

How to Read Your Fiscal Year 2022 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)

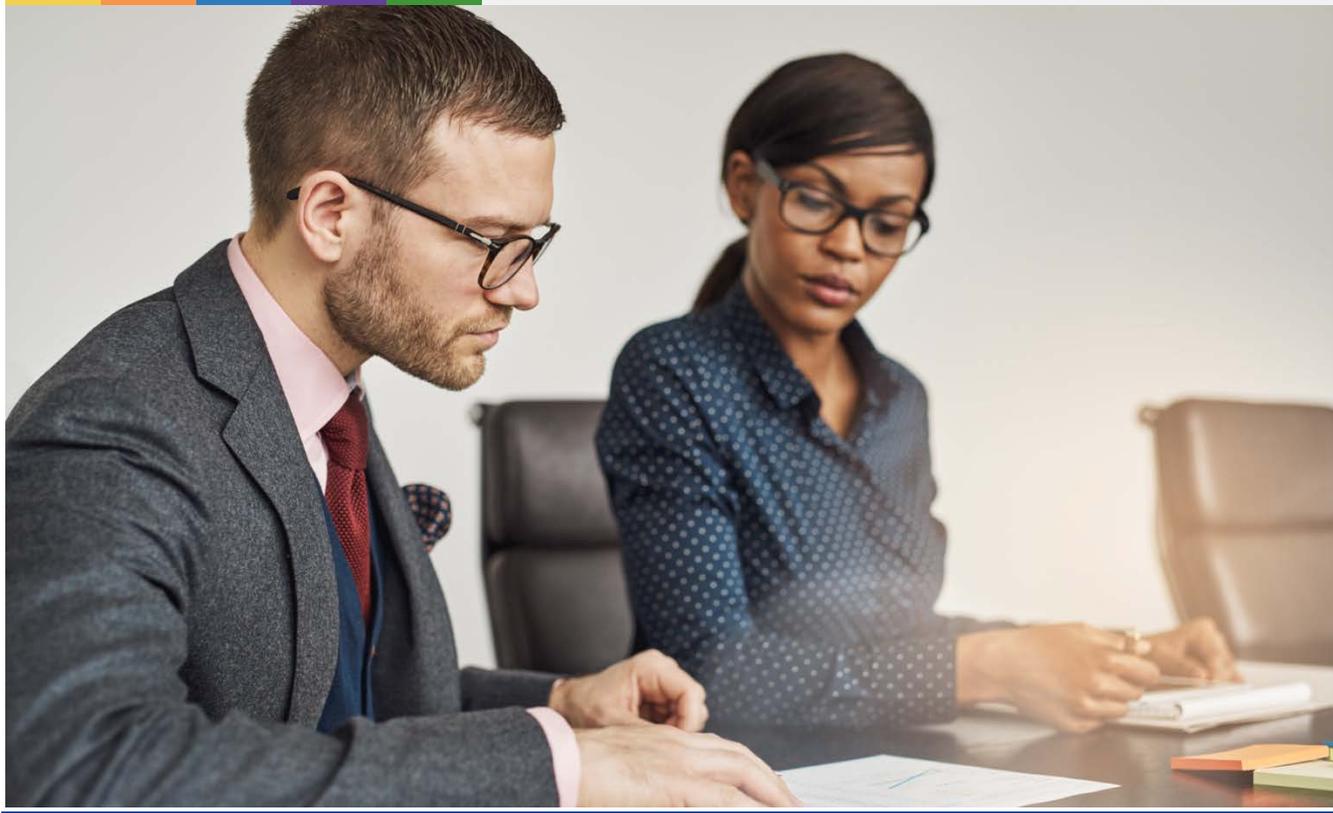


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Background of the Hospital VBP Program

The Hospital Value-Based Purchasing (VBP) Program is the nation's first national pay-for performance program for acute care hospitals. The program serves as an important driver in redesigning how the Centers for Medicare & Medicaid Services (CMS) pays for care and services.

Hospitals that participate in the Hospital VBP Program will receive their Fiscal Year (FY) 2022 Percentage Payment Summary Report (PPSR) from CMS.

This document serves as a page-by-page help guide to provide assistance on program participation, program eligibility, values displayed on the report, and new scoring calculations put in place due to the COVID-19 Public Health Emergency (PHE).

Eligibility

The program applies to subsection (d) hospitals located in the 50 states and the District of Columbia, as defined in Social Security Act section 1886(d)(1)(B). Subsection (d) hospitals found ineligible in FY 2022 based on one of the following exclusion criteria will still receive a PPSR:

- The hospital is subject to a payment reduction under the Hospital Inpatient Quality Reporting (IQR) Program.
- The hospital has been cited for three or more deficiencies during the performance period that pose immediate jeopardy to patients' health or safety.
- The hospital is in the State of Maryland and has received a waiver to participate in the Maryland All-Payer Model.
- The hospital has received an extraordinary circumstances exception to the Hospital VBP Program from CMS.
- The hospital did not meet the minimum number of measures/dimensions based on the minimum data requirements.

Hospitals excluded from the inpatient prospective payment system (IPPS) (i.e., long-term care, children's, psychiatric, rehabilitation, and the 11 Prospective Payment System-exempt Cancer Hospitals) are not eligible to participate in the Hospital VBP Program and will not receive a PPSR.

Note: Hospitals that are excluded from the Hospital VBP Program will not have their base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments reduced by 2.0 percent nor be eligible for incentive payment adjustments.

FY 2022 IPPS/LTCH PPS Final Rule

In the FY 2022 IPPS/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule issued on August 13, 2021, CMS determined that circumstances caused by the COVID-19 Public Health Emergency (PHE) significantly affected National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, and the Medicare Spending per Beneficiary (MSPB) measures in the FY 2022 Hospital VBP Program.



