



Health Equity Confidential Feedback Reports for Post-Acute Care



Questions and Answers Webinar

Division of Chronic and Post-Acute Care (DCPAC)

Centers for Medicare & Medicaid Services

Introductions

- Centers for Medicare & Medicaid Services (CMS)
- Acumen LLC

Outline: Frequently Asked Questions

- Report Basics
- Measuring Health Equity
- Methodology
- Using the Reports

Outline: Frequently Asked Questions

- **Report Basics**
- Measuring Health Equity
- Methodology
- Using the Reports

What are the PAC Health Equity Confidential Feedback Reports?

- The **PAC Health Equity Confidential Feedback Reports** contain confidential information for providers' reference.
- These two reports show provider performance on the **Discharge to Community (DTC-PAC)** and **Medicare Spending per Beneficiary (MSPB-PAC)** Measures, stratified by beneficiaries' *dual-enrollment status*, and separately by beneficiaries' *race/ethnicity*.

Which PAC providers are able to access these reports?

- The PAC Health Equity Confidential Feedback Reports are available for the following provider types:
 - Home Health Agencies (HHAs),
 - Inpatient Rehabilitation Facilities (IRFs),
 - Long-Term Care Hospitals (LTCHs), and
 - Skilled Nursing Facilities (SNFs).
- Please note that different types of PAC providers are not compared to one another.
- To receive a report, providers must meet the reportability requirements to have a comparison result for least one race/ethnicity or dual-status population.

How can I access my report?: Part 1 of 2



To locate your Health Equity Confidential Feedback Reports in iQIES, please follow the instructions listed below:

1. Log into iQIES at <https://iqies.cms.gov/> using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) user ID and password.

If you do not have a HARP account, you may [register for a HARP ID](#).

2. From the Reports menu, select My Reports.

(continued...)

How can I access my report?: Part 2 of 2



3. From the My Reports page, locate and select the *Health Equity Confidential Feedback Reports* folder link.
4. Displayed for you is a list of reports available for download.
5. Select the report name link to view the Health Equity Confidential Feedback Report data.

If there are questions regarding accessing the Health Equity Confidential Feedback reports in iQIES, please contact the iQIES Service Center by email at iQIES@cms.hhs.gov or by phone at (800) 339-9313.

Outline: Frequently Asked Questions

- Report Basics
- **Measuring Health Equity**
- Methodology
- Using the Reports

What is stratification and why is it important?

- Stratification involves the calculation of certain outcomes separately for different populations. Stratified measure outcomes can provide valuable insight on how different patient populations perform on a given measure.
- This allows providers to see how the outcome of their care may differ for certain patient populations in a way that would not be apparent from an overall score (i.e., a score averaged over all beneficiaries).

Which stratifiers did CMS choose to use in the Fall 2023 PAC Health Equity Confidential Feedback Reports, and why? (Part 1 of 2)

Stratifier Definitions

- **Dual Enrollment Status:** Beneficiaries are identified as dually enrolled if they were dually enrolled in both Medicare and Medicaid at any point during their DTC stay or MSPB episode.
- **Race/Ethnicity:** The race/ethnicity categories shown in the reports are: Asian American/Native Hawaiian/Pacific Islander (AA and NHPI), Black, Hispanic, White, and Non-White. The “Non-White” group consists of American Indian/Alaska Native, AA and NHPI, Black, and Hispanic populations.

Which stratifiers did CMS choose to use in the Fall 2023 PAC Health Equity Confidential Feedback Reports, and why? (Part 2 of 2)

Background for Stratifier Selection

- Research suggests that certain social risk factors (SRFs), such as having a low-income background or being of a particular race/ethnicity, may be associated with an increased risk of poor health outcomes.¹
- Specifically, research has shown that beneficiaries who are **dually enrolled** in Medicare and Medicaid tend to have more complex care needs compared to those who are eligible for only one program due to age, disability, or low-income status.
- Additionally, CMS stratifies measure outcomes by **race/ethnicity** in order to better identify differences and variations in quality of care received by patients with different racial/ethnic backgrounds.

¹ See, for example, National Academies of Sciences, Engineering, and Medicine. *Accounting for social risk factors in Medicare payment*. Washington, DC: National Academies Press, 2017.

Which measures did CMS choose to stratify in the Fall 2023 PAC Health Equity Confidential Feedback Reports, and why?

Measure Definitions

- **Discharge-to-Community (DTC-PAC):** Rate of successful discharge to the community, with successful discharge to the community including no unplanned rehospitalizations and no death in the 31 days following discharge. In the reports, this is measured with a percentage rate called the “Risk-Standardized DTC Rate (RSDTCR).”
- **Medicare Spending Per Beneficiary (MSPB-PAC):** Medicare spending during a PAC treatment period and 30 days after. In the reports, this is measured in dollar amounts called the average MSPB Amount.

