

Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



Troubleshooting Audio

Audio from
computer speakers
breaking up?

Audio suddenly
stop?

Click Refresh icon

– or –

Click F5



F5 Key

Top Row of Keyboard

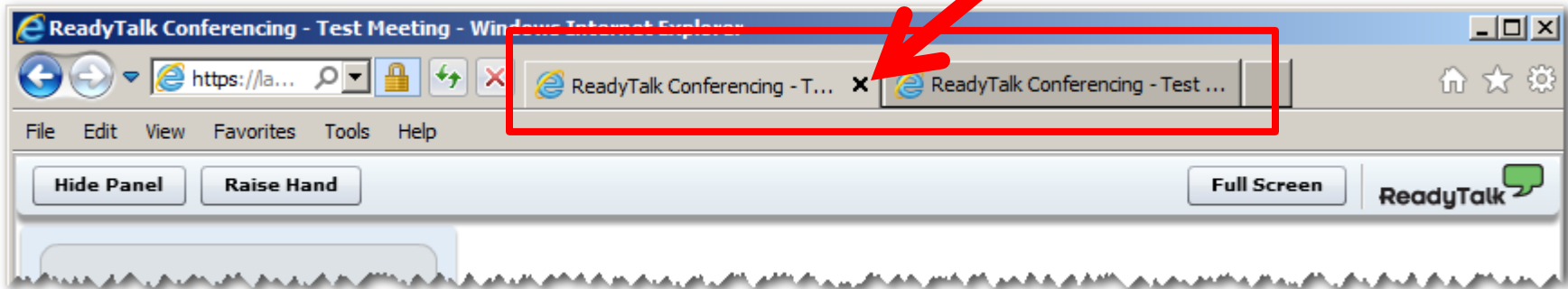


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event—multiple audio feeds.
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The interface is split into two main sections. The left section is a vertical chat window with a white background and a blue border. At the top of this window are buttons for "Hide Chat" and "Raise Hand". At the bottom, there is a text input field labeled "Type questions here." and a "Send" button. The right section has a grey background. At the top center is the CMS logo, which consists of a blue and yellow swoosh above the letters "CMS" and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" below it. Below the logo, the text "Welcome to Today's Event" is displayed in a large, blue, sans-serif font. At the bottom of this section, a message reads "Thank you for joining us today! Our event will start shortly." in a smaller, italicized, blue font. The top of the screenshot shows a dark grey header with buttons for "Full Screen" and "ReadyToGo".



Hospital Value-Based Purchasing (VBP) Program

Fiscal Year (FY) 2018

Percentage Payment Summary Report (PPSR) Overview

Bethany Wheeler-Bunch, MSHA

Project Lead, Hospital VBP Program
Hospital Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

July 24, 2017

Purpose

This event will provide an overview of the FY 2018 Hospital VBP Program, including:

- Identifying how hospitals will be evaluated within each domain and measure
- Delineating eligibility requirements
- Explaining scoring methodology

Objectives


Participants will be able to perform the following:

- Identify how hospitals will be evaluated within each domain and measure
- Recall the Hospital VBP Program eligibility requirements
- Interpret the scoring methodology used in the Hospital VBP Program
- Analyze the PPSR


Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview


Introduction


Introduction: Foundation

- 
- Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program

- 
- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) Program measure reporting infrastructure

- 
- Next step in promoting higher quality of care for Medicare; pays for care that rewards better value and patient outcomes instead of just volume of services

- 
- Funded by a 2.00% reduction from participating hospitals' base-operating diagnosis-related group (DRG) payments for FY 2018

- 
- Uses measures that have been specified under the Hospital IQR Program and results published on *Hospital Compare* for at least one year

Introduction: Program Funding

- The Hospital VBP Program is:
 - An estimated budget-neutral program.
 - Funded by reductions from hospitals' base-operating DRG payments.
- Resulting funds are redistributed to hospitals, based on their Total Performance Scores (TPS)
 - Actual amount earned will depend on the range and distribution of all eligible/participating hospitals' TPS scores for a fiscal year.
 - A hospital may earn back a value-based incentive payment percentage that can range from incurring the withhold for the fiscal year to receiving a positive net change in base-operating DRG payments.

Fiscal Year	Percentage Withhold	Total Value-Based Incentive Payments
FY 2013	1.00%	\$963 million (est.)
FY 2014	1.25%	\$1.1 billion (est.)
FY 2015	1.50%	\$1.4 billion (est.)
FY 2016	1.75%	\$1.5 billion (est.)
FY 2017	2.00%	\$1.8 billion (est.)
FY 2018	2.00%	\$1.9 billion (est.)

Introduction: Eligibility

- **Eligible hospitals include** subsection (d) hospitals — as defined in Social Security Act 1886(d)(1)(B)
- **Ineligible hospitals include those** excluded from the inpatient prospective payment system (IPPS):
 - Psychiatric
 - Rehabilitation
 - Long-term care
 - Children's
 - The 11 PPS-exempt cancer hospitals
 - Critical access hospitals (CAHs)
- **Excluded hospitals include those:**
 - Subject to payment reductions under the Hospital IQR Program
 - Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients
 - With an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program
 - Without the minimum number of domains calculated for the applicable fiscal year
 - Short-term acute care hospitals in Maryland

NOTE: Hospitals **excluded** from HVBP **will not** have their base-operating DRG payments reduced by 2.00%.

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Evaluating Hospitals

Evaluating Hospitals: FY 2018 Domain Weights and Measures

SAFETY

1. **PSI 90:** Complication/patient safety for selected indicators (composite)
2. **CDI:** Clostridium difficile Infection
3. **CAUTI:** Catheter-Associated Urinary Tract Infection
4. **CLABSI:** Central Line-Associated Bloodstream Infection
5. **MRSA:** Methicillin-resistant Staphylococcus aureus Bacteremia
6. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
7. **PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

CLINICAL CARE

1. **MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate

EFFICIENCY AND COST REDUCTION

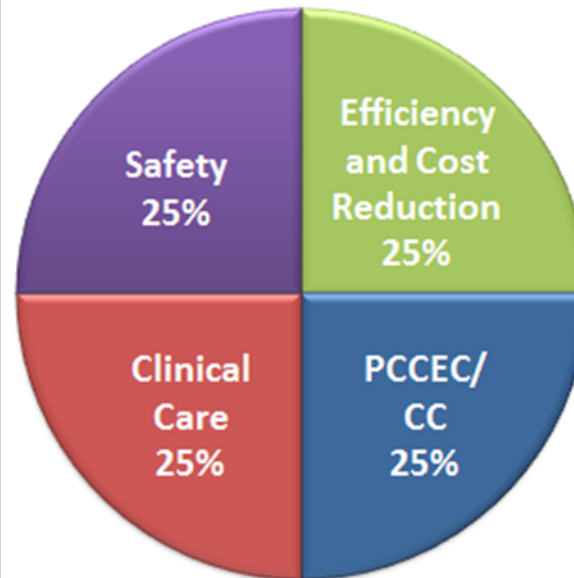
1. **MSPB:** Medicare Spending per Beneficiary (MSPB)

PATIENT- AND CAREGIVER-CENTERED EXPERIENCE OF CARE/CARE COORDINATION (Experience of Care)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition*
8. Overall Rating of Hospital

Domain Weights



An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

Evaluating Hospitals: Summary of Changes

- The Clinical Care-Process subdomain was removed.
- Four domains remain, each weighted equally at 25%.
- PC-01 has been moved from the Clinical Care-Process subdomain to the Safety Domain.
- Measures AMI-7a and IMM-2 have been removed from the Hospital VBP Program.

Evaluating Hospitals: Summary of Changes

- A new dimension entitled, Care Transition, has been added to the HCAHPS Survey in the Experience of Care domain.
- The Pain Management dimension was removed from the Experience of Care domain.

Evaluating Hospitals: Care Transition

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- Strongly disagree
 Disagree
 Agree
 Strongly agree
 I was not given any medication when I left the hospital

- The Care Transition measure (CTM–3) is a National Quality Forum (NQF)-endorsed measure (NQF #0228) and was added to the HCAHPS Survey.
- For purposes of the HCAHPS base score, the new CTM–3 dimension will be calculated in the same manner as the seven other HCAHPS dimensions. For each of the eight dimensions,
 - Achievement points (0–10 points) and
 - Improvement points (0–9 points) would be calculated, the larger of which would be summed across the eight dimensions to create a pre-normalized HCAHPS base score (0–80 points).
 - HCAHPS consistency points will continue to range from 0 to 20 points.

Evaluating Hospitals: Patient Safety Indicators (PSI) PSI 90 Composite Measure

- PSI 90 is a composite of eight underlying component patient safety indicators (PSIs), which are sets of indicators on potential in-hospital complications and adverse events during surgeries and procedures, including the following:
 - **PSI 03** Pressure Ulcer Rate
 - **PSI 06** Iatrogenic Pneumothorax Rate
 - **PSI 07** Central Venous Catheter-Related Bloodstream Infection Rate
 - **PSI 08** Postoperative Hip Fracture Rate
 - **PSI 12** Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate
 - **PSI 13** Postoperative Sepsis Rate
 - **PSI 14** Postoperative Wound Dehiscence Rate
 - **PSI 15** Accidental Puncture or Laceration Rate
- CMS will utilize **nine Diagnosis** codes and **six Procedure** codes and recalibrated software version 5.0.1 for calculations.
- CMS shortened the performance period to **end on September 30, 2015** for the FY 2018 performance period.
- More information about the PSI 90 measure is available on *QualityNet*:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228695355425>.

Evaluating Hospitals: National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) Measures

Question: Why doesn't my NHSN HAI measure data in Hospital VBP match what's reported on *Hospital Compare* or my data in NHSN?

Answer: Three possible reasons why your data doesn't match include the following:

- CLABSI/CAUTI expanded locations
 - The Hospital IQR Program started reporting expanded locations with calendar year 2015 data, but the Hospital VBP Program will not start until FY 2019.
- New standard population (baseline)
 - The Centers for Disease Control and Prevention (CDC) updated its standard population with calendar year 2015 data, but the Hospital VBP Program will not use the update until FY 2019.
- Updates to data made in NHSN after the quarterly submission deadlines will not be reflected in CMS programs.

