

How to Read Your FY 2013 Actual Percentage Payment Summary Report

Background on Hospital Value-Based Purchasing (VBP) Program

The Hospital VBP Program was established by Congress in the Affordable Care Act, which added Section 1886(o) to the Social Security Act. Hospital VBP is the nation's first national pay-for-performance program for acute care hospitals, and it will serve as an important driver in redesigning how the Centers for Medicare & Medicaid Services (CMS) pays for care and services. Approximately 3,000 hospitals nationwide will be eligible for the program in Fiscal Year (FY) 2013.

Purpose of the Actual Report

The FY 2013 Actual Percentage Payment Summary Report will provide each hospital participating in the FY 2013 Hospital VBP Program of its **actual** value-based incentive payment percentage for each Medicare patient discharge in FY 2013, through that hospital's *My QualityNet* account. This report will provide hospitals their Total Performance Score (TPS) and value-based incentive payment adjustment percentage for the first year of the program.

Actual Percentage Payment Summary Report

Your hospital's **Actual** Report has three sections:

1. **Actual Percentage Payment Summary** – Summarizes the results of the Hospital VBP Program and provides a hospital's **actual** scores for Total Performance, Clinical Process of Care domain, and Patient Experience of Care domain, along with its **actual** value-based incentive payment percentage.
2. **Actual Clinical Process of Care Domain Summary** – Provides details on the 12 Clinical Process of Care measures, including benchmarks, thresholds, and a hospital's measure scores, which are based on the rates for the Clinical Process of Care measures for the baseline and performance periods. This also displays numerators and denominators used to calculate the rates.
3. **Actual Patient Experience of Care Domain Summary** – Provides details on the 8 Patient Experience of Care dimensions, including floor values, benchmarks, thresholds, and a hospital's dimension scores, which are based on the rates associated with the Patient Experience of Care dimensions for the baseline and performance periods.

Appendix A lists the formulas CMS used to create the **Actual** Report.

Section 1. Actual Percentage Payment Summary

Report Run Date: 09/26/2012

Hospital Value Based Purchasing - Value Based Percentage Payment Summary Report

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Actual Percentage Summary Report

Provider: 990801

Reporting Period: Fiscal Year 2013

Data as of¹: 08/29/2012

Baseline Time Period: 07/01/2009 - 03/31/2010

Performance Time Period: 07/01/2011 - 03/31/2012

1a

Total Performance Score

| Facility | State | National |
|-----------------|-----------------|-----------------|
| 75.409090909091 | 59.112233445566 | 55.457577957126 |

1b.

Scores

| Domain | HCAHPS Base Score | Consistency Score | Unweighted Domain Score | Weighting | Weighted Domain Score |
|----------------------------|-------------------|-------------------|-------------------------|-----------|-----------------------|
| Clinical Process of Care | N/A | N/A | 92.727272727273 | 70% | 64.909090909091 |
| Patient Experience of Care | 18 | 17 | 35.000000000000 | 30% | 10.500000000000 |

1c.

Actual Value Based Percentage
Payment Summary - Fiscal Year 2013

| Base operating DRG payment amount reduction ² | Percent of base operating DRG payment amount earned back ³ | Net change in base operating DRG payment amount ⁴ | Value-based multiplier ⁵ |
|--|---|--|-------------------------------------|
| 1.000000000000% | 1.3690323767% | +0.3690323767% | 1.0036903238 |

1d.

1a. Baseline and Performance Time Periods

This section displays the **Baseline Time Period** and **Performance Time Period** used to compute your hospital's scores for the Clinical Process of Care and Patient Experience of Care domains. The **Actual** Percentage Payment Summary Report uses the following time periods, as published in the Hospital VBP Final Rule:

- Baseline period: July 1, 2009 – March 31, 2010
- Performance period: July 1, 2011 – March 31, 2012

The results in the Actual Report will have a financial impact on your hospital.

Note: The **Actual** Percentage Payment Summary Report used a different performance period to compute the Hospital VBP scores than the **Estimated** Percentage Payment Summary Report.

