# Quality Based Reimbursement Timely Follow Up After Discharge for Rate Year 2025

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# Quality Based Reimbursement Program

The user guide is specifically for the Timely Follow Up After Discharge reports on Medicare and Medicaid data. The Health Services Cost Review Commission (HSCRC) is measuring Timely Follow Up After Discharge for the Medicare and Medicaid population as part of the RY 2025 Quality Based Reimbursement (QBR) program, in alignment with the Statewide Integrated Health Improvement Strategy (SIHIS). For more information about the QBR policy, please visit the following HSCRC webpage https://hscrc.maryland.gov/Pages/init_qi_qbr.aspx.

## Methodology

- Pull *IP Acute Admissions* with primary ICD-10 code mapped to the six chronic conditions (asthma, hypertension, heart failure, coronary artery disease, chronic obstructive pulmonary disease, and diabetes) with a discharge status of Home or Home Health; (i.e., do not pull interim claims).
  - IP Admissions sourced from MD regulated acute-care hospitals
  - For mapped chronic conditions:
    - Primary Diagnosis is one of the six conditions; *or*
    - Primary Diagnosis is *Related* AND any Secondary Diagnosis is one of the six conditions (see codes in Follow-Up Code Set Document)
- Pull *Outpatient claims with Revenue codes in the Emergency Department and/or Observation* with ICD-10 primary diagnosis mapped to the six chronic conditions.
  - For MD only regulated acute care hospitals
  - Primary Diagnosis is Sufficient or Primary Diagnosis is Related and any Secondary Diagnosis is Sufficient (Codes can be found here: https://impaqint.com/measureinformation-timely-follow-after-acute-exacerbations-chronic-conditions)
- Pull *Relevant Follow-up codes*, defined as Outpatient Clinic Claims and all Professional Claims:
  - See codes in Timely Follow-Up Code Set Document
- Calculate denominator as all IP/ED/Obs visits for the 6 chronic conditions that resulted in patient being discharged to the community
- Calculate the Reverse Numerator for those in the Denominator *without* a follow up visit in OP Clinic and/or Professional claims within the specified follow-up time frame in Table 1 below:

Table 1. Timeliness of Follow-Up by Chronic Condition

| Chronic Condition | Follow Up Days |
|---|---|
| Asthma | 14 |
| Coronary Artery Disease (CAD) | 14 |
| Chronic Obstructive Pulmonary Disease (COPD) | 30 |
| Diabetes (DIAB) | 30 |
| Congestive Heart Failure (HF) | 14 |
| Hypertension (HYPER) | 7 |

*NOTE: Reverse Numerator is used to reduce computational burden in the large (i.e. National) datasets.*

- Calculate percentage follow up as: $\frac{(Denominator - Reverse\ Numerator)}{Denominator}$

*Note: Those who died during the follow up period are excluded from the denominator.

## Benchmarks/Thresholds

The most up to date benchmarks and thresholds can be found on the tab of the current year of the report. As of May 2023, the threshold is 69.93% and the benchmark is 77.67% for the Medicare Population. As of May 2023, the threshold is 51.04% and the benchmark is 64.41% for the Medicaid Population.

## Data Sources

Timely Follow Up Medicare- The Medicare Claims and Claim-Line Feed (CCLF) dataset is used for this report. The specific CCLF dataset used for each year is enumerated on the report's cover sheet. NOTE: The CCLF dataset only includes Medicare Fee For Service (FFS) beneficiaries who are seen in Maryland hospitals. For more information on the CCLF dataset, please view the CCLF User Guide. Beneficiaries who are dually eligible for Medicare and Medicaid are only in the Medicare report.

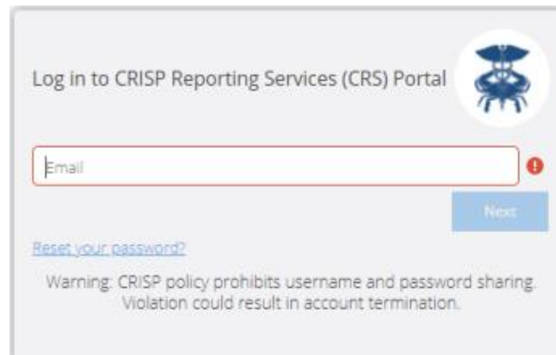
Timely Follow Up Medicaid- Medicaid Claims Data. This dataset includes Medicaid Managed Care Organizations and Medicaid Fee for Service. Please note that claims may not be complete as Medicaid MCOs providers have six months to bill, and fee-for-service providers have 12 months.

