
Rate Year 2021 Quality Programs

June 28, 2019

Covered in this Presentation

- Introduction
 - Maryland All-Payer Model → TCOC Model
 - Performance Based Payment Programs Overview

- Rate Year 2021 Approved Program Updates:
 - MHAC Program
 - QBR Program
 - RRIP Program
 - RY 2020 PAU Savings

- RY 2021 (Expected) Maximum Guardrail under Maryland Hospital Performance-Based Programs

- CRISP Reports to Track Hospital Progress

- Other Quality Resources

- HSCRC Resources

- Q and A



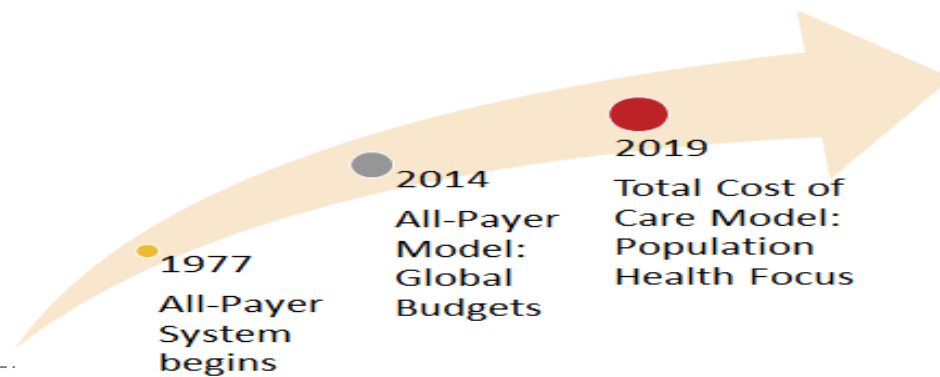
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- HSCRC Resources

- Q and A

Webinar Housekeeping

Maryland's Unique Environment



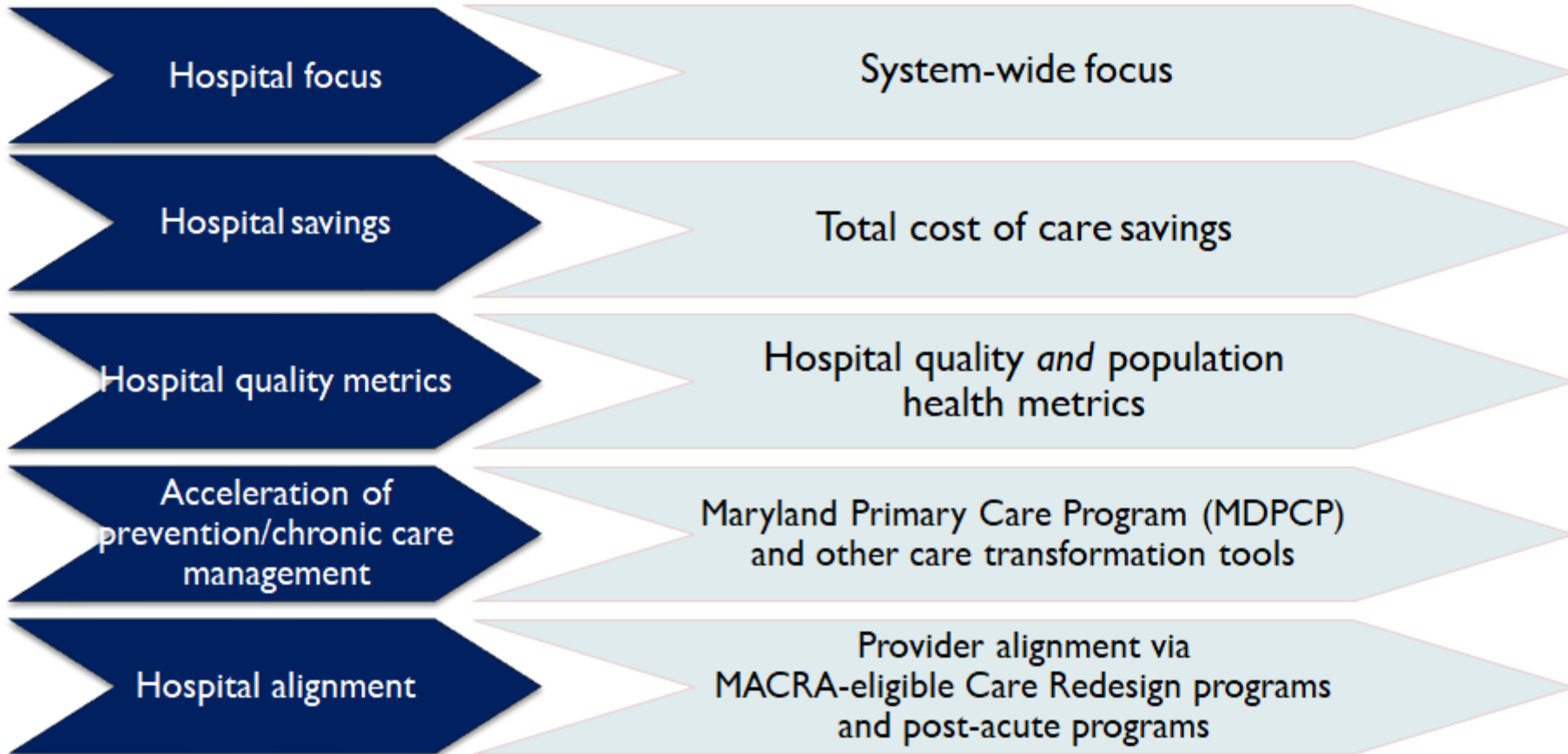
HSCRC

Health Services Cost
Review Commission

Transition from All-Payer Model to Total Cost of Care Model

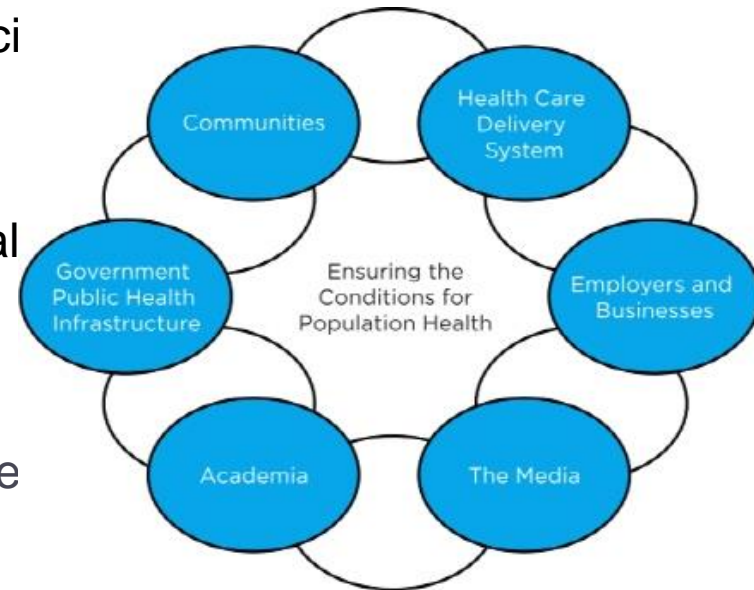
All-Payer Model
Contract Expired on Dec. 31, 2018

Total Cost of Care Model
Began Jan. 1, 2019

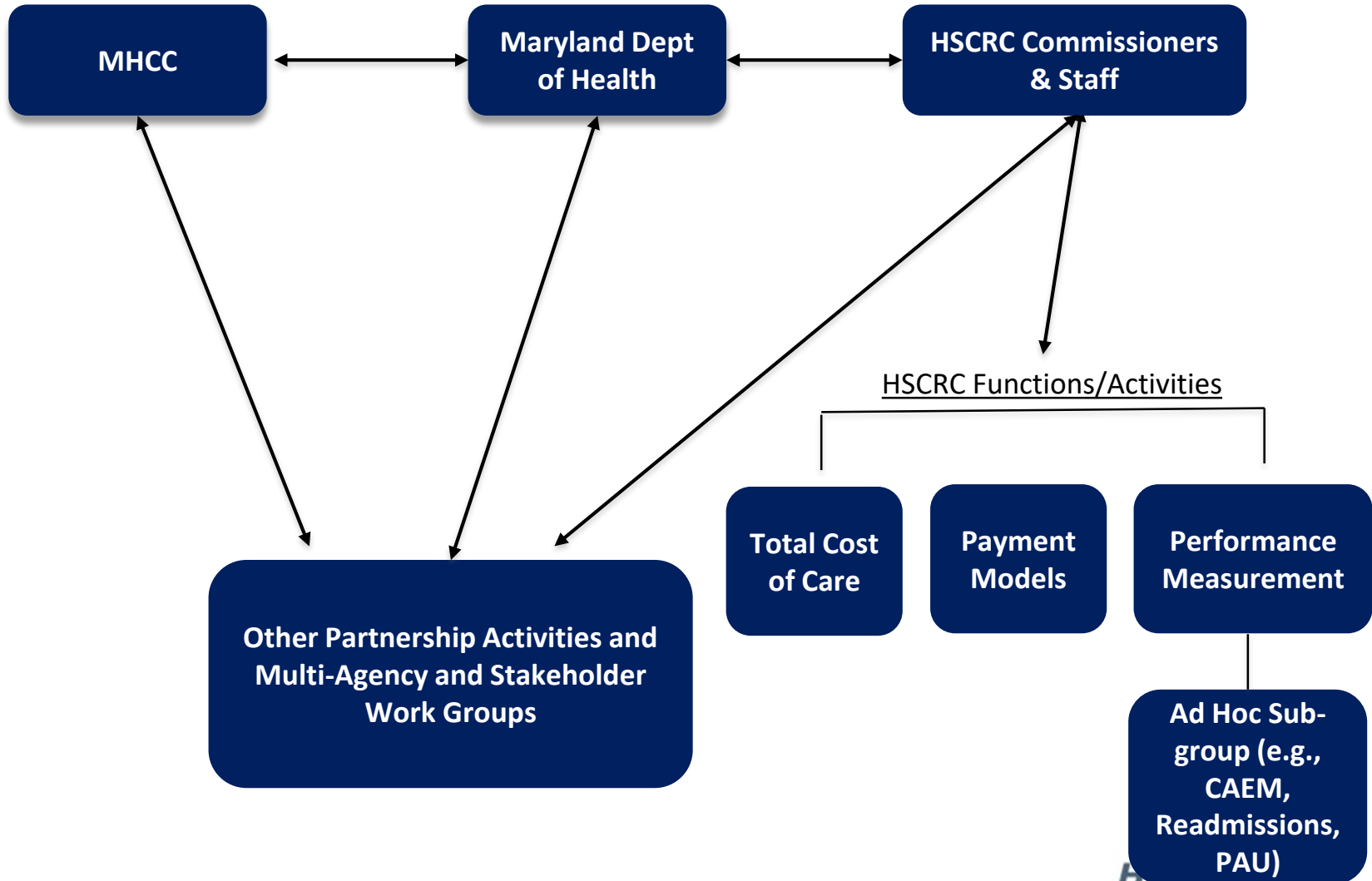


All-Payer Model → Total Cost of Care Model

- ▶ HSCRC, Hospitals, and associated stakeholders (hospitals, payers) are no longer the only principal actors
- ▶ The State and its various initiatives are integral success in the Total Cost of Care Model, e.g.:
 - ▶ Maryland Department of Health
 - ▶ Local Health Departments
 - ▶ Maryland Department of Human Resource
 - ▶ Maryland Department of Aging
- ▶ Inpatient hospital-focused Outcomes are no longer sufficient
 - ▶ Population Health metrics need to be cooked up
 - ▶ Alignment with other State initiatives must be ongoing, must inform Population Health Strategy



