Hospital Value-Based Purchasing (VBP) Program

Support Contractor

Overview of the Hospital Value-Based Purchasing (VBP) Fiscal Year (FY) 2018

Presentation Transcript

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Matt McDonough: Hello and thank you for joining us for today's webinar. My name is Matt McDonough, and I'm going to be your virtual host for today's event. Before we get started and turn things over to our speakers, I'd like to cover some event housekeeping items with you, so that you understand how today's event is going to work and also how you can interact with our speakers on today's call. As you can see on the slide, we are streaming our audio for today's call over ReadyTalk®'s internet streaming service. If you're hearing my voice coming out of your speakers or headphones right now, then you're connected. This service means that no telephone line is required to listen to today's event, but you do need to have those speakers or headphones plugged in and turn up to hear the streaming audio feed. If for some reason you're not able to stream audio today or you encounter issues with the streaming audio feed, we do have a limited number of dial-in lines available. Please just send us a chat message, if you need to dial-in, and we'll get that number out to you as soon as possible. Also, as always, we are recording today's event so that it could be archived and played back at a later date.

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Fortunately, there are a few things you can do to try and corrected this without dialing in on the telephone. One, you can click the F5 key located in the top row of your keyboard. Two, you could put the refresh button in your browser. The image here on the slide is what that button looks like in Internet Explorer. Either of these two actions will do the same thing. Refresh your browser, reconnect you to the event, and restart your audio feed. This should clear up any audio issues you may be experiencing. Also, if you know that the audio feed is lagging behind the slides, you can perform either of these two actions to refresh your event and catch up in the presentation. If neither of these two options resolves your audio issue, remember, we do have those dial-in lines available. Simply reach out to us in the chat window for a dial-in number, and you can listen to the audio feed that way.

If you're streaming audio today and hear a bad echo on the call, does it sound like you can hear my voice multiple times? Then you may be connected in our event today in more than one browser window or tab. More than one connection in your browser equals more than one audio stream from your computer. Fortunately, this is something that you can easily fix. Simply close all but one of the browsers or tabs connected to our event today. The graphic here shows what that might look like on your screen. Once you are down to only one connection, you should only be hearing one audio stream, and the echoing issue should clear up. Again, we do have dial-in lines available, if you preferred to hear the audio feed over your telephone.

All of our attendees are in a listen only mode today. But, that doesn't mean that you can't interact with our speakers today. We encourage you to submit any questions or comments you may have to our speakers at any time today using the "Chat with Presenter" feature located in the bottom left corner of your screen. Simply type your question or comment into the “Chat with Presenter” box and click the send button. Your feedback will be visible to all of our presenters on today's call. As time, resources, and

the availability of answers allows, we will address as many questions as possible, either verbally or in the chat window. Please do note however, that if we don't get to your question today, all question submitted during today's event are being archived to be addressed in a future Q&A document. That's going to do it from my introduction. So, at this point I'd like to hand things over to our first speaker. Thanks for your time, and enjoy today's event.

Bethany Wheeler: Hello and welcome to our Hospital Value-Based Purchasing Program Fiscal Year 2018 Overview Webinar. My name is Bethany Wheeler, and I am the Support Contract Lead for this program at the Hospital Inpatient Value Incentive and Quality Reporting Outreach and Education Support Contractor. Isn't that a mouthful? I will be hosting and presenting today's event. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the question and answers, will be posted to the inpatient Web site, www.qualityreportingcenter.com within 10 business days, and will also be posted to *QualityNet* at a later date. If you registered for this event, a reminder email as well as the slides were sent out to your email about a few hours ago. If you didn't receive the email, you can download the slides at our inpatient website at www.qualityreportingcenter.com. If you have a question as we move through the webinar, please type your question in the chat window, and we will answer as many questions as we can at the end of the webinar. Any question that is not answered during our question and answer session at the end of the webinar will be posted to the qualityreportingcenter.com website within 10 business days.

The focus of today's event is to provide an overview of the bullet points with the demo slide. We will first start off with the basic overview of what is the Hospital Value-Based Purchasing Program, and who is included. We will then move into the measures and the changes from Fiscal Year 2017 to Fiscal Year 2018. After that section, we will move

into the minimum requirements for each of the measures and domains and scoring calculations. We decided to split the webinar up into these sections…

… for those who are joining who just [want to] hear the updates to the program and are comfortable with their knowledge of the scoring with the program, because those individuals can have some time back in their day. For those that are new in the Hospital Value-Based Purchasing Program or would like to refresh around the scoring methodology, we recommend staying on for the second half of the webinar. Also, this webinar has been approved with continuing education credits. Deb Price will explain how to receive these CEs at the end of the webinar. We have quite a bit to cover today, so let's get started.

