



Hospital Value-Based Purchasing (VBP) Program

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Hospital Value-Based Purchasing (VBP) Program: Overview of the Fiscal Year 2020 Baseline Measures Report

Presentation Transcript

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Maria

Gugliuzza:

Hello and welcome to our *Hospital Value-Based Purchasing Program Overview of the Fiscal Year 2020 Baseline Measures Report* webinar. My name is Maria Gugliuzza and I am a Clinical Project Manager Lead at the Hospital Inpatient Value Incentives and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for 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 questions and answers, will be posted to the inpatient website www.QualityReportingCenter.com in the upcoming weeks and will also be posted to *QualityNet* at a later date. 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 into the chat window with the slide number associated and we will answer as many questions as time allows. Any questions that are not answered during the webinar will be posted to the www.QualityReportingCenter.com website in the upcoming weeks.

This event will provide an overview of the fiscal year 2020 Hospital VBP Program, including evaluation criteria for hospitals within each domain and measure, eligibility requirements, and explanation of the scoring methodology.

Participants will be able to identify how hospitals will be evaluated within each domain and measure, recognize changes in the Hospital VBP Program based on the latest final rule, explain the eligibility requirements for the Hospital VBP Program, and interpret the scoring methodology used in the Hospital VBP Program. I would now like to introduce our speaker for today's event, Bethany Bunch. Bethany is the Hospital VBP Program Lead for the Hospital VBP Program at the Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Bethany, the floor is yours.

Bethany Bunch: Thank you, Maria. I want to welcome everyone to today's event to cover the fiscal year 2020 Hospital Value-Based Purchasing Program. The

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Hospital Value-Based Purchasing Program is required by Congress under Section 1886(o) of the Social Security Act. The Hospital VBP Program was first adopted for fiscal year 2013 and CMS has used this program to adjust payments for every fiscal year subsequent. The Hospital Value-Based Purchasing Program was the first national inpatient pay-for-performance program in which hospitals are paid for services based on the quality of care rather than the quantity of services provided. Like the second bullet states, the Hospital VBP Program selects measures specified under the Hospital Inpatient Quality Reporting Program, which is a pay-for-reporting, rather than a pay-for-performance, program. The Hospital VBP Program pays for care that rewards better value, improves patient outcomes, innovations, and cost efficiencies over volume of services. CMS views value-based purchasing as an important driver of change moving towards rewarding better value and improves patient outcomes, which in turn will lead to better care and healthier patients. The Hospital Value-Based Purchasing Program is an estimated budget-neutral program and is funded through a percentage withhold from participating hospitals' DRG payments. Incentive payments will be redistributed based on the hospital's Total Performance Score in the Hospital Value-Based Purchasing Program in comparison to the distribution of all hospitals' Total Performance Scores and the total estimated DRG payments for that fiscal year. The funding from the fiscal year 2020 program will come from a two percent withhold from participating hospitals' base operating DRG payment amount.

The Hospital VBP Program adjusts payments for approximately 3000 hospitals each fiscal year. The program applies to subsection (d) hospitals in the 50 states and the District of Columbia. If your hospital is a subsection (d) hospital, your payments will be adjusted unless one of the exclusion reasons listed on this slide apply. Those exclusion reasons include: hospital subject to payment reductions under the Hospital IQR Program, hospital cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients, hospitals with less than three out of the four domains calculated, hospitals with an approved extraordinary circumstance exception, and

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hospitals located in the state of Maryland. Excluded hospitals will not have their payments adjusted, which includes the two percent withhold to payments and the opportunity to receive incentive payments. Additionally, data for your hospital would not be publicly reported in the Hospital Value-Based Purchasing tables on the *Hospital Compare* website.

