



## Quality Analyses FAQ

**Q: What does it mean when you say an analysis is a “1Q2024” analysis?**

**Answer:** Centers for Medicare & Medicaid Service (CMS) releases quality data quarterly in Care Compare. When we write “1Q2024 Analysis,” that does **NOT** mean measure data period is 1Q2024, but instead when CMS released the data. Data periods for each measure vary in the Care Compare release and are prior to the Care Compare “release quarter.” All quality analyses have a data source summary chart referencing data periods used and actual program data periods.

**Q: My hospital says they are receiving more recent data on QualityNet than is included in your analyses. I thought you used the most recent data available.**

**Answer:** The data on QualityNet is *preview* data and therefore is not finalized. We use the most recent finalized, publicly available data that includes all corrections made. Even if a hospital did not make corrections to its own data, updates could still change from preview figures to final given the impact of other hospitals.

**Q: I know you use Care Compare as your data source, but where can I find more information about the measures?**

**Answer:** The Care Compare website is a great resource. The link below is to measure collection periods, but you can click through each measure type to find the populations, risk adjustments, data sources, etc.

- <https://data.cms.gov/provider-data/topics/hospitals/measures-and-current-data-collection-periods>

Another useful resource is QualityNet, which has information on the Medicare quality programs and their associated measures.

- <https://qualitynet.cms.gov/inpatient>

**Q: Why didn't my hospital receive an analysis this quarter?**

**Answer:** We use the most recent data available on Care Compare for our analyses. If a hospital did not receive an analysis, the hospital most likely did not have enough data available in the correct time periods to be included. A hospital must have data in three of four domains to qualify for a Value-Based Purchasing (VBP) score.

**Q: Why does my analysis say the adjustment factors and other hospital performances are "actual," but dollars are described as "estimated"?**

**Answer:** When performance is described as "actual," it is the *final performance* published by CMS. However, *dollars* are estimated based on the most recent Inpatient Prospective Payment System (IPPS) public use rules.

Actual FFY 2023 Performance					Actual FFY 2024 Performance				
Actual Adj. Factor	Actual % Impact	Est. Revenue Subject to Adj.	Est. Impact	Max Penalty (3.0%)	Actual Adj. Factor	Actual % Impact	Est. Revenue Subject to Adj.	Est. Impact	Max Penalty (3.0%)
0.9918	-0.82%	\$32,320,600	(\$265,000)	(\$969,600)	0.9904	-0.96%	\$32,939,300	(\$316,200)	(\$988,200)
National Budget Neutrality Modifier	% Full-Benefit Dual Eligible	National Quintile	SDS Impact (Breakout)	National Budget Neutrality Modifier	% Full-Benefit Dual Eligible	National Quintile	SDS Impact (Breakout)		
0.9558	28.76%	4	\$20,000	0.9631	29.52%	4	\$20,000		

**Q: Since the quality programs only impact Medicare fee-for-service (FFS) dollars, are only Medicare FFS patients included in the measure populations?**

**Answer:** No, some measures include more than just Medicare FFS patients.

- **Value-Based Purchasing**
  - All patients
    - Safety, Person, and Community Engagement Measures
  - Medicare FFS patients only
    - Clinical Outcomes, Efficiency, and Cost Reduction Measures
- **Readmissions Reduction Program**
  - Medicare FFS patients only
- **Hospital Acquired Conditions**
  - All patients
    - Catheter-associated urinary tract infections (CAUTI), Central line-associated bloodstream infection (CLABSI), Clostridioides difficile (C-diff), Methicillin-resistant Staphylococcus aureus (MRSA), Surgical site infection (SSI) colon, SSI Abdominal Hysterectomy Measures

- Medicare FFS patients only
  - Patient Safety Indicator (PSI)-90 Measure

**Q: Why does my hospital's Medicare Spending Per Beneficiary (MSPB) report show lower average spend than the nation, but the hospital is not performing well on MSPB in VBP?**

**Answer:** The MSPB report data is not risk-adjusted whereas the VBP MSPB is risk-adjusted. In VBP, a non-zero score is based on a hospital having an average spend per patient ratio lower than the median for the measure. Therefore, having a score that is even slightly better or worse than the national score does not always result in reward or penalty.