

# Model VBP FY2014 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-757-03-12

# 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 for FY2014.

## **Benefits:**

- Helps identify areas for process improvement
- Gives flexibility to update performance data in “real-time” during performance period
- 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.

## **Access:**

- To request a copy of the FY2014 VBP Worksheet, contact [qhmedicareteam@qualishealth.org](mailto:qhmedicareteam@qualishealth.org)

## **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 the date range for these columns to reflect the data you will enter (VBP specified Baseline and Performance periods for HCAHPS are the same as for Process Measures)
  - Enter percent scores for each dimension in Your HCAHPS Survey Baseline and Performance columns.
  - Potential data sources are Hospital Compare website and/or your HCAHPS vendor
  - You must enter data for all eight dimensions under “Your Performance” to receive a domain score
  - As you enter new data, you will see changes for that dimension and in the Output fields

# Instructions

- For Outcome Measures
  - Update the date range for data you will enter (FYI - VBP FY2014 Baseline for 30-day Mortality Baseline is 7/1/2009 to 6/30/2010 and Performance is 7/1/2011 to 6/30/2012)
  - Enter your best estimate for risk-adjusted 30-day mortality rate for each condition.
  - Potential data source is last value published on Hospital Compare website.
  - You must enter data for at least two of the three mortality measures to receive an outcome domain score
  - The Worksheet will convert the 30-day mortality rate you enter into a survival rate so it can use benchmarks and thresholds provided by CMS to compute point assignment
  - As you enter new data, you will see changes for that dimension and in the Output fields
  - CMS has not released point assignment examples for outcome measures. The final rule suggests they will use the same approach as with process measures.

## Special Notes:

- You receive the higher of your achievement or improvement points for each measure or dimension
- If there is no data for a measure during baseline, you will be assigned only achievement points based on your performance period data
- You must have process, HCAHPS, and 30-day mortality data for the worksheet to compute a Total Performance Score
- For process measures, you must have at least "10" cases in your denominator for at least 4 measures during the performance period to compute achievement points
- For process measures, you must have at least "10" cases in your denominator for at least 4 measures during the baseline period and performance period to compute improvement points
- 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 HCAHPS dimensions, you must have at least "100" surveys during the baseline period and performance period to compute improvement points.
- For HCAHPS dimensions, you must have at least "100" surveys during the performance period to compute achievement points.
- For 30-day mortality measures, you must have at least "10" cases for at least 2 measures during the baseline and performance period to compute improvement points.
- For 30-day mortality, you must have at least "10" cases for each condition for at least 2 measures during the performance period to compute achievement points.

# Reference Guide 1

## Process Measures

National Clinical Data Performance Standards FY2014			National Clinical Data Performance Standards FY2014		
Inpatient Hospital Process Measures	Benchmark	Threshold	Inpatient Hospital Process Measures	Benchmark	Threshold
AMI-7a Fibrinolytic agent received w/in 30' of hospital arrival	96.30	80.66	SCIP-2 Received Prophylactic Abx Consistent w/ Recommendations	100.00	98.13
AMI-8a PCI received w/in 90' of hospital arrival	100.00	93.44	SCIP-3 Prophylactic Abx Discontinued w/in 24hrs of Surgery EndTime or 48 hrs for Cardiac Surgery	99.96	96.63
PN-3b Blood culture Before 1st antibiotic received in hospital	100.00	97.30	SCIP-4 Controlled 6 AM Postoperative Serum Glucose - Cardiac Surgery	100.00	96.34
PN-6 Appropriate antibiotic selection for CAP in Immunocompetant patients	99.58	94.46	SCIP-VTE1 Recommended VTE Prophylaxix Ordered During the Admission	100.00	94.62
HF-1 Discharge instructions	100.00	92.66	SCIP-VTE2 Received VTE Prophylaxix w/in 24 hrs Prior to or After Surgery	99.83	94.92
SCIP-1 Prophylactic antibiotic received w/in 1 hr prior to surgical incision	100.00	98.07	SCIP-CARD2 Pre-Admission Beta-blocker and Perioperative Period Beta-blocker	100.00	95.65
			SCIP-9 Postoperative urinary catheter removal on postoperative day 1 or 2	99.89	92.86

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### 2. Assigning Points for Achievement

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

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

# Reference Guide 1

## Process Measures

### 3. Assigning Points for Improvement

For each VBP process measure tied to incentive payment, a hospital can earn from 0 to 9 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 is 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 are rounded to the nearest whole number.

