



Council of Teaching Hospitals and Health Systems® (COTH®) Membership Benefits

Custom, Hospital-Specific Medicare Payment and Quality Reports for AAMC-Member Teaching Hospitals

The AAMC is a premier resource for teaching hospital data and reports on Medicare payment and quality. Members of the Council of Teaching Hospitals and Health Systems (COTH) receive these reports as part of their member benefits package at no additional charge. Below is an overview of which hospitals are eligible to receive the reports, which individuals can access them, the content of the reports, and their release schedules. For more information about any of these resources, contact COTH@aamc.org.

ELIGIBILITY AND ACCESS

Any individuals at an AAMC-member teaching hospital paid under Medicare's Inpatient Prospective Payment System (IPPS) or Outpatient Prospective Payment System (OPPS) are eligible to receive these reports. All AAMC-member teaching hospital CEOs and chief financial officers are automatically added to the email distribution list for the Medicare payment reports listed below, and CEOs and chief medical officers are automatically added to the distribution list for Medicare quality reports. Other individuals, such as financial analysts, reimbursement managers, or quality improvement staff, may also request access by emailing COTH@aamc.org with the following information:

- The specific report name(s).
- Your teaching hospital's name.
- Your full name.
- Your full title.
- Your email address.
- Your mailing address.

MEDICARE PAYMENT AND QUALITY REPORTS

Impact of Medicare Payment Policies on Your Hospital

These reports show the impact of Medicare's IPPS and OPPS proposed and final rules on your hospital, as well as the impact of any proposed or new major Medicare policy changes related to other legislative or regulatory actions. The reports also allow you to:

- Estimate budget impacts for the upcoming year based on new payment rates.
- Unpack overall impacts into individual payment factors.
- Compare your payment impact with national, state, and AAMC-member hospital benchmarks.
- Examine the impact of specific policy changes.

Distribution schedule: Following the release of Medicare's IPPS and OPPS proposed and final rules each April (IPPS Proposed), July (OPPS Proposed), September (IPPS Final), and December (OPPS Final).

Tutorials: [IPPS Impact Report](#) and [OPPS Impact Report](#).

Performance on Medicare Quality Measures

Hospital Compare Benchmark Report

This report displays your hospital's current and historical performance on Medicare quality metrics in comparison with several key benchmark groups, allowing you to:

- Break down your Overall Hospital Quality Star Rating into domains and into individual measures.
- Track your hospital's performance on quality measures over time.
- Compare your performance with national, state, and AAMC-member hospital benchmarks.

Distribution schedule: Following each quarterly refresh of Medicare's Hospital Compare database in January, April, July, and October.

Tutorial: [Hospital Compare Benchmark Report](#).

Medicare Inpatient Quality Pay-for-Performance Report

This report illustrates step-by-step how your hospital's performance on individual Medicare quality measures translates into IPPS payment adjustments under the Hospital Value-Based Purchasing Program, the Hospital Readmissions Reduction Program, and the Hospital-Acquired Condition Reduction Program, allowing you to:

- Understand the methodology used to convert quality measures to payment adjustment, your performance, and its impact on your bottom line.
- Compare your performance with national and AAMC-member hospital benchmarks.
- Model payment changes based on quality improvement scenarios at your hospital.

Distribution schedule: Following the release of Medicare performance data each January.

Tutorial: [Medicare Inpatient Quality Pay-for-Performance Report](#).