1b. Total Performance Score

This section displays your facility's Total Performance Score (TPS) and compares your facility's TPS to your state and the national scores. The TPS is derived from the Clinical Process of Care and Patient Experience of Care domains. If "N/A – HVBP Ineligible" appears in the Facility field, your facility did not receive a TPS because it did not meet the requirements to be eligible for the FY 2013 Hospital VBP Program during the performance period used for the Actual Report.

1c. Clinical Process of Care and Patient Experience of Care Domains

This section displays your unweighted and weighted scores for the Clinical Process of Care and Patient Experience of Care domains. An "N/A" in a field indicates not applicable or no data is available for a particular measure/survey.



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Note: The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) **Base Score** and **Consistency Score** are not applicable for the Clinical Process of Care domain.

Table 1 Explanation of Report Fields

| Report Field | Description |
|--|--|
| Unweighted Domain Score for the Clinical Process of Care domain | Sum of your hospital's scores for the Clinical Process of Care domain, normalized to take into account only those measures your hospital was eligible for during the performance period. At least four measures with 10 cases per measure are required to be eligible for a TPS. |
| Weighting for the Clinical Process of Care domain | Assigned weight for the Clinical Process of Care domain. Each domain is assigned a weight as a percentage, with the sum of the domain weights totaling 100 percent. |
| Weighted Domain Score for the Clinical Process of Care domain | Your hospital's scores from the Clinical Process of Care measures your hospital was eligible for during the performance period and accounts for 70% of your hospital's TPS. |
| HCAHPS Base Score for the Patient Experience of Care domain | Sum of your hospital's scores from the 8 Patient Experience of Care dimensions. Your hospital can earn a total of 80 points towards your Patient Experience of Care domain score. |
| Consistency Score for the Patient Experience of Care domain | Points awarded based on your hospital's lowest HCAHPS dimension score during the performance period. The higher your hospital's lowest dimension score is above the "Floor" (i.e., the worst performing hospital's dimension rate from the baseline period), the more consistency points your hospital will receive. Your hospital can earn between 0 and 20 points towards your Patient Experience of Care domain score. |
| Unweighted Domain Score for the Patient Experience of Care domain | Sum of your hospital's HCAHPS Base Score and Consistency Score. |
| Weighting for the Patient Experience of Care domain | Assigned weight for the Patient Experience of Care domain. Each domain is assigned a weight as a percentage, with the sum of the domain weights totaling 100 percent. |
| Weighted Domain Score for the Patient Experience of Care domain | Your hospital's HCAHPS Base Score and Consistency Score and accounts for 30% of your hospital's TPS. |

1d. Actual Value Based Payment Summary – Fiscal Year 2013

This section summarizes the **actual** change to your hospital's base-operating DRG payments for FY 2013. The calculations were performed according to the methodology described in the FY 2013 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospitals (LTCH) Final Rule.

Table 2 Explanation of Report Fields

| Report Field | Description |
|---|---|
| Base operating DRG payment amount reduction | <p>Percentage by which your hospital's base-operating DRG payments will be reduced. This amount is 1% in FY 2013 and will gradually increase to 2% over time, as indicated in section 1886(o)(7)(C) of the Social Security Act.</p> <p>When your hospital was not eligible for the Hospital VBP Program, "HVBP Ineligible" appears in the field.</p> |
| Percent of base operating DRG payment amount earned back | <p>Portion of the base-operating DRG amount your hospital earned back, based on its performance in the Hospital VBP Program.</p> <ul style="list-style-type: none"> • If this number is greater than the base-operating DRG reduction amount, the hospital earned back more than the base-operating DRG reduction amount. • If it is equal to the base-operating DRG reduction amount, the hospital earned back the entire base-operating DRG reduction amount. • If it is less than the base-operating DRG reduction amount, the hospital did not earn back the full base-operating DRG reduction amount. • When your hospital was not eligible for the Hospital VBP Program, "HVBP Ineligible" appears in the field. |

