Final Recommendation for Updating the Quality-Based Reimbursement Program for FY 2018

October 14, 2015

Health Services Cost Review Commission
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This document contains the final staff recommendations for updating the Quality-Based Reimbursement (QBR) Program for FY 2018 for consideration at the October 14, 2019 Public Commission Meeting.

A. INTRODUCTION

The Health Services Cost Review Commission (HSCRC) quality-based measurement initiatives, including the scaling methodologies and magnitudes of revenue "at risk" for these programs, are important policy tools for providing strong incentives for hospitals to improve their quality performance over time. HSCRC implemented the first hospital payment adjustments for the Quality-Based Reimbursement (QBR) Program performance in July 2009. Current Commission policy calls for measurement of hospital performance scores across clinical process of care, outcome and patient experience of care domains, and scaling of hospital performance results in allocating rewards and penalties based on performance.

"Scaling" for QBR refers to the differential allocation of a pre-determined portion of base-regulated hospital inpatient revenue based on assessment of the quality of hospital performance. The rewards (positive scaled amounts) or penalties (negative scaled amounts) are then applied to each hospital's update factor for the rate year; these scaled amounts are applied on a "one-time" basis (and are not considered permanent revenue).

For fiscal year (FY) 2018, HSCRC staff recommendations include adjusting the weights and updating the measurement domains to be as consistent as possible with the CMS Value-Based Purchasing (VBP) Program and holding steady the amount of total hospital revenue at risk for scaling for the QBR Program.

B. BACKGROUND

1. Centers for Medicare & Medicaid Services (CMS) VBP Program

The Patient Protection and Affordable Care Act of 2010 requires CMS to fund the aggregate Hospital VBP incentive payments by reducing the base operating diagnosis-related group (DRG) payment amounts that determine the Medicare payment for each hospital inpatient discharge. The law set the reduction at 1 percent in FY 2013 and mandates it to rise incrementally to 2 percent by FY 2017.

CMS implemented the VBP Program with hospital payment adjustments beginning in October 2013. For the federal fiscal year (FFY) 2017 (October 1, 2016 to September 30, 2017) Hospital VBP Program, CMS measures include the following four domains of hospital performance with 2 percent of Medicare hospital payments "at risk":

- Clinical care: process of care weighted at 5 percent and outcomes weighted at 25 percent
- Patient experience of care (HCAHPS survey measure) weighted at 25 percent
- Efficiency/Medicare spending per beneficiary weighted at 25 percent
- Safety weighted at 20 percent

HSCRC staff note that, for the VBP Program for FY 2017, CMS has added Health Safety Network ("CDC-NHSN") Clostridium Difficile and Methicillin-Resistant Staphylococcus Aureus measures, as well as the Elective Delivery Prior to 39 Completed Weeks Gestation measure.

2. QBR Measures, Domain Weighting, and Magnitude at Risk to Date

For the QBR Program for state FY 2017 rates, as approved, the HSCRC will: weight the clinical process measures at 5 percent of the final score, the outcomes and safety domains more heavily at 50 percent combined, and the patient experience of care measures at 45 percent; as well as scale a maximum penalty of 2 percent of approved base hospital inpatient revenue. The program uses the CMS/Joint Commission core process measures also used for the VBP Program, clinical outcome measures, "patient experience of care" Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), and safety measures. The weighting for each domain compared with the CMS VBP program are illustrated below in Figure 1.

Figure 1. Final Measure Domain Weights for the CMS Hospital VBP and Maryland QBR Programs for FY 2017

	Clinical • **Outcomes (Mortality)** • **Process**	**Patient Experience**	**Safety**	**Efficiency**
CMS VBP	• 25 percent • 5 percent	25%	20%	25%
Maryland QBR	• 15 percent • 5 percent	45%	35%	N/A

HSCRC staff have worked with stakeholders over the last three years to align the QBR measures with the VBP Program where feasible, and to align the list of process of care measures, threshold and benchmark values, and time lag periods with those used by CMS,[1] allowing HSCRC to use the data submitted directly to CMS. This alignment has also occurred with the magnitude of revenue "at risk" for the two programs. Maryland has not yet developed and implemented an efficiency measure as part of the QBR Program, but it does apply a Potentially Avoidable Utilization adjustment to hospital global budgets, as well as a shared savings adjustment based on hospitals' readmission rates. HSCRC staff will also work with stakeholders to develop a new efficiency measure that incorporates population-based cost outcomes.

3. Value-Based Purchasing Exemption Provisions

Under the previous waiver, VBP exemptions had been requested and granted for FYs 2013, 2014, and 2015.

