

**ALABAMA QUALITY ASSURANCE FOUNDATION**  
**Medical Peer Review**

**GENERAL MEMORANDUM 96/99 - 15**

**For Immediate Distribution**

**TO:** Administrators, Chiefs of Staff, Utilization Review/Quality Assurance Departments of Alabama PPS Acute Care Hospitals

**FROM:** H. Terrell Lindsey  
President and Chief Executive Officer

**DATE:** April 2, 1999

**SUBJECT:** 1997 and 1998 PPS Acute Care Hospital Medicare Paid Claims Data Profiles

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**I. Hospital Specific Data Profiles**

Enclosed are profiles from Medicare paid claims data for Alabama acute care hospitals. These data are provided to Peer Review Organizations by the Health Care Financing Administration (HCFA). Alabama Quality Assurance Foundation (AQAF) receives the data from HCFA on a monthly basis for use in fulfilling our contractual obligations in data analysis and on quality improvement projects. Data from specialty hospitals and PPS Exempt Units are not included in the profiles.

These profiles include a complete data set of paid claims information for calendar year 1997 and partial data for 1998 (approximately 95% complete). Lag time in processing claims submitted by hospitals to the fiscal intermediary and HCFA accounts for the delay in AQAF receiving more current data each month for profiling.

Individual, hospital-specific profiles are considered to be confidential, and only your hospital's data and aggregate data for the State of Alabama are presented in the profiles. Data is also arrayed by peer group and the state to give you the ability to make comparisons with your own hospital's data.

**II. Recommendations for Hospital Use of Data Profiles**

A. Please provide copies of the enclosed profiles to your chief of staff, utilization and quality improvement staff as appropriate. These staff will find the information useful in identifying and validating areas for improvement.

- B. AQAF recommends hospitals review the profiled data to identify:
- trends over time; and
  - variances between peer groups and the state data.

Comparison of average length of stay, readmission rates, mortality, etc., with peer groups and/or the state are important data for your review. The comparison may identify topics for further evaluation and action which may improve the quality of care, provide management direction, and possibly improve cost efficiency in patient care.

- C. Should you identify topics common or specific to your hospital which you would like to discuss or explore further with our analysis, statistical, or clinical staff, please call us at (205) 970-1600 or 1 (800) 760-4550. AQAF staff who can assist you are Nadine A. Schiesz, R.N., extension 3104 and Tony Horn, M.S., Extension 3231.

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cc: AQAF Board of Directors; J. M. Horsley and J. Frazer Rolen, AlaHA; J. Cottos, OIG-DHHS;  
L. Northcutt, BC/BS