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Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

- **Click <u>Pause</u> button**
- **Wait 5 seconds**
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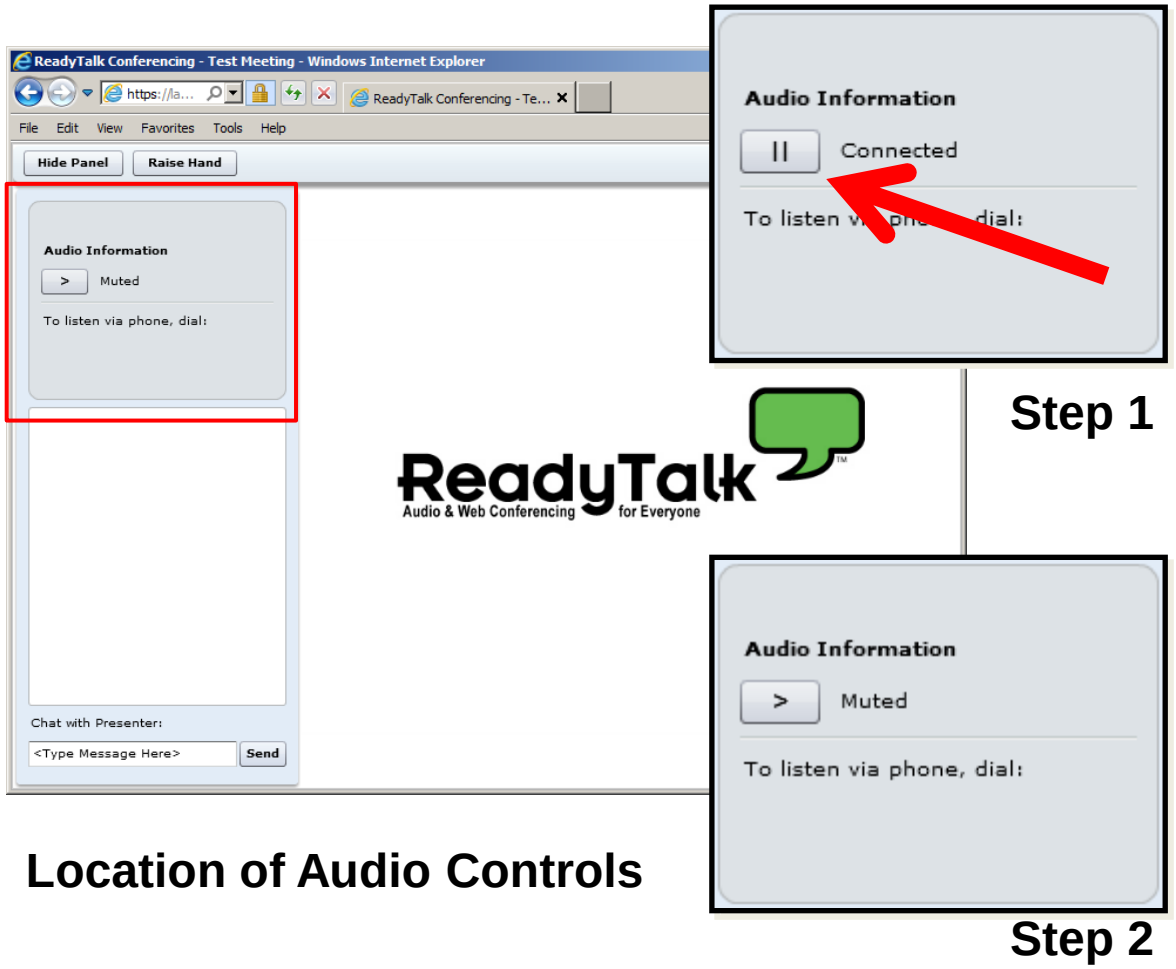
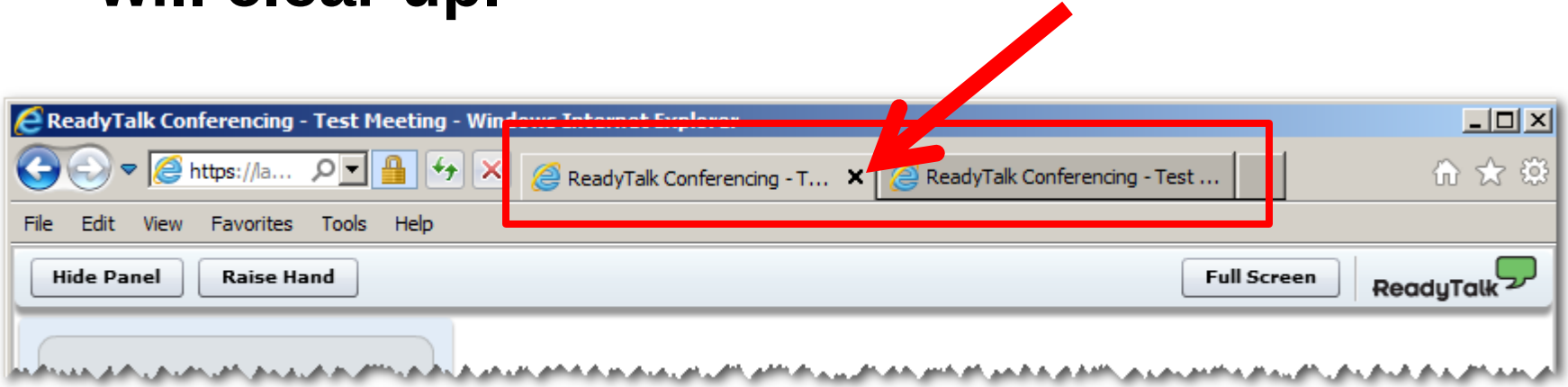


Location of Audio Controls

Troubleshooting Echo

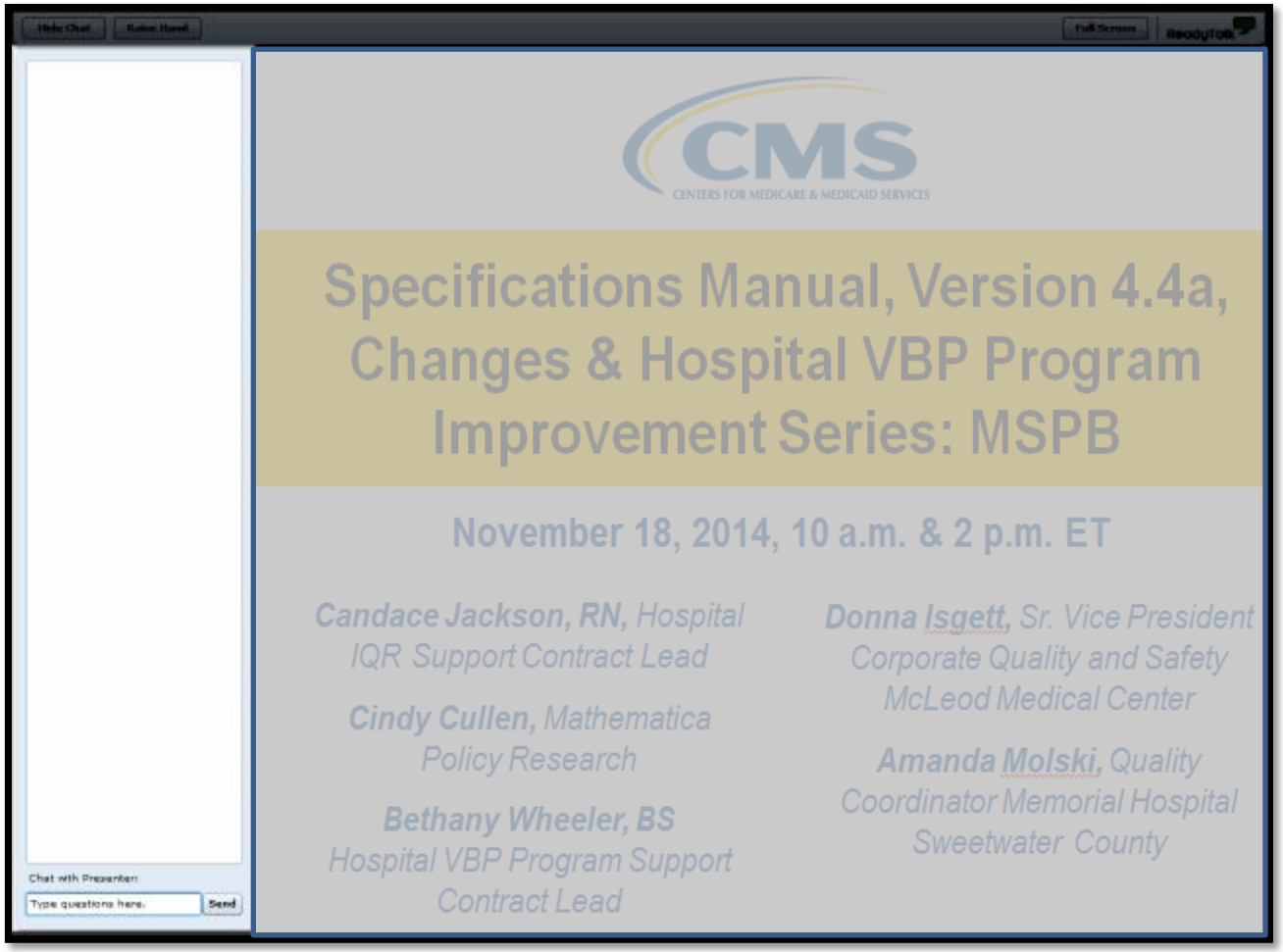
- **Hear a bad echo on the call?**
- **Echo is usually caused by multiple connections to a single event.**
- **Close all but one browser/tab and the echo will clear up.**



Example of Two Connections to Same Event

Submitting Questions

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



Hospital Value-Based Purchasing (VBP) Program

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

Bethany Wheeler

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

July 22, 2015

Acronyms

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

Acronyms

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

Purpose

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

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

Objectives

Participants will be able to:

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

INTRODUCTION

Introduction: Regulations

- Required by Section 3001(a) of the Affordable Care Act (ACA), which also added Section 1886(o) to the Social Security Act
- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Next step in promoting higher quality of care for Medicare; pays for care that rewards better value and patient outcomes, instead of just volume of services
- Funded by a 1.75% reduction from participating hospitals' base operating diagnosis-related group (DRG) payments for FY 2016, increasing to 2% by FY 2017
- Uses measures that have been specified under the Hospital IQR Program and results published on *Hospital Compare* for at least one year

Introduction: Program Funding

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

Fiscal Year	Percentage Withhold	Total Value-Based Incentive Payments
FY 2013	1.00%	$963 million (est.)
FY 2014	1.25%	$1.1 billion (est.)
FY 2015	1.50%	$1.4 billion (est.)
FY 2016	1.75%	$1.5 billion (est.)
FY 2017 and future FYs	2.00%	TBD

Introduction: Eligibility

- **Eligible hospitals include** subsection(d) hospitals — as defined in Social Security Act 1886(d)(1)(B)
- **Ineligible hospitals include those** excluded from the IPPS, such as psychiatric, rehabilitation, long-term care, children's, and 11 PPS-exempt cancer hospitals, and CAHs
- **Excluded hospitals include those:**
  - Subject to payment reductions under the IQR Program
  - Cited for two or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients
  - With an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program
  - Without the minimum number of domains calculated for the applicable FY
  - Short-term acute care hospitals in Maryland

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

EVALUATING HOSPITALS

Evaluating Hospitals
FY 2016 Domains and Measures

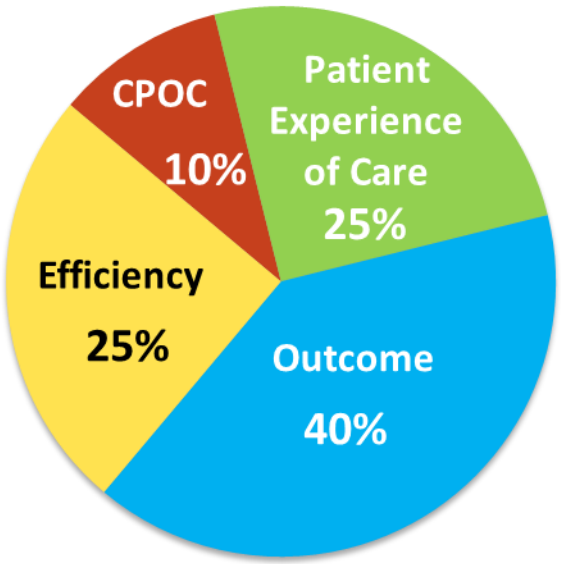
Clinical Process of Care (CPOC)

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

Efficiency

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

Domain Weights



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

Patient Experience of Care

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

Outcome

1. **MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN**: Pneumonia (PN) 30-Day Mortality Rate
4. **AHRQ PSI-90:** Complication/patient safety for selected indicators (composite)
5. **CLABSI:** Central line-associated blood stream infections among adult, pediatric, and neonatal Intensive Care Unit (ICU) patients
6. ★ **CAUTI:** Catheter-associated urinary tract infections among adult and pediatric ICUs
7. ★ **SSI:** Surgical site infections specific to abdominal hysterectomy and colon surgery

Evaluating Hospitals
Baseline and Performance Periods

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

Evaluating Hospitals: Performance Standards (1 of 3)

Benchmark

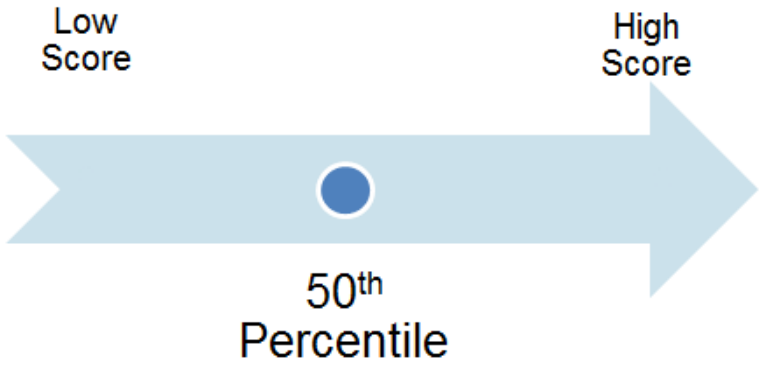
- Average (mean) performance of the top ten percent of hospitals

Figure #1 - Benchmark

Achievement Threshold

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

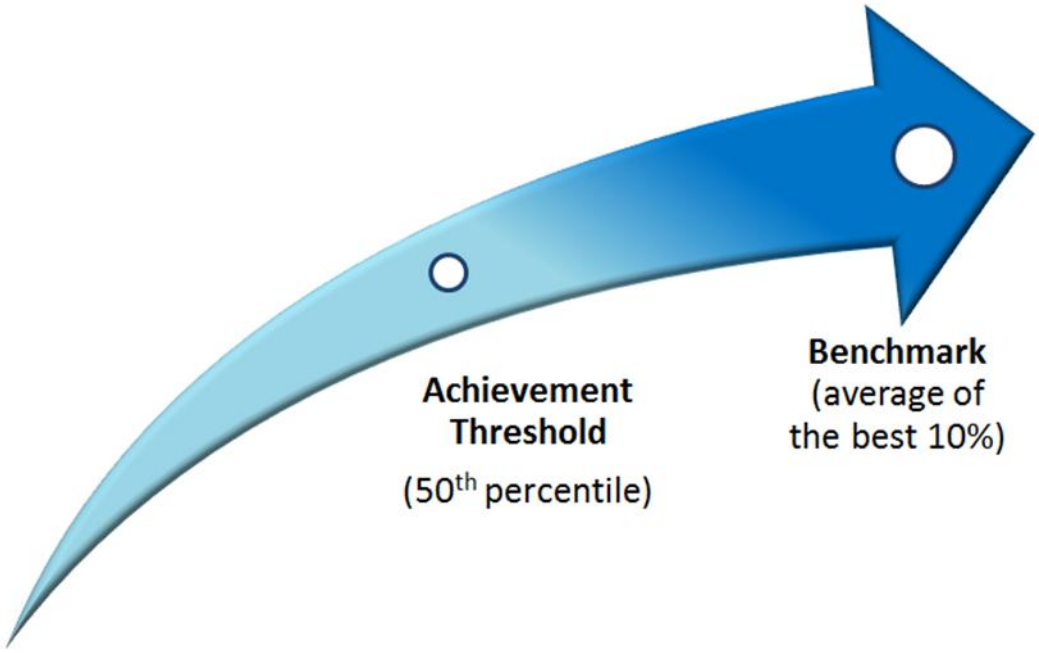
Figure #2 - Achievement Threshold



Evaluating Hospitals: Performance Standards (2 of 3)