Table 2 Explanation of Report Fields (continued)

| Report Field | Description |
|--|---|
| Net change in base operating DRG payment amount | <p>Amount your hospital's FY 2013 base-operating DRG payments will be changed due to the Hospital VBP Program. The amount is equal to the Percent of base operating DRG payment amount earned back minus the Base operating DRG payment amount reduction.</p> <ul style="list-style-type: none"> • A positive number means the hospital will have higher FY 2013 payments because of its Hospital VBP Program performance. • A net amount of zero means there will be no change to the hospital's FY 2013 payments as a result of the Hospital VBP Program. • A negative number means the hospital's FY 2013 payments will be lower due to the Hospital VBP Program. • When your hospital was not eligible for the Hospital VBP Program, "HVBP Ineligible" appears in the field. |
| Value-based multiplier | <p>Number multiplied by the base-operating DRG amount for each discharge at your hospital occurring in FY 2013 due to the Hospital VBP Program. The amount is equal to one plus the Net change in base operating DRG payment amount.</p> <ul style="list-style-type: none"> • If this value is greater than one, your hospital will have higher FY 2013 payments because of its Hospital VBP performance. • If this value is equal to one, your hospital's payments will not be changed due to the Hospital VBP Program. • If this value is less than one, your hospital's FY 2013 payments will be lower due to the Hospital VBP Program. • When your hospital was not eligible for the Hospital VBP Program, "HVBP Ineligible" appears in the field. |

Hospital VBP Exclusion Reason

When your hospital did not meet the requirements to be eligible for the FY 2013 Program during the performance period used for the **Actual** Report, a "Hospital VBP Exclusion Reason" field, explaining the reason for exclusion, will appear on your hospital's **Actual** Report after the Clinical Process of Care and Patient Experience of Care Domains section.

Section 2. Actual Clinical Process of Care Domain Summary (1 of 2)

Report Run Date: 09/26/2012

Hospital Value Based Purchasing - Value Based Percentage Payment Summary Report
Actual Clinical Process of Care Detail Report

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Provider: 990801

Reporting Period: Fiscal Year 2013

Baseline Time Period: 07/01/2009 - 03/31/2010
Performance Time Period: 07/01/2011 - 03/31/2012

2a.

2b.

2c.

| Clinical Process of Care Measures | FY 2013 Baseline Period Totals | | | FY 2013 Performance Period Totals | | |
|--|--------------------------------|-------------|---------------|-----------------------------------|-------------|------------------|
| | Numerator | Denominator | Baseline Rate | Numerator | Denominator | Performance Rate |
| Acute Myocardial Infarction (AMI) | -- | -- | -- | -- | -- | -- |
| AMI-7a - Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival | N/A | N/A | N/A | N/A | N/A | N/A |
| AMI-8a - Primary PCI Received Within 90 Minutes of Hospital Arrival | 33 | 33 | 1.0000 | 42 | 42 | 1.0000 |
| Healthcare-Associated Infections (HAI) | -- | -- | -- | -- | -- | -- |
| SCIP-Inf-1 - Prophylactic Antibiotic Received within One Hour of Surgical Incision | 266 | 273 | 0.9744 | 250 | 250 | 1.0000 |
| SCIP-Inf-2 - Prophylactic Antibiotic Selection for Surgical Patients | 283 | 283 | 1.0000 | 252 | 252 | 1.0000 |
| SCIP-Inf-3 - Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time | 238 | 254 | 0.9370 | 225 | 228 | 0.9868 |
| SCIP-Inf-4 - Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose | 78 | 88 | 0.8864 | 80 | 83 | 0.9639 |
| Heart Failure (HF) | -- | -- | -- | -- | -- | -- |
| HF-1 - Discharge Instructions | 169 | 179 | 0.9441 | 141 | 141 | 1.0000 |
| Pneumonia (PN) | -- | -- | -- | -- | -- | -- |
| PN-3b - Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital | 112 | 112 | 1.0000 | 96 | 96 | 1.0000 |
| PN-6 - Initial Antibiotic Selection for CAP Immunocompetent Patient | 106 | 107 | 0.9907 | 109 | 110 | 0.9909 |
| Surgical Care Improvement Project (SCIP) | -- | -- | -- | -- | -- | -- |
| SCIP-Card-2 - Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period | 134 | 152 | 0.8816 | 162 | 162 | 1.0000 |
| SCIP-VTE-1 - Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered | 143 | 145 | 0.9862 | 283 | 284 | 0.9965 |
| SCIP-VTE-2 - Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery | 140 | 145 | 0.9655 | 283 | 284 | 0.9965 |

This section displays your hospital's performance on the 12 Clinical Process of Care measures. Each measure is listed by the Inpatient Quality Reporting (IQR) measure identifier followed by the measure title. An "N/A" in a field indicates not applicable or no data is available for a particular measure.

