

2011 Executive Overview

The Blue Cross and Blue Shield of Alabama Hospital Tiered Network is being updated effective January 1, 2011. There are four primary components of the tiered hospital criteria: **Fiscal, Quality, Patient Safety and Patient Experience**. Within each of these components, various indicators will be measured and scored. Every hospital will be measured against the same criteria and a composite score will determine the hospital’s tiered designation.

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

Category	Sub-Components	Points
Fiscal	<ul style="list-style-type: none"> POF/ASC Contract 	25
Quality	<ul style="list-style-type: none"> Concurrent Utilization Review Program (CURP) Infection Control Quality Outcomes Performance Quality Collaboration 	15 10 10 5
Patient Safety	<ul style="list-style-type: none"> Performance Results: CMS Process of Care Measures Adverse Events IHI GAP Analysis and Transparency 	15 5 5
Patient Experience	<ul style="list-style-type: none"> HCAHPS 	10
Total		100

Points will be accumulated and the ranking formulated according to the table below:

Hospital Ranking	Score
Tier 1	80-100
Tier 2	60-79
Tier 3	59 or below

If you have any questions about the 2011 Hospital Tiered Network, please e-mail networkanalysis@bcbsal.org

Execution of the Preferred Outpatient Facility Contract -25 Points

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 cost plus arrangement for other outpatient medical services.

Points Breakdown

Execution of the POF/ASC contract - 25 Points

Concurrent Utilization Review Program (CURP) – 15 Points

In 2005, InterQual® Clinical Decision Support Criteria system was introduced as the CURP criteria. This criteria set is nationally recognized and used to evaluate and monitor the appropriateness of inpatient hospital care. In addition to acceptable audit scores, other quality improvement processes are needed to ensure appropriate utilization of inpatient services. In 2011, points will be awarded for proper web portal usage, implementation of a Quality Improvement (QI) process that is shared with Blue Cross and Blue Shield of Alabama, appropriate Medical Utilization Review (UR) staff passing the 2010 Inter-Rater Reliability (IRR) test by August 31, 2010 and meeting or exceeding the audit threshold. Audit scores from 4th Qtr '09 – 3rd Qtr '10 will be averaged and must be greater than or equal to the threshold of 92 percent. Hospitals scheduled for only one audit during the evaluation period may request a second audit to meet the standard. *This category will not exceed 15 points.*

Points Breakdown (Hospitals with 1,000 or more Blue Cross Patient Days)

- Audit score of $\geq 92\%$ - 5 points
- Completion of at least 2 of the following - 10 point maximum
 - QI process implemented and shared with Blue Cross Clinical Auditor at least yearly – 5 Points
 - Medical UR staff with at least 3 months experience to complete the new IRR tool by August 31, 2010
 - Avg score $> 85\%$ - 5 Points
 - Avg score $\geq 80\% - 85\%$ - 3 Points
 - Timely web portal utilization (within 5 business days of presentation to facility) - includes dates of service July – Sept 2010.
 - $\geq 85\%$ - 5 Points
 - 50% - 84% - 3 Points

Points Breakdown (Hospitals with fewer than 1,000 Blue Cross Patient Days)

- Timely web portal utilization (within 5 business days of presentation to facility) - includes dates of service July – Sept 2010.
 - $\geq 85\%$ - 8 Points
 - 50% - 84% - 5 Points
- QI process implemented and shared with Blue Cross Clinical Auditor at least yearly – 3 pts
- All UR staff with at least 3 months experience to complete the new IRR tool by August 31, 2010
 - Avg score $> 85\%$ - 7 Points
 - Avg score $\geq 80\% - 85\%$ - 5 Points

Infection Control – 10 Points

Comprehensive Unit-based Safety Program (CUSP)

The Comprehensive Unit-Based Safety Program (CUSP) was designed to improve safety culture and learn from mistakes (two components of a safety scorecard) by integrating safety practices into the daily work of a unit or clinical area. CUSP is implemented at the unit level, and provides a scalable program that can be implemented throughout your organization. Alabama will use the CUSP model to address central line blood stream infections in the intensive care unit.

www.hret.org/hret/programs/cusp.html.

