

# Welcome!

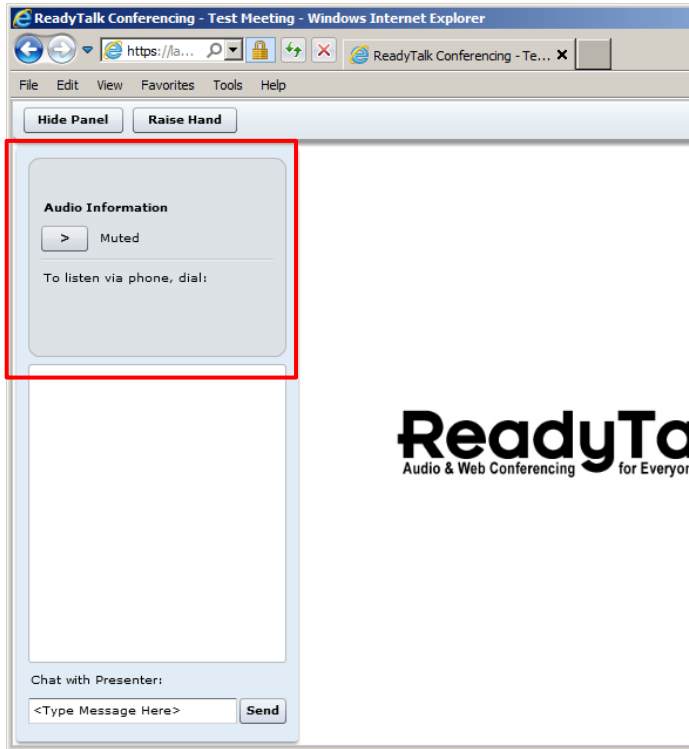
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



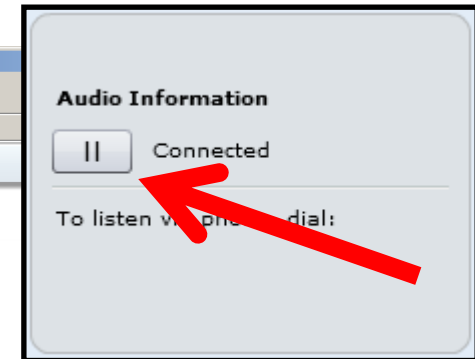
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



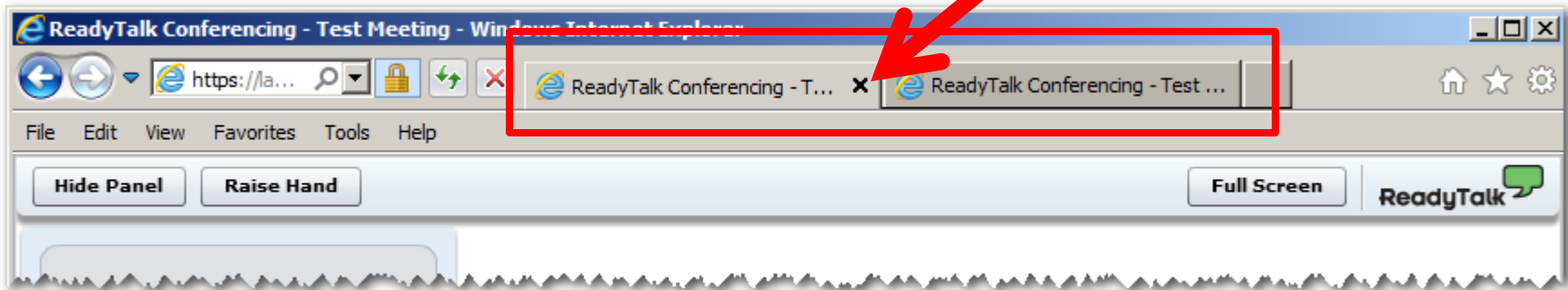
Step 1



Step 2

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



**Example of Two Connections to Same Event**

# Submitting Questions

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



The screenshot shows a web browser window with a CMS interface. On the left is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. On the right is a presentation slide with the CMS logo at the top. The slide content includes the title "Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB", the date "November 18, 2014, 10 a.m. & 2 p.m. ET", and a list of speakers: Candace Jackson, RN, Hospital IQR Support Contract Lead; Cindy Cullen, Mathematica Policy Research; Bethany Wheeler, BS, Hospital VBP Program Support Contract Lead; Donna Isgett, Sr. Vice President Corporate Quality and Safety, McLeod Medical Center; and Amanda Molski, Quality Coordinator Memorial Hospital Sweetwater County.



# **Hospital Value-Based Purchasing (VBP) Program**

## **Fiscal Year (FY) 2016 Percentage Payment Summary Report (PPSR) Overview**

**Bethany Wheeler**

Value, Incentives, and Quality Reporting (VIQR) Outreach and  
Education Support Contractor (SC)

**July 22, 2015**

# Acronyms

<b>ACA</b>	Affordable Care Act
<b>AHRQ</b>	Agency for Healthcare Research and Quality
<b>AMI</b>	Acute Myocardial Infarction
<b>CAH</b>	Critical Access Hospitals
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infections
<b>CCN</b>	CMS Certification Number
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CEO</b>	Chief Executive Officer
<b>CLABSI</b>	Central Line-Associated Blood Stream Infections
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CPOC</b>	Clinical Process of Care
<b>DRG</b>	Diagnosis-Related Group
<b>FAQs</b>	Frequently Asked Questions
<b>FY</b>	Fiscal Year
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems
<b>HF</b>	Heart Failure
<b>HVBP</b>	Hospital Value-Based Purchasing
<b>IMM</b>	Immunization

# Acronyms

<b>IPF</b>	Inpatient Psychiatric Facility
<b>IPPS</b>	Inpatient Prospective Payment System
<b>IQR</b>	Inpatient Quality Reporting
<b>LTCH</b>	Long Term Care Hospital
<b>MORT</b>	Mortality
<b>MSPB</b>	Medicare Spending Per Beneficiary
<b>NHSN</b>	National Health Safety Network
<b>OCM</b>	Oncology Care Model
<b>PCH</b>	PPS-Exempt Cancer Hospitals
<b>PN</b>	Pneumonia
<b>PPS</b>	Prospective Payment System
<b>PPSR</b>	Percentage payment Summary Report
<b>SCIP</b>	Surgical Care Improvement Project
<b>SEP</b>	Severe Sepsis/Septic Shock
<b>SSI</b>	Surgical Site Infections
<b>SUB</b>	Substance Abuse
<b>TPS</b>	Total Performance Score
<b>VTE</b>	Venous Thromboembolism

# Purpose

This event will provide an overview of the FY 2016 Hospital VBP Program including:

- Identifying how hospitals will be evaluated within each domain and measure
- Outlining eligibility requirements for the VBP Program
- Explaining the scoring methodology used in the VBP Program



# Objectives

Participants will be able to:

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


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# INTRODUCTION


# Introduction: Regulations




- Required by Section 3001(a) of the Affordable Care Act (ACA), which also added Section 1886(o) to the Social Security Act




- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) 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 1.75% reduction from participating hospitals' base operating diagnosis-related group (DRG) payments for FY 2016, increasing to 2% by FY 2017



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

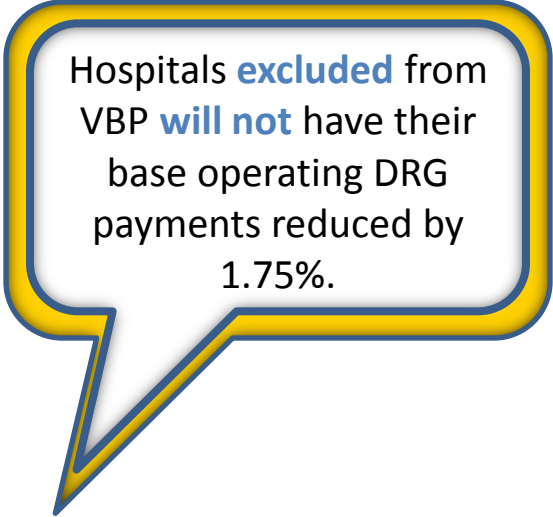
# Introduction: Program Funding

- The Hospital VBP Program is an estimated budget neutral program.
- The program is funded by reductions from participating hospitals' base-operating DRG payments.
- The resulting funds are redistributed to hospitals based on their TPS.
  - The actual amount earned by hospitals will depend on the range and distribution of all eligible/participating hospitals' TPS scores for a FY.
  - A hospital may earn back a value-based incentive payment percentage that is less than, equal to, or more than the applicable reduction for that program year.

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 and future FYs	2.00%	TBD

# 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 IPPS, such as psychiatric, rehabilitation, long-term care, children's, and 11 PPS-exempt cancer hospitals, and CAHs
- **Excluded hospitals include those:**
  - Subject to payment reductions under the IQR Program
  - Cited for two 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 FY
  - Short-term acute care hospitals in Maryland



Hospitals **excluded** from VBP **will not** have their base operating DRG payments reduced by 1.75%.

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# **EVALUATING HOSPITALS**

# Evaluating Hospitals

## FY 2016 Domains and Measures

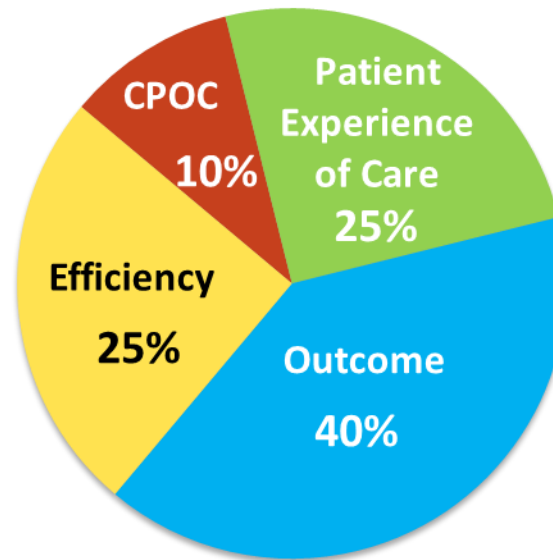
### Clinical Process of Care (CPOC)

1. **AMI-7a:** Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. ★ **IMM-2:** Influenza Immunization
3. **PN-6:** Initial Antibiotic Selection for CAP in Immunocompetent Patient
4. **SCIP-Card-2:** Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
5. **SCIP-Inf-2:** Prophylactic Antibiotic Selection for Surgical Patients
6. **SCIP-Inf-3:** Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
7. **SCIP-Inf-9:** Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2
8. **SCIP-VTE-2:** Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

### Efficiency

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

### Domain Weights



A star (★) indicates a newly adopted measure for the Hospital VBP Program.

### Patient Experience of Care

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

### Outcome

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
4. **AHRQ PSI-90:** Complication/patient safety for selected indicators (composite)
5. **CLABSI:** Central line-associated blood stream infections among adult, pediatric, and neonatal Intensive Care Unit (ICU) patients
6. ★ **CAUTI:** Catheter-associated urinary tract infections among adult and pediatric ICUs
7. ★ **SSI:** Surgical site infections specific to abdominal hysterectomy and colon surgery

# Evaluating Hospitals

## Baseline and Performance Periods

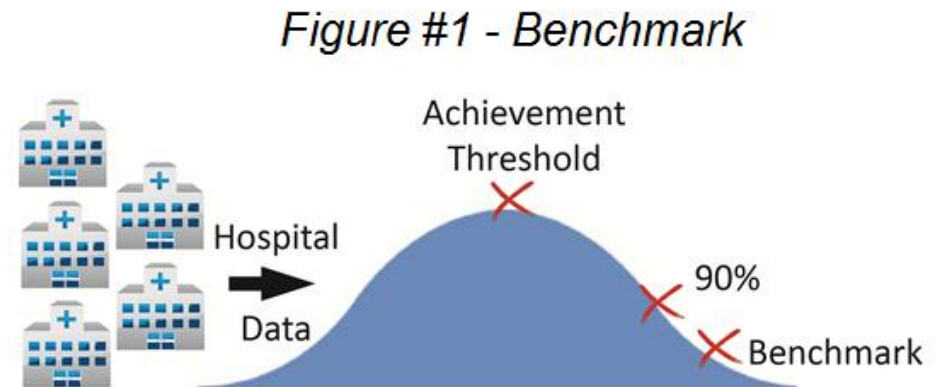
Domain	Subdomain/ Measure	Baseline Period	Performance Period
Clinical Process of Care	Clinical Process Measures	1/1/2012–12/31/2012	1/1/2014–2/31/2014
Patient Experience of Care	HCAHPS Survey	1/1/2012–12/31/2012	1/1/2014–2/31/2014
Outcome	Mortality Measures	10/1/2010–6/30/2011	10/1/2012–6/30/2014
	AHRQ PSI-90 Composite	10/1/52010–6/30/2011	10/15/2012–6/30/2014
	CDC HAI Measures	1/1/2012–12/31/2012	1/1/2014–2/31/2014
Efficiency	MSPB	1/1/2012–12/31/2012	1/1/2014–2/31/2014



# Evaluating Hospitals: Performance Standards (1 of 3)

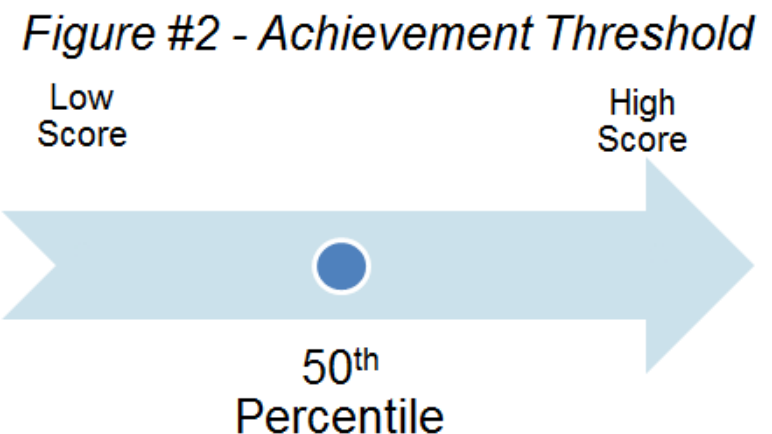
## Benchmark

- Average (mean) performance of the top ten percent of hospitals



## Achievement Threshold

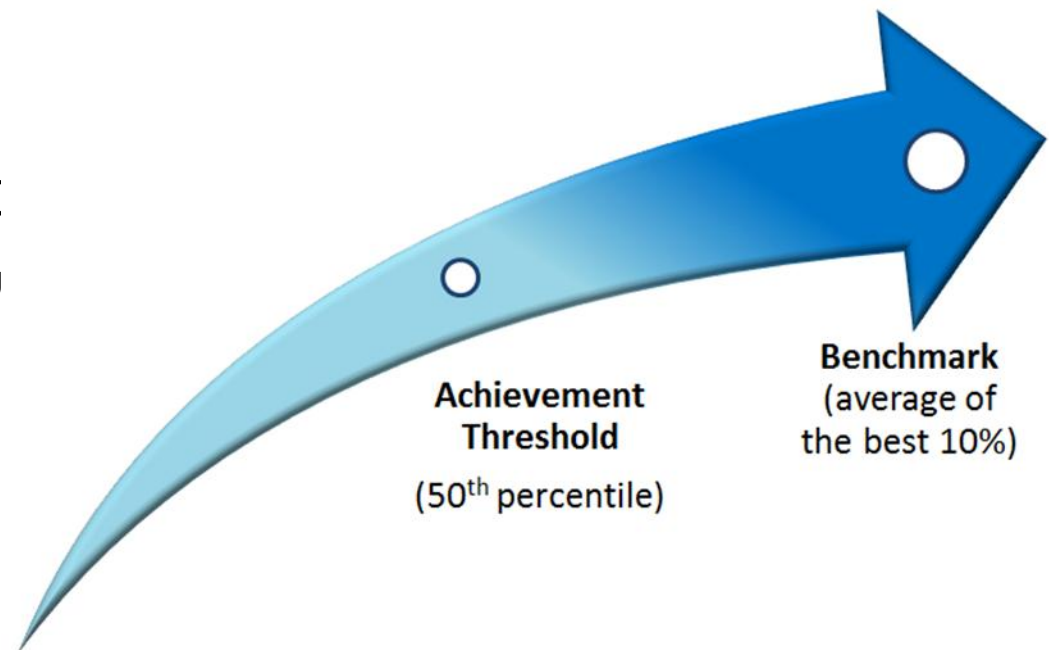
- Performance at the 50th percentile (median) of hospitals during the baseline period



