CRISP

Quality Financial Impact Dashboard User Guide

By CRISP, Last updated 06/2022

CRISP

Contents

Quality Financial Impact Dashboard

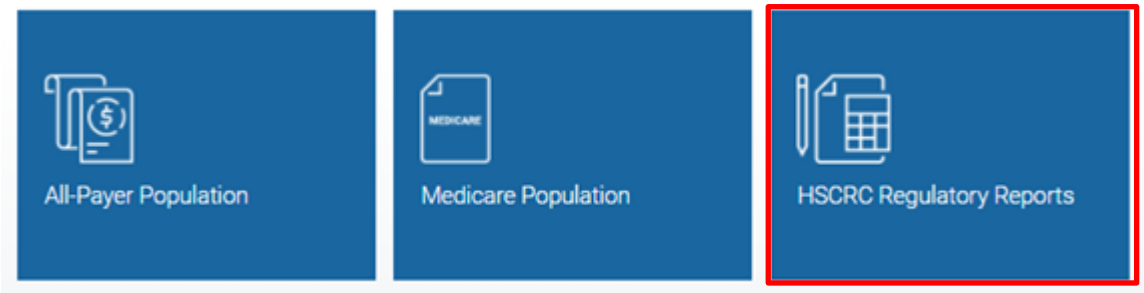
Overview

The goal of Quality Financial Impact Dashboard is to give executive leadership high-level insight on their year-to-date performance in the quality pay-for-performance programs as it relates to the overall budget in the Global Budget Revenue (GBR) model.

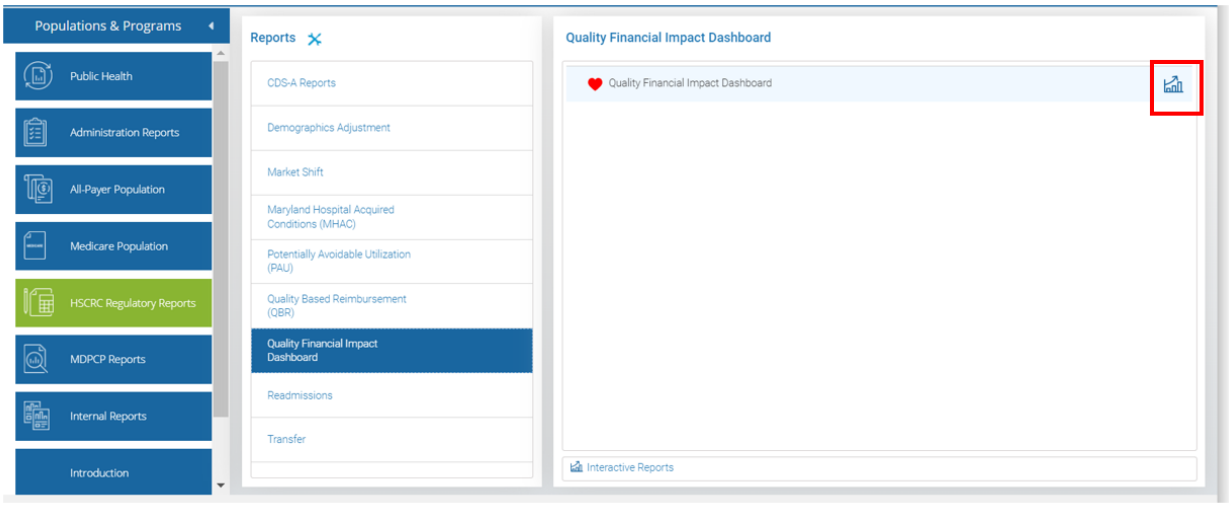
Quality Financial Impact Dashboard Access/Card

The Quality Financial Impact Dashboard can be accessed by visiting reports.crisphealth.org and logging-in with a CRS username and password.

Step 1. To access the HSCRC Regulatory Report tile, login to the CRISP Reporting Services Portal by visiting https://reports.crisphealth.org. Once logged into the CRS Portal, a dashboard of different blue report "cards" will appear. The availability of reports is based on the awarded access of the user. Clicking the card named "HSCRC Regulatory Reports" will bring up the available reports for this category. The following screenshots represent the user's workflow.



Step 2. By clicking the Quality Financial Impact Dashboard icon as shown below (outlined in red), you will access the Dashboard.

