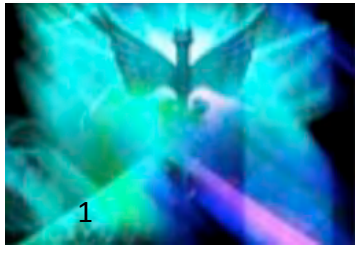
National Provider Call: Hospital Value-Based Purchasing



Fiscal Year 2015 Overview for Beneficiaries, Providers, and Stakeholders

Centers for Medicare & Medicaid Services

March 14, 2013

Medicare Learning Network

This National Provider Call is brought to you by the Medicare Learning Network® (MLN), the source of official CMS information for Medicare Fee-For-Service Providers.

Agenda

- Introduction to the Hospital Value-Based Purchasing (VBP) Program
- Fiscal Year (FY) 2015 Hospital VBP Program
- How Will Hospitals Be Evaluated?
  - Total Performance Score (based on the four domain scores)
    - Clinical Process of Care Domain
    - Patient Experience of Care Domain
    - Outcome Domain
    - Efficiency Domain
- Example
- FY 2015 Baseline Measures Report
- Questions & Answers

Introduction: Hospital VBP Program

- **Initially required in the Affordable Care Act and further defined in Section 1886(o) of the Social Security Act**
- **Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure**
- **Next step in promoting higher quality care for Medicare beneficiaries**
- **Pays for care that rewards better value, patient outcomes, and innovations, instead of just volume of services**
- **Funded by a 1.50% reduction from participating hospitals' Diagnosis-Related Group (DRG) payments in FY 2015**
  - Hospitals have the potential to earn more than the 1.50% based on their total performance

Who is Eligible for the FY15 Hospital VBP Program?

How is "hospital" defined for this program?

- **Hospital VBP program applies to subsection (d) hospitals:**
  - Statutory definition of subsection (d) hospital found in Section 1886(d)(1)(B)
  - Applies to acute care hospitals in the 50 states and the District of Columbia

Who is Excluded from the FY15 Hospital VBP Program?

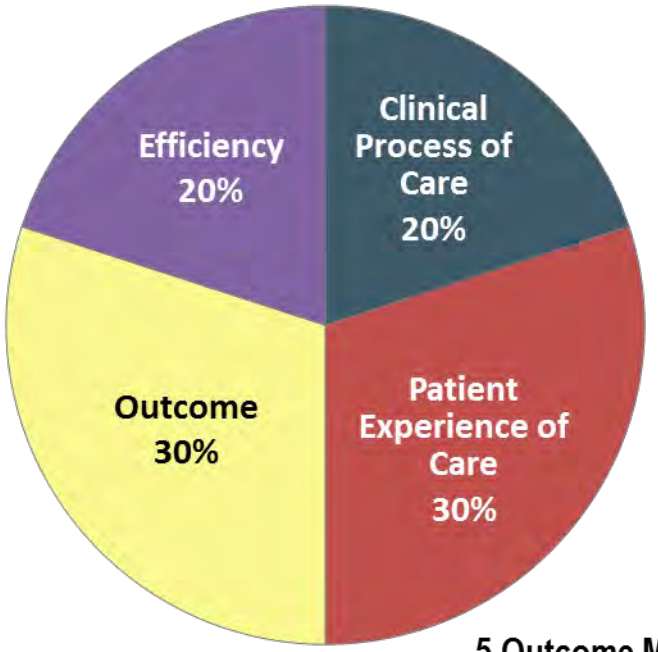
- **Exclusions under Section 1886(o)(1)(C)(ii):**
  - Hospitals subject to payment reductions under Hospital IQR
  - Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS)
  - Hospitals cited for deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients
  - Hospitals without the minimum number of cases, measures, or surveys
  - Hospitals that are paid under Section 1814 (b)(3) and have received an exemption from the Secretary of HHS
- **Hospitals excluded from Hospital VBP will not have their base operating DRG payments reduced**

FY 2015 Finalized Domains and Measures/Dimensions

12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP–Inf–9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

