



# Hospital Value-Based Purchasing (VBP) Program

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## Support Contractor

### HCAHPS: Overview, Updates, and Hospital Value-Based Purchasing Questions and Answers

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**Question 1: What is IVR?**

IVR is an acronym for interactive voice response. So, that's like when you get telephone call from somebody and they say press one for this, press two for that, etc. It's an automated way of doing the survey and an option hospitals have for implementing the survey. As I showed you earlier, it's not terribly popular.

**Question 2: How many days after discharge can the survey be completed?**

It goes up to 84 days. The patient must be contacted within the first 42 days, but they have up to 84 days to actually complete the survey after they have been contacted. After that, it's too late.

For details about HCAHPS Survey administration, see *CAHPS<sup>®</sup> Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0* located at <http://www.hcahponline.org/qaguidelines.aspx>.



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**Question 3: Will there be an option for an email survey in the future?**

We have been looking into it. About five years ago, we actually tested a web-based version of the survey; didn't turn out too well. It wasn't too popular. But we continue looking into it. We know that there is a demand out there, even expectation, that the surveys be offered in new modes electronically through email. In a couple of different experiments we've done lately, we tried email version or web version of surveys, and we're analyzing that data.

For more information, see "[A Randomized Experiment Investigating the Suitability of Speech-Enabled IVR and Web Modes for Publicly Reported Surveys of Patients' Experience of Hospital Care.](#)" M.N. Elliott, J.A. Brown, W.G. Lehrman, M.K. Beckett, K. Hambarsoomian, L.A. Giordano, and E. Goldstein. *Medical Care Research and Review*. 2013; 70(2): 165 – 184.

**Question 4: Which method has the best response rate?**

Mixed mode has the best response rate. I can definitely say that. And that's why I wish more hospitals would use it.

So Mixed mode means, you try to mail first. When people don't respond by mail, then you call them. So you tap into two different pools of people: people who like mail and people who don't like mail but like telephone. So this is the best response rate.

I think mail and telephone are pretty similar now in terms of response rate. I should note, the response rate for all kinds of surveys has been falling, year by year. The HCAHPS Survey is not immune to the trend; this is another reason we encourage Mixed mode to obtain the best response rate.

We also encourage hospitals that are not getting the kind of response rate they would like, to look into things like, do they have a lot of patients who don't speak English? They can use an official translation of the HCAHPS Survey to tap into that population. We have Spanish, as well as, Chinese, Portuguese, Russian, and Vietnamese versions of the survey that can be used to help improve response rates.



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**Question 5:** What is your website that explains the HCAHPS Survey in further detail and how HCAHPS is used in VBP in terms of the scoring methodology? Also, we had a request for you to restate the title of the *Journal of the American Medical Association (JAMA)* article that you referenced during the presentation.

The HCAHPS Online website is [www.hcahpsonline.org](http://www.hcahpsonline.org).

The *JAMA* article title is "[Measurement of the Patient Experience: Clarifying Facts, Myths, and Approaches](#)." L. Tefera, W.G. Lehrman, and P. Conway. *Journal of the American Medical Association*. 2016; 315: 2167 – 2168. Published online March 10, 2016.

**Question 6:** Is VBP fiscal year (FY) 2018 not using the pain management composite in scoring the patient experience domain?

CMS finalized their proposal in the calendar year (CY) 2017 outpatient prospective payment system (OPPS) final rule, published in November 2016, to remove the Pain Management dimension from the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain, beginning with the FY 2018 Hospital VBP Program. This dimension will not be used in the calculation of Total Performance Scores and payment adjustments in FY 2018.

**Question 7:** My understanding was that the performance year for FY 2018 is calendar year 2016; so pain management and the care transitions measure (CTM-3) occur this year, not next, as the speaker said, correct?

The FY 2018 Hospital VBP Program will utilize a performance period of January 1, 2016 through December 31, 2016, and a baseline period of January 1, 2014 through December 31, 2014. The reference to next year was a reference to FY 2018 being next year. The Pain Management dimension will not be used in the FY 2018 Hospital VBP Program. The Care Transition Measure (CTM-3) will be used in the FY 2018 Hospital VBP Program.

**Question 8:** Slide 11: Do patients need to be classified as an inpatient or do patients in outpatient beds or observation status qualify for a survey?

Only inpatients are eligible for the HCAHPS Survey.



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**Question 9:** Slide 39: The Pain Management dimension will be removed in 2018? Will it be used to calculate VBP next year?