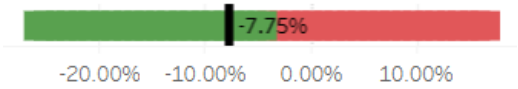


Report Caveats and Notes

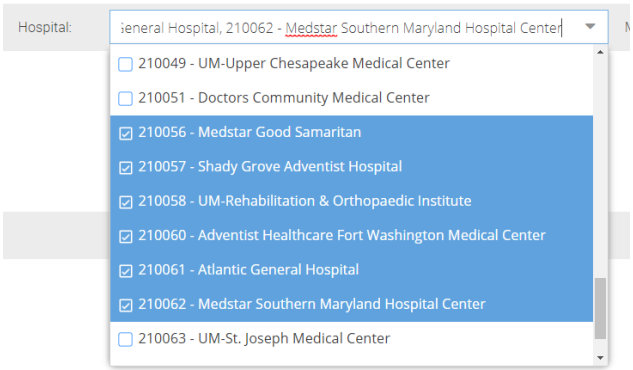
- The revenue adjustments in this dashboard are estimates, based on a hospital's last approved global budget. These revenue adjustment estimates will be updated to exact totals for the current rate-year through the update factor process at the end of the fiscal year.
    - The revenue percentages are also provided, and hospitals are welcome to apply these percentages against their current global budget projections.
- Hospital rankings are calculated by sorting on "% Reward/Penalty" from highest percent reward.
- Current performance and financial impact are calculated to reflect the performance to-date and resultant financial impact, and will be updated throughout the year as new data become available.

Report Features

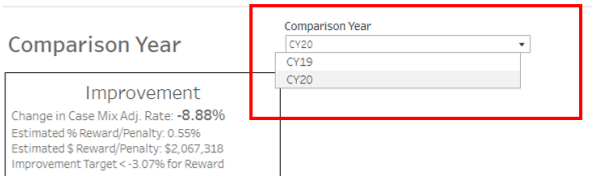
- Clicking a hospital name from the Multi hospital view launches the single, more detailed hospital page for the selected quality program.
- The green to red bar shows users how close or far they are from the reward/penalty cutpoint. Red indicates performance that would receive a penalty, blue (if applicable) represents a revenue-neutral “hold harmless zone”, and green represents performance receiving a reward.



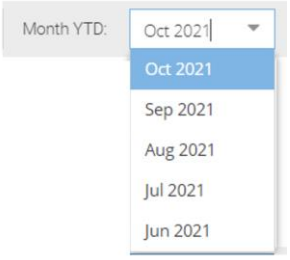
- The hospital filter at the top of the screen allows users to select which hospital(s) they want to view in the dashboard. Please select “Apply” after selecting the hospitals.



- The comparison year on the left half of the screen allows users to change what year they are comparing against the current year. Please note that comparison years will use the current year’s rate logic



- The “Month YTD” filter allows users to change which data load they are using as the current performance period.



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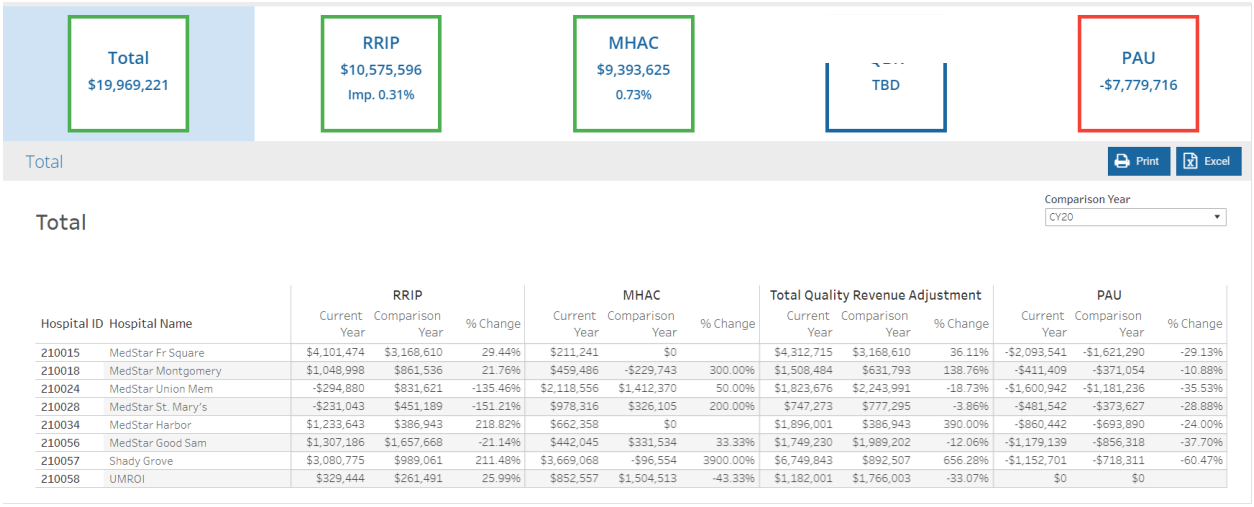
Dashboard Tabs