Domain Weights



8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

5 Outcome Measures

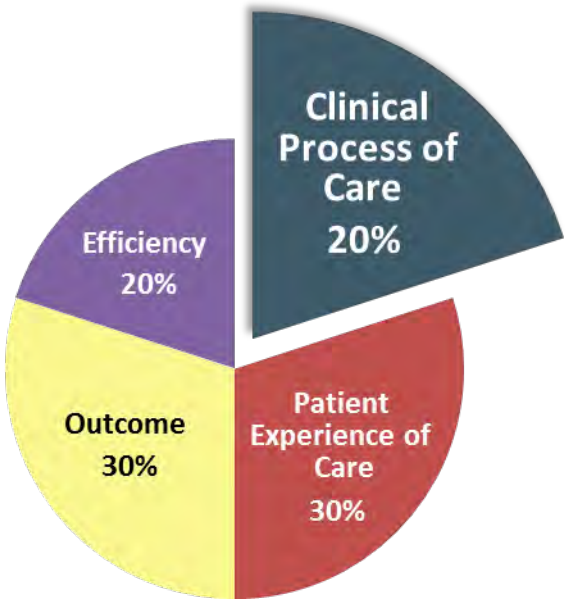
1. MORT-30-AMI – Acute Myocardial Infarction (AMI) 30-day mortality rate
2. MORT-30-HF – Heart Failure (HF) 30-day mortality rate
3. MORT-30-PN – Pneumonia (PN) 30-day mortality rate
4. **PSI-90 – Patient safety for selected indicators (composite)** ★
5. **CLABSI – Central Line-Associated Bloodstream Infection** ★

1 Efficiency Measure

1. MSPB-1 Medicare Spending per Beneficiary measure ★

★ **Represents a new measure for the FY 2015 program that was not in the FY 2014 program.**

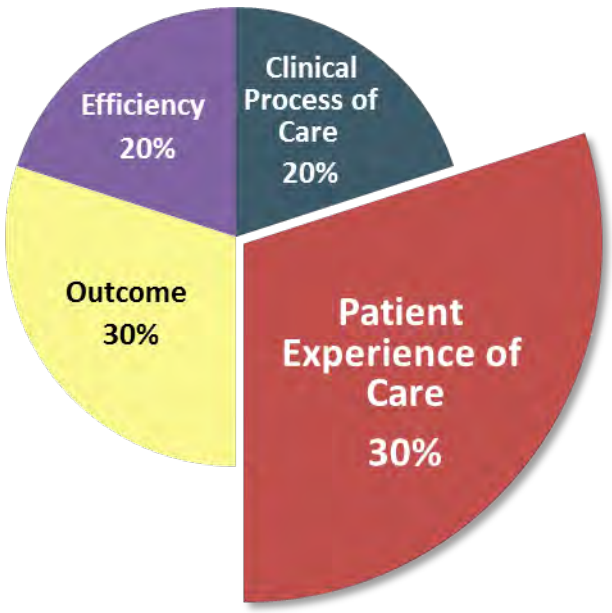
FY 2015 Clinical Process of Care Measures



Clinical Process of Care Measures for FY 2015
1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8a Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotic Discontinued within 24 Hours After Surgery End Time
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP-Inf-9 Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2
11. SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received Beta-Blocker During the Perioperative Period
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxes within 24 Hours Prior to Surgery to 24 Hours After Surgery

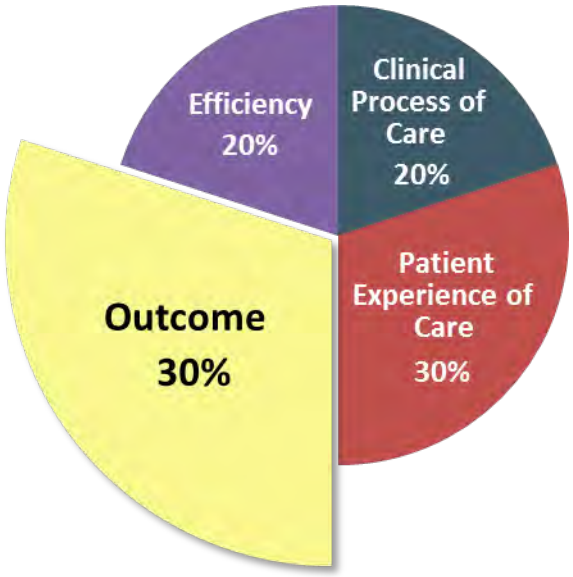
SCIP-VTE-1 – Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered, a FY14 measure, was removed from the FY 2015 program.

FY 2015 Patient Experience of Care Dimensions



Patient Experience of Care Dimensions for FY 2015
1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Pain Management
5. Communication about Medicines
6. Cleanliness and Quietness of Hospital Environment
7. Discharge Information
8. Overall Rating of Hospital

FY 2015 Outcome Measures



Outcome Measures for FY 2015
★ **1. AHRQ (PSI-90) Patient Safety for Selected Indicators (composite)**
★ **2. CLABSI Central Line-Associated Bloodstream Infection**
3. MORT-30-AMI Acute Myocardial Infarction (AMI) 30-day mortality rate
4. MORT-30-HF Heart Failure (HF) 30-day mortality rate
5. MORT-30-PN Pneumonia (PN) 30-day mortality rate

★ **Represents a new measure that was not in the FY 2013 and FY 2014 programs.**

Outcome Measures for FY 2015: AHRQ PSI-90 (1 of 3)

Outcome Measures for FY 2015
1. **AHRQ (PSI-90) Patient Safety for Selected Indicators (composite)**

- **AHRQ PSI-90 is:**
  - One of two new measures for the Outcome Domain
  - A composite of eight underlying component indicators related to patient safety
- **Patient Safety Indicators (PSIs) are sets of indicators providing information on potential in-hospital complications and adverse events during surgeries and procedures**

Outcome Measures for FY 2015: AHRQ PSI-90 (2 of 3)

Outcome Measures for FY 2015 (Cont.)