This slide displays the four domains hospitals will be evaluated on in the fiscal year 2020 Hospital VBP Program. Each domain is weighted equally at 25 percent of the Total Performance Score. The Clinical Care domain contains the three 30-day mortality measures for AMI, Heart Failure, and Pneumonia and the THA/TKA complication measure. The Person and Community Engagement domain contains the HCAHPS survey dimension. The Safety domain contains the five CDC healthcare-associated infection measures and the PC-01 measure. The Efficiency and Cost Reduction domain contains the Medicare Spending per Beneficiary measure. Please note that the PSI 90 composite that was included in the Safety domain in past fiscal years has been removed. The removal of the PSI 90 measure was effective beginning with fiscal year 2019. This measure will not be included on your Percentage Payment Summary Reports for fiscal year 2019, which you should be receiving on or around August 1. For more information on the removal of PSI 90 and other changes to CMS' inpatient programs, please reference the fiscal year 2018 IPPS final rule webinar presented by CMS. Our team should be posting that information in your chat box now.

When we covered the eligibility of the program, we discussed the hospital being excluded if they had fewer than three domain scores calculated. In order to have at least three domains calculated, a hospital would have to meet the minimum data requirements within the domain. For the Clinical Care domain, a hospital must have at least two of the four measure scores with a minimum of 25 cases. Through the Person and Community Engagement domain, a minimum of 100 HCAHPS surveys is required. In the Safety domain, a minimum of two of the six measure scores is required. Those can be received by receiving at least one predicted infection as calculated by the CDC and the HAI measures and ten cases in

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the denominator for the PC-01 measure. For the Efficiency and Cost Reduction domain, a minimum of 25 episodes of care is required. If your hospital does not meet the minimum case requirements in a measure, your hospital will not be able to receive improvement points for that measure; however, your hospital will still be eligible to receive achievement points if the minimums are met in the performance period.

This slide displays the baseline and performance period used to calculate the measure results in the fiscal year 2020 Hospital VBP Program. The HCAHPS survey, HAI measures, PC-01, and MSPB are calendar year measures and utilize a performance period of calendar year 2018 and a baseline period of calendar year 2016. The clinical care measures use a performance period of July 1, 2015, through June 30 of 2018, and a baseline period of July 1, 2010, to June 30, 2013.

When I first started learning about the Hospital VBP Program, I think one of the most difficult pieces to grasp was the timeline. From our team speaking to many of you, either through the inpatient Q&A tool on *QualityNet* or calling in through our phone line, I think this is a difficult piece for many of you as well. So, I would like to try to explain how the timeline works and why we use different terms to describe performance period versus fiscal years.

The Hospital Value-Based Purchasing Program has its scoring methodology set up through a fiscal year. That's why you will see communications sent out that reference fiscal year 2019 or fiscal year 2020, for example, this webinar being titled, *Overview of the Fiscal Year 2020 Baseline Measures Report*. A fiscal year is the time period used for accounting and budget purposes. The United States federal government fiscal year is the 12-month period ending on September 30 of that year, having begun on October 1 of the previous calendar year. For example, fiscal year 2020 starts in October 1, 2019, and ends on September 30, 2020. For purposes of the Hospital Value-Based Purchasing Program, the fiscal year is the time period that your hospital will have payments adjusted for the set of requirements that were specified for fiscal year 2020. In the Hospital VBP Program, for any fiscal year, we have a

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baseline period and a performance period. The baseline period, as we just reviewed on the last slide, is an earlier time period than the performance period. For fiscal year 2020, many of our baseline periods are in 2016, whereas the performance periods are in 2018. The baseline period is used in the Hospital VBP Program, so a comparison of improvement can be made at the individual hospital. So, you can have a concise report to review your baseline period total, CMS releases a Baseline Measures Report. The Baseline Measures Report for fiscal year 2020 will be released soon. CMS is anticipating the release to occur in February or March of 2018. The next year after the performance period has ended, CMS will release Hospital-Specific Reports for the mortality measures and complication measure in April of 2019, and for MSPB in May of 2019. These reports allow you to review the patient-level data and the calculations of these measures prior to that data being used to calculate your Total Performance Score. After your review period has ended, CMS calculates achievement points, improvement points, domain scores, Total Performance Scores, and payment adjustment factors, and releases that information to hospitals in the Percentage Payment Summary Report. That report will be released to hospitals on or around August 1 of 2019. As we covered earlier, on October 1, 2019, fiscal year 2020 begins. So, the payment adjustment factor that you were provided in your Percentage Payment Summary Reports in August will now be used to adjust your payments for the next 12 months. In the fall of 2019, CMS will post the payment adjustment factors to the *CMS.gov* website, and, in the December 2019 refresh, the scoring results of the Hospital VBP Program will be posted to *Hospital Compare*. Finally, on September 30 of 2020, fiscal year 2020 ends.

