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F5 Key
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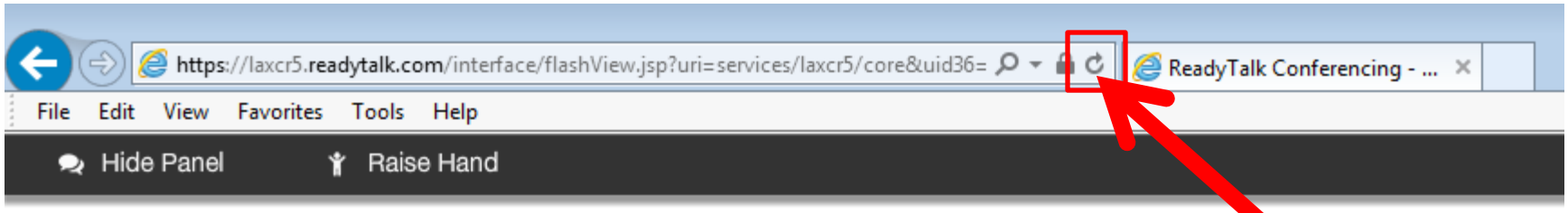

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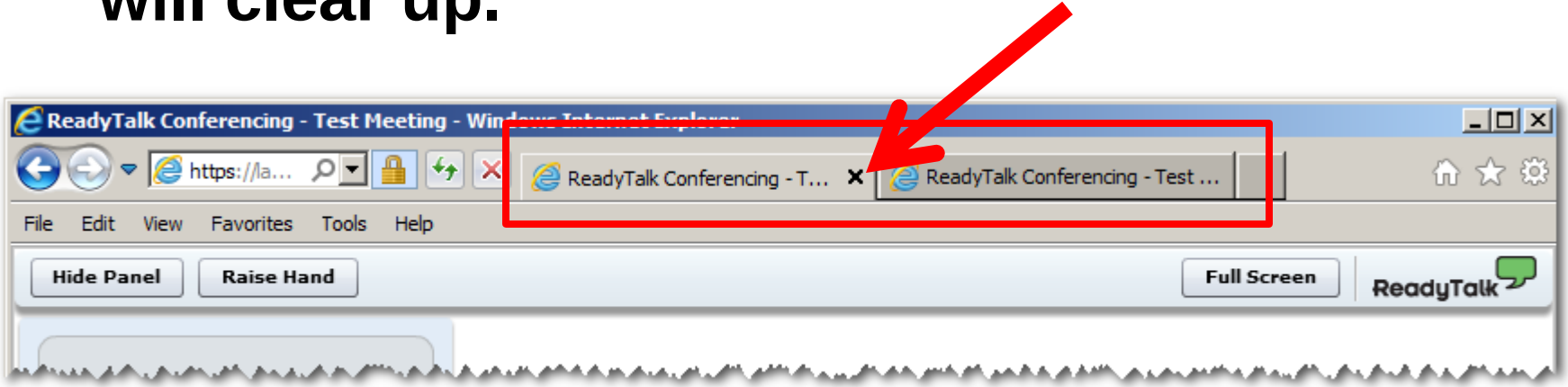
- **Close all but one browser/tab and the echo will clear up.**



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Overview of the Hospital Value-Based Purchasing (VBP) Fiscal Year (FY) 2018

Bethany Wheeler, BS
Hospital VBP Program Support Contract Lead
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

February 23, 2016
2 p.m. ET

Purpose

This event will provide an overview of the FY 2018 Hospital VBP Program, including:

- Evaluation criteria for hospitals within each domain and measure
- Eligibility requirements
- Explanation of the scoring methodology

Objectives

Participants will be able to:

- Identify how hospitals will be evaluated within each domain and measure
- Identify changes in Hospital Value-Based Purchasing Program based on the latest Final Rule
- Explain the eligibility requirements for the VBP Program
- Interpret the scoring methodology used in the VBP Program

Hospital VBP Program Introduction

Hospital VBP is a quality incentive program:

- Required by provisions in the Affordable Care Act and further defined in Section 1886(o) of the Social Security Act
- Built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Based on the *quality* of care, not just the *quantity* of inpatient acute care services provided
- Funded by a **2.00%** reduction from participating hospitals' base operating Diagnosis-Related Group (DRG) payments for FY 2018

Hospital VBP Program Eligibility

- Who is eligible for the program?
  - As defined in Social Security Act Section 1886(d)(1)(B), the program applies to subsection (d) hospitals located in the 50 states and the District of Columbia
- Who is excluded from the Hospital VBP Program?
  - Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS)
  - Hospitals subject to payment reductions under the Hospital IQR Program
  - Hospitals cited for deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients
  - Hospitals with less than the minimum number of domains calculated
  - Hospitals with an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program
  - Short-term acute care hospitals in Maryland

Note: *Hospitals excluded from the Hospital VBP Program will **not** have 2.00% withheld from their base operating DRG payments in FY 2018.*

FY 2018 Domain Weights and Measures

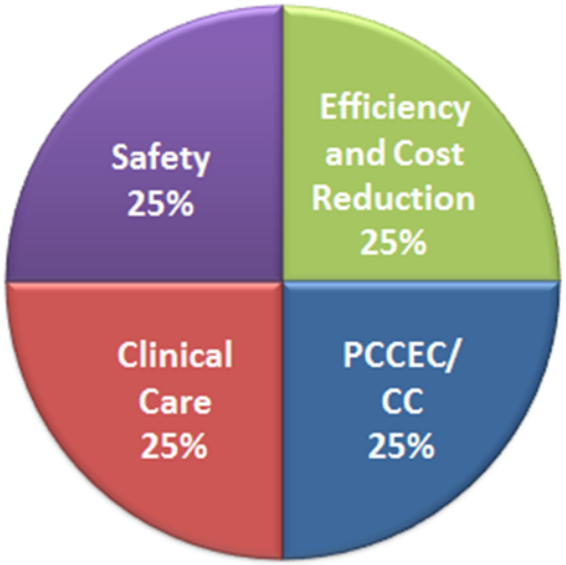
SAFETY

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 & Abdominal Hysterectomy
7. **PC-01**: Elective Delivery Prior to 39 Completed Weeks Gestation

CLINICAL CARE

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

Domain Weights



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

EFFICIENCY AND COST REDUCTION

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

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. 3-Item Care Transition*
9. Overall Rating of Hospital

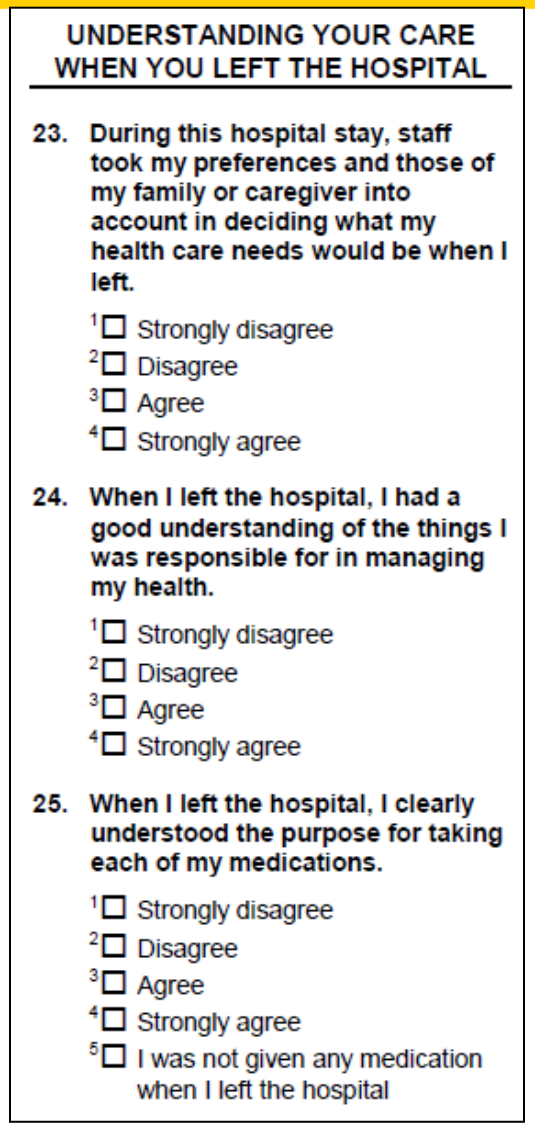
FY 2018 Hospital VBP Program Summary of Changes

- The **Clinical Care-Process** subdomain was removed
- There are now **four domains**, each weighted at 25%
- **PC-01** has been moved from the Clinical Care-Process subdomain to the Safety Domain
- Measures **AMI-7a** and **IMM-2** have been removed
- A new dimension, entitled **3-Item Care Transition (CTM-3)**, has been added to the HCAHPS survey in the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain

FY 2018 Hospital VBP Program HCAHPS CTM-3 (1 of 2)

CTM-3:

- Is an NQF-endorsed measure (NQF #0228).
- Will be calculated in the same manner as the eight existing HCAHPS dimensions for purposes of the Base Score, with each of the nine dimensions receiving:
  - Achievement Points (0–10 points)
  - Improvement Points (0–9 points)
    - The larger number of which will be summed across the nine dimensions to create a pre-normalized HCAHPS Base Score
      - 0–90 points, as compared to 0–80 points when only eight dimensions were included



UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

1 ☐ Strongly disagree
2 ☐ Disagree
3 ☐ Agree
4 ☐ Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

1 ☐ Strongly disagree
2 ☐ Disagree
3 ☐ Agree
4 ☐ Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

1 ☐ Strongly disagree
2 ☐ Disagree
3 ☐ Agree
4 ☐ Strongly agree
5 ☐ I was not given any medication when I left the hospital

