# **Welcome!**

- Audio for this event is available via ReadyTalk® Internet Streaming.

- No telephone line is required.

- Computer speakers or headphones are necessary to listen to streaming audio.

- Limited dial-in lines are available. Please send a chat message if needed.

- This event is being recorded.
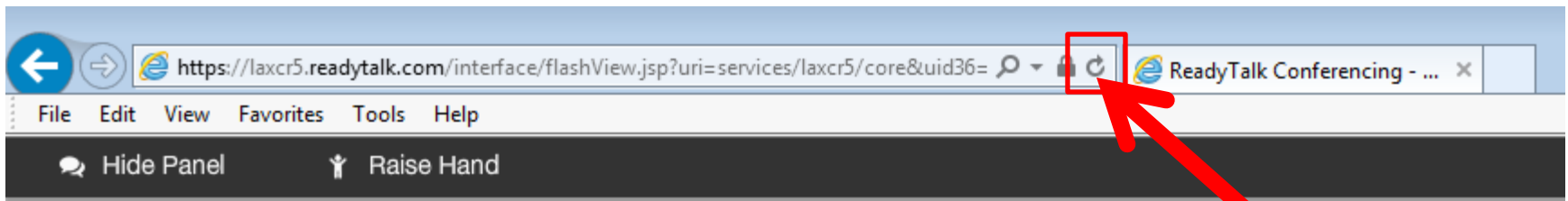
# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

- Click <u>Refresh</u> icon

  or

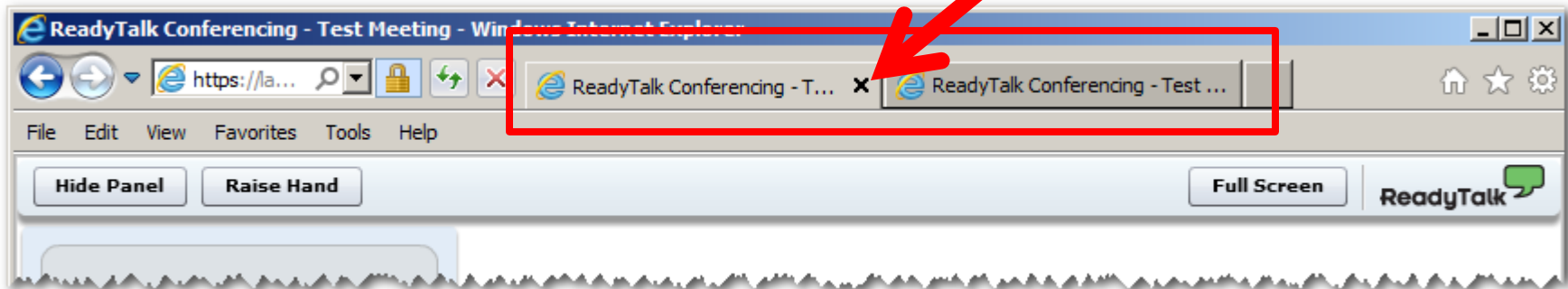- Click F5

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 up.



*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.

# Hospital Value-Based Purchasing (VBP) Program
## Fiscal Year (FY) 2017
## Percentage Payment Summary Report (PPSR) Overview

**Bethany Wheeler-Bunch, MSHA**
Project Lead, Hospital VBP Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

**July 26, 2016**

# Purpose

This event will provide an overview of the FY 2017 Hospital VBP Program including:

- Identifying how hospitals will be evaluated within each domain and measure
- Delineating eligibility requirements
- Explaining scoring methodology

# Objectives

Participants will be able to:

- Identify how hospitals will be evaluated within each domain and measure

- Recall the Hospital VBP Program eligibility requirements

- Interpret the scoring methodology used in the Hospital VBP Program

- Analyze their PPSR

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# **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 2.00% reduction from participating hospitals' base operating diagnosis-related group (DRG) payments for 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
  - Funded by reductions from participating hospitals' base-operating DRG payments
- Resulting funds are redistributed to hospitals based on their Total Performance Scores (TPS)
  - Actual amount earned will depend on the range and distribution of all eligible/participating hospitals' TPS scores 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

| 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 | 2.00% | $1.7 billion (est.) |
| Future fiscal years | 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 Inpatient Prospective Payment System (IPPS):
  - Psychiatric
  - Rehabilitation
  - Long-term care
  - Children's
  - The 11 Prospective Payment System (PPS)-Exempt Cancer Hospitals
  - Critical Access Hospitals (CAHs)

- **Excluded hospitals include those:**
  - Subject to payment reductions under the IQR Program
  - Cited for 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 VBP will not have their base operating DRG payments reduced by 2.00%.**

# Introduction: Eligibility (2 of 2)

## Proposed Regulations

- Proposed increase of Immediate Jeopardy Citations from two to three surveys
    - *"…we are proposing that a hospital must be cited on Form CMS–2567, Statement of Deficiencies and Plan of Correction, for immediate jeopardy on at least three surveys during the performance period in order to meet the standard for exclusion from the Hospital VBP Program under section 1886(o)(1)(C)(ii)(II) of the Act."*
    - *"Because we expect that the effective date of this change will be October 1, 2016 (the first day of the FY 2017 Hospital VBP program year), only hospitals that were cited three times during the performance period that applies to the FY 2017 program year would be excluded from the Hospital VBP Program."*

- EMTALA-related Immediate Jeopardy Citations
    - *"In the case of EMTALA-related immediate jeopardy citations only, we are proposing to change our policy regarding the date of the immediate jeopardy citation for possible exclusion from the Hospital VBP Program from the survey end date generated in ASPEN to the date of CMS' final issuance of Form CMS–2567 to the hospital."*

FY 2017 IPPS Proposed Rule (81 FR 25111-25112)

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# EVALUATING HOSPITALS

# Evaluating Hospitals:
# FY 2017 Domain Weights and Measures

## Patient and Caregiver Centered Experience of Care/Care Coordination (PCCEC/CC)
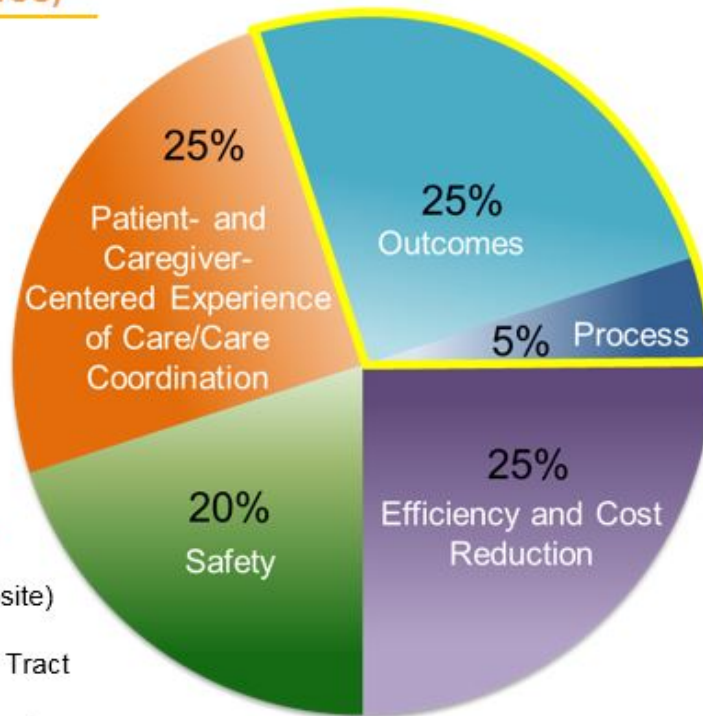
### Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. **Communication** with Nurses
2. **Communication** with Doctors
3. **Responsiveness** of Hospital Staff
4. **Pain** Management
5. **Communication** about Medicines
6. **Cleanliness** and Quietness of Hospital Environment
7. **Discharge** Information
8. **Overall** Rating of Hospital

## Safety

1. **AHRQ PSI-90**: Complication/patient safety for selected indicators (composite)
2. **CDI***: Clostridium difficile Infection
3. **CAUTI**: Catheter-Associated Urinary Tract Infection
4. **CLABSI**: Central Line-Associated Blood Stream Infection
5. **MRSA***: Methicillin-Resistant Staphylococcus aureus Bacteremia
6. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy

## Domain Weights



Pie chart: Patient- and Caregiver-Centered Experience of Care/Care Coordination 25%, Outcomes 25%, Process 5%, Efficiency and Cost Reduction 25%, Safety 20%

An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

## Clinical Care: Outcomes

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

## Clinical Care: Process

1. **AMI-7a**: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. **PC-01***: Elective Delivery Prior to 39 Completed Weeks Gestation
3. **IMM-2**: Influenza Immunization

## Efficiency and Cost Reduction

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

# Evaluating Hospitals:
# Baseline and Performance Periods

| Domain | Subdomain/ Measure | Baseline Period | Performance Period |
|---|---|---|---|
| **Clinical Care** | Process | 1/1/2013– 12/31/2013 | 1/1/2015– 12/31/2015 |
| | Outcomes | 10/1/2010– 6/30/2012 | 10/1/2013– 6/30/2015 |
| **PCCEC/CC** | HCAHPS Survey | 1/1/2013– 12/31/2013 | 1/1/2015– 12/31/2015 |
| **Safety** | Agency for Healthcare Research and Quality (AHRQ) PSI-90 Composite | 10/1/2010– 6/30/2012 | 10/1/2013– 6/30/2015 |
| | Centers for Disease Control and Prevention (CDC) Healthcare-Associated Infection (HAI) Measures | 1/1/2013– 12/31/2013 | 1/1/2015– 12/31/2015 |
| **Efficiency and Cost Reduction** | MSPB | 1/1/2013– 12/31/2013 | 1/1/2015– 12/31/2015 |

# Evaluating Hospitals:
# Performance Standards

## Benchmark

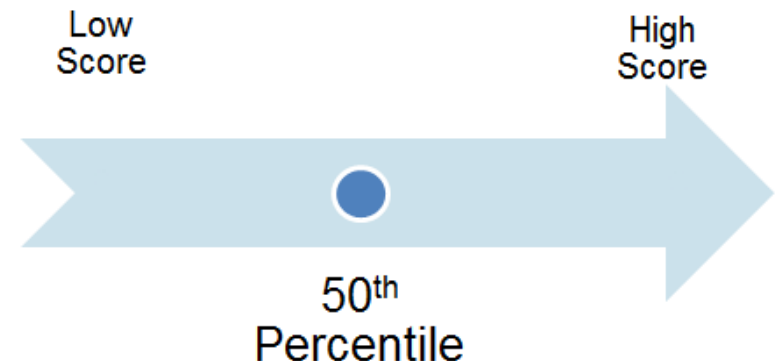Average (mean) performance of the top ten percent of hospitals

## Achievement Threshold

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

*Note:* The MSPB-1 measure utilizes performance period data for performance standard calculations.

### Figure #1 - Benchmark

Hospital → Data

Achievement Threshold

90%

Benchmark

### Figure #2 - Achievement Threshold

Low Score

High Score

50th Percentile

A **_higher rate_** is better for the
following measures/dimens

- Clinical Care – Process
  - AMI-7a
  - IMM-2
- Clinical Care – Outcomes
  - MORT-30-AMI*
  - MORT-30-HF*
  - MORT-30-PN*
- HCAHPS Dimensions

**Achievement Threshold**

(50th percentile)

**Benchmark** (average of the best 10%)
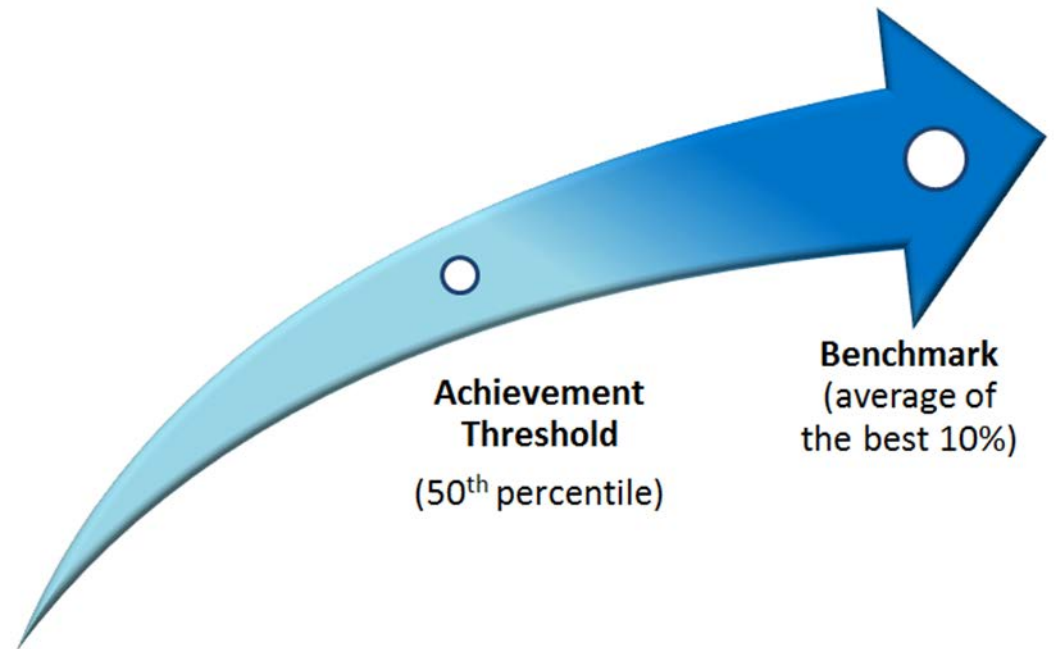
*_Note:_ 30-day Mortality Measures are reported as survival rates; therefore, higher values represent a better outcome.*