Total

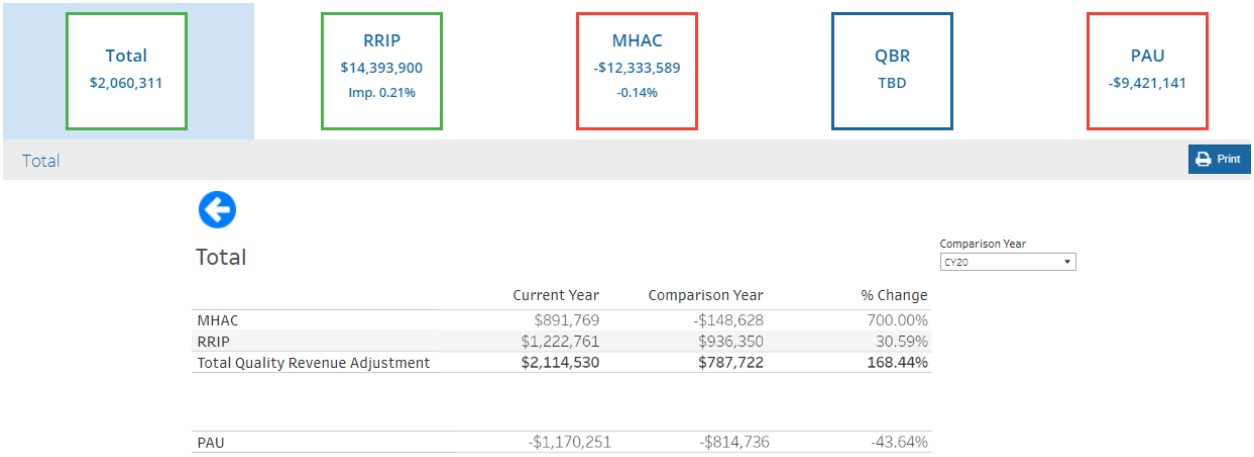
Description: Multi Hospital View



Hospital ID	Hospital Name	RRIP Current Year	RRIP Comparison Year	RRIP % Change	MHAC Current Year	MHAC Comparison Year	MHAC % Change	Total Quality Revenue Adjustment Current Year	Total Quality Revenue Adjustment Comparison Year	Total Quality Revenue Adjustment % Change	PAU Current Year	PAU Comparison Year	PAU % Change
210015	MedStar Fr Square	$4,101,474	$3,168,610	29.44%	$211,241	$0		$4,312,715	$3,168,610	36.11%	-$2,093,541	-$1,621,290	-29.13%
210018	MedStar Montgomery	$1,048,998	$861,536	21.76%	$459,486	-$229,743	300.00%	$1,508,484	$631,793	138.76%	-$411,409	-$371,054	-10.88%
210024	MedStar Union Mem	-$294,880	$831,621	-135.46%	$2,118,556	$1,412,370	50.00%	$1,823,676	$2,243,991	-18.73%	-$1,600,942	-$1,181,236	-35.53%
210028	MedStar St. Mary's	-$231,043	$451,189	-151.21%	$978,316	$326,105	200.00%	$747,273	$777,295	-3.86%	-$481,542	-$373,627	-28.88%
210034	MedStar Harbor	$1,233,643	$386,943	218.82%	$662,358	$0		$1,896,001	$386,943	390.00%	-$860,442	-$693,890	-24.00%
210056	MedStar Good Sam	$1,307,186	$1,657,668	-21.14%	$442,045	$331,534	33.33%	$1,749,230	$1,989,202	-12.06%	-$1,179,139	-$856,318	-37.70%
210057	Shady Grove	$3,080,775	$989,061	211.48%	$3,669,068	-$96,554	3900.00%	$6,749,843	$892,507	656.28%	-$1,152,701	-$718,311	-60.47%
210058	UMROI	$329,444	$261,491	25.99%	$852,557	$1,504,513	-43.33%	$1,182,001	$1,766,003	-33.07%	$0	$0	

The dashboard tabs display five cubes: one for the total financial impact and one for each of the four quality programs. When on the multi-hospital page, the five cubs sum the reward/penalty for all the selected hospitals. Clicking a cube launches the respective program. Below, each hospital's performance in the quality programs are listed. The PAU Revenue adjustment is separate due to the financial implications of the program. QBR will be added to the page once it is available.

Description: Single Hospital View



The Total page allows users to see their financial performance for the quality programs at a glance. The dashboard tabs display five cubes: one for the total financial impact and one for each of the four quality programs .There are separate lines for each quality program's reward/penalty. The PAU Revenue adjustment is separate due to the financial implications of the program. QBR will be added to the page once it is available.