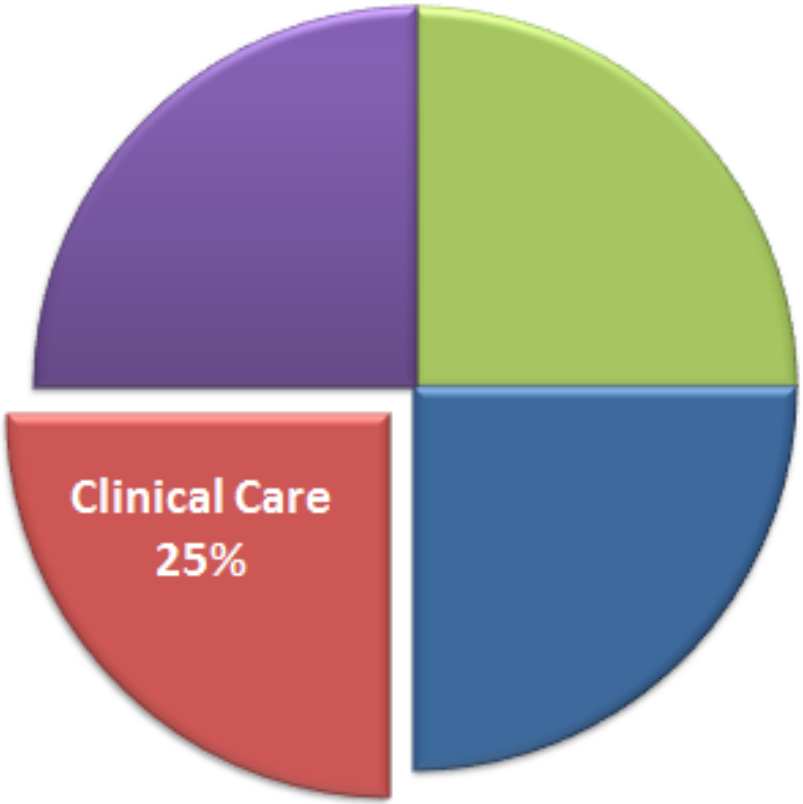
FY 2018 Hospital VBP Program HCAHPS CTM-3 (2 of 2)

- The pre-normalized HCAHPS Base Score
  - Will be multiplied by 8/9 (0.88888) and rounded according to standard rules (values of 0.5 and higher are rounded up, values below 0.5 are rounded down) to create the normalized HCAHPS Base Score
- The normalized HCAHPS Base Score
  - Will range from 0 to 80 points
  - Each of the nine dimensions will be of equal weight
- HCAHPS Consistency Points
  - Will be calculated as before
  - Will continue to range from 0 to 20 points
  - Will take into consideration scores across all nine of the PCCEC/CC dimensions
- The final element of the scoring formula will be the sum of the HCAHPS Base Score and the HCAHPS Consistency Points and will range from 0 to 100 points

Note: *For more information, reference (80 FR 49565-49566) of the FY 2016 IPPS Final Rule at http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf.*

Domains and Measures/Dimensions Clinical Care

Domain Weights



Measure

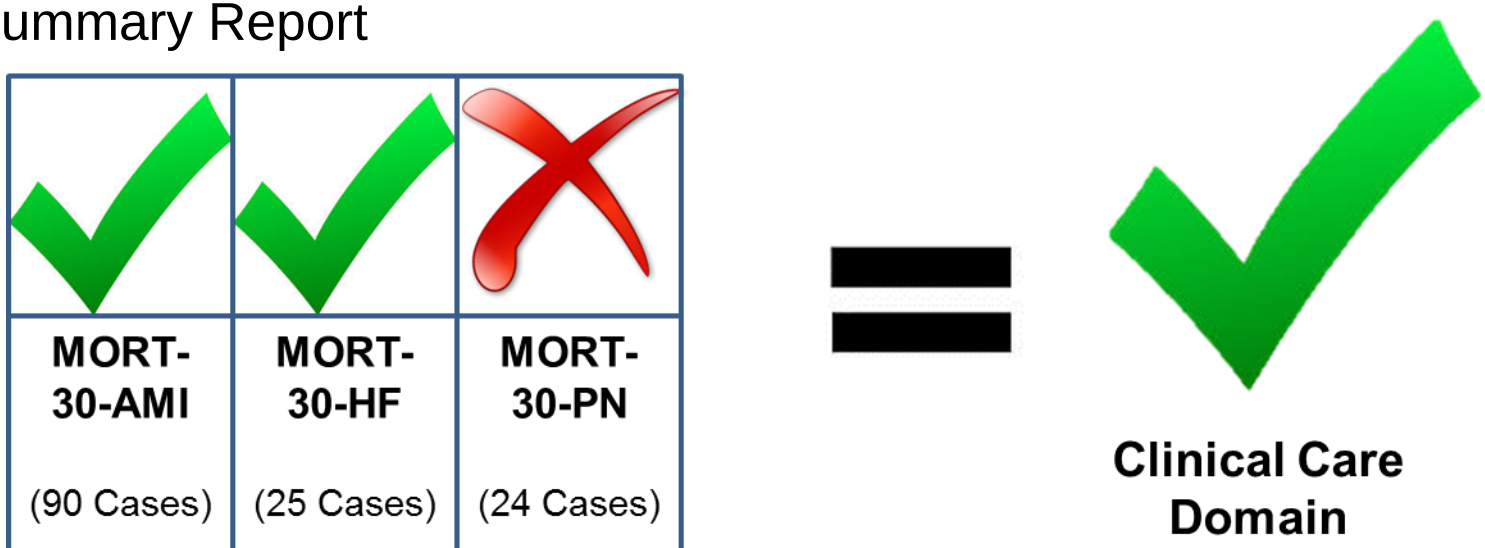
MORT-30-AMI:
Acute Myocardial Infarction (AMI)
30-Day Mortality Rate

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

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

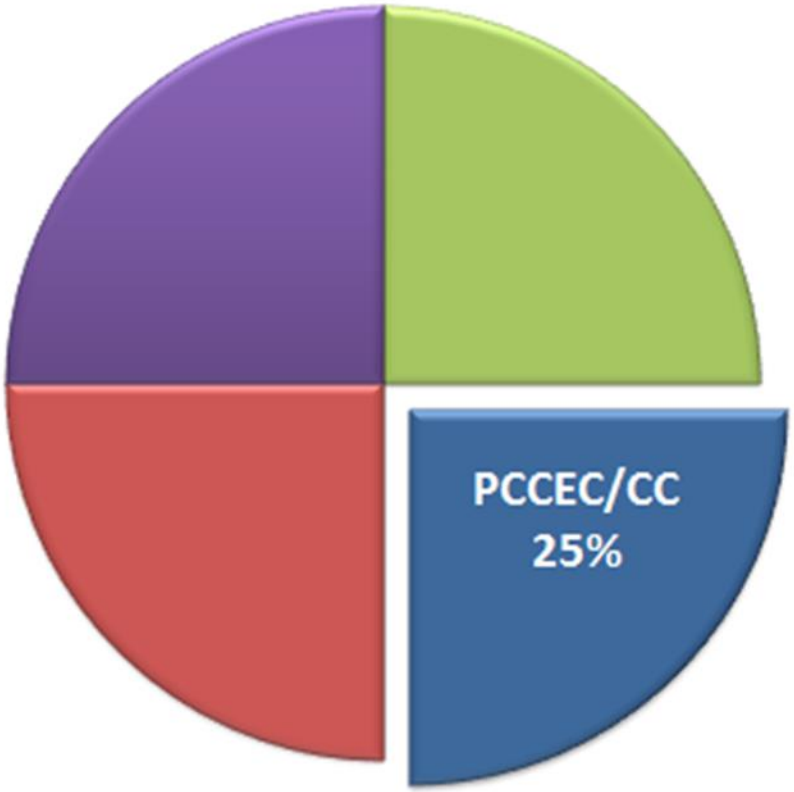
Scoring Requirements Clinical Care Domain

- A measure must have at least **25 eligible cases** during the:
  - **Baseline period** to have an improvement score calculated on the Percentage Payment Summary Report
  - **Performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report.
- The Clinical Care domain requires at least **two out of the three measures** to be scored in order for the domain score to be included in the Total Performance Score (TPS) on the Percentage Payment Summary Report



Domains and Measures/Dimensions PCCEC/CC Domain

Domain Weights



Measure

HCAHPS Dimensions:

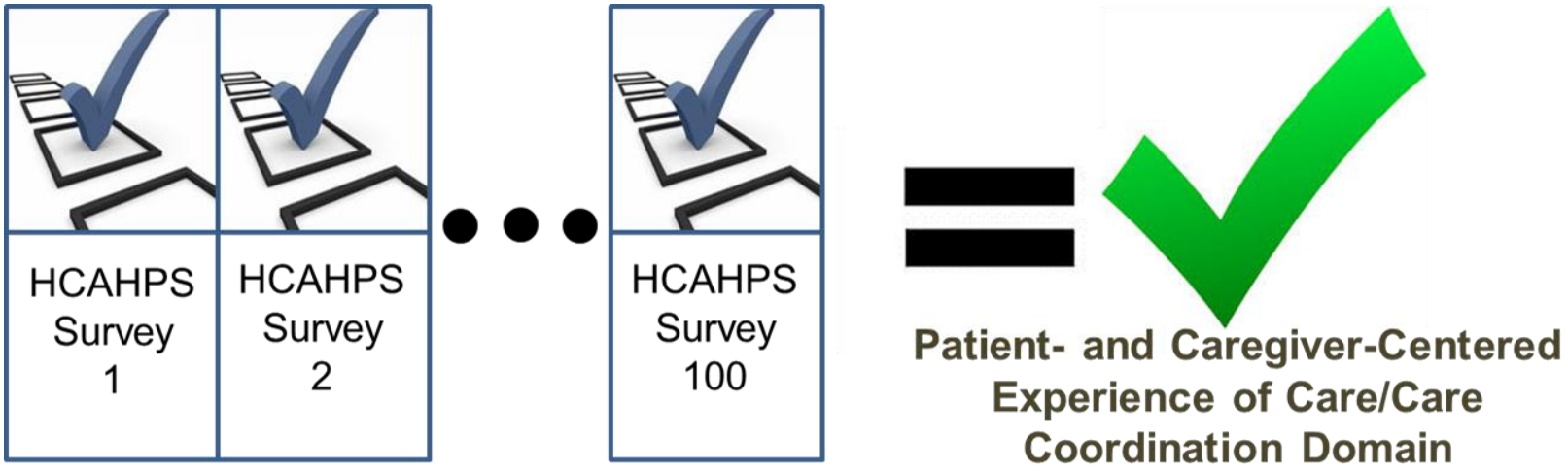
- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medicines
- Cleanliness and Quietness of Hospital Environment
- Discharge Information
- Overall Rating of Hospital
- 3-Item Care Transition*

* An asterisk indicates a newly adopted measure/dimension for the Hospital VBP Program

Scoring Requirements PCCEC/CC Domain

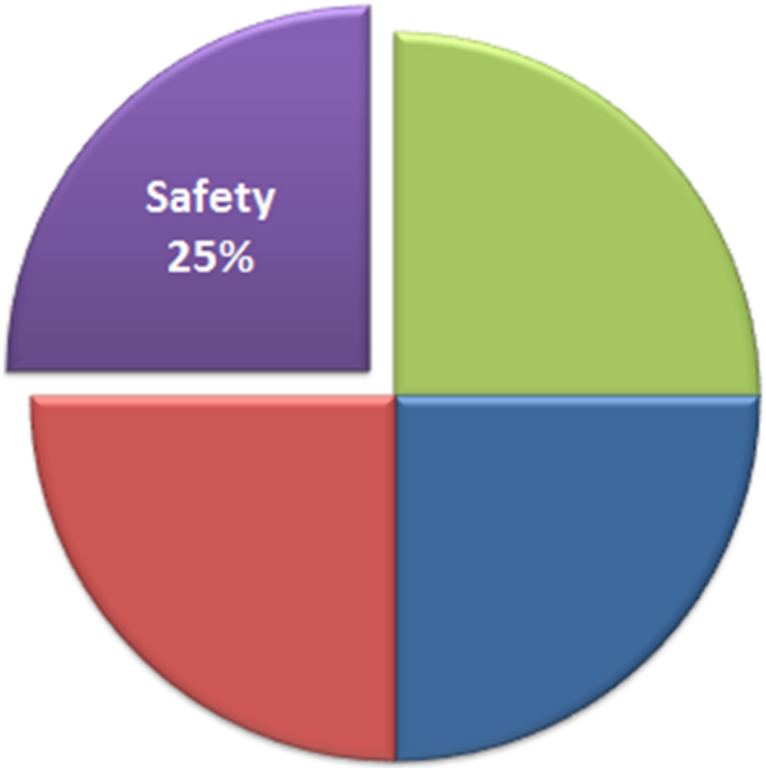
The PCCEC/CC Domain requires at least **100 completed HCAHPS surveys** during the:

- **Baseline** period to have an **improvement score calculated** on the Percentage Payment Summary Report
- **Performance** period to have either an **achievement or improvement score calculated** on the Percentage Payment Summary Report
- **Performance** period for the **domain score to be included** in the TPS on the Percentage Payment Summary Report.