Hospitals have the opportunity to receive improvement in achievement points on their Percentage Payment Summary Report based upon their performance rate during the baseline period and performance period relative to the performance standards. The performance standards consist of the achievement thresholds and benchmarks for all measures and the floor, which is only applicable to the Person and Community Engagement domain. The achievement threshold is calculated as the median, or 50th

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percentile, of all hospital rates for a 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 is the rate of the lowest performing hospital during a baseline period.

The measures displayed on this slide will have a higher benchmark value than an achievement threshold value because higher rates demonstrate better quality in that measure. The measures that this description is applicable for are the 30-day mortality measures in the Clinical Care domain and the HCAHPS dimension. A quick reminder: The mortality measures use survival rates in the Hospital VBP Program.

The measures displayed on this slide will have a higher achievement threshold value than benchmark because lower rates demonstrate better quality in that measure. The measures that this description is applicable for are the THA/TKA complication measure, the PC-01 measure, and the healthcare-associated infection measures in the Safety domain and the MSPB measure in the Efficiency and Cost Reduction domain. Please note that the MSPB measure uses data during the performance period instead of the baseline period to calculate performance standards.

The next two slides display the performance standards used in the fiscal year 2020 program. These performance standards, with the exception of MSPB, will be included on your Baseline Measures Report.

Here are the performance standards for the Person and Community Engagement domain.

Achievement points are awarded by comparing an individual hospital's rate during the performance period with all hospital rates from the baseline period by using two 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, ten 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

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better than the achievement threshold, but is still lower than the benchmark, one to nine points will be awarded. Let's walk through some examples of these scenarios.

The first scenario is a hospital having a performance period rate that is equal to or better than the benchmark. In our example, the hospital has the same performance period rate as the benchmark, with a score of zero. Because the rate is equal to the benchmark, ten achievement points will be awarded.

If the hospital had a performance period SIR of 1.010, which was worse than the achievement threshold of 0.828, the hospital would receive zero achievement points.

If you have a performance period rate that falls in between the benchmark and achievement threshold, you would use the achievement point formula. The formula first has you subtracting the achievement threshold from the performance period rate and then dividing that value from the difference of the benchmark and the achievement threshold. You would take that calculated value and multiply by nine and finally add in 0.5. We have placed in our example numbers in the formula and we receive a result of five achievement points after rounding to the nearest whole number.

Improvement points are unique to the Hospital VBP Program in relation to CMS' other inpatient pay-for-performance programs, such as the HAC Reduction Program and the Hospital Readmission Reductions Program. Not only can hospitals be evaluated based on their current performance in comparison to all hospitals, but they can earn the 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. Now, we will cover these three scenarios for improvement points.

The first scenario is a hospital whose performance period rate is equal to or better than the benchmark and whose performance period rate is better

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than their baseline period rate. The results of this scenario are nine improvement points.

The second scenario is a hospital whose performance period rate is equal to or worse than the baseline period rate, regardless of the performance period rate in comparison to the benchmark. Because the performance period rate is equal to the baseline period rate, no improvement was realized. So, zero points were awarded. I would like to point out, though, that this scenario would be awarded ten achievement points, however, because the performance period rate is equal to or better than the benchmark.

The following example shows a hospital whose performance period rate is worse than their baseline period rate. This example would also result in zero points.

The last example comes from a hospital whose performance period rate falls in between the benchmark and the baseline period rate. Under this scenario, we would use the improvement point formula that is calculated by dividing the difference of the performance period rate and the baseline period rate by the benchmark, less the baseline period rate, multiplying that result by ten and subtracting 0.5. We plugged in our example numbers into that formula and received a result of five, once rounding to the nearest whole number.