RRIP

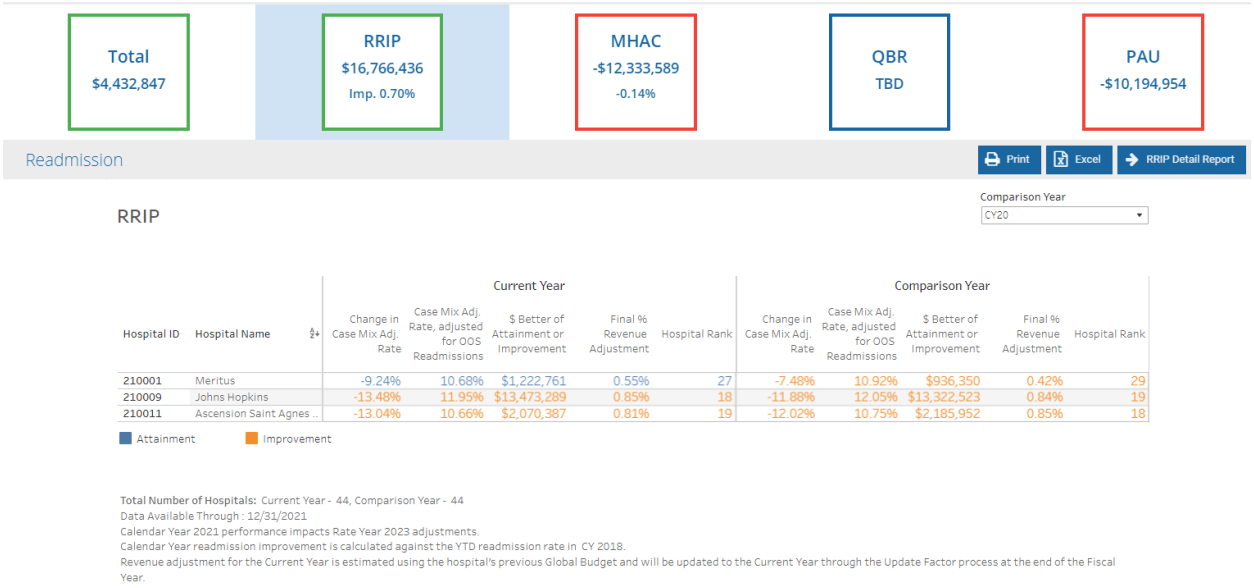
Overview

The HSCRC's Readmissions Reduction Incentive Program (RRIP) is one of several pay for performance programs that provide incentives for hospitals to improve patient care and value over time. The RRIP incentivizes hospitals to reduce readmissions by linking rewards and penalties to improvements (reductions) in readmissions rates, and to attainment of relatively low readmission rates. In January 2021, the Commission approved the staff recommendations for the Rate Year (RY) 2023 Readmission Reduction Incentive Program (RRIP), which can be found on the HSCRC website. For more information on the RRIP Policy, please visit the following HSCRC website page: http://hscrc.maryland.gov/Pages/init-readm-rip.aspx

Performance Methodology

The methodology for the RRIP measures performance using a 30-day, all-payer all hospital (both intra- and inter-hospital) readmission rate with adjustments for patient severity. Patient severity is based upon discharge APR-DRG SOI and planned admissions using the CRISP unique patient identifier to track patients across acute care hospitals. Statewide rate for readmissions (i.e., normative value or "norm") is calculated for each diagnosis and severity level. These statewide norms are applied to each hospital's case-mix to determine the expected number of readmissions, a process known as indirect standardization. The readmission rate during the performance period is then compared to historical rate during a base period to assess improvement and to a threshold and benchmark to assess attainment. The policy then determines a hospital's revenue adjustment for improvement and attainment and takes the better of the two revenue adjustments. Scaled rewards of up to 2 percent of inpatient revenue and scaled penalties of up to 2 percent of inpatient revenue are the maximum reward or penalty under the program. The Commission approved that the RY 2023 policy will reward hospitals that achieve an improvement rate of -4.57% from CY2018, or an attainment rate of 11.27% for CY 2021 (adjusted for out-of-state readmissions).

Description: Multi Hospital View



The multi hospital view for RRIP allows users to see their change in case mix adjusted rate, case mix adjusted rated adjusted for out of state admissions, better of attainment or improvement, final percent revenue adjustment and hospital rank. If the values are written in blue text then the attainment measures were best, if the number are written in orange then the improvement measures were best. To view more detailed information for a single hospital, click the hospital name and it will launch the hospital view. The same measures and color coding are visible for the comparison year.

Description: Hospital View

RRIP shows both improvement and attainment metrics. For attainment, users can view their change in case-mix adjusted rate, estimated percent reward/penalty, estimated financial reward/penalty, and base period case mix adjusted readmissions rate the hospital and state.

The attainment section includes the case-mix adjusted rate adjusted for out of state readmissions, estimated percent reward/penalty, estimated financial reward/penalty and performance period case mix adjusted rate for the hospital and state. The report shows the estimated finial reward/penalty for the better of improvement or attainment and uses that to rank the hospital among the other hospitals in the state who participate in this program.

