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

Today’s Presentation
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.
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

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

Efficiency and Cost Reduction
1. MSPB: Medicare Spending per Beneficiary

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

2/20/2018
## Summary of Minimum Data Requirements

<table>
<thead>
<tr>
<th>Domain/Measure/TPS</th>
<th>Minimum Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person and Community Engagement Domain Score</td>
<td>100 HCAHPS Surveys</td>
</tr>
<tr>
<td>Efficiency and Cost Reduction Domain Score</td>
<td>Minimum of <strong>one</strong> measure score&lt;br&gt;• MSPB: 25 Episodes of Care</td>
</tr>
<tr>
<td>Clinical Care Domain</td>
<td>Minimum of <strong>two</strong> measure scores&lt;br&gt;• 3 30-Day Mortality measures: 25 cases&lt;br&gt;• THA/TKA measure: 25 cases</td>
</tr>
<tr>
<td>Safety Domain</td>
<td>Minimum of <strong>two</strong> measure scores&lt;br&gt;• 5 healthcare-associated infection (HAI) measures: one predicted infection&lt;br&gt;• PC-01: 10 cases</td>
</tr>
<tr>
<td>Total Performance Score (TPS)</td>
<td>Minimum of <strong>three</strong> of the four domains receiving domain scores</td>
</tr>
</tbody>
</table>
## Baseline and Performance Periods For Fiscal Year 2020

<table>
<thead>
<tr>
<th>Domain</th>
<th>Baseline Period</th>
<th>Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• THA/TKA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Person and Community Engagement (HCAHPS)</strong></td>
<td><strong>January 1–December 31, 2016</strong></td>
<td><strong>January 1–December 31, 2018</strong></td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td><strong>January 1–December 31, 2016</strong></td>
<td><strong>January 1–December 31, 2018</strong></td>
</tr>
<tr>
<td>• PC-01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HAI measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Efficiency and Cost Reduction (MSPB)</strong></td>
<td><strong>January 1–December 31, 2016</strong></td>
<td><strong>January 1–December 31, 2018</strong></td>
</tr>
</tbody>
</table>
# Fiscal Year 2020 Timeline

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

* 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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Benchmark</th>
<th>Achievement Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td>CAUTI</td>
<td>0.000</td>
<td>0.828</td>
</tr>
<tr>
<td></td>
<td>CLABSI</td>
<td>0.000</td>
<td>0.784</td>
</tr>
<tr>
<td></td>
<td>CDI</td>
<td>0.091</td>
<td>0.852</td>
</tr>
<tr>
<td></td>
<td>MRSA Bacteremia</td>
<td>0.000</td>
<td>0.815</td>
</tr>
<tr>
<td></td>
<td>SSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Colon Surgery</td>
<td>0.000</td>
<td>0.781</td>
</tr>
<tr>
<td></td>
<td>• Abdominal Hysterectomy</td>
<td>0.000</td>
<td>0.722</td>
</tr>
<tr>
<td></td>
<td>PC-01</td>
<td>0.000000</td>
<td>0.000000</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>MORT-30—AMI</td>
<td>0.875869</td>
<td>0.853715</td>
</tr>
<tr>
<td></td>
<td>MORT-30—HF</td>
<td>0.906068</td>
<td>0.881090</td>
</tr>
<tr>
<td></td>
<td>MORT-30—PN</td>
<td>0.909532</td>
<td>0.882266</td>
</tr>
<tr>
<td></td>
<td>THA/TKA</td>
<td>0.023178</td>
<td>0.032229</td>
</tr>
</tbody>
</table>
# Evaluating Hospitals: Fiscal Year 2020 Performance Standards

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Benchmark</th>
<th>Achievement Threshold</th>
<th>Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Efficiency and Cost Reduction</strong></td>
<td><strong>MSPB</strong></td>
<td>Mean of the best (lowest) decile of MSPB ratios across all hospitals during the Performance Period</td>
<td>Median MSPB ratio across all hospitals during the Performance Period</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Person and Community Engagement</strong></td>
<td>Communication with Nurses</td>
<td>87.12%</td>
<td>79.08%</td>
<td>51.80%</td>
</tr>
<tr>
<td></td>
<td>Communication with Doctors</td>
<td>88.44%</td>
<td>80.41%</td>
<td>50.67%</td>
</tr>
<tr>
<td></td>
<td>Responsiveness of Hospital Staff</td>
<td>80.14%</td>
<td>65.07%</td>
<td>35.74%</td>
</tr>
<tr>
<td></td>
<td>Communication about Medicines</td>
<td>73.86%</td>
<td>63.30%</td>
<td>26.16%</td>
</tr>
<tr>
<td></td>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>79.42%</td>
<td>65.72%</td>
<td>41.92%</td>
</tr>
<tr>
<td></td>
<td>Discharge Information</td>
<td>92.11%</td>
<td>87.44%</td>
<td>66.72%</td>
</tr>
<tr>
<td></td>
<td>Care Transition</td>
<td>62.50%</td>
<td>51.14%</td>
<td>20.33%</td>
</tr>
<tr>
<td></td>
<td>Overall Rating of Hospital</td>
<td>85.12%</td>
<td>71.59%</td>
<td>32.47%</td>
</tr>
</tbody>
</table>
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

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

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

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

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

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Achievement Points</th>
<th>Improvement Points</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORT-30–AMI</td>
<td>10</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>MORT-30–HF</td>
<td>5</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>MORT-30–PN</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>THA/TKA</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>
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.

