

CJR 101: Quality Measures and Composite Quality Score



*Comprehensive Care for
Joint Replacement Model*

March 17, 2016

Webinar Agenda

- Quality Measures
 - THA/TKA Complications measure (NQF #1550)
 - HCAHPS Survey measure (NQF #0166)
 - Voluntary Reporting of THA/TKA Patient-Reported Outcomes (PRO) and Limited Risk Variable Data
 - Public Reporting
- Composite Quality Score
 - Pay-for-performance Methodology
- Participant Resources
- Q&A



Quality Measures

CJR Quality Measures

- In the final rule, we finalized **two quality measures**
 - 1) Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) measure (NQF #1550)
 - 2) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measure (NQF #0166)
- In addition, **voluntary submission of THA/TKA patient-reported outcomes (PRO) and limited risk variable data**

THA/TKA Complications Measure (NQF #1550)

➤ Definition

- Hospital-level RSCR following elective THA/TKA (NQF #1550)
 - Rate of complications occurring during index admission and up to a 90-day period following admission for THA/TKA
- Outcomes considered complications in this measure:
 - Acute myocardial infarction, pneumonia, sepsis/septicemia within 7 days of admission
 - Surgical site bleeding, pulmonary embolism, or death within 30 days of admission
 - Mechanical complications, periprosthetic joint infection, or wound infection within 90 days of admission

THA/TKA Complications Measure (NQF #1550)

➤ Patient Population

- Patients enrolled in Medicare FFS, aged 65 or over, enrolled in Part A and Part B for 12 months, with a qualifying elective THA/TKA procedure
- **Elective primary THA/TKA procedures** are defined as those ***without*** any of the following:
 - Femur, hip, or pelvic fractures
 - Concurrent partial hip arthroplasty, revision or resurfacing procedure
 - Removal of implanted devices/prostheses
 - Mechanical complication
 - Malignant bone neoplasm or metastases
 - Transfer from another acute care facility for the THA/TKA

THA/TKA Complications Measure (NQF #1550)

➤ Performance Period

- Three-year rolling, consistent with period used for HIQR Program

Performance Period for the THA/TKA Complications Measure (NQF #1550) by CJR Performance Year (PY)				
PY 1	PY 2	PY 3	PY 4	PY 5
April 1, 2013 – March 31, 2016	April 1, 2014 – March 31, 2017	April 1, 2015 – March 31, 2018	April 1, 2016 – March 31, 2019	April 1, 2017 – March 31, 2020

THA/TKA Complications Measure (NQF #1550)

➤ FAQ

- **Q: When determining a CJR participant hospital's performance percentile, does CMS use the distribution of THA/TKA Complications measure results from all hospitals or from CJR participant hospitals only?**
- **A: CMS will assign CJR participant hospitals to a performance percentile for the Complications measure based on the national distribution of RSCRs. RSCRs are calculated from claims data submitted by IPPS hospitals in the HIQR program that have at least 25 patient cases in the three-year performance period.**

HCAHPS Survey Measure (NQF #0166)

➤ Definition

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measure (NQF #0166)
- Administered to random sample of adult inpatients 48 hours–6 weeks after discharge
- Currently implemented in HIQR and HVBP Programs
 - CJR hospitals participating in these programs already submit HCAHPS scores
- Performance determined using Linear Mean Roll-up (HLMR) score
 - HLMR is calculated by taking the average of the linear mean scores (LMS) for each of the 11 publicly reported HCAHPS measures
 - LMS created for calculation of the HCAHPS Star Ratings, summarize all survey responses for each HCAHPS measure
 - For more information, refer to the HCAHPS Star Rating Technical Notes: <http://www.hcahpsonline.org/StarRatings.aspx>

HCAHPS Survey Measure (NQF #0166)

➤ Patient Population

- Not limited to Medicare beneficiaries*
 - Does not distinguish among types of Medicare beneficiaries
 - Includes patients admitted for medical, surgical, and maternity services
- Patient's perceptions of their entire hospital experience, not specific to MS-DRGs 469 and 470 alone

* Please refer to Section III.D.2.c.(4) on pages 73480-73481 of the final rule for the full inclusion and exclusion criteria

HCAHPS Survey Measure (NQF #0166)

➤ Performance Period

- Four consecutive quarters of survey data, consistent with HIQR Program

Performance Period for the HCAHPS Survey Measure (NQF #1066) by CJR Performance Year (PY)				
PY 1	PY 2	PY 3	PY 4	PY 5
July 1, 2015 – June 30, 2016	July 1, 2016 – June 30, 2017	July 1, 2017 – June 30, 2018	July 1, 2018 – June 30, 2019	July 1, 2019 – June 30, 2020

HCAHPS Survey Measure (NQF #0166)

➤ FAQs

- **Q: Can we use email or texting to acquire this HCAHPS data?**
- **A:** No. There are only 4 approved modes of administration for the HCAHPS Hospital Survey: 1) Mail Only; 2) Telephone Only; 3) Mixed (mail followed by telephone); and 4) Active Interactive Voice Response (IVR).
- **Q: Do we have to collect or submit additional HCAHPS data for the CJR model?**
- **A:** No. If you participate in the HIQR Program, your HCAHPS Survey measure scores are captured.