Domains and Measures/Dimensions Safety

Domain Weights



Measures

AHRQ PSI-90: Complication/patient safety for selected indicators (composite)

CLABSI: Central line-associated blood stream infections among adult, pediatric, and neonatal Intensive Care Unit (ICU) patients

CAUTI: Catheter-associated urinary tract infections among adult and pediatric ICUs

SSI: Surgical site infections specific to abdominal hysterectomy and colon surgery

MRSA: Methicillin-Resistant *Staphylococcus aureus* Bacteremia

CDI: *Clostridium difficile* Infection

PC-01: Elective Delivery prior to 39 Completed Weeks of Gestation

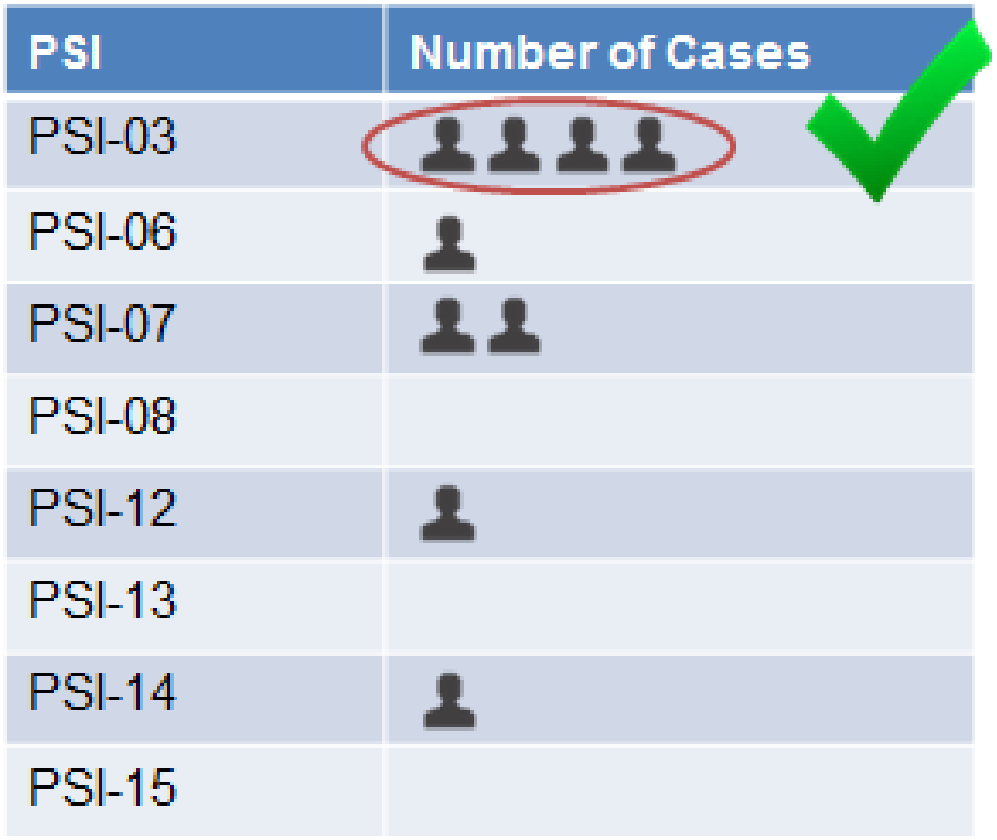
Agency for Healthcare Research and Quality (AHRQ) PSI-90

- AHRQ PSI-90 is a Claims-Based Measure.
- It is a composite of eight underlying component patient safety indicators (PSIs) which are sets of indicators on potential in-hospital complications and adverse events during surgeries and procedures, including:
  - **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
- CMS will utilize **nine Diagnosis** codes and **six Procedure** codes.

Scoring Requirements
Safety: AHRQ PSI-90 Composite

The measure must have at least **three eligible cases on any one underlying indicator** during the:

- **Baseline period** to have an improvement score calculated on the Percentage Payment Summary Report
- **Performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report

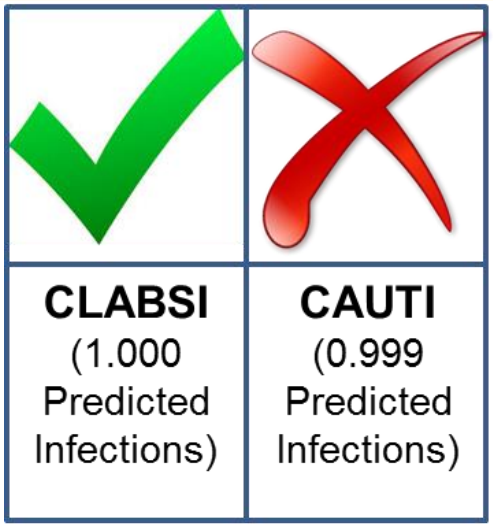


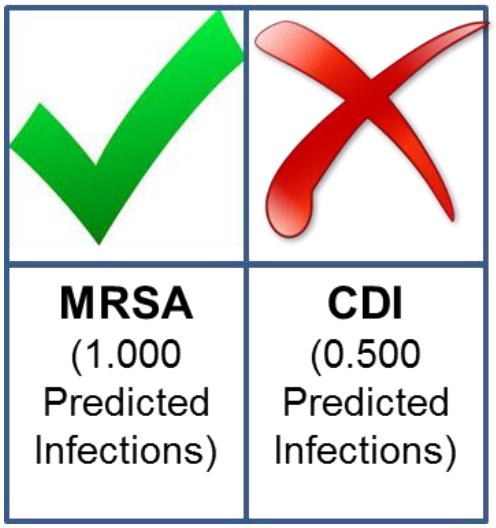
Scoring Requirements

Safety: Healthcare-Associated Infections (HAIs)

A measure must have at least **one predicted infection** calculated by the Centers for Disease Control and Prevention (CDC) during the:

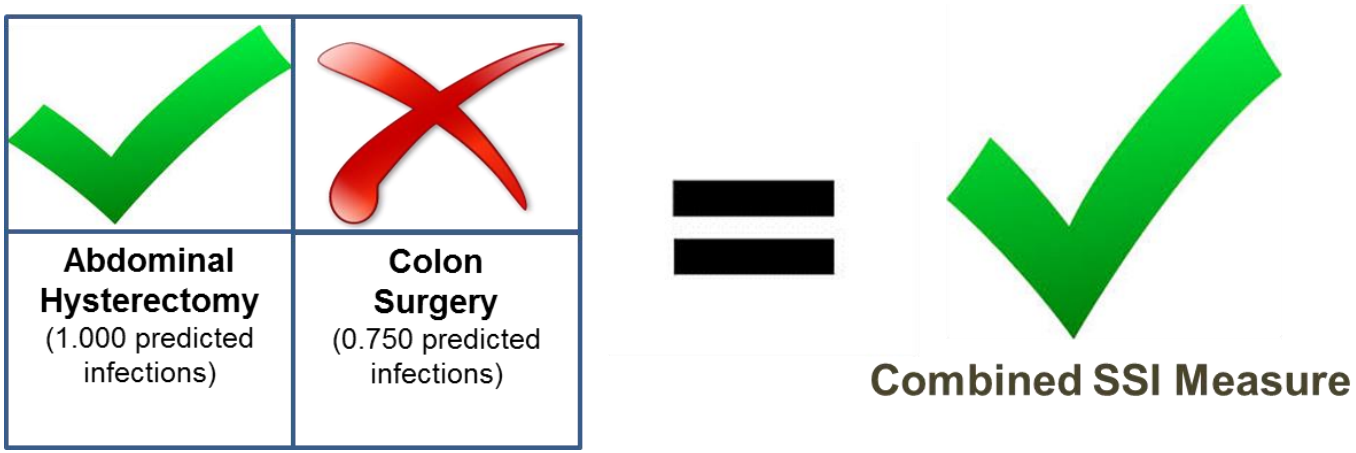
- **Baseline period** to have an improvement score calculated on the Percentage Payment Summary Report
- **Performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report





Scoring Requirements
Safety: SSI

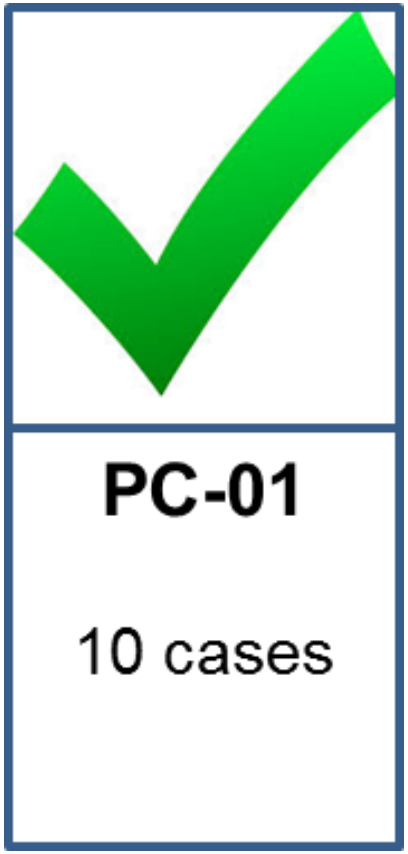
- A stratum must have at least **one predicted infection** calculated by the CDC during the:
  - **Baseline period** to have an improvement score calculated on the Percentage Payment Summary Report
  - **Performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report
- A **minimum of one predicted infection** must be calculated in at least one of the two SSI strata in order to receive a SSI measure score on the Percentage Payment Summary Report