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

- Clinical Care – Process
  - PC-01

- Safety
  - AHRQ PSI-90 Composite
  - Healthcare-Associated Infection (HAI) Outcome Measures

- Efficiency and Cost Reduct
  - MSPB

**Achievement Threshold**
(50th percentile)

**Benchmark**
(average of the best 10%)
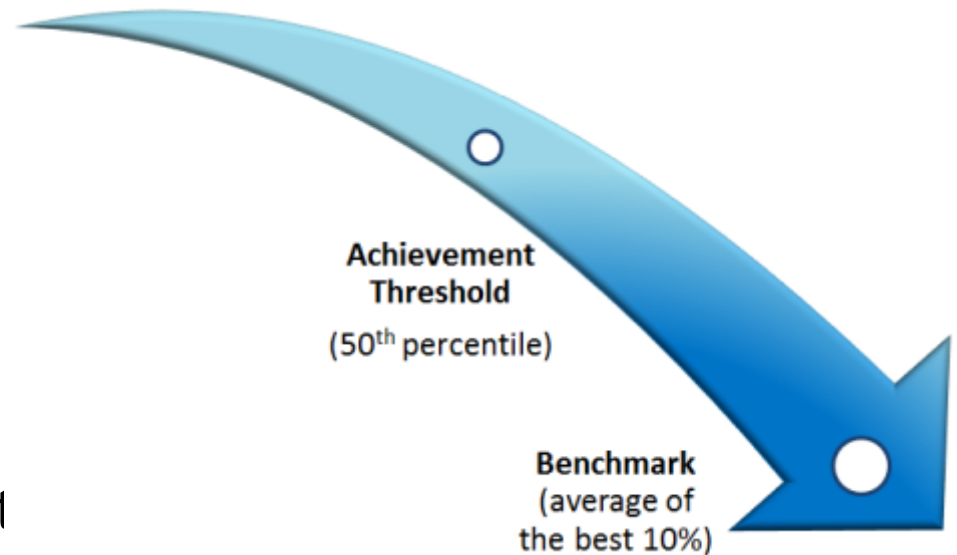
# Evaluating Hospitals:
# Achievement Points

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



Achievement Points

All Hospitals

Your Hospital

Time

# 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

## Improvement Points

Your Hospital          Your Hospital

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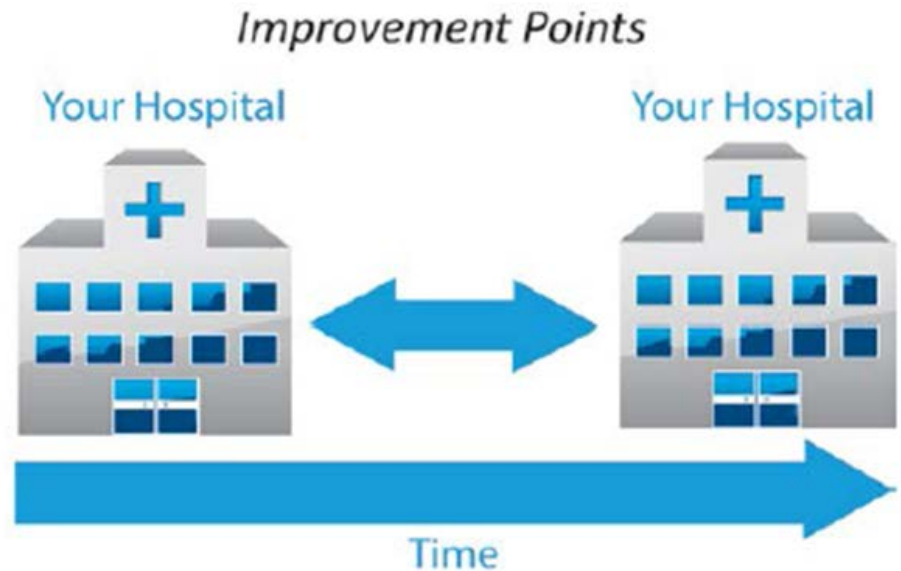
*Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (that is, have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.

Hospital Value-Based Purchasing (VBP) Program
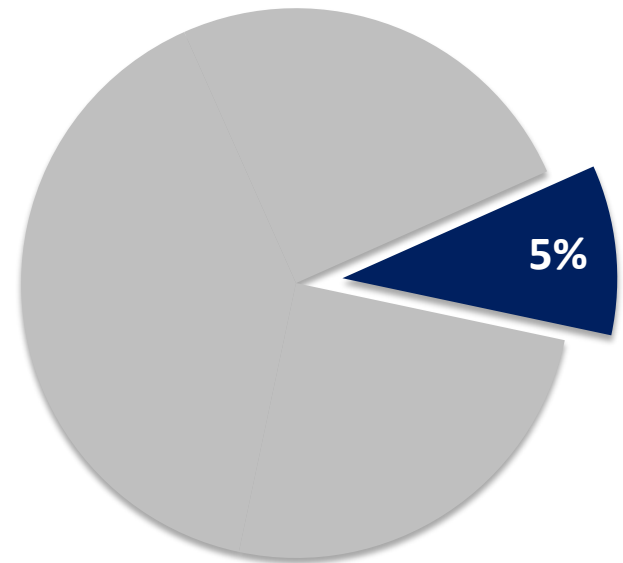Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# CLINICAL CARE

# Clinical Care:
# Process Measures

## Measures

- **AMI-7a**: Fibrinolytic therapy received within 30 minutes of hospital arrival

- **IMM-2**: Influenza Immunization

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

## Clinical Care – Process Subdomain Weight



5%

# Clinical Care: Process Measure Minimums

## Domain Scoring Requirements

At least **1 out of the 3** 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



| AMI-7a | IMM-2 | PC-01 |
|--------|-------|-------|
| (0 Cases) | (25 Cases) | (10 Cases) |

**=**

**Clinical Care: Process Subdomain**
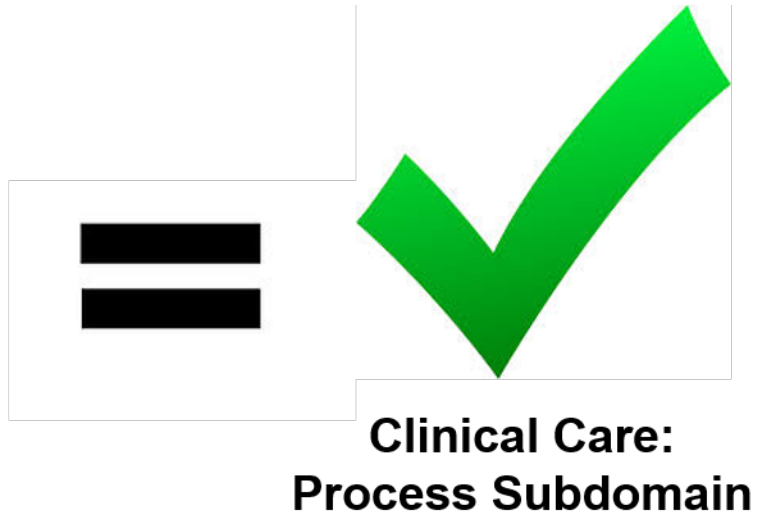
# Clinical Care: Process
# Achievement Points



| 0.0% | 0.3% | 0.6% | 0.9% | 1.2% | 1.5% | 1.8% | 2.1% | 2.4% | 2.7% | 3.0% | 3.3% |

**0.000000**
**Benchmark**

**0.012000**
**Performance Period Rate**

**0.031250**
**Achievement Threshold**

## Achievement Point Range

| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
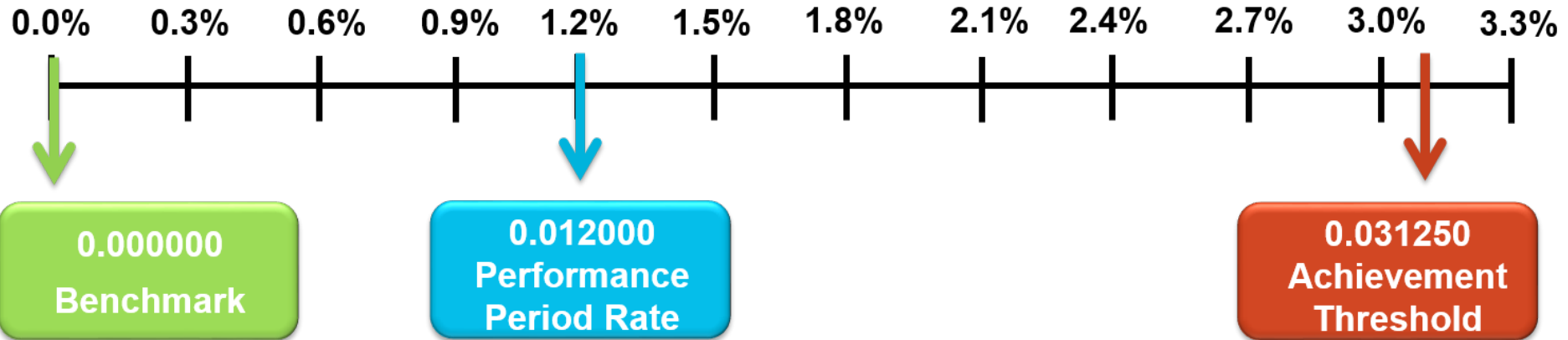
$$\left(9 \times \left(\frac{\textit{Performance Period Rate} - \textit{Achievement Threshold}}{\textit{Benchmark} - \textit{Achievement Threshold}}\right)\right) + 0.5 = \left(9 \times \left(\frac{0.012000 - 0.031250}{0.000000 - 0.031250}\right)\right) + 0.5 = \mathbf{6}$$

## PC-01 Achievement Point Example

# Clinical Care: Process Improvement Points
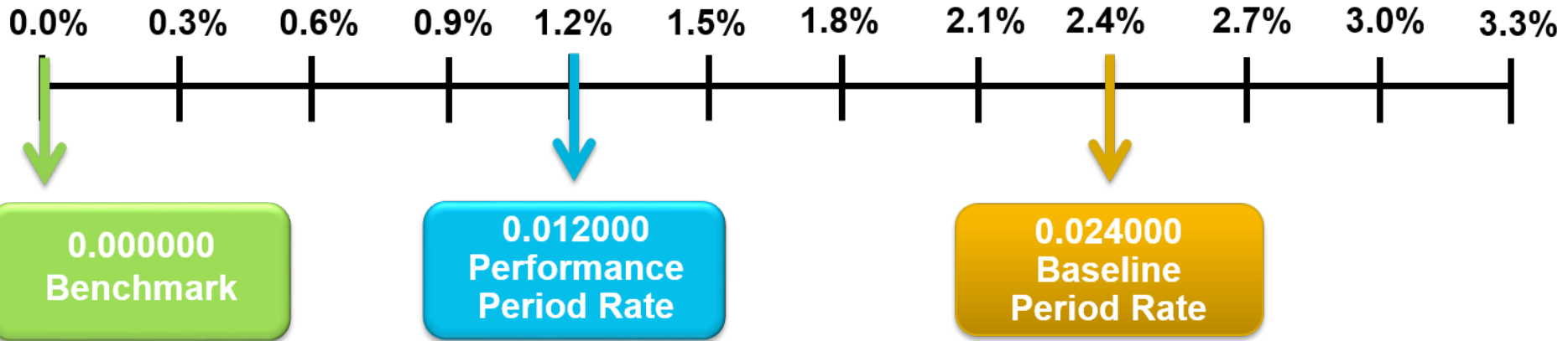


$$(10 \times \left( \frac{\textit{Performance Period Rate} - \textit{Baseline Period Rate}}{\textit{Benchmark} - \textit{Baseline Period Rate}} \right) - 0.5 = (10 \times \left( \frac{0.012000 - 0.024000}{0.000000 - 0.024000} \right) - 0.5 = \mathbf{5}$$

**PC-01 Improvement Point Example**

# Clinical Care: Process
# Measure Scores

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

*Example FY 2017 Clinical Care – Process Measure Score Calculations*

| Measure ID | Achievement Points | Improvement Points | Measure Score |
|---|---|---|---|
| AMI-7a | N/A | N/A | N/A |
| IMM-2 | 10 | – | 10 |
| PC-01 | 6 | 5 | 6 |

# Clinical Care: Process 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 | N/A |
| IMM-2 | 10 |
| PC-01 | 6 |

### Domain Normalization Steps

1. Sum the measure scores in the domain
   a. (10 + 6) = 16

2. Multiply the eligible measures by the maximum point value per measure (10 points)
   a. (2 Measures x 10 Points) = 20

3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
   a. (16 ÷ 20) = 0.800000000000

4. Multiply the result of step 3 by 100
   a. (0.800000000000 x 100) = **80.000000000000**

# Clinical Care: Outcomes Measures

## Measures

- **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

Utilizes admissions for Medicare Fee-for-Service (FFS) beneficiaries aged ≥65 years discharged from subsection(d) and Maryland acute care hospitals having a principal discharge diagnosis of AMI, HF, or PN and meeting other measure inclusion criteria.