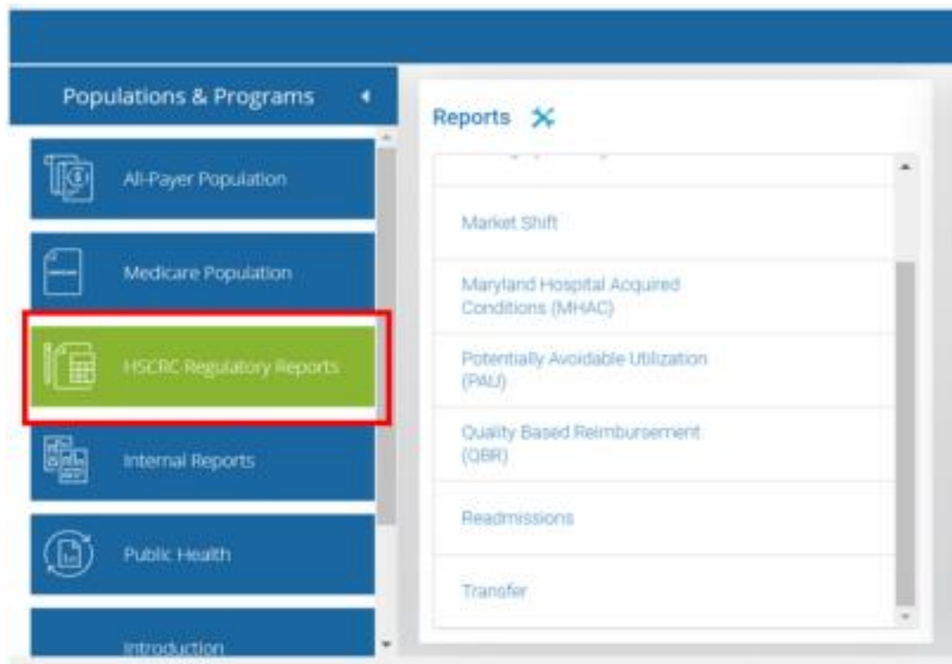
# Static Reports User Guide

## QBR Report Access/Card

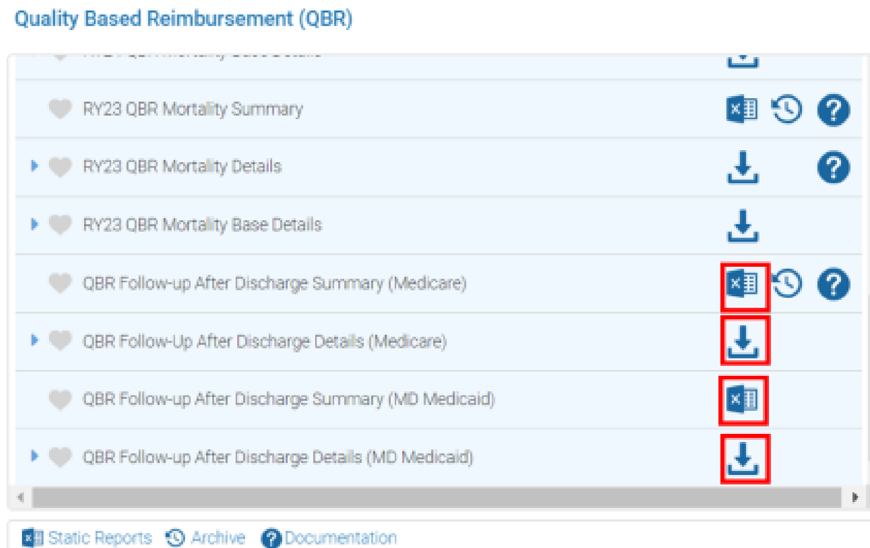
The Follow Up after Discharge Reports can be accessed by visiting reports.crisphealth.org and logging-in with a CRS username and password. There are both summary and detail-level static reports available for both populations. Note: Users may only access the detail-level reports if they are credentialed for PHI access. Timely Follow Up on Medicaid population detail-level report requires explicit approval from hospital POC.

*Step 1.* To access the QBR Report card, a user must first login to the CRISP Reporting Services Portal by visiting reports.crisphealth.org. Once in the CRS Portal, a dashboard of different blue report "cards" will appear based on the access permissions of the user. Clicking the card named "HSCRC Regulatory Repots" will bring up the available reports for this category. The following screenshots represent the user's workflow.



*Step 2.* By clicking the excel icon as shown below, you will access the most recent static summary file. An excel workbook will open with all available tabs. If you have permission, you will also see the detail level static files as shown below.




