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Location of Buttons

F5 Key
Top Row of Keyboard

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Welcome to Today’s Event

Thank you for joining us today! Our event will start shortly.

7/24/2017
Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018
Percentage Payment Summary Report (PPSR) Overview

Bethany Wheeler-Bunch, MSHA
Project Lead, Hospital VBP Program
Hospital Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

July 24, 2017
Purpose

This event will provide an overview of the FY 2018 Hospital VBP Program, including:

• Identifying how hospitals will be evaluated within each domain and measure
• Delineating eligibility requirements
• Explaining scoring methodology
Objectives

Participants will be able to perform the following:

• 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
• Analyze the PPSR
Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Introduction
Introduction: Foundation

- Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program

- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) Program measure reporting infrastructure

- Next step in promoting higher quality of care for Medicare; pays for care that rewards better value and patient outcomes instead of just volume of services

- Funded by a 2.00% reduction from participating hospitals’ base-operating diagnosis-related group (DRG) payments for FY 2018

- Uses measures that have been specified under the Hospital IQR Program and results published on Hospital Compare for at least one year
Introduction: Program Funding

• The Hospital VBP Program is:
  o An estimated budget-neutral program.
  o Funded by reductions from hospitals’ base-operating DRG payments.

• Resulting funds are redistributed to hospitals, based on their Total Performance Scores (TPS)
  o Actual amount earned will depend on the range and distribution of all eligible/participating hospitals’ TPS scores for a fiscal year.
  o 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.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Percentage Withhold</th>
<th>Total Value-Based Incentive Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2013</td>
<td>1.00%</td>
<td>$963 million (est.)</td>
</tr>
<tr>
<td>FY 2014</td>
<td>1.25%</td>
<td>$1.1 billion (est.)</td>
</tr>
<tr>
<td>FY 2015</td>
<td>1.50%</td>
<td>$1.4 billion (est.)</td>
</tr>
<tr>
<td>FY 2016</td>
<td>1.75%</td>
<td>$1.5 billion (est.)</td>
</tr>
<tr>
<td>FY 2017</td>
<td>2.00%</td>
<td>$1.8 billion (est.)</td>
</tr>
<tr>
<td>FY 2018</td>
<td>2.00%</td>
<td>$1.9 billion (est.)</td>
</tr>
</tbody>
</table>
Introduction: Eligibility

- **Eligible hospitals include** subsection (d) hospitals — as defined in Social Security Act 1886(d)(1)(B)

- **Ineligible hospitals include those** excluded from the inpatient prospective payment system (IPPS):
  - Psychiatric
  - Rehabilitation
  - Long-term care
  - Children’s
  - The 11 PPS-exempt cancer hospitals
  - 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 HVBP will not have their base-operating DRG payments reduced by 2.00%.
Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Evaluating Hospitals
Evaluating Hospitals: FY 2018 Domain Weights and Measures

**SAFETY**
1. **PSI 90**: Complication/patient safety for selected indicators (composite)
2. **CDI**: Clostridium difficile Infection
3. **CAUTI**: Catheter-Associated Urinary Tract Infection
4. **CLABSIs**: Central Line-Associated Bloodstream Infection
5. **MRSA**: Methicillin-resistant Staphylococcus aureus Bacteremia
6. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
7. **PC-01**: Elective Delivery Prior to 39 Completed Weeks Gestation

**CLINICAL CARE**
1. **MORT-30-AMI**: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF**: Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN**: Pneumonia (PN) 30-Day Mortality Rate

**EFFICIENCY AND COST REDUCTION**
1. **MSPB**: Medicare Spending per Beneficiary (MSPB)

**PATIENT- AND CAREGIVER-CENTERED EXPERIENCE OF CARE/CARE COORDINATION (Experience of Care)**

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:
1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition*
8. Overall Rating of Hospital

*An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.*
Evaluating Hospitals: Summary of Changes

