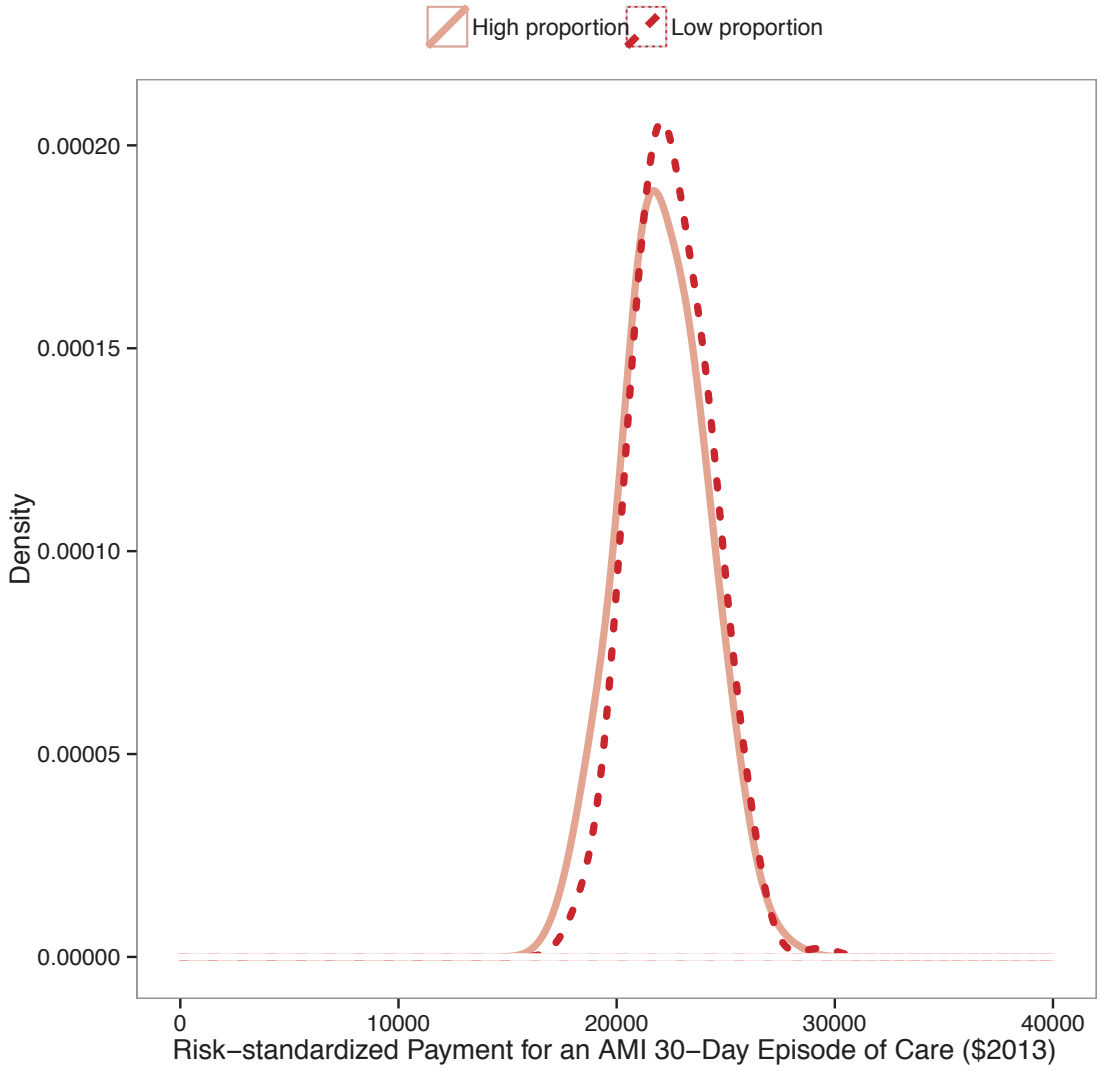
▶ Results from the acute myocardial infarction payment measure: **Hospitals that serve high and low proportions of Medicaid patients.**

In 2014, the Centers for Medicare & Medicaid Services (CMS) began publicly reporting the following payment measure on Hospital Compare: hospital-level risk-standardized payment (RSP) associated with a 30-day episode of care for acute myocardial infarction (AMI) [1]. The AMI payment measure includes admissions for Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. The AMI payment measure captures payments across multiple care settings, services, and supplies (this includes inpatient, outpatient, skilled nursing facility, home health, hospice, physician/clinical laboratory/ambulance services, and durable medical equipment, prosthetics/orthotics, and supplies) [2]. To isolate payment variation that reflects practice patterns rather than factors unrelated to clinical care, geographic differences and policy adjustments in payment rates for individual services are removed from the total payment for that service [2]. Standardizing the payment allows for comparison across hospitals based solely on payments for decisions related to clinical care. However, it's important to note that the AMI payment measure results alone are not an indication of quality.

FIGURE I *Distributions of AMI RSPs ($2013) for hospitals with the lowest and highest proportions of Medicaid patients, July 2011-June 2014.*



Variation in AMI RSPs reflects different patterns in care decisions and resource utilization (for example, treatment, supplies, or services) among hospitals for a hospital's patients both at the hospital and after they leave. To understand the impact of caring for Medicaid patients, we examined payments among hospitals with high and low proportions of Medicaid patients. Therefore, we compared the AMI RSP for a 30-day episode of care for the 238 hospitals with the lowest overall proportion of Medicaid patients (≤ 8.3% of a hospital's patients) to the 238 hospitals with the highest overall proportion of Medicaid patients (≥ 30.4% of a hospital's patients). Hospitals with the lowest and highest proportions of Medicaid patients are designated as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions, respectively. The proportion of Medicaid patients for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2013 [3]. To ensure accurate assessment of each hospital, the AMI payment measure uses a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have a strong relationship with the payment outcome [2]. Additionally, all payments were inflation-adjusted to 2013 dollars.

TABLE I *Distributions of AMI RSPs ($2013) for hospitals with the lowest and highest proportions of Medicaid patients, July 2011-June 2014.*

	AMI RSP ($2013)	
	Lowest proportion (≤ 8.3%) Medicaid patients; n=238	Highest proportion (≥ 30.4%) Medicaid patients; n=238
Maximum	29,316	27,942
90%	24,860	24,646
75%	23,835	23,411
Median (50%)	22,330	22,054
25%	21,310	20,902
10%	20,441	19,577
Minimum	18,118	17,343

The median AMI RSP for hospitals with the highest proportion of Medicaid patients was $22,054 (interquartile range [IQR]: $20,902-$23,411). The median AMI RSP for hospitals with the lowest proportion of Medicaid patients was $22,330 (IQR: $21,310-$23,835; Figure 1 and Table 1).

Hospitals with the lowest proportion of Medicaid patients had a median AMI RSP that was $276 higher than hospitals with the highest proportion. Payment results alone are not an indication of quality.

1. "Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals, Final Rule." Federal Register / 22 August 2014; http://federalregister.gov/a/2014-18545. Accessed 16 June 2015.

2. Kim N, Ott L, Hsieh A, et al. 2015 Condition-Specific Measure Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Payment Measures: Acute Myocardial Infarction – Version 4.0, Heart Failure – Version 2.0, Pneumonia – Version 2.0; https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228774267858. Accessed 26 June 2015.

3. AHA Annual Survey Database Fiscal Year 2013; http://www.ahadataviewer.com/book-cd-products/aha-survey/. Accessed 26 June 2015.

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