

# Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
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- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?  
Click Refresh icon  
– or –  
Click F5



F5 Key

Top Row of Keyboard

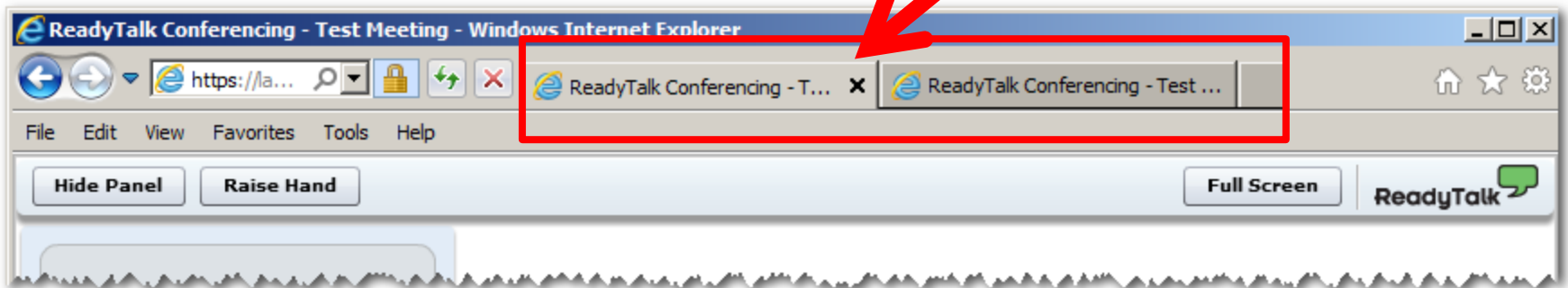


Location of Buttons

Refresh

# Troubleshooting Echo

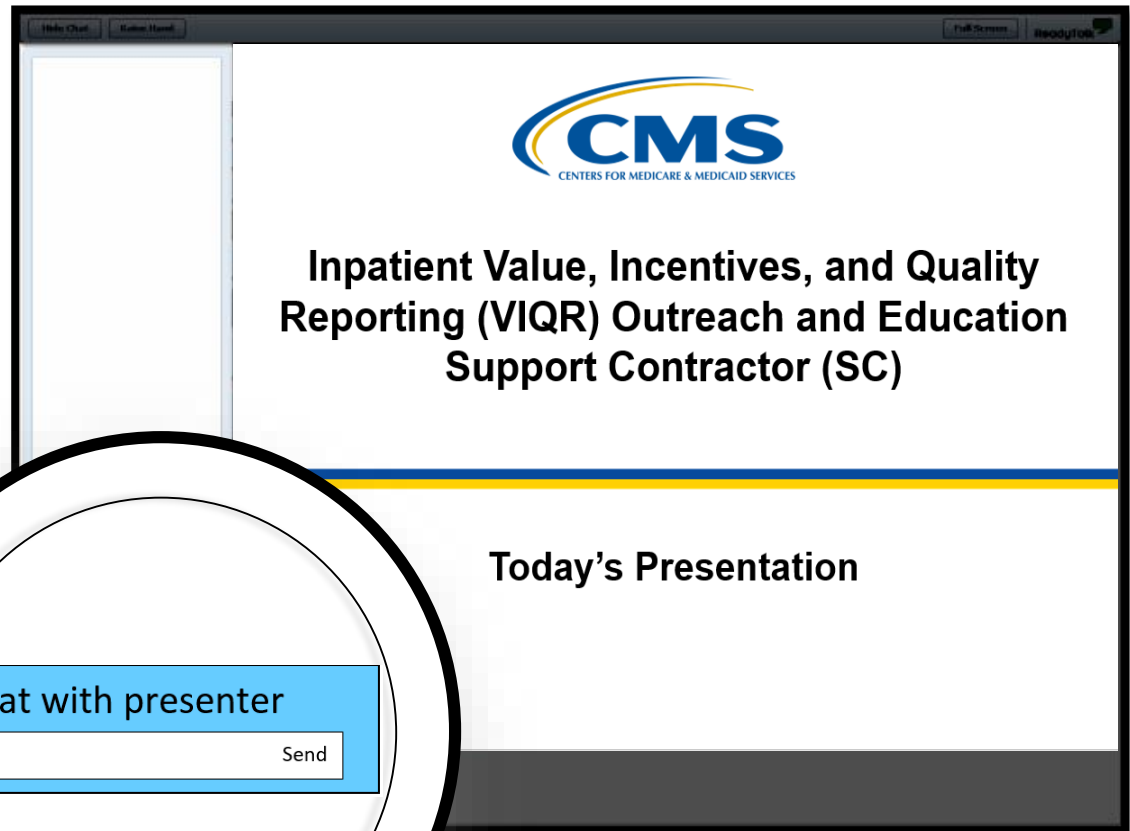
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers Tabs Open in Same Event

# Submitting Questions

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





# What's My Payment?

## Understanding the Hospital VBP Program Calculations Step-By-Step in the Percentage Payment Summary Report



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*Outreach and Education Lead  
Inpatient VIQR Outreach and Education SC*

**August 8, 2019**

# Purpose

This event will provide an overview of the Fiscal Year (FY) 2020 Hospital VBP Program Percentage Payment Summary Report (PPSR) calculations with a focus on understanding the Hospital VBP Program calculations, from improvement and achievement to payment adjustments.

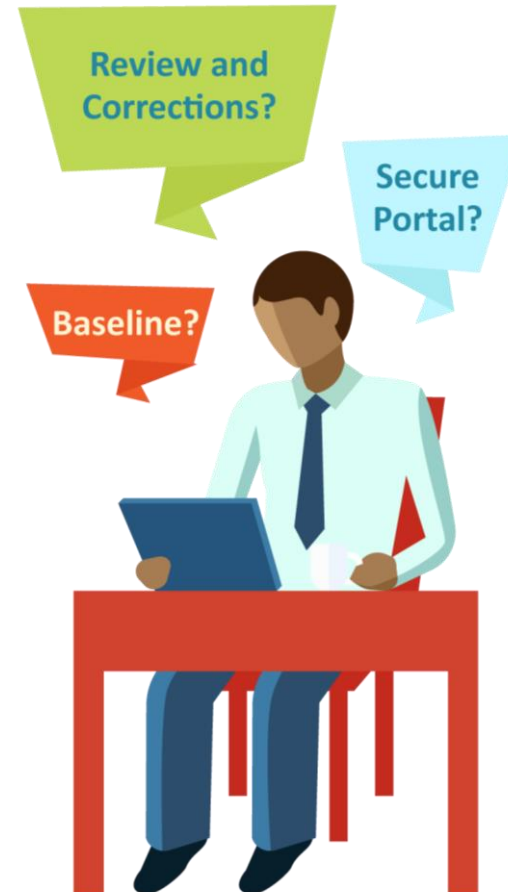
# Objectives

Participants will be able to:

- Identify how hospitals will be evaluated within each domain and measure.
- Calculate their hospital's Total Performance Score (TPS).
- Use the exchange function slope to translate their hospital's TPS to payment adjustment factor.

# Previous Webinar

- Have questions about the FY 2020 Hospital VBP Program?
- Watch the *Where's My Report? Everything You Want to Know About the FY 2020 Hospital VBP Percentage Payment Summary Report* webinar on Quality Reporting Center.
- Hospital VBP Program Archived Events:  
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-archived-events/>





What's My Payment? Understanding the Hospital VBP Program  
Calculations Step-By-Step in the Percentage Payment Summary Report

## **Introduction**

# Foundation



Set forth under Section 1886(o) of the Social Security Act



When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital Inpatient Quality Reporting (IQR) Program



CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted on *Hospital Compare* for at least one year



Ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided



Funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments



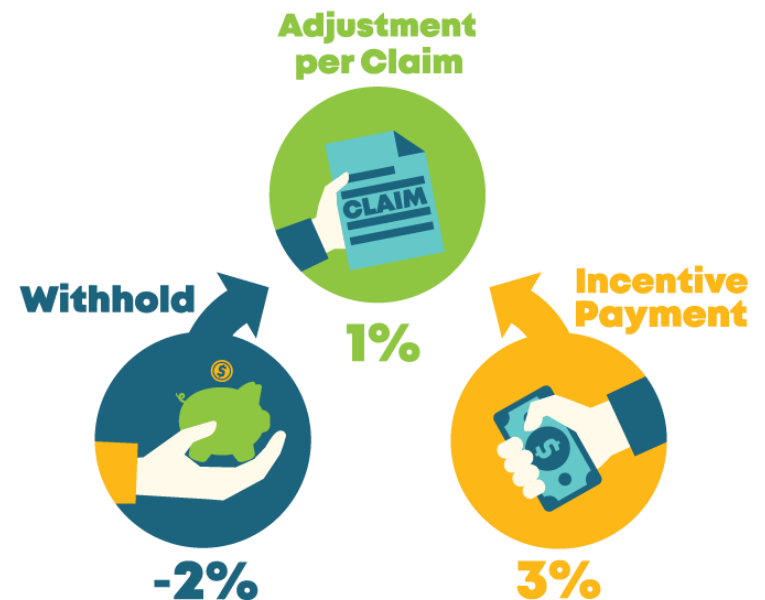
# Program Funding

## Hospital VBP Program:

- Is an estimated budget-neutral program.
- Is funded by a 2.00 percent reduction from the base operating MS-DRG payments of hospitals.
- Total value-based incentive payments estimated at \$1.9 billion for FY 2020.

Resulting funds are redistributed to hospitals, based on their TPS.

- The actual amount earned will depend on the range and distribution of TPS scores of all eligible/participating hospitals for a fiscal year.
- A hospital may earn back a value-based incentive payment percentage that can range from incurring the withhold for the fiscal year to receiving a positive net change in base operating DRG payments.



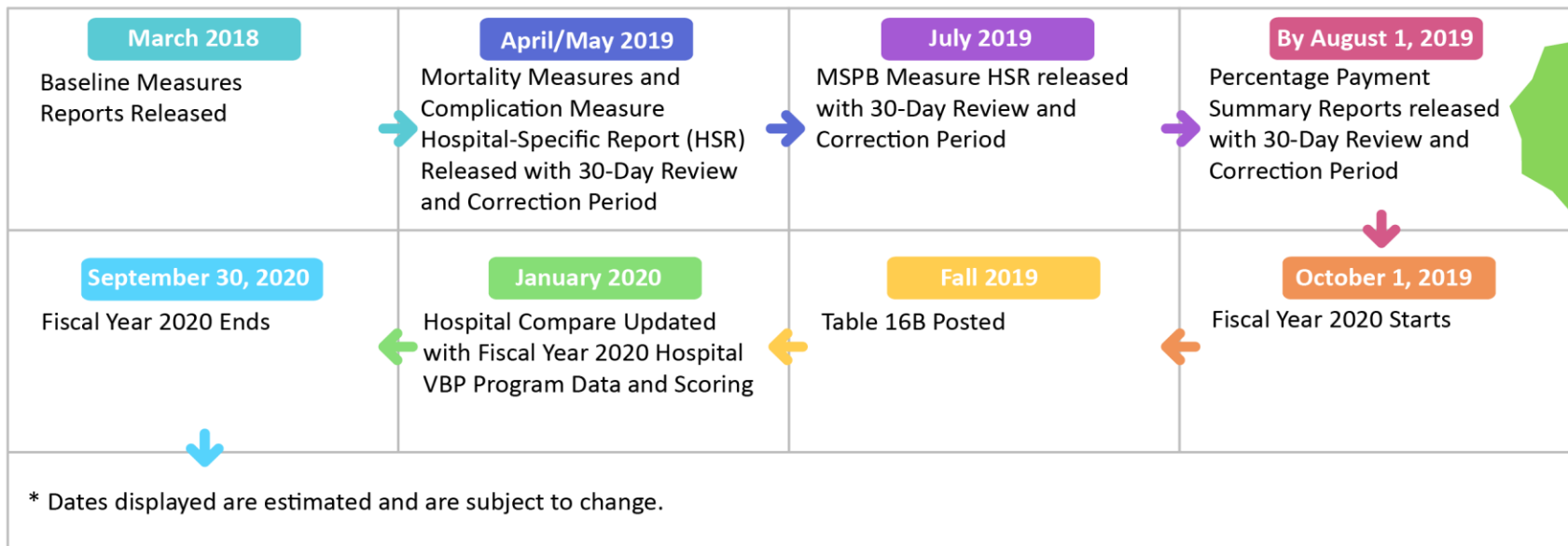
# Eligibility

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

**NOTE:** Hospitals **excluded** from the Hospital VBP Program **will not** have their base operating MS-DRG payments reduced by 2.00 percent.

# Timeline

## Release Date\* and Event Timeline



You are here

What's My Payment? Understanding the Hospital VBP Program  
Calculations Step-By-Step in the Percentage Payment Summary Report

## **How to Run Your Report**

# PPSRs Available Now

- Notifications announcing the PPSR release were sent to hospitals on **July 30, 2019**.
- Reports are only available to hospitals that have active, registered *QualityNet* users who have been assigned the following *QualityNet* roles:
  - **Hospital Reporting Feedback – Inpatient** role (required to receive the report)
  - **File Exchange and Search** role (required to download the report from *My QualityNet*)



The screenshot shows the CMS.gov QualityNet portal interface. At the top, it displays the CMS.gov logo and the QualityNet text, with the subtitle 'Centers for Medicare & Medicaid Services'. Below this, a light blue box contains the heading 'Choose Your QualityNet Destination'. Underneath the heading, there is a prompt: 'Please select your primary quality program to reach the right log in screen for your QualityNet portal.' Below the prompt, the text 'Secure File Transfer' is visible. The main instruction is 'Select your primary quality program:', followed by a list of program options: 'End Stage Renal Disease Quality Reporting Program', 'Ambulatory Surgical Center Quality Reporting Program', 'PPS-Exempt Cancer Hospital Quality Reporting Program', 'Inpatient Hospital Quality Reporting Program', 'Inpatient Psychiatric Quality Reporting Program', 'Outpatient Hospital Quality Reporting Program', 'Physicians Quality Reporting System / eRx', and 'Quality Improvement Organizations'. At the bottom of the selection box, there is a grey button labeled 'CANCEL'.

# How to Run Your Report

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

For technical questions or issues related to accessing the PPSR, contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).



# Polling Question

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Have you downloaded your report?