The Pain Management dimension will be removed in FY 2018, which uses a performance period of January 1, 2016 through December 31, 2016. The FY 2018 calculations will be provided to hospitals by August 2017.

**Question 10:** When was the decision made to remove pain management for FY 2018?

CMS proposed the removal of the Pain Management dimension in the CY 2017 OPPS proposed rule (March 2016) and finalized their proposal in the CY 2017 OPPS final rule, published in November 2016. The final rule is available at <https://federalregister.gov/d/2016-26515>.

**Question 11:** Slide 10: Are critical access hospitals (CAHs) mandated by CMS to submit the HCAHPS Survey?

No. While inpatient prospective payment system (IPPS) hospitals are penalized if they do not participate in the HCAHPS Survey, CAHs can voluntarily participate in the HCAHPS Survey, but are not mandated by CMS to do so.

**Question 12:** Slide 11: Are behavioral health patients in an acute-care hospital eligible to receive an HCAHPS Survey?

Only patients whose primary Medicare severity diagnosis-related group (MS-DRG) is in the medical, surgical, or maternity care service lines are eligible for the HCAHPS Survey. Some other service lines are also excluded.

See *CAHPS<sup>®</sup> Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0*, page 75, for details, located at <http://www.hcahponline.org/qaguidelines.aspx>.

**Question 13:** Slide 11: When will emergency department (ED) surveys be required?

CMS is currently in the process of developing and testing an Emergency Department Patient Experience of Care Survey. If CMS decides to adopt this survey, it will do so through the normal rule-making process.



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**Question 14:** Slide 15: How large of a sample size is required for comparison of ward or floor level? Could you provide a link to the report you mentioned that discussed the advising against using this type of comparison?

I believe that the minimum sample size for obtaining reliable estimates at the floor or ward level would depend on several factors. CMS recommends 300 completed surveys over a 12-month period at the hospital level.

The *JAMA* article mentioned is "[Measurement of the Patient Experience: Clarifying Facts, Myths, and Approaches](#)." L. Tefera, W.G. Lehrman, and P. Conway. *Journal of the American Medical Association*. 2016; 315: 2167 – 2168. Published online March 10, 2016.

**Question 15:** Slide 16: It appears that the pain control metric and the recommend metric have the same values. Is that correct? Otherwise, the pain control line is not visible.

You are correct. The top-box scores for pain management and recommendation often overlap. Detailed information about HCAHPS measure top-box scores over time can be gleaned from the archive of summary analyses tables on the HCAHPS Online website at <http://www.hcahponline.org/SummaryAnalyses.aspx>.

**Question 16:** Slide 42: Is the required 25 or more completed surveys to have the data publicly reported on *Hospital Compare* the number per month, per quarter, or per four quarters?

Per four quarters. All HCAHPS scores reported on *Hospital Compare* are based on four quarters of data.

**Question 17:** For future analyses, is there a consideration being given to risk adjust for socioeconomic factors? This appears to be a correlation with DSH hospitals having lower scores. Can you comment on this?

HCAHPS scores are adjusted for survey mode and certain patient characteristics, including self-reported education, which is highly correlated with socioeconomic status, and language spoken at home; see <http://www.hcahponline.org/modeadjustment.aspx>.



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**Question 18:** How does the calculation for HCAHPS used in VBP differ from the results shown in Hospital Inpatient Quality Reporting (IQR)?

Slide 30 is a quick summary of the key differences between Hospital IQR and VBP. In the Hospital IQR Program, which is on *Hospital Compare*, we report current HCAHPS performance and we do it in number of ways. We show the top box, which is the percent of patients who chose the most positive response category. The bottom box, those who chose the most negative response categories, such as “Never/Sometimes” or “No.” *Hospital Compare* also displays the middle-box scores.

In contrast, the Hospital VBP Program uses only the top-box scores for the included HCAHPS dimensions, and calculates both Achievement and Improvement for each dimension.

On *Hospital Compare*, we report 11 HCAHPS measures, but only eight dimensions in VBP. We get the eight by combining cleanliness and quietness into one dimension, and not using the recommend item. IQR includes both the Pain Management dimension and the Care Transition Measure. But as I just mentioned, in FY 2018, pain management will be removed and care transition will be added to VBP.

In Hospital IQR, both IPPS and non-IPPS hospitals participate. Currently, that’s about 4,200 hospitals; whereas in Hospital VBP, only IPPS hospitals can participate, currently about 3,100.