The CMS FY 2015 Inpatient Prospective Payment stated that, although the exemption from the Hospital VBP Program no longer applies, Maryland hospitals will not be participating in the Hospital VBP Program because §1886(o) of the Act and its implementing regulations have been waived for purposes of the model, subject to the terms of the agreement.

[1] HSCRC has used core measures data submitted to the Maryland Health Care Commission (MHCC) and applied state-based benchmarks and thresholds to calculate hospitals' QBR scores up to the period used for state FY 2015 performance.

The section of Maryland All-Payer Model Agreement between CMS and the state addressing the VBP program is excerpted below.

> **…4. Medicare Payment Waivers.** Under the Model, CMS will waive the requirements of the following provisions of the Act as applied solely to Regulated Maryland Hospitals:
>
> > **…e. Medicare Hospital Value Based Purchasing.** Section 1886(o) of the Act, and implementing regulations at 42 CFR 412.160 - 412.167, only insofar as the State submits an annual report to the Secretary that provides satisfactory evidence that a similar program in the State for Regulated Maryland Hospitals achieves or surpasses the measured results in terms of patient health outcomes and cost savings established under 1886(o) of the Act….

For FY 2016 under the new All-Payer Model, HSCRC staff submitted an exemption request and received approval on August 27, 2015 from the CMS Center for Medicare and Medicaid Innovation (see Appendix I).

C. ASSESSMENT

1. FY 2016 Performance Results

Staff analyzed changes in performance on the QBR and VBP measures used for FY 2016 performance for Maryland versus the United States for October 2013 through September 2014 compared with the base period. Figure 2 below lists each of the measures used for the VBP and QBR Programs. As the data indicate, Maryland has performed and continues to perform similarly to the nation on the clinical process of care measures but better than the nation on the 30-day condition-specific mortality measures. For the Safety infection measures, Maryland has performed and continues to perform better than the nation on the CLABSI measure; for the other infection measures, Maryland appears to perform worse than the nation, and this may be in part due to limited hospital participation in reporting the data for these measures as hospitals were continuing to align their reporting with Medicare requirements. With exception of the "Discharge Information" measure—for which Maryland is on par with the nation—Maryland has lagged and continues to lag behind the nation on the HCAHPS measures. Final QBR payment scaling for FY 2016 rate year is provided in Appendix II.

Figure 2. QBR Measures Change for Maryland versus U.S.

	Maryland Base	Maryland Current	Difference	US Base	US Current	Difference	MD-US Difference in Base	MD-US Difference in Current
CLINICAL PROCESS OF CARE								
AMI 7a Fibrinolytic agent received w/in 30' of hospital arrival	NA	NA	NA	61%	60%	-1	NA	NA
PN 6 Initial antibiotic selection for CAP immunocompetent pt	96%	98%	2%	95%	96%	1%	1%	2%
SCIP 2 Received prophylactic Abx consistent with recommendations	98%	99%	1%	100%	99%	-1%	-2%	0%
SCIP 3 Prophylactic Abx discontinued w/in 24 hrs of surgery end time or 48 hrs for cardiac surgery	98%	98%	0%	98%	98%	0%	0%	0%
SCIP 9 Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	96%	99%	3%	100%	98%	-2%	-4%	1%
SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker	97%	98%	1%	100%	98%	-2%	-3%	0%
SCIP VTE2 Received VTE prophylaxis within 24 hrs prior to or after surgery	98%	99%	1%	98%	99%	1%	0%	0%
IMM-2 Influenza Immunization	93%	96%	3%	88%	93%	5%	5%	3%
OUTCOMES								
Mortality								
Observed Mortality Inpatient All Cause (Maryland All Payer)	3.45%	2.50%	-0.95%	NA	NA	NA	NA	NA
30-day mortality, AMI (Medicare)*	14.75%	14.50%	-0.25%	15.20%	14.90%	-0.30%	-0.45%	-0.40%
30-day mortality, heart failure (Medicare)*	10.79%	10.90%	0.11%	11.70%	11.90%	0.20%	-0.91%	-1.00%
30-day mortality, pneumonia (Medicare)*	10.81%	10.85%	0.04%	11.90%	11.90%	0.00%	-1.09%	-1.05%
Safety/Complications								
AHRQ PSI composite (Maryland All Payer)	0.862	0.647	NA	NA	NA	NA	NA	NA
CLABSI	0.532	0.527	NA	1	1	NA	-46.8%	-47.30%
CAUTI	2.327	1.659	NA	1	1	NA	132.7%	65.90%
SSI Colon	0.768	1.055	NA	1	1	NA	-23.2%	5.50%
SSI Abdominal Hysterectomy	1.751	1.281	NA	1	1	NA	75.1%	28.10%
MRSA	NA	1.344	NA	NA	1	NA	NA	34.40%
C.diff.	NA	1.15	NA	NA	1	NA	NA	15.00%
PATIENT EXPERIENCE OF CARE - HCAHPS								
Communication with nurses	75%	76%	1%	78%	79%	1%	-3%	-3%
Communication with doctors	78%	78%	0%	81%	82%	1%	-3%	-4%
Responsiveness of hospital staff	60%	60%	0%	67%	68%	1%	-7%	-8%
Pain management	68%	67%	-1%	71%	71%	0%	-3%	-4%
Communication about medications	60%	60%	0%	64%	65%	1%	-4%	-5%
Cleanliness and quietness	61.0%	61.5%	0.5%	66.5%	68.0%	1.5%	-5.5%	-6.5%
Discharge information	84%	86%	2%	85%	86%	1%	-1%	0%
Overall rating of hospital	65%	65%	0%	70%	71%	1%	-5%	-6%