Scoring Requirements
Safety: PC-01

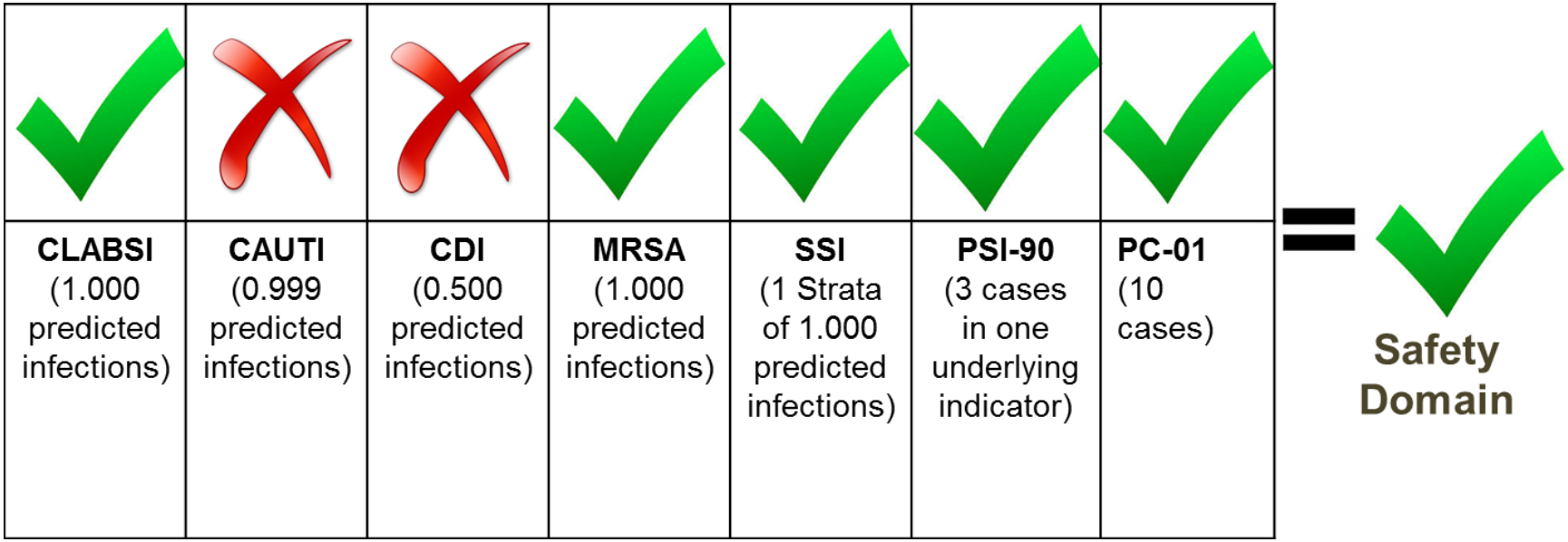
The measure must have at least **10 cases reported** during the:

- **Baseline period** to have an improvement score calculated on the Percentage Payment Summary Report
- **Performance period** to have either an improvement or achievement score calculated



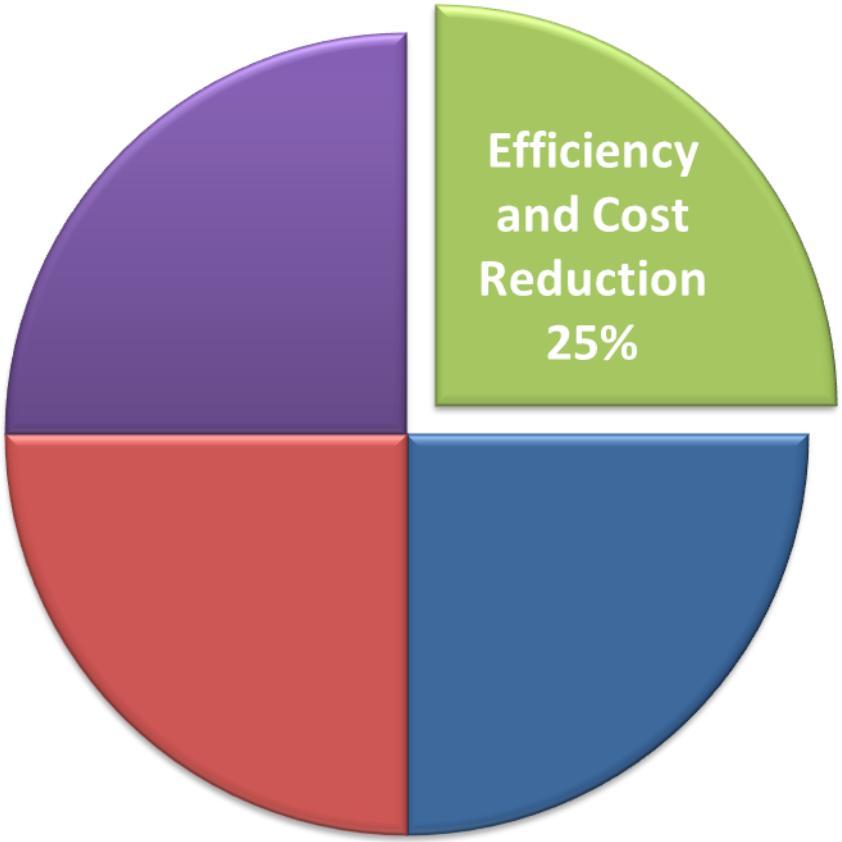
Scoring Requirements: Safety

The **Safety Domain** requires at least **three of the seven** measures to be scored in order for the domain score to be included in the TPS on the Percentage Payment Summary Report.



Domains and Measures/Dimensions Efficiency and Cost Reduction

Domain Weights



Measures

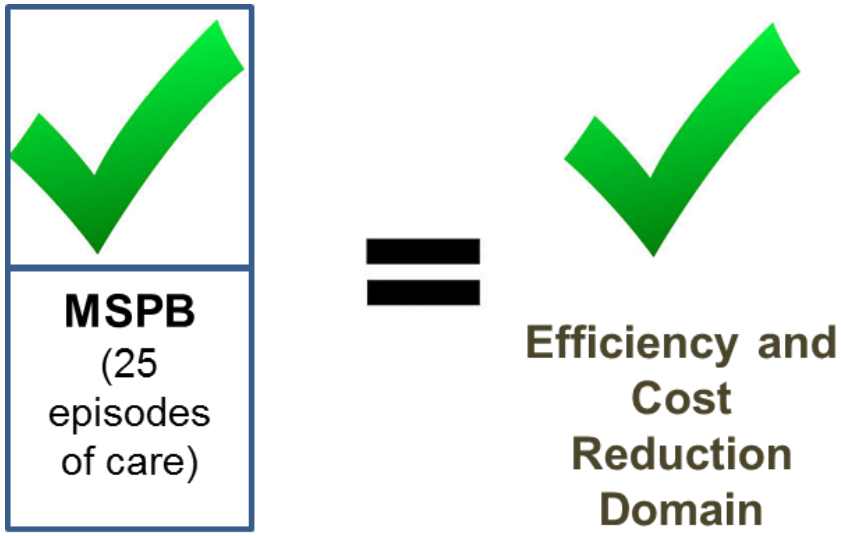
MSPB-1 Medicare Spending by Beneficiary

- 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

Scoring Requirements Efficiency and Cost Reduction

The measure must have at least **25 eligible episodes of care** during the:

- **Baseline period** to have an **improvement score calculated** on the Percentage Payment Summary Report
- **Performance period** to have either an **improvement or achievement score calculated**
- **Performance** period for the **domain score to be included** in the TPS on the Percentage Payment Summary Report.



Baseline and Performance Periods FY 2018 Table

Domain	Measure	Baseline Period	Performance Period
Clinical Care	Mortality Measures	10/1/2009–6/30/2012	10/1/2013- 6/30/2016
PCCEC/CC	HCAHPS Survey	1/1–12/31/2014	1/1–12/31/2016
Safety	AHRQ PSI-90 Composite	7/1/2010–6/30/2012	7/1/2014–6/30/2016
	HAI Measures	1/1–12/31/2014	1/1–12/31/2016
	PC-01	1/1–12/31/2014	1/1–12/31/2016
Efficiency and Cost Reduction	MSPB	1/1–12/31/2014	1/1–12/31/2016

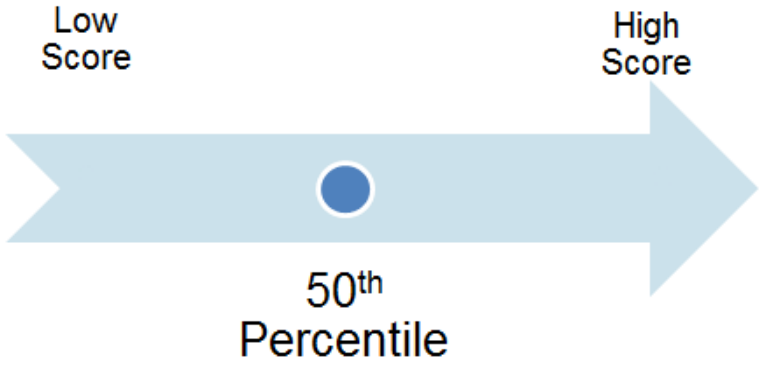
Evaluating Hospitals: Performance Standards

