

# Welcome!

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# Troubleshooting Audio


Audio from computer speakers breaking up?  
Audio suddenly stop?

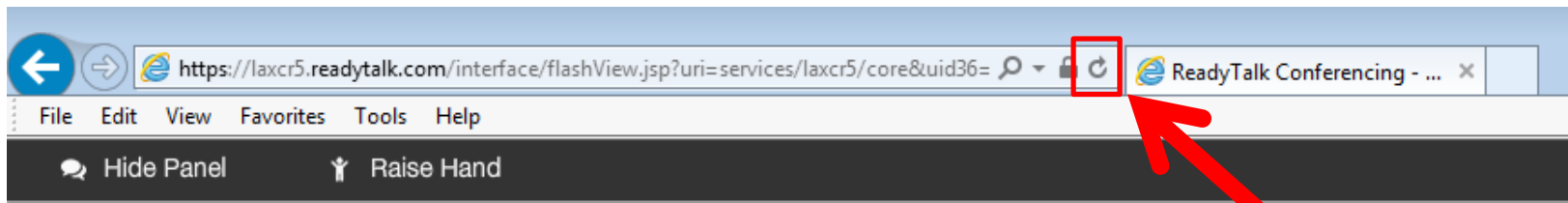
Click Refresh icon

– or –

Click F5



 F5 Key  
Top Row of Keyboard

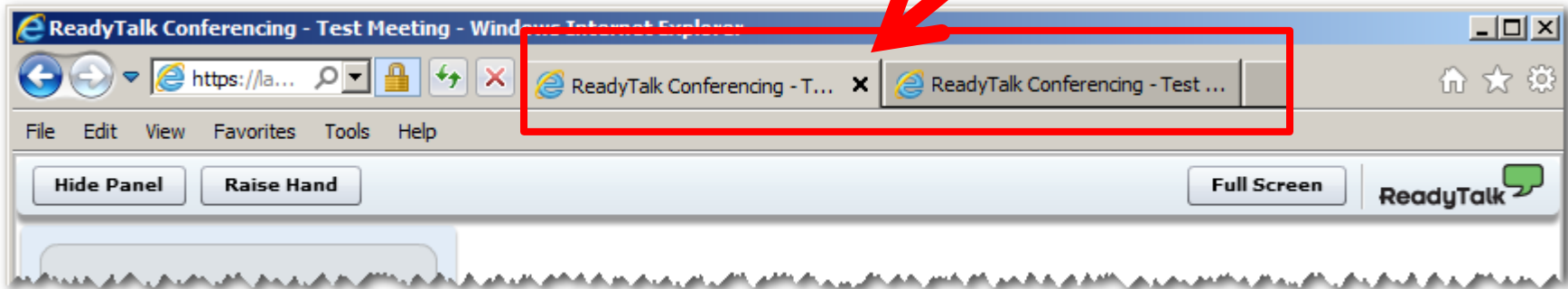


Location of Buttons

 Refresh

# Troubleshooting Echo

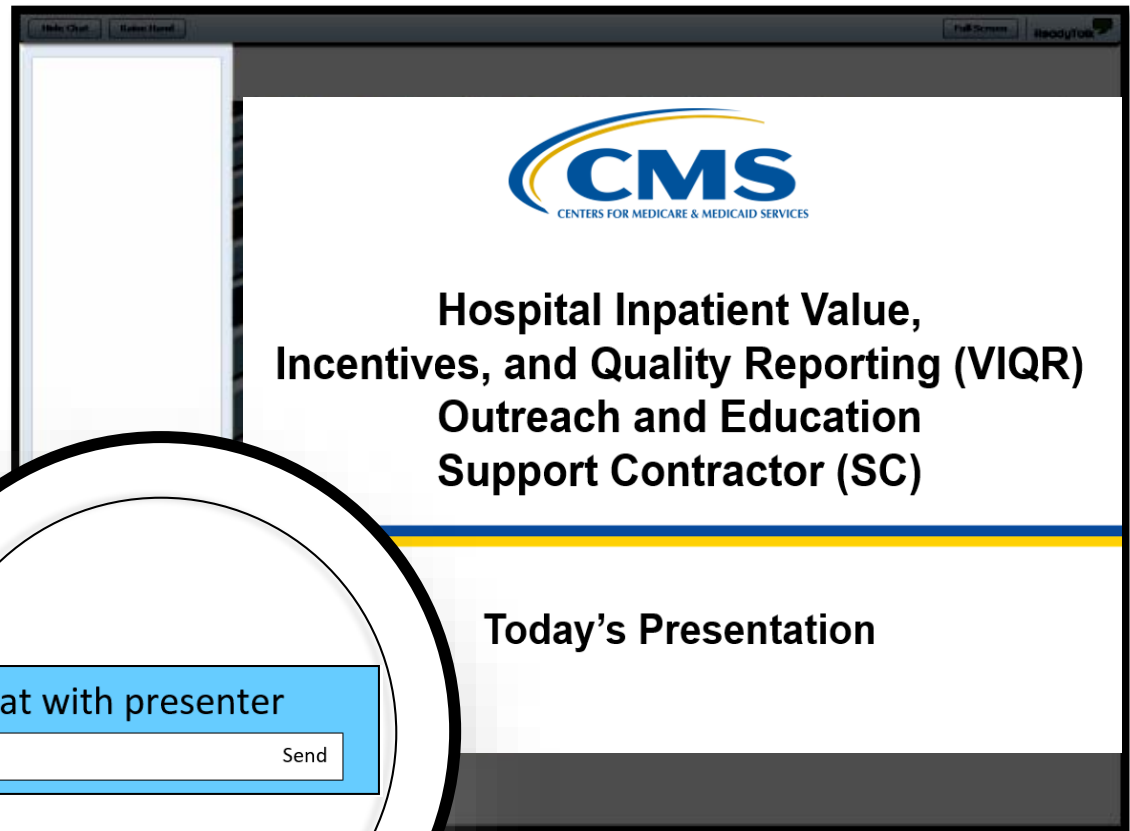
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs open in Same Event

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





# **Hospital Value-Based Purchasing (VBP) Program: Overview of the Fiscal Year 2020 Baseline Measures Report**

**Bethany Wheeler-Bunch, MSHA**

Hospital Value-Based Purchasing (VBP) Program Support Contract Lead  
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor (SC)

**February 20, 2018**

**2 p.m. ET**

# Purpose

This event will provide an overview of the Fiscal Year 2020 Hospital VBP Program, including the following:

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

# Objectives

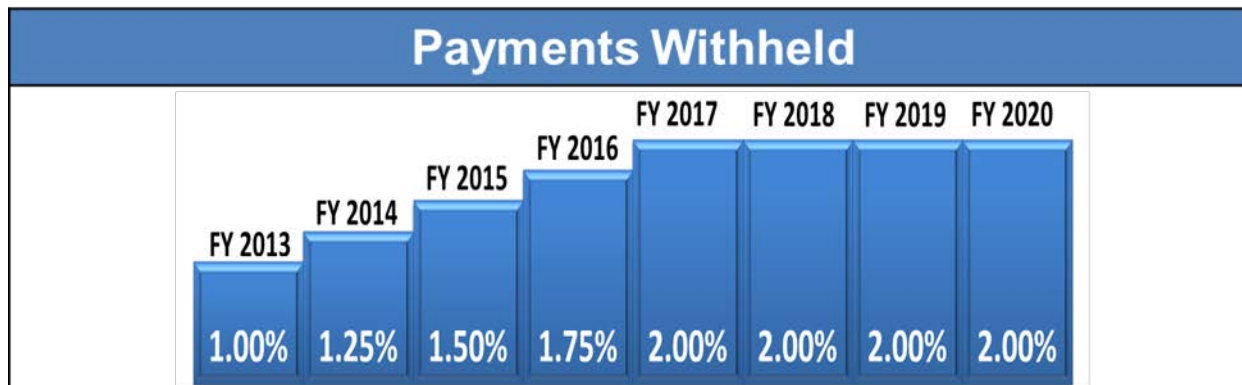
Participants will be able to:

- 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 Hospital VBP Program.
- Interpret the scoring methodology used in the Hospital VBP Program.