1. **AHRQ (PSI-90) Patient Safety for Selected Indicators (composite)**

- **Interpretation of a hospital's PSI Composite ratio by itself is complex**
  - Lower ratios indicate better quality
  - A ratio of "1" does not indicate that a hospital is performing as expected
- **The best interpretation of a PSI Composite ratio is in a comparison**
  - For example, a hospital with a PSI composite ratio of 0.5 represents higher quality than the national median (i.e., threshold) of 0.622879

Outcome Measures for FY 2015: AHRQ PSI-90 (3 of 3)

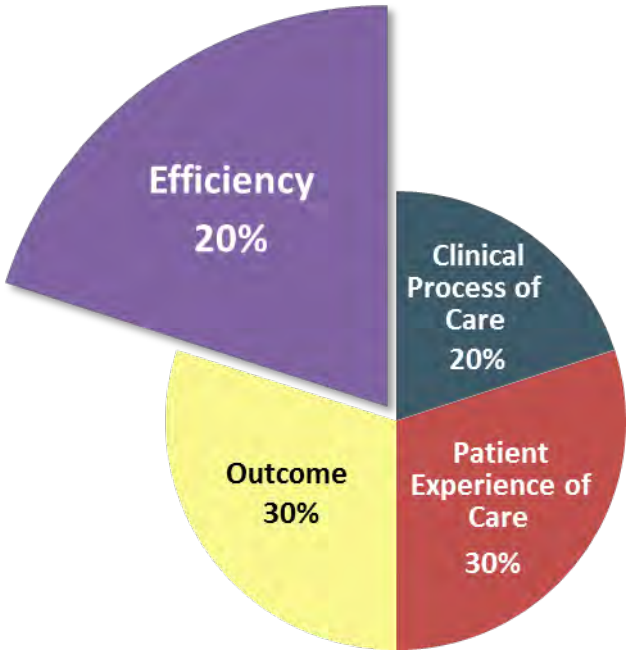
Patient Safety for Selected Indicators (Composite)
PSI 03 – Pressure Ulcer Rate
PSI 06 – Iatrogenic Pneumothorax Rate
PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate
PSI 08 – Postoperative Hip Fracture Rate
PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate
PSI 13 – Postoperative Sepsis Rate
PSI 14 – Postoperative Wound Dehiscence Rate
PSI 15 – Accidental Puncture or Laceration Rate

Outcome Measures for FY 2015: CLABSI

Outcome Measures for FY 2015
2. **CLABSI Central Line-Associated Bloodstream Infection**

- **CLABSI is:**
  - One of two new measures for the Outcome Domain
  - A Healthcare-Associated Infection (HAI) measure that assesses the rate of laboratory-confirmed cases of bloodstream infection among ICU patients
- **Adoption of CLABSI is consistent with the intention noted in the Hospital VBP program's statutory requirements to consider measures of HAI for the program's measure set**