Finally, hospitals need at least 25 completed surveys to have their HCAHPS scores publicly reported on *Hospital Compare* (beginning December 2016), while IPPS hospitals must have at least 100 completed surveys in the performance period to qualify for the HCAHPS domain (Patient- and Caregiver-Centered Experience of Care/Care Coordination domain) in Hospital VBP.

**Question 19:** Slide 23: Will vendors be recalculating the FY 2018 scores?

CMS calculates the official Hospital VBP scores and provides them to participating hospitals in their Hospital VBP payment reports.



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**Question 20: Slide 23: Can you explain the domain scoring again?**

The Patient- and Caregiver-Centered Experience of Care/Care Coordination domain is calculated first by using the baseline period dimension rates and the performance period dimension rates to calculate the Improvement points and Achievement points.

The greater of either the Improvement points or Achievement points will be awarded as the hospital's dimension score. The sum of the eight dimension scores becomes the hospital's Base Score. The maximum Base Score that can be awarded is 80 points, which is eight dimension scores multiplied by ten possible points for each dimension.

Next, we calculate the lowest dimension and use that score to calculate Consistency points. If your hospital's lowest dimension is equal to or better than that dimension's Achievement threshold, the median of hospital performance during the baseline period, the hospital will receive the maximum of 20 points. If the lowest dimension is worse than the Achievement threshold, a formula will be used to calculate the Consistency Score on a sliding scale from 20 points.

We then sum the Base Score and Consistency Score to calculate the unweighted domain score. The maximum unweighted domain score is equal to 100 points; 80 from the Base Score and 20 from the Consistency Score.

For more information on the HCAHPS calculations in the Hospital VBP Program, reference the [step-by-step](#) guide on the HCAHPS Online website.

**Question 21: Are rehabilitation units included in the HCAHPS Survey?**

No. Patients with rehabilitation MS-DRGs are ineligible for the HCAHPS Survey. See *CAHPS<sup>®</sup> Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0*, page 75, for details, located at <http://www.hcahponline.org/qaguidelines.aspx>.



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**Question 22:** Many of our orthopedic surgery patients go to rehabilitation short-term. This severely limits our number of possible surveys and we believe these patients could be reached after discharge at approximately two weeks after discharge from the hospital. Is there consideration to allow these patients in the survey?

If a patient's MS-DRG is in the surgical service line, they would be eligible to receive HCAHPS Survey. For more details, please contact HCAHPS Technical Assistance at [hcahps@area-M.hcqis.org](mailto:hcahps@area-M.hcqis.org).

**Question 23:** Is there a way to find out which 61 hospitals self-administer the HCAHPS Survey?

Sorry, we do not share that information. If you have questions about self-administering the HCAHPS Survey, please contact the HCAHPS Technical Assistance at [hcahps@area-M.hcqis.org](mailto:hcahps@area-M.hcqis.org).

**Question 24:** Will you be removing the Pain Management dimension from the Star Ratings and the bundle quality indicator?

CMS will continue to publicly report the Pain Management measure on *Hospital Compare*, including the Star Rating. Not sure what the "bundle indicator" is.

**Question 25:** What was the domain weight for HCAHPS in the FY 2016 Hospital VBP Program?

The Patient Experience of Care domain was weighted at 25 percent in the FY 2016 Hospital VBP Program. For more information on Hospital VBP, see <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>.

**Question 26:** What does IPPS stand for?

IPPS is an acronym for inpatient prospective payment system. Short-term, acute-care hospitals are reimbursed under the inpatient prospective payment system (IPPS) within the Medicare program.





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**Question 27: What current percent of hospitals participating in the HCAHPS Survey receive more than their patient experience withhold back?**

The Hospital VBP Program adjusts payments using the Total Performance Score in which the HCAHPS Survey is included. Because the Total Performance Score is used, and not individual domain scores, payments are not withheld and adjusted based on specific domain scores. In the FY 2017 Hospital VBP Program, approximately 1,600 hospitals will receive overall increase in payments and almost 1,350 hospitals will incur a net reduction in payments due to the Hospital VBP Program.

**Question 28: How will the VBP HCAHPS domain weighting be calculated now that pain management is removed?**

The Patient and Caregiver Centered Experience of Care/Care Coordination domain will remain weighted at 25 percent of the Total Performance Score in FY 2018. The HCAHPS domain will continue to use the same process to calculate the domain score, using the sum of the eight dimension scores to calculate the Base Score, and awarding a Consistency Score based on the lowest dimension score. There will still be a total of eight dimensions included in the HCAHPS domain in FY 2018 because the Care Transition dimension will be added when the Pain Management dimension is removed.