# Evaluating Hospitals: Performance Standards (2 of 3)

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

- CPOC
- Patient Experience of C
- 30-Day Mortality Measures
  - MORT-30-AMI
  - MORT-30-HF
  - MORT-30-PN

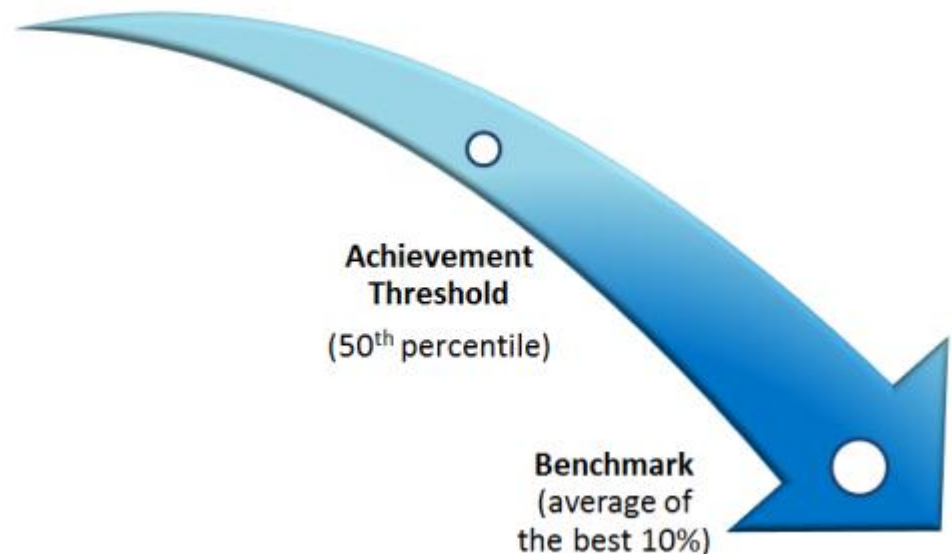


**\*Note:** 30-day Mortality Measures are reported as survival rates; therefore, higher values represent a better outcome.

# Evaluating Hospitals: Performance Standards (3 of 3)

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

- AHRQ PSI-90 Composite
- HAI Outcome Measures
  - CLABSI
  - CAUTI
  - SSI
- Efficiency Measure
  - MSPB



# Evaluating Hospitals: Achievement Points

Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

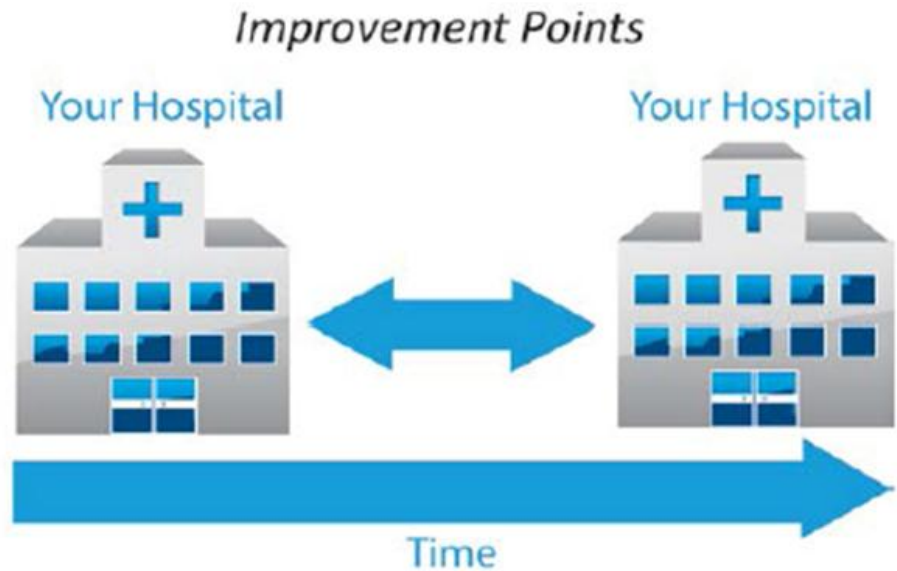
- Rate at or above the Benchmark: 10 points
- Rate less than the Achievement Threshold: 0 points
- Rate somewhere at or above the Threshold but less than the Benchmark: 1-9 points



# 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



\*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.

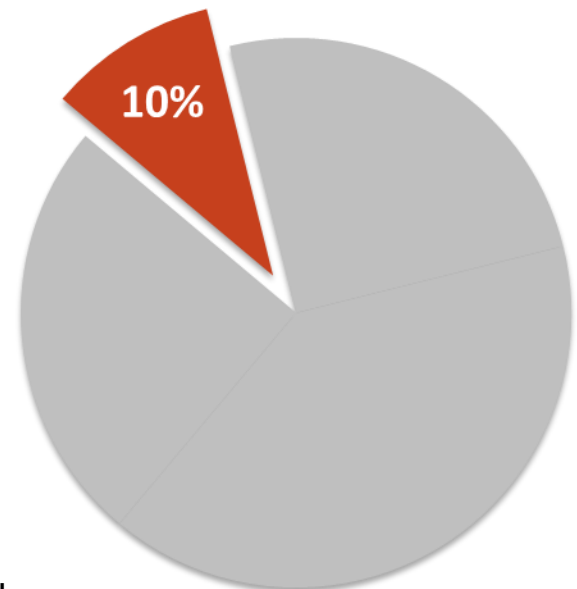
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# **CLINICAL PROCESS OF CARE**

# CPOC: Measures

Measure ID	CPOC Measures
AMI-7a	Fibrinolytic therapy received within 30 minutes of hospital arrival
IMM-2	Influenza Immunization
PN-6	Initial antibiotic selection for community-acquired pneumonia in immunocompetent patient
SCIP-Inf-2	Prophylactic antibiotic selection for surgery patients
SCIP-Inf-3	Prophylactic antibiotics discontinued within 24-hours after surgery end time
SCIP-Inf-9	Urinary catheter removed on post-operative day 1 or post-operative day 2
SCIP-Card-2	Surgical patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period
SCIP-VTE-2	Surgical patients who received appropriate venous thromboembolism prophylaxes within 24-Hours prior to surgery to 24-hours after surgery

Clinical Process of Care  
Domain Weight



# CPOC: Measure Minimums

## Domain Scoring Requirements

- At least **four out of the eight** measures must be scored.
- A measure must have at least **10 eligible cases** during the baseline period to receive an improvement score.
- A measure must have at least **10 eligible cases** during the performance period to have either an achievement or improvement score.

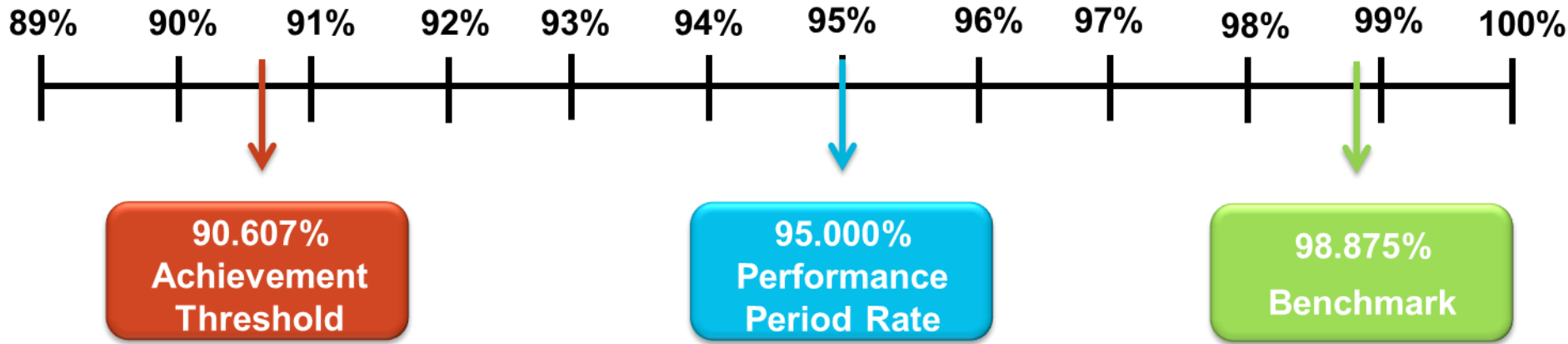
Evaluation Requirements: Clinical Process of Care

Measure Name (Number of Cases)	Status
AMI-7a (10 cases)	✓
IMM-2 (15 cases)	✓
PN-6 (9 cases)	✗
SCIP-Inf-2 (100 cases)	✓
SCIP-Inf-3 (10 cases)	✓
SCIP-Inf-9 (15 cases)	✓
SCIP-Card-2 (25 cases)	✓
SCIP-VTE-2 (100 cases)	✓

Eligible Clinical Process of Care Measures = 7 of 8 Measures

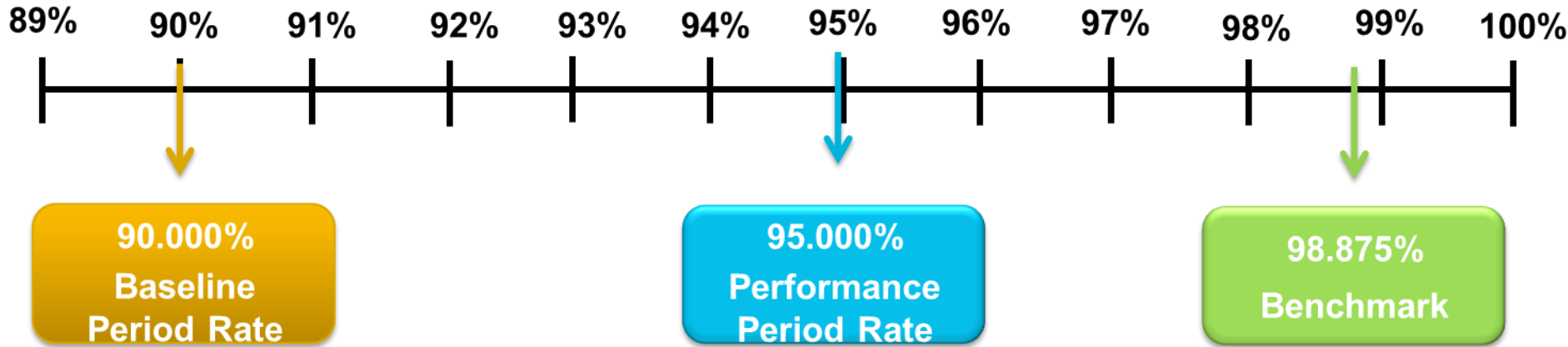


# CPOC: Achievement Points



$$\left( 9 \times \left( \frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5 \right) = \left( 9 \times \left( \frac{95.000\% - 90.607\%}{98.875\% - 90.607\%} \right) + 0.5 \right) = 5$$

# CPOC: Improvement Points



$$\left(10 \times \left( \frac{\text{Performance Period Rate} - \text{Baseline Period Rate}}{\text{Benchmark} - \text{Baseline Period Rate}} \right) - 0.5 \right) = \left(10 \times \left( \frac{95.000\% - 90.000\%}{98.875\% - 90.000\%} \right) - 0.5 \right) = 5$$

IMM-2 Improvement Point Example

# CPOC: Measure Scores

**A Measure Score is the greater of the achievement points and improvement points for a measure.**

*Example FY 2016 Clinical Process of Care Measure Score Calculations*

Measure ID	Achievement Points	Improvement Points	Measure Score
AMI-7a	10	9	10
IMM-2	5	5	5
PN-6	N/A	N/A	N/A
SCIP-Inf-2	4	5	5
SCIP-Inf-3	2	1	2
SCIP-Inf-9	9	N/A	9
SCIP-VTE-2	0	0	0
SCIP-Card-2	4	3	4

# CPOC: 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
AMI-7a	10
IMM-2	5
PN-6	N/A
SCIP-Inf-2	5
SCIP-Inf-3	2
SCIP-Inf-9	9
SCIP-VTE-2	0
SCIP-Card-2	4

## Domain Normalization Steps

- Sum the measure scores in the domain.  
 $(10 + 5 + 5 + 2 + 9 + 0 + 4) = 35$
- Multiply the eligible measures by the maximum point value per measure (10 points).  
 $(7 \text{ Measures} \times 10 \text{ Points}) = 70$
- Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).  
 $(35 \div 70) = 0.500000000000$
- Multiply the result of step 3 by 100.  
 $(0.500000000000 \times 100) = \mathbf{50.000000000000}$

# CPOC: PPSR Display (1 of 2)

Clinical Process of Care Measures	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HBVP Metrics					
	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score	Condition/ Procedure Score
<b>Acute Myocardial Infarction</b>												
AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 cases	0 cases	-	0 cases	0 cases	-	0.91154	1.00000	-	-	-	-
<b>Healthcare-Associated Infections</b>												
SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients	282	284	0.99296	371	377	0.98408	0.99074	1.00000	0	0	0	12
SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	273	281	0.97153	365	372	0.98118	0.98086	1.00000	3	1	3	
SCIP-Inf-9 Urinary Catheter Removal on Postoperative Day 1 or Postoperative Day 2	365	370	0.98649	386	387	0.99742	0.97059	1.00000	8	9	9	
<b>Pneumonia</b>												
PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient	88	94	0.93617	75	78	0.96154	0.96552	1.00000	3	0	3	3
<b>Preventative</b>												
IMM-2 Influenza Immunization	336	349	0.96275	317	320	0.99063	0.90607	0.98875	9	10	10	10
<b>Surgical Care Improvement Project</b>												
SCIP-Card-2 Surgery Patients on Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period	141	141	1.00000	135	138	0.97826	0.97727	1.00000	0	1	1	9
SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	401	407	0.98526	418	419	0.99761	0.98225	1.00000	8	8	8	

Eligible Clinical Process of Care Measures: 7 out of 8  
 Unweighted Clinical Process of Care Domain Score: 48.571428571429  
 Weighted Clinical Process of Care Domain Score: 4.857142857143

Calculated values were subject to rounding.

