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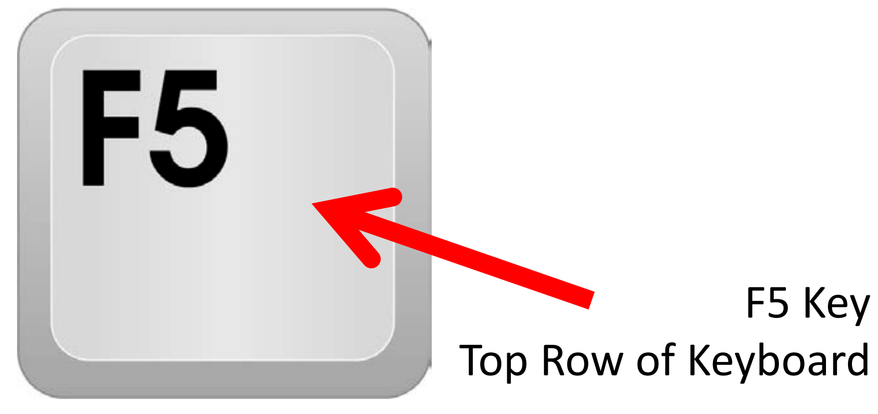

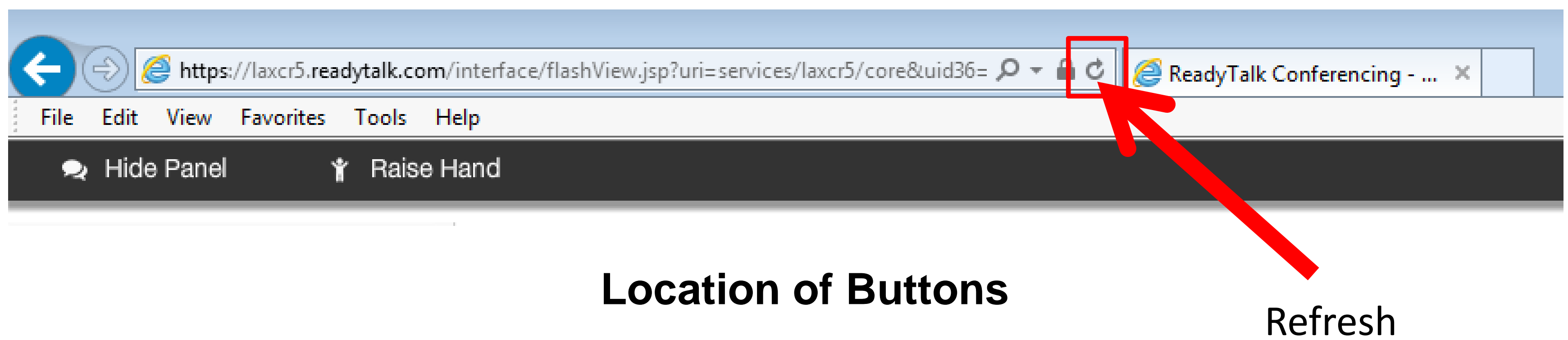

Location of Buttons

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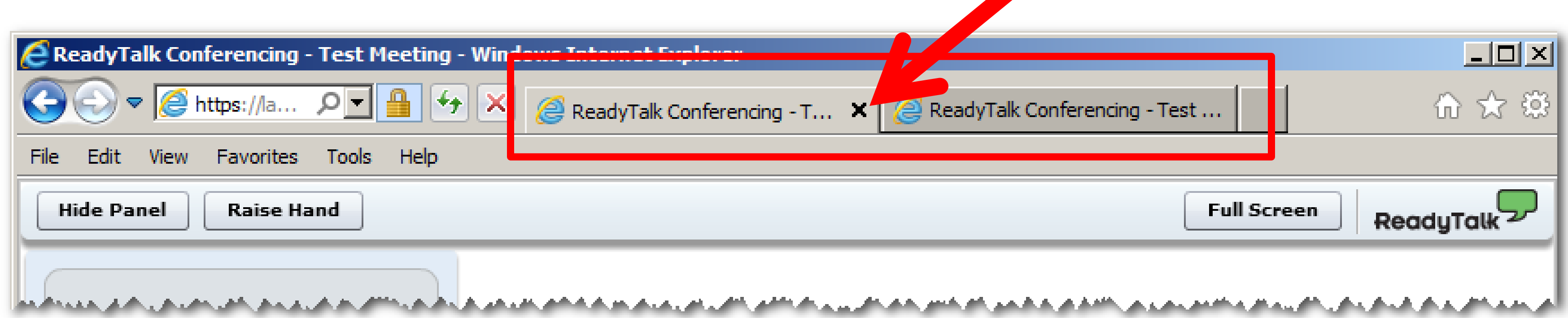
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

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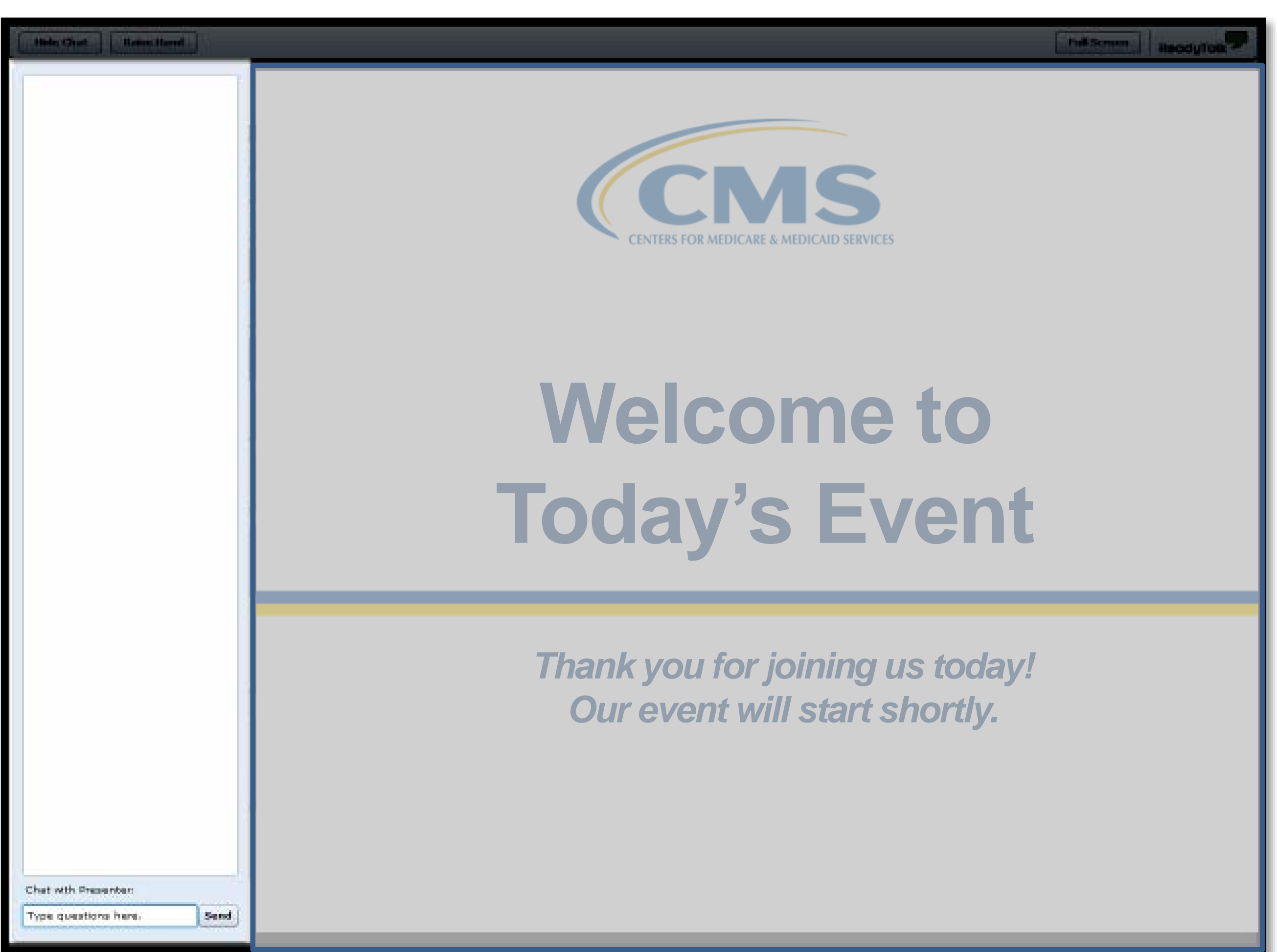


Overview of the Hospital Value-Based Purchasing (VBP) Program Fiscal Year (FY) 2019

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

February 28, 2017

2 p.m. ET

Purpose

This event will provide an overview of the FY 2019 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:

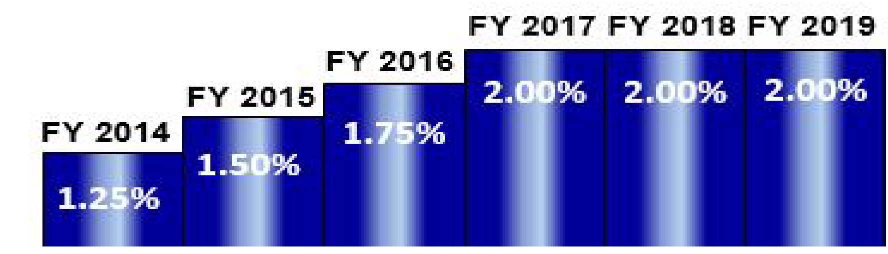
- Identify how hospitals will be evaluated within each domain and measure
- Recognize changes in the Hospital VBP Program based on the latest Final Rule
- Explain the eligibility requirements for the VBP Program
- Interpret the scoring methodology used in the VBP Program

Hospital VBP Program Introduction

Hospital VBP is a quality incentive program:

- Established under 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 Medicare Severity (MS) Diagnosis-Related Group (DRG) payments for FY 2019

Payments Withheld



Hospital VBP Program Eligibility

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. This excludes:

- 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 MS-DRG payments and will not be eligible to receive incentive payments in FY 2019.

FY 2019 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

Efficiency and Cost Reduction

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

Domain Weights

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

A double asterisk (**) indicates CMS has finalized a cohort expansion for the measure.

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
4. **THA/TKA***: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Person and Community Engagement

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. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition
8. Overall Rating of Hospital

FY 2019 Hospital VBP Program Summary of Changes (1 of 2)

Clinical Care

Elective Primary THA and/or TKA Complication Rate added to the Clinical Care domain.

Person and Community Engagement

- The Patient-and-Caregiver Centered Experience of Care/Care Coordination domain name was modified to Person and Community Engagement.
- The Pain Management dimension was removed from the Person and Community Engagement Domain.

FY 2019 Hospital VBP Program Summary of Changes (2 of 2)

Safety

- CLABSI and CAUTI measures were expanded to include Select Ward, or non-Intensive Care Units (non-ICU), locations.
- Centers for Disease Control and Prevention (CDC) updated the "standard population data" (a.k.a. "national baseline") to ensure National Healthcare Safety Network (NHSN) measures' number of predicted infections reflect the current state of Healthcare-Associated Infections (HAIs) in the United States.

FY 2019 Hospital VBP Program Update to CLABSI & CAUTI Locations

CLABSI and CAUTI Inclusion of Select Ward (non-ICU) Locations

CMS finalized proposal to include selected ward (non-intensive care unit) locations in the CLABSI and CAUTI measures beginning with the FY 2019 program year.

