

Understanding My Value-Based Purchasing Report

This report displays data from the Fiscal Year 2019 Value-Based Purchasing (VBP) Program, which affects payments from October 1, 2018–September 30, 2019. Baseline and Performance Periods vary by domain and are detailed below.

Clinical Care Measures (25%)								
Baseline Period : July 1, 2009- June 30, 2012		Performance: July 1, 2014- June 30, 2017						
Measures	Baseline	Performance	Threshold	Benchmark	Achieve Pts	Improve Pts	Score	
30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI)			0.850671	0.873263				
30-Day Mortality, Heart Failure (MORT-30-HF)			0.883472	0.908094				
30-Day Mortality, Pneumonia (MORT-30-PN)			0.882334	0.907906				
Clinical Earned Points								
Baseline Period: July 1, 2010-June 30, 2013		Performance Period: January 1, 2015-June 30, 2017						
Measures	Baseline	Performance	Threshold	Benchmark	Achieve Pts	Improve Pts	Score	
↓ Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate (THA/TKA)*			0.032229	0.023178				
Clinical-Domain Score (earned pts/potential pts)								
Person and Community Engagement (25%)								
Baseline Period January 1, 2015–December 31, 2015		Performance Period January 1, 2017–December 31, 2017						
Measures	Baseline	Performance	Floor%	Threshold	Benchmark	Achieve Pts	Improve Pts	Score
Communication with nurses		28.10	78.69	86.97				
Communication with doctors		33.46	80.32	88.62				
Responsiveness of hospital staff		32.72	65.16	80.15				
Communication about medicines		11.38	63.26	73.53				
Cleanliness and Quietness		22.85	65.58	79.06				
Discharge information		61.96	87.05	91.87				
Care Transitions		11.30	51.42	62.77				
Overall rating		28.39	70.85	84.83				
HCAPHS Base Score								
Patient Experience Earned Points (max 80)								
Patient Experience Consistency Points (max 20)								
Efficiency and Cost Reduction (25%)								
Baseline Period January 1, 2015-December 31, 2015		Performance Period January 1, 2017-December 31, 2017						
Measure	Baseline	Performance	Threshold	Benchmark	Achieve Pts	Improve Pts	Score	
↓MSPB Medicare Spending per Beneficiary			0.986935	0.839602				
Efficiency Earned Points								
Efficiency Score (points earned/potential points)								
Safety (25%)								
Healthcare-Associated Infections								
Baseline Period January 1, 2015-December 31, 2015		Performance Period January 1, 2017-December 31, 2017						
Measures	Baseline	Performance	Threshold	Benchmark	Achieve Pts	Improve Pts	Score	
↓ Central Line-Associated Bloodstream Infections (CLABSI)			0.860	0.000				
↓ Catheter-Associated Urinary Tract Infections (CAUTI)			0.822	0.000				
↓ SSI: Colon			0.783	0.000				
↓ SSI: Abdominal Hysterectomy			0.762	0.000				
↓ Methicillin-resistant Staphylococcus aureus (MRSA)			0.854	0.000				
↓ C. difficile Infections (CDI)			0.924	0.113				
Process								
Baseline Period January 1, 2015-December 31, 2015		Performance Period January 1, 2017-December 31, 2017						
Measure	Baseline	Performance	Threshold	Benchmark	Achieve Pts	Improve Pts	Score	
↓ PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation			0.010038	0.000000				
Safety Score (points earned/potential points)								
VALUE-BASED PURCHASING PERFORMANCE SCORE*								
*Total Performance Score = Clinical Care Score 25%+ Person & Community Engagement (25%) + Efficiency & Cost Reduction Score 25% + Safety Score 25%								
Your Total Performance Score	State	National	Your Net Change in Base Operating DRG Payment					
Base Operating DRG Payment Reduction	Value-Based Incentive	Value-based Incentive Payment Adjustment Factor						

Achievement Threshold: The 50th percentile of all hospitals' performance during the baseline period for each measure.

Benchmark: The average mean performance of the top 10 percent of hospitals during the baseline period for each measure.

Achievement Points: Awarded to a hospital by comparing its performance period rates with all hospitals' baseline period rates. A dash indicates not applicable or that no data were available.

Improvement Points: Awarded by comparing the hospital's performance on a measure during the performance period with the same hospital's performance on the same measure during the baseline period. A dash indicates not applicable or that no data were available.

HCAPHS Score: The sum of all dimension scores a hospital was awarded based on the greater of improvement or achievement points. A dash indicates not applicable or that no data were available.

Measure Score: Awarded to a hospital on each measure, based on the greater of the improvement or achievement points. A dash indicates not applicable or that no data were available.