Hospitals are only awarded one score per measure, which is identified as the greater of achievement points and improvement points for each measure. This slide displays the Clinical Care domain with example achievement and improvement point value. The measure score is populated by selecting the larger of the two values. For example, this hospital received ten achievement points and nine improvement points in the 30-day mortality measure for AMI. The measure score is the greater of the two numbers, which is ten. The heart failure mortality measure has five achievement points and a dash for improvement point. This signifies that the hospital did not have at least 25 cases in the baseline period for the measure which is required for improvement points, but the hospital did

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have at least 25 cases in the performance period. As a result, only achievement points were scored. For the pneumonia mortality measure, there are dashes in each of the scoring sections. That means this hospital did not have at least 25 cases in the performance period.

Now that each measure has the measure score calculated, the unweighted domain score is calculated. The unweighted domain scores for all domains are normalized to account for only the measures the hospitals met the minimum requirement for. To normalize the domain, you sum the measure scores in the domain. In our example, the sum of the measure scores is 21 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 the 30-day mortality measure for pneumonia. So, instead of four total measures, this hospital was only scored in three. We then multiply the number of measures of three by ten points possible for each measure for a total of 30. To create a percent of scores the hospital earned in relation to points possible, we divide the sum of the measure score, in our example 21, by the maximum points possible in our example, which is 30. That equals 0.70, 21 divided by 30. Lastly, we multiplied the 0.70 result by 100 to equal 70.

The weighted domain score is the last calculation completed for the Total Performance Score. If we multiply the unweighted domain score value by the domain weight for the fiscal year, in fiscal year 2020, each domain will be weighted at 25 percent. So, for example, CMS would multiply the unweighted Person and Community Engagement domain score of 60 by 25 percent, which equals 15. If you've used the Total Performance Score, CMS sums the weighted domain scores. The maximum Total Performance Score that can be calculated is 100 points.

For fiscal year 2020, CMS allows hospitals to still have its Total Performance Score calculated if hospitals receive a domain score in three out of the four domains. If only three domains are scored, the remaining domain weights are proportionately reweighted to equal 100 percent. To reweight the domains proportionately, you first subtract the domain weight not receiving a score from 100 percent. In this fiscal year, because all the

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domains are weighted at 25 percent, the resulting value will always be 75 percent. You then divide the remaining domains original weight by 75 percent. So, in our example, you would divide each of the original weights of 25 percent by 75 percent, which equals a new weight of 33.3 percent.

The Baseline Measures Report will contain four pages, one for each domain. The first page will display the three 30-day mortality measures and the THA/TKA complication measure. These measures will have the number of eligible discharges, baseline period rate, achievement thresholds, and benchmark displayed. If your hospital does not meet the minimum number of cases to have improvement points calculated on the Percentage Payment Summary Report, an asterisk will be displayed behind the measure name.

The second page will display the Person and Community Engagement detail report with the eight dimensions included in that domain. This page will display the dimension details including four values: benchmark, achievement threshold, a hospital's baseline period rate, and the number of completed surveys during the baseline period.

The third page of the report will display the Safety domain with the two sets of measures included in the domain. The healthcare-associated infections will display the number of actual infections, number of predicted infections, and standardized infection ratio. The process measure section will display the numerator, denominator, and baseline period rates for the PC-01 measure. Each measure will also have the performance standards, including the achievement threshold and benchmark. It's important to note that, although the SSI measures are reported as stratified on the Baseline Measures Report, there's only opportunity to receive one measure score that is weighted by the predicted infections during the performance period.

The fourth page of this report will display the Efficiency and Cost Reduction domain with the MSPB measure. This page will provide information on the individual hospital's MSPB amount, the median MSPB amount, and the ratio between those two values. Also included on

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this page, is the number of episodes of care for the hospital during the baseline period. Unlike all the 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 solely on the Percentage Payment Summary Report.

The fiscal year 2020 Baseline Measures Report will be made available through the *QualityNet Secure Portal* soon. CMS anticipates the reports will be made available in February or March. In order to access the report, you must have the roles listed on this slide assigned to your *QualityNet* account. If you are not able to access the report as easily as you should, please contact your internal *QualityNet* administrator.