Data Period	FY 2017 Program Year	FY 2018 Program Year	FY 2019 Program Year	FY 2020 Program Year
Hospital VBP Program **Baseline** Period	**CLABSI:** Adult, Pediatric, and Neonatal ICU locations **CAUTI**: Adult and Pediatric ICU locations	**CLABSI:** Adult, Pediatric, and Neonatal ICU locations **CAUTI**: Adult and Pediatric ICU locations	**CLABSI:** Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards **CAUTI**: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards	**CLABSI:** Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards **CAUTI**: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards
Hospital VBP Program **Performance** Period	**CLABSI:** Adult, Pediatric, and Neonatal ICU locations **CAUTI**: Adult and Pediatric ICU locations	**CLABSI:** Adult, Pediatric, and Neonatal ICU locations **CAUTI**: Adult and Pediatric ICU locations	**CLABSI:** Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards **CAUTI**: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards	**CLABSI:** Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards **CAUTI**: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards

FY 2019 Hospital VBP Program Update to HAI Baseline

- CDC is updating the “standard population data” (a.k.a. “national baseline”) to ensure the NHSN measures’ number of predicted infections reflect the current state of HAIs in the United States.
  - CAUTI standard population data is CY 2009
  - CLABSI and SSI standard population data is CY 2006–2008
  - CDI and MRSA standard population data is CY 2010–2011
- CDC will collect data in order to update the standard population for all measures listed above, beginning in 2015.
- NHSN: *Transition to the 2015 Re-Baseline Guidance for Acute Care Facilities* informational webinar presented by CDC on October 26, 2016, is available at: http://www.qualityreportingcenter.com/inpatient/iqr/events/.

Data Period	FY 2017 Program Year	FY 2018 Program Year	FY 2019 Program Year	FY 2020 Program Year
NHSN Measures **Baseline** Period	Current standard population data	Current standard population data	New standard population data	New standard population data
NHSN Measures **Performance** Period	Current standard population data	Current standard population data	New standard population data	New standard population data

FY 2019 Hospital VBP Program Technical Update to Performance Standards (1 of 2)

CMS issued a technical update for the Benchmark and Achievement Threshold (performance standards) for the following measures and fiscal years in the Hospital VBP Program:

- Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI)-90 for FY 2019
- HAI measures for FY 2019:
  - CLABSI
  - CAUTI
  - SSI (Colon Surgery and Abdominal Hysterectomy)
  - MRSA
  - CDI
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following PN Hospitalization (MORT-30-PN) Measure for FY 2021

Technical Update is available as a QualityNet News Article: https://www.qualitynet.org/.

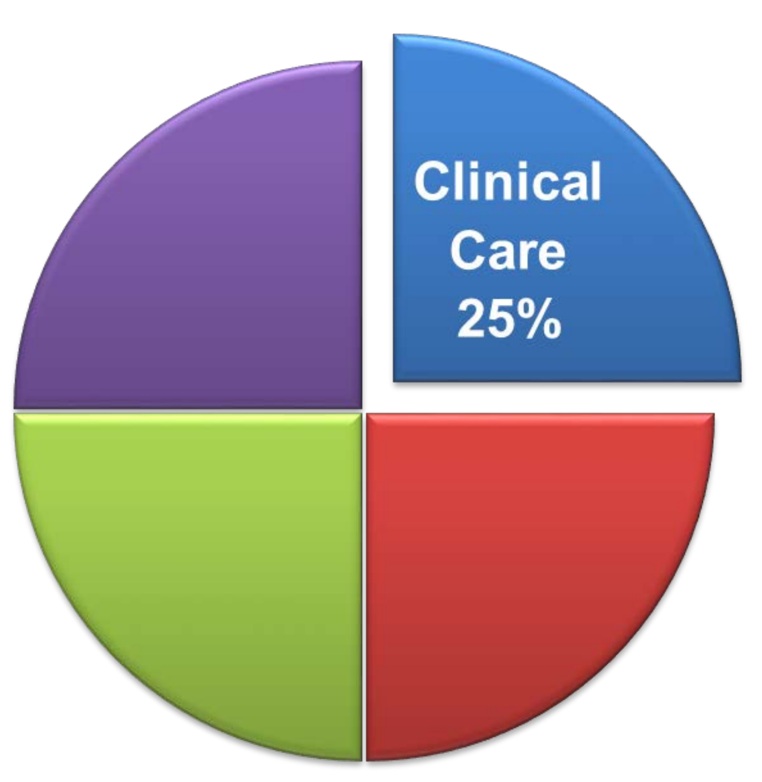
FY 2019 Hospital VBP Program Technical Update to Performance Standards (2 of 2)

Technical Update to Select FY 2019 Performance Standards

Measure	Benchmark	Achievement Threshold
CLABSI	0.000	0.860
CAUTI	0.000	0.822
SSI – Colon Surgery	0.000	0.783
SSI – Abdominal Hysterectomy	0.000	0.762
MRSA	0.000	0.854
CDI	0.113	0.924
PSI-90	0.774058	1.052733

Domains and Measures/Dimensions Clinical Care

Domain Weight



Measure

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

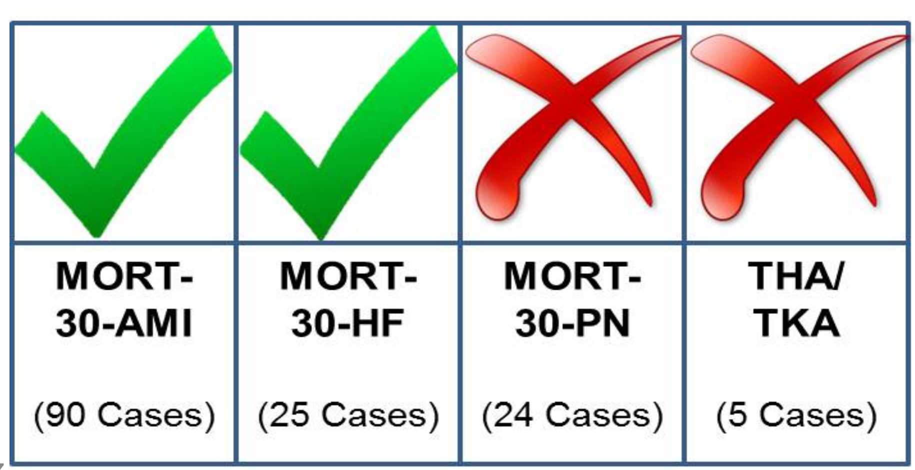
MORT-30-HF:
Heart Failure (HF)
30-Day Mortality Rate

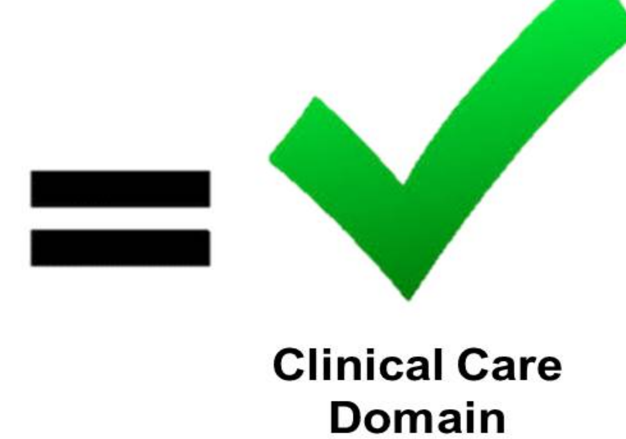
MORT-30-PN:
Pneumonia (PN)
30-Day Mortality Rate

THA/TKA:
Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Scoring Requirements Clinical Care Domain

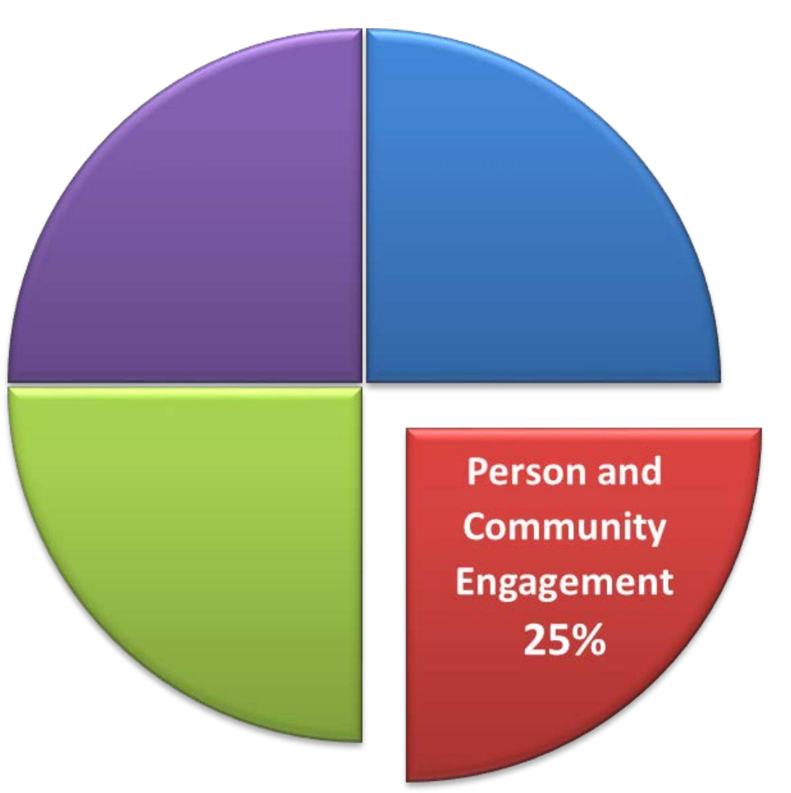
- A measure must have at least **25 eligible cases** during the following:
  - **Baseline period** to have an improvement score calculated on the Percentage Payment Summary Report
  - **Performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report.
- The Clinical Care domain requires at least **two out of the four 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 Person and Community Engagement Domain

Domain Weight



Measure

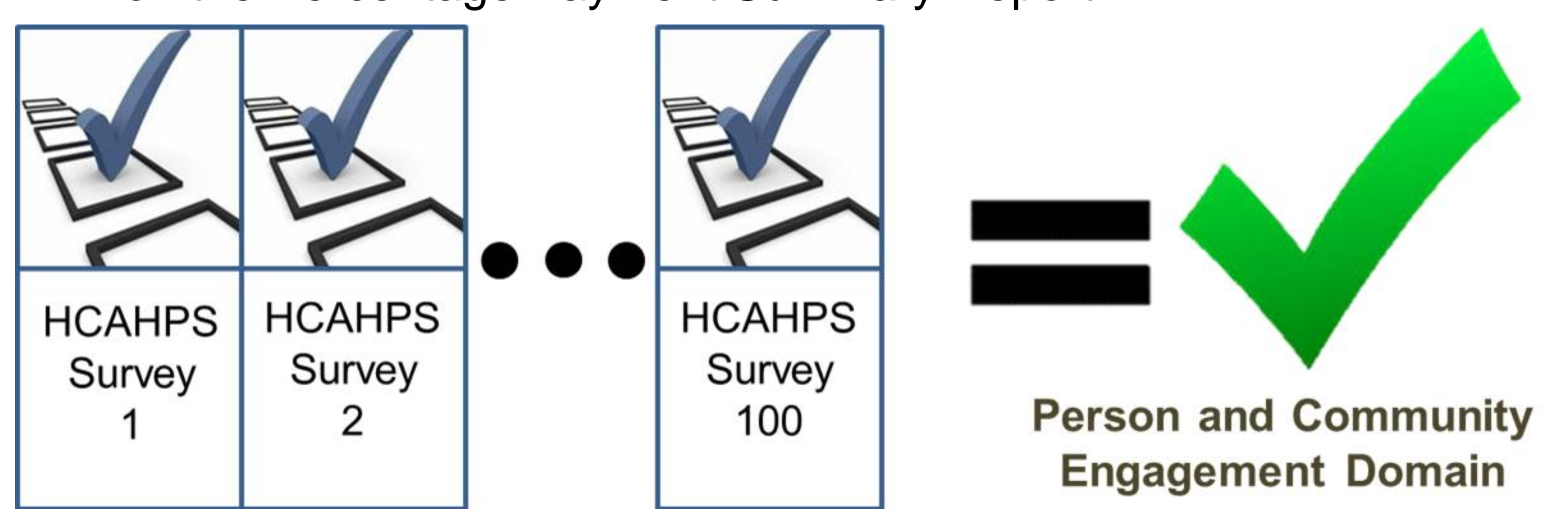
HCAHPS Dimensions:

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

Scoring Requirements
Person and Community Engagement Domain

The Person and Community Engagement Domain requires at least **100 completed HCAHPS surveys** during the following:

- **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 Weight

Measures

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

CLABSI: Central line-associated blood stream infections

CAUTI: Catheter-associated urinary tract infections

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 composed of eight underlying component PSIs, which are sets of indicators on potential in-hospital complications and adverse events during surgeries and procedures:
  - **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 **25 Diagnosis** codes and **25 Procedure** codes.
- CMS will utilize AHRQ Quality Indicators (QI) software version 5.0.1 recalibrated to the Medicare Fee-for-Service population.