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

\*\* "0 cases" indicates that no cases met the criteria for inclusion in the measure calculation.



**Baseline Period Totals** — Displays the hospital's baseline period numerator and denominator values used to calculate the baseline period rate



**Performance Period Totals** — Displays the hospital's performance period numerator and denominator values used to calculate the performance period rate

# CPOC: PPSR Display (2 of 2)

3

Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HBVP Metrics					
Clinical Process of Care Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score	Condition/ Procedure Score
<b>Acute Myocardial Infarction</b>												
AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 cases	0 cases	-	0 cases	0 cases	-	0.91154	1.00000	-	-	-	-
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SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	273	281	0.97153	365	372	0.98118	0.98086	1.00000	3	1	3	
SCIP-Inf-9 Urinary Catheter Removal on Postoperative Day 1 or Postoperative Day 2	365	370	0.98649	386	387	0.99742	0.97059	1.00000	8	9	9	
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SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	401	407	0.98526	418	419	0.99761	0.98225	1.00000	8	8	8	

Eligible Clinical Process of Care Measures: 7 out of 8  
 Unweighted Clinical Process of Care Domain Score: 48.571428571429  
 Weighted Clinical Process of Care Domain Score: 4.857142857143

4

Calculated values were subject to rounding.  
 \* A dash (-) indicates that the minimum requirements were not met for calculation.  
 \* "0 cases" indicates that no cases met the criteria for inclusion in the measure calculation.

3

**HBVP Metrics**— Displays the performance standards (Achievement Threshold & Benchmark), improvement points, achievement points, measure score, and condition/procedure 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 CPOC domain score multiplied by domain weight

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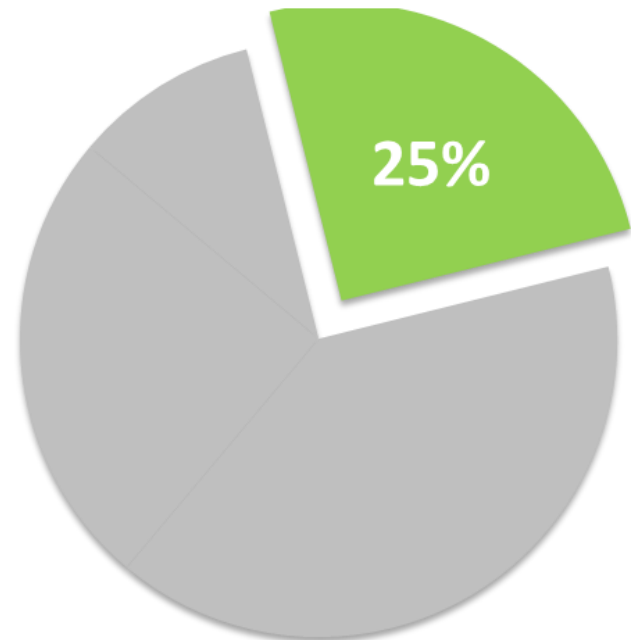
# **PATIENT EXPERIENCE OF CARE**

# Patient Experience of Care: Dimensions

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

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management
- Communication About Medicines
- Cleanliness and Quietness of Hospital Environment
- Discharge Information
- Overall Rating of Hospital

Patient Experience of  
Care Domain Weight





# Patient Experience of Care: Measure Minimums

## Domain Requirements

- Requires **100 completed HCAHPS surveys** during the performance period to receive a Patient Experience of Care domain score

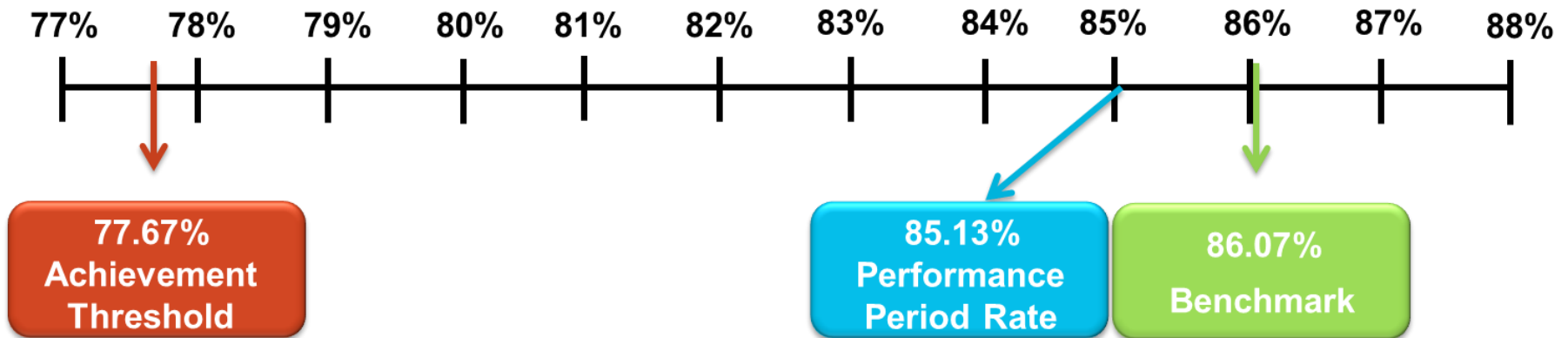
## Achievement/Improvement Scores

- Requires **100 completed HCAHPS surveys** during the:
  - Baseline period to receive an improvement score
  - Performance period to have either an achievement or improvement score

*Evaluation Requirements:  
Patient Experience of Care*



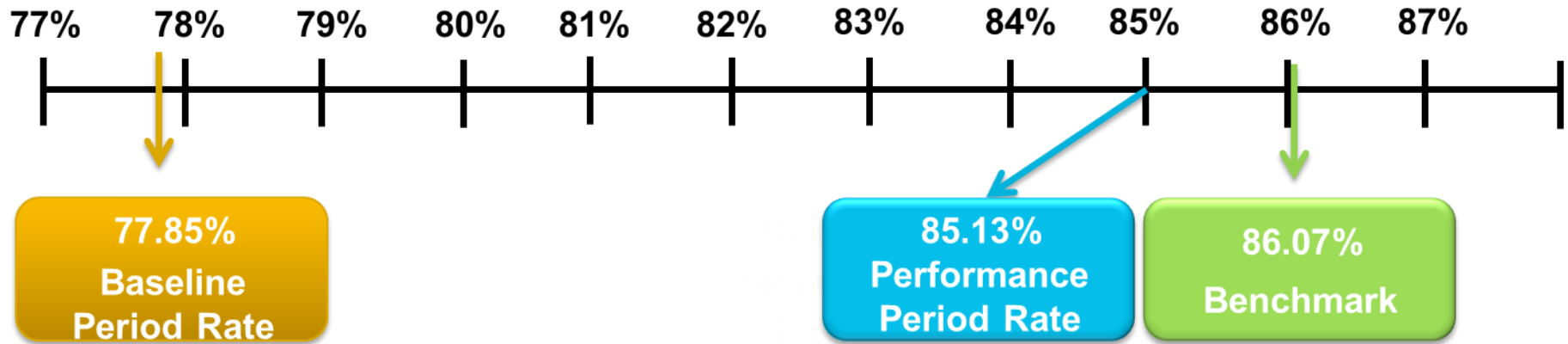
# Patient Experience of Care: Achievement Points



$$\left( 9 \times \frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5 = \left( 9 \times \frac{85.13\% - 77.67\%}{86.07\% - 77.67\%} \right) + 0.5 = 8$$

Communication with Nurses Achievement Point Example

# Patient Experience of Care: Improvement Points



$$\left(10 \times \left( \frac{\text{Performance Period Rate} - \text{Baseline Period Rate}}{\text{Benchmark} - \text{Baseline Period Rate}} \right) - 0.5 \right) = \left(10 \times \left( \frac{85.13\% - 77.85\%}{86.07\% - 77.85\%} \right) - 0.5 \right) = 8$$

Communication with Nurses Improvement Point Example

# Patient Experience of Care: Dimension Scores

**A Dimension Score is the greater of the achievement points and improvement points for a measure.**

*Example FY 2016 Patient Experience of Care Dimension Score Calculations*

Dimension	Achievement Points	Improvement Points	Dimension Score
Communication with Nurses	8	8	8
Communication with Doctors	8	7	8
Responsiveness of Hospital Staff	9	9	9
Pain Management	7	8	8
Communication About Medicines	2	0	2
Cleanliness and Quietness of Hospital Environment	5	3	5
Discharge Information	6	0	6
Overall Rating of Hospital	4	4	4

# Patient Experience of Care: Lowest Dimension Score

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

$$\text{Communication with Nurses} = \frac{(85.13\% - 53.99\%)}{(77.67\% - 53.99\%)} = \mathbf{1.315}$$

$$\text{Communication about Medicines} = \frac{(64.54\% - 34.61\%)}{(62.33\% - 34.61\%)} = \mathbf{1.080}$$

$$\text{Communication with Doctors} = \frac{(87.45\% - 57.01\%)}{(80.40\% - 57.01\%)} = \mathbf{1.301}$$

$$\text{Cleanliness and Quietness} = \frac{(72.47\% - 43.08\%)}{(64.95\% - 43.08\%)} = \mathbf{1.344}$$

$$\text{Responsiveness of Hospital Staff} = \frac{(78.96\% - 38.21\%)}{(64.71\% - 38.21\%)} = \mathbf{1.538}$$

$$\text{Discharge Information} = \frac{(87.90\% - 61.36\%)}{(84.70\% - 61.36\%)} = \mathbf{1.137}$$

$$\text{Pain Management} = \frac{(76.35\% - 48.96\%)}{(70.18\% - 48.96\%)} = \mathbf{1.291}$$

$$\text{Overall Rating} = \frac{(75.17\% - 34.95\%)}{(69.32\% - 34.95\%)} = \mathbf{1.170}$$

# Patient Experience of Care: Consistency Score

$$\text{Consistency Score} = (20 \times \text{Lowest Dimension Score}) - 0.5$$

$$\text{Communication about Medicines} = \frac{(64.54\% - 34.61\%)}{(62.33\% - 34.61\%)} = \mathbf{1.080}$$

$$\text{Consistency Score} = (20 \times 1.080) - 0.5 = \mathbf{20}$$

# Patient Experience of 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
Communication with Nurses	6
Communication with Doctors	10
Responsiveness of Hospital Staff	5
Pain Management	9
Communication About Medicines	0
Cleanliness and Quietness of Hospital Environment	5
Discharge Information	10
Overall Rating of Hospital	5

### Domain Normalization Steps

1. Sum the dimension scores in the domain to calculate your HCAHPS Base Score.  
 $(6 + 10 + 5 + 9 + 0 + 5 + 10 + 5) = 50$
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).  
 $50 + 20 = 70.000000000000$

# Patient Experience of Care: PPSR Display (1 of 2)



Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014								
Patient Experience of Care Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	77.85%	85.13%	53.99%	77.67%	86.07%	8	8	8
Communication with Doctors	83.66%	87.45%	57.01%	80.40%	88.56%	7	8	8
Responsiveness of Hospital Staff	71.55%	78.96%	38.21%	64.71%	79.76%	9	9	9
Pain Management	68.24%	76.35%	48.96%	70.18%	78.16%	8	7	8
<i>Communication about Medicines<sup>1</sup></i>	66.83%	64.54%	34.61%	62.33%	72.77%	0	2	2
Cleanliness and Quietness of Hospital Environment	68.06%	72.47%	43.08%	64.95%	79.10%	3	5	5
Discharge Information	89.19%	87.90%	61.36%	84.70%	90.39%	0	6	6
Overall Rating of Hospital	67.09%	75.17%	34.95%	69.32%	83.97%	4	4	4

HCAHPS Base Score: 50  
HCAHPS Consistency Score: 20  
Unweighted Patient Experience of Care Domain Score: 70.000000000000  
Weighted Patient Experience of Care Domain Score: 17.500000000000  
HCAHPS Surveys Completed during the Performance period: 229

Calculated values were subject to rounding.

<sup>1</sup>The *Communication about Medicines* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.



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



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



# Patient Experience of Care: PPSR Display (2 of 2)

3

Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014			Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	77.85%	85.13%	53.99%	77.67%	86.07%	8	8	8
Communication with Doctors	83.66%	87.45%	57.01%	80.40%	88.56%	7	8	8
Responsiveness of Hospital Staff	71.55%	78.96%	38.21%	64.71%	79.76%	9	9	9
Pain Management	68.24%	76.35%	48.96%	70.18%	78.16%	8	7	8
<i>Communication about Medicines'</i>	66.83%	64.54%	34.61%	62.33%	72.77%	0	2	2
Cleanliness and Quietness of Hospital Environment	68.06%	72.47%	43.08%	64.95%	79.10%	3	5	5
Discharge Information	89.19%	87.90%	61.36%	84.70%	90.39%	0	6	6
Overall Rating of Hospital	67.09%	75.17%	34.95%	69.32%	83.97%	4	4	4

HCAHPS Base Score:	30
HCAHPS Consistency Score:	20
Unweighted Patient Experience of Care Domain Score:	70.000000000000
Weighted Patient Experience of Care Domain Score:	17.500000000000
HCAHPS Surveys Completed during the Performance period:	229
Calculated values were subject to rounding.	
The <i>Communication about Medicines</i> HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.	

4

3

**HVBP Metrics**— Displays the performance standards (Achievement Threshold & Benchmark), improvement points, achievement points, measure score, and condition/procedure score.

