
CBE ID

3562

Title

Medicare Spending Per Beneficiary - Post Acute Care Measure for Long-Term Care Hospitals

Project

Cost and Efficiency

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Spring 2027

Previous Endorsement Cycle

Spring 2020

Initial Endorsement

Fri, 11/20/2020 - 09:38

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The Medicare Spending Per Beneficiary - Post Acute Care Measure for Long-Term Care Hospitals (MSPB-PAC LTCH) was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). This resource use measure is intended to evaluate each LTCH's efficiency relative to that of the national median LTCH. Specifically, the measure assesses Medicare spending by the LTCH and other healthcare providers during an MSPB episode. The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each LTCH divided by the episode-weighted median MSPB-PAC Amount across all LTCH facilities. The MSPB-PAC Amount is the ratio of the observed episode spending to the expected episode spending, multiplied by the national average episode spending for all LTCHs.

The measure is calculated using two consecutive years of Medicare Fee-for-Service (FFS) claims data and was developed using calendar year (CY) 2015-2016 data. This submission is based on fiscal year (FY) 2016-2017 data; i.e., LTCH admissions from October 1, 2015 through September 30, 2017.

Claims-based MSPB-PAC measures were developed in parallel for the LTCH, inpatient rehabilitation facility (IRF), skilled nursing facility (SNF), and home health agency (HHA) settings to meet the mandate of the IMPACT Act. To align with the goals of standardized assessment across all settings in PAC, these measures were conceptualized uniformly across the four settings in terms of the construction logic, the approach to risk adjustment, and measure calculation. Clinically meaningful case-mix considerations were evaluated at the level of each setting. For example, clinicians with LTCH expertise evaluated LTCH claims and then gave direction on how to adjust for specific patient and case-mix characteristics.

The MSPB-PAC LTCH measure was adopted by the Centers for Medicare & Medicaid Services (CMS) for the LTCH Quality Reporting Program (QRP) and finalized in the FY 2017 LTCH Prospective Payment System (PPS) Final Rule.[1] The measure entered into use on October 1, 2016. Public reporting for the measure began in Fall 2018 through the LTCH Compare website (<https://www.medicare.gov/longtermcarehospitalcompare/>) using FY 2016-2017 data.

Notes:

[1] Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2017 Rates. Federal Register, Vol. 81, No. 162.

<https://www.govinfo.gov/content/pkg/FR-2016-08-22/pdf/2016-18476.pdf>

1.7 Measure Type

Cost/Resource Use

1.8 Level of Analysis

Facility

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.20 Types of Data Sources

Claims Data, Other

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

Planned Use

Quality Improvement (Internal to the specific organization)

Resource Use Measure Type

Per episode

Risk Adjustment

Statistical risk model

The measure developer is different from the measure steward

No

Steward Organization

Centers for Medicare & Medicaid Services

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