Scoring Requirements Safety: AHRQ PSI-90 Composite

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

- **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

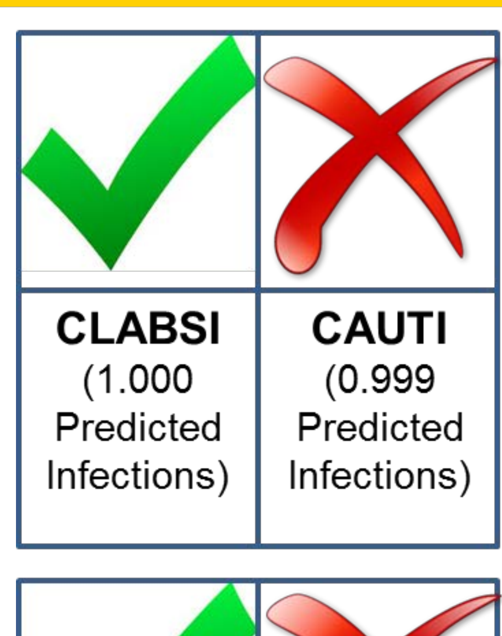
PSI	Number of Cases
PSI-03	
PSI-06	
PSI-07	
PSI-08	
PSI-12	
PSI-13	
PSI-14	
PSI-15	

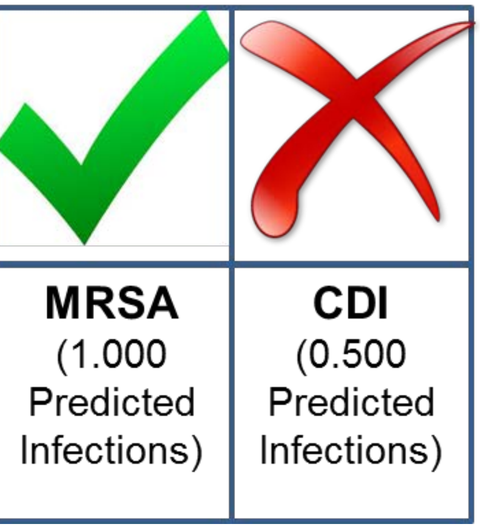
Scoring Requirements

Safety: Healthcare-Associated Infections (HAIs)

A measure must have at least **one predicted infection** calculated by the CDC during the:

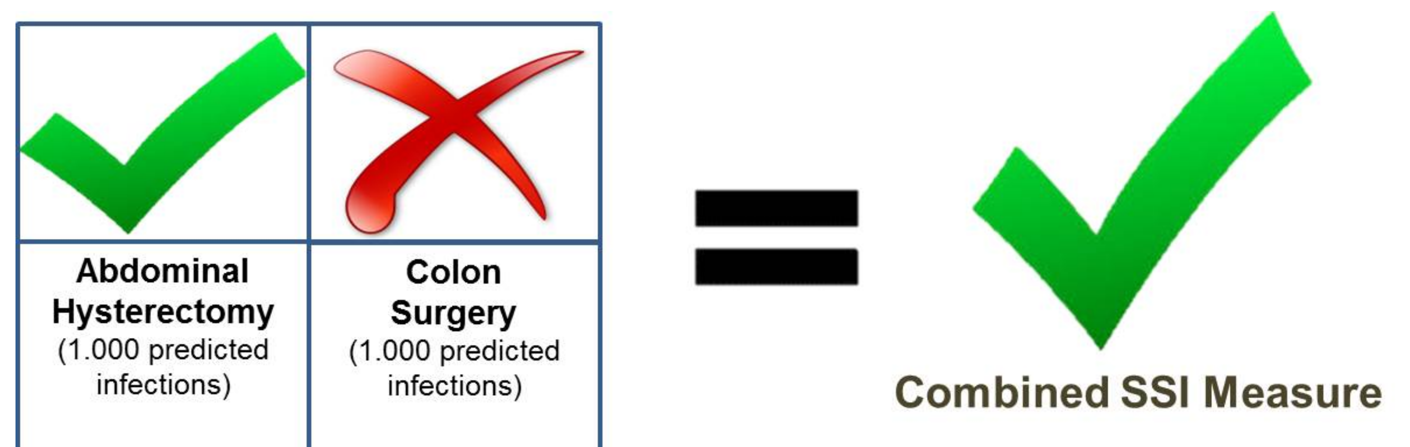
- **Baseline period** to have an improvement score calculated on the Percentage Payment Summary Report
- **Performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report





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



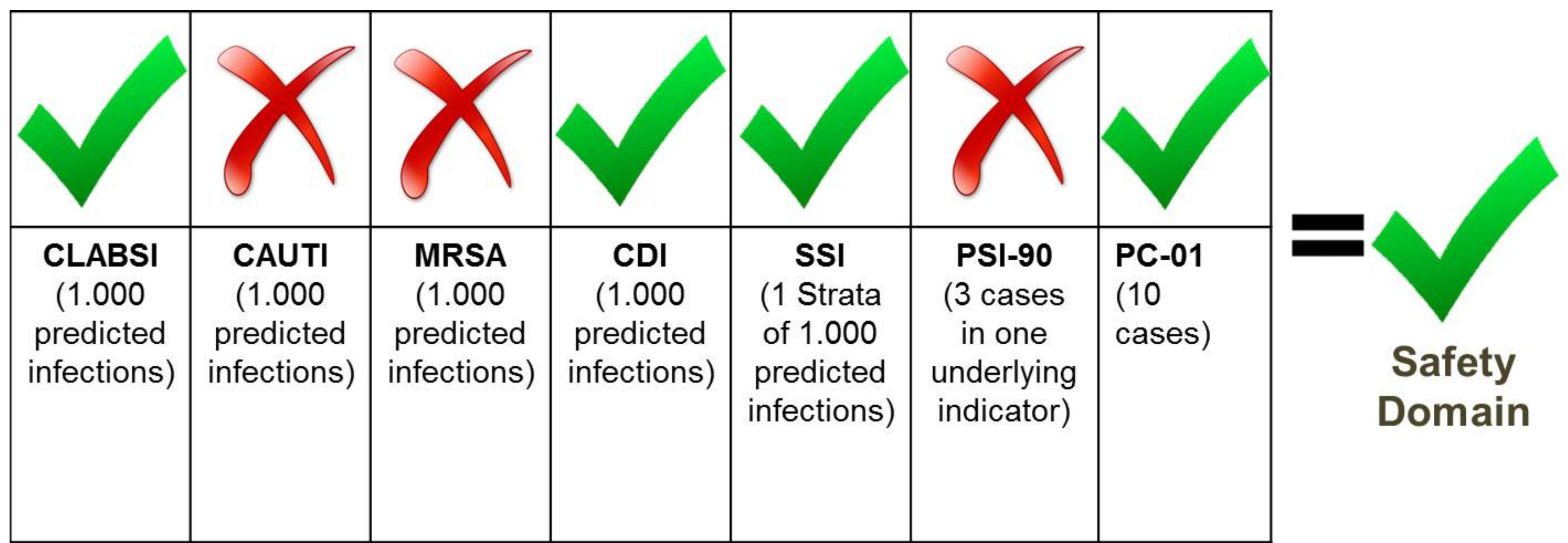
Scoring Requirements
Safety: PC-01

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

- **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

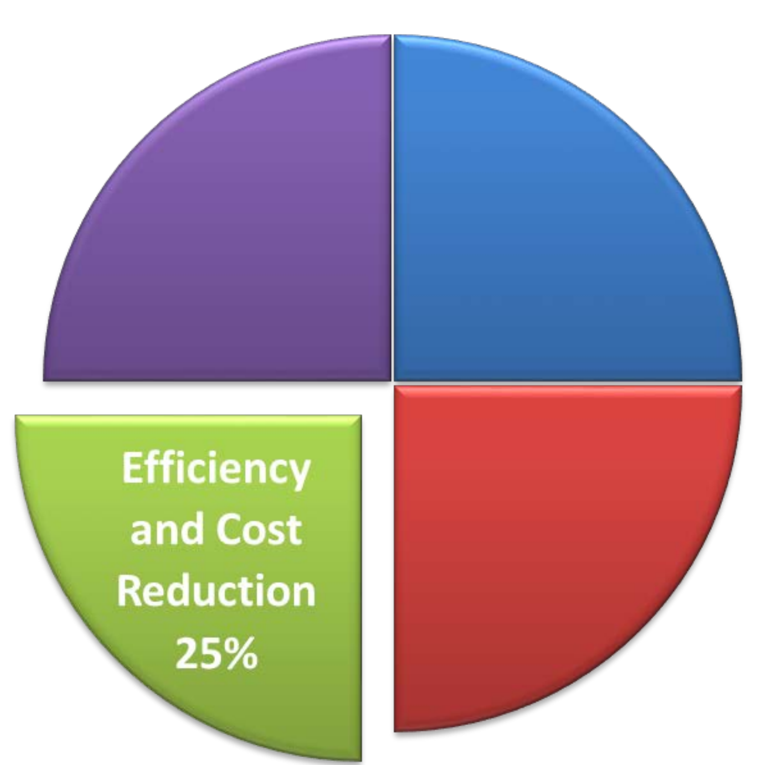
Scoring Requirements: Safety

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 Weight



Measure

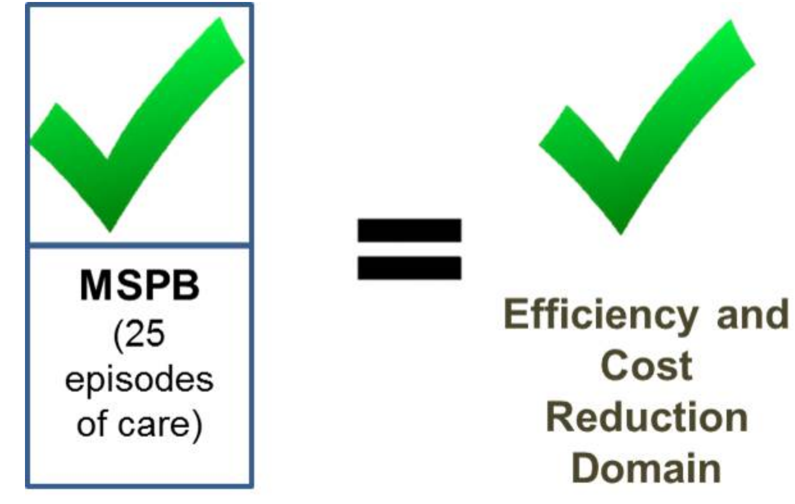
MSPB: Medicare Spending by Beneficiary

- 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 following:

- **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.



Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
Clinical Care Domain	Minimum of two measure scores: • 30-Day Mortality Measures: 25 cases • THA/TKA: 25 cases
Person and Community Engagement Domain Score	100 HCAHPS Surveys
Safety Domain	Minimum of three measure scores: • AHRQ PSI-90: Three cases for any one underlying indicator • HAI Measures: One predicted infection • PC-01: 10 cases
Efficiency and Cost Reduction Domain Score	25 Episodes of Care in the Medicare Spending per Beneficiary (MSPB) Measure
Total Performance Score	A minimum of three of the four domains receiving domain scores

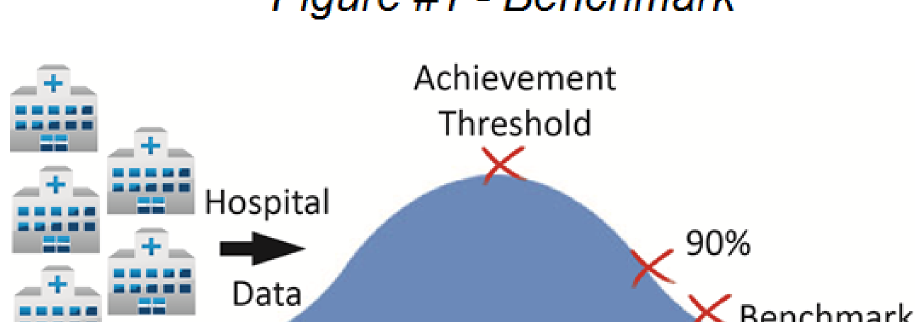
Baseline and Performance Periods FY 2019 Table

Domain	Baseline Period	Performance Period
Clinical Care • Mortality (MORT-30-AMI, MORT-30-HF, MORT-30-PN) • THA/TKA	July 1, 2009 – June 30, 2012 July 1, 2010 – June 30, 2013	July 1, 2014 – June 30, 2017 January 1, 2015 – June 30, 2017
Person and Community Engagement	January 1–December 31, 2015	January 1–December 31, 2017
Safety • AHRQ PSI-90 Composite • PC-01 • HAI Measures	July 1, 2011–June 30, 2013 January 1–December 31, 2015 January 1–December 31, 2015	July 1, 2015–June 30, 2017 January 1–December 31, 2017 January 1–December 31, 2017
Efficiency and Cost Reduction	January 1–December 31, 2015	January 1–December 31, 2017

Evaluating Hospitals: Performance Standards

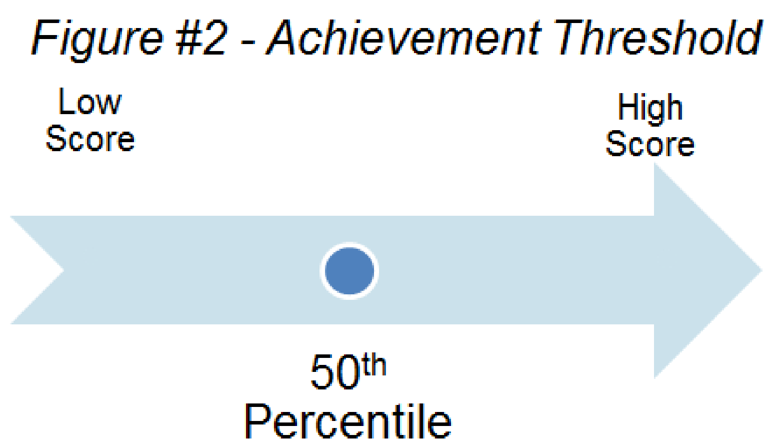
Benchmark
Average (mean) performance of the top ten percent of hospitals

Figure #1 - Benchmark



Achievement Threshold
Performance at the fiftieth percentile (median) of hospitals during the baseline period

Figure #2 - Achievement Threshold



Evaluating Hospitals: Higher Performance Rates

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

- Clinical Care (30-Day Mortality Measures*)
- Person and Community Engagement

Benchmark

(Average of the Best 10%)

Achievement Threshold

(50th Percentile)

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

Evaluating Hospitals: Lower Performance Rates

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

- Clinical Care
  - THA/TKA
- Safety
  - AHRQ PSI-90
  - HAI measures
  - PC-01
- Efficiency and Cost Reduction
  - MSPB
  - 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

Achievement Threshold

(50th Percentile)

Benchmark

(Average of the Best 10%)

Evaluating Hospitals
FY 2019 Performance Standards (1 of 2)

Domain	Measure	Benchmark	Achievement Threshold
Clinical Care	MORT-30-AMI	0.873263	0.850671
	MORT-30-HF	0.908094	0.883472
	MORT-30-PN	0.907906	0.882334
	THA/TKA	0.023178	0.032229
Safety	CLABSI	0.000	0.860
	CAUTI	0.000	0.822
	SSI – Colon	0.000	0.783
	SSI – Abdominal Hysterectomy	0.000	0.762
	MRSA	0.000	0.854
	CDI	0.113	0.924
	PSI-90	0.774058	1.052733
	PC-01	0.000000	0.010038

Evaluating Hospitals
FY 2019 Performance Standards (2 of 2)

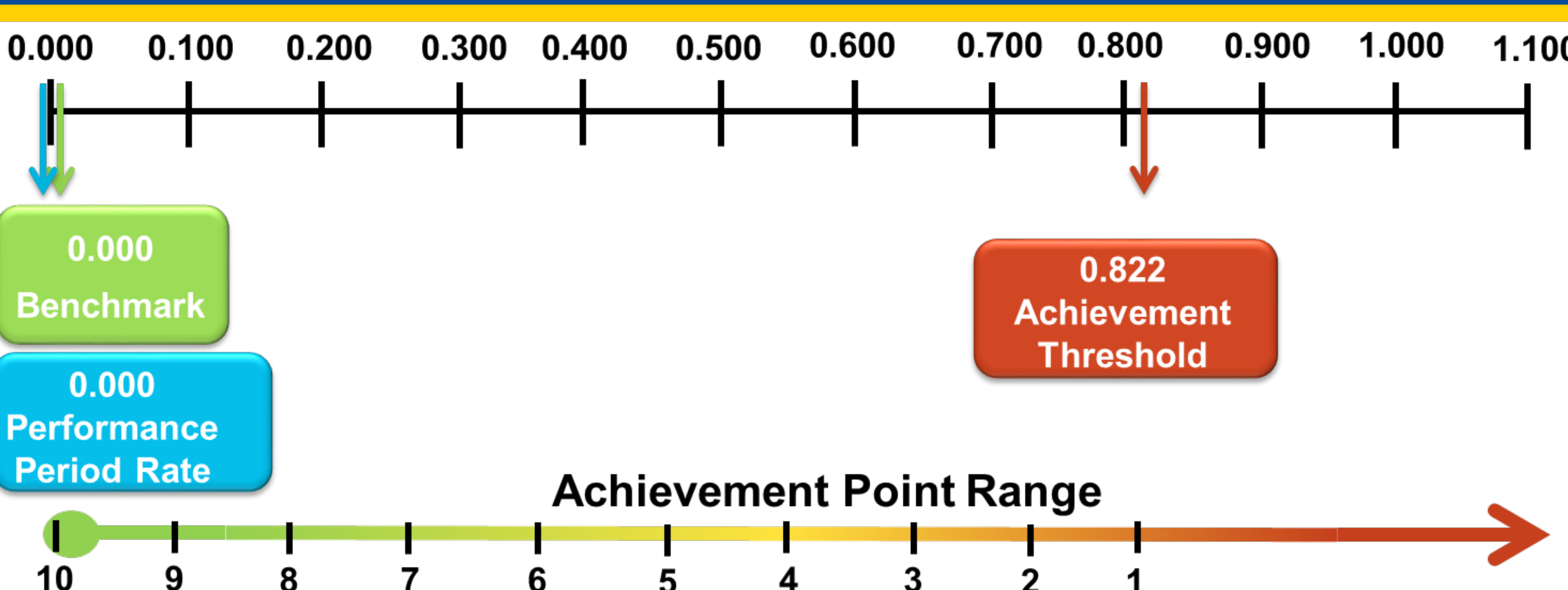
Domain	Measure	Benchmark	Achievement Threshold	Floor
Efficiency and Cost Reduction	MSPB	Mean of the best (lowest) decile of MSPB ratios across all hospitals during the performance period	Median MSPB ratio across all hospitals during the performance period	N/A
Person and Community Engagement	Communication with Nurses	86.97	78.69	28.10
	Communication with Doctors	88.62	80.32	33.46
	Responsiveness of Hospital Staff	80.15	65.16	32.72
	Communication about Medicines	73.53	63.26	11.38
	Cleanliness and Quietness of Hospital Environment	79.06	65.58	22.85
	Discharge Information	91.87	87.05	61.96
	Care Transition	62.77	51.42	11.30
	Overall Rating of Hospital	84.83	70.85	28.39

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: Example (1 of 3)



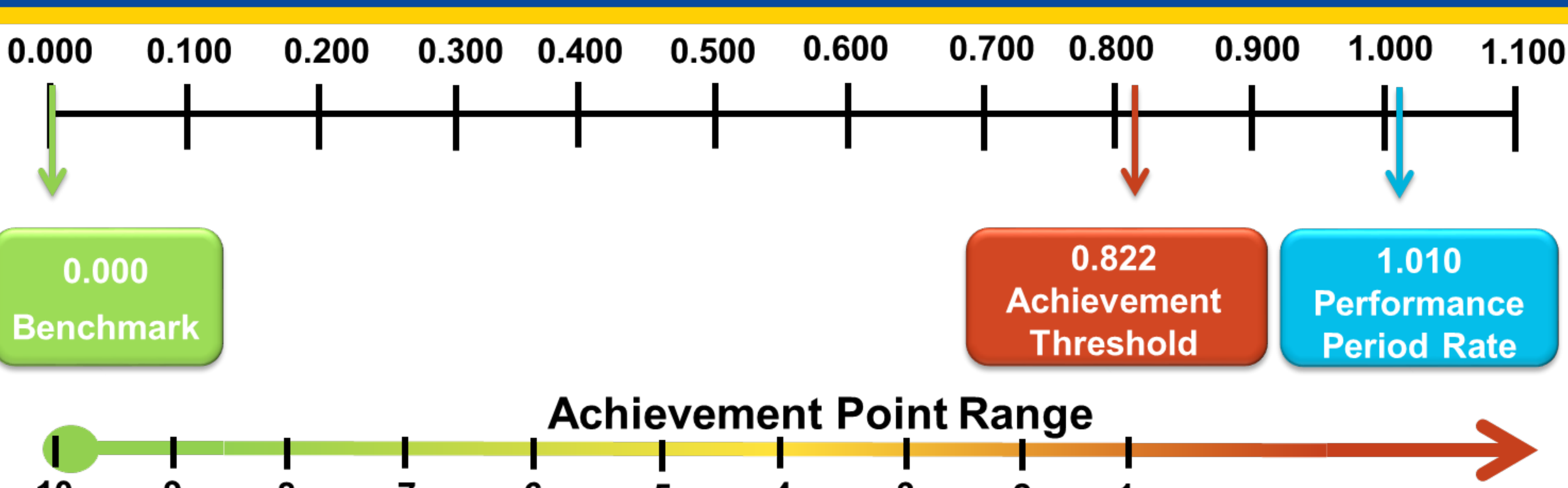
Achievement Points

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

- **Rate at or 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

Achievement Points: Example (2 of 3)



