

2012 Executive Overview

Effective January 1, 2012, the Blue Cross and Blue Shield of Alabama Hospital Tiered Network will utilize a star rating methodology and a menu approach to measurement selection. One star is available for each of the three categories: **Fiscal**, **Quality**, and **Outcomes**. All three stars are required to qualify for Tier 1 status.

The 2012 indicators and their associated points are shown in the following tables:



Fiscal

Preferred Outpatient Facility/Ambulatory Surgery Center Contract

The Fiscal Star will be awarded to those hospitals that have executed the POF/ASC Contract.



Quality

Must achieve 80 points within this category to receive a star.

Concurrent Utilization Review Program (CURP) Audit Score

Only available for hospitals with > 700 Blue Cross and Blue Shield of Alabama inpatient days

- 96% or Greater – 50 Pts
- 94% - 95% – 40 Pts
- 92% - 93% – 30 Pts
- Less than 92% – 0 Pts

- CURP Web Portal Utilization – 20 Pts
- CURP QI Process Shared by 9/30/2011 – 15 Pts
- Quality Collaboration (Quality Forum and AHQI) – 15 Pts
- Transition of Care (Daily Census Reporting) – 10 Pts
- Readmission Rate Reduction Plan – 10 Pts
- Glycemic Control Policy – 10 Pts
- Leapfrog Survey Completion – 10 Pts



Outcomes

Must achieve 80 points within this category to receive a star.

Patient Experience Performance

Hospital performs above national average for:

- Overall patient rating of the hospital – 20 Pts
- If a patient would recommend the hospital – 20 Pts
- Any of the remaining eight questions – 10 pts per question (total of 80 pts possible)

CMS Core Measure Performance

- Performance Avg = 70% or Greater – 60 Pts
- Perf Avg = 50% - 69% – 50 Pts
- Perf Avg = 40% - 49% – 40 Pts
- Perf Avg = 30% - 39% – 30 Pts
- Perf Avg = Less than 30% – 0 Pts

Outcomes Performance

- For each measure where hospital is outperforming the nation (Defined as "Better than US National Rate" on any of the 6 CMS outcome measures) – 20 Pts Each
- Hospital has attained "Excellent" status through AHQI benchmarking performance. – 20 Pts
- Blue Distinction Center® of Excellence Awarded – 20 Pts

Execution of the Preferred Outpatient Facility Contract (Yes/No)

The Preferred Outpatient Facility/Ambulatory Surgery Center (POF/ASC) contract has a fee schedule that reimburses select outpatient surgery procedures based on an Ambulatory Surgery Center grouping and has the standard contractual arrangement for other outpatient medical services.

- Star is available for facilities that have executed the POF/ASC contract.

CURP Audit Score (Only available for hospitals with > 700 Blue Cross and Blue Shield of Alabama inpatient days) – 50 Points Possible

Audit scores from 4th Quarter 2010 – 3rd Quarter 2011 will be averaged. Hospitals scheduled for only one audit during the evaluation period may request a second audit to meet the standard.

- 96% or Greater – 50 Points
- 94% - 95% – 40 Points
- 92% - 93% – 30 Points
- Less than 92% – 0 Points

CURP Web Portal Utilization – 20 Points Possible

Timely Web portal utilization within five business days of presentation to facility (includes dates of service January – September 2011).

- $\geq 85\%$ – 20 Points

CURP Quality Improvement (QI) Process – 15 Points Possible

Hospital will receive points for demonstrating improvements to their current QI process or for the development of a new QI process related to CURP and results shared with their Blue Cross Clinical Auditor by September 30, 2011.

Quality Collaboration – 15 Points Possible

The Quality Forum and AHQI Best Practice Meetings are a collaboration between Blue Cross and Blue Shield of Alabama, the Alabama Hospital Association, CareFusion and the Alabama Quality Assurance Foundation.

Meeting Dates:

AHQI Webinars: January 20, 2011 and August 18, 2011

Quality Forum/AHQI Meetings: April 26, 2011 and October 25, 2011

Points Breakdown

Meetings refer to either Quality Forum meetings or AHQI Webinar.

- Attendance at four meetings – 15 Points
- Attendance at three meetings – 10 Points
- Attendance at two meetings – 5 Points

Transition of Care (Daily Census Reporting) – 10 Points Possible

Inpatient census includes the number of inpatients present in the hospital at a particular point in time. It includes patients admitted, discharged, and/or transferred in or out that day, including newborns. The daily census would reflect the total number of Blue Cross and Blue Shield of Alabama, as well as Blue Advantage® patients, treated during a 24-hour period.