Stakeholder Input Structure



HSCRC Performance-based Payment Programs Overview

HSCRC Performance Measurement Workgroup

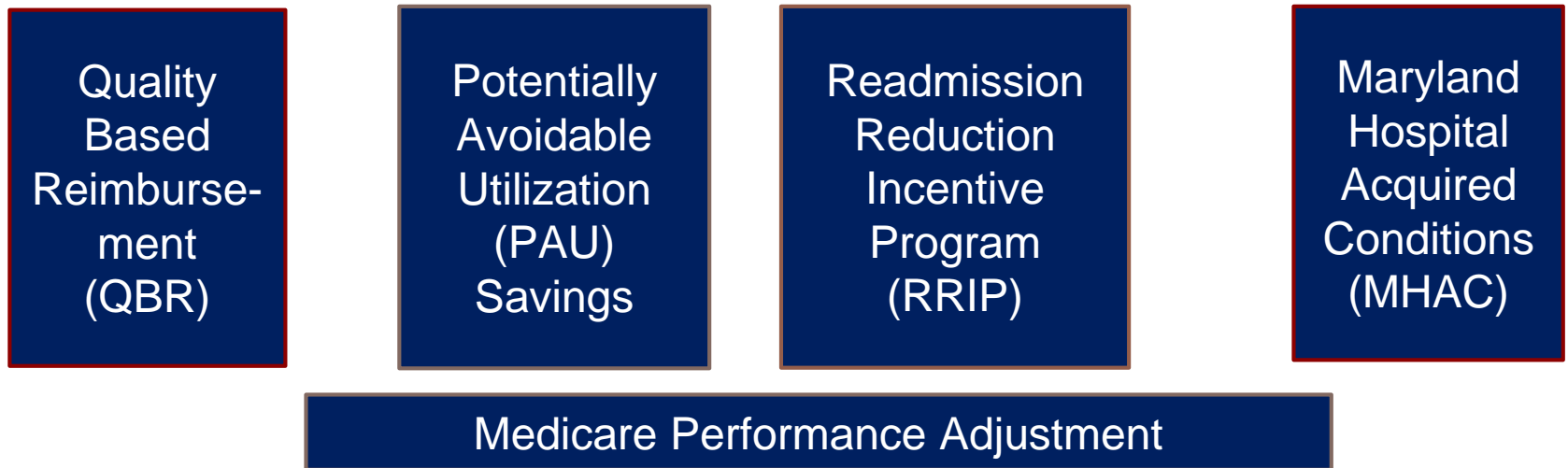
- Comprises **broad stakeholder group** of hospital, payer, quality measurement, e-health quality, academic, consumer, and government agency experts and representatives
- Meets **monthly** with in-person and virtual participation
 - **Meetings are public** and materials are publicly available
- Reviews and recommends **annual updates** to the performance-based payment programs
- Considers and recommends **strategic direction** for the overall performance measurement system
 - Focus on **high-need patients** and **chronic condition** management
 - Build **care coordination** performance measures
 - Broaden focus to **patient-centered population health**
 - Align to the extent possible with **National measures and strategy**
 - Incorporate **new measures** as available, such as Emergency Department, Outpatient, measures etc.

Guiding Principles For HSCRC Performance-Based Payment Programs

- Program must improve care for all patients, regardless of payer
- Program incentives should support achievement of total cost of care model targets
- Program should prioritize high volume, high cost, opportunity for improvement and areas of national focus
- Predetermined performance targets and financial impact
- Hospital ability to track progress
- **Reduce disparities and achieve health equity**
- Encourage cooperation and sharing of best practices
- Consider all settings of care

Performance Based Payment Programs: Maryland and CMS National

Maryland



CMS National



Rate Year (RY) 2021 Quality Program Updates

RX 2021 Quality Program Timelines

Rate Year (Maryland Fiscal Year)	Q3-16	Q4-16	Q1-17	Q2-17	Q3-17	Q4-17	Q1-18	Q2-18	Q3-18	Q4-18	Q1-19	Q2-19	Q3-19	Q4-19	Q1-20	Q2-20	Q3-20	Q4-20	Q1-21	Q2-21	Q3-21	Q4-21
Calendar Year	Q1-16	Q2-16	Q3-16	Q4-16	Q1-17	Q2-17	Q3-17	Q4-17	Q1-18	Q2-18	Q3-18	Q4-18	Q1-19	Q2-19	Q3-19	Q4-19	Q1-20	Q2-20	Q3-20	Q4-20	Q1-21	Q2-21
Quality Programs that Impact Rate Year 2021																						
MHAC (Attainment Only)	MHAC PPC Base Period						MHAC PPC Performance						State Fiscal/Hospital Rate Year Impacted by MHAC Results									
MPA							MPA Base Period						State Fiscal/Hospital Rate Year Impacted by MPA Results									
QBR							Hospital Compare Base Period (HCAHPS measures, ED-2b; All NHSN Measures)						State Fiscal/Hospital Rate Year Impacted by QBR Results									
							QBR Maryland Mortality Base Period															
							Hospital Compare Performance Period (HCAHPS, ED-2b, All NHSN Measures)															
							QBR Maryland Mortality Performance Period															
NEW MEASURE: Hospital Compare THA/TKA Performance Period**																						
RRIP Incentive	RRIP Base Period						RRIP Performance Period						State Fiscal/Hospital Rate Year Impacted by RRIP									
PAU Savings							PAU Savings Performance Period						Rate Year Impacted by PAU Savings									

**Hospital Compare THA /TKA Complications Base Period April 1, 2011-March 31, 2014

RX 2021 Maryland Hospital Acquired Conditions (MHAC) Program

MHAC Program

- Uses Potentially Preventable Complication (PPCs) measures developed by 3M Health Information Systems.
- PPCs are post-admission (in-hospital) complications that may result from hospital care and treatment, rather than underlying disease progression
 - Examples: Accidental puncture/laceration during an invasive procedure or hospital acquired pneumonia
- Relies on Present on Admission (POA) Indicators
- Links hospital payment to hospital performance by comparing the observed number of PPCs to the expected number of PPCs.

RY 2021 MHAC Program Redesign

- **Reduce PPCs** included in program to 14 PPCs
 - PPCs selected were clinically recommended and in general had higher statewide rates and variation across hospitals
 - Monitor all PPCs for possible reconsideration
- Assess hospital performance on **attainment only** using a wider and more continuous performance range
 - Use 2 years of historical data to calculate performance standards
 - Assign 0-100 points based on new threshold and benchmark
- **Weight the PPCs** in payment program by 3M cost weights as a proxy for patient harm
 - No longer group PPCs into tiers
- **Increase rewards** to 2%

Memo with program updates sent on April 8th;
available on the HSCRC website



Rate Year 2021 Data Details

- “Base” Period = FYs 2017 & 2018 (July 2016-June 2018)
 - Used for benchmarks/thresholds and normative values for case-mix adjustment
 - Used to determine hospital specific PPC exclusions
 - Not used to assess improvement
- Performance Period = CY2019
- 3M APR-DRG and PPC Grouper Version 36

MHAC Methodology



Overview of MHAC Methodology

Potentially Preventable Complication Measures

New! Narrowed PPC list of 14 clinically significant PPCs, weighted by 3M cost weights as proxy for harm.

Acute Pulmonary Edema & Respiratory Failure w/o Ventilation	Post-Operative Infection & Deep Wound Disruption Without Procedure
Acute Pulmonary Edema & Respiratory Failure w/ Ventilation	Post-Operative Hemorrhage & Hematoma w/ Hemorrhage Control Procedure or I&D Proc
Pulmonary Embolism	Accidental Puncture/Laceration During Invasive Procedure
Shock	Iatrogenic Pneumothorax
Venous Thrombosis	Major Puerperal Infection & Other Major Obstetric Complications
In-Hospital Trauma & Fractures	Other Complications of Obstetrical Surgical & Perineal Wounds
Septicemia & Severe Infections	Pneumonia Combo

Global Exclusions:

- Palliative care
- Discharges >6 PPCs
- APR-DRG SOI cells with less than 31 at-risk discharges

Hospital PPC Exclusions:

- <20 at-risk discharges
- <2 expected PPC

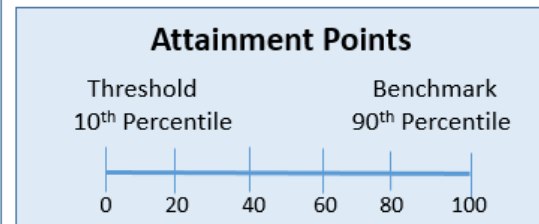


Case-Mix Adjustment and Standardized Scores

Performance Measure: CY 2019 Observed to Expected PPC Ratio.

Expected calculated by applying statewide average PPC rates by diagnosis and severity of illness level to hospitals' patient mix (i.e., indirect standardization).

New! Attainment only score (0-100 points) calculated by comparing hospital performance to a statewide threshold and benchmark.



New! FY2017 & FY2018 (2 years) data used to calculate statewide averages and performance standards.



Hospital MHAC Score & Revenue Adjustments

Hospital MHAC Score is Sum of Earned Points / Possible Points with PPC Cost Weights Applied

Scores Range from 0-100%

New! Revenue neutral zone 60-70%

Max Penalty -2% & Reward +2%

MHAC Score	Revenue Adjustment
0%	-2.00%
10%	-1.67%
20%	-1.33%
30%	-1.00%
40%	-0.67%
50%	-0.33%
60% to 70% Hold Harmless	0.00%
80%	0.67%
90%	1.33%
100%	2.00%

New! Increased Potential Reward

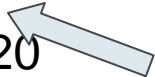
Performance Metric

- Hospital performance is measured using the Observed (O) / Expected (E) ratio for each PPC.
- Lower number = Better performance
- Expected number of PPCs for each hospital are calculated using the base period statewide PPC rates by APR-DRG and severity of illness (SOI).
 - See Appendix A of RY20201 MHAC Memo for details on how to calculate expected numbers

Normative values for calculating expected numbers are included in MHAC Excel workbook.

