



**Peer Group 5
Hospital Pay-for-Performance Program
April 2011 through March 2012**

Program Overview

Peer group 5 hospitals are small rural hospitals that provide access to care in areas where no other care is available. Many of these hospitals are classified by Medicare as Critical Access Hospitals. The Blue Cross Blue Shield of Michigan PG5 Hospital Pay-for-Performance program gives these hospitals the opportunity to demonstrate to their communities and to the purchasers of care they are providing value by meeting expectations for access, effectiveness and quality.

The program determines six percentage points of a PG5 hospital’s payment rate. A PG 5 P4P advisory group provides input to BCBSM regarding identification and use of relevant measures that promote quality, access and value in small rural hospitals. The advisory group membership includes hospital representatives, staff from the Michigan Health & Hospital Association and BCBSM.

The program measures described in this document are effective April 1, 2011 through March 31, 2012. Performance on these measures will determine each hospital’s payment rate effective on October 1, 2012.

Program Measures – April 1, 2011 through March 31, 2012

The weight distribution for the quality components has been changed from previous years. For the measurement period beginning April 1, 2011, hospitals will be evaluated on the following components:

Program Components	Weight
Prequalifying condition (all PG 5 hospitals):	
1. Culture of patient safety survey	0 percent
Quality for Critical Access Hospitals:	
1. Participation in quality initiatives (MICAH and MHA Keystone)	70 percent
2. Performance on clinical quality measures	30 percent
Quality for Non-Critical Access Hospitals:	
1. Participation in quality initiatives (MICAH and MHA Keystone)	60 percent
2. Performance on clinical quality measures	40 percent

Prequalifying Condition

Hospitals must meet the following prequalifying condition to be eligible to participate in the P4P program:

PG5 hospitals must conduct a hospital-wide patient safety assessment survey at least once every two years. There are two eligible surveys:

- ❖ Hospital Survey on Patient Safety Culture (HSOPSC)
- ❖ Safety Assessment Questionnaire (SAQ)

The survey can be assessed by a vendor, via an online assessment tool or a via hospital self-assessment process. However, the assessment process *must* provide guidance for improvements in patient safety culture.

Hospitals will be asked to submit an attestation to BCBSM verifying they have met this prequalifying condition. The form has been revised to allow hospitals to provide more information on the results of the patient safety assessment. The form will be sent to the hospital's CEO following the end of the PG 5 P4P program period for submission by June 2012. A copy of the form is included in appendix A for hospital's P4P representatives to review.

Quality – Critical Access Hospitals

Critical Access Hospitals that meet the above pre-qualifying condition will earn a P4P score based on the following two components:

- ❖ Participation in selected quality initiatives (70 percent)
- ❖ Performance on clinical quality measures (30 percent)

Participation in Quality Initiatives

Critical Access Hospitals must participate in the MICAH Quality Network and at least one of the following Keystone Initiatives, if eligible:

- Hospital-Associated Infection (HAI)
- Surgery
- Michigan State Action on Avoidable Rehospitalization (MISTAAR)*

BCBSM is offering the hospitals the opportunity to select which Keystone initiative they would want to participate in as oppose to mandating one in particular. BCBSM has added MISTAAR as a new Keystone Initiative this year. In addition, we are not limiting the number of initiatives a hospital may select. The weight of the participant component will be distributed equally among the hospitals participation in the quality initiatives. Weight distribution is shown in the table below:

Number of Quality Initiatives	Weights
1	70.0%
2	35.0% each
3	23.3% each
4	17.5% each

Hospitals eligible to participate in the MHA Keystone Initiatives are listed in appendix B. Please contact MHA Keystone at (517) 886-8362 for more information.

Active participation in these initiatives means the hospital is submitting data within required timeframes, participating in the collaborative aspects of the initiative and implementing related quality improvement interventions within the hospital. Hospital compliance with this measure will be determined by the coordinators of the initiative (that is, MICAH or MHA Keystone).

*** Note: If you are not eligible for HAI or Surgery initiatives, your hospital will not be mandated to participate in MISTAAR**

Performance on Specific Clinical Quality Indicators

The remaining 30 percent of the hospital’s P4P score is earned by its performance on specific clinical quality indicators.

Starting April 1, 2011 is the perfect care scoring methodology for the ER transfer indicator. This new methodology evaluates a hospital’s ability to meet the requirements for all applicable measures within the indicator 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. Critical access hospitals are expected to report data to Core Options™ using standardized protocols.