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

- If a hospital's score is greater than the hospital's 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 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 for achievement and 0 to 9 points for 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**

Clinical process domain score will receive 45% weighting in TPS for the FY2014 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.

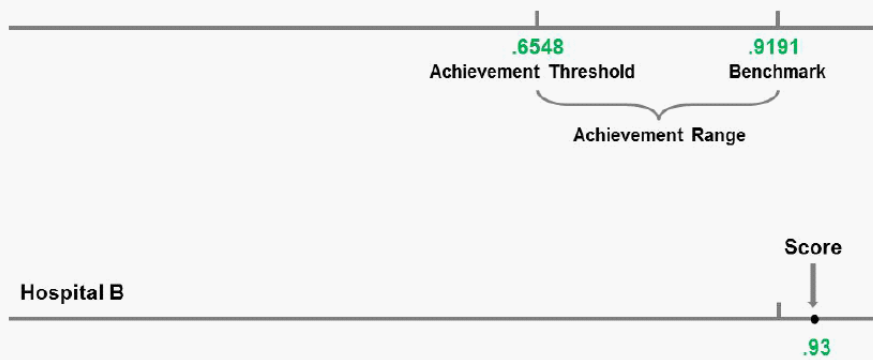
# Reference Guide 2

## Process Measures

Note: CMS examples below use FY2013 achievement and benchmark values. We include them here as they offer a visual representation of point assignment

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

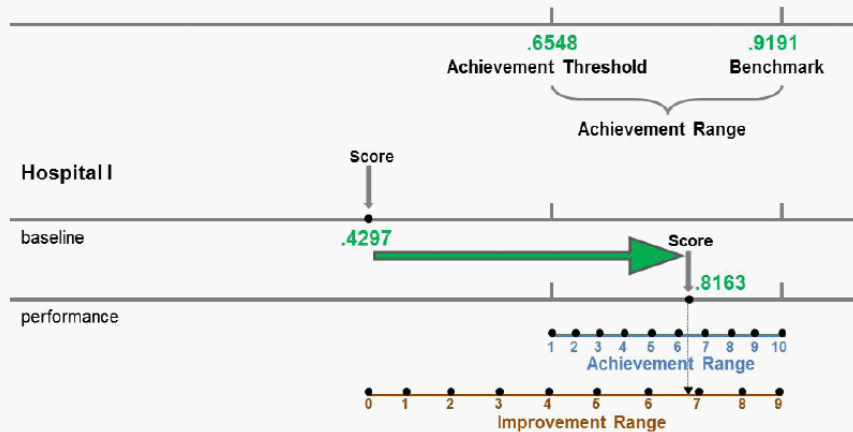
### Measure: AMI-7a – Fibrinolytic Therapy