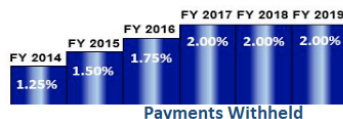
Unweighted Clinical Care Measures Domain Score: A hospital's total earned points for the Clinical Care domain divided by the total possible points, multiplied by 100. A dash indicates not applicable or that no data were available.

* = New Measure

↓ = Lower Values Indicate Better Performance

Hospitals have the opportunity to still receive a Total Performance Score (TPS) if one domain is not scored. If your facility did not meet the minimum measure scores in one of the four domains, the domain that did not meet the minimum would have its weight distributed to the other domains. This would make the remaining three domains 33.3% instead of 25%.

The Domain weight for each domain is included on the first page of your hospital percentage payment summary report.



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Clinical Care Measures (25%)

Baseline Period : July 1, 2009- June 30, 2012

Performance: July 1, 2014- June 30, 2017

Measures	Baseline	Performance	Threshold	Benchmark	Achieve Pts	Improve Pts	Score
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Clinical Earned Points

Baseline Period: July 1, 2010- June 30, 2013

Performance Period: January 1, 2015- June 30, 2017

Measures

↓ Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate (THA/TKA)*			0.032229	0.023178			
Clinical-Domain Score (earned pts/potential pts)							

Person and Community Engagement (25%)

Baseline Period January 1, 2015–December 31, 2015

Performance Period January 1, 2017–December 31, 2017

Measures

Measures	Baseline	Performance	Floor ¹	Threshold	Benchmark	Achieve Pts	Improve Pts	Score
Communication with nurses		28.10		78.69	86.97			
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HCAHPS Base Score

Patient Experience Earned Points (max 80)

Patient Experience Consistency Points (max 20)

Efficiency and Cost Reduction (25%)

Baseline Period January 1, 2015–December 31, 2015

Performance Period January 1, 2017–December 31, 2017

Measure

↓ MSPB Medicare Spending per Beneficiary			0.986935	0.839602			
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Efficiency Earned Points

Efficiency Score (points earned/potential points)

Safety (25%)

Healthcare-Associated Infections

Baseline Period January 1, 2015–December 31, 2015

Performance Period January 1, 2017–December 31, 2017

Measures

Measures	Baseline	Performance	Threshold	Benchmark	Achieve Pts	Improve Pts	Score
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Process

Baseline Period January 1, 2015–December 31, 2015

Performance Period January 1, 2017–December 31, 2017

Measure

↓ PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation			0.010038	0.000000			
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Safety Score (points earned/potential points)

VALUE-BASED PURCHASING PERFORMANCE SCORE*

*Total Performance Score = Clinical Care Score 25%+ Person & Community Engagement (25%) + Efficiency & Cost Reduction Score 25% + Safety Score 25%

Your Total Performance Score State National Your Net Change in Base Operating DRG Payment

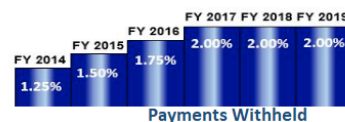
Base Operating DRG Payment Reduction Value-Based Incentive Value-based Incentive Payment Adjustment Factor

* = New Measure

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Hospitals have the opportunity to still receive a Total Performance Score (TPS) if one domain is not scored. If your facility did not meet the minimum measure scores in one of the four domains, the domain that did not meet the minimum would have its weight distributed to the other domains. This would make the remaining three domains 33.3% instead of 25%.

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Efficiency Measure: Claims-based; includes risk-adjusted and price-standardized payments for Part A and Part B services provided three days prior to hospital admission through 30 days after hospital discharge.

Person and Community Engagement:

- A hospital can earn between 0–20 points based on the hospital's lowest HCAHPS dimension score during the performance period.

SSI Scores: At least one of the two SSI strata (abdominal hysterectomy and colon surgery) must have at least one predicted infection.

Combined SSI Score: A weighted average is computed based on the number of predicted infections and the points awarded to each stratum.

Safety Process PC-01

- To receive an improvement score, a measure must have at least 10 eligible cases during the baseline period.
- A measure must also have at least 10 eligible cases during the performance period to have either an achievement or improvement score.

Total Performance Score (TPS): Sum of weighted domain scores; requires "scores from" at least 3 of 4 domains.

Base Operating DRG Payment Amount Reduction: The FY2019 VBP Program is funded through a 2.00% reduction from participating hospitals' base operating DRG payment amounts.

Value-Based Incentive Payment Percentage: A portion of the base operating DRG payment amount your hospital earned back. This can be less than, equal to, or greater than the original 2.00%.

Net Change in Base Operating DRG Payment Amount: Amount your FY2019 base operating DRG payment amounts will be changed is equal to the value-based incentive payment (2.00%).

Value-Based Incentive Payment Adjustment Factor: The value used to translate a hospital's TPS into the value-based incentive payment. This is what every claim amount is multiplied by to get the final payment amount.

HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems

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