## Clinical Care: Outcomes Domain Weight

25%
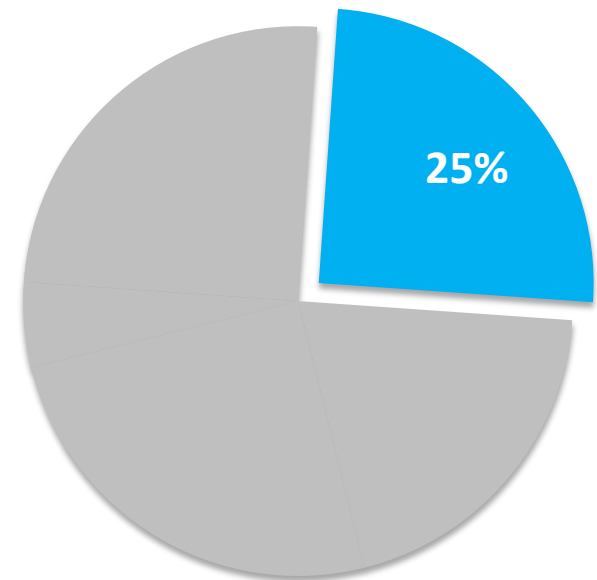
# Clinical Care: Outcomes
# Measure Minimums

## Domain Scoring Requirements

At least **2 out of the 3** measures must be scored

- A measure must have at least **25 eligible discharges** during the baseline period to receive an improvement score
- A measure must have at least **25 eligible discharges** during the performance period to have either an achievement or improvement score

| MORT-30-AMI | MORT-30-HF | MORT-30-PN |
|:---:|:---:|:---:|
| ✔ | ✔ | ✔ |
| (90 Cases) | (25 Cases) | (25 Cases) |

= ✔
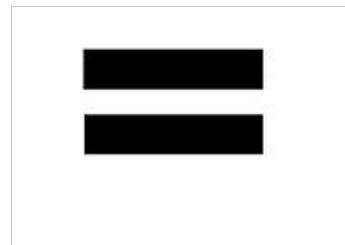
**Clinical Care: Outcomes Subdomain**

# Clinical Care: Outcomes
# Achievement Points

| 85.0% | 85.3% | 85.6% | 85.9% | 86.2% | 86.5% | 86.8% | 87.1% | 87.4% | 87.7% | 88.0% | 88.3% |

**0.851458 Achievement Threshold**

**0.871669 Benchmark**

**0.878500 Performance Period Rate**

## Achievement Point Range

1  2  3  4  5  6  7  8  9  10
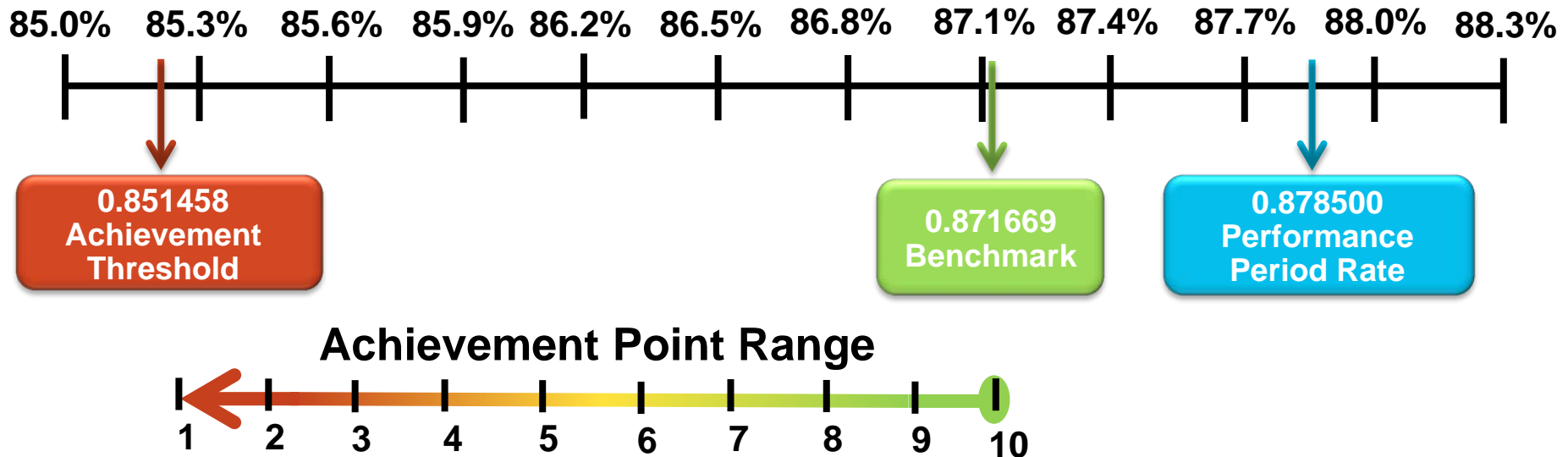
Achievement Points are awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period.

- **Rate at or 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**

# Clinical Care: Outcomes
# Improvement Points

| 85.0% | 85.3% | 85.6% | 85.9% | 86.2% | 86.5% | 86.8% | 87.1% | 87.4% | 87.7% | 88.0% | 88.3% |

**0.862000
Baseline
Period Rate**

**0.871669
Benchmark**

**0.878500
Performance
Period Rate**

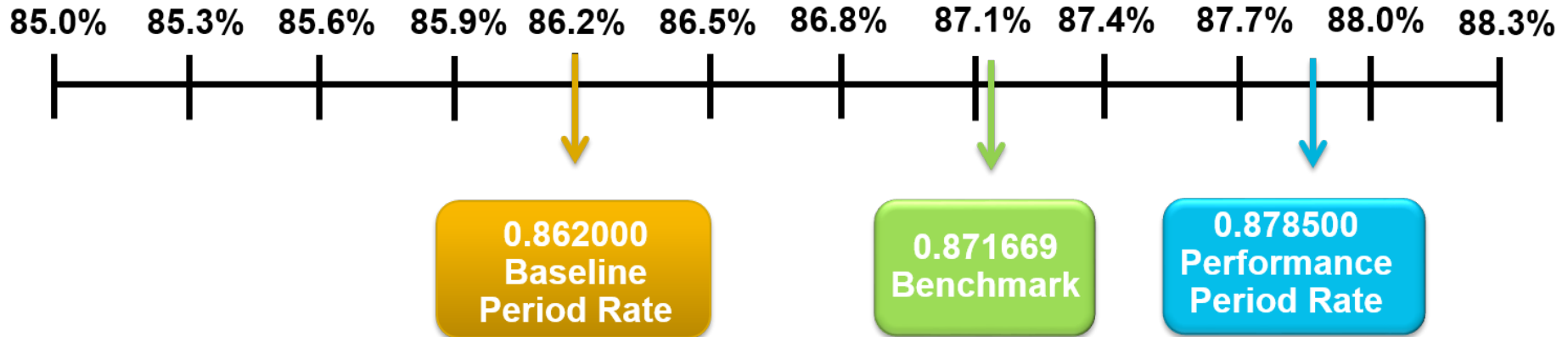**Improvement Points are** awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period:

- **Rate at or 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**

# Clinical Care: Outcomes
# Measure Scores

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

*Example FY 2017 Clinical Care – Outcomes Measure Score Calculations*

| Measure ID | Achievement Points | Improvement Points | Measure Score |
|---|---|---|---|
| MORT-30-AMI | 10 | 9 | 10 |
| MORT-30-HF | 4 | 0 | 4 |
| MORT-30-PN | 2 | 7 | 7 |

# Clinical Care: 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 |
|------------|---------------|
| AMI-7a | 10 |
| IMM-2 | 4 |
| PC-01 | 7 |

**Domain Normalization Steps**

1. Sum the measure scores in the domain
   a. (10 + 4 + 7) = 21

2. Multiply the eligible measures by the maximum point value per measure (10 points)
   a. (3 Measures x 10 Points) = 30

3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
   a. (21 ÷ 30) = 0.700000000000

4. Multiply the result of step 3 by 100
   a. (0.700000000000 x 100) = **70.000000000000**

# Clinical Care:
# PPSR Display (1 of 2)

Report Run Date:

**Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report**
**Clinical Care Detail Report**
**Provider:**
**Reporting Period: Fiscal Year 2017**

| Baseline Period: 01/01/2013 - 12/31/2013<br>Performance Period: 01/01/2015 - 12/31/2015 | ①<br>FY 2017 Baseline Period Totals | | | ②<br>FY 2017 Performance Period Totals | | | HBVP Metrics | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Process 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 | N/A | N/A | - | N/A | N/A | - | 0.954545 | 1.000000 | - | - | - | - |
| **Perinatal Care** | | | | | | | | | | | | |
| PC-01  Elective Delivery Prior to 39 Completed Weeks Gestation | 0 cases | 0 cases | - | 0 cases | 0 cases | - | 0.031250 | 0.000000 | - | - | - | - |
| **Preventative** | | | | | | | | | | | | |
| IMM-2  Influenza Immunization | 0 | 10 | 0.000000 | 10 | 10 | 1.000000 | 0.951607 | 0.997739 | 9 | 10 | 10 | 10 |
| Baseline Period: 10/01/2010 - 06/30/2012<br>Performance Period: 10/01/2013 - 06/30/2015 | FY 2017 Baseline Period Totals | | FY 2017 Performance Period Totals | | HVBP Metrics | | | | | | | |
| Outcomes Measures | Number of Eligible Discharges | Baseline Period Rate | Number of Eligible Discharges | Performance Period Rate | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score | | | |
| **30-Day Risk-Standardized Mortality Measures** | | | | | | | | | | | | |
| Acute Myocardial Infarction (AMI) 30-Day Mortality Rate | 25 | 0.880000 | 25 | 0.880000 | 0.851458 | 0.871669 | 0 | 10 | 10 | | | |
| Heart Failure (HF) 30-Day Mortality Rate | 25 | 0.850000 | 25 | 0.910000 | 0.881794 | 0.903985 | 9 | 10 | 10 | | | |
| Pneumonia (PN) 30-Day Mortality Rate | 25 | 0.800000 | 25 | 0.908124 | 0.882986 | 0.908124 | 9 | 10 | 10 | | | |

Eligible Clinical Care Process Measures:      1 of 3
Unweighted Clinical Care Process Measures Subdomain Score:    100.000000000000
Weighted Clinical Care Process Measures Subdomain Score:    5.000000000000
Eligible Clinical Care Outcomes Measures:      3 of 3
Unweighted Clinical Care Outcomes Measures Subdomain Score:    100.000000000000
Weighted Clinical Care Outcomes Measures Subdomain Score:    25.000000000000

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

**① Baseline Period Totals** displays the hospital's baseline period  values used to calculate the baseline period rate

**② Performance Period Totals** displays the hospital's  performance period values used to calculate the performance period rate

# Clinical Care:
# PPSR Display (2 of 2)

Report Run Date:

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Clinical Care Detail Report
Provider:
Reporting Period: Fiscal Year 2017

**3**

| Baseline Period: 01/01/2013 - 12/31/2013 Performance Period: 01/01/2015 - 12/31/2015 | FY 2017 Baseline Period Totals | | | FY 2017 Performance Period Totals | | | HBVP Metrics | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Process 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 | N/A | N/A | - | N/A | N/A | - | 0.954545 | 1.000000 | - | - | - | - |
| Perinatal Care | | | | | | | | | | | | |
| PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation | 0 cases | 0 cases | - | 0 cases | 0 cases | - | 0.031250 | 0.000000 | - | - | - | - |
| Preventative | | | | | | | | | | | | |
| IMM-2 Influenza Immunization | 0 | 10 | 0.000000 | 10 | 10 | 1.000000 | 0.951607 | 0.997739 | 9 | 10 | 10 | 10 |

| Baseline Period: 10/01/2010 - 06/30/2012 Performance Period: 10/01/2013 - 06/30/2015 | FY 2017 Baseline Period Totals | | FY 2017 Performance Period Totals | | HVBP Metrics | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Outcomes Measures | Number of Eligible Discharges | Baseline Period Rate | Number of Eligible Discharges | Performance Period Rate | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score |
| 30-Day Risk-Standardized Mortality Measures | | | | | | | | | |
| Acute Myocardial Infarction (AMI) 30-Day Mortality Rate | 25 | 0.880000 | 25 | 0.880000 | 0.851458 | 0.871669 | 0 | 10 | 10 |
| Heart Failure (HF) 30-Day Mortality Rate | 25 | 0.850000 | 25 | 0.910000 | 0.881794 | 0.903985 | 9 | 10 | 10 |
| Pneumonia (PN) 30-Day Mortality Rate | 25 | 0.800000 | 25 | 0.908124 | 0.882986 | 0.908124 | 9 | 10 | 10 |

| | |
|---|---|
| Eligible Clinical Care Process Measures: | 1 of 3 |
| Unweighted Clinical Care Process Measures Subdomain Score: | 100.000000000000 |
| Weighted Clinical Care Process Measures Subdomain Score: | 5.000000000000 |
| Eligible Clinical Care Outcomes Measures: | 3 of 3 |
| Unweighted Clinical Care Outcomes Measures Subdomain Score: | 100.000000000000 |
| Weighted Clinical Care Outcomes Measures Subdomain Score: | 25.000000000000 |

**4**

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

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

**4** **Domain Summary**
- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# PATIENT- AND CAREGIVER-CENTERED EXPERIENCE OF CARE/CARE COORDINATION