The same metrics are available for the comparison year on the right half of the screen. Users can select their comparison year by changing the toggle on the right side of the report. The RRIP detailed report button at the top-right of the screen will launch the Readmissions Summary report so users can drill down into more detailed variables that influence their RRIP performance.

Click the back arrow to go back to the multi hospital view for the selected quality program.

MHAC

Overview

The Maryland Hospital Acquired Conditions (MHAC) program is based on an algorithm developed by 3M Health Information Systems to identify potentially preventable complications (PPCs) using present-on-admission codes available in claims data. 3M originally developed specifications for 65 PPCs, which are defined as harmful events that develop after the patient is admitted to the hospital and may result from processes of care and treatment rather than from the natural progression of the underlying illness. For example, the program holds hospitals accountable for respiratory failure and pulmonary embolisms that occur during inpatient stays. These complications can lead to 1) poor patient outcomes, including longer hospital stays, permanent harm, and death; and 2) increased costs. Thus, the MHAC program is designed to provide incentives to improve patient care by adjusting hospital budgets based on PPC performance. The current policy measures hospital performance on 14 "payment" PPCs. The maximum rewards and penalties for this program are two percent.

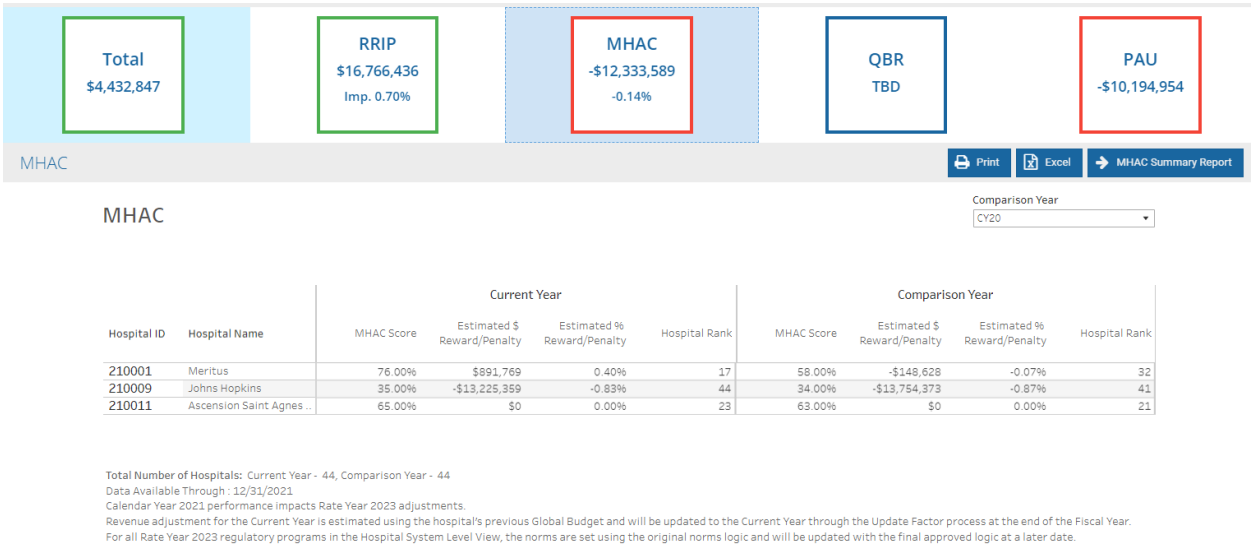
For more information on the MHAC policy, please visit the following HSCRC website page: https://hscrc.maryland.gov/Pages/init_qi_MHAC.aspx

Performance Methodology

The MHAC methodology assesses attainment only. The attainment score is calculated by comparing hospital performance to a statewide threshold and benchmark. For RY2021, the PPCs list was narrowed, and hospitals are now evaluated on 14 clinically significant PPCs, weighted by 3M cost weights as a proxy for harm. The MHAC program uses a point-based system for converting PPC results to standardized scores, and the weighted PPC scores are converted to revenue adjustment. For RY 2023, two years of data are used to establish the normative values that are used to calculate a hospital's expected PPC rate, and to determine the threshold and benchmark for scoring hospital performance. The RY 2023 scale uses a full distribution of potential scores (scale of 0-100%), with a hold harmless zone between 60 and 70 percent. The performance period data for RY2023 is CY 2021 Year to Date as data becomes available.

