

Blue Cross® of California

Quality-In-Sights® Hospital Incentive Program (Q-HIPSM)

Manual

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A. Program Overview

The Blue Cross of California (BCC) *Quality-In-Sights*[®] Hospital Incentive Program (Q-HIPSM) is designed to align financial incentives to improve patient safety, health outcomes, and hospital experience. Hospitals enter into a written agreement with BCC in order to participate in the program (the "Q-HIP Agreement"). This Manual is a companion to the Q-HIP Agreement and is incorporated by reference therein. All capitalized terms used in this Manual have the same meaning ascribed to them in the Q-HIP Agreement.

Q-HIP uses certain selected indicators that have been identified for public reporting by the California Hospital Assessment and Reporting Taskforce (CHART) to assess hospital performance. These indicators are also promulgated by national standard setting organizations such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Leapfrog Group, the National Quality Forum (NQF) and other respected authorities.

Hospitals must submit their data to CHART to participate in the program. The better a hospital performs on the selected indicators, the greater the Q-HIP Adjustment the hospital may receive.

This Manual includes the Q-HIP scorecard that has been developed by BCC using CHART indicators. The Q-HIP scorecard identifies the CHART indicators that have been selected for inclusion in Q-HIP, the performance thresholds established for each indicator, and the weight assigned to each indicator. A hospital can earn up to 100 points on the Q-HIP scorecard. As the performance indicators in CHART evolve, BCC reserves the right to incorporate the changes into the Q-HIP scorecard for subsequent reporting and adjustment periods.

Q-HIP Adjustments will be made prospectively based on a hospital's performance during the prior Measurement Period based on the Q-HIP scorecard. Each hospital that achieves a score greater than zero on the Q-HIP scorecard will receive a positive Q-HIP Adjustment to its Inpatient Hospital Fixed Payment Rate. If a hospital does not fully participate in CHART, or does not earn any points on the Q-HIP scorecard, then the hospital will not receive a Q-HIP Adjustment. To fully participate in CHART, hospitals must submit data for all applicable measures and participate in CHART pilot measure initiatives. There is no downside Q-HIP Adjustment for participating hospitals.

B. Obligations of the Hospital

- (1) The Hospital will identify an individual(s) who will serve as the administrative contact for the Q-HIP and shall promptly notify BCC of this individual's identity and contact information.
- (2) The Hospital will submit Q-HIP Data to CHART according to the data submission guidelines established by CHART for participation. This includes participating in CHART pilot measure initiatives. The first submission to CHART shall be no later than six (6) months following the first Renewal Date of the Comprehensive Contracting Hospital Agreement.
- (3) If all Q-HIP Data are not submitted to CHART, then all Q-HIP elements that require the missing Q-HIP Data in order to ensure accurate success/failure measurement will be assigned a zero (0) percent performance score under the Q-HIP except as referenced in (4) below.
- (4) In the event that Q-HIP Data necessary for the administration of the Q-HIP and the measurements hereunder are unavailable as the result of system-wide failures within CHART, then BCC shall have the option to use prior Q-HIP data to calculate the performance scores for that/those indicator(s) listed in the Q-HIP scorecard found in the

Q-HIP (with the Q-HIP total score remaining at 100%). If prior data are not available, then the elements will be removed from the Q-HIP scorecard, and the scorecard will be re-weighted to keep the total possible score remaining at 100%.

C. Q-HIP Data Measurement, Submission and Feedback Timeline

Q-HIP Adjustments, if any, are based on CHART Data collected during the applicable Measurement Period(s). Measurement Periods are determined by CHART and are generally twelve months in length, but may vary according to CHART's specifications. The most recent CHART data that BCC receives at least three months prior to the Q-HIP Adjustment Effective Date will be used to assess hospital performance on the Q-HIP Scorecard. This allows for analysis, review and loading the information to make any adjustments to the Inpatient Hospital Fixed Payment Rate. The first Q-HIP Adjustment Effective Date is one year following the Comprehensive Contracting Hospital Agreement's first Renewal Date. The following table outlines the Q-HIP Data and Measurement Periods that will be used to determine any Q-HIP Adjustments:

Month of Q-HIP Adjustment Effective Date	Use CHART Data that are received by BCC as of the previous:
January	October 1 st
February	November 1 st
March	December 1 st
April	January 1 st
May	February 1 st
June	March 1 st
July	April 1 st
August	May 1 st
September	June 1 st
October	July 1 st
November	August 1 st
December	September 1 st

For example, assume:

- First Renewal Date of Comprehensive Contracting Hospital Agreement is June 1, 2008
- First Q-HIP Adjustment Effective Date is June 1, 2009
- The applicable Measurement Period 1 is the Measurement Period established by CHART that is final as of March 1, 2009

D. Q-HIP Scorecard

The complete Q-HIP scorecard is shown below (all sections of the scorecard may not be applicable to all hospitals). The following pages explain applicability and describe how "Total Q-HIP Scores" are calculated.

Scorecard Overview

- The scorecard is constructed so that the possible score ranges from 0-100. A hospital that meets or exceeds the upper target for every applicable indicator will earn 100 points.
- The indicators are grouped by domain (e.g., Patient Safety, AMI, CABG, etc.).
- Within each domain, the points are distributed across the component indicators to sum to 100%. For example, in the Patient Safety domain, there are three indicators. The CPOE and ICU Staffing indicators each earn 40% of the points, while the NQF Safe Practices indicator contributes 20% of the points to the domain (see the column labeled "a") for a total of 100%.

- To determine the **overall** weight of an indicator, the indicator weight within the domain (column a) is multiplied by the domain weight (column b). The results in the overall maximum weight of the indicator (column c).
- The points earned on each indicator depends on a hospital's performance:
 - 50% of the points are earned if the *lower target* is satisfied (column d).
 - 75% of the points are earned if the *middle target* is satisfied (column e).
 - 100% of the points are earned if the *upper target* is satisfied (column f).
- If the lower target is not satisfied, then no points are earned for that indicator.

Scoring Example

The Q-HIP scorecard model is detailed below. To better understand how the Scorecard works, a few scoring examples are provided here. For example, a hospital can earn up to 25 points in the Patient Safety section. This section is comprised of three measures from the Leapfrog Survey:

- CPOE adoption
- ICU Staffing standards
- Completion of the Safe Practices Survey

You can see that 25 points are allocated to the Patient Safety section by looking at the value in the "Domain Weight" column (25%), or by summing the "Points for Upper Target" (10+10+5 = 25). If a hospital had made "good early stage effort" toward CPOE, "fully implemented" ICU Staffing Standards, and completed the NQF Safe Practices Survey, it would earn 20 of the 25 possible patient safety points. This is because the lower target was met for CPOE (5 points earned), the upper target was met for ICU Staffing (10points earned), and the upper target was met for the Safe Practices measure (5 points earned).

Indicator	Hospital Performance	Target Met	Points Earned
CPOE Adoption	Good early stage effort	Lower target	5 of 10
ICU Staffing Standards	Fully implemented	Upper target	10 of 10
Safe Practices Survey	Survey completed	Upper target	5 of 5
Patient Safety Score			20 of 25

As another example, a hospital can earn up to 10 points for the Heart Failure measures. The table below depicts how performance for a hospital would be translated into points on the Q-HIP Scorecard.

Indicator	Hospital Performance	Target Met	Points Earned
ACEI for LVSD	79%	Lower target	1.65 of 3.30
Adult Smoking Cessation	82%	Lower target	0.75 of 1.50
Discharge Instructions	61%	Not met	0.00 of 2.60
LVF Assessment	90%	Middle target	1.95 of 2.60
Heart Failure Score			4.35 of 10

