Value-Based Reimbursement Resource

This resource contains important information pertaining to the Value-Based Reimbursement Program extracted from rules published by CMS. Text in red *are those final changes contained in the FY16 IPPS Final Rule, published in the August 17, 2015,* [Federal Register](#)*.*

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CLABSI***	Central Line-Associated Blood Stream Infection
MORT-30-AMI*	Acute Myocardial Infarction (AMI) 30-day mortality rate
MORT-30-HF*	Heart Failure (HF) 30-day mortality rate
MORT-30-PN*	Pneumonia (PN) 30-day mortality rate
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FINALIZED PERFORMANCE AND BASELINE PERIODS FOR THE FY 2016 HOSPITAL VBP PROGRAM—CLINICAL PROCESS OF CARE, PATIENT EXPERIENCE OF CARE, AND EFFICIENCY DOMAINS

Domain	Baseline period	Performance period
Clinical Process of Care	January 1, 2012–December 31, 2012	January 1, 2014–December 31, 2014.
Patient Experience of Care	January 1, 2012–December 31, 2012	January 1, 2014–December 31, 2014.
Efficiency	January 1, 2012–December 31, 2012	January 1, 2014–December 31, 2014.

FINALIZED FY 2016 PERFORMANCE PERIODS AND BASELINE PERIODS FOR 30-DAY MORTALITY AND AHRQ PSI MEASURES

Measure	Baseline period	Performance period
Mortality	October 1, 2010–June 30, 2011	October 1, 2012–June 30, 2014.
AHRQ PSI composite	October 15, 2010–June 30, 2011	October 15, 2012–June 30, 2014.

Finalized Performance and Baseline Periods for CAUTI/CLABSI/SSI under the FY 2016 Hospital VBP Program		
Domain	**Baseline Period**	**Performance Period**
Outcome • CAUTI / CLABSI / SSI	• January 1, 2012 – December 31, 2012	• January 1, 2014 – December 31, 2014

Note: The final FY16 baseline and performance periods for Central-Line associated Blood Stream Infection (CLABSI), Surgical Site Infection (SSI), and Catheter-associated Urinary Tract Infection (CAUTI) were inadvertently omitted from the FY14 IPPS final rule. They periods appear FY14 OPPS final rule, published in the December 10, 2013 Federal Register.

Appendix 1c: FY16 Final VBP Performance Standards

FINALIZED PERFORMANCE STANDARDS FOR THE FY 2016 HOSPITAL VBP PROGRAM CLINICAL PROCESS OF CARE, OUTCOME, AND EFFICIENCY DOMAIN MEASURES

Measure ID	Description	Achievement threshold	Benchmark
Clinical Process of Care Measures			
AMI–7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival.	0.91154	1.00000
IMM–2	Influenza Immunization	0.90607	0.98875
PN–6	Initial Antibiotic Selection for CAP in Immunocompetent Patient.	0.96552	1.00000
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients.	0.99074	1.00000
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time.	0.98086	1.00000
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2.	0.97059	1.00000
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period.	0.97727	1.00000
SCIP–VTE–2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxes Within 24 Hours Prior to Surgery to 24 Hours After Surgery.	0.98225	1.00000
Outcome Measures			
CAUTI	Catheter-Associated Urinary Tract Infection.	0.801	0.000
CLABSI	Central Line-Associated Blood Stream Infection.	0.465	0.000
SSI	Surgical Site Infection.		
	• Colon	• 0.668	• 0.000
	• Abdominal Hysterectomy	• 0.752	• 0.000
Efficiency Measures			
MSPB–1	Medicare Spending per Beneficiary	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period

FINALIZED PERFORMANCE STANDARDS FOR THE FY 2016 HOSPITAL VBP PROGRAM PATIENT EXPERIENCE OF CARE DOMAIN

HCAHPS Survey dimension	Floor (percent)	Achievement threshold (percent)	Benchmark (percent)
Communication with Nurses	53.99	77.67	86.07
Communication with Doctors	57.01	80.40	88.56

FINALIZED PERFORMANCE STANDARDS FOR THE FY 2016 HOSPITAL VBP PROGRAM PATIENT EXPERIENCE OF CARE DOMAIN—Continued

HCAHPS Survey dimension	Floor (percent)	Achievement threshold (percent)	Benchmark (percent)
Responsiveness of Hospital Staff	38.21	64.71	79.76
Pain Management	48.96	70.18	78.16
Communication about Medicines	34.61	62.33	72.77
Hospital Cleanliness & Quietness	43.08	64.95	79.10
Discharge Information	61.36	84.70	90.39
Overall Rating of Hospital	34.95	69.32	83.97

Appendix 1c1: FY16 Final VBP Performance Standards for Mortality Measures

FINALIZED PERFORMANCE STANDARDS FOR CERTAIN FY 2016 HOSPITAL VBP PROGRAM OUTCOME DOMAIN MEASURES

Measure ID	Description	Achievement threshold	Benchmark
Outcome Measures			
MORT–30–AMI	Acute Myocardial Infarction (AMI) 30-day mortality rate	0.847472	0.862371
MORT–30–HF ..	Heart Failure (HF) 30-day mortality rate	0.881510	0.900315
MORT–30–PN ..	Pneumonia (PN) 30-day mortality rate	0.882651	0.904181
PSI–90	Complication/patient safety for selected indicators (composite)	0.622879	0.451792

*Note: In a March 18, 2014, notice, CMS corrected a technical error pertaining to measure **PSI-90** for FY13, appearing in the August 31, 2012, IPPS final rule.*

Measure ID	Description	Achievement threshold	Benchmark
Outcome Measures			
PSI–90	Patient safety for selected indicators (composite)	0.616248	0.449988