- Yes
- No, but will soon
- No, don't plan to

What's My Payment? Understanding the Hospital VBP Program  
Calculations Step-By-Step in the Percentage Payment Summary Report

## **Evaluating Hospitals**

# FY 2020 Domain Weights and Measures



## Clinical Outcomes (25%)

**MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate

**MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate

**MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate

**COMP-HIP-KNEE:** Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate



## Efficiency and Cost Reduction (25%)

**MSPB:** Medicare Spending per Beneficiary



## Person and Community Engagement (25%)

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

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication about Medicines

Cleanliness and Quietness of Hospital Environment

Discharge Information

Care Transition

Overall Rating of Hospital



## Safety (25%)

**CAUTI:** Catheter-associated Urinary Tract Infection

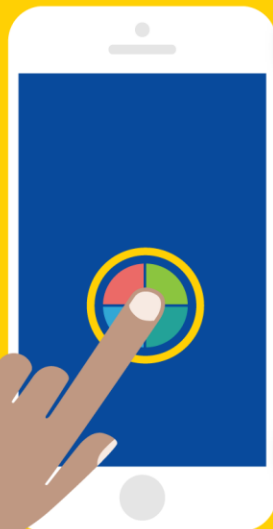
**CDI:** *Clostridium difficile* Infection

**CLABSI:** Central Line-associated Bloodstream Infection





**MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia

**SSI:** Surgical Site Infection – Colon Surgery and Abdominal Hysterectomy





**PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation



# FY 2020 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
 <b>Clinical Outcomes</b>	Mortality Measures	July 1, 2010– June 30, 2013	July 1, 2015– June 30, 2018
	Complication Measure	July 1, 2010– June 30, 2013	July 1, 2015– June 30, 2018
 <b>Person and Community Engagement</b>	HCAHPS Survey	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
 <b>Safety</b>	Healthcare-associated infection (HAI) Measures	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
	PC-01	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
 <b>Efficiency and Cost Reduction</b>	Medicare Spending per Beneficiary (MSPB)	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018

# FY 2020 Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
 <b>Clinical Outcomes</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• 30-Day Mortality Measures: 25 cases</li> <li>• COMP-HIP-KNEE: 25 cases</li> </ul>
 <b>Person and Community Engagement</b>	100 HCAHPS Surveys
 <b>Safety</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• HAI measures: One predicted infection</li> <li>• PC-01: 10 cases</li> </ul>
 <b>Efficiency and Cost Reduction</b>	25 episodes of care in the MSPB measure
<b>TPS</b>	A minimum of three of the four domains receiving domain scores

# Performance Standards

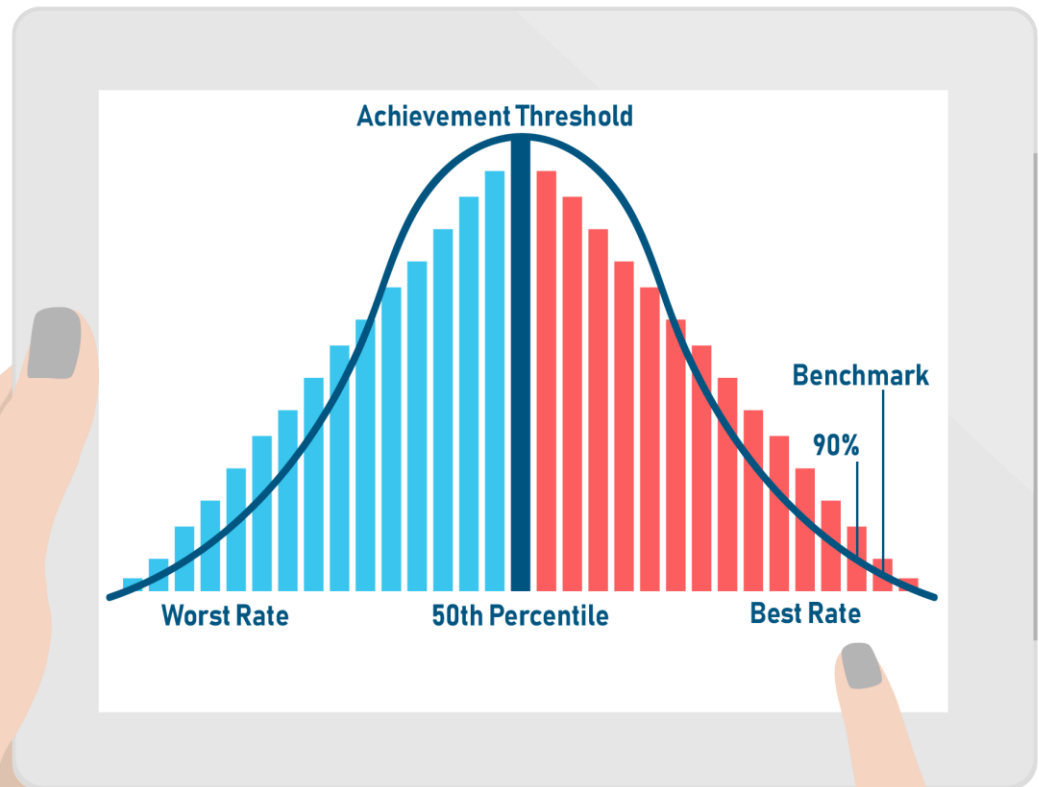
## Benchmark:

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

## Achievement Threshold:

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

**NOTE:** MSPB uses Performance Period data to calculate the benchmark and achievement threshold, not Baseline Period data like other measures.

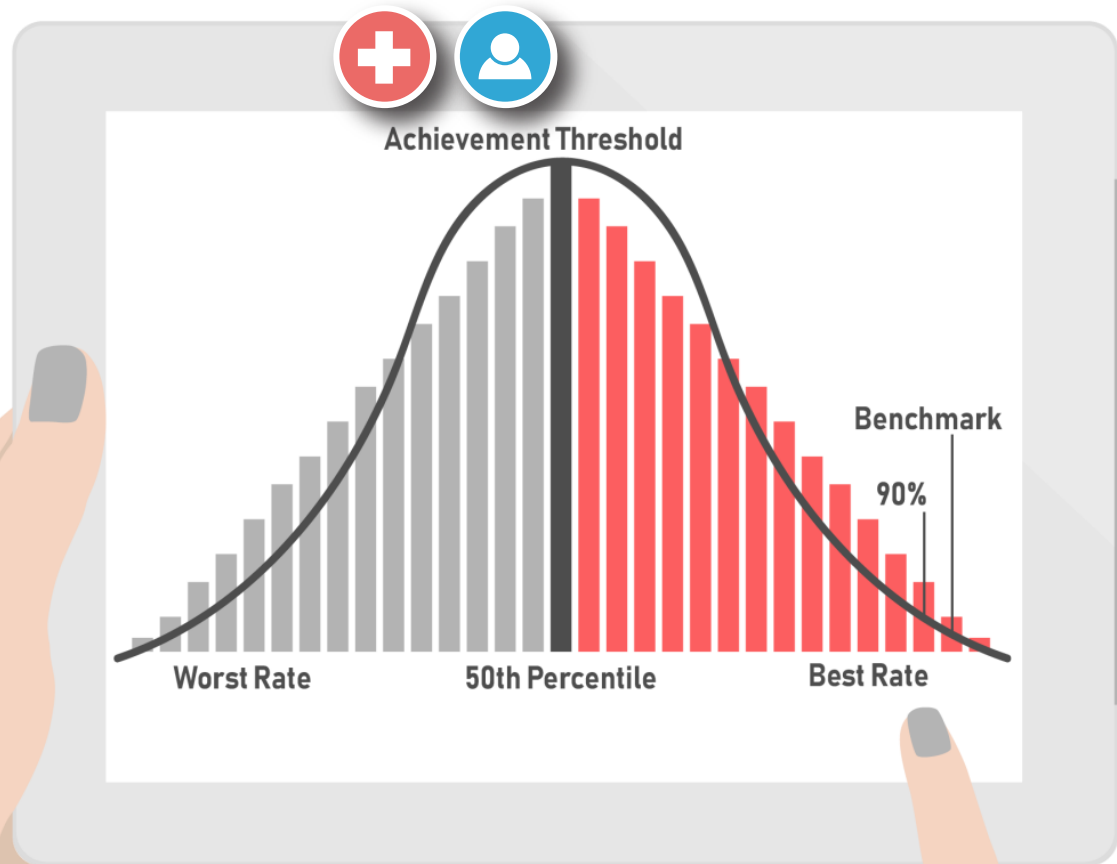


# Performance Standards

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

- Clinical Outcomes
  - Mortality measures\*
- Person and Community Engagement

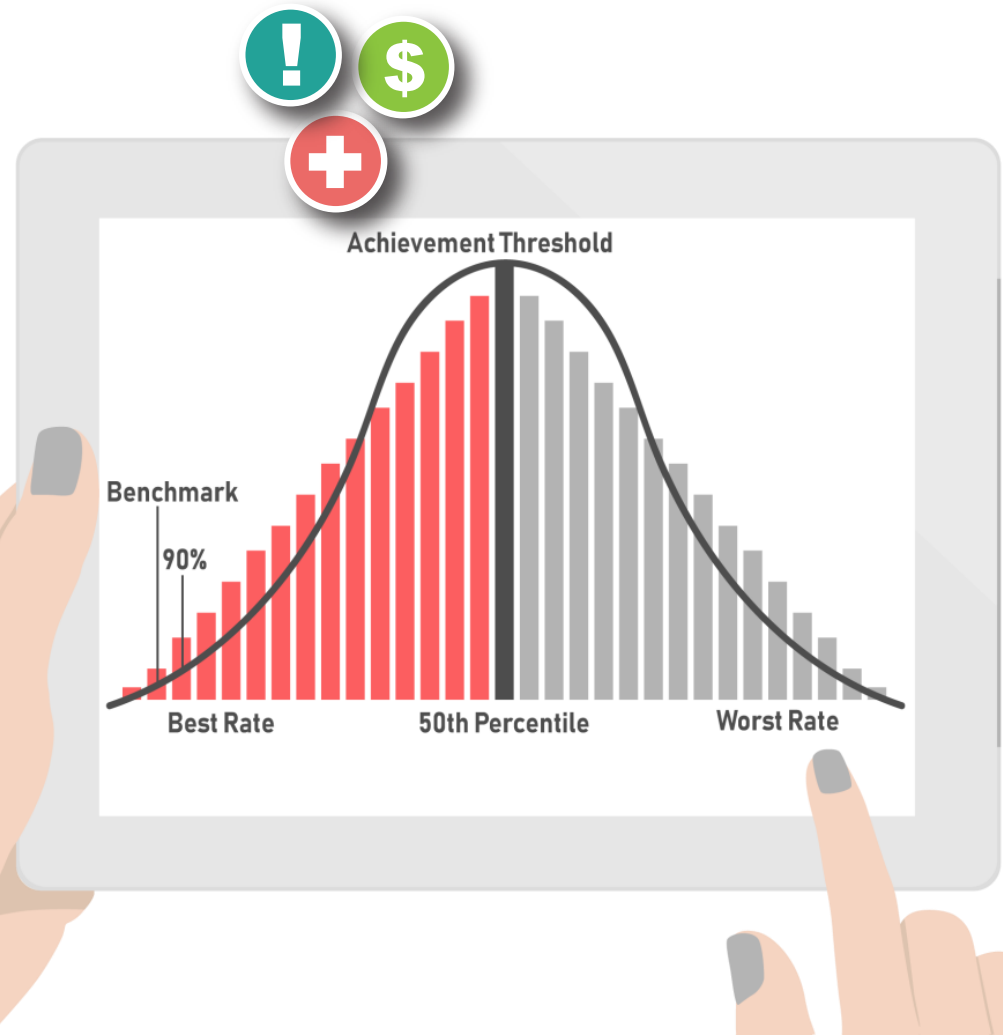
\* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



# Performance Standards

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

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





# FY 2020 Performance Standards

## Safety (25%)

<i>Measures (Healthcare-Associated Infections)</i>	<i>Threshold</i>	<i>Benchmark</i>
↓CAUTI	0.828	0.000
↓CDI	0.852	0.091
↓CLABSI	0.784	0.000
↓MRSA	0.815	0.000
↓PC-01	0.000	0.000
↓SSI: Colon	0.781	0.000
↓SSI: Abdominal Hysterectomy	0.722	0.000

## Clinical Outcomes (25%)

<i>Measures</i>	<i>Threshold</i>	<i>Benchmark</i>
MORT-30-AMI	0.853715	0.875869
MORT-30-HF	0.881090	0.906068
MORT-30-PN Updated Cohort	0.882266	0.909532
↓COMP-HIP-KNEE	0.032229	0.023178

↓ = Lower Values Indicate Better Performance

## Efficiency and Cost Reduction (25%)

<i>Measures</i>	<i>Threshold</i>	<i>Benchmark</i>
↓MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period

## Person and Community Engagement (25%)

<i>HCAHPS Survey Dimensions</i>	<i>HCAHPS Performance Standards</i>		
	<i>Floor (%)</i>	<i>Threshold (%)</i>	<i>Benchmark(%)</i>
Communication with Nurses	51.80	79.08	87.12
Communication with Doctors	50.67	80.41	88.44
Responsiveness of Hospital Staff	35.74	65.07	80.14
Communication about Medicines	26.16	63.30	73.86
Hospital Cleanliness and Quietness	41.92	65.72	79.42
Discharge Information	66.72	87.44	92.11
Care Transition	20.33	51.14	62.50
Overall Rating of Hospital	32.47	71.59	85.12

