES	5070	1	YES
13			04/17/1936	07/28/2013	08/12/2013	0	YES	0389	3	YES
14			04/22/1937	08/21/2013	08/24/2013	0	YES	5070	6	YES
15			05/26/1921	08/27/2013	09/02/2013	0	YES	5070	6	YES
16			08/26/1932	09/01/2013	09/05/2013	0	YES	0389	1	YES
17			09/22/1920	08/21/2013	09/06/2013	0	YES	0389	3	YES

Table 4 Discharges HF Readm | **Table 5 Discharges PN Readm** | Table 6 Discharges CABG Readm | Table 7 Discharges HK Readm

Beneficiary Level Detail Provided

Q22 : *fx* 34xxxx

	M	N	O	P	Q	R	S	T	U	V
1										
2										
3										
4										
5										
6										
7	Readmission Date	Discharge Date of Readmission	Principal Discharge Diagnosis of Readmission	Readmission to Same Hospital (Yes/No)	Provider ID of Readmitting Hospital [b]	Age Minus 65	Male	History of Coronary Artery Bypass Graft (CABG) Surgery	Severe Infection; Other Infectious Diseases	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/ST
8	—	—	—	—	—	-0.00440727494368	0.06142076414851	-0.03930121815019	0.02133693938084	0.0484669734
9	07/16/2013	07/31/2013	5070	YES	34xxxx	17	0	0	0	0
10	07/08/2013	07/12/2013	0389	YES	34xxxx	18	0	0	0	0
11	07/16/2013	07/17/2013	5849	YES	34xxxx	22	1	0	0	0
12	08/15/2013	08/20/2013	42833	YES	34xxxx	26	1	0	1	0
13	07/27/2013	08/02/2013	5119	YES	34xxxx	13	1	1	1	0
14	08/02/2013	08/14/2013	48241	YES	34xxxx	8	0	0	0	0
15	07/30/2013	08/07/2013	00845	YES	34xxxx	22	0	0	0	0
16	08/14/2013	08/16/2013	99672	YES	34xxxx	14	1	0	0	0
17	08/01/2013	08/12/2013	49121	YES	34xxxx	7	1	1	0	0
18	08/26/2013	08/31/2013	5119	YES	34xxxx	12	1	1	1	0
19	09/01/2013	09/03/2013	42833	YES	34xxxx	14	1	1	0	0
20	08/09/2013	08/11/2013	56089	YES	34xxxx	21	0	0	0	0
21	08/31/2013	09/17/2013	0389	NO	34xxxx	12	1	0	0	0
22	08/30/2013	09/02/2013	96509	YES	34xxxx	11	0	0	0	0

Table 4 Discharges HF Readm | **Table 5 Discharges PN Readm** | Table 6 Discharges CABG Readm | Table 7 Discharges HK Readm

Review and Corrections Process

When is the review and corrections period?

- The notification that was sent to indicate the reports were available also contained the timeline of the review and corrections period.
- Pay special attention to the deadline of the review and corrections period. Review and Corrections requests sent after the deadline will not result in a correction.
- The review and corrections period for FY 2018 is April 11, 2017 – May 10, 2017.

Review and Corrections Process Continued

What can/cannot be submitted for a review and correction:

- Suspected calculation errors on your report **can** be submitted for review with the possibility of a correction.
- Requests for submission of new or corrected claims to the underlying data **are not** allowed.
 - If you would like to submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor (MAC).
- General questions about the HSRs, the mortality measures, or the AHRQ measures may also be submitted.

Review and Corrections Process Continued

How to submit a Review and Corrections request:

- Requests can be submitted via email to qnetsupport@hcqis.org, over the phone at (866) 288-8912, or over teletypewriter (TTY) at (877) 715-6222.
- When emailing a request, include “Hospital VBP” in the subject line to aid in the help desk process.

New Clinical Episode-Based Payment Measure in 2017

CEBP Measures Introduction

- Clinically coherent groupings of healthcare services that can be used to assess providers' resource use
- Assess Medicare spending for clinically related services for a condition or procedural CEBP episode
 - Episode is comprised of the 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
Gastrointestinal (GI) Hemorrhage	Cholecystectomy and Common Duct Exploration
Kidney/Urinary Tract Infection (Kidney/UTI)	Spinal Fusion

CEBP and Inpatient Quality Reporting (IQR) Program

Measure Reporting	Condition Measures	Procedural Measures
August 2017 HSR	Informational Purposes Only	---
December 2017 <i>Hospital Compare</i>	---	---
May 2018 HSR	x	x
December 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 for payment determination starting FY 2019.¹