Adjustments to PPC Measurement

- ❑ Adjustments are done to improve measurement fairness and stability.
- ❑ Exclusions:
 - ❑ Palliative care cases (will be reconsidered for RY 2022)
 - ❑ Cases with more than 6 PPCs
 - ❑ Diagnosis and severity of illness cells with less than 31 at-risk cases statewide
 - ❑ For each hospital, PPCs will be excluded if during the base period:
 - ❑ The number of cases at-risk is less than 20
 - ❑ The number of expected cases is less than 2



Increased due to two years of data being used.

List of hospital specific excluded PPCs is included in MHAC Excel workbook.

RY 2021 PPCs

Payment Program Potentially Preventable Complications for CY2019	
PPC NUMBER	PPC Description
3	Acute Pulmonary Edema and Respiratory Failure without Ventilation
4	Acute Pulmonary Edema and Respiratory Failure with Ventilation
7	Pulmonary Embolism
9	Shock
16	Venous Thrombosis
28	In-Hospital Trauma and Fractures
35	Septicemia & Severe Infections
37	Post-Operative Infection & Deep Wound Disruption Without Procedure
41	Post-Operative Hemorrhage & Hematoma with Hemorrhage Control Procedure or I&D Proc
42	Accidental Puncture/Laceration During Invasive Procedure
49	Iatrogenic Pneumothrax
60	Major Puerperal Infection and Other Major Obstetric Complications
61	Other Complications of Obstetrical Surgical & Perineal Wounds
67	Pneumonia Combo (PPC 5 Pneumonia & Other Lung Infections & PPC 6 Aspiration Pneumonia)

The MHAC Excel workbook contains data on each payment program PPC. Monitoring reports for all clinically valid PPCs are also provided.

PPC Scoring: Benchmarks and Thresholds

- A threshold and benchmark value for each PPC/PPC combo is calculated based upon the base period data
 - Used to convert O/E ratio for each measure to points
 - Threshold = 10th percentile
 - Benchmark = 90th percentile
- No longer have serious reportable events in payment program, but do flag these PPCs in monitoring reports

Wider performance range since attainment only

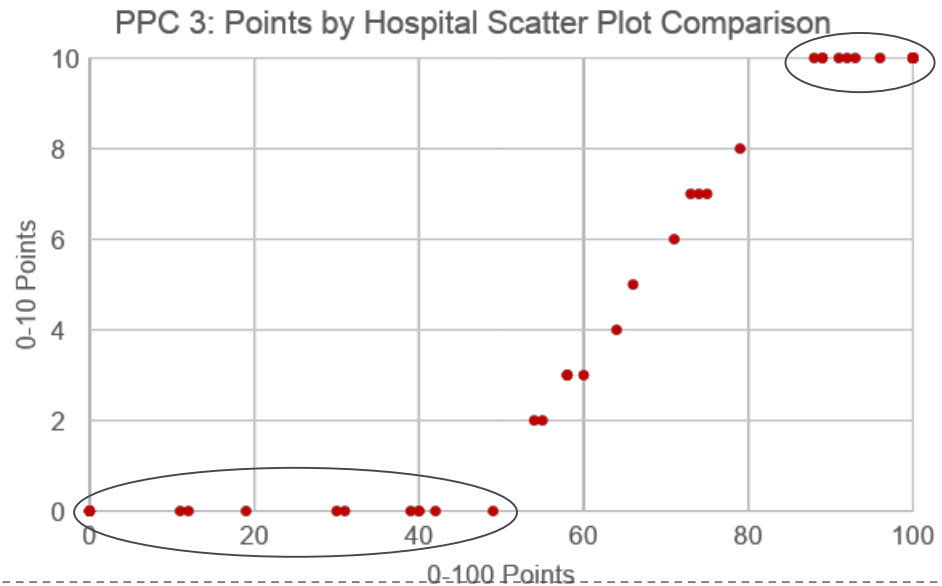
Thresholds and Benchmarks are included in MHAC Excel workbook.

Attainment Only

- ▶ Maintain VBP-like points based scoring approach

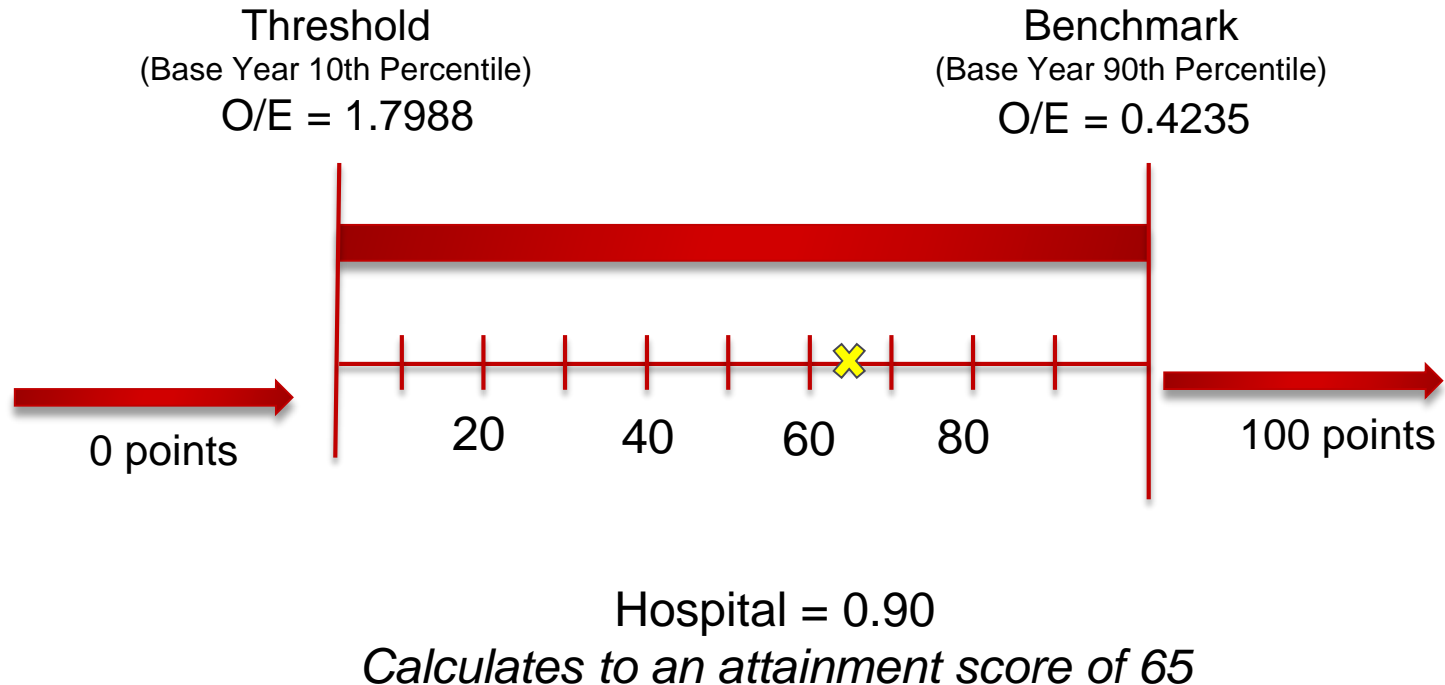
Scoring	Threshold Start to Earn Points	Benchmark Full Points	Points
Old Approach	Median	Top Performers with 25% of Discharges	0 to 10
RY 2021 Approach	10 th Percentile	90 th Percentile	0 to 100

The wider threshold and benchmark differentiates hospital performance at the lower and upper ends



MHAC Score: Attainment Score

PPC 9 Shock – Attainment Score



3M Cost-Based Weights: Proxy for Harm

- ▶ The cost estimates are the relative incremental cost increase for each PPC, which can be a proxy for the harm of the PPC within the hospital stay.
- ▶ Cost weights used instead of tiers; weights applied the numerator and denominator of the PPC points

Hypothetical Example with Three PPCs: Weights Applied to Scores

	PPC	Attainment Points	Denominator	Unweighted Score	Weight	Weighted Attainment Points	Weighted Denominator	Weighted Score
Hospital A Worse on Higher Weight	PPC X	10	10		0.5	5	5	
	PPC Y	5	10		1	5	10	
	PPC Z	3	10		2	6	20	
		18	30	60%		16	35	46%
Hospital B Worse on Lower Weight	PPC X	3	10		0.5	1.5	5	
	PPC Y	5	10		1	5	10	
	PPC Z	10	10		2	20	20	
		18	30	60%		26.5	35	76%

The MHAC Excel workbook provides Version 36 PPC Cost Weights.

PPC Cost Weights

PPC NUMBER	PPC Description	3M v36 PPC Marginal Costs
4	Acute Pulmonary Edema and Respiratory Failure with Ventilation	1.6458
37	Post-Operative Infection & Deep Wound Disruption Without Procedure	1.3263
16	Venous Thrombosis	1.1853
35	Septicemia & Severe Infections	1.1829
67	Pneumonia Combo	1.1252
60	Major Puerperal Infection and Other Major Obstetric Complications	1.0811
9	Shock	1.0584
41	Post-Operative Hemorrhage & Hematoma with Hemorrhage Control Procedure or I&D Proc	1.0216
7	Pulmonary Embolism	0.9112
42	Accidental Puncture/Laceration During Invasive Procedure	0.6292
49	Iatrogenic Pneumothrax	0.4974
3	Acute Pulmonary Edema and Respiratory Failure without Ventilation	0.4310
28	In-Hospital Trauma and Fractures	0.3724
61	Other Complications of Obstetrical Surgical & Perineal Wounds	0.1765

Overall Score & Revenue Adjustment Scale

- The final score is calculated across all PPCs included for each hospital.
 - Sum numerator and denominator points to get percent score
- Scores and revenue adjustment scale range from 0% to 100%; scale has hold harmless zone between 60% and 70%.
 - Hold harmless zone determined from average/median score modeling
- Maximum penalty and reward is 2% of inpatient revenue.