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

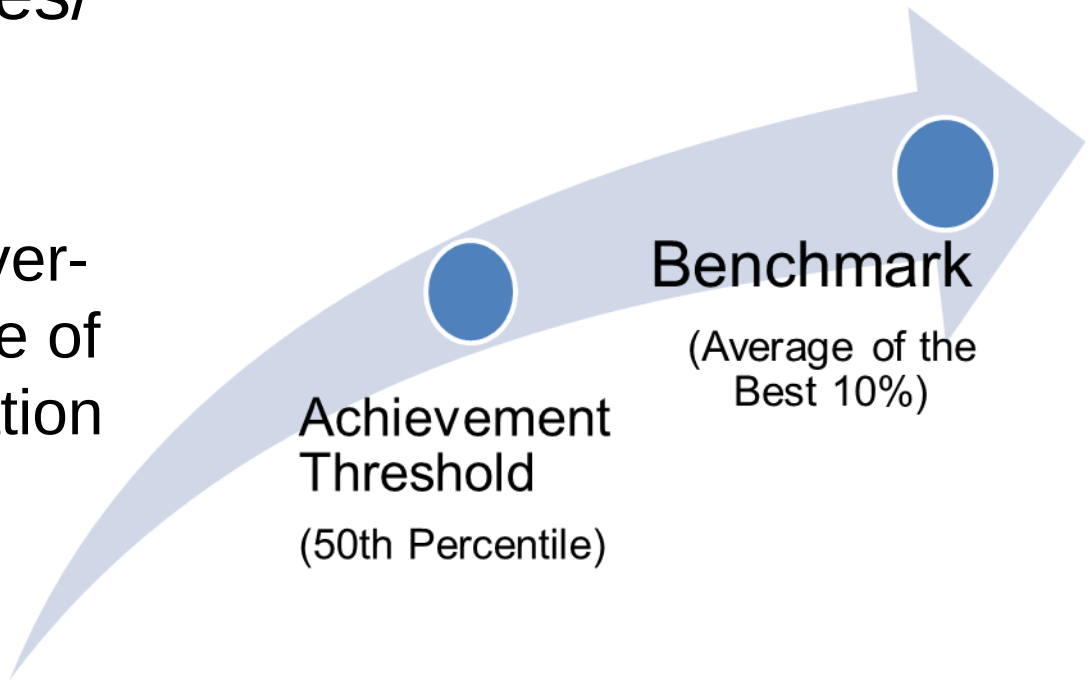
Figure #2 - Achievement Threshold



Evaluating Hospitals: Higher Performance Rates

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

- Clinical Care*
- Patient- and Caregiver-Centered Experience of Care/Care Coordination Dimensions (PCCEC/CC)

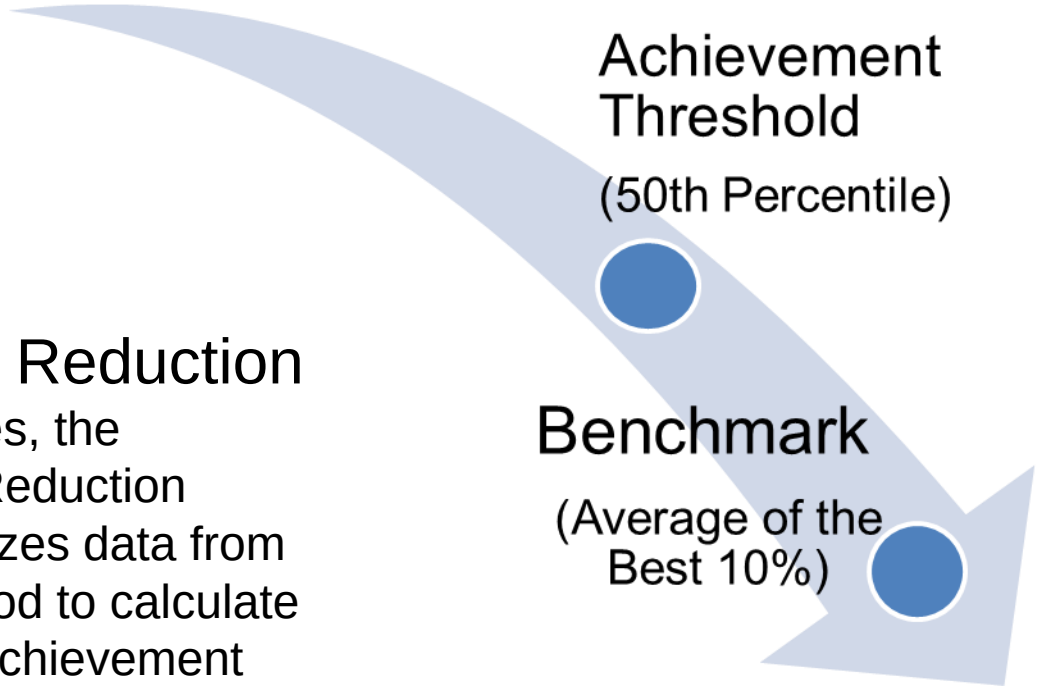


**The 30-day Mortality Measures are reported as survival rates; therefore, higher values represent a better outcome*

Evaluating Hospitals: Lower Performance Rates

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

- Safety
  - AHRQ PSI-90
  - HAI measures
  - PC-01
- Efficiency and Cost Reduction
  - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period



Evaluating Hospitals
FY 2018 Performance Standards (1 of 2)

Domain	Measure	Benchmark	Achievement Threshold	Floor
Clinical Care	MORT-30-AMI	0.873053	0.850916	N/A
	MORT-30-HF	0.907656	0.883421	N/A
	MORT-30-PN	0.907900	0.882860	N/A
Safety	CLABSI	0.000	0.369	N/A
	CAUTI	0.000	0.906	N/A
	SSI – Colon	0.000	0.824	N/A
	SSI – Abdominal Hysterectomy	0.000	0.710	N/A
	MRSA	0.000	0.767	N/A
	CDI	0.002	0.794	N/A
	PSI-90	0.709498	0.964542	N/A
	PC-01	0.000000	0.020408	N/A

Evaluating Hospitals
FY 2018 Performance Standards (2 of 2)

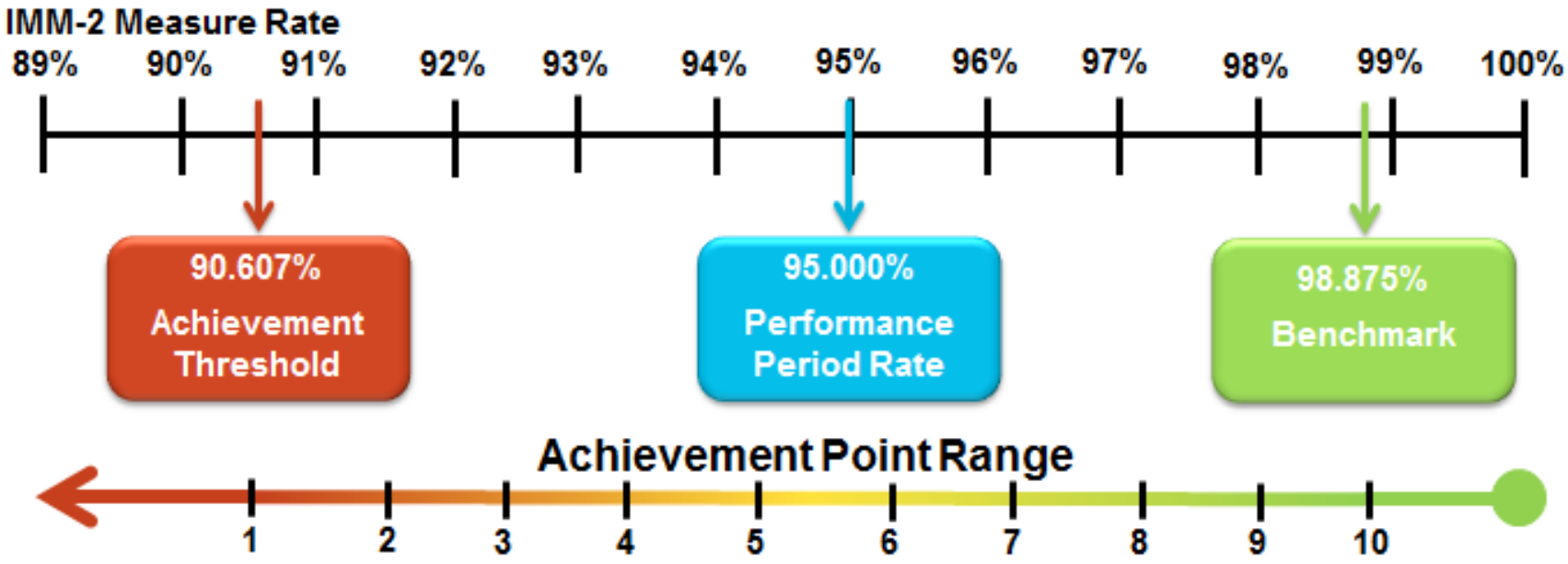
Domain	Measure	Benchmark	Achievement Threshold	Floor
Efficiency and Cost Reduction	MSPB-1	Mean of the best (lowest) decile of MSPB ratios across all hospitals during the performance period	Median MSPB ratio across all hospitals during the performance period	N/A
Patient- and Caregiver-Centered Experience of Care/Care Coordination	Communication with Nurses	86.68	78.52	55.27
	Communication with Doctors	88.51	80.44	57.39
	Responsiveness of Hospital Staff	80.35	65.08	38.40
	Pain Management	78.46	70.20	52.19
	Communication about Medicines	73.66	63.37	43.43
	Cleanliness and Quietness of Hospital Environment	79.00	65.60	40.05
	Discharge Information	91.63	86.60	62.25
	3-Item Care Transition	62.44	51.45	25.21
	Overall Rating of Hospital	84.58	70.23	37.67

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
  - 1–10 points

Achievement Points: Example



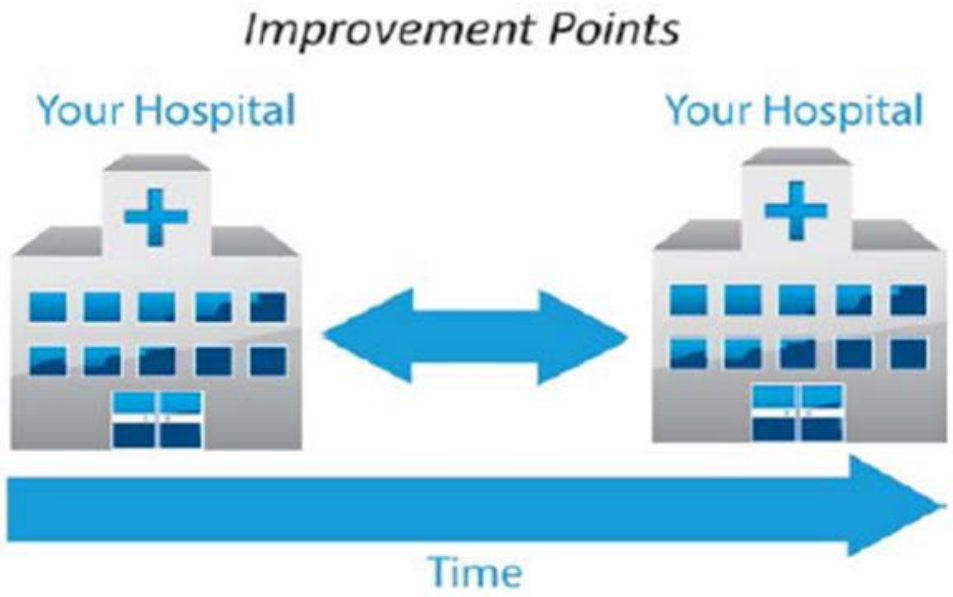
$$(9 \times \left(\frac{\textit{Performance Period Rate} - \textit{Achievement Threshold}}{\textit{Benchmark} - \textit{Achievement Threshold}}\right) + 0.5 = (9 \times \left(\frac{95.000\% - 90.607\%}{98.875\% - 90.607\%}\right) + 0.5 = \mathbf{5}$$