As a result, in the final rule, CMS suppressed those measures from the FY 2022 Hospital VBP Program. Because CMS is suppressing many measures, CMS believes there will not be enough data to award a Total Performance Score (TPS) to any hospital in FY 2022. **As a result, no hospital will have a Total Performance Score calculated and no hospital will have payments adjusted due to the Hospital VBP Program in FY 2022.**

CMS is providing this FY 2022 Percentage Payment Summary Report as confidential feedback to hospitals to ensure they are made aware of the changes in performance rates. Although we do not plan to report FY 2022 Hospital VBP Program improvement points, achievement points, domain scores, and the Total Performance Score, CMS is planning to publicly report Q3 2020 and subsequent quarters of measure performance where feasible and appropriately caveated.

Minimum Data Requirements

CMS established a minimum number of cases, surveys, episodes of care, and measures for hospitals to report to become eligible for a domain score in the Hospital VBP Program. The required minimums are applied for overall program scoring to reliably evaluate quality and improvement using sufficient amounts of data to adjust hospital payments. The following are the minimum data requirements:

- Hospitals must report the required case minimum for at least two of the six measures in the Clinical Outcomes domain. The minimum reporting requirement to receive a Clinical Outcomes domain score is 25 applicable cases for at least two of the six Clinical Outcomes domain measures during the performance period.
- A minimum of 100 HCAHPS Surveys (aka CAHPS[®] Hospital Survey) is required in the Person and Community Engagement domain during the performance period to receive dimension scores and a domain score.
- Hospitals must report the required case minimum for at least two of the five measures for the Safety domain to receive a domain score. The following are the minimum reporting requirements for the Safety domain measures:
 - One predicted infection as calculated by the Centers for Disease Control and Prevention (CDC) for the HAI measures during the performance period is required to receive a measure score.
 - The surgical site infection (SSI) measure is scored by the combination of two strata, Abdominal Hysterectomy and Colon Surgery. A hospital must have at least one predicted infection as calculated by the CDC for one of the stratum during the performance period to receive an SSI measure score.
- A minimum of 25 episodes of care is required for the MSPB measure during the performance period in order to receive an Efficiency and Cost Reduction domain score.



Purpose of the Report

The PPSR provides hospitals participating in the Hospital VBP Program with the opportunity to review their baseline and performance period totals and measure score for the Clinical Outcomes domain. Due to the COVID-19 PHE, CMS suppressed several measures; therefore, there are not enough data to award a Total Performance Score. Your hospital's report has five sections:

1. The **Percentage Summary Report** summarizes the results of the Hospital VBP Program and provides a hospital's scores for Total Performance Score*, Clinical Outcomes domain, Person and Community Engagement domain*, Safety domain*, and Efficiency and Cost Reduction domain*, along with its value-based incentive payment adjustment factor*.
2. The **Clinical Outcomes Detail Report** provides details on the six Clinical Outcomes measures, including thresholds, benchmarks, and a hospital's measure scores, which are based on the rates for the measures during the baseline and performance periods.
3. The **Person and Community Engagement Detail Report** provides details on the eight HCAHPS dimensions, including floor values, thresholds, benchmarks, and a hospital's dimension scores*, which are based on the rates associated with the HCAHPS dimensions for the baseline and performance periods.
4. The **Safety Measures Detail Report** provides details on the five HAI measures, including thresholds, benchmarks, and a hospital's measure scores*, which are based on the rates or standardized infection ratio (SIR) from the baseline and performance periods.
5. The **Efficiency and Cost Reduction Detail Report** provides details on the MSPB measure, including the threshold, benchmark, measure score*, and episodes of care. The measure score is based upon the MSPB measure (ratio) for the baseline and performance periods. This also displays the MSPB amount (numerator) and median MSPB amount (denominator) used to calculate the MSPB measure.

*As a result of policy changes finalized in the FY 2022 IPPS/LTCH PPS final, CMS will not calculate achievement or improvement rates for suppressed measures or calculate a TPS for any hospital.

The **Appendix** lists the formulas CMS used to create the report.



Section 1. Percentage Summary Report

This section summarizes the results of the Hospital VBP Program for a hospital.

Image 1. Percentage Summary Report

HVPB Performance Report				Page 1 of 6 Exported 9/29/2021 4:30 PM	
THE EAST ALABAMA HEALTHCARE AUTHORITY (CCN-010029)					
Data as Of: 09/17/2021					
Summary			Reporting Period = Fiscal Year 2022		
Category	Facility	State Average	National Average		
Total Performance Score	Hospital VBP Ineligible	N/A	N/A		
Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score		
Clinical Outcomes Domain	28.3333333333333	25.0%	7.0833333333333		
Person and Community Engagement Domain	N/A	N/A	N/A		
Safety Domain	N/A	N/A	N/A		
Efficiency and Cost Reduction Domain	N/A	N/A	N/A		
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	
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	
<small> Calculated values were subject to rounding. HVPB Exclusion Reason 1: Due to a public health emergency, CMS suppressed several measures; therefore, there is not enough data to award a Total Performance Score HVPB Exclusion Reason 2: The hospital was granted a Hospital Value-Based Purchasing disaster/extraordinary circumstance exception. </small>					

Note: Displayed values in Image 1 and subsequent images in this document do not represent actual values. The values shown are for illustration purposes only. Values for your hospital will be found in your unique PPSR.

