Objectives

Who is Eligible for the FY 2014 Hospital VBP Program?

How will Hospitals be Evaluated?
  - Clinical Process of Care
  - Patient Experience
  - Outcome

Total Performance Score

Value-Based Incentive Payment

Improvement vs. Achievement

FY 2014 Percentage Payment Summary Report

Review and Corrections, Appeals Resources

Questions and Answers
Introduction: Hospital VBP Program

Required by Section 3001 (a) of the Affordable Care Act, which also added Section 1886(o) to the Social Security Act.

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

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

Funded by a 1.25% reduction from participating hospitals’ base operating diagnosis-related group (DRG) payments for FY 2014, increasing to 2% by FY 2017.

Uses measures that have been specified under the Hospital IQR Program and results published on Hospital Compare for at least one year.
Who is Eligible for the Hospital VBP Program?

How is “hospital” defined for this program?

Hospital VBP Program applies to subsection (d) hospitals:

The program applies to subsection (d) hospitals as defined in Social Security Act 1886(d)(1)(B), located in the 50 states and the District of Columbia, including acute care hospitals in Maryland.
Who is Excluded from the Hospital VBP Program?

Exclusions under Section 1886(o)(1)(C)(ii) of the Affordable Care Act:

- Hospitals subject to payment reductions under Hospital IQR.
- Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS).
- Hospitals cited for two or more deficiencies during the Performance Period that pose immediate jeopardy to the health or safety of patients.
- Hospitals without the minimum number of cases, measures, or surveys in the performance period for the applicable fiscal year.
- Hospitals that are paid under Section 1814(b)(3) but have received an exemption from the Secretary of the Department of Health and Human Services (HHS).

Hospitals excluded from Hospital VBP will not have their base operating DRG payments reduced by 1.25%.
Three domains:

- Clinical Process of Care (13 measures)
- Patient Experience of Care (8 HCAHPS dimensions)
- Outcome (3 mortality measures)

Hospitals are awarded points for Achievement and points for Improvement for each measure or dimension, with the greater value of points used for calculation of the domain score.

All Clinical Process of Care scores for a hospital are added to reach the Clinical Process of Care domain score.

All HCAHPS dimension scores for a hospital are added to the Consistency Points to reach the Patient Experience of Care domain score.

All Outcome scores for a hospital are added to reach the Outcome domain score.
13 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP-Inf–9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2.
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
13. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

3 Outcome Measures

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

Represents a new measure for the FY 2014 Program not in the FY 2013 Program.
13 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP–Inf–9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2.
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
13. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

Represents a new measure for the FY 2014 Program not in the FY 2013 Program.
FY 2014 Finalized Patient Experience of Care Domain

Baseline Period: April 1, 2010 – December 31, 2010

8 Patient Experience of Care Dimensions

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Pain Management
5. Communication about Medicines
6. Cleanliness and Quietness of Hospital Environment
7. Discharge Information
8. Overall Rating of Hospital
FY 2014 Finalized Outcome Domain

3 Mortality Measures

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

“...the 30-day mortality measures assess deaths that occur within 30 days after admission, which, depending on the length of stay, may occur post-discharge...”

1Specifications Manual for National Hospital Inpatient Quality Measures, Version 4.0; NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE, Measure Information Form, Measure Set: CMS Mortality Measures, Set Measure ID#: MORT-30-AMI.

★ Represents a new measure for the FY 2014 Program not in the FY 2013 Program.
Clinical Process of Care Domain score

A measure must have at least 10 eligible cases during the baseline period to have an improvement score calculated.

A measure must have at least 10 eligible cases during the performance period to have either an achievement or improvement score calculated.

The Clinical Process of Care Domain Requires at least 4 out of the 13 measures to be scored in order to be eligible for a Total Performance Score (TPS).
How Will Hospitals Be Evaluated?
Patient Experience of Care Domain

Patient Experience of Care Domain score

Requires at least 100 complete Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys during the baseline period to have an improvement score calculated.

Requires at least 100 complete HCAHPS surveys during the performance period to have either an improvement or achievement score calculated.
How Will Hospitals Be Evaluated?

Outcome Domain

Outcome Domain Score

A measure must have at least 10 eligible cases during the baseline period to have an improvement score calculated.

A measure must have at least 10 eligible cases during the performance period to have either an achievement or improvement score calculated.

The Outcome Domain requires at least 2 out of the 3 measures to be scored in order to be eligible for a Total Performance Score (TPS).
A hospital’s FY 2014 Percentage Payment Summary Report is divided into four sections:

1. **Percentage Payment Summary**
   - Total Performance Score
   - Unweighted and Weighted Domain Scores
   - Weighting
   - Value-Based Percentage Payment Summary
     - Base Operating DRG Payment Amount Reduction
     - Value-Based Incentive Payment Percentage
     - Net Change in Base Operating DRG Payment Amount
     - Value-Based Incentive Payment Adjustment Factor
     - Exchange Function Slope

2. **Clinical Process of Care Domain Summary**
   - Details on the 13 Clinical Process of Care measures

3. **Patient Experience of Care Domain Summary**
   - Details on the 8 Patient Experience of Care dimensions

4. **Outcome Domain Summary**
   - Details on the 3 Mortality measures
The **Facility Total Performance Score** is the sum of the three **Weighted Domain Scores**. The **State** and **National** columns display the average **Facility Total Performance Score** for that hospital's state and the nation.