Improvement Points

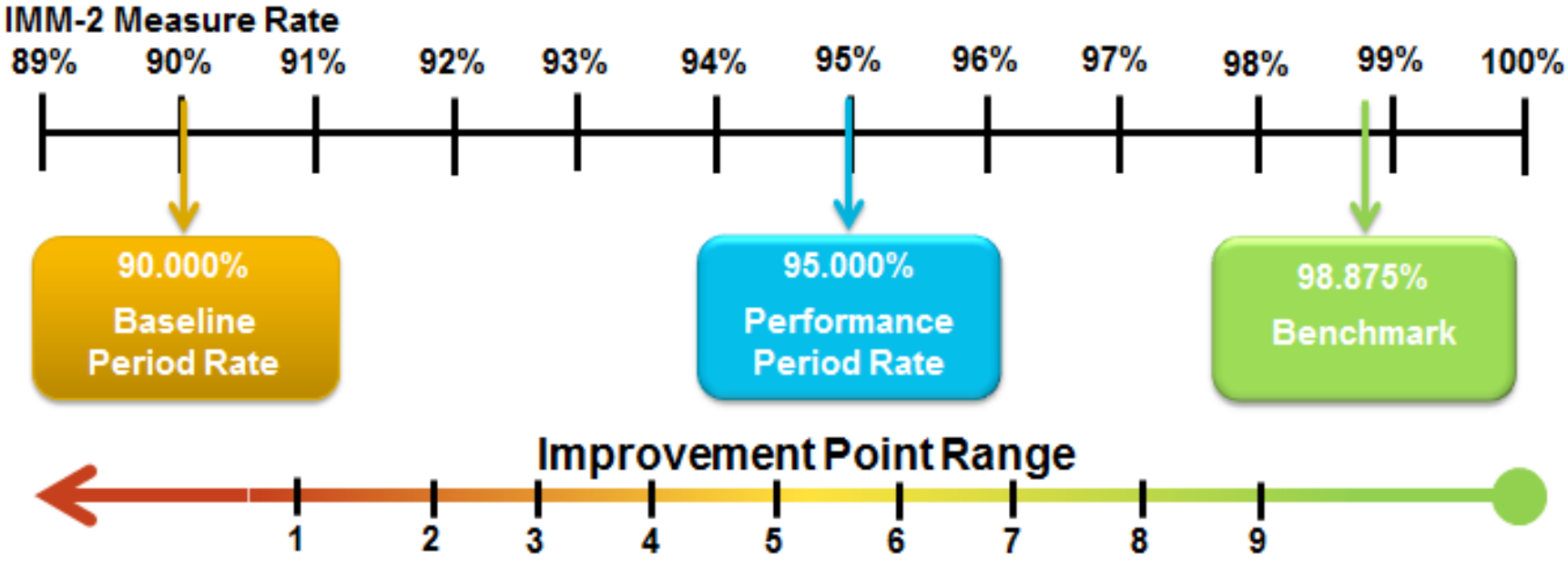
Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period:

- 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.



Improvement Points: Example



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

Measure Score

A Measure Score is the greater of the Achievement Points and Improvement Points for a measure.

Example FY 2018 Clinical Care Score Calculations

Measure ID	Achievement Points	Improvement Points	Measure Score
MORT-30-AMI	10	9	10
MORT-30-HF	5	-	5
MORT-30-PN	-	-	-

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.

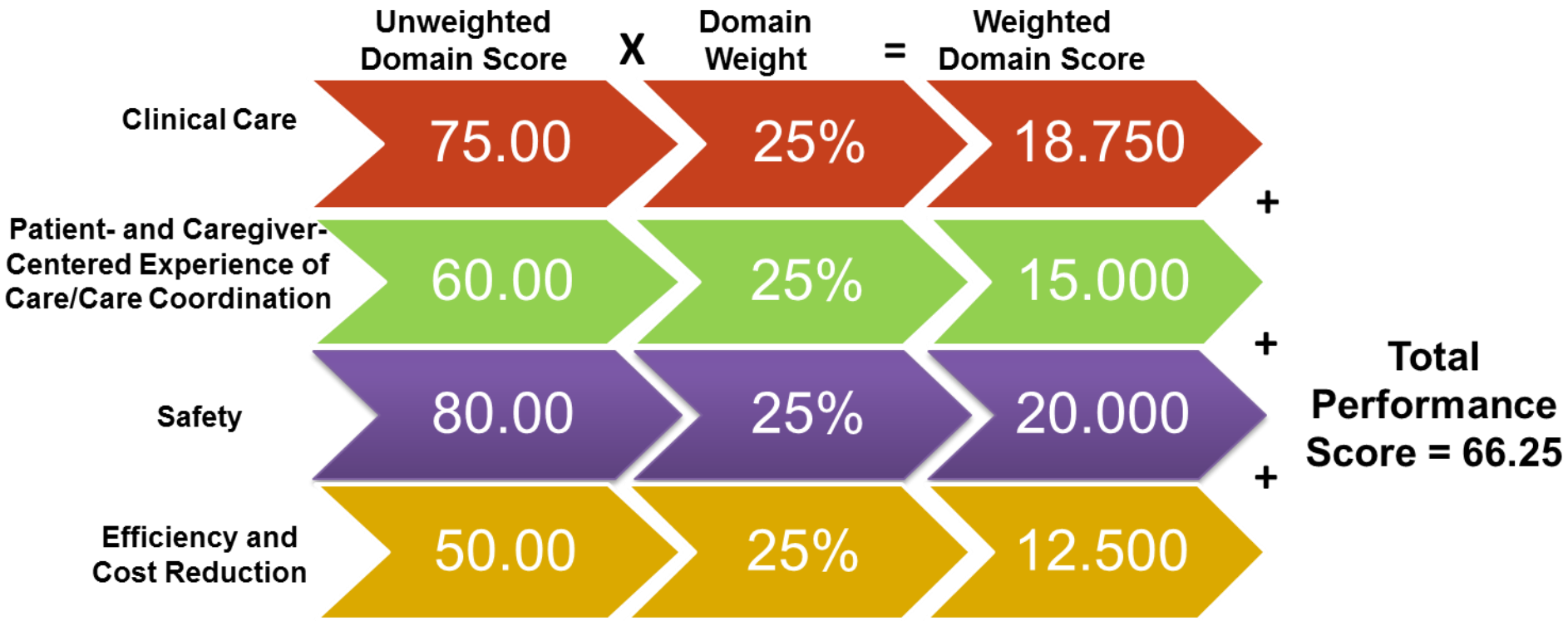
Measure ID	Measure Score
MORT-30-AMI	10
MORT-30-HF	5
MORT-30-PN	-

Domain Normalization Steps

1. Sum the measure scores in the domain.
   (10 + 5) = 15
2. Multiply the eligible measures by the maximum point value per measure (10 points).
   (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).
   (15 ÷ 20) = 0.75
4. Multiply the result of step 3 by 100.
   (0.75 x 100) = **75**

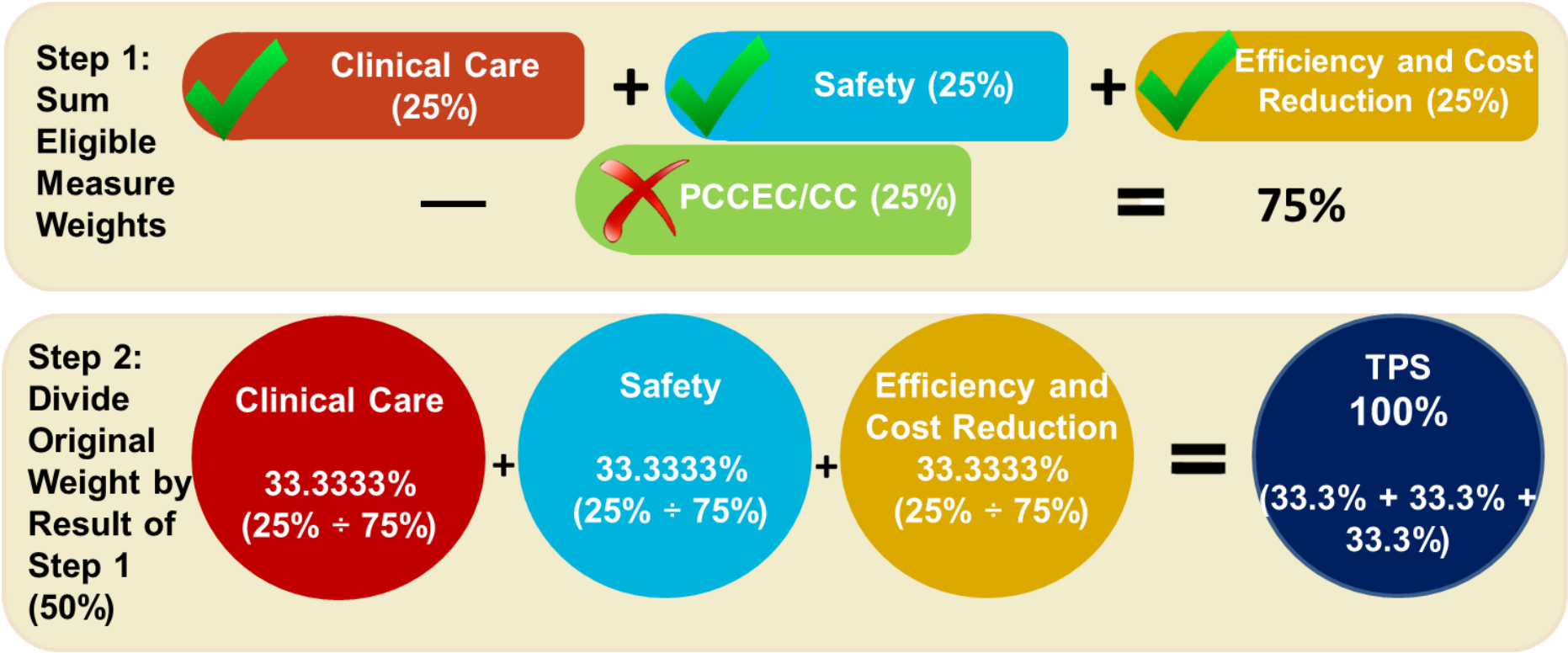
Weighted Domain Score and Total Performance Score

A TPS requires scores from at least **three out of the four domains in FY 2018**. Excluded domain weights are proportionately distributed to the remaining domains to equal 100%.



