This document provides detailed information on the quality indicator weights, scoring methodology and performance thresholds for 2013 Hospital P4P Program.

The 2013 BCBSM Hospital P4P program evaluates hospital performance on the following sets of quality indicators:

- Acute myocardial infarction - percutaneous coronary intervention (AMI-8a)
- Pneumonia (PN-6b)
- Surgical infection prevention 2 – (SCIP-INF1a and 3a combined with SCIP-CARD-2, VTE-1 and VTE-2)
  - Separate indicator for each of four selected surgeries
- Elective Deliveries between 37 and 39 weeks (TJC –PC01)
- ReWaRD Readmission Survey

Scoring Methodology, Sampling and Reporting Periods

Scoring Methodology

Most indicators are scored using a threshold range. For these indicators:

- Facilities that score below the established threshold range will not receive credit for that measure.
- Facilities that score within the range will receive partial credit for that measure.
- Facilities that score at the top of the range or higher will receive full credit (100 percent) for that measure.
Perfect Care Scoring

The SCIP indicators in the P4P Program are scored at the patient level on a “perfect-care” basis. This is often referred to as the “all or none” methodology because it requires a hospital meet the requirement for all applicable measures for each patient. If one or more of the measures is not met, and the measure was not contraindicated, the hospital will not receive credit for that patient.

Sampling

Hospitals may report on all cases or use the Joint Commission on Accreditation of Healthcare Organization’s current sampling methodology.

If a hospital does not provide the services associated with a particular quality indicator or has fewer than 20 cases it will not be scored on that indicator and its weight will be reallocated across the remaining quality indicators in that category. For example, if a hospital does not have enough cases for the new SCIP indicator for colon surgery, the weight of this indicator will be reallocated equally to the other indicators within the new/test category.

If a hospital does not have enough cases to score any indicators within a category, the weight of the entire category will be reallocated equally among the remaining categories. For instance, if a hospital does not have enough cases for any of the new/test indicators the 5% weight for that category will be reallocated equally to the other two categories.

Reporting period

Unless otherwise indicated, the reporting period for all quality measures will be the first through third quarter of 2013. If additional cases are needed to meet the minimum required number of cases in the denominator (20) for a measure to be scored, patients from the fourth quarter of 2013 may be included.
## 2013 Quality Indicator Scoring Thresholds

<table>
<thead>
<tr>
<th>Acute Myocardial Infarction - Percutaneous Coronary Intervention (PCI)</th>
<th>2013 scoring range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of patients receiving PCI within 90 minutes (AMI-8a)</td>
<td>92% - 95%</td>
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Note: Prior to 2010 this indicator was scored on an aggregate (statewide) basis. However, since 2010 this indicator has been scored on a hospital-specific basis.

### Pneumonia

- Non-ICU appropriate antibiotic (PN 6b) | 93% - 95%

### Surgical Infection Prevention (SCIP)

Perfect care indicator includes the following measures:

- SCIP-INF-1a - start antibiotic
- SCIP-INF-3a - discontinue antibiotic within appropriate time
- SCIP-CARD-2 –beta-blocker during the preoperative period
- SCIP-VTE-1 – venous thromboembolism prophylaxis ordered
- SCIP-VTE-2 – VTE received with 24 hours before or after surgery

| SCIP-CABG and Cardiac | 95% (Pass or Fail) |
| SCIP - Hip and Knee | 94% - 95% |
| SCIP - Colon | 85% - 95% |
| SCIP - Hysterectomy | 94% - 95% |

### Elective Induction of Deliveries

Elective induction of delivery between 37 and 39 weeks

According to TJC PC-01 and 2013 P4P Description.

### Readmissions

Submission of ReWaRD Readmission Report received from MHA/MPRO by November 2013

Full Credit for reporting and submission by 4/20/14 – 5% reduction for each day late