2. FY17 Value-Based Purchasing Tables

Appendix 2a – FY17 Previously Adopted and New Measures

PREVIOUSLY ADOPTED AND NEW MEASURES FOR THE FY 2017 HOSPITAL VBP PROGRAM

Measure	Description	Domain
CAUTI*	Catheter-Associated Urinary Tract Infection (NQF #0138)	Safety.
CLABSI**	Central Line-Associated Blood Stream Infection (NQF #0139)	Safety.
C. difficile***	Clostridium difficile Infection (NQF #1717)	Safety.
MRSA***	Methicillin-Resistant Staphylococcus aureus Bacteremia (NQF #1716)	Safety.
PSI–90*	Complication/patient safety for selected indicators (composite) (NQF #0531)	Safety.
SSI*	Surgical Site Infection: (NQF #0753) • Colon • Abdominal Hysterectomy	Safety.
MORT–30–AMI*	Acute Myocardial Infarction (AMI) 30-day mortality rate (NQF #0230)	Clinical Care—Outcomes.
MORT–30–HF*	Heart Failure (HF) 30-day mortality rate (NQF #0229)	Clinical Care—Outcomes.
MORT–30–PN*	Pneumonia (PN) 30-day mortality rate (NQF #0468)	Clinical Care—Outcomes.
AMI–7a*	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival (NQF #0164)	Clinical Care—Process.
IMM–2*	Influenza Immunization (NQF #1659)	Clinical Care—Process.
PC–01***	Elective Delivery Prior to 39 Completed Weeks Gestation (NQF #0469)	Clinical Care—Process.
MSPB–1*	Medicare Spending per Beneficiary (NQF #2158)	Efficiency and Cost Reduction.
HCAHPS*	Hospital Consumer Assessment of Healthcare Providers and Systems Survey (NQF #0166)	Patient and Caregiver Centered Experience of Care/Care Coordination.

* Measures readopted for the FY 2017 Hospital VBP Program.
** Measure adopted for the FY 2017 Hospital VBP Program that were not previously subject to automatic readoption.
*** Measures newly adopted for the FY 2017 Hospital VBP Program in this final rule.

Appendix 2b – FY17 Previously Adopted and Final VBP Baseline and Performance Periods

PREVIOUSLY ADOPTED AND NEWLY FINALIZED PERFORMANCE AND BASELINE PERIODS FOR THE FY 2017 HOSPITAL VBP PROGRAM

Domain	Baseline period	Performance period
Safety:		
• PSI–90*	• October 1, 2010–June 30, 2012*	• October 1, 2013–June 30, 2015.*
	• January 1, 2013–December 31, 2013	
• NHSN (CAUTI, CLABSI, SSI, C. *difficile* Infection, MRSA Bacteremia).	....	• January 1, 2015–December 31, 2015.
Clinical Care—Outcomes:		
• Mortality* (MORT–30–AMI, MORT–30– HF, MORT–30–PN).	• October 1, 2010–June 30, 2012*	• October 1, 2013–June 30, 2015.*
Clinical Care—Process		
• (AMI–7a, IMM–2, PC–01)	January 1, 2013–December 31, 2013	January 1, 2015–December 31, 2015.
Efficiency and Cost Reduction (MSPB–1)	January 1, 2013–December 31, 2013	January 1, 2015–December 31, 2015.
Patient and Caregiver-Centered Experience of Care/Care Coordination (HCAHPS).	January 1, 2013–December 31, 2013	January 1, 2015–December 31, 2015.

*Previously adopted performance and baseline periods.

Appendix 2c - FY17 Previously Adopted and Final VBP Performance Standards

PREVIOUSLY ADOPTED AND NEWLY FINALIZED PERFORMANCE STANDARDS FOR THE FY 2017 HOSPITAL VBP PROGRAM: SAFETY, CLINICAL CARE—OUTCOMES, CLINICAL CARE—PROCESS, AND EFFICIENCY AND COST REDUCTION MEASURES

Measure ID	Description	Achievement threshold	Benchmark
Safety Measures			
CAUTI	Catheter-Associated Urinary Tract Infection	0.845	0.000.
CLABSI	Central Line-Associated Blood Stream Infection.	0.457	0.000.
C. difficile	Clostridium difficile Infection	0.750	0.000.
MRSA Bacteremia	Methicillin-Resistant Staphylococcus aureus Bacteremia.	0.799	0.000.
PSI–90*	Complication/patient safety for selected indicators (composite)*.	*0.577321	*0.397051.
SSI	Surgical Site Infection.		
	• Colon	• 0.751	• 0.000.
	• Abdominal Hysterectomy	• 0.698	• 0.000.
Clinical Care—Outcomes Measures			
MORT–30–AMI*	Acute Myocardial Infarction (AMI) 30-day mortality rate*.	*0.851458	*0.871669.
MORT–30–HF*	Heart Failure (HF) 30-day mortality rate*	*0.881794	*0.903985.
MORT–30–PN*	Pneumonia (PN) 30-day mortality rate*	*0.882986	*0.908124.
Clinical Care—Process Measures			
AMI–7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival.	0.954545	1.000000.
IMM–2	Influenza Immunization	0.951607	0.997739.

Measure ID	Description	Achievement threshold	Benchmark
PC–01	Elective Delivery Prior to 39 Completed Weeks Gestation.	0.031250	0.000000.
Efficiency and Cost Reduction Measure			
MSPB–1	Medicare Spending per Beneficiary	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period.

*Previously adopted performance standards.

HCAHPS survey dimension	Floor (percent)	Achievement threshold (percent)	Benchmark (percent)
Communication with Nurses	58.14	78.19	86.61
Communication with Doctors	63.58	80.51	88.80
Responsiveness of Hospital Staff	37.29	65.05	80.01
Pain Management	49.53	70.28	78.33
Communication about Medicines	41.42	62.88	73.36
Hospital Cleanliness & Quietness	44.32	65.30	79.39
Discharge Information	64.09	85.91	91.23
Overall Rating of Hospital	35.99	70.02	84.60

3. FY18 Value-Based Purchasing Tables

Appendix 3a - FY18 Previously Adopted and Newly Adopted Measures

FY 2018 PREVIOUSLY ADOPTED AND NEWLY ADOPTED MEASURES

Patient and Caregiver-Centered Experience of Care/Care Coordination Domain	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey
CTM–3*	3-Item Care Transitions Measure
Clinical Care Domain	
MORT–30–AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction Hospitalization
MORT–30–HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization
MORT–30–PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization
Safety Domain	
CAUTI	National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure
CLABSI	National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure
Colon and Abdominal Hysterectomy SSI.	Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection Outcome Measure • Colon • Abdominal Hysterectomy
MRSA bacteremia	National Healthcare Safety Network Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* Bacteremia Outcome Measure
CDI	National Healthcare Safety Network Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection Outcome Measure
PSI–90	Patient Safety for Selected Indicators (Composite)
PC–01**	Elective Delivery
Efficiency and Cost Reduction Domain	
MSPB–1	Payment-Standardized Medicare Spending Per Beneficiary

* Finalized new measure.
** Finalized to be moved from the Clinical Care—Process subdomain to the Safety domain.

