

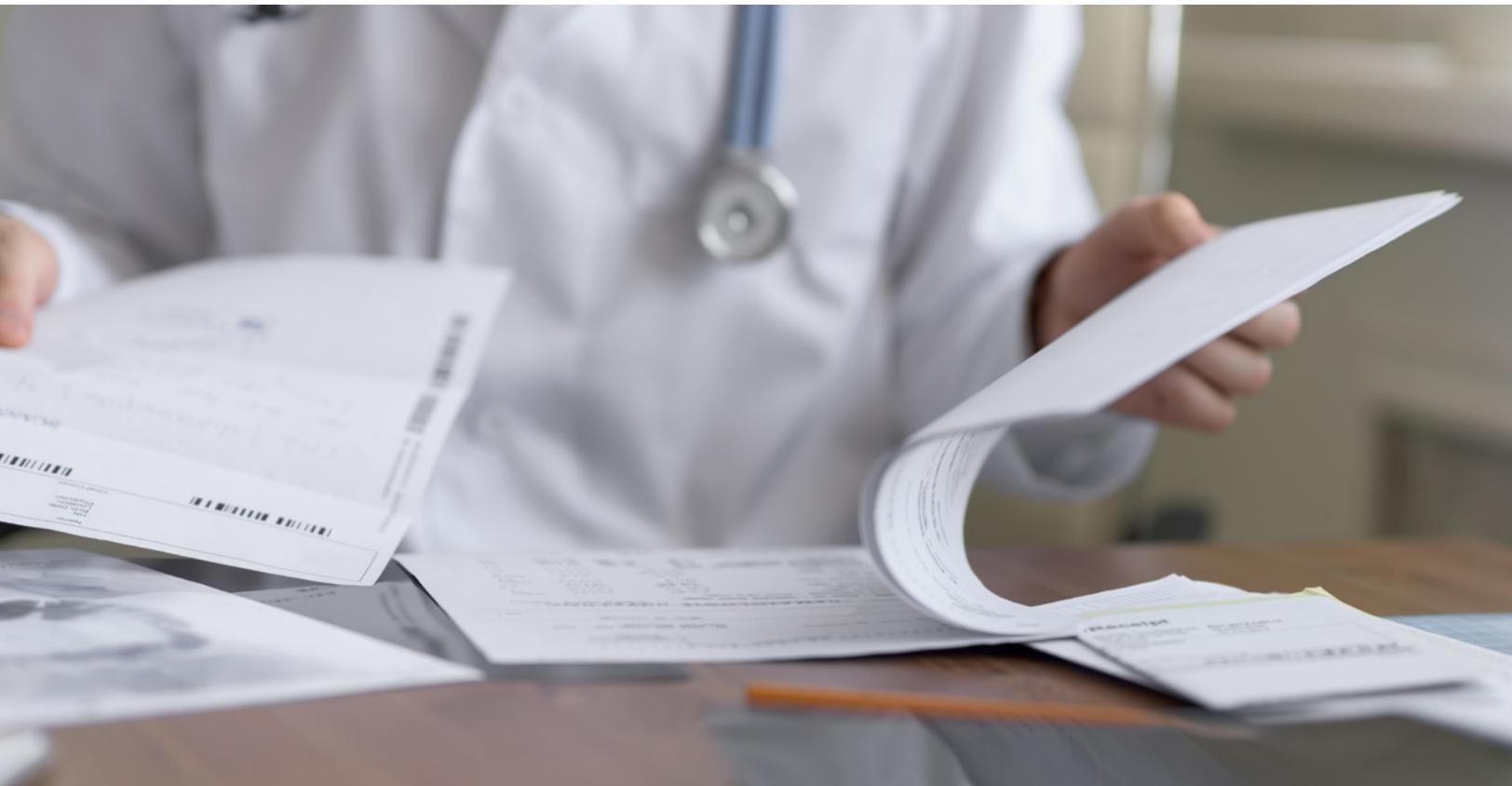


CBIZ  
KA Consulting  
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# Our Approach to Medicare Performance Quality Improvements

Measure, Educate, Implement, Monitor = Sustainability

by **RICK PARKER**, EXECUTIVE DIRECTOR



## HIGHLIGHTS

- Comprehensive data analytics help drive the changes necessary to improve quality scores and diminish the impact of penalties on the bottom line.
- CBIZ's Medicare Quality Analytics subscription service can identify areas of needed care delivery enhancement.
- A focused approach has a much better success rate in achieving and sustaining performance improvement.