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

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

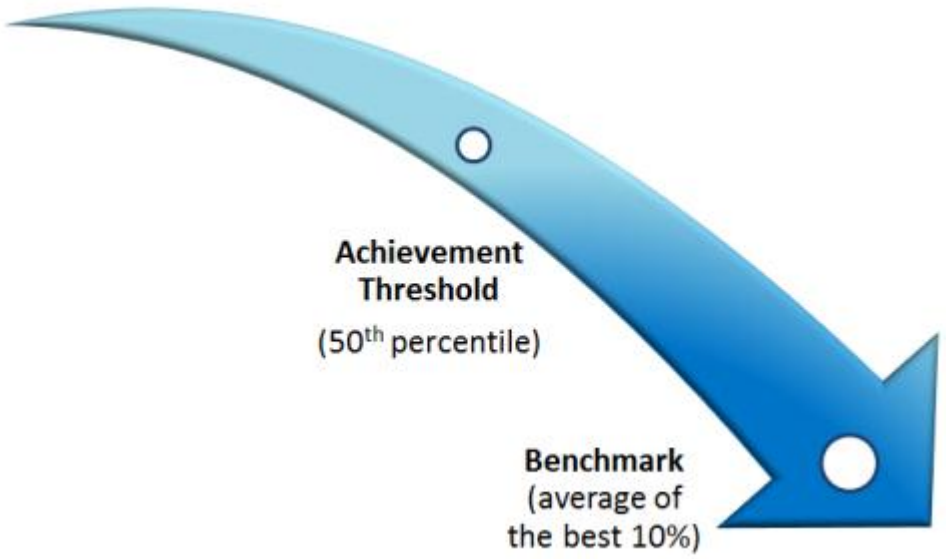


***Note:** 30-day Mortality Measures are reported as survival rates; therefore, higher values represent a better outcome.*

Evaluating Hospitals: Performance Standards (3 of 3)

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

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



Evaluating Hospitals: Achievement Points

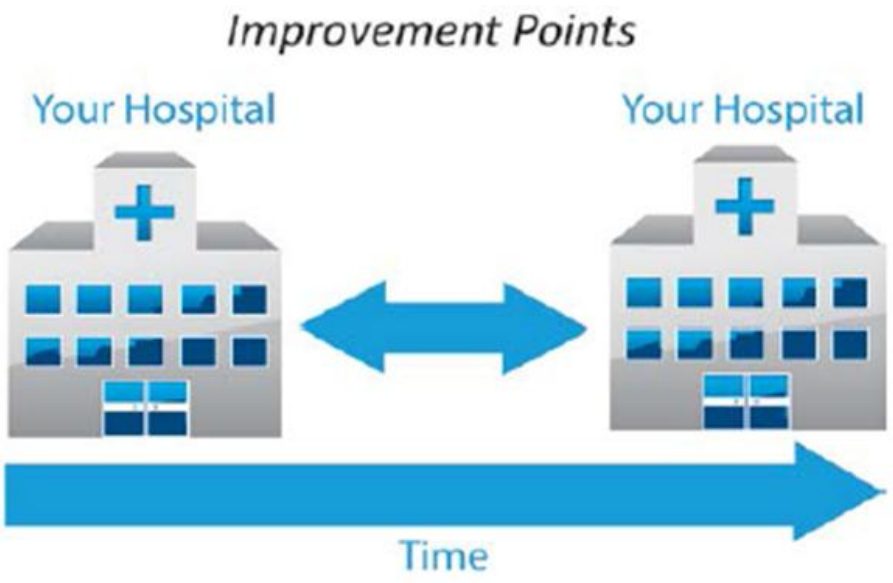
Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

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

Evaluating Hospitals: Improvement Points

Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period

- Rate at or above the Benchmark: 9 points*
- Rate less than or equal to Baseline Period Rate: 0 points
- Rate between the Baseline Period Rate and the Benchmark: 0-9 points

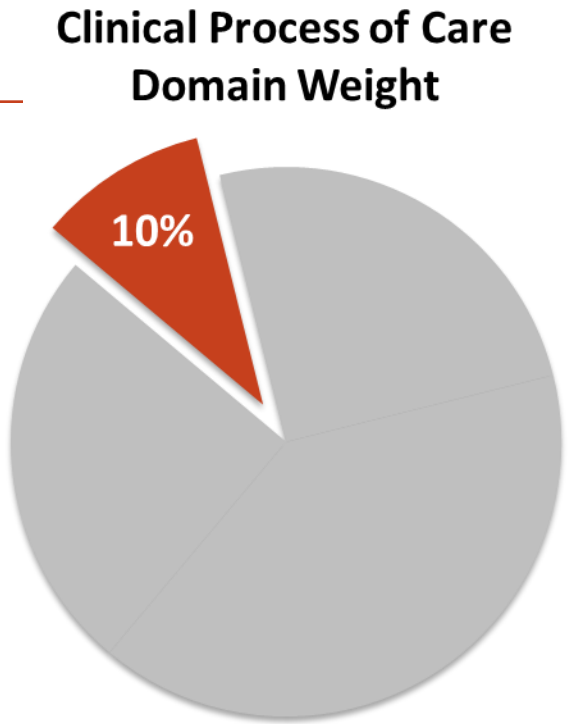


*Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (that is, have a performance period rate worse than the baseline period rate) will receive 0 improvement points, as no improvement was actually observed.

CLINICAL PROCESS OF CARE

CPOC: Measures

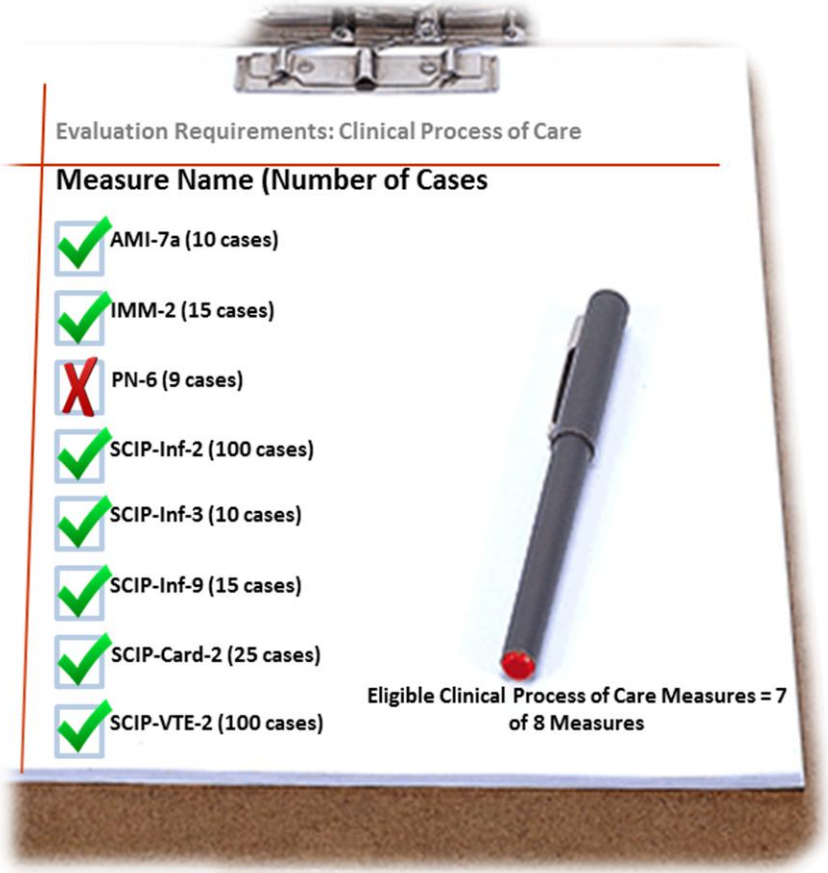
Measure ID	CPOC Measures
AMI-7a	Fibrinolytic therapy received within 30 minutes of hospital arrival
IMM-2	Influenza Immunization
PN-6	Initial antibiotic selection for community-acquired pneumonia in immunocompetent patient
SCIP-Inf-2	Prophylactic antibiotic selection for surgery patients
SCIP-Inf-3	Prophylactic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



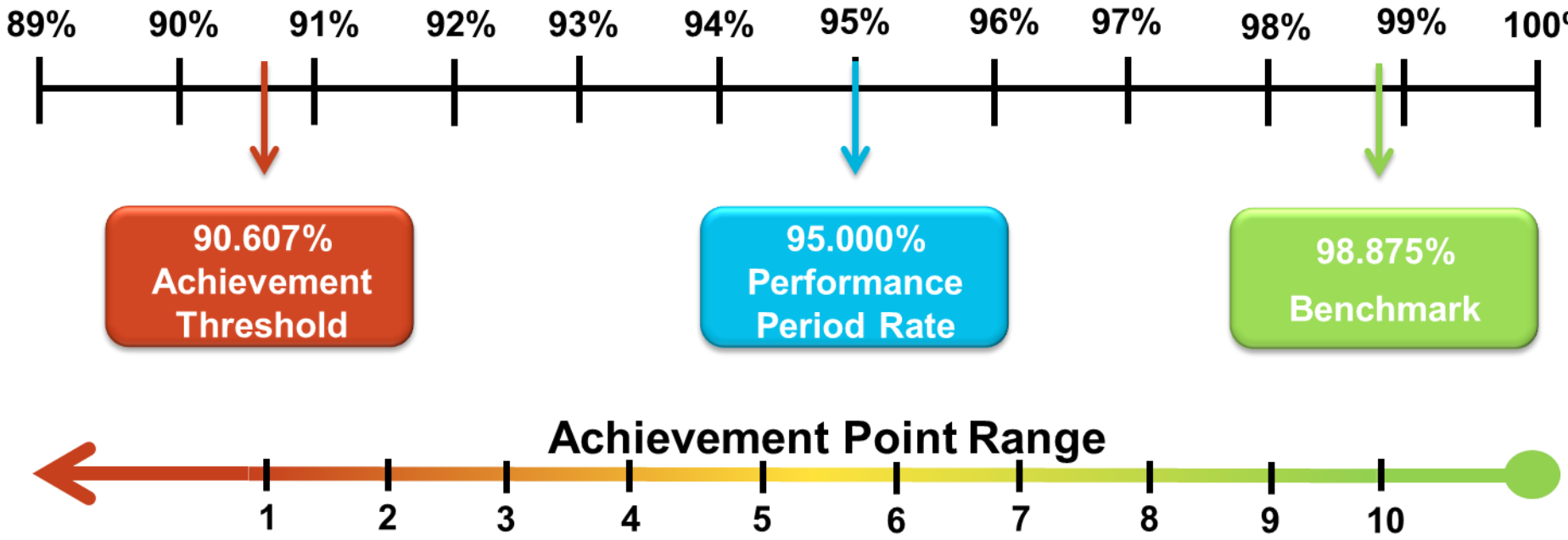
CPOC: Measure Minimums

Domain Scoring Requirements

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

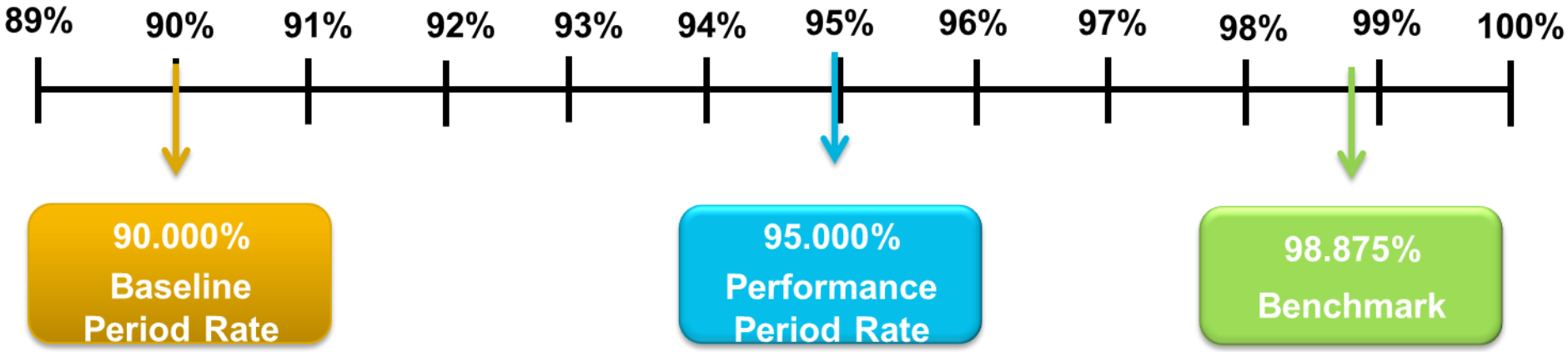


CPOC: Achievement Points



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

CPOC: Improvement Points



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

IMM-2 Improvement Point Example

CPOC: Measure Scores

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

Example FY 2016 Clinical Process of Care Measure Score Calculations

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

CPOC: Unweighted Domain Score

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

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

Domain Normalization Steps

1. Sum the measure scores in the domain.
   (10 + 5 + 5 + 2 + 9 + 0 + 4) = 35
2. Multiply the eligible measures by the maximum point value per measure (10 points).
   (7 Measures x 10 Points) = 70
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).
   (35 ÷ 70) = 0.500000000000
4. Multiply the result of step 3 by 100.
   (0.500000000000 x 100) = **50.000000000000**

CPOC:
PPSR Display (1 of 2)

Baseline Period: 01/01/2012 - 12/31/2012
Performance Period: 01/01/2014 - 12/31/2014

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

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

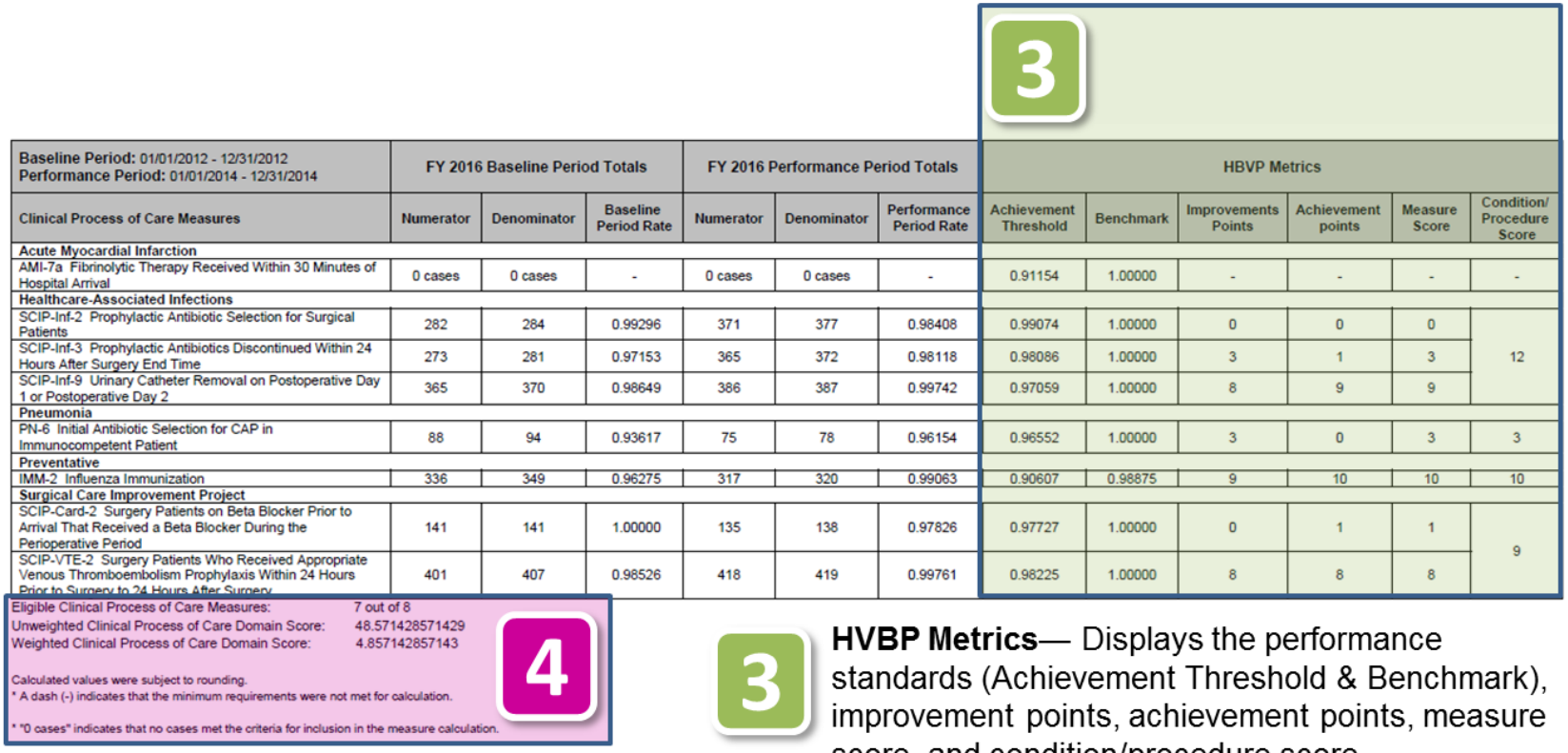
Calculated values were subject to rounding.
* A dash (-) indicates that the minimum requirements were not met for calculation.