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

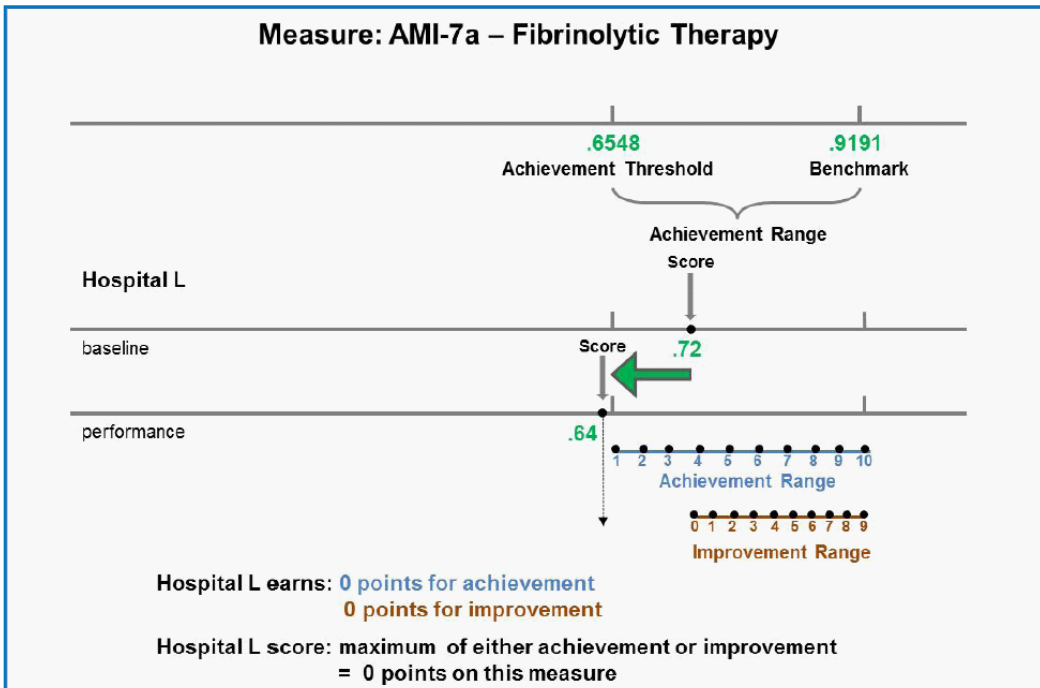


Hospital I earns: 6 points for achievement  
 7 points for improvement  
 Hospital I score: maximum of either achievement or improvement  
 = 7 points on this measure

# Reference Guide 2

## Process Measures

Note: CMS examples below use FY2013 achievement and benchmark values. We include them here as they offer a visual representation of point assignment





# 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")	42.84	84.99	75.79	Communication About Medications (% "Always")	36.01	71.54	59.85
Communication with Doctors (% "Always")	55.49	88.45	79.57	Cleanliness and Quietness (% "Always")	38.52	78.10	63.54
Responsiveness of Hospital Staff (% "Always")	32.15	78.08	62.21	Discharge Information (% "Yes")	54.73	89.24	82.72
Pain Management (% "Always")	40.79	77.97	68.99	Overall Rating of Hospital (% "9 or 10")	30.91	82.55	67.33

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### 2. Assigning Points for Achievement

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

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

# Reference Guide 3

## HCAHPS Dimensions

### 3. Assigning Points for Improvement

For each HCAHPS VBP dimension tied to incentive payment, a hospital can earn from 0 to 9 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 is 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 9 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 0-9 improvement points
- Sum these eight values to arrive at a 0-80 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

HCAHPS domain score will receive 30% weighting in TPS for the FY2014 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.