Evaluating Hospitals: Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
Clinical Care	Mortality Measures	10/1/2009–6/30/2012	10/1/2013–6/30/2016
Experience of Care	HCAHPS Survey	1/1/2014–12/31/2014	1/1/2016–12/31/2016
Safety	PSI 90	7/1/2010–6/30/2012	7/1/2014–9/30/2015
	HAI Measures	1/1/2014–12/31/2014	1/1/2016–12/31/2016
	PC-01	1/1/2014–12/31/2014	1/1/2016–12/31/2016
Efficiency and Cost Reduction	MSPB	1/1/2014–12/31/2014	1/1/2016–12/31/2016

Evaluating Hospitals: Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
Clinical Care	Two mortality measures with a minimum of 25 cases
Experience of Care	100 HCAHPS Surveys
Safety	Minimum of three measure scores: <ul style="list-style-type: none"> • PSI 90: Three cases for any one underlying indicator • HAI measures: One predicted infection • PC-01: 10 cases
Efficiency and Cost Reduction	25 episodes of care in the MSPB measure
Total Performance Score	A minimum of three of the four domains receiving domain scores

Evaluating Hospitals: Performance Standards

Benchmark

Average (mean) performance of the top 10% of hospitals

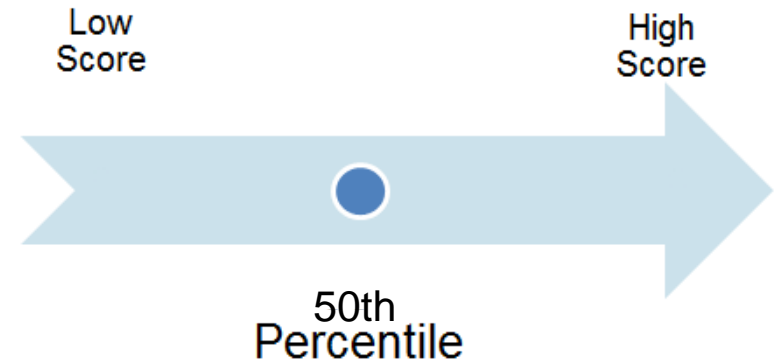
Achievement Threshold

Performance at the 50th percentile (median) of hospitals during the baseline period

Figure #1 - Benchmark



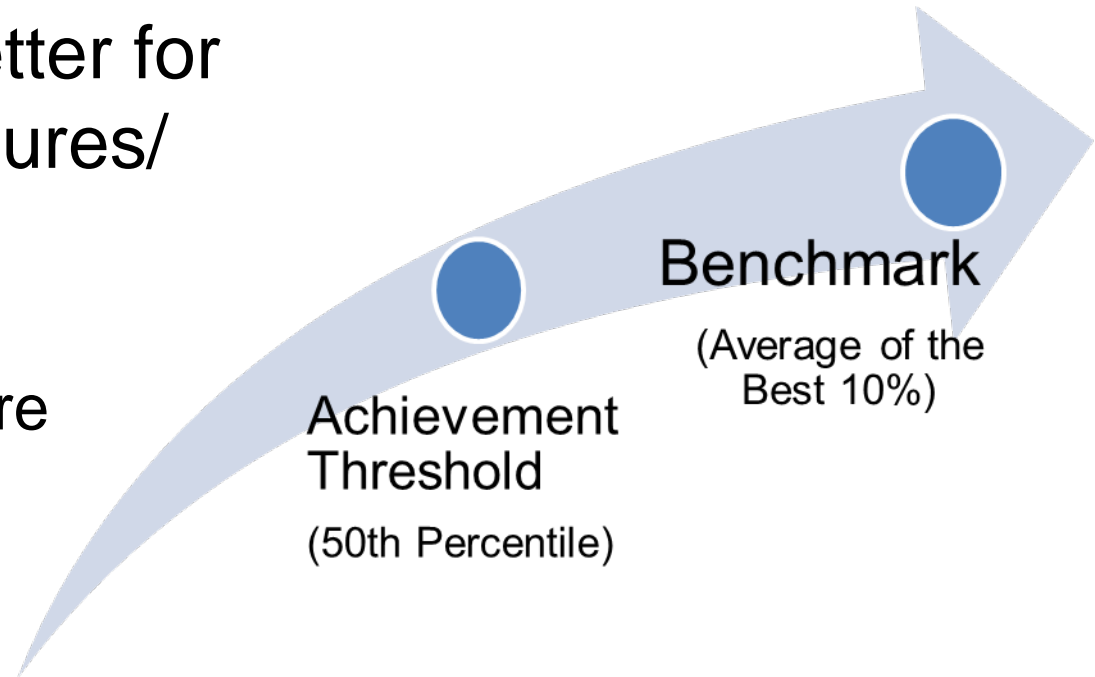
Figure #2 - Achievement Threshold



Evaluating Hospitals: Performance Standards

A **higher** rate is better for the following measures/dimensions:

- Clinical Care*
- Experience of Care

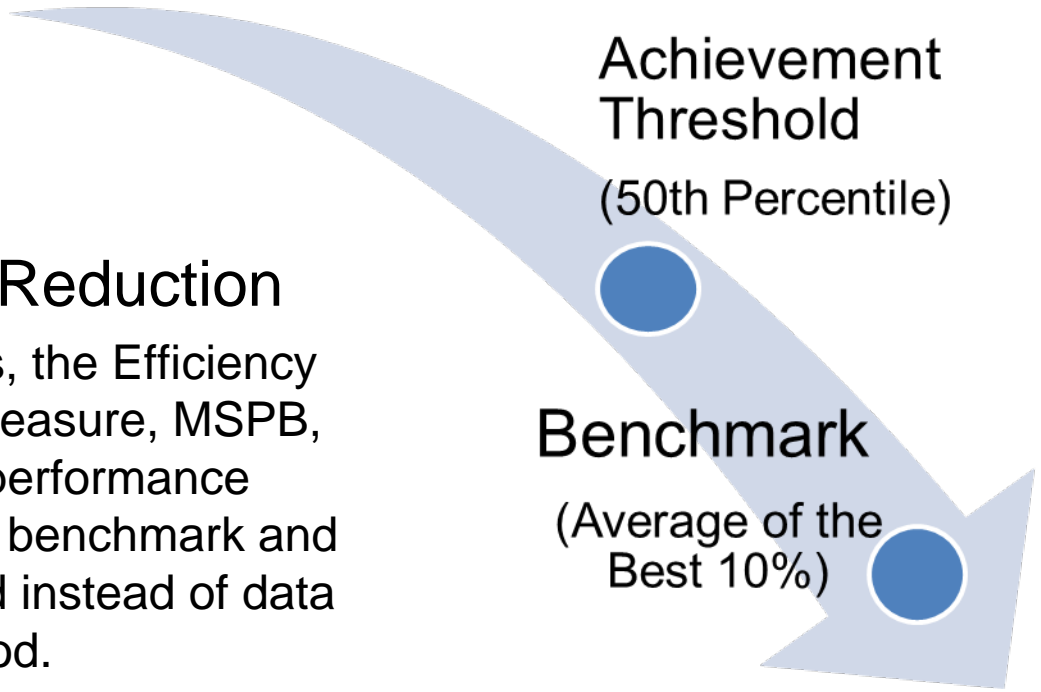


* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.

Evaluating Hospitals: Performance Standards

A **lower** rate is better for the following measures/ dimensions:

- **Safety**
 - PSI 90
 - HAI measures
 - PC-01
- **Efficiency and Cost Reduction**
 - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



Evaluating Hospitals: Performance Standards

Clinical Care		
Measure	Benchmark	Achievement Threshold
MORT-30-AMI	0.873053	0.850916
MORT-30-HF	0.907656	0.883421
MORT-30-PN	0.907900	0.882860

Efficiency and Cost Reduction		
Measure	Benchmark	Achievement Threshold
MSPB	0.832678	0.985777

Evaluating Hospitals: Performance Standards

Experience of Care			
Measure	Benchmark	Achievement Threshold	Floor
Communication with Nurses	86.68%	78.52%	55.27%
Communication with Doctors	88.51%	80.44%	57.39%
Responsiveness of Hospital Staff	80.35%	65.08%	38.40%
Communications about Medicines	73.66%	63.37%	43.43%
Cleanliness and Quietness of Hospital Environment	79.00%	65.60%	40.05%
Discharge Information	91.63%	86.60%	62.25%
Care Transition	62.44%	51.45%	25.21%
Overall Rating of Hospital	84.58%	70.23%	37.67%

Evaluating Hospitals: Performance Standards

Safety		
Measure	Benchmark	Achievement Threshold
PSI 90	0.709498	0.964542
CLABSI	0.000	0.0369
CAUTI	0.000	0.906
SSI <ul style="list-style-type: none"> • Abdominal Hysterectomy • Colon Surgery 	0.000 0.000	0.710 0.824
MRSA	0.000	0.767
CDI	0.004	0.805
PC-01	0.000000	0.020408

Evaluating Hospitals: Technical Updates

CMS issued two technical updates for FY 2018 performance standards:

- CDI Risk-Adjustment Error
 - Announced August 30, 2016 on *QualityNet*.
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1228775831430>
 - CDI data for the first two quarters of 2014 had been calculated with an incorrect risk adjustment. The error occurred in data for hospitals that modified their CDI test type in either the First or Second Quarter 2014 from what was reported on their 2013 National Healthcare Safety Network (NHSN) Annual Survey.
 - CMS released an updated version of the FY 2018 Baseline Measures Reports.
- PSI 90 Composite Software Update
 - Announced March 2, 2016 on *QualityNet*.
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1228775567103>
 - CMS announced recalibrated software version 5.0.1 would be used for FY 2018 calculations.

Evaluating Hospitals: Achievement Points

Awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period*:

- Rate at or above the benchmark
 - 10 points
- Rate less than the achievement threshold
 - 0 points
- Rate somewhere at or above the threshold but less than the benchmark
 - 1–9 points

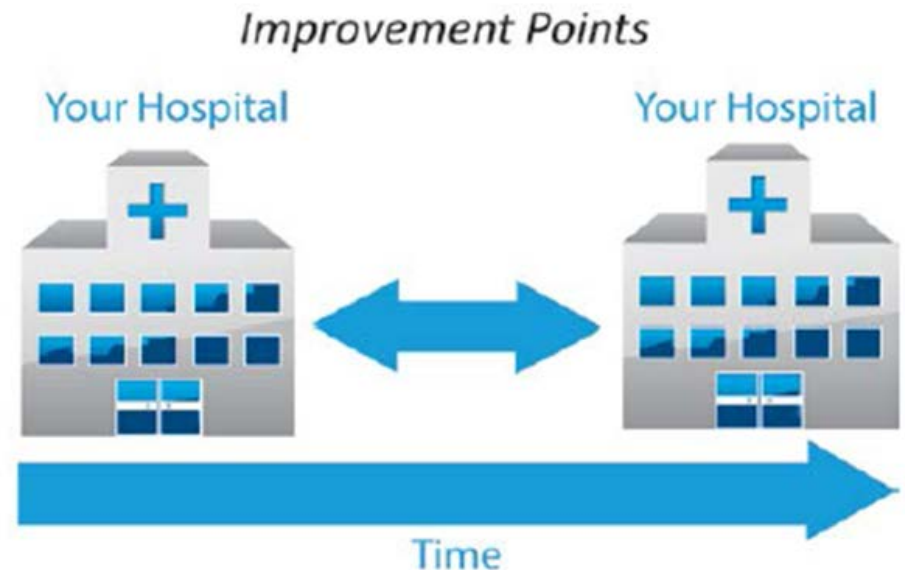


* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

Evaluating Hospitals: Improvement Points

Awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period*:

- Rate at or above the benchmark
 - 9 points**
- Rate less than or equal to baseline period rate
 - 0 points
- Rate between the baseline period rate and the benchmark
 - 0–9 points



* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

** Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (that is, have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Report Information

Report Information: Percentage Summary Report

Report Run Date: 08/01/2017

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
 Percentage Summary Report
 Provider: 999999
 Reporting Period: Fiscal Year 2018

Data As Of: 05/24/2016

Total Performance Score

Facility	State	National
56.0000000000000	42.2083333333333	40.185419086334
Unweighted Domain Score	Weighting	Weighted Domain Score
100.0000000000000	25%	25.0000000000000
62.0000000000000	25%	15.5000000000000
42.0000000000000	25%	10.5000000000000
20.0000000000000	25%	5.0000000000000

Clinical Care Domain

Patient and Caregiver Centered Experience of Care/Care Coordination Domain

Safety Domain

Efficiency and Cost Reduction Domain

Value-Based Percentage Payment Summary - Fiscal Year 2018

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.000000000000%	3.1059024076%	+1.1059024076%	1.0110590241	2.7731271496

Calculated values were subject to rounding.
 Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.