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

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

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

CPOC: PPSR Display (2 of 2)



Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HBVP Metrics					
Clinical Process of Care Measures	**Numerator**	**Denominator**	**Baseline Period Rate**	**Numerator**	**Denominator**	**Performance Period Rate**	**Achievement Threshold**	**Benchmark**	**Improvements Points**	**Achievement points**	**Measure Score**	**Condition/ Procedure Score**
Acute Myocardial Infarction												
AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 cases	0 cases	-	0 cases	0 cases	-	0.91154	1.00000	-	-	-	-
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SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	273	281	0.97153	365	372	0.98118	0.98086	1.00000	3	1	3	
SCIP-Inf-9 Urinary Catheter Removal on Postoperative Day 1 or Postoperative Day 2	365	370	0.98649	386	387	0.99742	0.97059	1.00000	8	9	9	
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IMM-2 Influenza Immunization	336	349	0.96275	317	320	0.99063	0.90607	0.98875	9	10	10	10
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SCIP-Card-2 Surgery Patients on Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period	141	141	1.00000	135	138	0.97826	0.97727	1.00000	0	1	1	9
SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	401	407	0.98526	418	419	0.99761	0.98225	1.00000	8	8	8	

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

Calculated values were subject to rounding.
* A dash (-) indicates that the minimum requirements were not met for calculation.

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

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

Domain Summary

Eligible Measures — Total number of measures that meet the minimum case amount during the performance period

Unweighted Score — Sum of hospital's measure scores, factoring only the eligible measures

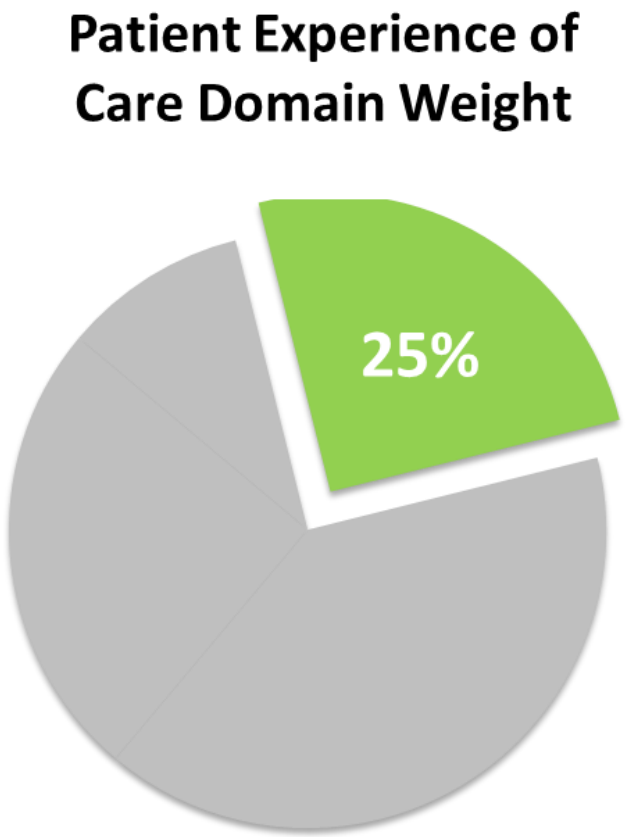
Weighted Domain Score — Hospital's unweighted CPOC domain score multiplied by domain weight

PATIENT EXPERIENCE OF CARE

Patient Experience of Care: Dimensions

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

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



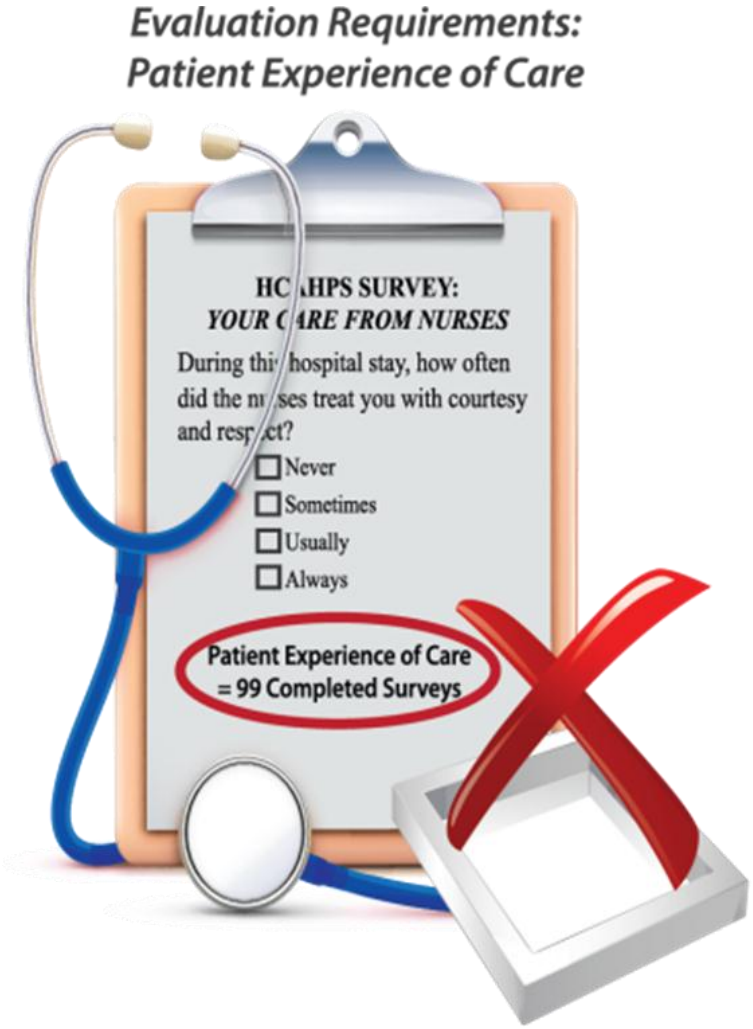
Patient Experience of Care: Measure Minimums

Domain Requirements

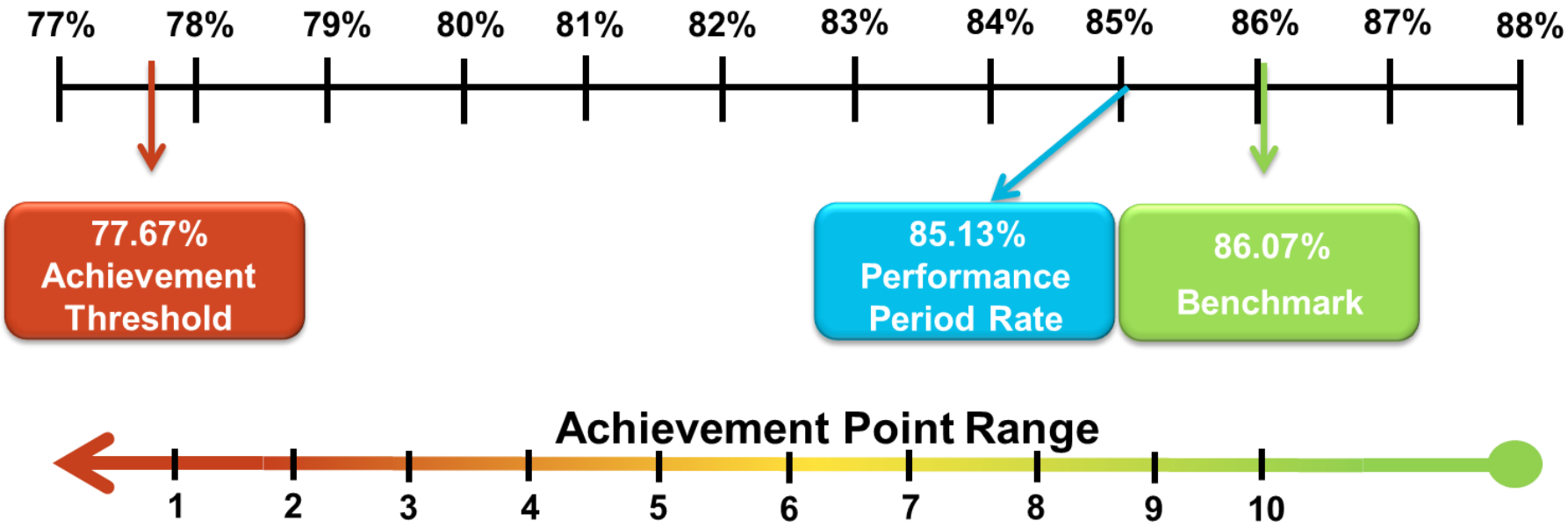
- Requires **100 completed HCAHPS surveys** during the performance period to receive a Patient Experience of Care domain score

Achievement/Improvement Scores

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



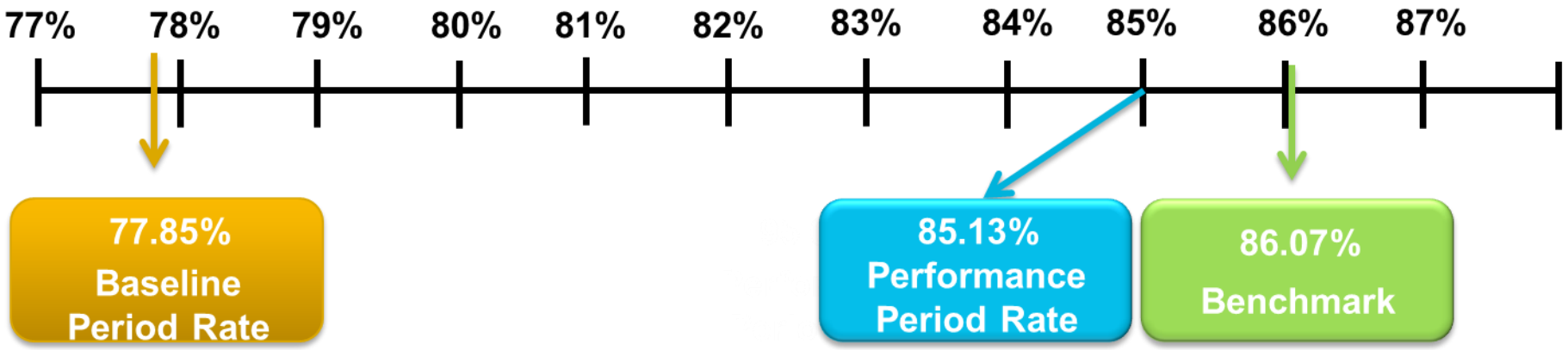
Patient Experience of Care: Achievement Points



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

Communication with Nurses Achievement Point Example

Patient Experience of Care: Improvement Points



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

Communication with Nurses Improvement Point Example

Patient Experience of Care: Dimension Scores

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

Example FY 2016 Patient Experience of Care Dimension Score Calculations

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

Patient Experience of Care: Lowest Dimension Score

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

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

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

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

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

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

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

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

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

Patient Experience of Care: Consistency Score

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

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

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

Patient Experience of Care Unweighted Domain Score

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

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

Domain Normalization Steps

1. Sum the dimension scores in the domain to calculate your HCAHPS Base Score.

   (6 + 10 + 5 + 9 + 0 + 5 + 10 + 5) = 50

2. Determine your hospital's Lowest Dimension Score and use that value to calculate the Consistency Score.

   Consistency Score = 20

3. Add the Base Score (result of step 1) to the consistency score (result of step 2).

   50 + 20 = **70.000000000000**

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

Baseline Period: 01/01/2012 - 12/31/2012
Performance Period: 01/01/2014 - 12/31/2014

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

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

Calculated values were subject to rounding.

[1]The ***Communication about Medicines*** HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

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

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

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

Baseline Period: 01/01/2012 - 12/31/2012
Performance Period: 01/01/2014 - 12/31/2014

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

HCAHPS Base Score: 60
HCAHPS Consistency Score: 20
Unweighted Patient Experience of Care Domain Score: 70.000000000000
Weighted Patient Experience of Care Domain Score: 17.500000000000
HCAHPS Surveys Completed during the Performance period: 229

Calculated values were subject to rounding.

*The ***Communication about Medicines*** HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

3

4

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

4

Domain Summary

HCAHPS Base Score — Sum of the eight dimension scores

HCAHPS Consistency Score – Lowest Dimension Score value multiplied by 20 and reduced by 0.5

Unweighted Domain Score — Sum of the HCAHPS base and consistency scores

Weighted Domain Score — Product of the unweighted domain score and the domain weight

Surveys Completed During the Performance Period — Number of completed surveys during the performance period

OUTCOME

Outcome: Measures

30-Day Mortality Measures

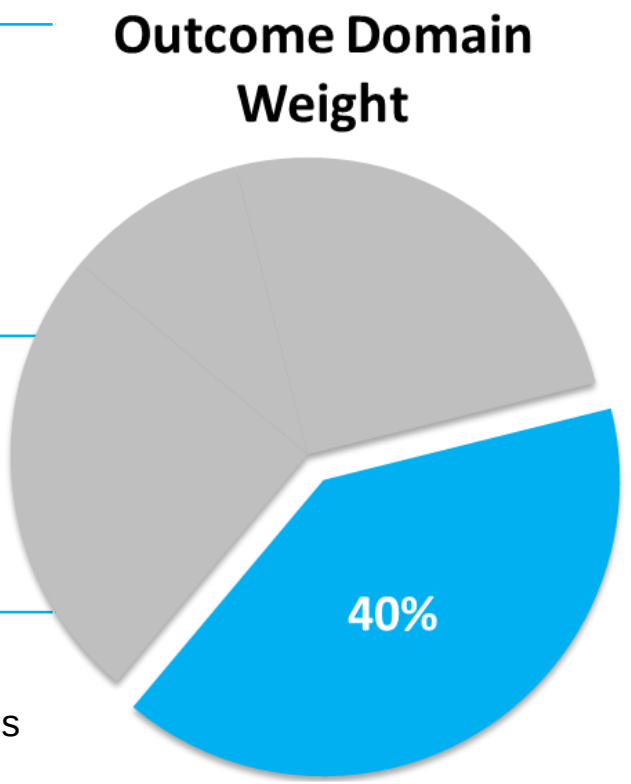
MORT-30-AMI	AMI 30-Day Mortality Rate
MORT-30-HF	HF 30-Day Mortality Rate
MORT-30-PN	PN 30-Day Mortality Rate

