

# Model VBP FY2013 Worksheet Instructions and Reference Guide



This material was prepared by Qualis Health, the Medicare Quality Improvement Organization for Idaho and Washington, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. ID/WA-C7-QH-774-04-12

# Instructions

**Purpose:** The Qualis Health VBP Worksheet gives hospitals the opportunity to estimate (or model) how their performance on VBP measures will eventually translate into a Total Performance Score in FY2013.

## **Benefits:**

- Helps identify areas for process improvement prior to start of the performance period
- Gives flexibility to update performance data in “real-time” once performance period begins
- Allows user to monitor progress and assess potential risk throughout performance period
- Facilitates ongoing communication between quality department, leadership, and front line

## **Limitations:**

This Model VBP Worksheet is for educational use only. No payment incentives or penalties are to be applied based on these data.

## **Instructions:**

- Enable Macros when you open the worksheet
- For Process Measures
  - Update the date range for the data you will enter (FYI - VBP FY2014 Baseline for Process and HCAHPS data is 4/1/2010 - 12/31/2010 and for Performance Period it is 4/1/2012 to 12/31/2012)
  - Enter numerator (num) and denominator (den) for each measure under Baseline and Your Performance columns for your hospital
  - Data source is mechanism your hospital uses for reporting these measures to CMS for Inpatient Hospital Reporting
  - You must enter data for at least four measure under Your Performance column and each must have at least “10” in the denominator to receive a domain score
  - As you enter new data, you will see changes in the Percentage (%) for that measure and in the Output fields
- For HCAHPS Dimensions
  - Update your percent scores for each dimension in Your HCAHPS Survey Baseline and Performance columns
  - Update the date range for these columns to reflect the data you have entered (VBP specified Baseline and Performance periods for HCAHPS are the same as for Process Measures)
  - As you enter new data, you will see changes for that dimension and in the Output fields

# Instructions

## Special Notes:

- You receive the higher of your attainment or improvement points for each measure or dimension
- If there is no data for a measure during baseline, you will be assigned only attainment points based on your performance period data
- You must have both process and HCAHPS data for the worksheet to compute a Total Performance Score
- If you had no HCAHPS data during the baseline period, once you enter HCAHPS data for each of the eight (8) dimensions under Your Performance column you will receive a HCAHPS Domain Score and a Total Performance Score
- For process measures, you must have at least "10" cases in your denominator during the baseline period to compute improvement points
- For HCAHPS dimensions, you must have at least "100" surveys during the baseline period to compute improvement points
- For process measures, you must have at least "10" cases in your denominator during the performance period to compute attainment and improvement points
- For HCAHPS dimensions, you must have at least "100" surveys during the performance period to compute attainment and improvement points

# Reference Guide 1

## Process Measures

National Clinical Data Performance Standards FY2013			National Clinical Data Performance Standards FY2013		
Inpatient Hospital Process Measures	Benchmark	Threshold	Inpatient Hospital Process Measures	Benchmark	Threshold
AMI-7a Fibrinolytic agent received w/in 30' of hospital arrival	91.91	65.48	SCIP-2 Received Prophylactic Abx Consistent w/ Recommendations	100.00	97.66
AMI-8a PCI received w/in 90' of hospital arrival	100.00	91.86	SCIP-3 Prophylactic Abx Discontinued w/in 24hrs of Surgery EndTime or 48 hrs for Cardiac Surgery	99.68	95.07
PN-3b Blood culture Before 1st antibiotic received in hospital	100.00	96.43	SCIP-4 Controlled 6 AM Postoperative Serum Glucose - Cardiac Surgery	99.63	94.28
PN-6 Appropriate antibiotic selection for CAP in Immunocompetant patients	99.58	92.77	SCIP-VTE1 Recommended VTE Prophylaxix Ordered During the Admission	100.00	95.00
HF-1 Discharge instructions	100.00	90.77	SCIP-VTE2 Received VTE Prophylaxix w/in 24 hrs Prior to or After Surgery	99.85	93.07
SCIP-1 Prophylactic antibiotic received w/in 1 hr prior to surgical incision	99.98	97.35	SCIP-CARD2 Pre-Admission Beta-blocker and Perioperative Period Beta-blocker	100.00	93.99