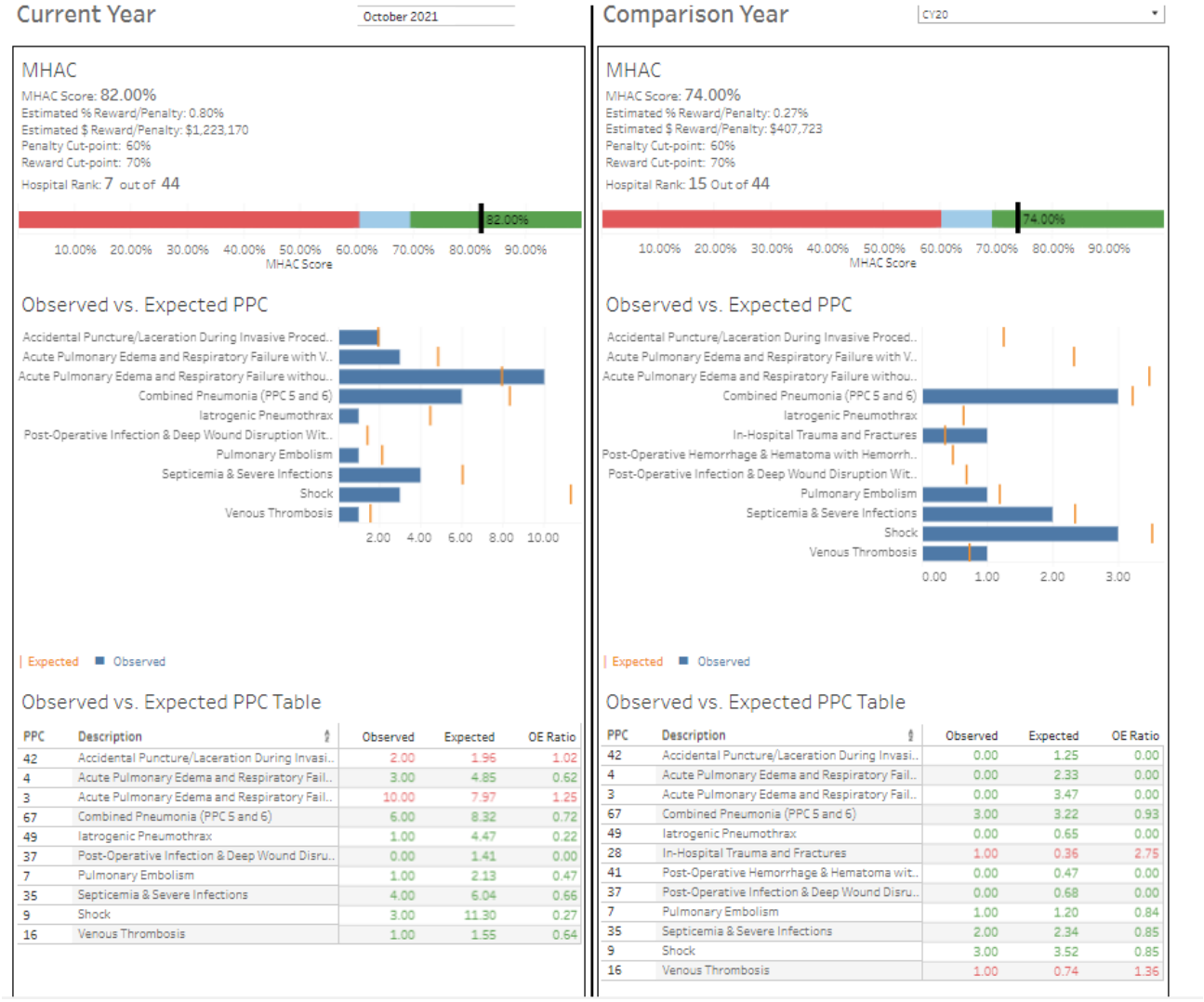
The MHAC RY23 policy updated the PPC Grouper to v38 and included COVID-19 positive cases consistent with the clinical updates to the grouper. The HSCRC has committed to retrospectively evaluating case-mix adjustment and performance standards concerns arising from inclusion of COVID-19 patients and the use of a pre-COVID time period to determine normative values.

Description: Multi Hospital View



The multi hospital view shows the MHAC score, estimated reward/penalty in percent and dollars as well as the hospital rank for the selected hospital(s). The same measures are available for the comparison year. Click on an individual hospital to launch the hospital view page for a more detailed drill down.

Description: Hospital View



The MHAC tab includes the MHAC score, estimated percent reward/penalty, estimated financial reward/penalty, hospital rank for MHAC, and tables for the observed versus expected PPC. The first observed versus expected PPC table shows the PPCs the hospital is being held accountable. By hovering over the blue bar, the observed and excepted PPCs values will display in the tool tip. The blue bar is the observed PPC occurrence; the orange line is the expected. If the orange line is outside of the blue bar, then the observed is less than expected, which is ideal.

The second observed versus expected PPC tables the actual values for each PPC and the observed versus expected ratio (OE ratio). Red numbers mean the observed is higher than expected and green values mean the observed is lower than expected.