- The Clinical Care-Process subdomain was removed.
- Four domains remain, each weighted equally at 25%.
- PC-01 has been moved from the Clinical Care-Process subdomain to the Safety Domain.
- Measures AMI-7a and IMM-2 have been removed from the Hospital VBP Program.
Evaluating Hospitals: Summary of Changes

- A new dimension entitled, Care Transition, has been added to the HCAHPS Survey in the Experience of Care domain.
- The Pain Management dimension was removed from the Experience of Care domain.
Evaluating Hospitals: Care Transition

- The Care Transition measure (CTM–3) is a National Quality Forum (NFQ)-endorsed measure (NQF #0228) and was added to the HCAHPS Survey.

- For purposes of the HCAHPS base score, the new CTM–3 dimension will be calculated in the same manner as the seven other HCAHPS dimensions. For each of the eight dimensions,
  - Achievement points (0–10 points) and
  - Improvement points (0–9 points) would be calculated, the larger of which would be summed across the eight dimensions to create a pre-normalized HCAHPS base score (0–80 points).
  - HCAHPS consistency points will continue to range from 0 to 20 points.
Evaluating Hospitals: Patient Safety Indicators (PSI) PSI 90 Composite Measure

- PSI 90 is a composite of eight underlying component patient safety indicators (PSIs), which are sets of indicators on potential in-hospital complications and adverse events during surgeries and procedures, including the following:
  - PSI 03 Pressure Ulcer Rate
  - PSI 06 Iatrogenic Pneumothorax Rate
  - PSI 07 Central Venous Catheter-Related Bloodstream Infection Rate
  - PSI 08 Postoperative Hip Fracture Rate
  - PSI 12 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate
  - PSI 13 Postoperative Sepsis Rate
  - PSI 14 Postoperative Wound Dehiscence Rate
  - PSI 15 Accidental Puncture or Laceration Rate

- CMS will utilize nine Diagnosis codes and six Procedure codes and recalibrated software version 5.0.1 for calculations.

- CMS shortened the performance period to end on September 30, 2015 for the FY 2018 performance period.

Evaluating Hospitals:
National Healthcare Safety Network (NHSN)
Healthcare-Associated Infection (HAI) Measures

Question: Why doesn’t my NHSN HAI measure data in Hospital VBP match what’s reported on Hospital Compare or my data in NHSN?

Answer: Three possible reasons why your data doesn’t match include the following:

- CLABSI/CAUTI expanded locations
  - The Hospital IQR Program started reporting expanded locations with calendar year 2015 data, but the Hospital VBP Program will not start until FY 2019.

- New standard population (baseline)
  - The Centers for Disease Control and Prevention (CDC) updated its standard population with calendar year 2015 data, but the Hospital VBP Program will not use the update until FY 2019.

- Updates to data made in NHSN after the quarterly submission deadlines will not be reflected in CMS programs.
## Evaluating Hospitals: Baseline and Performance Periods

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Baseline Period</th>
<th>Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td>PSI 90</td>
<td>7/1/2010–6/30/2012</td>
<td>7/1/2014–9/30/2015</td>
</tr>
</tbody>
</table>
## Evaluating Hospitals: Minimum Data Requirements

<table>
<thead>
<tr>
<th>Domain/Measure/TPS</th>
<th>Minimum Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Care</strong></td>
<td>Two mortality measures with a minimum of 25 cases</td>
</tr>
<tr>
<td><strong>Experience of Care</strong></td>
<td>100 HCAHPS Surveys</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Minimum of three measure scores:</td>
</tr>
<tr>
<td></td>
<td>• PSI 90: Three cases for any one underlying indicator</td>
</tr>
<tr>
<td></td>
<td>• HAI measures: One predicted infection</td>
</tr>
<tr>
<td></td>
<td>• PC-01: 10 cases</td>
</tr>
<tr>
<td><strong>Efficiency and Cost Reduction</strong></td>
<td>25 episodes of care in the MSPB measure</td>
</tr>
<tr>
<td><strong>Total Performance Score</strong></td>
<td>A minimum of three of the four domains receiving domain scores</td>
</tr>
</tbody>
</table>
Evaluating Hospitals: 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
A higher rate is better for the following measures/dimensions:

- Clinical Care*
- Experience of Care

* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.
A lower rate is better for the following measures/dimensions:

- **Safety**
  - PSI 90
  - 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.
# Evaluating Hospitals: Performance Standards

## Clinical Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Achievement Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORT-30-AMI</td>
<td>0.873053</td>
<td>0.850916</td>
</tr>
<tr>
<td>MORT-30-HF</td>
<td>0.907656</td>
<td>0.883421</td>
</tr>
<tr>
<td>MORT-30-PN</td>
<td>0.907900</td>
<td>0.882860</td>
</tr>
</tbody>
</table>

## Efficiency and Cost Reduction

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Achievement Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSPB</td>
<td>0.832678</td>
<td>0.985777</td>
</tr>
</tbody>
</table>
## Evaluating Hospitals: Performance Standards

### Experience of Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Achievement Threshold</th>
<th>Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>86.68%</td>
<td>78.52%</td>
<td>55.27%</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>88.51%</td>
<td>80.44%</td>
<td>57.39%</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>80.35%</td>
<td>65.08%</td>
<td>38.40%</td>
</tr>
<tr>
<td>Communications about Medicines</td>
<td>73.66%</td>
<td>63.37%</td>
<td>43.43%</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>79.00%</td>
<td>65.60%</td>
<td>40.05%</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>91.63%</td>
<td>86.60%</td>
<td>62.25%</td>
</tr>
<tr>
<td>Care Transition</td>
<td>62.44%</td>
<td>51.45%</td>
<td>25.21%</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>84.58%</td>
<td>70.23%</td>
<td>37.67%</td>
</tr>
</tbody>
</table>
## Evaluating Hospitals: Performance Standards

### Safety

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Achievement Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 90</td>
<td>0.709498</td>
<td>0.964542</td>
</tr>
<tr>
<td>CLABSI</td>
<td>0.000</td>
<td>0.0369</td>
</tr>
<tr>
<td>CAUTI</td>
<td>0.000</td>
<td>0.906</td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal Hysterectomy</td>
<td>0.000</td>
<td>0.710</td>
</tr>
<tr>
<td>Colon Surgery</td>
<td>0.000</td>
<td>0.824</td>
</tr>
<tr>
<td>MRSA</td>
<td>0.000</td>
<td>0.767</td>
</tr>
<tr>
<td>CDI</td>
<td>0.004</td>
<td>0.805</td>
</tr>
<tr>
<td>PC-01</td>
<td>0.0000000</td>
<td>0.020408</td>
</tr>
</tbody>
</table>
Evaluating Hospitals: Technical Updates

CMS issued two technical updates for FY 2018 performance standards:

• CDI Risk-Adjustment Error
  - Announced August 30, 2016 on QualityNet: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemenu=QnetPublic%2FPage%2FQnetBasic&cid=1228775831430
  - CDI data for the first two quarters of 2014 had been calculated with an incorrect risk adjustment. The error occurred in data for hospitals that modified their CDI test type in either the First or Second Quarter 2014 from what was reported on their 2013 National Healthcare Safety Network (NHSN) Annual Survey.
  - CMS released an updated version of the FY 2018 Baseline Measures Reports.

• PSI 90 Composite Software Update
  - Announced March 2, 2016 on QualityNet: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemenu=QnetPublic%2FPage%2FQnetBasic&cid=1228775567103
  - CMS announced recalibrated software version 5.0.1 would be used for FY 2018 calculations.
Evaluating Hospitals: 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

* 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.
Evaluating Hospitals: Improvement Points

Awarded by comparing a hospital’s rates during the performance period to that same hospital’s rates from the baseline period*:

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

* 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 (that is, have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.
Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Report Information
Report Information:
Percentage Summary Report

Total Performance Score
- **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
- **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
Report Information:
Percentage Summary Report