AHRQ Measure

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

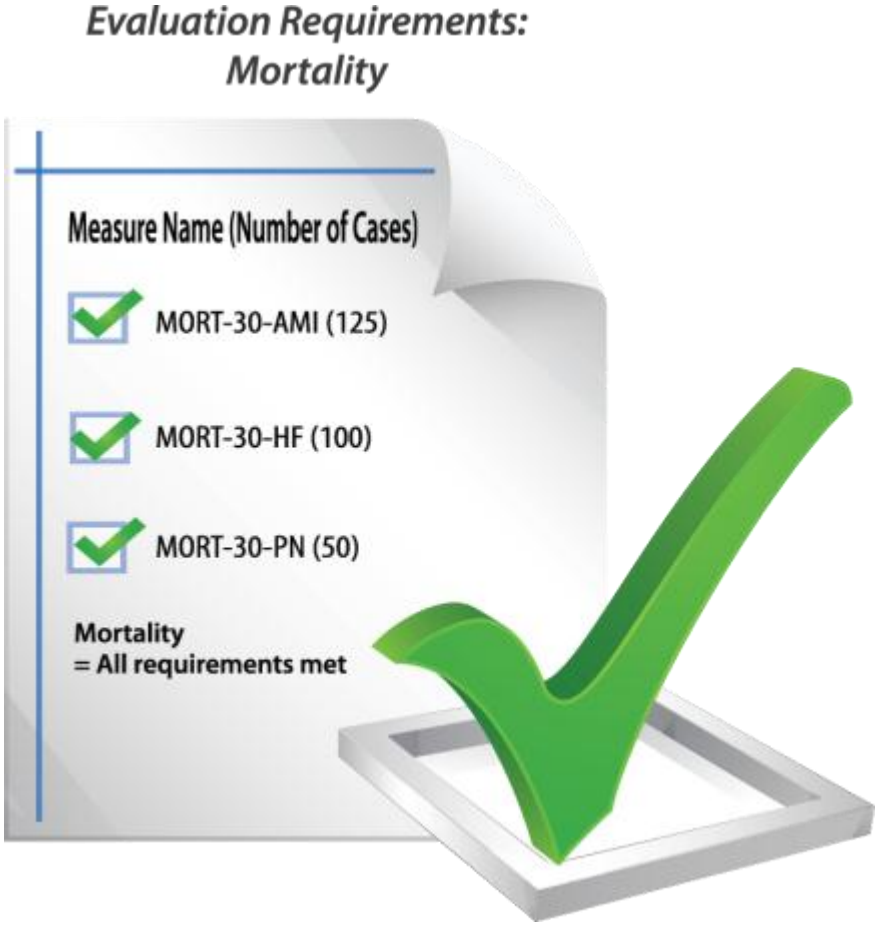
HAI Measures

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

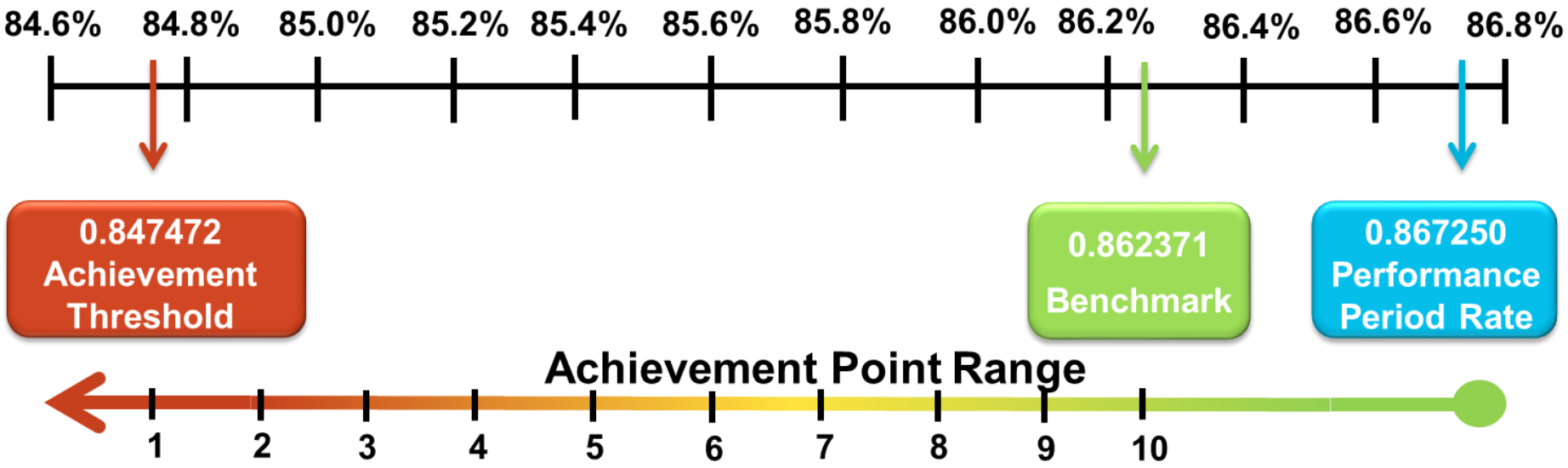


Outcome Measure Minimums: Mortality

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



Outcome:
Mortality Measures Achievement Points



Achievement Points

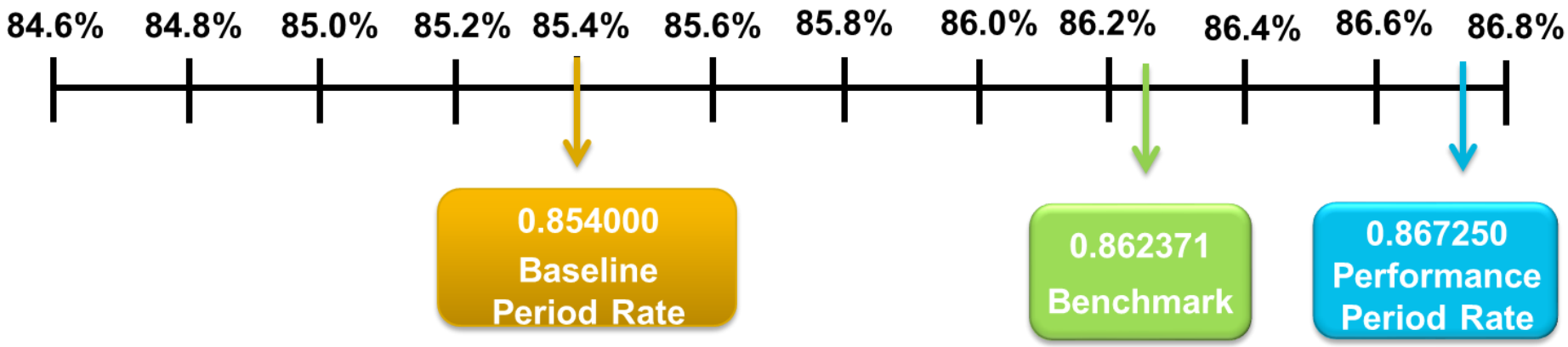
Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

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

Achievement Points = 10

MORT-30-AMI Achievement Point Example

Outcome: Mortality Measures Improvement Points



Improvement Points

Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period

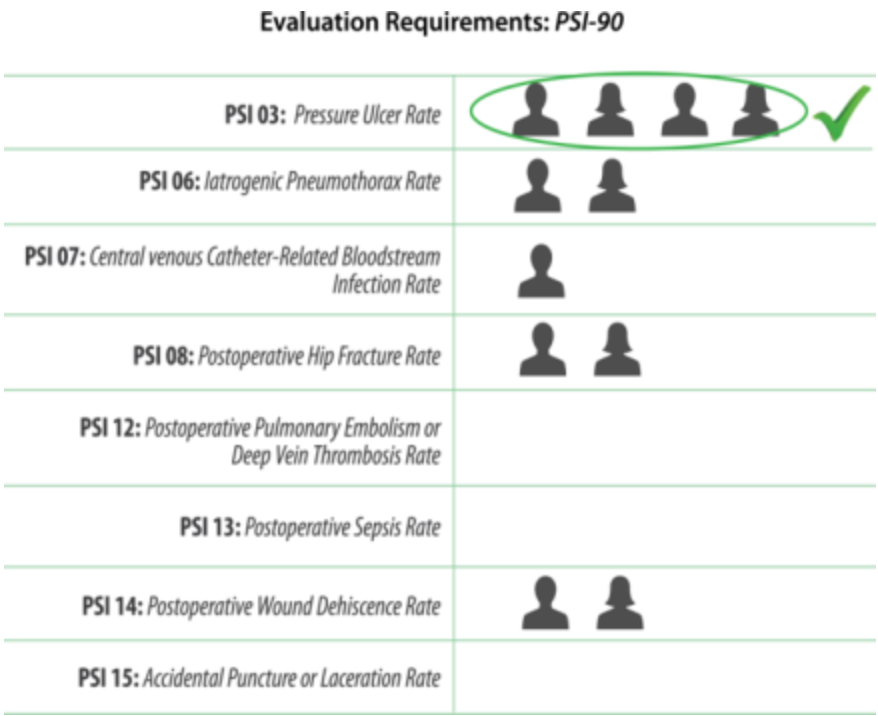
- **Rate at or above the Benchmark: 9 points***
- Rate less than or equal to Baseline Period Rate: 0 points
- Rate between the Baseline Period Rate and the Benchmark: 0-9 points

Improvement Points = 9

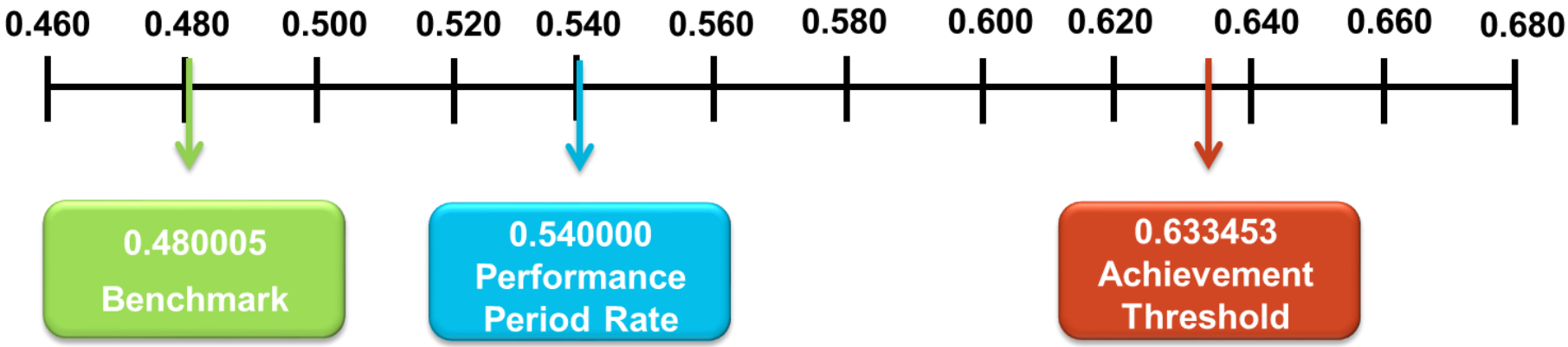
MORT-30-AMI Improvement Point Example

Outcome Measure Minimums: AHRQ PSI-90

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



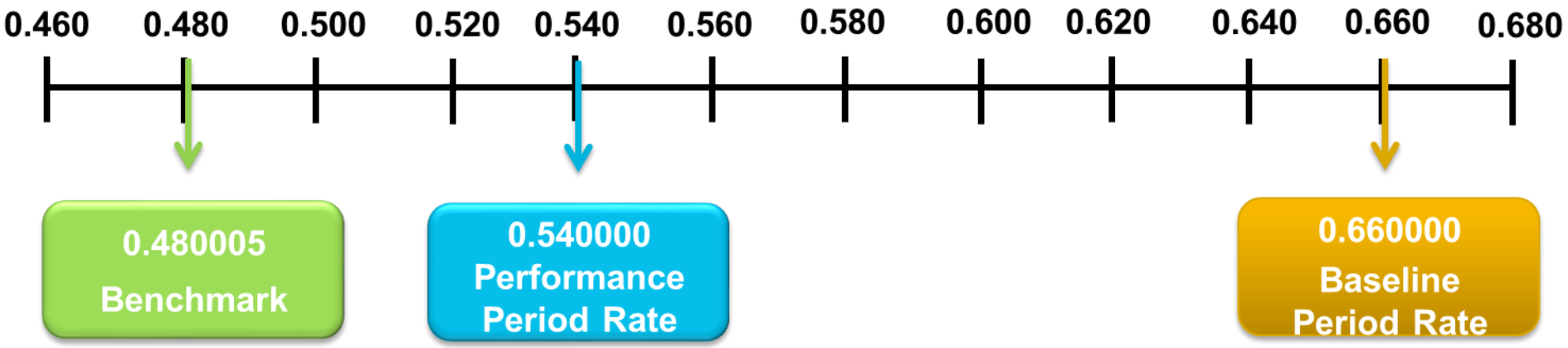
Outcome:
AHRQ PSI-90 Achievement Points



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

AHRQ PSI-90 Composite Achievement Point Example

Outcome:
AHRQ PSI-90 Improvement Points



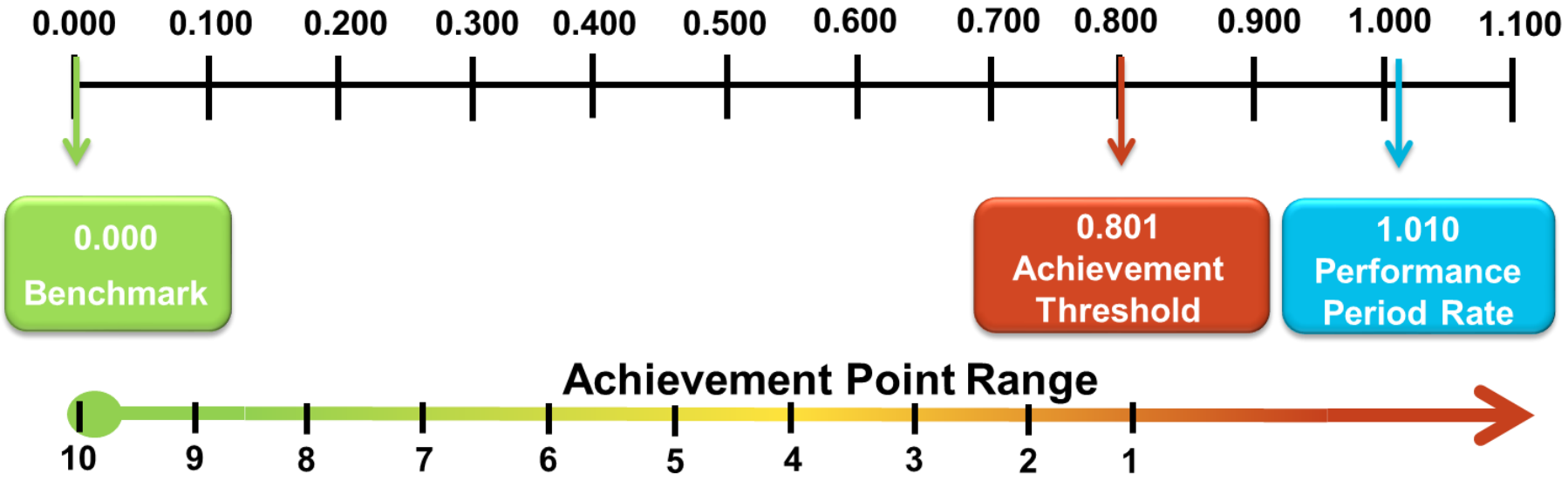
$$(10 \times \left(\frac{\textit{Performance Period Rate} - \textit{Baseline Period Rate}}{\textit{Benchmark} - \textit{Baseline Period Rate}} \right) - 0.5 = (10 \times \left(\frac{0.540000 - 0.660000}{0.480005 - 0.660000} \right) - 0.5 = \mathbf{6}$$

AHRQ PSI-90 Composite Improvement Point Example

Outcome Measure Minimums: HAI Measures

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

Outcome:
HAI Measures Achievement Points



Achievement Points

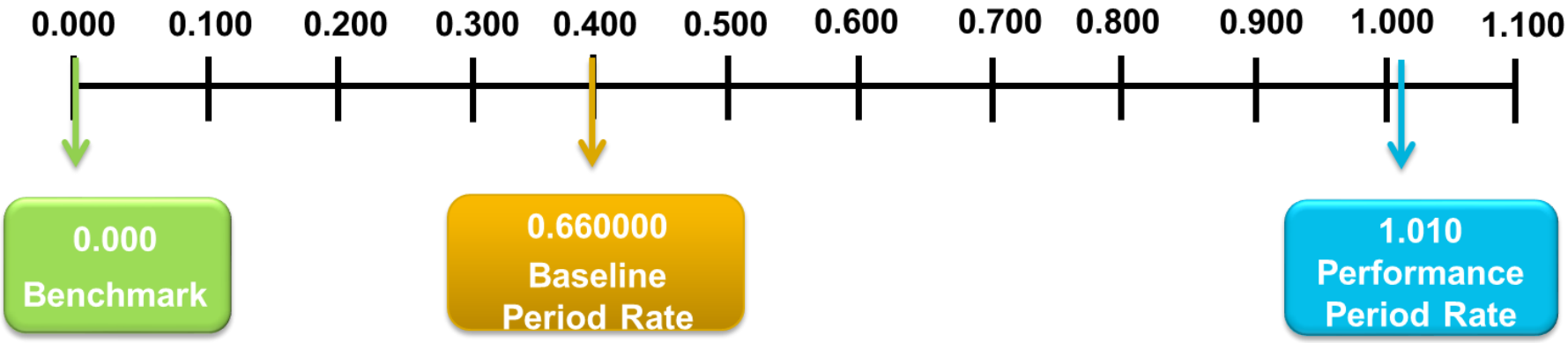
Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