Background for Measure Selection

- The DTC and MSPB measures are important, valid, and reliable cross-setting PAC QRP measures.
- They capture important patient outcomes and efficiency of care.

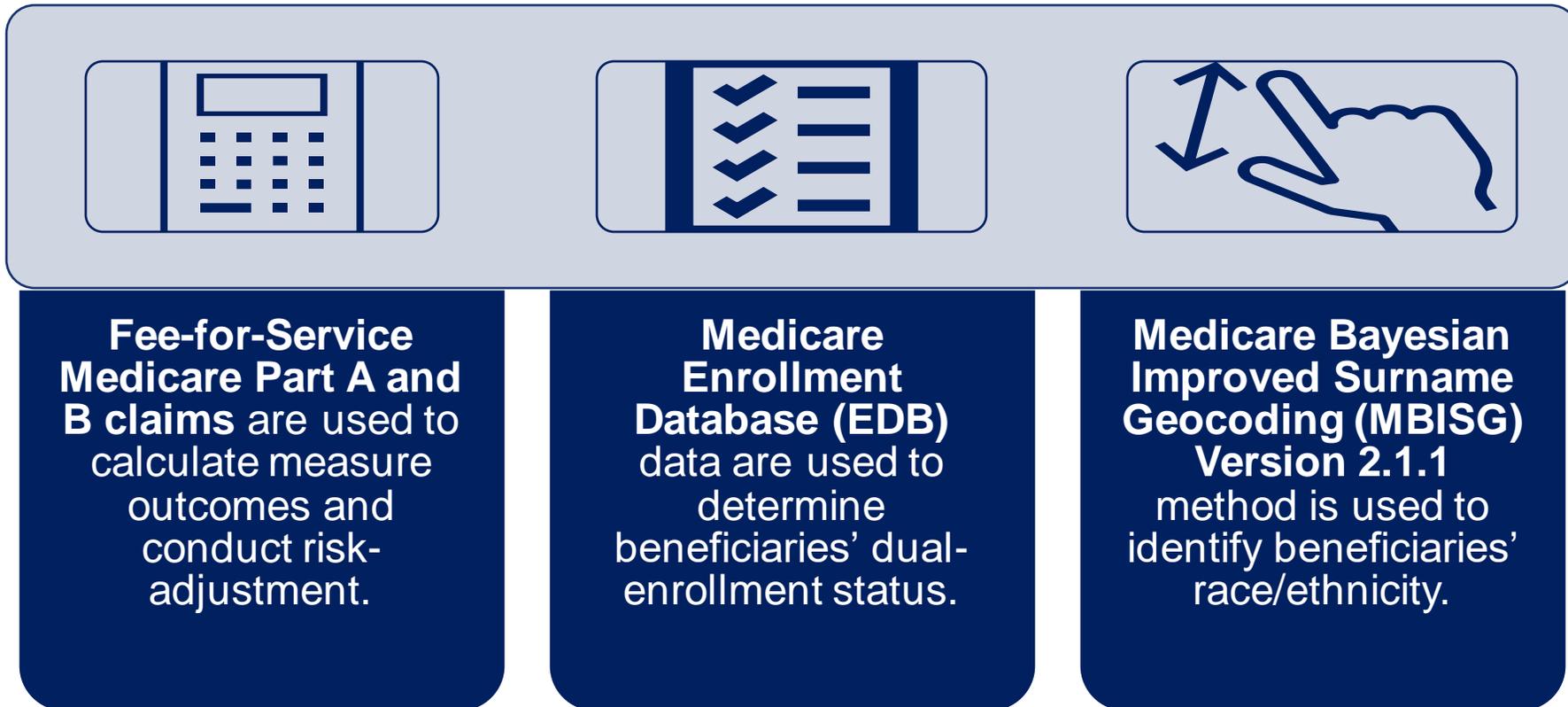
What data did CMS use to calculate the report results? (Part 1 of 2)

The Fall 2023 reports are based on data from:

- HH: Calendar Year (CY) 2021-2022
- IRF, LTCH, and SNF: Fiscal Year (FY) 2021-2022

What data did CMS use to calculate the report results? (Part 2 of 2)

Data for the reports come from multiple sources:



Outline: Frequently Asked Questions

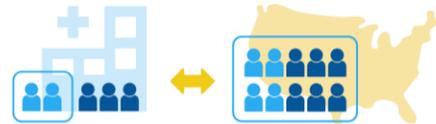
- Report Basics
- Measuring Health Equity
- **Methodology**
- Using the Reports

What are the across- and within- comparisons presented in the report?

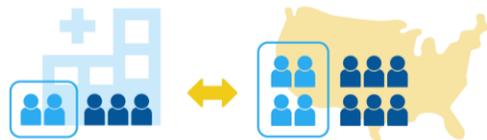
Across-Provider Comparisons

Outcomes of a given population of patients at your facility/agency are compared to:

1 Compared to:
**National Performance
Among All Patients**



2 Compared to:
**National Performance
Among Same
Population**



Within-Provider Comparisons

3 Comparison of outcomes
**between populations at
your facility/agency**



Please refer to the educational webinar recording for more details on each comparison method.
(See Additional Resources slide at the end of this presentation).