2. FY 2018 VBP and QBR Measures, Performance Standards, and Domain Weighting

HSCRC staff examined measures finalized for the CMS VBP Program for FY 2018 in the 2016 CMS Inpatient Prospective Payment System (IPPS) Final Rule, as well as those in the potential pool for the QBR Program for 2018. Appendix III details the measures by domain and the available published performance standards for each measure. It also indicates the measures that will be included in the VBP and QBR Programs. Staff note that one process of care measure remains—PC-01 Elective Delivery Before 39 Weeks Gestation—and is now part of the Safety domain that also comprises the CDC NHSN measures.

In proposing updated measure domain weights based on the VBP measure domain weights published in the CMS IPPS Final Rule, staff considered the following:

- The measures and domains available for adoption in the QBR rate year FY 2018
- Maryland's continued need to improve on the HCAHPS measures, and addition of the Care Transition (CTM-3) measure, an area of critical importance to the All-Payer Model success
- Number of measures in each domain, for example the Clinical Care domain comprising only the inpatient all-cause mortality measure, different number of measures for each hospital in Safety domain due to low cell sizes for some of the measures

Figure 4 below illustrates the CMS VBP final domain weights for FY 2018 and the QBR proposed domain weights for FY 2018 compared to the domain weights from FY 2017.

Figure 3. Final Measure Domain Weights for the CMS Hospital VBP Program and Proposed Domain Weights for the QBR Program, FY 2018

	Clinical Care	**Patient experience of Care/ Care Coordination**	Safety	Efficiency
QBR FY 2017	15% (1 measure- mortality) 5% (clinical process measures)	45% (8 measures- HCAHPS)	35% (3 infection measures, PSI)	PAU
Proposed QBR FY 2018	15% (1 measure- mortality)	50% (9 measures- HCAHPS + CTM)	35% (8 measures- Infection, PSI, PC -01)	PAU
CMS VBP FY 2018	25% (3 measures- condition specific mortality	25% (9 measures- HCAHPS + CTM)	25% (8 measures- Infection, PSI, PC -01)	25%

Staff vetted the draft recommendation with relevant stakeholders. The draft recommendation was sent via e-mail to the members of the QBR Subgroup of the Performance Measurement Workgroup discussed at the in-person QBR Subgroup meeting on August 24, 2015. Hospital representatives and Maryland Hospital Association (MHA) staff voiced their concerns that 50 percent weighting of the Patient Experience/Care Coordination domain was too high, and that this area has proved difficult to improve upon. In their correspondence of August 27, 2015, approving the FY 2016 VBP Exemption (Appendix I), the Innovation Center notes Maryland's significantly lagged performance on HCAHPS and supports increasing the weighting by 5 percent. Hospital representatives and MHA staff also noted that it would be useful to analyze to what extent small sizes impacted the number of measures that may be used for QBR on a hospital-specific basis in the Safety domain. Staff modeled FY 2016 performance data in their analysis and found that the vast majority of hospitals had data for 7 or 8 measures out of 8 in the Safety domain (See Appendix IV). HSCRC received CareFirst's letter in response to the draft recommendation presented in the September Commission meeting in which Jonathan Blum indicates CareFirst's support of the recommendation, specifically noting that the changes will bring better overall alignment of the structure and weighting of the Maryland program with the VBP program as well as provide stronger incentives to improve performance and meet the All-payer model agreement requirements (Appendix V).