Note: CMS finalized its proposal to remove IMM– 2 from the FY18 program year and subsequent years because it believes that the measure is ''topped-out''.

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PREVIOUSLY ADOPTED AND NEWLY ADOPTED BASELINE AND PERFORMANCE PERIODS FOR THE FY 2018 PROGRAM YEAR

Domain	Baseline period	Performance period
PCCEC/CC: • HCAHPS Survey • CTM–3	January 1, 2014–December 31, 2014	January 1, 2016–December 31, 2016.
Clinical Care: Mortality (MORT–30–AMI, MORT–30–HF, MORT–30–PN) *.	October 1, 2009–June 30, 2012	October 1, 2013–June 30, 2016.
Safety: • PSI–90 *	• July 1, 2010–June 30, 2012	• July 1, 2014–June 30, 2016.
• PC–01 and NHSN measures (CAUTI, CLABSI, SSI, CDI, MRSA).	• January 1, 2014–December 31, 2014	• January 1, 2016–December 31, 2016.
Efficiency and Cost Reduction MSPB–1	January 1, 2014–December 31, 2014	January 1, 2016–December 31, 2016.

* Previously adopted baseline and performance periods.

Note: CMS finalized its proposal to remove the Clinical Care—Process subdomain from the Hospital VBP Program beginning with the FY18 program year. These baseline and performance periods would continue to align with the PCCEC/CC domain and the Efficiency and Cost Reduction domain, as well as the periods proposed for certain measures in the Safety domain.

PREVIOUSLY ADOPTED AND NEWLY FINALIZED PERFORMANCE STANDARDS FOR THE FY 2018 PROGRAM YEAR: SAFETY, CLINICAL CARE, AND EFFICIENCY AND COST REDUCTION MEASURES

Measure ID	Description	Achievement threshold	Benchmark
Safety Measures			
CAUTI *	National Healthcare Safety Network Catheter-associated Urinary Tract Infection Outcome Measure.	0.906	0.000
CLABSI *	National Healthcare Safety Network Central Line-associated Bloodstream Infection Outcome Measure.	0.369	0.000
CDI *	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure.	0.794	0.002
MRSA bacteremia *	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia Outcome Measure.	0.767	0.000
PSI–90 ± *	Patient safety for selected indicators (composite).	0.577321	0.397051
Colon and Abdominal Hysterectomy SSI *.	American College of Surgeons—Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection Outcome Measure.		
	• Colon	• 0.824	• 0.000
	• Abdominal Hysterectomy	• 0.710	• 0.000
PC–01	Elective Delivery	0.020408	0.000
Clinical Care Measures			
MORT–30–AMI ±	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction Hospitalization *.	0.851458 *	0.871669 *
MORT–30–HF ±	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure *.	0.881794 *	0.903985 *
MORT–30–PN ±	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization *.	0.882986 *	0.908124 *
Efficiency and Cost Reduction Measure			
MSPB–1 *	Payment-Standardized Medicare Spending per Beneficiary.	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period.

* Lower values represent better performance.
± Previously adopted performance standards.

PROPOSED PERFORMANCE STANDARDS FOR THE FY 2018 PROGRAM YEAR PATIENT AND CAREGIVER-CENTERED EXPERIENCE OF CARE/CARE COORDINATION DOMAIN

HCAHPS survey dimension	Floor (percent)	Achievement threshold (percent)	Benchmark (percent)
Communication with Nurses	55.27	78.52	86.68
Communication with Doctors	57.39	80.44	88.51
Responsiveness of Hospital Staff	38.40	65.08	80.35
Pain Management	52.19	70.20	78.46
Communication about Medicines	43.43	63.37	73.66
Hospital Cleanliness & Quietness	40.05	65.60	79.00
Discharge Information	62.25	86.60	91.63
3-Item Care Transition *	25.21	51.45	62.44
Overall Rating of Hospital	37.67	70.23	84.58

* Newly proposed measure.

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4. FY19 Value-Based Purchasing Tables

Appendix 4a - FY19 Previously Adopted Measures

FY 2019 PREVIOUSLY ADOPTED MEASURES

Clinical Care Domain	
THA/TKA	Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty.
Safety Domain	
PSI–90	Patient Safety For Selected Indicators (Composite).

Appendix 4b – FY19 Previously Adopted Baseline and Performance Periods

PREVIOUSLY ADOPTED BASELINE AND PERFORMANCE PERIODS FOR THE FY 2019 PROGRAM YEAR

Domain	Baseline period	Performance period
Clinical Care: • Mortality (MORT–30–AMI, MORT–30–HF, MORT–30–PN).	• July 1, 2009–June 30, 2012	• July 1, 2014–June 30, 2017.
• THA/TKA	• July 1, 2010–June 30, 2013	• January 1, 2015–June 30, 2017.*
Safety: • PSI–90	• July 1, 2011–June 30, 2013	• July 1, 2015–June 30, 2017.

* The table in FY 2016 IPS/LTCH PPS proposed rule (80 FR 24505) inadvertently stated that this performance period is July 1, 2015–June 30, 2017. However, as adopted in the FY 2015 IPPS/LTCH PPS final rule (79 FR 50073), this performance period is January 1, 2015–June 30, 2017.

Appendix 4c - FY19 Previously Adopted Performance Standards

PREVIOUSLY ADOPTED PERFORMANCE STANDARDS FOR CERTAIN SAFETY AND CLINICAL CARE DOMAIN MEASURES FOR THE FY 2019 PROGRAM YEAR

Measure ID	Description	Achievement threshold	Benchmark
Safety Measures			
PSI–90 *	Patient Safety for Selected Indicators (Composite)	0.853715	0.589462
Clinical Care Measures			
MORT–30–AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction Hospitalization.	0.850671	0.873263
MORT–30–HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization.	0.883472	0.908094
MORT–30–PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization.	0.882334	0.909460
THA/TKA *	Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty.	0.032229	0.023178

* Lower values represent better performance.

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5. FY20 Value-Based Purchasing Tables

Appendix 5a – FY20 Previously Adopted and Newly Proposed Baseline and Performance Periods

PREVIOUSLY ADOPTED AND NEWLY PROPOSED BASELINE AND PERFORMANCE PERIODS FOR THE FY 2020 PROGRAM YEAR

Domain	Baseline period	Performance period
Clinical Care: • Mortality (MORT–30–AMI, MORT–30–HF, MORT–30–PN) *. • THA/TKA *.	July 1, 2010–June 30, 2013	July 1, 2015–June 30, 2018.
Safety: PSI (PSI–90) Measure	July 1, 2012–June 30, 2014	July 1, 2016–June 30, 2018.