The same metrics are available for the comparison year on the right half of the screen. Users can select their comparison year by changing the toggle on the right side of the report. Click the back arrow to go back to the multi hospital page.

QBR

Overview

Maryland's Quality-Based Reimbursement (QBR) program, in place since July 2009, uses similar measures to the federal Medicare Value-Based Purchasing (VBP) program, in place since October 2012. Because of Maryland's long-standing Medicare waiver for its all-payer hospital rate-setting system and the implementation of the QBR program, the Centers for Medicare & Medicaid Services (CMS) has given Maryland various special considerations, including annual exemption from the Medicare VBP program. The QBR program incentivizes quality improvement across a wide variety of quality measurement domains, including: Person and Community Engagement, Clinical Care, and Patient Safety For more information on the QBR policy, please visit the following HSCRC website page: https://hscrc.maryland.gov/Pages/init_qi_qbr.aspx

Performance Methodology

The methodology for calculating hospital QBR scores and associated inpatient revenue adjustments involves: 1) assessing performance on each measure in the domain; 2) standardizing measure scores relative to performance standards; 3) calculating the total points a hospital earned divided by the total possible points for each domain; 4) finalizing the total hospital QBR score (0-100%) by weighting the domains based on the overall percentage or importance the Commission has placed on each domain; and 5) converting the total hospital QBR scores into revenue adjustments using the preset scale that ranges from 0 to 80%, as aforementioned.

Description

The QBR section is still under development and will be completed soon.

PAU

Overview

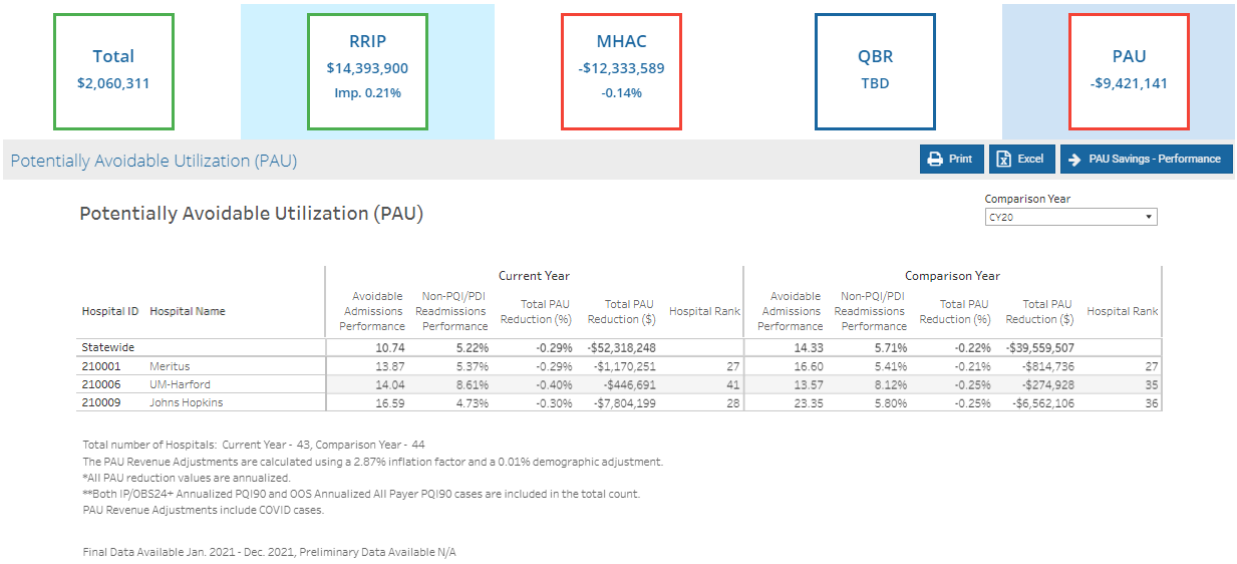
Potential Avoidable Utilization (PAU) is defined as hospital care that is unplanned and may be prevented through improved care, care coordination, or effective community-based care. With the introduction of the Total Cost of Care Model and global budgets, reducing PAU through improved care coordination and enhanced community-based care became a central focus. To this end, the Commission sets a prospective statewide PAU savings adjustment that limits inflation on revenue related to PAU visits. In contrast to the HSCRC's other quality programs that reward or penalize hospitals based on performance, the PAU Savings policy assumes that hospitals will be able to reduce their potentially avoidable utilization as care transforms in the state under the Total Cost of Care Model.

Performance Methodology

PAU is defined in terms of Prevention Quality Indicators (PQIs), Pediatric Quality Indicators (PDIs), and readmissions in inpatient and observation stays greater than or equal to 24 hours.