Staff has identified key decision points for calculating hospital QBR scores. CMS rules will be used when possible for minimum measure requirements for scoring a domain and for readjusting domain weighting if a measurement domain is missing for a hospital. Staff will also score

hospitals on attainment only for any measures obtained from the CMS Hospital Compare website where only performance period data is available (i.e., base period data is missing such that improvement cannot be assessed). Furthermore, staff will consider giving a score of zero for hospitals that are missing both base period and performance period data on Hospital Compare. Hospitals are strongly encouraged to review their data as soon as it is available and to contact CMS with any concerns related to preview data or issues with posting data to Hospital Compare, and to alert HSCRC staff in a timely manner if issues cannot be resolved. Hospitals will be required to have scores on at least 2 out of 3 of the QBR Domains to be included in the program.

Staff note again that the established revenue "at risk" magnitude for the CMS VBP Program is set at 2 percent for 2017.

A memo summarizing the updates to the QBR methodology, base period data, and preset revenue adjustment scale will be sent to the hospitals shortly after CY 2014 data is available on Hospital Compare (estimated release mid-October 2015).

D. RECOMMENDATIONS

For the QBR Program, staff provide the following recommendations:

1. Continue to allocate 2 percent of hospital-approved inpatient revenue for QBR performance in FY 2018 to be finalized by the Aggregate Revenue "at risk" recommendation.
2. Adjust measurement domain weights to include: 50 percent for Patient Experience/Care Transition, 35 percent for Safety, and 15 percent for Clinical Care.

APPENDIX I. CMS INNOVATION CENTER CORRESPONDENCE APPROVING THE FY 2016 VBP EXEMPTION REQUEST

DEPARTMENT OF HEALTH & HUMAN SERVICES Office of the Administrato
Washington, D.C. 20201

August 27, 2015

Ms. Donna Kinzer
Executive Director, Maryland Health Services Cost Review Commission
State of Maryland Department of Health and Mental Hygiene
4160 Patterson Avenue
Baltimore, MD 21215

Dear Ms. Kinzer:

Thank you for your letter, on behalf of the State of Maryland, requesting an exemption from the FY 2016 Hospital Value-Based Purchasing (VBP) Program. As you know, Section 4(e) of the Maryland All-Payer Model Agreement provides that CMS will waive the VBP Program requirements for Maryland hospitals, as set out in Section 1886(o) of the Social Security Act and implementing regulations at 42 CFR 412.160 - 412.167, provided that the State submits "an annual report to the Secretary that provides satisfactory evidence that a similar program in the State for Regulated Maryland Hospitals achieves or surpasses the measured results in terms of patient health outcomes and cost savings established under 1886(o) of the Act."

The Centers for Medicare & Medicaid Services (CMS) has reviewed your exemption request and supporting documentation. We officially grant the State of Maryland's exemption request for its hospitals as authorized by Section 1886(o)(I)(C)(iv) of the Act based on the fact that the Maryland program achieved or exceeded patient health outcomes measured in the Hospital VBP Program. CMS has also determined that the Maryland program meets the cost savings requirement for exemption from the Hospital VBP Program for FY 2015 because both programs reward high performers in a revenue-neutral manner.

Last year, when approving your request for an exemption from the Hospital VBP Program for FY 2014, we noted that your state's performance in the Patient Experience of Care domain significantly lagged behind national medium performance levels, and we strongly encouraged you to take steps to improve performance in that domain. Maryland's performance continues to lag behind the nation in Patient Experience of Care, however, as you indicated in your exemption request, you have assigned comparatively more weight to Hospital Consumer Assessment of Healthcare Providers and Systems performance in the Maryland program, and you are considering increasing that weight by an additional 5%. We support these efforts to improve Patient Experience of Care and we are eager to assist you in helping hospitals improve in this domain by other means.

Should you have any questions, please do not hesitate to contact the Maryland All Payer Model Team.