# Hospital VBP Program Introduction

The Hospital VBP Program is a quality incentive program.

- Established under Section 1886(o) of the Social Security Act
- Selects measures specified under the Hospital Inpatient Quality Reporting (IQR) Program
- Ties hospital reimbursement 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 fiscal year 2020





# 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 the following:

- 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 Fiscal Year 2020.

# Fiscal Year 2020 Domain Weights and Measures

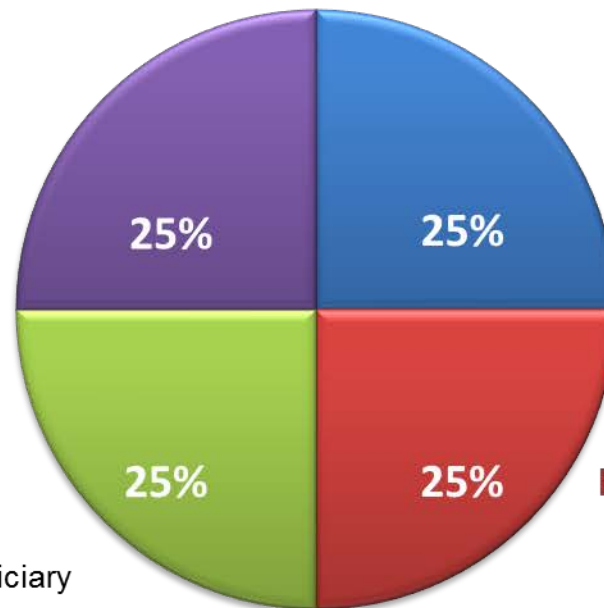
## Safety

1. **CDI:** Clostridium difficile Infection
2. **CAUTI:** Catheter-Associated Urinary Tract Infection
3. **CLABSI:** Central Line-Associated Bloodstream Infection
4. **MRSA:** Methicillin-Resistant *Staphylococcus aureus* Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery & Abdominal Hysterectomy
6. **PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

## Efficiency and Cost Reduction

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

## Domain Weights



## 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

### 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

# Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
Person and Community Engagement Domain Score	100 HCAHPS Surveys
Efficiency and Cost Reduction Domain Score	Minimum of <b>one</b> measure score <ul style="list-style-type: none"> <li>• MSPB: 25 Episodes of Care</li> </ul>
Clinical Care Domain	Minimum of <b>two</b> measure scores <ul style="list-style-type: none"> <li>• 3 30-Day Mortality measures: 25 cases</li> <li>• THA/TKA measure: 25 cases</li> </ul>
Safety Domain	Minimum of <b>two</b> measure scores <ul style="list-style-type: none"> <li>• 5 healthcare-associated infection (HAI) measures: one predicted infection</li> <li>• PC-01: 10 cases</li> </ul>
Total Performance Score (TPS)	Minimum of <b>three</b> of the four domains receiving domain scores

# Baseline and Performance Periods For Fiscal Year 2020

Domain	Baseline Period	Performance Period
<b>Clinical Care</b> <ul style="list-style-type: none"> <li>Mortality (MORT-30–AMI, MORT-30–HF, MORT-30–PN)</li> <li>THA/TKA</li> </ul>	July 1, 2010–June 30, 2013	July 1, 2015–June 30, 2018
<b>Person and Community Engagement (HCAHPS)</b>	January 1–December 31, 2016	January 1–December 31, 2018
<b>Safety</b> <ul style="list-style-type: none"> <li>PC-01</li> <li>HAI measures</li> </ul>	January 1–December 31, 2016	January 1–December 31, 2018
<b>Efficiency and Cost Reduction (MSPB)</b>	January 1–December 31, 2016	January 1–December 31, 2018

# Fiscal Year 2020 Timeline

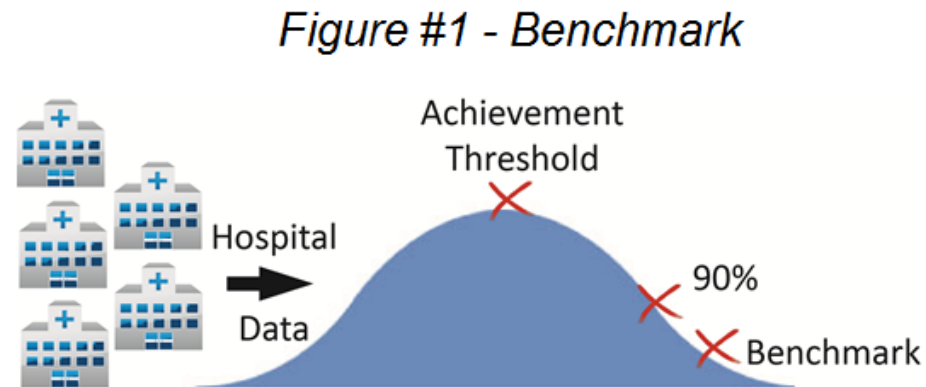
Event	Anticipated Date*
Baseline Measures Reports Released	February/March 2018
Mortality Measures and THA/TKA Hospital-Specific Report (HSR) Released with 30-Day Review and Correction Period	April 2019
MSPB Measure HSR released with 30-Day Review and Correction Period	May 2019
Percentage Payment Summary Reports released with 30-Day Review and Correction Period	August 1, 2019
Fiscal Year 2020 Starts	October 1, 2019
Table 16B Posted	Fall 2019
<i>Hospital Compare</i> Updated with Fiscal Year 2020 Hospital VBP Program Data and Scoring	December 2019
Fiscal Year 2020 Ends	September 30, 2020

\* Dates displayed are estimated and are subject to change.