Proportionate Reweighting

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



FY 2018 Baseline Measures Report Clinical Care Detail Report

Report Run Date: 08/14/2015

Hospital Value-Based Purchasing – Baseline Measures Report

Clinical Care Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Data As Of: 08/12/2015

Baseline Period: 10/01/2009 - 06/30/2012

Outcomes Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	149	1.000000	0.851458	0.871669
MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate	207	0.000000	0.881794	0.903985
MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate	104	0.887499	0.882986	0.908124

Calculated values were subject to rounding.

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

FY 2018 Baseline Measures Report

Patient and Caregiver Experience of Care/Care Coordination Detail Report

Report Run Date: 08/14/2015

Hospital Value-Based Purchasing – Baseline Measures Report

Patient and Caregiver Centered Experience of Care/Care Coordination Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Data As Of: 08/12/2015

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

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses	74.40%	55.27%	78.52%	86.68%
Communication with Doctors	80.26%	57.39%	80.44%	88.51%
Responsiveness of Hospital Staff	56.73%	38.40%	65.08%	80.35%
Pain Management	64.48%	52.19%	70.20%	78.46%
Communication about Medicines	60.46%	43.43%	63.37%	73.66%
Cleanliness and Quietness of Hospital Environment	66.35%	40.05%	65.60%	79.00%
Discharge Information	84.03%	62.25%	86.60%	91.63%
Care Transition	69.60%	25.21%	51.45%	62.44%
Overall Rating of Hospital	82.82%	37.67%	70.23%	84.58%

HCAHPS Surveys Completed During the Baseline Period 2013

Calculated values were subject to rounding.

FY 2018 Baseline Measures Report
Safety Measures Detail Report

Report Run Date: 08/14/2015

Hospital Value-Based Purchasing – Baseline Measures Report

Safety Measures Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Data As Of: 08/12/2015

Baseline Period: 07/01/2010 - 06/30/2012

AHRQ Composite Measures	Index Value	Achievement Threshold	Benchmark
PSI-90 Complication/patient safety for selected indicators (composite)	0.414510	0.577321	0.397051

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

Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Achievement Threshold	Benchmark
CAUTI Catheter-Associated Urinary Tract Infection	10	3.388	2.952	0.906	0.000
CLABSI Central Line-Associated Blood Stream Infection	32	8.780	3.645	0.369	0.000
CDI Clostridium difficile Infection**	N/A	N/A	-	0.794	0.002
MRSA Methicillin-Resistant Staphylococcus aureus Bacteremia	9	7.514	1.198	0.767	0.000
SSI-Abdominal Hysterectomy	1	1.453	0.688	0.710	0.000
SSI-Colon Surgery**	N/A	N/A	-	0.824	0.000

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

Process Measures	Numerator	Denominator	Baseline Period Rate	Achievement Threshold	Benchmark
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation**	0 cases	0 cases	-	0.020408	0.000000

Calculated values were subject to rounding.

* "N/A" indicates no data were available or submitted for this measure.

* A dash (-) indicates that the minimums were not met for calculation of the points or scores.

* A double asterisk (**) indicates that the hospital did not meet the minimum requirements for the measures in the Baseline Period.

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

FY 2018 Baseline Measures Report
Efficiency and Cost Reduction Detail Report

Report Run Date: 08/14/2015

Hospital Value-Based Purchasing – Baseline Measures Report

Efficiency and Cost Reduction Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2018

Data As Of: 08/12/2015

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

Efficiency and Cost Reduction Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
MSPB-1 Medicare Spending per Beneficiary (MSPB)**	$19,597.04	$20,017.29	0.979005	24

Calculated values were subject to rounding.

* A double asterisk (**) indicates that the hospital did not meet the minimum requirements for the measures in the Baseline Period.

FY 2018 Baseline Reports Coming Soon

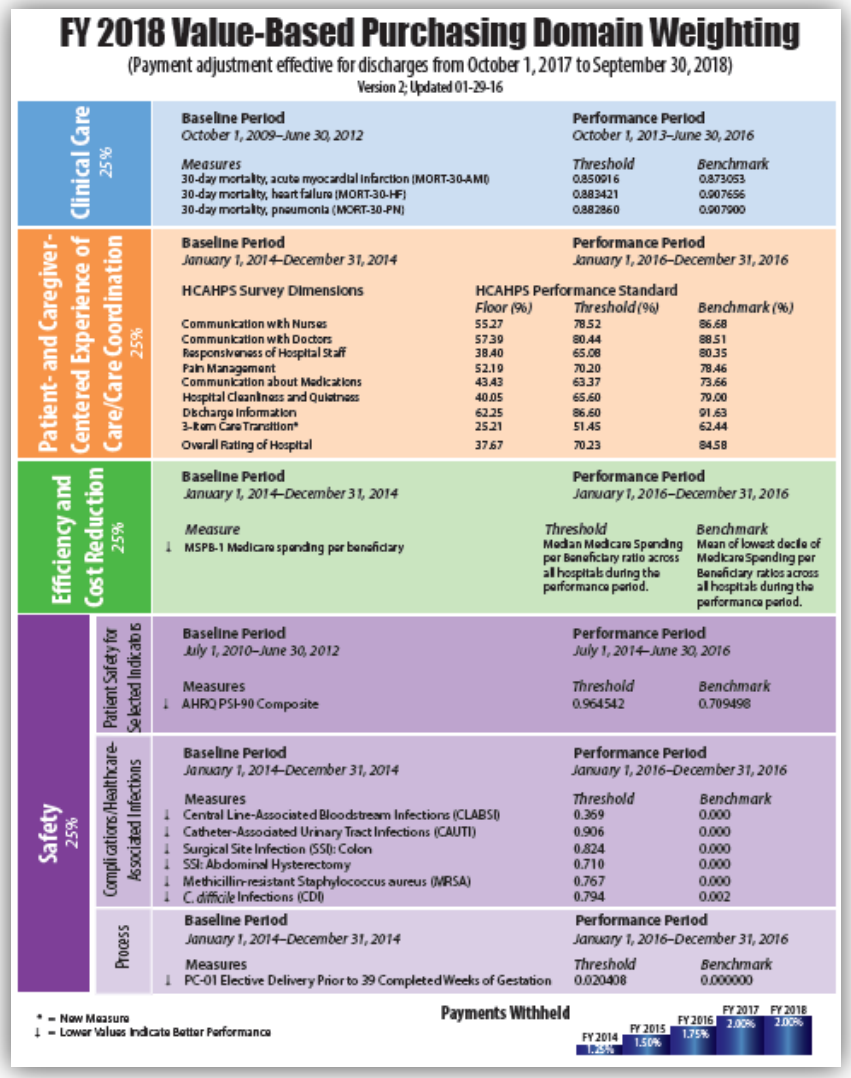
- Notifications will be sent to hospitals when the **Baseline Measure Reports** are available on the *QSP*
- Reports will only be available to hospitals who are active, registered *QualityNet* users who have been assigned the following *QualityNet* roles:
  - **Hospital Reporting Feedback-Inpatient** role
    - Required to receive the report
  - **File Exchange and Search** role
    - Required to download the report from the QSP

Resources

- **Technical questions or issues related to accessing reports**
  - Email the *QualityNet* Help Desk at: qnetsupport@HCQIS.org
  - Call the *QualityNet* Help Desk at 866.288.8912.
- **More information on the FY 2018 Baseline Measures Report**
  - "How to Read Your FY 2018 Percentage Payment Summary Report" guide will be made available on *QualityNet* in the Hospital VBP section once the reports are released. The direct link to the page is: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202
- **Frequently Asked Questions (FAQs) related to Hospital VBP**
  - Available via the Hospital-Inpatient Questions and Answers tool at: https://cms-ip.custhelp.com
- **Ask Questions related to Hospital VBP**
  - Submit questions via the Hospital-Inpatient Questions and Answers tool at: https://cms-ip.custhelp.com

Important Resource: Quick Reference Guide for FY 2018

Available on the www.qualityreportingcenter.com website and www.qualitynet.org



FY 2018 Value-Based Purchasing Domain Weighting

(Payment adjustment effective for discharges from October 1, 2017 to September 30, 2018)

Version 2; Updated 01-29-16

Clinical Care 25%

Baseline Period *October 1, 2009–June 30, 2012*

Performance Period *October 1, 2013–June 30, 2016*

Measures	Threshold	Benchmark
30-day mortality, acute myocardial infarction (MORT-30-AMI)	0.850916	0.873053
30-day mortality, heart failure (MORT-30-HF)	0.883421	0.907656
30-day mortality, pneumonia (MORT-30-PN)	0.882860	0.907900

Patient- and Caregiver-Centered Experience of Care/Care Coordination 25%

Baseline Period *January 1, 2014–December 31, 2014*

Performance Period *January 1, 2016–December 31, 2016*

HCAHPS Survey Dimensions	HCAHPS Performance Standard Floor (%)	Threshold (%)	Benchmark (%)
Communication with Nurses	55.27	78.52	86.68
Communication with Doctors	57.39	80.44	88.51
Responsiveness of Hospital Staff	38.40	65.08	80.35
Pain Management	52.19	70.20	78.46
Communication about Medications	43.43	63.37	73.66
Hospital Cleanliness and Quietness	40.05	65.60	79.00
Discharge Information	62.25	86.60	91.63
3-Item Care Transition*	25.21	51.45	62.44
Overall Rating of Hospital	37.67	70.23	84.58

Efficiency and Cost Reduction 25%

Baseline Period *January 1, 2014–December 31, 2014*

Performance Period *January 1, 2016–December 31, 2016*

Measure	Threshold	Benchmark
↓ MSPB-1 Medicare spending per beneficiary	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period.

Safety 25%

Patient Safety for Selected Indicators

Baseline Period *July 1, 2010–June 30, 2012*

Performance Period *July 1, 2014–June 30, 2016*

Measures	Threshold	Benchmark
↓ AHRQ PSI-90 Composite	0.964542	0.709498

Complications/Healthcare-Associated Infections

Baseline Period *January 1, 2014–December 31, 2014*

Performance Period *January 1, 2016–December 31, 2016*

Measures	Threshold	Benchmark
↓ Central Line-Associated Bloodstream Infections (CLABSI)	0.369	0.000
↓ Catheter-Associated Urinary Tract Infections (CAUTI)	0.906	0.000
↓ Surgical Site Infection (SSI): Colon	0.824	0.000
↓ SSI: Abdominal Hysterectomy	0.710	0.000
↓ Methicillin-resistant Staphylococcus aureus (MRSA)	0.767	0.000
↓ *C. difficile* Infections (CDI)	0.794	0.002

Process

Baseline Period *January 1, 2014–December 31, 2014*

Performance Period *January 1, 2016–December 31, 2016*

Measures	Threshold	Benchmark
↓ PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation	0.020408	0.000000

* = New Measure

↓ = Lower Values Indicate Better Performance

Payments Withheld

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
1.25%	1.50%	1.75%	2.00%	2.00%

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Email Support
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Phone Support
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866.800.8765

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www.qualityreportingcenter.com/inpatient

Monthly Web Conferences
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Continuing Education Approval

This program has been approved for 1.0 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.