### Total Performance Score

<table>
<thead>
<tr>
<th>Facility</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.11666686868</td>
<td>48.92490595611</td>
<td>46.525704094903</td>
</tr>
</tbody>
</table>

### Scores

<table>
<thead>
<tr>
<th>Domain</th>
<th>Unweighted Domain Score</th>
<th>Weighting</th>
<th>Weighted Domain Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Process of Care</td>
<td>75.0000000000000</td>
<td>45%</td>
<td>33.7600000000000</td>
</tr>
<tr>
<td>Patient Experience of Care</td>
<td>49.0000000000000</td>
<td>30%</td>
<td>14.7000000000000</td>
</tr>
<tr>
<td>Outcome</td>
<td>26.6666666666666</td>
<td>25%</td>
<td>6.6666666666667</td>
</tr>
</tbody>
</table>

### Value-Based Percentage Payment Summary - Fiscal Year 2014

<table>
<thead>
<tr>
<th>Base operating DRG payment amount reduction</th>
<th>Value-based incentive payment percentage</th>
<th>Net change in base operating DRG payment amount</th>
<th>Value-based incentive payment adjustment factor</th>
<th>Exchange function slope</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2500000000%</td>
<td>1.4442236747%</td>
<td>+0.1942236747%</td>
<td>1.0019422367%</td>
<td>2.0962424066</td>
</tr>
</tbody>
</table>

The **Unweighted Domain Score** is the sum of your hospital’s scores for the domain, normalized to take into account only those measures your hospital was eligible for during the performance period. The **Weighting** is the assigned scoring impact on the Total Performance Score for each domain. The **Weighted Domain Score** is the product of the **Unweighted Domain Score** and the **Weighting**.
The FY 2014 Program will be funded through a 1.25% percent reduction from participating hospitals’ base-operating Diagnosis Related Group (DRG) payment amounts.

This is the portion of the base-operating DRG amount your hospital earned back, based on its performance in the Hospital VBP Program.

This is the percent your hospital’s FY 2014 base-operating DRG payments will be changed due to the Hospital VBP Program.

This is the value that is used to translate a hospital’s TPS into the value-based incentive payment earned by that hospital.
### Clinical Process of Care Domain

#### Summary Tools

<table>
<thead>
<tr>
<th>Clinical Process of Care Measures</th>
<th>FY 2014 Baseline Period Totals</th>
<th>FY 2014 Performance PeriodTotals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>Acute Myocardial Infarction (AMI)</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>AMI-7a - Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AMI-8a - Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Heart Failure (HF)</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>HF-1 - Discharge Instructions</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Pneumonia (PN)</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>PN-3b - Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>PN-4 - Initial Antibiotic Selection for CAP Immune competent Patient</td>
<td>115</td>
<td>125</td>
</tr>
<tr>
<td>Surgical Care Improvement Project (SCIP)</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>SCIP-Card-2 - Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period</td>
<td>70</td>
<td>74</td>
</tr>
<tr>
<td>SCIP-Inf-1 - Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
<td>177</td>
<td>180</td>
</tr>
<tr>
<td>SCIP-Inf-2 - Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>177</td>
<td>183</td>
</tr>
<tr>
<td>SCIP-Inf-3 - Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time</td>
<td>165</td>
<td>176</td>
</tr>
<tr>
<td>SCIP-Inf-4 - Cardiac Surgery Patients With Controlled 8 A.M. Postoperative Blood Glucose</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>SCIP-Inf-9 - Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2</td>
<td>58</td>
<td>61</td>
</tr>
<tr>
<td>SCIP-VTE-1 - Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</td>
<td>141</td>
<td>145</td>
</tr>
<tr>
<td>SCIP-VTE-2 - Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</td>
<td>137</td>
<td>145</td>
</tr>
</tbody>
</table>

- Displays a hospital's baseline Numerator value and Denominator value used to calculate the **Baseline Period Rate**.
- Displays a hospital's baseline Numerator value and Denominator value used to calculate the **Performance Period Rate**.
The **Achievement Threshold** is the 50th percentile of all hospitals’ performance during the baseline period for each measure. The **Benchmark** is the mean of the top decile of all hospitals’ performance during the baseline period for each measure.
## Clinical Process of Care Domain

### HVBP Metrics (2 of 3)

<table>
<thead>
<tr>
<th>Clinical Process of Care Measures</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Measure Score</th>
<th>Condition/Procedure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myocardial Infarction (AMI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI-7a - Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>0.8060</td>
<td>0.9930</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>AMI-8a - Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>0.9364</td>
<td>1.0000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Healthcare-Associated Infections (HAI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIP-Inf-1 - Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
<td></td>
<td></td>
<td>6</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>SCIP-Inf-2 - Prophylactic Antibiotic Selection for Surgical Patients</td>
<td></td>
<td></td>
<td>6</td>
<td>4</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>SCIP-Inf-3 - Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery</td>
<td></td>
<td></td>
<td>9</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>SCIP-Inf-4 - Cardiac Surgery Patients With Controlled 5 A.M. Postoperative Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIP-Inf-9 - Postoperative Urinary Catheter Removal on Postoperative Day 1 or Later</td>
<td></td>
<td></td>
<td>7</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Heart Failure (HF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HF-1 - Discharge Instructions</td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia (PN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PN-3b - Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PN-5 - Initial Antibiotic Selection for CAP Immunocompetent Patient</td>
<td></td>
<td></td>
<td>8</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Surgical Care Improvement Project (SCIP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIP-Card-2 - Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period</td>
<td>0.9665</td>
<td>1.0000</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>SCIP-VTE-1 - Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</td>
<td>0.9462</td>
<td>1.0000</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>SCIP-VTE-2 - Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</td>
<td>0.9492</td>
<td>0.9983</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**Eligible Clinical Process of Care Measures:** 10 out of 13

**Unweighted Clinical Process of Care Domain Score:** 75.000000000000

**Weighted Clinical Process of Care Domain Score:** 33.750000000000

*Improvement Points* are points awarded to your hospital by comparing your hospital’s performance on a measure during the performance period with your hospital’s performance on the same measure during the baseline period. *Achievement Points* are points awarded to your hospital by comparing your hospital’s performance on a measure during the performance period with all hospitals’ performance during the baseline period. The *Measure Score* is the score awarded to your hospital for a measure based on the greater of the Improvement Points or Achievement Points.
## Clinical Process of Care Domain

