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healthcare financial management association

Hospital Inpatient Value-Based Purchasing Program Fact Sheet

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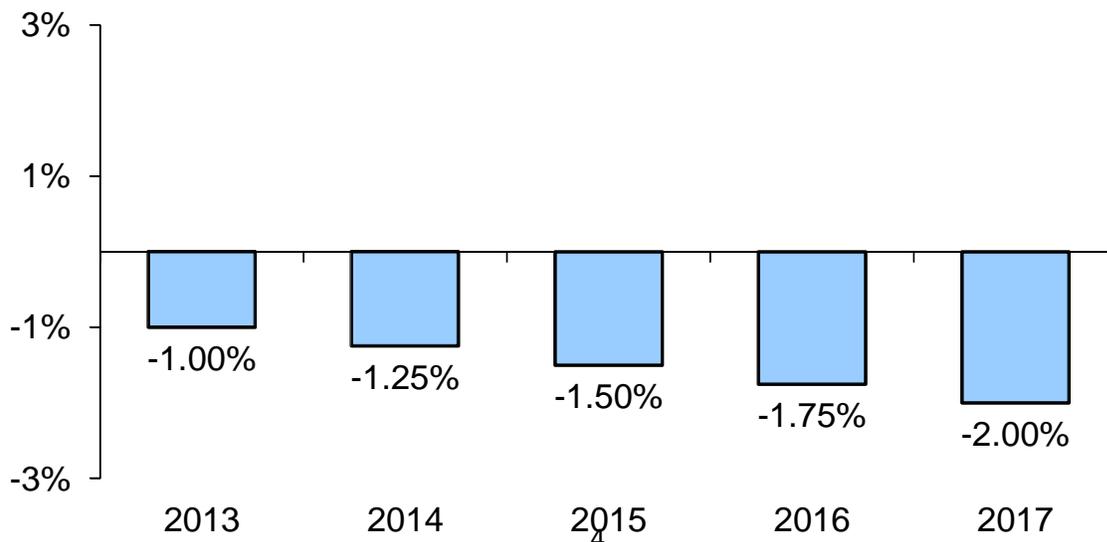
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1. ACA Summary

The Affordable Care Act (ACA) requires the HHS Secretary to establish a hospital value-based purchasing (VBP) program under which value-based incentive payments are made in a fiscal year to hospitals meeting performance standards established for a performance period for that year. The value-based incentive payment amount is equal to the product of the base operating DRG payment amount for each discharge for the hospital for the fiscal year and the value-based incentive payment percentage for the hospital for the fiscal year. The total amount available for value-based incentive payments for all hospitals for a fiscal year is equal to the total amount of reduced payments for all hospitals for that fiscal year. An annual increase in the funding is provided for available value-based incentive payments from FY13 to FY17, adjusting the applicable percentage of base operating DRG payments available for value-based incentive payments. The HHS Secretary will begin making value-based incentive payments under the Hospital Inpatient VBP Program to hospitals for discharges occurring on or after October 1, 2012. These incentive payments will be funded for FY13 through a reduction to the FY13 base operating MS-DRG payment for each discharge of 1 percent. The applicable percentage is 1.25 percent for FY14, 1.5 percent for FY15, 1.75 percent for FY16, and 2 percent for FY17 and subsequent years. CMS notes that, in effect, this will tie an increasing proportion of hospital payments to performance on quality measures. CMS does not have authority to increase the base DRG operating payment withhold amount above 2.0 percent. The actual amount of reduction for an individual hospital for FY13 will be subject to further rulemaking. CMS notes that the redistributive impact of the final rule is estimated at \$850 million for FY13.

The chart below displays the inpatient prospective payment system (IPPS) hospital payment reductions from FY13 to FY17.



II. Explanation of Scoring Methodology

Performance Standards

The established performance standards related to the measures selected under the hospital VBP program for a fiscal year's performance period must include levels of achievement and improvement, and must be established and announced no later than 60 days prior to the beginning of the performance period for the fiscal year involved. In determining which three-quarter baseline period would be the most appropriate to use for the FY13 hospital VBP program, CMS selected a three-quarter baseline period from July 1, 2009, to March 31, 2010, to ensure that the final baseline period would be as close in time to the proposed performance period as possible.

- *Achievement Performance Standard*
The achievement performance standard (achievement threshold) for each measure will be set at the median of hospital performance (50th percentile) during the baseline period. Hospitals would receive achievement points only if they exceed the achievement performance standard and could increase their achievement score based on higher levels of performance.
- *Improvement Performance Standard*
The improvement performance standard (improvement threshold) for each measure will be set at each specific hospital's performance on the measure during the proposed baseline period.

Because its process for validating the proposed baseline period of data was not complete at the time it issued the proposed rule, CMS was unable to provide the precise achievement threshold values for what the performance standards will be. These values are specified in Table 4 of the VBP final rule.

Performance Score Calculation Methodology

CMS believes that the performance assessment model presented and analyzed in the 2007 report to Congress provides a useful foundation for developing a FY13 hospital VBP program performance scoring methodology. Under this methodology, measures are grouped into domains. A score is calculated for each domain by combining the measure scores within that domain, weighting each measure equally.

For the hospital VPB program, CMS uses a three-domain performance scoring model. This is very similar to the performance assessment model, but it incorporates an outcome measures domain in addition to the clinical process of care and patient experience of care domains. The three-domain performance scoring model includes setting benchmarks and thresholds, scoring hospitals on achievement and improvement for three domains (clinical process of care, patient

experience of care, and outcomes), weighting these domains, and calculating the hospital total performance score.

CMS calculates an achievement and an improvement score in a performance period for each quality measure. The calculation that results in the higher of the two scores is the one that will be used for determining the measure scores.