# PCCEC/CC:
# Dimensions

## HCAHPS Dimensions

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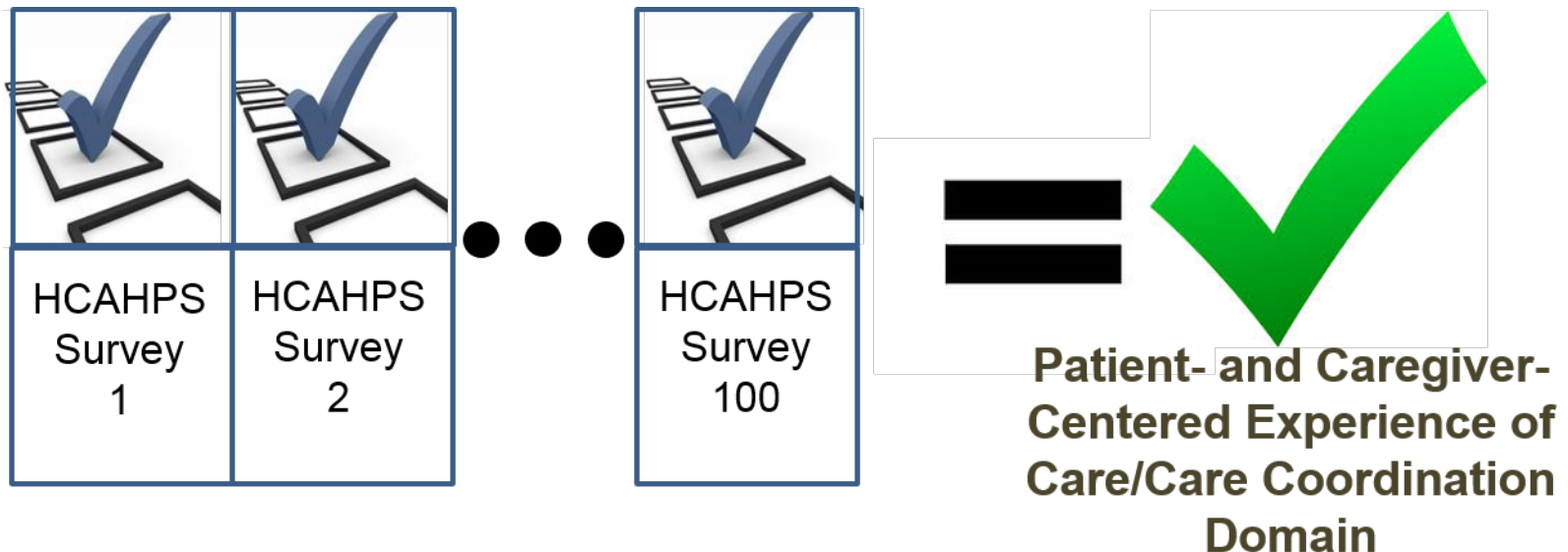- Discharge Information
- Overall Rating of Hospital

## PCCEC/CC Domain Weight



25%
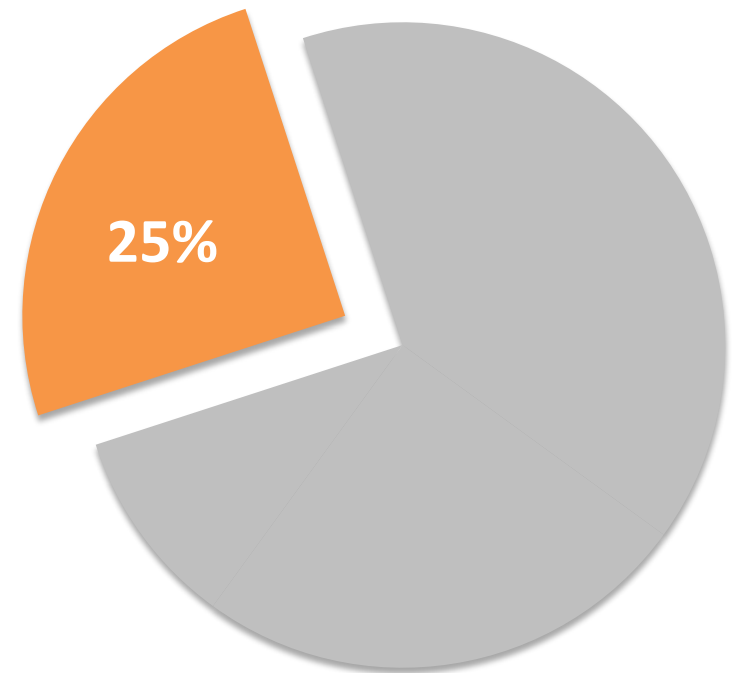
# PCCEC/CC:
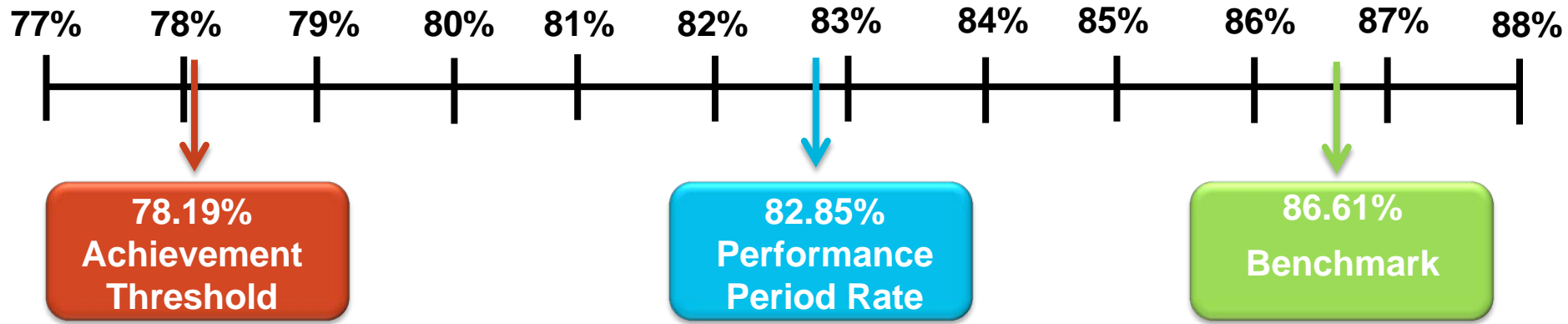# Measure Minimums

- **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



HCAHPS Survey 1    HCAHPS Survey 2    • • •    HCAHPS Survey 100    =    **Patient- and Caregiver-Centered Experience of Care/Care Coordination Domain**

# PCCEC/CC:
# Achievement Points

77% | 78% | 79% | 80% | 81% | 82% | 83% | 84% | 85% | 86% | 87% | 88%

**78.19% Achievement Threshold**

**82.85% Performance Period Rate**

**86.61% Benchmark**

## Achievement Point Range

1  2  3  4  5  6  7  8  9  10

$$\left(9 \times \left(\frac{\textit{Performance Period Rate} - \textit{Achievement Threshold}}{\textit{Benchmark} - \textit{Achievement Threshold}}\right)\right) + 0.5 = \left(9 \times \left(\frac{82.85\% - 78.19\%}{86.61\% - 78.19\%}\right)\right) + 0.5 = \mathbf{5}$$

**Communication with Nurses Achievement Point Example**

# PCCEC/CC:
# Improvement Points

| 77% | 78% | 79% | 80% | 81% | 82% | 83% | 84% | 85% | 86% | 87% | 88% |

**79.90% Baseline Period Rate**

**82.85% Performance Period Rate**
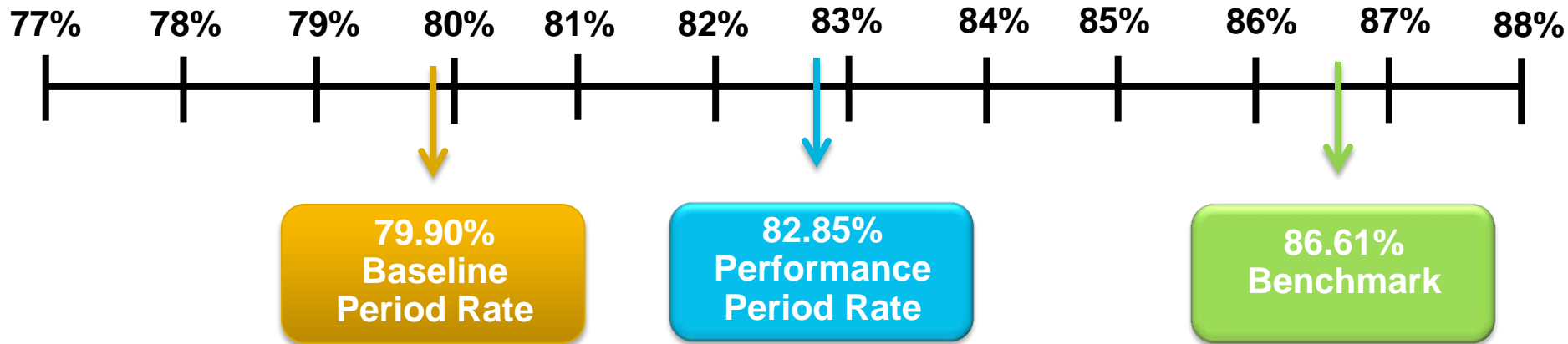
**86.61% Benchmark**

$$\left(10 \times \left(\frac{Performance\ Period\ Rate\ -\ Baseline\ Period\ Rate}{Benchmark\ -\ Baseline\ Period\ Rate}\right)\right) - 0.5 = \left(10 \times \left(\frac{82.85\%\ -\ 79.90\%}{86.61\%\ -\ 79.90\%}\right)\right) - 0.5 = \mathbf{4}$$

## Communication with Nurses Improvement Point Example

# PCCEC/CC: Dimension Scores

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

*Example FY 2017 PCCEC/CC Dimension Score Calculations*

| Dimension | Achievement Points | Improvement Points | Dimension Score |
|---|---|---|---|
| Communication with Nurses | 5 | 4 | 5 |
| Communication with Doctors | 8 | 7 | 8 |
| Responsiveness of Hospital Staff | 9 | 9 | 9 |
| Pain Management | 7 | 8 | 8 |
| Communication About Medicines | 0 | 0 | 0 |
| Cleanliness and Quietness of Hospital Environment | 10 | 9 | 10 |
| Discharge Information | 6 | 0 | 6 |
| Overall Rating of Hospital | 4 | 4 | 4 |

# PCCEC/CC:
# Lowest Dimension Score

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

$$\text{Communication with Nurses} = \frac{(82.85\% - 58.14\%)}{(78.19\% - 58.14\%)} = \mathbf{1.232}$$

$$\text{Communication } about\ Medicines = \frac{(58.54\% - 41.42\%)}{(62.88\% - 41.42\%)} = \mathbf{0.798}$$

$$\text{Communication with } Doctors = \frac{(87.45\% - 63.58\%)}{(80.51\% - 63.58\%)} = \mathbf{1.410}$$

$$\text{Cleanliness and } Quietness = \frac{(72.47\% - 44.32\%)}{(65.30\% - 44.32\%)} = \mathbf{1.342}$$

$$Responsiveness\ of\ Hospital\ Staff = \frac{(78.96\% - 37.29\%)}{(65.05\% - 37.29\%)} = \mathbf{1.501}$$

$$\text{Discharage Information} = \frac{(87.90\% - 64.09\%)}{(85.91\% - 64.09\%)} = \mathbf{1.091}$$

$$Pain\ Management = \frac{(76.35\% - 49.53\%)}{(70.28\% - 49.53\%)} = \mathbf{1.293}$$

$$\text{Overall Rating} = \frac{(65.49\% - 35.99\%)}{(70.02\% - 35.99\%)} = \mathbf{0.867}$$

# PCCEC/CC:
# Consistency Score

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

**Example 1:** Performance Period Rate worse than achievement threshold

$$Communication\ about\ Medicines = \frac{(58.54\% - 41.42\%)}{(62.88\% - 41.42\%)} = \mathbf{0.798}$$

$$Consistency\ Score = (20 \times 0.798) - 0.5 = \mathbf{15}$$

**Example 2:** Performance Period Rate equal to or better than achievement threshold

$$Communication\ about\ Medicines = \frac{(62.88\% - 41.42\%)}{(62.88\% - 41.42\%)} = \mathbf{1.000}$$

$$Consistency\ Score = (20 \times 1.000) - 0.5 = \mathbf{20}$$

# PCCEC/CC:
# Unweighted Domain Score

- CMS calculates two scores for the PCCEC/CC Domain
  - A Base Score and a Consistency Score
- Base Score is the sum of the 8 Dimension Scores
  - Maximum point value for the Base Score is 80 (8 dimensions X 10 maximum point value)
- Consistency Score is calculated from your hospital's lowest dimension score
  - Maximum point value for the Consistency Score 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 | 5 |
| Communication with Doctors | 8 |
| Responsiveness of Hospital Staff | 9 |
| Pain Management | 8 |
| Communication About Medicines | 0 |
| Cleanliness and Quietness of Hospital Environment | 10 |
| Discharge Information | 6 |
| Overall Rating of Hospital | 4 |

## PCCEC/CC Domain Score

1. Sum the dimension scores in the domain to calculate your HCAHPS Base Score
   a. (5 + 8 + 9 + 8 + 0 + 10 + 6 + 4) = 50
2. Determine your hospital's Lowest Dimension Score and use that value to calculate the Consistency Score
   a. Consistency Score = 15
3. Add the Base Score (result of step 1) to the consistency score (result of step 2)
   a. 50 + 15 = **65.000000000000**

| Baseline Period: 01/01/2013 - 12/31/2013<br>Performance Period: 01/01/2015 - 12/31/2015 | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| HCAHPS Dimensions | Baseline Period Rate | Performance Period Rate | Floor | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Dimension Score |
| Communication with Nurses | 79.13% | 79.46% | 58.14% | 78.19% | 86.61% | 0 | 2 | 2 |
| Communication with Doctors | 79.99% | 80.72% | 63.58% | 80.51% | 88.80% | 0 | 1 | 1 |
| Responsiveness of Hospital Staff | 74.30% | 73.55% | 37.29% | 65.05% | 80.01% | 0 | 6 | 6 |
| *Pain Management†* | 71.56% | 69.73% | 49.53% | 70.28% | 78.33% | 0 | 0 | 0 |
| Communication about Medicines | 67.59% | 69.89% | 41.42% | 62.88% | 73.36% | 3 | 7 | 7 |
| Cleanliness and Quietness of Hospital Environment | 65.39% | 65.34% | 44.32% | 65.30% | 79.39% | 0 | 1 | 1 |
| Discharge Information | 91.95% | 92.41% | 64.09% | 85.91% | 91.23% | 9 | 10 | 10 |
| Overall Rating of Hospital | 72.68% | 73.65% | 35.99% | 70.02% | 84.60% | 0 | 3 | 3 |

HCAHPS Base Score: 30
HCAHPS Consistency Score: 19
Unweighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: 49.000000000000
Weighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: 12.250000000000
HCAHPS Surveys Completed during the Performance period: 265

Calculated values were subject to rounding.