## Client Challenges

Many hospitals have struggled to reduce or eliminate Medicare performance payment penalties. Recently, a client, familiar with our expertise on this subject, approached us asking how we had successfully eliminated penalties for other clients. We told them that the other clients had used our comprehensive data analytics to help drive the changes necessary for them to improve their quality scores and diminish the penalties' impact on their bottom line.

The biggest challenge our clients have encountered in trying to mitigate these penalties is their inability to structure their internal data in such a manner that it is understandable and useable for both their clinical and financial leadership. While the clinical leadership was primarily concerned with the quality improvement aspect of the data, the CFO had to deal with the revenue reduction implications, and the two sides weren't speaking the same language. In their prior efforts to address these challenges, the client ended up spending a significant amount of energy and time with very few tangible quality improvements because they couldn't agree on the source of their problems or an approach that satisfied all parties. For this project, CBIZ sat down with their clinical and financial teams to determine objectives for their quality programs and how best to utilize data to help reach their goals.

## Client Needs

The client agreed to have CBIZ provide data analytics based on internal and external data elements through our Medicare Quality Analytics (MQA) subscription service. Our MQA is continually enhanced as new performance elements are released or clarified by CMS and then updated to include current client data to provide the most up-to-date analytics to monitor Medicare Performance Quality Improvements. In this case, the following data points were analyzed in detail:

1. Readmissions
2. Mortality Rates
3. Patient Experience of Care
4. AHRQ Patient Safety Measures
5. Health Care Associated Infections
6. Medicare Spend per Beneficiary

We met with key members of the quality, case management, nursing and finance leadership to review major elements of each performance measurement, key drivers of the penalties and what is currently underway to achieve improved quality performance.



## Our Strategy

Collectively, CBIZ and the client decided to first tackle two of the key measurement areas – Readmissions and Medicare Spend per Beneficiary (MSPB). In our experience we have found that an organization can only address so much at one time; a more focused approach has a much better success rate in meeting performance improvement goals and sustaining that improvement. The following specific areas were identified:

### Readmissions – AMI and HF

We addressed a couple of the larger drivers of the penalty rather than all of the issues at once. The data analytics and subsequent review of specific cases pointed to accounts where the post-hospital follow up was not focused and in need of a structure to address the needs of the patients once they left the facility. This included additional patient education before and after discharge. Where appropriate, home visits were set up to ensure that patients were following instructions and receiving post-discharge care. Although this effort would not have an immediate impact on the penalty, the internal analysis of current data indicates significant improvement in upcoming years.

### MSPB

The second area we decided to look into was the MSPB, the amount of money Medicare spends on patients who are admitted to the hospital from three days prior to admission until 30 days post-discharge. Our analytics showed skilled nursing facility (SNF) spending to be significantly higher than the norm and the real driver of their MSPB penalty. Based upon this information, we provided a detailed analysis of case mix and destination of discharge. From these analytics, it was apparent that a majority of the spending was coming from one SNF in particular that was being utilized primarily by two specific physician groups. Education and communication with the nursing home and physicians led to significant improvements in discharge patterns and a reduction in Medicare spending related to SNFs.



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## Outcome

Building on the data analytics and subsequent process improvement strategies employed starting in 2015, the client is seeing a significant reduction in the penalties in 2017 based on the new period of data ending June 2016. The combined effort of detailed data analytics, process improvement and education has led to these results, most notably in the following areas:

1. Utilizing the CBIZ Medicare Quality Analytics Subscription service to identify areas of needed care delivery enhancement, a quality improvement action plan was developed and implemented.
2. The client has monitored its performance on a quarterly basis.
3. Not only has improvement occurred in the areas that were the initial focus, the effort has led to improvement in patient experience metrics and safety measures.
4. In order to achieve these results, staffing was reallocated with minimal increase in costs, while achieving significant reductions in Medicare penalties.

## Ongoing Commitment

CBIZ and the client continue to utilize the Medicare Quality Analytics to focus on new areas and changes in the CMS Quality Programs. CBIZ is committed to remain on top of these issues and provide clients with specific direction, education and follow up. The ultimate goal is to reduce or eliminate penalties and, where applicable, increase their Medicare reimbursement.

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