1.1 Total Performance Score

Due to the COVID-19 PHE, CMS suppressed several measures; therefore, there are not enough data to award a Total Performance Score for the FY 2022 Hospital VBP Program. This section displays your hospital’s TPS as “N/A” as it does for all eligible hospitals. “N/A” is also indicated for the average TPS for the state and the average TPS for the nation. If “Hospital VBP Ineligible” appears in the Facility field, your facility did not meet the eligibility requirements for the FY 2022 Hospital VBP Program.

1.2 Clinical Outcomes, Person and Community Engagement, Safety, and Efficiency and Cost Reduction Domains

This section displays a hospital’s unweighted and weighted scores for the Clinical Outcomes, Person and Community Engagement, Safety, and Efficiency and Cost Reduction domains. If “Hospital VBP Ineligible” appears in the fields, the facility did not receive a TPS because it did not meet the eligibility requirements for the FY 2022 Hospital VBP Program. However, due to the COVID-19 PHE, CMS suppressed several measures; therefore, there are not enough data to award a Total Performance Score so no hospital will receive a TPS.



CMS calculates unweighted domain scores through a normalization process. 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.

Weighting

CMS finalized the domain weights listed in the table below in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41464).

Domain	Weight
Clinical Outcomes	25%
Person and Community Engagement	25%
Safety	25%
Efficiency and Cost Reduction	25%

However, due to the COVID-19 PHE, CMS suppressed several measures; therefore, there are not enough data to award a Total Performance Score to any hospital.

Weighted Domain Scores

CMS calculates the weighted domain score for each domain by multiplying the calculated unweighted domain score by the given weight for the domain.

1.3 Value-Based Percentage Payment Summary – FY 2022

This section summarizes the change to a hospital’s base operating MS-DRG payments for FY 2022.

Base Operating MS-DRG Payment Amount Reduction

This is the percentage by which a hospital’s base operating MS-DRG payments will initially be reduced before applying the value-based incentive payment percentage. This amount is 2.0 percent for FY 2022, as required by section 1886(o)(7)(C) of the Social Security Act.

If a hospital is not eligible for the Hospital VBP Program, “Hospital VBP Ineligible” appears in the field.

Value-Based Incentive Payment Percentage

This is the portion of the base operating MS-DRG amount a hospital earned back, based on its performance in the Hospital VBP Program. Due to the COVID-19 PHE, 2.0000000000 percent will be awarded to all Hospital VBP eligible hospitals.

Net Change in Base Operating MS-DRG Payment Amount

This is the amount a hospital’s FY 2022 base operating MS-DRG payments will be changed due to the Hospital VBP Program. The amount is equal to the value-based incentive payment percentage less the base operating MS-DRG payment amount reduction. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, 0.0000000000 percent will be displayed to hospitals eligible for the Hospital VBP Program.



Value-Based Incentive Payment Adjustment Factor

This factor is the number multiplied by the base operating MS-DRG amount for each Medicare fee-for-service discharge at a hospital paid under the IPPS occurring in FY 2022 due to the Hospital VBP Program. The amount is equal to 1 plus the net change in base operating MS-DRG payment amount. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as “NA”.

Exchange Function Slope

The exchange function slope is used to translate a hospital’s TPS into the value-based incentive payment percentage earned by that hospital. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as “NA”.

Note: If your hospital did not meet the eligibility requirements for the FY 2022 program during the report performance period, the “HVBP Exclusion Reason” field explains the reason for exclusion.



Section 2. Clinical Outcomes Domain

This section displays a hospital's performance on the Clinical Outcomes domain.

Image 2. Clinical Outcomes Domain

HVBP Performance Report

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Clinical Outcomes Domain			Reporting Period = Fiscal Year 2022		
Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020		Your Hospital's Baseline Period Data	Your Hospital's Performance Period Data		
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	627	0.033678	538	0.027789	
Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020		Your Hospital's Baseline Period Data	Your Hospital's Performance Period Data		
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	267	0.847145	182	0.874668	
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	402	0.917658	285	0.914484	
Coronary Artery Bypass Grafting (CABG) 30 Day Mortality Rate	158	0.956127	59	0.967354	
Heart Failure (HF) 30 Day Mortality Rate	616	0.872714	482	0.862063	
Pneumonia (PN) 30 Day Mortality Rate	611	0.811957	343	0.818579	
Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020		Performance Standards and Measure Scores			
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	0.029833	0.021493	4	3	4
Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020		Performance Standards and Measure Scores			
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	0.861793	0.881305	8	6	8

HVBP Performance Report

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Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020		Performance Standards and Measure Scores			
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Chronic Obstructive Pulmonary Disease (COPD) 30 Day Mortality Rate	0.920058	0.936962	0	0	0
Coronary Artery Bypass Grafting (CABG) 30 Day Mortality Rate	0.968210	0.979000	4	0	4
Heart Failure (HF) 30 Day Mortality Rate	0.879869	0.903608	0	0	0
Pneumonia (PN) 30 Day Mortality Rate	0.836122	0.870506	1	0	1

Calculated values were subject to rounding.
Eligible Clinical Outcomes Measures: 6 out of 6
Unweighted Clinical Outcomes Domain Score: 28.33333333333333
Weighted Clinical Outcomes Domain Score: 7.08333333333333



2.1 Baseline and Performance Periods (Clinical Outcomes)

This section displays the baseline period and performance period used to compute a hospital's actual scores for the four Clinical Outcomes domain measures. The PPSR uses the following time periods, as published in the FY 2017 and FY 2018 IPPS/LTCH PPS Final Rules:

Mortality measures (AMI, COPD, HF, CABG)

- Baseline period: July 1, 2012–June 30, 2015
- Performance period: July 1, 2017–June 30, 2020

Mortality measure (PN)

- Baseline period: July 1, 2012–June 30, 2015
- Performance period: September 1, 2017–June 30, 2020

Complication measure

- Baseline period: April 1, 2012–March 31, 2015
- Performance period: April 1, 2017–March 31, 2020

2.2 FY 2022 Baseline Period Totals

This section displays FY 2022 baseline period totals.