Voluntary Reporting of THA/TKA PRO and Limited Risk Variable Data

➤ Definition

- Voluntary data submission initiative, not yet a fully developed measure
- Data will be used to develop a future measure
 - Hospital-Level, Risk-adjusted PRO-Based Performance Measure for elective primary THA/TKA procedures
- Performance on the data elements is not taken into consideration as currently finalized in the rule
 - “Successful” submission of data elements is included in the composite quality score
 - Refer to Table 28 of the Final Rule
 - Any data element noted as “N/A” does not need to be collected

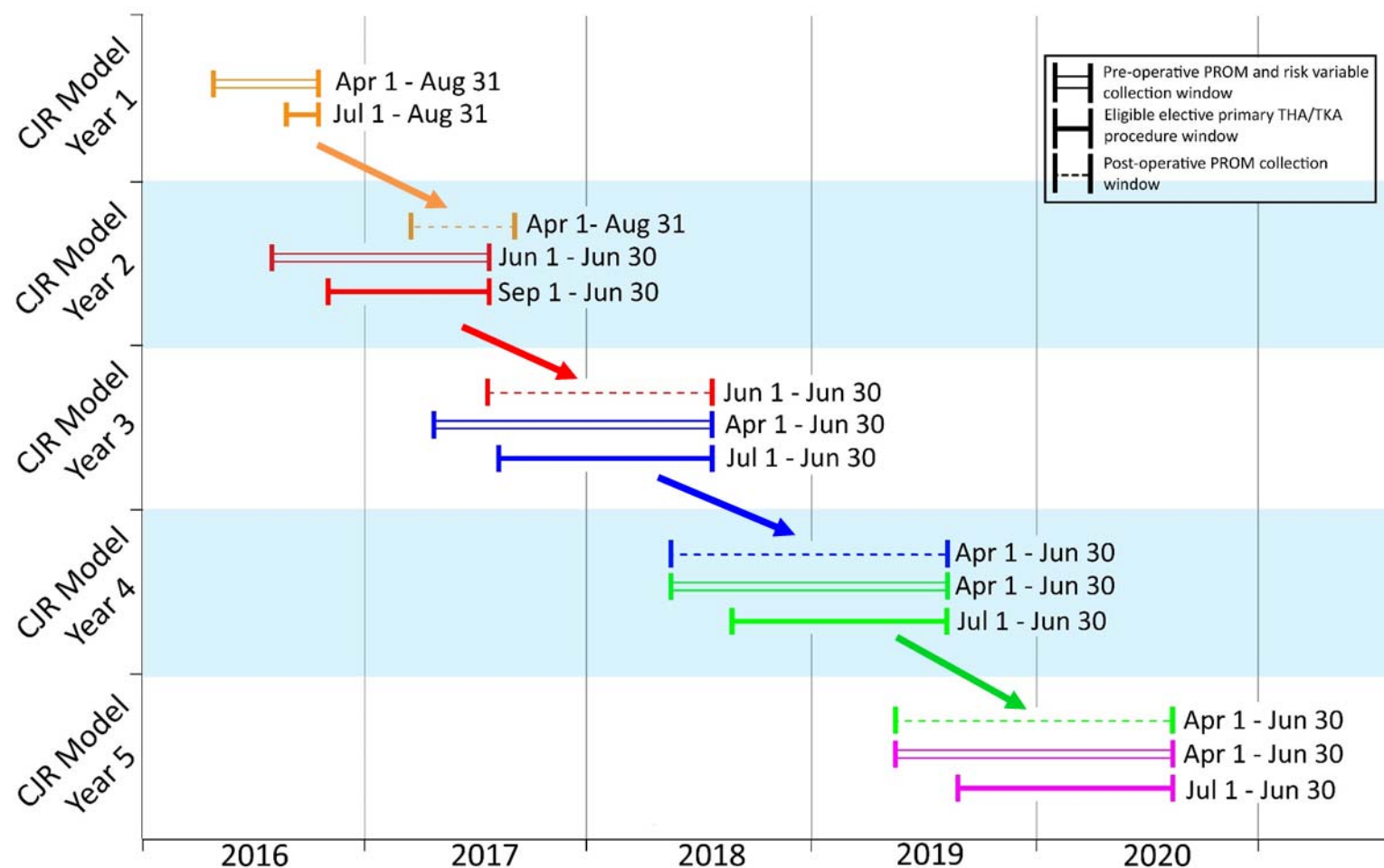
Voluntary Reporting of THA/TKA PRO and Limited Risk Variable Data

