

# CJR Office Hours



*Post-Webinar Discussion*

*May 12, 2016*

# Contents

- Data
- Target Prices
- Specifications and Layouts
- File Organization
- CJR Episodes
- Target Price Replication
- Merging Files
- Calculations

# Data

# Baseline File Updates

- Updated baseline files on the CJR Portal as of April 11, 2016
  - Small changes to target prices due to:
    - SNF sequestration
    - Standardized price programs
  - Added provider identifiers (NPI fields) to Part B claims
  - Target price replication specifications and supporting data files

# Input Data

- National episode summary file
  - Episode-level file for all CJR episodes between 2012 and 2014 with information on the anchor stay, anchor hospital, and episode spending.
- Update factors
  - Hospital and regional-level files with update factors to account for differences in payment systems between the end of the baseline period and the performance period
- Wage index
  - Hospital-level file with wage indices

# TARGET PRICES

# Target Prices

- Target prices are calculated using historical episodes
  - PY1 historical period covers episodes that start between 1/1/12 and 12/31/14 and end before 3/31/2015
- Target prices delivered in September of a performance year will account for changes to payment systems that take effect in October

# Target Price Report

The screenshot displays the Microsoft Excel interface with the following data in the spreadsheet:

|    | A      | B              | C      | D   | E        | F        | G        | H          | I | J | K |
|----|--------|----------------|--------|-----|----------|----------|----------|------------|---|---|---|
| 1  | CCN    | NAME           | REGION | DRG | FRACTURE | TARGET_P | PNO_HIST | LOW_VOLUME |   |   |   |
| 2  | 140500 | SSS Hospit (3) | EAST N | 469 | 0        | 33473    | 0        | 1          |   |   |   |
| 3  | 140500 | SSS Hospit (3) | EAST N | 469 | 1        | 47606    | 0        | 1          |   |   |   |
| 4  | 140500 | SSS Hospit (3) | EAST N | 470 | 0        | 19292    | 0        | 1          |   |   |   |
| 5  | 140500 | SSS Hospit (3) | EAST N | 470 | 1        | 35596    | 0        | 1          |   |   |   |
| 6  |        |                |        |     |          |          |          |            |   |   |   |
| 7  |        |                |        |     |          |          |          |            |   |   |   |
| 8  |        |                |        |     |          |          |          |            |   |   |   |
| 9  |        |                |        |     |          |          |          |            |   |   |   |
| 10 |        |                |        |     |          |          |          |            |   |   |   |
| 11 |        |                |        |     |          |          |          |            |   |   |   |
| 12 |        |                |        |     |          |          |          |            |   |   |   |
| 13 |        |                |        |     |          |          |          |            |   |   |   |
| 14 |        |                |        |     |          |          |          |            |   |   |   |
| 15 |        |                |        |     |          |          |          |            |   |   |   |
| 16 |        |                |        |     |          |          |          |            |   |   |   |
| 17 |        |                |        |     |          |          |          |            |   |   |   |
| 18 |        |                |        |     |          |          |          |            |   |   |   |



# Target Price Report (cont.)

- **CCN**- Anchor CCN
- **NAME**- Hospital name
- **REGION**- Number of CJR region that hospital is assigned to
- **DRG**- MS-DRG of the anchor hospitalization (469/470)
- **FRACTURE**- Identifies anchor stays with hip fractures
- **TARGET\_PRICE**- Hospital's individual target price
- **NO\_HISTORY**- No episodes in historical period
- **LOW\_VOLUME**- Fewer than 20 CJR episodes in historical period

# **SPECS & LAYOUT**

# Specifications

In the Specifications Folder:

- Episode
- Target Price
- Target Price Replication
- Update Factor
- ReadME

# File Layouts

- In the BENE Folder:
  - Beneficiary File Layout
- In the PRICE Folder:
  - Target Price Report Layout
  - Target Price Replication Layout
- In the SUM Folder:
  - Summary Report Layout