Sincerely,

Patrick Conway, MD, MSc

Acting Principal Deputy Administrator, CMS

Chief Medical Officer, CMS

Deputy Administrator for Innovation and Quality, CMS

Director, Center for Medicare and Medicaid Innovation

APPENDIX II. FINAL QBR PROGRAM PAYMENT SCALING FOR RY 2016

HOSPITAL ID	HOSPITAL NAME	FY 2015 PERMANENT INPATIENT REVENUE*	QBR FINAL POINTS	SCALING BASIS	REVENUE IMPACT OF SCALING	REVENUE NEUTRAL ADJUSTED REVENUE IMPACT OF SCALING	REVENUE NEUTRAL ADJUSTED PERCENT
A	B	C	D	E	F = C*E	G	H=(C+G)/C-1
210003	PRINCE GEORGE	$176,633,176.79	0.204	-1.000%	-$1,766,332	-$1,766,332	-1.000%
210024	UNION MEMORIAL	$239,732,514.10	0.236	-0.848%	-$2,032,700	-$2,032,700	-0.848%
210013	BON SECOURS	$75,937,921.77	0.237	-0.842%	-$639,466	-$639,466	-0.842%
210017	GARRETT COUNTY	$18,608,187.37	0.243	-0.811%	-$150,839	-$150,839	-0.811%
210061	ATLANTIC GENERAL	$38,616,312.78	0.262	-0.721%	-$278,422	-$278,422	-0.721%
210010	DORCHESTER	$23,804,066.20	0.300	-0.536%	-$127,696	-$127,696	-0.536%
210062	SOUTHERN MARYLAND	$161,253,765.94	0.306	-0.506%	-$815,828	-$815,828	-0.506%
210056	GOOD SAMARITAN	$178,635,337.98	0.316	-0.457%	-$817,238	-$817,238	-0.457%
210023	ANNE ARUNDEL	$308,739,340.58	0.324	-0.420%	-$1,297,299	-$1,297,299	-0.420%
210034	HARBOR	$122,412,281.84	0.337	-0.355%	-$434,912	-$434,912	-0.355%
210015	FRANKLIN SQUARE	$282,129,811.54	0.338	-0.351%	-$990,065	-$990,065	-0.351%
210004	HOLY CROSS	$319,832,140.30	0.347	-0.309%	-$989,139	-$989,139	-0.309%
210057	SHADY GROVE	$231,030,091.92	0.366	-0.215%	-$497,403	-$497,403	-0.215%
210055	LAUREL REGIONAL	$77,138,956.35	0.369	-0.203%	-$156,364	-$156,364	-0.203%
210038	UMMC MIDTOWN	$137,603,928.30	0.370	-0.199%	-$273,596	-$273,596	-0.199%
210060	FT. WASHINGTON	$17,901,765.04	0.373	-0.183%	-$32,819	-$32,819	-0.183%
210016	WASHINGTON ADVENTIST	$160,049,372.87	0.379	-0.153%	-$245,350	-$245,350	-0.153%
210018	MONTGOMERY GENERAL	$87,866,457.56	0.387	-0.117%	-$102,775	-$102,775	-0.117%
210011	ST. AGNES	$238,960,906.16	0.390	-0.099%	-$236,680	-$236,680	-0.099%
210022	SUBURBAN	$182,880,097.32	0.391	-0.095%	-$174,048	-$174,048	-0.095%
210002	UNIVERSITY OF MARYLAND	$869,783,533.93	0.392	-0.089%	-$777,220	-$777,220	-0.089%
210035	CHARLES REGIONAL	$76,417,733.97	0.399	-0.057%	-$43,855	-$43,855	-0.057%
210001	MERITUS	$188,367,775.67	0.415	0.020%	$37,886	$23,050	0.012%
210037	EASTON	$95,655,306.19	0.420	0.045%	$42,869	$26,081	0.027%
210019	PENINSULA REGIONAL	$232,896,407.52	0.439	0.139%	$323,230	$196,651	0.084%
210040	NORTHWEST	$141,883,177.42	0.446	0.169%	$240,213	$146,144	0.103%
210051	DOCTORS COMMUNITY	$136,010,793.59	0.446	0.169%	$230,271	$140,095	0.103%
210039	CALVERT	$67,061,372.88	0.447	0.174%	$116,461	$70,854	0.106%
210005	FREDERICK MEMORIAL	$190,475,900.63	0.455	0.216%	$411,978	$250,644	0.132%
210029	HOPKINS BAYVIEW MED CTR	$354,237,613.19	0.460	0.239%	$845,105	$514,157	0.145%
210006	HARFORD	$46,774,506.17	0.461	0.245%	$114,535	$69,683	0.149%
210030	CHESTERTOWN	$29,287,619.34	0.462	0.250%	$73,134	$44,494	0.152%
210048	HOWARD COUNTY	$167,430,726.52	0.476	0.318%	$531,634	$323,443	0.193%
210044	G.B.M.C.	$200,727,664.89	0.478	0.327%	$656,806	$399,596	0.199%
210032	UNION HOSPITAL OF CECIL COUNT	$67,638,499.19	0.488	0.375%	$253,429	$154,185	0.228%
210008	MERCY	$232,326,849.10	0.504	0.453%	$1,052,795	$640,513	0.276%
210012	SINAI	$428,400,532.05	0.505	0.456%	$1,953,758	$1,188,653	0.277%
210009	JOHNS HOPKINS	$1,303,085,115.22	0.512	0.490%	$6,390,980	$3,888,230	0.298%
210033	CARROLL COUNTY	$136,537,812.51	0.516	0.510%	$696,104	$423,505	0.310%
210028	ST. MARY	$69,990,405.25	0.525	0.554%	$387,680	$235,862	0.337%
210049	UPPER CHESAPEAKE HEALTH	$153,131,633.20	0.531	0.583%	$892,707	$543,117	0.355%
210043	BALTIMORE WASHINGTON MEDICAL CENTER	$224,082,797.59	0.552	0.684%	$1,533,183	$932,778	0.416%
210063	UM ST. JOSEPH	$230,010,193.37	0.609	0.961%	$2,209,908	$1,344,493	0.585%
210027	WESTERN MARYLAND HEALTH SYSTEM	$182,494,313.32	0.657	1.192%	$2,175,921	$1,323,816	0.725%
	Statewide	**$8,904,474,715**			**$8,290,541**	**$0**	0.000%