The Hospital Value-Based Purchasing Program is required by Congress under Section 1886(o) of the Social Security Act as guided by the Patient Protection and Affordable Care Act. The Hospital VBP Program was first adopted for the Fiscal Year 2013 program year, and CMS has used this program to adjust payments for every fiscal year subsequent. The Hospital Value-Based Purchasing Program is the first National Inpatient pay-for-performance program in which hospitals are paid for each services based on the quality of care rather than the quantity of services provided. As the second bullet states, the Hospital VBP Program was built on the Hospital Inpatient Quality Reporting Program, which is a pay-for-reporting program rather than a pay-for-performance program. All measures in the Hospital VBP Program are collected under the Hospital Inpatient Quality Reporting Program. The Hospital VBP Program pays for care that rewards better value, improves patient outcome, innovation and cost efficiency over volume of services. CMS sees Value-Based Purchasing as an important driver of change moving towards rewarding better value and improved patient outcomes, which in turn will lead to better care and healthier patients. The Hospital Value-Base Purchasing Program is a budget-neutral program. It is funded through a percentage

withheld from participating hospital DRG payments. Payment amounts will be redistributed based on the hospital's Total Performance Scores and compared into the distribution of all hospital survey performance scores and total estimated DRG payments. It is important to note that withholds in intensive payments are not made in a lump sum, but through each Medicare claim made to CMS. Performance from the Fiscal Year 2018 program will come from the two percent withheld from participating hospitals' base operating DRG payment amount.

Not every hospital is eligible for the Hospital Value-Based Purchasing Program. However, the program applies to more than 3,000 hospitals nationwide. The program applies to subsection (d) hospitals in 50 states and the District of Columbia. Even though a hospital may be eligible for the program initially, they could be excluded from the program for one of the reasons listed on the slide. If a hospital is excluded for any reason that's listed on the slide, they will not, and I reiterate, will not have their base operating DRG payment amounts withheld by two percent, nor will they receive incentive payments for that fiscal year. If a hospital is excluded from the program, it will state Hospital VBP ineligible on the percentage payment summary report provided the hospitals prior to August 1st for each fiscal year. It is anticipated but the Fiscal Year 2018 percentage payment summary reports will be released by August 1st of 2017. Additionally, data for these hospitals will not be publicly reported in the Hospital Value-Based Purchasing section on the *Hospital Compare* websites. I would like to reiterate once again, that hospitals that are not eligible for the program, or that are eligible and are later excluded from the program, will not have their base operating DRGs withheld by two percent.

The Hospital VBP Program has been evolving each fiscal year. In Fiscal Year 2013, CMS only included two domains in the Total Performance Score. Clinical process care, weighted at 70 percent, and the patient experience of care, weighted at 30 percent. In Fiscal Year 2014, CMS

adopted the outcomes domain, including the 30-day mortality measures for AMI, heart failure, and pneumonia and weighted that domain at 25 percent. This decreased the clinical process of care domain from 70 percent to 45 percent. In Fiscal Year 2015, CMS expanded the outcome domain to include the AHRQ PSI-90 Composite and the CLABSI measure. CMS also adopted the efficiency domain to measure Medicare Spending per Beneficiary. The domains were weighted at 20 percent for clinical process, 30 percent for patient experience, 30 percent for outcome, and 20 percent of efficiency. In Fiscal Year 2016, CMS adopted additional outcome measures, CAUTI and surgical site infection, a new clinical measure, IMM-2 and revised the domain weighting. And finally, in FY 2017, CMS modified which measures were included in the domains and renamed the domain based on the national quality strategy. The HAI measures, including the newly adapted MRSA and CDI measures and AHRQ measures, moved to the new safety domain; and, the 30-day mortality measures moved to the clinical care outcome subdomain. The remaining process of care measures moved from the clinical process of care domain to the clinical care process subdomain, and the patient experience of care and efficiency domains were renamed to the domain names as you can view on the slide. It is also important to note that throughout the transition within the fiscal years, the process of care measures went from a volume of 12 to 13 measures and the domain per year Q3 in Fiscal Year 2017, which included AMI-7a, IMM-2, and the newly adapted PC-01 measure. In the Fiscal Year 2018 program, which you see on the slide, CMS made some additional modification to the program, which we will discuss in greater detail in the upcoming slides. I would like everyone to note that each of the four domains are equally weighted in FY 2018 at 25 percent.