- *Achievement Score:* In determining the achievement score, hospitals will receive points along an achievement range, which is a scale between the achievement threshold (the minimum level of hospital performance required to receive achievement points) and the benchmark (the mean of the top decile of hospital performance during the baseline period for clinical process of care measures and outcome measures).
- *Improvement Score:* In determining the improvement score, hospitals will receive points along an improvement range, which is a scale between the hospital's prior score on the measure during the baseline period and the benchmark.

Achievement Scoring Methodology

Hospitals will receive an achievement and improvement score for each of the clinical process of care and outcome measures that apply to them, and for each HCAHPS dimension. A hospital will earn 0 to 10 points for achievement based on where its performance for the measure falls relative to the *achievement threshold* (performance during the baseline period at the 50th percentile) and the *benchmark* (performance during the baseline period at the mean of the top decile) according to the following formula:

$$[9 * ((\text{Hospital's performance period score} - \text{achievement threshold}) / (\text{benchmark} - \text{achievement threshold}))] + .5, \text{ where the hospital performance period score falls in the range from the achievement threshold to the benchmark}$$

All achievement points will be rounded to the nearest whole number, and if a hospital's score is:

- Equal to or greater than the benchmark, the hospital would receive 10 points for achievement
- Equal to or greater than the achievement threshold (but below the benchmark), the hospital would receive a score of 1 to 9 based on a linear scale established for the achievement range
- Less than the achievement threshold (that is, the lower bound of the achievement range), the hospital would receive 0 points for achievement

Improvement Scoring Methodology

Hospitals will earn 0 to 9 points based on how much its performance on the measure during the performance period improves from its performance on the measure during the baseline period, according to the following formula:

[10 * ((Hospital performance period score - Hospital baseline period score) / (Benchmark – hospital baseline period score))] - .5, where the hospital performance score falls in the range from the hospital’s baseline period score to the benchmark

All improvement points will be rounded to the nearest whole number. If a hospital’s score on the measure during the performance period is:

- Greater than its baseline period score but below the benchmark (within the improvement range), the hospital will receive a score of 0 to 9 based on the linear scale that defines the improvement range
- Equal to or lower than its baseline period score on the measure, the hospital will receive 0 points for improvement

As shown below in the VBP final rule’s Table 8, CMS adopted an HCAHPS scoring approach that does not use percentiles, and instead finalized an approach that uses the percentage of top-box scores for scoring a hospital’s HCAHPS calculations. For the patient experience of care domain, 80 points will be assigned using the Achievement/Improvement methodologies described above. An additional 20 points will be assigned based on what CMS describes as a “consistency” method that is described below.

VBP Final Rule Table 8—Eight HCAHPS Dimensions for the FY13 Hospital VBP Program

Dimension (composite or stand-alone item)	Constituent HCAHPS Survey Items
Communication with Nurses (% “Always”)	Nurse-Courtesy/Respect Nurse-Listen Nurse-Explain
Communication with Doctors (% “Always”)	Doctor-Courtesy/Respect Doctor-Listen Doctor-Explain
Responsiveness of Hospital Staff (% “Always”)	Bathroom Help Call Button
Pain Management (% “Always”)	Pain Control Help with Pain
Communication about Medicines (% “Always”)	New Medicine-Reason New Medicine-Side Effects
Hospital Cleanliness & Quietness (% “Always”)	Cleanliness and Quietness Discharge- Help
Overall Rating (% “9 or 10”)	Discharge- Systems
Overall Rating of Hospital (% “9 or 10”)	Overall Rating

HCAHPS Consistency Measures

Hospitals will earn between 0 to 20 consistency points on the HCAHPS measure based on the lowest of its eight HCAHPS dimension scores. A hospital will receive no consistency points if its performance on one or more HCAHPS dimensions during the performance period is at least as poor as the worst-performing hospital’s performance on that dimension during the baseline

period. A hospital will receive a maximum score of 20 consistency points if its performance on all eight HCAHPS dimensions is at or above the achievement threshold.

Consistency points will be awarded proportionately based on the single lowest of a hospital’s eight HCAHPS dimension scores during the performance period compared to the achievement threshold (the 50th percentile of the baseline performance score) for that specific HCAHPS dimension. If the lowest score is less than the achievement threshold, then the score is based on the distance between the achievement threshold and the floor.

If all eight of a hospital’s dimension scores during the performance period are at or above the achievement threshold, then that hospital will earn all 20 consistency points. If the lowest score a hospital receives on an HCAHPS dimension is at or below the floor of hospital performance on that dimension during the baseline period, then no consistency points will be awarded to that hospital. Otherwise, consistency points will be awarded proportionately according to the distance of the performance period score for that dimension between the floor and the achievement threshold.

The formula for the HCAHPS consistency points score is as follows:

$$(20 * (\text{lowest dimension score}) - 0.5), \text{ rounded to the nearest whole number, with a minimum of zero and a maximum of 20 consistency points}$$

The floors, achievement thresholds, and benchmarks for HCAHPS consistency points, applicable to FY13 using a baseline period of July 1, 2009, to March 31, 2010, are described below in the final rule’s Table 9:

VBP Final Rule Table 9—HCAHPS Top-Box Scores Representing the Floor (Minimum), Achievement Threshold (50th Percentile) and Benchmark (Mean of Top Decile) For Hospital Value-Based Purchasing: Baseline Period (July 1, 2009–March 31, 2010)

HCAHPS Dimension	Floor (minimum)	Achievement threshold (50 th percentile)	Benchmark (mean of top decile)
Communication with Nurses	38.98	75.18	84.70
Communication with Doctors	51.51	79.42	88.95
Responsiveness of Hospital Staff	30.25	61.82	77.69
Pain Management	34.76	68.75	77.90
Communication about Medicines	29.27	59.28	70.42
Hospital Cleanliness & Quietness	36.88	62.8	77.64
Discharge Information	50.47	81.93	89.09
Overall Rating of Hospital	29.32	66.02	82.52

To achieve greater uniformity of scoring for all of the domains, CMS finalized the definition of the benchmark as the mean of the top decile of performance on the HCAHPS dimensions, rather than the 95th percentile of performance as it had proposed.