2a. Baseline and Performance Time Periods (Clinical Process of Care)

This section displays the **Baseline Time Period** and **Performance Time Period** used to compute the hospital's actual scores for the 12 Clinical Process of Care measures. The **Actual** Percentage Payment Summary Report uses the following time periods, as published in the Hospital VBP Final Rule:

- Baseline period: July 1, 2009 – March 31, 2010
- Performance period: July 1, 2011 – March 31, 2012

The results in the **Actual** Report will have a financial impact on your hospital. **Note:** The **Actual** Percentage Payment Summary Report used a different performance period to compute the Hospital VBP scores than the **Estimated** Percentage Payment Summary Report.



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2b. FY 2013 Baseline Period Totals

This section displays the information in the **FY 2013 Baseline Period Totals** area of the report.

Table 3 Explanation of Report Fields

| Report Field | Description |
|----------------------|---|
| Numerator | Number of patients that received the specified care on a given quality measure in the baseline period. "N/A" appears if not applicable or no data was submitted for your hospital during the baseline period. |
| Denominator | Number of measure-specific discharges used for quality measure calculations in the baseline period. "N/A" appears if not applicable or no data was submitted for your hospital during the baseline period. |
| Baseline Rate | Your hospital's performance for each measure during the baseline period, which is used as input for scoring improvement points. A minimum of ten cases (i.e., a baseline period denominator value greater than or equal to ten) is required to compute improvement points. "N/A" in a field indicates not applicable or no data is available. |

2c. FY 2013 Performance Period Totals

This section displays the information in the **FY 2013 Performance Period Totals** area of the report.

Table 4 Explanation of Report Fields

| Report Field | Description |
|-------------------------|--|
| Numerator | Number of patients that received the specified care on a given quality measure in the performance period. "N/A" appears if not applicable or no data was submitted for your hospital during the performance period. |
| Denominator | Number of measure-specific discharges used for quality measure calculations in the performance period. "N/A" appears if not applicable or no data was submitted for your hospital during the performance period. |
| Performance Rate | Your hospital's performance for each measure during the performance period, which is used as input for scoring both achievement and improvement points. A minimum of ten cases (i.e., a performance period denominator value greater than or equal to ten) is required to compute improvement points. "N/A" in a field indicates not applicable or no data is available. |

A hospital may elect to perform an independent calculation of their Total Performance Score (TPS) using data displayed on the Actual Report.

- In order to perform an independent calculation of the Baseline or Performance Rates for the Clinical Process of Care Measures, a hospital can manually divide the numerator by the denominator for the measure to get the rate. The report only displays a precision of 4 decimal places (x.xxxx) for the Baseline Rate and Performance Rate, however; the TPS calculation uses greater than 4 decimal places and unrounded values.
- In order to perform an independent calculation of the Weighted Clinical Process of Care Domain Score and TPS, a hospital can manually normalize the Clinical Process of Care domain by first calculating the total possible points by multiplying the number of Eligible Clinical Process of Care Measures by 10. The hospital should then divide the total earned points for the Clinical Process of Care domain by the total possible points and multiply the result by 100. The Weighted Clinical Process of Care Domain Score is calculated by multiplying the unrounded Unweighted Normalized Clinical Process of Care Domain Score by 0.7. The report displays a precision of 12 decimal places for the Unweighted Normalized Clinical Process of Care Domain Score, however; the TPS calculation uses the unrounded value.

Section 2. Actual Clinical Process of Care Domain Summary (2 of 2)

Report Run Date: 09/26/2012

Hospital Value Based Purchasing - Value Based Percentage Payment Summary Report

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Actual Clinical Process of Care Detail Report

Provider: 990801

Reporting Period: Fiscal Year 2013

Baseline Time Period: 07/01/2009 - 03/31/2010

Performance Time Period: 07/01/2011 - 03/31/2012

2d.