**1. This Model VBP Reference Guide is for educational use only. No payment incentives or penalties are to be applied based on these data. Methodology guided by US DHHS 2007 Report to Congress and CMS Final Rule Issued 4/29/2011**

### 2. Assigning Points for Achievement

For each VBP measure that counts toward incentive payment, a hospital could earn from 0 to 10 points for attainment based on where its score for the measure fell relative to the attainment threshold and the benchmark. All attainment points would be rounded to the nearest whole number.

Attainment points are only assigned if at least 10 cases in the denominator during performance period.

- If the hospital's score is equal to or greater than the benchmark, then the hospital receives 10 points for attainment.
- If the hospital's score is within the attainment range (greater than the attainment threshold, but below the benchmark), then the hospital receives between 1 and 9 points based on a discrete linear scale established for the attainment range.
- If a hospital's score is equal to or less than the attainment threshold (i.e., the lower bound of the attainment range), then the hospital receives 0 points for attainment.

# Reference Guide 1

## Process Measures

### 3. Assigning Points for Improvement

For each VBP measure tied to incentive payment, a hospital could earn from 0 to 10 points for improvement based on improving its score on the measure from its baseline performance. A unique improvement range for each hospital on each VBP measure would be established to define the distance between the hospital's baseline score on a measure and the national benchmark for the measure during baseline. All improvement points would be rounded to the nearest whole number.

Improvement points are only assigned if at least 10 cases in the denominator during baseline and performance periods.

- If a hospital's score is greater than the hospital baseline score and less than or equal to the national benchmark, then the hospital receives between 1 and 9 points.
- If the hospital's score is greater than the national benchmark, then the hospital receives 10 points.
- If the hospital's score is equal to or less than its baseline score, then the hospital receives 0 points.

### 4. Calculation of the Overall VBP Process Domain Score

A hospital's overall VBP process domain score is based on all process measures for which the hospital submitted data and for which it had a sufficient number of cases. The number of measures for each hospital can vary, depending on the services that the hospital provides. As described above, for each applicable measure a hospital receives from 0 to 10 points based on attainment or improvement, whichever is higher. The points earned for each measure are summed to determine total earned points:

*Total earned points = Sum of points earned across all reported measures*

Each hospital will also have a corresponding universe of total possible points which is calculated as:

*Total potential points = Total number of measures reported by hospital x 10 pts*

The hospital's VBP process domain score is a percent computed as follows:

*VBP process domain score = Total earned points / Total possible points x 100%*

Because the process domain score is based only on the process measures for which a hospital can report, given its patient population and service mix, the scores are normalized across hospitals that report different numbers of measures.



# Reference Guide 1

## Process Measures

### **5. Weight of Hospital Performance Domains and Calculation of the Hospital VBP Total Performance Score**

CMS will use a 70 percent clinical process of care and 30 percent HCAHPS weighting scheme for the FY2013 Hospital VBP program.

### **6. Translation of VBP Performance Score into Incentive Payment**

The Total Performance Score will be multiplied by a linear exchange function (slope) to determine incentive payment.

CMS will compute this slope after the close of the performance period.