What's My Payment? Understanding the Hospital VBP Program  
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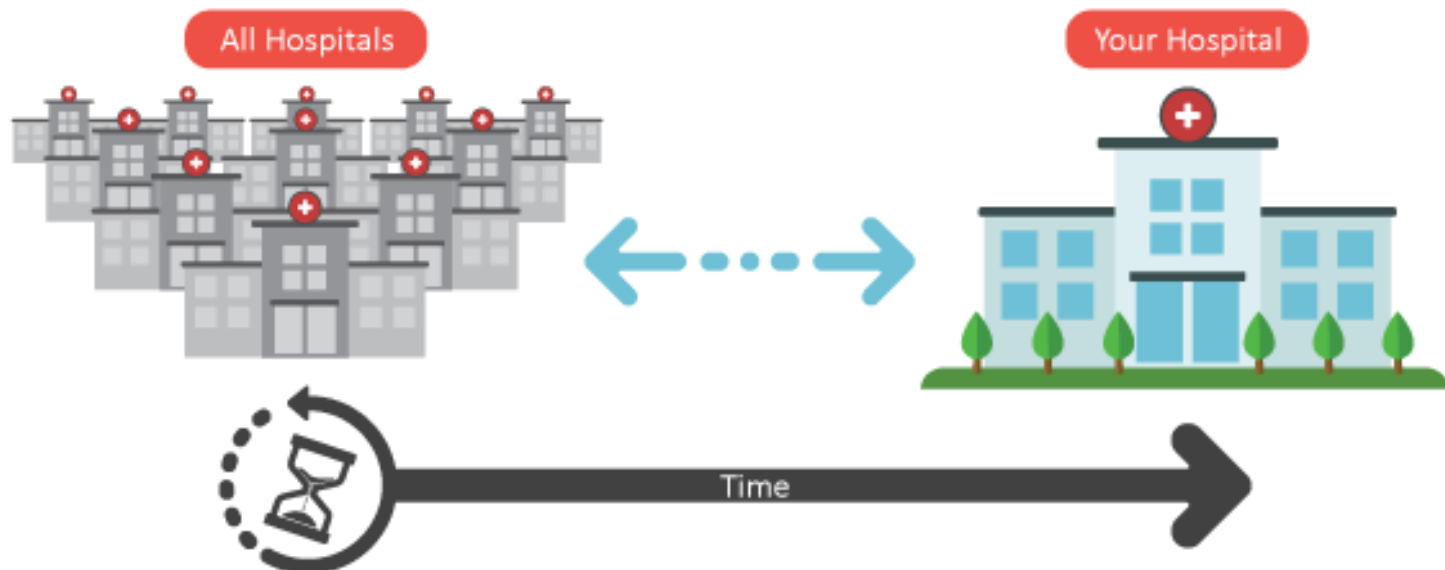
## **Scoring Examples**

# Achievement Points

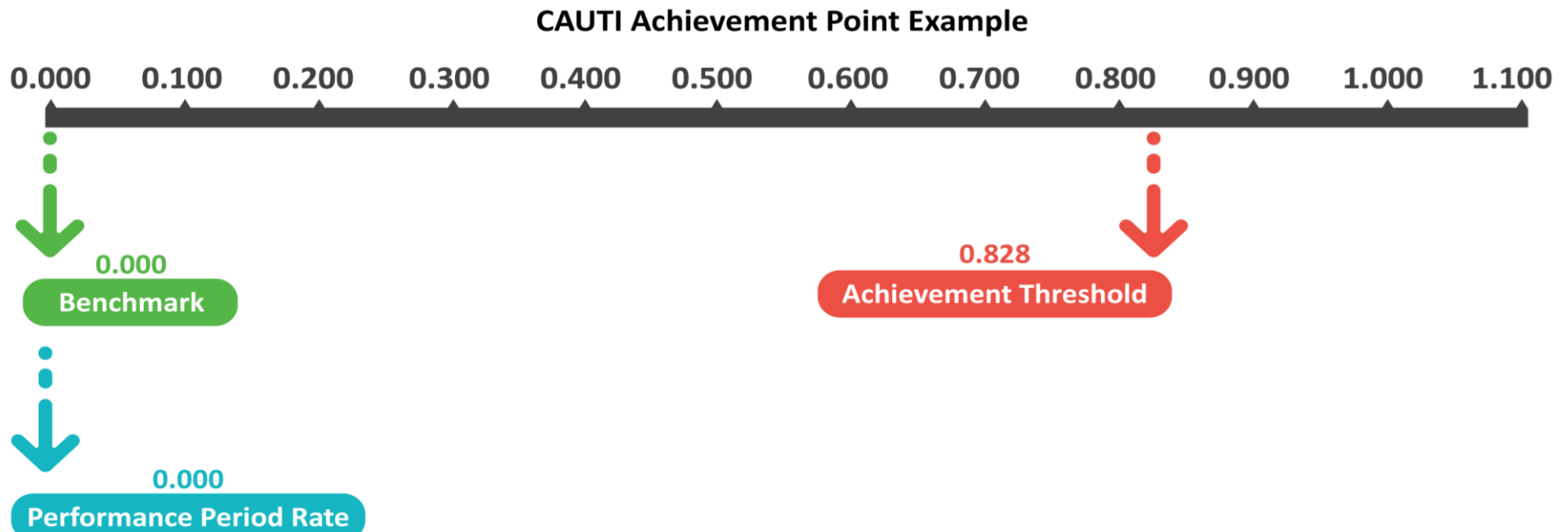
Achievement points are awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period\*:

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

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



# Achievement Point Example 1



How many achievement points will be awarded?

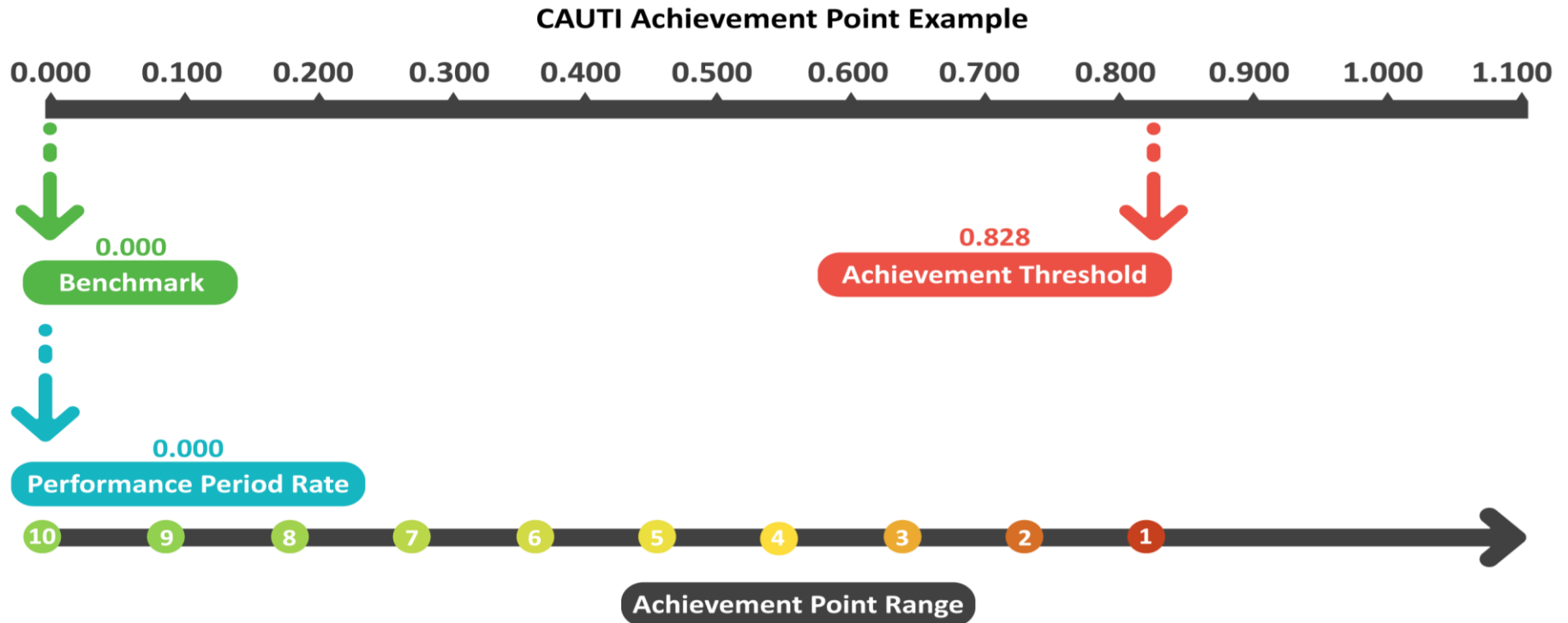
- 10: Better than or at benchmark
- 0: Worse than achievement threshold
- 1–9: Between threshold & benchmark
- Unsure

# Polling Question

How many achievement points will be awarded?

- 10: Better than or at benchmark
- 0: Worse than achievement threshold
- 1–9: Between threshold and benchmark
- Unsure

# Achievement Point Example 1



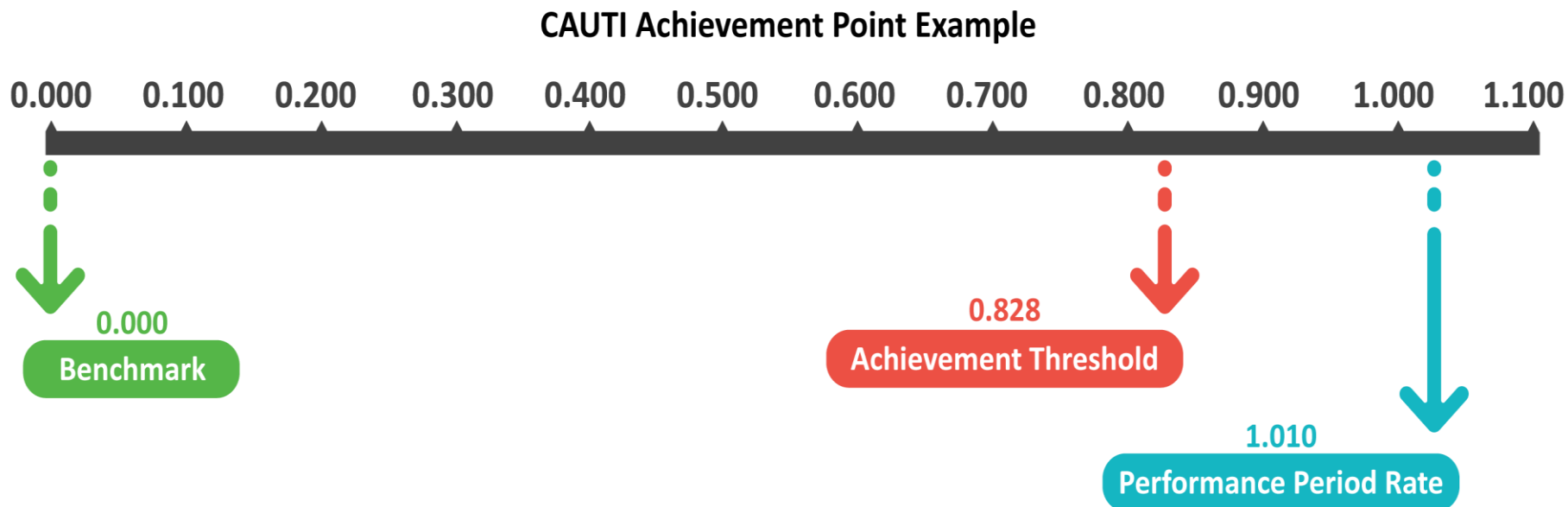
## Achievement Points

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

- Rate at or better than the benchmark (10 points)
- Rate worse than the achievement threshold (0 points)
- Rate somewhere at or better than the benchmark but worse than the benchmark (1-9 points)

**Achievement Points = 10**

# Achievement Point Example 2



How many achievement points will be awarded?

- 10: Better than or at benchmark
- 0: Worse than achievement threshold
- 1–9: Between threshold and benchmark
- Unsure

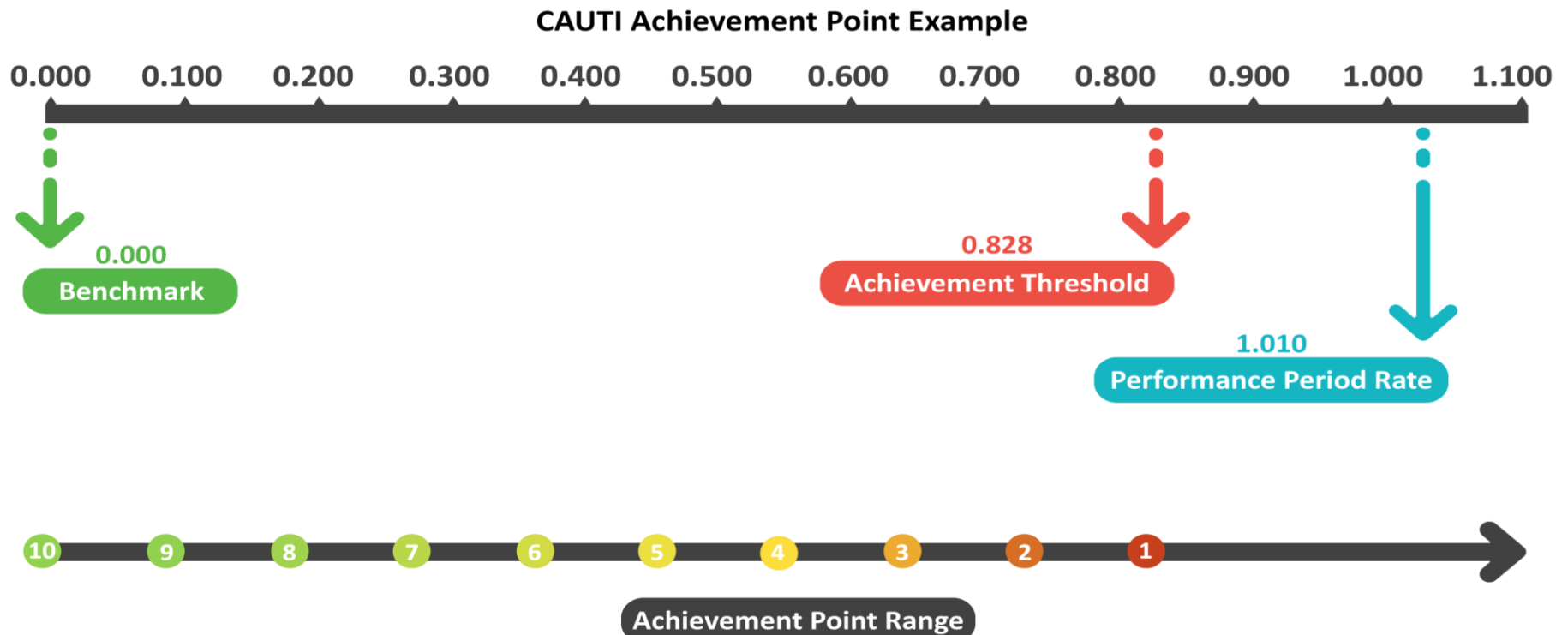
# Polling Question

How many achievement points will be awarded?