➤ Patient Population

- Medicare beneficiaries aged 65 or over, undergoing **elective**, primary THA/TKA procedure(s)
 - Excludes patients with fractures, bony metastases, and those undergoing revision, resurfacing or partial hip replacement procedures

THA ICD-10 CM Codes	TKA ICD-10 CM Codes		
OSR90J9	OSRC07Z	OSRT07Z	OSRV07Z
OSR90JA	OSRC0JZ	OSRT0JZ	OSRV0JZ
OSR90JZ	OSRC0KZ	OSRT0KZ	OSRV0KZ
OSRB0J9	OSRD07Z	OSRU07Z	OSRW07Z
OSRB0JA	OSRD0JZ	OSRU0JZ	OSRW0JZ
OSRB0JZ	OSRD0KZ	OSRU0KZ	OSRW0KZ

Voluntary Reporting of THA/TKA PRO and Limited Risk Variable Data



Voluntary Reporting of THA/TKA PRO and Limited Risk Variable Data

➤ Data Submission Deadlines

- PY 1: October 31, 2016
 - Pre-op PRO and risk variable data only
- PY 2: October 31, 2017
 - Pre-op data through June 30, 2017 plus Year 1 post-op data
- PY 3: August 31, 2018
 - Year 3 pre-op data plus post-op data on Year 2 patients
- PY 4: August 31, 2019
 - Year 4 pre-op data plus post-op data on Year 3 patients
- PY 5: August 31, 2020
 - Year 5 pre-op data plus post-op data on Year 4 patients

Voluntary Reporting of THA/TKA PRO and Limited Risk Variable Data

➤ FAQ

- **Q: What data elements must be submitted for successful participation in the Patient Reported Outcome data collection?**
- **A:** A list of all the data elements that must be submitted for successful participation in the voluntary patient-reported outcome data collection is located in Table 28 on pages 73494-73495 of the CJR final rule. Any data element noted as “N/A” does not need to be collected.

➤ Past CJR 101 Webinar

- Slides and webinar transcript from the March 10th Webinar will be shared with CJR participant hospitals

Public Reporting

- CMS will post CJR participant hospital performance on the two quality measures in a downloadable format in a section of Hospital Compare
 - Similar to Hospital Readmission Reduction Program (HRRP) and the Hospital-Acquired Conditions Reduction Program (HACRP)
 - Acknowledge submission of THA/TKA PRO and limited risk variable data
 - Data will be posted on Hospital Compare in July, to align with public reporting for the HIQR Program



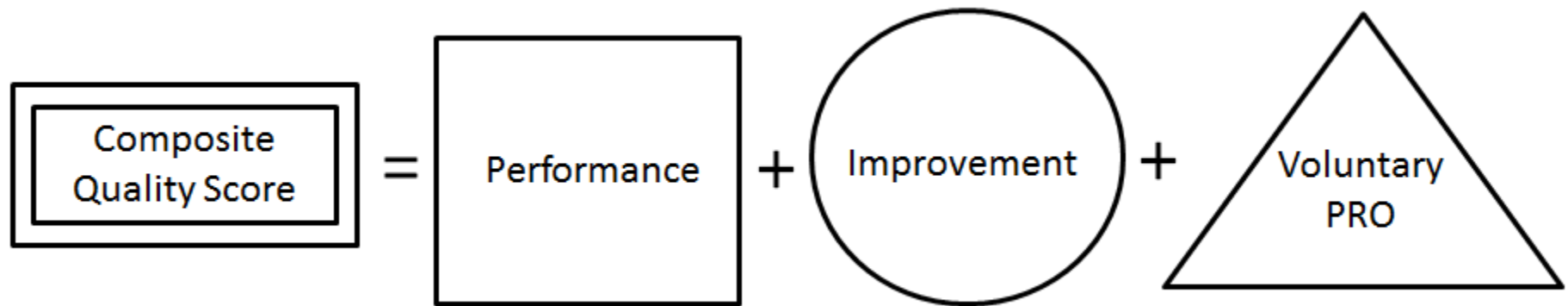
Composite Quality Score

Composite Quality Score

- Composite quality score **links quality to payment**
- Hospitals are assigned a composite quality score each year based on their performance and improvement on the **two quality measures**:
 1. THA/TKA Complications measure (NQF #1550)
 2. HCAHPS Survey measure (NQF #0166)
- **Successful submission of THA/TKA PRO and limited risk variable data**
 - Performance and improvement on the PRO data elements are not taken into consideration as finalized in the rule