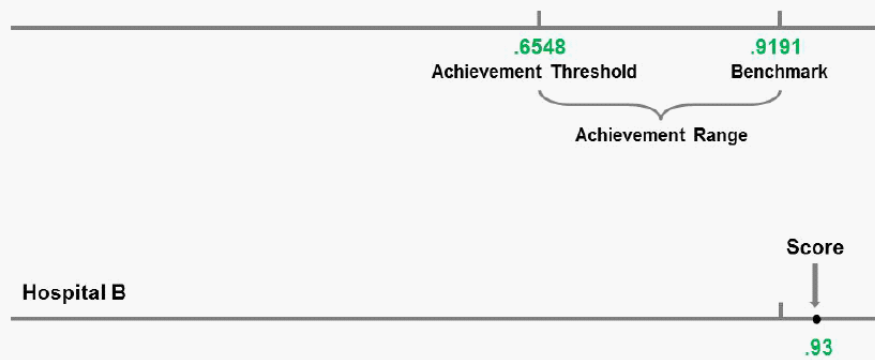
# Reference Guide 2

## Process Measures

Inpatient Hospital Process Measures, point assignment examples  
 Figures from CMS Final Rule Issued 4/29/2011

Figure 1. Example of Hospital Earning Points by Exceeding Benchmark, Clinical Process of Care and Outcome Measure Scoring Under Three-Domain Performance Scoring Model

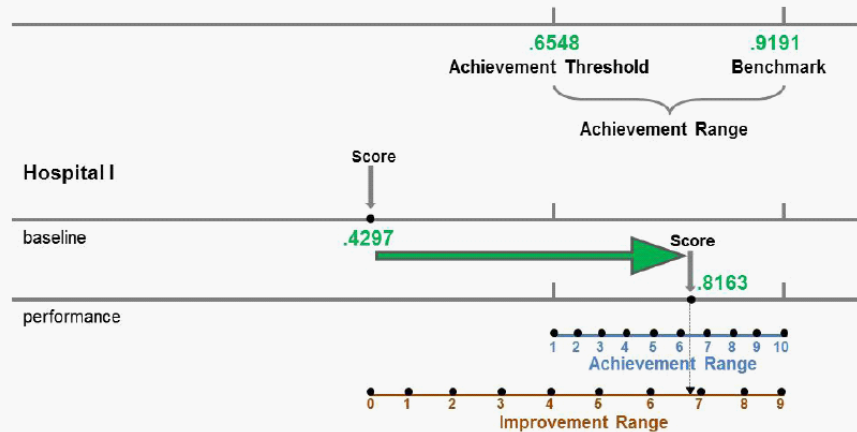
### Measure: AMI-7a – Fibrinolytic Therapy



Hospital B earns: 10 points for achievement performance exceeding the benchmark  
 Hospital B score: 10 points on this measure

Figure 2. Example of Hospital Earning Points by Achievement or Improvement, Clinical Process of Care and Outcome Measure Scoring Under Three-Domain Performance Scoring Model

