



BETTER BENEFITS – MORE CHOICES

Good News about the Medicare Prescription Drug, Improvement and Modernization Act of 2003!

CMS Announces Increase in Number of Hospitals Reporting Quality of Care Data

- ❖ Centers for Medicare and Medicaid Services is reporting a boom in hospital participation in the National Voluntary Hospital Reporting Initiative (CMA). Last week, CMS posted its second web site refresh of hospital quality care data.
- ❖ CMS commends those early hospitals who have reported the quality data that CMS hopes all hospitals will provide in the future. This initiative will continue to improve in the coming years, with additional measures to be published on the CMS consumer web site, www.medicare.gov.
- ❖ Data from the National Voluntary Hospital Reporting Initiative (NVHRI) is posted on the CMS website, www.cms.gov. There are now 3,449 hospitals registered to publicly report quality data under the initiative, compared to 2,727 when the web postings were last updated in February.
- ❖ Among the hospitals currently reporting quality information, 1,952 hospitals will publicly report data on at least one of the 10 quality measures included in the initiative, up from 1,407 in February. Additionally, 647 hospitals will report at least one measure on all three clinical conditions covered by the initiative, compared to 492 in February, and 227 will report on all 10 measures.
- ❖ This high level of participation indicates that approximately 25 percent of the almost 4,000 hospitals now paid under Medicare's prospective payment system (PPS) already have demonstrated that they can meet the reporting provisions of the Medicare Modernization Act of 2003 (MMA). There are now 1,034 eligible hospitals voluntarily submitting data that meets the MMA standard.
- ❖ MMA does not require PPS hospitals to report quality data, but those inpatient acute care hospitals that do not report will receive a 0.4 percentage point reduction in the market basket update on which Medicare payments are based for fiscal year 2005. In order to get the full update, they must begin reporting by July 1, 2004.
- ❖ The NVHRI was launched in December 2002, and the first data was published in October 2003. It is a public-private collaboration that provides hospital performance information to the public. The American Hospital Association, the Federation of American Hospitals, and the Association of American Medical Colleges, and the Federation of American Hospitals are working closely with CMS the initiative's other partners, including HHS' Agency for Healthcare Research and Quality, to implement this national public reporting initiative.
- ❖ "There is a lot of work yet to be done, but we are making great progress toward having all hospitals report voluntarily on the quality of their care," McClellan said. "Patients will be able to use this information to pick the right hospital for their needs, ultimately improving health care for everyone."
- ❖ The latest quality information is available at www.cms.hhs.gov/quality/hospital.

The National Voluntary Reporting Initiative Ten Measure Starter Set

- ❖ **AMI - Aspirin at Arrival:** Acute myocardial infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
- ❖ **AMI - Aspirin Prescribed at Discharge:** Acute myocardial infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
- ❖ **AMI - ACEI for LVSD:** Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
- ❖ **AMI - Beta Blocker at Arrival:** Acute myocardial infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
- ❖ **AMI - Beta Blocker at Discharge:** Acute myocardial infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
- ❖ **HF - LVF Assessment:** Heart failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
- ❖ **HF - ACEI for LVSD:** Heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
- ❖ **PNE - Initial Antibiotic Timing:** Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
- ❖ **PNE - Pneumococcal Vaccination:** Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.
- ❖ **PNE – Oxygenation Assessment:** Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.