*Previously adopted baseline and performance periods

Appendix 5b – FY20 Previously Adopted and Proposed Performance Standards

PREVIOUSLY ADOPTED AND PROPOSED PERFORMANCE STANDARDS FOR CERTAIN CLINICAL CARE DOMAIN AND SAFETY DOMAIN MEASURES FOR THE FY 2020 PROGRAM YEAR

Measure ID	Description	Achievement threshold	Benchmark
Safety Domain			
PSI–90 *	Patient Safety for Selected Indicators (Composite)	0.778761	0.545903
Clinical Care Domain			
MORT–30–AMI ±	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction Hospitalization.	0.853715	0.875869
MORT–30–HF ±	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization.	0.881090	0.906068
MORT–30–PN ±	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization.	0.882266	0.909532
THA/TKA * ±	Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty.	0.032229	0.023178

*Lower values represent better performance.
±Previously adopted performance standards.

6. FY21 Value-Based Purchasing Tables

Appendix 6a – FY21 Newly Adopted Quality Measure

FY 2021 NEWLY ADOPTED MEASURE

Clinical Care Domain	
MORT–30–COPD.	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease Hospitalization.

Appendix 6b – FY21 Proposed Baseline and Performance Periods

PROPOSED BASELINE AND PERFORMANCE PERIODS FOR THE FY 2021 PROGRAM YEAR

Domain	Baseline period	Performance period
Clinical Care:		
• Mortality (MORT–30–AMI, MORT–30–HF, MORT–30–PN, MORT–30–COPD).	• July 1, 2011–June 30, 2014	• July 1, 2016–June 30, 2019.
THA/TKA	• April 1, 2011–March 31, 2014	• April 1, 2016–March 31, 2019.

Appendix 6c – FY21 Proposed Performance Standards

PROPOSED PERFORMANCE STANDARDS FOR CLINICAL CARE DOMAIN MEASURES FOR THE FY 2021 PROGRAM YEAR

Measure ID	Description	Achievement threshold	Benchmark
Clinical Care Measures			
MORT–30–AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Hospitalization.	0.860355	0.879714
MORT–30–HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization.	0.883803	0.906144
MORT–30–PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization.	0.886443	0.91067
MORT–30–COPD	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease Hospitalization.	0.860355	0.879714
THA/TKA *	Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty.	0.03089	0.022304

*Lower values represent better performance.

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7. Value-Based Purchasing Domain Weights

7a. *FY15 Weights*

Domain	Weight
Patient Experience of Care	30%
Clinical Process of Care	20%
Outcome	30%
Efficiency	20%

7b. FY16 Weights

Domain	Weight
Patient Experience of Care	25%
Clinical Process of Care	10%
Outcome	40%
Efficiency	25%

7c. FY17 Weights

DOMAIN WEIGHTS FOR THE FY 2017 PROGRAM YEAR FOR HOSPITALS RECEIVING A SCORE ON ALL DOMAINS

Domain	Weight (percent)
Safety	20
Clinical Care	30
• Clinical Care—Outcomes	• 25
• Clinical Care—Process	• 5
Efficiency and Cost Reduction	25
Patient and Caregiver-Centered Experience of Care/Care Coordination	25

7d. FY18 Proposed Weights

PROPOSED DOMAIN WEIGHTS FOR THE FY 2018 PROGRAM YEAR FOR HOSPITALS RECEIVING A SCORE ON ALL DOMAINS

Domain	Weight (percent)
Safety	25
Clinical Care	25
Efficiency and Cost Reduction	25
Patient and Caregiver-Centered Experience of Care/Care Coordination	25

II. Hospital Readmissions

Appendix 1a: Planned Readmission Algorithm

CMS will use an updated, revised version, the CMS Planned Readmission Algorithm Version 3.0, for the AMI, HF, PN, COPD, and THA/TKA readmission measures for FY15 and subsequent payment determinations. CMS will use this algorithm for the CABG readmission measure proposed for inclusion in the Hospital Readmissions Reduction Program starting in FY17. Version 3.0 incorporates improvements that were made based on a validation study of the algorithm. Version 3.0 removes CCS 211 and CCS 224 from the list of potentially planned procedures to improve the accuracy of the algorithm. The specific version of tables for each measure in the measure updates and specifications reports can be found at the following link: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html

For more detailed information on how the algorithm is structured and the use of tables to identify planned procedures and diagnoses, CMS refers readers to discussion of the CMS Planned Readmission Algorithm Version 2.1 in its reports (available also at the link above).

The planned readmission measure algorithm can be used to identify planned readmissions across its readmission measures, and has applied the algorithm to each of its readmission measures. This set of criteria is used for classifying readmissions as planned or unplanned using Medicare claims, and identifies admissions that are typically planned and may occur within 30 days of discharge from the hospital. This report can be downloaded from the Hospital Quality Initiative area of CMS's website, under "Measure Methodology".

Appendix 1b. Final Calculation of Aggregate Payments for Excess Readmissions

FORMULAS TO CALCULATE THE READMISSIONS ADJUSTMENT FACTOR FOR FY 2016

AGGREGATE PAYMENTS FOR EXCESS READMISSIONS = [sum of base operating DRG payments for AMI × (Excess Readmissions Ratio for AMI−1)] + [sum of base operating DRG payments for HF × (Excess Readmissions Ratio for HF−1)] + [sum of base operating DRG payments for PN × (Excess Readmissions Ratio for PN−1)] + [sum of base operating DRG payments for COPD) × (Excess Readmissions Ratio for COPD−1)] + [sum of base operating DRG payments for THA/TKA × (Excess Readmissions Ratio for THA/TKA−1)].
* We note that if a hospital's excess readmissions ratio for a condition is less than/equal to 1, there are no aggregate payments for excess readmissions for that condition included in this calculation.
Aggregate payments for all discharges = sum of base operating DRG payments for all discharges.
RATIO = 1 − (Aggregate payments for excess readmissions/Aggregate payments for all discharges).
Proposed Readmissions Adjustment Factor for FY 2016 is the higher of the ratio or 0.9700.

* Based on claims data from July 1, 2011 to June 30, 2014 for FY 2016.