# Evaluating Hospitals: Performance Standards

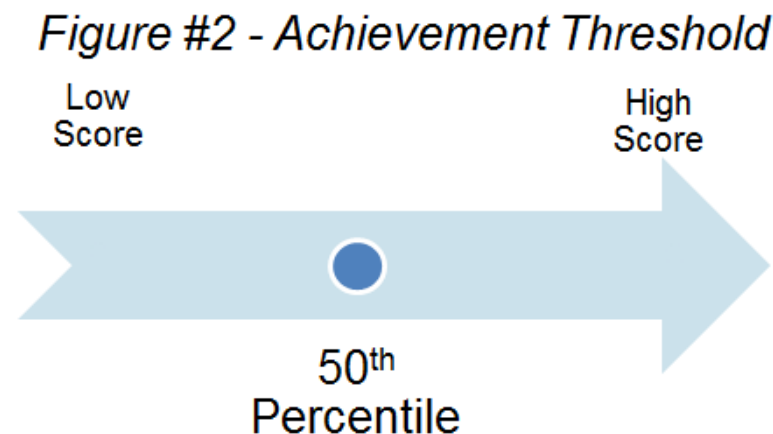
## Benchmark

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



## Achievement Threshold

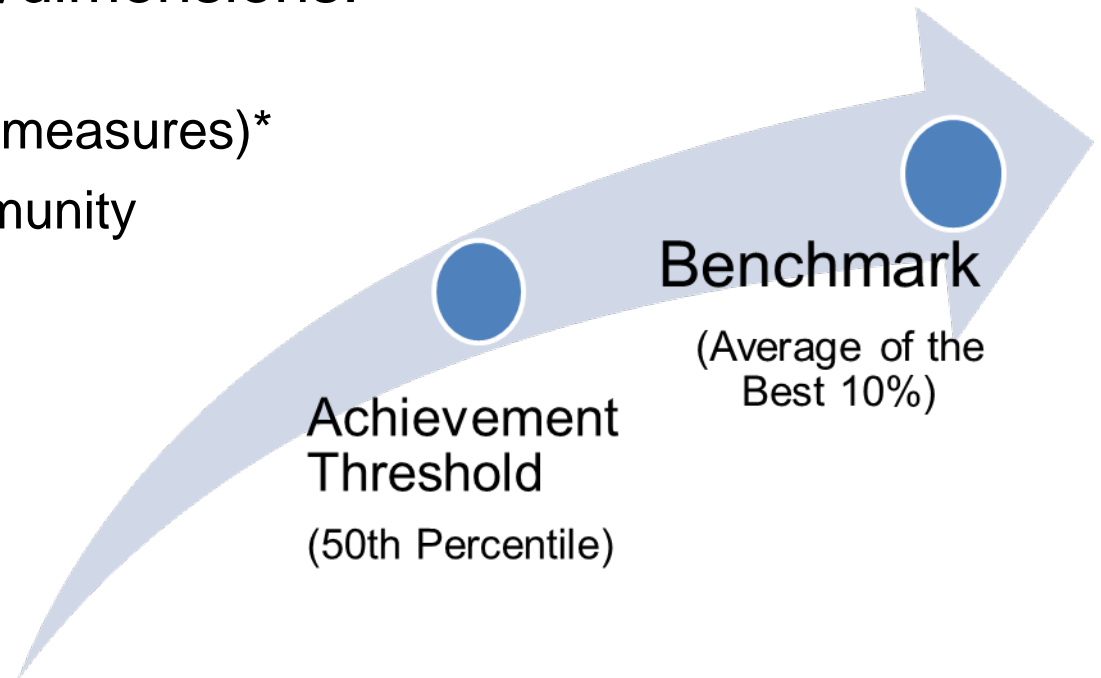
Performance at the fiftieth percentile (median) of hospitals during the Baseline Period



# Evaluating Hospitals: Higher Performance Rates

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

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



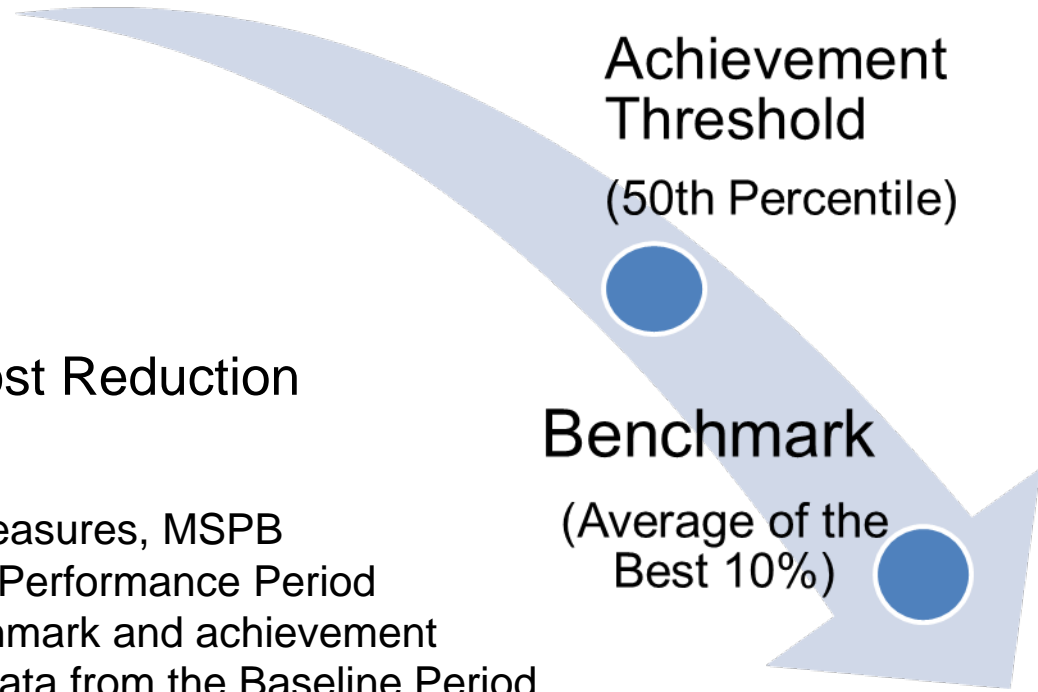
\* The 30-Day Mortality measures are reported as survival rates; therefore, higher values represent a better outcome.

# Evaluating Hospitals: Lower Performance Rates

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

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

**Note:** Unlike other measures, MSPB utilizes data from the Performance Period to calculate the benchmark and achievement threshold instead of data from the Baseline Period.





# Evaluating Hospitals: Fiscal Year 2020 Performance Standards

Domain	Measure	Benchmark	Achievement Threshold
<b>Safety</b>	CAUTI	0.000	0.828
	CLABSI	0.000	0.784
	CDI	0.091	0.852
	MRSA Bacteremia	0.000	0.815
	SSI		
	• Colon Surgery	0.000	0.781
	• Abdominal Hysterectomy	0.000	0.722
	PC-01	0.000000	0.000000
<b>Clinical Care</b>	MORT-30—AMI	0.875869	0.853715
	MORT-30—HF	0.906068	0.881090
	MORT-30—PN	0.909532	0.882266
	THA/TKA	0.023178	0.032229

# Evaluating Hospitals: Fiscal Year 2020 Performance Standards

Domain	Measure	Benchmark	Achievement Threshold	Floor
<b>Efficiency and Cost Reduction</b>	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
<b>Person and Community Engagement</b>	Communication with Nurses	87.12%	79.08%	51.80%
	Communication with Doctors	88.44%	80.41%	50.67%
	Responsiveness of Hospital Staff	80.14%	65.07%	35.74%
	Communication about Medicines	73.86%	63.30%	26.16%
	Cleanliness and Quietness of Hospital Environment	79.42%	65.72%	41.92%
	Discharge Information	92.11%	87.44%	66.72%
	Care Transition	62.50%	51.14%	20.33%
	Overall Rating of Hospital	85.12%	71.59%	32.47%