Q-HIP Scorecard

Indicator	Lower Target	Middle Target	Upper Target	(a) Indicator Weight w/in Domain	(b) Domain Weight	(c) =a * b Overall Maximum Weight	(d) = 100 * (.5 * c) Points for Lower Target	(e) = 100 * (.75 * c) Points for Middle Target	(f) = 100 * (c) Points for Upper Target
Patient Safety Section (25% of Total Q-HIP Score)									
CPOE – Leapfrog	Good early stage effort	Good Progress	Fully implemented	40%	25%	10.00%	5	7.50	10.00
ICU Staffing Standards	Good early stage effort	Good Progress	Fully implemented	40%	25%	10.00%	5	7.50	10.00
NQF Safe Practices	NA	NA	Survey completed	20%	25%	5.00%	NA	NA	5.00
Clinical Process and Outcomes Section (60% of Total Q-HIP Score)									
AMI									
ACEI or ARB for LVSD	≥70%	≥90%	≥95%	10%	10%	1.00%	0.50	0.75	1.00
Adult Smoking Cessation	≥70%	≥90%	≥95%	5%	10%	0.50%	0.25	0.38	0.50
Aspirin at Arrival Rate	≥70%	≥90%	≥95%	10%	10%	1.00%	0.50	0.75	1.00
Aspirin Prescribed at Discharge Rate	≥70%	≥90%	≥95%	10%	10%	1.00%	0.50	0.75	1.00
Beta Block at Arrival Rate	≥70%	≥90%	≥95%	10%	10%	1.00%	0.50	0.75	1.00
Beta Blocker Prescribed at Discharge Rate	≥70%	≥90%	≥95%	10%	10%	1.00%	0.50	0.75	1.00
Thrombolytic agent received within 30 minutes of arrival OR PCI received within 120 minutes of hospital arrival	≥70%	≥90%	≥95%	20%	10%	2.00%	1.00	1.50	2.00
AMI risk-adjusted mortality rate	Group 3 (Average)	Group 2 (Above Average)	Group 1 (Superior)	25%	10%	2.50%	1.25	1.88	2.50
CABG									
CABG mortality	Group 3 (Average)	Group 2 (Above Average)	Group 1 (Superior)	60%	10%	6.00%	3.00	4.50	6.00
CABG with internal mammary artery	≥70%	≥90%	≥95%	40%	10%	4.00%	2.00	3.00	4.00
Heart Failure									
ACEI for LVSD	≥70%	≥90%	≥95%	33%	10.00%	3.30%	1.65	2.48	3.30
Adult Smoking Cessation	≥70%	≥90%	≥95%	15%	10.00%	1.50%	0.75	1.13	1.50
Discharge Instructions Rate	≥70%	≥90%	≥95%	26%	10.00%	2.60%	1.30	1.95	2.60
LVF Assessment Rate	≥70%	≥90%	≥95%	26%	10.00%	2.60%	1.30	1.95	2.60
Pneumonia									
Oxygenation assessment within 24 hrs	≥70%	≥90%	≥95%	10%	10.00%	1.00%	0.50	0.75	1.00
Adult Smoking Cessation	≥70%	≥90%	≥95%	9%	10.00%	0.90%	0.45	0.68	0.90
Initial antibiotic received w/n4 Hrs of hospital arrival	≥70%	≥90%	≥95%	13%	10.00%	1.30%	0.65	0.98	1.30
Influenza vaccination	≥70%	≥90%	≥95%	10%	10.00%	1.00%	0.50	0.75	1.00
Pneumococcal Screening and/or Vaccination	≥70%	≥90%	≥95%	13%	10.00%	1.30%	0.65	0.98	1.30
Blood culture before antibiotic administration	≥70%	≥90%	≥95%	10%	10.00%	1.00%	0.50	0.75	1.00
Initial antibiotic consistent with current recommendations	≥70%	≥90%	≥95%	10%	10.00%	1.00%	0.50	0.75	1.00
Pneumonia risk-adjusted mortality rate	Group 3 (Average)	Group 2 (Above Average)	Group 1 (Superior)	25%	10.00%	2.50%	1.25	1.88	2.50
Surgical Infection Prevention									
Prophylactic antibiotic received w/n one hr prior to surgical incision (SIP-1)	≥70%	≥90%	≥95%	60%	10.00%	6.00%	3.00	4.50	6.00
Prophylactic antibiotics discontinued w/n 24 hrs after surgery end time (SIP-3)	≥70%	≥90%	≥95%	40%	10.00%	4.00%	2.00	3.00	4.00