†The *Pain Management* 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

**Baseline Period: 01/01/2013 - 12/31/2013**
**Performance Period: 01/01/2015 - 12/31/2015**



| HCAHPS Dimensions | Baseline Period Rate | Performance Period Rate | Floor | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Dimension Score |
|---|---|---|---|---|---|---|---|---|
| Communication with Nurses | 79.13% | 79.46% | 58.14% | 78.19% | 86.61% | 0 | 2 | 2 |
| Communication with Doctors | 79.99% | 80.72% | 63.58% | 80.51% | 88.80% | 0 | 1 | 1 |
| Responsiveness of Hospital Staff | 74.30% | 73.55% | 37.29% | 65.05% | 80.01% | 0 | 6 | 6 |
| *Pain Management†* | 71.56% | 69.73% | 49.53% | 70.28% | 78.33% | 0 | 0 | 0 |
| Communication about Medicines | 67.59% | 69.89% | 41.42% | 62.88% | 73.36% | 3 | 7 | 7 |
| Cleanliness and Quietness of Hospital Environment | 65.39% | 65.34% | 44.32% | 65.30% | 79.39% | 0 | 1 | 1 |
| Discharge Information | 91.95% | 92.41% | 64.09% | 85.91% | 91.23% | 9 | 10 | 10 |
| Overall Rating of Hospital | 72.68% | 73.65% | 35.99% | 70.02% | 84.60% | 0 | 3 | 3 |

| | |
|---|---|
| HCAHPS Base Score: | 30 |
| HCAHPS Consistency Score: | 19 |
| Unweighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: | 49.000000000000 |
| Weighted Patient and Caregiver Centered Experience of Care/Care Coordination Domain Score: | 12.250000000000 |
| HCAHPS Surveys Completed during the Performance period: | 265 |

Calculated values were subject to rounding.

†The *Pain Management* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

**4**

**3**

**HVBP Metrics** displays the performance standards (Floor, Achievement Threshold, and Benchmark), improvement points, achievement points, and dimension 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

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview
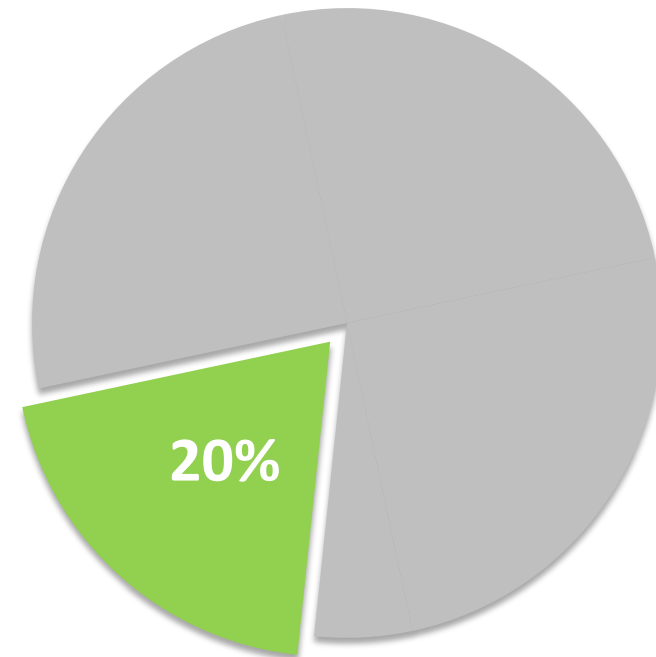
# SAFETY

# Safety: Measures

## Agency for Healthcare Research and Quality Measure (AHRQ)

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

## Healthcare-Associated Infections(HAI) Measures

| | |
|---|---|
| **CAUTI** | Catheter-Associated Urinary Tract Infection among adult and pediatric ICU locations |
| **CDI** | Clostridium *difficile* Infection |
| **CLABSI** | Central Line-Associated Blood Stream Infections among adult, pediatric, and neonatal intensive care unit (ICU) locations |
| **MRSA** | Methicillin-Resistant Staphylococcus *aureus* Bacteremia |
| **SSI** | Surgical Site Infections specific to abdominal hysterectomy and colon surgery |

**Safety Domain Weight**

20%

# Safety:
# Measure Minimums: AHRQ PSI-90

- Requires a minimum of **3 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

- CMS announced the decision to use AHRQ QI Software version **4.5a** for calculations in the FY 2017 Program

- CMS will utilize **nine Diagnosis** codes and **six Procedure** codes

**Evaluation Requirements: PSI-90**

| | |
|---|---|
| **PSI 03:** *Pressure Ulcer Rate* | 👤👤👤👤 ✓ |
| **PSI 06:** *Iatrogenic Pneumothorax Rate* | 👤👤 |
| **PSI 07:** *Central venous Catheter-Related Bloodstream Infection Rate* | 👤 |
| **PSI 08:** *Postoperative Hip Fracture Rate* | 👤👤 |
| **PSI 12:** *Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate* | |
| **PSI 13:** *Postoperative Sepsis Rate* | |
| **PSI 14:** *Postoperative Wound Dehiscence Rate* | 👤👤 |
| **PSI 15:** *Accidental Puncture or Laceration Rate* | |

# Safety:
# AHRQ PSI-90 Achievement Points

| 0.540 | 0.570 | 0.600 | 0.630 | 0.650 | 0.680 | 0.710 | 0.740 | 0.770 | 0.800 | 0.830 | 0.860 |

**0.547889**
**Benchmark**

**0.650000**
**Performance Period Rate**

**0.777936**
**Achievement Threshold**

## Achievement Point Range

| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
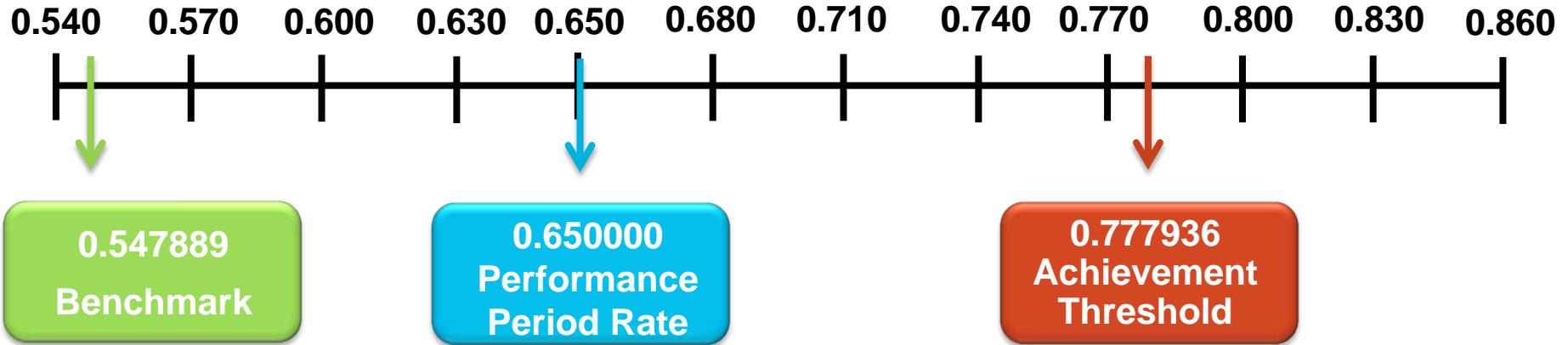
$$\left(9 \times \left(\frac{Performance\ Period\ Rate\ - Achievement\ Threshold}{Benchmark\ - Achievement\ Threshold}\right)\right) + 0.5 = \left(9 \times \left(\frac{0.650000 - 0.777936}{0.547889 - 0.777936}\right)\right) + 0.5 = \mathbf{6}$$

## AHRQ PSI-90 Composite Achievement Point Example

# Safety:
# AHRQ PSI-90 Improvement Points

0.540  0.570  0.600  0.630  0.650  0.680  0.710  0.740  0.770  0.800  0.830  0.860

**0.547889**
**Benchmark**

**0.650000**
**Performance Period Rate**

**0.660000**
**Baseline Period Rate**
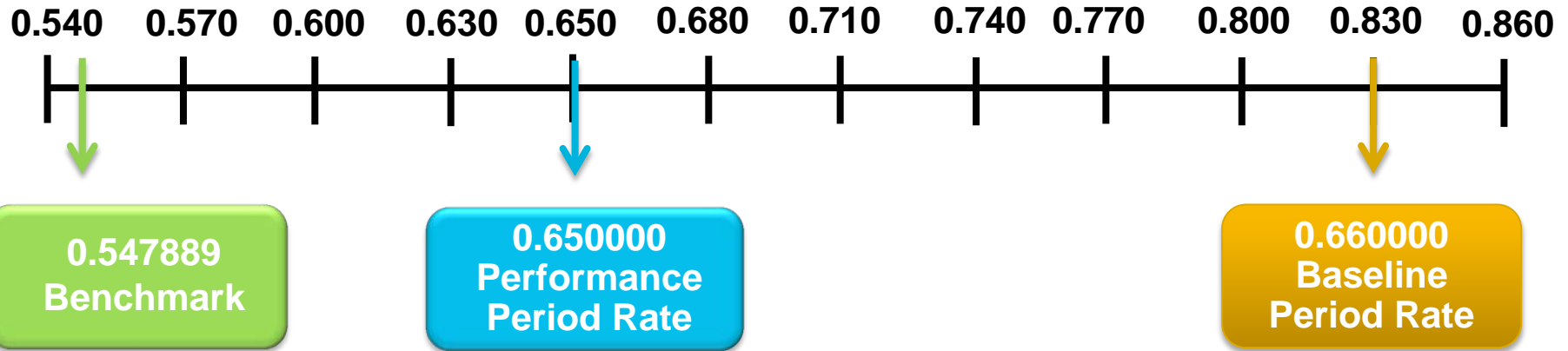
$$\left(10 \times \left(\frac{Performance\ Period\ Rate\ -\ Baseline\ Period\ Rate}{Benchmark\ -\ Baseline\ Period\ Rate}\right)\right) - 0.5 = \left(10 \times \left(\frac{0.650000 - 0.830000}{0.547889 - 0.830000}\right)\right) - 0.5 = \mathbf{6}$$

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

# Safety:
# Measure Minimums – HAIs

Requires at least **1 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

| | |
|---|---|
| ✓ **CLABSI** (1.000 Predicted Infections) | ✗ **CAUTI** (0.000 Predicted Infections) |
| ✓ **MRSA** (5.895 Predicted Infections) | ✗ **CDI** (0.999 Predicted Infections) |

# Safety:
# Measure Minimums – SSI Score

Requires at least **1 of the 2 strata** (Abdominal Hysterectomy or Colon Surgery) to have at least **1.000 predicted infection** calculated by CDC

| Abdominal Hysterectomy (1.000 predicted infections) | Colon Surgery (0.999 predicted infections) |
|---|---|

**=**

**Combined SSI Measure**

# Safety:
# HAI Measures Achievement Points
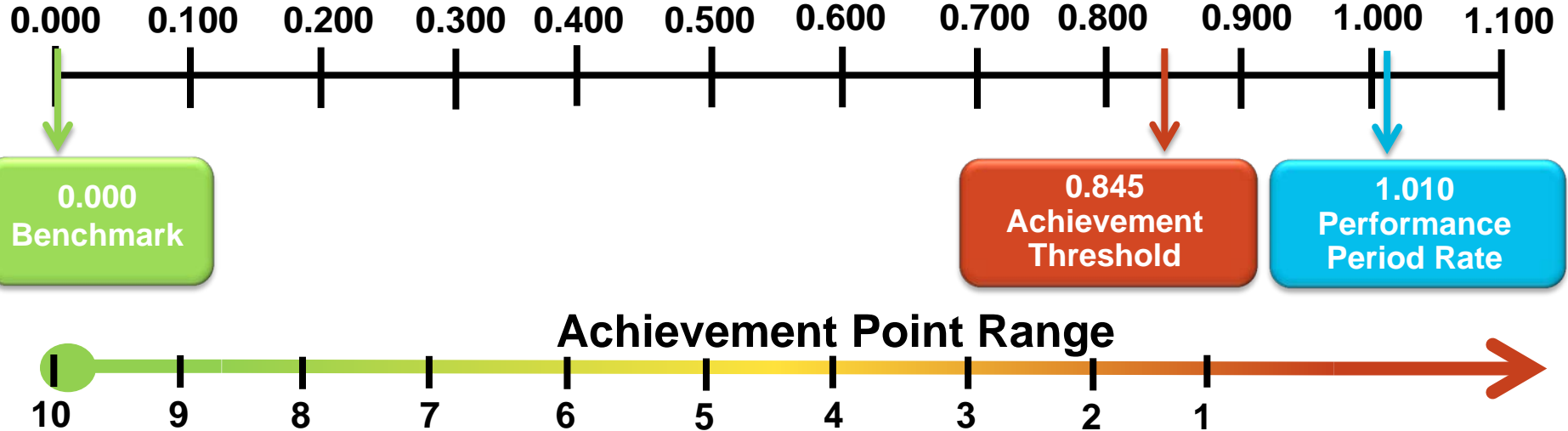
0.000    0.100    0.200    0.300    0.400    0.500    0.600    0.700    0.800    0.900    1.000    1.100