Points Breakdown

- Hospital will agree to participate in Alabama's CUSP initiative, including monthly calls, team activities and data reporting that will be shared on an aggregate level with Blue Cross. Hospitals will commit by August 31, 2010.
- 5 Points

AND

Denton Statewide Infection Reporting Bill Requirements

Mike Denton Infection Reporting Act will require every hospital in the state to submit data on specific hospital-acquired infections to the Centers for Disease Control (CDC) starting on January 1, 2011. In an effort to address potential technical issues and ensure reporting compliance by this date, hospitals will be asked to sign up for the CDC Alabama Department of Public Health (ADPH) National Healthcare Safety Network (NHSN) reporting group and agree to begin reporting data to the CDC as part of a pilot program during the fourth quarter of 2010. ADPH will be able to verify hospitals that have started to report or have made a good faith effort to meet this goal by December 31, 2010.

Points Breakdown

- Hospitals will sign up for the CDC ADPH NHSN reporting group and submit data as part of a pilot program to the CDC ADPH NHSN network starting October 1, 2010 - 5 Points

Quality Outcomes Performance - 10 Points

This measure allows for recognition of hospitals in the state that are outperforming the national rate on CMS outcome related measures and includes recognition for hospitals achieving “excellent” status through the Alabama Hospital Quality Initiative (AHQI) benchmarking performance. CMS recently released risk-adjusted measures that illustrate hospital mortality and readmission performance in relation to the national performance. These measures are revised on an annual basis using a three-year time period. The next release is in July 2010, and will contain data from July 2006 – June 2009. Top performers are defined as those that are outperforming the nation on these CMS outcome related measures. Additional points are available for those that have attained “excellent” status based on the September 2010 CareFusion MedMined benchmarking performance.

Points Breakdown

*For this composite measure, each hospital starts with 5 of the available points (i.e. each hospital is assumed average). The hospital will be awarded 2 points for each measure where a hospital is outperforming the national rate and an additional 2 points are available for those achieving an “excellent” rating on AHQI benchmarking performance. The hospital will have 2 points deducted for each measure where the hospital is underperforming in comparison to the national rate (points will **not** be deducted for those not achieving “excellent” on AHQI benchmarking performance.). Note: A maximum of 10 points is available on this category, and hospital points cannot go below 0.*

- Composite Patient Outcomes Performance – 10 Points
 - For each measure where hospital is outperforming the nation (Defined as “Better than US National Rate” on any of the 6 CMS outcome measures) – 2 Points Each
 - Hospital is underperforming (Defined as “Worse than US National Rate”) against the nation on any of the 6 CMS outcome measures – (-2) Points Each
 - Hospital has attained “Excellent” status through AHQI benchmarking performance. – 2 Points

Examples:

Hospital A		
Starting Value for All Hospitals	5	pts
“Better than U.S. National Rate” for 30 Day Readmission Rate Heart Failure	+ 2	pts
“Worse than U.S. National Rate” for 30 Day Mortality for Pneumonia	- 2	pts
Ending Value	5	pts

Hospital B		
Starting Value for All Hospitals	5	pts
“Worse than U.S. National Rate” for 30 Day Readmission Rate Heart Failure	- 2	pts
“Worse than U.S. National Rate” for 30 Day Mortality for Pneumonia	- 2	pts
Ending Value	1	pt

Hospital C		
Starting Value for All Hospitals	5	pts
“Worse than U.S. National Rate” for 30 Day Mortality for Pneumonia	- 2	pts
AHQI Benchmarking “Excellent” rating	+ 2	pts
Ending Value	5	pts

Hospital D		
Starting Value for All Hospitals	5	pts
AHQI Benchmarking “Excellent” rating	+ 2	pts
“Better than U.S. National Rate” for 30 Day Readmission Rate Heart Failure	+ 2	pts
“Better than U.S. National Rate” for 30 Day Mortality for Heart Attack	+ 2	pts
Ending Value	10*	pts

*Point maximum achieved. 10 points awarded

Quality Collaboration – 5 Points

The Quality Forum and AHQI Best Practice Meetings are a collaboration between Blue Cross and Blue Shield of Alabama, the Alabama Hospital Association, CareFusion MedMined Services and the Alabama Quality Assurance Foundation. Following are the collaboration's continued goals:

- Improved care through hospitals' adoption of practices that enhance patient safety and quality outcomes;
- Rapid adoption of best practices by network hospitals;
- Collecting aggregate statewide data for benchmarking purposes; and
- Reducing the incidence and effects of hospital-acquired infections.