4

## 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

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# OUTCOME

# Outcome: Measures

## 30-Day Mortality Measures

MORT-30-AMI	AMI 30-Day Mortality Rate
MORT-30-HF	HF 30-Day Mortality Rate
MORT-30-PN	PN 30-Day Mortality Rate

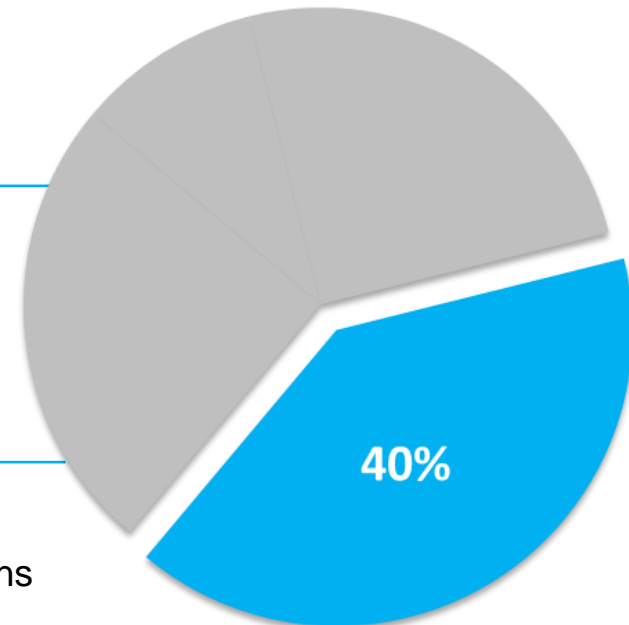
## AHRQ Measure

PSI-90	Composite of eight underlying component patient safety indicators which are sets of indicators of potential in-hospital complications and adverse events during surgeries and procedures
--------	--

## HAI Measures

CAUTI	CAUTI among adult and pediatric ICU locations
CLABSI	CLABSI among adult, pediatric, and neonatal ICU locations
SSI	SSIs specific to abdominal hysterectomy and colon surgery

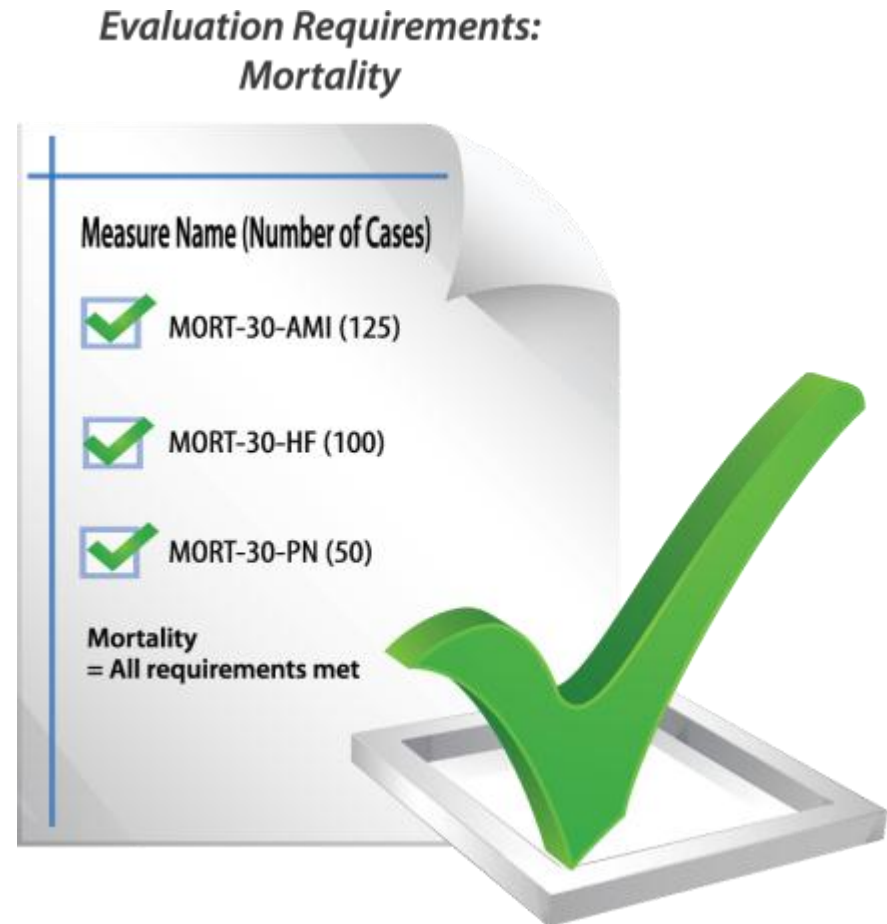
## Outcome Domain Weight



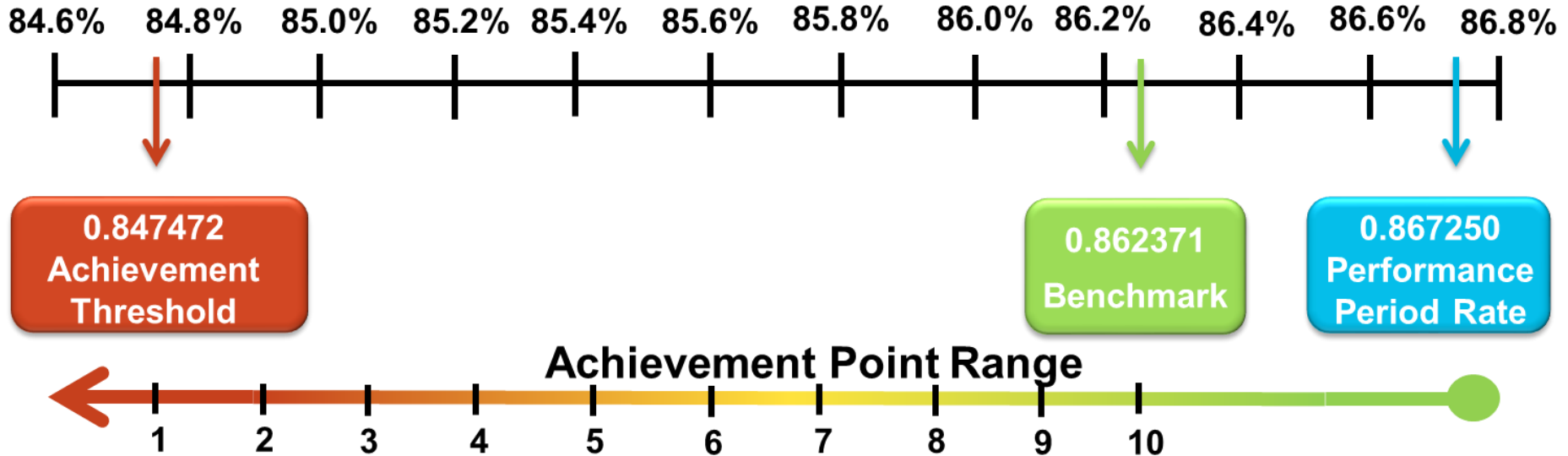
# Outcome

## Measure Minimums: Mortality

- Requires at least **25 eligible cases** during the:
  - Baseline period to receive an improvement score
  - Performance period to have either an achievement or improvement score



# Outcome: Mortality Measures Achievement Points



## Achievement Points

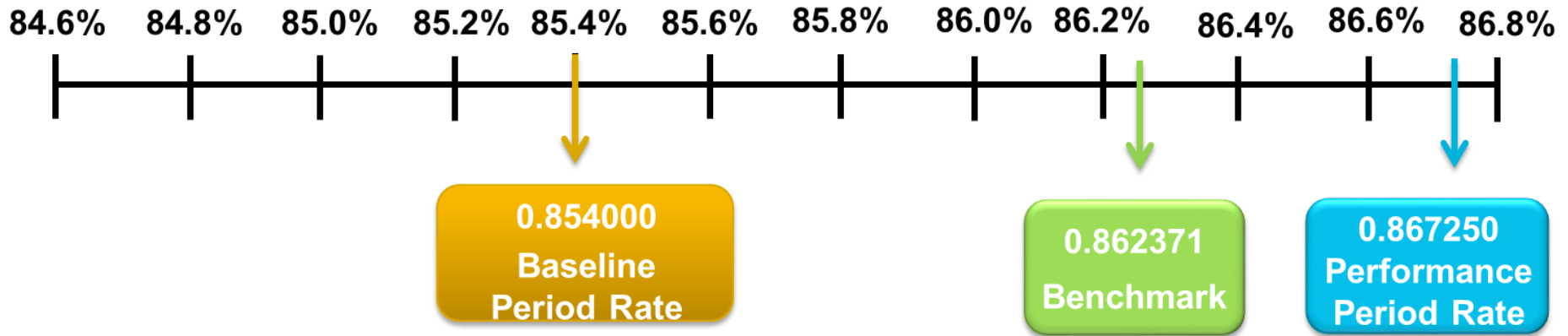
Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

- 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**

**MORT-30-AMI Achievement Point Example**

# Outcome: Mortality Measures Improvement Points



## 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**






**MORT-30-AMI Improvement Point Example**

# Outcome

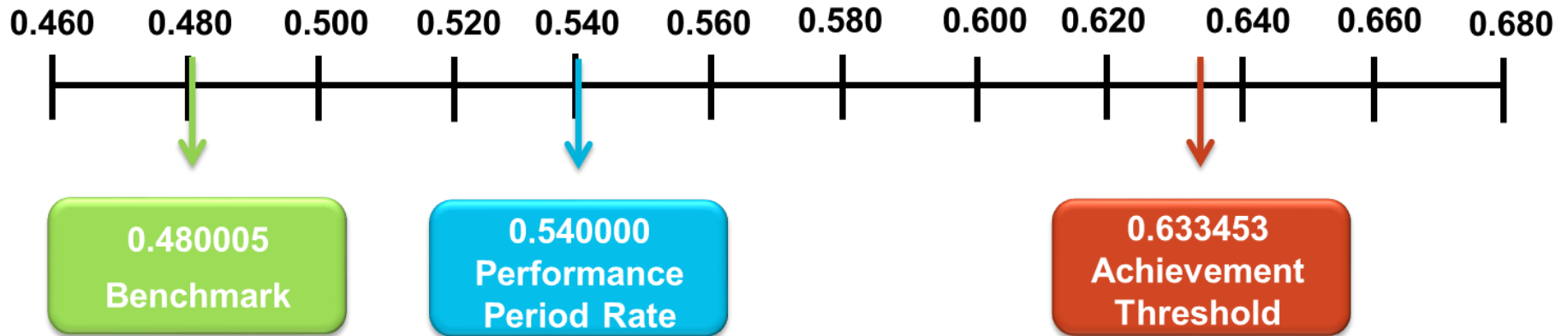
## Measure Minimums: AHRQ PSI-90

- Requires a minimum of **three eligible cases** on any one underlying indicator during the:
  - Baseline period to have an improvement score calculated
  - Performance period to have an either an achievement or improvement score calculated

Evaluation Requirements: PSI-90

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	

# Outcome: AHRQ PSI-90 Achievement Points

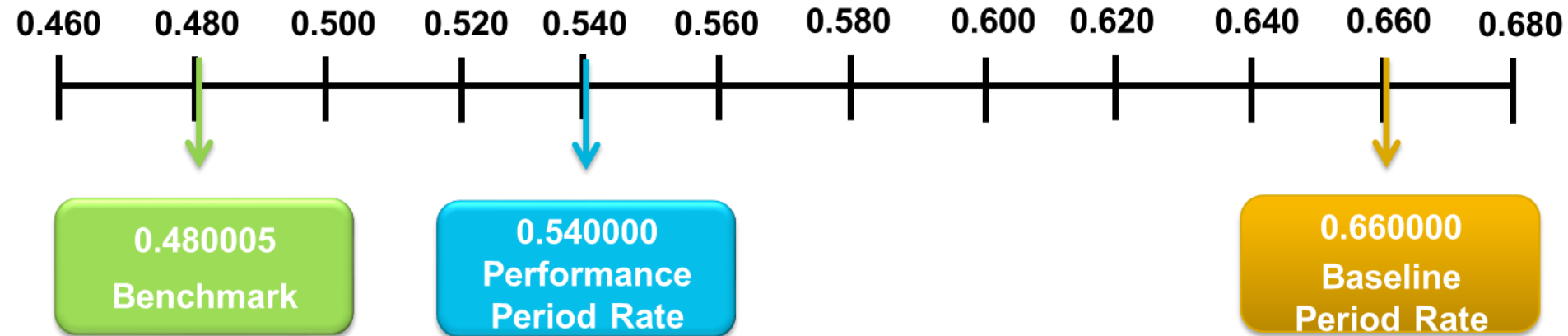


$$\left( 9 \times \left( \frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5 \right) = \left( 9 \times \left( \frac{0.540000 - 0.633453}{0.480005 - 0.633453} \right) + 0.5 \right) = 6$$

**AHRQ PSI-90 Composite Achievement Point Example**



# Outcome: AHRQ PSI-90 Improvement Points



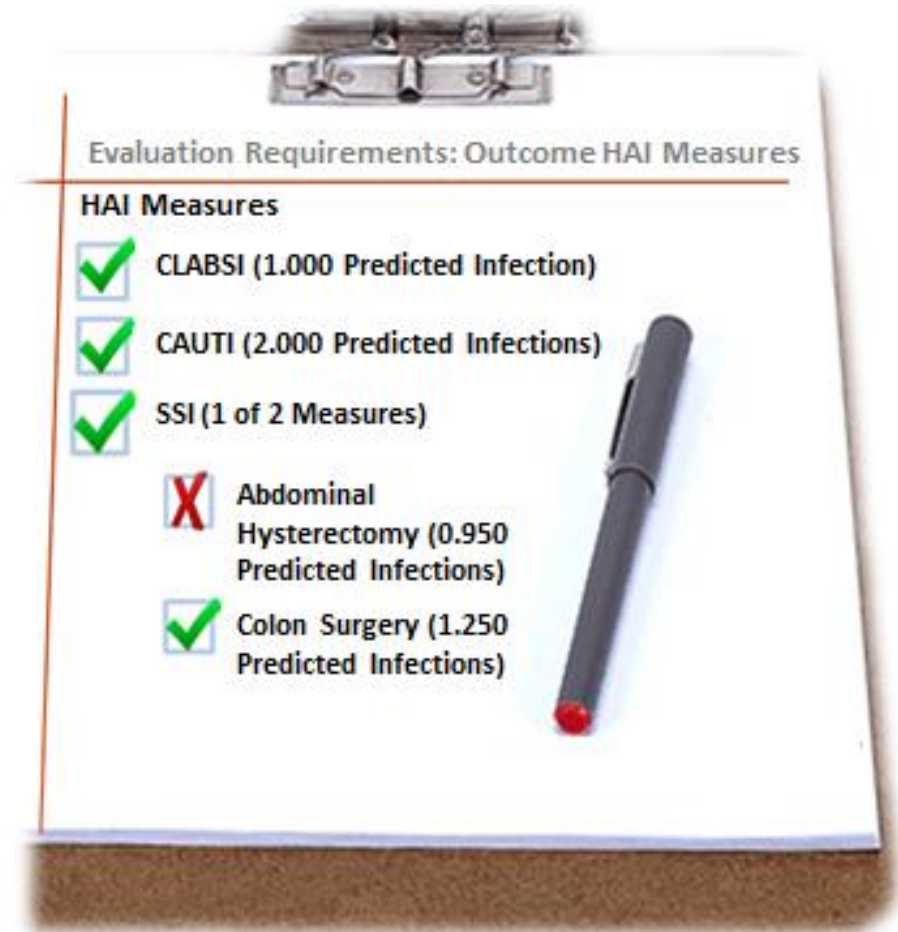
$$\left(10 \times \left( \frac{\text{Performance Period Rate} - \text{Baseline Period Rate}}{\text{Benchmark} - \text{Baseline Period Rate}} \right) - 0.5 \right) = \left(10 \times \left( \frac{0.540000 - 0.660000}{0.480005 - 0.660000} \right) - 0.5 \right) = 6$$