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

Achievement Points = 0

CAUTI Achievement Point Example

Outcome:
HAI Measures Achievement Points



Improvement Points

Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period

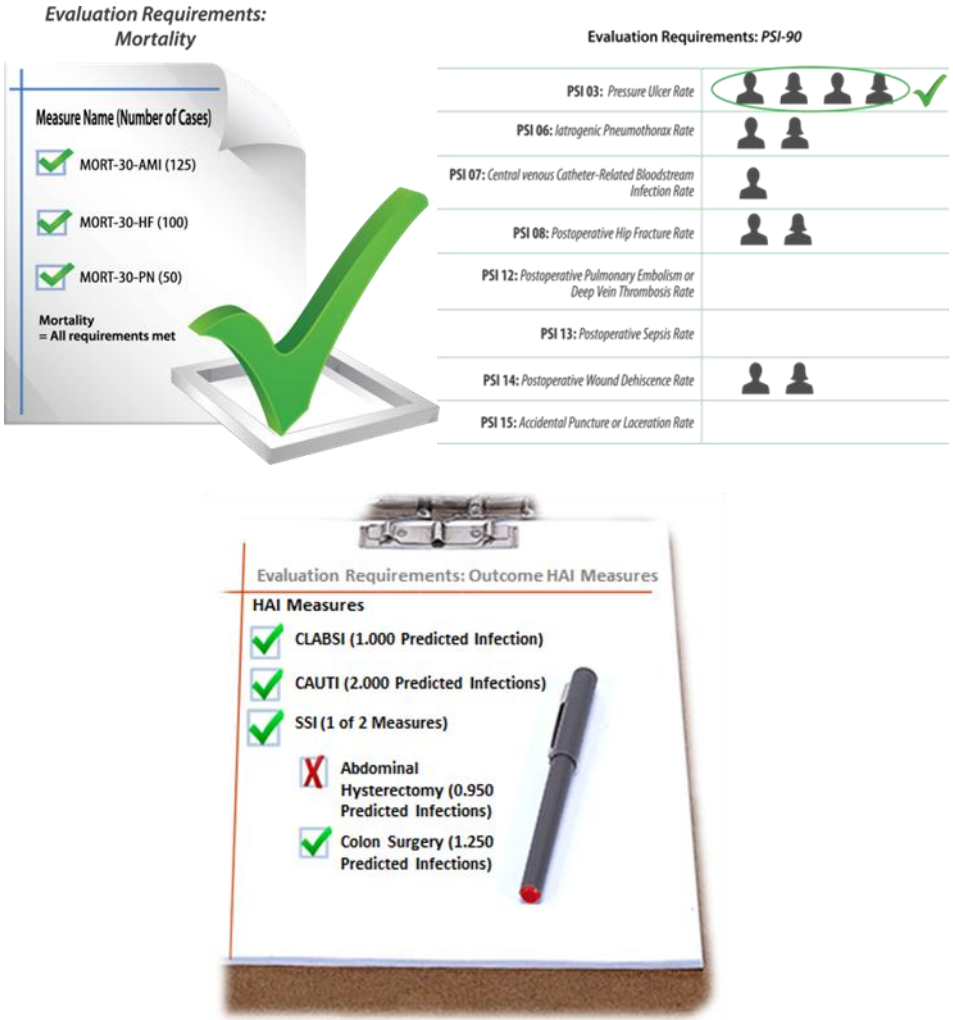
- Rate at or above the Benchmark: 9 points*
- **Rate less than or equal to Baseline Period Rate: 0 points**
- Rate between the Baseline Period Rate and the Benchmark: 0-9 points

Improvement Points = 0

CAUTI Improvement Point Example

Outcome: Domain Minimums

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



Outcome: Combined SSI Score (1 of 3)

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

- FY 2014 IPPS/LTCH Final Rule (78 FR 50684)

Outcome: Combined SSI Score (2 of 3)

As an example, a hospital that received five improvement points for the SSI-Colon stratum, with 1.0 predicted SSI-Colon infections, and eight achievement points for the SSI-Abdominal Hysterectomy stratum, with 2.0 predicted SSI Abdominal Hysterectomy infections, would receive a composite SSI measure score as follows:

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

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

Outcome: Combined SSI Score (3 of 3)

- A hospital that received five improvement points for the SSI-Colon stratum, with 1.0 predicted SSI-Colon infections, and did not meet the minimum calculated predicted infections for the SSI-Abdominal Hysterectomy stratum, would receive a composite SSI measure score that was weighted to 100% of the SSI-Colon stratum, equaling a measure score of five.
- If a hospital did not meet the minimum calculated predicted infections of 1.000 on both the SSI-Colon stratum and the SSI-Abdominal Hysterectomy stratum, the hospital would not receive a composite SSI measure score.

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

Outcome: Measure Scores

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

Example FY 2016 Outcome Measure Score Calculations

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

Outcome: Unweighted Domain Score

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

Measure ID	Measure Score
MORT-30-AMI	10
MORT-30-HF	4
MORT-30-PN	N/A
AHRQ PSI-90	6
CLABSI	0
CAUTI	3
SSI	7

Domain Normalization Steps

1. Sum the measure scores in the domain.
   (10 + 4 + 6 + 0 + 3 + 7) = 30
2. Multiply the eligible measures by the maximum point value per measure (10 points).
   (6 Measures x 10 Points) = 60
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).
   (30 ÷ 60) = 0.500000000000
4. Multiply the result of step 3 by 100.
   (0.500000000000 x 100) = **50.000000000000**

Outcome:
PPSR Display

Baseline Period: 10/01/2010 - 06/30/2011 Performance Period: 10/01/2012 - 06/30/2014	FY 2016 Baseline Period Totals		FY 2016 Performance Period Totals		HVBP Metrics				
Mortality Measures	**Number of Eligible Discharges**	**Baseline Period Rate**	**Number of Eligible Discharges**	**Performance Period Rate**	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	143	0.855251	299	0.855597	0.847472	0.862371	0	5	5
Heart Failure (HF) 30-Day Mortality Rate	278	0.840507	544	0.875475	0.881510	0.900315	5	0	5
Pneumonia (PN) 30-Day Mortality Rate	243	0.859556	453	0.851486	0.882651	0.904181	0	0	0

Baseline Period: 10/15/2010 - 06/30/2011 Performance Period: 10/15/2012 - 06/30/2014	FY 2016 Baseline Period Totals	FY 2016 Performance Period Totals	HVBP Metrics				
AHRQ Patient Safety Measure	**Index Value**	**Index Value**	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Complication/patient safety for selected indicators (composite)	0.749923	0.520800	0.616248	0.449988	7	6	7

Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HVBP Metrics				
Healthcare Associated Infections Measures	**Number of Observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infections Ratio (SIR)**	**Number of observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infections Ratio (SIR)**	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Catheter-Associated Urinary Tract Infection	7	11.565	0.605	11	10.106	1.088	0.801	0.000	0	0	0
Central Line-Associated Blood Stream Infection	5	5.398	0.926	1	5.780	0.173	0.465	0.000	8	6	8
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	4
SSI-Abdominal Hysterectomy	2	0.722	-	4	1.582	2.528	0.752	0.000	-	0	0
SSI-Colon Surgery	10	7.991	1.251	4	7.705	0.519	0.668	0.000	5	3	5

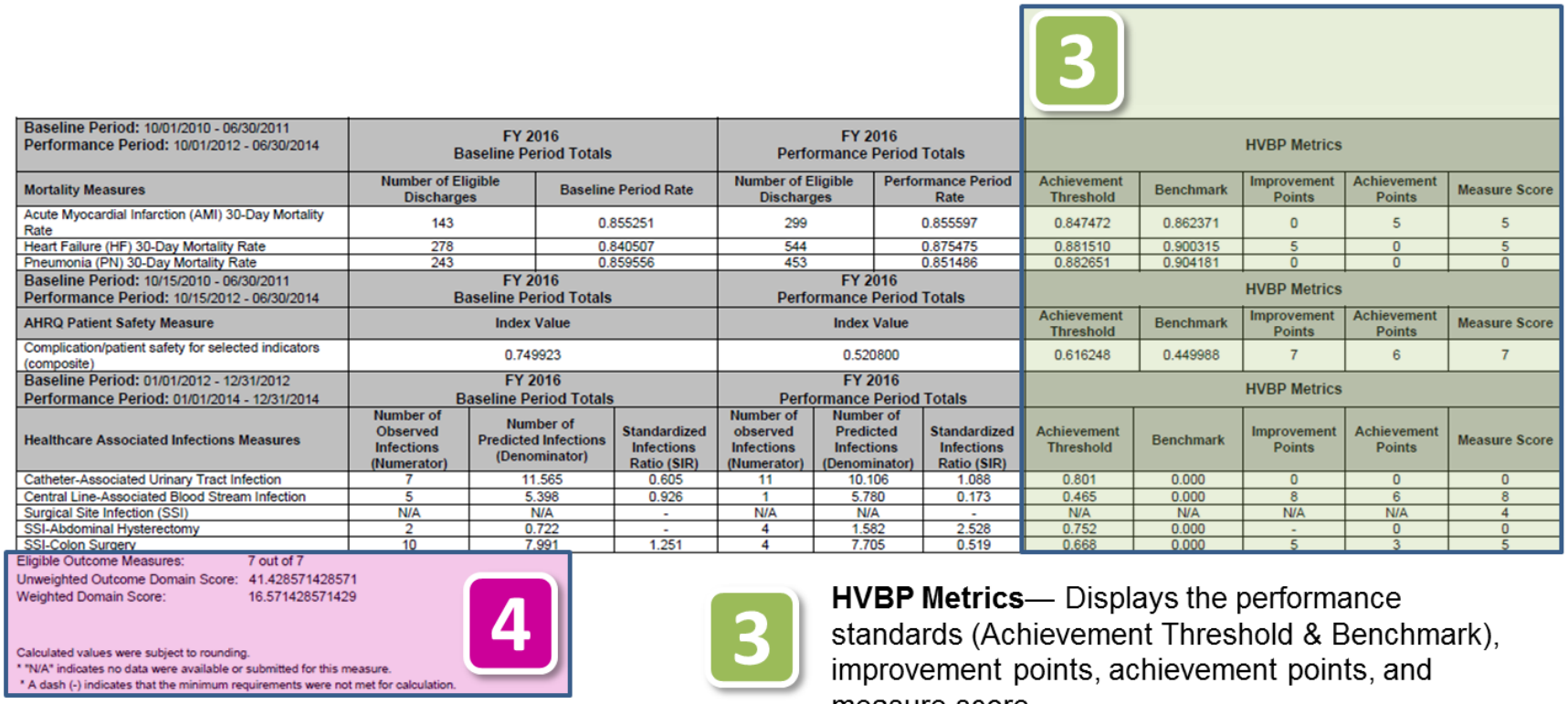
Eligible Outcome Measures: 7 out of 7
Unweighted Outcome Domain Score: 41.428571428571
Weighted Domain Score: 16.571428571429

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

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

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

Outcome:
PPSR Display



Baseline Period: 10/01/2010 - 06/30/2011 Performance Period: 10/01/2012 - 06/30/2014	FY 2016 Baseline Period Totals		FY 2016 Performance Period Totals		HVBP Metrics				
Mortality Measures	**Number of Eligible Discharges**	**Baseline Period Rate**	**Number of Eligible Discharges**	**Performance Period Rate**	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	143	0.855251	299	0.855597	0.847472	0.862371	0	5	5
Heart Failure (HF) 30-Day Mortality Rate	278	0.840507	544	0.875475	0.881510	0.900315	5	0	5
Pneumonia (PN) 30-Day Mortality Rate	243	0.859556	453	0.851486	0.882651	0.904181	0	0	0

Baseline Period: 10/15/2010 - 06/30/2011 Performance Period: 10/15/2012 - 06/30/2014	FY 2016 Baseline Period Totals	FY 2016 Performance Period Totals	HVBP Metrics				
AHRQ Patient Safety Measure	**Index Value**	**Index Value**	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Complication/patient safety for selected indicators (composite)	0.749923	0.520800	0.616248	0.449988	7	6	7

Baseline Period: 01/01/2012 - 12/31/2012 Performance Period: 01/01/2014 - 12/31/2014	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HVBP Metrics				
Healthcare Associated Infections Measures	**Number of Observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infections Ratio (SIR)**	**Number of observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infections Ratio (SIR)**	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Catheter-Associated Urinary Tract Infection	7	11.565	0.605	11	10.106	1.088	0.801	0.000	0	0	0
Central Line-Associated Blood Stream Infection	5	5.398	0.926	1	5.780	0.173	0.465	0.000	8	6	8
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	4
SSI-Abdominal Hysterectomy	2	0.722	-	4	1.582	2.528	0.752	0.000	-	0	0
SSI-Colon Surgery	10	7.991	1.251	4	7.705	0.519	0.668	0.000	5	3	5

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

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

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

Domain Summary

Eligible Measures — Total number of measures that meet the minimum case amount during the performance period

Unweighted Score — Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100

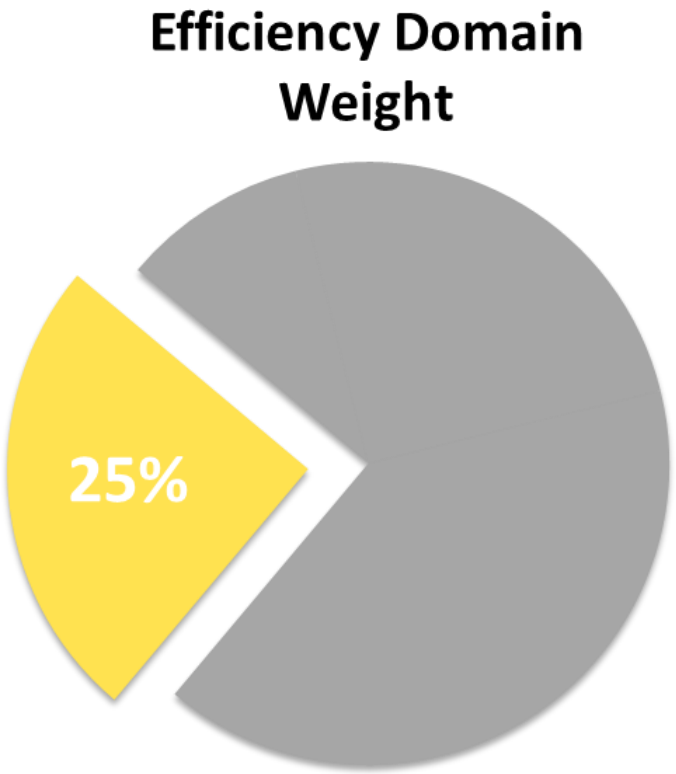
Weighted Domain Score — Hospital's unweighted Outcome domain score multiplied by domain weight

EFFICIENCY

Efficiency: Measure

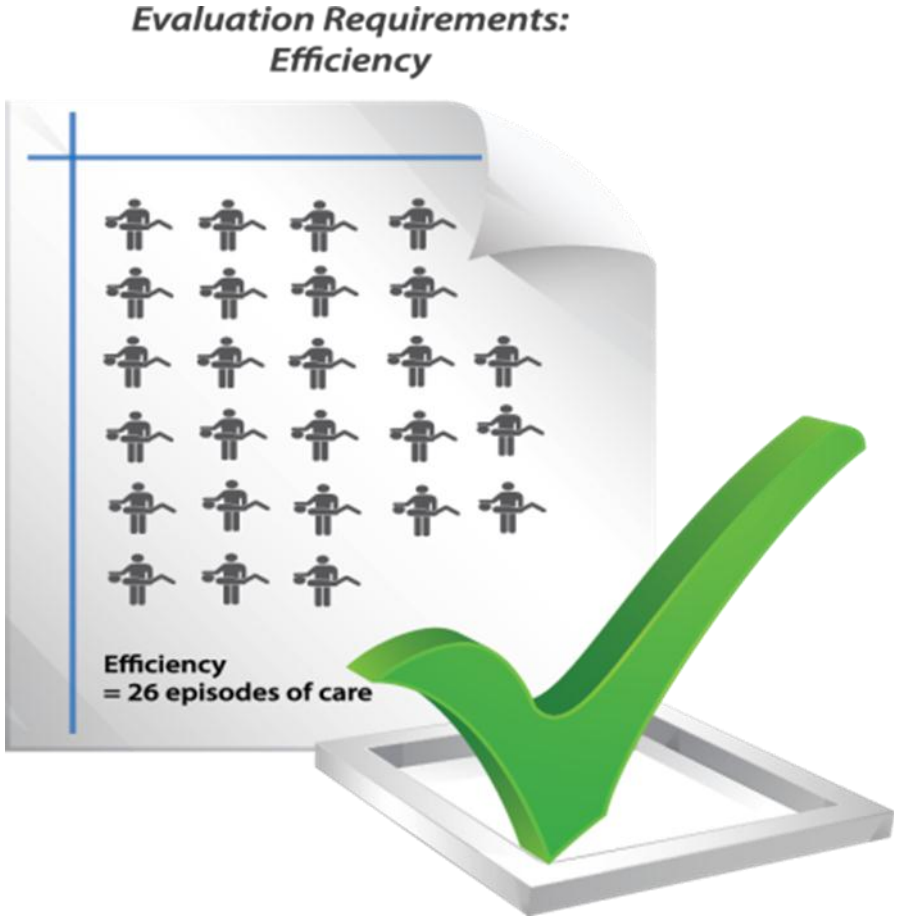
MSPB-1: Medicare Spending Per Beneficiary