**Question 29: When a survey is mailed, how can you guarantee that it is done by the patient instead of family?**

The HCAHPS Survey, mail version, begins with the following instruction:

You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.

If the survey indicates that somebody other than the patient completed it, then it should not be submitted to CMS.



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**Question 30: How can we calculate in real-time the mode and mix adjustments?**

Hospitals, or their survey vendors, can apply the HCAHPS Survey mode and patient-mix adjustments to their raw HCAHPS data to estimate HCAHPS scores. Instructions and information can be found on our HCAHPS Online website at <http://www.hcahpsonline.org/modeadjustment.aspx>. This web page also contains the survey mode and patient-mix adjustment coefficients for each public reporting period.

Please note that while survey vendors or hospitals may estimate HCAHPS scores, the only source of official HCAHPS scores is *Hospital Compare* at <https://www.medicare.gov/hospitalcompare/search.html>.

**Question 31: I work on the Navajo Reservation; language barriers impact our scores, and patients have a hard time with the wording of the questions and the scoring. How would we go about getting the questions translated into Navajo?**

Please contact the HCAHPS Technical Assistance at [hcahps@area-M.hcqis.org](mailto:hcahps@area-M.hcqis.org).

**Question 32: One of the care transition measures on medication purpose is very similar to one of the questions in the medication communication composite. Do you consider this redundant? Also, the preferences CTM-3 question is very hard to effect change on. Where can we get more specific info on how to improve on that question?**

We do not believe that these two survey items are redundant. The questions in the Communication about Medicines composite refer to medicines received during the inpatient stay, while the questions in the Care Transition Measure composite, which were added to the survey in 2013, ask about the patient's understanding of medications to be taken after leaving the hospital.

Information on how to improve patient experience of care is available from many sources, but a good place to start is the Agency for Healthcare Research and Quality (AHRQ) CAHPS (Hospital Survey) web page at <https://www.ahrq.gov/cahps/surveys-guidance/hospital/improve/index.html>.



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**Question 33: Can you find benchmark data on the website?**

You can find the HCAHPS top-box scores for each state and the nation for each public reporting period in the Summary of HCAHPS Survey Results Table on the HCAHPS Online website at

<http://www.hcahponline.org/SummaryAnalyses.aspx>.

**Question 34: Do you mind explaining the differences in VBP for the four “performance, baseline, achievement, and improvement” dimensions’ definitions?**

Briefly, baseline refers to the calendar year two years prior to the performance period calendar year. Achievement references a hospital’s HCAHPS dimension score during the performance period, while improvement refers to the amount of increase, if any, in a hospital’s HCAHPS dimension score between the baseline and performance periods.

For more complete information on these terms and the Hospital VBP Program, visit the HCAHPS and Hospital VBP web page on the HCAHPS Online website at <http://www.hcahponline.org/HospitalVBP.aspx> or the Hospital Value-Based Purchasing Overview web page on the *QualityNet* website at

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>.

**Question 35: What are considered non-PPS hospitals?**

Non-PPS hospitals that are excluded from the Hospital VBP Program include critical access hospitals, long-term care hospitals, psychiatric hospitals, rehabilitation hospitals, and PPS-exempt cancer hospitals.

**Question 36: Can you elaborate on self-administering surveys?**

Hospitals have the option to administer the HCAHPS Survey for themselves, if they are trained and approved by CMS to do so. Information on how to apply to become a self-administering hospital can be found under “Program Requirements” in the *CAHPS® Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0* at

<http://www.hcahponline.org/qaguidelines.aspx>.



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**Question 37: Please explain the reason behind the rating scale beginning on a negative response and not positive.**

The HCAHPS Survey, like other CAHPS surveys, employs a rating scale presented from negative to positive responses, such as “Never” to “Always.” Consumer testing, cognitive testing, and survey design principles support this structure, which in part combats rote tendencies to choose the first response option presented.

Information on the design of the HCAHPS Survey can be found in the collection of articles in *Health Services Research*, Vol. 40, No. 6, Part II, December 2005: “Development and Evaluation of the CAHPS® Hospital Survey.”

**Question 38: Is there any correlation between survey method and scores?**

Survey respondents have a known tendency to answer more positively in some modes, such as a telephone interview, than in others, such as a printed mail survey. To account for this bias, HCAHPS employs a mode adjustment to surveys completed in the Telephone, Mixed, and Interactive Voice Response (IVR) modes prior to score calculation. The HCAHPS Survey mode adjustment is explained, and the adjustment coefficients can be found, on the HCAHPS Online website at <http://www.hcahponline.org/modeadjustment.aspx>.