This slide provides the high level summary of changes that were made from the Fiscal Year 17 program to the Fiscal Year 18 program. As I mentioned on the last slide, in Fiscal Year 17, CMS renamed and realignment measures within new domains that followed the National

Quality Strategy. With that change, CMS created two subdomains under the overarching clinical care domain. These two subdomains were process and outcomes. In the Fiscal Year 2018 program, CMS adopted the policy in which they would remove AMI-7a and IMM-2 from the Hospital VBP Program. They would also move the PC-01 measure from the process of domain to the safety domain, and finally, they would completely remove the Clinical Care-Process subdomains because there would be no remaining measures. The result of this policy was that CMS had four domains, which they determined to be equally weighted at 25 percent of the Total Performance Score. The other major policy change to the program would be the option of the 3-Item Care Transition dimension, within the Patient-and Caregiver-Centered Experience of Care/Care Coordination domain. We will walk through the change in the next two slides.

The 3-Item Care Transition dimension, also known as CTM-3 was added to the HCAHPS survey under the section, "understanding your care when you left the hospital." The dimension added three questions to the survey, including: "During the 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." "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health." And last, "When I left the hospital, I clearly understood the purpose for taking each of my medications." The full list of these questions and response choices are displayed as the graphic on the slide. So, what is the scoring impact with adding the CTM-3 measure? There will only be one change due to this policy modification. In this domain, each dimension is eligible to receive achievement points and improvement points, the greater of which will be awarded as the dimension score. After each dimension has been awarded the dimension score, you sum those now in nine values. This will create your pre-normalized HCAHPS Base Score. The next step is where the change occurs.

CMS will multiply the pre-normalized Base Score that has a maximum point value of 90 points by 8 over 9, which is the same as 0.888 repeating and rounded according to standard rounding rules to create the normalized Base Score. This normalized Base Score will have a maximum point value of 80 points, which is the same as previous fiscal years. The HCAHPS Consistency Points will be calculated in the same manner as before, as well with the CTM-3 dimension being available for use as the hospital's lowest dimension score. The final step, which is the same as years past, is the sum of HCAHPS Base Score and HCAHPS Consistency Score. At this point, we will be moving into the second half of the presentation that will cover the measure minimums and scoring methodology.

The clinical care domains contained three measures. The three 30-day mortality measures are: hospital, 30-day all cause risk standardized mortality rates following acute myocardial infarction (AMI), heart failure, and pneumonia hospitalization. The clinical care domain is weighted at 25 percent of the Total Performance Score. The 30-day mortality measures utilize admissions for Medicare fee-for-service beneficiaries age 65 years or older discharged from subsection (d) and male in acute care hospitals having a principle discharge diagnosis of AMI, heart failure, or pneumonia and needing other inclusion criteria. The results calculated and displayed on the baseline measures report in the percentage payment summary report are displayed with survival rates instead of mortality rates. This means that the higher rates indicate better quality for this set of measures.

If a hospital does not meet the minimum requirements for a measure or dimension during the baseline period, improvement points will not be calculated for the measure or dimension. The minimum cases, surveys, underline indicators, predicted number of infections, and episodes of care will be addressed in the next few slides. In order to receive improvement points for clinical care measures, at least 25 eligible cases must be submitted during the baseline period and the performance period. If a

hospital only meets the minimum requirements of 25 cases during the performance period, and not the baseline period, only achievement points will be awarded. If a hospital did not submit eligible cases during the baseline period, a double asterisk symbol will be displayed next to the measure name on the baseline measures report. The clinical care domain requires at least two of the three measures displayed on the slide to receive a measure score in order to be included in the domain score. In this example, the hospital did not meet the minimum case requirement in the pneumonia measure. However, because this hospital met the minimum case requirements in the other two measures, the hospital will receive a domain score.

In the Fiscal Year 18 VBP Program, the Patient and Caregiver-Centered Experience of Care/Care Coordination domain will be weighted at 25 percent of the total performance score. This domain is measured by use of the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, survey dimensions that are listed on this slide.

