University of Maine System
Methodology for Hospital Tiering 2013

The University of Maine System (UMS) has approved a methodology to determine preferred hospital status. This reflects UMS’s intent to (a) weight the measures posted on the Maine Health Management Coalition’s (MHMC) website (www.getbettermaine.org) and to incorporate comparative cost into the criteria used for hospital tiering.

The UMS will use the performance reported on the MHMC’s website and will augment those data with the results of the comparative hospital payment report prepared by Cigna. The MHMC website presents performance in the following three categories:

1. **Effective** (treatment of heart failure and pneumonia),
2. **Safe** (preventing surgical infections, medication safety and national safe practice survey),
3. **Patient Experience** (overall experience and would you recommend).

Based on these three categories and the comparative payment report the following weighting is used:

- Effective = 40%
- Safe = 30%
- Patient Experience = 10%
- Comparative Cost = 20%

The getbettermaine.org site uses icons – Low, Good, Better and Best – for Effective, Safe and Patient Experience. Using the icons the values are:

- Low = 1
- Good = 2
- Better = 3
- Best = 4

“Low” is designated for performance below the national average, “good” represents average, “better” reflects better than the national average, and “best” indicates performance in the top 10% of the nation’s hospitals.

Since there are two measures within the **Effective** category, the maximum value a hospital can receive is 8 (4 X 2). If, for example, a hospital achieved one “better” and one “best” the raw score would be 7 (4+3=7). The raw score is divided by the maximum value (8) and that percentage (.875) is multiplied by 40 (the weighting factor) to reach a score of 35.
The UMS currently uses three of the four Safe measures. The maximum value a hospital can receive is 12 (4 X 3). If, for example, a hospital achieved two "betters" and one "best" the raw score would be 10 (4+3+3=10). The raw score is divided by the maximum value (12) and that percentage (.833) is multiplied by 30 (the weighting factor) to reach a score of 25.

For Patient Experience only one of the two measures is used. One "better" produces a raw score of 3 out of a maximum of 4. The raw score is divided by the maximum value (4) and that percentage (.75) is multiplied by 10 (the weighting factor) to reach a score of 7.5.

Cost Scoring: using a similar scale as above and the recent hospital claims from the UMS health plan administrator Cigna, the following values were developed:

- 15% or greater than the state average = 1
- Between 4% and 14.9% above the state average = 2
- Between the state average and 3.9% above = 3
- Below the state average = 4

If a hospital was below the state average the hospital would receive a raw score of 4 divided by the maximum value (4) and multiplied by the weighting factor (20) to achieve a Cost score of 20. If a hospital is in the category of the state average to 3.9% above the score would be 15 (3 divided by 4 = .75 X 20 = 15).

Effective 4/1/2013, hospitals must meet BOTH the Quality Score AND the Cost Score in order to retain “Tier 1-Preferred” status. Hospitals not meeting a Quality Score of at least “50” and a Cost Score of at least “15” will be “Tier 2 – Non Preferred” and employees choosing to use these hospitals will have an Inpatient Hospital copayment per visit. Hospitals meeting or exceeding these minimum scores will be ranked as Tier 1 and no Inpatient copayment will apply.

Effective 1/1/2014, the minimum Quality Score will be raised to 56.