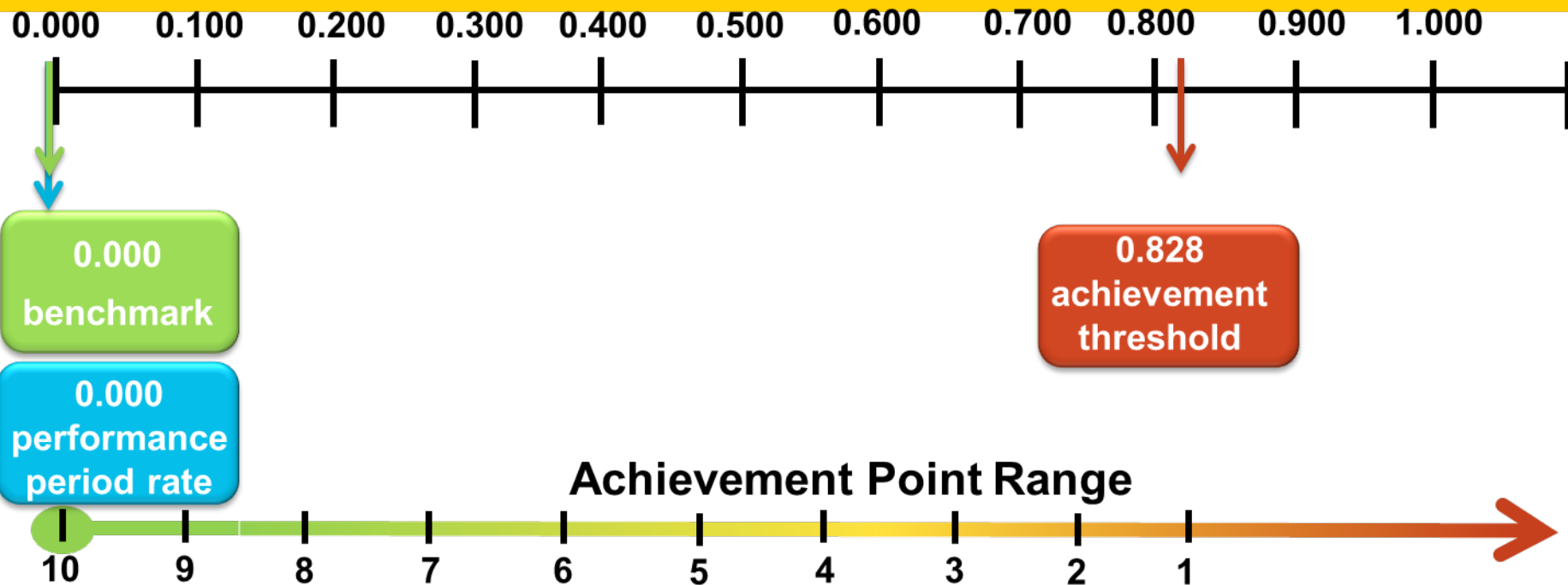
# Achievement Points

Achievement points are awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period.

- Rate at or 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



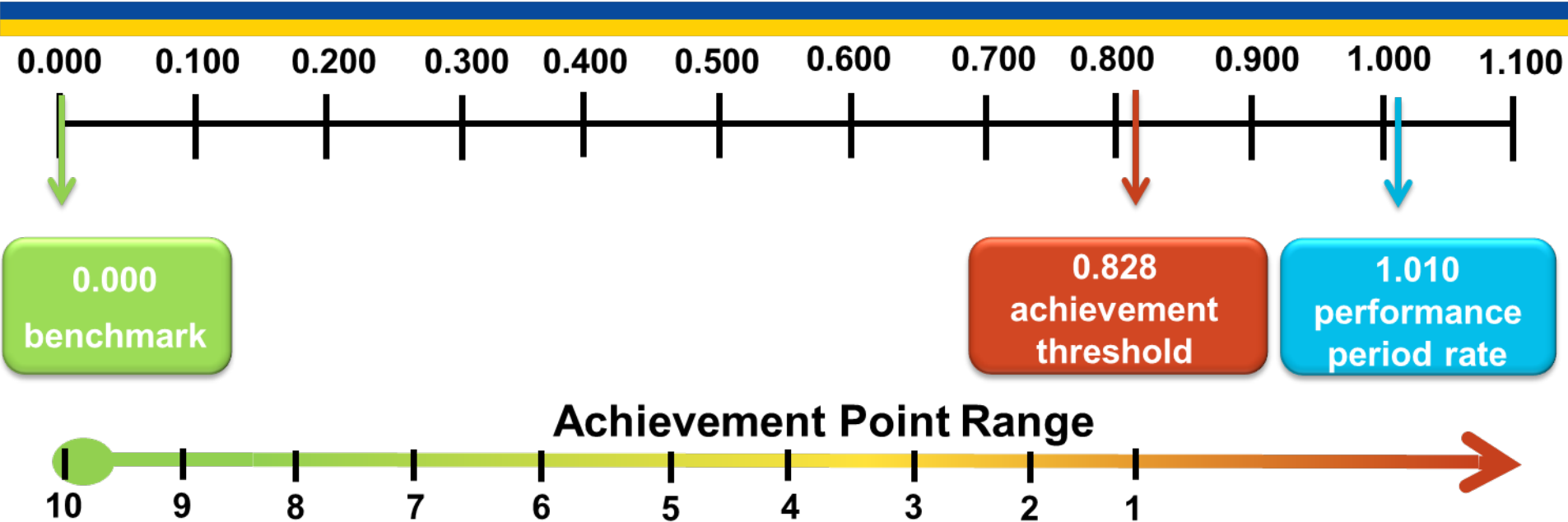
## Achievement Points

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



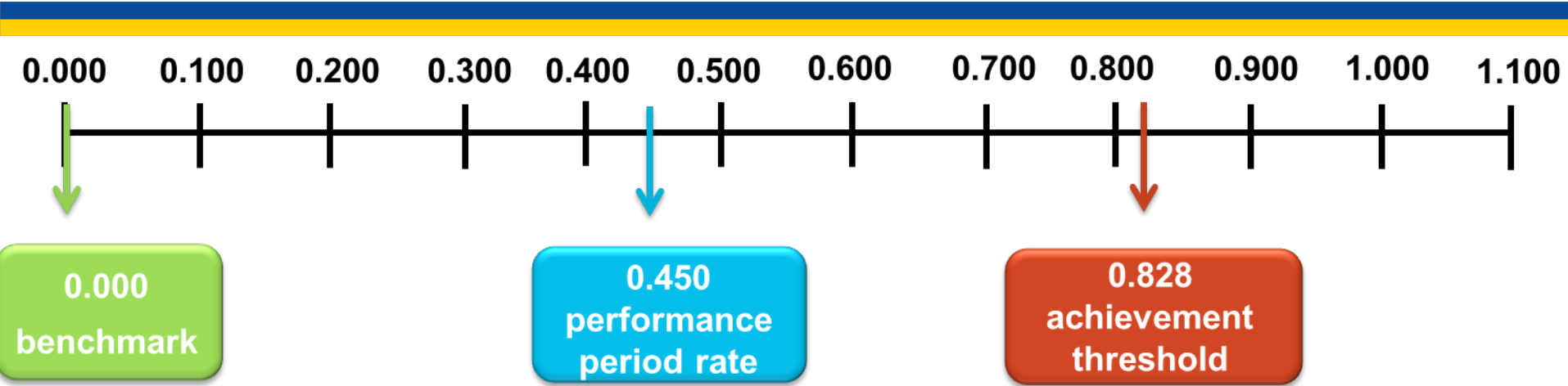
## Achievement Points

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

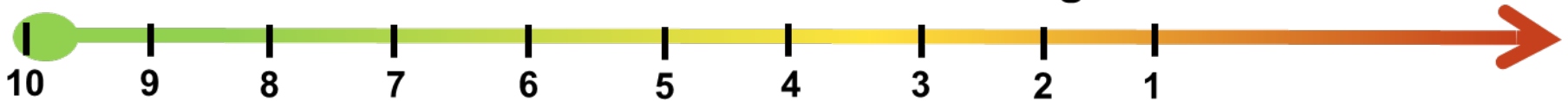
- Rate at or above the Benchmark (10 points)
- **Rate less than the Achievement Threshold (0 points)**
- Rate somewhere at or above the Threshold but less than the Benchmark (1–9 points)