If you have any questions or issues related to accessing the report, please contact the *QualityNet* Help Desk. Their contact information is listed on the first main bullet point on this slide. If you have questions regarding the data on your report calculations, or just general Hospital VBP Program questions, please feel free to check out the frequently asked questions in the Inpatient Q&A tool on *QualityNet*. If there is not an answer to your question, please feel free to submit your questions through that tool or call the inpatient program at the phone number listed on this slide. I also really recommend that, if you have not signed up for the ListServes announcements for the IQR and Hospital Value-Based Purchasing Program, please go out and sign up. That is one of the main channels where we can provide updates for the program and I wanted to make sure that you don't miss out on one of those communications. There are also discussion ListServes that you can sign up for which I would recommend as well.

If you have questions, or would just like another reference point when you are looking through your Baseline Measures Report, we have developed a How to Read your Report help guide that will be available on *QualityNet* when the reports are released.

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The fiscal year 2020 domain weighting document containing many of the specifics for the fiscal year 2020 Hospital VBP Program is available on *QualityNet.org* and *QualityReportingCenter.com*.

Also available on the *QualityNet* and *QualityReportingCenter.com* websites is an Acute Care Hospital Quality Improvement Program measures for fiscal year 2020 payment determination quick reference guide. This document includes the measures included in each of the programs listed on this slide in addition to the data periods and anticipated date for *Hospital Compare* posting. My last resource that I wanted to mention is a list of past recorded webinars that are available on the *QualityReportingCenter.com* website. Now, we will answer a few of the questions that came in during the webinar. I want to remind everyone to include the slide number before your question, so we can provide the best response.

Maria, did we receive any questions?

Maria

Gugliuzza:

Thanks Bethany. We did receive several questions. Our first question: What happens if a facility does not meet the minimum number of 100 completed HCAHPS surveys?

Bethany Bunch:

Thanks, Maria. That's a great question. If 100 surveys are not submitted during the baseline period only, the hospital would not have an opportunity to receive improvement points. If the hospital did not meet the minimum of 100 surveys during the performance period, the hospital would not be eligible to receive achievement points or improvement points. In addition, the hospital would not receive a Person and Community Engagement domain score. The hospital could still receive a Total Performance Score, however, if the other three remaining domains met the minimum measure requirement.

Maria

Gugliuzza:

Thank you. Next question: When will the FY 2020 Baseline Measures Report be available?

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Bethany Bunch: I think that was probably the most frequently asked question throughout this webinar. The good news that I have to give you is soon. CMS will release the FY 2020 Baseline Measures Report in February or March of 2018.

Maria

Gugliuzza: Our next question: Our hospital opened in late 2017 and will begin submitting data with first quarter 2018 discharges. Will we be eligible for the FY 2020 Hospital VBP Program, assuming we meet minimum case and measure requirements?

Bethany Bunch: That's a great question. I know there are a few new hospitals out there. So, a newly opened hospital that just has performance period data can still be included in the Hospital VBP Program if the hospital meets the minimum measure and domain criteria that we outlined in this presentation. So, in this scenario, the hospital would not be scored on improvement points because only performance period data would have been submitted. However, your hospital could still earn achievement points in order to calculate the Total Performance Score. So, in order to see if you are eligible based on your performance data alone, I recommend checking out your Percentage Payment Summary Report on *QualityNet* when it becomes available on that report. It will either have your Total Performance Score and your payment adjustment factors or it will state "Hospital VBP ineligible" and will give you that reason that you were excluded from the program.

Maria

Gugliuzza: The next question: Will the Baseline Measures Reports be sent through the *QualityNet Secure Portal* inbox or will we have to manually run the report in *QualityNet*?

Bethany Bunch: That's a great question as well. The Baseline Measures Reports will have to be manually run through the *QualityNet Secure Portal* in the Run Report section. This has historically been true for the Baseline Measures Report and the Percentage Payment Summary Report. The only Hospital Value-Based Purchasing Program reports that you will receive through your Secure File Transfer or your *QualityNet Secure Portal* inbox is, as

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the questioner referenced, the Hospital-Specific Reports for like the mortality measures and the Medicare Spending per Beneficiary measure.