Critical access hospitals will be scored on their performance on the following indicators:

Indicators	Weight
OP – 4a Aspirin at arrival – overall (AMI and chest pain)	7.5%
OP – 5a Median time to ECG – overall (AMI and chest pain)	7.5%
ER Transfer Perfect Care Indicator <ul style="list-style-type: none"> ➤ TRO-1 Reason for transfer documented ➤ TRO-2 Receiving hospital documented ➤ TRO-3 Receiving physician documented ➤ TRO-4 Patient’s risk(s) for transfer documented 	15%

<ul style="list-style-type: none"> ➤ TRO-5 Patient’s stability documented ➤ TRO-6 Patient’s vital signs taken within 15 minutes ➤ TRO-7 Patient’s benefit(s) documented 	
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Quality – Non-Critical Access Hospitals

Non-Critical Access Hospitals that meet the above pre-qualifying condition will earn a P4P score based on the following two components:

- ❖ Participation in selected quality initiatives (60 percent)
- ❖ Performance on clinical quality measures (40 percent)

Participation Quality Initiatives

Non-Critical Access Hospitals must participate in the MICAH Quality Network or Hospital-Associated Infection (HAI) and at least one of the following Keystone Initiatives, if eligible:

- Surgery
- Michigan State Action on Avoidable Rehospitalization (MISTAAR)

BCBSM is offering the hospitals the opportunity to select which Keystone initiative they would want to participate in as oppose to mandating one in particular. BCBSM has added MISTAAR as a new Keystone Initiative this year. In addition, we are not limiting the number of initiatives a hospital may select. The weight of the participant component will be distributed equally among the hospitals participation in the quality initiatives. Weight distribution is shown in the table below:

Selected Quality Initiatives	Weights
1	60.0%
2	30.0% each
3	20.0% each
4	15.0% each

Hospitals eligible to participate in the MHA Keystone Initiatives are listed in appendix B. Please contact MHA Keystone at (517) 886-8362 for more information.

Active participation in these initiatives means the hospital is submitting data within required timeframes, participating in the collaborative aspects of the initiative and implementing related quality improvement interventions within the hospital. Hospital compliance with

this measure will be determined by the coordinators of the initiative (that is, MICAH or MHA Keystone).

Performance on Specific Clinical Quality Indicators

The remaining 40 percent of the hospital’s P4P score is earned by its performance on specific clinical quality indicators.

The following two heart failure measures were eliminated from the program leaving just one measure in the heart failure indicator:

- HF1 discharge instructions
- HF2 Assessment of left ventricular function

The decision to remove these measures was based on the research stated in the June 2010 *New England Journal of Medicine* titled ‘Using Measurement to Promote Quality Improvement’. The research concluded these measures did not meet accountability criteria focusing explicitly on maximizing health benefits to patients.

Non-critical access hospitals will be scored on their performance on the following indicators:

Indicators	Weight
OP - 4a* Aspirin at arrival –overall (AMI and chest pain)	6%
OP - 5a Median time to ECG – overall (AMI and chest pain)	6%
Acute myocardial infarction*: <ul style="list-style-type: none"> ➤ Aspirin at arrival (AMI-1) ➤ Aspirin prescribed at discharge (AMI-2) ➤ Angiotensin converting enzyme inhibitors or angiotensin receptor blockers for LVSD (AMI-3) ➤ Beta blocker prescribed at discharge (AMI-5) 	10%
Heart Failure* - Left ventricular ejection fraction less than 40 percent prescribed ACEI or ARB at discharge (HF-3)	6%
Pneumonia* - Initial antibiotic selection (for non-ICU patients) consistent with current recommendations (PN-6b)	6%
Pneumonia* - Pneumococcal vaccine (screening or administration) prior to discharge (PN-2)	6%

* A hospital will only be scored individually on a measure if it has at least 20 cases for that measure. Hospitals with less than 20 cases will not be eligible for the indicator and weight will be distributed equally among the other indicators.

Performance Thresholds

Hospitals will be scored on the above quality indicators by comparing performance against a threshold. The thresholds are determined with input from hospitals and are based primarily on the prior year's performance. BCBSM encourages the threshold to be set higher every year; however, thresholds will not be set above 95%. These thresholds will be communicated to hospitals as soon as they are available.

Since the outpatient indicators were new for reporting period April 1, 2010 – March 31, 2011, hospitals only had to report on them to receive 100% scores for both indicators. At the November 2010 Advisory Group meeting, Core Options™ shared the April 1, 2010 through June 30, 2010 data from all the hospitals (blinded) and the numbers reported had very wide ranges. This is common for new measures because it takes time to establish processes and figure out appropriate cases for the numerator and denominator.

Core Options™ will have one or two more quarters by the time the Scoring Committee meets to determine thresholds for the April 1, 2011 through March 31, 2012 program period. Based on the additional information provided by Core Options™, the Scoring Committee will determine how best to set the performance requirements for these outpatient measures. Possibilities may include, but are not limited to, the following:

- Setting thresholds hospital wide
- Requiring individual hospital to improve on their previous year score
- Extending another year of reporting only

In addition, the Scoring Committee will determine an appropriate threshold range for the new CAH ER Transfer Perfect Care Indicator. The threshold will change from the previous reporting period to account to the new 'perfect care' methodology.