Efficiency Measure for FY 2015: Medicare Spending Per Beneficiary



Efficiency Measure for FY 2015
★ 1. **MSPB-1 Medicare spending per beneficiary**

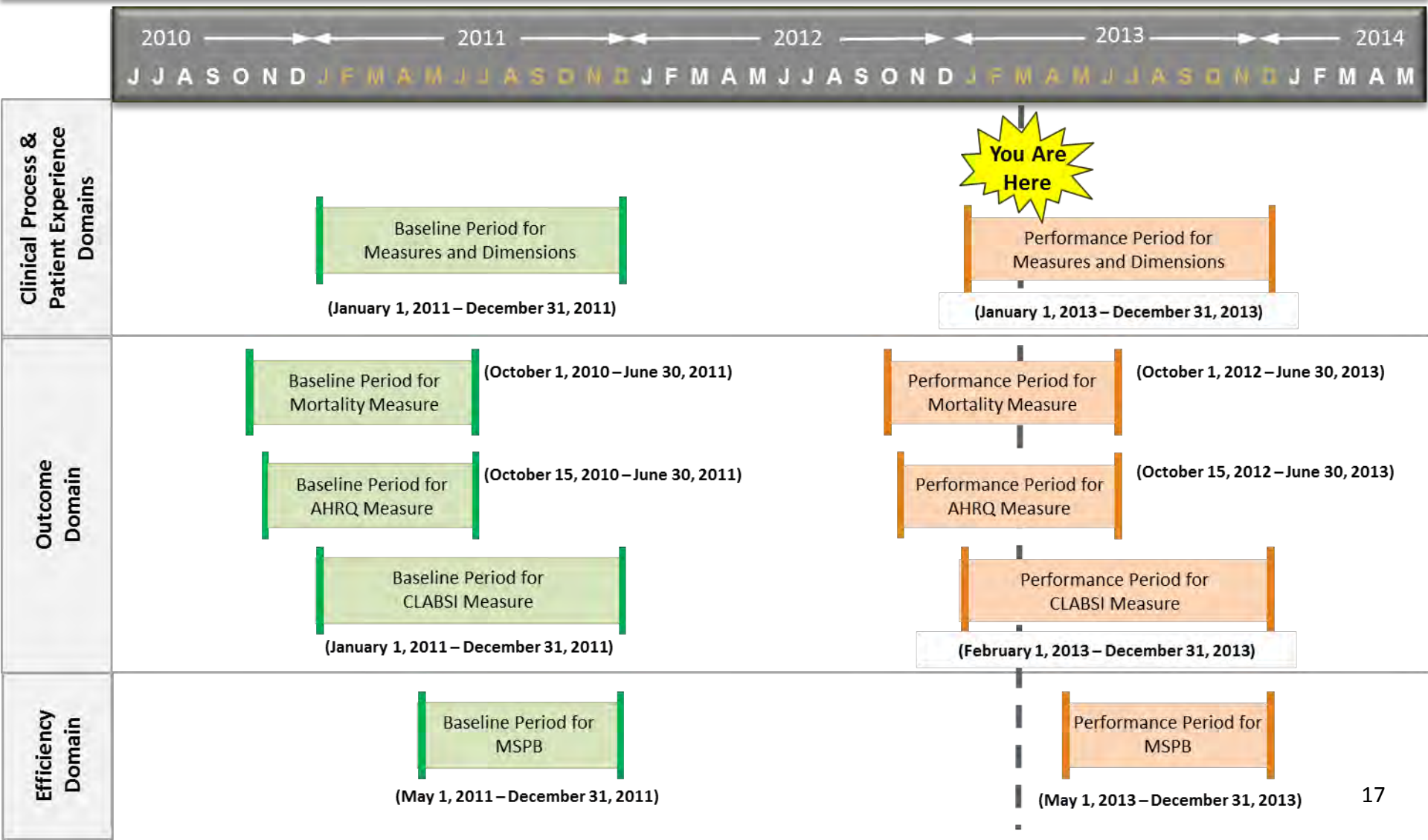
★ **Represents a new measure that was not in the FY 2013 and FY 2014 programs.**

Medicare Spending Per Beneficiary (MSPB) Measure

Efficiency Measure for FY 2015
1. **MSPB-1 Medicare spending per beneficiary**

- **MSPB is:**
  - A measure in the new Efficiency Domain
  - A claims-based measure that include risk-adjusted and price-standardized payments for all Part A and Part B services provided from 3 days prior to a hospital admission (index admission) through 30 days after the hospital discharge

FY 2015 Baseline and Performance Periods

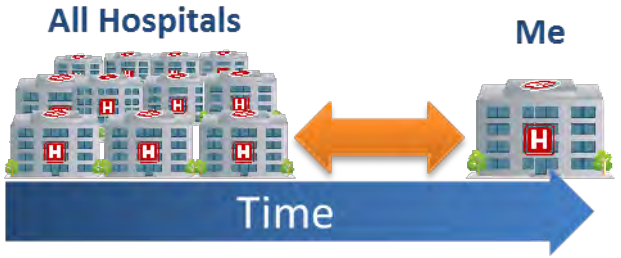


How Will Hospitals Be Evaluated?
Achievement vs. Improvement

- **Achievement Points**

  Awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period.*

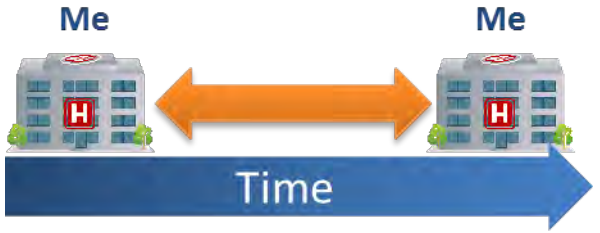
  – Rate equal to or better than the benchmark: 10 points
  – Rate worse than the achievement threshold: 0 points
  – Rate equal to or better than the achievement threshold and worse than the benchmark: 1–10 points



- **Improvement Points**

  Awarded by comparing an individual hospital's rates during the performance period to that same individual hospital's rates from the baseline period.