Explanation of Report Fields for 2.2 – Clinical Outcomes Measures

Number of Eligible Discharges

This number reflects the number of measure-specific claims used for quality measure calculations in the baseline period.

An “N/A” appears if not applicable or if no data were submitted for the hospital during the baseline period.

Baseline Period Rate

The baseline period rate represents a hospital's performance for each measure during the baseline period, which is used as input for scoring improvement points. A minimum of 25 eligible discharges (i.e., a baseline period number of eligible discharges value greater than or equal to 25) is required to compute improvement points.

A dash in a field indicates not applicable or that no data are available.

2.3 FY 2022 Performance Period Totals

This section displays FY 2022 performance period totals.

Explanation of Report Fields for 2.3 – Clinical Outcomes Measures

Number of Eligible Discharges – Clinical Outcomes Measures

This number reflects the measure-specific claims used for quality measure calculations in the baseline period.

“N/A” appears if not applicable or if no data were submitted for a hospital during the baseline period.

Performance Period Rate – Clinical Outcomes Measures

The performance period rate reflects a hospital’s performance for each measure during the baseline period, which is used as input for scoring improvement points. A minimum of 25 eligible discharges (i.e., a performance period number of eligible discharges value greater than or equal to 25) is required to compute improvement points and achievement points.

A dash in a field indicates data not applicable or that no data were available.

2.4 Hospital VBP Program Metrics

This section displays a hospital’s metrics. The metrics section displays calculation results, including achievement threshold, benchmark, and improvement and achievement points, for each measure score in the Clinical Outcomes domain.

Explanation of Report Fields for 2.4 – Clinical Outcomes Measures

Achievement Threshold

The achievement threshold specifies the 50th percentile of all hospitals’ performance during the baseline period for each measure.

Benchmark

The benchmark is the mean of the top decile of all hospitals’ performance during the baseline period for each measure.

Improvement Points

These are points awarded to a hospital by comparing its performance on a measure during the performance period with its performance on the same measure during the baseline period. Points are awarded as follows:

- **Nine improvement points** are awarded if a hospital’s performance period rate is equal to or better than the benchmark and is better than the baseline period rate.
- **Zero improvement points** are awarded if a hospital’s performance period rate is worse than or equal to its baseline period rate.
- **Zero to nine improvement points** are awarded if a hospital’s performance period rate is between its baseline period rate and the benchmark.

A dash indicates not applicable or that no data were available.



Achievement Points

These are points awarded to a hospital by comparing its performance on a measure during the performance period with all hospitals' performance during the baseline period. Points are awarded as follows:

- **Ten** achievement points are awarded if your hospital's performance period rate is equal to or better than the benchmark.
- Zero achievement points are awarded if your hospital's performance period rate is worse than the achievement threshold.
- One to nine achievement points are awarded if your hospital's performance period rate is equal to or better than the achievement threshold and worse than the benchmark.

A dash indicates not applicable or that no data were available.

Measure Score

The measure score is awarded to a hospital for each measure, based on the greater of the improvement or achievement points.

A dash appears if a hospital received neither achievement nor improvement points.

2.5 Clinical Outcomes Summary Totals

This section displays the Clinical Outcomes domain summary totals, including the number of eligible measures used to calculate a hospital's score for this domain, along with the unweighted and weighted scores for the domain.

Explanation of Report Fields for 2.5 – Clinical Outcomes Measures

Eligible Clinical Outcomes Measures

These are the measures used to compute a hospital's Clinical Outcomes domain score. A minimum of two measures with 25 eligible discharges in the performance period per measure is required to compute a hospital's Clinical Outcomes domain score.

Unweighted Clinical Outcomes Measures Domain Score

This unweighted score reflects a hospital's total earned points for the Clinical Outcomes domain divided by the total possible points, multiplied by 100. A dash indicates the minimums were not met for scoring the domain.

Weighted Clinical Outcomes Measures Domain Score

A hospital would receive this score for the Clinical Outcomes domain, which accounts for 25 percent of the hospital's TPS and comprises its scores from the eligible Clinical Outcomes measures. A minimum of 25 cases in the performance period per measure and at least two applicable measures are required to receive a Clinical Outcomes domain score. A dash indicates the minimums were not met for scoring the domain.

Independent Calculation of TPS

Due to the COVID-19 PHE, CMS suppressed several measures; therefore, there are not enough data to award a Total Performance Score .



Section 3. Person and Community Engagement Domain

This section displays a hospital’s performance on the eight HCAHPS dimensions of the Person and Community Engagement domain. Each dimension is listed by the dimension title.

Image 3. Person and Community Engagement Domain

Person And Community Engagement Domain		Reporting Period = Fiscal Year 2022					
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Baseline Period Rate		Performance Period Rate			
Communication with Nurses		82.3217%		79.4917%			
Communication with Doctors		84.0320%		80.9901%			
Responsiveness of Hospital Staff		71.6633%		66.6744%			
Communication about Medicines		67.5336%		59.2209%			
Cleanliness and Quietness of Hospital Environment		72.4283%		68.0727%			
Discharge Information		86.1650%		85.7539%			
Care Transition		54.2042%		48.7177%			
Overall Rating of Hospital		74.6132%		71.9020%			
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score	
Communication with Nurses	15.73%	79.18%	87.53%	N/A	N/A	N/A	
Communication with Doctors	19.03%	79.72%	87.55%	N/A	N/A	N/A	
Responsiveness of Hospital Staff	25.71%	65.95%	81.29%	N/A	N/A	N/A	
Communication about Medicines	10.62%	63.59%	74.31%	N/A	N/A	N/A	
Cleanliness and Quietness of Hospital Environment	5.89%	65.46%	79.41%	N/A	N/A	N/A	
Discharge Information	66.78%	87.12%	91.95%	N/A	N/A	N/A	
Care Transition	6.84%	51.69%	63.11%	N/A	N/A	N/A	
Overall Rating of Hospital	19.09%	71.37%	85.18%	N/A	N/A	N/A	
<small> Calculated values were subject to rounding. HCAHPS Base Score: N/A HCAHPS Consistency Score: N/A Unweighted Person and Community Engagement Domain Score: N/A Weighted Person and Community Engagement Domain Score: N/A HCAHPS Surveys Completed During the Baseline Period: 1950 HCAHPS Surveys Completed During the Performance Period: 583 </small>							

