



Hospital VBP Program: Overview of the FY 2019 Percentage Payment Summary Reports

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Purpose

This event will provide an overview of the Fiscal Year (FY) 2019 Hospital VBP Program Percentage Payment Summary Report (PPSR), including a discussion of the following:

- Evaluation of hospitals within each domain and measure of the report
- Hospital VBP Program scoring methodology in the report
- Eligibility requirements of the Hospital VBP Program
- Locating Total Performance Scores (TPSs) and value-based incentive payment percentages on the report

Objectives

Participants will be able to:

- Identify how hospitals will be evaluated within each domain and measure.
- Recall the Hospital VBP Program eligibility requirements.
- Interpret the scoring methodology used in the Hospital VBP Program.
- Locate the TPS and value-based incentive payment percentage on PPSR.
- Analyze the PPSR.

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

Introduction

Foundation



Program Funding

- Hospital VBP Program:
 - An estimated budget-neutral program
 - Funded by a 2.00% reduction from hospitals' base operating DRG payments
 - Total value-based incentive payments estimated at \$1.9 billion for FY 2019
- Resulting funds are redistributed to hospitals, based on their TPS.
 - The actual amount earned will depend on the range and distribution of all eligible/participating hospitals' TPS scores for a Fiscal Year.
 - A hospital may earn back a value-based incentive payment percentage that can range from incurring the withhold for the Fiscal Year to receiving a positive net change in base operating DRG payments.

Eligibility

- **Eligible hospitals include** subsection (d) hospitals as defined in Social Security Act section 1886(d)(1)(B).
- **Ineligible hospitals include those** excluded from the inpatient prospective payment system (IPPS):
 - Psychiatric
 - Rehabilitation
 - Long-term care
 - Children's
 - 11 PPS-exempt cancer hospitals (PCHs)
 - Critical access hospitals (CAHs)
- **Excluded hospitals include those:**
 - Subject to payment reductions under the Hospital IQR Program.
 - Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients.
 - With an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program.
 - Without the minimum number of domains calculated for the applicable Fiscal Year.
 - Short-term acute care hospitals in Maryland.

NOTE: Hospitals **excluded** from the Hospital VBP Program **will not** have their base operating MS-DRG payments reduced by 2.00%.

Timeline

Event	Anticipated Date*
Baseline Measures Reports Released	March 2017
Mortality Measures and THA/TKA Hospital-Specific Report (HSR) Released with 30-Day Review and Correction Period	April 2018
Pneumonia Mortality Measure Corrected HSR Released with 30-Day Review and Correction Period	May 2018
MSPB Measure HSR released with 30-Day Review and Correction Period	May 2018
Percentage Payment Summary Reports released with 30-Day Review and Correction Period	By August 1, 2018
FY 2019 Starts	October 1, 2018
Table 16B Posted	Fall 2018
Hospital Compare Updated with Fiscal Year 2019 Hospital VBP Program Data and Scoring	January 2019
FY 2019 Ends	September 30, 2019

You are here

Hospital VBP Program:
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Evaluating Hospitals

FY 2019 Domain Weights and Measures



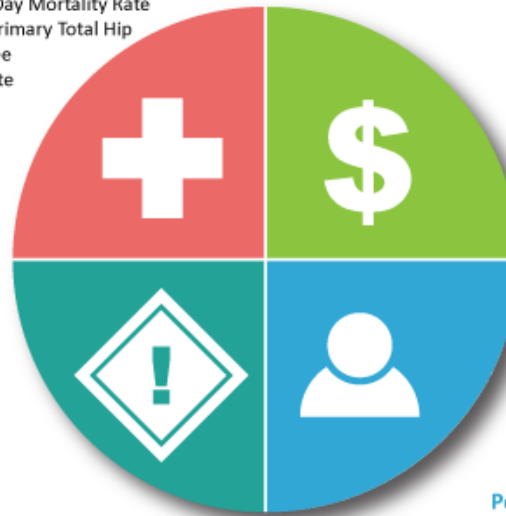
Clinical Care (25%)

MORT-30-AMI: Acute Myocardial Infraction (AMI) 30-Day Mortality Rate
MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate
MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate
THA/TKA Complications: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate



Efficiency and Cost Reduction (25%)

MSPB: Medicare Spending per Beneficiary (MSPB)



Safety (25%)

CDI: *Clostridium difficile* Infection
CAUTI: Catheter-Associated Urinary Tract Infection
CLABSI: Central Line-Associated Bloodstream Infection
MRSA: Methicillin-resistant *Staphylococcus aureus* Bacteria
SSI: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation



Person and Community Engagement (25%)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

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

Summary of Changes

- **Clinical Care Domain**
 - Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate added to the Clinical Care Domain.
- **Person and Community Engagement Domain**
 - The Patient- and Caregiver-Centered Experience of Care/Care Coordination Domain name was modified to Person and Community Engagement.

Summary of Changes

- **Safety Domain**

- CLABSI and CAUTI measures were expanded to include Select Ward, or non-intensive care unit (non-ICU), locations.
- The Centers for Disease Control and Prevention (CDC) updated the “standard population data” (a.k.a. “national baseline”) to ensure National Healthcare Safety Network (NHSN) measures’ number of predicted infections reflect the current state of healthcare-associated infections (HAIs) in the United States.
- CMS removed the current PSI 90 measure beginning with the FY 2019 program year.

Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
Clinical Care	Mortality Measures	07/1/2009–6/30/2012	7/1/2014–6/30/2017
	THA/TKA	07/1/2010–6/30/2013	01/1/2015–6/30/2017
Person and Community Engagement	HCAHPS Survey	1/1/2015–12/31/2015	1/1/2017–12/31/2017
Safety	HAI Measures	1/1/2015–12/31/2015	1/1/2017–12/31/2017
	PC-01	1/1/2015–12/31/2015	1/1/2017–12/31/2017
Efficiency and Cost Reduction	MSPB	1/1/2015–12/31/2015	1/1/2017–12/31/2017

Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
Clinical Care	Minimum of two measure scores: <ul style="list-style-type: none">• 30-Day Mortality Measures: 25 cases• THA/TKA: 25 cases
Person and Community Engagement	100 HCAHPS Surveys
Safety	Minimum of two measure scores: <ul style="list-style-type: none">• HAI measures: One predicted infection• PC-01: 10 cases
Efficiency and Cost Reduction	25 episodes of care in the MSPB measure
TPS	A minimum of three of the four domains receiving domain scores

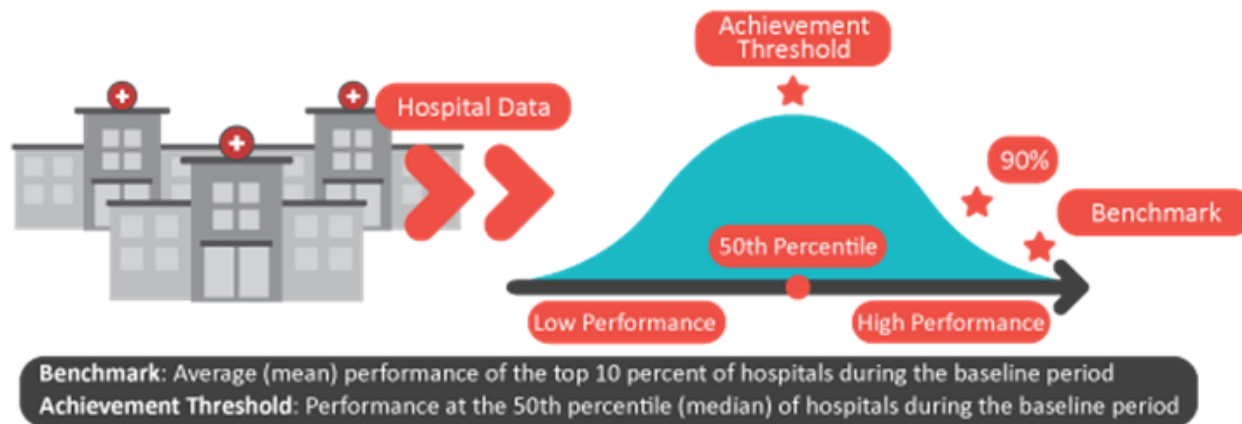
Performance Standards

Benchmark:

Average (mean) performance of the top 10% of hospitals

Achievement Threshold:

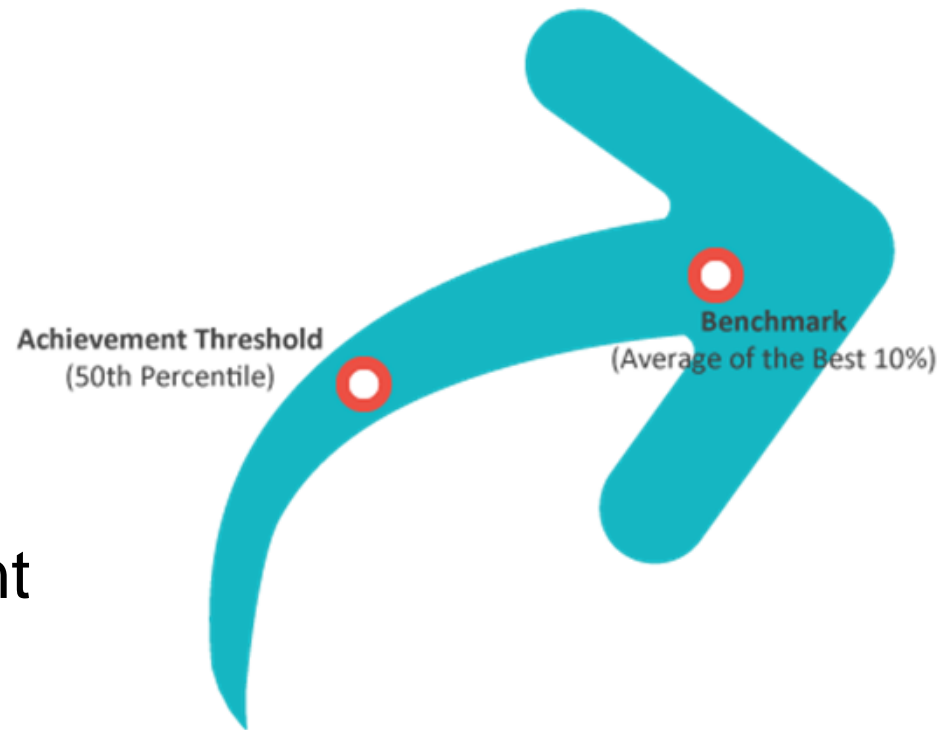
Performance at the 50th percentile (median) of hospitals during the baseline period