**AHRQ PSI-90 Composite Improvement Point Example**

# Outcome

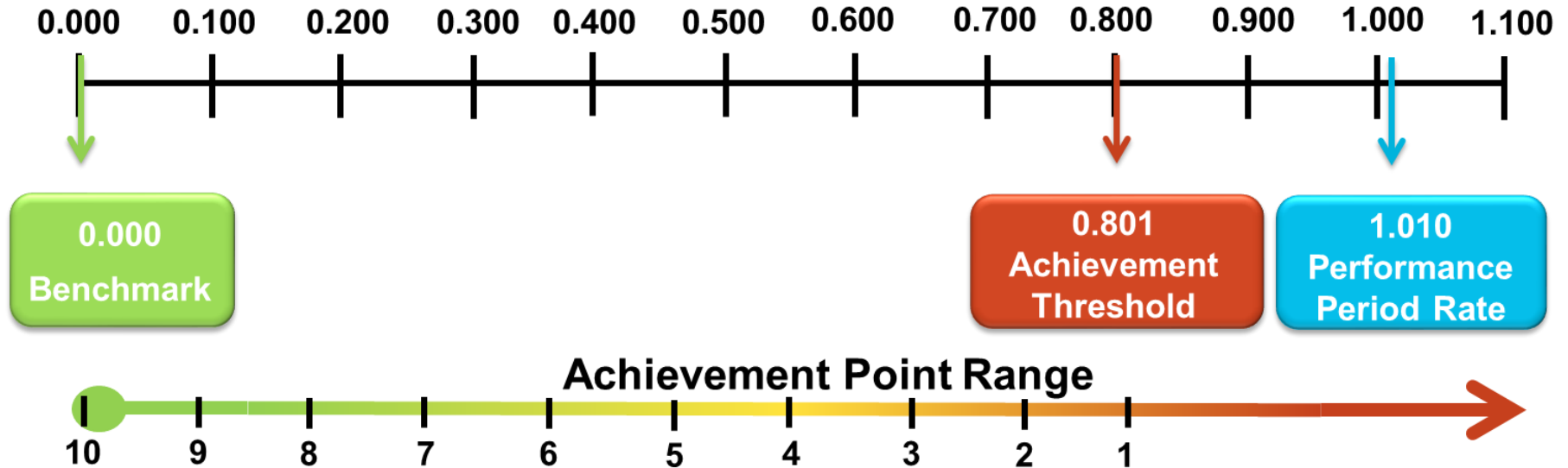
## Measure Minimums: HAI Measures

- The measure minimum for HAI measures requires at least **one predicted infection** calculated by the CDC during the:
  - Baseline period to have an improvement score calculated
  - Performance period to have either an achievement or improvement score calculated
- Achievement of an SSI Score:
  - Requires at least **one of the two strata** (Abdominal Hysterectomy or Colon Surgery) to have at least **1.000 predicted infection** calculated by CDC



# Outcome:

## HAI Measures Achievement Points



### Achievement Points

Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

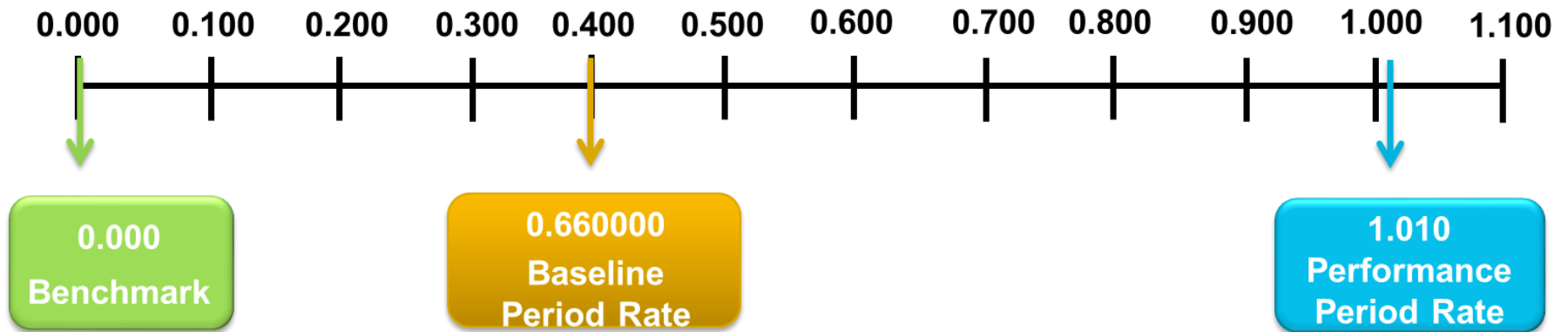
- Rate at or above the Benchmark: 10 points
- **Rate less than the Achievement Threshold: 0 points**
- Rate somewhere at or above the Threshold but less than the Benchmark: 1-9 points

**Achievement Points = 0**

**CAUTI Achievement Point Example**

# Outcome:

## HAI Measures Achievement Points



### 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**

# Outcome: Domain Minimums

- Outcome Scoring Requirements
  - At least **two of the seven** measures must be scored for domain score to be calculated

**Evaluation Requirements: Mortality**

Measure Name (Number of Cases)
<input checked="" type="checkbox"/> MORT-30-AMI (125)
<input checked="" type="checkbox"/> MORT-30-HF (100)
<input checked="" type="checkbox"/> MORT-30-PN (50)
<b>Mortality = All requirements met</b>

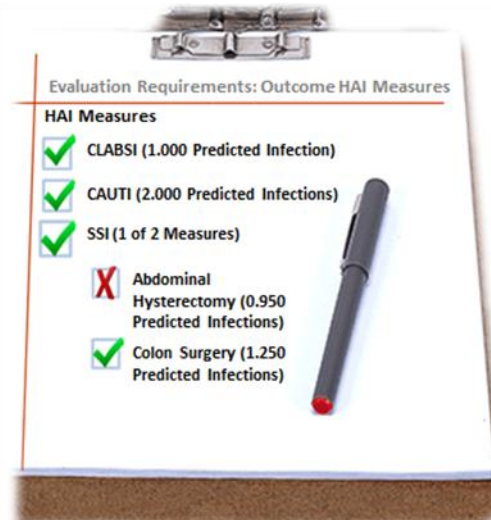

  

**Evaluation Requirements: PSI-90**

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	

**Evaluation Requirements: Outcome HAI Measures**

HAI Measures
<input checked="" type="checkbox"/> CLABSI (1.000 Predicted Infection)
<input checked="" type="checkbox"/> CAUTI (2.000 Predicted Infections)
<input checked="" type="checkbox"/> SSI (1 of 2 Measures)
<input checked="" type="checkbox"/> Abdominal Hysterectomy (0.950 Predicted Infections)
<input checked="" type="checkbox"/> Colon Surgery (1.250 Predicted Infections)



# Outcome:

## Combined SSI Score (1 of 3)

“... 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 Final Rule (78 FR 50684)*

# Outcome:

## Combined SSI Score (2 of 3)

As an example, a hospital that received five improvement points for the SSI-Colon stratum, with 1.0 predicted SSI-Colon infections, and eight 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:

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

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

# Outcome:

## Combined SSI Score (3 of 3)

- A hospital that received five improvement points for the SSI-Colon stratum, with 1.0 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 five.
- 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



# Outcome: Measure Scores

**A Measure Score is the greater of the achievement points and improvement points for a measure.**

*Example FY 2016 Outcome Measure Score Calculations*

Measure ID	Achievement Points	Improvement Points	Measure Score
MORT-30-AMI	10	9	10
MORT-30-HF	4	3	4
MORT-30-PN	N/A	N/A	N/A
AHRQ PSI-90	6	6	6
CLABSI	0	0	0
CAUTI	0	0	3
SSI	Colon Surgery Measure Score = 5	Abdominal Hysterectomy Measure Score = 8	7

# Outcome:

## 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	4
MORT-30-PN	N/A
AHRQ PSI-90	6
CLABSI	0
CAUTI	3
SSI	7

### Domain Normalization Steps

1. Sum the measure scores in the domain.  
 $(10 + 4 + 6 + 0 + 3 + 7) = 30$
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).  
 $(30 \div 60) = 0.500000000000$
4. Multiply the result of step 3 by 100.  
 $(0.500000000000 \times 100) =$   
**50.000000000000**

# Outcome: PPSR Display

	1			2							
Baseline Period: 10/01/2010 - 06/30/2011 Performance Period: 10/01/2012 - 06/30/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HVBP Metrics				
Mortality Measures	Number of Eligible Discharges	Baseline Period Rate		Number of Eligible Discharges	Performance Period Rate		Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	143	0.855251		299	0.855597		0.847472	0.862371	0	5	5
Heart Failure (HF) 30-Day Mortality Rate	278	0.840507		544	0.875475		0.881510	0.900315	5	0	5
Pneumonia (PN) 30-Day Mortality Rate	243	0.859556		453	0.851486		0.882651	0.904181	0	0	0
Baseline Period: 10/15/2010 - 06/30/2011 Performance Period: 10/15/2012 - 06/30/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HVBP Metrics				
AHRQ Patient Safety Measure	Index Value			Index Value			Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Complication/patient safety for selected indicators (composite)	0.749923			0.520800			0.616248	0.449988	7	6	7
Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HVBP Metrics				
Healthcare Associated Infections Measures	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	7	11.565	0.605	11	10.106	1.088	0.801	0.000	0	0	0
Central Line-Associated Blood Stream Infection	5	5.398	0.926	1	5.780	0.173	0.465	0.000	8	6	8
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	4
SSI-Abdominal Hysterectomy	2	0.722	-	4	1.582	2.528	0.752	0.000	-	0	0
SSI-Colon Surgery	10	7.991	1.251	4	7.705	0.519	0.668	0.000	5	3	5

Eligible Outcome Measures: 7 out of 7  
 Unweighted Outcome Domain Score: 41.428571428571  
 Weighted Domain Score: 16.571428571429

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.



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



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

# Outcome: PPSR Display

3

Baseline Period: 10/01/2010 - 06/30/2011 Performance Period: 10/01/2012 - 06/30/2014		FY 2016 Baseline Period Totals		FY 2016 Performance Period Totals		HVBP Metrics					
Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score		
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	143	0.855251	299	0.855597	0.847472	0.862371	0	5	5		
Heart Failure (HF) 30-Day Mortality Rate	278	0.840507	544	0.875475	0.881510	0.900315	5	0	5		
Pneumonia (PN) 30-Day Mortality Rate	243	0.859556	453	0.851486	0.882651	0.904181	0	0	0		
Baseline Period: 10/15/2010 - 06/30/2011 Performance Period: 10/15/2012 - 06/30/2014		FY 2016 Baseline Period Totals		FY 2016 Performance Period Totals		HVBP Metrics					
AHRQ Patient Safety Measure	Index Value		Index Value		Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score		
Complication/patient safety for selected indicators (composite)	0.749923		0.520800		0.616248	0.449988	7	6	7		
Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014		FY 2016 Baseline Period Totals		FY 2016 Performance Period Totals		HVBP Metrics					
Healthcare Associated Infections Measures	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	7	11,565	0.605	11	10,106	1.088	0.801	0.000	0	0	0
Central Line-Associated Blood Stream Infection	5	5,398	0.926	1	5,780	0.173	0.465	0.000	8	6	8
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	4
SSI-Abdominal Hysterectomy	2	0.722	-	4	1,582	2,528	0.752	0.000	-	0	0
SSI-Colon Surgery	10	7,991	1.251	4	7,705	0.519	0.668	0.000	5	3	5

Eligible Outcome Measures: 7 out of 7  
 Unweighted Outcome Domain Score: 41.428571428571  
 Weighted Domain Score: 16.571428571429

4

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 & Benchmark), improvement points, achievement points, and measure score

## Domain Summary

4

**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 Outcome domain score multiplied by domain weight

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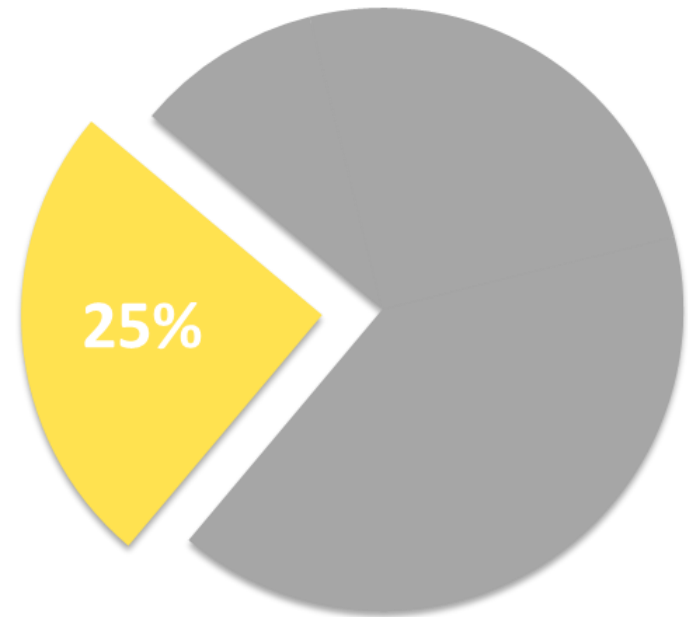
# EFFICIENCY