### Measure: AMI-7a – Fibrinolytic Therapy

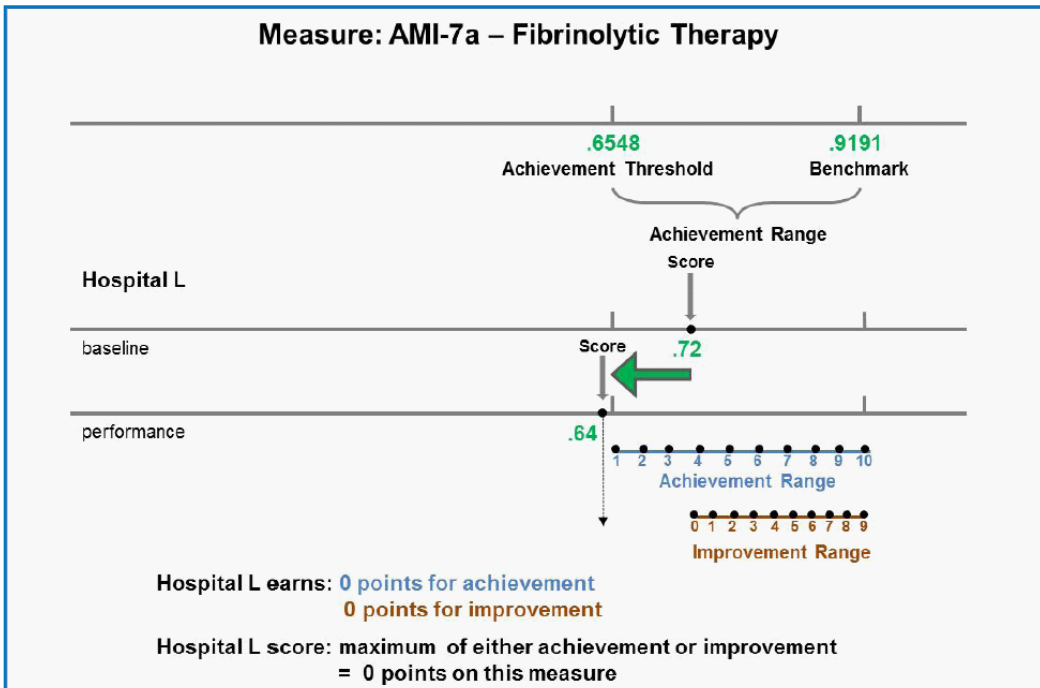


Hospital I earns: 6 points for achievement  
 7 points for improvement  
 Hospital I score: maximum of either achievement or improvement  
 = 7 points on this measure

# Reference Guide 2

## Process Measures

Inpatient Hospital Process Measures, point assignment examples  
 Figures from CMS Final Rule Issued 4/29/2011





# Reference Guide 3

## HCAHPS Dimensions

HCAHPS Performance Standards FY2014				HCAHPS Performance Standards FY2014			
HCAHPS Dimensions	Floor	Benchmark	Threshold	HCAHPS Dimensions	Floor	Benchmark	Threshold
Communication with Nurses (% "Always")	38.98	84.70	75.18	Communication About Medications (% "Always")	29.27	70.42	59.28
Communication with Doctors (% "Always")	51.51	88.95	79.42	Cleanliness and Quietness (% "Always")	36.88	77.64	62.80
Responsiveness of Hospital Staff (% "Always")	30.25	77.69	61.82	Discharge Information (% "Yes")	50.47	89.09	81.93
Pain Management (% "Always")	34.76	77.90	68.75	Overall Rating of Hospital (% "9 or 10")	29.32	82.52	66.02

**1. This Model VBP Reference Guide is for educational use only. No payment incentives or penalties are to be applied based on these data. Methodology guided by US DHHS 2007 Report to Congress and CMS Final Rule Issued on 4/29/2011**

### 2. Assigning Points for Achievement

For each HCAHPS VBP dimension that counts toward incentive payment, a hospital could earn from 0 to 10 points for attainment based on where its percentage score for the dimension fell relative to the attainment threshold and the benchmark. All attainment points would be rounded to the nearest whole number.

Attainment points are only assigned if at least 100 surveys during performance period.

- If the hospital's percentage score is equal to or greater than the benchmark, then the hospital receives 10 points for attainment.
- If the hospital's percentage score is within the attainment range (greater than the attainment threshold, but below the benchmark), then the hospital receives between 1 and 9 points based on a discrete linear scale established for the attainment range.
- If a hospital's percentage score is equal to or less than the attainment threshold (i.e., the lower bound of the attainment range), then the hospital receives 0 points for attainment.

# Reference Guide 3

## HCAHPS Dimensions

### 3. Assigning Points for Improvement

For each HCAHPS VBP dimension tied to incentive payment, a hospital could earn from 0 to 10 points for improvement based on improving its percentage score on the dimension from its baseline performance. A unique improvement range for each hospital on each VBP dimension would be established to define the distance between the hospital's baseline percentage score on a dimension and the national benchmark for the dimension during baseline. All improvement points would be rounded to the nearest whole number.

Improvement points are only assigned if at least 100 surveys during baseline and performance periods.

- If the hospital's percentage score is between the hospital's baseline percentage score and the national benchmark, then the hospital receives between 0 and 10 points based on the discrete linear scale that defines the improvement range.
- If a hospital's percentage score is equal to or lower than its baseline percentage score on the dimension, then the hospital receives 0 points for improvement.