* For more information regarding the composite quality score methodology, please refer to Section III.C.5.b.(5)(c) “Methodology to Link Quality and Payment” on page 73363 of the final rule

Composite Quality Score



Composite Quality Score

➤ Quality Performance

- Assigned to performance percentile
 - National distribution of measure results
 - Hospitals without a measure value will be assigned to 50th performance percentile
- Weighted

Performance

Quality Measure Weights in Composite Quality Score	
Quality Measure	Weight
THA/TKA Complications Measure (NQF #1550)	50%
HCAHPS Survey Measure (NQF #0166)	40%
Voluntary Reporting of THA/TKA PRO and Limited Risk Variable Data	10%

Composite Quality Score

➤ Quality Performance (cont'd)

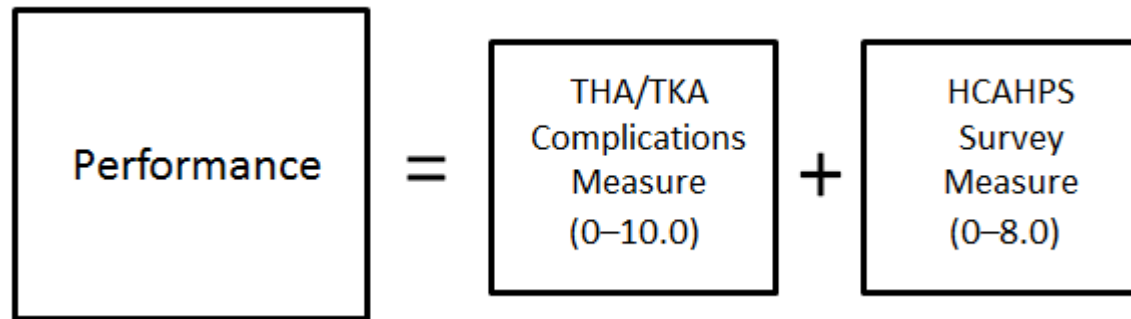
- Individual scores reflect weights

Individual Scoring Scale to Calculate Quality Performance Score		
Performance Percentile	THA/TKA Complications Measure Performance Score (Points)	HCAHPS Survey Measure Performance Score (Points)
≥ 90th	10.00	8.00
≥ 80th and <90th	9.25	7.40
≥ 70th and <80th	8.50	6.80
≥ 60th and <70th	7.75	6.20
≥ 50th and <60th	7.00	5.60
≥ 40th and <50th	6.25	5.00
≥ 30th and <50th	5.50	4.40
< 30th	0.00	0.00

Performance

Composite Quality Score

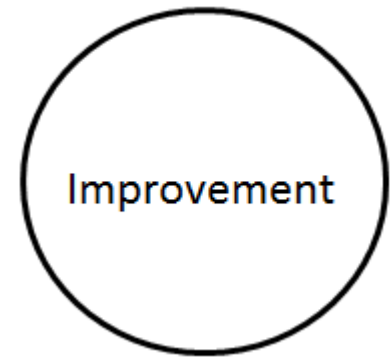
➤ Quality Performance (cont'd)



Composite Quality Score

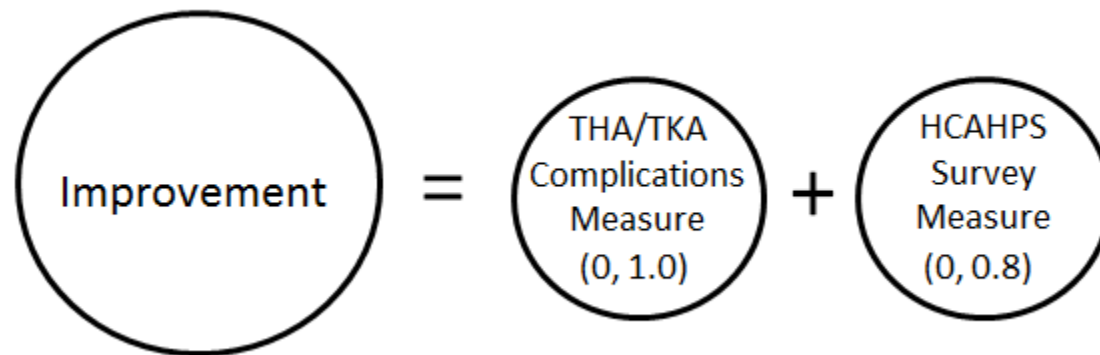
➤ Quality Improvement

- If quality measure performance increases by at least 3 deciles on the performance percentile scale
- Equal to 10% of the maximum quality performance score for the measure
 - THA/TKA Complications measure: 1 point
 - HCAHPS Survey measure: 0.8 point
- Must have reportable measure value in the previous PY