***FY 2015 Permanent IP Revenue = FY 2015 Total GBR Revenue + out of state and other non-GBR revenue x percent inpatient revenue from FY 2013**

				Rewards	21,170,587	0.608	ratio of rewards/penalties
		Average Score	41.07%	Penalties	-12,880,046		

APPENDIX III FY2018 VBP AND QBR MEASURES AND PERFORMANCE BENCHMARKS AND THRESHOLDS

Measure ID	Description	Achievement threshold	Benchmark
Safety			
CAUTI	National Healthcare Safety Network Catheter-associated Urinary Tract Infection Outcome Measure.	0.906	0
CLABSI	National Healthcare Safety Network Central Line-associated Bloodstream Infection Out- come Measure.	0.369	0
CDI (new QBR FY 2018)	National Healthcare Safety Network Facility- wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure.	0.794	0.002
MRSA bacteremia (new QBR FY 2018)	National Healthcare Safety Network Facility- wide Inpatient Hospital-onset Methicillin-re- sistant *Staphylococcus aureus* Bacteremia Outcome Measure.	0.767	0
PSI–90 (VBP)	Patient safety for selected indicators (com- posite).	0.577321	0.397051
	American College of Surgeons—Centers for Disease Control and Prevention Har- monized Procedure Specific Surgical Site Infection Outcome Measure.		
PSI-90 (QBR)	All-Payer	TBD	TBD
Colon and Abdominal	• Colon	• 0.824	• 0.000
Hysterectomy SSI	• Abdominal Hysterectomy	• 0.710	• 0.000
PC–01	Elective Delivery before 39 weeks	0.020408	0
Clinical Care Measures			
MORT–30–AMI	Hospital 30-Day, All-Cause, Risk-Standard- ized Mortality Rate Following Acute Myo- cardial Infarction Hospitalization *.	0.851458	0.871669
MORT–30–HF	Hospital 30-Day, All-Cause, Risk-Standard- ized Mortality Rate Following Heart Fail- ure *.	0.881794	0.903985
MORT–30–PN	Hospital 30-Day, All-Cause, Risk-Standard- ized Mortality Rate Following Pneumonia Hospitalization *.	0.882986	0.908124
(VBP Only, condition specific measures not in QBR)			
Mortality	Inpatient All-Payer, All Cause	TBD	TBD
(MARYLAND)			
Efficiency and Cost Reduction Measure			
MSPB–1 (not included in QBR)	Payment-Standardized Medicare Spending per Beneficiary	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period.
Patient and Caregiver-Centered Experience of Care/Care Coordination	Floor (percent)	Achievement threshold (percent)	Benchmark (percent)
Communication with Nurses	55.27	78.52	86.68
Communication with Doctors	57.39	80.44	88.51
Responsiveness of Hospital Staff	38.4	65.08	80.35
Pain Management	52.19	70.2	78.46
Communication about Medicines	43.43	63.37	73.66
Hospital Cleanliness & Quietness	40.05	65.6	79
Discharge Information	62.25	86.6	91.63
3-Item Care Transition	25.21	51.45	62.44
Overall Rating of Hospital	37.67	70.23	84.58