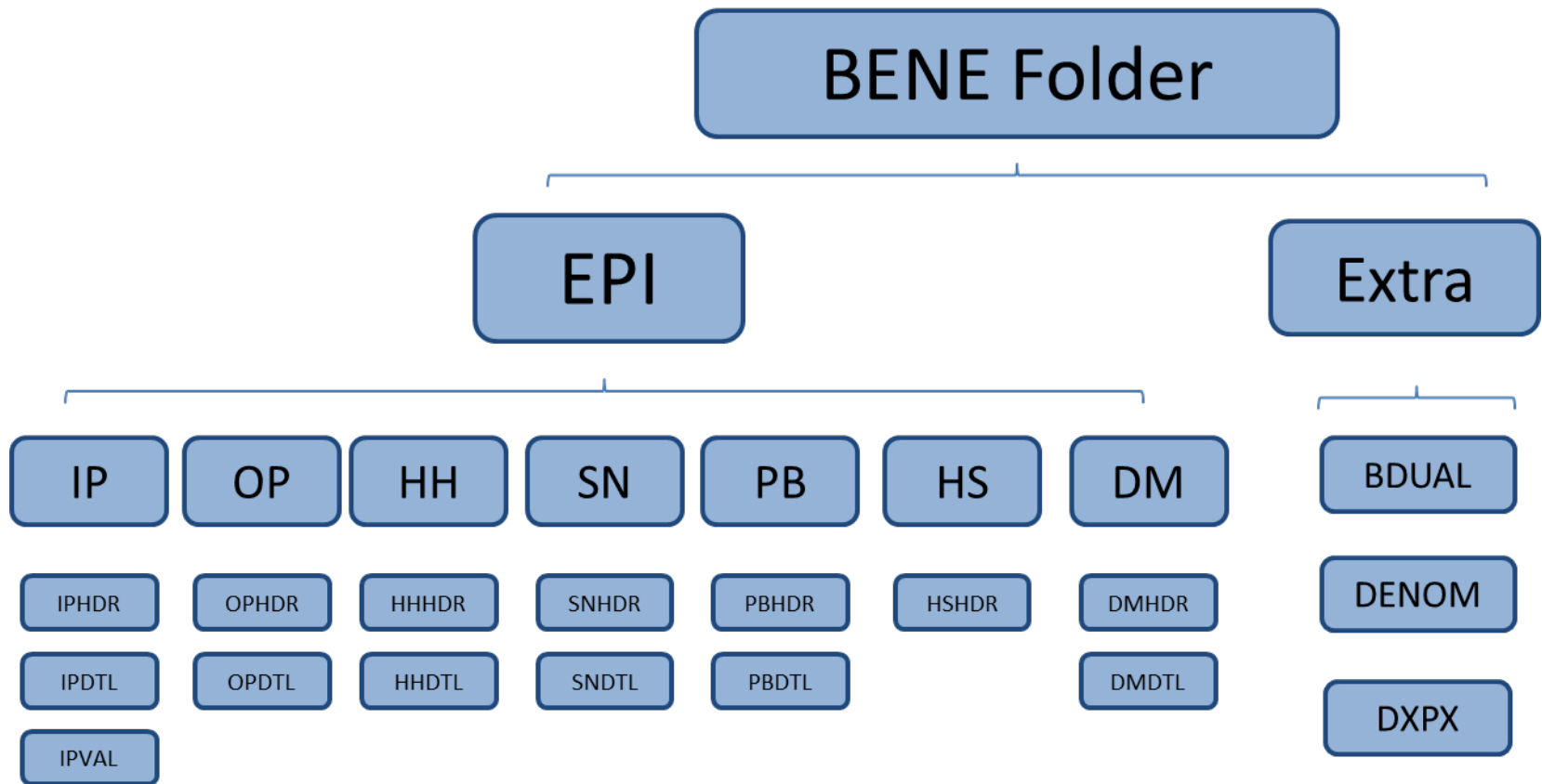
# Specifications & File Layouts

|                               | File Layouts                             | Specs/Documents                          |
|-------------------------------|--|--|
| Target Prices & Replication   | Target Price<br>Target Price Replication | Target Price<br>Target Price Replication |
| Hospital & Regional Summaries | Summary Report                           | Episode Definition                       |
| Episode Summary & Claims Data | Beneficiary                              | Episode Definition<br>Update Factor      |
| Terms & Acronyms              |  | ReadMe                                   |