3.1 Baseline and Performance Periods (Person and Community Engagement)

This section displays the baseline period and performance period used to compute a hospital’s scores for the HCAHPS dimensions. The PPSR uses the following time periods, as published in the FY 2020 IPPS/LTCH PPS Final Rule:

- Baseline period: January 1–December 31, 2018
- Performance period: January 1 –December 31, 2020 (Data submission for the NHSN HAI measures and HCAHPS surveys were made optional for Q1 2020 and Q2 2020.)

3.2 FY 2022 Baseline Period Totals

Baseline Period Rate

The baseline period rate is a hospital’s rate for each HCAHPS dimension during the baseline period. If a field shows “N/A,” it is not applicable, or no data are available.



3.3 FY 2022 Performance Period Totals

Performance Period Rate

The performance period rate is a hospital's rate for each HCAHPS dimension during the performance period. "N/A" in a field indicates not applicable or no data are available.

3.4 HVBP Metrics

This section displays your hospital's metrics. The metrics section displays calculation results, including floor value, achievement threshold, benchmark, and improvement and achievement points for each HCAHPS dimension score in the Person and Community Engagement domain.

Floor

The "floor" is the performance rate for the worst performing hospital during the baseline period, which defines the 0 percentile for this dimension. To calculate consistency points, a hospital's performance on its lowest dimension is compared to the "floor."

Achievement Threshold and Benchmark

This is the 50th percentile of all hospitals' performance on each dimension during the baseline period. The benchmark is the mean of the top decile of all hospitals' performance on each dimension during the baseline period.

Improvement Points

Improvement points are awarded by comparing a hospital's performance on a dimension during the performance period with its own performance on the same dimension during the baseline period. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE this score will be displayed as "NA".

Achievement Points

Achievement points are awarded by comparing a hospital's performance on a dimension during the performance period with all hospitals' performance during the baseline period. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

3.5 Dimension Score

The HCAHPS Dimension Score is awarded for each HCAHPS dimension, based on the greater of the improvement or achievement points. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

3.6 HCAHPS Dimensions Summary Totals

This section displays HCAHPS dimensions summary totals.



HCAHPS Base Score

The HCAHPS Base Score is the sum of all dimension scores a hospital was awarded based on the greater of the improvement or achievement points. Due to the COVID-19 PHE, this score will be displayed as “NA”.

HCAHPS Consistency Score

The HCAHPS Consistency Score is determined based on a hospital’s lowest dimension score (in ***Bold Italic***) from the performance used to calculate a hospital’s HCAHPS consistency score.”

Unweighted Person and Community Engagement Domain Score

This is the unweighted score a hospital would receive for the Person and Community Engagement domain, which is the sum of the hospital’s HCAHPS base score and consistency score. Due to policies finalized in the FY 2022 IPPS/LTCH PPS final rule in response to the COVID-19 PHE, this score will be displayed as “NA”. **Weighted Person and Community Engagement Domain Score**

This reflects a hospital’s weighted score for the Person and Community Engagement domain, which accounts for 25 percent of a hospital’s TPS and comprises a hospital’s HCAHPS base score and consistency score. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as “NA”.

Performance Period HCAHPS Surveys Completed

This field reflects a hospital’s total number of completed surveys during the performance period. At least 100 completed surveys during the performance period are required to receive a Person and Community Engagement domain score. “N/A” in a field indicates not applicable or no data are available.

Approximate Calculation of Person and Community Engagement Domain Score

A hospital may elect to perform an independent calculation of its TPS using data displayed on the report. Due to the COVID-19 PHE, CMS suppressed several measures; therefore, there are not enough data to award a Total Performance Score so no hospital will receive a TPS.

Section 4. Safety Domain

This section displays a hospital’s performance on the six Safety domain measures. Each measure is listed by the measure title. “N/A” in a field indicates not applicable or no data are available.

Image 4. Safety Domain

Safety Domain				Reporting Period = Fiscal Year 2022		
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data	
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Catheter-Associated Urinary Tract Infection	8	7,490	1.068	5	3,744	1.335
Central Line-Associated Blood Stream Infection	5	4,581	1.091	6	3,669	1.635
Clostridium difficile Infection	27	49,347	0.547	17	24,681	0.689
Methicillin-Resistant Staphylococcus aureus Bacteremia	3	5,157	0.582	4	2,897	1.381
SSI-Abdominal Hysterectomy	3	3,247	0.924	0	1,337	0.000
SSI Colon Surgery	2	4,458	0.449	3	2,100	1.429
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Performance Standards and Measure Scores				
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter Associated Urinary Tract Infection	0.727	0.000	N/A	N/A	N/A	
Central Line-Associated Blood Stream Infection	0.633	0.000	N/A	N/A	N/A	
Clostridium difficile Infection	0.646	0.047	N/A	N/A	N/A	
Methicillin-Resistant Staphylococcus aureus Bacteremia	0.748	0.000	N/A	N/A	N/A	
SSI-Abdominal Hysterectomy	0.727	0.000	N/A	N/A	N/A	
SSI Colon Surgery	0.749	0.000	N/A	N/A	N/A	
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	
<small>Calculated values were subject to rounding. Eligible Safety Measures: N/A Unweighted Safety Domain Score: N/A Weighted Safety Domain Score: N/A</small>						