Payment Summary

- **Base-Operating DRG Payment Reduction**: The FY 2018 program is funded through a 2.00% reduction from participating hospitals’ base-operating DRG payment amounts
- **Value-Based Incentive Payment Percentage**: Portion of the base-operating DRG payment amount your hospital earned back
- **Net Change in Base-Operating DRG Payment Amount**: Percent your FY 2018 base-operating 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 2018 Hospital VBP Program.
HVBP Exclusion Reason

- 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.”
Report Information: Clinical Care Detail Report

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

Performance Period Totals displays the hospital’s performance period values used to calculate the performance period rate
### Domain Summary

- **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

### HVBP Metrics
HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.
Report Information:
Experience of Care Detail Report

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

Performance Period Totals displays the hospital’s performance period rate used to calculate achievement points, improvement points, and lowest dimension score.
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
**Report Information:**

**Safety Measures Detail Report**

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complication/patient safety for selected indicators (composite)</td>
<td>0.981271</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Catheter-Associated Urinary Tract Infection</td>
<td>N/A</td>
<td>N/A</td>
<td>13</td>
<td>22.927</td>
<td>0.567</td>
<td>0.008</td>
<td>0.000</td>
</tr>
<tr>
<td>Central Line-Associated Blood Stream Infection</td>
<td>N/A</td>
<td>N/A</td>
<td>4</td>
<td>9.176</td>
<td>0.430</td>
<td>0.309</td>
<td>0.000</td>
</tr>
<tr>
<td>Clostridium difficile Infection</td>
<td>0</td>
<td>2.802</td>
<td>3</td>
<td>1000.000</td>
<td>0.003</td>
<td>0.794</td>
<td>0.002</td>
</tr>
<tr>
<td>Methicillin-Resistant Staphylococcus aureus Bacteremia</td>
<td>1</td>
<td>0.222</td>
<td>0</td>
<td>0.999</td>
<td>-</td>
<td>0.767</td>
<td>0.000</td>
</tr>
<tr>
<td>Surgical Site Infection (SSI)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Abdominal Hysterectomy</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Colon Surgery</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Baseline Period:** 07/01/2010 - 06/30/2012

**Performance Period:** 07/01/2014 - 06/30/2015

**Baseline Period Totals**

<table>
<thead>
<tr>
<th>Healthcare Associated Infections</th>
<th>Number of Observed Infections (Numerator)</th>
<th>Number of Predicted Infections (Denominator)</th>
<th>Baseline Period Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter-Associated Urinary Tract Infection</td>
<td>13</td>
<td>22.927</td>
<td>0.567</td>
</tr>
<tr>
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<td>4</td>
<td>9.176</td>
<td>0.430</td>
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<td>Clostridium difficile Infection</td>
<td>3</td>
<td>1000.000</td>
<td>0.003</td>
</tr>
<tr>
<td>Methicillin-Resistant Staphylococcus aureus Bacteremia</td>
<td>0</td>
<td>0.999</td>
<td>-</td>
</tr>
<tr>
<td>Surgical Site Infection (SSI)</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Abdominal Hysterectomy</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Colon Surgery</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Baseline Period:** 01/01/2014 - 12/31/2014

**Performance Period:** 01/01/2016 - 12/31/2016

**Baseline Period Totals**

<table>
<thead>
<tr>
<th>Healthcare Associated Infections</th>
<th>Number of Observed Infections (Numerator)</th>
<th>Number of Predicted Infections (Denominator)</th>
<th>Baseline Period Rate</th>
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<tr>
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<td>3</td>
<td>1000.000</td>
<td>0.003</td>
</tr>
<tr>
<td>Methicillin-Resistant Staphylococcus aureus Bacteremia</td>
<td>0</td>
<td>0.999</td>
<td>-</td>
</tr>
<tr>
<td>Surgical Site Infection (SSI)</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Abdominal Hysterectomy</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Colon Surgery</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Baseline Period:** 01/01/2014 - 12/31/2014