Composite Quality Score

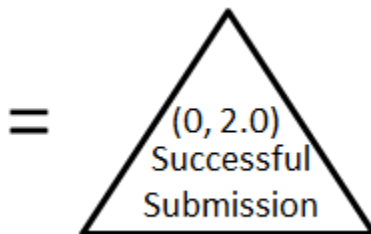
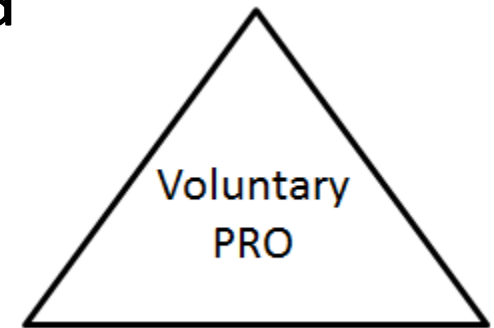
➤ Quality Improvement (cont'd)



Composite Quality Score

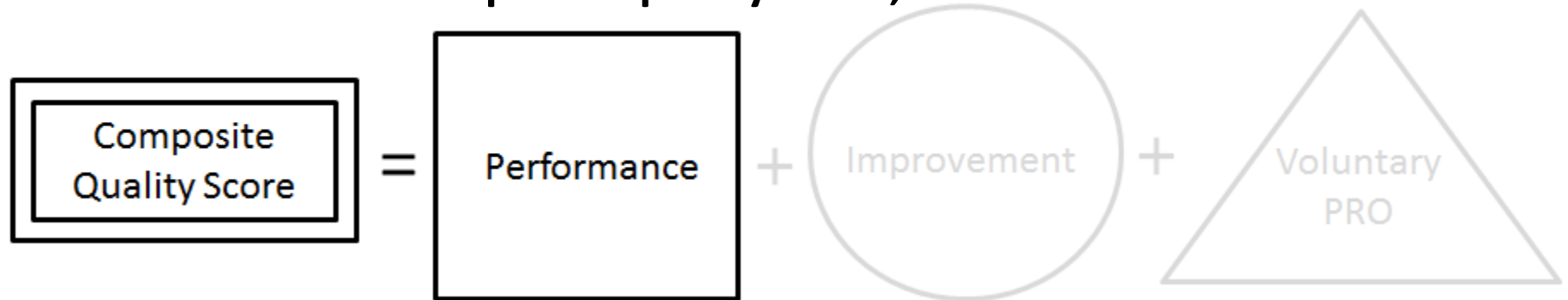
➤ Voluntary Reporting of THA/TKA PRO and Limited Risk Variable Data

- CMS will determine successful submission
 - Refer to Table 28 in the Final Rule
 - 2 points for successful submission
 - 0 points for unsuccessful submission



Composite Quality Score

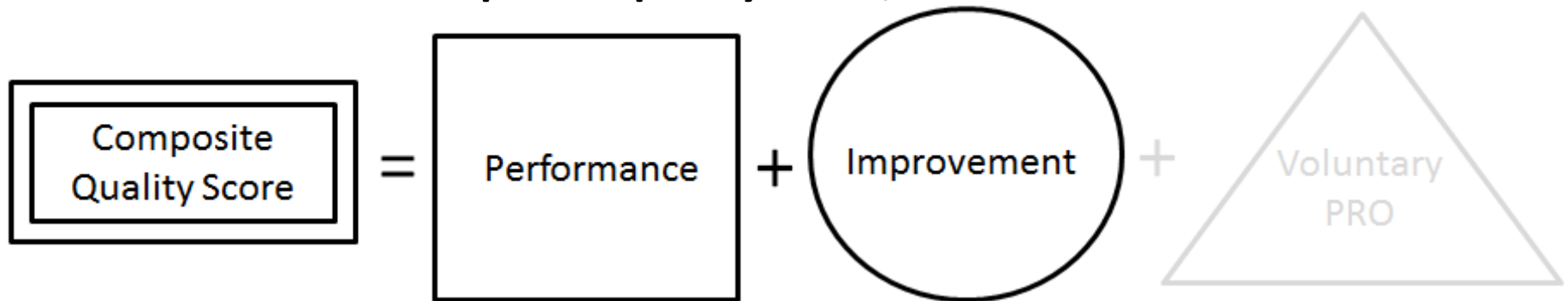
➤ To calculate the composite quality score, CMS:



1. Captures results for the Complications and HCAHPS Survey measures
2. Based on national distribution, assigns measure results to corresponding performance percentiles
3. Assigns quality performance points for each measure based on performance percentile and measure weights
4. Adds quality improvement points equal to 10% of the max value of each of the measures
5. Adds credit for successful submission of THA/TKA PRO and limited risk variable data