Maria

Gugliuzza: Thank you. The next question: How is the value-based incentive actually paid back to the hospital?

Bethany Bunch: The payment adjustment factor is multiplied against the diagnosis-related group, or DRG, payment amount for each claim. For more specific information than that, we recommend contacting your Medicare administrative contractor. That's also known as your MAC.

Maria

Gugliuzza: Thanks, Bethany. The next question: Are critical access hospitals exempt from the VBP Program?

Bethany Bunch: Yes. They are exempt. The only hospitals that are included in the Hospital VBP Program are subsection (d) hospitals.

Maria

Gugliuzza: The next question: Can hospitals receive an incentive greater than the two percent withhold and a two percent incentive payment?

Bethany Bunch: That's a great question. I just wanted to note before I answer this question that payment adjustments will not be included on your Baseline Measures Report. Baseline Measures Reports only have information from the baseline periods to allow your hospital to review that data to set goals and targets for the performance period, which is generally ongoing right now for many of those measures. The answer to that question, though, is the maximum reduction that a hospital can incur is two percent in fiscal year 2020 and that's if the hospital receives a Total Performance Score of zero out of 100. However, a hospital can earn back more than that two percent withhold and even more on top of that in terms of net positive money based on the exchange function slope in the hospital's performance for that fiscal year.

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Maria

Gugliuzza: Excellent. The next question: How are the achievement threshold and benchmark threshold communicated to the hospitals?

Bethany Bunch: The performance standards are generally published in the inpatient perspective payment system, also known as IPPS, in those rules. In the case that the performance standards need to be updated through CMS' technical update authority, a *QualityNet* news article has historically been posted. However, I just wanted to mention, there have not been any technical updates for fiscal year 2020. The performance standards will also be listed on your hospital's Baseline Measures Report and I just wanted to throw out that plug again for the quick reference guide that was referenced on slide 39. That's an excellent one-page document if you want to see which measures are included in the fiscal year, the baseline and performance periods, domain weights, and also those performance standards.

Maria

Gugliuzza: The next question: For the Value-Based Purchasing Program, does the measure only include Medicare patients for the hospital-acquired infection measures?

Bethany Bunch: The patient population actually varies for the measures included in the Hospital VBP Program. For the healthcare-associated infection measures specifically, those are the ones submitted through the Centers for Disease Control and Prevention National Healthcare Safety Network. The patient population includes all patients meeting the measures specifications. For example, hospitals must report CLABSI and associated denominator data for infections that occur on or after January 1 of 2015 from all adults, pediatric, and neonatal intensive care units, and from all patient care locations meeting the NHSN definition for adult and pediatric medical, surgical, or combined medical and surgical wards.

Maria

Gugliuzza: Bethany, the next question is regarding slide 13. Can you please explain again what Table 16B is?

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Bethany Bunch: Sure. So, Table 16B is just a table in which CMS posts the payment adjustment factors for a given fiscal year for the hospitals that are eligible to receive payment adjustments. So, for fiscal year 2020, the payment adjustments will be posted to *CMS.gov* in Table 16B and that's just the name of that table.

Maria

Gugliuzza: Next question: Bethany, what are the baseline and performance dates for our fiscal year 2020?

Bethany Bunch: Sure. We covered the baseline and performance period dates on slide 12, so I will move to that slide now. On this slide the Person and Community Engagement domain, which contains the HCAHPS dimension, the Safety domain measures, which are PC-01 and the HAI measures, and the Efficiency and Cost Reduction domain, which includes MSPB, all have calendar year baseline and performance periods. For the baseline periods for those measures, we are looking at January 1 through December 31 of 2016. For the performance period, we are looking at January 1 through December 31 of 2018. It's a little different for the clinical care measures. The 30-day mortality measures for EMI, heart failure, and pneumonia, and also the THA/TKA complication measure, we have a baseline period of July 1, 2010, through June 30 of 2013, with a performance period of July 1, 2015, through June 30 of 2018.