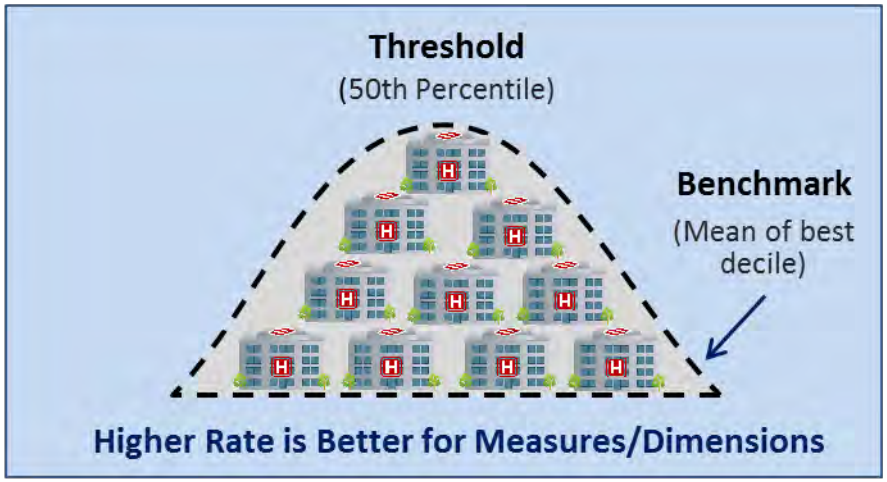
  – Rate equal to or better the benchmark: 9 points
  – Rate equal to or worse than the baseline period rate: 0 points
  – Rate between the baseline period rate and the benchmark: 0–9 points



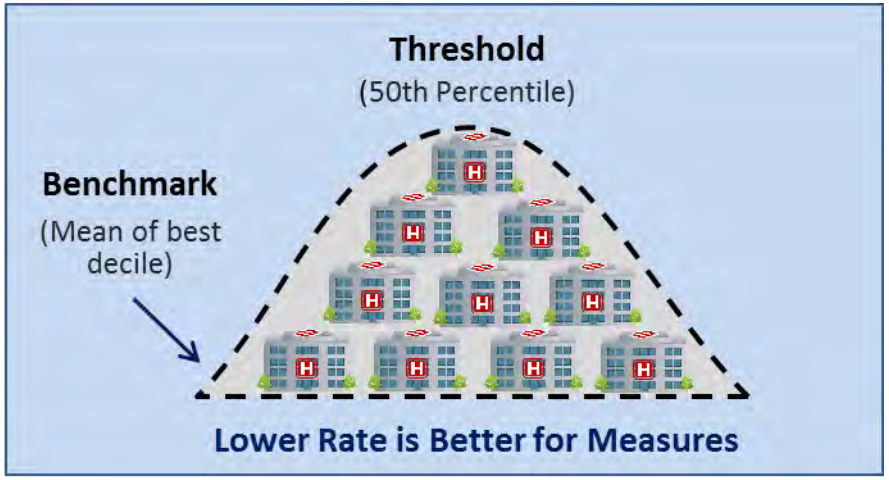
* Please note that unlike the other measures, the MSPB measure compares a hospital's rates during the performance period with **all** hospitals' rates from the performance period.

How Will Hospitals Be Evaluated?
Baseline Period Data

Measure/Dimension	Rate
Clinical Process of Care Measures	Higher is better
Patient Experience of Care Dimensions	Higher is better
Mortality Measures (Survivability)	Higher is better