Appendix 1c: FY15 – FY17 Data Collection Periods

FY15 Final Data Collection Period

- Aggregate payments for excess readmissions will be calculated using MedPAR claims from July 1, 2010, to June 30, 2013.

FY16 Final Data Collection Period

- Aggregate payments for excess readmissions will be calculated using MedPAR claims data from July 1, 2011, to June 30, 2014.

FY17 Anticipated Collection Period

- Aggregate payments for excess readmissions will be calculated using MedPAR claims from July 1, 2012, to June 30, 2015.

Note: HFMA has contacted CMS to confirm if the collection period for FY17 has been finalized or is still anticipated.

Appendix 1d: FY15 Hospital Readmissions Reduction Program Measures
- Acute Myocardial Infarction (AMI)
- Heart Failure (HF)
- Pneumonia (PN)
- Chronic Obstructive Pulmonary Disease (COPD)
- Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)

Appendix 1e: FY16 Hospital Readmissions Reduction Program Measures
- Acute Myocardial Infarction (AMI)
- Heart Failure (HF)
- Pneumonia (PN)
- Chronic Obstructive Pulmonary Disease (COPD)
- Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)

Appendix 1f: FY17 Hospital Readmissions Reduction Program Measures

- Acute Myocardial Infarction (AMI)
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure (HF)
- Pneumonia
- Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)
- Coronary Artery Bypass Graft (CABG) surgery *(New for 2017)*

Appendix 1g: FY15 Final Program Measures ICD-9-CM Codes

ICD–9–CM Codes To Identify Pneumonia (PN) Cases

ICD–9–CM Code	Description of code
480.0	Pneumonia due to adenovirus.
480.1	Pneumonia due to respiratory syncytial virus.
480.2	Pneumonia due to parainfluenza virus.
480.3	Pneumonia due to SARS-associated coronavirus.
480.8	Viral pneumonia: pneumonia due to other virus not elsewhere classified.
480.9	Viral pneumonia unspecified.
481	Pneumococcal pneumonia [streptococcus pneumoniae pneumonia].
482.0	Pneumonia due to klebsiella pneumoniae.
482.1	Pneumonia due to pseudomonas.
482.2	Pneumonia due to hemophilus influenzae [h. influenzae].
482.30	Pneumonia due to streptococcus unspecified.
482.31	Pneumonia due to streptococcus group a.
482.32	Pneumonia due to streptococcus group b.
482.39	Pneumonia due to other streptococcus.
482.40	Pneumonia due to staphylococcus unspecified.
482.41	Pneumonia due to staphylococcus aureus.
482.42	Methicillin Resistant Pneumonia due to Staphylococcus Aureus.
482.49	Other staphylococcus pneumonia.
482.81	Pneumonia due to anaerobes.
482.82	Pneumonia due to escherichia coli [e.coli].
482.83	Pneumonia due to other gram-negative bacteria.
482.84	Pneumonia due to legionnaires' disease.
482.89	Pneumonia due to other specified bacteria.
482.9	Bacterial pneumonia unspecified.
483.0	Pneumonia due to mycoplasma pneumoniae.
483.1	Pneumonia due to chlamydia.
483.8	Pneumonia due to other specified organism.
485	Bronchopneumonia organism unspecified.
486	Pneumonia organism unspecified.
487.0	Influenza with pneumonia.
488.11	Influenza due to identified novel H1N1 influenza virus with pneumonia.

ICD–9–CM Codes To Identify Heart Failure (HF) Cases

ICD–9–CM Code	Code description
402.01	Hypertensive heart disease, malignant, with heart failure.
402.11	Hypertensive heart disease, benign, with heart failure.
402.91	Hypertensive heart disease, unspecified, with heart failure.
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified.
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease.
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified.
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified failure and chronic kidney disease stage V or end stage renal disease.
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease heart failure and with chronic kidney disease stage I through stage IV, or unspecified.
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease.
428.xx	Heart Failure.

ICD–9–CM CODES TO IDENTIFY ACUTE MYOCARDIAL INFARCTION (AMI) CASES

ICD–9–CM Code	Description of code
410.00	AMI (anterolateral wall)—episode of care unspecified.
410.01	AMI (anterolateral wall)—initial episode of care.
410.10	AMI (other anterior wall)—episode of care unspecified.
410.11	AMI (other anterior wall)—initial episode of care.
410.20	AMI (inferolateral wall)—episode of care unspecified.
410.21	AMI (inferolateral wall)—initial episode of care.
410.30	AMI (inferoposterior wall)—episode of care unspecified.
410.31	AMI (inferoposterior wall)—initial episode of care.
410.40	AMI (other inferior wall)—episode of care unspecified.
410.41	AMI (other inferior wall)—initial episode of care.
410.50	AMI (other lateral wall)—episode of care unspecified.
410.51	AMI (other lateral wall)—initial episode of care.
410.60	AMI (true posterior wall)—episode of care unspecified.
410.61	AMI (true posterior wall)—initial episode of care.
410.70	AMI (subendocardial)—episode of care unspecified.
410.71	AMI (subendocardial)—initial episode of care.
410.80	AMI (other specified site)—episode of care unspecified.
410.81	AMI (other specified site)—initial episode of care.
410.90	AMI (unspecified site)—episode of care unspecified.
410.91	AMI (unspecified site)—initial episode of care.

ICD–9–CM CODES TO IDENTIFY CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) CASES

ICD–9–CM Code	Description of code
491.21	Obstructive chronic bronchitis; With (acute) exacerbation; acute exacerbation of COPD, decompensated COPD, decompensated COPD with exacerbation.
491.22	Obstructive chronic bronchitis; with acute bronchitis.
491.8	Other chronic bronchitis. Chronic: tracheitis, tracheobronchitis.
491.9	Unspecified chronic bronchitis.
492.8	Other emphysema; emphysema (lung or pulmonary): NOS, centriacinar, centrilobular, obstructive, panacinar, panlobular, unilateral, vesicular. MacLeod's syndrome; Swyer-James syndrome; unilateral hyperlucent lung.
493.20	Chronic obstructive asthma; asthma with COPD, chronic asthmatic bronchitis, unspecified.
493.21	Chronic obstructive asthma; asthma with COPD, chronic asthmatic bronchitis, with status asthmaticus.
493.22	Chronic obstructive asthma; asthma with COPD, chronic asthmatic bronchitis, with (acute) exacerbation.
496	Chronic: nonspecific lung disease, obstructive lung disease, obstructive pulmonary disease (COPD) NOS. NOTE: This code is not to be used with any code from categories 491–493.
518.81*	Other diseases of lung; acute respiratory failure; respiratory failure NOS.
518.82*	Other diseases of lung; acute respiratory failure; other pulmonary insufficiency, acute respiratory distress.
518.84*	Other diseases of lung; acute respiratory failure; acute and chronic respiratory failure.
799.1*	Other ill-defined and unknown causes of morbidity and mortality; respiratory arrest, cardiorespiratory failure.