### 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. 
   \[(0.70 \times 100) = 70\]
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%.

**Weighted Domain Score and Total Performance Score**

![Diagram showing the calculation of weighted scores and total performance score.]

- **Clinical Care**: Unweighted Domain Score = 75.00, Domain Weight = 25%, Weighted Domain Score = 18.750
- **Person and Community Engagement**: Unweighted Domain Score = 60.00, Domain Weight = 25%, Weighted Domain Score = 15.000
- **Safety**: Unweighted Domain Score = 80.00, Domain Weight = 25%, Weighted Domain Score = 20.000
- **Efficiency and Cost Reduction**: Unweighted Domain Score = 50.00, Domain Weight = 25%, Weighted Domain Score = 12.500

Total Performance Score = 66.25
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

Clinical Care (25%) + Safety (25%) + Efficiency and Cost Reduction (25%) = 75%

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

Clinical Care 33.3333% (25% ÷ 75%) + Safety 33.3333% (25% ÷ 75%) + Efficiency and Cost Reduction 33.3333% (25% ÷ 75%) = TPS 100% (33.3% + 33.3% + 33.3%)
## Clinical Care Detail Report

### Hospital Value-Based Purchasing – Baseline Measures Report

**Clinical Care Detail Report**

**Provider:**

**Reporting Period:** Fiscal Year 2020

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

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

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

<table>
<thead>
<tr>
<th>Complication Measure</th>
<th>Number of Eligible Discharges</th>
<th>Baseline Period Rate</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>THA/TKA Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**</td>
<td>1</td>
<td>0.028769</td>
<td>0.032229</td>
<td>0.023178</td>
</tr>
</tbody>
</table>

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.
## Hospital Value-Based Purchasing – Baseline Measures Report

### Person and Community Engagement Detail Report

**Provider:**

**Reporting Period:** Fiscal Year 2020

---

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

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

**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.
### Healthcare Associated Infections

<table>
<thead>
<tr>
<th>Healthcare Associated Infections</th>
<th>Number of Observed Infections (Numerator)</th>
<th>Number of Predicted Infections (Denominator)</th>
<th>Standardized Infection Ratio (SIR)</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI Catheter-Associated Urinary Tract Infection</td>
<td>66</td>
<td>43,022</td>
<td>1.534</td>
<td>0.828</td>
<td>0.000</td>
</tr>
<tr>
<td>CLABSI Central Line-Associated Blood Stream Infection</td>
<td>3</td>
<td>33,062</td>
<td>0.091</td>
<td>0.784</td>
<td>0.000</td>
</tr>
<tr>
<td>CDI Clostridium difficile Infection</td>
<td>0</td>
<td>10,488</td>
<td>0.000</td>
<td>0.852</td>
<td>0.091</td>
</tr>
<tr>
<td>MRSA Methicillin-Resistant Staphylococcus aureus Bacteremia</td>
<td>12</td>
<td>1,214</td>
<td>0.820</td>
<td>0.815</td>
<td>0.000</td>
</tr>
<tr>
<td>SSI-Abdominal Hysterectomy**</td>
<td>1</td>
<td>N/A</td>
<td>-</td>
<td>0.722</td>
<td>0.000</td>
</tr>
<tr>
<td>SSI-Colon Surgery**</td>
<td>3</td>
<td>4,347</td>
<td>-</td>
<td>0.781</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Process Measures

<table>
<thead>
<tr>
<th>Process Measures</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Baseline Period Rate</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation</td>
<td>122</td>
<td>125</td>
<td>0.976000</td>
<td>0.000000</td>
<td>0.000000</td>
</tr>
</tbody>
</table>

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

**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

<table>
<thead>
<tr>
<th>Efficiency and Cost Reduction Measures</th>
<th>MSPB Amount (Numerator)</th>
<th>Median MSPB Amount (Denominator)</th>
<th>MSPB Measure</th>
<th># of Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSPB-1 Medicare Spending per Beneficiary (MSPB)</td>
<td>$18,190.50</td>
<td>$23,845.76</td>
<td>0.852224</td>
<td>25</td>
</tr>
</tbody>
</table>

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)
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

• **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%2FPage%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&papename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202.

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/
Important Resource: Multi-Program Measures Guide for Fiscal Year 2020

Acute Care Hospital Quality Improvement Program Measures for Fiscal Year 2020 Payment Determination:

• Hospital IQR Program
• Hospital VBP Program
• Medicare Electronic Health Record (EHR) Incentive Program
• Hospital-Acquired Condition Reduction Program (HAC Reduction Program)
• 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/
Important Resource: Archived Webinars

- **Fiscal Year 2018 Hospital VBP Program, HAC Reduction Program, and HRRP: Hospital Compare Data Update**
  - Date: December 20, 2017

- **Fiscal Year 2018 Inpatient Prospective Payment System (IPPS) Final Rule**
  - Date: August 29, 2017

- **Inpatient Hospital Quality Programs: Payment Updates and Overview**
  - Date: October 11, 2017

- **Healthcare-Associated Infection (HAI) Measures: Reminders & Updates**
  - Date: September 27, 2017
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

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.
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-db39-4086-b429-d6f6b9cc1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?id=da0a12bc-db39-4086-b429-d6f6b9cc1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done
CE Credit Process: New User
CE Credit Process: Existing User
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