Points Breakdown

Meetings refer to either Quality Forum meetings or AHQI web cast.

- Attendance at four meetings - 5 Points
- Attendance at three meetings - 3 points
- Attendance at two meetings - 2 Points

Performance Results: CMS Process of Care Measures - 15 Points

The Centers for Medicare and Medicaid Services (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 national Top 10 percentile and the National Average. Scoring will be based on the September 2010 data release for the time period of January 2009-December 2009.

Your hospital's score will be based on a performance average. To calculate your hospital's score, the number of measures that your facility submits to CMS will be the denominator. For every measure that meets or exceeds the Top 10 percentile, your hospital will receive one point in the numerator. For every measure that meets or exceeds the National Average, your hospital will receive half of a point.

Example 1

Your facility submits 20 measures to CMS. Three of these meet the Top 10 percentile and 8 meet the National Average.

3 Measures meet or exceed the Top 10 Percentile: 3

8 Measures meet or exceed the National Average: 4

Performance Average Calculation

$3 + 4 = 7$ Divided by the Number of Measures Submitted (20) = 35% Performance Average

15 Points awarded to hospital

Example 2

Your facility submits 15 measures. Four of these meet the Top 10 percentile and 2 meet the National Average.

4 Exceed the Top 10 Percentile = 4

2 Exceed the National Average = 1

Performance Average Calculation

$4 + 1 = 5$ Divided by the Number of Measures Submitted (15) = 33%

10 Points awarded to hospital

Points Breakdown

- Performance Average = 35% and above - 15 points
- Performance Average = $\geq 30\%$ to $< 35\%$ - 10 points
- Performance Average $\geq 25\%$ to $< 30\%$ - 5 points

Adverse Events - 5 Points

All Alabama general acute care hospitals have agreed to not bill for services associated with twenty-six identified adverse events. A complete listing and details on both the original letter of agreement and the expanded letter of agreement are available at: www.bcbsal.org. As a follow-up to signing the letter, the Adverse Events criteria for 2011 will center on the policy and procedures that the hospitals have put in place in order to identify best practices and to ensure accurate reporting. Hospitals will submit contact information and Policy and Procedure by August 31, 2010. The policies and procedures should be emailed to NetworkAnalysis@bcbsal.org.

Points Breakdown

- Hospitals must maintain the current name and contact information of the Quality Officer liaison and supply to Blue Cross.
- Hospitals must submit their official Policy and Procedure documentation for the operations surrounding an Adverse Event. This should include all steps in the process from the time of the event to the discussion with the family. Information on timeliness of reporting and root cause analysis procedures should be included in the documentation.

Institute for Healthcare Improvement (IHI): GAP Analysis and Transparency – 5 Points

The **IHI Improvement Map™** is an online tool that distills the best knowledge available on the key process improvements that lead to exceptional patient care. As part of the IHI Improvement Map, there is IHI GAP Analysis survey which helps hospitals identify areas for improvement at their facility. In order to receive points, hospitals must complete the survey, and agree to share the results of the GAP Analysis with Blue Cross. The IHI Improvement Map is located at www.ihl.org/imap/tool. Hospitals will complete and submit the assessment by September 30, 2010. The assessment should be emailed to NetworkAnalysis@bcbsal.org.

Points Breakdown

- Completion of the IHI GAP Analysis and commitment to sharing the results with Blue Cross – 5 Points

Patient Experience (HCAHPS Performance) – 10 Points

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national, standardized survey of hospital patients. HCAHPS (pronounced “*H-caps*”) was created to publicly report the patient’s perspective of hospital care. The survey asks a random sample of recently discharged patients about important aspects of their hospital experience. The goal of the HCAHPS survey is to help consumers to make fair and objective comparisons between hospitals based on ten important measures of patients’ perspectives of care. Hospital Tiered Network points will be distributed based on the response to these ten HCAHPS questions. The September 2010 data release will be used for scoring.

Points Breakdown

- Hospital performs above national average for the HCAHPS questions used to assess “overall patient rating of the hospital” - 3 Points
- Hospital performs above the national average for the HCAHPS questions used to assess “if a patient would recommend the hospital” - 3 Points
- Hospital performs above the national average for any of the remaining eight questions - 0.5 point per question above the national average (total of 4 points possible)