| Clinical Process of Care Measures | HVPB Metrics | | | | | |
|--|--------------|-----------------------|--------------------|--------------------|---------------|---------------------------|
| | Benchmark | Achievement Threshold | Improvement Points | Achievement Points | Measure Score | Condition/Procedure Score |
| Acute Myocardial Infarction (AMI) | -- | -- | -- | -- | -- | 10 |
| AMI-7a - Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival | 0.9191 | 0.6548 | N/A | N/A | N/A | -- |
| AMI-8a - Primary PCI Received Within 90 Minutes of Hospital Arrival | 1.0000 | 0.9186 | 0 | 10 | 10 | -- |
| Healthcare-Associated Infections (HAI) | -- | -- | -- | -- | -- | 35 |
| SCIP-Inf-1 - Prophylactic Antibiotic Received within One Hour of Surgical Incision | 0.9998 | 0.9735 | 9 | 10 | 10 | -- |
| SCIP-Inf-2 - Prophylactic Antibiotic Selection for Surgical Patients | 1.0000 | 0.9766 | 0 | 10 | 10 | -- |
| SCIP-Inf-3 - Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time | 0.9968 | 0.9507 | 8 | 8 | 8 | -- |
| SCIP-Inf-4 - Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose | 0.9963 | 0.9428 | 7 | 4 | 7 | -- |
| Heart Failure (HF) | -- | -- | -- | -- | -- | 10 |
| HF-1 - Discharge Instructions | 1.0000 | 0.9077 | 9 | 10 | 10 | -- |
| Pneumonia (PN) | -- | -- | -- | -- | -- | 19 |
| PN-3b - Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital | 1.0000 | 0.9643 | 0 | 10 | 10 | -- |
| PN-6 - Initial Antibiotic Selection for CAP Immunocompetent Patient | 0.9958 | 0.9277 | 0 | 9 | 9 | -- |
| Surgical Care Improvement Project (SCIP) | -- | -- | -- | -- | -- | 28 |
| SCIP-Card-2 - Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period | 1.0000 | 0.9399 | 9 | 10 | 10 | -- |
| SCIP-VTE-1 - Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered | 1.0000 | 0.9500 | 7 | 9 | 9 | -- |
| SCIP-VTE-2 - Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery | 0.9985 | 0.9307 | 9 | 9 | 9 | -- |

Eligible Clinical Process of Care Measures: 11 out of 12

Unweighted Normalized Clinical Process of Care Domain Score: 92.727272727273

Weighted Clinical Process of Care Domain Score¹: 64.909090909091

2e.

2d. HVPB Metrics

This section displays the information in the **HVPB Metrics** area of the report.

Table 5 Explanation of Report Fields

| Report Field | Description |
|------------------------------|--|
| Benchmark | Mean of the top decile of all hospitals' performance during the baseline period for each measure. |
| Achievement Threshold | 50 th percentile of all hospitals' performance during the baseline period for each measure. |

Table 5 Explanation of Report Fields (continued)

| Report Field | Description |
|----------------------------------|---|
| Improvement Points | <p>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. Points are awarded as follows:</p> <ul style="list-style-type: none"> • 9 Improvement Points: If your hospital's performance rate is at or above the benchmark. • 0 Improvement Points: If your hospital's performance rate is less than or equal to your baseline rate. • 0–9 Improvement Points: If your hospital's performance rate is between your baseline rate and the benchmark. • N/A: Indicates not applicable or no data is available. |
| Achievement Points | <p>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. Points are awarded as follows:</p> <ul style="list-style-type: none"> • 10 Achievement points: If your hospital's performance rate is at or above the benchmark. • 0 Achievement points: If your hospital's performance rate is less than the achievement threshold. • 1–9 Achievement points: If your hospital's performance rate is equal to or greater than the achievement threshold and less than the benchmark. • N/A: Indicates not applicable or no data is available. |
| Measure Score | Score awarded to your hospital for the Clinical Process of Care measure, based on the greater of the Improvement or Achievement points. "N/A" appears if your hospital received neither achievement nor improvement points. |
| Condition/Procedure Score | Score awarded to your hospital for the condition or procedure and is the sum of the measures for that condition or procedure. "N/A" appears if your hospital did not receive any measure scores for the condition. |

2e. Clinical Process of Care Summary Totals

This section displays the information in the **Clinical Process of Care Summary Totals** area of the report.