Performance Standards

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

- Clinical Care
 - Mortality measures*
- Person and Community Engagement

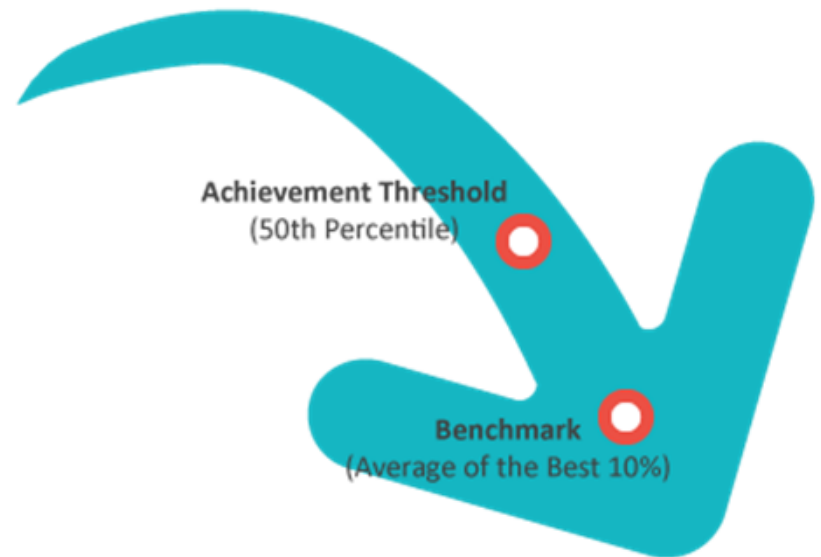


* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.

Performance Standards

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

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



Performance Standards

Clinical Care		
Measure	Benchmark	Achievement Threshold
MORT-30-AMI	0.873263	0.850671
MORT-30-HF	0.908094	0.883472
MORT-30-PN	0.907906	0.882334
THA/TKA	0.023178	0.032229

Performance Standards

Person and Community Engagement

Measure	Benchmark	Achievement Threshold	Floor
Communication with Nurses	86.97%	78.69%	28.10%
Communication with Doctors	88.62%	80.32%	33.46%
Responsiveness of Hospital Staff	80.15%	65.16%	32.72%
Communications about Medicines	73.53%	63.26%	11.38%
Cleanliness and Quietness of Hospital Environment	79.06%	65.58%	22.85%
Discharge Information	91.87%	87.05%	61.96%
Care Transition	62.77%	51.42%	11.30%
Overall Rating of Hospital	84.83%	70.85%	28.39%

Performance Standards

Safety		
Measure	Benchmark	Achievement Threshold
CLABSI	0.000	0.860
CAUTI	0.000	0.822
SSI		
• Abdominal Hysterectomy	0.000	0.762
• Colon Surgery	0.000	0.783
MRSA	0.000	0.854
CDI	0.113	0.924
PC-01	0.000000	0.010038

Efficiency and Cost Reduction		
Measure	Benchmark	Achievement Threshold
MSPB	Mean of the lowest decile MSPB ratios across all hospitals during the performance period	Median MSPB ratio across all hospitals during the performance period

Technical Update to Performance Standards

CMS issued a technical update for the benchmark and achievement threshold (performance standards) for the following HAI measures for FY 2019 in the Hospital VBP Program:

- CLABSI
- CAUTI
- SSI (Colon Surgery and Abdominal Hysterectomy)
- MRSA
- CDI

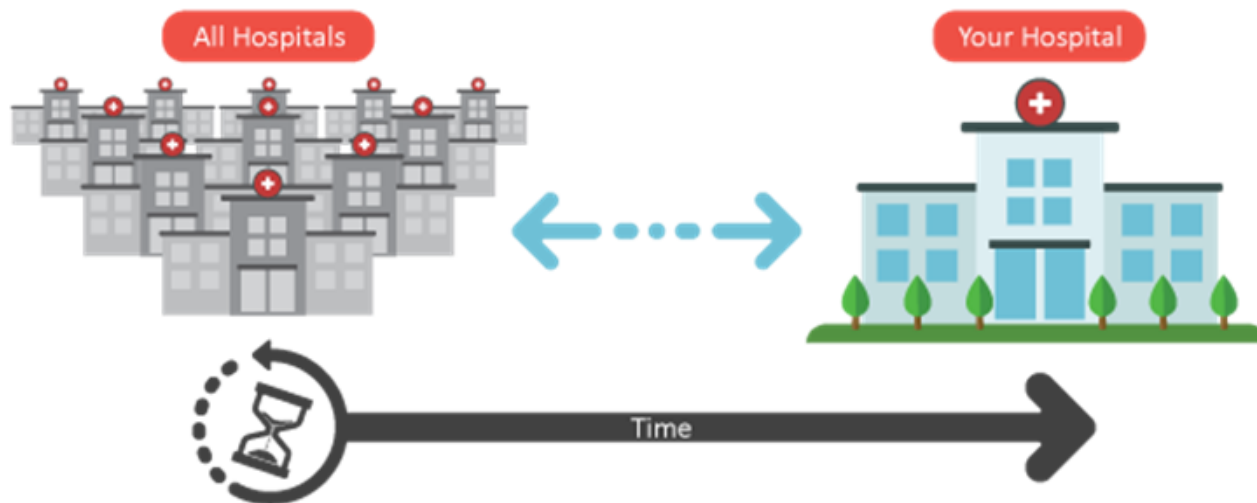
The technical update is available as a [QualityNet News Article](#).

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

* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



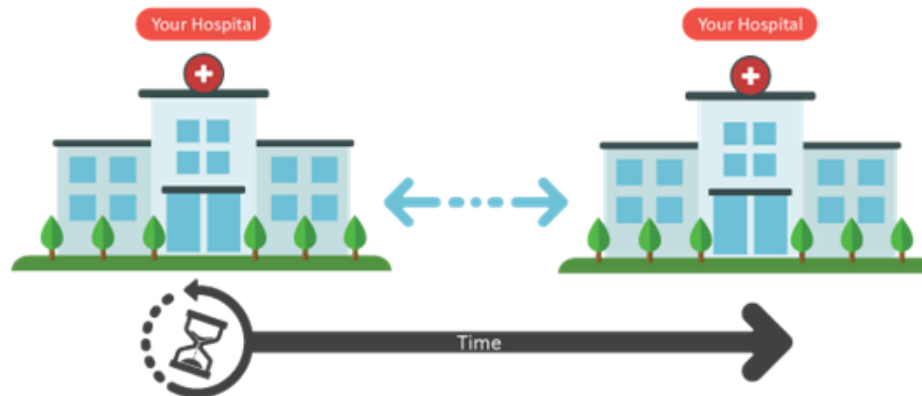
Improvement Points

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

*The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

**Hospitals that have 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.



Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

Report Information

Percentage Summary Report

Report Run Date: 06/14/2018	Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report Percentage Summary Report Reporting Period: Fiscal Year 2019				Page 1 of 5
Data As Of: 06/14/2018					
Total Performance Score	Facility	State	National		
	57.8750000000000	45.0000000000000	40.0000000000000		
Clinical Care Domain	Unweighted Domain Score	Weighting	Weighted Domain Score		
Person and Community Engagement Domain	67.5000000000000	25%	16.8750000000000		
Safety Domain	44.0000000000000	25%	11.0000000000000		
Efficiency and Cost Reduction Domain	80.0000000000000	25%	20.0000000000000		
	40.0000000000000	25%	10.0000000000000		
Value-Based Percentage Payment Summary - Fiscal Year 2019	Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
	2.0000000000000%	3.4725000000000%	1.4725000000000%	1.0147250000	3.0000000000
Calculated values were subject to rounding. Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.					

Total Performance Score

1

- **Facility:** Sum of the weighted domain scores
- **State:** Average facility TPS for the hospital's state
- **National:** Average facility TPS for the nation

Domain Scoring

2

- **Unweighted Domain Score:** The sum of your hospital's scores for the domain, taking into account only those measures your hospital was eligible for during the performance period
- **Weighting:** Assigned scoring impact on the TPS for each domain
- **Weighted Domain Score:** The product of the unweighted domain score and the weighting

Percentage Summary Report

Report Run Date: 06/14/2018

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Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Percentage Summary Report
Reporting Period: Fiscal Year 2019

Data As Of: 06/14/2018

Total Performance Score

Facility	State	National	
57.8750000000000	45.0000000000000	40.0000000000000	
Unweighted Domain Score	Weighting	Weighted Domain Score	
Clinical Care Domain	67.5000000000000	25%	16.8750000000000
Person and Community Engagement Domain	44.0000000000000	25%	11.0000000000000
Safety Domain	80.0000000000000	25%	20.0000000000000
Efficiency and Cost Reduction Domain	40.0000000000000	25%	10.0000000000000

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.0000000000000%	3.4725000000000%	1.4725000000000%	1.0147250000	3.0000000000

Value-Based Percentage Payment Summary - Fiscal Year 2019

Calculated values were subject to rounding.
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

3

Payment Summary

- **Base Operating DRG Payment Reduction:** The FY 2019 program is funded through a 2.00% reduction from participating hospitals' base operating MS-DRG payment amounts
- **Value-Based Incentive Payment Percentage:** Portion of the base operating MS-DRG payment amount your hospital earned back
- **Net Change in Base Operating DRG Payment Amount:** Percent your FY 2019 base operating MS-DRG payment amounts will be changed
- **Incentive Payment-Adjustment Factor:** Value used to translate a hospital's TPS into the value-based incentive payment
- **Exchange Function Slope:** The relationship between a hospital's TPS and the amount distributed to the hospital as a value-based incentive payment

NOTE: Values displayed on this example report may not depict the actual values used to calculate payments for the FY 2019 Hospital VBP Program.