- 10: Better than or at benchmark
- 0: Worse than achievement threshold
- 1–9: Between threshold and benchmark
- Unsure



# Achievement Point Example 2



## Achievement Points

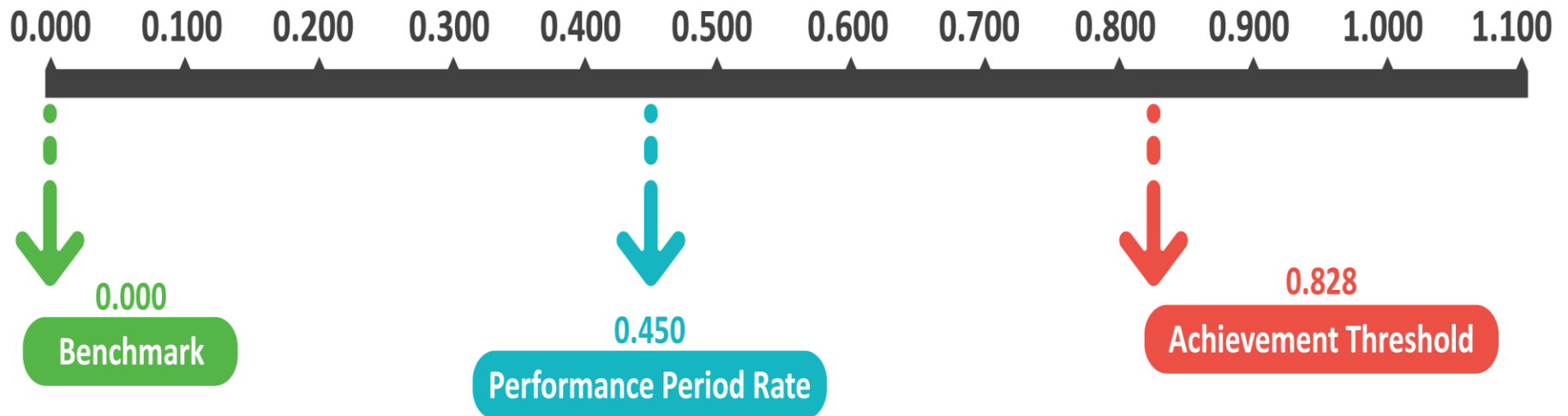
Awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period

- Rate at or better than the benchmark (10 points)
- **Rate worse than the achievement threshold (0 points)**
- Rate somewhere at or better than the benchmark but worse than the benchmark (1-9 points)

**Achievement Points = 0**

# Achievement Point Example 3

CAUTI Achievement Point Example



How many achievement points will be awarded?

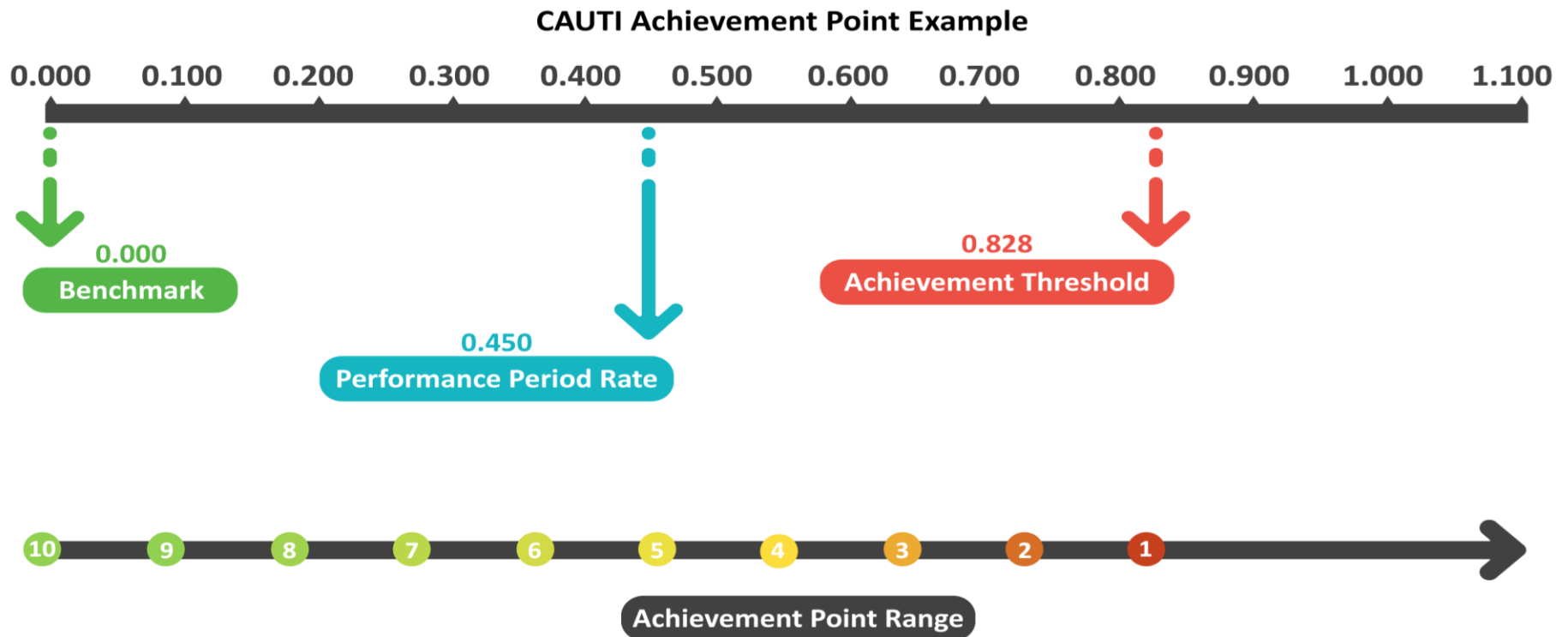
- 10: Better than or at benchmark
- 0: Worse than achievement threshold
- 1–9: Between threshold & benchmark
- Unsure

# Polling Question

How many achievement points will be awarded?

- 10: Better than or at benchmark
- 0: Worse than achievement threshold
- 1–9: Between threshold and benchmark
- Unsure

# Achievement Point Example 3



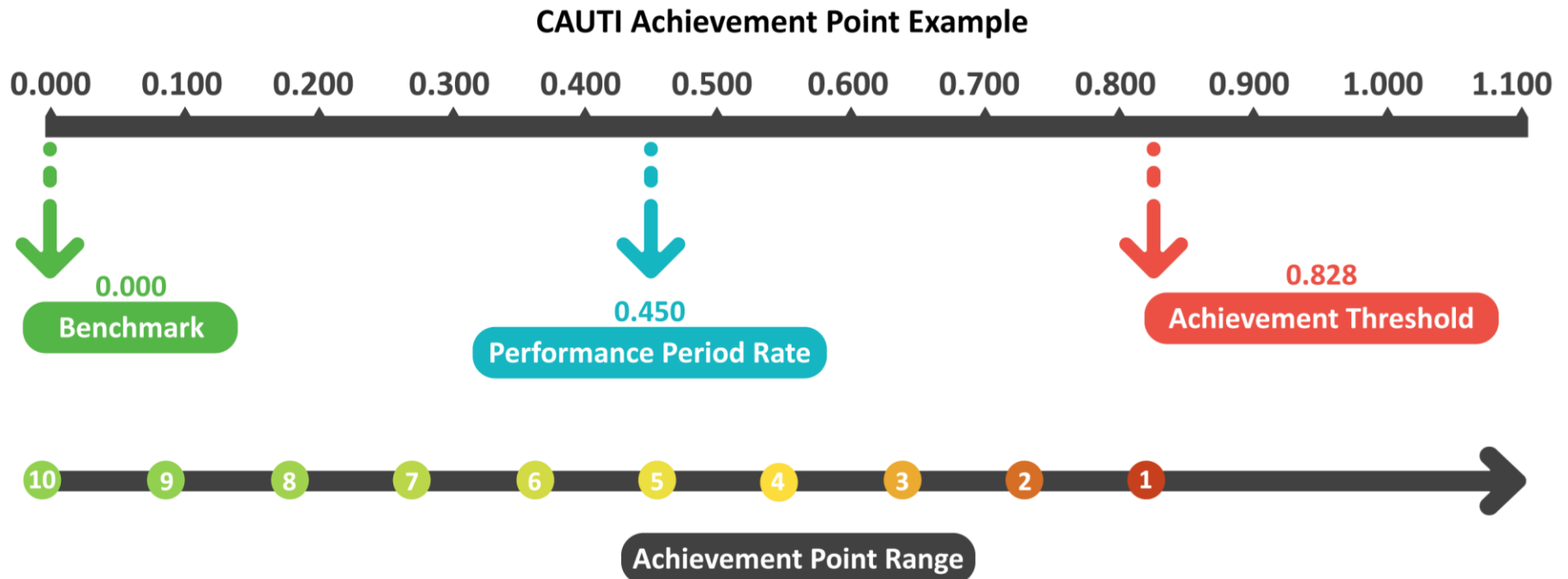
## Achievement Points

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

- Rate at or better than the benchmark (10 points)
- Rate worse than the achievement threshold (0 points)
- Rate somewhere at or better than the benchmark but worse than the benchmark (1-9 points)

**Achievement Points = 1-9 based on Achievement Point Formula**

# Achievement Point Example 3



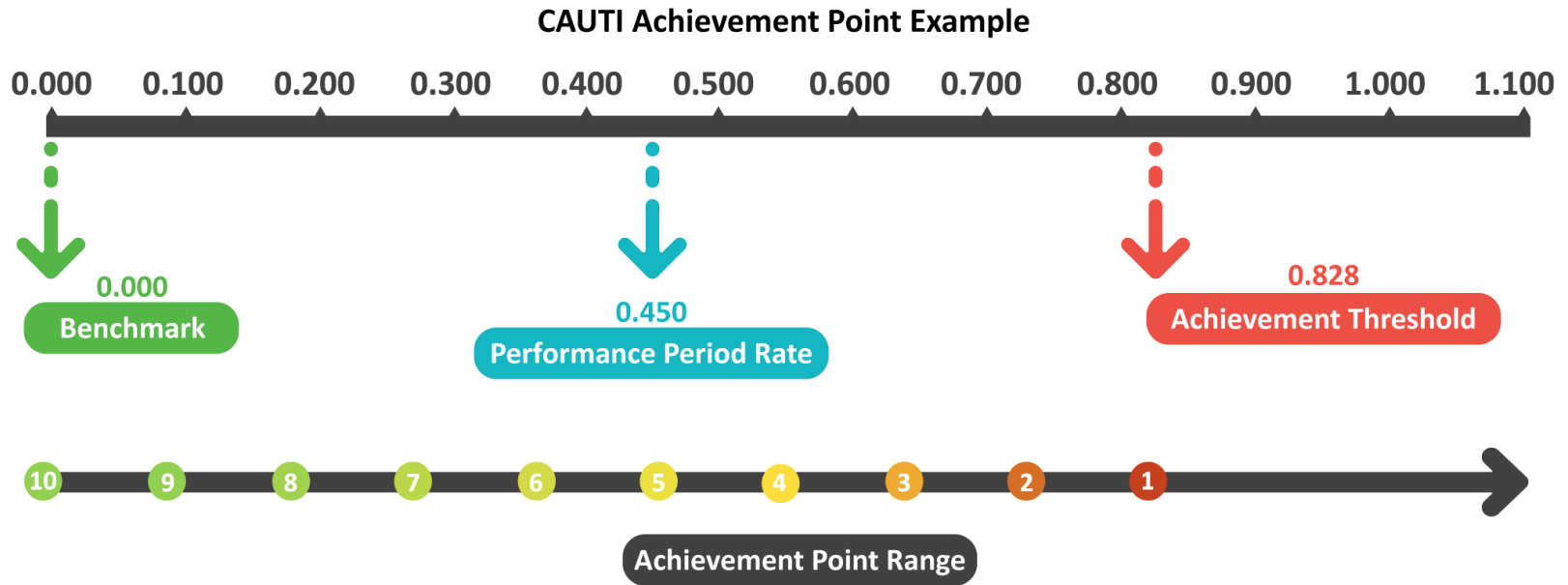
$$\left( 9 \times \frac{(\text{Performance Period Rate} - \text{Achievement Threshold})}{(\text{Benchmark} - \text{Achievement Threshold})} \right) + 0.5$$

# Polling Question

How many achievement points will be awarded?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Unsure

# Achievement Point Example 3



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

$$\left( 9 \times \left( \frac{0.450 - 0.828}{0.000 - 0.828} \right) \right) + 0.5 = \mathbf{5}$$

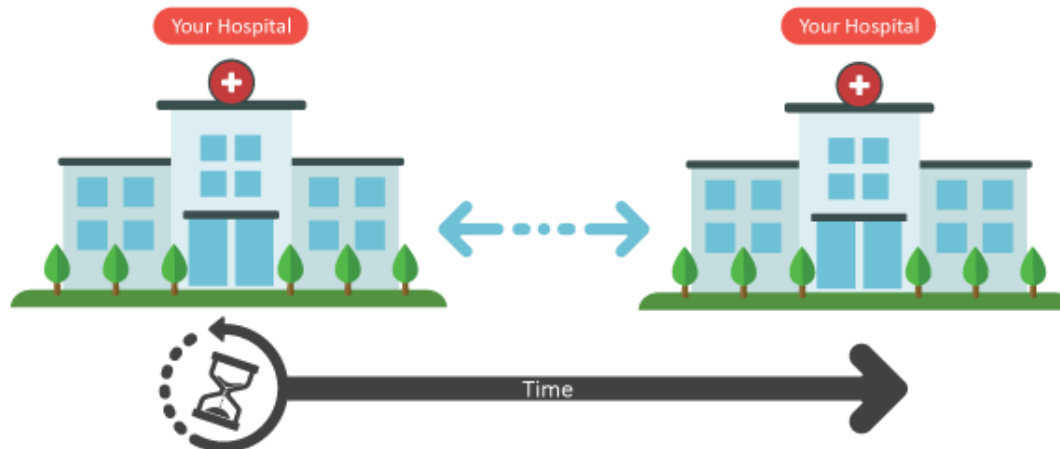
# Improvement Points

Improvement points are awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period\*:

- Rate at or better than the benchmark - 9 points\*\*
- Rate worse than or equal to baseline period rate - 0 points
- Rate between the baseline period rate and the benchmark - 0–9 points

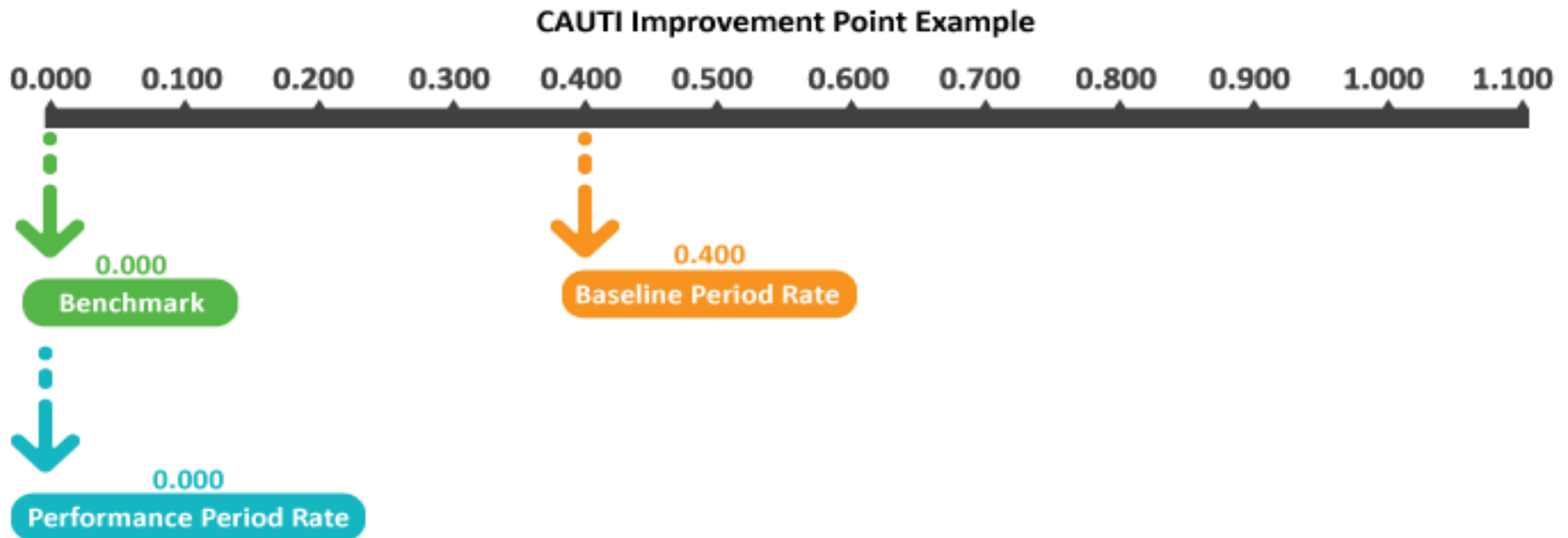
\*The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

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





# Improvement Point Example 1



How many improvement points will be awarded?