Table 6 Explanation of Report Fields

| Report Field | Description |
|--|---|
| Eligible Clinical Process of Care Measures | Number of measures used to compute your hospital's Clinical Process of Care domain score. A minimum of 4 measures with 10 cases per measure is required to compute a hospital's Clinical Process of Care domain score. |
| Unweighted Normalized Clinical Process of Care Domain Score | Your hospital's total earned points for the Clinical Process of Care domain divided by the total possible points, multiplied by 100. "N/A" Indicates not applicable or no data is available. |
| Weighted Clinical Process of Care Domain Score | Weighted score your hospital would receive for the Clinical Process of Care domain, which accounts for 70% of your TPS and comprises your hospital's scores from the eligible clinical process measures. A minimum of ten cases per measure and at least four applicable measures are required to receive a Clinical Process of Care score. "N/A" Indicates not applicable or no data is available. |

Section 3. Actual Patient Experience of Care Domain Summary

Report Run Date: 09/26/2012

Hospital Value Based Purchasing - Value Based Percentage Payment Summary Report

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Actual Patient Experience of Care Detail Report

Provider: 990801

Reporting Period: Fiscal Year 2013

3a.

Baseline Time Period: 07/01/2009 - 03/31/2010
 Performance Time Period: 07/01/2011 - 03/31/2012

3c.

| Patient Experience of Care Dimensions | Baseline Rate | Performance Rate | Floor | Benchmark | Achievement Threshold | Improvement Points | Achievement Points | Dimension Score |
|---|---------------|------------------|--------|-----------|-----------------------|--------------------|--------------------|-----------------|
| Communication with Nurses | 74.80% | 76.09% | 38.98% | 84.70% | 75.18% | 1 | 1 | 1 |
| Communication with Doctors | 83.28% | 81.84% | 51.51% | 88.95% | 79.42% | 0 | 3 | 3 |
| Responsiveness of Hospital Staff² | 57.47% | 58.43% | 30.25% | 77.69% | 61.82% | 0 | 0 | 0 |
| Pain Management | 70.74% | 69.80% | 34.76% | 77.90% | 68.75% | 0 | 2 | 2 |
| Communication about Medicines | 59.93% | 64.86% | 29.27% | 70.42% | 59.28% | 4 | 5 | 5 |
| Cleanliness and Quietness of Hospital Environment | 61.90% | 66.75% | 36.88% | 77.64% | 62.80% | 3 | 3 | 3 |
| Discharge Information | 81.49% | 81.24% | 50.47% | 89.09% | 81.93% | 0 | 0 | 0 |
| Overall Rating of Hospital | 68.71% | 72.18% | 29.32% | 82.52% | 66.02% | 2 | 4 | 4 |

HCAHPS Base Score: 18
 HCAHPS Consistency Score: 17
 Unweighted Patient Experience of Care Domain Score: 35.000000000000
 Weighted Patient Experience of Care Domain Score¹: 10.500000000000
 Performance Period HCAHPS Surveys Completed: 838

3d.

This section displays your hospital's performance on the 8 Patient Experience dimensions. Each dimension is listed by the dimension title. "N/A" in a field indicates not applicable or no data is available.

3a. Baseline and Performance Time Periods (Patient Experience of Care)

This section displays the **Baseline Time Period** and **Performance Time Period** used to compute the hospital's scores for the Patient Experience of Care dimensions. The **Actual** Percentage Payment Summary Report uses the following time periods, as published in the Hospital VBP Final Rule:

- Baseline period: July 1, 2009 – March 31, 2010
- Performance period: July 1, 2011 – March 31, 2012

The results in the **Actual** Report will have a financial impact on your hospital. **Note:** The **Actual** Percentage Payment Summary Report used a different performance period to compute the Hospital VBP scores than the **Estimated** Percentage Payment Summary Report.

3b. Dimension Score appearing in ***Bold Italic*** font (Hospital's Lowest Dimension)

This part displays your hospital's lowest dimension score from the performance period. Your hospital's lowest dimension score is used to calculate your HCAHPS Consistency Score. **Important Note:** Hospitals earn Consistency Points only on their lowest Patient Experience of Care dimension.



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3c. FY 2013 Patient Experience of Care Dimensions Totals

This section displays the **Patient Experience of Care Dimensions Totals** in the report.