For the Patient and Caregiver-Centered of Experience of Care/Care Coordination domain, a hospital must have 100 completed surveys in the baseline period to have the opportunity to receive improvement points on the Percentage Payments Summary Report. In addition to the surveys required during the baseline period, a hospital must have 100 completed surveys in the performance period to receive improvement points or achievement points. In order for a hospital to receive a domain score for this domain, a total of 100 completed HCAHPS surveys are required in the performance period. In the example on the slide, the hospital had 100 completed surveys. As a result, this hospital will receive a domain score.

In the Fiscal Year 2018, Hospital VBP Program, the safety domain will be weighted at 25 percent of the Total Performance Score. This domain utilizes three measure sets. The first, being the health care associated infection measures of CLABSI, CAUTI, SSI, MRSA, and CDI. The

second being the AHRQ PSI-90 Composite, and the third being the PC-01 process measure.

CMS believes the AHRQ PSI-90 Composite measure is a measure of patient safety, a critical topic for quality measurement improvement, and CMS feels strongly that utilizing this measure in Hospital VBP will ensure that a hospital focuses on the topic of patient safety when working towards quality improvement. The AHRQ PSI-90 Composite consists of eight underlying patient safety indicators listed on the slide. This measure is also a claims-based measure, like the mortality measure, and utilizes claims from Medicare fee-for-service patients with Complete, Present on Admission, or POA data, excluding data from patients in the Medicare Advantage Plan. As an important and recent note, CMS has issued a technical update regarding the AHRQ PSI-90 benchmark and achievement thresholds, calculated for the FY 2018 Hospital VBP Program. CMS updated the FY 18 performance standard for the PSI-90 measure listed in the FY 14 IPPS Final Rule, due to the recent release of an AHRQ Quality Indicator Software version update. The FY 18 performance standards and hospital results will be produced using AHRQ QI software version 5.0.1, which has been recalibrated to a Medicare fee-for-service reference population. CMS has elected to recalibrate the AHRQ software to use a reference population of Medicare fee-for-service discharges from July 1st, 2012, to June 30th, 2014, rather than the 2012 Healthcare Cost and Utilization Project, also known as HCUP Reference Population. This recalibrated version of Patient Safety Indicator Software, version 5.0.1, is different from the publicly available 5.0.1 on the QI Web site. The calibrated QI software version 5.0.1 incorporate two major changes to the PSI program. First, the Medicare fee-for-service reference population was used to refit the risk adjustment coefficient, reference population rate, signal variance, and composite ways to recalibrated version 5.0.1.

Consistent with modifications to the PSI software when using CMS programs, the recalibrated version 5.0.1 adjusts this moving target to be the national risk adjusted rate for the input data.

As we discussed earlier, PSI-90 is composed of eight underlying patient safety indicators. In order for a hospital to receive improvement points on the PPSR, a hospital must have at least three illegible cases on any one underlying indicator in the baseline period and performance period. A hospital is eligible to receive achievement points when three eligible cases on any one underlying indicator are met in the performance period. On this slide, our hospitals had four eligible cases in the PSI three measure. As a result, our example hospital will be eligible to receive a measure score for the PSI-90 Composite.

In order to receive improvement points for the measures of CLABSI, CAUTI, MRSA and CDI, a hospital must have at least one predictive infection calculated by the CDC in the baseline period and the performance period. To receive achievement points, the minimum of one predictive infection must be calculated in the performance period. In the example, hospital received at least one predictive infection in a CLABSI and MRSA measure, but did not in the CAUTI and CDI measures with 0.999 and 0.5 predicted infections. I would like to note that these are predicted infections and not actual or observed infections as the minimum. If you would like more information on how CDC calculates the predicted number of infections for HAI measures, CDC provided some excellent information during the Hospital VBP Program, NHSN mapping and monitoring webinar that was held on October 19th of 2015. Materials for this webinar, including the recording are available on the qualityreportingcenter.com and qualitynet.org websites.

The same criteria apply to the surgical site infection measure. However, because the measure is stratified into two procedure types, there are additional regulations. In order to receive an SSI measure score, at least

one predicted infection is required in at least one of the strata of abdominal hysterectomy or colon surgery. If only one of the strata meets the minimum, 100 percent of the measure's weight will be placed on the measure that met that minimum. If both strata meet the minimum predictive infection, the measure score will be weighted by the predicted number of infections during the performance period. If neither strata meets the minimum of one predicted infection, no measure score will be calculated.

In order to receive improvement points for the PC-01 measure, at least 10 eligible cases must be reported in the denominator during the baseline period and the performance period. If a hospital only meets the minimum requirements of 10 cases during the performance period and not the baseline period, only achievement points will be awarded. If a hospital did not submit 10 eligible cases during the baseline period, a double asterisk symbol will be displayed next to the measure name on the baseline measures report.