- Medicare claims and enrollment documentation website- ResDAC
  - <http://www.resdac.org/cms-data/files/mbsf/data-documentation>
- Coming soon: data dictionary

# FILE ORGANIZATION

# Beneficiary Files



# Claims Files Parts

- Header File (-HDR)
  - Main part or header of the claim
- Detail File (-DTL)
  - Detail line item for each claim which can provide additional information on procedures
- Value File (-VAL)
  - Provides additional information related to add-on payments



# PB VS OP Claims

- How are Part B claims different from outpatient claims?
  - Part B claim files (PBHDR and PBDTL) refer to carrier claims, such as physician visits, professional services, or anesthesia. Outpatient claims (OPHDR or OPDTL) are for hospital outpatient services, such as outpatient surgery or emergency care.

# CJR EPISODES

# Identifying Episodes

- Start at EPI file and identify the episode by EPI\_ID
- Find data associated with the EPI\_ID in the individual claim files (IP, OP, HH, SN, PB, DM, HS)
- Identify included episode amounts

## Variables to Identify Episode Amounts

|             |   |
|-------------|---|
| COSTINC     | Whether the claim amount is included                      |
| STD_EPI_AMT | Standardized allowed payment included in episode spending |
| PRORATED    | Whether the claim amount is prorated                      |
| NON_STD_SUB | Whether standardized amount was imputed                   |

# EPI File

The screenshot shows an Excel spreadsheet with the following data:

|    | A      | B        | C           | D            | E      | F        | G             | H             | I                |
|----|--------|----------|-------------|--------------|--------|----------|---------------|---------------|------------------|
| 1  | EPI_ID | BENE_SK  | CLM_HIC_NUM | PROVIDER_CCN | DRG_CD | FRACTURE | ANCHOR_BEG_DT | ANCHOR_END_DT | POST_DSCH_BEG_DT |
| 2  | 4      | 91532069 | 314216238D  | 140500       | 470    | 0        | 9/16/2012     | 9/19/2012     | 9/19/2012        |
| 3  | 1      | 98534583 | 934598873A  | 140500       | 470    | 0        | 5/30/2012     | 6/2/2012      | 6/2/2012         |
| 4  | 6      | 93558937 | 457902152A  | 140500       | 470    | 1        | 2/7/2012      | 2/11/2012     | 2/11/2012        |
| 5  | 3      | 97174952 | 199654518A  | 140500       | 469    | 0        | 2/19/2014     | 2/24/2014     | 2/24/2014        |
| 6  | 2      | 97517830 | 227240737A  | 140500       | 469    | 1        | 9/15/2013     | 9/18/2013     | 9/18/2013        |
| 7  | 5      | 93231058 | 545771609A  | 140500       | 470    | 1        | 2/9/2014      | 2/13/2014     | 2/13/2014        |
| 8  |        |          |             |              |        |          |               |               |                  |
| 9  |        |          |             |              |        |          |               |               |                  |
| 10 |        |          |             |              |        |          |               |               |                  |
| 11 |        |          |             |              |        |          |               |               |                  |
| 12 |        |          |             |              |        |          |               |               |                  |
| 13 |        |          |             |              |        |          |               |               |                  |
| 14 |        |          |             |              |        |          |               |               |                  |
| 15 |        |          |             |              |        |          |               |               |                  |