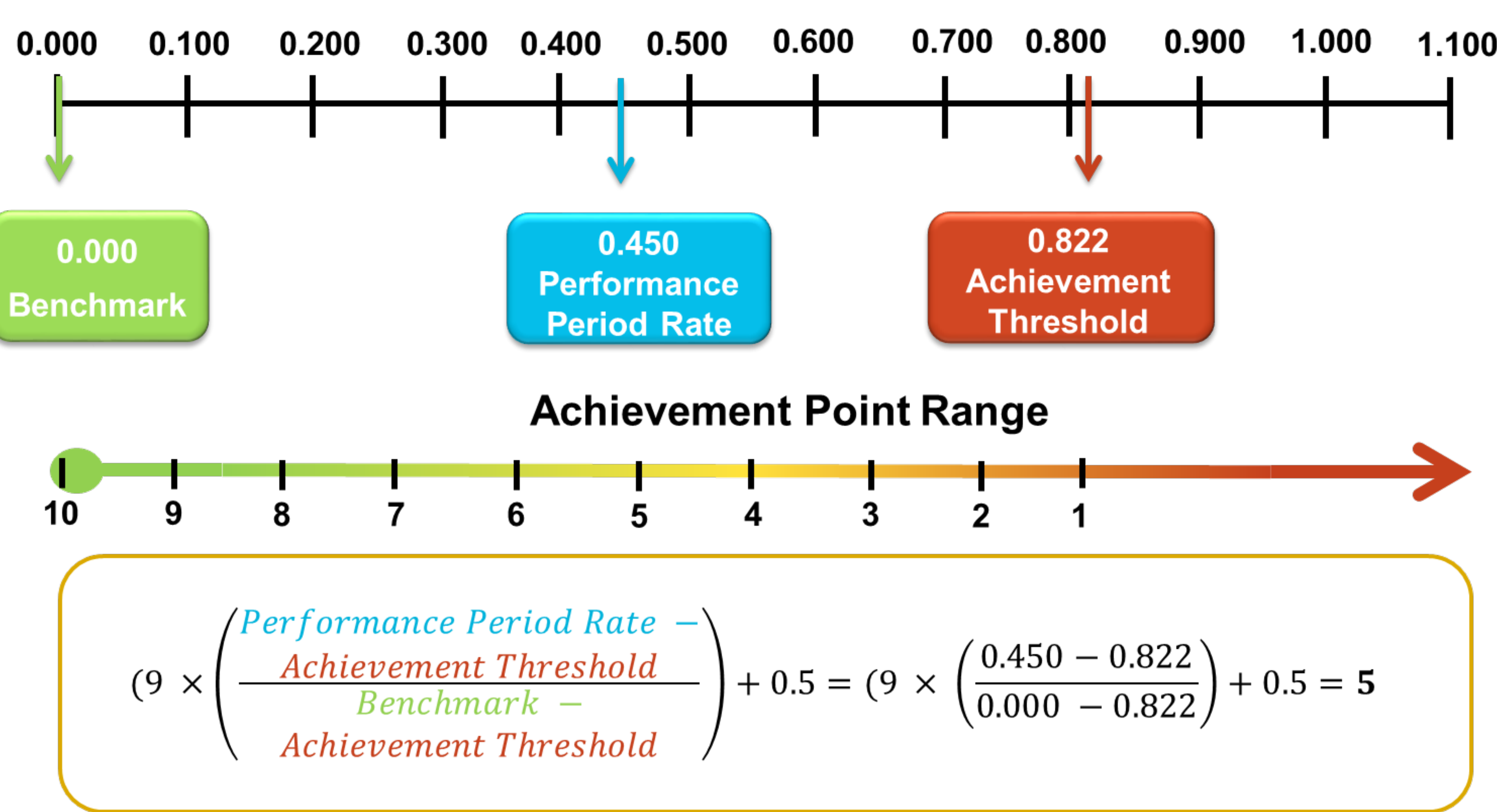
Achievement Points

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

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

Achievement Points = 0

Achievement Points: Example (3 of 3)

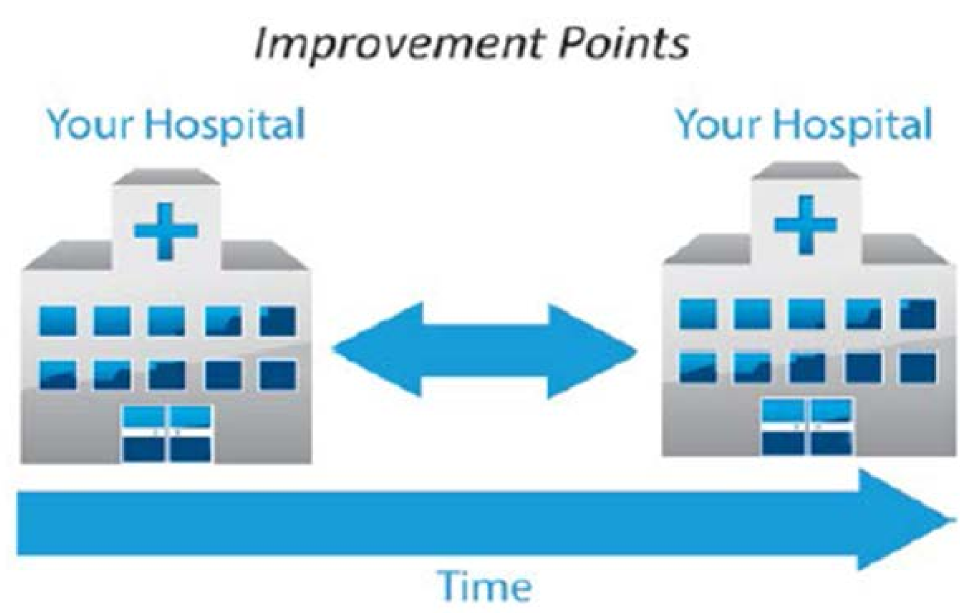


$$(9 \times \left(\frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}}\right) + 0.5 = (9 \times \left(\frac{0.450 - 0.822}{0.000 - 0.822}\right) + 0.5 = \mathbf{5}$$

Improvement Points

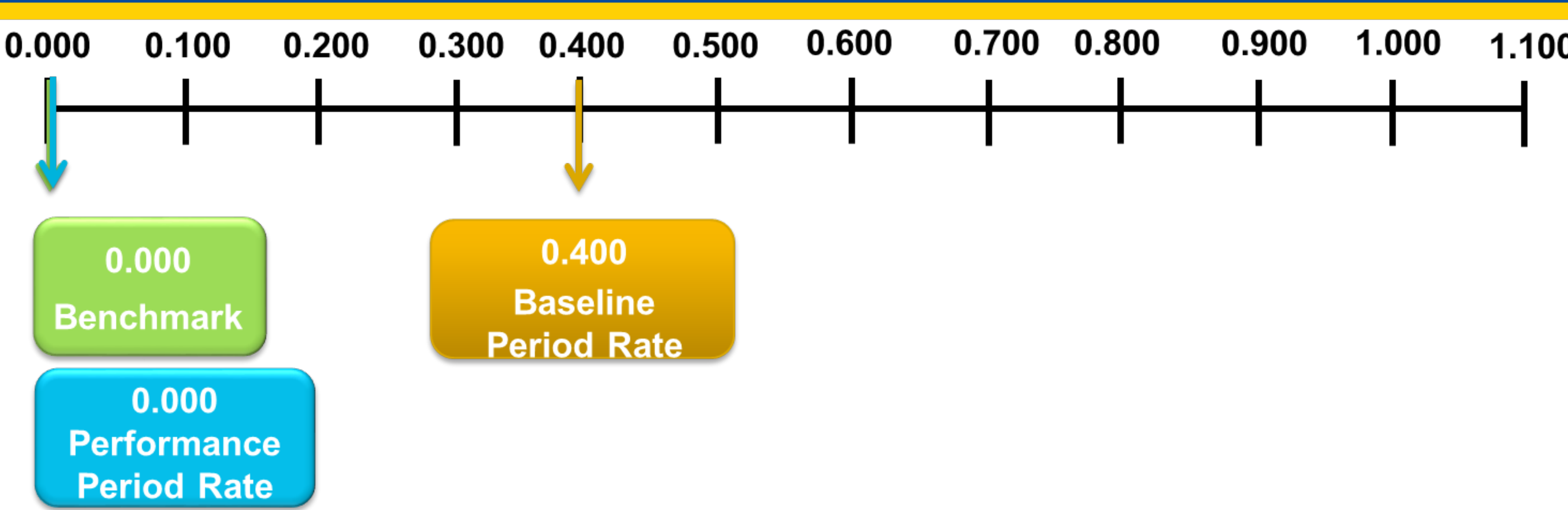
Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period:

- 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 with 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 (1 of 4)



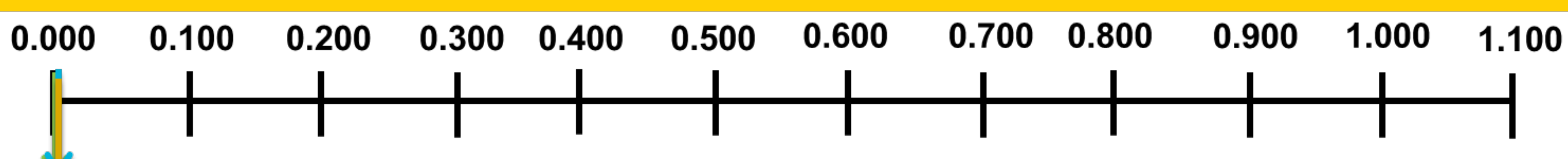
Improvement Points

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

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

Improvement Points = 9

Improvement Points: Example (2 of 4)



0.000
Benchmark

0.000
Performance Period Rate

0.000
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

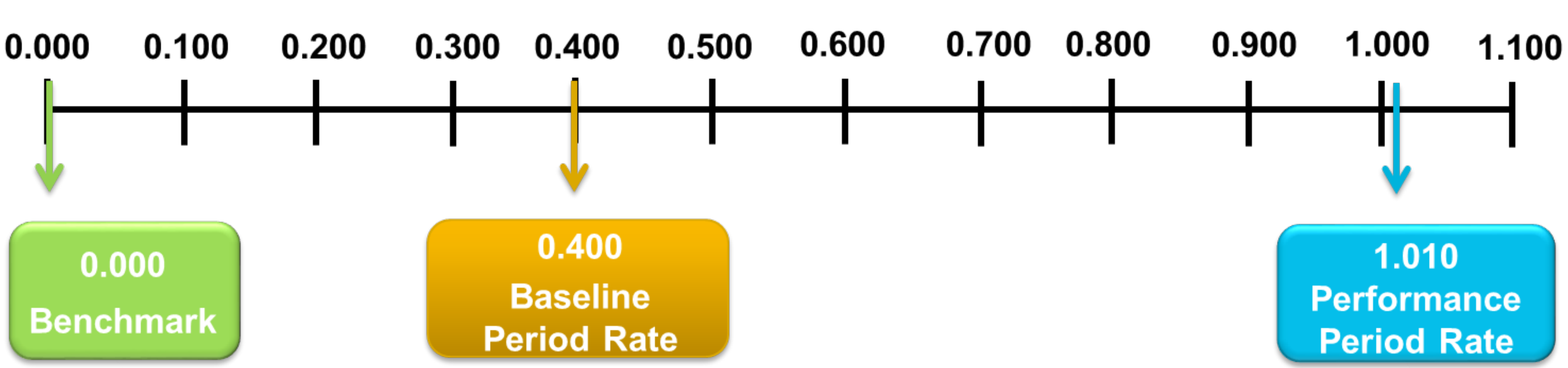
- Rate at or above the Benchmark (9 points*)
- **Rate less than or equal to Baseline Period Rate (0 points)**
- Rate between the Baseline Period Rate and the Benchmark (0-9 points)

Improvement Points = 0

* 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.

CAUTI Improvement Point Example

Improvement Points: Example (3 of 4)



Improvement Points

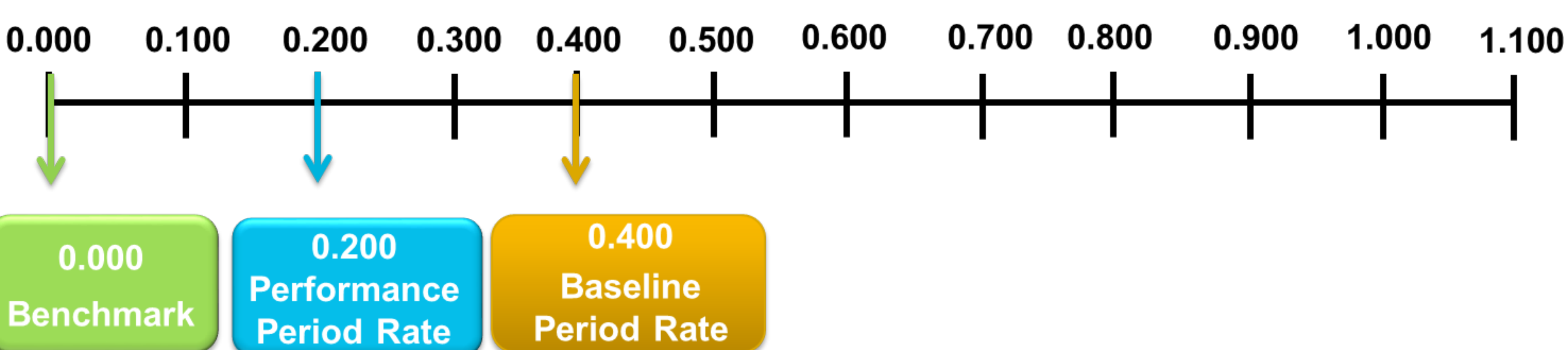
Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period

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

Improvement Points = 0

CAUTI Improvement Point Example

Improvement Points: Example (4 of 4)



$$\left(10 \times \left(\frac{\textit{Performance Period Rate} - \textit{Baseline Period Rate}}{\textit{Benchmark} - \textit{Baseline Period Rate}}\right) - 0.5 = \left(10 \times \left(\frac{0.200 - 0.400}{0.000 - 0.400}\right) - 0.5 = \mathbf{5}$$

CAUTI Improvement Point Example

Measure Score

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

Example FY 2019 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	-	-	-
THA/TKA	4	6	6

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.

