



AAMC Academic
Health System
Membership Benefits

Custom, Hospital-Specific Medicare Payment and Quality Reports

The AAMC is a premier resource for teaching hospital data and reports on Medicare payment and quality. Representatives of AAMC-member health systems and teaching hospitals 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 AHSData@aamc.org.

ELIGIBILITY AND ACCESS

Representatives of AAMC-member health systems and teaching hospitals paid under Medicare's Inpatient Prospective Payment System (IPPS) or Outpatient Prospective Payment System (OPPS) are eligible to receive these reports. All CEO members of the Council of Academic Health System Executives (CAHSE) 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. Others, such as financial analysts, reimbursement managers, or quality improvement staff, may also request access by emailing AHSData@aamc.org with the specific report name and the following contact information for each individual:

- Teaching hospital's name.
- Full name.
- Full title.

- Email address.
- Mailing address.

MEDICARE PAYMENT AND QUALITY REPORTS

Hospital Impact of Medicare Payment Policies

These reports show the impact of Medicare's IPPS and OPPS proposed and final rules on individual teaching hospitals, 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 current and historical hospital performance on Medicare quality metrics in comparison with several key benchmark groups, allowing you to:

- Break down Overall Hospital Quality Star Rating into domains and into individual measures.
- Track performance on quality measures over time.
- Compare individual hospital 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 hospital 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, performance, and its impact on your bottom line.
- Compare performance with national and AAMC-member hospital benchmarks.
- Model payment changes based on quality improvement scenarios.

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

Tutorial: Medicare Inpatient Quality Pay-for-Performance Report.

To connect with peers and AAMC staff, join our Academic Health System Finance and Reimbursement Virtual Community. Learn more:

25-121 (09/25) AAMC.ORG