Total Score Calculation

The HHS Secretary is required to develop a methodology for assessing each hospital's total performance based on performance standards with respect to the measures selected for a performance period. Using such methodology, the HHS Secretary must provide for an assessment for each hospital for each performance period. In the May 6, 2011, VBP Program final rule, CMS finalized a methodology for assessing the total performance of each hospital based on performance standards under which it will score each hospital based on achievement and improvement ranges for each applicable measure. CMS will calculate a total performance score for each hospital by combining the greater of the hospital's achievement or improvement points for each measure to determine a score for each domain, weighting each domain score (for the FY13 Hospital VBP Program, the weights will be clinical process of care = 70 percent, patient experience of care = 30 percent), and adding together the weighted domain scores. CMS will convert each hospital's total performance score into a value-based incentive payment using a linear exchange function.

In the FY12 IPPS/LTCH final rule, CMS adopted a new Medicare spending per beneficiary measure for the FY14 VBP Program and incorporated the measure into a new efficiency domain. CMS will determine the total earned points for the efficiency domain by adding the points earned for each domain measure and dividing by the total possible points, then multiplying that number by 100 percent. For the FY14 payment adjustment, there is only 1 measure in the efficiency domain, the Medicare spending per beneficiary measure, and the total possible points are 10. The efficiency domain percentage score will be calculated for FY14 as follows:

Efficiency domain score = Total points earned on the Medicare spending per beneficiary measure divided by 10, then multiplied by 100 percent

CMS will assign a weight to the efficiency domain, for use in the calculation of the total performance score. The achievement threshold is finalized at the median Medicare spending per beneficiary ratio across all hospitals during the performance period. The benchmark is finalized at the mean of the lowest decile of Medicare spending per beneficiary ratios during the performance period. A hospital whose individual Medicare spending per beneficiary ratio falls above the achievement threshold will score 0 achievement points on the measure, and a hospital whose individual Medicare spending per beneficiary ratio falls at or below the achievement benchmark will score the maximum of 10 achievement points on the measure. A hospital whose individual Medicare spending per beneficiary ratio falls at or below the achievement threshold, but above the benchmark, will score between 1–9 points according to the following formula:

$[9 * ((\text{achievement threshold} - \text{Hospital's performance period Medicare spending per beneficiary ratio}) / (\text{achievement threshold} - \text{benchmark}))] + 0.5$

A hospital will earn between 1 and 9 improvement points on the proposed Medicare spending per beneficiary measure if its individual Medicare spending per beneficiary ratio during the performance period falls within the improvement range. The threshold for improvement is finalized at the hospital's own Medicare spending per beneficiary ratio, as calculated during the baseline period (May 15, 2010, through February 14, 2011). The improvement benchmark is equal to the achievement benchmark for the performance period, which is the mean of the lowest decile of Medicare spending per beneficiary ratios across all hospitals. A hospital whose Medicare spending per beneficiary ratio is equal to or higher than its baseline period Medicare spending per beneficiary ratio will score 0 improvement points on the measure. If a hospital's score on the measure during the performance period is less than its baseline period score but above the benchmark (within the improvement range), the hospital will receive a score of 0–9 according to the following formula:

$$[10 * ((\text{Hospital baseline period Medicare spending per beneficiary ratio} - \text{Hospital performance period Medicare spending per beneficiary ratio}) / (\text{Hospital baseline period Medicare spending per beneficiary ratio} - \text{benchmark})) - 0.5]$$

III. 2013

Hospital VBP Program Measures

The hospital VBP program measures must be selected from the pool of measures specified for the hospital IQR program. The selected measures pertain to six specified conditions or topics: acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), surgeries as measured by the Surgical Care Improvement Project (SCIP), healthcare-associated infections (HAI), and the HCAHPS. They may only be selected if they have been included on the *Hospital Compare* website for a least one year prior to the beginning of the performance period. Currently, there are 45 measures specified under the hospital IQR program for the FY11 payment determination, all of which (with the exception of the measures of readmission) are viewed as “candidate measures” for the hospital VBP program.

In the VBP Program final rule, CMS adopted 12 of the 17 proposed clinical process of care measures for the FY13 hospital VBP program. It is not adopting the following measures:

- PN–2: Pneumococcal Vaccination
- PN–7: Influenza Vaccination
- AMI–2: Aspirin Prescribed at Discharge
- HF–2: Evaluation of LVS Function
- HF–3: ACEI or ARB for LVSD

The excluded measures meet CMS's definition of “topped out,” which means that all but a few hospitals have achieved a similarly high level of performance on them. CMS believes that measuring hospital performance on topped-out measures would have no meaningful effect on a hospital's total performance score, and that scoring a topped out measure for purposes of the Hospital VBP program would present a number of challenges.

For the FY13 Hospital VBP Program, CMS adopted 13 measures, including 12 clinical process of care measures and eight dimensions from the HCAHPS that it categorized into two domains. CMS grouped the 12 clinical process of care measures into a clinical process of care domain, and placed the HCAHPS survey measure into a patient experience of care domain.

The following table lists the 13 measures that CMS is adopting for the FY13 hospital VBP program measure set.

Final Rule Table 2 - Final Measures for FY13 Hospital VBP Program

Measure ID	Measure Description
Clinical Process of Care Measures	
Acute Myocardial Infarction	
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
Heart Failure	
HF-1	Discharge Instructions
Pneumonia	
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient
Healthcare-Associated Infections	
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose
Surgeries	
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival that Received a Beta Blocker During the Perioperative Period
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
Patient Experience of Care Measures	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey

In the VBP Program final rule, CMS finalized the proposed definitions of the achievement performance standard (achievement threshold) and the improvement performance standard (improvement threshold) for the FY13 Hospital VBP program, displayed in Table 4 of the rule.