# EPI File (cont.)

The screenshot shows an Excel spreadsheet titled 'EPL.csv - Excel'. The ribbon includes FILE, HOME, INSERT, PAGE LAYOUT, FORMULAS, DATA, REVIEW, VIEW, and DEVELOPER. The HOME ribbon is active, showing options for Font, Alignment, Number, Styles, Cells, and Editing. The formula bar shows 'Q7' and the value '1134.84'. The spreadsheet data is as follows:

|    | I                | J                | K         | L         | M       | N        | O        | P       | Q         | R |
|----|------------------|------------------|-----------|-----------|---------|----------|----------|---------|-----------|---|
| 1  | POST_DSCH_BEG_DT | POST_DSCH_END_DT | EPI_TOTAL | EPI_ACUTE | EPI_PB  | EPI_IRF  | EPI_SNF  | EPI_HHA | EPI_OTHER |   |
| 2  | 9/19/2012        | 12/17/2012       | 47007     | 11515.98  | 2329.52 | 12.73    | 28407.38 | 4286.66 | 454.73    |   |
| 3  | 6/2/2012         | 8/30/2012        | 18865.28  | 11524.97  | 1891.36 | 4.98     | 0        | 4619.97 | 824       |   |
| 4  | 2/11/2012        | 5/10/2012        | 53036.15  | 11512.5   | 1147.82 | 0        | 38507.43 | 0       | 1868.4    |   |
| 5  | 2/24/2014        | 5/24/2014        | 104494.76 | 36468.26  | 7684.94 | 27284.05 | 27174.63 | 2820.13 | 3062.75   |   |
| 6  | 9/18/2013        | 12/16/2013       | 56875.34  | 29183.52  | 6523.88 | 16214.04 | 3853.65  | 12.16   | 1088.09   |   |
| 7  | 2/13/2014        | 5/13/2014        | 63761.64  | 29408.12  | 5607.77 | 12837.87 | 11206.61 | 3566.43 | 1134.84   |   |
| 8  |                  |                  |           |           |         |          |          |         |           |   |
| 9  |                  |                  |           |           |         |          |          |         |           |   |
| 10 |                  |                  |           |           |         |          |          |         |           |   |
| 11 |                  |                  |           |           |         |          |          |         |           |   |
| 12 |                  |                  |           |           |         |          |          |         |           |   |
| 13 |                  |                  |           |           |         |          |          |         |           |   |
| 14 |                  |                  |           |           |         |          |          |         |           |   |
| 15 |                  |                  |           |           |         |          |          |         |           |   |

# EPI\_EXC File

- **EPI\_ID**- System-Generated Episode Case ID
- **BENE\_SK**- IDR system variable - Unique Beneficiary D
- **GEO\_BENE\_SK**- IDR system variable - 4-part-key to identify a claim
- **CLM\_DT\_SGNTR\_SK**- IDR system variable - 4-part-key to identify a claim
- **CLM\_TYPE\_CD**- IDR system variable - 4-part-key to identify a claim
- **CLM\_NUM\_SK**- IDR system variable - 4-part-key to identify a claim
- **CLM\_HIC\_NUM**- Beneficiary Identification Code
- **PROVIDER\_CCN**- Episode-Initiating Provider Number CCN (Oscar number)
- **STUS\_CD**- Patient Discharge Status Code of Potential Anchor Record
- **PRPAYCD**- NCH Primary Payer Code
- **MCOPDSW**- Claim MCO Paid Switch
- **DRG\_CD**- Claim Diagnosis Related Group Code
- **ADMSN\_DT**- Claim Admission Date
- **DSCHRGDT**- Claim Discharge Date

# EPI\_EXC File (cont.)

- **INTERIM\_CLAIM**- Indication that claim is part of a split-bill stay. 1=Yes
- **PRPAYAMT**- NCH Primary Payer Claim Paid Amount
- **STAY\_BEG\_DT**- Admission Date of Potential Anchor IP stay
- **STAY\_END\_DT**- Discharge Date of Potential Anchor IP stay
- **ALLOWED\_PAY**- Non-standardized episode payment using allowed charge from claims
- **STD\_ALLOWED\_AMT**- Standardized allowed payment from the IDR. This is not prorated.
- **STD\_NO\_OUTLIER\_ALLOWED\_AMT**- Standardized allowed without outlier payment from the IDR. This is not prorated.
- **FRACTURE**- Indicator for fracture diagnosis
- **DROPREASON**- Reason Code why Anchor is dropped