Indicator	Lower Target	Middle Target	Upper Target	(a) Indicator Weight w/in Domain	(b) Domain Weight	(c) =a * b Overall Maximum Weight	(d) = 100 * (.5 * c) Points for Lower Target	(e) = 100 * (.75 * c) Points for Middle Target	(f) = 100 * (c) Points for Upper Target
ICU									
DVT prophylaxis	≥70%	≥90%	≥95%	20%	10%	2.00%	1.00	1.50	2.00
Stress peptic ulcer prophylaxis	≥70%	≥90%	≥95%	20%	10%	2.00%	1.00	1.50	2.00
VAP prophylaxis - HOB 30 degrees	≥70%	≥90%	≥95%	20%	10%	2.00%	1.00	1.50	2.00
ICU mortality	Group 3 (Average)	Group 2 (Above Average)	Group 1 (Superior)	40%	10%	4.00%	2.00	3.00	4.00
Patient Experience Section (15% of Total Q-HIP Score)									
Overall (all patients) Rate Hospital (Overall Rating)	Group 3 (Average)	Group 2 (Above Average)	Group 1 (Superior)	100%	15%	1.88%	7.50	11.25	15.00
TOTAL SCORE									100.00

For details of the indicators listed above, please go to <https://chart.ucsf.edu/>. BCC defers to the data specifications defined by CHART.

Hospital Categories for Scoring

A hospital is only accountable for performance on those indicators that are relevant to the procedures performed and services offered by the hospital. Non-applicable measures are not included in a hospital's Q-HIP Scorecard. There are four different categories of hospitals that may participate in the Q-HIP program:

- A. Hospitals that perform CABG, PCI, and have an ICU
- B. Hospitals that perform PCI and have an ICU, but do not perform CABG
- C. All other hospitals that have an ICU
- D. All other non-ICU hospitals

The following table shows the applicable sections of the Q-HIP scorecard and maximum possible "Base points" for hospitals in each of the four categories.

Indicator	A. Hospitals that perform CABG, PCI, and have an ICU	B. Hospitals that perform PCI and have an ICU, but do not perform CABG	C. All other hospitals that have an ICU	D. All other non-ICU hospitals
Patient Safety Section (25% of Total Q-HIP Score)				
CPOE - Leapfrog	yes	Yes	yes	yes
ICU Staffing Standards	yes	Yes	yes	no
NQF Safe Practices	yes	Yes	yes	yes
Maximum Patient Safety "Base Points"	25 points	25 points	25 points	15 points
Clinical Process and Outcomes Section (60% of Total Q-HIP Score)				
AMI (with PCI measure; without thrombolytic measure)	yes	Yes	no	no
AMI (with thrombolytic measure; without PCI measure)	no	No	yes	yes
CABG	yes	No	no	no
Heart Failure	yes	Yes	yes	yes
Pneumonia	yes	Yes	yes	yes
Surgical Infection Prevention	yes	Yes	yes	yes
ICU	yes	Yes	yes	no
Maximum Clinical Processes and Outcomes "Base Points"	60 points	50 points	50 points	40 points
Patient Experience Section (15% of Total Q-HIP Score)				
H-CAHPS Survey	yes	Yes	yes	yes
Maximum Patient Experience "Base Points"	15 points	15 points	15 points	15 points
Maximum Total Q-HIP "Base Points"	100 points	90 points	90 points	70 points

Calculation of the Total Q-HIP Score

The Total Q-HIP Score is the score used to determine the hospital's qualifying Q-HIP Adjustment (see paragraph E, "Q-HIP Adjustment Scale," below). It is calculated by summing the section scores for each of the three Q-HIP sections.

The three section scores are calculated individually using a weighting formula so that section contributions to the Total Q-HIP Scores are consistent across all hospitals (25% Patient Safety, 60% Patient Health Outcomes, 15% Patient Satisfaction). The following definitions and examples are presented in an effort to further clarify the Total Q-HIP Score calculation:

Term Definitions:

- Base Points:** The maximum number of points a hospital can earn for a certain section or domain of the scorecard, as specified in the table above.
- Section Weight:** The percentage weight assigned to each section of the scorecard in relation to the Q-HIP Total Score (Patient Safety 25%, Clinical Process and Outcomes 60%, and Patient Experience 15%).
- Section Multiplier:** For each section, the number that equals the section weight (as a whole number, not a percentage) divided by the base points. Section multipliers are rounded to three decimal places.
- Section Score:** The result of multiplying the section multiplier by the total points earned in a specific section. Section scores are rounded to two decimal places.
- Total Q-HIP Score:** The score used to determine the Q-HIP adjustment. It is calculated by adding the three section scores.