Because its process for validating the proposed baseline period of data was not yet complete when the proposed rule was issued, CMS was unable to provide the precise achievement threshold values; instead it provided example achievement performance standards.

To view the FY13 achievement thresholds and finalized benchmarks that apply to the FY13 hospital VBP Program measures (Table 4 and Table 6 of the VBP final rule) see Appendix 1.

Benchmark Collection Period

CMS adopted a three-quarter performance period from July 1, 2011, through March 31, 2012, for these measures, and performance standards on which hospital performance will be evaluated. The following table includes all finalized baseline and performance periods for the FY13 program year.

FY13 Hospital VBP Program Baseline and Performance Periods		
Domain	Baseline Period	Performance Period
Clinical Process of Care	July 1, 2009 – March 31, 2010	July 1, 2011 – March 31, 2012
Patient Experience of Care	July 1, 2009 – March 31, 2010	July 1, 2011 – March 31, 2012

Measure Weights

For purposes of the Hospital VBP Program in FY13, only two domains will be scored, the clinical process of care and patient experience of care. CMS did not include outcome measures in the FY13 Hospital VBP program. In determining how to appropriately weight quality measure domains, CMS considered a number of criteria. Specifically, it considered the number of measures that it proposed to include in each domain and the reliability of individual measure data. In determining how to appropriately weight quality measure domains, CMS considered a number of criteria, including the number of measures in each domain and the reliability of individual measure data. It also considered the systematic effects of alternative weighting schemes on hospitals according to their location and characteristics (for example, by region, size, and teaching status) and departmental quality improvement priorities. CMS strongly believes that outcome measures are important in assessing the overall quality of care provided by hospitals. Taking all of these considerations into account, CMS finalized a weighting scheme that consists of a 70 percent clinical process of care and 30 percent patient experience of care (HCAHPS) for the FY13 Hospital VBP program. CMS will use this weighting scheme because the proposed clinical process of care measures comprise all but one of the measures included in the FY13 Hospital VBP program. CMS believes that assigning a 30 percent weight to the patient experience of care domain is appropriate because the HCAHPS measure is comprised of eight dimensions that address different aspects of patient satisfaction.

Minimum Number of Cases for Each Measure

CMS believes that setting the minimum number of measures and cases as low as is reasonable is an essential component of implementing the Hospital VBP program, and will help to minimize the number of hospitals unable to participate due to not having the minimum number of cases for

a measure or the minimum number of measures. In the VBP Program final rule, CMS discussed the minimum number of cases and measures that would be appropriate for the clinical process of care and patient experience of care domains. For the FY13 VBP Program, a hospital must report on 10 cases per clinical process measure. CMS will exclude from hospitals' total performance score calculation any measures on which they report fewer than 10 cases. Any hospitals to which less than 4 of the measures apply will be excluded from the Hospital VBP program. For inclusion in the Hospital VBP program for FY13, hospitals must also report a minimum of 100 HCAHPS surveys during the performance period.

In the VBP Program final rule, CMS discussed the minimum number of cases and measures that would be appropriate for the clinical process of care and patient experience of care domains. CMS also noted that the independent analysis conducted by Brandeis only looked at clinical process of care measures and for that reason it intended that the 10 case and 4 measure minimums apply only to those measures. CMS intends to make a separate proposal on what specific minimum numbers of cases and measures should apply to the outcome domain in future rulemaking.

IV. 2014

In the CY12 OPPS final rule, CMS suspended the effective dates of the AHRQ and HAC measures for the Hospital VBP Program, and the mortality measures will be the only measures in the outcome domain in FY14. In the Hospital Inpatient VBP Program Final Rule, CMS finalized the achievement performance standard (achievement threshold) for each of the proposed FY14 Hospital VBP Program mortality measures at the median of hospital performance (50th percentile) during the applicable baseline period. CMS also finalized the improvement performance standard (improvement threshold) for each mortality measure at each specific hospital's performance on each measure during the baseline period of July 1, 2009, to June 30, 2010. The precise achievement thresholds and final benchmarks for the three mortality measures (displayed as survival rates) in Tables 5 and 7 of the VBP Program final rule, based on a 12-month baseline period from July 1, 2009, to June 30, 2010, are as follows:

Achievement Thresholds for the FY14 Hospital VBP Program Mortality Outcome Measures (Displayed as Survival Rates)

Mortality Outcome Measures			
Measure ID	Measure Description	Performance Standard (Achievement Threshold)	Benchmark
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	0.8477	0.8673
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	0.8861	0.9042

MORT–30 PN	Pneumonia (PN) 30-Day Mortality Rate	0.8818	0.9021
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After consideration of the public comments received, CMS finalized the FY14 clinical process of care and patient experience of care performance standards. In the CY12 OPPS final rule, CMS set the final achievement performance standards for the finalized FY14 clinical process of care and patient experience of care measures using the applicable baseline period data (**See Appendix 2 for FY14 achievement performance standards**).

FY14 Measures

For FY14, CMS adopted 17 measures for the Hospital VBP Program, including the 12 clinical process of care measures and the HCAHPS measure that it adopted for the FY13 program, 1 new clinical process of care measure (SCIP-Inf-9: Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2), and three mortality outcome measures (Acute Myocardial Infarction (AMI) 30-Day Mortality Rate, Heart Failure (HF) 30-Day Mortality Rate, Pneumonia (PN) 30-Day Mortality Rate). The clinical process of care, HCAHPS, and mortality measures are discussed in more detail in the Hospital Inpatient VBP Program final rule, and the SCIP-Inf-9 is discussed in more detail in the CY12 OPPS/ASC final rule with comment period. ***See Appendix 3 for a complete list of the measures adopted for the FY14 Hospital VBP Program.***

Benchmark Collection Period

The following table includes all finalized baseline and performance periods for the FY14 program year:

FY14 Hospital VBP Program Baseline and Performance Periods		
Clinical Process of Care	April 1, 2010 – December 31, 2010	April 1, 2012 – December 31, 2012
Patient Experience of Care	April 1, 2010 – December 31, 2010	April 1, 2012 – December 31, 2012
Outcome Mortality	July 1, 2009 – June 30, 2010	July 1, 2011 – June 30, 2012

Measure Weights

In the FY12 OPPS final rule, CMS noted that because it is suspending the effective date of the HAC and AHRQ measures in the Hospital VBP Program, the outcome domain will only have three measures for the FY14 program. Therefore, it believes that it is necessary to reduce the weight applied to this domain. However, CMS still believes that outcome measures are critical to patient safety, and the three mortality measures serve as very good predictors of the quality of care patients receive and will serve as a good basis to encourage hospitals to improve outcomes. Taking this into account, and the fact that it is not finalizing an efficiency domain, it finalized a weighting methodology that increases the weight of the clinical process of care domain. It also reduced the weight of the outcome domain to account for the fact that the domain will only include three measures. For FY14, CMS is finalizing a weighting of 25 percent for the outcome

domain, 45 percent for the clinical process of care domain, and 30 percent for the patient experience of care domain.

Minimum Number of Cases for Each Measure

The HHS Secretary is required to exclude for the fiscal year hospitals that do not report a minimum number of cases for the measures that apply to the hospital for the performance period for the fiscal year. In the Hospital Inpatient VBP Program final rule, CMS adopted 13 outcome measures for the FY14 Hospital VBP Program, but did not adopt a minimum number of cases for such measures to apply to hospitals, nor did it adopt a minimum number of measures necessary for the outcome domain to be included in the Total Performance Score. CMS suspended the effective date of the HAC and AHRQ measures in the CY12 OPSS final rule, leaving only three measures in the outcome domain for FY14.

Since CMS is suspending the effective date of the AHRQ and HAC measures, it is not finalizing its proposal regarding the minimum numbers of cases and measures in the outcome domain insofar as that proposal relates to the HAC and AHRQ measures. However, after considering the comments that it received, in the CY12 OPSS final rule, CMS finalized a minimum number of 10 cases for the three 30-day mortality measure, and noted that this minimum is consistent with its previously finalized policy regarding the minimum number of cases that a hospital must report in order to receive a score on a clinical process of care measure.

The minimum number of measures that a hospital must report in order to receive a score on the outcome domain is two. Requiring two mortality measures to qualify for participation will allow many more hospitals to be included in the Hospital VBP Program, which is consistent with CMS's views on the appropriate balance between reliability and inclusiveness that it described in the VBP Program final rule. CMS will normalize outcome domain scores in order to make fair comparisons in that domain between hospitals with scores on two mortality measures and those hospitals reporting sufficient data on all three. Hospitals must report the minimum number of cases and measures on all finalized domains in order to receive a total performance score in FY14. Because it is suspending the effective date of the Medicare spending per beneficiary measure, the number of finalized domains will be three instead of four.

Discussion of Excluded Metrics

For the FY 14 VBP Program, CMS initially adopted 13 outcome measures comprised of 3 mortality measures, 2 AHRQ composite measures, and 8 HAC measures. CMS also adopted the Medicare spending per beneficiary measure and incorporated the measure into a new efficiency domain. CMS received feedback from commenters who argued that the proposed performance periods for the HAC and AHRQ composite measures and Medicare spending per beneficiary measure are not statutorily compliant because data on the measures will not have been included on *Hospital Compare* for one year prior to their start dates. Taking these factors into consideration CMS will publicly post hospital performance on all Hospital VBP Program candidate measures on *Hospital Compare* for at least one year prior to the time when the performance period for those measures would start under the Hospital VBP. Because there will not be enough time to both publicly post the measure data for a year, as well CMS notes that its

decision to suspend the effective dates of these measures in the FY14 Hospital VBP Program has no effect on the status of these measures under the Hospital IQR Program.

V. Proposed Hospital VBP Payment Adjustment Calculation Methodology

Proposals for Calculating the Funding Amount for Value-Based Incentive Payments Each Year

Section 1886(o)(7)(B) of the Act instructs the HHS Secretary to reduce the base operating DRG payment amount for a hospital for each discharge in a fiscal year by an applicable percent. Under section 1886(o)(7)(A) of the Act, the sum total of these reductions in a fiscal year must equal the total amount available for value-based incentive payments for all eligible hospitals for the fiscal year. To implement these sections, and create the funding pool for value-based incentive payments for each fiscal year, in the FY13 IPPS proposed rule, CMS proposed that beginning with FY13 discharges, IPPS hospitals would receive a reduction to its base operating DRG payment amount for each discharge in a fiscal year, regardless of whether CMS has determined that the hospital has earned a value-based incentive payment for that fiscal year. CMS proposes to estimate the total amount of the reductions across all eligible hospitals and the size of the funding pool prior to the start of each fiscal year because that is the only way, operationally, that it can calculate each hospital's value-based incentive payment in a manner such that the estimated sum total of these payments for hospitals for the fiscal year would be equal to the estimated total amount available to all eligible hospitals.

To estimate the total base operating DRG payment reductions across all hospitals for a fiscal year, CMS proposes to sum the estimated total base operating DRG payment amount per discharge for each hospital in that fiscal year. CMS would then multiply that estimated total annual base operating DRG payment amount by the applicable percent, which it proposes to define in its regulations at §412.160 as the percentage specified in section 1886(o)(7)(C) of the Act. The product of the estimated total annual base operating DRG amount for a hospital and the applicable percent would be equal to taking the applicable percent reduction from each individual base operating DRG payment amount per hospital and then summing those reductions.