4.1 Baseline and Performance Periods (Safety)

This section displays the baseline period and performance period used to compute a hospital’s scores for the Safety domain measures. The PPSR uses the following time periods, as published in the FY 2020 IPPS/LTCH PPS Final Rule:

- Baseline period: January 1–December 31, 2018
- Performance period: January 1–December 31, 2019 (Data submission for the NHSN HAI measures and HCAHPS surveys were made optional for Q1 2020 and Q2 2020.)

4.2 FY 2022 Baseline Period Totals

This section displays FY 2022 baseline period totals.



Explanation of Report Fields for 4.2 – Healthcare-Associated Infection Measures

Number of Observed Infections (Numerator) Report Fields for HAI Measures

This is the observed number of infections for the specified locations within a hospital.

Number of Predicted Infections (Denominator) Report Fields for HAI Measures

This is the number of infections predicted in hospital locations in scope for quality reporting as the denominator for multiple submission quarters.

Standardized Infection Ratio (SIR) Report Fields for Healthcare-Associated Infection Measures

The SIR is calculated as numerator/denominator. A dash in a field indicates not applicable or that no data are available.

4.3 FY 2022 Performance Period Totals

This section displays the information in the FY 2022 performance period totals.

Explanation of Report Fields for 4.3 – HAI Measures

Number of Observed Infections (Numerator) Report Fields – HAI Measures

This field reflects the observed number of infections for specified locations within a hospital.

Number of Predicted Infections (Denominator) Report Fields – HAI Measures

This reflects the number of infections expected in hospital locations in scope for quality reporting as the denominator for multiple submission quarters.

Standardized Infection Ratio (SIR) Report Fields – HAI Measures

The SIR is calculated as numerator/denominator. A dash in a field indicates not applicable or that no data are available.

4.4 HVBP Metrics

This section displays a hospital's metrics. The metrics section displays calculation results, including achievement threshold, benchmark, and improvement and achievement points, for each measure score in the Safety domain.

Achievement Threshold

The achievement threshold reflects the 50th percentile of all hospitals' performance during the baseline period for each measure.

Benchmark

The benchmark is the mean of the top decile of all hospitals' performance during the baseline period for each measure.



Improvement Points

These points are awarded to a hospital and calculated by comparing a hospital's performance on a measure during the performance period with its performance on the same measure during the baseline period. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

Achievement Points

These points are awarded to your hospital and calculated by comparing your hospital's performance on a measure during the performance period with all hospitals' performance during the baseline period. Due to the COVID-19 PHE, this score will be displayed as "NA".

Measure Score

The measure score is awarded to a hospital for each Safety measure based on the greater of the improvement or achievement points. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

4.5 Safety Summary Totals

This section displays Safety domain summary totals.

Explanation of Report Fields for 4.5

Eligible Safety Measures Report Fields and Unweighted Safety Domain Score Report Fields

This first field reflects the number of measures used to compute a hospital's Safety domain score. A minimum of three measures is required to compute a hospital's Safety domain score. The unweighted Safety domain score reflects a hospital's total earned points for the Safety domain divided by the total possible points, multiplied by 100. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

Weighted Safety Domain Score Report Fields

The weighted Safety domain score reflects the weighted score a hospital would receive for the Safety domain, which accounts for 25 percent of a hospital's TPS and comprises a hospital's scores from the eligible Safety domain measures. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

Section 5. Efficiency and Cost Reduction Domain

This section displays your hospital’s performance on the Efficiency and Cost Reduction domain, which is comprised of the MSPB measure.

Image 5. Efficiency and Cost Reduction Domain

Efficiency And Cost Reduction Domain						Reporting Period = Fiscal Year 2022
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data		
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure
Medicare Spending per Beneficiary (MSPB)	\$20,289.96	\$21,628.15	0.938128	\$22,823.82	\$22,491.85	1.014760
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Performance Standards and Measure Scores				
Efficiency Measures	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Medicare Spending per Beneficiary (MSPB)	0.993095	0.854866	N/A	N/A	N/A	
Calculated values were subject to rounding. Eligible Efficiency and Cost Reduction Measures: N/A Unweighted Efficiency and Cost Reduction Domain Score: N/A Weighted Efficiency and Cost Reduction Domain Score: N/A Baseline Period Episodes of Care: 2993 Performance Period Episodes of Care: 93						
Calculated values were subject to rounding. N/A indicates no data available, no data submitted, or the value was not applicable for this measure. A dash () indicates that the minimums were not met for calculations, or the value was not applicable. * Hospital VBP Ineligible indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria. * State VBP Ineligible indicates no hospital within the state received a Total Performance Score.						

5.1 Baseline and Performance Periods (Efficiency and Cost Reduction)

This section displays the baseline period and performance period used to compute a hospital’s scores for the Efficiency and Cost Reduction domain. The PPSR uses the following time periods, as published in the FY 2019 IPPS/LTCH PPS Final Rule:

- Baseline period: January 1–December 31, 2018
- Performance period: January 1–December 31, 2019

5.2 FY 2022 Baseline Period Totals

This section displays FY 2022 baseline period totals.