We have addressed some minimum measure requirements for all of the safety measures in the previous slide. The example hospital met the minimum measure requirements and all but the CAUTI and CDI measures. In order for a hospital to receive a safety domain score, they must first receive a measure score in at least three of the seven total measures. As our hospital met at least three of the seven measures, our example hospital will receive a safety domain score.

The Medicare Spending per Beneficiary or MSPB measure is the sole measure of the efficiency and cost reduction domain in the Fiscal Year 2018 program. The domain is weighted at 25 percent, and the MSPB measure is a claims based measure that assesses Medicare Part A and Part B payments for services providers to a Medicare beneficiary, during a spending for beneficiary episode that spans from three days prior to an inpatient hospital admission through 30 days after discharge. The

payments included in this measure are price-standardized and risk-adjusted. Price-standardization removed sources of variations that are due to geographic payment differences, such as wage index and geographic practice cost differences, as well as Indirect Medical Education or IME or Disproportionate Share Hospital or DSH payment. Risk adjustments account for variation due to the patient health status. By measuring cost of care through this measure, CMS hopes to increase the transparency of care for consumers and recognize hospitals that are involved in the provision of high quality care at lower cost.

The last domain displayed on the baseline measures report is the efficiency and cost reduction domain, which contains the MSPB measure. In order to receive improvement points for this measure, a hospital must have at least 25 eligible episodes of care during the baseline and performance period. If the hospital only meets the minimum requirement during the performance period, only achievement points will be awarded. Our example hospital had 25 eligible episodes of care during the performance period. As a result, our hospital will be eligible to receive a domain score.

A typical question that we receive is: what does Fiscal Year 2018 really mean? Does it mean data used in the program is from 2018? Does that mean performance or baseline? Is it when payments will be addressed, or does it mean when the data is reported? There's a lot of confusion and misconceptions out there regarding this use in the Hospital VBP Program. So, I'm hoping this explanation will help. When we reference the Fiscal Year 2018 Hospital VBP Program, we are referencing the year in which payments will be adjusted due to the program. So, the Fiscal Year 2018 program will adjust payments from October 1st, 2017, through September 30th of 2018. That is CMS's Fiscal Year. Within the Fiscal Year 2018 Program year, there are two sets of data used for calculations. One is known as the baseline period and the other, the performance period. The use of a baseline period is pretty unique. So, the Hospital Value-Based

Purchasing Program, within the inpatient acute care study, as CMS uses it, is a comparison to see how the hospital is performing at a later date, known as the performance period, in order to judge how much the hospital has improved by awarding improvement points. The baseline periods for Fiscal Year 2018 varies domain or measure type within the domain, for all measures except for the 30-day mortality measures and the AHRQ PSI-90 Composite, the baseline period is calendar year 2014. The mortality measures in AHRQ Composite utilize a longer period for reliability purposes. So, they have an earlier start date and also an earlier end date to allow for the last 30 days to pass, for the measure methodology, as well as claim maturity. The performance period uses the same type of trends but are a few years later. For all measures, except for the mortality measures in AHRQ Composite, the performance period is calendar year 2016. An easy way to remember what generally the baseline and performance period are in the Hospital VBP Program is to go two years back for each period. For example, the Fiscal Year 2018 program utilizes the performance period of calendar year 2016 and the baseline period of calendar year of 2014. The FY 17 program utilize the performance period of calendar year 15 and the performance period of calendar year 13. Of course this is just a generalization and doesn't necessarily work for all measures, such as the AHRQ PSI-90 Composite and mortality measures.

Hospitals have the opportunity to receive improvement and achievement points based upon their performance rate during the baseline period and performance period relative to the performance standard adapted for the Hospital VBP Program. The performance standards consist of the achievement thresholds and benchmarks for all measures and the floor, which is only applicable to the Patient and Caregiver-Centered Experience of Care/Care Coordination domain. The achievement threshold is calculated as the median, or 50th percentile, of all hospital rates for the measure during the baseline period. The benchmark is the mean of the top decile, which is the average of the top 10 percent, during the baseline period. The floor used in calculating the HCAHPS consistency score, and

is the rate of the lowest performing hospitals during the baseline period. These values will display on the baseline measures report.