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

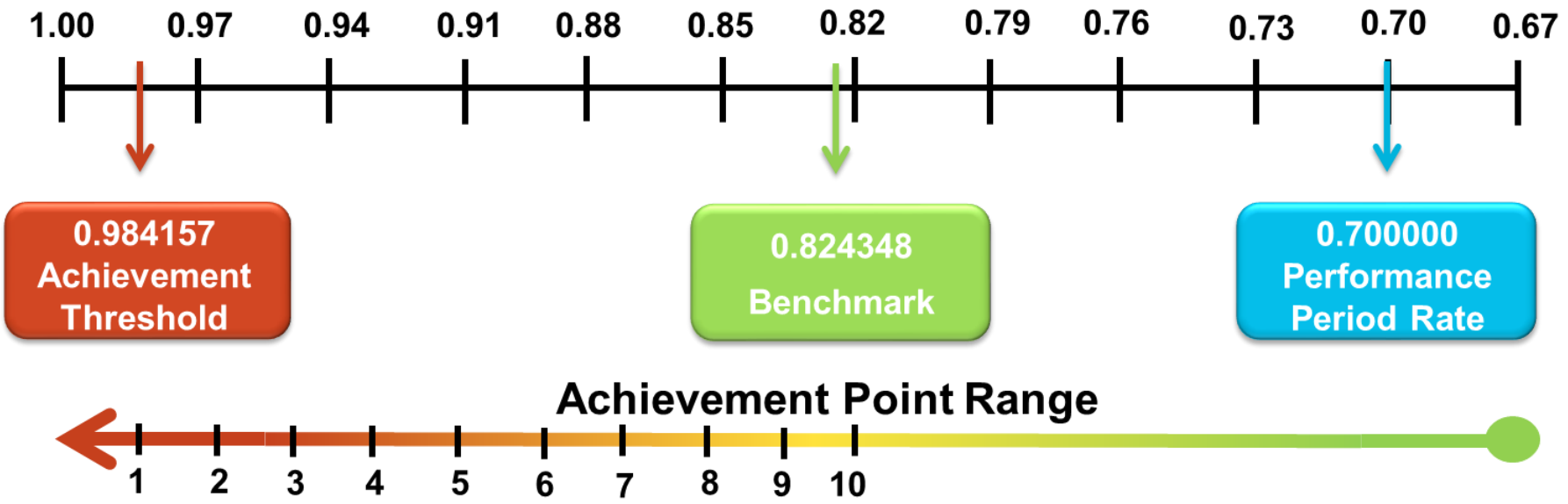


Efficiency: Measure Minimum

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



Efficiency: Achievement Points



Achievement Points

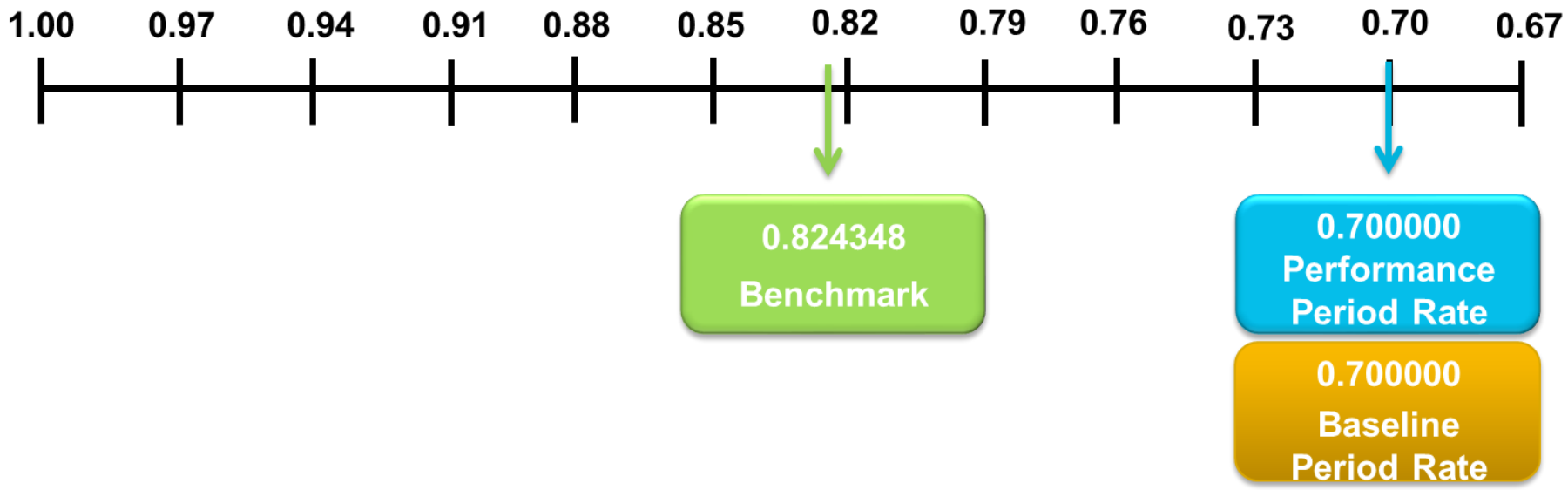
Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period

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

Achievement Points = 10

MSPB Achievement Point Example

Efficiency: Improvement Points



Improvement Points

Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period

- Rate at or above the Benchmark: 9 points*
- **Rate less than or equal to Baseline Period Rate: 0 points**
- Rate between the Baseline Period Rate and the Benchmark: 0-9 points

Improvement Points = 0

MSPB Improvement Point Example

Efficiency: Measure Scores

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

Example FY 2016 Efficiency Measure Score Calculations

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

Efficiency: Unweighted Domain Score

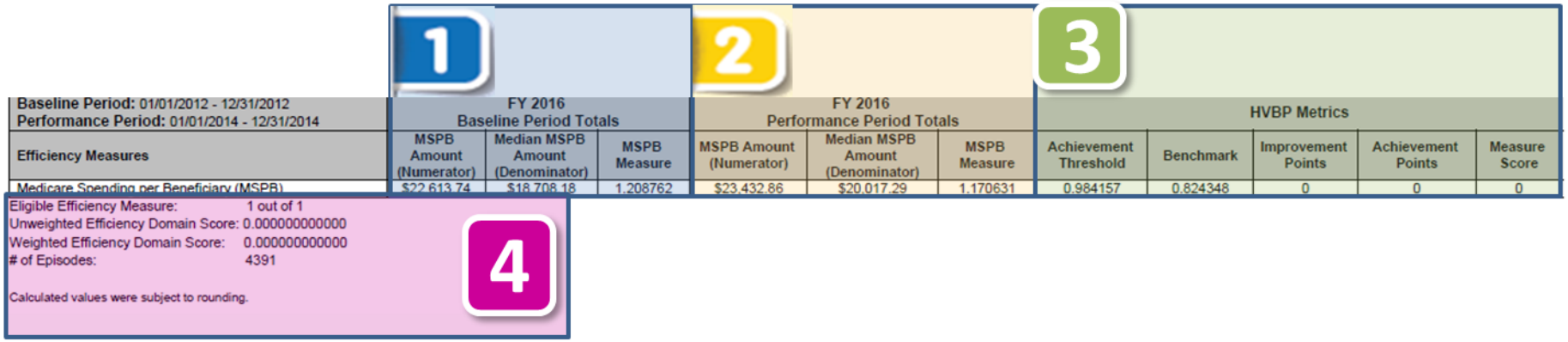
- For reliability, CMS requires hospitals to meet a minimum requirement of cases for each measure to receive a measure score and a minimum number of those measures to receive a domain score.
- CMS normalizes domain scores by converting a hospital's earned points (the sum of the measure scores) to a percentage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

Measure ID	Measure Score
MSPB-1	10

Domain Normalization Steps

1. Sum the measure scores in the domain.
   (10) = 10
2. Multiply the eligible measures by the maximum point value per measure (10 points).
   (1 Measures x 10 Points) = 10
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).
   (10 ÷ 10) = 1.000000000000
4. Multiply the result of step 3 by 100.
   (1.000000000000 x 100) = **100.000000000000**

Efficiency: PPSR Display



Baseline Period: 01/01/2012 - 12/31/2012
Performance Period: 01/01/2014 - 12/31/2014

Efficiency Measures	FY 2016 Baseline Period Totals			FY 2016 Performance Period Totals			HVBP Metrics				
	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Medicare Spending per Beneficiary (MSPB)	$22,613.74	$18,708.18	1.208762	$23,432.86	$20,017.29	1.170631	0.984157	0.824348	0	0	0

Eligible Efficiency Measure: 1 out of 1
Unweighted Efficiency Domain Score: 0.000000000000
Weighted Efficiency Domain Score: 0.000000000000
# of Episodes: 4391

Calculated values were subject to rounding.

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

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

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

4 — **Domain Summary**

Eligible Measures — Total number of measures that meet the minimum case amount during the performance period

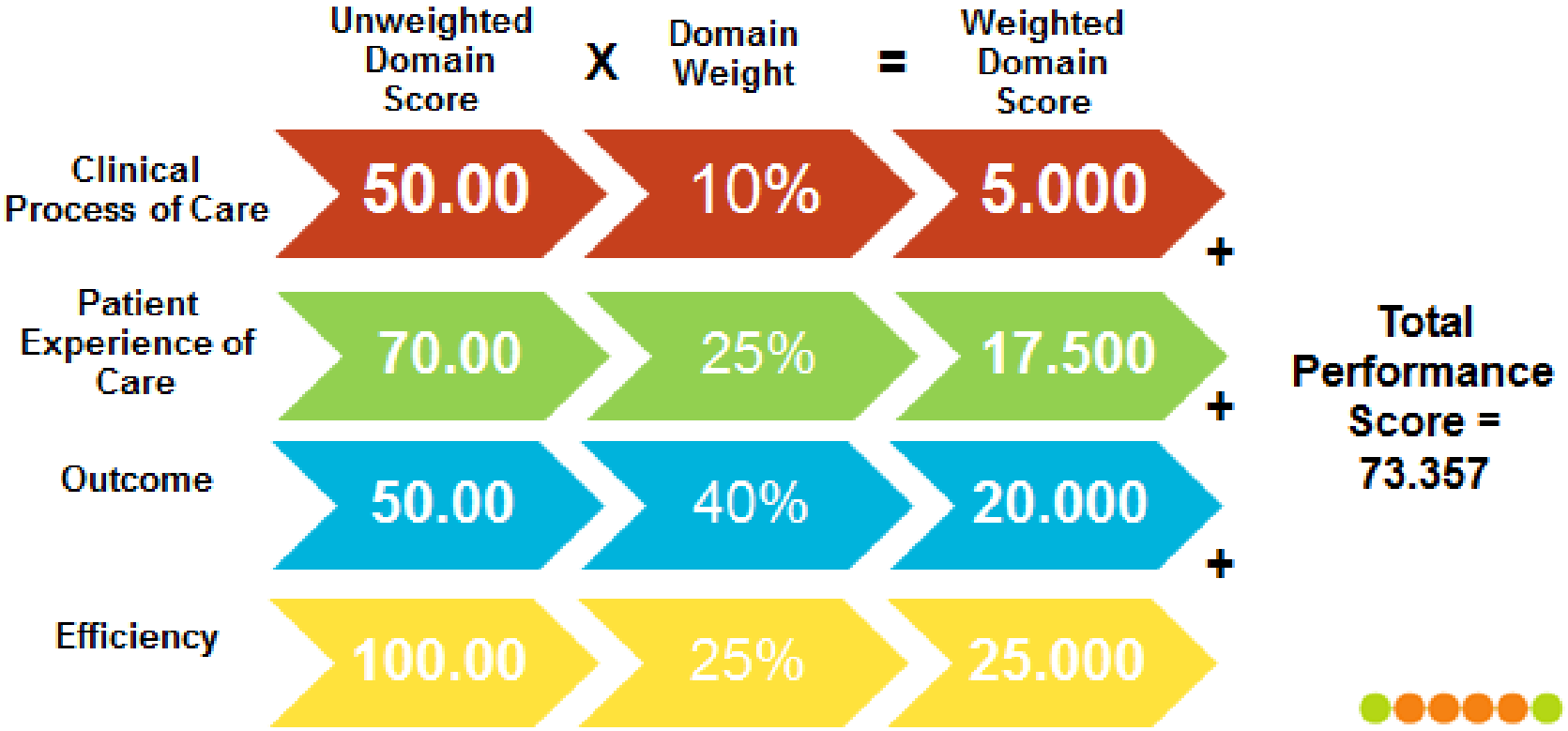
Unweighted Score — Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100

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

TOTAL PERFORMANCE SCORE

TPS:
Four Domain Calculation

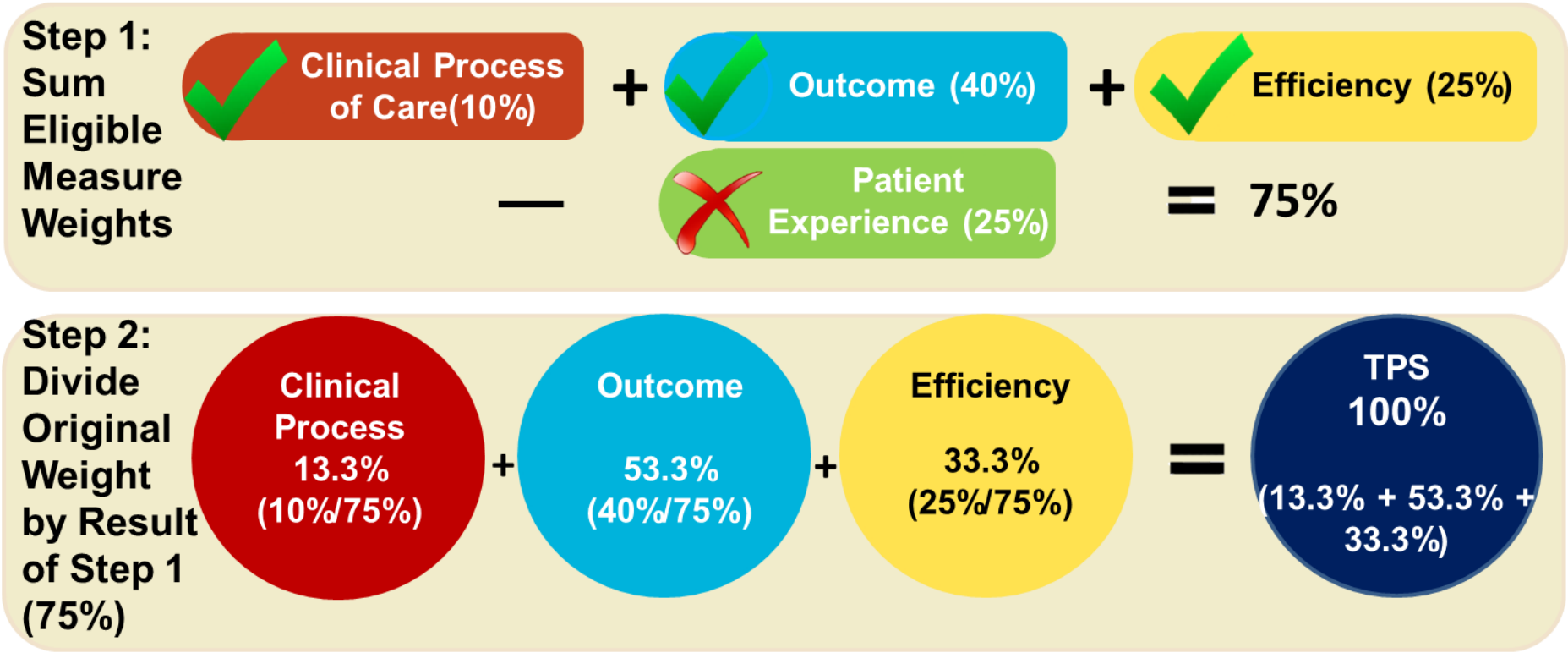
- Requires scores from at least **two out of the four domains** to receive a TPS
  - Excluded domain weights are proportionately distributed to the remaining domains to calculate the TPS