**Performance Period:** 01/01/2016 - 12/31/2016

**Baseline Period Totals**

<table>
<thead>
<tr>
<th>Process Measures</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Baseline Period Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Care</td>
<td>3</td>
<td>95</td>
<td>0.031570</td>
</tr>
<tr>
<td>PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation</td>
<td>1</td>
<td>63</td>
<td>0.015873</td>
</tr>
</tbody>
</table>

**Baseline Period:** 07/01/2010 - 06/30/2012

**Performance Period:** 07/01/2014 - 06/30/2015

**Baseline Period Totals**

<table>
<thead>
<tr>
<th>Healthcare Associated Infections</th>
<th>Number of Observed Infections (Numerator)</th>
<th>Number of Predicted Infections (Denominator)</th>
<th>Baseline Period Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter-Associated Urinary Tract Infection</td>
<td>13</td>
<td>22.927</td>
<td>0.567</td>
</tr>
<tr>
<td>Central Line-Associated Blood Stream Infection</td>
<td>4</td>
<td>9.176</td>
<td>0.430</td>
</tr>
<tr>
<td>Clostridium difficile Infection</td>
<td>3</td>
<td>1000.000</td>
<td>0.003</td>
</tr>
<tr>
<td>Methicillin-Resistant Staphylococcus aureus Bacteremia</td>
<td>0</td>
<td>0.999</td>
<td>-</td>
</tr>
<tr>
<td>Surgical Site Infection (SSI)</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Abdominal Hysterectomy</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI-Colon Surgery</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Baseline Period:** 01/01/2014 - 12/31/2014

**Performance Period:** 01/01/2016 - 12/31/2016

**Baseline Period Totals**

<table>
<thead>
<tr>
<th>Process Measures</th>
<th>Numerator</th>
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<td>1</td>
<td>63</td>
<td>0.015873</td>
</tr>
</tbody>
</table>
Report Information:
Safety Measures Detail Report

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

- **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
**Report Information:**

**Efficiency and Cost Reduction Detail Report**

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

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

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

---

**Domain Summary**

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

**Unweighted 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.
## Report Information: Data Precision

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Value</th>
<th>Precision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Care</strong></td>
<td>Mortality measures</td>
<td>Baseline and performance period rates</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benchmark and achievement threshold</td>
<td>6</td>
</tr>
<tr>
<td><strong>Experience of Care</strong></td>
<td>HCAHPS</td>
<td>Baseline and performance period rates*</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benchmark, achievement threshold, and floor</td>
<td>2</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>PSI 90</td>
<td>Baseline and performance index value</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benchmark and achievement threshold</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>HAI measures</td>
<td>Baseline and performance standardized infection ratio (SIR)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benchmark and achievement threshold</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PC-01</td>
<td>Baseline and performance period rates*</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benchmark and achievement threshold</td>
<td>6</td>
</tr>
<tr>
<td><strong>Efficiency and Cost Reduction</strong></td>
<td>MSPB</td>
<td>Baseline and performance MSPB measure</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benchmark and achievement threshold</td>
<td>6</td>
</tr>
</tbody>
</table>

* Precision used to calculate achievement and improvement points may be greater than precision displayed on report.
Reviewing Your Data
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 that the data that was reviewed during stage one is being displayed and scored accurately in CMS programs (e.g., improvement points in Hospital VBP). Hospitals can also ensure eligibility is being applied correctly. 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
Reviewing Your Data: 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 accuracy of the data and make any necessary corrections.

• Corrections to the data cannot be made after the submission deadline.
Reviewing Your Data: 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 accuracy of the data 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 on Hospital Compare.
Reviewing Your Data: 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.
Reviewing Your Data:
Claims-Based Measures

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction request after 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.
- General questions about the HSRs or measures may also be submitted.
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
Reviewing Your Data: Best Practices

• Have a second person review submitted data for errors
• Create a plan for spot checking or sampling the data submitted for errors
• Review the data a vendor submits for accuracy before submission or prior to the submission deadline
• Perform routine coding audits to ensure claims are being coded and billed accurately
Reviewing Your Data: Benefits of Correct Data

• Quality Improvement
  o Having usable and accurate data as soon as possible can assist in more immediate quality-improvement initiatives at the hospital.