**Question 39: What are some of the ways to increase mail response return rate?**

Falling response rates are a concern across all types of surveys. You have several ways to slow or even reverse this decline: adhere to the HCAHPS Survey implementation protocols for the Mail Only mode; check for correct mailing address; mail the survey as promptly as possible; if the patient’s preferred language is not English, use the appropriate HCAHPS Survey translation (available in Chinese, English, Portuguese, Russian, Spanish, and Vietnamese for Mail Only and Mixed modes); see the *CAHPS® Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0* appendices at <http://www.hcahponline.org/qaguidelines.aspx>; and limit the use of supplemental survey items. Finally, we have consistently found that the Mixed mode of survey administration (a mail survey followed by telephone attempts) results in the highest response rates.



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**Question 40: Do you have data to show that there is a connection between higher HCAHPS scores and other quality scores?**

This topic has been addressed in a number of empirical studies, many of which found that hospitals that perform well on the HCAHPS Survey also do well on other quality measures, such as clinical processes, outcomes, readmission, and safety.

For recent reviews, please see the following articles:

[“Delivering Value by Focusing on Patient Experience.”](#) P. Chatterjee, T.C. Tsai, and A.K. Jha. *American Journal of Managed Care*. 2015; 21(10): 735 – 737. Published online October 9, 2015.

[“Examining the Role of Patient Experience Surveys in Measuring Health Care Quality.”](#) R.A. Price, M. Elliott, A. Zaslavsky, R. Hays, W.G. Lehrman, L. Rybowski, S. Levitan, P. Cleary. *Medical Care Research and Review*. 2014; 71(5): 522 – 554.

**Question 41: Slide 44. Please provide more detail related to the HCAHPS Correlations Table and what it means.**

The HCAHPS Patient-Level Correlations Table presents inter-correlations of the eleven publicly reported HCAHPS measures. These patient-level Pearson correlations are calculated from linear means for the eleven HCAHPS measures. Patient-level equivalents were created for each of the seven hospital composite measures; the remaining four measures are individual items. The current HCAHPS Patient-Level Correlations Table is based on 3.2 million completed surveys from patients discharged between July 2014 and June 2015.

Patient-level, inter-item correlations can be helpful in quality improvement efforts by identifying key drivers. For instance, key-driver analyses sometimes use patient-level associations to predict global items, such as ratings and recommendations, from more specific patient experience measures, such as composites and individual items. The HCAHPS Patient-Level Correlations Table is refreshed on an annual basis.

Current and past correlation tables are available at <http://www.hcahponline.org/SummaryAnalyses.aspx>.



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**Question 42:** We were rewarding inpatient units with banners based on their monthly percentile rankings. We just implemented HCAHPS only for inpatient units. You mentioned about not using intra-comparing. Does this mean that we should not reward specific inpatient units, based on how their top-box score was for a particular month, based on “overall rating,” for example?

HCAHPS scores are designed and intended for use at the hospital level. CMS does not endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, provider, or nursing staff. However, the HCAHPS Survey can be used to compare one hospital **unit** to another if a special sampling technique, called disproportionate stratified random sampling, is employed.

See *CAHPS<sup>®</sup> Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0*, pages 65 – 70, for information on how to use this technique at <http://www.hcahponline.org/qaguidelines.aspx>.

**Question 43:** Will CMS allow new hospitals to do their own HCAHPS Surveys?

Hospitals that wish to participate in HCAHPS have the option to administer the HCAHPS Survey for themselves, if they are trained and approved by CMS to do so. Information on how to apply to become a self-administering hospital can be found under “Program Requirements” in the *CAHPS<sup>®</sup> Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0* at <http://www.hcahponline.org/qaguidelines.aspx>.

**Question 44:** Are all hospitals’ results included in the top decile (VBP benchmark), or only hospitals with at least 100 completed surveys?

The Hospital VBP Program is limited to IPPS hospitals. To receive an HCAHPS score for Hospital VBP, a participating IPPS hospital must have at least 100 completed HCAHPS Surveys during the performance period. Only participating hospitals’ scores are used to construct the Hospital VBP deciles.

For more information about HCAHPS and Hospital VBP, see <http://www.hcahponline.org/HospitalVBP.aspx>.



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**Question 45: What is the current average response rate?**

For April 2015 to March 2016 discharges, the national response rate for the HCAHPS Survey is 29 percent.