Table 7 Explanation of Report Fields

| Report Field | Description |
|------------------------------|---|
| Baseline Rate | Your hospital's rate for each Patient Experience of Care dimension during the baseline period. "N/A" in a field indicates not applicable or no data is available. |
| Performance Rate | Your hospital's rate for each Patient Experience of Care dimension during the performance period. "N/A" in a field indicates not applicable or no data is available. |
| Floor | Worst-performing hospital's performance rate during the baseline period, which defines the 0 percentile for this dimension. To calculate consistency points, your hospital's performance on its lowest dimension is compared to the floor. |
| Benchmark | Mean of the top decile of all hospitals' performance on each dimension during the baseline period. |
| Achievement Threshold | 50 th percentile of all hospitals' performance on each dimension during the baseline period. |
| Improvement Points | <p>Points your hospital would be awarded 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. Points are awarded as follows:</p> <ul style="list-style-type: none"> • 9 Improvements Points: If your hospital's performance rate is at or above the benchmark. • 0 Improvement Points: If your hospital's performance rate is less than or equal to your baseline rate. • 0–9 Improvement Points: If your hospital's performance rate is between your baseline rate and the benchmark. • N/A: If your hospital does not have a baseline rate and/or performance rate. |

Table 7 Explanation of Report Fields (continued)

| Report Field | Description |
|---------------------------|--|
| Achievement Points | <p>Points your hospital would be awarded by comparing your hospital's performance on a dimension during the performance period with all hospitals' performance during the baseline period. Points are awarded as follows:</p> <ul style="list-style-type: none"> • 10 Achievement points: If your hospital's performance rate is at or above the benchmark. • 0 Achievement points: If your hospital's performance rate is less than the achievement threshold. • 1–9 Achievement points: If your hospital's performance rate is equal to or greater than the achievement threshold and less than the benchmark. • N/A: If your hospital does not have a performance rate. |
| Dimension Score | Score your hospital would be awarded for the Patient Experience of Care dimension, based on the greater of the Improvement or Achievement points. "N/A" in a field indicates not applicable or no data is available. |

3d. Patient Experience of Care Dimensions Summary Totals

This section displays the **Patient Experience of Care Dimensions Summary Totals** in the report.

Table 8 Explanation of Report Fields

| Report Field | Description |
|--------------------------|--|
| HCAHPS Base Score | Total dimension score your hospital would be awarded based on the greater of the Improvement or Achievement points. "N/A" in a field indicates not applicable or no data is available. |

Table 8 Explanation of Report Fields (continued)

| Report Field | Description |
|---|--|
| HCAHPS Consistency Score | <p>Points that would be awarded based on your hospital's lowest HCAHPS dimension score during the performance period. The higher your hospital's lowest dimension score is above the "floor" (i.e., the worst-performing hospital's dimension rate from the baseline period), the more consistency points your hospital will receive. Your hospital can earn between 0 and 20 points towards your Patient Experience of Care domain as follows:</p> <ul style="list-style-type: none"> • 20 points: If all of your hospital's dimension rates during the performance period are greater than or equal to their respective achievement thresholds. • 0 points: If any of your hospital's dimension rates during the performance period are less than or equal to the worst-performing hospital's dimension rate from the baseline period. • 0–19 points: If any of your hospital's dimension rates are greater than the worst-performing hospital's rate (floor) but less than the achievement threshold from the baseline period. • N/A: "N/A" in a field indicates not applicable or no data is available. |
| Unweighted Patient Experience of Care Domain Score | <p>Unweighted score your hospital would receive for the Patient Experience of Care domain, which is the sum of your hospital's HCAHPS Base Score and Consistency Score. "N/A" in a field indicates not applicable or no data is available.</p> |
| Weighted Patient Experience of Care Domain Score | <p>Your hospital's weighted score for the Patient Experience of Care domain, which accounts for 30% of your TPS and comprises your hospital's HCAHPS Base Score and Consistency Score. "N/A" in a field indicates not applicable or no data is available.</p> |
| Performance Period HCAHPS Surveys Completed | <p>Your hospital's total number of completed surveys during the performance period. At least 100 completed surveys are required to receive a Patient Experience of Care domain score. "N/A" in a field indicates not applicable or no data is available.</p> |

Note: A hospitals can approximate its Patient Experience of Care Domain score for the FY 2013 Hospital Value-Based Purchasing Program using the step-by-step process CMS and the HCAHPS Project Team used in calculating the score. The document is

available on *QualityNet* by selecting the “Hospital Value-Based Purchasing (VBP)” link from the **[Hospitals-Inpatient]** tab drop-down list followed by selecting the “Resources” link in the left side navigational bar.