### 4. Assigning Points for Consistency

The Minimum Value Formula from the final rule is applied to each HCAHPS dimension score from the performance period to determine a minimum value for each (so the minimum value is not necessarily the same as the face value of your lowest HCAHPS score).

Minimum Value Formula =  $(\text{Your Performance Score} - \text{Floor Score}) / (\text{Threshold score} - \text{Floor score})$

The lowest computed minimum value is then plugged into another formula for consistency point assignment:

Formula =  $(20 * \text{min}) - 0.5$

# Reference Guide 3

## HCAHPS Dimensions

### 5. Calculation of the Overall Patient Experience of Care domain (HCAHPS) Performance Score

CMS will calculate the overall HCAHPS performance score as follows:

- For each of the eight dimensions, determine the larger of the 0-10 achievement score and the 0-10 improvement points
- Sum these eight values to arrive at a 0-80 HCAHPS domain score
- Calculate the 0-20 HCAHPS consistency points
- To arrive at the HCAHPS total earned points, or HCAHPS overall domain score, sum the HCAHPS base score and the consistency score

### 6. Weight of Hospital Performance Domains and Calculation of the Hospital VBP Total Performance Score

CMS will use a 70 percent clinical process of care and 30 percent HCAHPS weighting scheme for the FY2013 Hospital VBP program.

### 7. Translation of VBP Performance Score into Incentive Payment

The Total Performance Score will be multiplied by a linear exchange function (slope) to determine incentive payment.

CMS will compute this slope after the close of the performance period.

# Reference Guide 4

## HCAHPS Dimensions

### Point assignment examples

HCAHPS Survey Dimensions, point assignment examples  
 Figures from CMS Final Rule Issued 4/29/2011

Figure 4. Example of Hospital Earning Points by Exceeding Benchmark, HCAHPS Measure Scoring Under the Three-Domain Performance Scoring Model

#### Dimension: Doctor Communication



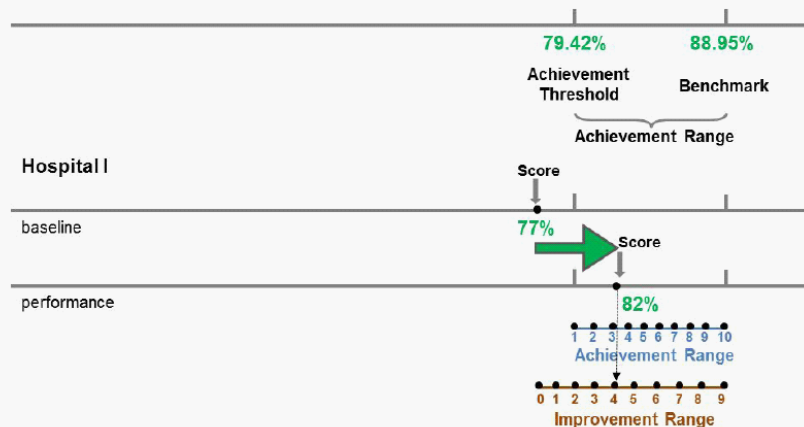
Hospital B's performance in measurement period equates to 90 percent in the baseline period.

Hospital B earns: 10 points for achievement performance exceeding the benchmark

Hospital B score: 10 points on this dimension

Figure 5. Example of Hospital Earning Points By Achievement or Improvement, HCAHPS Measure Scoring Under the Three-Domain Performance Scoring Model

#### Dimension: Doctor Communication



Hospital I earns: 3 points for achievement  
 4 points for improvement

Hospital I score: maximum of either achievement or improvement  
 = 4 points on this dimension

# Reference Guide 4

## HCAHPS Dimensions

### Point assignment examples

HCAHPS Survey Dimensions, point assignment examples  
 Figures from CMS Final Rule Issued 4/29/2011