Principal diagnosis when combined with a secondary diagnosis of AECOPD (491.21, 491.22, 493.21, or 493.22).

ICD–9–CM CODES TO IDENTIFY TOTAL HIP ARTHROPLASTY/TOTAL KNEE ARTHROPLATY (THA/TKA) CASES

ICD–9–CM Code	Description of code
81.51	Total hip arthroplasty.
81.54	Total knee arthroplasty.

Appendix 1h: FY16 Program Measures ICD-9-CM Codes

ICD–9–CM CODES TO IDENTIFY PNEUMONIA (PN) CASES

ICD–9–CM code	Description of code
480.0	Pneumonia due to adenovirus.
480.1	Pneumonia due to respiratory syncytial virus.
480.2	Pneumonia due to parainfluenza virus.
480.3	Pneumonia due to SARS-associated coronavirus.
480.8	Viral pneumonia: pneumonia due to other virus not elsewhere classified.
480.9	Viral pneumonia unspecified.
481	Pneumococcal pneumonia [streptococcus pneumoniae pneumonia].
482.0	Pneumonia due to klebsiella pneumoniae.
482.1	Pneumonia due to pseudomonas.
482.2	Pneumonia due to hemophilus influenzae [h. influenzae].
482.30	Pneumonia due to streptococcus unspecified.
482.31	Pneumonia due to streptococcus group a.
482.32	Pneumonia due to streptococcus group b.
482.39	Pneumonia due to other streptococcus.
482.40	Pneumonia due to staphylococcus unspecified.
482.41	Pneumonia due to staphylococcus aureus.
482.42	Methicillin Resistant Pneumonia due to Staphylococcus Aureus.
482.49	Other staphylococcus pneumonia.
482.81	Pneumonia due to anaerobes.
482.82	Pneumonia due to escherichia coli [e.coli].
482.83	Pneumonia due to other gram-negative bacteria.
482.84	Pneumonia due to legionnaires' disease.
482.89	Pneumonia due to other specified bacteria.
482.9	Bacterial pneumonia unspecified.
483.0	Pneumonia due to mycoplasma pneumoniae.
483.1	Pneumonia due to chlamydia.
483.8	Pneumonia due to other specified organism.
485	Bronchopneumonia organism unspecified.
486	Pneumonia organism unspecified.
487.0	Influenza with pneumonia.
488.11	Influenza due to identified novel H1N1 influenza virus with pneumonia.

ICD–9–CM CODES TO IDENTIFY HEART FAILURE (HF) CASES

ICD–9–CM code	Code description
402.01	Hypertensive heart disease, malignant, with heart failure.
402.11	Hypertensive heart disease, benign, with heart failure.

ICD–9–CM code	Code description
402.91	Hypertensive heart disease, unspecified, with heart failure.
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified.
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease.
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified.
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified failure and chronic kidney disease stage V or end stage renal disease.
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease heart failure and with chronic kidney disease stage I through stage IV, or unspecified.
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease.
428.xx	Heart Failure.

ICD–9–CM code	Description of code
410.00	AMI (anterolateral wall)—episode of care unspecified.
410.01	AMI (anterolateral wall)—initial episode of care.
410.10	AMI (other anterior wall)—episode of care unspecified.
410.11	AMI (other anterior wall)—initial episode of care.
410.20	AMI (inferolateral wall)—episode of care unspecified.
410.21	AMI (inferolateral wall)—initial episode of care.
410.30	AMI (inferoposterior wall)—episode of care unspecified.
410.31	AMI (inferoposterior wall)—initial episode of care.
410.40	AMI (other inferior wall)—episode of care unspecified.
410.41	AMI (other inferior wall)—initial episode of care.
410.50	AMI (other lateral wall)—episode of care unspecified.
410.51	AMI (other lateral wall)—initial episode of care.
410.60	AMI (true posterior wall)—episode of care unspecified.
410.61	AMI (true posterior wall)—initial episode of care.
410.70	AMI (subendocardial)—episode of care unspecified.
410.71	AMI (subendocardial)—initial episode of care.
410.80	AMI (other specified site)—episode of care unspecified.
410.81	AMI (other specified site)—initial episode of care.
410.90	AMI (unspecified site)—episode of care unspecified.
410.91	AMI (unspecified site)—initial episode of care.

ICD–9–CM CODES TO IDENTIFY CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) CASES

ICD–9–CM code	Description of code
491.21	Obstructive chronic bronchitis; With (acute) exacerbation; acute exacerbation of COPD, decompensated COPD, decompensated COPD with exacerbation.
491.22	Obstructive chronic bronchitis; with acute bronchitis.
491.8	Other chronic bronchitis. Chronic: Tracheitis, tracheobronchitis.
491.9	Unspecified chronic bronchitis.
492.8	Other emphysema; emphysema (lung or pulmonary): NOS, centriacinar, centrilobular, obstructive, panacinar, panlobular, unilateral, vesicular. MacLeod's syndrome; Swyer-James syndrome; unilateral hyperlucent lung.
493.20	Chronic obstructive asthma; asthma with COPD, chronic asthmatic bronchitis, unspecified.
493.21	Chronic obstructive asthma; asthma with COPD, chronic asthmatic bronchitis, with status asthmaticus.
493.22	Chronic obstructive asthma; asthma with COPD, chronic asthmatic bronchitis, with (acute) exacerbation.
496	Chronic: nonspecific lung disease, obstructive lung disease, obstructive pulmonary disease (COPD) NOS. NOTE: This code is not to be used with any code from categories 491–493.
518.81*	Other diseases of lung; acute respiratory failure; respiratory failure NOS.
518.82*	Other diseases of lung; acute respiratory failure; other pulmonary insufficiency, acute respiratory distress.
518.84*	Other diseases of lung; acute respiratory failure; acute and chronic respiratory failure.
799.1*	Other ill-defined and unknown causes of morbidity and mortality; respiratory arrest, cardiorespiratory failure.

*Principal diagnosis when combined with a secondary diagnosis of AECOPD (491.21, 491.22, 493.21, or 493.22).