Percentage Summary Report

Report Run Date: 04/04/2018

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Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Percentage Summary Report
Reporting Period: Fiscal Year 2019

Data As Of: 04/02/2018

Total Performance Score

Facility	State	National
Hospital VBP Ineligible	State VBP Ineligible	40.000000000000
Unweighted Domain Score	Weighting	Weighted Domain Score
-	-	-
51.000000000000	33.3%	17.000000000000
48.000000000000	33.3%	16.000000000000
0.000000000000	33.3%	0.000000000000

Clinical Care Domain

Person and Community Engagement Domain

Safety Domain

Efficiency and Cost Reduction Domain

HVBP Exclusion Reason

Maryland hospitals have been waived from participating in the Hospital VBP Program.

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Value-Based Percentage Payment Summary - Fiscal Year 2019

Calculated values were subject to rounding.
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.
* A dash (-) indicates that the minimum requirements were not met for calculation.
* "Hospital VBP Ineligible" indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.
* "State VBP Ineligible" indicates no hospitals within the state received a Total Performance Score.

HVBP Exclusion Reason

1

- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary page.
- When a hospital is excluded, the TPS field and the Payment Summary fields will display "Hospital VBP Ineligible."

Clinical Care Detail Report

Report Run Date: 06/14/2018

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Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Clinical Care Detail Report
Reporting Period: Fiscal Year 2019

Baseline Period: 07/01/2009 - 06/30/2012 Performance Period: 07/01/2014 - 06/30/2017	FY 2019 Baseline Period Totals		FY 2019 Performance Period Totals		HVBP Metrics				
Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
30-Day Risk-Standardized Mortality Measures									
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	0	-	25	0.876085	0.850671	0.873263	-	10	10
Heart Failure (HF) 30-Day Mortality Rate	0	-	50	0.869021	0.910000	0.908094	-	10	10
Pneumonia (PN) 30-Day Mortality Rate	0	-	72	0.888633	0.882334	0.907906	-	3	3
Baseline Period: 07/01/2010 - 06/30/2013 Performance Period: 01/01/2015 - 06/30/2017									
Complication Measure	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	0	-	49	0.029022	0.032229	0.023178	-	4	4

Eligible Clinical Care Measures: 4 out of 4
Unweighted Clinical Care Measures Domain Score: 67.500000000000
Weighted Clinical Care Measures Domain Score: 16.875000000000

Calculated values were subject to rounding.

* A dash (-) indicates that the minimum requirements were not met for calculation.

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rate.

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rate.

Clinical Care Detail Report

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Report Run Date: 06/14/2018

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report Clinical Care Detail Report Reporting Period: Fiscal Year 2019

Baseline Period: 07/01/2009 - 06/30/2012 Performance Period: 07/01/2014 - 06/30/2017		FY 2019 Baseline Period Totals		FY 2019 Performance Period Totals		HVBP Metrics				
Mortality Measures		Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
30-Day Risk-Standardized Mortality Measures										
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate		0	-	25	0.876085	0.850671	0.873263	-	10	10
Heart Failure (HF) 30-Day Mortality Rate		0	-	50	0.869021	0.910000	0.908094	-	10	10
Pneumonia (PN) 30-Day Mortality Rate		0	-	72	0.888633	0.882334	0.907906	-	3	3
Complication Measure										
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate		0	-	49	0.029022	0.032229	0.023178	-	4	4
Eligible Clinical Care Measures: 4 out of 4 Unweighted Clinical Care Measures Domain Score: 67.500000000000 Weighted Clinical Care Measures Domain Score: 16.875000000000										

Calculated values were subject to rounding.

* A dash (-) indicates that the minimum requirements were not met for calculation.

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Domain Summary

4

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Person and Community Engagement Detail Report

Report Run Date: 06/14/2018

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Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report Person and Community Engagement Detail Report Reporting Period: Fiscal Year 2019

Baseline Period: 01/01/2015 - 12/31/2015
Performance Period: 01/01/2017 - 12/31/2017

HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	75.51%	80.77%	28.10%	78.69%	86.97%	4	3	4
Communication with Doctors	76.95%	82.33%	33.46%	80.32%	88.62%	4	3	4
Responsiveness of Hospital Staff	67.34%	69.21%	32.72%	65.16%	80.15%	1	3	3
<i>Communication about Medicines¹</i>	63.87%	63.71%	11.38%	63.26%	73.53%	0	1	1
Cleanliness and Quietness of Hospital Environment	63.01%	67.44%	22.85%	65.58%	79.06%	2	2	2
Discharge Information	89.08%	87.28%	61.96%	87.05%	91.87%	0	1	1
Care Transition	55.45%	54.77%	11.30%	51.42%	62.77%	0	3	3
Overall Rating of Hospital	75.43%	79.83%	28.39%	70.85%	84.83%	4	6	6

HCAHPS Base Score: 24
HCAHPS Consistency Score: 20
Unweighted Person and Community Engagement Domain Score: 44.000000000000
Weighted Person and Community Engagement Domain Score: 11.000000000000
HCAHPS Surveys Completed during the Performance period: 393

Calculated values were subject to rounding.

¹The *Communication about Medicines* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

1

Baseline Period Rate displays the hospital's baseline rate used to calculate improvement points.

2

Performance Period Totals displays the hospital's performance period rate used to calculate achievement points, improvement points, and lowest dimension score.

Person and Community Engagement Detail Report

Report Run Date: 06/14/2018

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Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Person and Community Engagement Detail Report
Reporting Period: Fiscal Year 2019

Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017								
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	75.51%	80.77%	28.10%	78.69%	86.97%	4	3	4
Communication with Doctors	76.95%	82.33%	33.46%	80.32%	88.62%	4	3	4
Responsiveness of Hospital Staff	67.34%	69.21%	32.72%	65.16%	80.15%	1	3	3
<i>Communication about Medicines¹</i>	63.87%	63.71%	11.38%	63.26%	73.53%	0	1	1
Cleanliness and Quietness of Hospital Environment	63.01%	67.44%	22.85%	65.58%	79.06%	2	2	2
Discharge Information	89.08%	87.28%	61.96%	87.05%	91.87%	0	1	1
Care Transition	55.45%	54.77%	11.30%	51.42%	62.77%	0	3	3
Overall Rating of Hospital	75.43%	79.83%	28.39%	70.85%	84.83%	4	6	6

HCAHPS Base Score:	24
HCAHPS Consistency Score:	20
Unweighted Person and Community Engagement Domain Score:	44.000000000000
Weighted Person and Community Engagement Domain Score:	11.000000000000
HCAHPS Surveys Completed during the Performance period:	393

Calculated values were subject to rounding.
The *Communication about Medicines* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

3

HVBP Metrics displays the performance standards (floor, achievement threshold, and benchmark), improvement points, achievement points, and dimension score.

4

Domain Summary

- **HCAHPS Base Score:** Sum of the eight dimension scores
- **HCAHPS Consistency Score:** Lowest dimension score value multiplied by 20 and reduced by 0.5
- **Unweighted Domain Score:** Sum of the HCAHPS base and consistency scores
- **Weighted Domain Score:** Product of the unweighted domain score and the domain weight
- **Surveys Completed During the Performance Period:** Number of completed surveys during the performance period

Safety Measures Detail Report

Report Run Date: 06/14/2018

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Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report Safety Measures Detail Report Reporting Period: Fiscal Year 2019

Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017	FY 2019 Baseline Period Totals			FY 2019 Performance Period Totals			HBVP Metrics				
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter-Associated Urinary Tract Infection	0	0.643	-	0	0.625	-	0.822	0.000	-	-	-
Central Line-Associated Blood Stream Infection	1	0.618	-	2	0.591	-	0.860	0.000	-	-	-
Clostridium difficile Infection	4	5.161	0.775	2	4.478	0.447	0.924	0.113	4	6	6
Methicillin-Resistant Staphylococcus aureus Bacteremia	0	0.267	-	0	0.235	-	0.854	0.000	-	-	-
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	-
SSI-Abdominal Hysterectomy	0	0.220	-	0	0.115	-	0.762	0.000	-	-	-
SSI-Colon Surgery	0	0.653	-	0	0.535	-	0.783	0.000	-	-	-
Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017	FY 2019 Baseline Period Totals			FY 2019 Performance Period Totals			HBVP Metrics				
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score
Perinatal Care											
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	2	45	0.044444	0	44	0.000000	0.010038	0.000000	9	10	10

Eligible Safety Measures: 2 out of 6
Unweighted Safety Domain Score: 80.000000000000
Weighted Safety Domain Score: 20.000000000000

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rates.

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rates.

Safety Measures Detail Report

Report Run Date: 06/14/2018

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Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report Safety Measures Detail Report Reporting Period: Fiscal Year 2019

Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017	FY 2019 Baseline Period Totals			FY 2019 Performance Period Totals			HVBP Metrics				
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter-Associated Urinary Tract Infection	0	0.643	-	0	0.625	-	0.822	0.000	-	-	-
Central Line-Associated Blood Stream Infection	1	0.618	-	2	0.591	-	0.860	0.000	-	-	-
Clostridium difficile Infection	4	5.161	0.775	2	4.478	0.447	0.924	0.113	4	6	6
Methicillin-Resistant Staphylococcus aureus Bacteremia	0	0.267	-	0	0.235	-	0.854	0.000	-	-	-
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	-
SSI-Abdominal Hysterectomy	0	0.220	-	0	0.115	-	0.762	0.000	-	-	-
SSI-Colon Surgery	0	0.653	-	0	0.535	-	0.783	0.000	-	-	-
Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017	FY 2019 Baseline Period Totals			FY 2019 Performance Period Totals			HBVP Metrics				
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score
Perinatal Care											
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	2	45	0.044444	0	44	0.000000	0.010038	0.000000	9	10	10

Eligible Safety Measures: 2 out of 6
Unweighted Safety Domain Score: 80.000000000000
Weighted Safety Domain Score: 20.000000000000

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Safety Measures Detail Report

Page 4 of 5

Report Run Date: 06/14/2018

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report Safety Measures Detail Report Reporting Period: Fiscal Year 2019

Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017	FY 2019 Baseline Period Totals			FY 2019 Performance Period Totals			HBVP Metrics				
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter-Associated Urinary Tract Infection	0	0.643	-	0	0.625	-	0.822	0.000	-	-	-
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Clostridium difficile Infection	4	5.161	0.775	2	4.478	0.447	0.924	0.113	4	6	6
Methicillin-Resistant Staphylococcus aureus Bacteremia	0	0.267	-	0	0.235	-	0.854	0.000	-	-	-
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	-
SSI-Abdominal Hysterectomy	0	0.220	-	0	0.115	-	0.762	0.000	-	-	-
SSI-Colon Surgery	0	0.653	-	0	0.535	-	0.783	0.000	-	-	-
Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017	FY 2019 Baseline Period Totals			FY 2019 Performance Period Totals			HBVP Metrics				
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score
Perinatal Care											
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	2	45	0.044444	0	44	0.000000	0.010038	0.000000	9	10	10

Eligible Safety Measures: 2 out of 6
Unweighted Safety Domain Score: 80.000000000000
Weighted Safety Domain Score: 20.000000000000

Calculated values were subject to rounding.