**0.000 Benchmark**

**0.845 Achievement Threshold**

**1.010 Performance Period Rate**

## Achievement Point Range

10    9    8    7    6    5    4    3    2    1

### Achievement Points
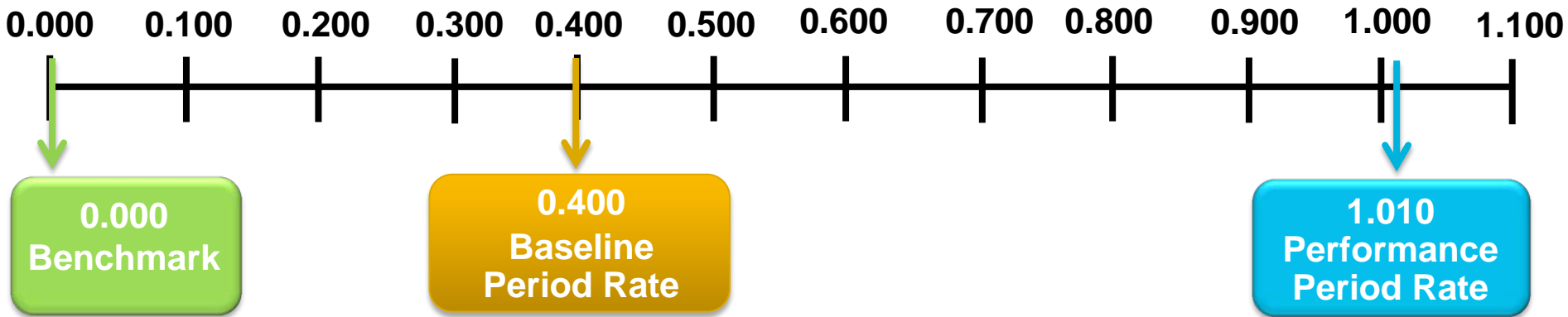Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period
- Rate at the Benchmark
  - 10 points
- **Rate worse than the Achievement Threshold**
  - **0 points**
- Rate somewhere at or above the Threshold but less than the Benchmark
  - 1–9 points

**Achievement Points = 0**

## CAUTI Achievement Point Example

# Safety:
# HAI Measures Improvement Points

| 0.000 | 0.100 | 0.200 | 0.300 | 0.400 | 0.500 | 0.600 | 0.700 | 0.800 | 0.900 | 1.000 | 1.100 |
|---|---|---|---|---|---|---|---|---|---|---|---|

**0.000 Benchmark**

**0.400 Baseline Period Rate**

**1.010 Performance Period Rate**

**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 the Benchmark
  - 9 points
- **Rate worse than or equal to Baseline Period Rate**
  - **0 points**
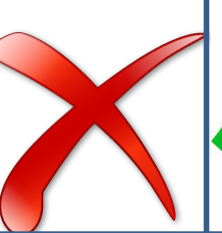- Rate between the Baseline Period Rate and the Benchmark
  - 0–9 points

**Improvement Points = 0**

**CAUTI Improvement Point Example**

# Safety:
# Domain Minimums

## Safety Scoring Requirements

At least **3 of the 6** measures must be scored for domain score to be calculated

| **CLABSI** (1.000 predicted infections) | **CAUTI** (0.000 predicted infections) | **MRSA** (5.895 predicted infections) | **CDI** (0.999 predicted infections) | **SSI** (1 Strata of 1.000 predicted infections) | **PSI-90** (3 cases in one underlying indicator) | = | **Safety Domain** |
|---|---|---|---|---|---|---|---|
| ✔ | ✘ | ✔ | ✘ | ✔ | ✔ | | ✔ |

# Safety:
# 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)

# Safety:
# Combined SSI Score

**Example:**

A hospital that received 5 improvement points for the SSI-Colon stratum with 1.0 predicted SSI-Colon infections and 8 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:

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

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

# Safety:
# Combined SSI Score

- A hospital that received 5 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 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 2017 Safety Measure Score Calculations*

| Measure ID | Achievement Points | Improvement Points | Measure Score |
|---|---|---|---|
| AHRQ PSI-90 | 6 | 6 | 6 |
| CLABSI | 0 | 0 | 0 |
| CDI | N/A | N/A | N/A |
| CAUTI | 0 | 0 | 3 |
| MRSA | 10 | N/A | 10 |
| SSI | Colon Surgery Measure Score = 5 | Abdominal Hysterectomy Measure Score = 8 | 7 |

# 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 |
|---|---|
| AHRQ PSI-90 | 6 |
| CLABSI | 0 |
| CDI | N/A |
| CAUTI | 3 |
| MRSA | 10 |
| SSI | 7 |

**Domain Normalization Steps**

1. Sum the measure scores in the domain
   a. (6 + 0 + 3 + 10 + 7) = 26
2. Multiply the eligible measures by the maximum point value per measure (10 points)
   a. (5 Measures x 10 Points) = 50
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
   a. (26 ÷ 50) = 0.520000000000
4. Multiply the result of step 3 by 100
   a. (0.520000000000 x 100) = **52.000000000000**

# Safety:
# PPSR Display

| Baseline Period: 10/01/2010 - 06/30/2012 Performance Period: 10/01/2013 - 06/30/2015 | FY 2017 Baseline Period Totals | | | FY 2017 Performance Period Totals | | | HVBP Metrics | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **AHRQ Composite Measures** | Index Value | | | Index Value | | | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score |
| Complication/patient safety for selected indicators (composite) | 0.421525 | | | 0.495621 | | | 0.777936 | 0.547889 | 0 | 10 | 10 |
| **Baseline Period: 01/01/2013 - 12/31/2013 Performance Period: 01/01/2015 - 12/31/2015** | FY 2017 Baseline Period Totals | | | FY 2017 Performance Period Totals | | | HVBP Metrics | | | | |
| **Healthcare Associated Infections** | 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 | 18 | 8.630 | 2.086 | 5 | 8.264 | 0.605 | 0.845 | 0.000 | 7 | 3 | 7 |
| Central Line-Associated Blood Stream Infection | 2 | 7.488 | 0.267 | 8 | 6.884 | 1.162 | 0.457 | 0.000 | 0 | 0 | 0 |
| Clostridium difficile Infection | 21 | 51.874 | 0.405 | 11 | 47.516 | 0.232 | 0.750 | 0.000 | 4 | 7 | 7 |
| Methicillin-Resistant Staphylococcus aureus Bacteremia | 0 | 4.594 | 0.000 | 3 | 3.495 | 0.858 | 0.799 | 0.000 | 0 | 0 | 0 |
| Surgical Site Infection (SSI) | N/A | N/A | - | N/A | N/A | - | N/A | N/A | N/A | N/A | 0 |
| SSI-Abdominal Hysterectomy | 3 | 0.837 | - | 2 | 0.603 | - | 0.698 | 0.000 | - | - | - |
| SSI-Colon Surgery | 7 | 3.445 | 2.032 | 15 | 5.944 | 2.524 | 0.751 | 0.000 | 0 | 0 | 0 |

Eligible Safety Measures:       6 out of 6
Unweighted Safety Domain Score:   40.000000000000
Weighted Safety Domain Score:    8.000000000000

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.

**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

# Safety:
# PPSR Display

| Baseline Period: 10/01/2010 - 06/30/2012<br>Performance Period: 10/01/2013 - 06/30/2015 | FY 2017<br>Baseline Period Totals | FY 2017<br>Performance Period Totals | HVBP Metrics | | | | |
|---|---|---|---|---|---|---|---|
| **AHRQ Composite Measures** | Index Value | Index Value | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score |
| Complication/patient safety for selected indicators (composite) | 0.421525 | 0.495621 | 0.777936 | 0.547889 | 0 | 10 | 10 |

| Baseline Period: 01/01/2013 - 12/31/2013<br>Performance Period: 01/01/2015 - 12/31/2015 | FY 2017<br>Baseline Period Totals | | | FY 2017<br>Performance Period Totals | | | HVBP Metrics | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Healthcare Associated Infections** | 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 | 18 | 8.630 | 2.086 | 5 | 8.264 | 0.605 | 0.845 | 0.000 | 7 | 3 | 7 |
| Central Line-Associated Blood Stream Infection | 2 | 7.488 | 0.267 | 8 | 6.884 | 1.162 | 0.457 | 0.000 | 0 | 0 | 0 |
| Clostridium difficile Infection | 21 | 51.874 | 0.405 | 11 | 47.516 | 0.232 | 0.750 | 0.000 | 4 | 7 | 7 |
| Methicillin-Resistant Staphylococcus aureus Bacteremia | 0 | 4.594 | 0.000 | 3 | 3.495 | 0.858 | 0.799 | 0.000 | 0 | 0 | 0 |
| Surgical Site Infection (SSI) | N/A | N/A | - | N/A | N/A | - | N/A | N/A | N/A | N/A | 0 |
| SSI-Abdominal Hysterectomy | 3 | 0.837 | - | 2 | 0.603 | - | 0.698 | 0.000 | - | - | - |
| SSI-Colon Surgery | 7 | 3.445 | 2.032 | 15 | 5.944 | 2.524 | 0.751 | 0.000 | 0 | 0 | 0 |

**3**

**4**
Eligible Safety Measures: 6 out of 6
Unweighted Safety Domain Score: 40.000000000000
Weighted Safety Domain Score: 8.000000000000

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

**3** **HVBP Metrics** displays the performance standards (Achievement Threshold and 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 Safety domain score multiplied by domain weight

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview
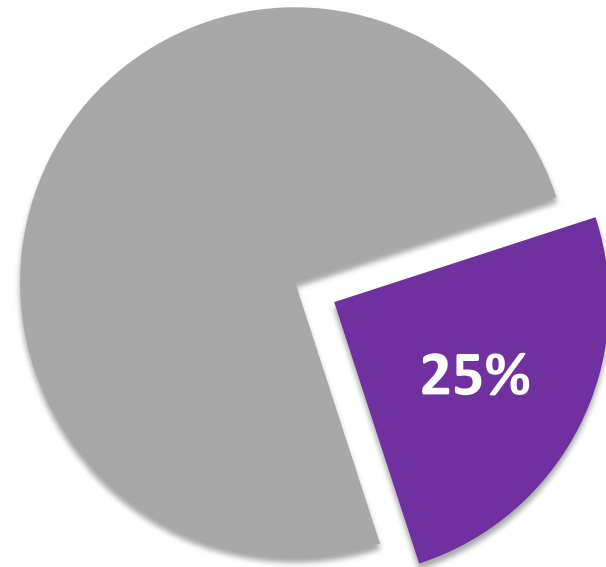
# EFFICIENCY AND COST REDUCTION

# Efficiency and Cost Reduction:
# 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:
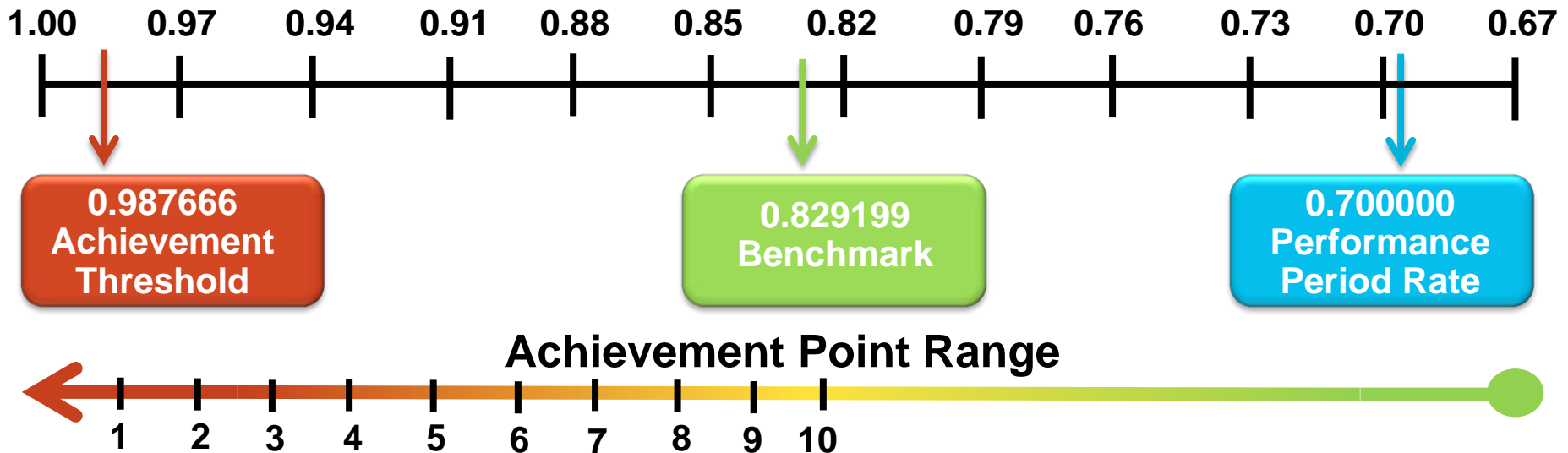  - Three-days prior to hospital admission through 30-days after hospital discharge

## Efficiency and Cost Reduction Domain Weight



25%

# Efficiency and Cost Reduction: Measure Minimum

- Domain Requirements
  - Requires a minimum of **25 eligible episodes of care** to be scored in order to calculate a domain score

- Achievement/Improvement Scores
  - Requires 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