**Achievement Points = 0**

# Achievement Points Example



## Achievement Point Range



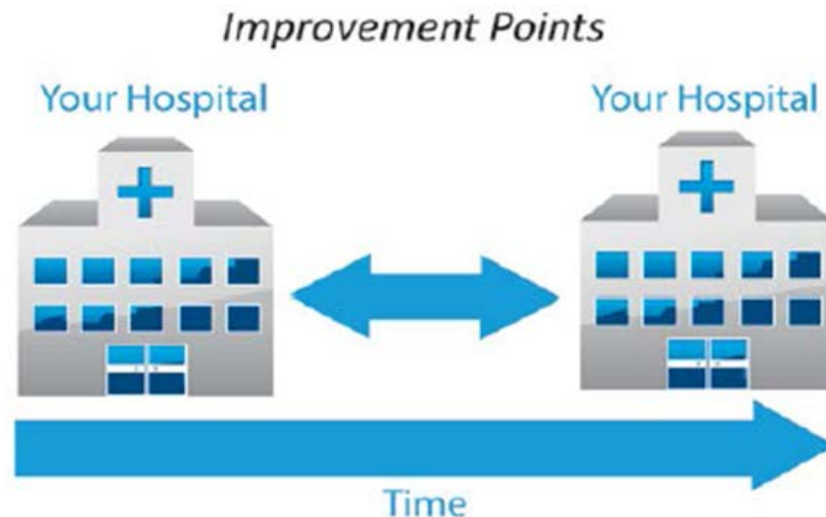
$$\left( 9 \times \left( \frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5 \right) = \left( 9 \times \left( \frac{0.450 - 0.828}{0.000 - 0.828} \right) + 0.5 \right) = 5$$

# Improvement Points

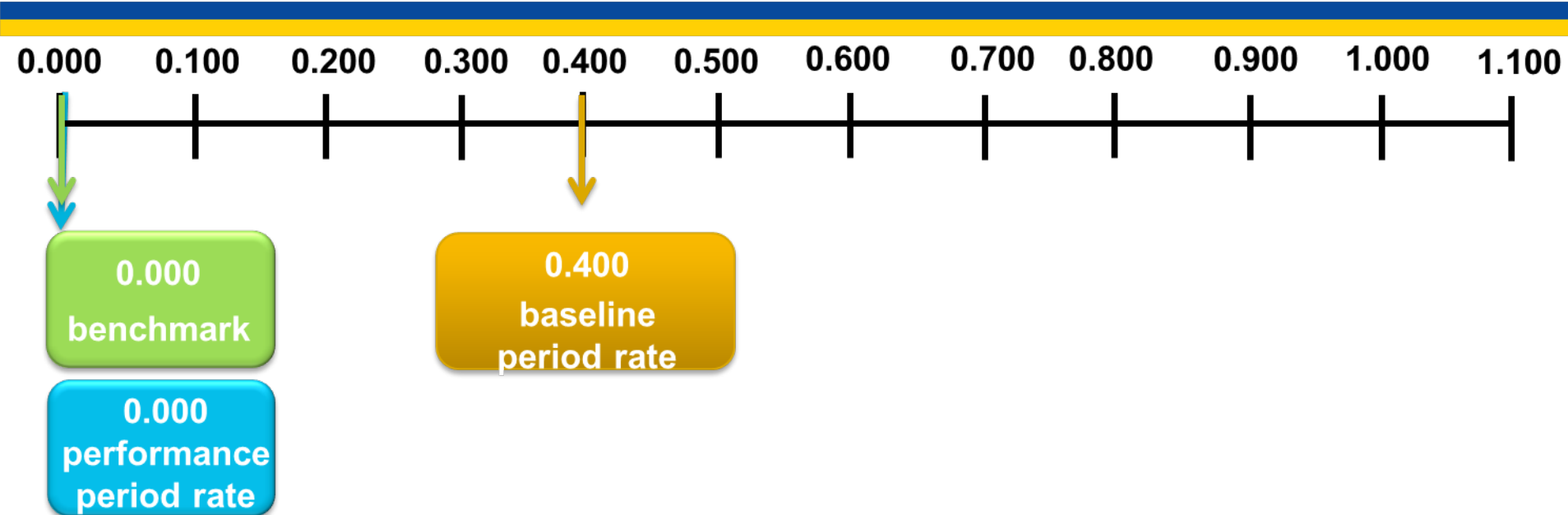
Improvement points are awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period.

- Rate at or 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 (i.e., have a Performance Period rate worse than the Baseline Period rate), will receive 0 improvement points, as no improvement was actually observed.



# Improvement Points Example



## Improvement Points

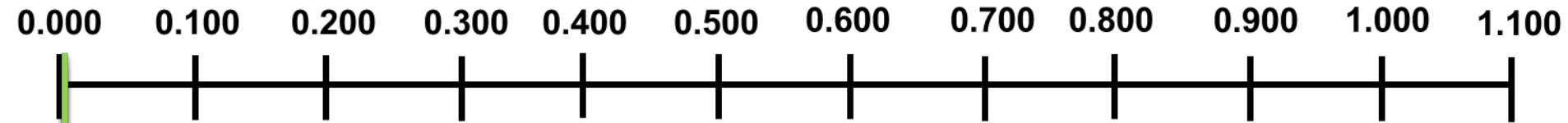
Awarded by comparing a hospital's rates during the Performance Period to that *same* hospital's rates from the Baseline Period

- **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



0.000

benchmark

0.000

performance  
period rate

0.000

baseline  
period rate

## Improvement Points

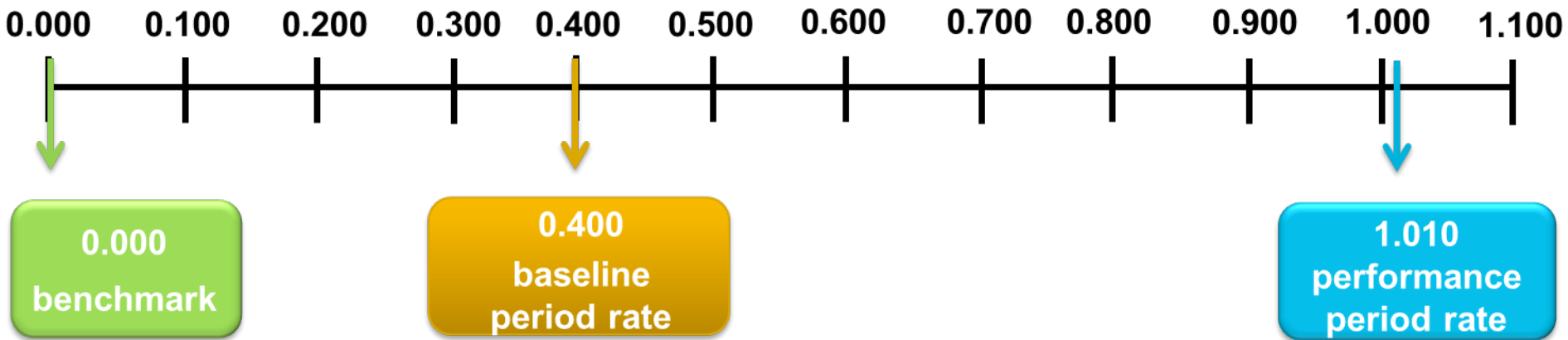
Awarded by comparing a hospital's rates during the Performance Period to that *same* hospital's rates from the Baseline Period

- 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.