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

* A dash (-) indicates that the minimum requirements were not met for calculation.

4

Domain Summary

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Domain Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Efficiency and Cost Reduction Detail Report

Report Run Date: 06/14/2018

Page 5 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report Efficiency and Cost Reduction Detail Report Reporting Period: Fiscal Year 2019

Baseline Period: 01/01/2015 - 12/31/2015 Performance Period: 01/01/2017 - 12/31/2017	FY 2019 Baseline Period Totals			FY 2019 Performance Period Totals			HVBP Metrics				
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Medicare Spending per Beneficiary (MSPB)	\$21,000.00	\$20,473.32	0.958135	\$20,055.58	\$21,127.95	0.949244	0.986935	0.839602	4	3	4

Eligible Efficiency and Cost Reduction Measure:	1 out of 1
Unweighted Efficiency and Cost Reduction Domain Score:	40.000000000000
Weighted Efficiency and Cost Reduction Domain Score:	10.000000000000
# of Episodes:	500

Calculated values were subject to rounding.

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rates.

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rates.

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

4

Domain Summary

Eligible Measures: Total number of measures that meet the minimum case amount during the performance period

Unweighted Domain Score: Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100

Weighted Domain Score: Hospital's unweighted Efficiency and Cost Reduction domain score multiplied by domain weight

Data Precision

Domain	Measure	Value	Precision
Clinical Care	Mortality measures	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
	THA/TKA	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
Person and Community Engagement	HCAHPS	Baseline and performance period rates*	2
		Benchmark, achievement threshold, and floor	2
Safety	HAI measures	Baseline and performance standardized infection ratio (SIR)	3
		Benchmark and achievement threshold	3
	PC-01	Baseline and performance period rates*	6
		Benchmark and achievement threshold	6
Efficiency and Cost Reduction	MSPB	Baseline and performance MSPB measure	6
		Benchmark and achievement threshold	6

* Precision used to calculate achievement and improvement points may be greater than precision displayed on report.

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

Reviewing Your Data

Timeline

Hospitals may review their data used in CMS programs in two different stages.

1. Patient-Level Data Review

During this stage of the review, hospitals ensure the data or claims submitted are correct and accurate prior to the submission deadline, claims pull date, or during the HCAHPS review and correction period.

2. Scoring/Eligibility Review

During this stage of the review, hospitals can ensure data reviewed during stage one are being displayed and scored accurately in CMS programs (e.g., improvement points in the Hospital VBP Program). Hospitals can also ensure CMS has displayed the correct eligibility status. Data review as defined in stage one is not an allowable review item during the following CMS preview/review periods:

- Hospital IQR Program preview period
- Claims-based measures review and correction period
- Hospital VBP Program review and correction period

Chart-Abstracted and Web-Entry Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure data accuracy and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.

CDC NHSN Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure data accuracy and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.
- HAI data that have been changed in NHSN **after** the submission deadline will **not** be reflected in any of the CMS programs, CMS reports, or in *Hospital Compare*.

HCAHPS Survey

Stage One: Patient-Level Data Review

- Hospitals have seven days after the submission deadline to access and review the HCAHPS Data Review and Corrections Report.
- New data are not accepted into the warehouse during the review and correction period.
- Errors in data accepted into the warehouse by the quarterly deadline can be corrected.
- During the seven-day period, the corrected data can be resubmitted to the warehouse to replace the incorrect data.

Claims-Based Measures

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to submit a review and correction request following the receipt of their Hospital-Specific Report (HSR).
 - Suspected calculation errors on a report **can** be submitted for review with the possibility of a correction.
 - Requests for submission of new or corrected claims to the underlying data are **not** allowed.
 - To submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor (MAC).
- General questions about the HSRs or measures may also be submitted.

Hospital VBP Program

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the release of the PPSR.
 - Hospitals may review and request recalculation of scores on each condition, domain, and TPS.
 - Requests for submission of new or corrected data, including claims to the underlying measure data, are **not** allowed.
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- For more information:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

Best Practices

- Have a second person review submitted data to check for errors.
- Create a plan for spot checking or sampling the submitted data for errors.
- Review vendor-submitted data for accuracy before submission or prior to the submission deadline.
- Perform routine coding audits to ensure claims are coded and billed accurately.

Benefits of Correct Data

- Quality Improvement
 - Prompt, usable, and accurate data can assist the hospital with more immediate quality improvement initiatives.
- Pay-for-Performance Programs
 - Accurate data ensures the hospital is assigned a payment adjustment factor that is based on the hospital's actual performance.
- Publicly Reported Data on *Hospital Compare*
 - Accurate data can help organizations focus on quality improvement priorities.
 - Inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

Review and Corrections

Overview

- Hospitals may **review and request recalculation of scores** on each condition, domain, and TPS.
- Requests should be completed **within 30 calendar days** following the posting date of the PPSR.

Where to Submit Forms

Submit the completed form through the CMS Secure File Exchange to the “**HVBP**” group.

QualityNet

1. Visit www.QualityNet.org.
2. From the **[Hospitals – Inpatient]** drop-down menu, select **[Hospital Value-Based Purchasing]**.
3. When the screen refreshes, select **[Review and Corrections/ Appeals]** from the left navigation pane and **[Review and Corrections Request Form]** toward the bottom of the page.

Direct link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

Hospitals - Inpatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities
Hospital Value-Based Purchasing (HVBP)					
Review and Corrections/Appeals/Independent CMS Review Hospital Value-Based Purchasing (HVBP)					
Review and Corrections Process					
This process is aimed at correcting condition-specific, domain-specific, and Total Per (TPS) that will be used for HVBP payment adjustments and publicly reported on Hos					
<ul style="list-style-type: none">Hospitals should closely review their Percentage Payment Summary Reports when available and must request any corrections of their hospital's performance scores condition, domain, and/or TPS score within 30 calendar days of the posting date on the Percentage Payment Summary Report on the <i>QualityNet Secure Portal</i>.Hospitals must receive an adverse determination from the Centers for Medicare & Services (CMS) of their review and correction request prior to requesting an appeal.					
NOTE: The review and corrections process for HVBP is specific only to discrepancies calculation of the condition-specific score, the domain-specific score, and/or the TPS between the data a hospital believes it had reported and the data actually reported have been completed by the hospital during the Hospital Inpatient Quality Reporting submission time periods .					
Appeal Process					
This process allows hospitals to seek reconsideration for issues in TPS calculations of their payment. By statute, the appeal process is not intended to allow appeals of value incentive payments resulting from a given TPS, barring a calculation or scoring error.					
<ul style="list-style-type: none">Hospitals can only request an appeal after first requesting a review and correction performance scores.Hospitals may submit an appeal within 30 calendar days from the date CMS issues its hospital of its decision on the review and corrections request.					
Independent CMS Review Process					
This process allows hospitals the option to seek an additional appeal beyond the review and corrections process and initial appeal process.					
<ul style="list-style-type: none">Hospitals can request this additional independent CMS review only if they first complete the appeal process and are dissatisfied with the result.Hospitals are strongly encouraged to request this additional independent CMS review within 30 calendar days after the appeal decision is received.					
Forms and Additional Reference Material					
For assistance in completing and submitting the Review and Corrections, Appeals, or Independent Review forms, refer to the following:					
<ul style="list-style-type: none">Review and Corrections Quick Reference Guide, PDF-28 KB (Updated 06/27/17)Review and Corrections Request Form, PDF-165 KB (03/15/17)					

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CMS Certification Number (CCN)
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital chief executive officer (CEO) and *QualityNet* System Administrator (name, address, telephone, and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
 - TPS
- Detailed description for each of the reason(s) identified

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

Appeals

Overview

- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- Hospitals must receive an adverse determination from CMS prior to requesting an appeal.
- Upon receipt of appeal, CMS:
 - Provides email acknowledgement of appeal.
 - Reviews the request and notifies CEO of decision.

Where to Submit Forms

Submit the completed form through the CMS Secure File Exchange to the “**HVBP**” group.

QualityNet

1. Go to www.QualityNet.org.
2. From the [Hospitals – Inpatient] drop-down menu, select [Hospital Value-Based Purchasing].
3. When the screen refreshes, select [Review and Corrections/Appeals] from the left-hand side and [Review and Corrections Request Form] toward the bottom of page.

Direct link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

Hospitals - Inpatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities
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Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CCN
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital CEO and *QualityNet* System Administrator (name, address, telephone and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
 - TPS
- Provide detailed description for each of the reason(s) identified

Acceptable Reasons for Appeals

- Denial of a hospital's review and correction request
- Calculation of achievement/improvement points
- Calculation of measure/dimension score
- Calculation of domain scores
- Calculation of HCAHPS consistency points
- Incorrect domain scores in TPS
- Incorrect weight applied to domain
- Incorrect weighted domain scores to calculate TPS
- Hospital's open/closed status incorrectly specified

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

Resources

PPSRs Available Now

- Notifications announcing the PPSR release were sent to hospitals on **July 27, 2018**.
- Reports are only available to hospitals that have active, registered *QualityNet* users who have been assigned the following *QualityNet* roles:
 - **Hospital Reporting Feedback – Inpatient** role (required to receive the report)
 - **File Exchange and Search** role (required to download the report from *My QualityNet*)



The screenshot shows the CMS.gov QualityNet portal. At the top, the CMS.gov logo is on the left and 'QualityNet' is on the right, with 'Centers for Medicare & Medicaid Services' below the CMS.gov logo. The main heading is 'Choose Your QualityNet Destination'. Below this, it says 'Please select your primary quality program to reach the right log in screen for your QualityNet portal.' Under the heading 'Secure File Transfer', it says 'Select your primary quality program:'. There is a list of programs: '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', 'Outpatient Hospital Quality Reporting Program', 'Physicians Quality Reporting System / eRx', and 'Quality Improvement Organizations'. At the bottom right of the list is a 'CANCEL' button.

