

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

By CRISP, last updated 5/3/2023

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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-acuteexacerbations-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:

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

Table 1. Timeliness of Follow-Up by Chronic Condition

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

• Calculate percentage follow up as: (Denominator-Revers Numerator)

*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.

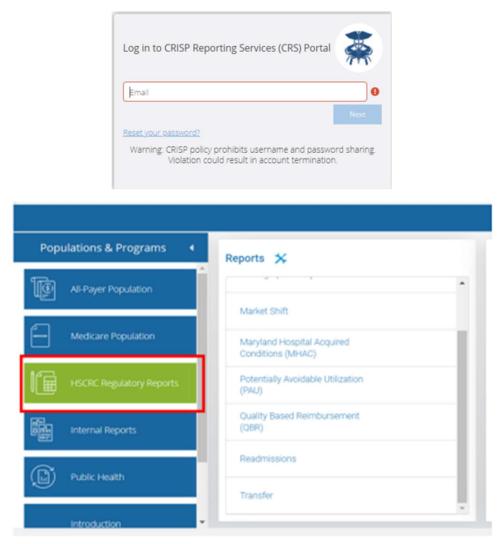
Timely Follow Up Medicaid - Medicaid Claims Data. This dataset includes Medicaid Managed Care Organizations and Medicaid Fee for Service. Please note that claims may not be complete as Medicaid MCOs providers have six months to bill, and fee-for-service providers have 12 months.



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 detaillevel static reports available for both populations. Note: Users may only access the detaillevel 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.

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9	RY23 QBR Mortality Summary	💵 🕙 🕐
• 9	RY23 QBR Mortality Details	£ 0
• 9	RY23 QBR Mortality Base Details	±.
9	QBR Follow-up After Discharge Summary (Medicare)	💵 🕙 ?
• 9	QBR Follow-Up After Discharge Details (Medicare)	Ŧ
9	QBR Follow-up After Discharge Summary (MD Medicaid)	×III
• 1	BR Follow-up After Discharge Details (MD Medicaid)	Ŧ

Follow Up After Discharge Reports

You can view the QBR Calculation sheet at the <u>HSCRC website</u> 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 Reimbur	rsement (QBR) Follow Up A	fter 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		
NCLUDED IN THIS EXCEL WORKBOOK:	Sheet Name	Description	
	2. Statewide SIHIS Tracking	State wide aggregation between CY16-20 for NQF 3435 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:	. Detailed level reports viewable	by hospitals are available for viewing patient level details by hospitals	