### HVBP Metrics (3 of 3)

<table>
<thead>
<tr>
<th>Clinical Process of Care Measures</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Measure Score</th>
<th>Condition/Procedure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myocardial Infarction (AMI)</td>
<td>0.8066</td>
<td>0.9630</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI-7a - fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>0.9344</td>
<td>1.0000</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI-8a - Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>0.9663</td>
<td>0.9996</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Healthcare-Associated Infections (HAI)</td>
<td>0.9607</td>
<td>1.0000</td>
<td>6</td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>SCIP-inf-1 - Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
<td>0.9813</td>
<td>1.0000</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIP-inf-2 - Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>0.9663</td>
<td>0.9996</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>SCIP-inf-3 - Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time</td>
<td>0.9634</td>
<td>1.0000</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIP-inf-4 - Cardiac Surgery Patients With Controlled 5 A.M. Postoperative Blood Glucose</td>
<td>0.9266</td>
<td>0.9583</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>SCIP-inf-9 - Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2</td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (HF)</td>
<td>0.9266</td>
<td>1.0000</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>HF-1 - Discharge Instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia (PN)</td>
<td>0.9730</td>
<td>1.0000</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PN-3a - Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</td>
<td>0.9946</td>
<td>1.0000</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>PN-6 - Initial Antibiotic Selection for CAP Immune-competent Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Care Improvement Project (SCIP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIP-Card-2 - Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Preoperative Period</td>
<td>0.9565</td>
<td>1.0000</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>SCIP-VTE-1 - Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</td>
<td>0.9462</td>
<td>1.0000</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>SCIP-VTE-2 - Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</td>
<td>0.9462</td>
<td>0.9983</td>
<td>8</td>
<td></td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**Eligible Clinical Process of Care Measures**: 10 out of 13

**Unweighted Clinical Process of Care Domain Score**: 75,600,000,000,000

**Weighted Clinical Process of Care Domain Score**: 33,750,000,000,000

The **Condition/Procedure Score** is the sum of the **Measure Scores** for the procedure or condition.

The **Eligible Clinical Process of Care Measures** is the total number of measures that met the minimum case amount during the performance period out of the total 13 Clinical Process of Care Measures. The **Unweighted Clinical Process of Care Domain Score** is the sum of your hospital’s scores for the Clinical Process of Care domain, normalized to take into account only the Eligible Clinical Process of Care Measures. The **Weighted Clinical Process of Care Domain Score** is your hospital’s Unweighted Clinical Process of Care Domain Score multiplied by the weight of 45%. This score is the one of three scores added to calculate your hospital’s TPS.
# Patient Experience of Care Domain

**Summary Tools and HVBP Metrics (1 of 5)**

<table>
<thead>
<tr>
<th>Patient Experience of Care Dimensions</th>
<th>Baseline Period Rate</th>
<th>Performance Period Rate</th>
<th>Floor</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Dimension Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>74.15%</td>
<td>79.83%</td>
<td>42.84%</td>
<td>75.79%</td>
<td>84.99%</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>75.76%</td>
<td>77.73%</td>
<td>55.49%</td>
<td>79.57%</td>
<td>88.45%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>63.43%</td>
<td>72.90%</td>
<td>32.15%</td>
<td>62.21%</td>
<td>78.08%</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Pain Management</td>
<td>80.79%</td>
<td>68.98%</td>
<td>77.92%</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>56.01%</td>
<td>59.95%</td>
<td>71.54%</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>83.52%</td>
<td>63.54%</td>
<td>76.10%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge information</td>
<td>84.73%</td>
<td>82.72%</td>
<td>89.24%</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>80.81%</td>
<td>67.33%</td>
<td>82.55%</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The **Baseline Period Rate** is your hospital's performance for each dimension during the baseline period. This rate is used to calculate the **Improvement Points**. The **Performance Rate** is your hospital's performance for each dimension during the performance period. This rate is used to calculate the **Improvement Points** and **Achievement Points**.

- HCAHPS Base Score: 31
- HCAHPS Consistency Score: 18
- Unweighted Patient Experience of Care Domain Score: 49.000000000000
- Weighted Patient Experience of Care Domain Score: 14.700000000000
- HCAHPS Surveys Completed During the Performance Period: 1,014
# Patient Experience of Care Domain

## Summary Tools and HVBP Metrics (2 of 5)

<table>
<thead>
<tr>
<th>Patient Experience of Care Dimensions</th>
<th>Baseline Period Rate</th>
<th>Performance Period Rate</th>
<th>Floor</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Dimension Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>74.15%</td>
<td>79.83%</td>
<td>42.84%</td>
<td>75.79%</td>
<td>84.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>75.76%</td>
<td>77.73%</td>
<td>55.49%</td>
<td>79.57%</td>
<td>86.45%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>63.43%</td>
<td>72.90%</td>
<td>32.15%</td>
<td>62.21%</td>
<td>76.08%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Management</td>
<td>65.48%</td>
<td>70.87%</td>
<td>40.70%</td>
<td>68.90%</td>
<td>77.92%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>57.26%</td>
<td>62.60%</td>
<td>36.01%</td>
<td>59.85%</td>
<td>71.54%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>61.56%</td>
<td>62.80%</td>
<td>38.52%</td>
<td>63.54%</td>
<td>78.10%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>63.97%</td>
<td>91.22%</td>
<td>54.73%</td>
<td>82.72%</td>
<td>89.24%</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>62.32%</td>
<td>65.96%</td>
<td>30.91%</td>
<td>67.33%</td>
<td>82.55%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

The **Achievement Threshold** is the 50th percentile of all hospitals’ performance during the baseline period for each measure. The **Benchmark** is the mean of the top decile of all hospitals’ performance during the baseline period for each measure.