The measures displayed on the slide will have a higher benchmark value than an achievement threshold, because higher rates demonstrate better quality in the measure. The measure that this prescription is applicable for are the 30-day mortality measures in the clinical care domain and the Patient and Caregiver-Centered Experience of Care/Care Coordination dimensions. As we covered earlier, the results for the mortality measures are calculated and displayed on the Hospital VBP Program reports as survival rates instead of mortality rates, meaning that higher rates are better for those measures.

The measures displayed on this slide, will have a higher achievement threshold value than benchmarks because lower rates demonstrate better quality in the measure. The measures this description is applicable for are the PC-01 measure in the safety domain, AHRQ PSI-90 Composite, and the safety domain. All of the health care associated infections are also in the safety domain, and MSPB measure and the efficiency and cost reduction domain. As indicated on the slide, it's important to note that the MSPB measure will not have a benchmark and achievement threshold displayed on the baseline measures report because data from the performance period are used to calculate these performance standards instead of the baseline period. You will be able to view the achievement thresholds and benchmarks using the point calculations on your hospital's percentage payment summary report when it is released by August 1st of 2017 for the FY 2018 program year.

The performance standards, the benchmarks, achievement threshold, and floor will be listed on this slide and the next. I would like to note that a few of these performance standards are going to be different than what was published in the FY 2016 IPPS Final Rule. The first is the AHRQ PSI-90 Composite. The performance standard values displayed in this

table are post-technical updates that we covered earlier. As a reminder, this technical update would be used to recalculate the performance standard by using AHRQ QI software version 5.0.1 that was fully recalibrated to the Medicare fee-for-service population. The second display change that you might notice is the performance standards for the 30-day mortality measures. CMS determined, there were display errors of performance standards for the FY 2018 30-day mortality measures in the FY 16 IPPS Final Rule. The clinical care performance standards were first finalized with the correct display in the Fiscal Year 2014 IPPS Final Rule. The values that are displayed on the slide for the 30-day mortality measures are consistent with what was displayed in the FY 14 IPPS final rule.

This slide displays the remaining performance standards. Please note that the baseline measures report will not display Medicare Spending per Beneficiary Performance standards because those values are calculated based on the performance period instead of the baseline period.

Achievement points are awarded by comparing an individual hospital's rates during the performance period with all hospital rates from the baseline period by using Q performance standards, the achievement threshold and the benchmark. If a hospital has a performance period rate that is equal to or better than the benchmark, 10 achievement points will be awarded. If the rate is lower than the achievement threshold, the hospital will receive zero achievement points. If the performance period rate is equal to or better than the achievement threshold, but it's still lower than the benchmark, one to ten points will be awarded.

On this slide is an example of achievement points scoring. In this example, the hospital had a performance period rate that fell in between the achievement threshold and the benchmark. Based on the formula on the bottom of the slide, the hospital received five achievement points. The achievement point formula is nine multiplied by the quotient of the

performance period rate, minus the achievement threshold, over the benchmark, minus the achievement threshold, plus 0.5. In order to calculate the achievement points, substitute the achievement thresholds and benchmarks from the table of performance standards, and input your hospital's performance period rate for a measure.

Improvement points are unique to the Hospital VBP Program in relation to CMS's other inpatient pay-for-performance program, such as the HAC Reduction Program and Hospital Readmissions Reductions Programs. Not only can hospitals be evaluated based on their current performance in comparison to all of their hospitals, but they can earn points by improving from their own baseline period. CMS may award hospitals improvement points, if the hospital's performance period rate is better than their baseline period rate. The maximum point value for improvement points is nine points.

On this slide there is an example of improvement points scoring. In this example, the hospital had a performance period rate that fell in-between their baseline period rate and the benchmark. Based on the formula at the bottom of the slide, the hospital received five improvement points. The improvement point formula is 10 multiplied by the quotient of the performance period rate, minus the baseline period rate, over the benchmark, minus the baseline period rate, minus 0.5. Like the achievement points, in order to calculate the improvement points, substitute the benchmark from the table of performance standards and input your hospital's performance period rate and baseline period rate.

Hospitals are only awarded one score per measure, which is identified as the greater of achievement points in the improvement points for each measure. This slide displays the Fiscal Year 2018 clinical care domain measures with example achievement and improvement point values. The measure of score is calculated by selecting the larger of those two values. For example, the AMI measure was awarded 10 achievement points and

nine improvement points. The measure scores is the greater of the two numbers which is ten, the second measure, heart failure was only awarded five achievement points and was not awarded any improvement points. This would be because, if the hospital met the minimum of 25 cases during the performance period, but had less than 25 cases during the baseline period, which is needed in order to calculate improvement points– when this occurs, the achievement points are automatically awarded as the measure score. The example list also includes the measure that did not have any points calculated. This display indicates that the hospital did not meet the minimum measure requirements in the performance period in order to receive a measure score. This designation will be important in the next step of our calculations.