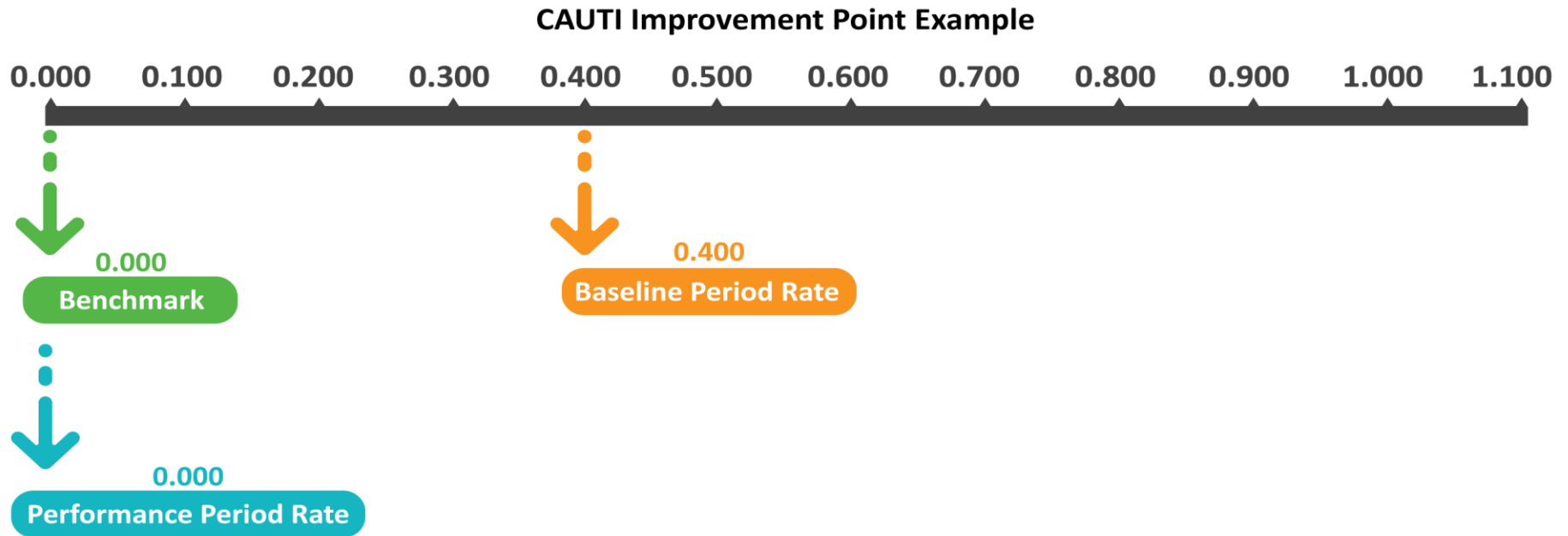
- 9: Better than or at benchmark
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure

# Polling Question

How many improvement points will be awarded?

- 9: Better than or at benchmark
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure

# Improvement Point Example 1



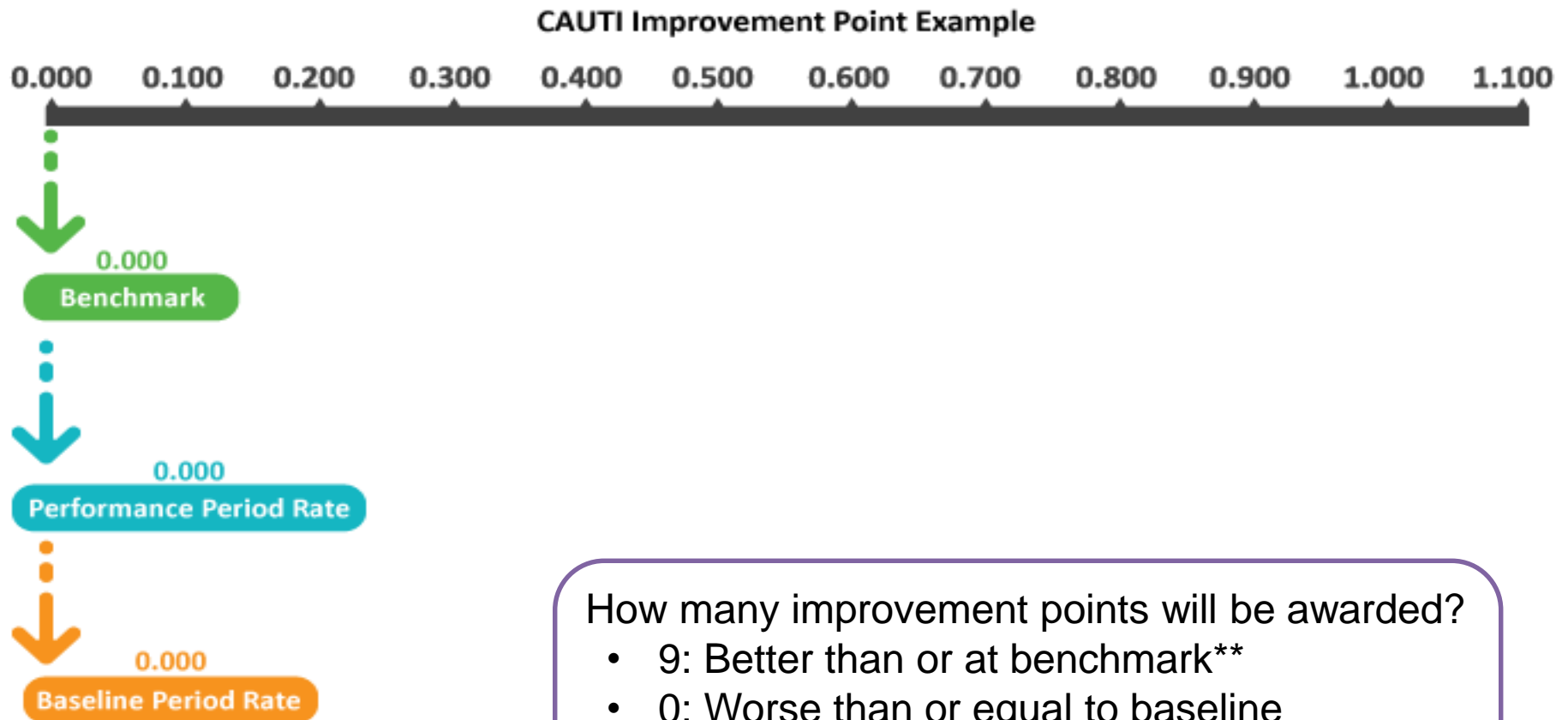
## Improvement Points

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

- Rate at or better than the benchmark (9 points)
- Rate worse than or equal to the baseline period rate (0 points)
- Rate between the baseline period rate and the benchmark (0-9 points)

**Improvement Points = 9**

# Improvement Point Example 2



How many improvement points will be awarded?

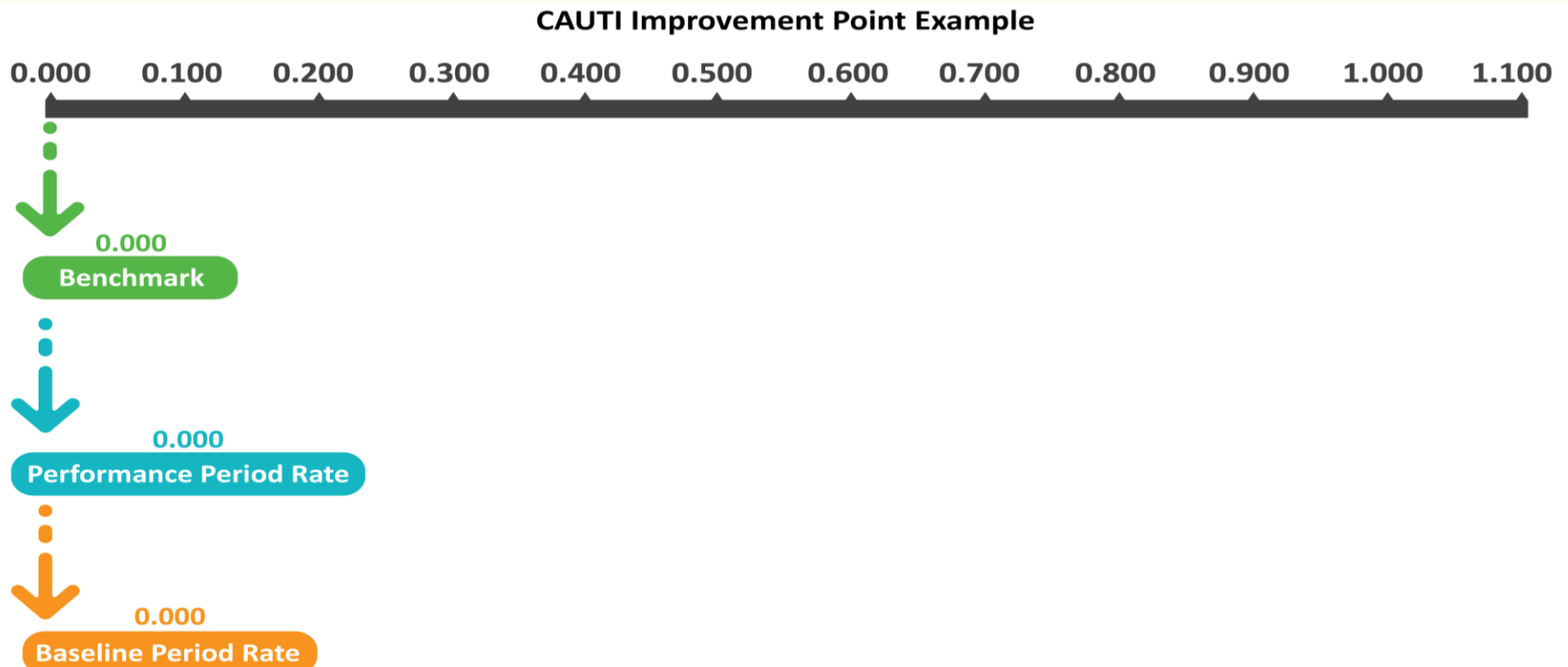
- 9: Better than or at benchmark\*\*
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure

# Polling Question

How many improvement points will be awarded?

- 9: Better than or at benchmark\*\*
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure

# Improvement Point Example 2



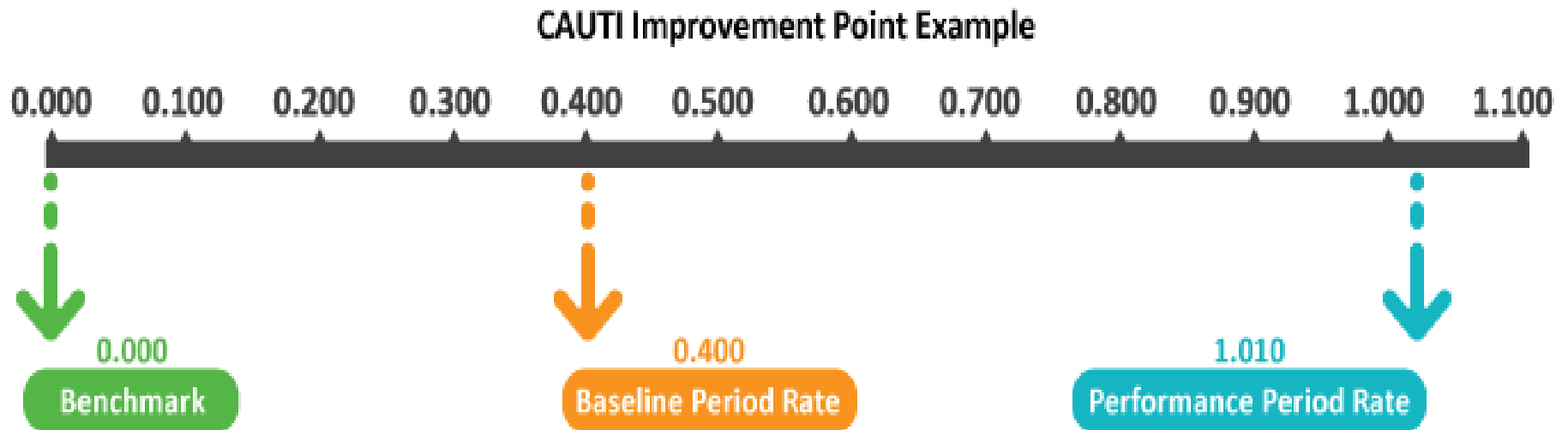
## Improvement Points

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

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

**Improvement Points = 0**

# Improvement Point Example 3



How many improvement points will be awarded?