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

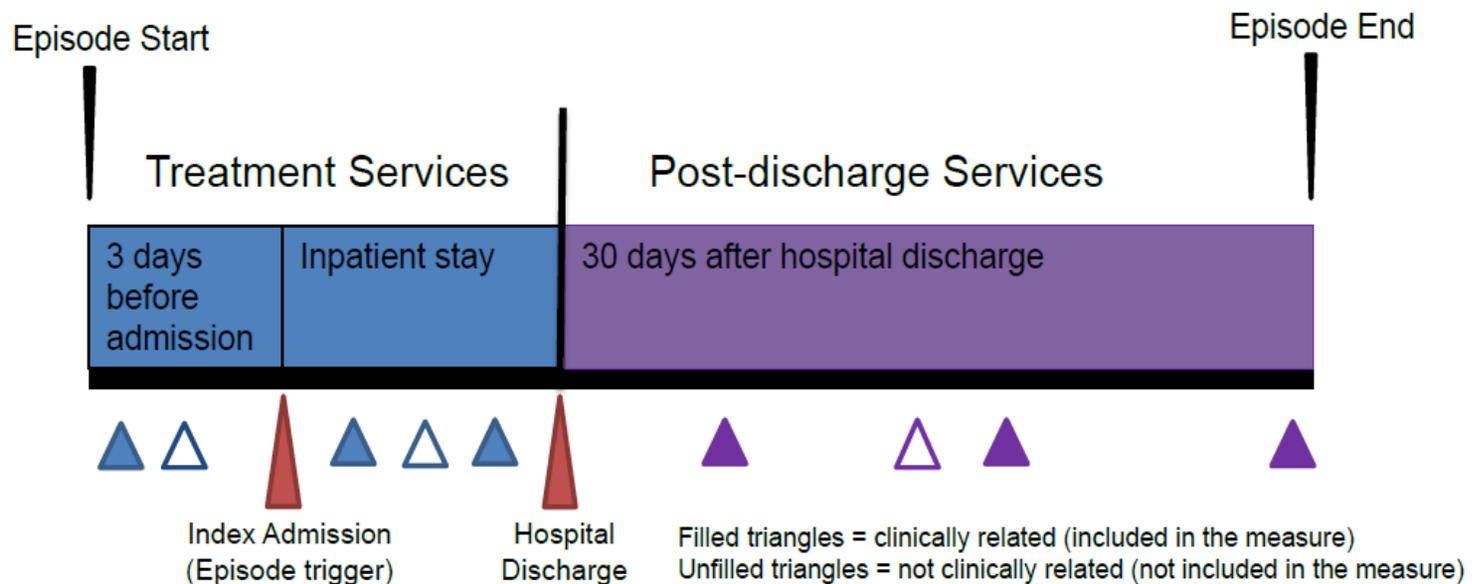
Clinical Episode-Based Payment Medicare Spending Per Beneficiary

CEBP vs. MSPB

- 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 is three days prior to inpatient admission (also known as the “index admission”) through 30 days after hospital discharge.
- Unlike the MSPB measure,
 - CEBP measures include only Medicare Part A and Part B services that are clinically related to a condition or procedure.
 - CEBP episodes may also begin during the 30-day post-discharge window of another CEBP episode.

Measure Methodology

The CEBP measures are claims-based measures that include price-standardized payments for clinically related Part A and Part B services grouped by treatment services and post-discharge services.



Similar HSR Shared Earlier This Year

Overview of Hospital-Specific Reports (HSRs)

- Reports include six tables and are accompanied by three supplemental hospital-specific data files.
 - Tables include the CEBP measures for the individual hospital and 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 CEBP measures and data on the Medicare payments (to individual hospitals and other providers) that were included in the measures.

Overview of Table 1: CEBP 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 3: Detailed MSPB Statistics

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
U.S. 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

Table 5: CEBP 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%

Overview of Supplemental Hospital-Specific Data Files

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

1. Index Admission File
 - Presents all inpatient admissions for the individual hospital in which a beneficiary was discharged during the period of performance
2. 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
3. CEBP Episode File
 - Shows the type of care, spending amount, and top five billing providers in each care setting for each CEBP episode

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Upcoming Events

November 9, 2017
[IPFQR Program?Fiscal Year 2018 Data Review](#)

November 14, 2017
[Sepsis Efforts at Bellevue Hospital and SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.0b through v5.2a Analysis Results — 1.5 C.E.](#)

November 16, 2017
[PCHQR Program Hospital Compare and PCH Data — 1 C.E.](#)

[See the full calendar](#)

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

For More Information

<http://www.alliantquality.org>



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MAKING HEALTH CARE BETTER

Questions?