APPENDIX IV. HOSPITAL SPECIFIC COUNTS OF SAFETY DOMAIN MEASURES MODELED USING FY 2016 PERFORMANCE DATA

Hosp ID	Hospital Name	CLABSI	CAUTI	SSI-Colon	SSI-Hysterectomy*	MRSA	C. diff	PC -01	PSI-90 (CY14)	Count of Measures
210001	MERITUS MEDICAL CENTER	0.586	1.057	0	0	0.939	1.196	Not Available	0.399	7
210002	UNIVERSITY OF MARYLAND MEDICAL CENTER	0.54	2.353	2.437	0	2.191	1.274	1	0.722	8
210003	PRINCE GEORGES HOSPITAL CENTER	0.236	0.06	1.599	<1 predicted	2.004	0.549	20	0.733	7
210004	HOLY CROSS HOSPITAL	0.888	1.407	0.112	1.787	0.604	1.127	1	0.779	8
210005	FREDERICK MEMORIAL HOSPITAL	1.037	0.854	1.914	0.988	3.174	0.724	4	0.920	8
210006	UNIVERSITY OF MARYLAND HARFORD MEMORIAL HOSPITAL	<1 predicted	1.696	<1 predicted	Not Applicable	<1 predicted	0.441	shorter/no cases met criteria	0.800	3
210008	MERCY MEDICAL CENTER INC	0.431	1.654	1.029	1.93	1.445	1.086	8	0.917	8
210009	JOHNS HOPKINS HOSPITAL, THE	0.628	1.179	1.642	2.944	1.598	1.06	0	0.819	8
210011	SAINT AGNES HOSPITAL	0.678	1.64	0	0	0.216	1.759	0	0.646	8
210012	SINAI HOSPITAL OF BALTIMORE	0.855	4.465	1.418	3.088	1.382	1.071	Not Available	0.660	7
210013	BON SECOURS HOSPITAL	0.455	2.508	<1 predicted	Not Applicable	0.896	0.943	Not Available	0.656	5
210015	MEDSTAR FRANKLIN SQUARE MEDICAL CENTER	0.524	2.648	0.422	0.519	1.012	1.315	0	0.653	8
210016	ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL	0.164	0.679	1.869	0.707	0.422	1.695	6	0.768	8
210017	GARRETT COUNTY MEMORIAL HOSPITAL	<1 predicted	<1 predicted	<1 predicted	<1 predicted	<1 predicted	0.788	4	1.059	3
210018	MEDSTAR MONTGOMERY MEDICAL CENTER	0	0.831	0.827	0	0.637	0.653	0	1.134	8
210019	PENINSULA REGIONAL MEDICAL CENTER	0.127	3.135	0.539	1.036	2.268	1.495	0	0.447	8
210022	SUBURBAN HOSPITAL	0.194	1.548	0	1.653	1.202	1.962	Not Available	0.770	7
210023	ANNE ARUNDEL MEDICAL CENTER	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	2	0.705	2
210024	MEDSTAR UNION MEMORIAL HOSPITAL	0.116	0.239	0.56	0	1.738	0.869	shorter/no cases met criteria	1.011	7
210027	WESTERN MARYLAND REGIONAL MEDICAL CENTER	0	2.102	1.928	<1 predicted	0.56	1.529	0	0.663	7
210028	MEDSTAR SAINT MARY'S HOSPITAL	0	1.543	0	<1 predicted	2.298	1.342	0	0.741	7
210029	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	0.383	1.818	<1 predicted	1.289	2.468	1.011	0	0.510	7
210030	UNIVERSITY OF MD SHORE MEDICAL CTR AT CHESTERTOWN	<1 predicted	<1 predicted	<1 predicted	<1 predicted	<1 predicted	0.946	shorter/no cases met criteria	excluded due	1
210032	UNION HOSPITAL OF CECIL COUNTY	<1 predicted	<1 predicted	1.852	<1 predicted	<1 predicted	1.425	10	0.742	4
210033	CARROLL HOSPITAL CENTER	0	1.142	0.221	0	0.805	1.103	0	0.546	8
210034	MEDSTAR HARBOR HOSPITAL	0.417	1.387	0	0.548	0.52	0.569	shorter/too few cases to report	0.703	7
210035	UNIVERSITY OF MD CHARLES REGIONAL MEDICAL CENTER	0.455	0	0	<1 predicted	0	1.4	0	0.668	7
210037	UNIVERSITY OF MD SHORE MEDICAL CENTER AT EASTON	<1 predicted	0.831	1.818	<1 predicted	0	0.374	3	0.894	6
210038	UNIVERSITY OF MD MEDICAL CENTER MIDTOWN CAMPUS	1.359	0.538	<1 predicted	<1 predicted	<1 predicted	0.867	shorter/no cases met criteria	1.092	4
210039	CALVERT MEMORIAL HOSPITAL	<1 predicted	<1 predicted	<1 predicted	<1 predicted	0	0.962	8	1.022	4
210040	NORTHWEST HOSPITAL CENTER	0.335	2.636	1.664	<1 predicted	1.025	0.887	shorter/no cases met criteria	0.630	6
210043	UNIVERITY OF MD BALTO WASHINGTON MEDICAL CENTER	0	2.051	1.798	0	<1 predicted	1.448	2	0.626	7
210044	GREATER BALTIMORE MEDICAL CENTER	0.792	0.278	1.582	1.001	0.842	0.992	1	0.720	8
210045	EDWARD MCCREADY MEMORIAL HOSPITAL	Measures does not apply for this reporting period	Measures does not apply for this reporting period	Results not available for this reporting period	Not Applicable	<1 predicted	<1 predicted	Not Available	excluded due	0
210048	HOWARD COUNTY GENERAL HOSPITAL	0.236	1.143	0	0.932	0.347	1.004	2	0.808	8
210049	UNIVERSITY OF M D UPPER CHESAPEAKE MEDICAL CENTER	0	3.052	1.145	<1 predicted	1.175	0.669	3	0.509	7
210051	DOCTORS' COMMUNITY HOSPITAL	0.207	0.214	<1 predicted	0	0	1.192	Not Available	1.027	6
210055	LAUREL REGIONAL MEDICAL CENTER	0.774	0	<1 predicted	<1 predicted	1.819	0.723	Not Available	0.658	5
210056	MEDSTAR GOOD SAMARITAN HOSPITAL	0.683	0.274	1.99	<1 predicted	0.389	1.727	shorter/no cases met criteria	0.694	6
210057	ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER	0.428	1.01	0.699	0	2.007	1.404	4	0.681	8
210060	FORT WASHINGTON HOSPITAL	<1 predicted	<1 predicted	<1 predicted	<1 predicted	<1 predicted	0	Not Available	0.831	2
210061	ATLANTIC GENERAL HOSPITAL	<1 predicted	<1 predicted	0.587	<1 predicted	<1 predicted	0.485	Not Available	1.125	3
210062	MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER	0.297	0	0	0	2.234	1.508	4	0.774	8
210063	UNIVERSITY OF MARYLAND ST JOSEPH MEDICAL CENTER	Not Available	Not Available	Not Available	Not Applicable	Not Available	Not Available	3	0.469	2
	Statewide								Average	6.045454545
									Median	7
									Minimum	0
									Maximum	8