Composite Quality Score

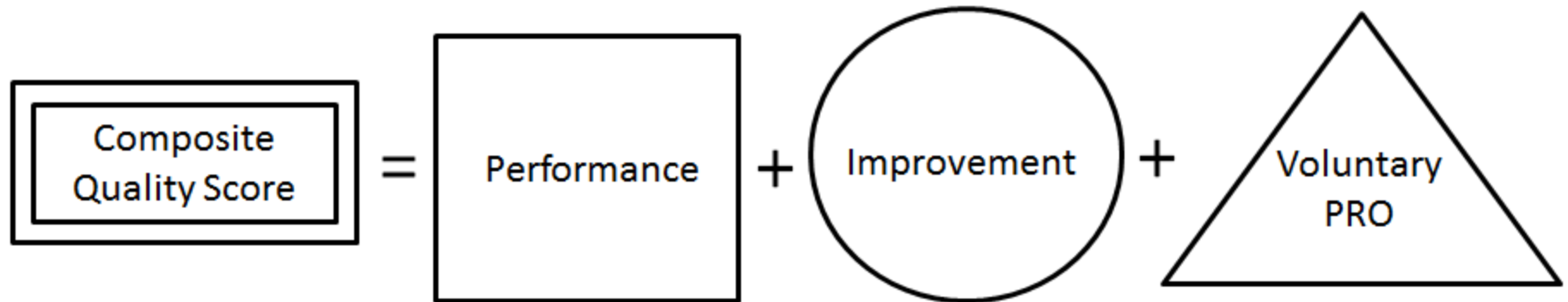
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Composite Quality Score

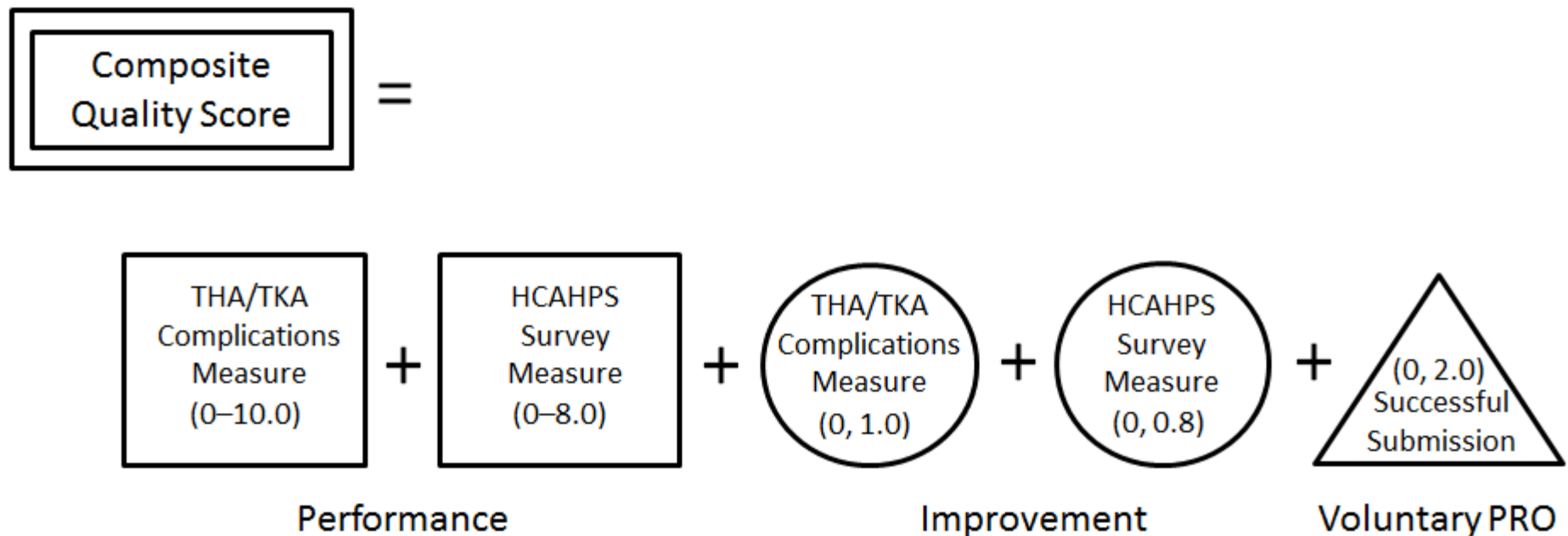
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1. Captures results for the Complications and HCAHPS Survey measures
2. Based on national distribution, assigns measure results to corresponding performance percentiles
3. Assigns quality performance points for each measure based on performance percentile and measure weights
4. Adds quality improvement points equal to 10% of the max value of each of the measures
5. Adds credit for successful submission of THA/TKA PRO and limited risk variable data