CMS Alliance to Modernize Healthcare

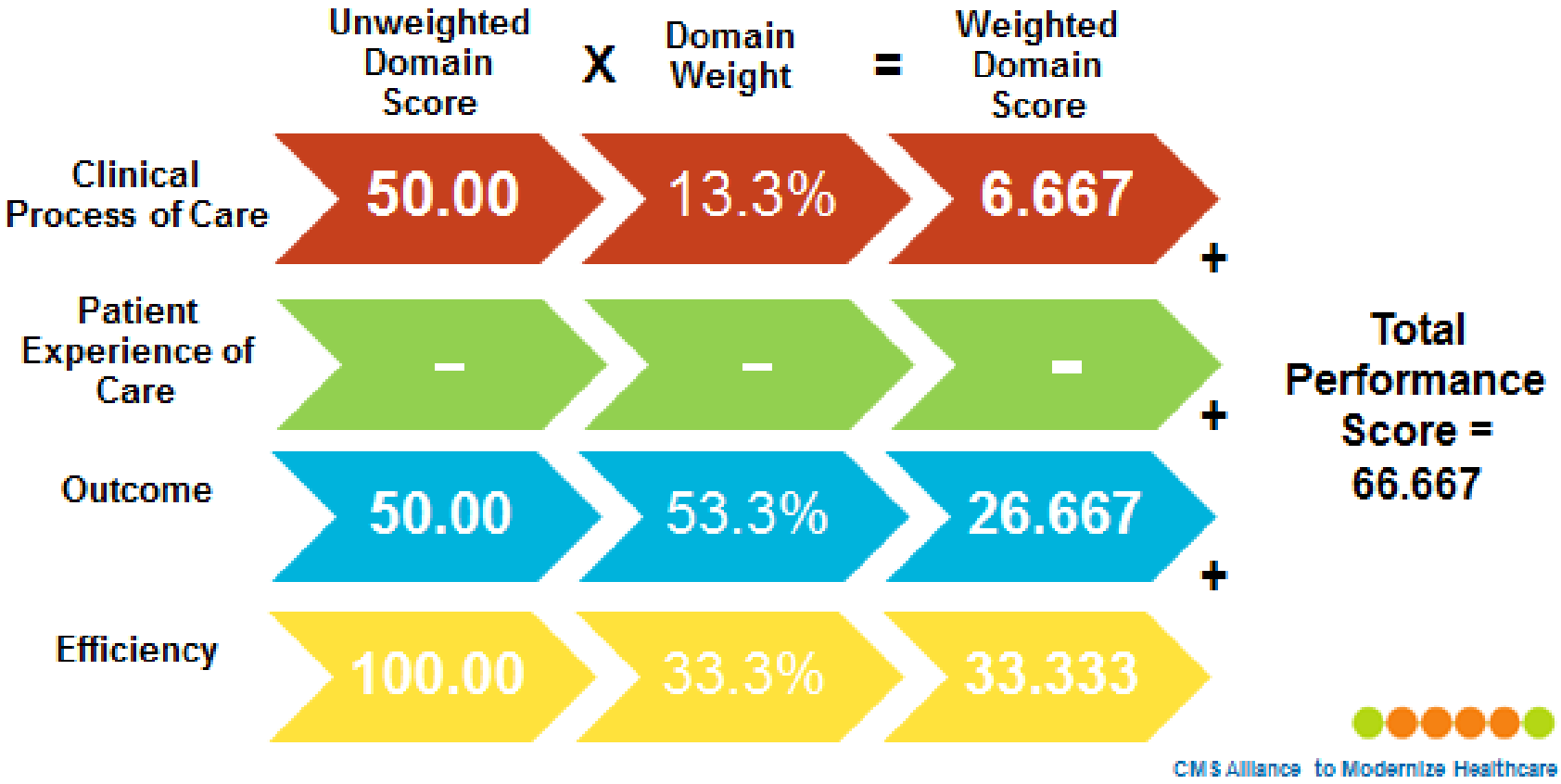
TPS: Three Domain Calculation (1 of 2)

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



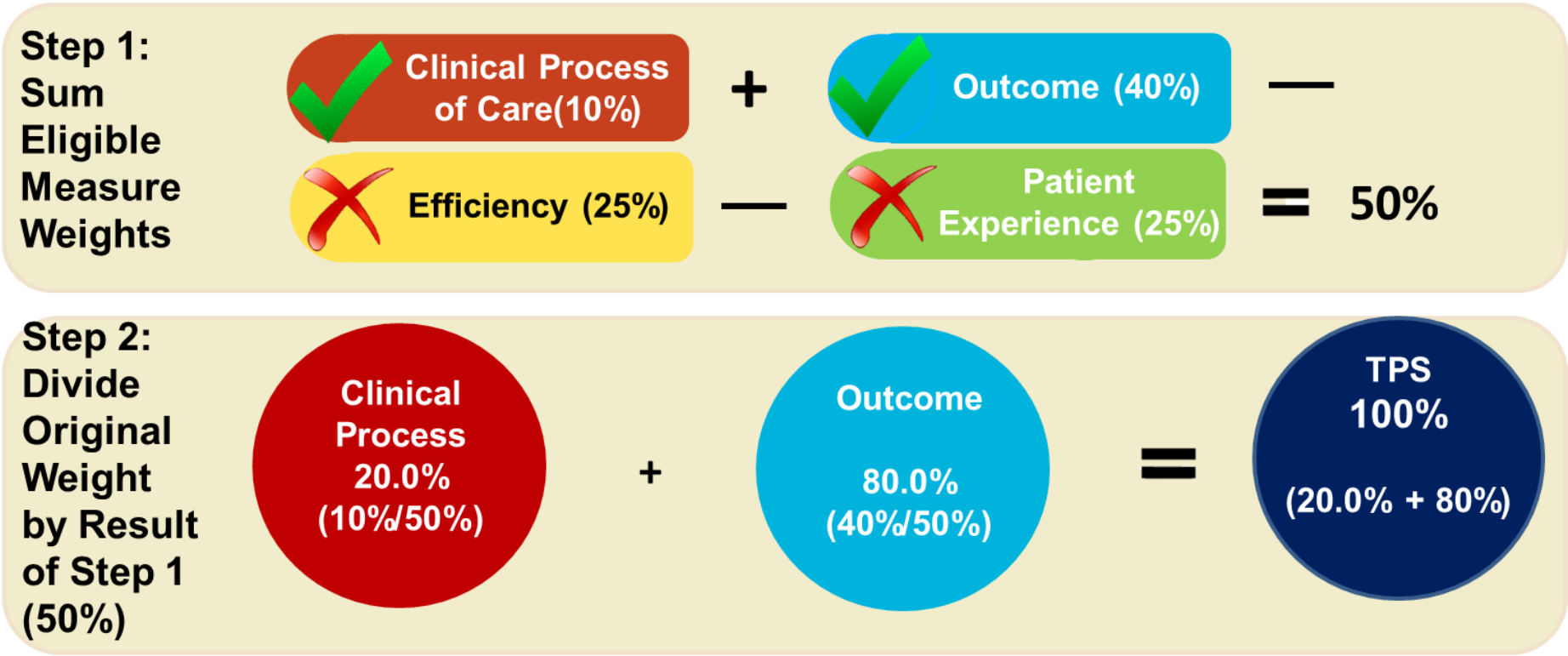
TPS: Three Domain Calculation (2 of 2)

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



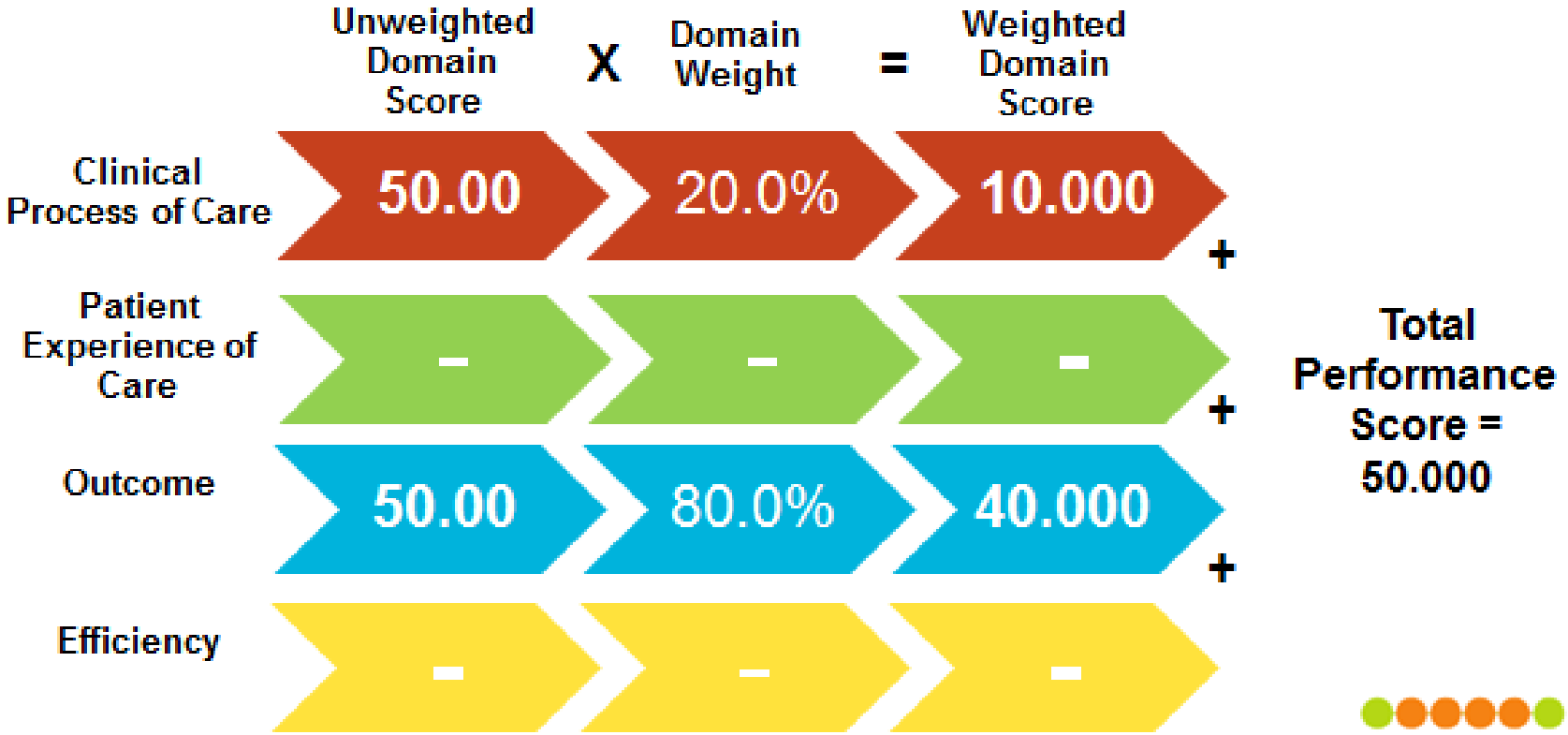
TPS: Two Domain Calculation (1 of 2)

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



TPS: Two Domain Calculation (2 of 2)

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



TPS:
PPSR Display (1 of 3)

Data As Of: 06/25/2015

	Facility	State	National
Total Performance Score	58.928571428571	47.176488095238	40.644752920161
	Unweighted Domain Score	**Weighting**	**Weighted Domain Score**
Clinical Process of Care Domain	54.285714285714	10%	5.428571428571
Patient Experience of Care Domain	70.000000000000	25%	17.500000000000
Outcome Domain	40.000000000000	40%	16.000000000000
Efficiency Domain	80.000000000000	25%	20.000000000000

Value-Based Percentage Payment Summary - Fiscal Year 2016

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
1.7500000000%	2.1058570373%	+0.6058570373%	1.0060585704	2.5801048882

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

1

Total Performance Score

- Facility — Sum of the weighted domain scores
- State — Average facility TPS for the hospital's state
- National — Average facility TPS for the nation

2

Domain Scoring

- Unweighted Domain Score —The sum of your hospital's scores for the domain, taking into account only those measures your hospital was eligible for during the performance period
- Weighting — Assigned scoring impact on the TPS for each domain
- Weighted Domain Score — The product of the unweighted domain score and the weighting

TPS:
PPSR Display (2 of 3)

Data As Of: 06/25/2015

	Facility	State	National
Total Performance Score	58.928571428571	47.176488095238	40.644752920161
	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Process of Care Domain	54.285714285714	10%	5.428571428571
Patient Experience of Care Domain	70.000000000000	25%	17.500000000000
Outcome Domain	40.000000000000	40%	16.000000000000
Efficiency Domain	80.000000000000	25%	20.000000000000

Value-Based Percentage Payment Summary - Fiscal Year 2016

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
1.7500000000%	2.1058570373%	+0.6058570373%	1.0060585704	2.5801048882

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

Payment Summary

- Base Operating DRG Payment Reduction — The FY 2016 Program is funded through a 1.75 percent reduction from participating hospitals' base operating DRG payment amounts
- Value Based Incentive Payment Percentage — Portion of the base operating DRG payment amount your hospital earned back
- Net Change in Base Operating DRG Payment Amount — Amount your FY 2016 base operating DRG payment amounts will be changed
- Incentive Payment Adjustment Factor — Value used to translate a hospital's TPS into the value based incentive payment
- Exchange Function Slope — The relationship between a hospital's TPS and the amount distributed to the hospital as a value based incentive payment

Note: Values displayed on this example report may not depict the actual values used to calculate payments for the FY 2016 Hospital VBP Program

TPS
PPSR Display (3 of 3)

Data As Of: 06/25/2015

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

HVBP Exclusion Reason	The hospital is subject to IQR Payment Reductions. The hospital did not meet the minimum number of measures in two or more domains.	1

Value-Based Percentage Payment Summary - Fiscal Year 2016	Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Calculated values were subject to rounding.
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.
* A dash (-) indicates that the minimum requirements were not met for calculation.
* "Hospital VBP Ineligible" indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.

1

HVBP Exclusion Reason

- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary Page
- When a hospital is excluded, the Total Performance Score field and the Payment Summary fields will display “Hospital VBP Ineligible”

REVIEW AND CORRECTIONS

Review and Corrections: Overview

Hospitals may review and request recalculation of scores on each condition, domain, and TPS.

Requests should be completed **within 30 calendar days** following the posting date of the PPSR.

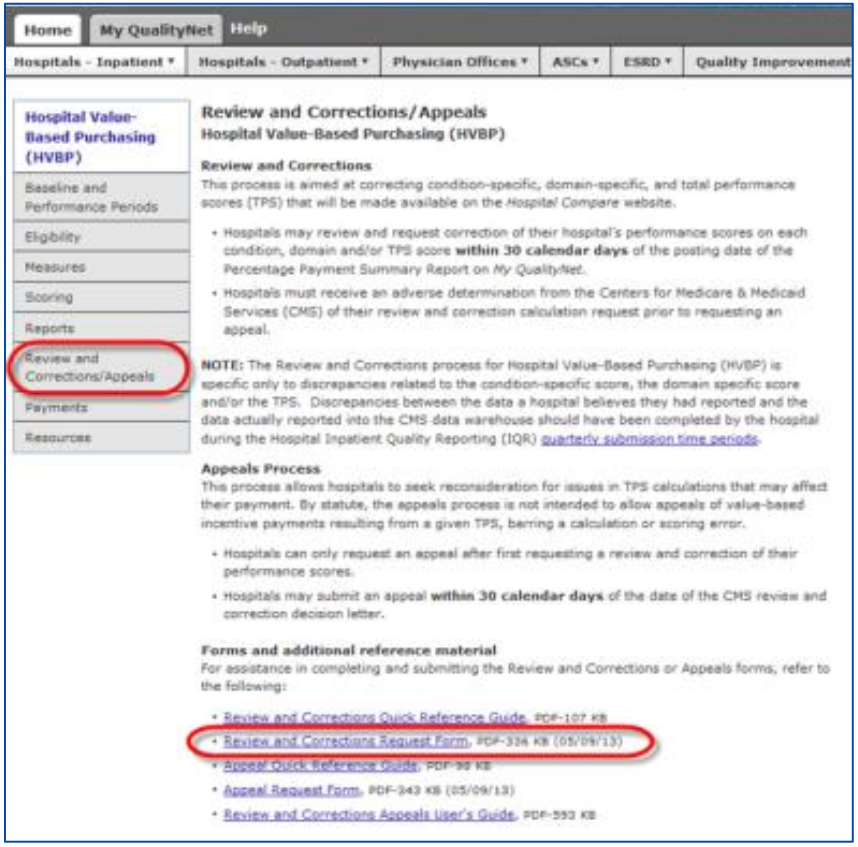
Review and Corrections: *QualityNet*

1) Visit www.qualitynet.org

2) From the **[Hospitals – Inpatient]** drop-down menu, select "**Hospital Value-Based Purchasing**"

3) When the screen refreshes, select the "**Review and Corrections/Appeals**" (left navigation pane) and "**Review and Corrections Request Form**" (bottom of the page)

   (direct link): https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558



Review and Corrections: Form

Complete form with the following information:

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

Where to Submit Forms:

Submit the completed form through the CMS Secure File Exchange.

APPEALS

Appeals: Overview

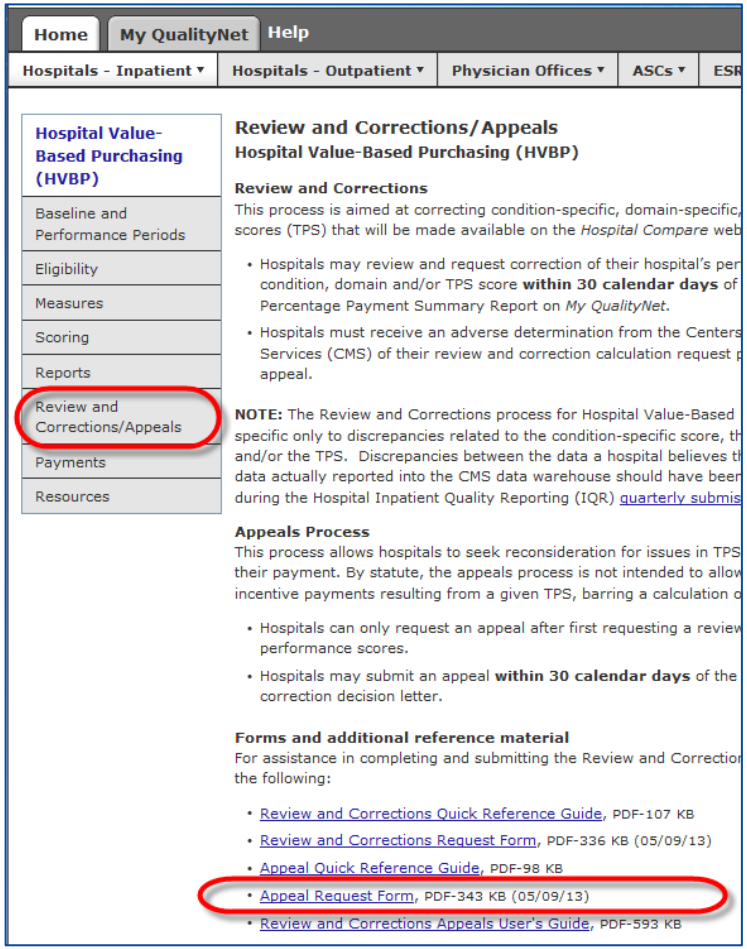
Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of CMS' review and correction decision.