How to Run Your Report

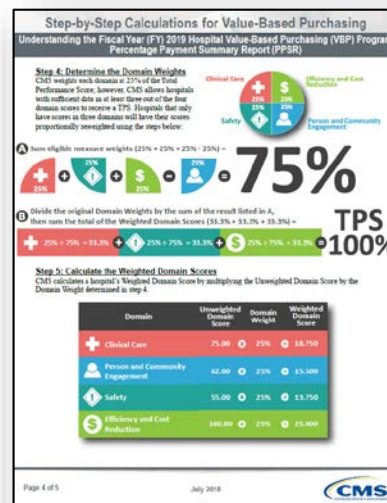
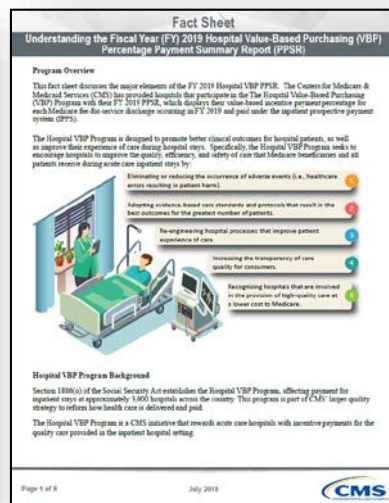
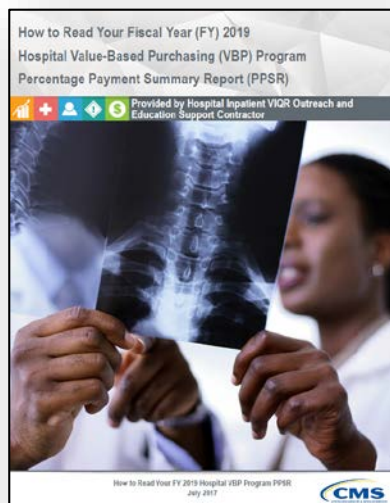
1. Login to your *QualityNet Secure Portal* account.
2. Select “Run Reports” from the “My Reports” drop-down list.
3. Select “Run Report(s)” from the “I’d Like To...” options.
4. Select “IQR” from the “Report Program” drop-down list, “Hospital Value-Based Purchasing–Feedback Reports” from the “Report Category” drop-down list, and click “View Reports.”
5. Select “Hospital Value-Based Purchasing–Value Based Percentage Payment Summary Report” from the “Report Name” section.
6. Select the parameters of the report and click “Run Report.”
7. Click “Search Report(s).”
8. Select “Download” from the “ACTION” column.

For technical questions or issues related to accessing the PPSR, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org.

Available on *QualityNet*

- Webinars/Calls/Educational Materials
 - From **[Hospitals – Inpatient]**, select the **[Hospital Value-Based Purchasing (HVBP)]** drop-down menu and then select **[Webinars/Calls]**.
 - Also available at <http://www.QualityReportingCenter.com>.
- Hospital VBP Program General Information
 - From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing Program]**.
- Frequently Asked Questions
 - From the home page, select **[Questions & Answers]** on the right-hand side, and then select **[Hospitals – Inpatient]**.
 - Direct link: <https://cms-ip.custhelp.com/>

FY 2019 Help Guides and Quick Reference Guides



FY 2019 Value-Based Purchasing Domain Weighting			
(Payment adjustment effective for discharges from October 1, 2018 to September 30, 2019)			
Version 2.0 (1-15-2018)			
Domain	Weight	Performance Period	Threshold
Clinical Care	25%	January 1, 2019-June 30, 2019	0.000000
Person and Community Engagement	25%	January 1, 2019-June 30, 2019	0.000000
Efficiency and Cost Reduction	25%	January 1, 2019-June 30, 2019	0.000000
Safety	25%	January 1, 2019-June 30, 2019	0.000000

Access FY 2019 How to Read Your Report Help Guide, Fact Sheet, and Scoring Quick Reference Guide, and Domain Weighting Quick Reference Guide on QualityNet

Direct Link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202>

Hospital Compare Data

- About *Hospital Compare*:
 - Part of the CMS Hospital Quality Initiative
 - Contains information about the quality of care at more than 4,000 Medicare-certified hospitals across the country
 - Helps improve quality of care by distributing objective, easy-to-understand data on hospital performance and quality information from consumer perspectives
- To access the Hospital VBP Program data:
 - Go to www.medicare.gov/hospitalcompare
 - Click on **[Hospital Value-Based Purchasing Program]** (found in the bottom-left of page in “Additional Information”)

The screenshot shows the Medicare.gov Hospital Compare search page. At the top, it says "Medicare.gov | Hospital Compare" and "The Official U.S. Government Site for Medicare". Below this is a section titled "Find a hospital". A note states "A field with an asterisk (*) is required." There are two input fields: one for "Location" with an example "45802 or Lima, OH or Ohio" and a placeholder "ZIP code or City, State or State", and another for "Hospital name (optional)" with a placeholder "Full or Partial Hospital Name". A green "Search" button is at the bottom right of the search section. Below the search section is an "Additional Information" section. It contains three bullet points: 1. "Hospital Compare data last updated: May 23, 2018. Go to updates" 2. "Explore and download Hospital Compare data. Updated May 23, 2018. Beginning in July 2017, the downloadable database will be provided in CSV format only." 3. "Get data from Medicare programs that link quality to payment." This third point has two sub-bullets: "Hospital Readmissions Reduction Program (HRRP). Updated December 2017." and "Hospital Value-Based Purchasing Program (HVBP). Updated December 2017." The HVBP link is highlighted with a blue rounded rectangle.

Medicare.gov | Hospital Compare
The Official U.S. Government Site for Medicare

Find a hospital

A field with an asterisk (*) is required.

* Location
Example: 45802 or Lima, OH or Ohio

Hospital name (optional)
Full or Partial Hospital Name

Additional Information

- ◆ Hospital Compare data last updated: May 23, 2018. [Go to updates](#)
- ◆ Explore and download Hospital Compare data. Updated May 23, 2018. Beginning in July 2017, the downloadable database will be provided in CSV format only.
- ◆ Get data from Medicare programs that link quality to payment.
 - ◆ Hospital Readmissions Reduction Program (HRRP). Updated December 2017.
 - ◆ Hospital Value-Based Purchasing Program (HVBP). Updated December 2017.

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

First Question and Answer (Q&A) Session

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

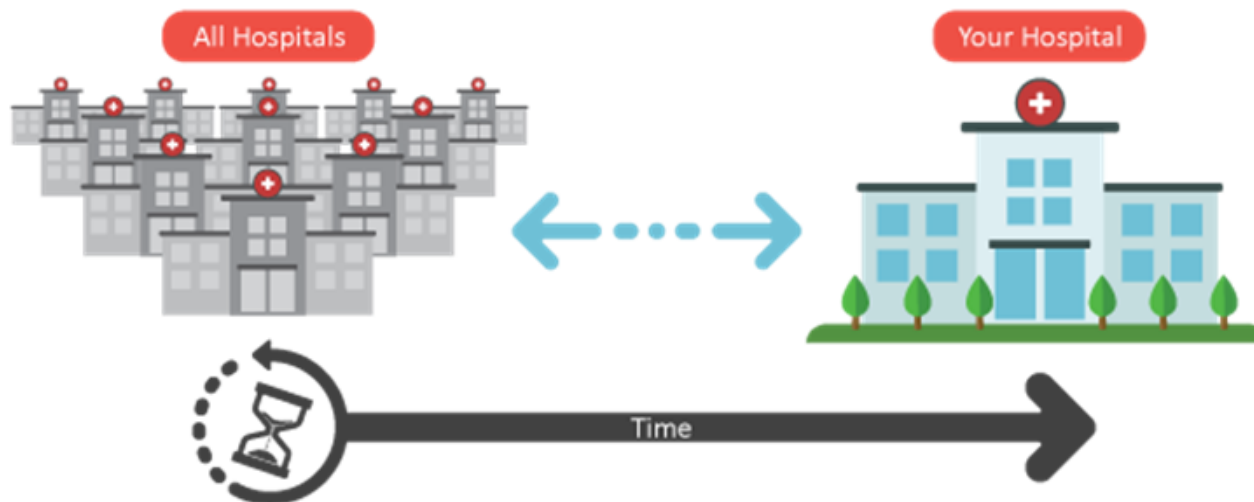
Scoring Examples

Achievement Points

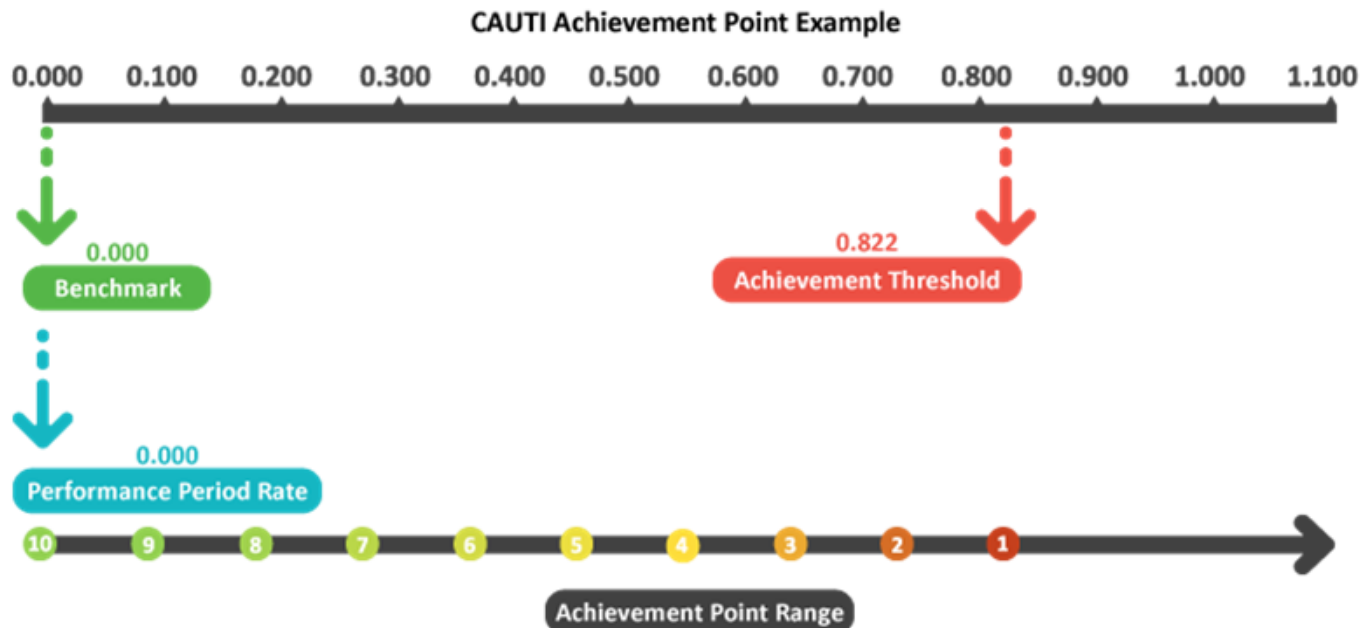
Achievement points are awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period*:

- 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

* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



Achievement Point Example 1



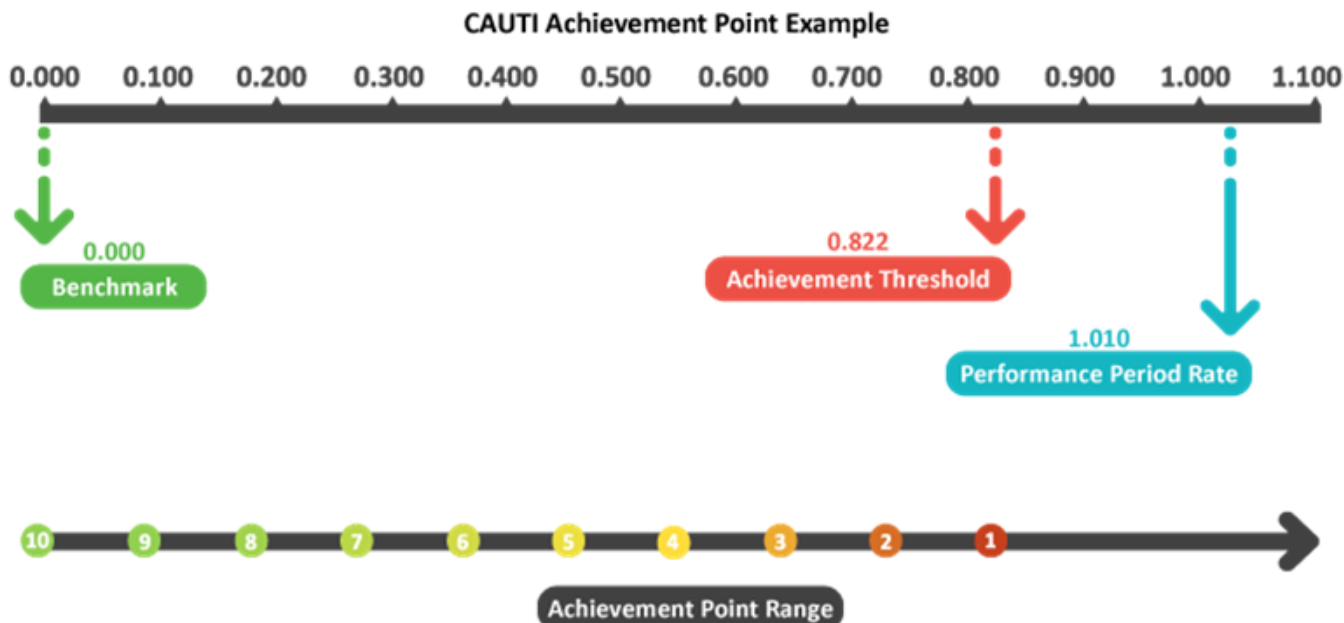
Achievement Points

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 Point Example 2



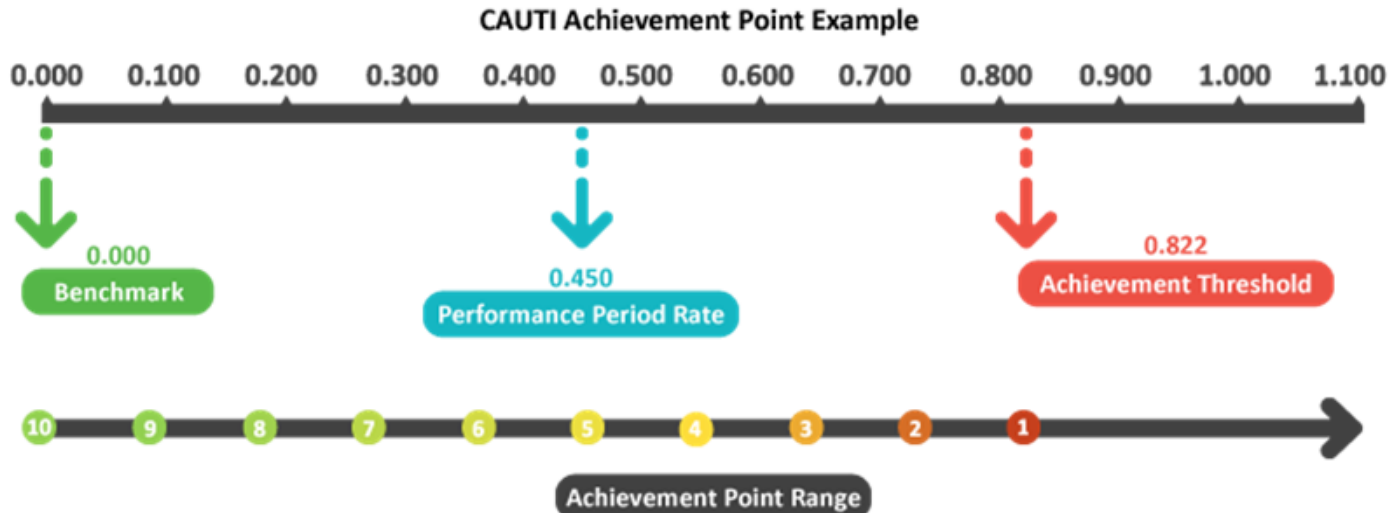
Achievement Points

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 Point Example 3



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

$$\left(9 \times \left(\frac{0.450 - 0.822}{0.000 - 0.822} \right) \right) + 0.5 = 5$$

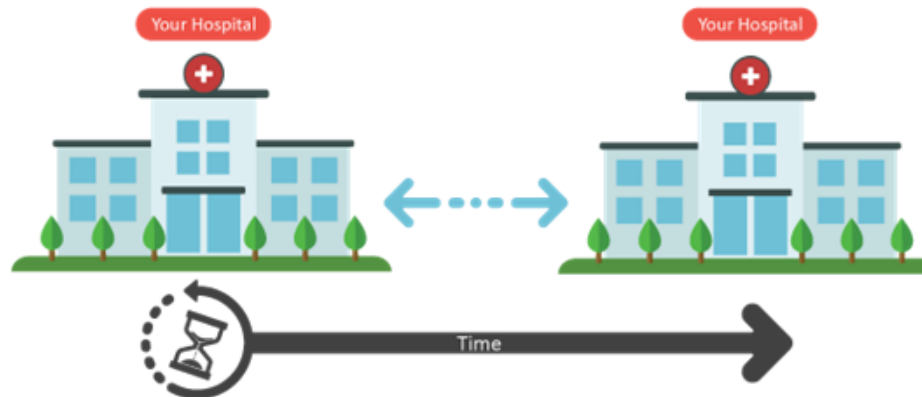
Improvement Points

Improvement points are awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period*:

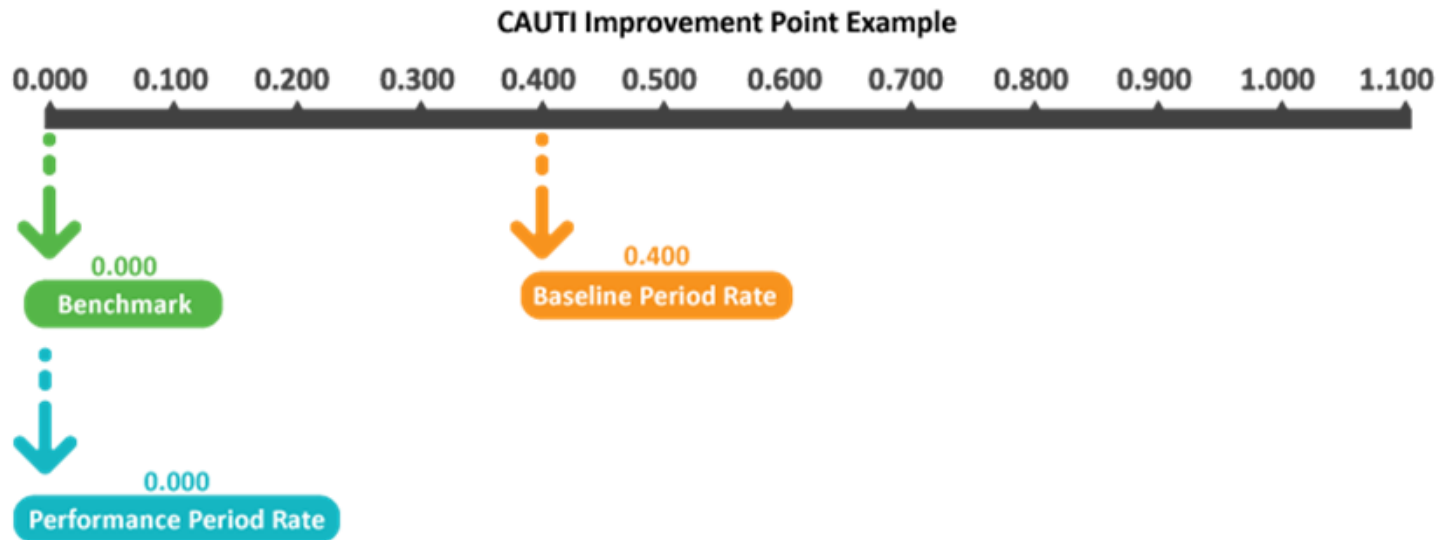
- Rate at or above the benchmark - 9 points**
- Rate less than or equal to baseline period rate - 0 points
- Rate between the baseline period rate and the benchmark - 0–9 points