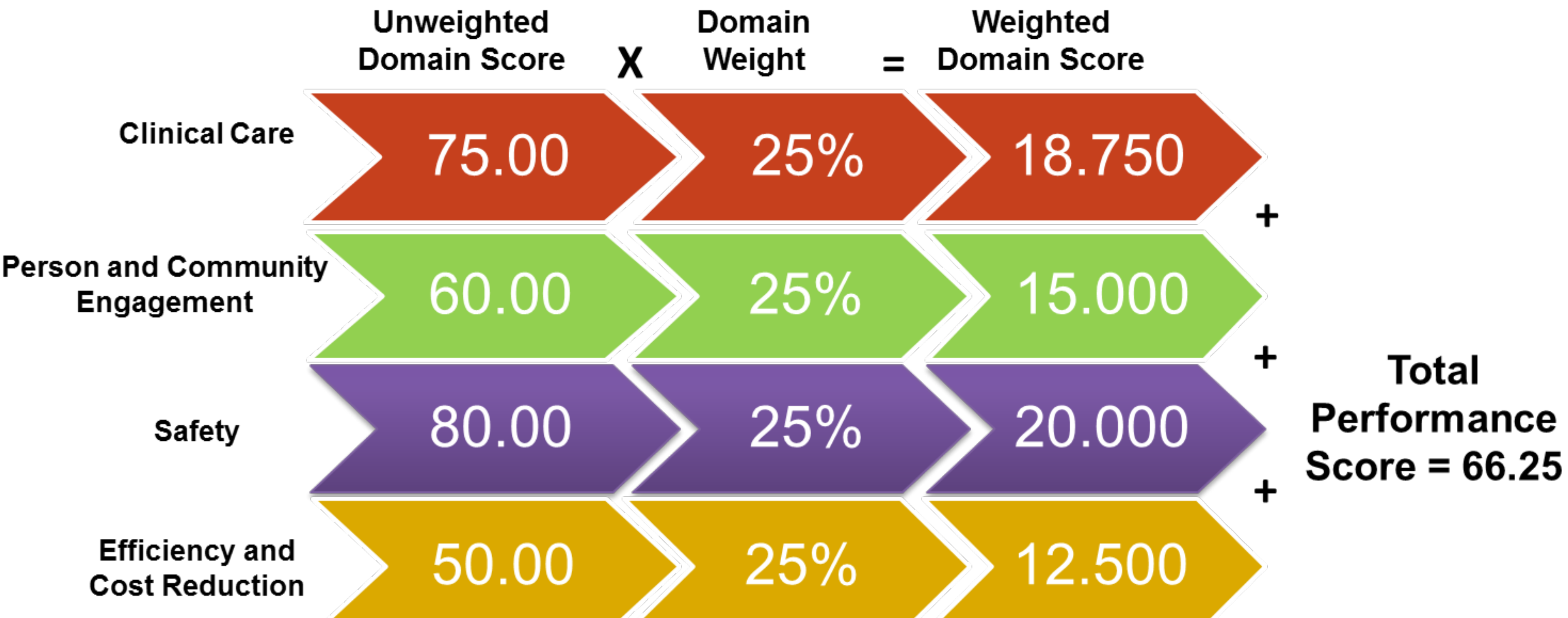
Measure ID	Measure Score
MORT-30-AMI	10
MORT-30-HF	5
MORT-30-PN	-
THA/TKA	6

Domain Normalization Steps

1. Sum the measure scores in the domain.
   (10 + 5 + 6) = 21
2. Multiply the eligible measures by the maximum point value per measure (10 points).
   (3 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).
   (21 ÷ 30) = 0.70
4. Multiply the result of step 3 by 100.
   (0.70 x 100) = **70**

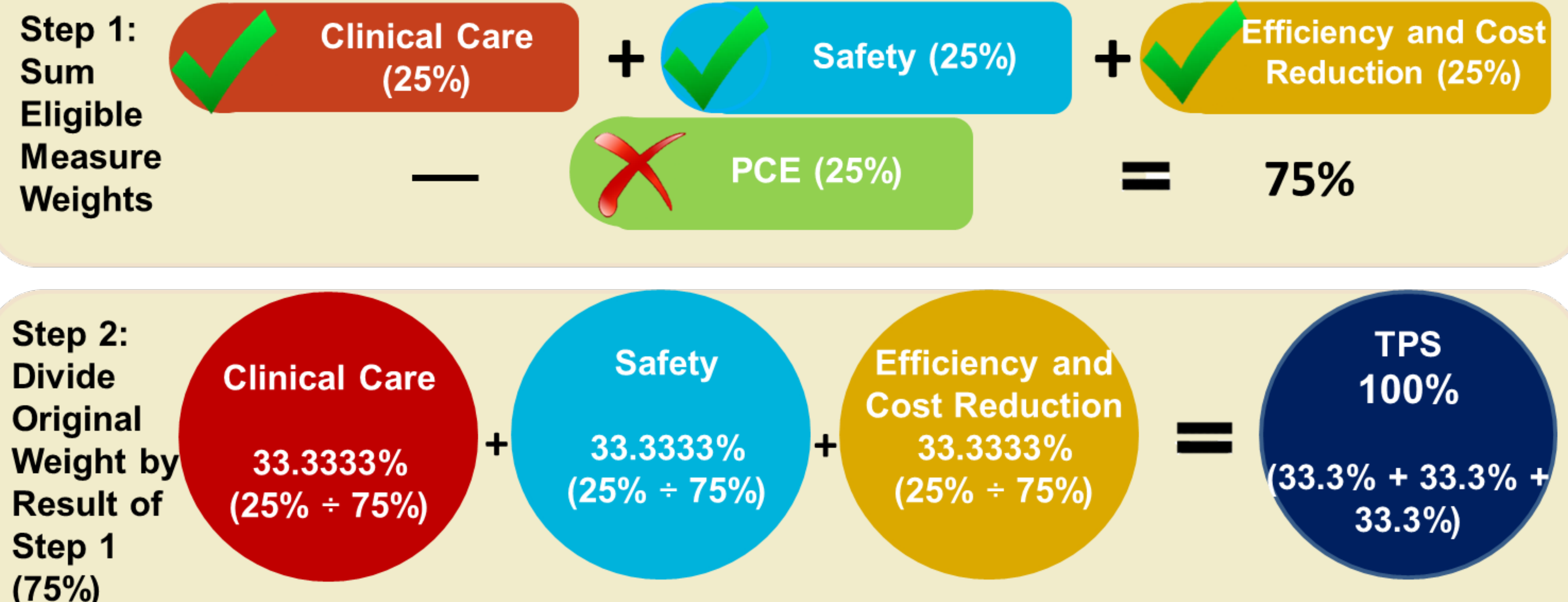
Weighted Domain Score and Total Performance Score

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



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 Person and Community Engagement (PCE) Domain Score.



FY 2019 Baseline Measures Report Clinical Care Detail Report

Report Run Date: 07/13/2016

Hospital Value-Based Purchasing – Baseline Measures Report

Clinical Care Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2019

Data As Of: 07/13/2016

Mortality Baseline Period: 07/01/2009 - 06/30/2012
Complication Baseline Period: 07/01/2010 - 06/30/2013

Outcomes Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	0	-	0.873263	0.850671
MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate	207	0.907656	0.908094	0.883472
MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate	104	0.907900	0.907906	0.882334
THA/TKA Elective Primary Total Hip Arthroplasty /Total Knee measures	25	0.020000	0.023178	0.032229

Calculated values were subject to rounding.

* 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.

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

FY 2019 Baseline Measures Report Person and Community Engagement Domain Score Detail Report

Report Run Date: 07/13/2016

Hospital Value-Based Purchasing – Baseline Measures Report

Person and Community Engagement Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2019

Data As Of: 07/13/2016

Baseline Period: 01/01/2015 - 12/31/2015

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses	86.70%	28.10%	78.69%	86.97%
Communication with Doctors	67.02%	33.46%	80.32%	88.62%
Responsiveness of Hospital Staff	74.24%	32.72%	65.16%	80.15%
Communication about Medicines	72.86%	11.38%	63.26%	73.53%
Cleanliness and Quietness of Hospital Environment	88.60%	22.85%	65.58%	79.06%
Discharge Information	76.91%	61.96%	87.05%	91.87%
Care Transition	64.81%	11.30%	51.42%	62.77%
Overall Rating of Hospital	83.90%	28.39%	70.85%	84.83%

HCAHPS Surveys Completed During the Baseline Period 369

Calculated values were subject to rounding.

FY 2019 Baseline Measures Report Safety Measures Detail Report

Report Run Date: 07/13/2016

Hospital Value-Based Purchasing – Baseline Measures Report

Safety Measures Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2019

Data As Of: 07/13/2016

Baseline Period: 07/01/2011 - 06/30/2013

AHRQ Composite Measures	Index Value	Achievement Threshold	Benchmark
PSI-90 Complication/patient safety for selected indicators (composite)	0.962927	1.052733	0.774058

Baseline Period: 01/01/2015 - 12/31/2015

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	8	12.327	0.649	0.822	0.000
CLABSI Central Line-Associated Blood Stream Infection	12	25.575	0.469	0.860	0.000
CDI Clostridium difficile Infection	76	88.541	0.858	0.924	0.113
MRSA Methicillin-Resistant Staphylococcus aureus Bacteremia	18	19.027	0.946	0.854	0.000
SSI-Abdominal Hysterectomy**	0	0.999	-	0.762	0.000
SSI-Colon Surgery	1	2.257	0.443	0.783	0.000

Baseline Period: 01/01/2015 - 12/31/2015

Process Measures	Numerator	Denominator	Baseline Period Rate	Achievement Threshold	Benchmark
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	0	150	0.000000	0.010038	0.000000

Calculated values were subject to rounding.

* 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.

FY 2019 Baseline Measures Report
Efficiency and Cost Reduction Detail Report

Page 4 of 4

Report Run Date: 07/13/2016

Hospital Value-Based Purchasing – Baseline Measures Report

Efficiency and Cost Reduction Detail Report
Provider: 999999
Reporting Period: Fiscal Year 2019

Data As Of: 07/13/2016

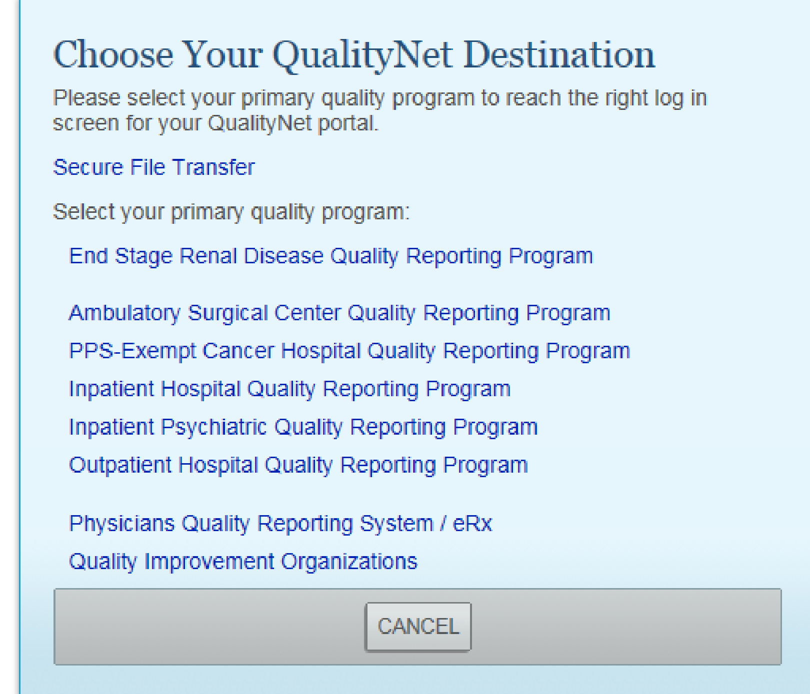
Baseline Period: 01/01/2015 - 12/31/2015

Efficiency and Cost Reduction Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
MSPB-1 Medicare Spending per Beneficiary (MSPB)	$20,295.18	$20,017.29	1.013882	157

Calculated values were subject to rounding.