Total Performance Score



- **Facility:** Sum of the weighted domain scores
- **State:** Average facility TPS for the hospital's state
- **National:** Average facility TPS for the nation

Domain Scoring



- **Unweighted Domain Score:** The sum of your hospital's scores for the domain, taking into account only those DRG measures your hospital was eligible for during the performance period
- **Weighting:** Assigned scoring impact on the TPS for each domain
- **Weighted Domain Score:** The product of the unweighted domain score and the weighting

Report Information: Percentage Summary Report

Report Run Date: 08/01/2017

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
 Percentage Summary Report
 Provider: 999999
 Reporting Period: Fiscal Year 2018

Data As Of: 05/24/2016

Total Performance Score

Clinical Care Domain

Patient and Caregiver Centered Experience of Care/Care Coordination Domain

Safety Domain

Efficiency and Cost Reduction Domain

Facility	State	National
56.0000000000000	42.2083333333333	40.185419086334
Unweighted Domain Score	Weighting	Weighted Domain Score
100.0000000000000	25%	25.0000000000000
62.0000000000000	25%	15.5000000000000
42.0000000000000	25%	10.5000000000000
20.0000000000000	25%	5.0000000000000

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.000000000000%	3.1059024076%	+1.1059024076%	1.0110590241	2.7731271496

Calculated values were subject to rounding.
 Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.



Value-Based Percentage Payment Summary - Fiscal Year 2018



Payment Summary

- **Base-Operating DRG Payment Reduction:** The FY 2018 program is funded through a 2.00% reduction from participating hospitals' base-operating DRG payment amounts
- **Value-Based Incentive Payment Percentage:** Portion of the base-operating DRG payment amount your hospital earned back
- **Net Change in Base-Operating DRG Payment Amount:** Percent your FY 2018 base-operating DRG payment amounts will be changed
- **Incentive Payment-Adjustment Factor:** Value used to translate a hospital's TPS into the value-based incentive payment
- **Exchange Function Slope:** The relationship between a hospital's TPS and the amount distributed to the hospital as a value-based incentive payment

NOTE: Values displayed on this example report may not depict the actual values used to calculate payments for the FY 2018 Hospital VBP Program.

Report Information: Percentage Summary Report

Report Run Date: 08/01/2017

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
 Percentage Summary Report
 Provider: 999999
 Reporting Period: Fiscal Year 2018

Data As Of: 05/24/2016

	Facility	State	National
Total Performance Score	Hospital VBP Ineligible	32.952380952381	40.185419086334
	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Care Domain	0.000000000000	25%	0.000000000000
Patient and Caregiver Centered Experience of Care/Care Coordination Domain	63.000000000000	25%	15.750000000000
Safety Domain	31.666666666667	25%	7.916666666667
Efficiency and Cost Reduction Domain	0.000000000000	25%	0.000000000000

HVBP Exclusion Reason The hospital is subject to IQR Payment Reductions. The hospital was cited by CMS through the Medicare State Survey and Certification process for deficiencies during the Performance Period that pose immediate jeopardy to patients.



	Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Value-Based Percentage Payment Summary - Fiscal Year 2018	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Calculated values were subject to rounding.
 Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.
 * "Hospital VBP Ineligible" indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.

HVBP Exclusion Reason



- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary page.
- When a hospital is excluded, the TPS field and the Payment Summary fields will display "Hospital VBP Ineligible."

Report Information: Clinical Care Detail Report

Report Run Date: 08/01/2017

Page 2 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Clinical Care Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Baseline Period: 10/01/2009 - 06/30/2012 Performance Period: 10/01/2013 - 06/30/2016	FY 2018 Baseline Period Totals		FY 2018 Performance Period Totals		HVBP Metrics				
Outcomes Measures	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
30-Day Risk-Standardized Mortality Measures									
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	1	0.851439	91	0.873054	0.850916	0.873053	-	10	10
Heart Failure (HF) 30-Day Mortality Rate	26	0.892788	147	0.907657	0.883421	0.907656	9	10	10
Pneumonia (PN) 30-Day Mortality Rate	130	0.900668	212	0.907901	0.882860	0.907900	9	10	10

Eligible Clinical Care Measures: 3 out of 3
Unweighted Clinical Care Measures Domain Score: 100.000000000000
Weighted Clinical Care Measures Domain Score: 25.000000000000

1

2

Calculated values were subject to rounding.

* A dash (-) indicates that the minimum requirements were not met for calculation.

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rate

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rate

Report Information: Clinical Care Detail Report

Report Run Date: 08/01/2017

Page 2 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Clinical Care Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Baseline Period: 10/01/2009 - 06/30/2012 Performance Period: 10/01/2013 - 06/30/2016	FY 2018 Baseline Period Totals		FY 2018 Performance Period Totals		HVBP Metrics				
Outcomes Measures	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
30-Day Risk-Standardized Mortality Measures									
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	1	0.851439	91	0.873054	0.850916	0.873053	-	10	10
Heart Failure (HF) 30-Day Mortality Rate	26	0.892788	147	0.907657	0.883421	0.907656	9	10	10
Pneumonia (PN) 30-Day Mortality Rate	130	0.900668	212	0.907901	0.882860	0.907900	9	10	10

Eligible Clinical Care Measures: 3 out of 3
Unweighted Clinical Care Measures Domain Score: 100.000000000000
Weighted Clinical Care Measures Domain Score: 25.000000000000

4

3

Calculated values were subject to rounding.

* A dash (-) indicates that the minimum requirements were not met for calculation.

3 **HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score

4 Domain Summary

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Report Information: Experience of Care Detail Report

Report Run Date: 08/01/2017

Page 3 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Patient and Caregiver Centered Experience of Care/Care Coordination Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

1

2

Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016								
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	82.58%	83.50%	55.27%	78.52%	86.68%	2	6	6
Communication with Doctors	87.55%	86.95%	57.39%	80.44%	88.51%	0	8	8
Responsiveness of Hospital Staff	72.43%	73.80%	38.40%	65.08%	80.35%	1	6	6
Communication about Medicines	70.05%	70.28%	43.43%	63.37%	73.66%	0	7	7
Cleanliness and Quietness of Hospital Environment	71.25%	70.40%	40.05%	65.60%	79.00%	0	4	4
<i>Discharge Information[†]</i>	88.49%	87.00%	62.25%	86.60%	91.63%	0	1	1
Care Transition	55.74%	58.00%	25.21%	51.45%	62.44%	3	6	6
Overall Rating of Hospital	76.30%	75.25%	37.67%	70.23%	84.58%	0	4	4

HCAHPS Base Score: 42
HCAHPS Consistency Score: 20
Unweighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: 62.000000000000
Weighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: 15.500000000000
HCAHPS Surveys Completed during the Performance period: 164

Calculated values were subject to rounding.

* A dash (-) indicates that the minimum requirements were not met for calculation.

[†]The **Discharge Information** HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

1

Baseline Period Rate displays the hospital's baseline rate used to calculate improvement points

2

Performance Period Totals displays the hospital's performance period rate used to calculate achievement points, improvement points, and lowest dimension score

Report Information: Experience of Care Detail Report

Report Run Date: 08/01/2017

Page 3 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Patient and Caregiver Centered Experience of Care/Care Coordination Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

3

Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016								
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	82.58%	83.50%	55.27%	78.52%	86.68%	2	6	6
Communication with Doctors	87.55%	86.95%	57.39%	80.44%	88.51%	0	8	8
Responsiveness of Hospital Staff	72.43%	73.80%	38.40%	65.08%	80.35%	1	6	6
Communication about Medicines	70.05%	70.28%	43.43%	63.37%	73.66%	0	7	7
Cleanliness and Quietness of Hospital Environment	71.25%	70.40%	40.05%	65.60%	79.00%	0	4	4
<i>Discharge Information*</i>	88.49%	87.00%	62.25%	86.60%	91.63%	0	1	1
Care Transition	55.74%	58.00%	25.21%	51.45%	62.44%	3	6	6
Overall Rating of Hospital	76.30%	75.25%	37.67%	70.23%	84.58%	0	4	4

HCAHPS Base Score: 42
HCAHPS Consistency Score: 20
Unweighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: 62.000000000000
Weighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: 15.500000000000
HCAHPS Surveys Completed during the Performance period: 164

Calculated values were subject to rounding.

* A dash (-) indicates that the minimum requirements were not met for calculation.