*SSI-hystertectomy values shaded in grey are from MHCC. These are hospitals that with 12 months of data are estimated to have >1 predicted but currently have < 1 predicted in the 9 months of data on CMS Hospital Compare

APPENDIX V. CAREFIRST COMMENT LETTER

CareFirst BlueCross BlueShield
1501 S. Clinton Street
Baltimore, MD 21224-5730

CareFirst BlueCross BlueShield

September 17, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4201 Patterson Avenue
Baltimore, Maryland 21215

Donna Kinzer
Executive Director, Health Services Cost Review Commission
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Draft Recommendation on Revisions to the Quality Based Reimbursement (QBR) Program for Rate Year (RY) 2018

Dear Mr. Colmers and Ms. Kinzer:

Thank you for this opportunity to provide comments on the Staff's Draft Recommendation for Updating the HSCRC's Quality Based Reimbursement (QBR) Policy for RY 2018. As you know, Section 4(e) of the Maryland All-Payer Model Agreement indicates that the Center for Medicare and Medicaid Services (CMS) will waive the federal Value Based Purchasing (VBP) program requirements for Maryland hospitals provided that the State can demonstrate that Maryland hospital performance achieves or surpasses the measured results (in terms of specified patient outcomes and safety and satisfaction measures) of hospitals nationally.

CareFirst supports the Staffs' recommended changes, which better align the categorical weights with the CMS program. Overall, we believe these changes will better align the structure and weighting of the Maryland program with the VBP, provide stronger overall incentives to encourage Maryland hospital performance improvement and satisfy the performance-based payment policies under the demonstration agreement.

As always, we sincerely appreciate the work of the Staff and the Commission to ensure these policies are routinely assessed and updated to meet our challenging waiver targets.

Sincerely,

Jonathan Blum
Executive Vice President
Medical Affairs