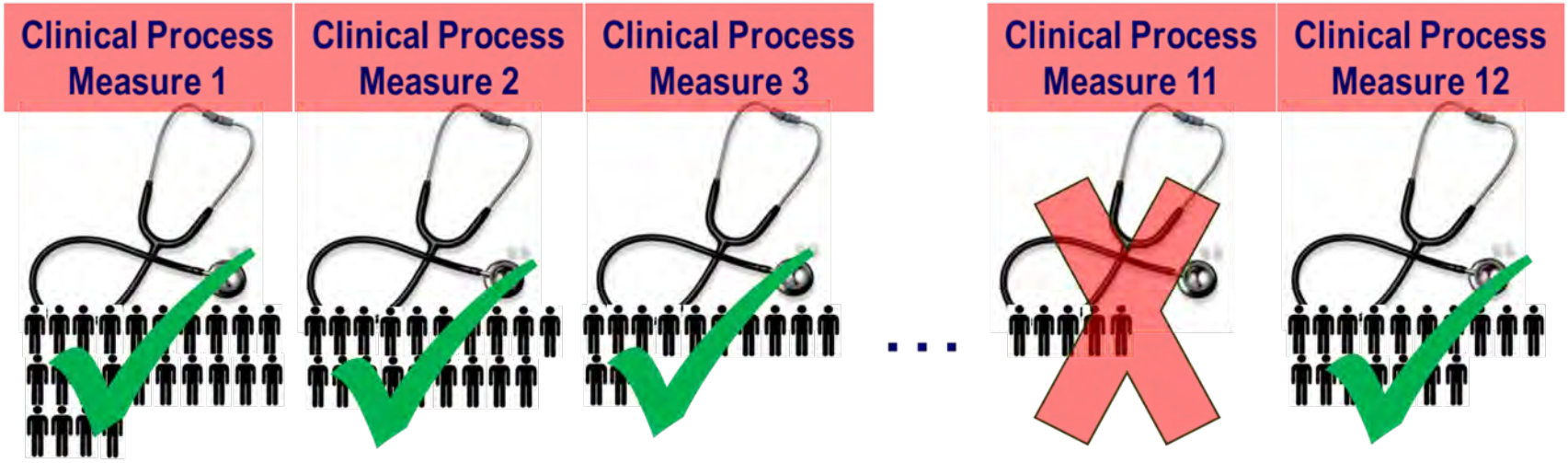


Measure	Rate
AHRQ PSI-90 Measure	Lower is better
CLABSI Measure	Lower is better
MSPB Measure*	Lower is better



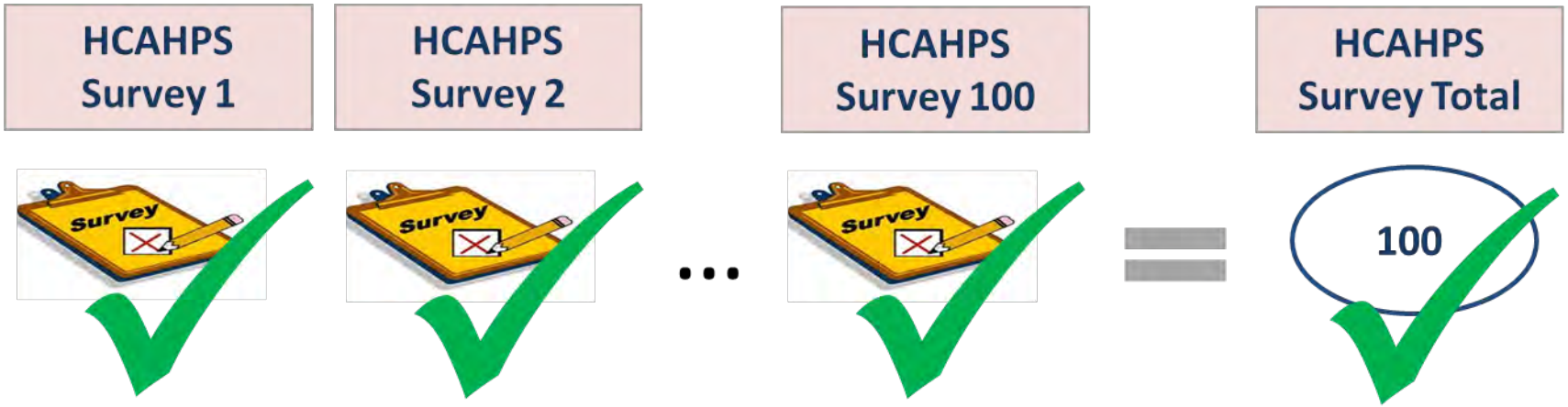
* Please note that unlike the other measures, the MSPB measure's benchmark and threshold are based on hospital data from the performance period.

How Will Hospitals Be Evaluated?
Clinical Process of Care Domain



- The **Clinical Process of Care Domain score** requires at least 10 cases for at least 4 applicable measures during the performance period

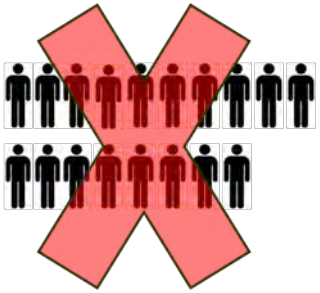
How Will Hospitals Be Evaluated?
Patient Experience of Care Domain



- The **Patient Experience of Care Domain score** requires at least 100 completed Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys during the performance period

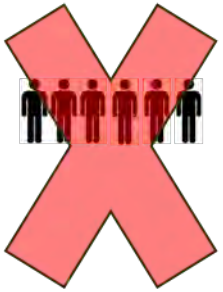
How Will Hospitals Be Evaluated?
Efficiency Domain