Now, that each measure has a measure score calculated, the unweighted domain score is calculated. The unweighted domain score for all domains are normalized to account for only the measures the hospital met the minimum requirement for. As I stated on the last slide, the minimum requirement for the clinical care measures is 25 cases during the performance period. To normalize the domain, you sum the measure scores in the domain. In our example, the sum of the measure scores is 15 points. You then multiply the eligible measures by the maximum point value per measure. In our example, the hospital did not meet the minimum requirements in pneumonia measure. So, instead of three total measures this hospital was only scored on two. We then multiply the number two measures by 10 points possible for each measure for a total of 20. To create a percentage score, a hospital earned in relation to points possible, we divide the sum of the measure scores, or 15, by the maximum points possible of 20, which equals, 0.75. Lastly, we multiply the result by 100 to equal 75.

The weighted domain score is the last calculation completed for the total performance score. We multiply the unweighted domain score values by the domain weight for the fiscal year. Each domain in Fiscal Year 2018 is

weighted at 25 percent. To compute the total performance score, we sum the weighted domain scores. The maximum Total Performance Score that can be calculated is 100 points. In the Fiscal Year 2018 program however, only three domains are required for calculation of the Total Performance Score. The next slide will cover the calculation of the new domains on the weighted domain scores under this scenario.

In this example, the hospital receives scores in three of the four domains. This slide shows the steps in determining the proportionate reweighted values used for a hospital was less than the maximum of four domains. This hospital had unweighted domain scores calculated in the Clinical Care domain, Safety domain, and the Efficiency and Cost Reduction domain. To determine the proportionate reweighted values, you first sum the original weights of the eligible domains. This result is 75 percent for our example, which is composed of 25 percent of Clinical Care, added to 25 percent of Safety, and 25 percent of Efficiency and Cost Reduction. Second, individually divide the original weight for the domains that are eligible by the result to step one, which was 75 percent. The Clinical Care domain is calculated as 33.3 percent by dividing the original weight of 25 percent by the sum of 75 percent. The remaining domains are calculated using the same process, and our sum should equal a total weight of 100 percent.

The baseline measures report for the Fiscal Year 2018 will contain four pages, one for each domain. The first page will display the three 30-day mortality measures. These measures will have the number of eligible discharges, baseline period rate, achievement threshold, and benchmark displayed. If your hospital did not meet the minimum number of measures, you have the improvement point calculated on the Percentage Payment Summary Report, an asterisk will be displayed behind the measure name.

The second page will display the Patient and Caregiver Experience of Care/Care Coordination detail report with the nine dimensions included in the domain. This page will display the nine dimension details, including four values, benchmark, achievement thresholds, a hospital baseline period rates, and the number of completed surveys during the baseline period.

The third page of the report will display the Safety domain with three sets of measures included in the domain. The AHRQ PSI-90 section will display the index value of the composite. The Healthcare Associated Infections will display the number of actual infections, number of predicted infections, and the standardized infection ratio. And, the Process Measure section will display the numerator, denominator and baseline period rates. Each measure will also have the performance standards, including the achievement thresholds and benchmark also displayed. It's important to note that although the SSI measures are reported as stratified on the baseline measures report, there is only opportunity to received one measure score as they described earlier in the presentation.

The fourth page of the report will display the Efficiency and Cost Reduction domain with the MSPB measure. This page will provide information on the individual hospitals MSPB amount, the median MSPB amounts of all eligible hospitals, the ratio between these two values, and the number of episodes to the hospital during the baseline period. Unlike all other domains, the MSPB measure will not have performance standards displayed on the baseline measures report. The performance standards are calculated using data from the performance period instead of the baseline period and will instead display fully on the Percentage Payment Summary Report.

The baseline measures report are anticipated to be released in the *QualityNet Secure Portal* in the report run interface. Notifications and communications will be sent when the reports have been enabled.

If you have any questions or issues related to accessing the report, please contact the *QualityNet* Help Desk. Their contact information is listed on this slide.