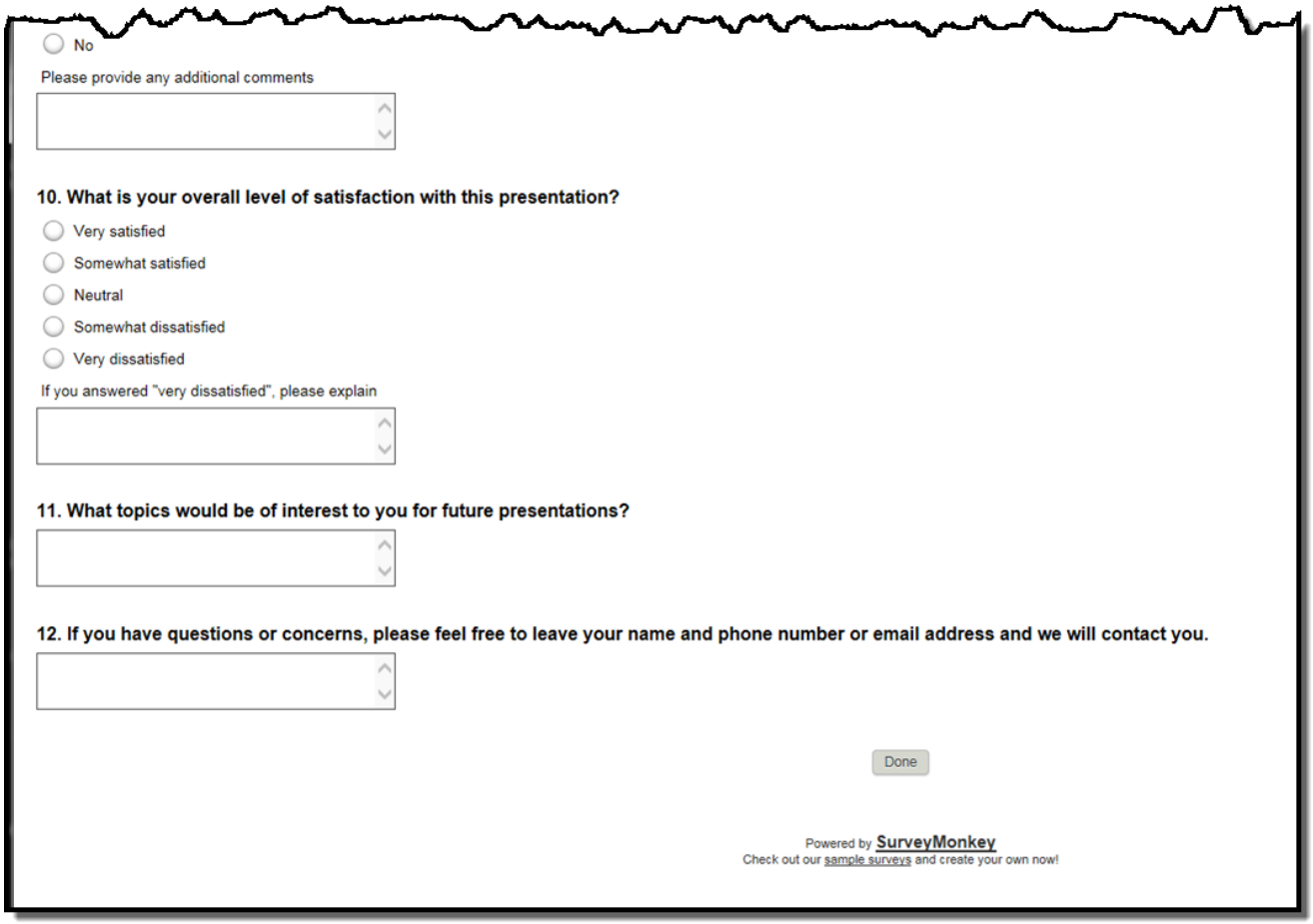
CE Credit Process

- 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 immediately 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

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

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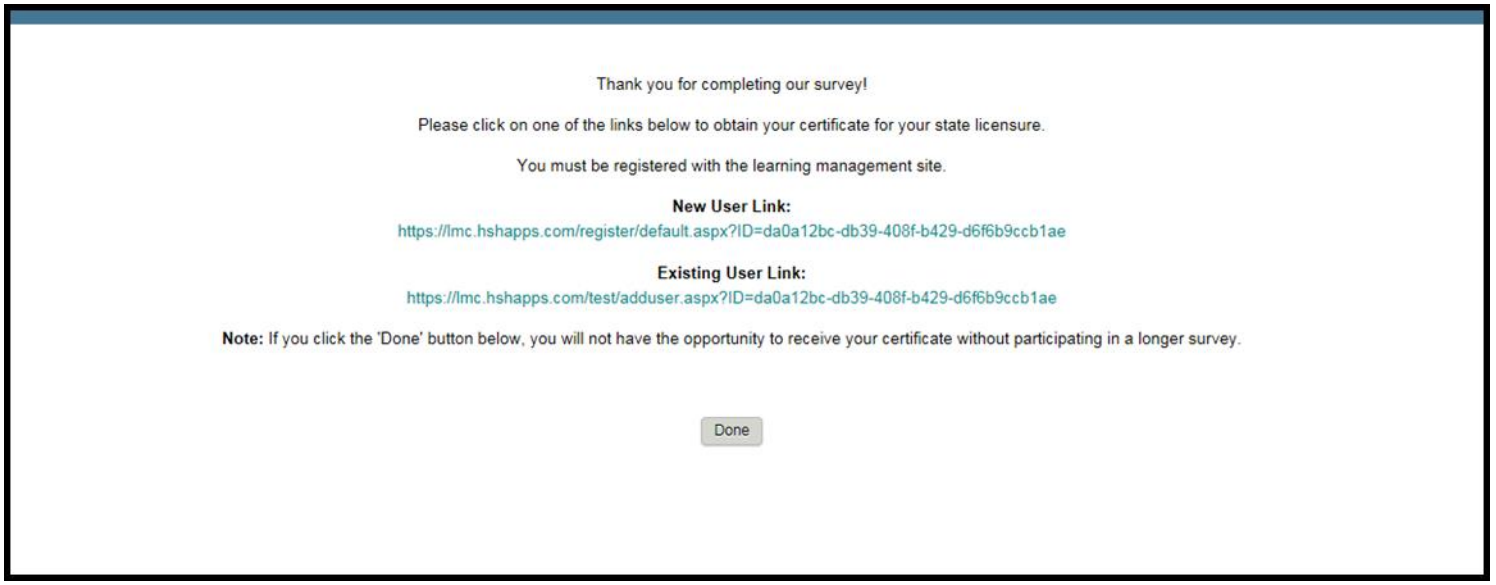
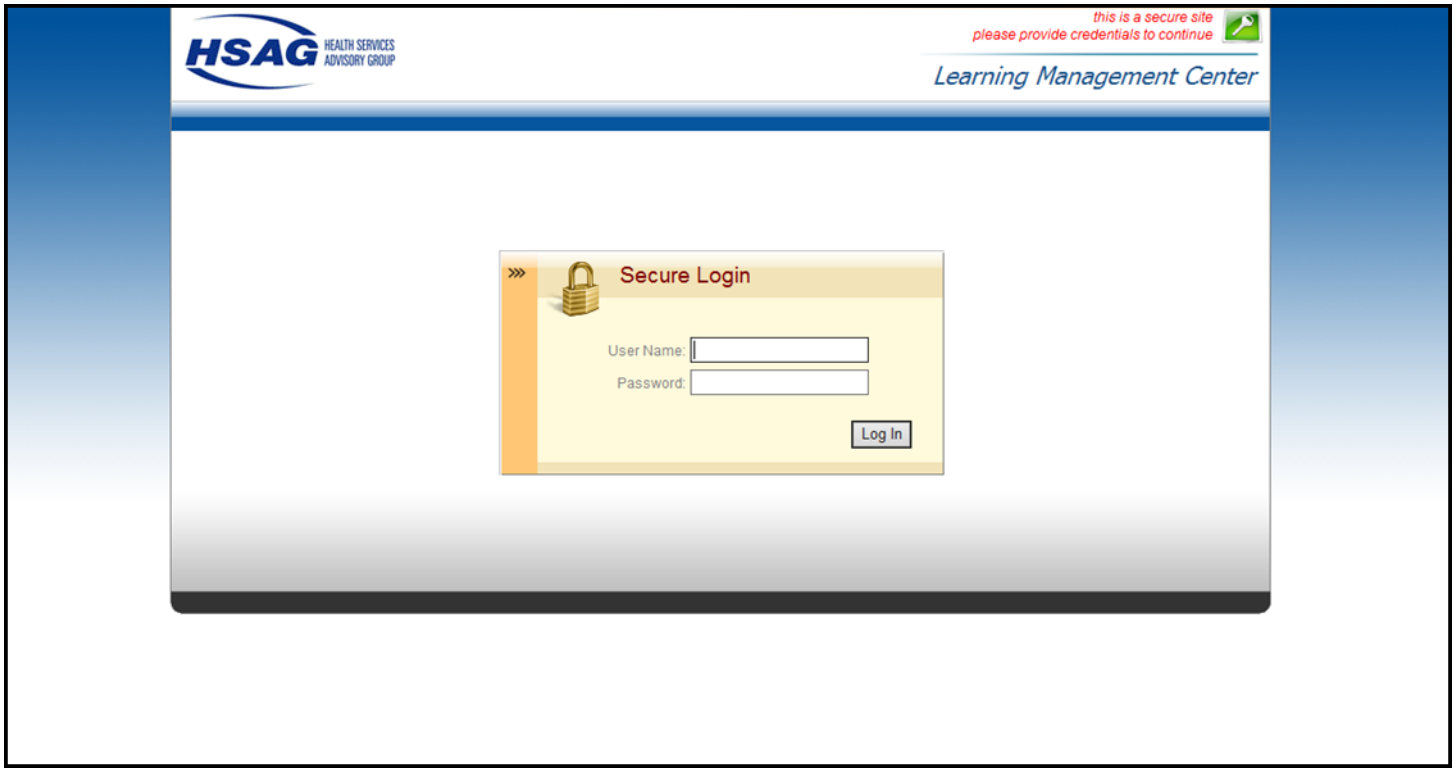
CE Credit Process



CE Credit Process: New User

CE Credit Process: Existing User



QUESTIONS?