Explanation of Report Fields for 5.2

MSPB Amount (Numerator) Report Fields

The MSPB Amount (Numerator) reflects a hospital’s risk-adjusted per-episode spending level. A minimum of 25 episodes of care is required during the baseline period to compute improvement points. A dash in a field indicates not applicable or that no data are available.

Median MSPB Amount (Denominator) Report Fields

This figure reflects the median MSPB amount across all hospitals nationwide during the baseline period.



MSPB Measure Report Fields

This is the ratio of a hospital's average MSPB Amount to the median MSPB Amount across all hospitals during the baseline period.

5.3 FY 2022 Performance Period Totals

This section displays the information in the FY 2022 performance period totals.

Explanation of Report Fields for 5.3

MSPB Amount (Numerator) Report Fields

The MSPB Amount (Numerator) is a hospital's risk-adjusted per-episode spending level. A minimum of 25 episodes of care is required to compute improvement and achievement points. A dash in a field indicates not applicable or no data are available.

Median MSPB Amount (Denominator) Report Fields

This figure reflects the median MSPB amount across all hospitals nationwide during the performance period.

MSPB Measure Report Fields

This is the ratio of a hospital's average MSPB Amount to the median MSPB Amount across all hospitals during the performance period.

5.4 HVBP Metrics

This section displays your hospital's metrics. The metrics section displays calculation results, including achievement threshold, benchmark, and improvement and achievement points for the MSPB measure score.

Explanation of Report Fields for 5.4

Achievement Threshold Report Fields

The achievement threshold reflects the median MSPB ratio across all hospitals during the performance period.

Benchmark Report Fields

The benchmark is the mean of the lowest decile MSPB ratios across all hospitals during the performance period.

Improvement Points Report Fields

These points are awarded to a hospital and calculated by comparing the hospital's performance on a measure during the performance period with its performance on the same measure during the baseline period. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

Achievement Points Report Fields

These points are awarded to a hospital and calculated by comparing the hospital's performance on a measure during the performance period with all hospitals' performance during the performance period. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".

Measure Score Report Fields

The measure score is awarded to a hospital for the MSPB measure based on the greater value of either the improvement or achievement points. Due to the COVID-19 PHE, this score will be displayed as "NA".

5.5 Efficiency and Cost Reduction Summary Totals

This section displays Efficiency and Cost Reduction domain summary totals.

Explanation of Report Fields for 5.5

Eligible Efficiency and Cost Reduction Measure Report Fields

This field reflects the number of measures used to compute a hospital's Efficiency and Cost Reduction domain score. A minimum of one measure (with 25 episodes of care) is required to compute a hospital's Efficiency and Cost Reduction domain score. Due to the COVID-19 PHE, this score will be displayed as "NA".

Unweighted Efficiency and Cost Reduction Domain Score Report Fields

The unweighted Efficiency and Cost Reduction domain score reflects a hospital's total earned points for the Efficiency and Cost Reduction domain divided by the total possible points, multiplied by 100. Due to the COVID-19 PHE, this score will be displayed as "NA". **Weighted Efficiency and Cost Reduction Domain Score Report Fields**

The weighted Efficiency and Cost Reduction domain score reflects the weighted score a hospital would receive for the Efficiency and Cost Reduction domain, which accounts for 25 percent of a hospital's TPS and comprises a hospital's scores from the MSPB measure. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as "NA".



Resources

For Hospital VBP Program general information: <https://www.qualitynet.org/inpatient/hvbp>

To register for Hospital VBP Program notifications: <https://www.qualitynet.org/listserv-signup>

To access the *How to Read Your FY 2022 Percentage Payment Summary Report, Program Summary for FY 2022, FY 2022 Value-Based Purchasing Quick Reference Guide, and the FY 2022 Scoring Quick Reference Guide*: <https://qualitynet.org/inpatient/hvbp/resources#tab2>

Additional information about the Hospital VBP Program is also available on CMS.gov by selecting the **[Medicare]** tab, then selecting the **Value-Based Programs** link under the Quality Initiatives/Patient Assessment Instruments section. Select **Hospital Value-Based Purchasing** on the top navigational bar. The direct link is <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing.html>.

For further assistance regarding the Hospital VBP Program, contact the Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor through the Inpatient Questions and Answers (Q&A) Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa, or by calling, toll-free, (844) 472-4477 or (866) 800-8765, weekdays from 8 a.m. to 8 p.m. Eastern Time (ET).

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



Formulas

Formulas used to create the Hospital VBP Program PPSR are displayed below.

Figure 1: Improvement Point Formula

$$\left(10 \times \frac{(\text{Performance Period Rate} - \text{Baseline Period Rate})}{(\text{Benchmark} - \text{Baseline Period Rate})} \right) - 0.5$$

Improvement Point calculation: (Performance Period Rate minus Baseline Period Rate) divided by (Benchmark minus Baseline Period Rate) multiplied by 10 with 0.5 subtracted from the product.

Figure 2: Achievement Point Formula

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

Achievement Point calculation: (Performance Period Rate minus Achievement Threshold divided by (Benchmark minus Achievement Threshold) multiplied by 9 with 0.5 added to the product.

Figure 3: Clinical Outcomes Unweighted Domain Score Formula

$$\left(\frac{\text{Sum of Measure Scores}}{\text{Total Points Possible}} \right) \times 100$$

Clinical Outcomes Unweighted Domain Score Formula: (Sum of Measure Scores divided by Total Points Possible) and multiplied by 100.

Note: This formula normalizes the domain to take into account only the measures a hospital met the minimum measure requirements for during the performance period.

Figure 4: Person and Community Engagement Domain Score Formula

$$\text{Base Score} + \text{Consistency Score}$$

Person and Community Engagement Domain Score Formula: Sum of Base Score plus Consistency Score.