# Efficiency: Measure

## MSPB-1: Medicare Spending Per Beneficiary

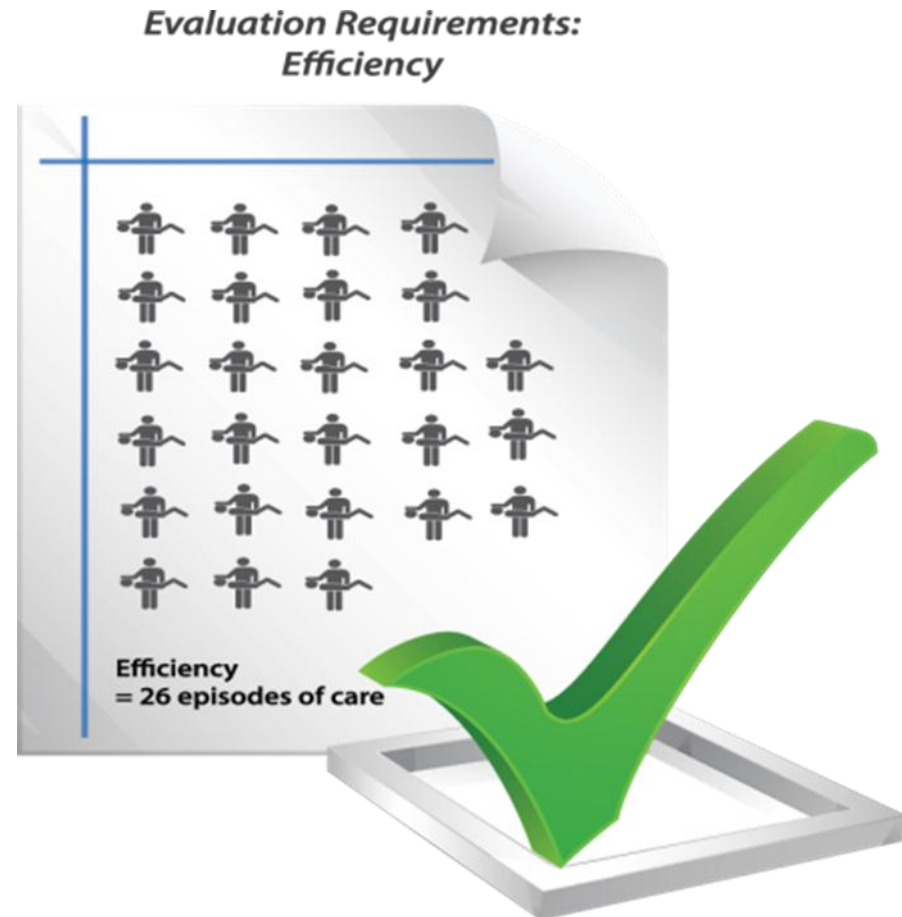
- Claims-based measure
- Includes risk-adjusted and price-standardized payments for Part A and Part B services provided:
  - Three-days prior to hospital admission through 30-days after hospital discharge

Efficiency Domain  
Weight

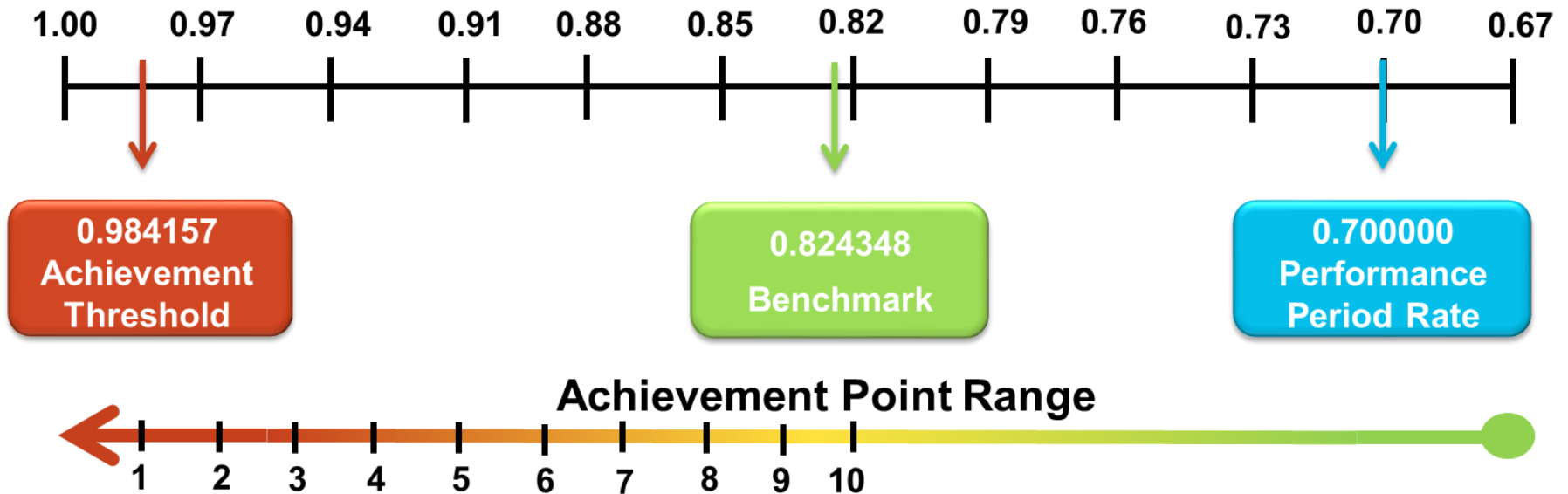


# Efficiency: Measure Minimum

- **Domain Requirements**
  - Stipulate a minimum of **25 eligible episodes of care** to be scored in order to calculate a domain score
- **Achievement/Improvement Scores**
  - Require a minimum of **25 eligible episodes of care** during the:
    - Baseline period to have an improvement score calculated
    - Performance period to have either an improvement or achievement score calculated



# Efficiency: Achievement Points



## Achievement Points

Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

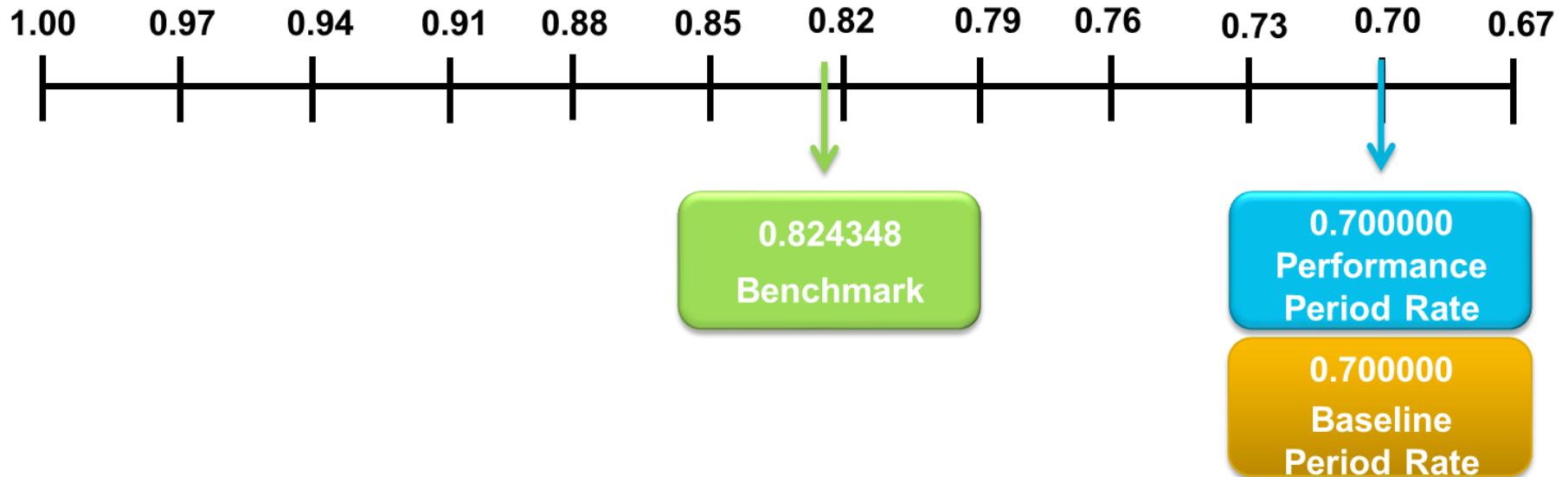
- **Rate at or above the Benchmark: 10 points**
- Rate less than the Achievement Threshold: 0 points
- Rate somewhere at or above the Threshold but less than the Benchmark: 1-9 points

**Achievement Points = 10**

**MSPB Achievement Point Example**



# Efficiency: Improvement Points



## 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**

# Efficiency: Measure Scores

**A Measure Score is the greater of the achievement points and improvement points for a measure.**

*Example FY 2016 Efficiency Measure Score Calculations*

Measure ID	Achievement Points	Improvement Points	Measure Score
MSPB-1	10	0	10

# Efficiency:

## 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-1	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).  
 $(1 \text{ Measures} \times 10 \text{ Points}) = 10$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).  
 $(10 \div 10) = 1.000000000000$
4. Multiply the result of step 3 by 100.  
 $(1.000000000000 \times 100) =$   
**100.000000000000**

# Efficiency: PPSR Display

	1			2			3				
Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HVBP Metrics				
Efficiency Measures	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)	\$22,613.74	\$18,708.18	1.208762	\$23,432.86	\$20,017.29	1.170631	0.984157	0.824348	0	0	0
Eligible Efficiency Measure: 1 out of 1 Unweighted Efficiency Domain Score: 0.000000000000 Weighted Efficiency Domain Score: 0.000000000000 # of Episodes: 4391 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 & 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

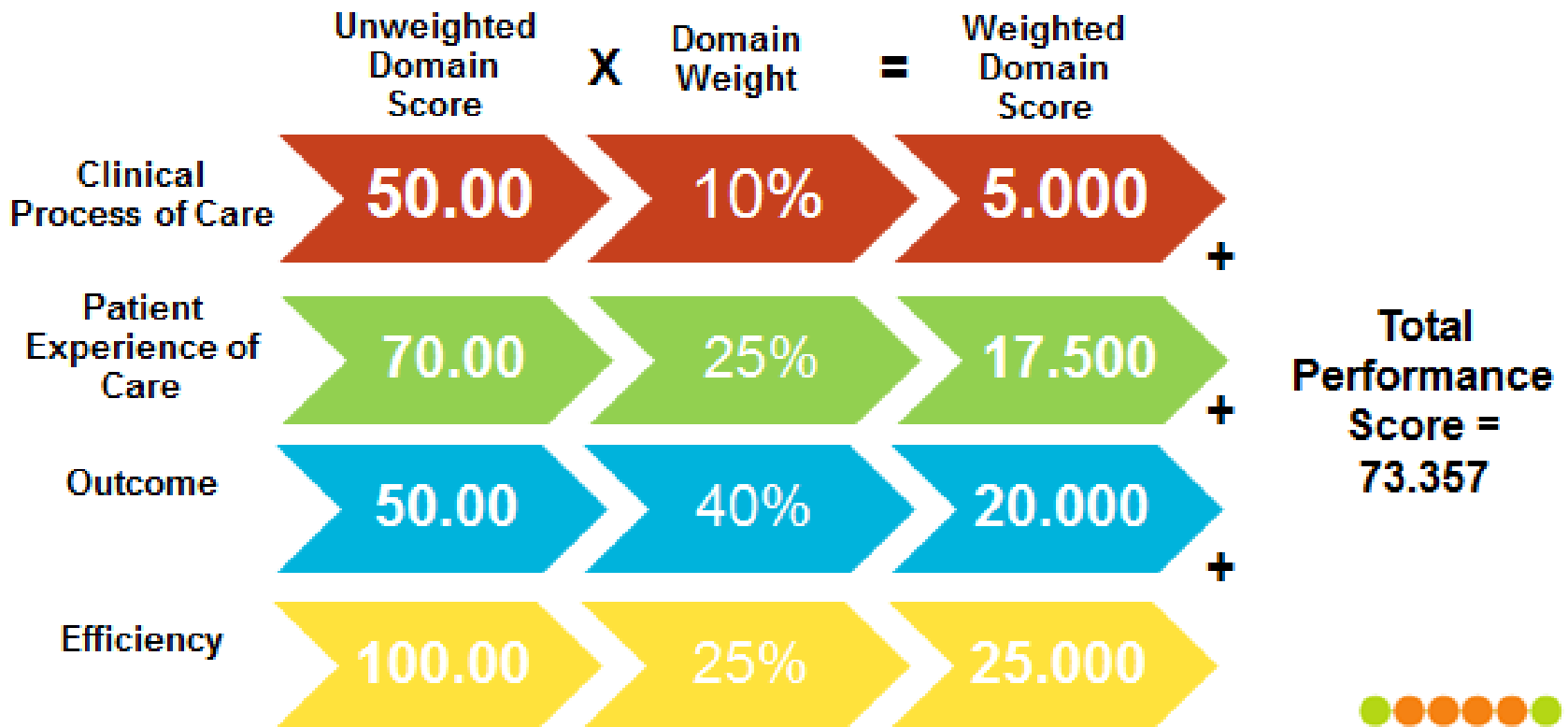
**Weighted Domain Score** — Hospital's unweighted Outcome domain score multiplied by domain weight

---

# **TOTAL PERFORMANCE SCORE**

# TPS: Four Domain Calculation

- Requires scores from at least **two out of the four domains** to receive a TPS
  - Excluded domain weights are proportionately distributed to the remaining domains to calculate the TPS



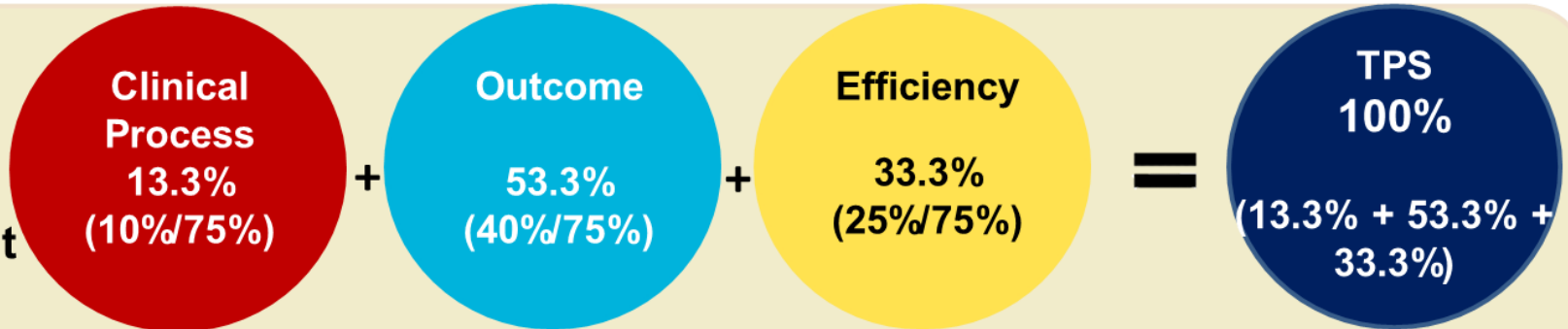
# TPS: Three Domain Calculation (1 of 2)

In this example, a hospital meets minimum case and measure requirements for the CPOC domain, Outcome domain, and Efficiency domain, but does not meet the minimum number of amount of completed surveys required for the Patient Experience of Care domain.