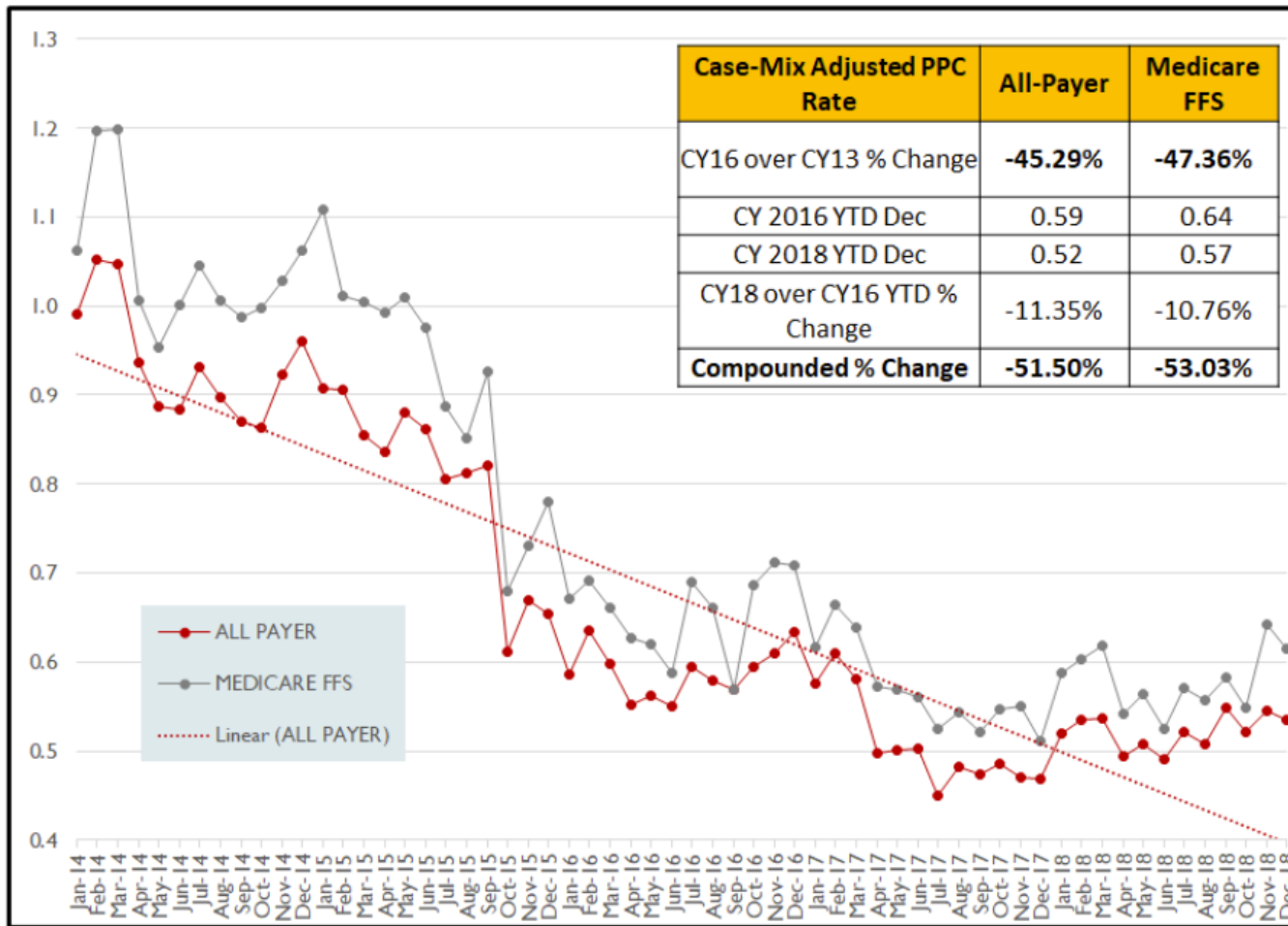
The MHAC Excel workbook provides PPC specific points, Hospital MHAC Scores, calculation sheet, and revenue adjustment scale.

Final MHAC Score	Revenue Adjustment
0%	-2.00%
5%	-1.83%
10%	-1.67%
15%	-1.50%
20%	-1.33%
25%	-1.17%
30%	-1.00%
35%	-0.83%
40%	-0.67%
45%	-0.50%
50%	-0.33%
55%	-0.17%
60%	0.00%
65%	0.00%
70%	0.00%
75%	0.33%
80%	0.67%
85%	1.00%
90%	1.33%
95%	1.67%
100%	2.00%
Penalty Cut-point	60%
Reward Cut-point	70%

RY 2021 Measurement Methodology Recap

- RY 2021 MHAC program was redesigned to focus hospitals
- Changes include:
 - **Reduce PPCs** included in program to 14 PPCs
 - Assess hospital performance on **attainment only** using a wider and more continuous performance range
 - **Weight the PPCs** in payment program by 3M cost weights as a proxy for patient harm
 - **Increase rewards** to 2%

Monthly Case-Mix Adjusted PPC Rates



Hospitals well exceeded All-Payer model goal of 30% improvement from 2013 to 2018

Redesign should continue to focus hospitals on important complications under TCOC model

Note: Line graph based on PPC grouper v32 prior to October 2015; and v35 October 2015 to December 2018; all data are final, but are subject to validation.



Rate Year (RY) 2021 Quality Based Reimbursement (QBR) Program

Overview of QBR Methodology: Converting Performance to Reward and Penalty Scale

Steps for Converting Measures into Revenue Adjustments

Performance Measures

QBR Measures by Domain:

Person and Community Engagement (8 HCAHPS measures + ED-2b)

Safety (6 Measures: CDC NHSN Measures)

Clinical Care (Inpatient Mortality, **NEW**: THA/TKA Complication)



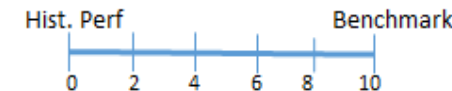
Standardized Measure Scores

Individual Measures are Converted to 0-10 Points:

Points for Attainment Compare Performance to a National Threshold (median) and Benchmark (top 5%)



Points for Improvement Compare Performance to Base (historical perf) and Benchmark



Final Points are Better of Improvement or Attainment



Hospital QBR Score & Revenue Adjustments

Hospital QBR Score is Sum of Earned Points / Possible Points with Domain Weights Applied

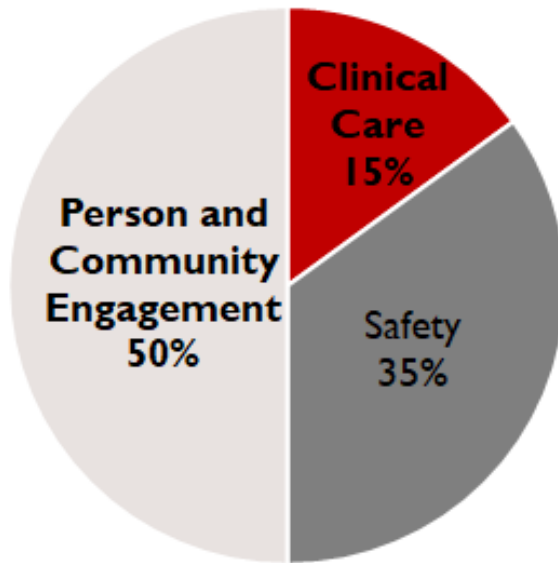
Scale Ranges from 0-80%

Max Penalty 2% & Reward +2%

Abbreviated Pre-Set Scale	QBR Score	Financial Adjustment
Max Penalty	0%	-2.00%
	10%	-1.51%
	20%	-1.02%
	30%	-0.54%
Penalty/Reward Cutpoint	41%	0.00%
	50%	0.46%
	60%	0.97%
	70%	1.49%
Max Reward	80%+	2.00%

Quality Based Reimbursement: Domains and Measures Compared to VBP

QBR Domain Weights



VBP Domain Weights



Quality Based Reimbursement: Domains and Measures Compared to VBP

DOMAINS & MEASURES	Clinical Care	Person and Community Engagement	Safety	Efficiency
QBR SFY 2020	15% (1 measure - Mortality)	50% (10 measures - 8 HCAHPS + NEW 2 ED Wait Times)	35% (7 measures - Infection*, PC-01)	<i>N/A for QBR. See PAU and MPA Adjustment</i>
QBR SFY 2021	15% (2 measures - Mortality, NEW THA/TKA)	50% (9 measures - 8 HCAHPS, 1 ED Wait Time)	35% (6 measures - Infection*)	<i>N/A for QBR. See PAU and MPA Adjustment</i>
VBP FFY 2020	25% (4 measures- 3 condition- specific Mortality; THA/TKA)	25% (8 measures - HCAHPS)	25% (7 measures: 6 infection*, PC-01)	25% (1 Measure Medicare Spending per Beneficiary)
VBP FFY 2021	25% (5 measures - 4 condition- specific Mortality; THA/TKA)	25% (8 measures - HCAHPS)	25% (6 measures - Infection*)	25%(1 Measure Medicare Spending per Beneficiary)

*Infection Measures: CAUTI, CLABSI, MRSA, Cdiff, SSI Hyst, SSI Colon

QBR Methodology: Measure Inclusion Rules and Data Sources

- HSCRC will use the **data submitted to CMS for the Inpatient Quality Reporting** program for calculating hospital performance scores for all measures with exception of PSI-90 (currently suspended) and the mortality measure, which are calculated using HSCRC case-mix data.
- When possible, **CMS rules for minimum measure requirements** are used for scoring a domain and for readjusting domain weighting if a domain is missing. **Hospitals must be eligible for scores in 2 of the 3 domains** to be included in the program.
- For hospitals with measures that have **no base period data, attainment only scores** will be used to measure performance on those measures.
- For hospitals that have measures with data missing for the base and performance periods, hospitals will receive scores of zero for these measures.
- **It is imperative that hospitals review the data in the Hospital Compare Preview Reports as soon as it is available from CMS.**

QBR Methodology: Measure Inclusion Rules and Data Sources

DOMAIN	Clinical Care	Person and Community Engagement	Safety
Minimum Numbers for Inclusion	Mortality: <ul style="list-style-type: none"> - No minimum threshold for hospitals - Statewide: 20 cases for APR-DRG cell to be included THA/TKA: 25 cases for hospitals	- At least 100 surveys for applicable period	- At least three measures needed to calculate hospital score <ul style="list-style-type: none"> - Each NHSN measure requires at least one predicted infection during the applicable period
Data Source	Mortality: HSCRC Case-Mix Data THA/TKA: CMS Hospital Compare	HCAHPS surveys reported to CMS Hospital Compare	CDC- NHSN data reported to CMS Hospital Compare

QBR Scoring: Points Given for Better of Attainment or Improvement

Hospitals are given points based upon the higher of attainment/achievement or improvement

Attainment

- compares hospital's rate to a threshold and benchmark.
- if a hospital's score is equal to or greater than the benchmark, the hospital will receive 10 points for achievement.
- if a hospital's score is equal to or greater than the achievement threshold (but below the benchmark), the hospital will receive a score of 1–9 based on a linear scale established for the achievement range.

Improvement

- compares hospital's rate to the base year (the highest rate in the previous year for opportunity and HCAHPS performance scores)
- if a hospital's score on the measure during the performance period is greater than its baseline period score but below the benchmark (within the improvement range), the hospital will receive a score of 0–9 based on the linear scale that defines the improvement range.

Maryland Mortality Measure

- Maryland measures **inpatient** mortality, risk-adjusted for:
 - 3M risk of mortality (ROM)
 - Sex and age
 - Transfers from another acute hospital within MD
 - Palliative Care status
- Measure inclusion/exclusion criteria provided in calculation sheet.
 - Subset of APR-DRGs account for 80% of all mortalities.
 - Specific high mortality APR-DRGs and very low mortality APR-DRGs are removed.