Figure 5: Base Score Formula

$$\sum \text{Dimension Scores for the Eight HCAHPS Dimensions}$$

Base Score Formula: Sum of the dimension scores for the eight HCAHPS dimensions.



Figure 6: Lowest Dimension Score Formula

$$\frac{(\text{Performance Period Rate} - \text{Floor})}{(\text{Achievement Threshold} - \text{Floor})}$$

Lowest Dimension Score Formula: (Performance Period Rate minus the Floor) divided by (Achievement Threshold minus the Floor).

Figure 7: Consistency Score Formula

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

Consistency Score Formula: (20 multiplied by the Lowest Dimension Score) minus 0.5.

Figure 8: Safety Domain Score Formula

$$\left(\frac{\text{Sum of Measure Scores}}{\text{Total Points Possible}} \right) \times 100$$

Safety Domain Score Formula: (Sum of Measure Scores divided by Total Points Possible) multiplied by 100.

Note: This formula normalizes the domain to take into account only the measures a hospital met the minimum measure requirements for during the performance period.

Figure 9: Surgical Site Infection (SSI) Measure Score

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

Surgical Site Infection (SSI) Measure Score: Sum of the products of (Colon Surgery Measure Score multiplied by Colon Surgery Predicted Infections) and (Abdominal Hysterectomy Measure Score multiplied by Abdominal Hysterectomy Predicted Infections) divided by the sum of (Colon Surgery Predicted Infections and Abdominal Hysterectomy Predicted Infections).

Note: When only one of the strata meets the minimum of at least 1.000 predicted infections during the performance period, the full weight will be allocated to the eligible stratum.

Figure 10: Efficiency and Cost Reduction Domain Score Formula

$$\left(\frac{\text{Measure Score}}{10} \right) \times 100$$

Efficiency and Cost Reduction Domain Score Formula: (Measure Score divided by 10) multiplied by 100.



Figure 11: Total Performance Score (TPS) Formula

- Weighted Clinical Care Domain Score
- + Weighted Person and Community Engagement Domain Score
- + Weighted Safety Domain Score
- + Weighted Efficiency and Cost Reduction Domain Score

Total Performance Score (TPS) Formula: The sum of Weighted Clinical Outcomes Domain Score plus Weighted Person and Community Engagement Domain Score plus Weighted Safety Domain Score plus Weighted Efficiency and Cost Reduction Domain Score.

Figure 12: Proportionate Weighting of Domains Formula

$$\text{Domain Weight} = \frac{\text{Original Weight}}{\text{Sum of Eligible Domain Weights}}$$

Proportionate Weighting of Domains Formula: The original weight divided by the sum of the eligible domain weights.

Note: CMS requires scores from at least three out of the four domains to receive a TPS. Excluded domain weights are proportionately distributed to the remaining domains through the Proportionate Weighting of Domains Formula.

Figure 13: Value-Based Incentive Payment Percentage Formula

$$2.00\% \times \left(\frac{\text{Total Performance Score}}{100} \right) \times \text{Exchange Function Slope}$$

Value-Based Incentive Payment Percentage Formula: The product of the Base Operating MS-DRG Payment Amount Reduction, the quotient of the (Total Performance Score divided by 100, and the Exchange Function Slope. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as 2.000000000000%.

Note: The Base Operating MS-DRG Payment Amount Reduction for FY 2022 is 2.00 percent and the Exchange Function Slope for FY 2022 may be found on a hospital’s PPSR. The Value-Based Incentive Payment Percentage is calculated as a decimal value instead of a percentage value. In order to convert the calculated decimal value to a percentage value matching the PPSR, multiply the value by 100 and round to ten (10) digits to the right of the decimal.

Figure 14: Net Change in Base Operating MS-DRG Payment Amount Formula

$$\text{Value- Based Incentive Payment Percentage} - 2.00\%$$

Net Change in Base Operating MS-DRG Payment Amount Formula: The percentage of (Value-Based Incentive Payment Percentage less Base Operating MS-DRG Payment Amount Reduction). Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as 0.000000000000%.



Note: The Base Operating MS-DRG Payment Amount Reduction is 2.00 percent for FY 2022. The Net Change in Base Operating MS-DRG Payment Amount is calculated as a decimal value instead of a percentage value. In order to convert the calculated decimal value to a percentage value matching the PPSR, multiply the value by 100 and round to ten (10) digits to the right of the decimal.

Figure 15: Value-Based Incentive Payment Adjustment Factor

$$1 + \text{Net Change in Base Operating DRG Payment Amount}$$

Value-Based Incentive Payment Adjustment Factor: The sum of 1 plus the Net Change in Base Operating MS-DRG Payment Amount in decimal form. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as “NA”.

Figure 16: Exchange Function Slope

Step 1: Each eligible and included hospitals’ Total Performance Score \div 100

Step 2: Each eligible and included hospitals’ Estimated Total Annual Base Operating MS-DRG Payment Amount 2.00 percent

Step 3: Individual Results from Step 1 \times Individual Results from Step 2

Step 4: Sum Results of Step 3 to form an aggregate value (denominator)

Step 5: Sum Results of Step 2 to form an aggregate value (numerator)

Step 6: Result from Step 5 (numerator) \div Result from Step 4 (denominator)

Exchange Function Slope: The exchange function slope was calculated by using all eligible and included hospitals’ TPS values, those hospitals’ Estimated Total Annual Base Operating MS-DRG Payment Amount, and the 2.00 percent withhold for FY 2022. The above steps illustrate how CMS calculated the FY 2022 exchange function slope. Due to policies finalized in the FY 2022 IPPS/LTCH PPS Final Rule in response to the COVID-19 PHE, this score will be displayed as “NA”.