The Fiscal Year 2018 domain weighting document containing many of the specifics for the Fiscal Year 2018 Hospital VBP Program is available on qualitynet.org and qualityreportingcenter.com websites. This document was made available a few months ago, but had just recently been updated to account for the AHRQ technical update and the 30-day mortality measure display error. The new version has version 2 in the header of the document.

If you have any questions related to the Hospital Value-Based Purchasing Program, please do not hesitate to contact us. We monitor the Hospital VBP Program questions submitted through the Inpatient Q&A tool. You may email us, call us, through our help desk, chat with us from the qualityreportingcenter.com website, or send us a question or form through secure fax. In addition, we provide monthly web conferences similar to the one you were attending now. We're an array of quality reporting programs and we provide announcements through the Hospital VBP Program and the Hospital IQR Program ListServes available for sign up on *QualityNet*. At this time, I will turn the presentation back over to Deb while we prepare to discuss some of the questions and answers that were entered during the presentation. Thank you.

Deb Price: Well, thank you very much. Today's webinar has been approved for one Continuing Education credit by the boards listed on the slide. We are now a nationally accredited nursing provider, and as such, all nurses report their own credits to their board using the national provider number 16578.

It is your responsibility to submit this number to your own accrediting body for your credit.

We now have an online CE Certificate process. You can receive your CE Certificates two ways. First way is, if you register for the webinar through ReadyTalk®, a survey will automatically pop-up when the webinar closes. The survey will allow you to get your certificate. We will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the events that are not registered in ReadyTalk®, please pass the survey to them. After completion of the survey, you'll notice at the bottom right hand corner a little gray box that says, "Done," you will click the "Done" box and then another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk®. Please use your personal email for the separate registration so you can receive your certificate. Health care facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learning Management Center, that means you have a firewall up that's blocking the link into your computer. Please go back to the "New User" link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your "New User" link, just wait 48 hours because, remember, you're going to be getting another link and another survey sent to you within 48 hours.

OK. This is what the survey will look like. It will pop-up at the end of the event and will be sent to all attendees within 48 hours. Click "Done" at the bottom of the page when you are finished.

This is what pops-up after you click "Done" on the survey. If you have already attended our webinars and received CEs, click, "Existing User." However, if this is your first webinar, for credit, click, "New User."

This is what the "New User" screen looks like. Please register a personal email like Yahoo or G-mail or ATT, since these accounts are typically not blocked by hospital firewalls. Remember your password however, since you will be using it for all of our events. You notice, you have a first name, a last name and the personal email and we're asking for a phone number in case we have some kind of back side issues that we need to get in contact with you.

This is what the existing user slide looks like. Use your complete email address as your user ID and of course, the password you registered with. Again, the user ID is a complete email address, including what is after the @ sign.

OK. Now, I'm going to pass the ball back to your team lead to end the webinar, and to go over any questions that came in. Thank you for taking the time spent with me.

Bethany Wheeler: Thank you, Deb. This is Bethany again, and I'd like to just go over a couple of questions that were common that came in during the webinar. The first one is: when will the Fiscal Year 2018 baseline report be released? They are anticipated to be released very soon. When they are released, an announcement will be made through your *QualityNet* news article, also through the ListServe. So, if you aren't signed up to the ListServe yet, I recommend going out to *QualityNet* and signing up for the IQR and HVBP ListServe.

Another thing I would like to add is the Fiscal Year 2017 IPPS proposed rule is scheduled to come out this April. So, if you haven't planned on going out and reading that proposed rule or you haven't in the past read any of the proposed rules, I really recommend going out and checking out what's headed down the pike for Fiscal Year 2019. CMS will also add some additional clarifying details for Fiscal Year 2018, if you have any questions on those. So, I really recommend going out and checking out the IPPS Proposed Rule.

I also see another question that was pretty common. Where exactly is the domain weighing infographic that you referenced on slide 47? That infographic is located out in *Quality Reporting Center* in the IQR resources page. If you scroll down all the way to the bottom on that page, that's where that document is located. It's also on the qualitynet.org in the HVBP resources page.

I have also seen a lot of questions come in regarding our PSI-90. I have not ignored those. We do plan on answering those as soon as we can, we just don't have very much time left to answer those questions.

And with that said, we are at the top of the hour. So, I would like to wrap up today's call. I want to say thank you for joining us today. Also, if you would like to reference this webinar in the future, it was recorded and the slides are available. Check it out on qualityreportingcenter.com. The recording will be available in 10 business days.

Thank you everyone and have a great day.

END