---

**HCAHPS Base Score**: 31  
**HCAHPS Consistency Score**: 18  
**Unweighted Patient Experience of Care Domain Score**: 49.00000000000000  
**Weighted Patient Experience of Care Domain Score**: 14.70000000000000  
**HCAHPS Surveys Completed During the Performance Period**: 1,014
## Patient Experience of Care Domain

### Summary Tools and HVBP Metrics (3 of 5)

<table>
<thead>
<tr>
<th>Patient Experience of Care Dimensions</th>
<th>Baseline Period Rate</th>
<th>Performance Period Rate</th>
<th>Floor</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Dimension Score³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>74.15%</td>
<td>79.83%</td>
<td>42.84%</td>
<td>75.79%</td>
<td>84.99%</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Communication with Doctors⁸</td>
<td>75.76%</td>
<td>77.73%</td>
<td>55.49%</td>
<td>79.57%</td>
<td>88.45%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>63.43%</td>
<td>72.90%</td>
<td>32.15%</td>
<td>62.21%</td>
<td>78.03%</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Pain Management</td>
<td>65.48%</td>
<td>70.87%</td>
<td>40.79%</td>
<td>68.99%</td>
<td>77.92%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>57.29%</td>
<td>62.86%</td>
<td>36.01%</td>
<td>59.85%</td>
<td>71.54%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>61.60%</td>
<td>62.80%</td>
<td>38.52%</td>
<td>63.54%</td>
<td>78.10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Information</td>
<td>83.87%</td>
<td>91.22%</td>
<td>54.73%</td>
<td>82.72%</td>
<td>89.24%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>62.32%</td>
<td>85.98%</td>
<td>30.91%</td>
<td>67.33%</td>
<td>82.55%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes:

- **Improvement Points** are points awarded to your hospital by comparing your hospital's performance on a dimension during the performance period with your hospital's performance on the same dimension during the baseline period. The **Achievement Points** are points awarded to your hospital by comparing your hospital's performance on a dimension during the performance period with all hospitals' performance during the baseline period. The **Dimension Score³** is the greater of Improvement Points or Achievement Points.

---

<table>
<thead>
<tr>
<th>HCAHPS Base Score¹</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS Consistency Score</td>
<td>18</td>
</tr>
<tr>
<td>Unweighted Patient Experience of Care Domain Score</td>
<td>49.00000000000000</td>
</tr>
<tr>
<td>Weighted Patient Experience of Care Domain Score¹</td>
<td>14.70000000000000</td>
</tr>
<tr>
<td>HCAHPS Surveys Completed During the Performance Period</td>
<td>1,014</td>
</tr>
</tbody>
</table>
## Patient Experience of Care Domain

### Summary Tools and HVBP Metrics (4 of 5)

<table>
<thead>
<tr>
<th>Patient Experience of Care Dimensions</th>
<th>Baseline Period Rate</th>
<th>Performance Period Rate</th>
<th>Floor</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Dimension Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>74.15%</td>
<td>79.83%</td>
<td>42.84%</td>
<td>75.79%</td>
<td>84.99%</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Communication with Doctors</strong></td>
<td>75.76%</td>
<td>77.73%</td>
<td>55.49%</td>
<td>79.57%</td>
<td>88.45%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>83.42%</td>
<td>72.90%</td>
<td>32.15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Management</td>
<td>70.87%</td>
<td>40.79%</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>62.86%</td>
<td>36.01%</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital</td>
<td>62.80%</td>
<td>38.52%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Information</td>
<td>83.87%</td>
<td>91.22%</td>
<td>54.73%</td>
<td>82.72%</td>
<td>89.24%</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>62.32%</td>
<td>65.96%</td>
<td>30.91%</td>
<td>67.33%</td>
<td>82.55%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Notes:
- The italicized and bolded dimension signifies the lowest dimension score. The lowest dimension score is used to calculate the HCAHPS Consistency Score.
- The **Floor** is the worst-performing hospital’s performance rate during the baseline period. This rate is used to calculate the HCAHPS Consistency Score.
- The HCAHPS Consistency Score is the points that are awarded based on your hospital’s lowest dimension score.

---

**HCAHPS Base Score**: 31  
**HCAHPS Consistency Score**: 18  
**Unweighted Patient Experience of Care Domain Score**: 48,000,000,000,000  
**Weighted Patient Experience of Care Domain Score**: 14,700,000,000,000  
**HCAHPS Surveys Completed During the Performance Period**: 1,014
## Patient Experience of Care Domain

### Summary Tools and HVBP Metrics (5 of 5)

<table>
<thead>
<tr>
<th>Patient Experience of Care Dimensions</th>
<th>Baseline Period Rate</th>
<th>Performance Period Rate</th>
<th>Floor</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Dimension Score³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>74.15%</td>
<td>79.83%</td>
<td>42.84%</td>
<td>75.79%</td>
<td>84.99%</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Communication with Doctors⁸</td>
<td>75.76%</td>
<td>77.73%</td>
<td>55.49%</td>
<td>79.57%</td>
<td>88.45%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>63.43%</td>
<td>72.90%</td>
<td>32.15%</td>
<td>62.21%</td>
<td>78.06%</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Pain Management</td>
<td>65.48%</td>
<td>70.87%</td>
<td>40.70%</td>
<td>68.99%</td>
<td>77.92%</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>57.28%</td>
<td>62.86%</td>
<td>36.01%</td>
<td>59.85%</td>
<td>71.54%</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>61.60%</td>
<td>62.80%</td>
<td>36.52%</td>
<td>63.54%</td>
<td>78.10%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>83.87%</td>
<td>91.22%</td>
<td>54.73%</td>
<td>82.72%</td>
<td>89.24%</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>62.32%</td>
<td>65.98%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| HCAHPS Base Score¹⁰:                                   | 31                   |
| HCAHPS Consistency Score:                             | 18                   |
| Unweighted Patient Experience of Care Domain Score:    | 49.0000000000000     |
| Weighted Patient Experience of Care Domain Score¹¹:    | 14.7000000000000     |
| HCAHPS Surveys Completed During the Performance Period:| 1,014                |

The **HCAHPS Base Score** is the sum of the **8 Dimension Scores** your hospital will be awarded. The **Unweighted Patient Experience of Care Domain Score** is the sum of the HCAHPS Base Score and the HCAHPS Consistency Score. The **Weighted Experience of Care Domain Score** is the product of the Unweighted Patient Experience of Care Domain Score and the Patient Experience of Care Domain Weight of 30%. The **HCAHPS Surveys Completed During the Performance Period** is the quantity of complete surveys used for scoring during the performance period.
### Outcome Domain Summary Tools