What results does CMS calculate for each comparison?

CMS produces three results for each comparison type:

Result	Definition
Difference	For each across- and within- provider comparison, CMS calculates a difference in measure performance between two groups.
Confidence Interval	The Confidence Interval shows the 95% confidence interval of the Difference; it includes the lower bound of the confidence interval, followed by the upper bound.
Category of the Difference	For each across-provider and within-provider difference, each facility/agency receives a categorization to describe whether their facility/agency's patient populations are performing statistically significantly "Better than," "Worse than," or "No Different from" the comparison group. The values of the upper and lower bounds of the confidence interval determine whether the facility/agency's measure outcome for a particular population is statistically higher, lower, or no different than that of the comparison group.

How does CMS identify providers in similar geographic locations?

The Health Equity Confidential Feedback Reports provide information on patient outcomes among **facilities/agencies in similar geographic locations**, to give providers an idea of how providers located in similar areas performed. The geographic locations included in the reports are as follows:

- Rural or Urban location
- Core-Based Statistical Area (CBSA)
- State
- Region

A facility/agency's rurality and CBSA information are obtained from the "Provider of Services (POS) File - Hospital & Non-Hospital Facilities" dataset, which is a publicly available source of provider certification, termination, accreditation, ownership, name, location, and other characteristics organized by CMS Certification Number (CCN). State and Region data are determined from the facility/agency's CCN.

How does CMS identify providers with similar patient composition?

The Health Equity Confidential Feedback Reports provide information on patient outcomes among **facilities/agencies with similar patient composition** based on three characteristics:

- **Patient risk brackets:** CMS groups each facility/agency into ten risk brackets to categorize providers based on average clinical complexity, or “risk,” of patients within the facilities/agencies.
- **Proportion of duals:** CMS groups facilities/agencies into five groups of providers with similar proportions of dual patients.
- **Proportion of Non-White patients:** CMS groups facilities/agencies into five groups of providers with similar proportions of Non-White patients.

Please refer to the Methodology Report for more details on each concept presented in this slide. (See Additional Resources slide at the end of this presentation).

Outline: Frequently Asked Questions

- Report Basics
- Measuring Health Equity
- Methodology
- **Using the Reports**

How can PAC providers use the Health Equity Confidential Feedback Reports?

The Health Equity Confidential Feedback Reports intend to provide feedback to providers about their performance for certain populations who may have been historically disadvantaged.

These reports are meant to provide information to providers and identify opportunities for providers to focus their internal quality improvement initiatives so that all individuals have their best opportunity to achieve their best potential health outcomes.

What are CMS's long-term plans with the Health Equity Confidential Feedback Reports?



Health Equity Confidential Feedback Reports provide data on whether differences in measure outcomes for patients with SRFs are occurring at your facility/agency.

CMS is continuing to explore the potential of expanding this confidential feedback report approach to other measures and other SRFs and/or demographic variables for future reporting.

If I would like more information on the PAC Health Equity Confidential Feedback Reports, where should I go?

For further information regarding the 2023 PAC Health Equity Confidential Feedback Reports, please refer to:

- Health Equity Confidential Feedback Reports Fact Sheet.
- Health Equity Confidential Feedback Reports for Post-Acute Care Education and Outreach Webinar.
- Health Equity Confidential Feedback Reports for Post-Acute Care Questions and Answers Webinar.
- Frequently Asked Questions document (to be posted in January 2024).
- Methodology Report (to be posted in January 2024).

Providers can access these Education & Outreach materials from the following provider training sites: [HH](#), [IRF](#), [LTCH](#), and [SNF](#).

Where can I share feedback with CMS on the usefulness of the PAC Health Equity Confidential Feedback Reports?

If you would like to submit feedback to CMS on the PAC Health Equity Confidential Feedback Reports, please submit it to your provider-specific helpdesk.

- HH: HomeHealthQualityQuestions@cms.hhs.gov
- IRF: IRF.questions@cms.hhs.gov
- LTCH: LTCHQualityQuestions@cms.hhs.gov
- SNF: SNFQualityQuestions@cms.hhs.gov

Please include “Health Equity Feedback” in the subject line of your email.

Additional Questions



We will now use the remaining time to answer recent questions received in the Home Health, Inpatient Rehabilitation Facility, Long Term Care Hospital, and Skilled Nursing Facility Quality Reporting Program Help Desks.

Health Equity Confidential Feedback Reports for Post-Acute Care



Thank you for listening to this Questions and Answers
webinar.

Division of Chronic and Post-Acute Care (DCPAC)
Centers for Medicare & Medicaid Services