The *Discharge Information* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

4

3

HVBP Metrics displays the performance standards (floor, achievement threshold, and benchmark), improvement points, achievement points, and dimension score

Domain Summary

- **HCAHPS Base Score:** Sum of the eight dimension scores
- **HCAHPS Consistency Score:** Lowest dimension score value multiplied by 20 and reduced by 0.5
- **Unweighted Domain Score:** Sum of the HCAHPS base and consistency scores
- **Weighted Domain Score:** Product of the unweighted domain score and the domain weight
- **Surveys Completed During the Performance Period:** Number of completed surveys during the performance period

4

Report Information: Safety Measures Detail Report

Report Run Date: 08/01/2017

Page 4 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Safety Measures Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

1

2

Baseline Period: 07/01/2010 - 06/30/2012 Performance Period: 07/01/2014 - 09/30/2015		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HBVP Metrics				
AHRQ Composite Measures		Index Value			Index Value			Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Complication/patient safety for selected indicators (composite)		0.981271			N/A			0.964542	0.709498	-	-	-
Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HBVP Metrics				
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter-Associated Urinary Tract Infection	N/A	N/A	-	13	22.927	0.567	0.906	0.000	-	4	4	
Central Line-Associated Blood Stream Infection	N/A	N/A	-	4	9.176	0.436	0.369	0.000	-	0	0	
Clostridium difficile Infection	0	2.802	0.000	3	1000.000	0.003	0.794	0.002	0	9	9	
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	0.222	-	0	0.999	-	0.787	0.000	-	-	-	
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	4	
SSI-Abdominal Hysterectomy	N/A	N/A	-	0	2.020	0.000	0.710	0.000	-	10	10	
SSI-Colon Surgery	N/A	N/A	-	3	4.619	0.649	0.824	0.000	-	2	2	
Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HBVP Metrics				
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score	
Perinatal Care												
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	3	95	0.031579	1	63	0.015873	0.020408	0.000000	4	2	4	

Eligible Safety Measures: 5 out of 7
Unweighted Safety Domain Score: 42.000000000000
Weighted Safety Domain Score: 10.500000000000

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rates

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rates

Report Information: Safety Measures Detail Report

Report Run Date: 08/01/2017

Page 4 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Safety Measures Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

3

Baseline Period: 07/01/2010 - 06/30/2012 Performance Period: 07/01/2014 - 09/30/2015		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HVBP Metrics				
AHRQ Composite Measures		Index Value			Index Value			Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Complication/patient safety for selected indicators (composite)		0.981271			N/A			0.964542	0.709498	-	-	-
Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HVBP Metrics				
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter-Associated Urinary Tract Infection	N/A	N/A	-	13	22.927	0.567	0.906	0.000	-	4	4	
Central Line-Associated Blood Stream Infection	N/A	N/A	-	4	9.176	0.436	0.369	0.000	-	0	0	
Clostridium difficile Infection	0	2.802	0.000	3	1000.000	0.003	0.794	0.002	0	9	9	
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	0.222	-	0	0.999	-	0.767	0.000	-	-	-	
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	4	
SSI-Abdominal Hysterectomy	N/A	N/A	-	0	2.020	0.000	0.710	0.000	-	10	10	
SSI-Colon Surgery	N/A	N/A	-	3	4.619	0.649	0.824	0.000	-	2	2	
Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HVBP Metrics				
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score	
Perinatal Care												
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	3	95	0.031579	1	63	0.015873	0.020408	0.000000	4	2	4	

Eligible Safety Measures: 5 out of 7
Unweighted Safety Domain Score: 42.000000000000
Weighted Safety Domain Score: 10.500000000000

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score

Report Information: Safety Measures Detail Report

Report Run Date: 08/01/2017

Page 4 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Safety Measures Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Baseline Period: 07/01/2010 - 06/30/2012 Performance Period: 07/01/2014 - 09/30/2015		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HBVP Metrics				
AHRQ Composite Measures		Index Value			Index Value			Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Complication/patient safety for selected indicators (composite)		0.981271			N/A			0.964542	0.709498	-	-	-
Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HBVP Metrics				
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter-Associated Urinary Tract Infection	N/A	N/A	-	13	22.927	0.567	0.906	0.000	-	4	4	
Central Line-Associated Blood Stream Infection	N/A	N/A	-	4	9.176	0.436	0.369	0.000	-	0	0	
Clostridium difficile Infection	0	2.802	0.000	3	1000.000	0.003	0.794	0.002	0	9	9	
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	0.222	-	0	0.999	-	0.767	0.000	-	-	-	
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	4	
SSI-Abdominal Hysterectomy	N/A	N/A	-	0	2.020	0.000	0.710	0.000	-	10	10	
SSI-Colon Surgery	N/A	N/A	-	3	4.619	0.649	0.824	0.000	-	2	2	
Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016		FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HBVP Metrics				
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score	
Perinatal Care PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	3	95	0.031579	1	63	0.015873	0.020408	0.000000	4	2	4	

Eligible Safety Measures: 5 out of 7
Unweighted Safety Domain Score: 42.000000000000
Weighted Safety Domain Score: 10.500000000000

4

4

Domain Summary

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

Report Information: Efficiency and Cost Reduction Detail Report

Report Run Date: 08/01/2017

Page 5 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Efficiency and Cost Reduction Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Baseline Period: 01/01/2014 - 12/31/2014 Performance Period: 01/01/2016 - 12/31/2016	FY 2018 Baseline Period Totals			FY 2018 Performance Period Totals			HVBP Metrics				
	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Medicare Spending per Beneficiary (MSPB)	\$13,339.02	\$20,017.29	0.666375	\$19,105.73	\$20,017.29	0.954461	0.985410	0.827800	0	2	2

Eligible Efficiency and Cost Reduction Measure: 1 out of 1
Unweighted Efficiency and Cost Reduction Domain Score: 20.000000000000
Weighted Efficiency and Cost Reduction Domain Score: 5.000000000000
of Episodes: 3569

Calculated values were subject to rounding.

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rates

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rates

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score

4

Domain Summary

Eligible Measures: Total number of measures that meet the minimum case amount during the performance period

Unweighted Score: Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100

Weighted Domain Score: Hospital's unweighted Efficiency and Cost Reduction domain score multiplied by domain weight

Report Information: Data Precision

Domain	Measure	Value	Precision
Clinical Care	Mortality measures	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
Experience of Care	HCAHPS	Baseline and performance period rates*	2
		Benchmark, achievement threshold, and floor	2
Safety	PSI 90	Baseline and performance index value	6
		Benchmark and achievement threshold	6
	HAI measures	Baseline and performance standardized infection ratio (SIR)	3
		Benchmark and achievement threshold	3
	PC-01	Baseline and performance period rates*	6
		Benchmark and achievement threshold	6
Efficiency and Cost Reduction	MSPB	Baseline and performance MSPB measure	6
		Benchmark and achievement threshold	6

* Precision used to calculate achievement and improvement points may be greater than precision displayed on report.

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Reviewing Your Data

Reviewing Your Data: Timeline

Hospitals may review their data used in CMS programs in two different stages.

1. Patient-Level Data Review

During this stage of the review, hospitals ensure the data or claims submitted are correct and accurate prior to the submission deadline, claims pull date, or during the HCAHPS review and correction period.

2. Scoring/Eligibility Review

During this stage of the review, hospitals can ensure that the data that was reviewed during stage one is being displayed and scored accurately in CMS programs (e.g., improvement points in Hospital VBP). Hospitals can also ensure eligibility is being applied correctly. Data review as defined in stage one is not an allowable review item during the following CMS preview/review periods:

- Hospital IQR Program preview period
- Claims-based measures review and correction period
- Hospital VBP Program review and correction period

Reviewing Your Data: Chart-Abstracted and Web-Entry Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure accuracy of the data and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.

Reviewing Your Data: CDC NHSN Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure accuracy of the data and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.
- HAI data that have been changed in NHSN **after** the submission deadline will **not** be reflected in any of the CMS programs, CMS reports, or on *Hospital Compare*.

Reviewing Your Data: HCAHPS Survey

Stage One: Patient-Level Data Review

- Hospitals have seven days after the submission deadline to access and review the HCAHPS Data Review and Corrections Report.
- New data are not accepted into the warehouse during the review and correction period.
- Errors in data accepted into the warehouse by the quarterly deadline can be corrected.
- During the seven-day period, the corrected data can be resubmitted to the warehouse to replace the incorrect data.

Reviewing Your Data: Claims-Based Measures

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction request after the receipt of their Hospital-Specific Report (HSR).
 - Suspected calculation errors on a report **can** be submitted for review with the possibility of a correction.
 - Requests for submission of new or corrected claims to the underlying data are **not** allowed.
 - To submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor.
- General questions about the HSRs or measures may also be submitted.

Reviewing Your Data: Hospital VBP Program

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the release of the PPSR.
 - Hospitals may review and request recalculation of scores on each condition, domain, and TPS.
 - Requests for submission of new or corrected data, including claims to the underlying measure data, are **not** allowed.
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- For more information:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

Reviewing Your Data: Best Practices

- Have a second person review submitted data for errors
- Create a plan for spot checking or sampling the data submitted for errors
- Review the data a vendor submits for accuracy before submission or prior to the submission deadline
- Perform routine coding audits to ensure claims are being coded and billed accurately

Reviewing Your Data: Benefits of Correct Data

- Quality Improvement
 - Having usable and accurate data as soon as possible can assist in more immediate quality-improvement initiatives at the hospital.
- Pay-for-Performance Programs
 - Having accurate data ensures the hospital is assigned a payment-adjustment factor, based on the hospital's actual performance.
- Publicly Reported Data on *Hospital Compare*
 - Having accurate data can help organizations focus on quality-improvement priorities.
 - Having inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Review and Corrections

Review and Corrections: Overview

- Hospitals may **review and request recalculation of scores** on each condition, domain, and TPS.
- Requests should be completed **within 30 calendar days** following the posting date of the PPSR.

Where to Submit Forms

Submit the completed form through the CMS Secure File Exchange to the “**HVBP**” group.

Review and Corrections: *QualityNet*

1. Visit www.qualitynet.org
2. From the [Hospitals – Inpatient] drop-down menu, select [Hospital Value-Based Purchasing]
3. When the screen refreshes, select [Review and Corrections/ Appeals] from the left navigation pane and [Review and Corrections Request Form] toward the bottom of the page

Direct link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTie%2F%2F&cid=1228772479558>

Hospitals - Inpatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities
Hospital Value-Based Purchasing (HVBP)					
Review and Corrections/Appeals/Independent CMS Review Hospital Value-Based Purchasing (HVBP)					
Review and Corrections Process					
This process is aimed at correcting condition-specific, domain-specific, and Total P (TPS) that will be used for HVBP payment adjustments and publicly reported on the QualityNet Secure Portal .					
<ul style="list-style-type: none">• Hospitals should closely review their Percentage Payment Summary Reports when available and must request any corrections of their hospital's performance score, condition, domain, and/or TPS score within 30 calendar days of the posting of the Percentage Payment Summary Report on the <i>QualityNet Secure Portal</i>.• Hospitals must receive an adverse determination from the Centers for Medicare & Medicaid Services (CMS) of their review and correction request prior to requesting an appeal.					
NOTE: The review and corrections process for HVBP is specific only to discrepancy calculation of the condition-specific score, the domain-specific score, and/or the TPS between the data a hospital believes it had reported and the data actually reported. Appeals have been completed by the hospital during the Hospital Inpatient Quality Reporting submission time periods .					
Appeal Process					
This process allows hospitals to seek reconsideration for issues in TPS calculations that affect their payment. By statute, the appeal process is not intended to allow appeals of voluntary incentive payments resulting from a given TPS, barring a calculation or scoring error.					
<ul style="list-style-type: none">• Hospitals can only request an appeal after first requesting a review and correction of performance scores.• Hospitals may submit an appeal within 30 calendar days from the date CMS publishes the hospital of its decision on the review and corrections request.					
Independent CMS Review Process					
This process allows hospitals the option to seek an additional appeal beyond the review and corrections process and initial appeal process.					
<ul style="list-style-type: none">• Hospitals can request this additional independent CMS review only if they first request a review and correction and are dissatisfied with the result.• Hospitals are strongly encouraged to request this additional independent CMS review within 30 calendar days after the appeal decision is received.					
Forms and Additional Reference Material					
For assistance in completing and submitting the Review and Corrections, Appeals, and Independent Review forms, refer to the following:					
<ul style="list-style-type: none">• Review and Corrections Quick Reference Guide, PDF-28 KB (Updated 06/27/17)• Review and Corrections Request Form, PDF-165 KB (03/15/17)• Appeal Quick Reference Guide, PDF-29 KB (Updated 06/27/17)• Appeal Request Form, PDF-168 KB (03/15/17)					

Review and Corrections: Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CMS Certification Number (CCN)
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital chief executive officer (CEO) and *QualityNet* System Administrator (name, address, telephone, and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
 - TPS
- Detailed description for each of the reason(s) identified

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Appeals

Appeals: Overview

- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- Hospitals must receive an adverse determination from CMS prior to requesting an appeal.
- Upon receipt of appeal, CMS:
 - Provides email acknowledgement of appeal.
 - Reviews the request and notifies CEO of decision.