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														
	ASTHMA	ASTHMA	ASTHMA	CAD	CAD	CAD	CHF	CHF	CHF	COPD	COPD	COPD				
Year	Eligible Discharges	Follow-Up Received	Follow-Up Rate	Eligible Discharges	Follow-Up Received	Follow-Up Rate	Eligible Discharges	Follow-Up Received	Follow-Up Rate	Eligible Discharges	Follow-Up Received	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 5,207	65.69%	10,780 10,927		71.53% 71.25%		13,616	69.53%	14,190		80.929				
2018	7,686		67.75%					14,135	69.49%	14,140		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	81.615				
2020	6,233	3,898	62.54%	9,222	6,389	69.28%	17,576	11,813	67.21%	10,884	8,320	76.449				
2020	Data Source:	Maryland CCI	LF 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																				
		ALTHMA	A07-64A	AUTHIAN	CIED	CAD	CND	Der	CHF	0.0	CDPD	0040	COPO	CAABLETES	CHARGE TES	DVARTES.	HTN	175	HTM	TOTAL	ATOTAL	1004
10 10 11	Hospital Name	Eligible Discharg -	PollowUp Receive	Failear-Up Rain -	Eighie Discharg -	Faileur-Op Beceive -	Fallow-Up Rate -	Eighle Gasherg -	Failour-Up Receive -	Follow-Up Eate	Eighie Discharg -	Follow-Lip Receive -	Palleu-Up Rate -	Elgible Discharg -	PolleurUp Receive -	Failur-Up Rate -	Eligible Discharg -	Faileur-Up Receive -	Follow-Up Rate =	Eighie Discharg -	Pollawilly Received *	Pollan-St Reie
2230001	Meribus	28.8	301	71.02%	450	258	70.38%	720	847	77.15%	8,50	68.9	83.79%	282	21.8	72.89%	115	05	82.01%	3,420	1.808	78.84%
2230033	John C	80	60	40.41%	378	100	63.01%	243	185	18.00%	1.77	147	83.09%	14.5	300	41.3%N	#1	3.5	\$7.38%	804	808	64.70%
230003	JIM POPE	#3	41	80-0084	264	174	45.41N	840	145	\$7.35%	1.71	128	73.02%	1.31	4.5	\$2.07%	87	5.8	60.82%	1,075	655	63.65%
230004	Holy Crass	142	3.32	71.85%	365	255	49.86N	541	563	64.54%	265	214	80.45%	148	0.9	58.935	172	117	65.00%	1,654	1147	69.35%
230009	Frederick	558	262	77 51%	454	545	28.85N	755	577	35.42%	585	513	87.55%	289	306	71,28%	195	1.92	67.03%	2,626	2.955	78 12%
230006	Uld-Karfund	25	61	65.59%	214	83	75.00N	255	165	63.56%	211	178	64.56%	121	75	51.96%	6.6	44	68.75N	656	608	72 55%
230008	Menny	105	63	50-00%	159	62	50,925	154	171	64.77%	120	142	79.78%	114	69	60.53%	45	50	62.50%	640	\$13	65.68%
230009	Jahora Hogikina	195	229	55.90%	347	257	62.54%	641	577	58.81%	295	228	76.92%	285	151	52.96%	95	52	54.17%	1,850	1126	62.85%
230011	St. Agnes	232	311	52.86%	261	212	59,72%	547	215	52.58%	465	252	75.54%	278	180	64.75%	264	104	62,65%	2.028	1.274	62,82%
230062	Gaal	197	225	53.30%	221	311	\$3,75%	566	329	59,89%	329	247	75.08%	244	346	59.84%	290	10	58,28%	1.818	1139	\$2.49%
	Grace Medical center	80	15	10.00%	42	30	47.62%	89		31.65%	- 64	44	68.73%	40	34	90-00%	23	13	85.22%	288	264	34.94%
	Meditar Fr Square	174	218	41,24%	738	683	\$3.0LN	1,210	789	81.84%	851	813	78.14%	648	283	181274	834	110	62.87%	3.844	2.818	88.DITS
	Advantist White Cali	#3	82	42.45%	264	1.83	49.32%	286	184	67.83%	118	80	81.00%	100	84	84.00%	87	40	\$9.30%	018	632	68.83%
220017		81	18	58.045	34	18	53.88%	60	87	61.67%	63	87	93.44%	26	33	76.63%	28	-	45.35%	228	18.7	68.78%
	Meditar Manaponery	1.04	21	68.27%	200	149	78.01%	8,77	201	77 19%	229	104	84 72%	141	310	72.85%	122	80	71.81%	1,174	902	24.63%
	Permissia	555	248	78.57%	418	374	65.55%	632	477	33.99%	534	441	83.80%	287	307	72 13%	124	A0	64.52%	2,278	1.674	75.49%
	Linches	151	116	76.82%	199	145	75.65%	879	265	75.99%	165	229	64.09%	146	58	6712%	215	78	67.85%	1,250	953	75.56%
-	Jacor An andel	550	259	72.425	445	140	72.15%	640	599	73.52%	685	515	66.45%	565	251	67.52%	179	128	75,925	1,267	2,079	34,17%
	Meditar Delan Mere	153	59	54.05h	421	120	64.13%	451	290	64.97%	149	202	75.02%	142	82	58.57%	87	51	50.62%	1,500	992	65.47%
	Western Mary/and	145	225	71,92%	312	155	80.44%	441	248	28.95%		279	95.11%	1.75	244	81.82%	216	54	27.24%	1.500	1.229	90.32%
	NetDar 9, Mary's						79.22%	445		77.08%	224					72.405	200	15	75.00%			78.90%
	in Berrier	115	#1 110	70.425	255	202		549	242	87,7975	188	252	99,24%	162	119 360			02		1,395	1,077	
	Al-Chesterizan	173	29	93.58%	31	227	89.81%	243	372	41.54%	188	813	81,17h 78,99%	262	380	91.07% 33.42%	201	23	\$1,39%	327	241	88.52%
230002		148	211	74.505	248	117	80.34%	243	221	28.74%	309	273	78.99%	142	35	75.835	80	70	78,83%	1,140	91.0	83.08%
220092		147	114	48.02%	204	308	20.80%	288	205	74.37%	412	345	83.74%	214	343	45.80%	240	102	72.80%	1,540	1,218	75.14%
	MARKEY HEREON	118	6.8	50135	174	117	67 34%	3.46	228	64.45%	277	200	72.20%	1.81	81	61.87%	47	42	62.69%	1,310	230	65.84%
	UM-Charles Regional	182	84	63.64%	114	85	24.55%	347	287	68.575	297	200	82.49%	267	332	43.77%	45	42	72.31%	1,540	829	71,42%
	UN-Gallery		344	46.06%	314	128		547		65.07%	400	541	63.17%		155		99	48	10.60%	1,993	1.151	
	UNIX Malazar	218					68.09%		525					225		59115						68.92%
		40	22	45.83%	59	52	55.17%	145	- #1	55.64%	100	50	68.00%		40	51,95%	4)	25	57.50%	455	264	57.09%
230066	Carboni	85	52	\$7.06h	265	155	82,205	295	229	77.59%	254	179	04.00%	155		56.49%	65	45	60.20%	\$54	721	75.58%
		227	140	51.57%	216	129	61.50%	61.5	405	65.02%	452	347	75.77%	208	282	59.42%	252	152	65.52%	2,054	1,266	66.38%
	and guild;	222	139	61.71%	297	222	75.08%	472	32?	71.42%	454	278	92.15%	85	198	62.465	265	122	73.84N	1,911	1,285	72.48%
233044		109	67	63,81%	82	60	64.52%	202	132	\$5.84%	157	124	85,35%	1.92	111	64.52%	61	44	72.13%	790	548	69.49%
	McCready	10	7	70-30%	24	10	71.43%	24	24	70.58%	24	23	72.32%	23	28	04.00%	13		75.00%	129	80	72.54%
	Howard County	200	201	47 23%	261	149	70.12%	456	430	63.35%	471	284	R1 MPh	833	204	43.79%	210	06	84.00N	2,187	1.484	88.44%
	UM-Spper Chesapeaka	254	183	71.85%	278	3.74	73.54%	\$83	429	72.34%	485	605	83.575	284	203	71.48%	247	131	72.46%	3,383	2,818	76.87%
230051	doctors.	230	344	65.45%	187	128	68.43%	641	454	70.83%	347	284	81.84%	518	313	66.87%	238	03	85.91%	1,852	1,818	71.00%
130000		47	26	55.52%	99	40	67.80%	3.42	-87	61.27%	79	57	72.15%	59	28	47.46%	40	-80	75.00N	426	268	62.95%
	Meditar Each Sam	208	114	57145	45.7	8.64	77 6856	850	574	63.14%	454	\$8.7	74.29%	284	153	68.6344	208	1.45	28.25N	2.424	1479	69.21%