ED Wait Time Measure

Measure ID	Measure Title
ED-2b	Admit decision time to emergency department departure time for admitted patient

- Protections include:
 - Setting benchmark at national median stratified by ED volume
 - Hospitals that improve by at least 1 point will receive the better of their QBR scores, with or without the ED wait time measure included

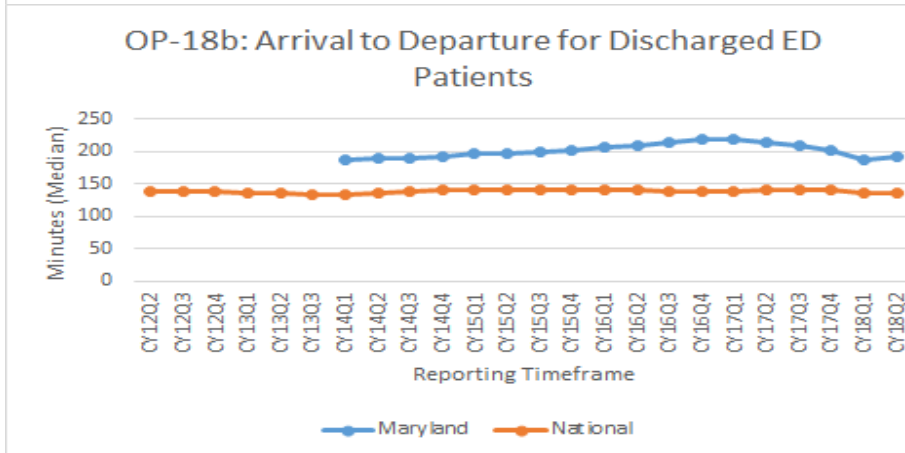
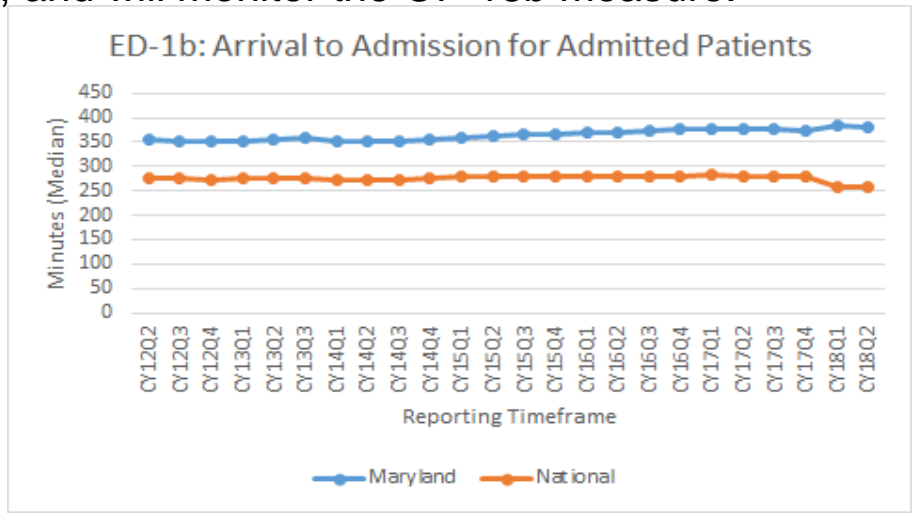
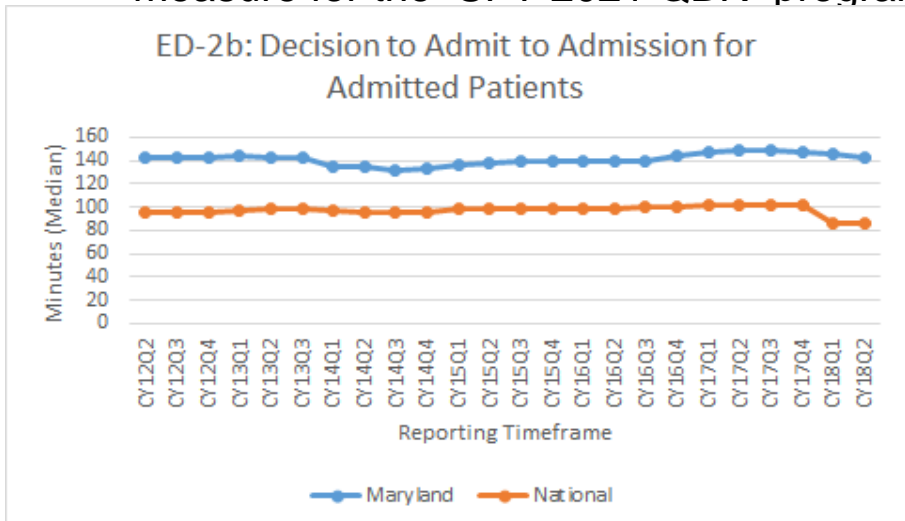


Maryland Performance Relative to National Performance At a Glance

- Patient Experience -Despite Maryland strategically increasing the weight for the Person and Community Engagement domain, we still lag behind the nation;
 - Maryland experienced larger improvements on five out of eight HCAHPS measures, and matched national improvements on the remaining three measures.
 - Maryland ED wait times are substantially longer than those of the nation.
- Hospital-Acquired Infections (HAIs) - Maryland improved on five out of six of the NHSN HAI measures
 - Maryland is on par with the nation or better on four out of six HAI measures compared to the Standardized Infection Ratio (SIR) of 1 on Hospital Compare.
 - National median performance is better compared to Maryland performance on five of six HAI measures; Maryland performs better on CLABSI.
 - For the hip/knee complication measure, Maryland performed slightly better than the nation based on the most current data available
 - Mortality - Maryland performed on par with or better than the nation on four out of six of the CMS condition-specific mortality measures, and improved its all-payer, inpatient mortality rate.

Performance on ED Wait Time Measures

- Maryland continues to perform poorer than the nation on the three ED Wait Time measures based on trends through from April 2012-June 2018.
- With the retirement of the CMS ED 1b measure, Maryland has retained only the ED 2b measure for the SFY 2021 QBR program, and will monitor the OP 18b measure.



Maryland Clinical Care Domain Measures Compared to Nation

Measures	MD Base	MD YTD Performance	MD Base Performance Difference	US Base	US YTD Performance	US Base Performance Difference	MD-US Diff In Base	MD-US Diff In YTD Performance
CLINICAL CARE - OUTCOMES								
Observed Mortality IP All-Cause (Maryland All-Payer) [1]	4.40%	3.78%	-0.62%	N/A	N/A	N/A	N/A	N/A
30-day mortality, AMI (Medicare) [2]	13.14	13.00	-0.14	13.37	13.00	-0.37	-0.23	0.00
30-day mortality, HF (Medicare)	11.08	11.00	-0.08	11.57	11.40	-0.17	-0.49	-0.40
30-day mortality, PN (Medicare)	16.31	16.40	0.09	15.9	15.7	-0.2	0.41	0.70
30-day mortality, COPD (Medicare)	8.15	9.00	0.85	8.03	8.40	0.37	0.12	0.60
30-day mortality, STK (Medicare)	14.10	14.00	-0.10	14.60	14.30	-0.30	-0.50	-0.30
30-day, CABG (Medicare)	2.73	2.70	-0.03	3.20	3.10	-0.10	-0.47	-0.40
Complications Hip/Knee [3]	N/A	2.38	N/A	N/A	2.43	N/A	N/A	-0.05

[1] Maryland Inpatient Mortality: July 2016-June 2017 base, CY 2018 performance

[2] 30-day Mortality for all conditions: July 2013-Jun 2016 base; July 2014-Jun 2017 performance

[3] Complication Hip/Knee: July 1, 2010 – June 30, 2013 base, January 1, 2015 – June 30, 2017 performance

Maryland NHSN Measures Statewide Results Compared to Nation on Hospital Compare

Measures	MD Base	MD YTD Performance	MD Base Performance Difference	US Base	US YTD Performance	US Base Performance Difference	MD-US Diff in Base	MD-US Diff in YTD Performance
SAFETY [4]								
CLABSI	1.125	0.805	-0.32	1	1	0	0.125	-0.195
CAUTI	1.034	0.775	-0.259	1	1	0	0.034	-0.225
SSI Colon	1.032	1.017	-0.015	1	1	0	0.032	0.017
SSI Abdominal Hysterectomy	1.02	1.583	0.563	1	1	0	0.02	0.583
MRSA	1.154	1	-0.154	1	1	0	0.154	0.000
C.diff.	0.998	0.881	-0.117	1	1	0	-0.002	-0.119

[4] Safety and HCAHPS measures: CY 2016 base, July 2017-June 2018 performance



Maryland HCAHPS Performance Compared to Nation

Measures	MD Base	MD YTD Performance	MD Base Performance Difference	US Base	US YTD Performance	US Base Performance Difference	MD-US Diff in Base	MD-US Diff in YTD Performance
PATIENT EXPERIENCE OF CARE - HCAHPS Top-Box Scores [4]								
Communication with nurses	75%	76%	1%	80%	80%	0%	-5%	-4%
Communication with doctors	77%	77%	0%	82%	81%	-1%	-5%	-5%
Responsiveness of Hospital Staff	60%	61%	1%	69%	70%	1%	-9%	-8%
Communication about medicines	59%	61%	2%	65%	66%	1%	-6%	-5%
Cleanliness and Quietness	62.5%	62.5%	0%	69%	68.5%	0%	-6%	-6%
Discharge Information	86%	86%	0%	87%	87%	0%	-1%	-1%
Care Transitions Measure	47%	49%	2%	52%	53%	1%	-5%	-4%
Overall Rating of Hospital	65%	66%	1%	73%	73%	0%	-8%	-7%

[4] Safety and HCAHPS measures: CY 2016 base, July 2017-June 2018 performance



QBR RY 2021 Approved Updates **Recap**

Measure Changes

- **New-** 1 ED Wait Times ED 2b) included in Patient and Community Engagement domain.
- **New** - THA/TKA Complications weighted at 5% of the clinical care domain;

Measure Domain Weighting – remains at RY 2020 levels: 50% for PCE, 35% for Safety, and 15% for Clinical Care.

QBR Scaling and Revenue at-risk

- **Preset scale** to 0.00 - 0.80, with cut point at 0.41. Hospitals who score lower than 0.41 will receive a penalty, hospitals who score greater than 0.41 will receive a reward.
- Performance expectations are better aligned with National performance benchmarks.

RY 2021 Readmission Reduction Incentive Program (RRIP)

Readmission Reduction Incentive Program

- Payment program originally implemented to support the All-Payer Model waiver goal of reducing inpatient Medicare readmissions to national level, but applied to all-payers.
 - Under TCOC model, the state must remain at or below National Medicare

- The RRIP was approved in 2014 and began to impact hospital revenue starting in RY 2016.