*The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

**Hospitals that have 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 Point Example 1



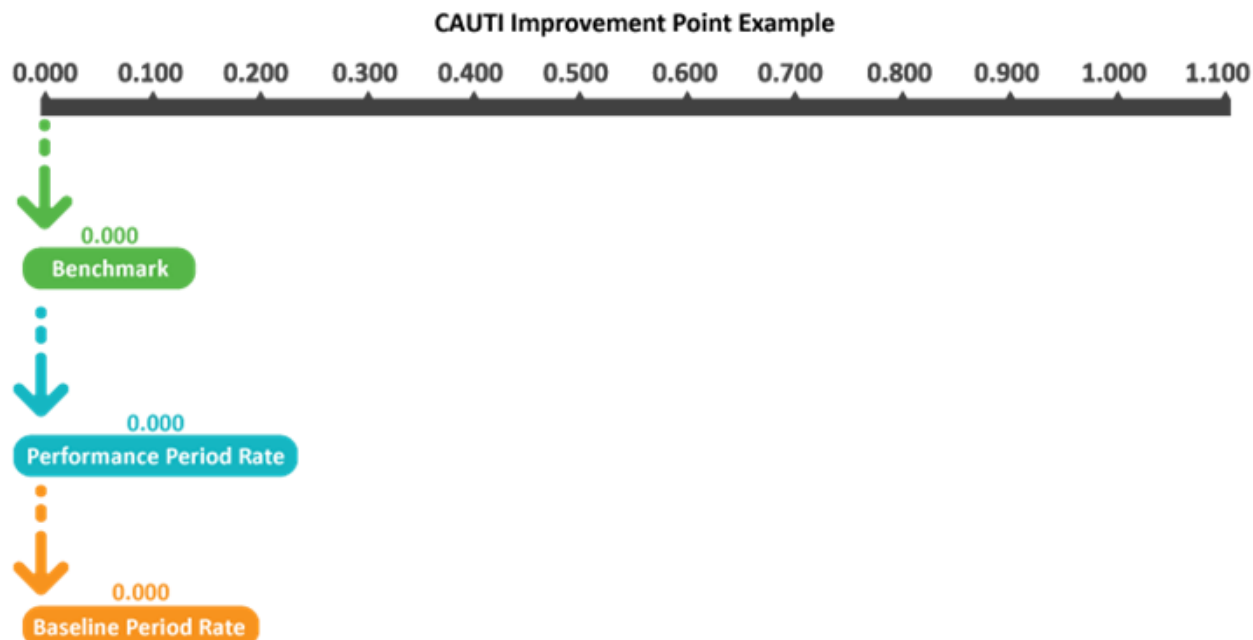
Improvement Points

Awarded by comparing an individual 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 the baseline period rate (0 points)
- Rate between the baseline period rate and the benchmark (0–9 points)

Improvement Points = 9

Improvement Point Example 2



Improvement Points

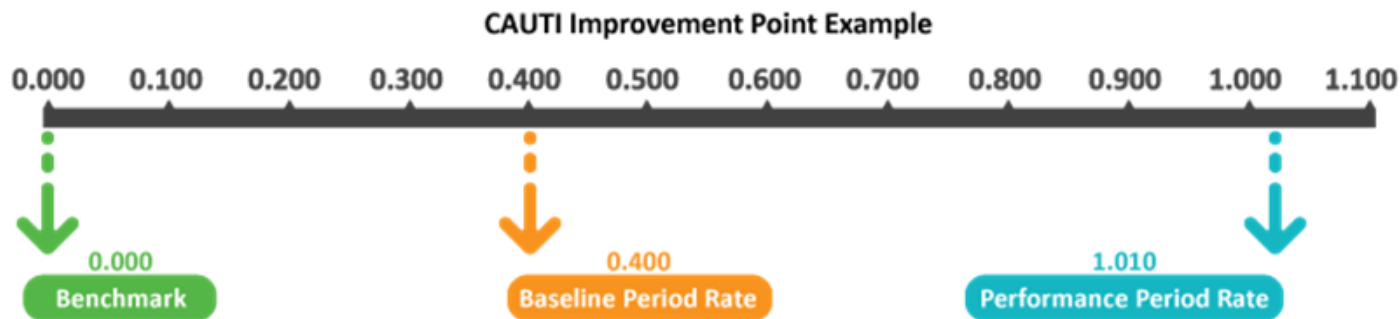
Awarded by comparing an individual hospital's rates during the performance period to that same hospital's rates from the baseline period

- Rate at or above the benchmark (9 points*)
- **Rate less than or equal to the 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 (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 Point Example 3



Improvement Points

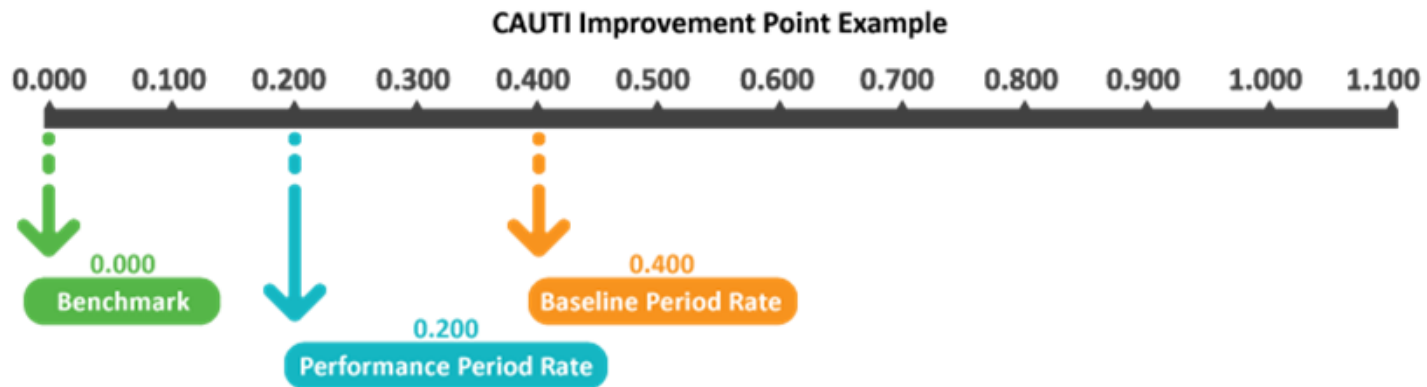
Awarded by comparing an individual hospital's rates during the performance period to that same hospital's rates from the baseline period

- Rate at or above the benchmark (9 points)
- **Rate less than or equal to the baseline period rate (0 points)**
- Rate between the baseline period rate and the benchmark (0–9 points)

Improvement Points = 0

Improvement Point

Example 4



$$\left(10 \times \frac{(\text{Performance Period Rate} - \text{Baseline Period Rate})}{(\text{Benchmark} - \text{Baseline Period Rate})} \right) - 0.5$$

$$\Downarrow$$

$$\left(10 \times \frac{(0.200 - 0.400)}{(0.000 - 0.400)} \right) - 0.5 = 5$$

Clinical Care: Measure Score

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

Example FY 2019 Clinical Care Score Calculations

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

Clinical Care:

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	-

Domain Normalization Steps

1. Sum the measure scores in the domain.
 $(10 + 5) = 15$
2. Multiply the eligible measures by the maximum point value per measure (10 points).
 $(2 \text{ measures} \times 10 \text{ points}) = 20$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2).
 $(15 \div 20) = 0.75$
4. Multiply the result of step 3 by 100.
 $(0.75 \times 100) = \mathbf{75.00000000000000}$

Person and Community Engagement: Dimension Scores

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

Example FY 2019 Person and Community Engagement Dimension Score Calculations

Dimension	Achievement Points	Improvement Points	Dimension Score
Communication with Nurses	6	2	6
Communication with Doctors	8	0	8
Responsiveness of Hospital Staff	6	1	6
Communication about Medicines	7	0	7
Cleanliness and Quietness of Hospital Environment	4	0	4
Discharge Information	1	0	1
Care Transition	6	3	6
Overall Rating of Hospital	4	0	4

Person and Community Engagement: Unweighted Domain Score

- CMS calculates two scores for the Person and Community Engagement Domain.
 - A base score and a consistency score.
- Base score is the sum of the eight dimension scores.
 - Maximum point value for the base score is 80 (8 dimensions X 10 maximum point value).
- Consistency points are calculated from your hospital's lowest dimension score.
 - Maximum point value for the consistency points is 20.
- Unweighted domain score is the sum of the base score and consistency score.
 - Maximum point value is 100 (80 base + 20 consistency).

Dimension	Dimension Score
Communication with Nurses	6
Communication with Doctors	8
Responsiveness of Hospital Staff	6
Communication about Medicines	7
Cleanliness and Quietness of Hospital Environment	4
Discharge Information	1
Care Transition	6
Overall Rating of Hospital	4

Person and Community Engagement Domain Score

1. Sum the dimension scores in the domain to calculate HCAHPS base score.
 $(6 + 8 + 6 + 7 + 4 + 1 + 6 + 4) = 42$
2. Determine your hospital's consistency points.
Consistency Points = 20
3. Add the base score (result of step 1) to the consistency score (result of step 2).
 $42 + 20 = \mathbf{62.000000000000}$

Person and Community Engagement: Consistency Points

How are HCAHPS consistency points calculated?