Example of Total Q-HIP Score Calculation:

- **Example Calculation for Hypothetical Hospital “A” (performs CABG, PCI, and has an ICU)**
 - Patient Safety section:
 - Total points earned = 15 out of a possible 25
 - Section Multiplier = 1.000 (25/25)
 - Section Score = 15.00
 - Clinical Processes and Outcomes section:
 - Total points earned = 48.73 out of a possible 60
 - Section Multiplier = 1.00 (60/60)
 - Section Score = 48.73
 - Member Satisfaction section
 - Total points earned = 12 out of a possible 15
 - Section Multiplier = 1.000 (15/15)
 - Section Score = 12.00
 - **Total Q-HIP Score = 78.73** (15.00 + 48.73 + 12.00)

- **Example Calculation for Hypothetical Hospital “B” (performs PCI and has an ICU, does not perform CABG)**
 - Patient Safety section:
 - Total points earned = 15 out of a possible 25
 - Section Multiplier = 1.000 (25/25)
 - Section Score = 15.00
 - Clinical Processes and Outcomes section:
 - Total points earned = 36.26 out of a possible 50
 - Section Multiplier = 1.200 (60/50)
 - Section Score = 43.51
 - Member Satisfaction section
 - Total points earned = 12 out of a possible 15
 - Section Multiplier = 1.000 (15/15)
 - Section Score = 12.00
 - **Total Q-HIP Score = 70.51** (15.00 + 43.51 + 12.00)

□ **Example Calculation for Hypothetical Hospital “C” (other hospital with an ICU)**

- Patient Safety section:
 - Total points earned = 15 out of a possible 25
 - Section Multiplier = 1.000 (25/25)
 - Section Score = 15.00
- Clinical Processes and Outcomes section:
 - Total points earned = 36.26 out of a possible 50
 - Section Multiplier = 1.200 (60/50)
 - Section Score = 43.51
- Member Satisfaction section
 - Total points earned = 12 out of a possible 15
 - Section Multiplier = 1.000 (15/15)
 - Section Score = 12.00
- **Total Q-HIP Score = 70.51** (15.00 + 43.51 + 12.00)

□ **Example Calculation for Hypothetical Hospital “D” (other hospital without an ICU)**

- Patient Safety section:
 - Total points earned = 10 out of a possible 15
 - Section Multiplier = 1.667 (25/15)
 - Section Score = 16.67
- Clinical Processes and Outcomes section:
 - Total points earned = 19.39
 - Section Multiplier = 1.500 (60/40)
 - Section Score = 29.09
- Member Satisfaction section
 - Total points earned = 12 out of a possible 15
 - Section Multiplier = 1.000 (15/15)
 - Section Score = 12.00
- **Total Q-HIP Score = 57.76** (16.67 + 29.09 + 12.00)

E. Q-HIP Adjustment Scale

The hospital will receive a Q-HIP Adjustment as long as the hospital scores greater than 0 on the scorecard. As performance on the scorecard increases, the proportion of the full Q-HIP Adjustment that the hospital receives will increase. A hospital that scores 85% or better on the scorecard will receive the full Q-HIP Adjustment. For hospitals that score greater than 0% on the scorecard, but less than 85%, the Q-HIP Adjustment will be a continuous function ranging from 0-100% of the available Q-HIP Adjustment. This adjustment scale is based on the following calculations:

If performance is greater than 0% and less than 85%:

$$\text{Q-HIP adjustment} = (\text{Q-HIP Score}/85) \text{ of available Q-HIP adjustment}$$

If performance is 0%, then Q-HIP adjustment = 0.

If performance is greater than or equal to 85%, then 100% of available Q-HIP adjustment.

□ **Example Calculation for a hospital with a Q-HIP Score of 28%**

- Q-HIP Adjustment = $28/85 = 32.94\%$ of available Q-HIP adjustment

□ **Example Calculation for a hospital with a Q-HIP Score of 62%**

- Q-HIP Adjustment = $62/85 = 72.94\%$ of available Q-HIP adjustment
- **Example Calculation for a hospital with a Q-HIP Score of 88%**
 - Q-HIP Adjustment = 100% of available Q-HIP adjustment