Questions?

An explanation of the FY 2013 Hospital VBP Program scoring methodology and use of the Inpatient Quality Reporting measures is available on *QualityNet* by selecting the “Hospital Value-Based Purchasing (VBP)” link from the **[Hospitals-Inpatient]** tab drop-down list followed by selecting the “Fiscal Year 2013” link in the left side navigational bar (direct link):

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237410>.

Additional information about the Hospital VBP Program is also available on CMS’ website by selecting **[Medicare]** tab followed by selecting the “Hospital Value-Based Purchasing” link under the Quality Initiatives/Patient Assessment Instruments section (direct link): <http://www.cms.gov/hospital-value-based-purchasing>.

For questions related to the Actual Percentage Payment Summary Report or the Hospital Value-Based Purchasing (VBP) Program, use the Hospital-Inpatient Questions and Answers tool available on *QualityNet* by selecting the “Hospitals – Inpatient” link under the Questions & Answers header in the right-hand side blue box (direct link):

<https://cms-ip.custhelp.com>.

The Hospital-Inpatient Questions and Answers tool can be used to search for answered questions by providing a search word/phrase or by selecting the **[Find an Answer]** button followed by selecting a link under a topic header or by submitting a new question (requires one-time registration) using the **[Ask a Question]** button.

For technical questions or issues related to accessing the **Actual** Percentage Payment Summary Report, contact the QualityNet Help Desk at the following e-mail address: qnetsupport@sdps.org.

Appendix A

Formulas used to create the Estimated Report are listed by Score.

Figure 1: Improvement Score Formula

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

Improvement Score calculation: (Performance Period Rate minus Baseline Period Rate) divided by (Benchmark minus Baseline Period Rate) multiplied by 10 with 0.5 subtracted from the product.

Figure 2: Achievement Score Formula

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

Achievement Score calculation: (Performance Period Rate minus Achievement Threshold) divided by (Benchmark minus Achievement Threshold) multiplied by 9 with 0.5 added to the product.

Figure 3: Normalized Clinical Process of Care Domain Score Formula

$$(\text{Hospital's Points Earned} / \text{Total Points Possible}) \times 100$$

Normalized Clinical Process of Care Domain Score calculation: (Hospital's Points Earned divided by Total Points Possible) multiplied by 100. Note: The score is normalized to take into account only those measures your hospital was eligible for during the performance period.

Figure 4: Patient Experience of Care Domain Score Formula

$$\sum (\text{Base Score}) + (\text{Consistency Score})$$

Patient Experience of Care Domain Score calculation: Sum of (Base Score) plus (Consistency Score).

Figure 5: Base Score Formula

$$\sum (\text{Your Hospital's Scores for the 8 Patient Experience Dimensions})$$

Base Score calculation: Sum of the scores for the 8 Patient Experience dimensions for your hospital.

Figure 6: Lowest Dimension Score Formula

$$\frac{(\text{Performance Period Rate} - \text{Floor})}{(\text{Achievement Threshold} - \text{Floor})}$$

Lowest Dimension Score calculation: (Performance Period Rate minus the Floor) divided by (Achievement Threshold minus the Floor).

Figure 7: Consistency Score Formula

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

Consistency Score calculation: (20 multiplied by the Lowest Dimension Score) minus 0.5.

Figure 8: Total Performance Score (TPS) Formula

$$\sum (\text{Weighted Clinical Process Domain Score}) + (\text{Weighted Patient Experience Domain Score})$$

Total Performance Score (TPS) calculation: The sum of (Weighted Clinical Process Domain Score plus Weighted Patient Experience Domain Score). **Note:** The Weighted Clinical Process Domain Score is 70% of the TPS and the Weighted Patient Experience Domain Score is 30% of the TPS.

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