Medicare Spending Per Beneficiary (MSPB) Measure



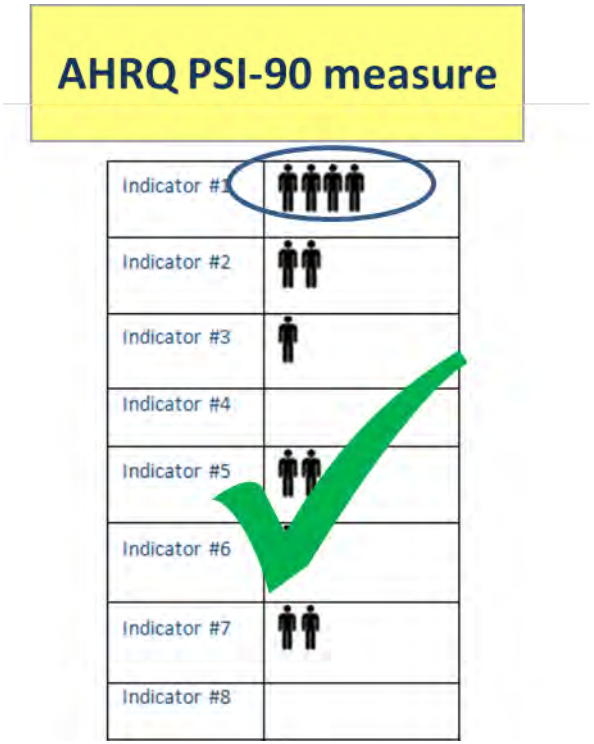
- The **Efficiency Domain Score** requires a minimum of 25 cases for the MSPB measure during the performance period
  - 1 case is equivalent to an MSPB episode

How Will Hospitals Be Evaluated?
Outcome: Mortality Measures Case Minimums

MORT-30-AMI Measure	MORT-30-HF Measure	MORT-30-PN Measure
		

- The minimum case requirement for the **Mortality measures in the Outcome Domain** is at least 25 cases

How Will Hospitals Be Evaluated?
Outcome: PSI-90 Measure Case Minimums

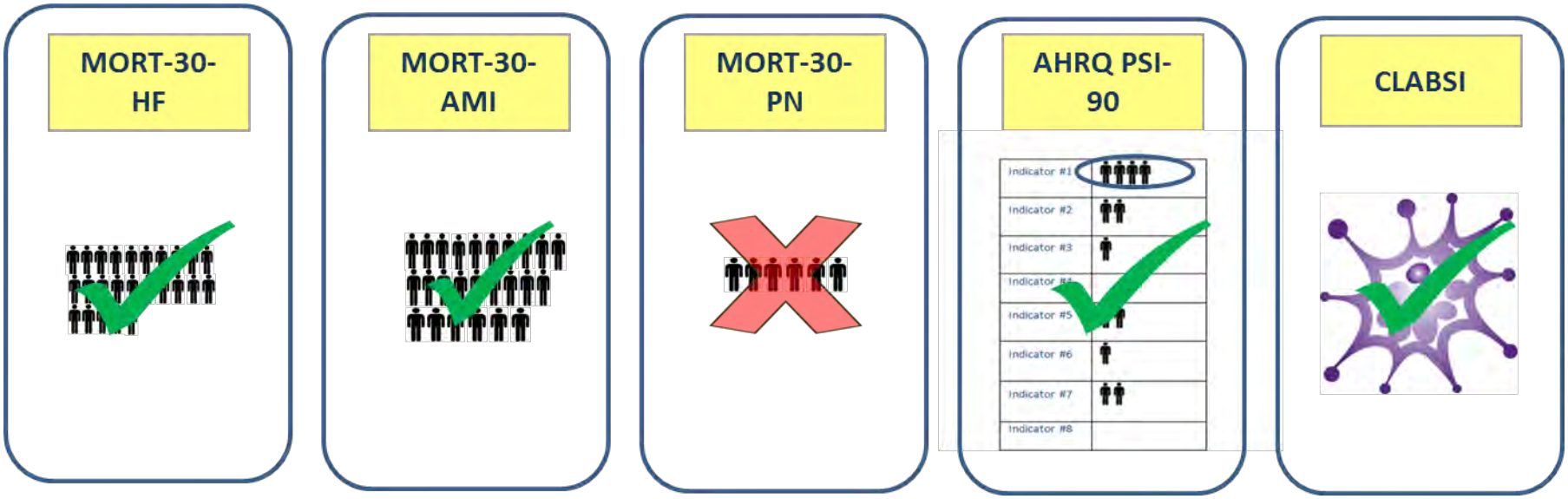


- The minimum case requirement for the **AHRQ PSI-90 measure in the Outcome Domain** is at least 3 cases on any one underlying indicator