BCBSM will communicate P4P payment rates to hospitals by July 31, 2012.



**BCBSM Peer Group 5 Pay-for-Performance Program
CEO/President Attestation Form
4/1/2011 – 3/31/2012 P4P Year (Due June 1, 2012)**

I certify that I have reviewed the information being sent to BCBSM for Peer Group 5 Pay-for-Performance Program, and it is true to the best of my knowledge. This includes documentation for the components listed below:

❖ **Clinical Measures**

❖ **Culture of Safety Assessment**

➤ We conducted a hospital-wide cultural assessment of patient safety during 4/2010 – 3/2012, using a validated assessment program designed. Please indicate **survey Tool** Used

- Hospital Survey on Patient Safety Culture (HSOPSC)
- Safety Attitudes Questionnaire (SAQ)

➤ The survey was completed on this date: _____

➤ The results of this assessment will be used to guide improvements in patient safety as noted below:

Identify specific area(s) where the assessment indicated improvement is needed.

Summary of activities your hospital will implement to address the areas noted above.

Printed name of President/Chief Executive Officer (CEO)

Signature of President/CEO

Date

Hospital Name

Facility Code

The table below provides the eligibility for the PG5 hospitals Quality Initiatives. All hospitals are eligible to participate with MICAH. The eligibility for Keystone HAI and Surgery initiatives is from the *MHA Keystone 2009 Annual Report*. MISTAAR eligibility status has not been attained at this time. If your hospital is going to participate with MISTAAR, please let Laurie McIntee know at email address lmcintee@bcbsm.com. In addition, if your hospital's status has changed from the information provided below, please contact Keystone to get the information corrected. Also, send your updated information to lmcitnee@bcbsm.com.

Eligibility (yes or no)

Provider Code	Hospital	MICAH	Keystone HAI	Keystone Surgery	MISTAAR
00117	Allegan General Hospital	yes	no	yes	
00108	Aspirus Keweenaw Hospital	yes	yes	yes	
00151	Aspirus Ontonagon Hospital	yes			
00204	Baraga County Memorial Hospital	yes	no	yes	
00186	Bell Memorial Hospital	yes	no	yes	
00038	Borgess-Lee Memorial Hospital	yes	yes	no	
00139	Bronson LakeView Hospital	yes	yes	yes	
00092	Caro Community Hospital	yes	no	yes	
00095	Charlevoix Area Hospital	yes	no	yes	
00201	Deckerville Community Hospital	yes			
00197	Eaton Rapids Medical Center	yes	yes	yes	
00050	Grand View Hospital	yes	yes	yes	
00239	Harbor Beach Community Hospital Inc	yes	yes	no	
00270	Hayes Green Beach Memorial Hospital	yes	no	yes	
00282	Helen Newberry Joy Hospital	yes	yes	no	
00085	Herrick Medical Center	yes	yes	yes	
00256	Hills & Dales General Hospital	yes	no	no	
00211	Kalkaska Memorial Health Center	yes	yes	no	
00223	Mackinac Straits Hospital	yes			
00055	Marlette Regional Hospital	yes	no	yes	
00288	McKenzie Memorial Hospital	yes	no	yes	
00111	Mercy Health Partners Lakeshore Campus	yes	no	no	
00128	MidMichigan Medical Center-Gladwin**	yes	yes	yes	
00103	Munising Memorial Hospital	yes	no	yes	
00251	Nortstar Health Systems (f/n/a Iron County Community Hospital)	yes	no	yes	
00149	Paul Oliver Memorial Hospital	yes			

Eligibility (yes or no)

Provider Code	Hospital	MICAH	Keystone HAI	Keystone Surgery	MISTAAR
00126	Scheurer Hospital	yes	no	yes	
00196	Schoolcraft Memorial Hospital	yes			
00057	Sheridan Community Hospital	yes	yes	yes	
00097	Sparrow Clinton Memorial Hospital	yes	yes	yes	
00142	Sparrow Ionia County Memorial Hospital	yes	no	yes	
00166	Spectrum Health Kelsey Hospital	yes			
00091	Spectrum Health Reed City Campus	yes	yes	yes	
00262	St. Mary's of Michigan Standish Hospital	yes	no	yes	
00198	West Shore	yes	no	yes	
00184	Community Hospital - Watervliet	yes	yes	yes	
00165	Huron Medical Center	yes	yes	yes	
00138	MidMichigan Medical Center- Clare	yes	yes	yes	
00027	Otsego Memorial Hospital	yes	yes	yes	
00010	Portage Health Hospital	yes	yes	yes	
00131	South Haven Community Hospital	yes	yes	yes	
00083	Three Rivers Health	yes	yes	no	