Where to Submit Forms

Submit the completed form through the CMS Secure File Exchange to the “**HVBP**” group.

Appeals: QualityNet

1. Go to www.qualitynet.org
2. From the [Hospitals – Inpatient] drop-down menu, select [Hospital Value-Based Purchasing]
3. When the screen refreshes, select [Review and Corrections/Appeals] from the left-hand side and [Review and Corrections Request Form] toward the bottom of page

Direct link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

Hospitals - Inpatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities
Hospital Value-Based Purchasing (HVBP)					
Review and Corrections/Appeals/Independent CMS Review Hospital Value-Based Purchasing (HVBP)					
Review and Corrections Process					
This process is aimed at correcting condition-specific, domain-specific, and Total P (TPS) that will be used for HVBP payment adjustments and publicly reported on H					
<ul style="list-style-type: none">• Hospitals should closely review their Percentage Payment Summary Reports w available and must request any corrections of their hospital's performance score condition, domain, and/or TPS score within 30 calendar days of the posting d Percentage Payment Summary Report on the <i>QualityNet Secure Portal</i>.• Hospitals must receive an adverse determination from the Centers for Medicare Services (CMS) of their review and correction request prior to requesting an ap					
NOTE: The review and corrections process for HVBP is specific only to discrepancy calculation of the condition-specific score, the domain-specific score, and/or the TP between the data a hospital believes it had reported and the data actually reported have been completed by the hospital during the Hospital Inpatient Quality Reportin submission time periods .					
Appeal Process					
This process allows hospitals to seek reconsideration for issues in TPS calculations their payment. By statute, the appeal process is not intended to allow appeals of v incentive payments resulting from a given TPS, barring a calculation or scoring err					
<ul style="list-style-type: none">• Hospitals can only request an appeal after first requesting a review and correct performance scores.• Hospitals may submit an appeal within 30 calendar days from the date CMS hospital of its decision on the review and corrections request.					
Independent CMS Review Process					
This process allows hospitals the option to seek an additional appeal beyond the re corrections process and initial appeal process.					
<ul style="list-style-type: none">• Hospitals can request this additional independent CMS review only if they first process and are dissatisfied with the result.• Hospitals are strongly encouraged to request this additional independent CMS e calendar days after the appeal decision is received.					
Forms and Additional Reference Material					
For assistance in completing and submitting the Review and Corrections, Appeals, Independent Review forms, refer to the following:					
<ul style="list-style-type: none">• Review and Corrections Quick Reference Guide, PDF-28 KB (Updated 06/27/17)• Review and Corrections Request Form, PDF-165 KB (03/15/17)• Appeal Quick Reference Guide, PDF-29 KB (Updated 06/27/17)• Appeal Request Form, PDF-168 KB (03/15/17)					

Appeals: Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CCN
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital CEO and *QualityNet* System Administrator (name, address, telephone and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
 - TPS
- Provide detailed description for each of the reason(s) identified

Appeals: Acceptable Reasons

- Denial of a hospital's review and correction request
- Calculation of achievement/improvement points
- Calculation of measure/dimension score
- Calculation of domain scores
- Calculation of HCAHPS consistency points
- Incorrect domain scores in TPS
- Incorrect weight applied to domain
- Incorrect weighted domain scores to calculate TPS
- Hospital's open/closed status incorrectly specified

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Resources

Resources:

FY 2018 PPSRs Coming Soon

- Notifications will be sent to hospitals when the **PPSRs** are available on the *QualityNet Secure Portal*.
- Reports will only be available to hospitals that have active, registered *QualityNet* users and that have assigned the following *QualityNet* roles:
 - **Hospital Reporting Feedback – Inpatient role** (required to receive the report)
 - **File Exchange and Search role** (required to download the report from *My QualityNet*)



The screenshot shows the CMS.gov QualityNet portal interface. At the top, it displays the CMS.gov logo and the QualityNet logo, with the text 'Centers for Medicare & Medicaid Services' below. The main content area is titled 'Choose Your QualityNet Destination' and includes the instruction: 'Please select your primary quality program to reach the right log in screen for your QualityNet portal.' Below this, there is a section for 'Secure File Transfer' with the prompt 'Select your primary quality program:'. A list of programs is provided, including 'End Stage Renal Disease Quality Reporting Program', 'Ambulatory Surgical Center Quality Reporting Program', 'PPS-Exempt Cancer Hospital Quality Reporting Program', 'Inpatient Hospital Quality Reporting Program', 'Inpatient Psychiatric Quality Reporting Program', 'Outpatient Hospital Quality Reporting Program', 'Physicians Quality Reporting System / eRx', and 'Quality Improvement Organizations'. A 'CANCEL' button is located at the bottom right of the selection area.

Resources:

How to Run Your Report

1. Login to your *QualityNet Secure Portal* account.
2. Select “Run Reports” from the “My Reports” drop-down list.
3. Select “Run Report(s)” from the “I’d Like To...” options.
4. Select “IQR” from the “Report Program” drop-down list, “Hospital Value-Based Purchasing–Feedback Reports” from the “Report Category” drop-down list, and click “View Reports.”
5. Select “Hospital Value-Based Purchasing–Value Based Percentage Payment Summary Report” from the “Report Name” section.
6. Select the parameters of the report and click “Run Report.”
7. Click “Search Report(s).”
8. Select “Download” from the “ACTION” column.

For technical questions or issues related to accessing the PPSR, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org.

Resources: Available on *QualityNet*

- How to Read Your PPSR
 - From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing Program]** and then select **[Resources]**
- Webinars/Calls/Educational Materials
 - From **[Hospitals – Inpatient]**, select the **[Hospital Value-Based Purchasing (HVBP)]** drop-down menu and then select **[Webinars/Calls]**
 - Also available at <http://www.QualityReportingCenter.com>
- Hospital VBP Program General Information
 - From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing Program]**
- Frequently Asked Questions
 - From the home page, select **[Questions & Answers]** on the right-hand side, and then select **[Hospitals – Inpatient]**
 - Direct link: <https://cms-ip.custhelp.com/>

Resources:

Available on *Hospital Compare*

- About *Hospital Compare*
 - Part of the CMS Hospital Quality Initiative
 - Contains information about the quality of care at more than 4,000 Medicare-certified hospitals across the country
 - Helps improve quality of care by distributing objective, easy-to-understand data on hospital performance and quality information from consumer perspectives
- To access the Hospital VBP data:
 - Go to www.medicare.gov/hospitalcompare
 - Click on **[Hospital Value-Based Purchasing Program]** found in the bottom-left of page in “Additional Information”

The screenshot displays the Medicare.gov Hospital Compare website. At the top, it reads "Medicare.gov | Hospital Compare" and "The Official U.S. Government Site for Medicare". Below this is a search bar titled "Find a hospital". A note states "A field with an asterisk (*) is required." and the label "* Location" is shown. An example text "Example: 45802 or Lima, OH or Ohio" is provided. A text input field is labeled "ZIP Code or City, State or State". Below the search bar is an "Additional Information" section with a blue header. It contains three bullet points, each with a diamond icon. The first bullet point is "Explore and download Hospital Compare data. Updated April 26, 2017. Beginning in July 2017, downloadable databases will be provided in .csv format only." The second bullet point is "Get data from Medicare programs that link quality to payment." and includes two sub-bullets: "Hospital Readmissions Reduction Program (HRRP). Updated December 2016." and "Hospital Value-Based Purchasing Program (HVBP). Updated December 2016." The third bullet point is "Hospital-Acquired Condition (HAC) Reduction Program. Updated December 2016." The "Hospital Value-Based Purchasing Program (HVBP)" sub-bullet is highlighted with a yellow border.

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

First Question/Answer Session

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Scoring Examples

Achievement Points

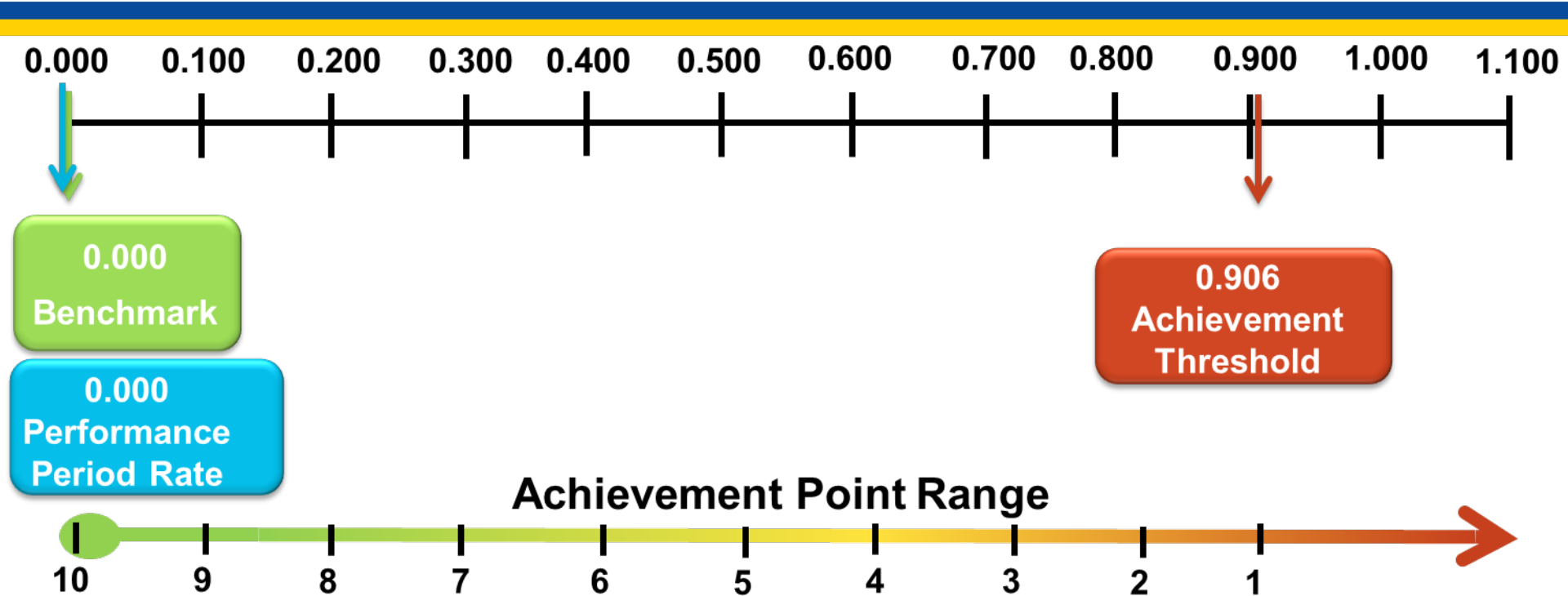
Awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period:

- Rate at or above the benchmark (10 points)
- Rate less than the achievement threshold (0 points)
- Rate somewhere at or above the threshold but less than the benchmark (1–9 points)



* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

Achievement Points: Example



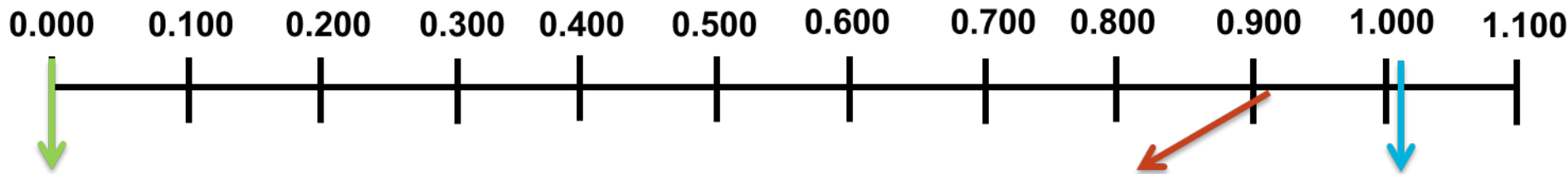
Achievement Points

Awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period

- Rate at or above the benchmark (10 points)
- Rate less than the achievement threshold (0 points)
- Rate somewhere at or above the threshold but less than the benchmark (1–9 points)

Achievement Points = 10

Achievement Points: Example



0.000
Benchmark

0.906
Achievement
Threshold

1.010
Performance
Period Rate

Achievement Point Range

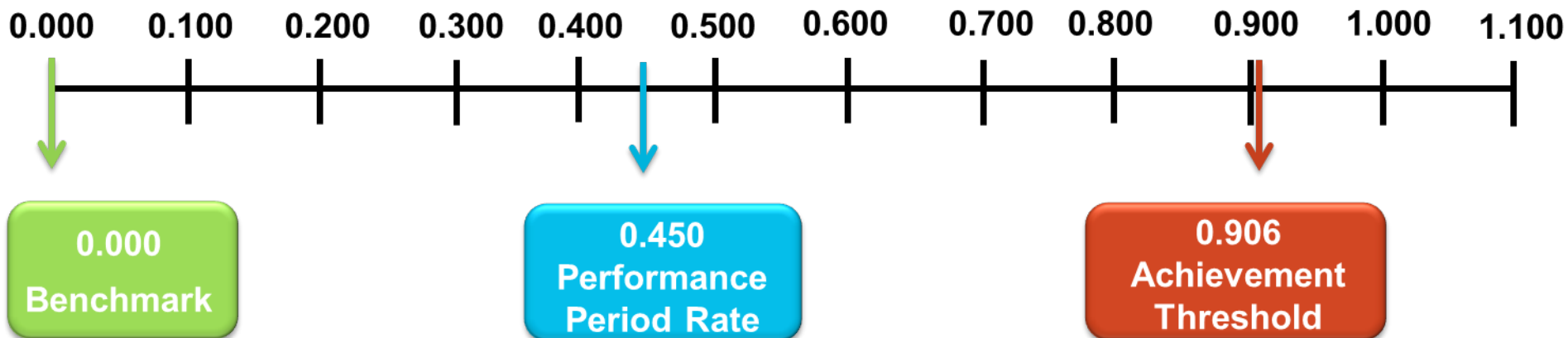


Achievement Points
Awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period

- Rate at or above the benchmark (10 points)
- **Rate less than the achievement threshold (0 points)**
- Rate somewhere at or above the threshold but less than the benchmark (1–9 points)

Achievement Points = 0

Achievement Points: Example



Achievement Point Range

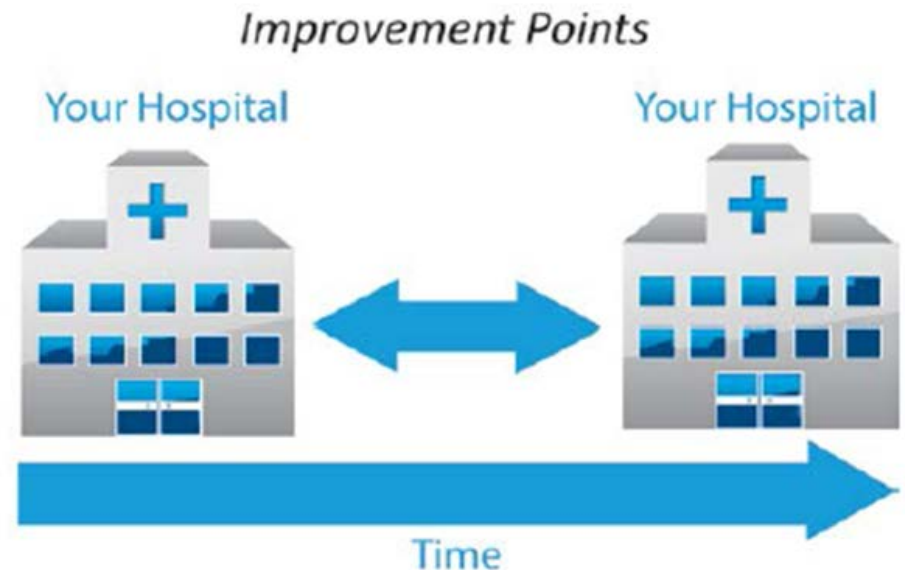


$$\left(9 \times \left(\frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) \right) + 0.5 = \left(9 \times \left(\frac{0.450 - 0.906}{0.000 - 0.906} \right) \right) + 0.5 = 5$$

Improvement Points

Awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period*:

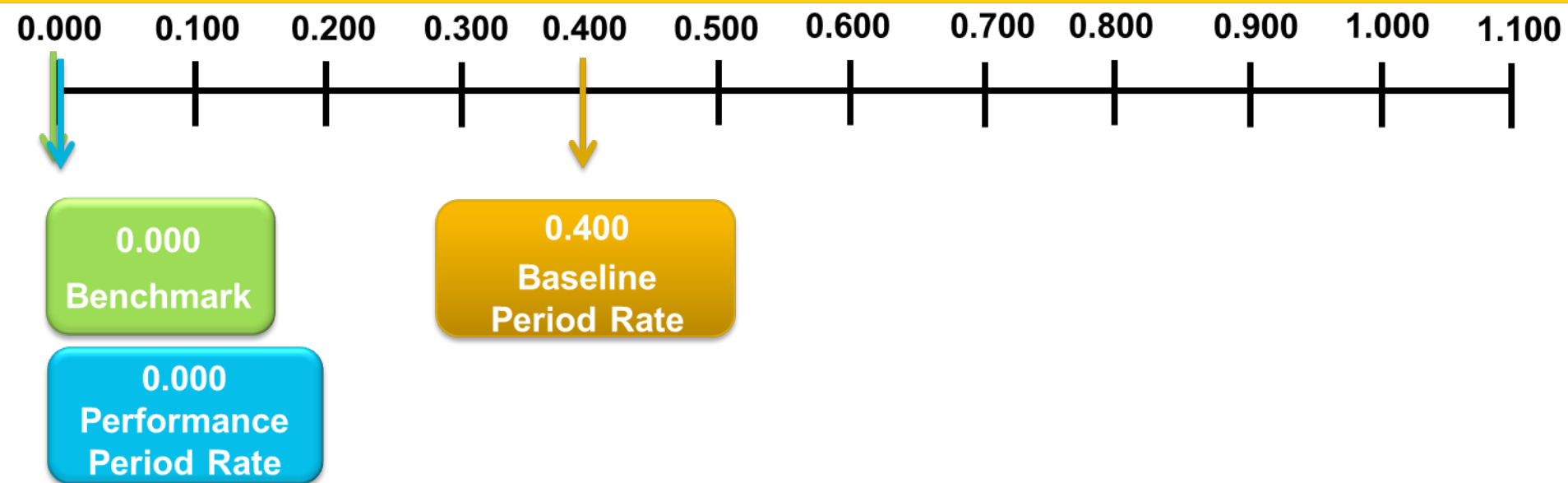
- Rate at or above the benchmark
 - 9 points**
- Rate less than or equal to baseline period rate
 - 0 points
- Rate between the baseline period rate and the benchmark
 - 0–9 points



* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

** Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (that is, have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.

Improvement Points: Example



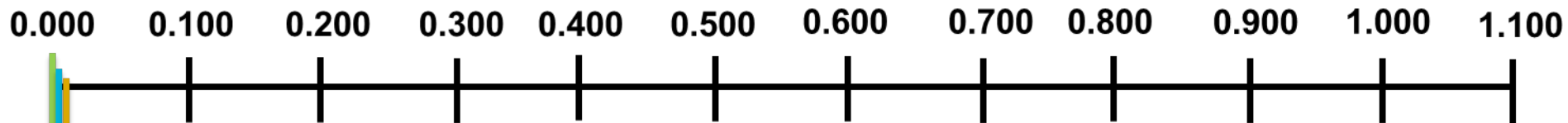
Improvement Points

Awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period

- **Rate at or above the benchmark (9 points)**
- Rate less than or equal to baseline period rate (0 points)
- Rate between the baseline period rate and the benchmark (0–9 points)

Improvement Points = 9

Improvement Points: Example



0.000

Benchmark

0.000

Performance
Period Rate

0.000

Baseline
Period Rate

Improvement Points

Awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period

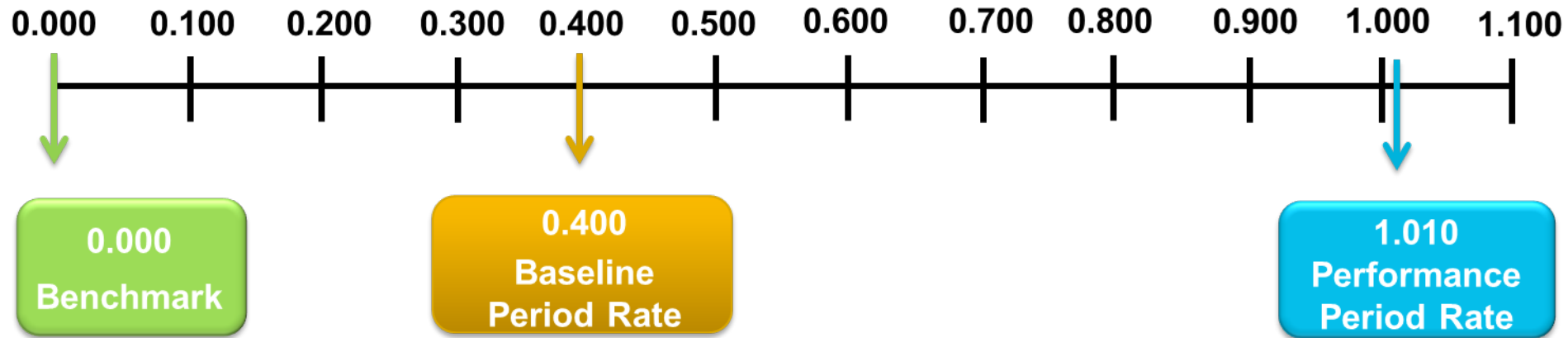
- Rate at or above the benchmark (9 points*)
- **Rate less than or equal to baseline period rate (0 points)**
- Rate between the baseline period rate and the benchmark (0–9 points)

Improvement Points = 0

CAUTI Improvement Point Example

* Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (i.e., have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.