**Step 1:  
Sum  
Eligible  
Measure  
Weights**

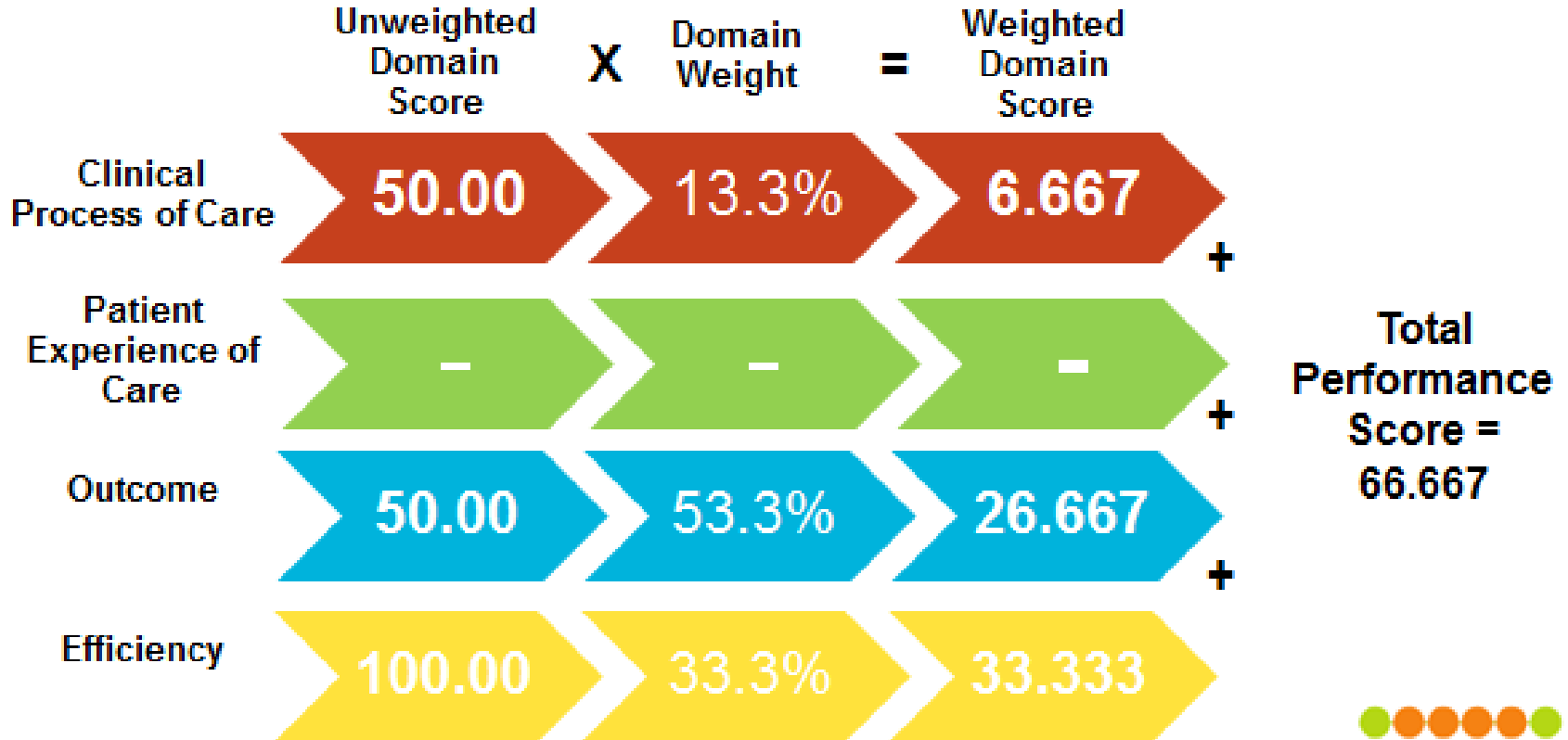


**Step 2:  
Divide  
Original  
Weight  
by Result  
of Step 1  
(75%)**



# TPS: Three Domain Calculation (2 of 2)

In this example, a hospital meets minimum case and measure requirements for the CPOC domain, Outcome domain, and Efficiency domain, but does not meet the minimum number of amount of completed surveys required for the Patient Experience of Care domain.

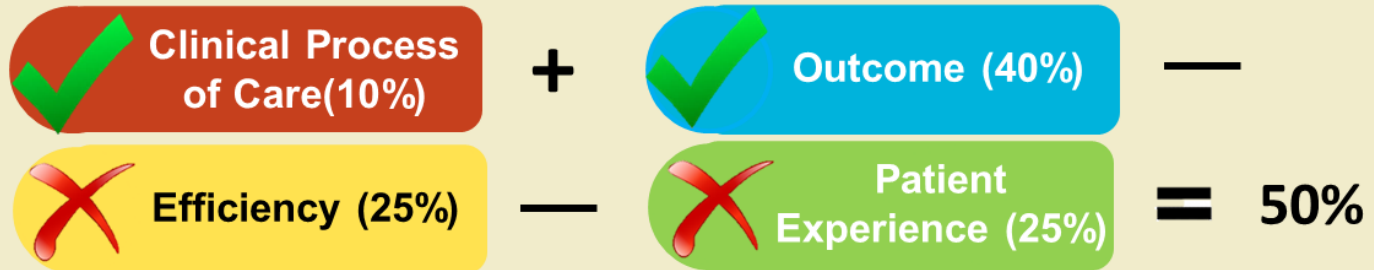




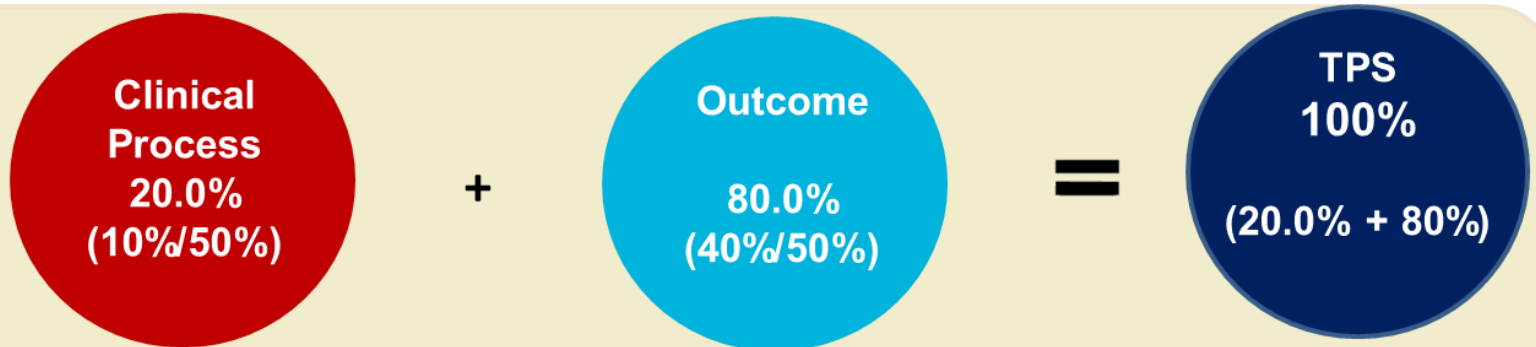
# TPS: Two Domain Calculation (1 of 2)

In this example, a hospital meets minimum case and measure requirements for the CPOC domain and Outcome domain, but does not meet the minimum number of amount of completed surveys required for the Patient Experience of Care domain or minimum amount of episodes of care in the Efficiency Domain.

**Step 1:  
Sum  
Eligible  
Measure  
Weights**

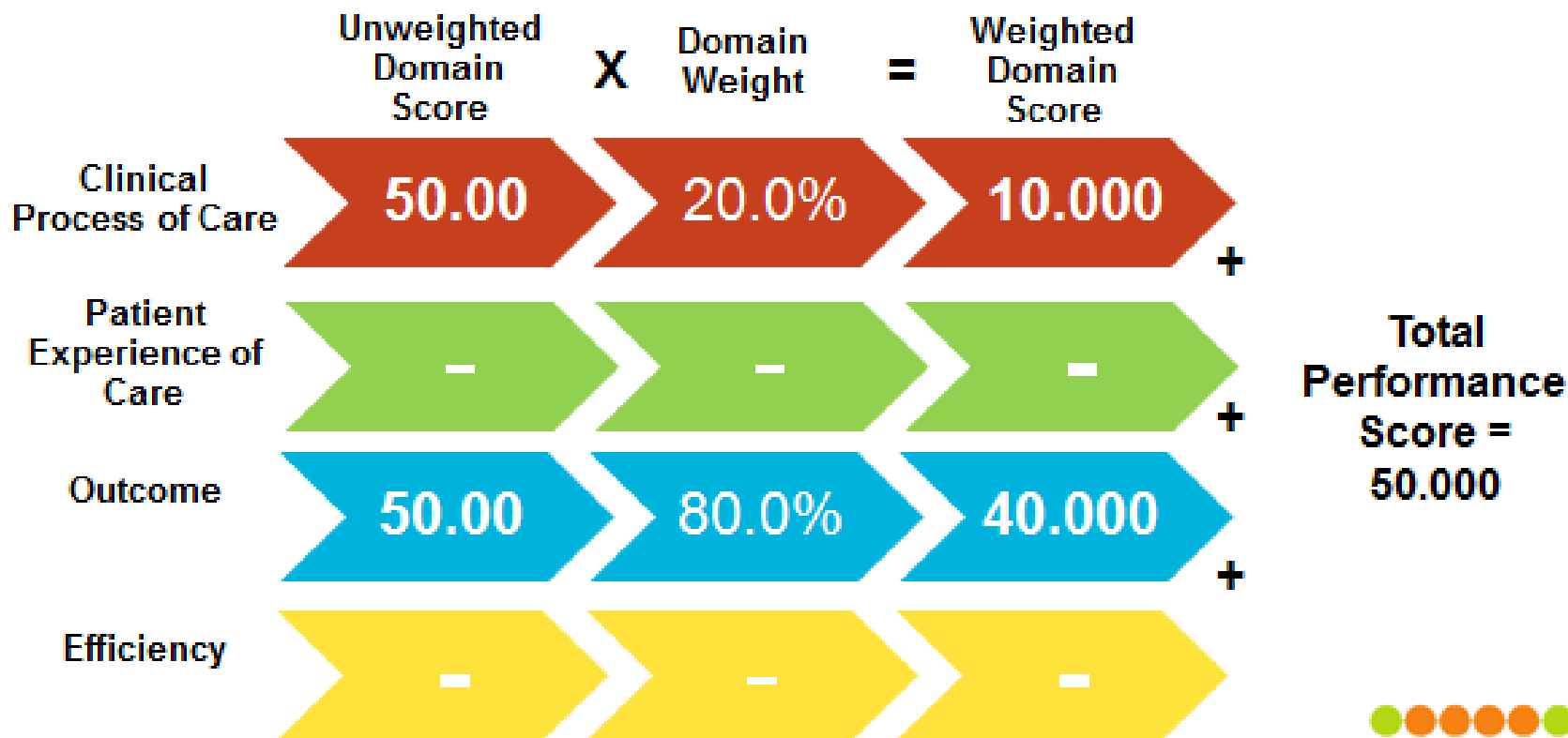


**Step 2:  
Divide  
Original  
Weight  
by Result  
of Step 1  
(50%)**



# TPS: Two Domain Calculation (2 of 2)

In this example, a hospital meets minimum case and measure requirements for the CPOC domain and Outcome domain, but does not meet the minimum number of amount of completed surveys required for the Patient Experience of Care domain or minimum amount of episodes of care in the Efficiency Domain.



# TPS: PPSR Display (1 of 3)

Data As Of: 06/25/2015

Total Performance Score

Clinical Process of Care Domain  
Patient Experience of Care Domain  
Outcome Domain  
Efficiency Domain

Facility	State	National
58.928571428571	47.176488095238	40.644752920161
Unweighted Domain Score	Weighting	Weighted Domain Score
54.285714285714	10%	5.428571428571
70.000000000000	25%	17.500000000000
40.000000000000	40%	16.000000000000
80.000000000000	25%	20.000000000000

Value-Based Percentage Payment  
Summary - Fiscal Year 2016

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
1.750000000000%	2.1058570373%	+0.6058570373%	1.0060585704	2.5801048862

Calculated values were subject to rounding.

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

1

2

3

1

## 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

2

## Domain Scoring

- Unweighted Domain Score — The sum of your hospital's scores for the domain, taking into account only those 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

# TPS: PPSR Display (2 of 3)

Data As Of: 06/25/2015

Total Performance Score

Clinical Process of Care Domain  
Patient Experience of Care Domain  
Outcome Domain  
Efficiency Domain

Facility	State	National
58.928571428571	47.176488095238	40.644752920161
Unweighted Domain Score	Weighting	Weighted Domain Score
54.285714285714	10%	5.428571428571
70.000000000000	25%	17.500000000000
40.000000000000	40%	16.000000000000
80.000000000000	25%	20.000000000000

1

2

Value-Based Percentage Payment  
Summary - Fiscal Year 2016

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
1.7500000000%	2.1058570373%	+0.6058570373%	1.0060585704	2.5801048882

3

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

3

## Payment Summary

- Base Operating DRG Payment Reduction — The FY 2016 Program is funded through a 1.75 percent 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 — Amount your FY 2016 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 2016 Hospital VBP Program

# TPS

## PPSR Display (3 of 3)

Data As Of: 06/25/2015

	Facility	State	National
Total Performance Score	Hospital VBP Ineligible	42.480322257108	40.644752920161
	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Process of Care Domain	-	-	-
Patient Experience of Care Domain	-	-	-
Outcome Domain	-	-	-
Efficiency Domain	100.000000000000	25%	25.000000000000

HVBP Exclusion Reason

The hospital is subject to IQR Payment Reductions.  
The hospital did not meet the minimum number of measures in two or more domains.

1

	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 2016	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.

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

\*\* "Hospital VBP Ineligible" indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.

1

### 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 Total Performance Score field and the Payment Summary fields will display "Hospital VBP Ineligible"

---

# **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.



# Review and Corrections: QualityNet

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

(direct link):

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

Home My QualityNet Help

Hospitals - Inpatient \* Hospitals - Outpatient \* Physician Offices \* ASCs \* ESRD \* Quality Improvement

**Hospital Value-Based Purchasing (HVBP)**

Baseline and Performance Periods

Eligibility

Measures

Scoring

Reports

**Review and Corrections/Appeals**

Payments

Resources

### Review and Corrections/Appeals

#### Hospital Value-Based Purchasing (HVBP)

#### Review and Corrections

This process is aimed at correcting condition-specific, domain-specific, and total performance scores (TPS) that will be made available on the Hospital Compare website.

- Hospitals may review and request correction of their hospital's performance scores on each condition, domain and/or TPS score **within 30 calendar days** of the posting date of the Percentage Payment Summary Report on My QualityNet.
- Hospitals must receive an adverse determination from the Centers for Medicare & Medicaid Services (CMS) of their review and correction calculation request prior to requesting an appeal.

**NOTE:** The Review and Corrections process for Hospital Value-Based Purchasing (HVBP) is specific only to discrepancies related to the condition-specific score, the domain specific score and/or the TPS. Discrepancies between the data a hospital believes they had reported and the data actually reported into the CMS data warehouse should have been completed by the hospital during the Hospital Inpatient Quality Reporting (IQR) [quarterly submission time periods](#).