• Pay-for-Performance Programs
  o Having accurate data ensures the hospital is assigned a payment-adjustment factor, based on the hospital’s actual performance.

• Publicly Reported Data on Hospital Compare
  o Having accurate data can help organizations focus on quality-improvement priorities.
  o Having inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.
Review and Corrections
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.
Review and Corrections: 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%2FQnetTie r3&cid=1228772479558

7/24/2017
Review and Corrections: Request Form

Complete the request form with the following information:

• Date of review and corrections request
• Hospital CMS Certification Number (CCN)
• Hospital contact information
  o Hospital name/address (must include physical street address)
  o Hospital chief executive officer (CEO) and QualityNet System Administrator (name, address, telephone, and email)
• Specify reason(s) for request
  o Condition-specific score
  o Domain-specific score
  o TPS
• Detailed description for each of the reason(s) identified
Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Appeals
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.
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&pagemenu=QnetPublic%2FPag e%2FQnetTier3&cid=1228772479558
Appeals:
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**
Appeals:
Acceptable Reasons

- 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 Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Resources
Resources:
FY 2018 PPSRs Coming Soon

- Notifications will be sent to hospitals when the PPSRs are available on the QualityNet Secure Portal.
- Reports will only be available to hospitals that have active, registered QualityNet users and that have 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)
Resources:
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.
Resources: Available on QualityNet

- How to Read Your PPSR
  - From the [Hospitals – Inpatient] menu, select [Hospital Value-Based Purchasing Program] and then select [Resources]

- 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](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/](https://cms-ip.custhelp.com/)
Resources: Available on Hospital Compare

• About Hospital Compare
  o Part of the CMS Hospital Quality Initiative
  o Contains information about the quality of care at more than 4,000 Medicare-certified hospitals across the country
  o 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 data:
  o Go to www.medicare.gov/hospitalcompare
  o Click on [Hospital Value-Based Purchasing Program] found in the bottom-left of page in “Additional Information”
Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

First Question/Answer Session
Scoring Examples
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)

* 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 Points: Example

Achievement Point Range

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

CAUTI Achievement Point Example
Achievement Points

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

CAUTI Achievement Point Example
Achievement Points: Example

Achievement Point Range

\[ \left( 9 \times \left( \frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) \right) + 0.5 = \left( 9 \times \left( \frac{0.450 - 0.906}{0.000 - 0.906} \right) \right) + 0.5 = 5 \]
Improvement Points

Awarded by comparing a hospital’s rates during the performance period to that same hospital’s rates from the baseline period*:

- Rate at or above the benchmark
  - 9 points**

- Rate less than or equal to baseline period rate
  - 0 points

- Rate between the baseline period rate and the benchmark
  - 0–9 points

* 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 (that is, have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.
Improvement Points

Example

**Improvement Points**
Awarded by comparing a hospital’s rates during the performance period to that same hospital’s rates from the baseline period

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

**Improvement Points = 9**
Improvement Points: Example

**Improvement Points**
Awarded by comparing a hospital’s rates during the performance period to that same hospital’s rates from the baseline period

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

**Improvement Points = 0**

CAUTI Improvement Point Example

* 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 Points: Example

Improvement Points
Awarded by comparing a hospital’s rates during the performance period to that same hospital’s rates from the baseline period

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

Improvement Points = 0

CAUTI Improvement Point Example
Improvement Points: Example

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

CAUTI Improvement Point Example
Clinical Care: Measure Score

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

Example FY 2018 Clinical Care Score Calculations

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

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORT-30-AMI</td>
<td>10</td>
</tr>
<tr>
<td>MORT-30-HF</td>
<td>5</td>
</tr>
<tr>
<td>MORT-30-PN</td>
<td>-</td>
</tr>
</tbody>
</table>

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.  
   \((0.75 \times 100) = 75.000000000000\)
A dimension score is the greater of the achievement points and improvement points for a measure.