Improvement Points: Example



Improvement Points

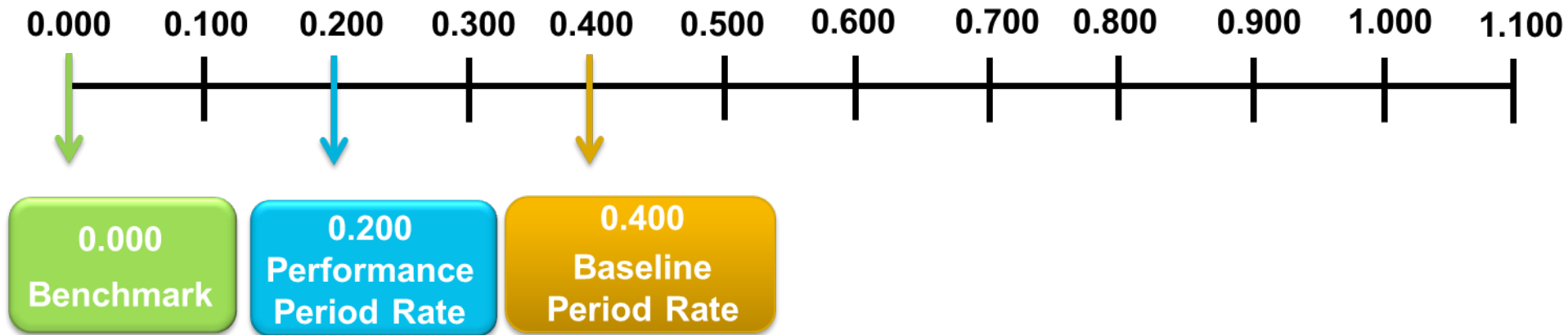
Awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period

- Rate at or above the benchmark (9 points)
- **Rate less than or equal to baseline period rate (0 points)**
- Rate between the baseline period rate and the benchmark (0–9 points)

Improvement Points = 0

CAUTI Improvement Point Example

Improvement Points: Example



$$\left(10 \times \left(\frac{\text{Performance Period Rate} - \text{Baseline Period Rate}}{\text{Benchmark} - \text{Baseline Period Rate}} \right) \right) - 0.5 = \left(10 \times \left(\frac{0.200 - 0.400}{0.000 - 0.400} \right) \right) - 0.5 = 5$$

CAUTI Improvement Point Example

Clinical Care: Measure Score

A measure score is the greater of the achievement points and improvement points for a measure.

Example FY 2018 Clinical Care Score Calculations

Measure ID	Achievement Points	Improvement Points	Measure Score
MORT-30-AMI	10	9	10
MORT-30-HF	5	-	5
MORT-30-PN	-	-	-

Clinical Care: Unweighted Domain Score

- For reliability, CMS requires hospitals to meet a minimum requirement of cases for each measure to receive a measure score and a minimum number of those measures to receive a domain score.
- CMS normalizes domain scores by converting a hospital's earned points (the sum of the measure scores) to a percentage of total points that were possible with the maximum score equaling 100.

Measure ID	Measure Score
MORT-30-AMI	10
MORT-30-HF	5
MORT-30-PN	-

Domain Normalization Steps

1. Sum the measure scores in the domain.
 $(10 + 5) = 15$
2. Multiply the eligible measures by the maximum point value per measure (10 points).
 $(2 \text{ measures} \times 10 \text{ points}) = 20$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).
 $(15 \div 20) = 0.75$
4. Multiply the result of step 3 by 100.
 $(0.75 \times 100) = \mathbf{75.000000000000}$

Experience of Care: Dimension Scores

A dimension score is the greater of the achievement points and improvement points for a measure.

Example FY 2018 Experience of Care Dimension Score Calculations

Dimension	Achievement Points	Improvement Points	Dimension Score
Communication with Nurses	6	2	6
Communication with Doctors	8	0	8
Responsiveness of Hospital Staff	6	1	6
Communication about Medicines	7	0	7
Cleanliness and Quietness of Hospital Environment	4	0	4
Discharge Information	1	0	1
Care Transition	6	3	6
Overall Rating of Hospital	4	0	4

Experience of Care: Lowest Dimension Score

$$\text{Lowest Dimension Score} = \frac{(\text{Performance Period Rate} - \text{Floor})}{(\text{Achievement Threshold} - \text{Floor})}$$

$$\text{Communication with Nurses} = \frac{(83.50\% - 55.27\%)}{(78.52\% - 55.27\%)} = \mathbf{1.214} \quad \text{Communication about Medicines} = \frac{(70.28\% - 43.43\%)}{(63.37\% - 43.43\%)} = \mathbf{1.347}$$

$$\text{Communication with Doctors} = \frac{(86.95\% - 57.39\%)}{(80.44\% - 57.39\%)} = \mathbf{1.282} \quad \text{Cleanliness and Quietness} = \frac{(70.40\% - 40.05\%)}{(65.60\% - 40.05\%)} = \mathbf{1.188}$$

$$\text{Responsiveness of Hospital Staff} = \frac{(73.80\% - 38.40\%)}{(65.08\% - 38.40\%)} = \mathbf{1.327}$$

$$\text{Discharge Information} = \frac{(87.00\% - 62.25\%)}{(86.60\% - 62.25\%)} = \mathbf{1.016}$$

$$\text{Care Transition} = \frac{(58.00\% - 25.21\%)}{(51.45\% - 25.21\%)} = \mathbf{1.250}$$

$$\text{Overall Rating} = \frac{(75.25\% - 37.67\%)}{(70.23\% - 37.67\%)} = \mathbf{1.154}$$

Experience of Care: Consistency Score

Formula: $Consistency\ Score = (20 \times Lowest\ Dimension\ Score) - 0.5$

Example 1: Performance period rate equal to or better than achievement threshold

$$Discharge\ Information = \frac{(87.00\% - 62.25\%)}{(86.60\% - 62.25\%)} = 1.016$$

$$Consistency\ Score = (20 \times 1.016) - 0.5 = 20$$

Example 2: Performance period rate worse than achievement threshold

$$Discharge\ Information = \frac{(81.50\% - 62.25\%)}{(86.60\% - 62.25\%)} = 0.791$$

$$Consistency\ Score = (20 \times 0.791) - 0.5 = 15$$

Experience of Care: Unweighted Domain Score

- CMS calculates two scores for the Experience of Care domain.
 - A base score and a consistency score.
- Base score is the sum of the eight dimension scores.
 - Maximum point value for the base score is 80 (8 dimensions X 10 maximum point value).
- Consistency score is calculated from your hospital's lowest dimension score.
 - Maximum point value for the consistency score is 20.
- Unweighted domain score is the sum of the base score and consistency score.
 - Maximum point value is 100 (80 base + 20 consistency).

Dimension	Dimension Score
Communication with Nurses	6
Communication with Doctors	8
Responsiveness of Hospital Staff	6
Communication about Medicines	7
Cleanliness and Quietness of Hospital Environment	4
Discharge Information	1
Care Transition	6
Overall Rating of Hospital	4

Experience of Care Domain Score

1. Sum the dimension scores in the domain to calculate HCAHPS base score
 $(6 + 8 + 6 + 7 + 4 + 1 + 6 + 4) = 42$
2. Determine your hospital's lowest dimension score and use that value to calculate the consistency score
 Consistency Score = 20
3. Add the base score (result of step 1) to the consistency score (result of step 2)
 $42 + 20 = \mathbf{62.000000000000}$

Safety: Combined SSI Score

“...we will award achievement and improvement points to each stratum of the SSI measure, then compute a weighted average of the points awarded to each stratum by predicted infections. The weighted average of the points awarded will be the hospital’s SSI measure score.”

–FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50684)

Safety: Combined SSI Score

Example

A hospital that received 5 improvement points for the SSI-Colon stratum with 1.0 predicted SSI-Colon infections and 8 achievement points for the SSI-Abdominal Hysterectomy stratum, with 2.0 predicted SSI Abdominal Hysterectomy infections, would receive a composite SSI measure score as follows:

$$\left(\frac{(\text{Colon Measure Score} \times \text{Colon Predicted Infections}) + (\text{Abdominal Hysterectomy Measure Score} \times \text{Abdominal Hysterectomy Infections})}{(\text{Colon Predicted Infections} + \text{Abdominal Hysterectomy Predicted Infections})} \right)$$

$$\left(\frac{(5 \times 1) + (8 \times 2)}{(1 + 2)} \right) = 7$$

Safety: Combined SSI Score

- A hospital that received 5 improvement points for the SSI-Colon stratum, with 1.000 predicted SSI-Colon infections, and did not meet the minimum calculated predicted infections for the SSI-Abdominal Hysterectomy stratum, would receive a composite SSI measure score that was weighted to 100% of the SSI-Colon stratum, equaling a measure score of 5.
- If a hospital did not meet the minimum calculated predicted infections of 1.000 on both the SSI-Colon stratum and the SSI-Abdominal Hysterectomy stratum, the hospital would not receive a composite SSI measure score.

SSI – Abdominal Hysterectomy	SSI – Colon Surgery	Scored
✓	✓	Yes
✓	✗	Yes
✗	✓	Yes
✗	✗	No

Safety: Measure Scores

A measure score is the greater of the achievement points and improvement points for a measure.

Example FY 2018 Safety Measure Score Calculations

Measure ID	Achievement Points	Improvement Points	Measure Score
PSI 90	6	8	8
CLABSI	0	0	0
CDI	N/A	N/A	N/A
CAUTI	0	0	3
MRSA	10	N/A	10
SSI	Colon Surgery Measure Score = 5	Abdominal Hysterectomy Measure Score = 8	7
PC-01	5	4	5

Safety:

Unweighted Domain Score

- For reliability, CMS requires hospitals to meet a minimum requirement of cases for each measure to receive a measure score and a minimum number of those measures to receive a domain score.
- CMS normalizes domain scores by converting a hospital's earned points (the sum of the measure scores) to a percentage of total points that were possible with the maximum score equaling 100.