Maria

Gugliuzza: Bethany, on slide 29, can you please explain what normalization is?

Bethany Bunch: Sure. So, normalization is just the process that CMS uses to account for only the measures the hospitals were eligible to receive scores in. So, for example, it wouldn't necessarily be fair for a hospital that receives scores in all the domains to just use the sum of those measure scores versus, let's say a hospital that only receives scores in two of the measures, and just using the sum of those measure scores. So, in order to compare those two hospitals, we need to normalize the domains and, all that is doing is, taking the sum of the measure scores and dividing it by the total points possible for each individual hospital. That gives you a percent of the measure scores that the hospital received in relation to the points that were possible for that

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individual hospital. So, walking through our example again, step one is sum the measure scores. In our example, that's the 10, plus the 5, plus the 6. That equals 21. The next step is multiply the eligible measures by the maximum point per value per measure and that's ten points per measure. This hospital received three measure scores. So, it would be three measures times ten points. If your hospital received measure scores in all four of these measures, it would be 40 points, two measures, 20 points, et cetera. The next step is divide the sum of the measure scores, which is the result of step one, which is our 21 points, by the maximum points possible for that hospital, which is the result of step two. That's our 30 points. So, 21 divided by 30 is 0.70. Then, our last step is to multiply that result of step three by 100. So, our unweighted domain score in this example is 70.

Maria

Gugliuzza:

Perfect. The next question: Can you please repeat again who should we contact if we are unable to run our Baseline Measures Report in *QualityNet*?

Bethany Bunch:

Certainly. If you have any questions or issues related to accessing your Baseline Measures Report or your Percentage Payment Summary Reports in *QualityNet*, please contact the *QualityNet* Help Desk, and their information can be found on slide 37.

Maria

Gugliuzza:

Thank you. Next question: If we are excluded from the VBP program due to an immediate jeopardy during the performance period, is the hospital not subject to the two percent withhold for the program?

Bethany Bunch:

That's correct. Hospitals that are excluded from the Hospital VBP Program for any reason, including the exclusion due to immediate jeopardy citations, will not be eligible for payment adjustments. That includes the bonus that you might receive from the Hospital VBP Program and you will also not be subject to the two percent withhold for fiscal year 2020. If you want to learn more about the immediate jeopardy citation exclusion in the Hospital Value-Based Purchasing Program, there's a quick reference guide available out on *QualityNet*. If you have issues finding it, please submit a question into the inpatient Q&A tool and we can help you out there.

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Maria

Gugliuzza: When running the NHSN CMS report for MRSA bacteremia, we do not have a calculated SIR rate for this measure. How is this interpreted?

Bethany Bunch: That is an excellent question and I think that's probably a source of confusion with these NHSN measures that we've seen over the past couple of years. So, a SIR is calculated when the predicted infections are 1.000 or above. If you have a predicted infection value that is less than 1.000, such as 0.9, 0.5, 0.3, something like that, your SIR will not be calculated and, if that occurs in the baseline period, you will not be able to be evaluated for improvement points. If, however, you do meet that threshold of 1.000 predicted infections, you will have the SIR calculated. You can be evaluated on improvement points and, if that happens in the performance period and not the baseline period, you would also be able to be evaluated on achievement points. The source of confusion, though, I think is that the threshold for SIR is predicted infections. This is not the same as actual infections. So, you reported actual infections into the CDC. That's a whole number such as, like, you had zero infections. You had one, two, three, et cetera. The predicted infections are calculated by CDC and go out to three places to the right of the decimal. So, if you're looking to see if you met the criteria for SIR, please look at the predicted infections and not the actual or observed number of infections.

Maria

Gugliuzza: I would like to thank everyone for joining us in today's presentation. I will now pass it along to Deb for the continuing education part of our presentation. I hope everyone has a great day. Deb, take it away.

Deb Price: Well, thank you very much. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider and, as such, all nurses report their own credits to their boards using the National Provider Number 16578. It is your responsibility to submit this number to your own accrediting body for your credits.

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