### Example FY 2018 Experience of Care Dimension Score Calculations

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Achievement Points</th>
<th>Improvement Points</th>
<th>Dimension Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>6</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>6</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Care Transition</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
Experience of Care:  
Lowest Dimension Score

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

Communication with Nurses = \frac{(83.50\% - 55.27\%)}{(78.52\% - 55.27\%)} = 1.214

Communication with Doctors = \frac{(86.95\% - 57.39\%)}{(80.44\% - 57.39\%)} = 1.282

Responsiveness of Hospital Staff = \frac{(73.80\% - 38.40\%)}{(65.08\% - 38.40\%)} = 1.327

Communication about Medicines = \frac{(70.28\% - 43.43\%)}{(63.37\% - 43.43\%)} = 1.347

Cleanliness and Quietness = \frac{(70.40\% - 40.05\%)}{(65.60\% - 40.05\%)} = 1.188

Discharge Information = \frac{(87.00\% - 62.25\%)}{(86.60\% - 62.25\%)} = 1.016

Care Transition = \frac{(58.00\% - 25.21\%)}{(51.45\% - 25.21\%)} = 1.250

Overall Rating = \frac{(75.25\% - 37.67\%)}{(70.23\% - 37.67\%)} = 1.154
Experience of Care: 
**Consistency Score**

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

**Example 1:** Performance period rate equal to or better than achievement threshold

\[
\text{Discharge Information} = \frac{(87.00\% - 62.25\%)}{(86.60\% - 62.25\%)} = 1.016
\]

\[ \text{Consistency Score} = (20 \times 1.016) - 0.5 = 20 \]

**Example 2:** Performance period rate worse than achievement threshold

\[
\text{Discharge Information} = \frac{(81.50\% - 62.25\%)}{(86.60\% - 62.25\%)} = 0.791
\]

\[ \text{Consistency Score} = (20 \times 0.791) - 0.5 = 15 \]
Experience of Care: Unweighted Domain Score

- CMS calculates two scores for the Experience of Care 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 score is calculated from your hospital’s lowest dimension score.
  - Maximum point value for the consistency score is 20.
- Unweighted domain score is the sum of the base score and consistency score.
  - Maximum point value is 100 (80 base + 20 consistency).

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Dimension Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>6</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>8</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>6</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>7</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>4</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>1</td>
</tr>
<tr>
<td>Care Transition</td>
<td>6</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>4</td>
</tr>
</tbody>
</table>

**Experience of Care 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 lowest dimension score and use that value to calculate the consistency score
   Consistency Score = 20

3. Add the base score (result of step 1) to the consistency score (result of step 2)
   \[
   42 + 20 = 62.000000000000
   \]
“…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 1.0 predicted SSI-Colon infections and 8 achievement points for the SSI-Abdominal Hysterectomy stratum, with 2.0 predicted SSI Abdominal Hysterectomy infections, would receive a composite SSI measure score as follows:

\[
\frac{(5 \times 1) + (8 \times 2)}{1 + 2} = 7
\]
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.

<table>
<thead>
<tr>
<th></th>
<th>SSI – Abdominal Hysterectomy</th>
<th>SSI – Colon Surgery</th>
<th>Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>✓</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>✓</td>
<td>✗</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>✗</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>✗</td>
<td>✗</td>
<td>No</td>
</tr>
</tbody>
</table>
Safety:
Measure Scores