## Follow Up After Discharge Reports

You can view the QBR Calculation sheet at the HSCRC website under the Data Workbooks section to see a more detailed breakdown on scoring.

Sheets included in workbook:

1. Cover Sheet
2. Statewide Tracking
3. Follow Up by Hospital CY_

### (1) Cover Sheet

The cover sheet provides an overview of each sheet available in the Follow Up After Discharge Report as well as updates and notes about the report.

| RY2023 Quality Based Reimbursement (QBR) Follow Up After Discharge | | |
|---|---|---|
| Data Source: | Medicare Claims and Claim Line Feed | |
| | CY16 -17 - PP22 CCLF Dataset | |
| | CY18 - PP39 CCLF Dataset | |
| | CY19 - PP46 CCLF Dataset | |
| | CY20 - PP50 CCLF Dataset | |
| INCLUDED IN THIS EXCEL WORKBOOK:- | Sheet Name | Description |
| | 2. Statewide SIHIS Tracking | State wide aggregation between CY16-20 for NQF 3455 measures. |
| | 3. Follow Up by Hospital CY16 | Calendar Year (CY) 2016 performance period data for NQF 3455 measures. |
| | 4. Follow Up by Hospital CY17 | Calendar Year (CY) 2017 performance period data for NQF 3455 measures. |
| | 5. Follow Up by Hospital CY18 | Calendar Year (CY) 2018 performance period data for NQF 3455 measures. |
| | 6. Follow Up by Hospital CY19 | Calendar Year (CY) 2019 performance period data for NQF 3455 measures. |
| | 7. Follow Up by Hospital CY20 | Calendar Year (CY) 2020 performance period data for NQF 3455 measures. |
| Updates: | | |
| Notes: | 1. Detailed level reports viewable by hospitals are avaible for viewing patient level details by hospitals | |

## (2) Statewide Tracking

This sheet allows users to track the number of eligible discharges and timely follow-up rates statewide for the six chronic conditions of interest. The Timely Follow Up on Medicare population corresponds to the SIHIS goals.

| | Statewide Follow-Up Rates | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Year | ASTHMA Eligible Discharges | ASTHMA Follow-Up Received | ASTHMA Follow-Up Rate | CAD Eligible Discharges | CAD Follow-Up Received | CAD Follow-Up Rate | CHF Eligible Discharges | CHF Follow-Up Received | CHF Follow-Up Rate | COPD Eligible Discharges | COPD Follow-Up Received | COPD Follow-Up Rate |
| 2016 | 7,037 | 4,605 | 65.44% | 10,953 | 7,686 | 70.17% | 19,308 | 13,180 | 68.26% | 13,589 | 11,046 | 81.29% |
| 2017 | 7,033 | 4,620 | 65.69% | 10,780 | 7,711 | 71.53% | 19,582 | 13,616 | 69.53% | 14,190 | 11,482 | 80.92% |
| 2018 | 7,686 | 5,207 | 67.75% | 10,927 | 7,785 | 71.25% | 20,340 | 14,135 | 69.49% | 14,140 | 11,521 | 81.48% |
| 2019 | 7,646 | 5,116 | 66.91% | 10,954 | 7,842 | 71.59% | 20,806 | 14,606 | 70.20% | 14,152 | 11,549 | 81.61% |
| 2020 | 6,233 | 3,898 | 62.54% | 9,222 | 6,389 | 69.28% | 17,576 | 11,813 | 67.21% | 10,884 | 8,320 | 76.44% |
| | Data Source: | Maryland CCLF Data | | | | | | | | | | |
| | 2021 Target | 72.43% | | | | | | | | | | |

## (3) Follow Up by Hospital CY__

These sheets allow users to track the number of eligible discharges and follow-up rates in the specified calendar year by hospital for the six chronic conditions.

For RY25, the base period is FY2022 and the performance period is CY2023.

| | | CY 2016 Follow-Up Rates | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hosp ID | Hospital Name | ASTHMA Eligible Discharg | ASTHMA Follow-Up Receive | ASTHMA Follow-Up Rate | CAD Eligible Discharg | CAD Follow-Up Receive | CAD Follow-Up Rate | CHF Eligible Discharg | CHF Follow-Up Receive | CHF Follow-Up Rate | COPD Eligible Discharg | COPD Follow-Up Receive | COPD Follow-Up Rate | DIABETES Eligible Discharg | DIABETES Follow-Up Receive | DIABETES Follow-Up Rate | HTN Eligible Discharg | HTN Follow-Up Receive | HTN Follow-Up Rate | TOTAL Eligible Discharg | TOTAL Follow-Up Receive | TOTAL Follow-Up Rate |