ICD–9–CM CODES TO IDENTIFY TOTAL HIP ARTHROPLASTY/TOTAL KNEE ARTHROPLATY (THA/TKA) CASES

ICD–9–CM code	Description of code
81.51	Total hip arthroplasty.
81.54	Total knee arthroplasty.

III. Hospital Acquired Conditions (HACs)

Appendix 1a: Final FY15 and Beyond HAC Reduction Program Measures

Domain 1: AHRQ Patient Safety Indicators
- PSI-90 One Composite of 8 component indicators
    - PSI-3 (Pressure ulcer rate)
    - PSI-6 (Iatrogenic pneumathorax rate)
    - PSI-7 (Central venous catheter-related blood stream infections rate)
    - PSI-8 (Postoperative hip fracture rate)
    - PSI-12 (Postoperative PE/DVT rate)
    - PSI-13 (Postoperative sepsis rate)
    - PSI-14 (Wound dehiscence rate)
    - PS-15 (accidental puncture & laceration rate)

For FY15, CMS will keep the AHRQ PSI–90 composite measure (in Domain 1) that it adopted in the FY14 IPPS/LTCH PPS final rule because it is currently endorsed by NQF. However, CMS notes that the AHRQ PSI–90 composite measure is currently undergoing NQF maintenance review. The PSI–90 composite measure consists of eight component indicators. AHRQ is considering the addition of PSI–9 (Perioperative hemorrhage rate), PSI–10 (Perioperative physiologic metabolic derangement rate) and PSI–11 (Post-operative respiratory failure rate) or a combination of these three measures into the PSI–90 composite measure. CMS considers the inclusion of additional component measures in the PSI–90 composite measure to be a significant change to the PSI–90 composite measure that it finalized in the FY14 IPPS/LTCH PPS final rule. If the changes are significant, CMS will engage in notice-and-comment rulemaking prior to requiring reporting of this revised composite.

Similarly, the Center for Disease Control and Prevention (CDC) NHSN Catheter-Associated Urinary Tract Infection (CAUTI) and Central Line-Associated Blood Stream Infection (CLABSI) measures in Domain 2 that CMS adopted in the FY14 IPPS/LTCH PPS final rule for FY15, also are currently undergoing NQF maintenance review. If there are significant changes to these measures, it will engage in notice-and-comment rulemaking prior to requiring reporting of the changes made to CDCs NHSN CLABSI and CAUTI measures. For FY15, CMS will keep CDC's NHSN CAUTI and CLABSI measures in Domain 2 as they are currently endorsed.

Domain 2: CDC HAI Measures
- For FY15 (onward)
    - Catheter-associated urinary tract infection (CAUTI)
    - Central line-associated blood stream infection (CLABSI)

- For FY16 (onward)
    - Surgical Site Infection (SSI)

- For FY17 (onward)
    - Methicillin-resistant staphylococcus aureus (MRSA) Bactermia
    - Clostridium difficile (C-difficile)

Appendix 1b: 2015 HAC Reduction Program Measures Compared to 2015 VBP Patient Safety Outcomes Measures

	HAC Reduction Program	2015 VBP Safety Outcomes Measures

HAC - Domain I (FY 2015 Onward)	•AHRQ PSI Composite (PSI-90)
	  •PSI-3 (pressure ulcer rate)
	  •PSI-6 (iatrogenic pneumothorax rate)
	  •PSI-7 (central venous catheter-related blood stream infections rate)
	  •PSI-8 (postoperative hip fracture rate)
	  •PSI-12 (postoperative PE/DVT rate)
	  •PSI-13 (post-operative sepsis rate)
	  •PSI-14 (wound dehiscence rate)
	  •PSI-15 (accidental puncture and laceration rate)
		•AHRQ PSI Composite (PSI-90) (New!)
		  •PSI-3 (pressure ulcer rate)
		  •PSI-6 (iatrogenic pneumothorax rate)
		  •PSI-7 (central venous catheter-related blood stream infections rate)
		  •PSI-8 (postoperative hip fracture rate)
		  •PSI-12 (postoperative PE/DVT rate)
		  •PSI-13 (post-operative sepsis rate)
		  •PSI-14 (wound dehiscence rate)
		  •PSI-15 (accidental puncture and laceration rate)

HAC - Domain II	•CLASBI (FY 2015 Onward) •CAUTI (FY 2015 Onward)	•CLASBI (New!)

Note: Measures highlighted in blue denote where HAC program and VBP measures overlap.

Appendix 1c: 2016 HAC Reduction Program Measures Compared to FY16 VBP Patient Safety Outcomes Measures

	HAC Reduction Program	2016 VBP Safety Outcomes Measures
HAC - Domain I (FY 2016 Onward)	•AHRQ PSI Composite (PSI-90) •PSI-3 (pressure ulcer rate) •PSI-6 (iatrogenic pneumothorax rate) •PSI-7 (central venous catheter-related blood stream infections rate) •PSI-8 (postoperative hip fracture rate) •PSI-12 (postoperative PE/DVT rate) •PSI-13 (post-operative sepsis rate) •PSI-14 (wound dehiscence rate) •PSI-15 (accidental puncture and laceration rate)	•AHRQ PSI Composite (PSI-90) •PSI-3 (pressure ulcer rate) •PSI-6 (iatrogenic pneumothorax rate) •PSI-7 (central venous catheter-related blood stream infections rate) •PSI-8 (postoperative hip fracture rate) •PSI-12 (postoperative PE/DVT rate) •PSI-13 (post-operative sepsis rate) •PSI-14 (wound dehiscence rate) •PSI-15 (accidental puncture and laceration rate)
HAC - Domain II	•CLASBI (FY 2015 Onward) •CAUTI (FY 2015 Onward) •SSI Following Colon Surgery (FY 2016 Onward) •SSI Following Abdominal Hysterectomy (FY2016 Onward)	•CLASBI •CAUTI (New!) •Surgical Site Infection – Colon (New!) •Surgical Site Infection - Abdominal Hysterectomy (New!)

Note: Measures highlighted in blue denote where HAC program and VBP measures overlap.