Summary Tools and HVBP Metrics (1 of 4)

<table>
<thead>
<tr>
<th>Mortality Measures</th>
<th>FY 2014 Baseline Period Totals</th>
<th>FY 2014 Performance Period Totals</th>
<th>HVBP Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Eligible Discharges</td>
<td>Baseline Period Rate</td>
<td>Performance Period Rate</td>
</tr>
<tr>
<td>Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>20</td>
<td>0.8000</td>
<td>100</td>
</tr>
<tr>
<td>Heart Failure (HF) 30-Day Mortality Rate</td>
<td>50</td>
<td>0.8600</td>
<td></td>
</tr>
<tr>
<td>Pneumonia (PN) 30-Day Mortality Rate</td>
<td>5</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

The **Number of Eligible Discharges** is the number of measure-specific cases used for quality measure calculations in the baseline or performance period. The **Baseline Period Rate** is your hospital's performance for each measure during the baseline period. The **Performance Period Rate** is your hospital's performance for each measure during the performance period.
<table>
<thead>
<tr>
<th>Morality Measures</th>
<th>FY 2014 Baseline Period Totals</th>
<th>FY 2014 Performance Period Totals</th>
<th>HVBP Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Eligible Discharges</td>
<td>Baseline Period Rate</td>
<td>Performance Period Rate</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>20</td>
<td>0.8000</td>
<td>100</td>
</tr>
<tr>
<td>Heart Failure (HF) 30-Day Mortality Rate</td>
<td>50</td>
<td>0.8600</td>
<td>100</td>
</tr>
<tr>
<td>Pneumonia (PN) 30-Day Mortality Rate</td>
<td>5</td>
<td>-</td>
<td>8</td>
</tr>
</tbody>
</table>

The **Achievement Threshold** is the 50th percentile of all hospitals' performance during the baseline period for each measure. The **Benchmark** is the mean of the top decile of all hospitals' performance during the baseline period for each measure.
## Outcome Domain Summary Tools

### Summary Tools and HVBP Metrics (3 of 4)

<table>
<thead>
<tr>
<th>Mortality Measures</th>
<th>FY 2014 Baseline Period Totals</th>
<th>FY 2014 Performance Period Totals</th>
<th>HVBP Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Eligible Discharges</td>
<td>Baseline Period Rate</td>
<td>Number of Eligible Discharges</td>
</tr>
<tr>
<td>Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>20</td>
<td>0.8000</td>
<td>100</td>
</tr>
<tr>
<td>Heart Failure (HF) 30-Day Mortality Rate</td>
<td>50</td>
<td>0.8800</td>
<td>100</td>
</tr>
<tr>
<td>Pneumonia (PN) 30-Day Mortality Rate</td>
<td>5</td>
<td>-</td>
<td>8</td>
</tr>
</tbody>
</table>

**Improvement Points** are points awarded to your hospital by comparing your hospital’s performance on a measure during the performance period with your hospital’s performance on the same measure during the baseline period. **Achievement Points** are points awarded to your hospital by comparing your hospital’s performance on a measure during the performance period with all hospitals’ performance during the baseline period. The **Measure Score** is the score awarded to your hospital for a measure based on the greater of Improvement Points or Achievement Points.
### Outcome Domain Summary Tools

#### Summary Tools and HVBP Metrics (4 of 4)

<table>
<thead>
<tr>
<th>Mortality Measures</th>
<th>FY 2014 Baseline Period Totals</th>
<th>FY 2014 Performance Period Totals</th>
<th>HVBP Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Eligible Discharges</td>
<td>Baseline Period Rate</td>
<td>Number of Eligible Discharges</td>
</tr>
<tr>
<td>Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>20</td>
<td>0.8000</td>
<td>100</td>
</tr>
<tr>
<td>Heart Failure (HF) 30-Day Mortality Rate</td>
<td>50</td>
<td>0.6000</td>
<td>100</td>
</tr>
<tr>
<td>Pneumonia (PN) 30-Day Mortality Rate</td>
<td>5</td>
<td>-</td>
<td>8</td>
</tr>
</tbody>
</table>

**Eligible Mortality Measures:** 2 out of 3

**Unweighted Outcome Domain Score:** 80.000000000000

**Weighted Outcome Domain Score:** 20.000000000000

The **Eligible Mortality Measures** is the total number of measures that met the minimum case amount during the performance period out of the total 3 Mortality Measures. The **Unweighted Outcome Domain Score** is the sum of your hospital’s scores for the Outcome domain, normalized to take into account only the eligible Mortality Measures. The **Weighted Outcome Domain Score** is your hospital’s **Unweighted Outcome Domain Score** multiplied by the weight of 25%. This score is one of three scores added to calculate your hospital’s TPS.
**Improvement Points:**
Awarded by comparing a hospital’s rates during the Performance Period to that same hospital’s rates from the Baseline Period, and the Benchmark.

- 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
Achievement Points:
Awarded by comparing an individual hospital’s rates during the Performance Period with all hospitals’ rates from the Baseline Period (Benchmark and Achievement Threshold).