**MSPB**
(25 episodes of care)

=

**Efficiency and Cost Reduction Domain**
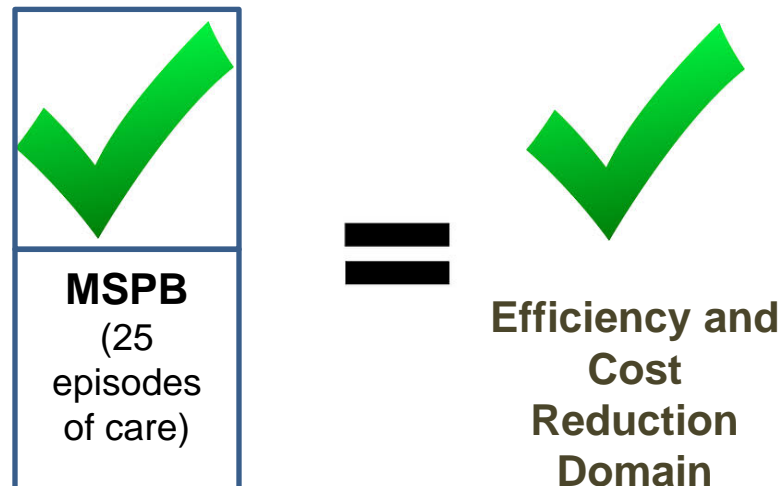
# Efficiency and Cost Reduction: Achievement Points

| 1.00 | 0.97 | 0.94 | 0.91 | 0.88 | 0.85 | 0.82 | 0.79 | 0.76 | 0.73 | 0.70 | 0.67 |
|------|------|------|------|------|------|------|------|------|------|------|------|

**0.987666 Achievement Threshold**

**0.829199 Benchmark**

**0.700000 Performance Period Rate**

## Achievement Point Range

1  2  3  4  5  6  7  8  9  10

**Achievement Points**

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

- **Rate at or better than the Benchmark**
    - **10 points**
- Rate worse than the Achievement Threshold
    - 0 points
- Rate somewhere at or better the Threshold but worse than the Benchmark
    - 1–9 points

**Achievement Points = 10**

**MSPB Achievement Point Example**

# Efficiency and Cost Reduction: Improvement Points
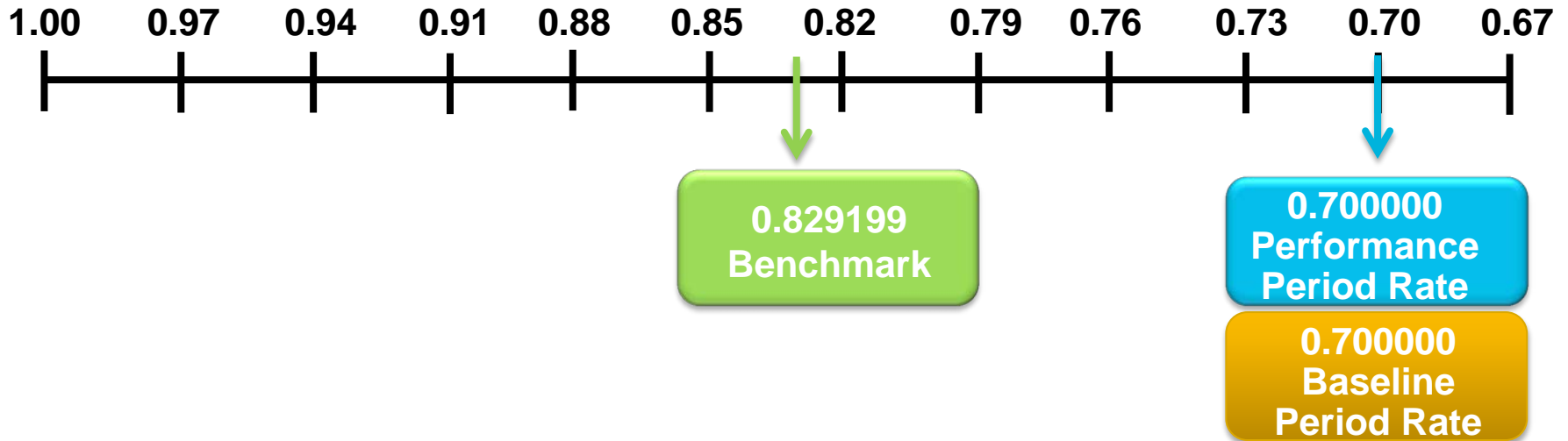
| 1.00 | 0.97 | 0.94 | 0.91 | 0.88 | 0.85 | 0.82 | 0.79 | 0.76 | 0.73 | 0.70 | 0.67 |

**0.829199 Benchmark**

**0.700000 Performance Period Rate**

**0.700000 Baseline Period Rate**

## 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 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

**Improvement Points = 0**

**MSPB Improvement Point Example**

# Efficiency and Cost Reduction: Measure Scores

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

*Example FY 2017 Efficiency and Cost Reduction Measure Score Calculations*

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

**Domain Normalization Steps**
1. Sum the measure scores in the domain
   a. (10) = 10
2. Multiply the eligible measures by the maximum point value per measure (10 points)
   a. (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)
   a. (10 ÷ 10) = 1.000000000000
4. Multiply the result of step 3 by 100
   a. (1.000000000000 x 100) = **100.000000000000**

# Efficiency and Cost Reduction: PPSR Display

| Baseline Period: 01/01/2013 - 12/31/2013<br>Performance Period: 01/01/2015 - 12/31/2015 | FY 2017<br>Baseline Period Totals | | | FY 2017<br>Performance Period Totals | | | HVBP Metrics | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Efficiency Measures** | MSPB Amount (Numerator) | Median MSPB Amount (Denominator) | MSPB Measure | MSPB Amount (Numerator) | Median MSPB Amount (Denominator) | MSPB Measure | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score |
| Medicare Spending per Beneficiary (MSPB) | $15,000.00 | $19,473.51 | 0.770277 | $16,500.00 | $20,473.32 | 0.805927 | 0.987666 | 0.829199 | 0 | 10 | 10 |

**1** Baseline Period Totals
**2** Performance Period Totals
**3** HVBP Metrics

Eligible Efficiency and Cost Reduction Measure: 1 out of 1
Unweighted Efficiency and Cost Reduction Domain Score: 100.000000000000
Weighted Efficiency and Cost Reduction Domain Score: 25.000000000000
# of Episodes: 425

Calculated values were subject to rounding.

**4**

**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

**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 Efficiency and Cost Reduction domain score multiplied by domain weight

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# TOTAL PERFORMANCE SCORE

- Requires scores from at least **3 out of the 4 domains** to receive a TPS
- Excluded domain weights are proportionately distributed to the remaining domains to calculate the TPS
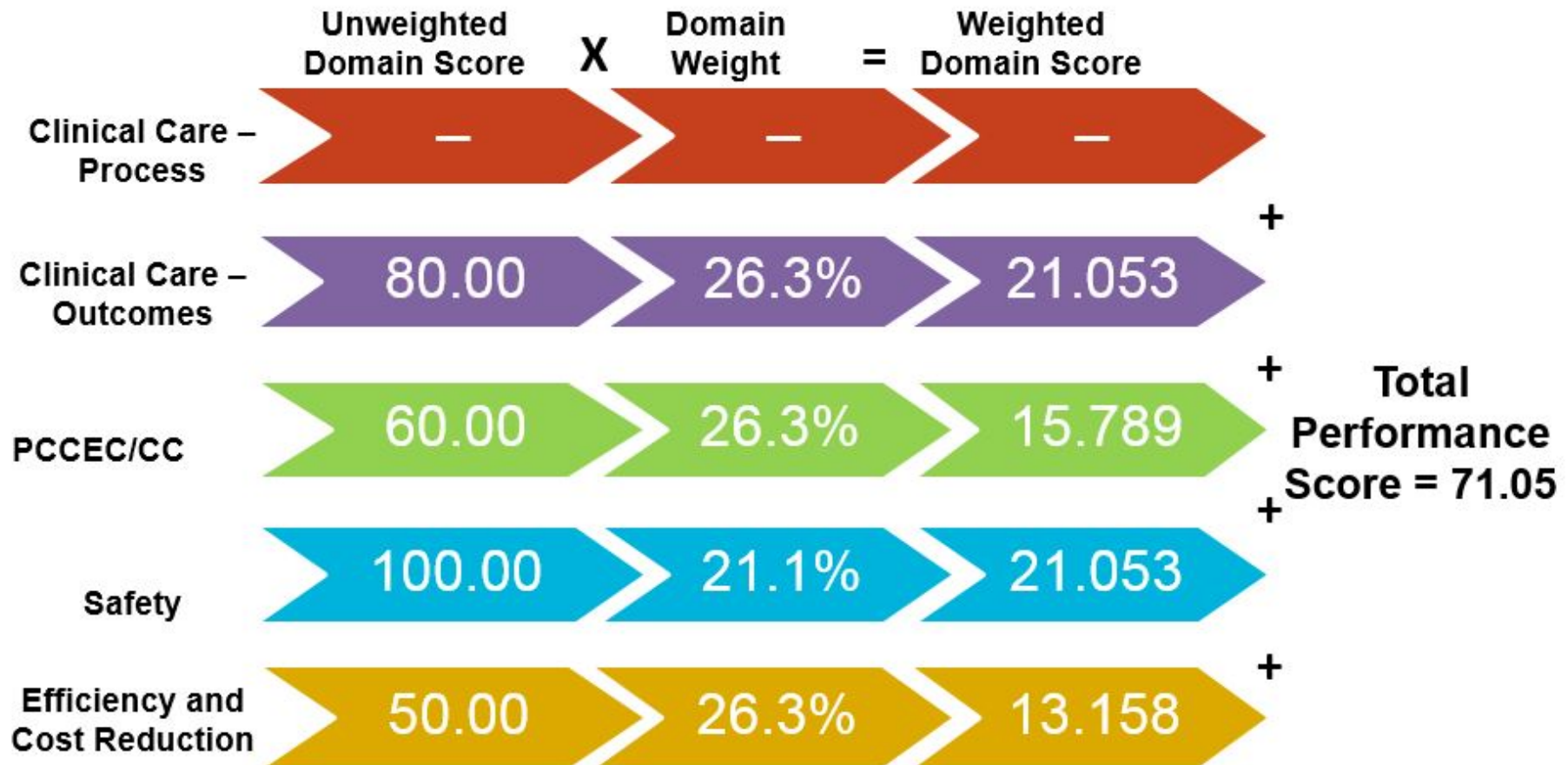
| | Unweighted Domain Score | X | Domain Weight | = | Weighted Domain Score | |
|---|---|---|---|---|---|---|
| Clinical Care – Process | 75.00 | | 5% | | 3.750 | |
| | | | | | | + |
| Clinical Care – Outcomes | 80.00 | | 25% | | 20.000 | |
| | | | | | | + |
| PCCEC/CC | 60.00 | | 25% | | 15.000 | **Total Performance Score = 71.25** |
| | | | | | | + |
| Safety | 100.00 | | 20% | | 20.000 | |
| | | | | | | + |
| Efficiency and Cost Reduction | 50.00 | | 25% | | 12.500 | |

# Total Performance Score:
# 4 Domain Calculation

In this example, a hospital meets minimum case and measure requirements for the Clinical Care – Outcomes subdomain, as well as the and the PCCE/CC, Safety, and Efficiency and Cost Reduction domains, but does not meet the minimum number of cases/surveys required for the Clinical Care – Process subdomain.

**Step 1: Sum Eligible Measure Weights**

✅ Clinical Care - Outcomes (25%) + ✅ Safety (20%) + ✅ Efficiency and Cost Reduction (25%)

— ❌ Clinical Care - Process (5%) + ✅ PCCEC/CC (25%) = 95%

**Step 2: Divide Original Weight by Result of Step 1 (95%)**

Clinical Care - Outcomes 26.3% (25% ÷ 95%) + Safety 21.1% (20% ÷ 95%) + Efficiency and Cost Reduction 26.3% (25% ÷ 95%) + PCCEC/CC 26.3% (25% ÷ 95%) = TPS 100% (26.3% + 21.1% + 26.3% + 26.3)

| | Unweighted Domain Score | X | Domain Weight | = | Weighted Domain Score | |
|---|---|---|---|---|---|---|
| Clinical Care – Process | – | | – | | – | |
| | | | | | | + |
| Clinical Care – Outcomes | 80.00 | | 26.3% | | 21.053 | |
| | | | | | | + |
| PCCEC/CC | 60.00 | | 26.3% | | 15.789 | |
| | | | | | | + |
| Safety | 100.00 | | 21.1% | | 21.053 | |
| | | | | | | + |
| Efficiency and Cost Reduction | 50.00 | | 26.3% | | 13.158 | |

Total Performance Score = 71.05

In this example, a hospital meets minimum case and measure requirements for the Clinical Care – Process subdomain, as well as the Safety and Efficiency and Cost Reduction domains, but does not meet the minimum number of cases/surveys required for the Clinical Care – Outcomes subdomain and PCCE/CC domain.