CMS welcomes public comment on this proposed approach to calculating the available pool of funds for value-based incentive payments. For the purpose of estimating the total amount available for value-based incentive payments for a fiscal year, CMS would apply an inflation factor so that its estimate of the available pool of funds would more accurately reflect estimated total base operating DRG payments in the fiscal year in which the value-based incentive payments would actually be made. For example, in estimating the size of the FY13 funding pool, CMS inflated the FY11 MedPAR data to FY13 dollars because the value-based incentive payment amounts will actually be paid in FY13. CMS estimates the available amount for FY13 value-based incentive payments to be \$956 million. Beginning with the FY14 Hospital VBP Program, CMS intends to make the value-based incentive payments to hospitals as part of the claims payment process, beginning at the start of the fiscal year. So, it would not be possible to use the modeled base-operating DRG payment amount estimates based on the finalized rates, factors, and policies established in the IPPS/LTCH PPS final rule applicable to the fiscal year, as they will typically not be finalized in time to notify hospitals of their value-based incentive payment adjustments at the start of the review and corrections process.

Proposed Methodology to Calculate the Value-Based Incentive Payment Adjustment Factor

For each eligible hospital that receives a total performance score (TPS) greater than zero with respect to a fiscal year, CMS proposed to calculate a value-based incentive payment percentage for that hospital for that fiscal year. In accordance with section 1886(o)(6)(C)(ii) of the Act, the value-based incentive payment percentage that CMS calculates for the hospital will be based on that hospital's individual TPS, and the total amount of value-based incentive payments to all hospitals in the fiscal year will be equal to the total amount available for value-based incentive payments for the fiscal year. The applicable percent that CMS will use to reduce the base operating DRG payment amount for each FY13 discharge is 1.0 percent.

In the Hospital Inpatient VBP Program final rule, for the FY13 program, CMS established that it would incorporate the value-based incentive payment adjustment into its claims processing system in January 2013, and that the adjustment would apply to all FY13 discharges, including those that occurred beginning on October 1, 2012. Because of this January 2013 application of the value-based incentive payment adjustment, CMS proposes that it would not apply the 1.0 percent applicable reduction to the base operating DRG payment amount for each discharge until it applied the value-based incentive payment adjustment factor.

CMS would add the value-based incentive payment amount to the hospital's reduced base-operating DRG payment amount for each FY13 discharge at the same time that it applied the 1.0 percent reduction to the base operating DRG payment amount. The simultaneous application of the 1.0 percent reduction to the base-operating DRG payment amounts and the value-based incentive payment amount (if applicable, based on the hospital's TPS) would prevent hospitals from receiving a 1.0 percent reduction to their base operating DRG payment amounts before they receive their value-based incentive payment amount adjustment.

Under its proposal, beginning in January 2013, a hospital would receive a base operating DRG payment amount for each discharge occurring in FY13 that is the net result of the application of the 1.00 percent reduction and the application of the hospital's individual value-based incentive payment amount adjustment. CMS is proposing to reprocess the claims submitted by hospitals for discharges occurring between October 1, 2012, and such time as the value-based incentive payment adjustments are incorporated into the claims processing system. CMS believes that this approach is the most straightforward way to address the January implementation of FY13 value-based incentive payment adjustments.

In FY14 and future years of the Hospital VBP Program, CMS proposed to apply both the applicable percent reduction and the value-based incentive payment amount adjustment to the base operating DRG payment amount for a discharge during the regular claim payment process, beginning in October of each fiscal year. These adjustments would be made simultaneously with respect to each discharge.

VI. 2015

FY15 Hospital VBP Program Measures

In the FY13 IPPS proposed rule, for the FY15 Hospital VBP Program, CMS proposes to retain 12 of the 13 clinical process of care measures that it adopted for the FY14 program. CMS is

proposing to remove SCIP-VTE-1 from the FY15 measure set because this measure is very similar to another measure it adopted for the program (SCIP-VTE-2) but is not as closely linked to better surgical outcomes because it assesses the ordering of VTE prophylaxis, as opposed to the patient actually receiving it within 24 hours of surgery. CMS also notes that, during a recent maintenance review of SCIP-VTE-1, the NQF concluded that it would no longer endorse this measure, and CMS proposes in the FY13 IPPS proposed rule to remove the measure from the Hospital IQR Program beginning with the FY15 payment determination. CMS anticipates proposing to adopt surgical outcome measures, including one or more measures that assess complications arising from VTE prophylaxis medications, first into the Hospital IQR Program and then into the Hospital VBP Program.

In the FY13 IPPS proposed rule, CMS proposes to adopt one additional clinical process of care measure: AMI-10: Statin Prescribed at Discharge. This measure has been specified under the Hospital IQR Program for the FY13 payment determination. CMS is also proposing a nine-month performance period for this measure for FY15. For the patient experience of care domain, CMS is proposing to retain the eight dimensions of the HCAHPS survey that it adopted for the FY13 and FY14 Hospital VBP Program. CMS believes that the eight HCAHPS dimensions finalized for the FY13 and FY14 Hospital VBP Programs are well-understood by hospitals and the public and capture important aspects of the patient's experience in the acute care environment. For the outcome domain, CMS proposes to retain the three 30-day mortality measures that it finalized for the FY14 Hospital VBP Program. CMS also proposes to adopt the following two additional outcomes measures: PSI-90, the AHRQ Patient Safety Indicators composite measure, and CLABSI: Central Line-Associated Blood Stream Infection measure, for the outcome domain.