Rate at or above the Benchmark: 10 points

Rate less than the Achievement Threshold: 0 points

Rate equal to or greater than the Achievement Threshold and less than the Benchmark: 1–10 points
PN-3b Improvement Points Calculation

Benchmark: 1.0000
Hospital's Baseline Period Rate: 0.9640

Hospital's Performance Period Rate: 0.9779

\[
10 \times \left( \frac{\text{Hospital's Performance Period Rate} - \text{Hospital's Baseline Period Rate}}{\text{Benchmark} - \text{Hospital's Baseline Period Rate}} \right) - 0.5
\]

\[
10 \times \left( \frac{0.9779 - 0.9640}{1.0000 - 0.9640} \right) - 0.5 = 10 \times \left( \frac{0.0139}{0.0360} \right) - 0.5 = 10 \times 0.3861 - 0.5 = 3.3610 = 3
\]
Achievement Calculation

Clinical Process of Care Domain

PN-3b Achievement Points Calculation

Benchmark: 1.0000
Achievement Threshold: 0.9730
Hospital’s Performance Period Rate: 0.9779

\[
9 \times \left( \frac{\text{Hospital's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5
\]

\[
9 \times \left( \frac{0.9779 - 0.9730}{1.0000 - 0.9730} \right) + 0.5 = 9 \times \left( \frac{0.0049}{0.0270} \right) + 0.5 = 9 \times 0.1815 + 0.5 = 2.1335 = 2
\]
# Clinical Process of Care Domain

<table>
<thead>
<tr>
<th>Clinical Process of Care Measures</th>
<th>HVBP Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achievement</td>
</tr>
<tr>
<td>Pneumonia (PN)</td>
<td>.</td>
</tr>
<tr>
<td>PN-3b - Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</td>
<td>0.9730</td>
</tr>
<tr>
<td>FN-6 - Initial Antibiotic Selection for CAP Immunocompetent Patient</td>
<td>0.9446</td>
</tr>
</tbody>
</table>

**Improvement Points: 3 points are awarded**  
This hospital’s Performance Period Rate (0.9779) is greater than this hospital’s Baseline Period Rate (0.9640) but lower than the benchmark (1.0000).

**Achievement Points: 2 points are awarded**  
This hospital’s Performance Period Rate (0.9779) is greater than the Achievement Threshold (0.9730) but less than the Benchmark (1.0000).

**Measure Score: 3 points are awarded for the PN-3b**  
This value is the greater of Improvement Points (3) or Achievement Points (2).

**Condition/Procedure Score: 11 points are awarded for the Pneumonia (PN) Condition**  
This value is the sum of the Measure Scores for the two measures in the Pneumonia condition: PN-3b (3 points) and PN-6 (8 points).
Improvement Calculation
Patient Experience of Care Domain

Communication With Nurses Improvement Points Calculation

Benchmark: 0.8499
Hospital's Baseline Period Rate: 0.7415
Hospital's Performance Period Rate: 0.7983

\[ 10 \times \left( \frac{\text{Hospital's Performance Period Rate} - \text{Hospital's Baseline Period Rate}}{\text{Benchmark} - \text{Hospital's Baseline Period Rate}} \right) - 0.5 \]

\[ 10 \times \left( \frac{0.7983 - 0.7415}{0.8499 - 0.7415} \right) - 0.5 = 10 \times \left( \frac{0.0568}{0.1084} \right) - 0.5 = 10 \times 0.5240 - 0.5 = 4.7400 = 5 \]
Achievement Calculation
Patient Experience of Care Domain

Communication With Nurses Achievement Points Calculation

Benchmark: 0.8499
Achievement Threshold: 0.7579
Hospital's Performance Period Rate: 0.7983

\[ 9 \times \left( \frac{\text{Hospital's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5 \]

\[ 9 \times \left( \frac{0.7983 - 0.7579}{0.8499 - 0.7579} \right) + 0.5 = 9 \times \left( \frac{0.0404}{0.0920} \right) + 0.5 = 9 \times 0.4391 + 0.5 = 4.4519 = 4 \]
The Lowest Dimension Score is used to calculate the HCAHPS Consistency Score.

Hospital's Performance Period Rate - Floor

Achievement Threshold - Floor

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Score Calculation</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>0.7983 - 0.4284 = 0.7579 - 0.4284</td>
<td>1.1226</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>0.7773 - 0.5549 = 0.7957 - 0.5549</td>
<td>0.9240</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>0.7290 - 0.3215 = 0.6221 - 0.3215</td>
<td>1.3556</td>
</tr>
<tr>
<td>Pain Management</td>
<td>0.7087 - 0.4079 = 0.6899 - 0.4079</td>
<td>1.0667</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>0.6286 - 0.3601 = 0.5985 - 0.3601</td>
<td>1.1263</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>0.6280 - 0.3852 = 0.6354 - 0.3852</td>
<td>0.9704</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>0.9122 - 0.5473 = 0.8272 - 0.5473</td>
<td>1.3037</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>0.6598 - 0.3091 = 0.6733 - 0.3091</td>
<td>0.9629</td>
</tr>
</tbody>
</table>
Consistency Score

\[ (20 \times \text{Lowest Dimension Score}) - 0.5 \]

\[ (20 \times 0.9240) - 0.5 = 18.48 - 0.5 = 17.98 = 18 \]
## Patient Experience of Care Domain

<table>
<thead>
<tr>
<th>Patient Experience of Care Dimensions</th>
<th>Baseline Period Rate</th>
<th>Performance Period Rate</th>
<th>Floor</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Improvement Points</th>
<th>Achievement Points</th>
<th>Dimension Score³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>74.15%</td>
<td>79.83%</td>
<td>42.04%</td>
<td>75.79%</td>
<td>64.89%</td>
<td>5</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>75.76%</td>
<td>77.73%</td>
<td>55.48%</td>
<td>79.57%</td>
<td>86.45%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>63.43%</td>
<td>72.90%</td>
<td>32.15%</td>
<td>62.21%</td>
<td>78.08%</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Pain Management</td>
<td>65.48%</td>
<td>70.87%</td>
<td>40.79%</td>
<td>68.99%</td>
<td>77.92%</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>57.28%</td>
<td>62.86%</td>
<td>36.01%</td>
<td>59.85%</td>
<td>71.54%</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>61.56%</td>
<td>52.80%</td>
<td>38.52%</td>
<td>63.54%</td>
<td>78.10%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>83.87%</td>
<td>91.22%</td>
<td>54.73%</td>
<td>82.72%</td>
<td>89.24%</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>62.32%</td>
<td>65.98%</td>
<td>30.91%</td>
<td>67.33%</td>
<td>82.55%</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

HCAHPS Base Score³: 31
HCAHPS Consistency Score: 18
Unweighted Patient Experience of Care Domain Score: 49.00000000000000
Weighted Patient Experience of Care Domain Score³: 14.70000000000000
HCAHPS Surveys Completed During the Performance Period: 1,014

- **Improvement Points: 5 points are awarded**
  This hospital's Performance Period Rate (0.7983) is greater than the Baseline Period Rate (0.7415) but less than the Benchmark (0.8499).