# Improvement Points Example



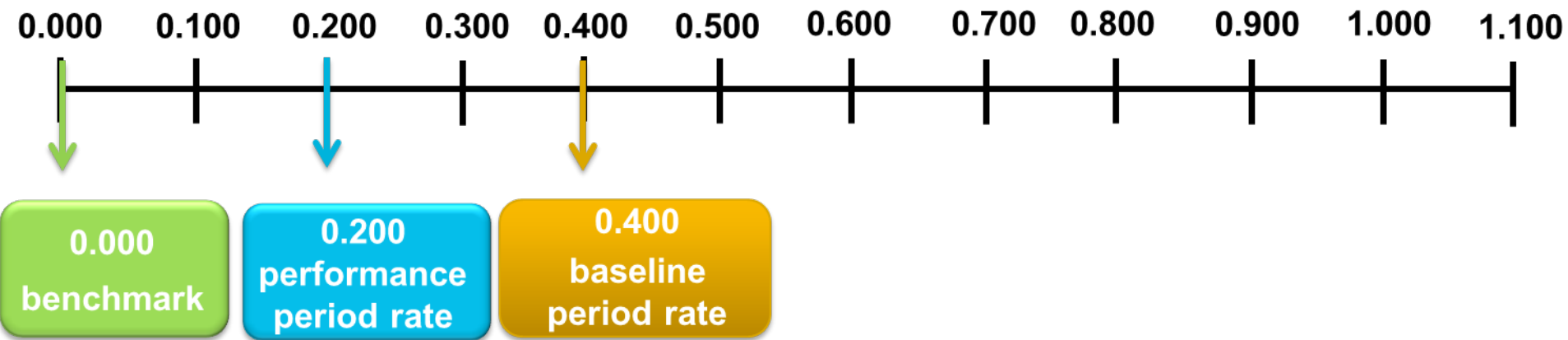
## Improvement Points

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**

# Improvement Points Example



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

# Measure Score

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

## Example Fiscal Year 2020 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.

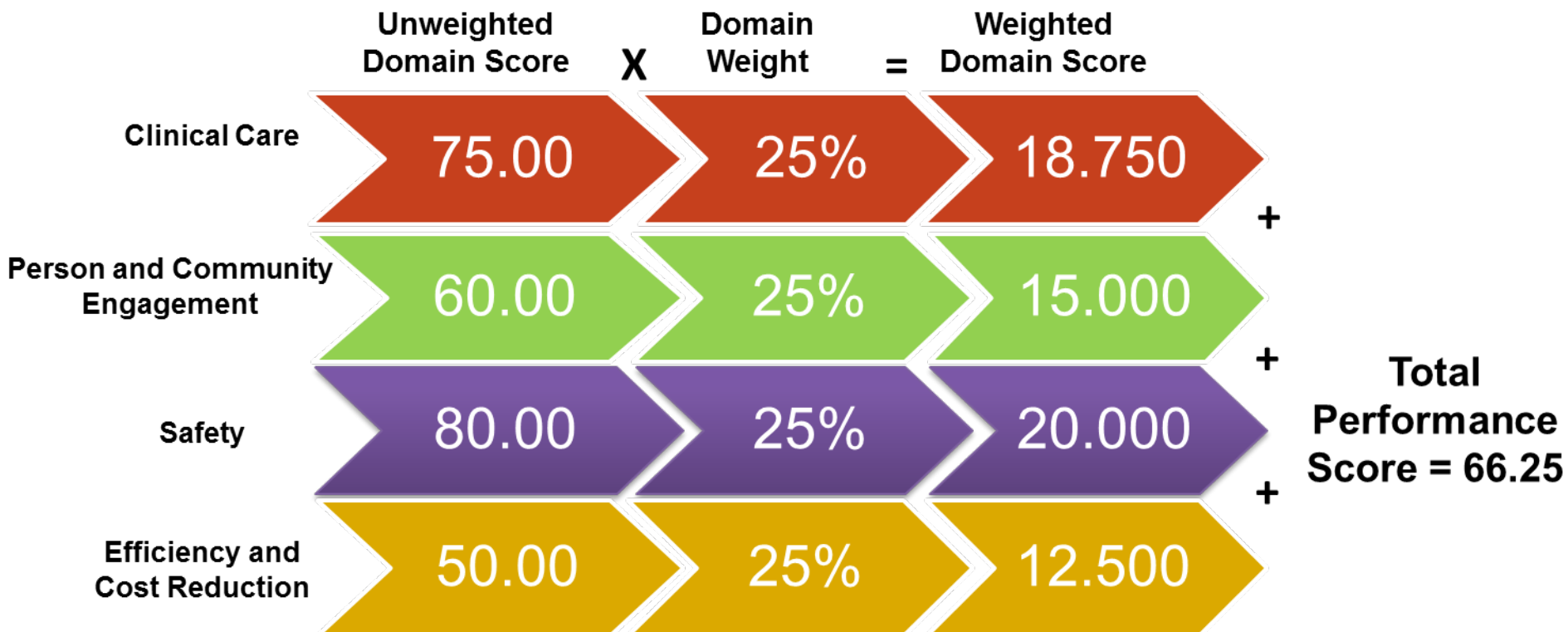
Measure ID	Measure Score
MORT-30-AMI	10
MORT-30-HF	5
MORT-30-PN	-
THA/TKA	6

## 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).  
 $(3 \text{ measures} \times 10 \text{ points}) = 30$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).  
 $(21 \div 30) = 0.70$
4. Multiply the result of step 3 by 100.  
 $(0.70 \times 100) = \mathbf{70}$

# Weighted Domain Score and Total Performance Score

A TPS requires scores from at least **three out of the four domains in fiscal year 2020**. The unscored domain weight is proportionately distributed to the remaining domains to equal 100%.