- Hospital will commit to participation in a First Quarter 2012 educational session to review options for the transfer of census data.

Readmission Rate Reduction Plan – 10 Points Possible

The Medicare Payment Advisory Commission (MedPAC) reported that discharges from a hospital are a critical transition point in a patient's care. Complete handoffs at discharge can reduce adverse events and re-hospitalization. The Affordable Care Act places significant emphasis on reducing hospital readmissions and establishes a number of new programs, demonstrations, and pilots designed to reduce readmissions. Three conditions initially selected for review by the Centers for Medicare & Medicaid Services (CMS) are heart attack, pneumonia, and congestive heart failure.

- Hospital will provide specifics of their Readmission Rate Reduction Program by September 30, 2011.

Glycemic Control Policy – 10 Points Possible

The Institute for Healthcare Improvement (IHI) Map is an online tool that distills the best knowledge available on the key process improvements that lead to exceptional patient care. In 2011, hospitals completed the IHI GAP Analysis survey to help identify areas for improvement in their facility. Opportunities for improvement were identified from the survey through collaboration with the AlaHA Quality Task Force. For the 2012 Hospital Tiered Network, hospitals must implement an improvement process on Glycemic Control for Non-critically Ill Patients. This improvement process should include specific elements that can be measured within a set timeframe. One example of an improvement process is the IHI model, which includes a three-part measurement system to assess the adequacy of glucose control. The IHI model can be reviewed at the following link: <http://www.ihl.org/IHI/Topics/ChronicConditions/Diabetes/Measures/>

- Hospital will share their improvement process for **Glycemic Control for Non-critically Ill Patients** by September 30, 2011.

Leapfrog Survey Completion – 10 Points Possible

The Leapfrog Hospital Survey assesses hospital performance based on national performance measures, including the National Quality Forum (NQF) Safe Practices. It also provides hospitals with the opportunity to benchmark their progress in improving quality, safety, and efficiency of care delivery. We encourage hospitals to complete the entire survey, but there may be sections that do not apply to a hospital, and no data would be submitted for those sections. For 2012, points will be awarded to hospitals that complete the entire survey and for completion of sections of the survey deemed appropriate for the hospital.

- Hospital will receive points for completion of any sections of the survey by September 30, 2011.

Patient Experience: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – 80 Points Possible

Hospital performs above the national average for the HCAHPS questions used to assess:

- Overall patient rating of the hospital – 20 Points
- If a patient would recommend the hospital – 20 Points
- Any of the remaining eight questions – 10 Points per question

Performance Results Based on CMS Core Measures – 60 Points Possible

CMS now requires the reporting of hospital process of care measures which include: Heart Attack Care, Heart Failure Care, Pneumonia Care and Prevention of Surgical Infection. Hospitals will receive points based on CMS Core Measure results in relation to the September 2011 data release for the time period of January 2010 – December 2010.

Your hospital's score will be based on a performance average. To calculate your performance average, for each individual measure, the midpoint between the national average and the national top 10 percentile scores will be calculated. If this midpoint score is less than 95%, a point will be awarded if the hospital's performance meets or exceeds the midpoint score. If the midpoint score is greater than 95%, a point will be awarded if the hospital's performance meets or exceeds the 95% target. For example: Your facility submits 20 measures to CMS. Six of these meet the lesser of the 95% target or the midpoint target. Six (# of measures at 95% or more) out of 20 (# of measures submitted) = 30% (Performance Average).

- Performance Average = 70% or Greater – 60 Points
- Performance Average = 50% - 69% – 50 Points
- Performance Average = 40% - 49% – 40 Points
- Performance Average = 30% - 39% – 30 Points
- Performance Average = Less than 30% – 0 Points

Quality Outcomes Performance – 160 Points Possible

The CMS outcome related measures are revised on an annual basis using a three-year time period. The July 2011 release, which will contain data from July 2007 – June 2010, will be used for scoring. Points are also available for those that have attained "excellent" status based on their September 2011 MedMined™ benchmarking performance from CareFusion. Hospitals with the Blue Distinction Center recognition will also receive points in this category.

Quality Outcomes Performance will include the following three components for 2012:

- For each CMS outcome related measure where a hospital is outperforming the nation (Defined as "Better than US National Rate" on any of the 6 CMS outcome measures) – 20 Points Each
- Hospital has attained "Excellent" status through AHQI benchmarking performance – 20 Points
- Hospital is recognized as a Blue Distinction Center® – 20 Points