See the current Summary of HCAHPS Survey Results Table at <http://www.hcahponline.org/SummaryAnalyses.aspx>.

**Question 46: We are a CAH and currently only sending inpatients to our vendor. If I understand correctly, we could also send our outpatient observation patients in for the survey?**

Only hospital inpatients are eligible to participate in the HCAHPS Survey; observation patients and outpatients are not eligible for HCAHPS.

According to the *CAHPS<sup>®</sup> Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0*, page 55:

The HCAHPS Survey is broadly intended for patients of all payer types who meet the following criteria:

- Eighteen (18) years or older at the time of admission
- Admission includes at least one overnight stay in the hospital  
An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if he or she was admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).
- Non-psychiatric MS-DRG/principal diagnosis at discharge

For more info on patient eligibility for the HCAHPS Survey, see <http://www.hcahponline.org/qaguidelines.aspx>.



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**Question 47:** How is it that pain is not going to be part of VBP but still part of HCAHPS Survey? If the HCAHPS Survey is 25 percent of the VBP, won't that include pain?

Beginning in FY 2018, the Pain Management dimension of the HCAHPS Survey will no longer be used in the calculation for payments to hospitals that participate in the Hospital VBP Program. Please note that the pain management questions will remain on the HCAHPS Survey and the Pain Management measure will continue to be publicly reported on *Hospital Compare*.

Not all measures from the HCAHPS Survey have been used in the Hospital VBP Program; the recommend measure has never been part of Hospital VBP. Although the Pain Management dimension will be removed from the Hospital VBP Program, the HCAHPS domain will continue to have eight dimensions because the Care Transition Measure will be added to Hospital VBP in FY 2018.

**Question 48:** Is there a way to remove a patient from HCAHPS Survey opportunity?

No, patients should never arbitrarily be removed or withheld from the opportunity to receive the HCAHPS Survey. Patient eligibility for the HCAHPS Survey is determined categorically, not on a case-by-case basis.

For information about eligibility for, or exclusion from, the HCAHPS Survey, see "Eligibility for the HCAHPS Survey," in the *CAHPS<sup>®</sup> Hospital Survey (HCAHPS) Quality Assurance Guidelines, Version 11.0*, pages 55 – 59 at <http://www.hcahponline.org/qaguidelines.aspx>.

**Question 49:** Can we please see the algebra to measure the impact of an individual measure score in the dollars earned back; and the algebra to measure the proportion of earned back dollars at the domain level? For example, if a multiplier is below one, such as .990000, how does CMS calculate the contribution of each domain, and then each measure within the domain?

When reviewing a hospital's data, you can use the hospital's Total Performance Score and the domain weights to determine the percent each domain impacted the hospital's Total Performance Score and payment adjustment factor.





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**Question 50: How can we calculate the annual base operating DRG reimbursements and revenue that the Hospital VBP Program uses?**

A hospital's base operating DRG payments using information on the CMS website can be done using the following formula:

$(\text{Case mix index} \times \# \text{ cases}) \times \{ \text{labor-share rate from table 1} \times \text{wage index} \} + (\text{nonlabor rate table 1} \times \text{COLA})$

**NOTE:** New technology payments, which are included in the definition of base operating DRG payments, are not available on the impact file. Consequently, the estimated base operating DRG payment amount may be slightly understated using this approach, but should still provide a reasonable proxy since annual new technology payments are typically not substantial.

The following inputs to calculate a hospital's estimated base operating DRG payments using the formula above can be found on the CMS website:

Rates (both labor share and nonlabor) from Table 1 (for example, for FY 2016: Table 1A-1E (Final Rule, Correction Notice ... ) [ZIP, 13KB], which can be found at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2016-IPPS-Final-Rule-Home-Page-Items/FY2016-IPPS-Final-Rule-Tables.html>.

Hospital case-mix index (transfer-adjusted), number of cases index (transfer-adjusted), wage index, and COLA can be found in the respective impact file (for example, for FY 2016: FY 16 Impact File (Final Rule and Correction Notice) [ZIP, 3MB], which can be found at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2016-IPPS-Final-Rule-Home-Page-Items/FY2016-IPPS-Final-Rule-Data-Files.html>.

Alternatively, hospital claim payment data from the Medicare Provider Analysis and Review (MedPAR) files can also be used to calculate its base operating DRG payments. The MedPAR files are publicly available and can be purchased. For additional information, see the CMS Identifiable Data Files webpage, which can be found at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/IdentifiableDataFiles/index.html>.