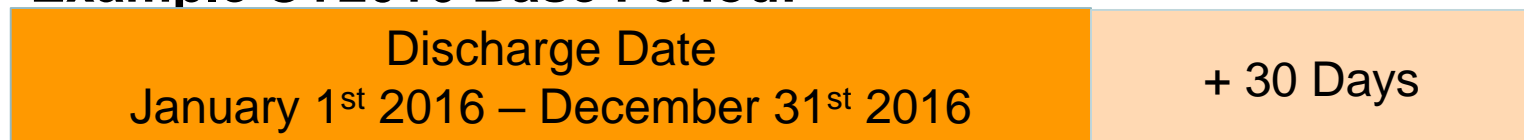
Performance Metric

- Case-Mix Adjusted Inpatient Readmission Rate
 - 30-Day
 - All-Payer
 - All-Cause
 - All-Hospital (both intra- and inter- hospital)
 - Chronic Beds included
- Exclusions:
 - Same-day and next-day transfers
 - Rehabilitation Hospitals
 - Oncology discharges
 - Planned readmissions – Logic updated in March 2018
 - (CMS Planned Admission Version 4 + all deliveries + all rehab discharges)
 - Deaths

Data Sources and Timeframe

- Inpatient abstract/case mix data with CRISP Unique Identifier (EID).
- Base period is CY 2016 and Performance period is CY 2019, run using version 36 of the APR grouper.
- Data on out of state readmissions is obtained from Medicare
- RY 2021 (new): Readmissions to specialty hospitals (e.g., Sheppard Pratt, Mt. Washington Peds) is now included when calculating acute hospital readmissions

Example CY2016 Base Period:



Example January 2019:



Readmissions Only

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Case-Mix Adjustment

- Hospital performance is measured using the Observed (O) unplanned readmissions / Expected (E) unplanned readmission ratio and multiplying by the statewide base period readmission rate.
- Expected number of unplanned readmissions for each hospital are calculated using the discharge APR-DRG and severity of illness (SOI).

Measuring the Better of Attainment or Improvement

- The RRIP continues to measure the better of attainment or improvement due to concerns that hospitals with low readmission rates may have less opportunity for improvement.
- RRIP adjustments are scaled, with maximum penalties up to 2% of inpatient revenue and maximum rewards up to 1% of inpatient revenue.

Rate Year	Performance Year	Improvement Target	Attainment Benchmark
RY 2017	CY 2015	9.30%	12.09%
RY 2018	CY 2016	9.50%	11.85%
RY 2019	CY 2017	14.10%	10.83%
RY 2020	CY 2018	14.30%	10.70%
RY2021	CY2019	3.90%*	11.12%*

* RY 2021 includes readmissions to specialty hospitals (e.g., Sheppard Pratt, Mt. Washington), which were previously excluded from the program.

Improvement Scaling

- Improvement compares CY19 case-mix adjusted inpatient readmission rates to CY16 case-mix adjusted inpatient readmission rates
- Improvement Target for CY19 = 3.90% cumulative decrease
- Adjustments range from 1% reward to 2% penalty, scaled for performance.

All Payer Readmission Rate Change CY16-CY19		RRIP % Inpatient Revenue Payment Adjustment
	A	B
Improving Readmission Rate		1.0%
	-14.40%	1.00%
	-9.15%	0.50%
Target	-3.90%	0.00%
	1.35%	-0.50%
	6.60%	-1.00%
	11.85%	-1.50%
	17.10%	-2.0%
Worsening Readmission Rate		-2.0%

Attainment Scaling

- Attainment scaling compares CY19 case-mix adjusted inpatient readmission rates to a state benchmark.
 - Adjust attainment scores to account for readmissions occurring at non-Maryland hospitals.
- Attainment Benchmark for CY19= 11.12%
- Adjustments range from 1% reward to 2% penalty, scaled for performance.

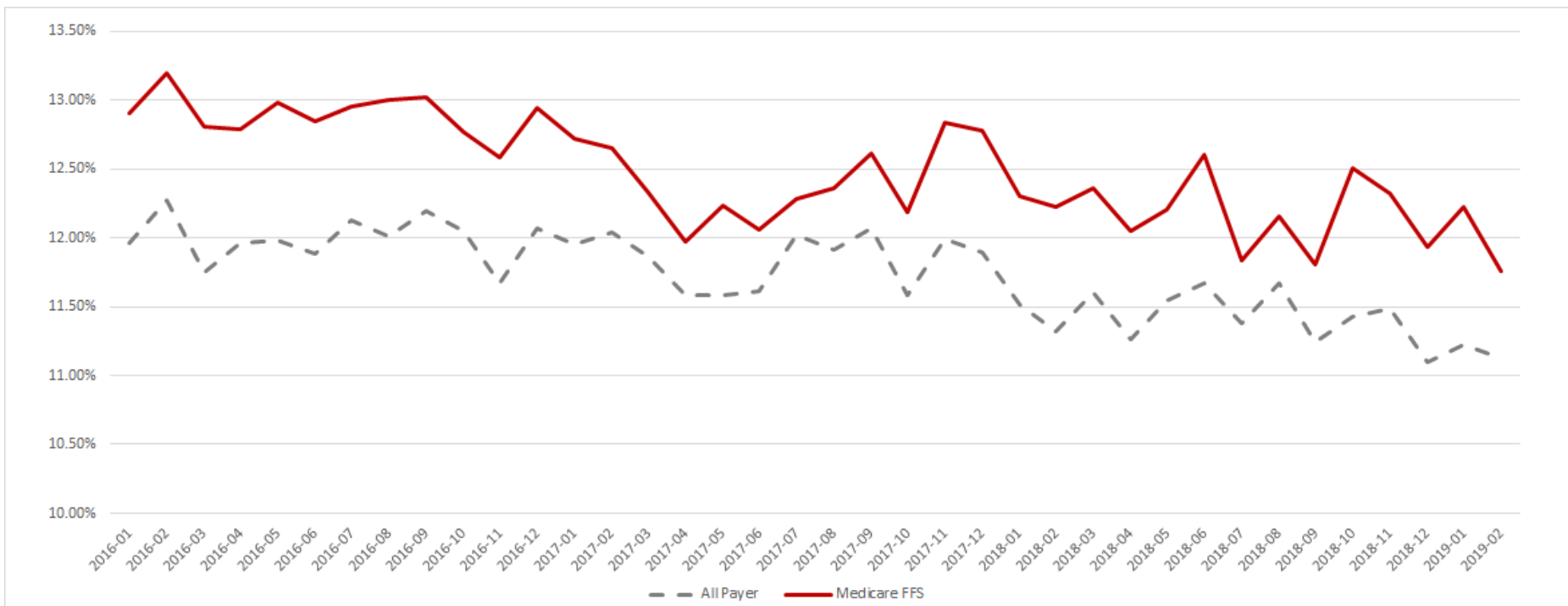
All Payer Readmission Rate CY19		RRIP % Inpatient Revenue Payment Adjustment
	A	B
Lower Absolute Readmission Rate		1.0%
Benchmark	8.94%	1.00%
	10.03%	0.50%
Threshold	11.12%	0.00%
	12.21%	-0.50%
	13.30%	-1.00%
	14.39%	-1.50%
	15.47%	-2.0%
Higher Absolute Readmission Rate		-2.0%

RY 2021 RRIP Methodology **Recap**

- Readmissions **measure** is same as RY 2020 measure.
 - Maintain Planned Admission logic – from March 2018.
 - **NEW** Includes Readmissions to Specialty Hospitals
- Readmissions **targets** updated:
 - RY 2021 improvement is 2016-2019 three-year Improvement Target.
 - New **Targets** and **Scaling** to maintain Medicare Waiver Test
 - **Improvement** – **3.90%** Improvement; max 1% reward at 14.40% improvement
 - **Attainment** – **11.12%** Attainment target; max 1% reward at 8.94% rate



Monthly Case-Mix Adjusted Readmission Rates



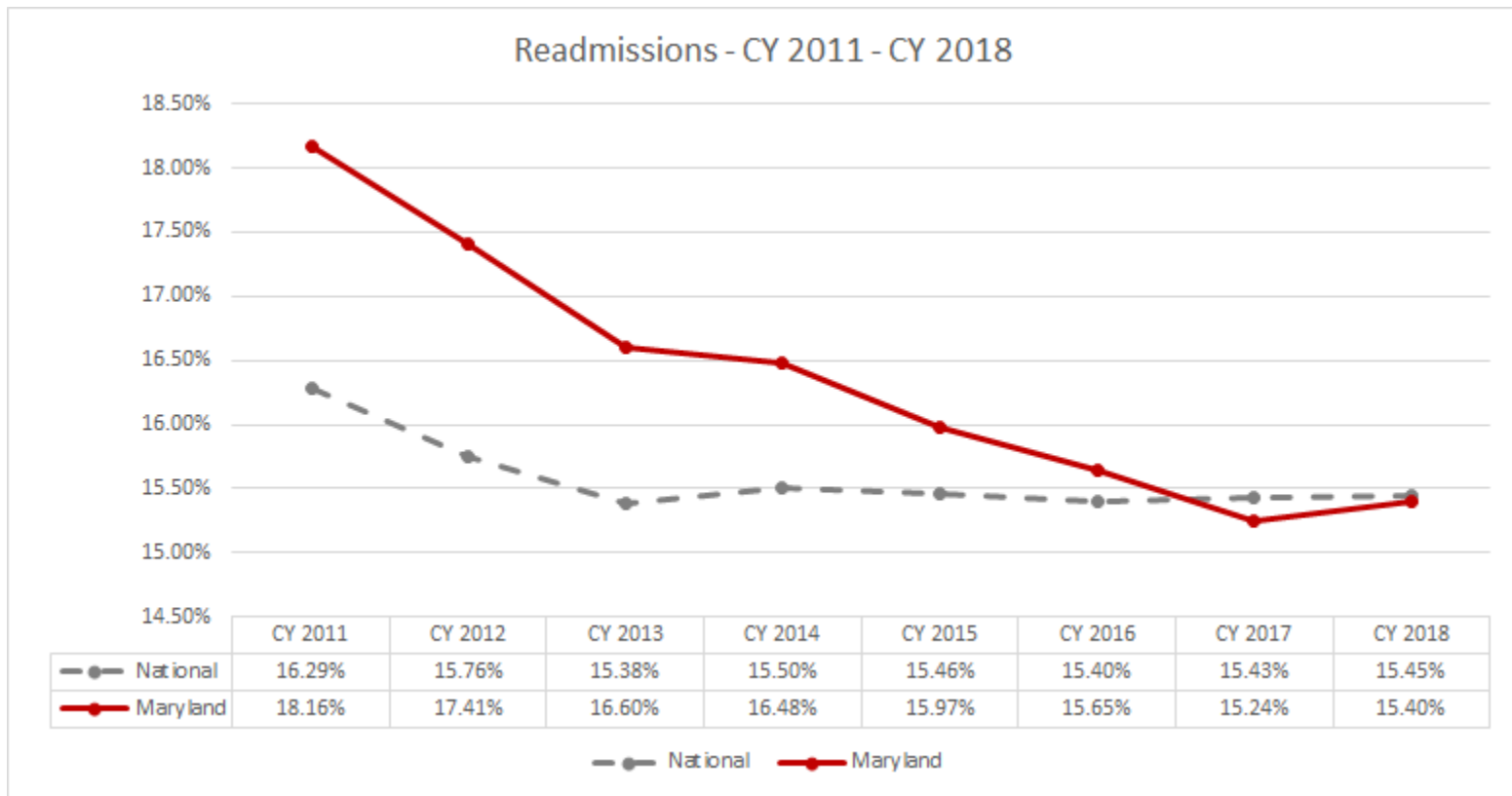
Case-Mix Adjusted Readmissions	All-Payer	Medicare FFS
CY 2016 YTD Mar	11.99%	12.96%
CY 2019 YTD Mar (Prelim)	11.02%	11.82%
CY 16-19 YTD Improvement	-8.05%	-8.84%

Note: Based on final data for Jan 2016 – Dec 2018; Preliminary data Jan-Apr 2019.