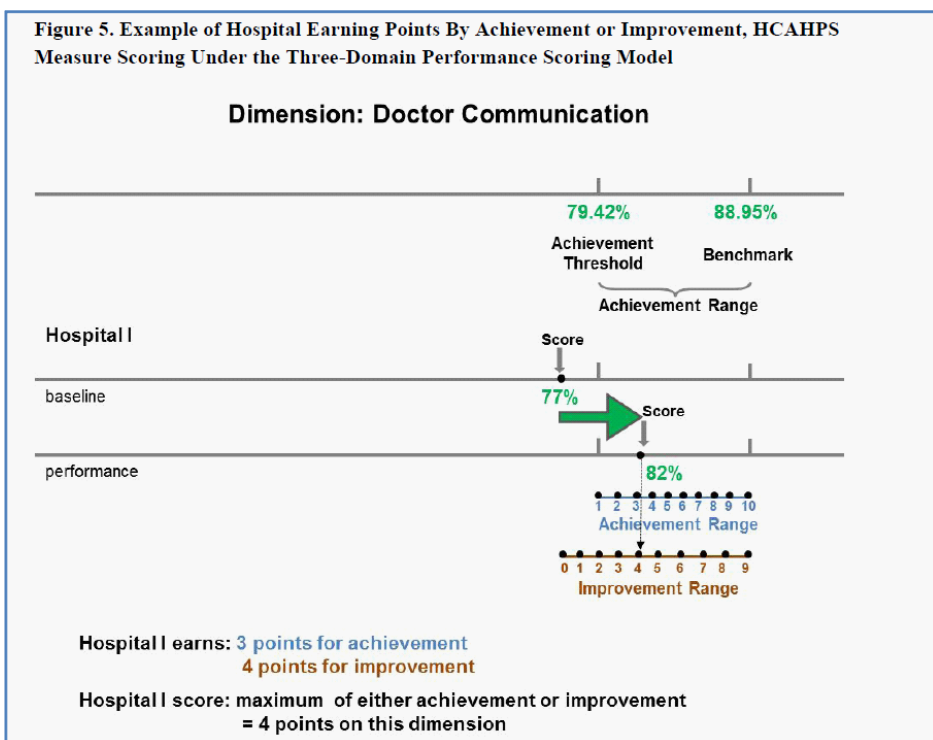
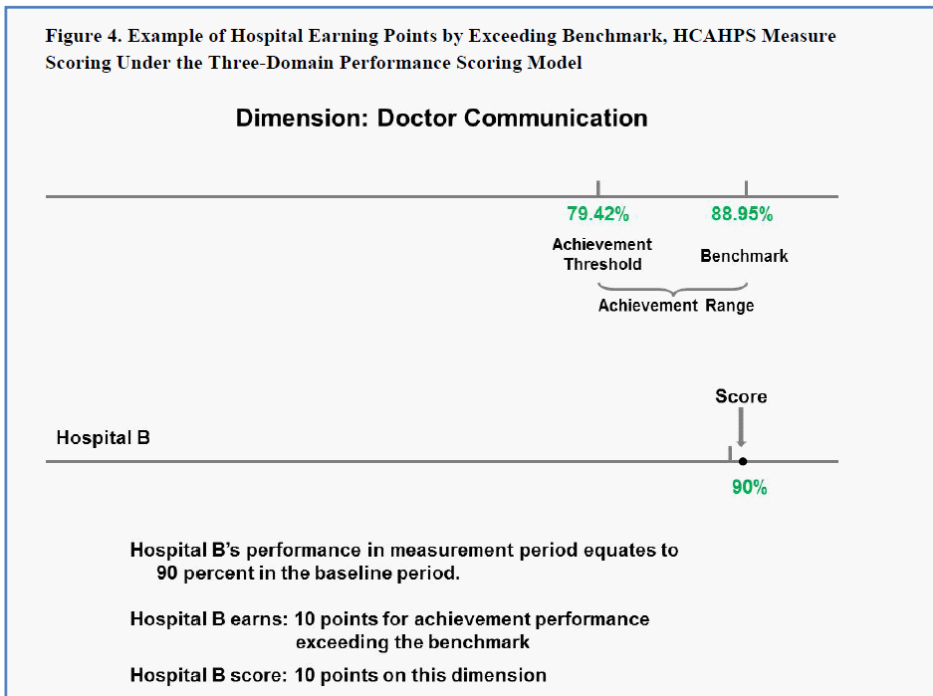
CMS will compute this slope after the close of the performance period.