- **Achievement Points: 4 points are awarded**
  This hospital's Performance Period Rate (0.7983) is greater than the Achievement Threshold (0.7579) but less than the Benchmark (0.8499).

- **Dimension Score: 5 points are awarded for the Communication with Nurses Dimension**
  This value is the greater of Improvement Points (5) or Achievement Points (4).

- **HCAHPS Consistency Score: 18 Points are awarded**
  This hospital's Lowest Dimension Score (Communication with Doctors) had a Performance Period Score (0.7779) that was greater than the Floor (0.5549) but less than the Achievement Threshold (0.7957).
Improvement Calculation

Outcome Domain

MORT-30-AMI Improvement Points Calculation

Benchmark: 0.8673
Hospital’s Baseline Period Rate: 0.8000

Hospital’s Performance Period Rate: 0.8900

$$10 \times \left( \frac{0.8900 - 0.8000}{0.8673 - 0.8000} \right) - 0.5$$

$$= 10 \times \left( \frac{0.0900}{0.0673} \right) - 0.5$$

$$= 10 \times 1.3373 - 0.5$$

$$= 12.873 \approx 9$$
Achievement Calculation
Outcome Domain

MORT-30-AMI Achievement Points Calculation

Benchmark: 0.8673
Achievement Threshold: 0.8477

Hospital's Performance Period Rate: 0.8900

\[ 9 \times \left( \frac{\text{Hospital's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5 \]

\[ 9 \times \left( \frac{0.8900 - 0.8477}{0.8673 - 0.8477} \right) + 0.5 = 9 \times \left( \frac{0.0423}{0.0196} \right) + 0.5 = 9 \times 2.1582 + 0.5 = 19.9238 = 10 \]
## Outcome Domain

<table>
<thead>
<tr>
<th>Mortality Measures</th>
<th>FY 2014 Baseline Period Totals</th>
<th>FY 2014 Performance Period Totals</th>
<th>HVBP Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Eligible Discharges</td>
<td>Number of Eligible Discharges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline Period Rate</td>
<td>Performance Period Rate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>20</td>
<td>0.8000</td>
<td>100</td>
</tr>
<tr>
<td>Heart Failure (HF) 30-Day Mortality Rate</td>
<td>50</td>
<td>0.8600</td>
<td>100</td>
</tr>
<tr>
<td>Pneumonia (PN) 30-Day Mortality Rate</td>
<td>5</td>
<td>-</td>
<td>8</td>
</tr>
</tbody>
</table>

**Improvement Points:** 9 points are awarded
This hospital’s Performance Period Rate (0.8900) is greater than the Baseline Period Rate (0.8000) and greater than the Benchmark (0.8673).

**Achievement Points:** 10 points are awarded
This hospital’s Performance Period Rate (0.8900) is greater than the Achievement Threshold (0.8477) and greater than the Benchmark (0.8673).

**Measure Score:** 10 points are awarded for Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
This value is the greater of Improvement Points (9) or Achievement Points (10).
Total Performance Score (1 of 4)

Weighting

Clinical Process Domain Score + Patient Experience Domain Score + Outcome Domain Score = Total Performance Score

45% + 30% + 25%
Total Performance Score (2 of 4)

Unweighted Domain Scores

- Clinical Process Domain Score: 45% (75)
- Patient Experience Domain Score: 30% (49)
- Outcome Domain Score: 25% (80)

Total Performance Score:

(45% + 30% + 25%) = 100%
Total Performance Score (3 of 4)

Weighted Domain Scores

Clinical Process Domain Score + Patient Experience Domain Score + Outcome Domain Score = Total Performance Score

- Clinical Process Domain Score: 75
- Patient Experience Domain Score: 49
- Outcome Domain Score: 80

- Calculations:
  - 75 x 45% = 33.75
  - 49 x 30% = 14.70
  - 80 x 25% = 20.00

Total Performance Score = 33.75 + 14.70 + 20.00 = 68.45
Total Performance Score (4 of 4)
Facility Total Performance Score

Clinical Process Domain Score + Patient Experience Domain Score + Outcome Domain Score = Total Performance Score

45%  30%  25%

75  49  80

75 x 45% = 33.75
49 x 30% = 14.70
80 x 25% = 20.00

= 68.45

This score is translated into the incentive payment by the exchange function.
The exact slope of the linear exchange function will be determined after the performance period and will depend on hospitals’ Total Performance Scores and the total base-operating DRG amount withheld.
Law requires the total amount of value-based incentive payments that CMS may distribute across all hospitals be equal to the amount of the base-operating DRG reduction (1.25% for FY 2014).

Law requires CMS redistribute the available amount across all participating hospitals, based on their performance scores.

The exchange function is the relationship between a hospital's TPS and the amount of money the hospital will get as a value-based incentive payment.
CMS will use a linear exchange function to distribute the available amount of value-based incentive payments to hospitals, based on hospitals’ TPS.

Each hospital’s value-based incentive payment amount for a fiscal year will depend on the range and distribution of hospital scores for that fiscal year’s performance period, on the amount of money available for redistribution, and on the amount of its DRG payments.

The value-based incentive payment amount for each hospital will be applied as an adjustment to the base-operating DRG amount for discharge.
A Hospital may review and request recalculation of performance period scores on each condition, domain and Total Performance Score (TPS) within **30 calendar days** of the availability of the Value-Based Payment Summary Report on *My Quality Net*.