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Medicare Readmissions – Rolling 12 Months Trend



Ongoing Readmissions Considerations

- Readmission Rates under New Model?
- Attainment Scaling - Methodology Concerns (currently 35th to 5^h percentiles)
- By-Payer Readmission Benchmarks?
- Diminishing Denominator of Eligible Discharges?

RY 2020 Potentially Avoidable Utilization (PAU) Savings Policy

Purpose of PAU Savings and overview

□ PAU Savings Concept

- The Global Budget Revenue (GBR) system assumes that hospitals will be able to reduce their PAU as care transforms in the state
- The PAU Savings Policy prospectively reduces hospital GBRs in anticipation of those reductions

□ Mechanism

- Statewide reduction is scaled for each hospital based on the percentage of PAU revenue linked to the hospital in a prior year

RY2020 PAU Measures

Revenue from Prevention Quality Indicators (PQIs)

- **Measure definition:** AHRQ Prevention Quality Indicators, which measure adult (18+) ambulatory care sensitive conditions.
- **Data source:** Inpatient and observation stays \geq 24 hours
- **Change for RY20:** Phasing out use of PQI 02 Perforated Appendix

Revenue from PAU Readmissions

- **Measure definition:** 30-day unplanned readmissions measured at the sending hospital
- See next slide for methodology
- **Data Source:** Inpatient and observation stays \geq 24 hours
- **Change for RY20:** Change to link readmission with sending hospital rather than receiving

RY2020 PAU Readmissions

- For RY2020 adjustments, PAU Readmissions were linked with the sending hospital, rather than the receiving hospital
- To calculate the readmissions revenue associated with the sending hospital:
 - Calculated the average cost* of an intra-hospital readmission (to and from the same hospital)
 - Applied average cost to the total number of sending readmissions for that hospital.

PAU reduction: Express as incremental

- Starting in RY2020, changed how PAU reduction is expressed in the update factor
 - Previously reversed out previous year's PAU reduction and implemented current year PAU reduction
 - Starting in RY20, calculating and displaying the incremental change only.
- Use the inflation and population adjustments of the update factor to determine the statewide PAU reduction (i.e., do not provide inflation or population adjustments on PAU revenue)

RY 2020 Protection

- **Prior years**
 - PAU savings reduction capped at the statewide average reduction for hospitals with higher socio-economic burden*
 - In RY19, indicated future phase out of protection
- **Discontinuing the protection for RY2020**
 - Change to incremental PAU lessens the need for continued protections
 - Previous year protections are built into the permanent GBR

*defined as hospitals in the top quartile of % inpatient equivalent case-mix adjusted discharges (ECMADs) from Medicaid/Self-Pay over total inpatient ECMADs



RY2021 PAU - Future

- ▶ For RY2021, HSCRC staff intends to recommend:
 - ▶ Shift to per capita PQI measurement (instead of revenue-based measurement)
 - ▶ Add avoidable pediatric admissions
 - AHRQ pediatric quality indicators (PDIs 14-16,18)
 - ▶ Count discharges that are both readmissions and PQIs as PQIs
- ▶ In subsequent months, CRISP to roll out Tableau dashboard to track PQI/PDI per capita performance.
 - ▶ Subject to change based on stakeholder and user feedback

RY 2021 Maximum Guardrail under Maryland Hospital Performance-Based Programs

Final Recommendations for RY 2021

RY 2020 Quality Program Revenue Adjustments	Max Penalty	Max Reward
MHAC	-2.0%	2.0%
RRIP	-2.0%	1.0%
QBR	-2.0%	2.0%

- **RY 2020 (will propose for RY2021):** Continue to set the maximum penalty guardrail at 3.5 percent of total hospital revenue.
- The quality adjustments are applied to inpatient revenue centers, similar to the approach used by CMS.

CRISP Monitoring Reports for Hospitals and Other Resources

Monitoring Reports

- HSCRC summary level reports and case level data files are distributed through a secure site called the CRISP Reporting Services Portal – “CRS Portal”
<https://reports.crisphealth.org>
- The following quality summary reports and case level files are currently posted on the CRS Portal:
 - QBR Mortality (quarterly preliminary and final)
 - MHAC Workbook (monthly preliminary/quarterly final)
 - RRIP Workbook (monthly)
 - PAU Report (detail file monthly, reference-only summary file monthly, PQI per capita Tableau report (expected Fall 2019))

CRISP Reporting Services Portal



Connecting **Providers with Technology** to Improve Patient Care

CRISP REPORTING SERVICES

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Your Dashboard



Readmissions

Maryland Hospital Acquired
Conditions (MHAC)

Quality Based
Reimbursement (QBR)

Potentially Avoidable
Utilization (PAU)

Transfer

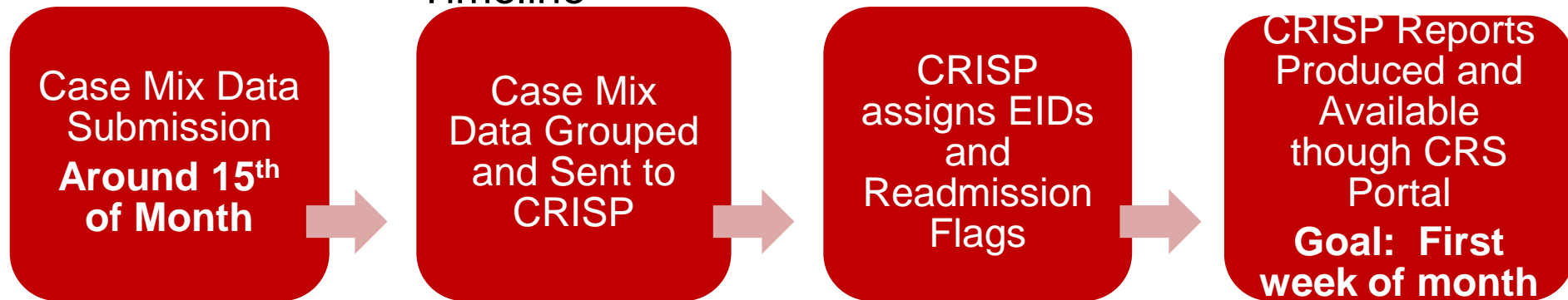
Market Shift



Reporting Timeline

- Timeline is dependent on timely data submission
- Per HSCRC policy, incomplete preliminary data *may* be processed, however final data will not be processed until all hospitals submit

Preliminary Data Processing Timeline



CRISP Reporting Services Portal



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Your Dashboard

Readmissions	Maryland Hospital Acquired Conditions (MHAC)	Quality Based Reimbursement (QBR)
Potentially Avoidable Utilization (PAU)	Transfer	Market Shift

- Download all HSCRC regulatory reports into excel at once by clicking “download CRS regulatory reports” button
- Feedback with or without PHI can be sent via the secure feedback feature by clicking “click here to send feedback”
- Updates outside of the CRISP release date can be found weekly by clicking the “Bulletin Board”

Bulletin Board - Example

Bulletin Board

CRS Detailed Update - June 17th 2019

Medicare Report Updates:

The following Medicare Reports have been updated with April 19 Claims Data on Friday, June 14th 2019.

- Maryland Primary Care Program Reports (MDPCP)
- CCLF Medicare Analytic & Data Engine (MADE)
- MADE ECIP View

Skilled Nursing Facility (SNF) Reports:

The SNF reports will be updated to reflect claims for January 2019 on Friday, June 14th 2019.

CCLF Medicare Analytic & Data Engine (MADE) & Skilled Nursing Facility (SNF) Reports:

As more SNF Administrators have been accessing the SNF Reports on the CRS portal, we have been receiving a fair amount of feedback and concern about the validity of the STAR Ratings that CMS provides and which were incorporated into our SNF Reports. The primary concern centers on numerous examples of SNFs that, by all accounts, provide exemplary care but due to the CMS methodology, those SNFs can sometimes appear to have a significant deficiency. In reviewing the data and in conjunction with discussions with both hospital and SNF leaders, we have decided to remove the STAR Ratings column from all of the CRISP SNF Reports, effective June 14th. The STAR ratings for SNFs are still available to those who are interested on the CMS Nursing Home Compare site, using the following link: <https://www.medicare.gov/nursinghomecompare/search.html>.

Customize Report Cards



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Your Dashboard

Readmissions

Maryland Hospital Acquired Conditions (MHAC)

Quality Based Reimbursement (QBR)

Potentially Avoidable Utilization (PAU)

Transfer

Market Shift

Customize Cards

1	Readmissions	<input checked="" type="checkbox"/>	▲ Up Down Top Bottom
2	Maryland Hospital Acquired Conditions (MHAC)	<input checked="" type="checkbox"/>	
3	Quality Based Reimbursement (QBR)	<input checked="" type="checkbox"/>	
4	Potentially Avoidable Utilization (PAU)	<input checked="" type="checkbox"/>	
5	Transfer	<input checked="" type="checkbox"/>	
6	Market Shift	<input checked="" type="checkbox"/>	

- Reports cards can be organized by clicking the wrench and spanner icon on the toolbar.

Report Cards

The screenshot displays the CRISP Reporting Services dashboard. The top navigation bar includes the CRISP logo, the tagline "Connecting Providers with Technology to Improve Patient Care", and user information for Phillip, Kevin. The main dashboard area is titled "Your Dashboard" and contains several report cards: Readmissions, Maryland Hospital Acquired Conditions (MHAC), Quality Based Reimbursement (QBR), Potentially Avoidable Utilization (PAU), Transfer, and Market Shift. The "Readmissions" card is highlighted with a red box, and a red arrow points from it to a pop-up window titled "Readmissions" for the location "210001 - Meritus Medical Center". This pop-up window lists "Available Reports" for Readmissions, including: Readmissions Monthly Summary, Readmissions Final Summary, Readmission Final Patient Level Details, Readmission Monthly Patient Level Details, Readmissions Patient Level Details - Base Period, Readmission RY20 Monthly Report with Patient Level Details, and Readmission RY20 Monthly Summary. Each report entry includes icons for file formats (Excel, SAS) and actions (refresh, help, download, video). A footer bar at the bottom of the pop-up lists navigation options: Tableau Reports, Static Reports, Archive, SAS Program, Documentation, and Training video.