# Reference Guide 4

## HCAHPS Dimensions

### Point assignment examples

Note: CMS examples below use FY2013 achievement and benchmark values. We include them here as they offer a visual representation of point assignment

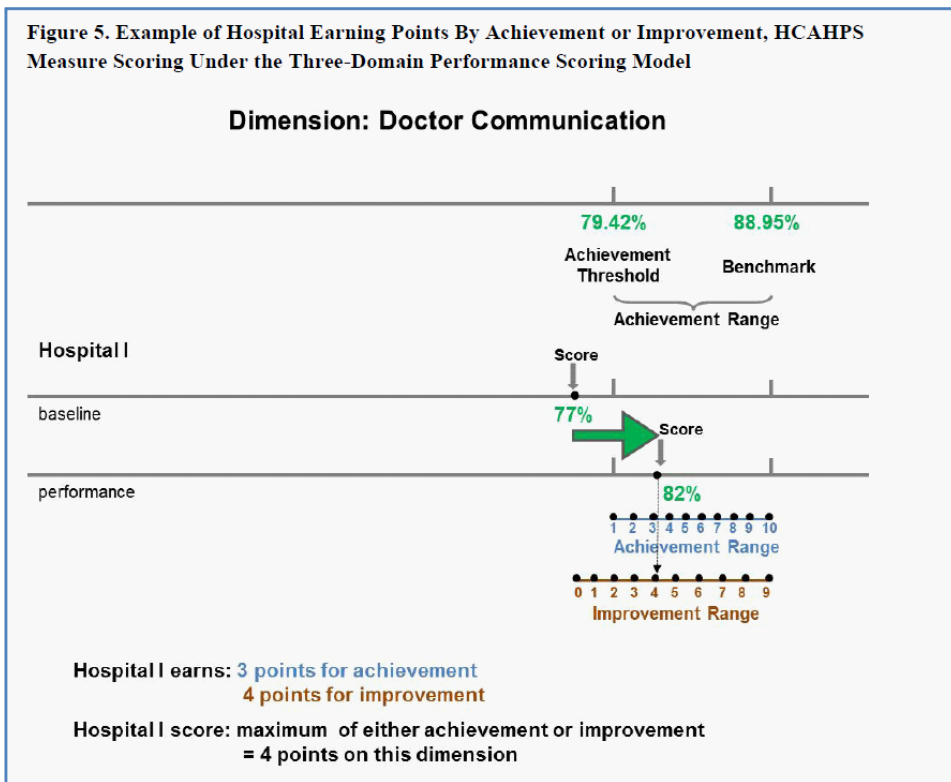


# Reference Guide 4

## HCAHPS Dimensions

### Point assignment examples

Note: CMS examples below use FY2013 achievement and benchmark values. We include them here as they offer a visual representation of point assignment



# Reference Guide 5

## Outcome Measures

Outcome Performance Standards FY2014		
Inpatient Hospital Outcome Measures	Benchmark	Threshold
Mort 30 - AMI	86.73	84.77
Mort 30 - HF	90.42	88.61
Mort 30 - PN	90.21	88.18

- 1. This Model VBP Reference Guide is for educational use only. No payment incentives or penalties are to be applied based on these data.**
- 2. The final rule for FY2014 VBP indicates that CMS will use a point assignment approach for the outcome measures that is similar to that used for process measures. No detailed description or visual representation for outcome measures point assignment has been made available as of April 2012. Qualis Health will adapt the point assignment methodology for outcome measures as necessary when/if further detail provided by CMS.**

### 3. Assigning Points for Achievement

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

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

# Reference Guide 5

## Outcome Measures

### 4. Assigning Points for Improvement

For each VBP outcome measure tied to incentive payment, a hospital can earn from 0 to 9 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 outcome measure is 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 are rounded to the nearest whole number.

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

- If a hospital's score is greater than the hospital's 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 equal to or less than its baseline score, then the hospital receives 0 points.

### 5. Calculation of the Overall VBP Outcome Domain Score

A hospital's overall VBP outcome domain score is based on all outcome measures for which the hospital has data and for which it has a sufficient number of cases. As described above, for each applicable measure a hospital receives from 0 to 10 points for achievement and 0 to 9 points for 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 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 outcome domain score is a percent computed as follows:

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

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

The outcome domain score will receive 25% weighting in TPS for the FY2014 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 6

## Outcome Measures

### Point assignment examples

**NOTE:** As of the release of this Model VBP FY2014 Workbook in April 2012, CMS has not distributed any visual for 30-day mortality point assignment.