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

Example FY 2018 Safety Measure Score Calculations

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Achievement Points</th>
<th>Improvement Points</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 90</td>
<td>6</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>CLABSI</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDI</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CAUTI</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>MRSA</td>
<td>10</td>
<td>N/A</td>
<td>10</td>
</tr>
<tr>
<td>SSI</td>
<td>Colon Surgery Measure Score = 5</td>
<td>Abdominal Hysterectomy Measure Score = 8</td>
<td>7</td>
</tr>
<tr>
<td>PC-01</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 90</td>
<td>8</td>
</tr>
<tr>
<td>CLABSI</td>
<td>0</td>
</tr>
<tr>
<td>CDI</td>
<td>N/A</td>
</tr>
<tr>
<td>CAUTI</td>
<td>3</td>
</tr>
<tr>
<td>MRSA</td>
<td>10</td>
</tr>
<tr>
<td>SSI</td>
<td>7</td>
</tr>
<tr>
<td>PC-01</td>
<td>5</td>
</tr>
</tbody>
</table>

**Domain Normalization Steps**

1. Sum the measure scores in the domain
   \[ (8 + 0 + 3 + 10 + 7 + 5) = 33 \]
2. Multiply the eligible measures by the maximum point value per measure (10 points)
   \[ (6 \text{ measures} \times 10 \text{ points}) = 60 \]
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
   \[ (33 \div 60) = 0.55 \]
4. Multiply the result of step 3 by 100
   \[ (0.55 \times 100) = 55.000000000000 \]
Efficiency and Cost Reduction: Measure Scores

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

Example FY 2018 Efficiency and Cost Reduction Measure Score Calculations

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Achievement Points</th>
<th>Improvement Points</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSPB</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSPB</td>
<td>10</td>
</tr>
</tbody>
</table>

**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 measure x 10 points) = 10
3. Divide the sum of the measure scores (result of step 1) by the maximum points possible (result of step 2)
   
   (10 ÷ 10) = 1.000000000000
4. Multiply the result of step 3 by 100
   
   (1.000000000000 x 100) = **100.000000000000**
A TPS requires scores from at least three out of the four domains in FY 2018. The unscored domain weight is proportionately distributed to the remaining domains to equal 100%.

Weighted Domain Score and Total Performance Score

**Clinical Care**
- Unweighted Domain Score: 75.00
- Domain Weight: 25%
- Weighted Domain Score: 18.750

**Experience of Care**
- Unweighted Domain Score: 62.00
- Domain Weight: 25%
- Weighted Domain Score: 15.500

**Safety**
- Unweighted Domain Score: 55.00
- Domain Weight: 25%
- Weighted Domain Score: 13.750

**Efficiency and Cost Reduction**
- Unweighted Domain Score: 100.00
- Domain Weight: 25%
- Weighted Domain Score: 25.000

Total Performance Score = 73
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 Experience of Care domain score.

**Step 1:**

- **Clinical Care (25%)**
- **Safety (25%)**
- **Efficiency and Cost Reduction (25%)**

These domains add up to a total of 75%.

**Step 2:**

- **Clinical Care:** 33.3333% (25% ÷ 75%)
- **Safety:** 33.3333% (25% ÷ 75%)
- **Efficiency and Cost Reduction:** 33.3333% (25% ÷ 75%)

These weighted percentages add up to 100% (TPS) or (33.3% + 33.3% + 33.3%).
Hospital Value-Based Purchasing (VBP) Program
Fiscal Year (FY) 2018 Percentage Payment Summary Report (PPSR) Overview

Second Question/Answer Session
Continuing Education Approval

This program has been approved for 1.5 continuing education (CE) units for the following professional boards:

- Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.
CE Credit Process

• Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.

• After completion of the survey, click “Done” at the bottom of the screen.

• Another page will open that asks you to register in the HSAG Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your personal email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.
CE Certificate Problems

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the New User link and register your personal email account.
  - Personal emails do not have firewalls.
CE Credit Process: Survey

10. What is your overall level of satisfaction with this presentation?
   - Very satisfied
   - Somewhat satisfied
   - Neutral
   - Somewhat dissatisfied
   - Very dissatisfied

   If you answered "very dissatisfied", please explain:

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.
CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db35-405f-b429-d5f6b9c8b1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d5f6b9c8b1ae

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