Measure ID	Measure Score
PSI 90	8
CLABSI	0
CDI	N/A
CAUTI	3
MRSA	10
SSI	7
PC-01	5

Domain Normalization Steps

1. Sum the measure scores in the domain
 $(8 + 0 + 3 + 10 + 7 + 5) = 33$
2. Multiply the eligible measures by the maximum point value per measure (10 points)
 $(6 \text{ measures} \times 10 \text{ points}) = 60$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
 $(33 \div 60) = 0.55$
4. Multiply the result of step 3 by 100
 $(0.55 \times 100) = \mathbf{55.00000000000000}$

Efficiency and Cost Reduction: Measure Scores

A measure score is the greater of the achievement points and improvement points for a measure.

Example FY 2018 Efficiency and Cost Reduction Measure Score Calculations

Measure ID	Achievement Points	Improvement Points	Measure Score
MSPB	10	0	10

Efficiency and Cost Reduction: Unweighted Domain Score

- For reliability, CMS requires hospitals to meet a minimum requirement of cases for each measure to receive a measure score and a minimum number of those measures to receive a domain score.
- CMS normalizes domain scores by converting a hospital's earned points (the sum of the measure scores) to a percentage of total points that were possible with the maximum score equaling 100.

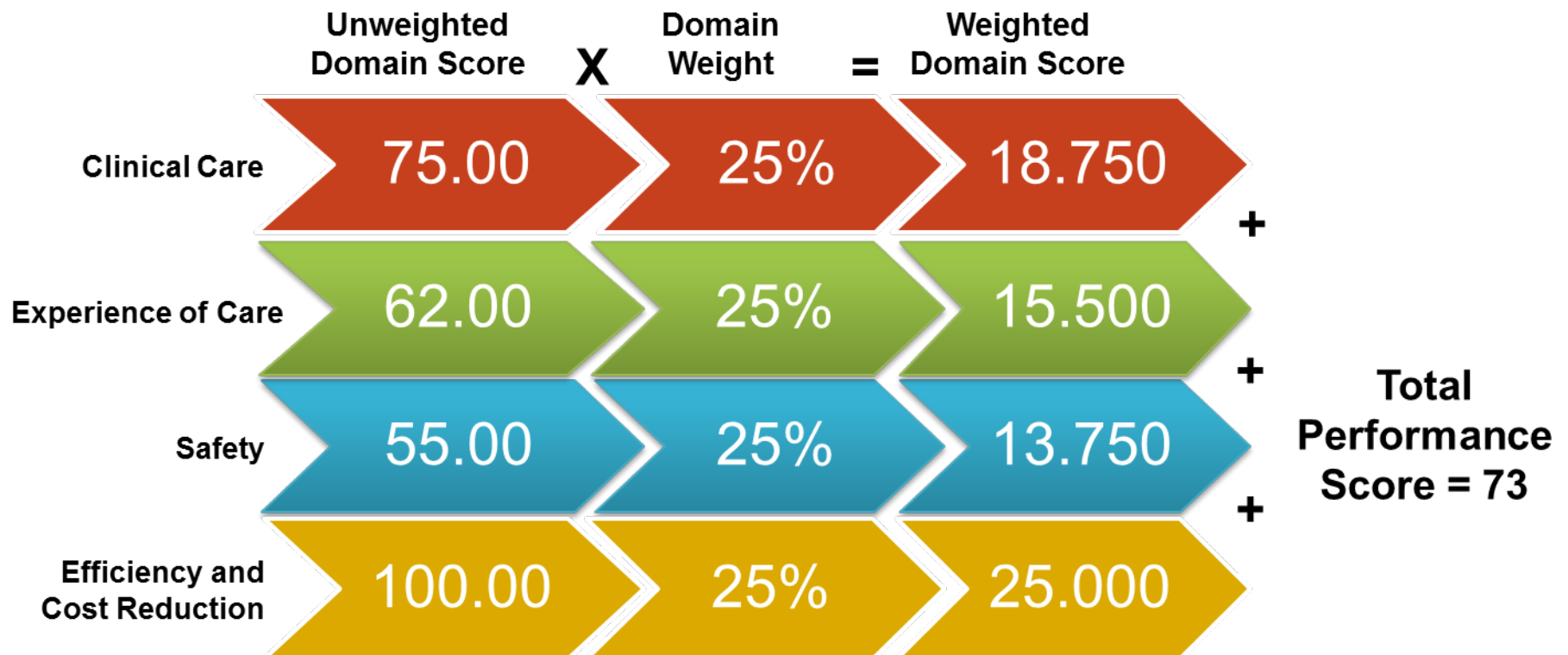
Measure ID	Measure Score
MSPB	10

Domain Normalization Steps

1. Sum the measure scores in the domain
(10) = 10
2. Multiply the eligible measures by the maximum point value per measure
(10 points)
(1 measure x 10 points) = 10
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
(10 ÷ 10) = 1.000000000000
4. Multiply the result of step 3 by 100
(1.000000000000 x 100) = **100.000000000000**

Weighted Domain Score and Total Performance Score

A TPS requires scores from at least **three out of the four domains in FY 2018**. The unscored domain weight is proportionately distributed to the remaining domains to equal 100%.



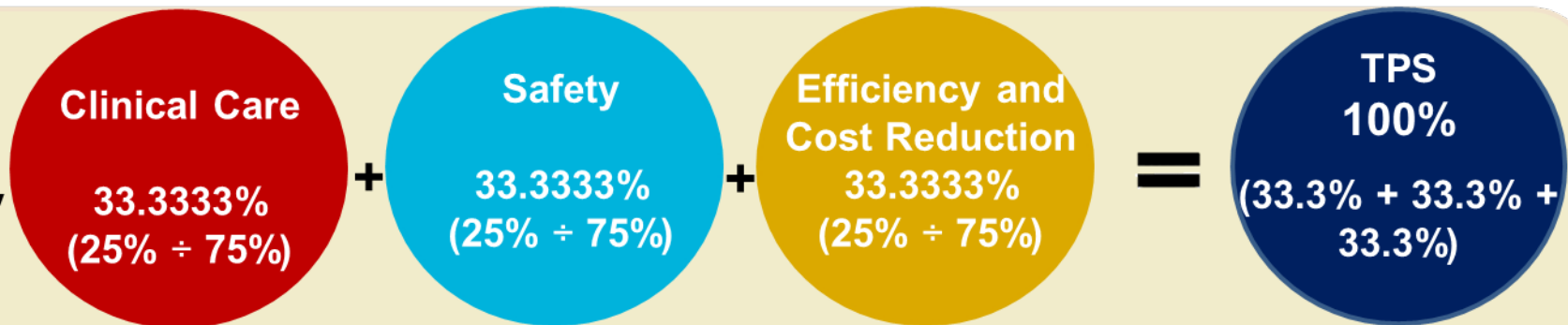
Proportionate Reweighting

In this example, a hospital meets minimum case and measure requirements for the Clinical Care domain, as well as the Safety and Efficiency and Cost Reduction domains, but does not meet the minimum number of cases/surveys required for the Experience of Care domain score.

Step 1:
Sum
Eligible
Measure
Weights



Step 2:
Divide
Original
Weight by
Result of
Step 1
(75%)



Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Second Question/Answer Session

Continuing Education Approval

This program has been approved for 1.5 continuing education (CE) units for the following professional boards:

- Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

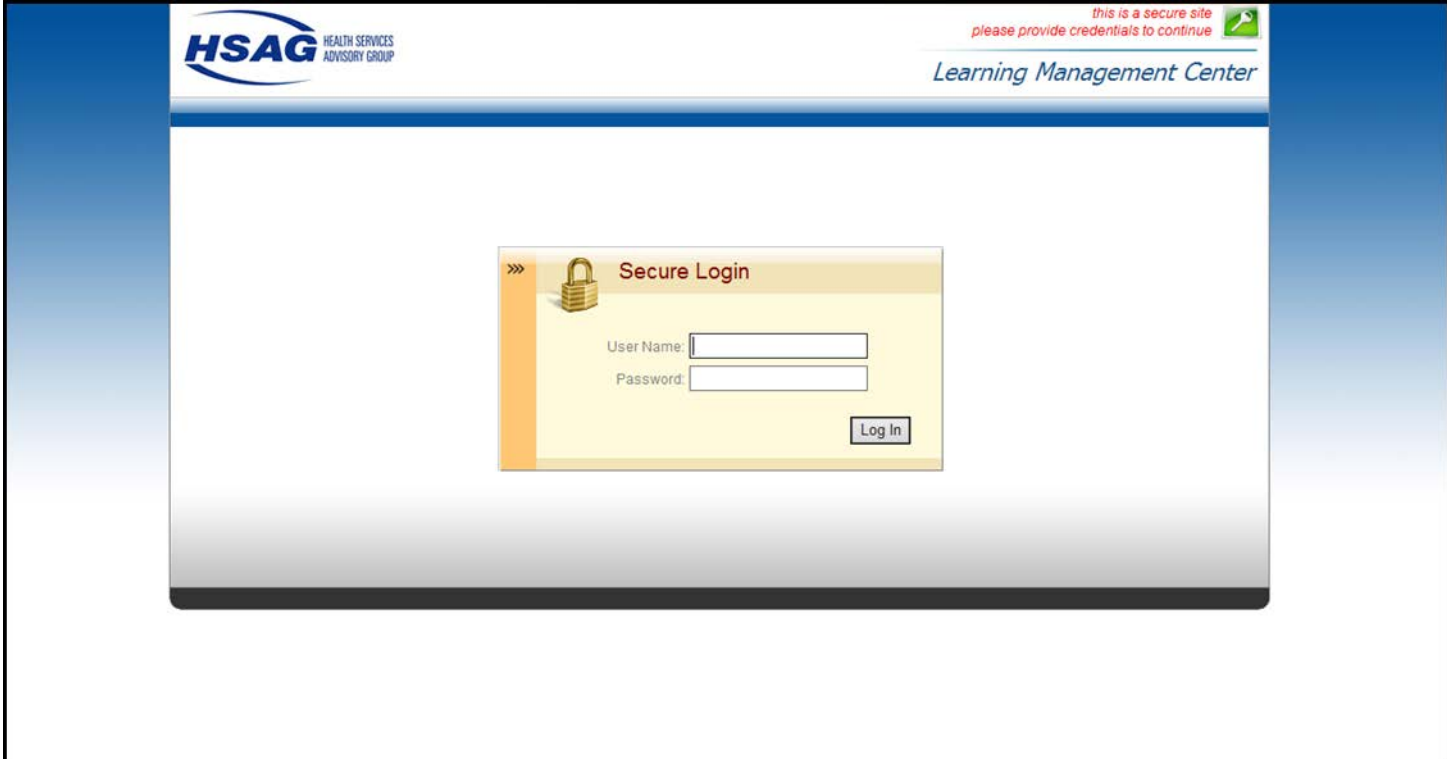
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.