- 9: Better than or at benchmark
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure

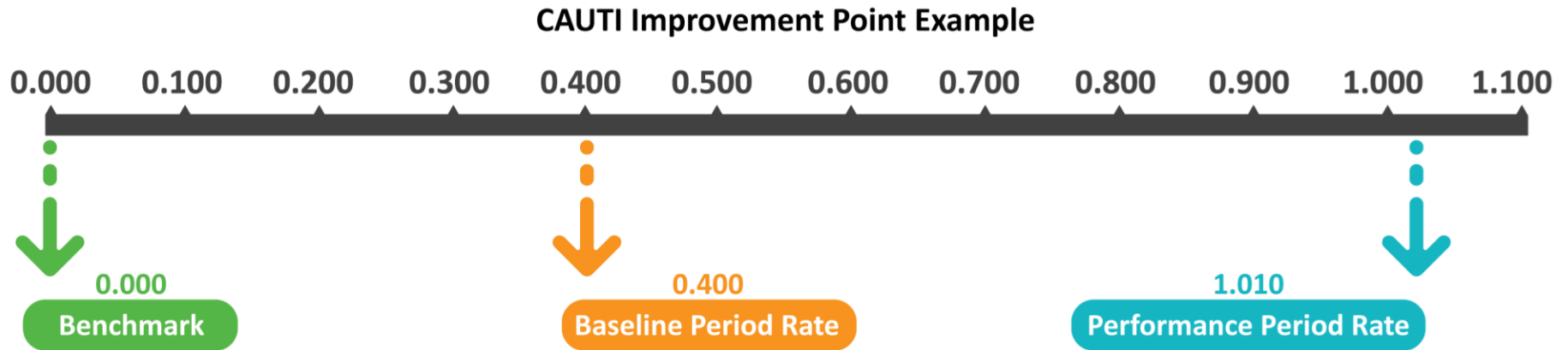
# Polling Question

How many improvement points will be awarded?

- 9: Better than or at benchmark\*\*
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure



# Improvement Point Example 3



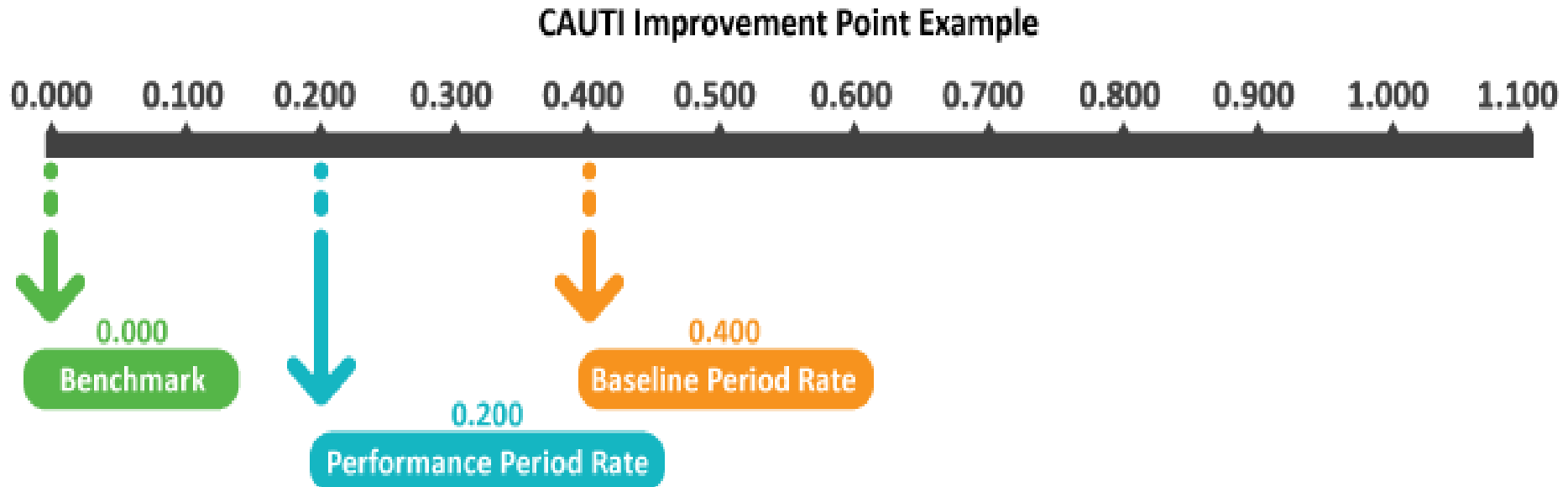
## Improvement Points

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

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

**Improvement Points = 0**

# Improvement Point Example 4



How many improvement points will be awarded?

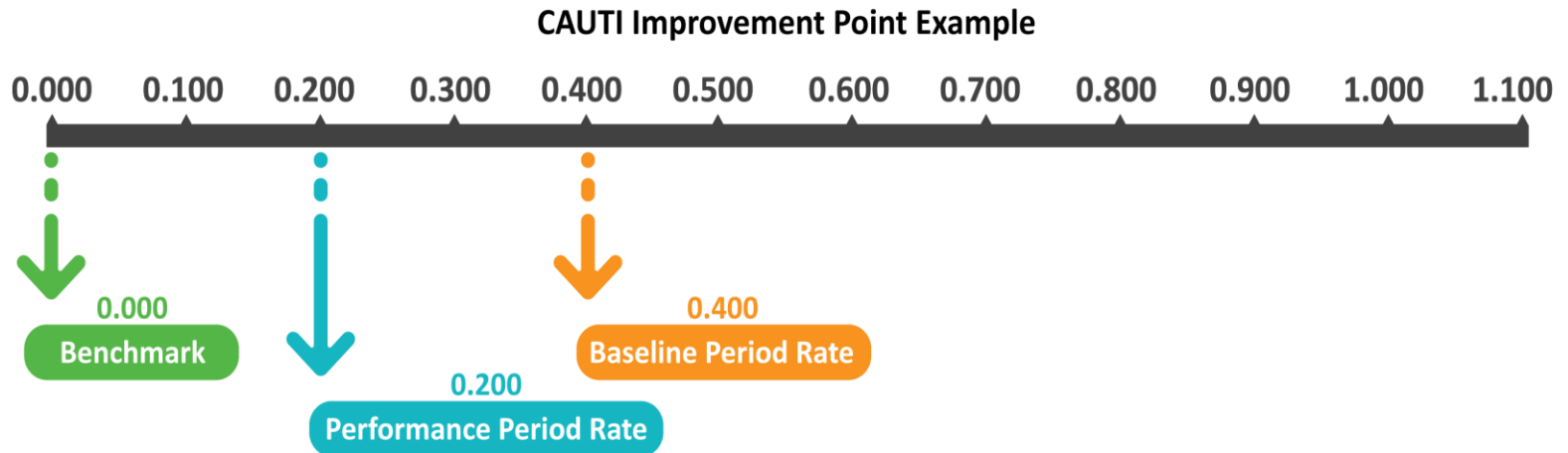
- 9: Better than or at benchmark
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure

# Polling Question

How many improvement points will be awarded?

- 9: Better than or at benchmark\*\*
- 0: Worse than or equal to baseline
- 0–9: Between baseline and benchmark
- Unsure

# Improvement Point Example 4



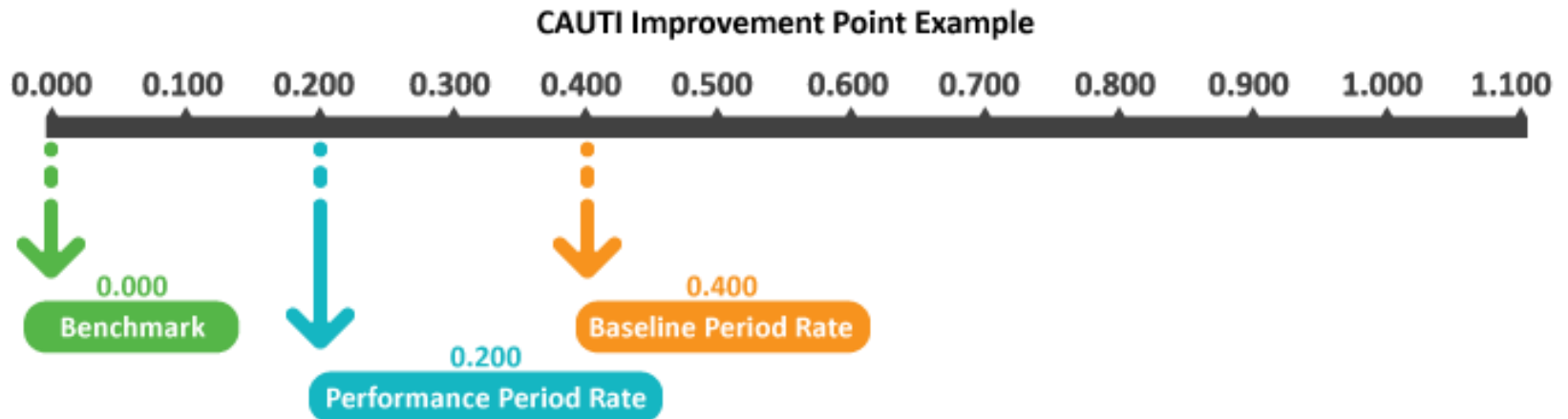
## Improvement Points

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

- Rate at or better than the benchmark (9 points)
- Rate worse than or equal to the baseline period rate (0 points)
- Rate between the baseline period rate and the benchmark (0-9 points)

**Improvement Points = 0-9 based on Improvement Point Formula**

# Improvement Point Example 4



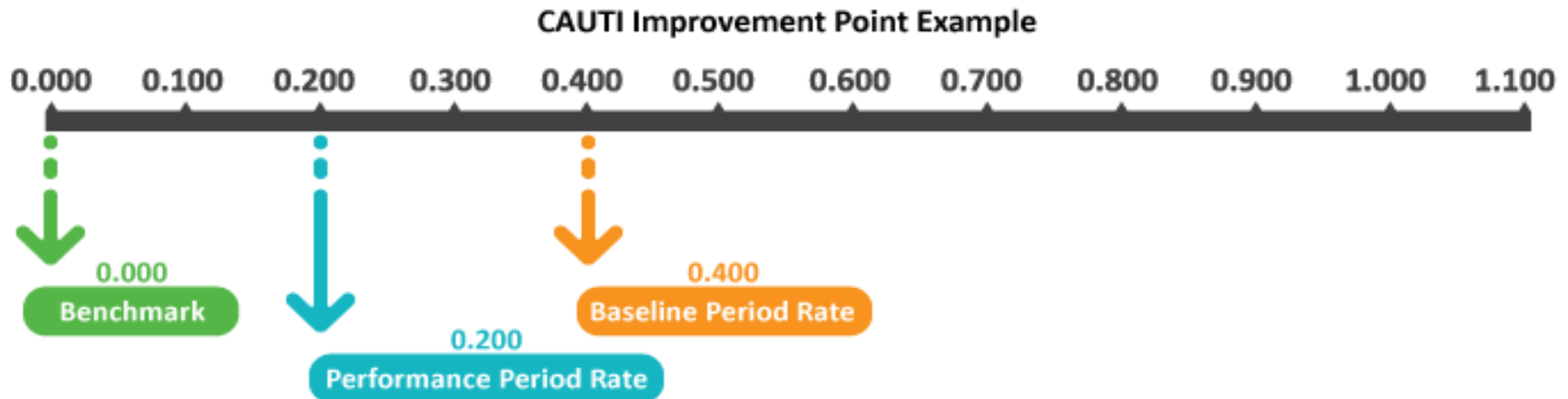
$$\left( 10x \frac{\text{Performance Period Rate} - \text{Baseline Period Rate}}{\text{Benchmark} - \text{Baseline Period Rate}} \right) - 0.5$$

# Polling Question

How many improvement points will be awarded?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

# Improvement Point Example 4

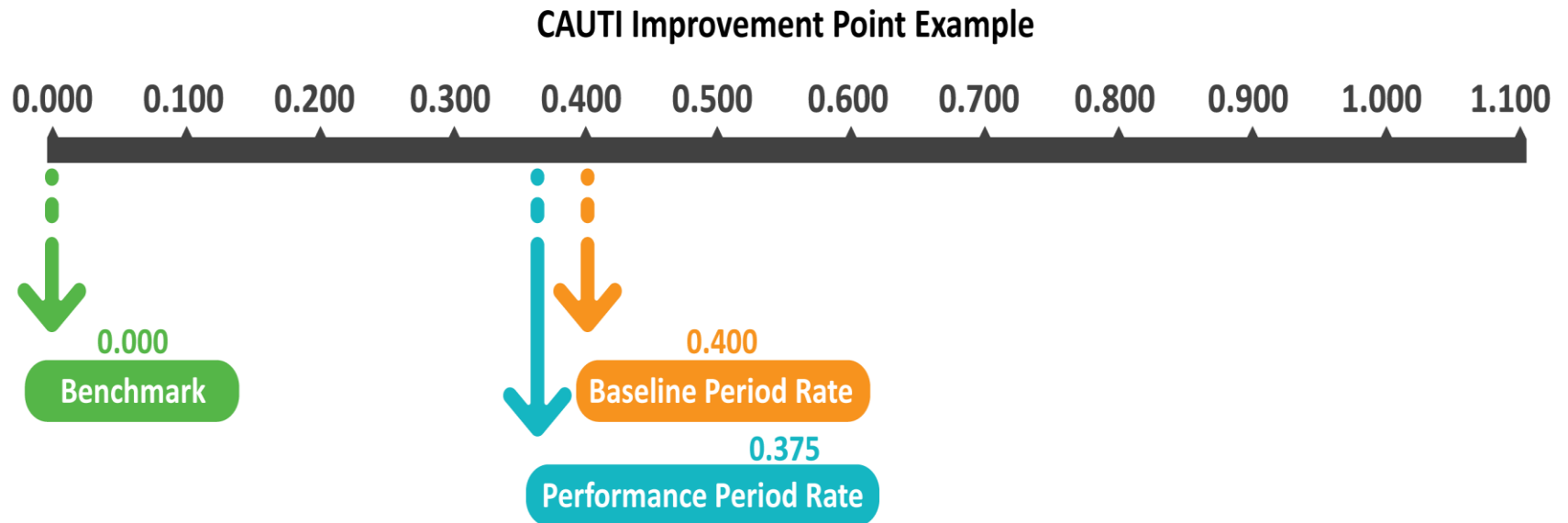


$$\left( 10x \frac{(\text{Performance Period Rate} - \text{Baseline Period Rate})}{(\text{Benchmark} - \text{Baseline Period Rate})} \right) - 0.5$$