- Hospitals must receive an adverse determination from CMS prior to requesting an appeal
- Upon receipt of appeal, CMS:
  - Provides email acknowledgement of appeal
  - Reviews the request and notifies CEO of decision

Appeals: *QualityNet*

1) Go to www.qualitynet.org
2) From the **"Hospitals – Inpatient"** drop-down menu, select **"Hospital Value Based Purchasing"**
3) When the screen refreshes, select **"Review and Corrections/Appeals"** (left-side) and **"Review and Corrections Request Form"** (bottom of page)

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



Appeals: Form

Complete form with the following information:

- Date of review and corrections request
- Hospital CMS CCN
- Hospital Contact information
  - Hospital name/address
    (must include physical street address)
  - Hospital CEO and QualityNet System Administrator
    (name, address, telephone and email)
- Specify reason(s) for request
  - Condition-specific score
  - Domain-specific score
  - TPS
- Provide detailed description for each of the reason(s) identified

Where to Submit Forms:

Submit the completed form through the CMS Secure File Exchange.

Appeals: Acceptable Reasons

- Denial of hospital's review and correction request
- Calculation of achievement/improvement points
- Calculation of measure/dimension score
- Calculation of domain scores
- Calculation of HCAHPs consistency points
- Incorrect domain scores in TPS
- Incorrect weight applied to domain
- Incorrect weighted domain scores to calculate TPS
- Hospital's open/closed status incorrectly specified

RESOURCES

Resources:
FY 2016 PPSRs Coming Soon

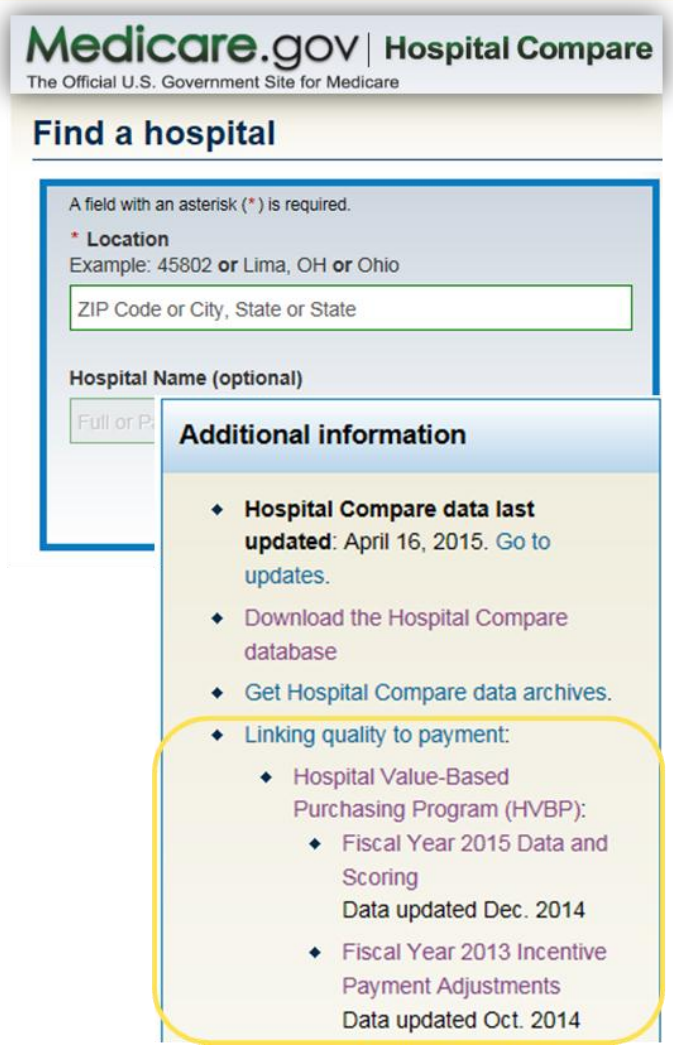
- Notifications will be sent to hospitals when the **PPSRs** are available on the *QualityNet Secure Portal*
- Reports will only be available to hospitals who are active, registered *QualityNe*t users and who have been assigned the following *QualityNe*t roles:
  - **Hospital Reporting Feedback – Inpatient role** (required to receive the report)
  - **File Exchange & Search role** (required to download the report from the *Secure Portal*)

Resources: Available on *QualityNet*

- **How to Read Your PPSR**
  - From the **"Hospitals – Inpatient"** menu, select "**Hospital Value-Based Purchasing Program"** and select "**Resources"**
    - https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202
- **Webinars/Calls/Educational Materials**
  - From **"Hospitals – Inpatient,"** select the **"Hospital Value-Based Purchasing (HVBP) "** drop-down menu, and **"Webinars/Calls"**
- **HVBP FAQs**
  - From the home page, select "**Questions & Answers"** (left) and select **"Hospitals – Inpatient"**
    - https://cms-ip.custhelp.com/

Resources: Available on Hospital Compare

- About *Hospital Compare*
  - Part of CMS Hospital Quality Initiative
  - Contains information about the quality of care at over 4,000 Medicare-certified hospitals across the country
  - Helps improve quality of care by distributing objective, easy-to-understand data on hospital performance and quality information from consumer perspectives
- To access the Hospital VBP data:
  - Go to www.medicare.gov/hospitalcompare
  - Click on “Hospital Value-Based Purchasing Program” (middle of page in “Linking Quality to Payment”)



Resources: Upcoming Presentations

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

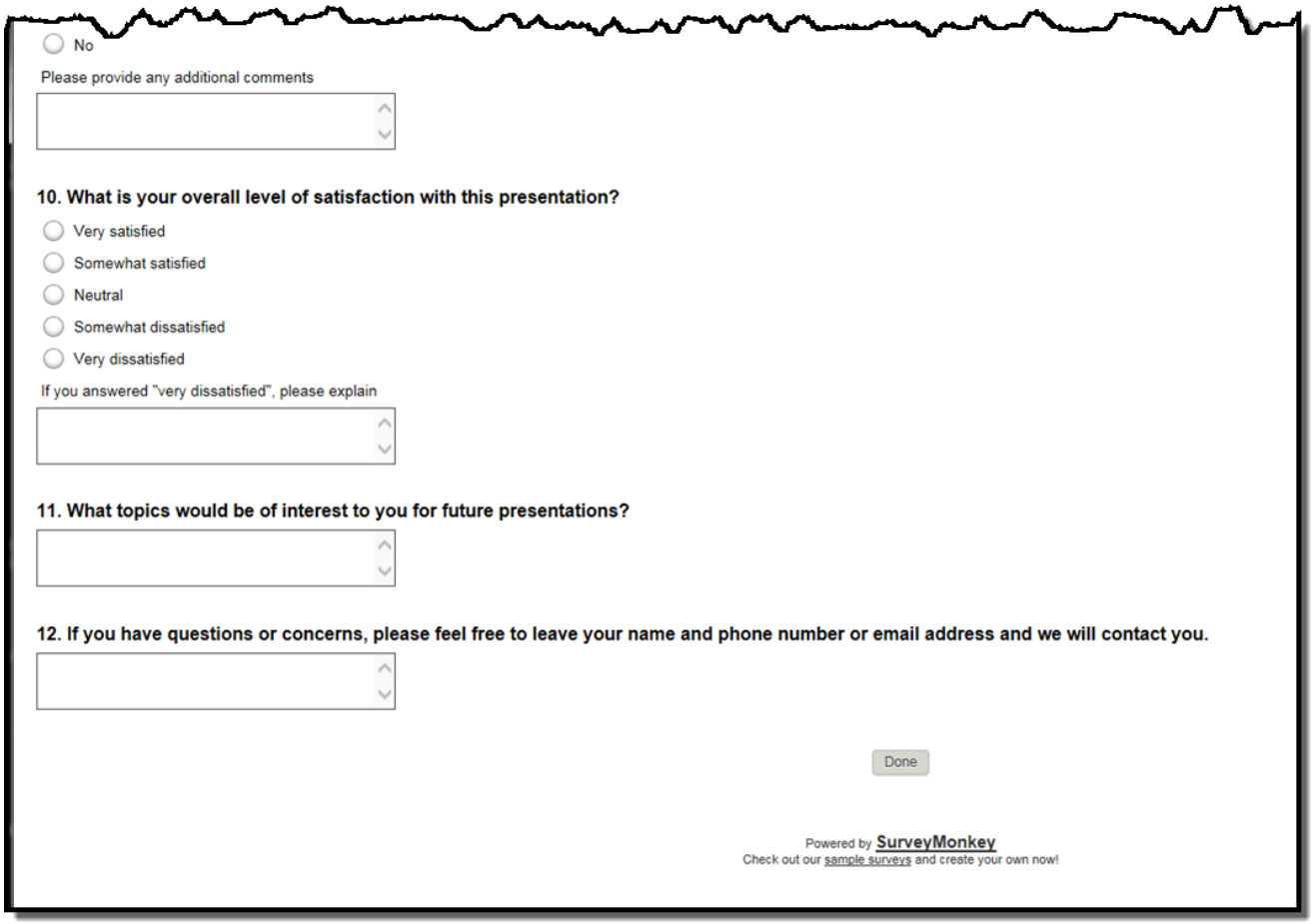
Continuing Education Approval

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

CE Credit Process

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

CE Credit Process: Survey



No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

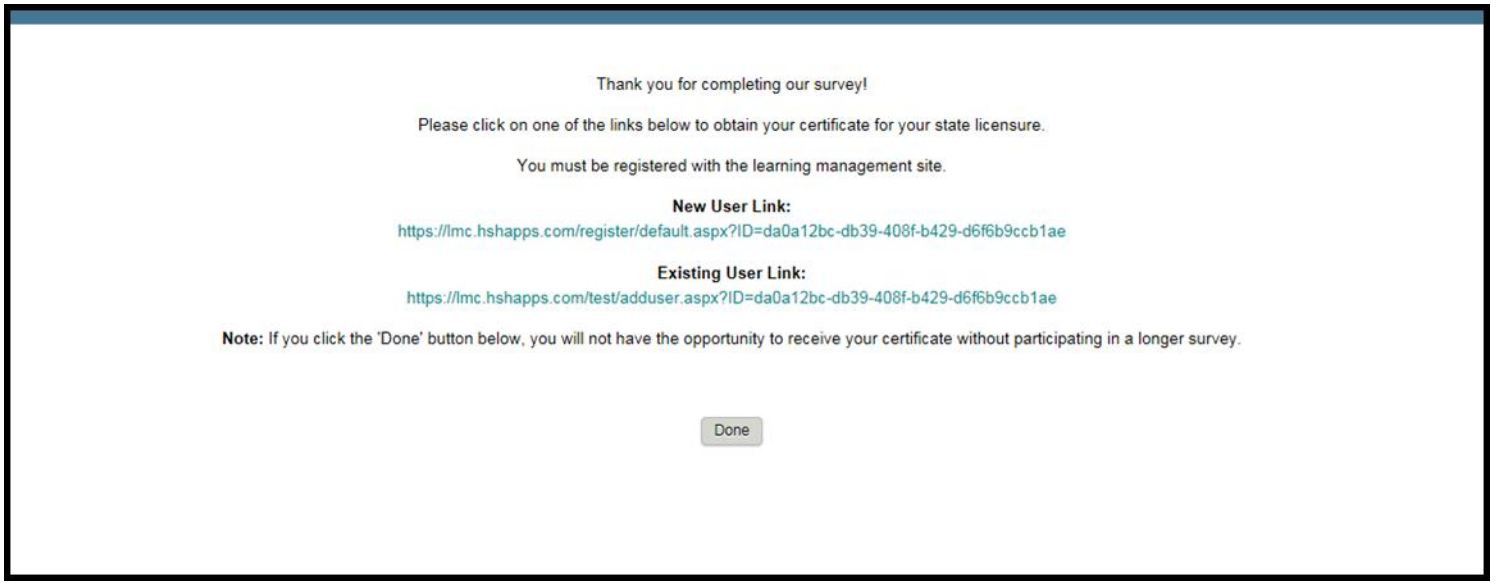
11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

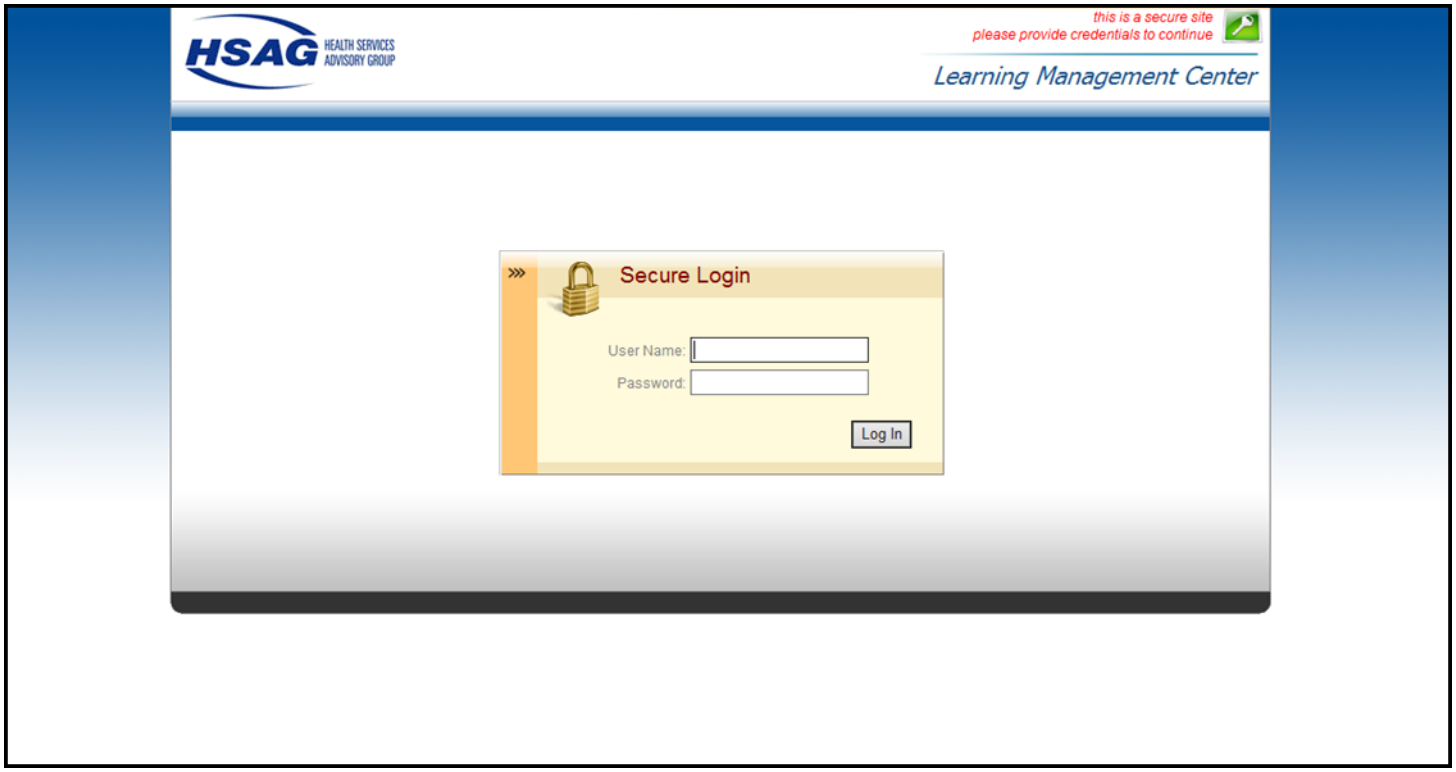
Powered by SurveyMonkey
Check out our sample surveys and create your own now!

CE Credit Process



CE Credit Process: New User

CE Credit Process: Existing User



QUESTIONS?

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

Resources
Contact Us

Q & A Tool
https://cms-ip.custhelp.com

Email Support
InpatientSupport@viqrc1.HCQIS.org

Phone Support
844.472.4477 or
866.800.8765

Inpatient Live Chat
www.qualityreportingcenter.com/inpatient

Monthly Web Conferences
www.QualityReportingCenter.com

Secure Fax
877.789.4443

ListServes
Sign up on
www.QualityNet.org

Website
www.QualityReportingCenter.com