**Where to find the “Review and Corrections Request” form:**

On the *QualityNet* website, select the **[Hospitals – Inpatient]** tab drop-down and select the “Hospital Value-Based Purchasing (HVBP)” link. When the screen refreshes, select the “Review and Corrections/Appeals” link from the left-side navigation pane and select the “Review and Corrections Request Form” link at the bottom of the page (direct link):


**Where to submit completed forms:**

Submit the completed form via *My QualityNet* and upload to the Hospital VBP Feedback Global Exchange Group.
Complete Form with the following information

- Date of Review and Corrections Request
- Hospital CMS Certification Number (CCN)

Contact information

Used for official correspondence
Must include physical street address

- Hospital Name
- Hospital CEO and Hospital QualityNet System Administrator Information

Name
E-mail address
Street Address
City, State and Zip code
Telephone number for both

Hospital Value-Based Purchasing (HVBP)
Review and Corrections Request Form

Hospitals may review and request correction of their hospital's performance scores on each condition, domain, and Total Performance Score (TPS). Hospitals must submit the review and correction request within 30 calendar days of the posting date of the Value-Based Percentage Payment Summary Report on QualityNet (the date this Report is posted to CuMyNet = Day 1).

Fields marked with an asterisk (*) are required.

Hospitals can only request an appeal after first requesting a review and correction of their performance scores. Hospitals that do not submit this formal request within 30 calendar days of report posting on My QualityNet waive eligibility to submit a CMS HVBP appeals request for the applicable fiscal year.

Date:
* Date of Review and Corrections Request (MM/DD/YYYY):

Hospital Contact Information:
* CMS Certification Number (CCN):

* Hospital Name:

Hospital CEO Contact Information:
* Last Name:
Select reason(s) for requesting a review and corrections.

- Condition-specific score
- Domain-specific score
- Total Performance Score (TPS)

Provide detailed description for each of the reason(s) identified on the Review and Corrections request.
Hospitals must receive an adverse determination from CMS of their review and corrections calculation request prior to requesting an appeal.

Upon receipt, CMS:

- Provides e-mail acknowledgement that request has been received.
- Reviews the request and notifies CEO of CMS decision.
Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of CMS’ review and correction decision.

Where to find the “Appeal Request” form:

On the QualityNet website, select the [Hospitals – Inpatient] tab drop-down and select the “Hospital Value-Based Purchasing (HVBP)” link from the list. When the screen refreshes, select the “Review and Corrections/Appeals” link from the left-side navigation pane and select the “Review and Corrections Request Form” link at the bottom of the page (direct link):


Where to submit completed forms:

Submit the completed form via My QualityNet and upload to the Hospital VBP Feedback Global Exchange Group.
Complete all fields on the Form prior to uploading via My QualityNet

Date of Appeal Request
Date of Review and Corrections Request
Date of Review and Corrections Decision from CMS
Hospital CMS Certification Number (CCN)

Contact Information
Used for official correspondence
Must include physical street address

Hospital Name
Hospital CEO and Hospital QualityNet System Administrator Information
Name
E-mail address
Street Address
City, State and Zip code
Telephone number for both

Hospital Value-Based Purchasing Program (HVBP)
Appeal Request Form

Hospitals may appeal the calculation of their performance assessment with respect to the performance standards, as well as their Total Performance Score (TPS). Hospitals may submit an appeal within 30 calendar days of the date of the CMS review and corrections decision letter.

Fields marked with an asterisk (*) are required.
Note: Hospitals must receive an adverse determination from CMS of their review and corrections request prior to requesting an appeal for the applicable fiscal year.

Dates:
*Date of Appeal Request (MM/DD/YYYY):
*Date of Review and Corrections Request (MM/DD/YYYY):
*Date of Review and Corrections Decision from CMS (MM/DD/YYYY):

Hospital Contact Information:
*CMS Certification Number (CCN):

*Hospital Name:

Hospital CEO Contact Information:
* Last Name:
Note:
Hospitals can request an appeal only after first requesting a review and correction of their performance scores.
Hospitals must receive an adverse determination from CMS of their review and correction calculation request prior to requesting an appeal.
Hospitals may submit an appeal within 30 calendar days of receiving CMS’ review and correction decision.
Upon receipt, CMS:
- Provides e-mail acknowledgement that request has been received.
- Reviews the request and notifies CEO of final decision.
Acceptable Appeal Request Reasons

- Denial of 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
YOUR ACTION ITEMS

Check when completed:

Please distribute this slide presentation to key players in your hospital:

- CEO/COO/CMO
- Quality Assurance/Quality Improvement
- Medical Director
- CFO
- Department Directors
- Other pertinent staff (IP, frontline staff, etc.)

Update all hospital individual contact information with your QIO as needed.

Subscribe to the ListServes available on QualityNet:

Select the “Notification and Discussions” link in the Join ListServes box located on the lower left-side of the page (direct link):
https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register

Once the screen refreshes, under Program Notifications section, select the [Hospital IQR (Inpatient Quality Reporting) and Improvement] box and the [Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement] box.

Under the Discussions section, select the [Hospital Inpatient Value-Based Purchasing and Improvement - Discussions] box.

Select the [Submit] button to complete the registration.
Technical questions or issues related to accessing the report

Contact the QualityNet Help Desk at the following email address: qnetsupport@sdps.org or call (866) 288-8912.

More information on your FY 2014 Percentage Payment Summary Report


Frequently Asked Questions (FAQs) related to Hospital VBP

Find FAQs using the Hospital-Inpatient Questions and Answers tool at the following link: https://cms-ip.custhelp.com.

Ask Questions related to Hospital VBP

Submit questions using the Hospital-Inpatient Questions and Answers tool at the following link: https://cms-ip.custhelp.com.
Questions regarding Hospital Value-Based Purchasing (two e-mail addresses)

HRPQIOSC@iaqio.sdps.org
hiqr_education@iaqio.sdps.org

Upcoming Inpatient Quality Reporting Webpage

http://www.iqrsupport.com (Note: Under Construction)

Additional Resources

https://www.qualitynet.org
QualityNet for Webinars/Calls/Newsletters/ Educational Materials