CMS proposed to adopt one new measure for the efficiency domain, the Medicare Spending per Beneficiary measure. The proposed measure is inclusive of all Part A and Part B payments from three days prior to a subsection (d) hospital admission through 30 days post discharge with certain exclusions. It is risk adjusted for age and severity of illness, and the included payments are standardized to remove differences attributable to geographic payment adjustments and other payment factors. CMS anticipates submitting the proposed measure to the NQF for endorsement in the near future. The performance period for this measure for the FY15 Hospital VBP Program would begin on May 1, 2013, which will be more than one year after the performance data has been publicly posted. *See Appendix 4 for the proposed quality measures for the FY15 Hospital VBP Program.*

FY15 Proposed Clinical Process of Care Domain Performance Period and Baseline Period

In the CY12 OPPI/ASC final rule with comment period, CMS finalized a 9-month (three-quarter) performance period from April 1, 2012, through December 31, 2012, for the clinical process of care domain measures for the FY14 Hospital VBP Program. Adopting a three-quarter performance period for this domain for the FY14 Hospital VBP Program would enable CMS to consider adopting a 12-month performance period for this domain for FY15. Therefore, in the FY13 IPPS proposed rule, CMS proposed to adopt CY13 (January 1, 2013 through December 31, 2013) as the performance period for all but one of the clinical process of care domain measures for the FY15 program. This proposed performance period for FY15 would begin immediately after the end of the FY14 performance period and will enable CMS to make value-

based incentive payments to hospitals beginning October 1, 2014. The AMI-10 measure data were posted on Hospital Compare on January 26, 2012. Therefore, CMS does not believe it can begin a performance period for this measure on January 1, 2013, which would align with the proposed performance period for all other clinical process of care measures. In accordance with its preference for adopting a comparable prior period for purposes of calculating the performance standards, comparable prior period to help calculate the performance standards, CMS proposes to adopt a nine-month baseline period of April 1, 2011, through December 31, 2011, for the AMI-10 measure.

FY15 Proposed Patient Experience of Care Domain Performance Period and Baseline Period

Consistent with its goal of adopting a full 12-month period for this domain to collect a larger amount of HCAHPS survey data compared to a nine-month period, CMS proposed to adopt CY13 (January 1, 2013, through December 31, 2013) as the performance period for the patient experience of care domain measure for the FY15 program. This proposed performance period for FY15 would begin immediately after the end of the FY14 performance period and would enable CMS to make value based incentive payments to hospitals beginning on October 1, 2014. Since CMS believes that baseline data should be used from a comparable prior period for purposes of calculating the performance standards, it proposes to adopt CY11 (January 1, 2011, through December 31, 2011) as the baseline period for the patient experience of care domain measure for the FY15 program.

The proposed performance and baseline periods for all proposed FY15 measures are as follows:

Domain	Baseline Period	Performance Period
<u>Clinical Process of Care</u> <ul style="list-style-type: none"> • AMI-10 	January 1, 2011 – December 31, 2011 April 1, 2011 – December 31, 2011	January 1, 2013 – December 31, 2013 April 1, 2013 – December 31, 2013
<u>Patient Experience of Care</u>	January 1, 2011 – December 31, 2011	January 1, 2013 – December 31, 2013
<u>Outcome</u> <ul style="list-style-type: none"> • Mortality • AHRQ • CLABSI 	October 1, 2010 – June 30, 2011 October 15, 2010 – June 30, 2011 January 26, 2011 – December 31, 2011	October 1, 2012 – June 30, 2013 October 15, 2012 – June 30, 2013 January 26, 2013 – December 31, 2013
<u>Efficiency</u> <ul style="list-style-type: none"> • Medicare Spending Per Beneficiary -1 	May 1, 2011 – December 31, 2011	May 1, 2013 – December 31, 2013

VII. 2016

FY16 Hospital VBP Program Measures

In the FY13 IPPS proposed rule, for FY16, CMS proposed to retain the three 30-day mortality measures that were finalized for the FY14 Hospital VBP Program, and which it proposes to retain for the FY15 Hospital VBP Program. CMS also proposed to retain PSI-90, which is the AHRQ PSI composite measure that it proposes to adopt for the FY15 Hospital VBP Program, for the FY16 program. By proposing to adopt these measures now, CMS believes that it will be able to adopt a longer performance period and collect more data for performance scoring than would be possible if it waited to make this proposal until the FY14 IPPS/LTCH PPS proposed rule. Accordingly, CMS proposed that the performance period for these measures would begin October 1, 2012, for purposes of the FY16 Hospital VBP Program. *See Appendix 5 for FY16 proposed outcome measures.*

Performance Periods for Proposed FY16 Measures

CMS proposed to adopt a 21-month performance period for the three proposed 30-day mortality measures and the AHRQ PSI composite measure for the FY16 Hospital VBP Program, from October 1, 2012, through July 30, 2014. CMS further proposed a baseline period of October 1, 2010, through July 30, 2011, for purposes of calculating performance standards and measuring improvement. This baseline period is identical to the proposed baseline period for these measures for FY15.

The table below displays the proposed performance period for the FY16 mortality and AHRQ PSI composite measures.

Measure	Baseline Period	Performance Period
Mortality/AHRQ PSI	October 1, 2010 – July 30, 2011	October 1, 2012 – July 30, 2014

Proposed Quality Measure Domains for the FY16 Hospital VBP Program

CMS proposed to reclassify the Hospital VBP measures into domains based on the six priorities of the National Quality Strategy, beginning with the FY16 Hospital VBP Program. CMS made this proposal in the FY13 IPPS proposed rule to ensure that it has ample time to consider all public comments and finalize any policies in advance of the FY16 program year.

CMS proposed that the following six domains serve as a framework for measurement and TPS calculations for the Hospital VBP Program beginning with the FY16 program year:

- Clinical Care
- Person- and Caregiver-Centered Experience and Outcomes
- Safety
- Efficiency and Cost Reduction
- Care Coordination

- Community/Population Health

See Appendix 6 for illustration of how CMS would classify measures into the proposed new domains using the proposed FY15 Hospital VBP measure set.