# Episode Inclusion/Exclusion

- Claims for encounters up to 120 days after the anchor stay.
  - Only those encounters within the 90 day period are included in spending calculations.
  - Claims beyond the 90th day are for your hospital's information. CJR post-episode monitoring activities will eventually review encounters 91-120 days after the anchor stay.
- The determination of whether encounters are related to the episode is primarily based on diagnosis and MS-DRG codes, with a few special exclusions using other information on claims.
  - List of exclusion codes on the CJR model website:  
<https://innovation.cms.gov/Files/worksheets/ccjr-exclusions.xlsx>



# BPCI

- Were historical BPCI cases included in the hospital-specific CJR claim level and historical aggregate data provided to CJR participating hospitals?
  - In the data you received, historical BPCI cases are included in (1) the hospital-specific CJR claim level and historical aggregate data, (2) the regional average CJR data, and (3) the hospital-specific and regional-level data used to set CJR target prices.
  - During the performance period, episodes that overlap with BPCI are excluded from CJR and not counted during CJR reconciliation.

# Readmissions

- How can I determine if a patient is readmitted and if they are readmitted to another facility?
  - The IPHDR dataset includes all hospitalizations for your episode within 120 days of an anchor stay. You can determine whether the cost of these readmissions are included in your episode by using the "COSTINC" variable. Identify DRGs associated with the episode that are not 469 or 470

# REPLICATING TARGET PRICES

# Replicating Target Prices

To replicate Target Prices, you will need:

| Summaries | Claims | Layouts           | Sup. File | Specs                    |
|-----------|--------|-------------------|-----------|--------------------------|
| Hosp_Sum  | IPHDR  | Summary Report    | PRCR      | Target Price Replication |
| EPI       | SNHDR  | Beneficiary       |           |                          |
|           | HHDR   | Price Replication |           |                          |
|           | PBDTL  |                   |           |                          |
|           | OPDTL  |                   |           |                          |
|           | HSDTL  |                   |           |                          |
|           | DMDTL  |                   |           |                          |

# Replicating Target Prices: Tips

- Remember: In some cases, you will not be able to replicate the total amounts exactly because substance abuse claims are removed from your claims files
- Replicating total amounts for some cost categories, like EPI\_ACUTE, requires more information on the claim
  - Refer to Section VI of the Episode Definition Specifications for guidance

# Sequestration

- If calculating episode totals from claims files, you will need to account for sequestration
  - See Episode Definition Specs Section VI Step 7
  - Reduce STD\_AMT\_EPI by 2% according to the following rules:
    - IP and SNF—Reduce amount by 2% when thru date is on or before 3/31/2013
    - All others—Reduce amount by 2% when from date is on or before 3/31/2013
  - Note: For Part B claims with two from dates, use the first on the claim.

# MERGING FILES

# Merging Files

- While it is possible to merge files using Excel, we recommend using a statistical software (e.g., SAS, Stata, R)

| File         | Merge to        | Variable (s) to use   |
|--------------|-----------------|---|
| Claims File  | Claims File     | EPI_ID<br>GEO_BENE_SK<br>CLM_DT_SGNTR_SK<br>CLM_TYPE_CD<br>CLM_NUM_SK |
| Episode File | Claims File*    | EPI_ID  |
| Episode File | Enrollment File | BENE_SK   |

When calculating episode payments, we use a combination of HDR and DTL claims **files**- **HDR** for IP, SN, HH, and HS; **DTL** for OP, PB, and DME.

\*Note: claims data is not provided for excluded episodes (episodes listed in EPIEXC file)



# CALCULATIONS

# Mean Episode Spending

- How are the mean episode spending calculated for SNF, Home Health, Inpatient Rehab, and Part B claims.
  - The mean spending for each category is calculated as the sum across category claims (e.g. SNF) divided by the number of episodes.

# Additional Support

- Send questions regarding webinar content or suggestions for future events to [CJRSupport@cms.hhs.gov](mailto:CJRSupport@cms.hhs.gov)