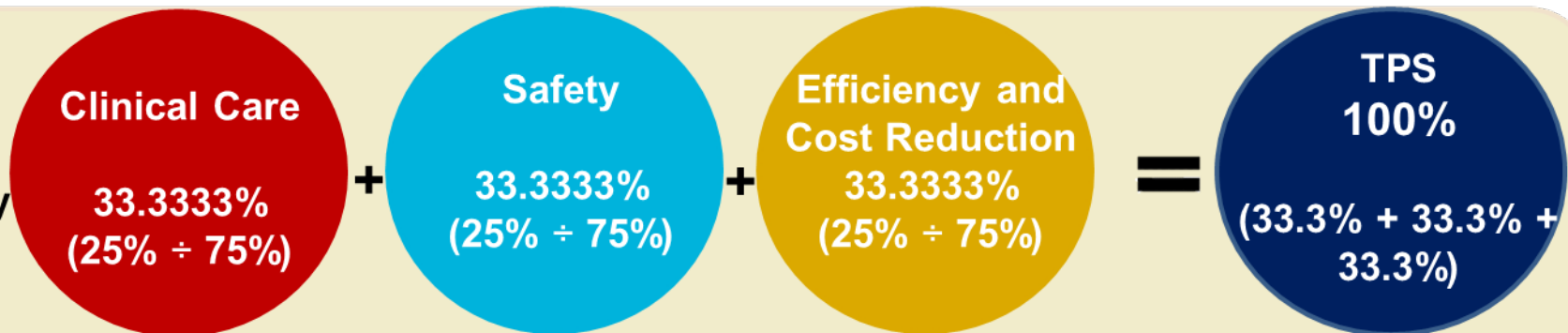
# Proportionate Reweighting

In this example, a hospital meets minimum case and measure requirements for the Clinical Care, 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.

Step 1:  
Sum  
Eligible  
Measure  
Weights



Step 2:  
Divide  
Original  
Weight by  
Result of  
Step 1  
(75%)



# Clinical Care Detail Report

Report Run Date:

## Hospital Value-Based Purchasing – Baseline Measures Report

### Clinical Care Detail Report

Provider:

Reporting Period: Fiscal Year 2020

Data As Of:

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

Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	27	0.832021	0.853715	0.875869
MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate**	2	0.851552	0.881090	0.906068
MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate	340	0.840000	0.882266	0.909532

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

Complication Measure	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
THA/TKA Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	1	0.028789	0.032229	0.023178

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.

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



# Person and Community Engagement Domain Score Detail Report

Report Run Date:

## Hospital Value-Based Purchasing – Baseline Measures Report

### Person and Community Engagement Detail Report

Provider:

Reporting Period: Fiscal Year 2020

Data As Of:

Baseline Period: 01/01/2016 - 12/31/2016

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses**	56.59%	51.80%	79.08%	87.12%
Communication with Doctors**	56.09%	50.67%	80.41%	88.44%
Responsiveness of Hospital Staff**	47.00%	35.74%	65.07%	80.14%
Communication about Medicines**	26.16%	26.16%	63.30%	73.86%
Cleanliness and Quietness of Hospital Environment**	59.11%	41.92%	65.72%	79.42%
Discharge Information**	17.45%	66.72%	87.44%	92.11%
Care Transition**	100.00%	20.33%	51.14%	62.50%
Overall Rating of Hospital**	28.35%	32.47%	71.59%	85.12%

HCAHPS Surveys Completed During the Baseline Period

18

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.

# Safety Measures Detail Report

Report Run Date:

## Hospital Value-Based Purchasing – Baseline Measures Report

Safety Measures Detail Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Data As Of:

Baseline Period: 01/01/2016 - 12/31/2016

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	66	43.022	1.534	0.828	0.000
CLABSI Central Line-Associated Blood Stream Infection	3	33.062	0.091	0.784	0.000
CDI Clostridium difficile Infection	0	10.488	0.000	0.852	0.091
MRSA Methicillin-Resistant Staphylococcus aureus Bacteremia	12	1,214	0.820	0.815	0.000
SSI-Abdominal Hysterectomy**	1	N/A	-	0.722	0.000
SSI-Colon Surgery**	3	4.347	-	0.781	0.000

Baseline Period: 01/01/2016 - 12/31/2016

Process Measures	Numerator	Denominator	Baseline Period Rate	Achievement Threshold	Benchmark
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	122	125	0.976000	0.000000	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.

# Efficiency and Cost Reduction Detail Report

Report Run Date:

## Hospital Value-Based Purchasing – Baseline Measures Report

### Efficiency and Cost Reduction Detail Report

Provider:

Reporting Period: Fiscal Year 2020

Data As Of:

Baseline Period: 01/01/2016 - 12/31/2016

Efficiency and Cost Reduction Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
MSPB-1 Medicare Spending per Beneficiary (MSPB)	\$18,190.50	\$23,845.76	0.852224	25

Calculated values were subject to rounding.

# Fiscal Year 2020 Baseline Reports Coming Soon

- Notifications will be sent to hospitals when the **Baseline Measure Reports** are available on the *QualityNet Secure Portal*.
- Reports will only be available to hospitals that are active, registered on *QualityNet*, and have users 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 *QualityNet Secure Portal*)



The screenshot shows the CMS.gov QualityNet interface. At the top, it says 'CMS.gov | QualityNet' and 'Centers for Medicare & Medicaid Services'. Below this is a light blue box titled 'Choose Your QualityNet Destination'. The text inside the box reads: 'Please select your primary quality program to reach the right log in screen for your QualityNet portal.' Underneath, there is a section for 'Secure File Transfer' and a prompt to 'Select your primary quality program:'. A list of programs follows: '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', and 'Outpatient Hospital Quality Reporting Program'. Below these is another section for 'Physicians Quality Reporting System / eRx Quality Improvement Organizations'. At the bottom of the box is a grey button labeled 'CANCEL'.

# Resources

- **Technical questions or issues related to accessing reports**
  - Email the *QualityNet* Help Desk at [gnetssupport@HCQIS.org](mailto:gnetssupport@HCQIS.org)
  - Call the *QualityNet* Help Desk at (866) 288-8912
- **To locate frequently asked questions related to Hospital VBP Program**
  - Available via the Hospital-Inpatient Questions and Answers tool at <https://cms-ip.custhelp.com>
- **To ask questions related to Hospital VBP Program**
  - Submit questions via the Hospital-Inpatient Questions and Answers tool at: <https://cms-ip.custhelp.com>
  - Call the VIQR Outreach and Education Support Contractor at (844) 472-4477
- **Hospital VBP Program general information**
  - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772039937>
- **Hospital VBP Program ListServes and discussions**
  - Register at <https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>

# Important Resource:

## How to Read Your Fiscal Year 2020 Baseline Report

### More information on the fiscal year 2020 Baseline Measures Report

*How to Read Your Fiscal Year 2020 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) 2020 Baseline Measures Report

##### Overview

The Hospital VBP Program is set forth in 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 based on the quality and value of care, not only quantity.

##### Purpose of the Baseline Measures Report

The Hospital VBP Baseline Measures Report allows providers to monitor their performance for all domains and measures required for the Hospital VBP Program.

##### FY 2020 Baseline Period

The baseline periods for FY 2020 measures are outlined in Table 1.