#### Appeals Process

This process allows hospitals to seek reconsideration for issues in TPS calculations that may affect their payment. By statute, the appeals process is not intended to allow appeals of value-based incentive payments resulting from a given TPS, barring a calculation or scoring error.

- Hospitals can only request an appeal after first requesting a review and correction of their performance scores.
- Hospitals may submit an appeal **within 30 calendar days** of the date of the CMS review and correction decision letter.

#### Forms and additional reference material

For assistance in completing and submitting the Review and Corrections or Appeals forms, refer to the following:

- [Review and Corrections Quick Reference Guide](#), PDF-107 KB
- [Review and Corrections Request Form](#), PDF-334 KB (05/09/13)
- [Appeal Quick Reference Guide](#), PDF-90 KB
- [Appeal Request Form](#), PDF-343 KB (05/09/13)
- [Review and Corrections Appeals User's Guide](#), PDF-593 KB



# Review and Corrections: Form

Complete form with the following information:

- Date of review and corrections request
- Hospital CMS 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
- Detailed description for each of the reason(s) identified

## Where to Submit Forms:

Submit the completed form through the CMS Secure File Exchange.

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# APPEALS

# Appeals: Overview

*Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of 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



# Appeals: QualityNet

- 1) Go to [www.qualitynet.org](http://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” (left-side) and “Review and Corrections Request Form” (bottom of page)

Direct link:

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

The screenshot displays the QualityNet website interface. At the top, there are navigation tabs for 'Home', 'My QualityNet', and 'Help'. Below these are dropdown menus for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'ASCs', and 'ESR'. The main content area is titled 'Hospital Value-Based Purchasing (HVBP)' and includes a sidebar with links for 'Baseline and Performance Periods', 'Eligibility', 'Measures', 'Scoring', 'Reports', 'Review and Corrections/Appeals' (highlighted with a red circle), 'Payments', and 'Resources'. The main content area is titled 'Review and Corrections/Appeals Hospital Value-Based Purchasing (HVBP)' and contains the following text:

**Review and Corrections**  
This process is aimed at correcting condition-specific, domain-specific, scores (TPS) that will be made available on the *Hospital Compare* web site.

- Hospitals may review and request correction of their hospital's per condition, domain and/or TPS score **within 30 calendar days** of Percentage Payment Summary Report on *My QualityNet*.
- Hospitals must receive an adverse determination from the Centers for Medicare & Medicaid Services (CMS) of their review and correction calculation request prior to appeal.

**NOTE:** The Review and Corrections process for Hospital Value-Based Purchasing is specific only to discrepancies related to the condition-specific score, the domain-specific score, and/or the TPS. Discrepancies between the data a hospital believes to be correct and the data actually reported into the CMS data warehouse should have been identified during the Hospital Inpatient Quality Reporting (IQR) [quarterly submission](#).

**Appeals Process**  
This process allows hospitals to seek reconsideration for issues in TPS calculation and their payment. By statute, the appeals process is not intended to allow for the payment of incentive payments resulting from a given TPS, barring a calculation of the TPS.

- Hospitals can only request an appeal after first requesting a review of their performance scores.
- Hospitals may submit an appeal **within 30 calendar days** of the correction decision letter.

**Forms and additional reference material**  
For assistance in completing and submitting the Review and Correction Request Form, please refer to the following:

- [Review and Corrections Quick Reference Guide](#), PDF-107 KB
- [Review and Corrections Request Form](#), PDF-336 KB (05/09/13)
- [Appeal Quick Reference Guide](#), PDF-98 KB
- [Appeal Request Form](#), PDF-343 KB (05/09/13) (highlighted with a red circle)
- [Review and Corrections Appeals User's Guide](#), PDF-593 KB

# Appeals: Form

Complete form with the following information:

- Date of review and corrections request
- Hospital CMS 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

## Where to Submit Forms:

Submit the completed form through the CMS Secure File Exchange.

# Appeals:

## Acceptable Reasons

- Denial of 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

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# RESOURCES

# Resources:

## FY 2016 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 who are active, registered *QualityNet* users and who have been assigned the following *QualityNet* roles:
  - **Hospital Reporting Feedback – Inpatient role** (required to receive the report)
  - **File Exchange & Search role** (required to download the report from the *Secure Portal*)



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 heading is 'Choose Your QualityNet Destination'. Below this, it says 'Please select your primary quality program to reach the right log in screen for your QualityNet portal.' There is a section for 'Secure File Transfer' with the instruction '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 visible at the bottom of the selection area.



# Resources: Available on *QualityNet*

- **How to Read Your PPSR**

- From the “**Hospitals – Inpatient**” menu, select “**Hospital Value-Based Purchasing Program**” and select “**Resources**”
  - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202>

- **Webinars/Calls/Educational Materials**

- From “**Hospitals – Inpatient,**” select the “**Hospital Value-Based Purchasing (HVBP)**” drop-down menu, and “**Webinars/Calls**”

- **HVBP FAQs**

- From the home page, select “**Questions & Answers**” (left) and select “**Hospitals – Inpatient**”
  - <https://cms-ip.custhelp.com/>

# Resources: Available on Hospital Compare

- *About Hospital Compare*
  - Part of CMS Hospital Quality Initiative
  - Contains information about the quality of care at over 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](http://www.medicare.gov/hospitalcompare)
  - Click on “Hospital Value-Based Purchasing Program” (middle of page in “Linking Quality to Payment”)

The screenshot shows the Medicare.gov Hospital Compare search page. At the top, it says "Medicare.gov | Hospital Compare" and "The Official U.S. Government Site for Medicare". Below that is a search bar titled "Find a hospital". A note says "A field with an asterisk (\*) is required." The search criteria include "Location" (with an example "45802 or Lima, OH or Ohio") and a text input field for "ZIP Code or City, State or State". There is also a "Hospital Name (optional)" field with a dropdown menu for "Full or P...". To the right of the search bar is an "Additional information" section with a blue header. It contains several links: "Hospital Compare data last updated: April 16, 2015. Go to updates.", "Download the Hospital Compare database", "Get Hospital Compare data archives.", and "Linking quality to payment:". The "Linking quality to payment:" section is highlighted with a yellow rounded rectangle and contains two sub-links: "Hospital Value-Based Purchasing Program (HVBP):" with sub-links for "Fiscal Year 2015 Data and Scoring" (Data updated Dec. 2014) and "Fiscal Year 2013 Incentive Payment Adjustments" (Data updated Oct. 2014).

# Resources:

## Upcoming Presentations

- **7/29/15 IQR** *Successfully Reporting NHSN Data to Satisfy Hospital Quality Reporting Program Requirements*
- **7/30/15 PCH** *OCM and SCIP Measures Data Submission Process: How to Submit Data Through the QualityNet Secure Portal*
- **8/10/15 VBP** *Improvement Series: HCAHPS*
- **8/20/15 IPF** *SUB-1*
- **8/24/15 IQR** *SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock Part 1*
- **8/27/15 PCH** *NHSN Improving Your Data Entry and Submissions*

# Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  - A one-time registration process is required.

# 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

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>

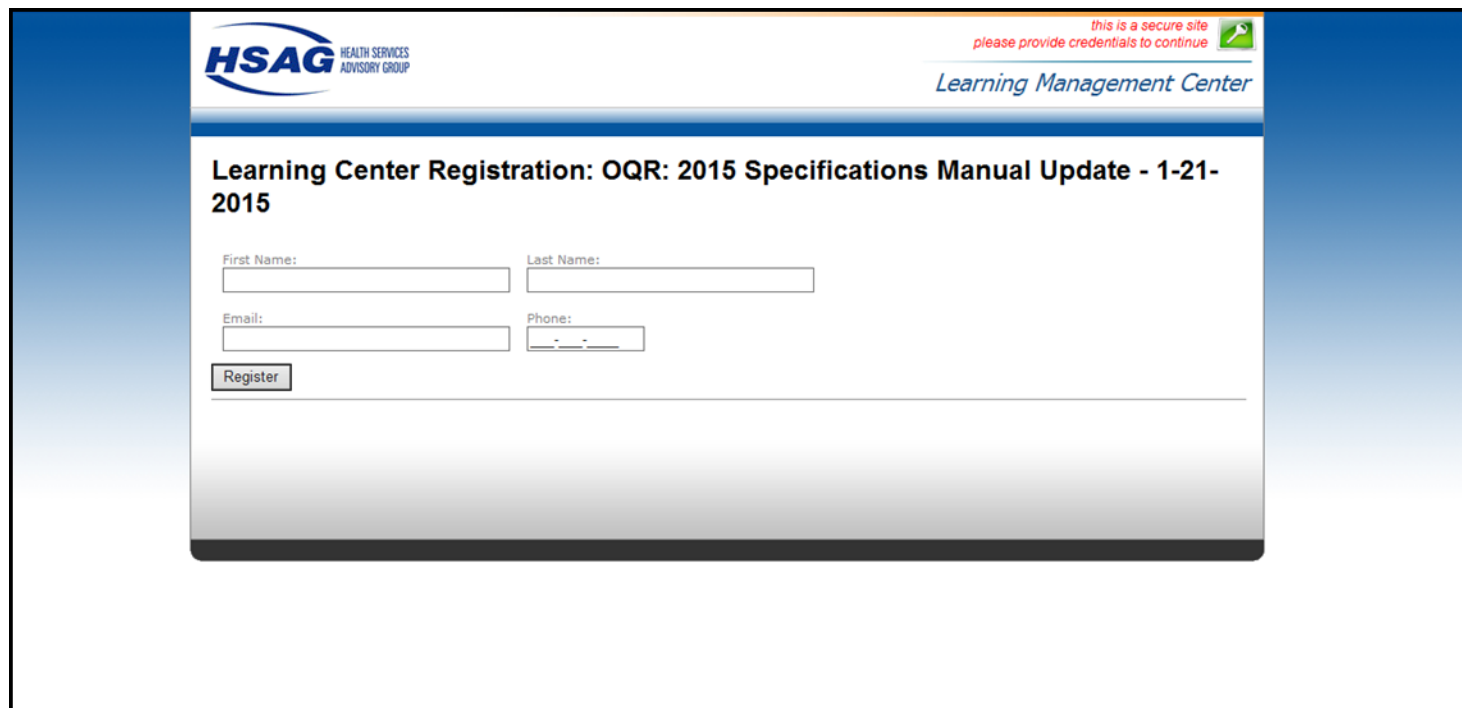
**Existing User Link:**

<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

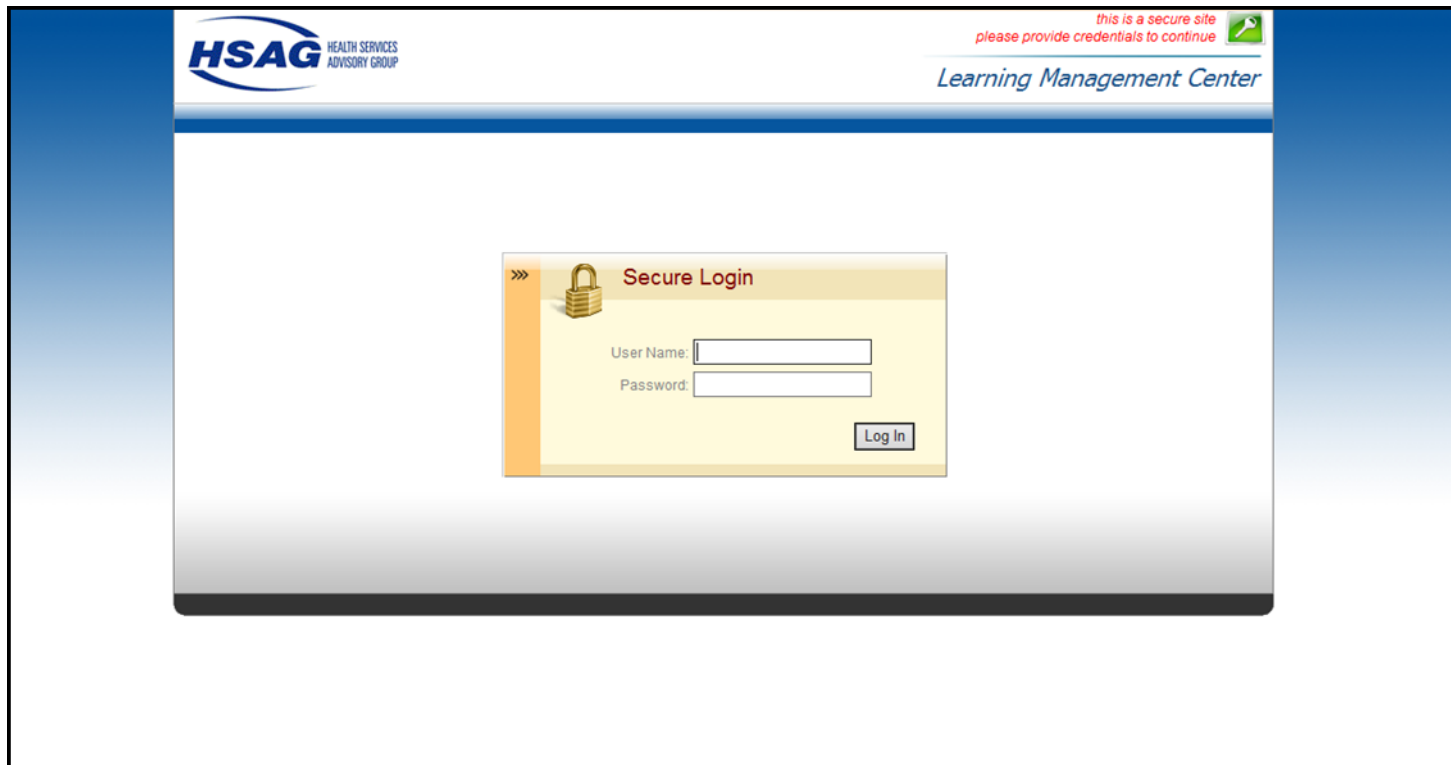
# CE Credit Process: New User



The screenshot shows a web browser window displaying the registration page for a new user. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security notice: "this is a secure site please provide credentials to continue" next to a small green padlock icon. Below the logo and security notice, 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 includes 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 header and a blue footer.



# 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 with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

# QUESTIONS?

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This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-07082015-04

# Resources

## Contact Us



### Q & A Tool

<https://cms-ip.custhelp.com>



### Email Support

[InpatientSupport@viqrc1.HCQIS.org](mailto:InpatientSupport@viqrc1.HCQIS.org)



### Phone Support

844.472.4477 or  
866.800.8765



### Inpatient Live Chat

[www.qualityreportingcenter.com/inpatient](http://www.qualityreportingcenter.com/inpatient)



### Monthly Web Conferences

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)



### Secure Fax

877.789.4443



### ListServes

Sign up on  
[www.QualityNet.org](http://www.QualityNet.org)



### Website

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)