⇓

$$\left( 10x \frac{(0.200 - 0.400)}{(0.000 - 0.400)} \right) - 0.5 = \mathbf{5}$$

# Improvement Point Example 5



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

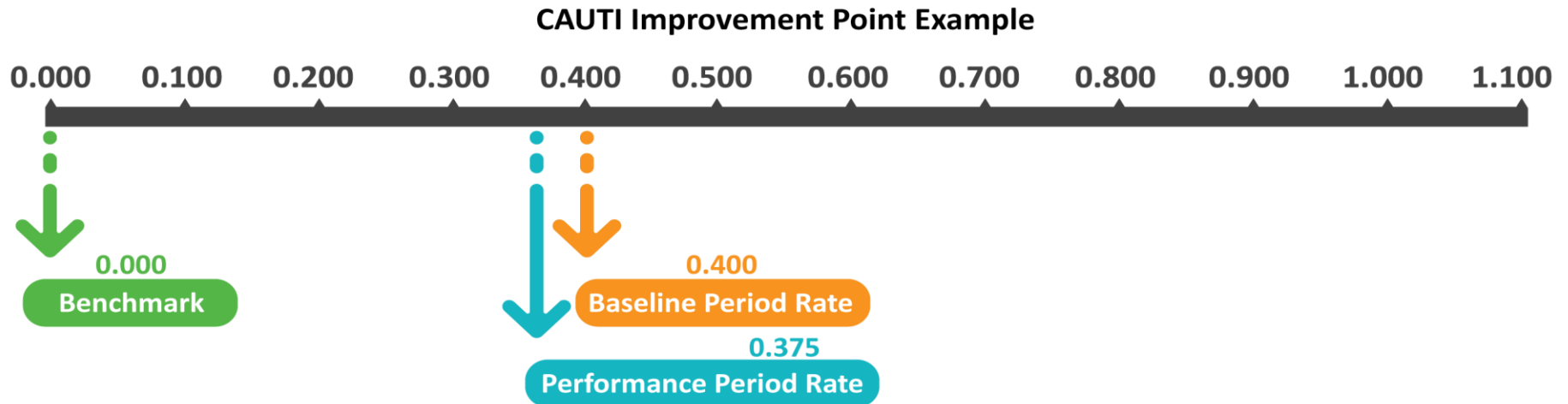


# Polling Question

How many improvement points will be awarded?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

# Improvement Point Example 5



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



$$\left( 10x \frac{(0.375 - 0.400)}{(0.000 - 0.400)} \right) - 0.5 = 0$$

# Clinical Outcomes: Measure Score

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

*Example FY 2020 Clinical Outcomes Score Calculations*



Measure ID	Achievement Points	Improvement Points	Measure Score
MORT-30-AMI	10	9	10
MORT-30-HF	5	-	5
MORT-30-PN	4	6	?
COMP-HIP-KNEE	-	-	-

What measure score will be awarded for MORT-30-PN?

- 4
- 5
- 6
- Unsure

# Polling Question

What measure score will be awarded for MORT-30-PN?

- 4
- 5
- 6
- Unsure

# Clinical Outcomes: Unweighted Domain Score

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

Measure ID	Measure Score
MORT-30-AMI	10
MORT-30-HF	5
MORT-30-PN	6
COMP-HIP-KNEE	-

## Domain Normalization Steps

1. Sum the measure scores in the domain.  
 $(10 + 5 + 6) = 21$
2. Multiply the eligible measures by the maximum point value per measure (10 points).  
 $(3 \text{ measures} \times 10 \text{ points}) = 30$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).  
 $(21 \div 30) = 0.70$
4. Multiply the result of step 3 by 100.  
 $(0.70 \times 100) = \mathbf{70.00000000000000}$

# Clinical Outcomes: Unweighted Domain Score

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

Measure ID	Measure Score
MORT-30-AMI	8
MORT-30-HF	7
MORT-30-PN	0
COMP-HIP-KNEE	10

## Domain Normalization Steps

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

What is the Unweighted Clinical Outcomes Domain Score?

- 25.0
- 62.5
- 83.3

# Polling Question

What is the Unweighted Clinical Outcomes Domain Score?

- 25.0
- 62.5
- 83.3
- Unsure

# Clinical Outcomes: Unweighted Domain Score

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

Measure ID	Measure Score
MORT-30-AMI	8
MORT-30-HF	7
MORT-30-PN	0
COMP-HIP-KNEE	10

## Domain Normalization Steps

1. Sum the measure scores in the domain.  
 $(8 + 7 + 0 + 10) = 25$
2. Multiply the eligible measures by the maximum point value per measure (10 points).  
 $(4 \text{ measures} \times 10 \text{ points}) = 40$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).  
 $(25 \div 40) = 0.625$
4. Multiply the result of step 3 by 100.  
 $(0.625 \times 100) = \mathbf{62.500000000000}$





# Person and Community Engagement: Dimension Scores

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

*Example FY 2020 Person and Community Engagement Dimension Score Calculations*



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

# Person and Community Engagement: Unweighted Domain Score

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

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

## Person and Community Engagement Domain Score

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

# Person and Community Engagement: Consistency Points

## How are Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) consistency points calculated?

- **If all dimension rates are greater than or equal to the achievement thresholds:**
  - 20 consistency points
- **If any individual dimension rate is less than or equal to the floor (worst-performing hospital dimension rate from the baseline period):**
  - 0 consistency points
- **If the lowest dimension rate is greater than the floor (worst-performing hospital's rate from the baseline period) but less than the achievement threshold:**
  - 0–20 consistency points awarded based on your hospital's lowest dimension rate in the consistency point formula

# Person and Community Engagement: Consistency Points Example 1

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018					
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses		80.28%	51.80%	79.08%	
Communication with Doctors		89.18%	50.67%	80.41%	
Responsiveness of Hospital Staff		66.95%	35.74%	65.07%	
Communication about Medicines		78.16%	26.16%	63.30%	
Cleanliness and Quietness of Hospital Environment		70.50%	41.92%	65.72%	
Discharge Information		89.42%	66.72%	87.44%	
Care Transition		55.95%	20.33%	51.14%	
Overall Rating of Hospital		72.00%	32.47%	71.59%	

## How are HCAHPS consistency points calculated?

- If all dimension rates are greater than or equal to the achievement thresholds:
  - 20 consistency points

# Person and Community Engagement: Consistency Points Example 2

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018					
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses		75.79%	51.80%	79.08%	
Communication with Doctors		89.18%	50.67%	80.41%	
Responsiveness of Hospital Staff		76.50%	35.74%	65.07%	
Communication about Medicines		62.61%	26.16%	63.30%	
Cleanliness and Quietness of Hospital Environment		84.09%	41.92%	65.72%	
Discharge Information		87.01%	66.72%	87.44%	
Care Transition		44.69%	20.33%	51.14%	
Overall Rating of Hospital		31.00%	32.47%	71.59%	

## How are HCAHPS consistency points calculated?

- If any individual dimension rate is less than or equal to the floor (worst-performing hospital dimension rate from the baseline period):
  - 0 consistency points

# Person and Community Engagement: Consistency Points Example 3

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018					
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses		75.79%	51.80%	79.08%	
Communication with Doctors		89.18%	50.67%	80.41%	
Responsiveness of Hospital Staff		76.50%	35.74%	65.07%	
Communication about Medicines		62.61%	26.16%	63.30%	
Cleanliness and Quietness of Hospital Environment		84.09%	41.92%	65.72%	
Discharge Information		87.01%	66.72%	87.44%	
Care Transition		44.69%	20.33%	51.14%	
Overall Rating of Hospital		70.76%	32.47%	71.59%	

## How are HCAHPS consistency points calculated?

- If the lowest dimension rate is greater than the floor (worst-performing hospital's rate from the baseline period) but less than the achievement threshold:
  - 0–20 consistency points awarded based on your hospital's lowest dimension rate in the consistency point formula

# Person and Community Engagement: Lowest Dimension Score

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

$$\text{Communication with Nurses} = \frac{(75.79\% - 51.80\%)}{(79.08\% - 51.80\%)} = \mathbf{0.879} \quad \text{Communication about Medicines} = \frac{(62.61\% - 26.16\%)}{(63.30\% - 26.16\%)} = \mathbf{0.981}$$

$$\text{Discharge Information} = \frac{(87.01\% - 66.72\%)}{(87.44\% - 66.72\%)} = \mathbf{0.979} \quad \text{Overall Rating} = \frac{(70.76\% - 32.47\%)}{(71.59\% - 32.47\%)} = \mathbf{0.979}$$

$$\text{Care Transition} = \frac{(44.69\% - 20.33\%)}{(51.14\% - 20.33\%)} = \mathbf{0.791}$$

# Person and Community Engagement: Consistency Points Formula

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

$$\text{Care Transition} = \frac{(44.69\% - 20.33\%)}{(51.14\% - 20.33\%)} = \mathbf{0.791}$$

$$\text{Consistency Score} = (20 \times 0.791) - 0.5 = \mathbf{15}$$



# Safety: Combined SSI Score

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

–FY 2014 IPPS/Long-Term Care Hospital (LTCH) PPS Final Rule (78 FR 50684)

# Safety: Combined SSI Score

## Example:

A hospital that received 5 improvement points for the SSI-Colon stratum with 1.000 predicted SSI-Colon infections and 8 achievement points for the SSI-Abdominal Hysterectomy stratum, with 2.000 predicted SSI Abdominal Hysterectomy infections, would receive a composite SSI measure score as follows:

$$\left( \frac{(\text{Colon Measure Score} \times \text{Colon Predicted Infections}) + (\text{Abdominal Hysterectomy Measure Score} \times \text{Abdominal Hysterectomy Infections})}{(\text{Colon Predicted Infections} + \text{Abdominal Hysterectomy Predicted Infections})} \right)$$
$$\left( \frac{(5 \times 1) + (8 \times 2)}{(1 + 2)} \right) = 7$$

# Safety:

## Combined SSI Score Example

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HVBP Metrics				
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Healthcare Associated Infections											
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	?
SSI-Abdominal Hysterectomy	0	0.370	-	2	2.161	0.925	0.722	0.000	-	0	0
SSI-Colon Surgery	0	1.203	0.000	0	5.333	0.000	0.781	0.000	0	10	10

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

What SSI Measure Score value will be awarded?

- 0
- 3
- 5
- 7
- 10

# Polling Question

What SSI Measure Score value will be awarded?

- 0
- 3
- 5
- 7
- 10
- Unsure

# Safety: Combined SSI Score Example


Healthcare Associated Infections	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HVBP Metrics				
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	7
SSI-Abdominal Hysterectomy	0	0.370	-	2	2.161	0.925	0.722	0.000	-	0	0
SSI-Colon Surgery	0	1.203	0.000	0	5.333	0.000	0.781	0.000	0	10	10

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

$$\left( \frac{(10 \times 5.333) + (0 \times 2.161)}{(5.333 + 2.161)} \right) = 7$$

# Safety: Combined SSI Score

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




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

# Safety: Measure Scores

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

*Example FY 2020 Safety Measure Score Calculations*



Measure ID	Achievement Points	Improvement Points	Measure Score
CLABSI	0	4	4
CDI	5	9	9
CAUTI	3	-	3
MRSA	-	-	-
SSI	Colon Surgery Measure Score = 10	Abdominal Hysterectomy Measure Score = 0	7
PC-01	5	4	5

# Safety:

## Unweighted Domain Score

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

Measure ID	Measure Score
CLABSI	4
CDI	9
CAUTI	3
MRSA	-
SSI	7
PC-01	5

### Domain Normalization Steps

1. Sum the measure scores in the domain  
 $(4 + 9 + 3 + 7 + 5) = 28$
2. Multiply the eligible measures by the maximum point value per measure (10 points)  
 $(5 \text{ measures} \times 10 \text{ points}) = 50$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)  
 $(28 \div 50) = 0.56$
4. Multiply the result of step 3 by 100  
 $(0.56 \times 100) = \mathbf{56.000000000000}$





# Efficiency and Cost Reduction: Measure Scores

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

*Example FY 2020 Efficiency and Cost Reduction Measure Score Calculations*

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



# Efficiency and Cost Reduction: Unweighted Domain Score

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

Measure ID	Measure Score
MSPB	10

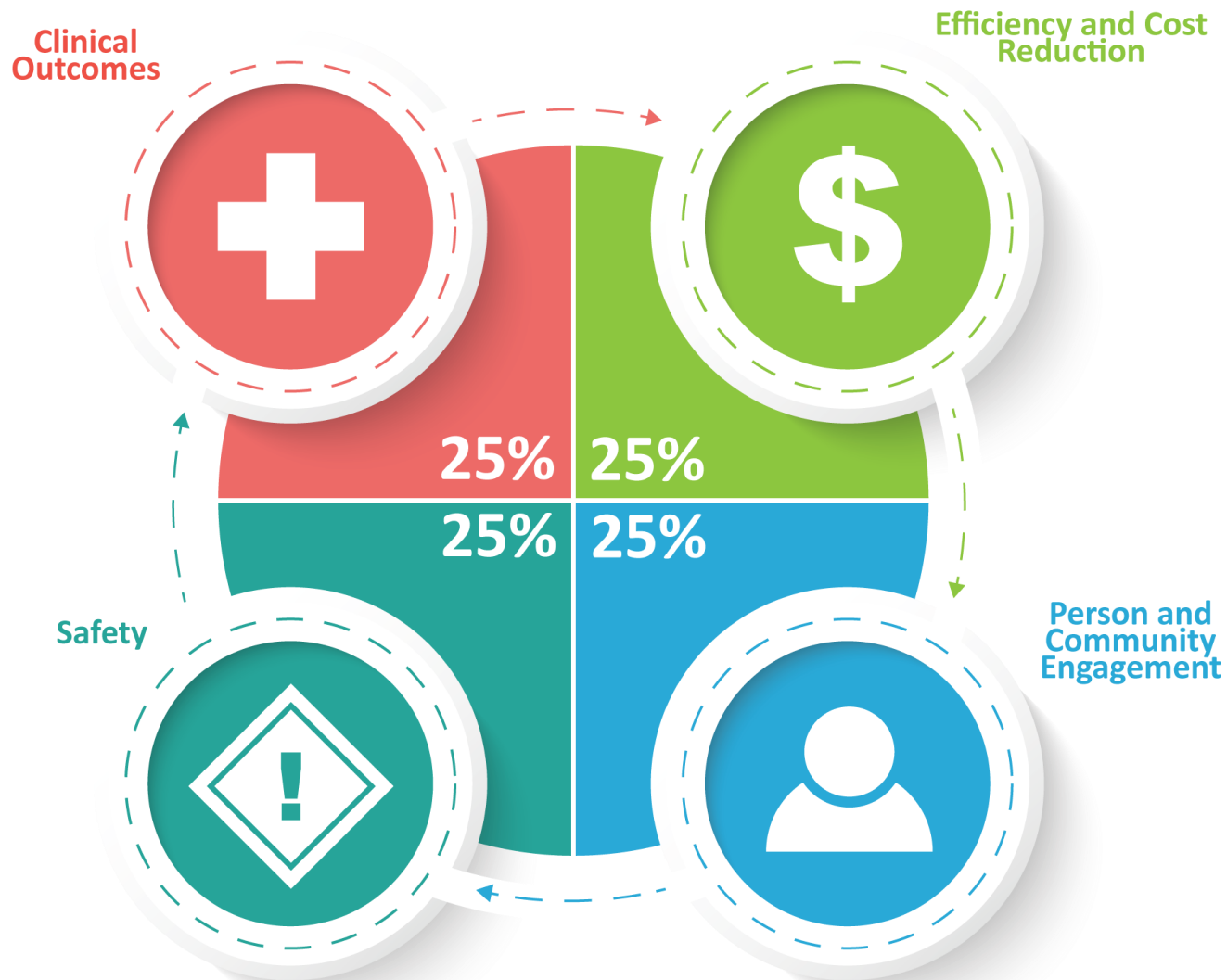
## Domain Normalization Steps

1. Sum the measure scores in the domain  
 $(10) = 10$
2. Multiply the eligible measures by the maximum point value per measure  
(10 points)  
 $(1 \text{ measure} \times 10 \text{ points}) = 10$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)  
 $(10 \div 10) = 1.000$
4. Multiply the result of step 3 by 100  
 $(1.000 \times 100) = \mathbf{100.00000000000000}$