Table 1. FY 2020 Baseline Periods

Domain/Measures	Baseline Period
<b>Clinical Care:</b> 30-Day Mortality Measures	July 1, 2010–June 30, 2013
<b>Clinical Care:</b> Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication Measure	July 1, 2010 – June 30, 2013
<b>Person and Community Engagement:</b> Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Dimensions	January 1–December 31, 2016
<b>Safety:</b> Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)	January 1–December 31, 2016
<b>Safety:</b> Healthcare-Associated Infection (HAI) Measures	January 1–December 31, 2016
<b>Efficiency and Cost Reduction:</b> Medicare Spending Per Beneficiary (MSPB)	January 1–December 31, 2016

##### 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 HCAHPS dimensions, including baseline period rates, floor values,

# Important Resource: Quick Reference Guide for Fiscal Year 2020

## Fiscal Year 2020 Hospital VBP Program Quick Reference Guide contains:

- Domains
- Domain weights
- Measures
- Baseline and 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 2020 Hospital Value-Based Purchasing Domain Weights				
(Payment adjustment effective for discharges from October 1, 2019 to September 30, 2020)				
Version 2: 11-15-2017				
Clinical Care 25%	<b>Baseline Period</b> July 1, 2010–June 30, 2013	<b>Performance Period</b> July 1, 2015–June 30, 2018		
	<b>Measures</b> 30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI) 30-Day Mortality, Heart Failure (MORT-30-HF) 30-Day Mortality, Pneumonia (MORT-30-PN)	<b>Threshold</b> 0.853715 0.881090 0.882266	<b>Benchmark</b> 0.875869 0.906068 0.909532	
Person and Community Engagement 25%	<b>Baseline Period</b> January 1–December 31, 2016	<b>Performance Period</b> January 1–December 31, 2018		
	<b>Measures</b> I Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate (THA/TKA)	<b>Threshold</b> 0.032229	<b>Benchmark</b> 0.023178	
Efficiency and Cost Reduction 25%	<b>Baseline Period</b> January 1–December 31, 2016	<b>Performance Period</b> January 1–December 31, 2018		
	<b>Measure</b> I MSPB Medicare spending per beneficiary	<b>Threshold</b> Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	<b>Benchmark</b> Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period	
Safety 25%	<b>Baseline Period</b> January 1–December 31, 2016	<b>Performance Period</b> January 1–December 31, 2018		
	<b>Measures</b> I Central Line-Associated Bloodstream Infections (CLABSI) I Catheter-Associated Urinary Tract Infections (CAUTI) I Surgical Site Infection (SSI): Colon I SSI: Abdominal Hysterectomy I Methicillin-resistant Staphylococcus aureus (MRSA) I C. difficile Infections (CDI)	<b>Threshold</b> 0.784 0.828 0.781 0.722 0.815 0.852	<b>Benchmark</b> 0.000 0.000 0.000 0.000 0.000 0.091	
Process	<b>Measure</b> IPC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation	<b>Threshold</b> 0.000000	<b>Benchmark</b> 0.000000	

I = Lower Values Indicate Better Performance

Payments Withheld

Fiscal Year	Payments Withheld
FY 2013	1.00%
FY 2014	1.25%
FY 2015	1.50%
FY 2016	1.75%
FY 2017	2.00%
FY 2018	2.00%
FY 2019	2.00%
FY 2020	2.00%





# Important Resource: Archived Webinars

- ***Fiscal Year 2018 Hospital VBP Program, HAC Reduction Program, and HRRP: Hospital Compare Data Update***
  - Date: December 20, 2017
  - URL: <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/>
- ***Fiscal Year 2018 Inpatient Prospective Payment System (IPPS) Final Rule***
  - Date: August 29, 2017
  - URL: <http://www.qualityreportingcenter.com/inpatient/iqr/events/>
- ***Inpatient Hospital Quality Programs: Payment Updates and Overview***
  - Date: October 11, 2017
  - URL: <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/>
- ***Healthcare-Associated Infection (HAI) Measures: Reminders & Updates***
  - Date: September 27, 2017
  - URL: <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events>

Hospital Value-Based Purchasing Program:  
Overview of the Fiscal Year 2020 Baseline Measures Report

**Questions**

Hospital Value-Based Purchasing Program:  
Overview of the Fiscal Year 2020 Baseline Measures Report

**Continuing Education**

# Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

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

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

# 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 the HSAG 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 was sent.
- 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

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process: Certificate

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.

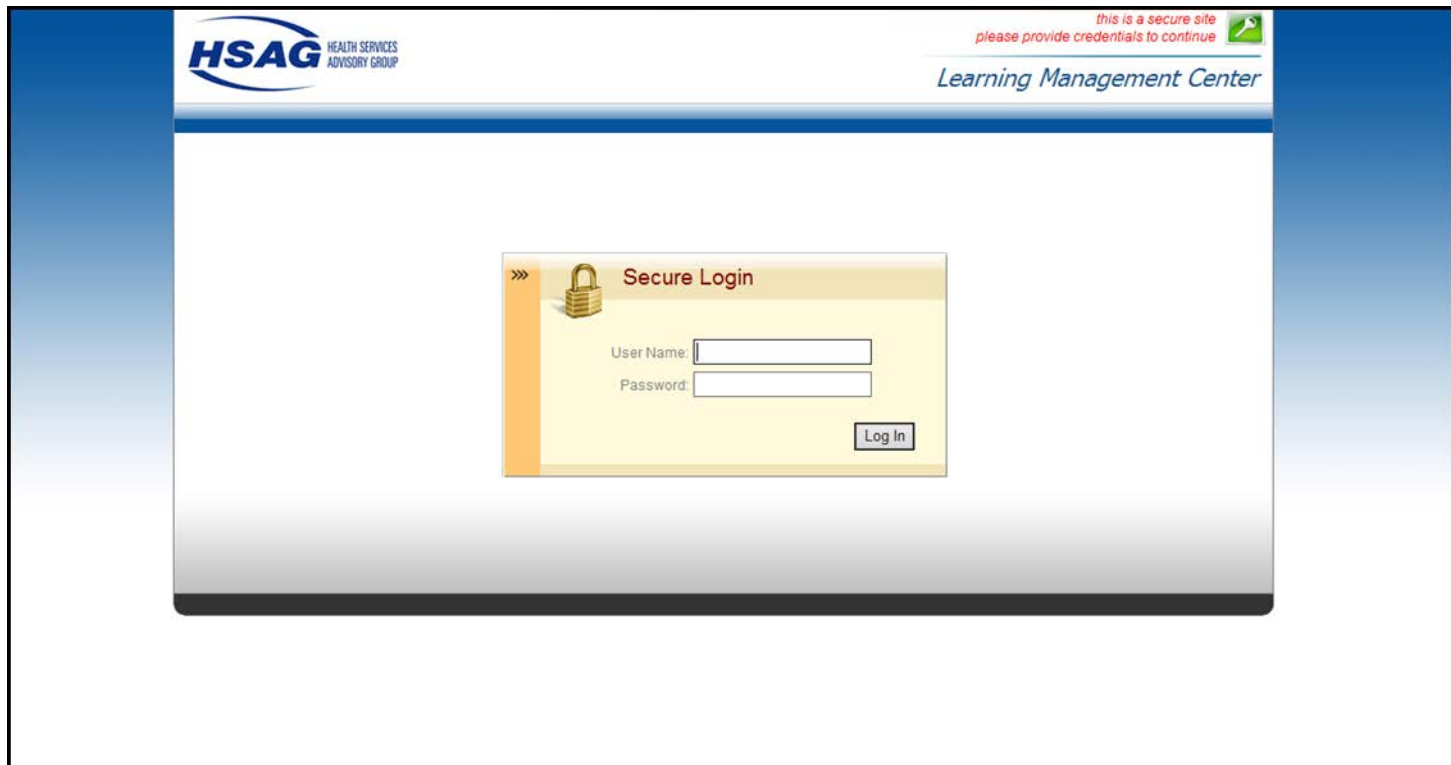
Done



# CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is visible. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

# Disclaimer

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