FY 2019 Baseline Reports Coming Soon

- Notifications will be sent to hospitals when the **Baseline Measure Reports** are available on the *QualityNet Secure Portal* (QSP)
- Reports will only be available to hospitals who are active, registered *QualityNet*, and with 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
- **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
  - Call the Hospital Inpatient program at (844) 472-4477
- **Hospital VBP Program General Information**
  - https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937
- **Hospital VBP Program ListServe and Discussions**
  - Register at: https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register

Important Resource:
How to Read Your FY 2019 Baseline Report

More information on the FY 2019 Baseline Measures Report

"How to Read Your FY 2019 Percentage Payment Summary Report" guide will be made available on *QualityNet* in the Hospital VBP Program Resources 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

Hospital Value-Based Purchasing (VBP) Program:
How to Read Your Fiscal Year (FY) 2019 Baseline Measures Report

Overview

The Hospital VBP Program was established by Congress in the Affordable Care Act which added Section 1886(o) to the Social Security Act. The Hospital VBP Program is the nation's first national pay-for-performance program for acute care hospitals and serves as an important driver in redesigning how the Centers for Medicare & Medicaid Services (CMS) pays for care and services.

Purpose of the Baseline Measures Report
The Hospital Value-Based Purchasing Baseline Measures Report allows providers to monitor their performance for all domains and measures required for the Hospital VBP Program.

FY 2019 Baseline Period
The baseline periods for FY 2019 domains are outlined in Table 1.

Table 1. FY 2019 Baseline Periods

Domain	Baseline Period
Clinical Care: 30-Day Mortality Measures	July 1, 2009 – June 30, 2012
Clinical Care: Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication Measure	July 1, 2010 – June 30, 2013
Person and Community Engagement	January 1, 2015 – December 31, 2015
Safety: Patient Safety for Selected Indicators	July 1, 2011 – June 30, 2013
Safety: Process (PC-01)	January 1, 2015 – December 31, 2015
Safety: Healthcare-Associated Infections (HAIs)	January 1, 2015 – December 31, 2015
Efficiency and Cost Reduction	January 1, 2015 – December 31, 2015

Baseline Measures Report

The hospital's **Baseline Measures Report** includes the following sections:

1. The **Clinical Care Detail Report** provides details on the four Clinical Care measures, including the number of eligible discharges and the baseline period rate. The achievement threshold and benchmark for each Clinical Care measure also displays.
2. The **Person and Community Engagement Detail Report** provides details on the eight Person and Community Engagement Detail Report dimensions, including baseline period rates, floor values, achievement thresholds, and benchmarks. The number of completed surveys also displays.

Important Resource: Quick Reference Guide for FY 2019

FY 2019 Hospital VBP Program Quick Reference Guide containing:

- Domains
- Domain Weights
- Measures
- Baseline & Performance Period Dates
- Performance Standards

Available at:

- **QualityNet**
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202
- **QualityReportingCenter**
  http://www.qualityreportingcenter.com/inpatient/iqr/tools/

FY 2019 Value-Based Purchasing Domain Weighting

(Payment adjustment effective for discharges from October 1, 2018 to September 30, 2019)
Version 1: 02-07-2017

Clinical Care 25%

Baseline Period *July 1, 2009- June 30, 2012* — **Performance Period** *July 1, 2014–June 30, 2017*

Measures	*Threshold*	*Benchmark*
30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI)	0.850671	0.873263
30-Day Mortality, Heart Failure (MORT-30-HF)	0.883472	0.908094
30-Day Mortality, Pneumonia (MORT-30-PN)	0.882334	0.907906

Baseline Period July 1, 2010- June 30, 2013 — **Performance Period** January 1, 2015- June 30, 2017

Measures	*Threshold*	*Benchmark*
Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate (THA/TKA)	0.032229	0.023178

Person and Community Engagement 25%

Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

HCAHPS Performance Standards

HCAHPS Survey Dimensions	*Floor (%)*	*Threshold (%)*	*Benchmark (%)*
Communication with Nurses	28.10	78.69	86.97
Communication with Doctors	33.46	80.32	88.62
Responsiveness of Hospital Staff	32.72	65.16	80.15
Communication about Medications	11.38	63.26	73.53
Hospital Cleanliness and Quietness	22.85	65.58	79.06
Discharge Information	61.96	87.05	91.87
3-Item Care Transition*	11.30	51.42	62.77
Overall Rating of Hospital	28.39	70.85	84.83

Efficiency and Cost Reduction 25%

Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

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%

Baseline Period *July 1, 2011- June 30, 2013* — **Performance Period** *July 1, 2015- June 30, 2017*

Measure	*Threshold*	*Benchmark*
↓AHRQ PSI-90 Composite	1.052733	0.774058

Healthcare-Associated Infections

Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

Measures	*Threshold*	*Benchmark*
↓Central Line-Associated Bloodstream Infections (CLABSI)	0.860	0.000
↓Catheter-Associated Urinary Tract Infections (CAUTI)	0.822	0.000
↓Surgical Site Infection (SSI): Colon	0.783	0.000
↓SSI: Abdominal Hysterectomy	0.762	0.000
↓Methicillin-resistant Staphylococcus aureus (MRSA)	0.854	0.000
↓*C. difficile* Infections (CDI)	0.924	0.113

Process

Baseline Period *January 1–December 31, 2015* — **Performance Period** *January 1–December 31, 2017*

Measure	*Threshold*	*Benchmark*
↓PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation	0.010028	0.000000

Payments Withheld

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
1.25%	1.50%	1.75%	2.00%	2.00%	2.00%

Important Resource:

Multi-Program Measures Guide for FY 2019

Acute Care Hospital Quality Improvement Program Measures for FY 2019 Payment Determination:

- Hospital IQR Program
- Hospital VBP Program
- Electronic Health Record (EHR) Incentive Program
- Hospital-Acquired Condition Reduction Program (HACRP)
- Hospital Readmissions Reduction Program (HRRP)

QualityNet

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473

QualityReportingCenter

http://www.qualityreportingcenter.com/inpatient/iqr/tools/

The Centers for Medicare & Medicaid Services (CMS) Acute Care Hospital Fiscal Year (FY) 2018 Quality Improvement Program Measures

ID	Measure Name	NQF #	Hospital Inpatient Quality Reporting (IQR) Program Included	Hospital IQR Program Measurement Period	Hospital IQR Program Hospital Compare Release	Hospital Value-Based Purchasing (VBP) Program Included	Hospital VBP Program Measurement Period	Hospital VBP Program Hospital Compare Release	Electronic Health Record (EHR) Incentive Program Included	EHR Incentive Program Measurement Period	EHR Incentive Program Hospital Compare Release	Hospital-Acquired Condition Reduction Program (HACRP) Included	HACRP Measurement Period	HACRP Hospital Compare Release	Hospital Readmissions Reduction Program (HRRP) Included	HRRP Measurement Period	HRRP Hospital Compare Release
Chart-Abstracted Measures																	
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	0495	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
IMM-2	Influenza Immunization **Note:** The IMM-2 measure is collected for all 4 quarters; however, only discharges included in 1st and 4th quarters will be included in the measure calculation. The IMM-2 measure is reported by flu season on CMS's *Hospital Compare* site.	1659	Yes	January 1, 2016-December 31, 2016	2015-2016 Flu Season: December 2016 2016-2017 Flu Season: December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation	0469	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	**Baseline:** January 1, 2014 - December 31, 2014 **Performance:** January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	0500	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
STK-04	Thrombolytic Therapy	0437	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
VTE-5	Venous Thromboembolism Discharge Instructions	N/A	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism	N/A	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
NHSN Measures																	
CLABSI	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	0139	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	**Baseline:** January 1, 2014 - December 31, 2014 **Performance:** January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
CAUTI	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	0138	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	**Baseline:** January 1, 2014 - December 31, 2014 **Performance:** January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
Colon and Abdominal Hysterectomy SSI	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure • Colon Procedures • Hysterectomy Procedures	0753	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	**Baseline:** January 1, 2014 - December 31, 2014 **Performance:** January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
MRSA Bacteremia	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure	1716	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	**Baseline:** January 1, 2014 - December 31, 2014 **Performance:** January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
CDI	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure	1717	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	**Baseline:** January 1, 2014 - December 31, 2014 **Performance:** January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
HCP	Influenza Vaccination Coverage Among Healthcare Personnel	0431	Yes	October 1, 2015-March 31, 2016	December 2016	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Patient Survey																	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey + 3 Item Care Transition Measure (CTM-3)	0166 0228	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	**Baseline:** January 1, 2014 - December 31, 2014 **Performance:** January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A

Important Resource: Archived Webinars

FY 2017 HAC Reduction Program, Hospital VBP Program, and HRRP: Hospital Compare Data Update

- Date: December 16, 2016
- URL: http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/

HCAHPS: Overview, Updates, and Hospital Value-Based Purchasing

- Date: November 15, 2016
- URL: http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/

NHSN: Transition to the 2015 Re-Baseline Guidance for Acute Care Facilities

- Date: October 26, 2015
- URL: http://www.qualityreportingcenter.com/inpatient/iqr/events/

FY 2017 Inpatient Prospective Payment System (IPPS) Final Rule

- Date: August 29, 2016
- URL: http://www.qualityreportingcenter.com/inpatient/iqr/events/

Overview of NHSN Analysis

- Date: June 27, 2016
- URL: http://www.qualityreportingcenter.com/inpatient/iqr/events/

Continuing Education

Continuing Education Approval

This program has been approved for 1 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.