- **Inpatient and observation status readmissions:** PAU hospital readmissions rates include the number of 30-day all cause inpatient and observation stay readmissions. In the PAU Savings policy, this measure excludes PQI and PDI flagged admissions, as those are captured in other measures within the PAU policy.
- **Prevention Quality Indicators:** The number of admissions with PQI 90 (Overall Composite)
- **Pediatric Quality Indicators:** The number of admissions with at least 1 of PDI 14-18 (excluding PDI 17)

Description: Multi Hospital View



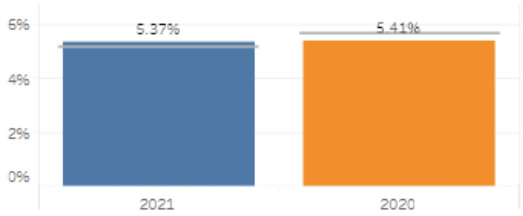
The multi hospital view shows a few of the key measures in the PAU program including avoidable admissions performance, non-PQI/PDI readmissions performance, total PAU reduction (%) and hospital rank. The same measures are available for the comparison year. Click on an individual hospital to launch the hospital view page for a more detailed drill down.

Description: Single Hospital View

Statewide PAU Revenue Adjustment*

	2021	2020
Total Hospital Approved Revenue	$18,040,775,165	$17,981,594,280
Avoidable Admissions Performance	10.74	14.33
Avoidable Admissions Reduction ($)	-$20,954,188	-$17,138,721
Non-PQI/PDI Readmissions Performance	5.22%	5.71%
Non-PQI/PDI Readmissions Reduction ($)	-$31,364,060	-$22,420,786
Total PAU Reduction ($)	-$52,318,248	-$39,559,507
Total PAU Reduction (%)	-0.29%	-0.22%

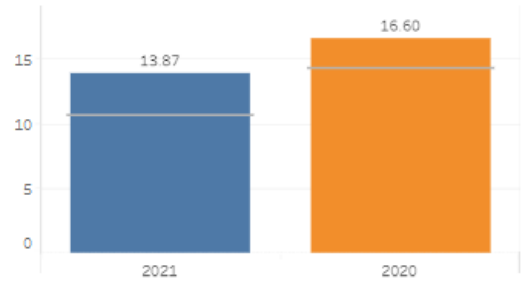
Non-PQI/PDI Readmissions Performance



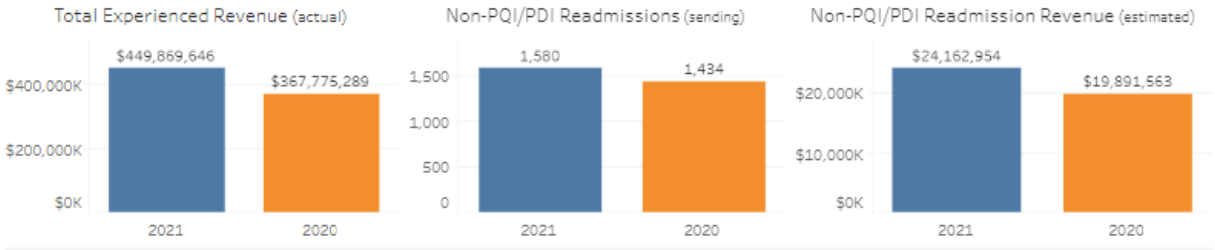
Hospital Specific PAU Revenue Adjustment*

	2021	2020
Total Hospital Approved Revenue	$396,979,713	$396,979,713
Avoidable Admissions Performance	13.87	16.60
Avoidable Admissions Reduction ($)	-$462,456	-$346,073
Non-PQI/PDI Readmissions Performance	5.37%	5.41%
Non-PQI/PDI Readmissions Reduction ($)	-$707,795	-$468,664
Total PAU Reduction ($)	-$1,170,251	-$814,736
Total PAU Reduction (%)	-0.29%	-0.21%
Hospital Rank	28	27

Avoidable Admissions Performance



Non-PQI/PDI Readmission Performance: Computation Breakdown



The PAU tab begins by listing the statewide revenue adjustments for the PAU program. Theses measures include total hospital approved revenue, avoidable admissions performance, avoidable admissions reduction, non- PQI/ PDI readmissions performance and reductions, and total PAU reductions. The same measures are split among the hospitals and the corresponding hospital specific PAU revenue adjustments are listed. The accompanying graphs compare measures from the current year to the previous year. Please note that the black lines on the Annualized observed PDI and PQI cases indicate the expected values. The grey lines on the PQI and PDI risk adjusted rates indicate the statewide values. Click the back arrow to go back to the multi hospital page.

Additional Footnotes:

- The PAU Revenue Adjustments are calculated using a 2.87% inflation factor and a 0.01% demographic adjustment.
- All PAU reduction values are annualized.
- Both IP/OBS24+ Annualized PQI90 and OOS Annualized All Payer PQI90 cases are included in the total count.