- **If all dimension rates are greater than or equal to the achievement thresholds:**
 - 20 consistency points
- **If any individual dimension rate is less than or equal to the floor (worst-performing hospital dimension rate from the baseline period):**
 - 0 consistency points
- **If the lowest dimension rate is greater than the floor (worst-performing hospital's rate from the baseline period) but less than the achievement threshold:**
 - 0–20 consistency points awarded based on your hospital's lowest dimension rate in the consistency point formula

Person and Community Engagement: Lowest Dimension Score

$$\text{Lowest Dimension Score} = \frac{(\text{Performance Period Rate} - \text{Floor})}{(\text{Achievement Threshold} - \text{Floor})}$$

$$\text{Communication with Nurses} = \frac{(80.00\% - 28.10\%)}{(78.69\% - 28.10\%)} = \text{N/A}$$

$$\text{Communication about Medicines} = \frac{(70.28\% - 11.38\%)}{(63.26\% - 11.38\%)} = \text{N/A}$$

$$\text{Communication with Doctors} = \frac{(80.33\% - 33.46\%)}{(80.32\% - 33.46\%)} = \text{N/A}$$

$$\text{Cleanliness and Quietness} = \frac{(59.05\% - 22.85\%)}{(65.58\% - 22.85\%)} = \mathbf{0.847}$$

$$\text{Responsiveness of Hospital Staff} = \frac{(62.50\% - 32.72\%)}{(65.16\% - 32.72\%)} = \mathbf{0.918}$$

$$\text{Discharge Information} = \frac{(80.40\% - 61.96\%)}{(87.05\% - 61.96\%)} = \mathbf{0.735}$$

$$\text{Care Transition} = \frac{(52.00\% - 11.30\%)}{(51.42\% - 11.30\%)} = \text{N/A}$$

$$\text{Overall Rating} = \frac{(75.25\% - 28.39\%)}{(70.85\% - 28.39\%)} = \text{N/A}$$

Person and Community Engagement: Consistency Points Formula

Formula: *Consistency Score* = $(20 \times \text{Lowest Dimension Score}) - 0.5$

$$\text{Discharge Information} = \frac{(80.40\% - 61.96\%)}{(87.05\% - 61.96\%)} = \mathbf{0.735}$$

$$\text{Consistency Score} = (20 \times 0.735) - 0.5 = \mathbf{14}$$

Safety:

Combined SSI Score

“...we will award achievement and improvement points to each stratum of the SSI measure, then compute a weighted average of the points awarded to each stratum by predicted infections. The weighted average of the points awarded will be the hospital’s SSI measure score.”

–FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50684)

Safety: Combined SSI Score

Example:

A hospital that received 5 improvement points for the SSI-Colon stratum with 1.000 predicted SSI-Colon infections and 8 achievement points for the SSI-Abdominal Hysterectomy stratum, with 2.000 predicted SSI Abdominal Hysterectomy infections, would receive a composite SSI measure score as follows:

$$\left(\frac{(\text{Colon Measure Score} \times \text{Colon Predicted Infections}) + (\text{Abdominal Hysterectomy Measure Score} \times \text{Abdominal Hysterectomy Infections})}{(\text{Colon Predicted Infections} + \text{Abdominal Hysterectomy Predicted Infections})} \right)$$
$$\left(\frac{(5 \times 1) + (8 \times 2)}{(1 + 2)} \right) = 7$$

Safety:

Combined SSI Score

- A hospital that received 5 improvement points for the SSI-Colon stratum, with 1.000 predicted SSI-Colon infections, and did not meet the minimum calculated predicted infections for the SSI-Abdominal Hysterectomy stratum would receive a composite SSI measure score that was weighted to 100% of the SSI-Colon stratum, equaling a measure score of 5.
- If a hospital did not meet the minimum calculated predicted infections of 1.000 on both the SSI-Colon stratum and the SSI-Abdominal Hysterectomy stratum, the hospital would not receive a composite SSI measure score.

SSI - Abdominal Hysterectomy	SSI - Colon Surgery	Scored
✓	✓	Yes
✓	✗	Yes
✗	✓	Yes
✗	✗	No

Safety:

Measure Scores

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

Example FY 2019 Safety Measure Score Calculations

Measure ID	Achievement Points	Improvement Points	Measure Score
CLABSI	0	0	0
CDI	-	-	-
CAUTI	3	-	3
MRSA	10	-	10
SSI	Colon Surgery Measure Score = 5	Abdominal Hysterectomy Measure Score = 8	7
PC-01	5	4	5

Safety:

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
CLABSI	0
CDI	-
CAUTI	3
MRSA	10
SSI	7
PC-01	5

Domain Normalization Steps

- Sum the measure scores in the domain
 $(0 + 3 + 10 + 7 + 5) = 25$
- Multiply the eligible measures by the maximum point value per measure (10 points)
 $(5 \text{ measures} \times 10 \text{ points}) = 50$
- Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
 $(25 \div 50) = 0.50$
- Multiply the result of step 3 by 100
 $(0.50 \times 100) = \mathbf{50.0000000000000}$

Efficiency and Cost Reduction: Measure Scores

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

Example FY 2019 Efficiency and Cost Reduction Measure Score Calculations

Measure ID	Achievement Points	Improvement Points	Measure Score
MSPB	10	0	10

Efficiency and Cost Reduction: 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
MSPB	10

Domain Normalization Steps

1. Sum the measure scores in the domain
 $(10) = 10$
2. Multiply the eligible measures by the maximum point value per measure
(10 points)
 $(1 \text{ measure} \times 10 \text{ points}) = 10$
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
 $(10 \div 10) = 1.000$
4. Multiply the result of step 3 by 100
 $(1.000 \times 100) = \mathbf{100.00000000000000}$

Domain Weighting

Original Weights



Clinical Care (25%)

Person and Community Engagement (25%)

Safety (25%)

Efficiency and Cost Reduction (25%)


Domain Weighting

Proportionate Reweighting

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

In this example, a hospital meets minimum case and measure requirements for the Clinical Care Domain, as well as the Safety and Efficiency and Cost Reduction Domains, but does not meet the minimum number of cases/surveys required for the Person and Community Engagement Domain score.

A Sum eligible measure weights $(25\% + 25\% + 25\% - 25\%) =$













75%

B Divide the original Domain Weights by the sum of the result listed in A, then sum the total of the Weighted Domain Scores $(33.3\% + 33.3\% + 33.3\%) =$



TPS 100%

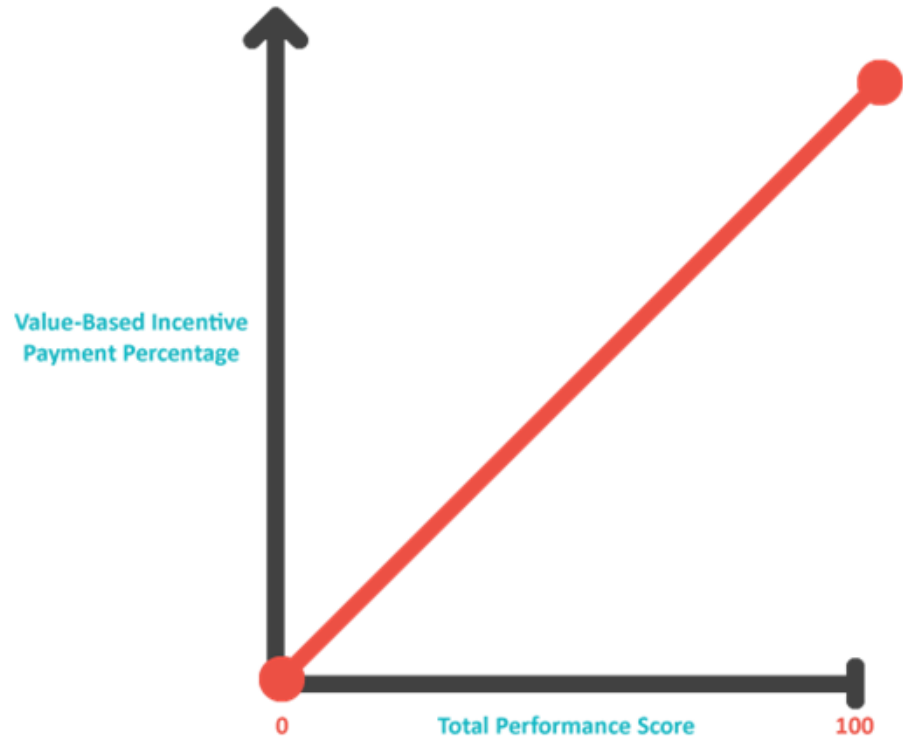
Weighted Domain Score and Total Performance Score

Domain	Unweighted Domain Score		Domain Weight		Weighted Domain Score
 Clinical Care	75.00		25%		18.750
 Person and Community Engagement	62.00		25%		15.500
 Safety	55.00		25%		13.750
 Efficiency and Cost Reduction	100.00		25%		25.000

} 73

Exchange Function Slope

- Each hospital's value-based incentive payment amount is dependent on the following:
 - Range and distribution of Total Performance Scores of all participating hospitals
 - The distribution and amount of total estimated base operating MS-DRG payment amounts available for redistribution of all participating hospitals
 - Amount of the individual hospital's base operating MS-DRG payment amounts and Total Performance Score



Translating TPS to Adjustment Factor

Value-Based Incentive Payment Percentage

$$2.00 \times \left(\frac{\text{TPS}}{100} \right) \times \text{Exchange Function Slope}$$

$$2.00 \times \left(\frac{73}{100} \right) \times 3.0000000000 = 4.3800000000\%$$



Net Change in Base Operating MS-DRG Payment

Value-Based Incentive Payment Percentage - 2.00%

$$4.3800000000\% - 2.00\% = 2.3800000000\%$$



Value-Based Incentive Payment Adjustment Factor

$$1 + \left(\frac{\text{Net Change in Base Operating MS-DRG Payment Amount}}{100} \right)$$

$$1 + .0238000000 = 1.0238000000$$

Calculating Change in Payments

Example #1
Net Change in a Base
Operating MS-DRG
Claim of \$20,000



Base Operating MS-DRG Payment Amount x Incentive Payment Adjustment
(\$20,000 x 1.0238000000 = \$20,476)

Adjusted Base Operating MS-DRG Payment - Base Operating MS-DRG Payment
(\$20,476 - \$20,000 = \$476)

Example #2
Net Change in a Base
Operating MS-DRG
Claim of \$20,000



Annual Base Operating MS-DRG Payment Amounts x Incentive Payment Adjustment
(\$20,000 x 0.9850000000 = \$19,700)

Adjusted Base Operating MS-DRG Payment - Base Operating MS-DRG Payment
(\$19,700 - \$20,000 = -\$300)

Hospital VBP Program:
Overview of the FY 2019 Percentage Payment Summary Reports

Second Q&A Session

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