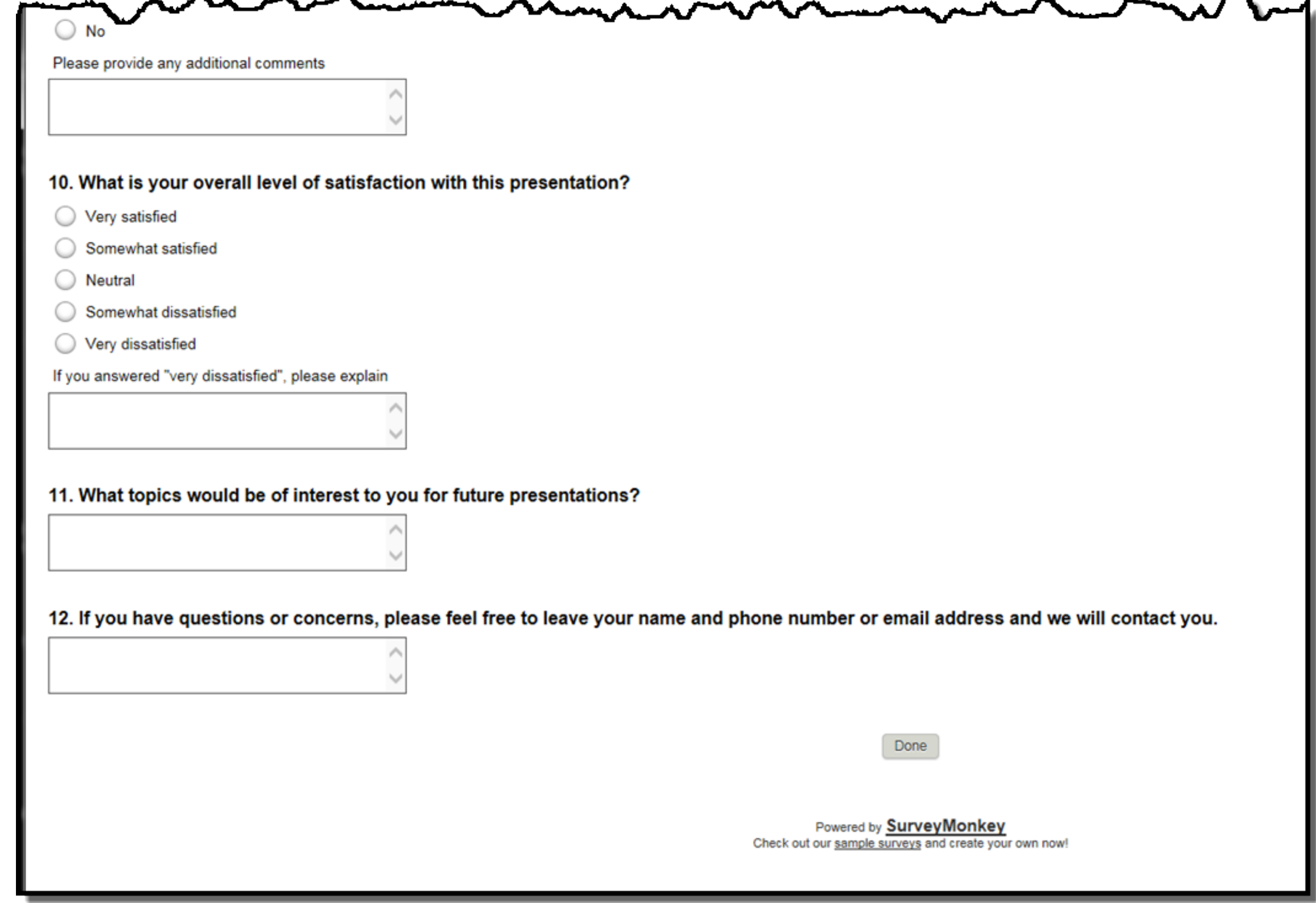
CE Credit Process

- 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.

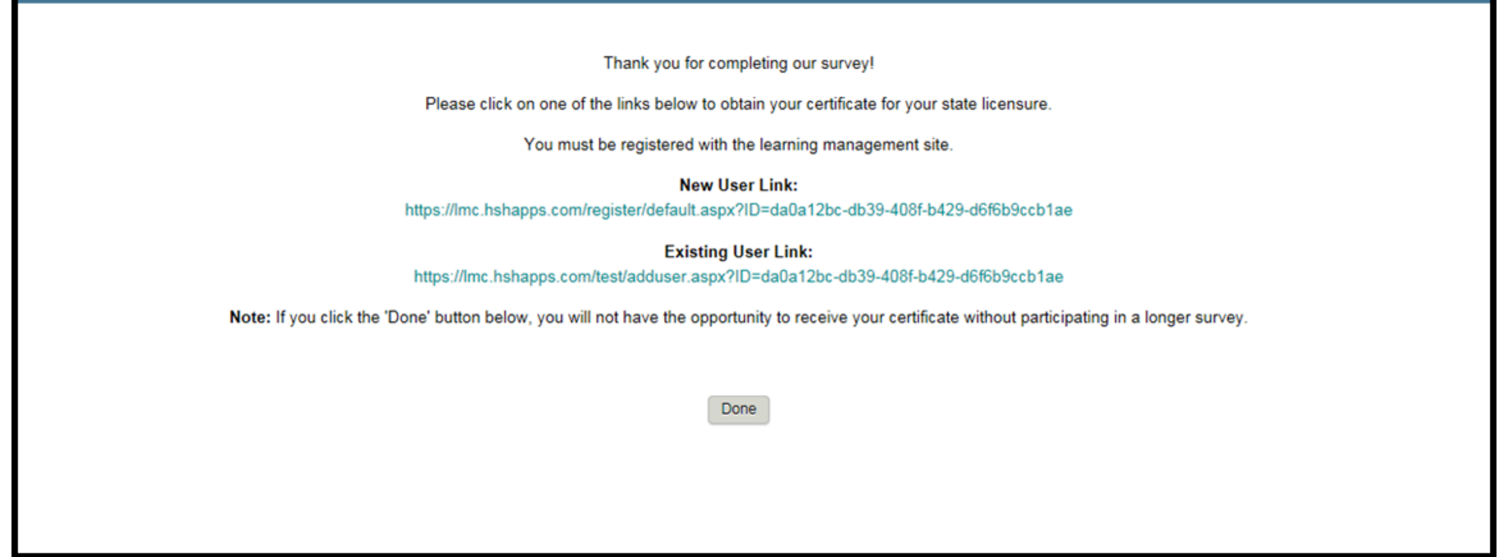
CE Certificate Problems?

- 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.

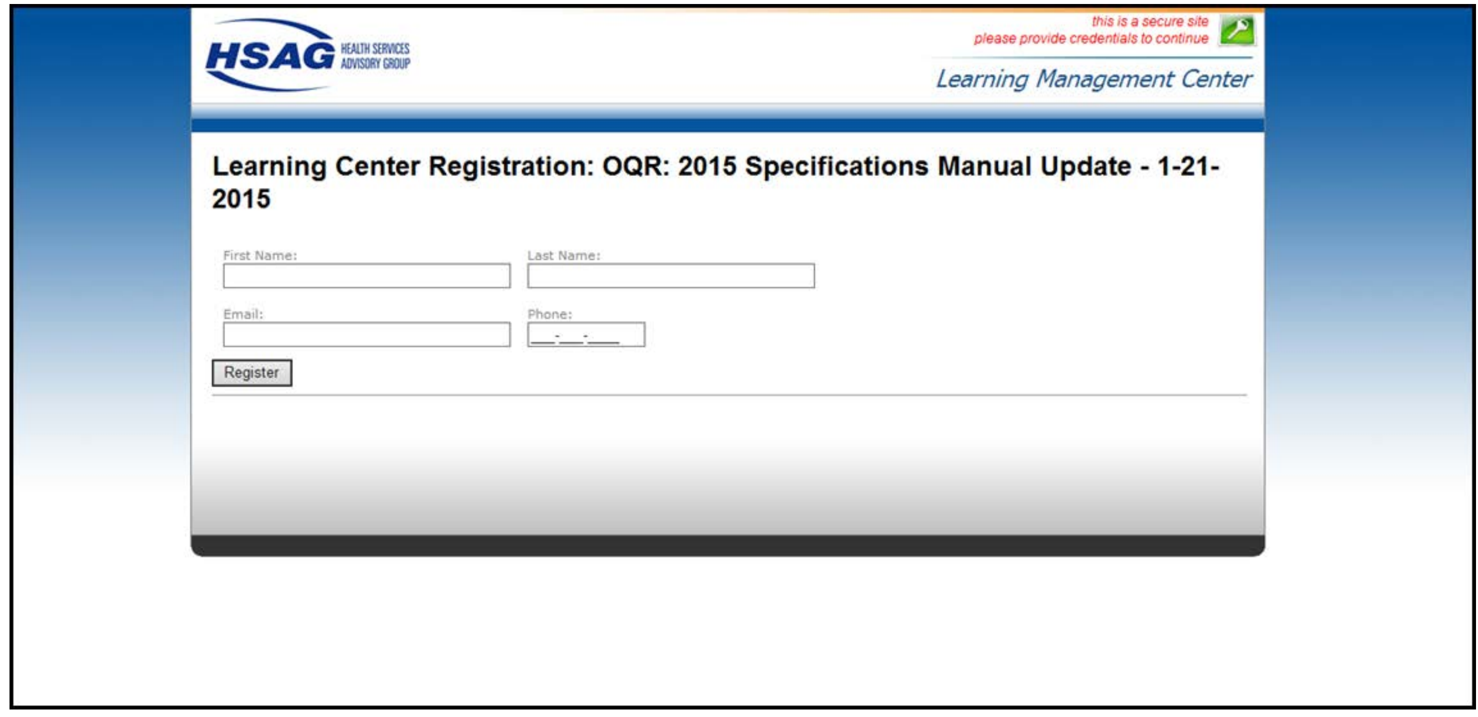
CE Credit Process: Survey



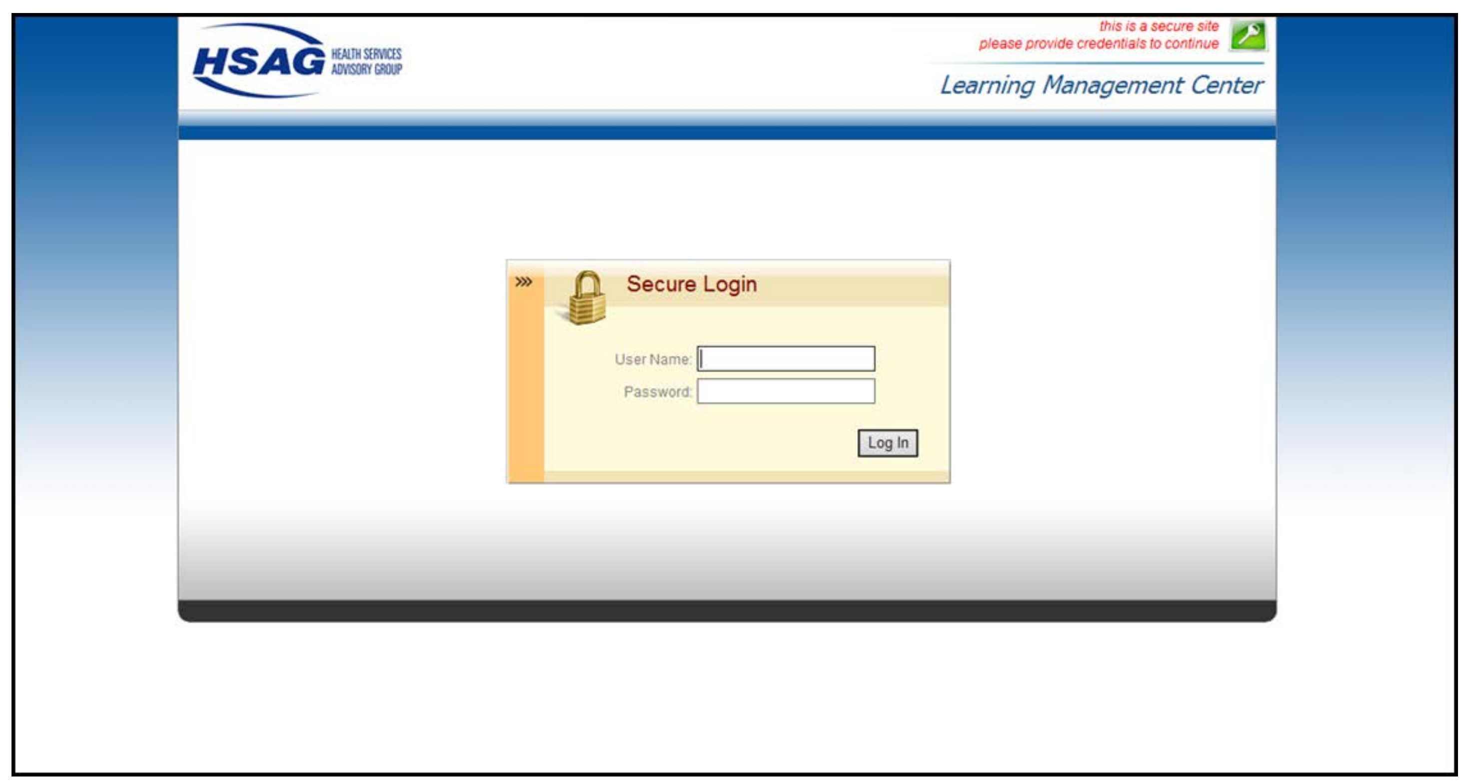
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



Overview of the Hospital Value-Based Purchasing (VBP) Program Fiscal Year (FY) 2019

QUESTIONS?