- When clicking a report card, a pop up will appear with all of the available reports for this topic.

Icons



Readmissions

210001 - Meritus Medical Center

Available Reports

Readmissions Monthly Summary



Readmissions Final Summary



Readmission Final Patient Level Details



Readmission Monthly Patient Level Details



Readmissions Patient Level Details - Base Period



Readmission RY20 Monthly Report with Patient Level Details



Readmission RY20 Monthly Summary



Tableau Reports Static Reports Archive SAS Program Documentation Training video

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Reporting Archives

Readmissions Monthly Summary Archives

- RY21 READMISSIONS

[RY21_IP_PSYCH_Readmissions_CY19-01 to CY19-02 created 2019-05-06.xlsx](#)

[RY21_IP_PSYCH_Readmissions_CY19-01 to CY19-01 created 2019-04-23.xlsx](#)

- RY20 READMISSIONS

[RY20 Readmissions Summary CY18-01 to CY18-11 created 2019-02-01.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-10 created 2019-01-09.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-09 created 2018-12-05.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-08 created 2018-11-15.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-07 created 2018-10-04.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-05 created 2018-07-30.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-04 created 2018-07-02.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-03 created 2018-06-12.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-02 created 2018-05-03.xlsx](#)

[RY20 Readmissions Summary CY18-01 to CY18-12 created 2019-03-05.xlsx](#)

- RY19 READMISSIONS

New CCS codes to incorporate the updated Planned Admission logic starting with CY17-01 to CY17-09 report

[RY19 Readmissions Summary CY17-01 to CY17-08 created 2017-10-30.xlsx](#)

[RY19 Readmissions Summary CY17-01 to CY17-07 created 2017-09-29.xlsx](#)

[RY19 Readmissions Summary CY17-01 to CY17-08 created 2017-10-30.xlsx](#)

[RY19 Readmissions Summary CY17-01 to CY17-07 created 2017-09-29.xlsx](#)



Tableau Report Example

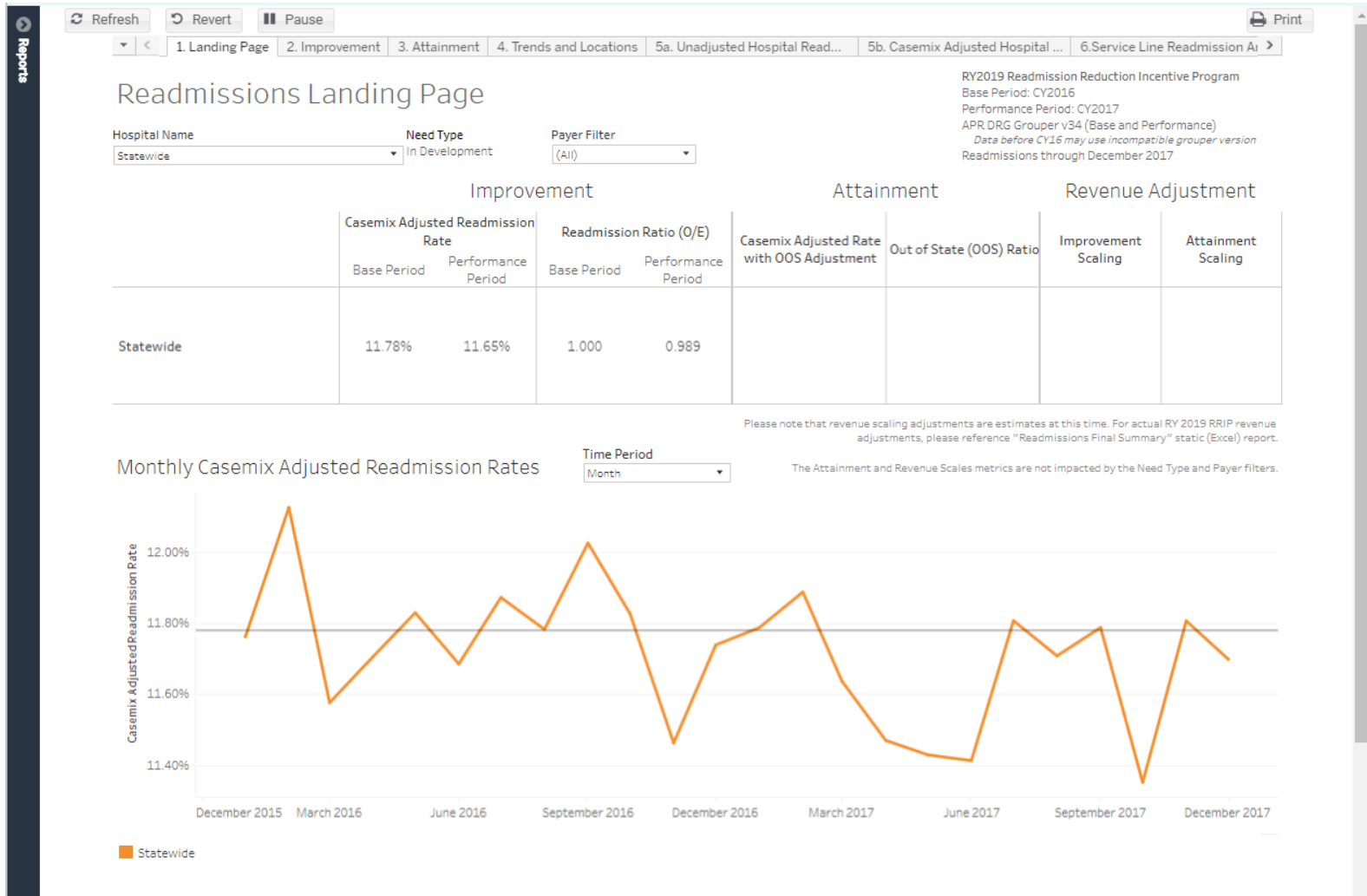
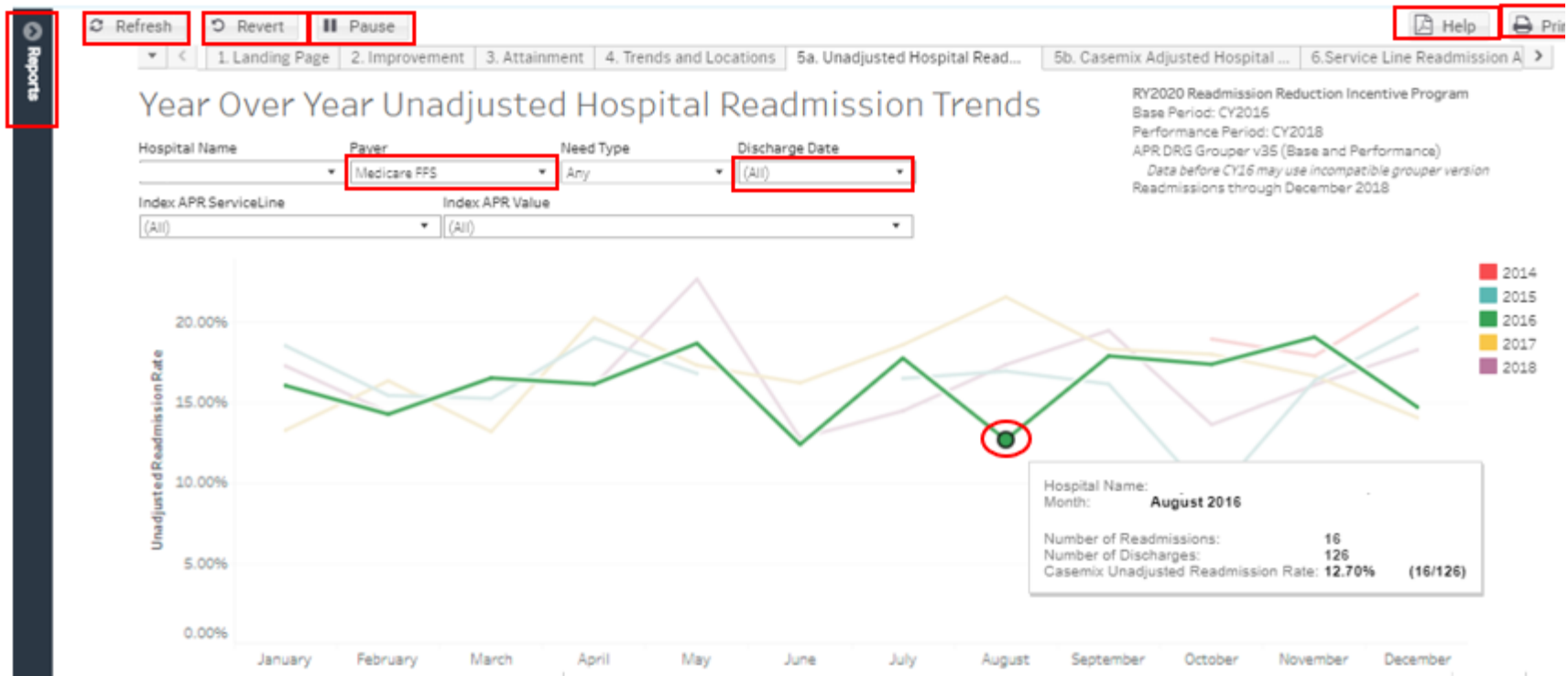


Tableau Report Tools



Accessing Reports

- Email your Organization's CRS Point of Contact (POC) to request access to portal:
 - Request should specify hospital and level of access (summary vs. case-level)
 - Access will be granted to all hospital reports (i.e., not program specific)
- CRS Point of Contact (CFO or designee) confirm and approve access requests for each organization
- Questions regarding **content** of static reports or report **policy** should be directed to the HSCRC quality email (hscrc.quality@maryland.gov)
- Questions regarding **access** issues or **tableau** reports should be directed to CRISP Support email (support@crisphealth.org)

Non-HSCRC Quality Resources

- [Why Not the Best?](#)
- [CMS Hospital Compare](#)
- [MHCC Health Care Quality Reports](#)
- [QualityNet](#)
- [LeapFrog Hospital Safety Grades](#)
- **US News & World Report -** [Hospital Rankings](#)
- [Commonwealth Fund Report](#)

HSCRC Resources

□ HSCRC Website

- Please check the [Quality Program pages](#) for most recent policies, memos, calculation sheets, etc.
- <http://hscrc.maryland.gov/Pages/quality.aspx>

□ HSCRC Contact List –

- Requests to receive HSCRC Quality announcements can be made to: hscrc.quality@maryland.gov
- If you are not on the e-mail distribution list, please refer to our [Quality Pages](#) for most recent announcements.

Acknowledgments

- Thanks to the Performance Measurement Work Group members, RRIP subgroup, MHA, CRISP, hospital industry, consumers, and other stakeholders for their work on developing and vetting Maryland's performance-based payment methodologies.

Q & A

- Please type your Question into the Questions Bar
- Additional or unanswered questions can be emailed to the HSCRC Quality mailbox:
hscrc.quality@maryland.gov
- Thank you again for your participation!