**Step 1: Sum Eligible Measure Weights**

Clinical Care - Process (5%) ✓ + Safety (20%) ✓ + Efficiency and Cost Reduction (25%) ✓ — Clinical Care - Outcomes (25%) ✗ — PCCEC/CC (25%) ✗ = 50%

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

Clinical Care - Process 10% (5% ÷ 50%) + Safety 40% (20% ÷ 50%) + Efficiency and Cost Reduction 50% (25% ÷ 50%) = TPS 100% (10% + 40% + 50%)

|  | Unweighted Domain Score | X | Domain Weight | = | Weighted Domain Score |
|---|---|---|---|---|---|
| Clinical Care – Process | 75.00 |  | 10% |  | 7.500 |
| Clinical Care – Outcomes | – |  | – |  | – |
| PCCEC/CC | – |  | – |  | – |
| Safety | 100.00 |  | 40% |  | 40.000 |
| Efficiency and Cost Reduction | 50.00 |  | 50% |  | 25.000 |
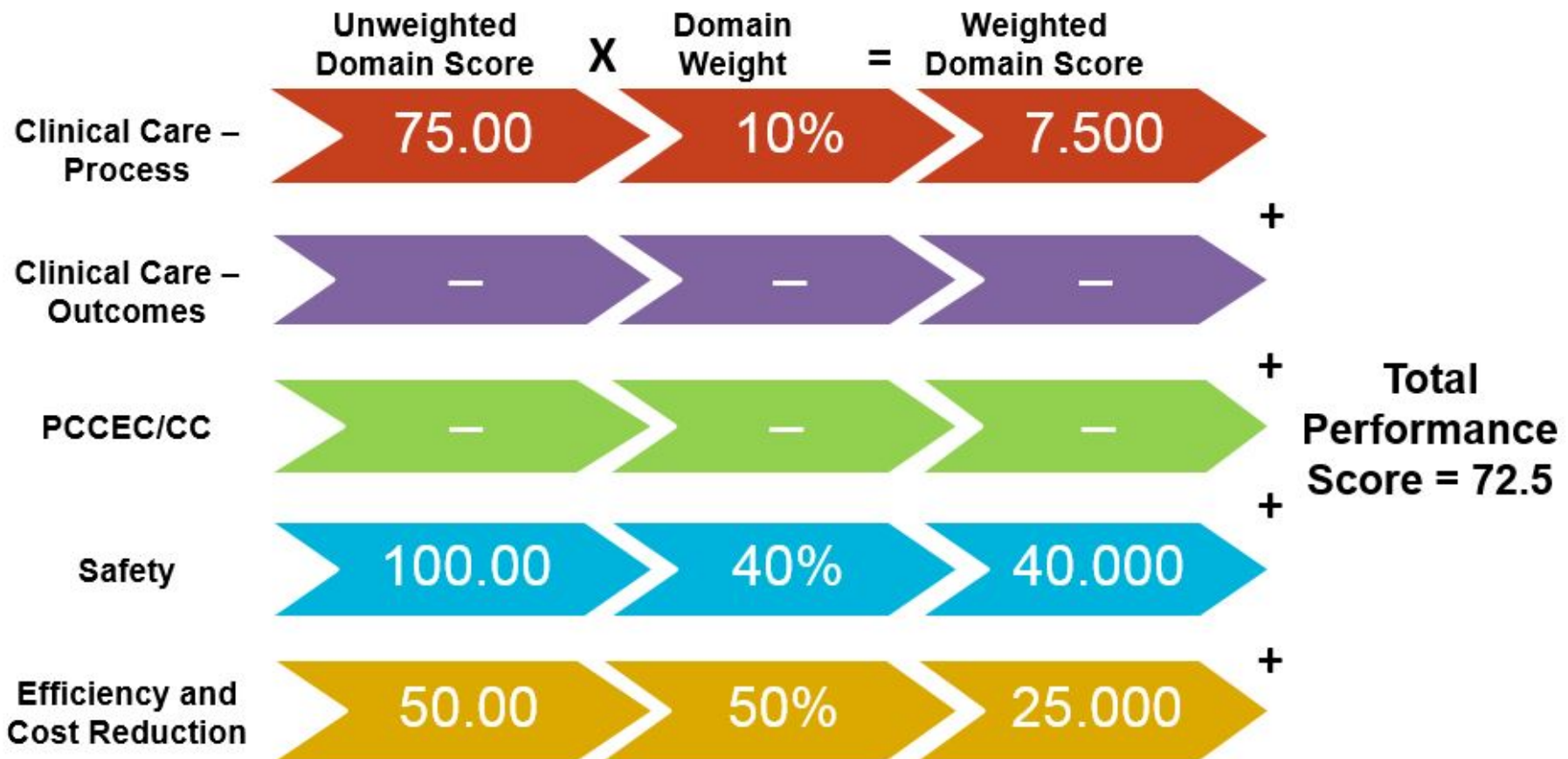
Total Performance Score = 72.5

# Total Performance Score:
# PPSR Display (1 of 3)

**Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report**
**Percentage Summary Report**
**Provider: 999999**
**Reporting Period: Fiscal Year 2017**

Data As Of:  08/01/2016

Total Performance Score

| Facility | State | National | |
|---|---|---|---|
| 100.000000000000 | 75.000000000000 | 50.000000000000 | **1** |

| | Unweighted Domain Score | Weighting | Weighted Domain Score | |
|---|---|---|---|---|
| Clinical Care Process Subdomain | 100.000000000000 | 5% | 5.000000000000 | |
| Clinical Care Outcomes Subdomain | 100.000000000000 | 25% | 25.000000000000 | **2** |
| Patient and Caregiver Centered Experience of Care/Care Coordination Domain | 100.000000000000 | 25% | 25.000000000000 | |
| Safety Domain | 100.000000000000 | 20% | 20.000000000000 | |
| Efficiency and Cost Reduction Domain | 100.000000000000 | 25% | 25.000000000000 | |

| | Base Operating DRG Payment Amount Reduction | Value-Based Incentive Payment Percentages | Net change in Base Operating DRG Payment Amount | Value-Based Incentive Payment Adjustment Factor | Exchange Function Slope |
|---|---|---|---|---|---|
| Value-Based Percentage Payment Summary - Fiscal Year  2017 | 2.0000000000% | 5.5462542992% | 3.5462542992% | 1.0354625430 | 2.7731271496 |

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

| Total Performance Score | Facility | State | National |
|---|---|---|---|
| | 100.000000000000 | 75.000000000000 | 50.000000000000 |
| | **Unweighted Domain Score** | **Weighting** | **Weighted Domain Score** |
| Clinical Care Process Subdomain | 100.000000000000 | 5% | 5.000000000000 |
| Clinical Care Outcomes Subdomain | 100.000000000000 | 25% | 25.000000000000 |
| Patient and Caregiver Centered Experience of Care/Care Coordination Domain | 100.000000000000 | 25% | 25.000000000000 |
| Safety Domain | 100.000000000000 | 20% | 20.000000000000 |
| Efficiency and Cost Reduction Domain | 100.000000000000 | 25% | 25.000000000000 |

| | Base Operating DRG Payment Amount Reduction | Value-Based Incentive Payment Percentages | Net change in Base Operating DRG Payment Amount | Value-Based Incentive Payment Adjustment Factor | Exchange Function Slope |
|---|---|---|---|---|---|
| Value-Based Percentage Payment Summary - Fiscal Year 2017 | 2.0000000000% | 5.5462542992% | 3.5462542992% | 1.0354625430 | 2.7731271496 |

**3**

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

**3** **Payment Summary**

- **Base Operating DRG Payment Reduction:** The FY 2016 Program is funded through a 2.00 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 2017 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 2017 Hospital VBP Program

# Total Performance Score:
# PPSR Display (3 of 3)

Data As Of: 08/12/2015

| Total Performance Score | Facility | State | National |
|---|---|---|---|
| | Hospital VBP Ineligible | 75.000000000000 | 50.000000000000 |

| | Unweighted Domain Score | Weighting | Weighted Domain Score |
|---|---|---|---|
| Clinical Care Process Subdomain | 100.000000000000 | 5% | 5.000000000000 |
| Clinical Care Outcomes Subdomain | 100.000000000000 | 25% | 25.000000000000 |
| Patient and Caregiver Centered Experience of Care/Care Coordination Domain | 100.000000000000 | 25% | 25.000000000000 |
| Safety Domain | 100.000000000000 | 20% | 20.000000000000 |
| Efficiency and Cost Reduction Domain | 100.000000000000 | 25% | 25.000000000000 |

| HVBP Exclusion Reason | The hospital is subject to IQR Payment Reductions. The hospital was cited by CMS through the Medicare State Survey and Certification process for deficiencies during the Performance Period that pose immediate jeopardy to patients. | **1** |
|---|---|---|

| | Base Operating DRG Payment Amount Reduction | Value-Based Incentive Payment Percentages | Net change in Base Operating DRG Payment Amount | Value-Based Incentive Payment Adjustment Factor | Exchange Function Slope |
|---|---|---|---|---|---|
| Value-Based Percentage Payment Summary - Fiscal Year 2017 | 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.
* "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 TPS field and the Payment Summary fields will display "Hospital VBP Ineligible"

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# 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

**Where to Submit Forms:**
Submit the completed form through the CMS Secure File Exchange to the "**HVBP**" group.

# 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 **[Review and Corrections/ Appeals]** from the left navigation pane and **[Review and Corrections Request Form]** at the 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 the 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 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

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# 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

**Where to Submit Forms:**
Submit the completed form through the CMS Secure File Exchange to the "**HVBP**" group.

# 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]** from the left-hand side and **[Review and Corrections Request Form]** at the bottom of page

   Direct link:

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

# Appeals:
# Form

Complete the form with the following information:

- Date of review and corrections request

- Hospital 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
  - Total Performance Score (TPS)

- Provide detailed description for each of the reason(s) identified

# Appeals:
# Acceptable Reasons

- Denial of a 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

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# RESOURCES

# Resources:
# FY 2017 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 *My QualityNet*)



CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

**Choose Your QualityNet Destination**

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

Secure File Transfer

Select your primary quality program:

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
Quality Improvement Organizations

CANCEL

# Resources:
# Available on *QualityNet*

- ## *How to Read Your PPSR*
  - From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing Program]** and then select **[Resources]**

- ## Webinars/Calls/Educational Materials
  - From **[Hospitals – Inpatient],** select the **[Hospital Value-Based Purchasing (HVBP)]** drop-down menu and then select **[Webinars/Calls]**

- ## Hospital VBP FAQs
  - From the home page, select **[Questions & Answers]** on the left-hand side and then select **[Hospitals – Inpatient]**
    - **Direct link:** 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]** found in the middle of page in "Linking Quality to Payment"

Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

# CONTINUING EDUCATION

# Continuing Education Approval

This program has been approved for 1.5 continuing education (CE) unit for the following professional boards:

- 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
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.

- After completion of the survey, click "Done" at the bottom of the screen.

- Another page will open that asks you to register in HSAG's Learning Management Center.

  - This is a separate registration from ReadyTalk®.

  - Please use your PERSONAL email so you can receive your certificate.

  - Healthcare facilities have firewalls up that block our certificates.

# CE Certificate Problems?

- If you do not <u>immediately</u> receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.

- Please go back to the **New User** link and register your personal email account.

  - Personal emails do not have firewalls.

# CE Credit Process: Survey



○ No

Please provide any additional comments

[text box]

**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

[text box]

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

[text box]

**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.**

[text box]

[Done]

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

# CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**
https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

**Existing User Link:**
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae
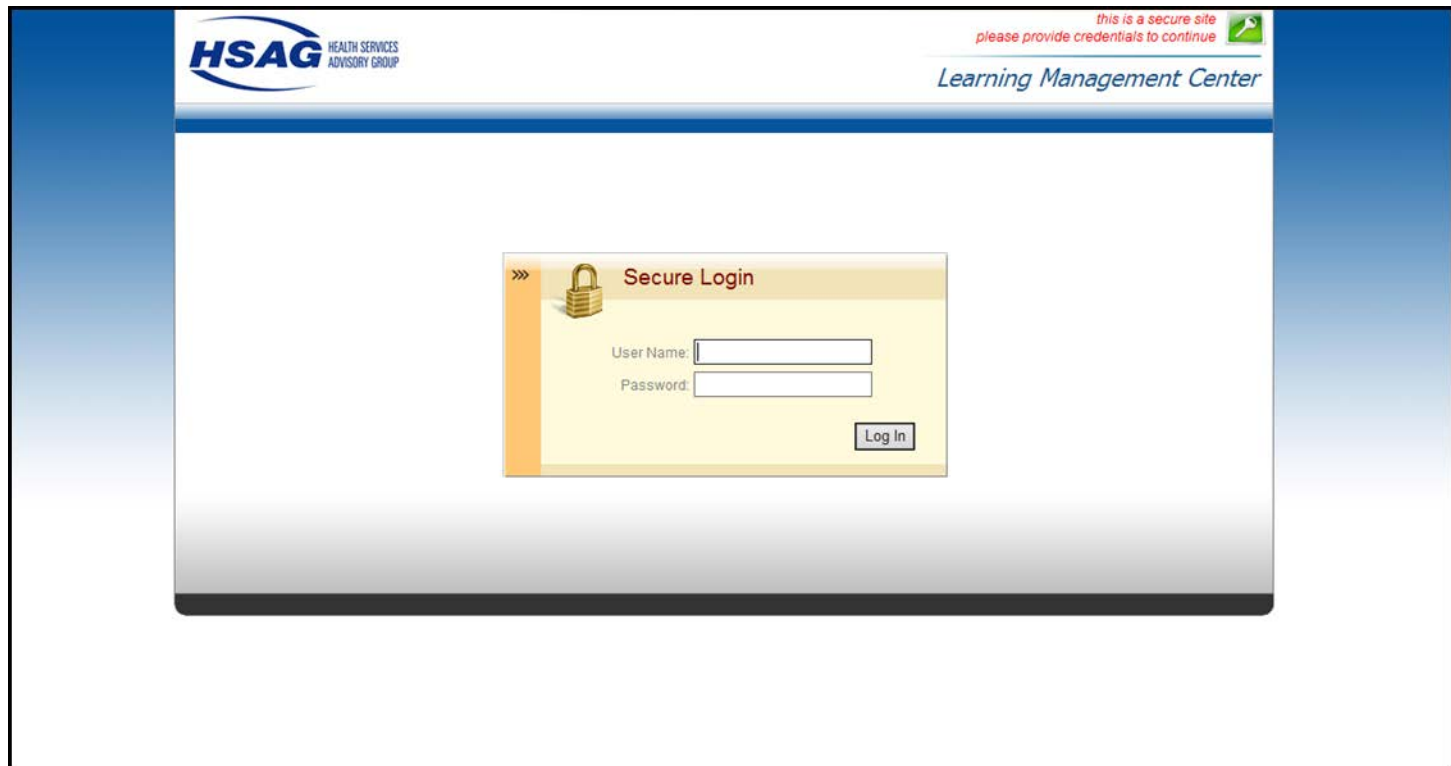
**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

# CE Credit Process: Existing User

# QUESTIONS?