Appendix 1d: 2017 HAC Reduction Program Measures Compared to FY17 VBP Patient Safety Outcomes Measures

	HAC Reduction Program	2017 VBP Safety Outcomes Measures

HAC - Domain I (FY 2017 Onward)	•AHRQ PSI Composite (PSI-90)
	  •PSI-3 (pressure ulcer rate)
	  •PSI-6 (iatrogenic pneumothorax rate)
	  •PSI-7 (central venous catheter-related blood stream infections rate)
	  •PSI-8 (postoperative hip fracture rate)
	  •PSI-12 (postoperative PE/DVT rate)
	  •PSI-13 (post-operative sepsis rate)
	  •PSI-14 (wound dehiscence rate)
	  •PSI-15 (accidental puncture and laceration rate)
		•AHRQ PSI Composite (PSI-90)
		  •PSI-3 (pressure ulcer rate)
		  •PSI-6 (iatrogenic pneumothorax rate)
		  •PSI-7 (central venous catheter-related blood stream infections rate)
		  •PSI-8 (postoperative hip fracture rate)
		  •PSI-12 (postoperative PE/DVT rate)
		  •PSI-13 (post-operative sepsis rate)
		  •PSI-14 (wound dehiscence rate)
		  •PSI-15 (accidental puncture and laceration rate)

HAC - Domain II	•CLASBI (FY 2015 Onward) •CAUTI (FY 2015 Onward) •SSI Following Colon Surgery (FY 2016 Onward) •SSI Following Abdominal Hysterectomy (FY 2016 Onward) •MRSA Bacteremia (FY 2017 Onward) •Clostridium difficile (FY 2017 onward)	•CLASBI •CAUTI •Surgical Site Infection - Colon •Surgical Site Infection - Abdominal Hysterectomy •MRSA Bacteremia (New) •Clostridium difficile (New!)

Note: measures highlighted in blue denote where HAC program and VBP measures overlap.

AHRQ is considering the addition of PSI–9 (Perioperative hemorrhage rate), PSI–10 (Perioperative physiologic metabolic derangement rate) and PSI–11 (Post-operative respiratory failure rate) or a combination of these three measures into the PSI–90 composite measure. CMS considers the inclusion of additional component measures in the PSI–90 composite measure to be a significant change to the PSI–90 composite measure that it finalized in the FY14 IPPS final rule. If the changes are significant, CMS will engage in notice and- comment rulemaking prior to requiring reporting of this revised composite.

Note: CMS will continue similar two-year time periods for the calculation of HAC Reduction Program measure results.

Appendix 1e: FY18 HAC Program Measure Refinements

After considering several options for when to begin using the refined measures in the HAC Reduction Program, CMS finalized the inclusion of data from pediatric and adult medical ward, surgical ward, and medical/surgical ward locations, in addition to data from adult and pediatric ICU locations for the CDC NHSN CLABSI and CAUTI measures, beginning in FY18, as proposed. CMS proposed measure refinements to the CDC NHSN CLABSI and CAUTI measures that were previously adopted for the HAC Reduction Program to include select ward (non-ICU) locations beginning in FY18. In the FY14 IPPS final rule, CMS adopted the CLABSI and CAUTI measures inclusive of pediatric and adult patients in ICUs for the HAC Reduction Program beginning with FY15. This option balances its belief that the refinement of the CLABSI and CAUTI measures to include select ward locations results in an improved measure that more accurately captures hospital-wide performance regarding these HACs with the need to provide hospitals with the opportunity to submit data for the full period of performance and the desire to gain experience with the refined measures before incorporating them into the HAC Reduction Program. CMS also believes this measure refinement will allow hospitals that do not have ICU locations to use the tools and resources of the NHSN for quality improvement and public reporting efforts.

Appendix 1f: FY15 HAC Measure Data Collection Period

Measures	Collection Period
AHRQ (Domain 1) PSI-90	• July 1, 2011, through June 30, 2013
CDC HAI Measures (Domain 2)	• CYs 2012 and 2013

Appendix 1g – FY16 HAC Measure Data Collection Period

Measures	Collection Period
AHRQ (Domain 1) PSI-90	• July 1, 2012 through June 30, 2014
CDC HAI Measures (Domain 2)	• CYs 2013 and 2014

Note: The rule reiterates that these periods were submitted in the proposed rule, but did not confirm that they were finalized in the final rule. HFMA is waiting for verification of the collection periods with CMS Staff.

Appendix 1h – FY17 HAC Measure Data Collection Period

Measures	Collection Period
AHRQ (Domain 1) PSI-90	• July 1, 2013 through June 30, 2015
CDC HAI Measures (Domain 2)	• CYs 2014 and 2015

Appendix 1i – FY15 HAC Weights
- Domain 1 Measures: 35%
- Domain 2 Measures: 65%

Appendix 1j – FY16 Final HAC Weights
- Domain 1 Measures: 25%
- Domain 2 Measures: 75 %

Appendix 1k. – FY17 Final HAC Weights
- Domain 1 Measures: 15%
- Domain 2 Measures: 85%

- Domain 1 and Domain 2 Weights for the FY17 HAC Reduction Program
  For FY17, CMS will adjust the weighting of Domains 1 and 2 so that the weight of Domain 1 would be 15 percent, and the weight of Domain 2 would be 85 percent. CMS is decreasing the Domain 1 weight for two reasons. First, with the implementation of the CDC MRSA Bacteremia and CDI measures in the FY17 program, it believes the weighting of both domains would need to be adjusted to reflect the addition of the fifth and sixth measure in Domain 2. Second, among the public comments on the FY14 and FY15 IPPS final rules that were considered, MedPAC and other stakeholders recommended that Domain 2 be weighted more than Domain 1, because it believed the CDC NHSN chart-abstracted measures were more reliable and actionable than claims-based measures.

- Narrative Rule Used in Calculation of the Domain 2 Score for the FY17 HAC Reduction Program
  In the FY14 IPPS final rule, CMS notes that there will be instances in which applicable hospitals may not have data on all Domain 1 and 2 measures, and, therefore, a set of narrative rules was finalized to determine how to score each domain. For FY17, CMS will follow the rules as previously finalized. CMS is also adopting an additional narrative rule for use beginning in the FY17 program year. This additional narrative rule will be applicable to calculation of the Domain 2 score, and would treat each Domain 2 measure independently when determining if a score of 10 (maximal score) should be assigned to the measure for nonsubmission of data without a waiver (if applicable). The current narrative rules for Domain 2 assign a score for each Domain 2 measure, and the measure scores are averaged to provide a Domain 2 Score. For FY17 and subsequent program years each Domain 2 measure will be treated independently when determining if a score of 10 (maximal score) should be assigned to the measure for nonsubmission of data without a waiver (if applicable).