VIII. More Information

FY13 IPPS [proposed rule](#), published in the, May 11, 2012, *Federal Register*

FY12 IPPS [final rule](#), published in the August 18, 2011, *Federal Register*

The CY12 OPSS [final rule](#), published in the November 30, 2011, *Federal Register*

The VBP Program [final rule](#), published in the May 6, 2011, *Federal Register*

Appendix 1

TABLE 4—ACHIEVEMENT THRESHOLDS THAT APPLY TO THE FY 2013 HOSPITAL VBP PROGRAM MEASURES

Measure ID	Measure description	Performance standard (achievement threshold)
Clinical Process of Care Measures		
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0.6548
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0.9186
HF-1	Discharge Instructions	0.9077
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital.	0.9643
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	0.9277
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	0.9735
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	0.9766
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	0.9507
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	0.9428
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	0.9500
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery.	0.9307
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period.	0.9399
Patient Experience of Care Measures		
HCAHPS	Communication with Nurses	75.18%
	Communication with Doctors	79.42%
	Responsiveness of Hospital Staff	61.82%
	Pain Management	68.75%
	Communication About Medicines	59.28%
	Cleanliness and Quietness of Hospital Environment	62.80%
	Discharge Information	81.93%
	Overall Rating of Hospital	66.02%

TABLE 6—BENCHMARKS THAT APPLY TO THE FY 2013 HOSPITAL VBP PROGRAM MEASURES

Measure ID	Measure description	Benchmark
Clinical Process of Care Measures		
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0.9191
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	1.0

Appendix 2

FY 2014 Achievement Performance Standards for Clinical Process of Care Measures			
Measure ID	Measure Description	Performance Standard (Achievement Threshold)	Benchmark
Process of Care Measures			
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0.8066	0.9630
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0.9344	1.0000
HF-1	Discharge Instructions	0.9266	1.0000
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	0.9730	1.0000
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	0.9446	1.0000
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	0.9807	1.0000
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	0.9813	1.0000
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	0.9663	0.9996

FY 2014 Achievement Performance Standards for Clinical Process of Care Measures			
Measure ID	Measure Description	Performance Standard (Achievement Threshold)	Benchmark
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	0.9634	1.0000
SCIP-Inf-9	Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	0.9286	0.9989
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period	0.9565	1.0000
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	0.9462	1.0000
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	0.9492	0.9983

FY 2014 Achievement Performance Standards for Patient Experience of Care Measures				
Measure ID	Measure Description	Performance Standard (Achievement Threshold)	Benchmark	Floor
Patient Experience of Care Measure				
HCAHPS				
	Communication with Nurses	75.79%	84.99%	42.84%
	Communication with Doctors	79.57%	88.45%	55.49%
	Responsiveness of Hospital Staff	62.21%	78.08%	32.15%
	Pain Management	68.99%	77.92%	40.79%
	Communication about Medicines	59.85%	71.54%	36.01%
	Hospital Cleanliness & Quietness	63.54%	78.10%	38.52%
	Discharge Information	82.72%	89.24%	54.73%
	Overall Rating of Hospital	67.33%	82.55%	30.91%

Appendix 3: Clinical Process of Care, Patient Experience of Care, and Outcome Measures for the FY14 Hospital VBP Program

Measure ID	Measure Description
Clinical Process of Care Measures	
Acute myocardial infarction	
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
Heart Failure	
HF-1	Discharge Instructions
Pneumonia:	
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient
Healthcare-associated Infections	
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose
SCIP-Inf-9	Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2
Surgeries:	
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
Patient Experience of Care Measures	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey.*
Outcome Measures	
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

Appendix 4: Proposed Quality Measures for FY15 Hospital VBP Program

Measure ID	Description
Clinical Process of Care Measures	
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
AMI-10	Statin Prescribed at Discharge
HF-1	Discharge Instructions
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxes Within 24 Hours Prior to Surgery to 24 Hours After Surgery
Patient Experience Measures	
HCAHPS*	Hospital Consumer Assessment of Healthcare Providers and Systems Survey
Outcome Measures	
AHRQ PSI composite	Complication/patient safety for selected indicators (composite)
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
Efficiency Measures	
MSPB-1	Medicare spending per beneficiary

Appendix 5: Proposed Outcome Measures for FY16 Hospital VBP Program

Measure ID	Description
AHRQ PSI composite	Complication/patient safety for selected indicators (composite)
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

Appendix 6: Classification of Measures into Proposed New Domains

Proposed FY15 Measures	Proposed FY16 Domain	Proposed FY15 Domain
HF-1 Discharge Instructions	Care Coordination	Clinical Process of Care
AMI-10 Statin Prescribed at Discharge	Clinical Care	Clinical Process of Care
AMI-7a Fibrinolytic Agent Received Within 30 Minutes of Hospital Arrival	Clinical Care	Clinical Process of Care
AMI-8a Primary PCI Received Within 90 Minutes of Hospital	Clinical Care	Clinical Process of Care
Mortality-30-AMI Acute Myocardial Infarction (AMI) 30-day Mortality Rate	Clinical Care	Outcomes
Mortality-30-HF Heart Failure (HF) 30-day Mortality Rate	Clinical Care	Outcomes
PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	Clinical Care	Clinical Process of Care
PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Clinical Care	Clinical Process of Care
SCIP Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	Clinical Care	Clinical Process of Care
SCIP-Inf-01 Prophylactic antibiotic received within 1 hour prior to surgical incision	Clinical Care	Clinical Process of Care
SCIP-Inf-02 Prophylactic antibiotic selection for surgical patients	Clinical Care	Clinical Process of Care
SCIP-Inf-03 Prophylactic antibiotics discontinued with 24 hours after surgery end time	Clinical Care	Clinical Process of Care
SCIP-Inf-04 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	Clinical Care	Clinical Process of Care
SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	Clinical Care	Clinical Process of Care
Medicare spending per beneficiary	Efficiency and Cost Reduction	Efficiency
HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems Survey	Person- and Caregiver-Centered Experience and Outcomes	Patient Experience of Care
Central Line-Associated Blood Stream Infection (CLABSI)	Safety	Outcome
PSI 90 Complication/Patient Safety for Selected Indicators (Composite)	Safety	Outcome