Composite Quality Score

➤ With corresponding point values



Pay-for-performance Methodology

- The composite quality score will be incorporated into the **pay-for-performance methodology**
 - CMS will assign a hospital to a **quality category** at the time of reconciliation
 - “Below Acceptable,” “Acceptable,” “Good,” or “Excellent”
 - Reconciliation payment
 - Hospitals must have a minimum composite quality score in the “Acceptable” category in order to be **eligible** to receive a reconciliation payment (if savings are achieved beyond the target price)
 - Repayment amount
 - Hospitals may have to repay Medicare for a portion of episode spending if actual spending exceeds their target

Pay-for-performance Methodology

- Hospitals may experience different **effective discount percentages at reconciliation** due to quality adjustments
- Hospitals with scores placing them in “Good” or “Excellent” quality categories will either
 - receive a **higher reconciliation payment** or
 - have **less repayment** responsibility

Pay-for-performance Methodology

Effective Discount Percentages by Performance Year and Quality Category

	Below Acceptable		Acceptable		Good		Excellent	
	CQS <4		CQS >=4 and <6		CQS >=6 and < 13.2		CQS >13.2	
PY	Recon	Repay	Recon	Repay	Recon	Repay	Recon	Repay
1	IN	NA	3.0	NA	2.0	NA	1.5	NA
2	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
3	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
4	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5
5	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5

CQS = Composite Quality Score

PY = Performance Year

Recon = Effective Discount for Reconciliation Amount

Repay = Effective Discount for Repayment Amount

Pay-for-performance Methodology

- E.g., Hospital A, which owes a repayment to Medicare and has a composite quality score of 14.0 for PY 2, would experience a target price with an effective discount of 0.5% instead of 2%

Effective Discount Percentages by Performance Year and Quality Category

	Below Acceptable		Acceptable		Good		Excellent	
	CQS <4		CQS >=4 and <6		CQS >=6 and < 13.2		CQS >13.2	
PY	Recon	Repay	Recon	Repay	Recon	Repay	Recon	Repay
1	IN	NA	3.0	NA	2.0	NA	1.5	NA
2	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
3	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
4	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5
5	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5

CQS = Composite Quality Score

PY = Performance Year

Recon = Effective Discount for Reconciliation Amount

Repay = Effective Discount for Repayment Amount

Pay-for-performance Methodology

- E.g., Hospital B, which is eligible for a reconciliation payment and has a composite quality score of 8.25 for PY 3, would experience a target price with an effective discount of 2% instead of 3%

Effective Discount Percentages by Performance Year and Quality Category

	Below Acceptable		Acceptable		Good		Excellent	
	CQS <4		CQS >=4 and <6		CQS >=6 and < 13.2		CQS >13.2	
PY	Recon	Repay	Recon	Repay	Recon	Repay	Recon	Repay
1	IN	NA	3.0	NA	2.0	NA	1.5	NA
2	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
3	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
4	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5
5	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5

CQS = Composite Quality Score

PY = Performance Year

Recon = Effective Discount for Reconciliation Amount

Repay = Effective Discount for Repayment Amount

Pay-for-performance Methodology

- Example of Methodology to Link Quality to Payment for Hospital B
 - Target Price = (Hospital Benchmark Price – 3% Discount)

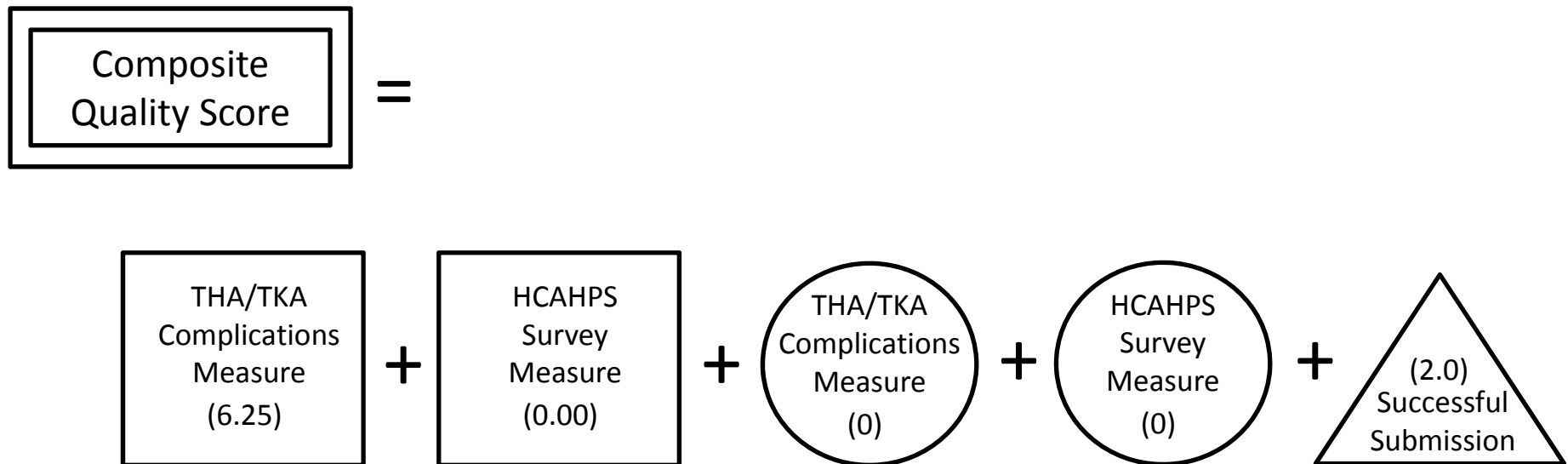
Hospital Benchmark Price (HBP) = **\$20,000**