# Domain Weighting

## Original Weights




# Domain Weighting

## Proportionate Reweighting

A TPS requires scores from at least **three out of the four domains in FY 2019**. The unscored domain weight is proportionately distributed to the remaining domains to equal 100%.


In this example, a hospital meets minimum case and measure requirements for the Clinical Outcomes Domain, as well as the Safety and Efficiency and Cost Reduction Domains, but does not meet the minimum number of cases/surveys required for the Person and Community Engagement Domain score.

**A** Sum eligible measure weights  $(25\% + 25\% + 25\% - 25\%) =$







**75%**

**B** Divide the original Domain Weights by the sum of the result listed in A, then sum the total of the Weighted Domain Scores  $(33.3\% + 33.3\% + 33.3\%) =$



**TPS 100%**

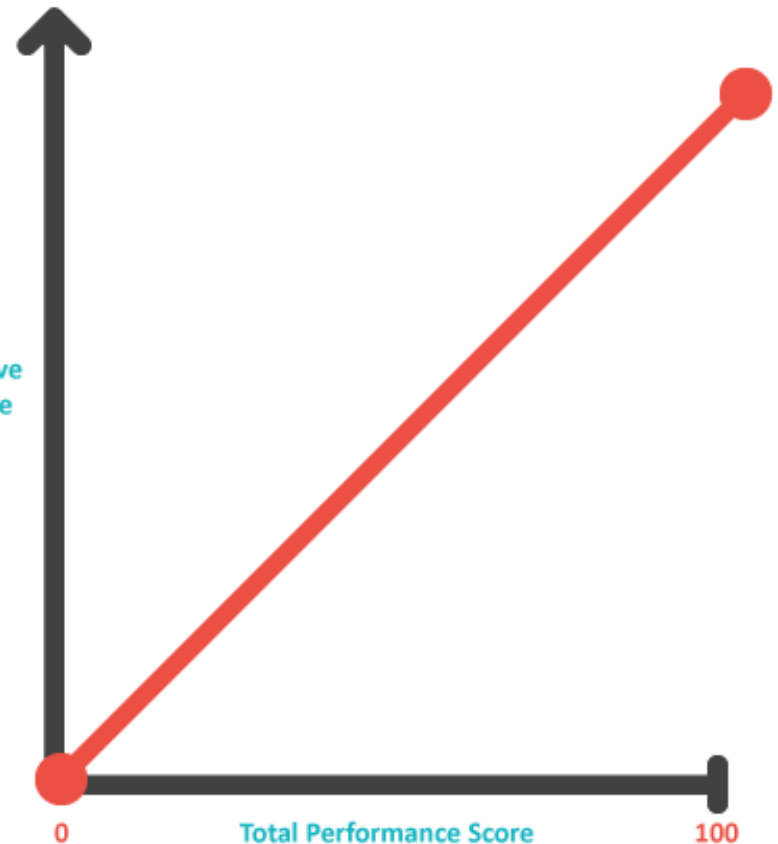
# Weighted Domain Score and Total Performance Score (TPS)

Domain	Unweighted Domain Score		Domain Weight		Weighted Domain Score
 Clinical Outcomes	75.00	$\times$	25%	$=$	18.750
 Person and Community Engagement	62.00	$\times$	25%	$=$	15.500
 Safety	55.00	$\times$	25%	$=$	13.750
 Efficiency and Cost Reduction	100.00	$\times$	25%	$=$	25.000

} **73**

# Exchange Function Slope

- Each hospital's value-based incentive payment amount is dependent on the following:
  - Range and distribution of TPSs of all participating hospitals
  - The distribution and amount of total estimated base operating MS-DRG payment amounts available for redistribution of all participating hospitals
  - Amount of the individual hospital's base operating MS-DRG payment amounts and TPS



# Value-Based Incentive Payment Percentage

Value-Based Incentive Payment Percentage

$2.00 \times \left( \frac{\text{TPS}}{100} \right) \times \text{Exchange Function Slope}$

$2.00 \times \left( \frac{73}{100} \right) \times 3.000000000000 = 4.380000000000\%$

# Net Change in Base Operating MS-DRG Payment

Value-Based Incentive Payment Percentage

$$2.00 \times \left( \frac{\text{TPS}}{100} \right) \times \text{Exchange Function Slope}$$

$$2.00 \times \left( \frac{73}{100} \right) \times 3.0000000000 = 4.3800000000\%$$



Net Change in Base Operating MS-DRG Payment

Value-Based Incentive Payment Percentage - 2.00%

$$4.3800000000\% - 2.00\% = 2.3800000000\%$$



# Value-Based Incentive Payment Adjustment Factor

Value-Based Incentive Payment Percentage

$$2.00 \times \left( \frac{\text{TPS}}{100} \right) \times \text{Exchange Function Slope}$$

$$2.00 \times \left( \frac{73}{100} \right) \times 3.0000000000 = 4.3800000000\%$$



Net Change in Base Operating MS-DRG Payment

Value-Based Incentive Payment Percentage - 2.00%

$$4.3800000000\% - 2.00\% = 2.3800000000\%$$



Value-Based Incentive Payment Adjustment Factor

$$1 + \left( \frac{\text{Net Change in Base Operating MS-DRG Payment Amount}}{100} \right)$$

$$1 + .0238000000 = 1.0238000000$$

# Payment Calculation Example

TPS: 30  
Exchange Function Slope: 3.0000000000

Value-Based Incentive Payment Percentage

$$2.00 \times \left( \frac{\text{TPS}}{100} \right) \times \text{Exchange Function Slope}$$



Net Change in Base Operating MS-DRG Payment

Value-Based Incentive Payment Percentage - 2.00%



Value-Based Incentive Payment Adjustment Factor

$$1 + \left( \frac{\text{Net Change in Base Operating MS-DRG Payment Amount}}{100} \right)$$

What is the value-based incentive payment adjustment factor?

- 1.2000000000
- 1.0000000000
- 0.9980000000
- 0.8000000000

# Polling Question

What is the value-based incentive payment adjustment factor?

- 1.2000000000
- 1.0000000000
- 0.9980000000
- 0.8000000000

# Payment Calculation Example

## Value-Based Incentive Payment Percentage

$$2.00 \times \left( \frac{\text{TPS}}{100} \right) \times \text{Exchange Function Slope}$$

$$2.00 \times \left( \frac{30}{100} \right) \times 3.0000000000 = 1.8000000000\%$$



## Net Change in Base Operating MS-DRG Payment

Value-Based Incentive Payment Percentage - 2.00%

$$1.8000000000\% - 2.00\% = -0.2000000000\%$$



## Value-Based Incentive Payment Adjustment Factor

$$1 + \left( \frac{\text{Net Change in Base Operating MS-DRG Payment Amount}}{100} \right)$$

$$1 + -0.2000000000\% = 0.9980000000$$

# Calculating Change in Payments

Example #1  
Net Change in a Base  
Operating MS-DRG  
Claim of \$20,000



Base Operating MS-DRG Payment Amount x Incentive Payment Adjustment  
( \$20,000 x 1.0238000000 = \$20,476 )

Adjusted Base Operating MS-DRG Payment - Base Operating MS-DRG Payment  
( \$20,476 - \$20,000 = \$476 )

Example #2  
Net Change in a Base  
Operating MS-DRG  
Claim of \$20,000



Annual Base Operating MS-DRG Payment Amounts x Incentive Payment Adjustment  
( \$20,000 x 0.9980000000 = \$19,960 )

Adjusted Base Operating MS-DRG Payment - Base Operating MS-DRG Payment  
( \$19,960 - \$20,000 = -\$40 )

What's My Payment? Understanding the Hospital VBP Program  
Calculations Step-By-Step in the Percentage Payment Summary Report

## **Review and Corrections**

# Overview

- Hospitals may **review and request recalculation of scores** on each condition, domain, and TPS.
- Hospitals may submit a review and corrections request regarding their reports no later than **Thursday, August 29, 2019.**

## Where to Submit Forms

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

# QualityNet

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

Direct link:

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

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



# Request Form

Complete the request form with the following information:

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

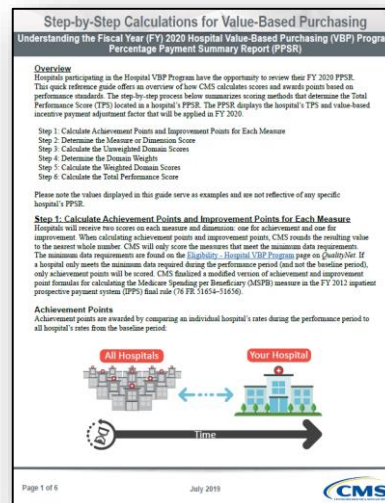
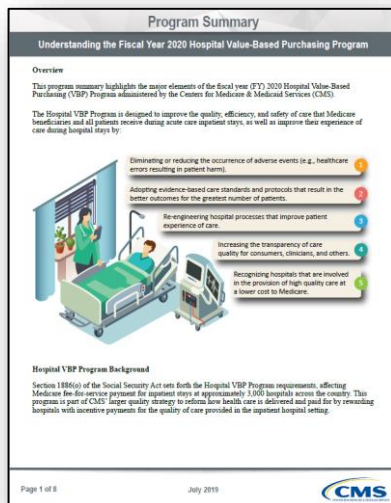
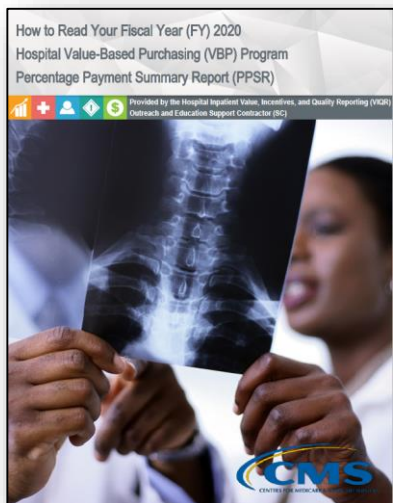
What's My Payment? Understanding the Hospital VBP Program  
Calculations Step-By-Step in the Percentage Payment Summary Report

## **Resources**

# Available on *QualityNet*

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

# FY 2020 Help Guides and Quick Reference Guides



FY 2020 Hospital Value-Based Purchasing Domain Weights					
(Payment adjustment effective for discharges from October 1, 2019 to September 30, 2020)					
Version 2: 11/15/2017					
Clinical Care 25%	Baseline Period July 1, 2019 - June 30, 2020	Performance Period July 1, 2019 - June 30, 2020	Measure 30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI)	Threshold 0.883715	Benchmark 0.870909
	Baseline Period July 1, 2019 - June 30, 2020	Performance Period July 1, 2019 - June 30, 2020	Measure 30-Day Mortality, Heart Failure (MORT-30-HF)	Threshold 0.882356	Benchmark 0.890522
Patient and Community Engagement 25%	Baseline Period January 7 - December 31, 2018	Performance Period January 7 - December 31, 2018	Measure HCAHPS Survey Dimensions: Communication with Nurses	Factor (%) 93.80	Threshold (%) 93.52
	Baseline Period January 7 - December 31, 2018	Performance Period January 7 - December 31, 2018	Measure HCAHPS Survey Dimensions: Communication with Doctors	Factor (%) 89.87	Threshold (%) 89.44
Efficiency and Cost Reduction 25%	Baseline Period January 7 - December 31, 2018	Performance Period January 7 - December 31, 2018	Measure 180-Day Medicare Spending per Beneficiary	Threshold Mean Medicare Spending per Beneficiary (MSB) across all hospitals during the performance period	Benchmark Mean of lower decile of Medicare Spending per Beneficiary (MSB) across all hospitals during the performance period
	Baseline Period January 7 - December 31, 2018	Performance Period January 7 - December 31, 2018	Measure ICU Effective Discharge Rate to 30 Completed Weeks of Gaitation	Threshold 0.8852	Benchmark 0.8991
Safety 25%	Baseline Period January 7 - December 31, 2018	Performance Period January 7 - December 31, 2018	Measure Central Line-Associated Bloodstream Infections (CLABSI)	Threshold 0.798	Benchmark 0.8000
	Baseline Period January 7 - December 31, 2018	Performance Period January 7 - December 31, 2018	Measure Catheter-Associated Urinary Tract Infections (CAUTI)	Threshold 0.828	Benchmark 0.8000

Access FY 2020 How to Read Your Report Help Guide, Program Summary, Scoring Quick Reference Guide, and Domain Weighting Quick Reference Guide on *QualityNet*

**Direct Link:**

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202>

# Continuing Education (CE) Approval

This program has been approved for CE credit for the following boards:

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

**NOTE:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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**Thank You**

# Disclaimer

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