$$\begin{aligned}\text{Discount Factor (DF)} &= (0.03\text{HBP}) \\ &= (0.03 * \$20,000) \\ &= \mathbf{\$600}\end{aligned}$$

$$\begin{aligned}\text{Target Price (TP)} &= (\text{HBP} - \text{DF}) \\ &= \$20,000 - (0.03 * \$20,000) \\ &= \$20,000 - \$600 \\ &= \mathbf{\$19,400}\end{aligned}$$

Pay-for-performance Methodology

- Example of Methodology to Link Quality to Payment for Hospital B (cont'd)
 - Composite quality score of 8.25 in PY 3



Pay-for-performance Methodology

- Example of Methodology to Link Quality to Payment for Hospital B (cont'd)
 - Effective discount of 2% at reconciliation for PY 3

Effective Discount Percentages by Performance Year and Quality Category

PY	Below Acceptable		Acceptable		Good		Excellent	
	CQS <4		CQS >=4 and <6		CQS >=6 and < 13.2		CQS >13.2	
	Recon	Repay	Recon	Repay	Recon	Repay	Recon	Repay
1	IN	NA	3.0	NA	2.0	NA	1.5	NA
2	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
3	IN	2.0	3.0	2.0	2.0	1.0	1.5	0.5
4	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5
5	IN	3.0	3.0	3.0	2.0	2.0	1.5	1.5

CQS = Composite Quality Score

PY = Performance Year

Recon = Effective Discount for Reconciliation Amount

Repay = Effective Discount for Repayment Amount

Pay-for-performance Methodology

- Example of Methodology to Link Quality to Payment for Hospital B (cont'd)

$$\begin{aligned}\text{Target Price (TP)} &= (\text{HBP} - \text{DF}) \\ &= \$20,000 - (0.03 * \$20,000) \\ &= \$20,000 - \$600 \\ &= \mathbf{\$19,400}\end{aligned}$$

$$\begin{aligned}\text{Quality-adjusted Price (QP)} &= (\text{HBP} - 0.02\text{HBP}) \\ &= \$20,000 - (0.02 * \$20,000) \\ &= \$20,000 - \$400 \\ &= \mathbf{\$19,600}\end{aligned}$$

$$\text{Actual Episode Spending (AES)} = \mathbf{\$18,500}$$

Pay-for-performance Methodology

- Example of Methodology to Link Quality to Payment for Hospital B (cont'd)

Target Price (TP) = **\$19,400**

Quality-adjusted Price (QP) = **\$19,600**

Actual Episode Spending (AES) = **\$18,500**

$$\begin{aligned}\text{Raw NPRA} &= \text{QP} - \text{AES} \\ &= \$19,600 - \$18,500 \\ &= \mathbf{\$1,100}\end{aligned}$$

Summary

- Composite quality score links **quality to payment**
 - Determined by performance and improvement on the Complications and HCAHPS Survey measures
 - Successful submission of THA/TKA PRO and limited risk variable data
 - Places hospitals in a quality category
- Hospitals with scores placing them in “Good” or “Excellent” quality categories will either receive a **higher reconciliation payment** or have **less repayment** responsibility

Participant Resources

- CJR model final rule: <https://www.federalregister.gov>
- CJR Quality Strategy Supplemental Document:
<https://innovation.cms.gov/Files/x/cjr-qualstrat.pdf>
- CJR Participant Support: CJRSupport@cms.hhs.gov
- CJR Connect
 - Web-based platform for CJR participant hospitals
 - Help Desk: CMMIConnectHelpDesk@cms.hhs.gov



Questions