How Will Hospitals Be Evaluated?
Outcome: CLABSI Measure Case Minimums

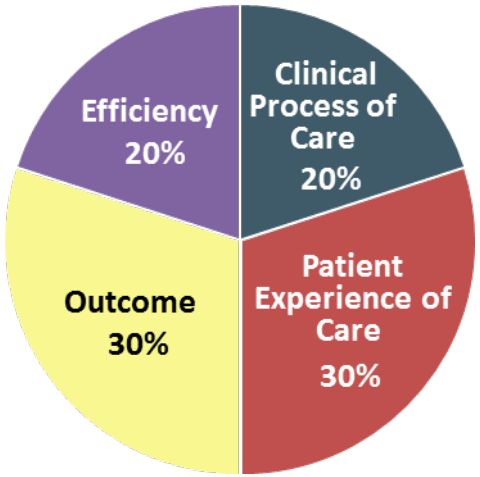
- The minimum case requirement for the **CLABSI measure in the Outcome Domain** is 1 predicted infection

How Will Hospitals Be Evaluated?
Outcome Domain



- The **Outcome Domain score** requires the applicable case minimum for at least 2 of the 5 Outcome measures during the performance period

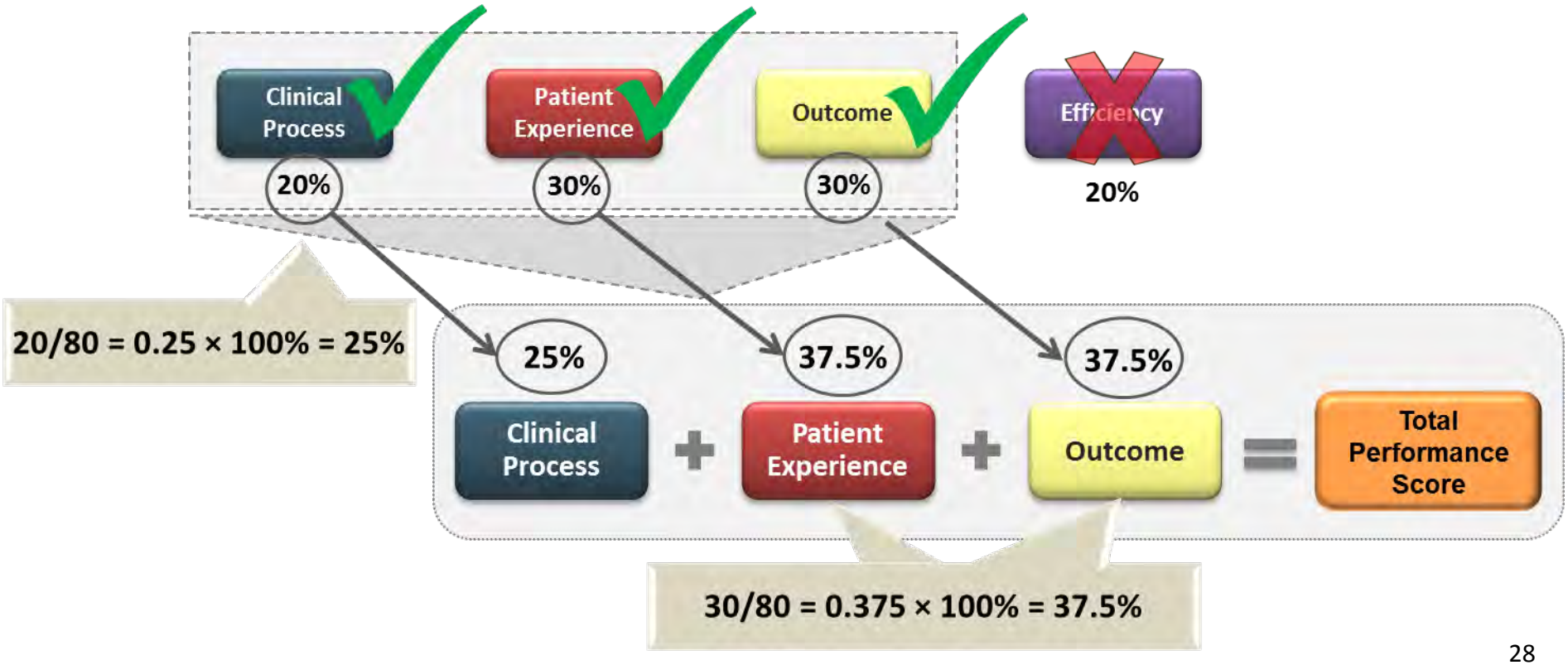
How Will Hospitals Be Evaluated?
Total Performance Score



For hospitals with at least two domain scores, the excluded domain weights will be proportionately distributed to the remaining domains to calculate the Total Performance Score.

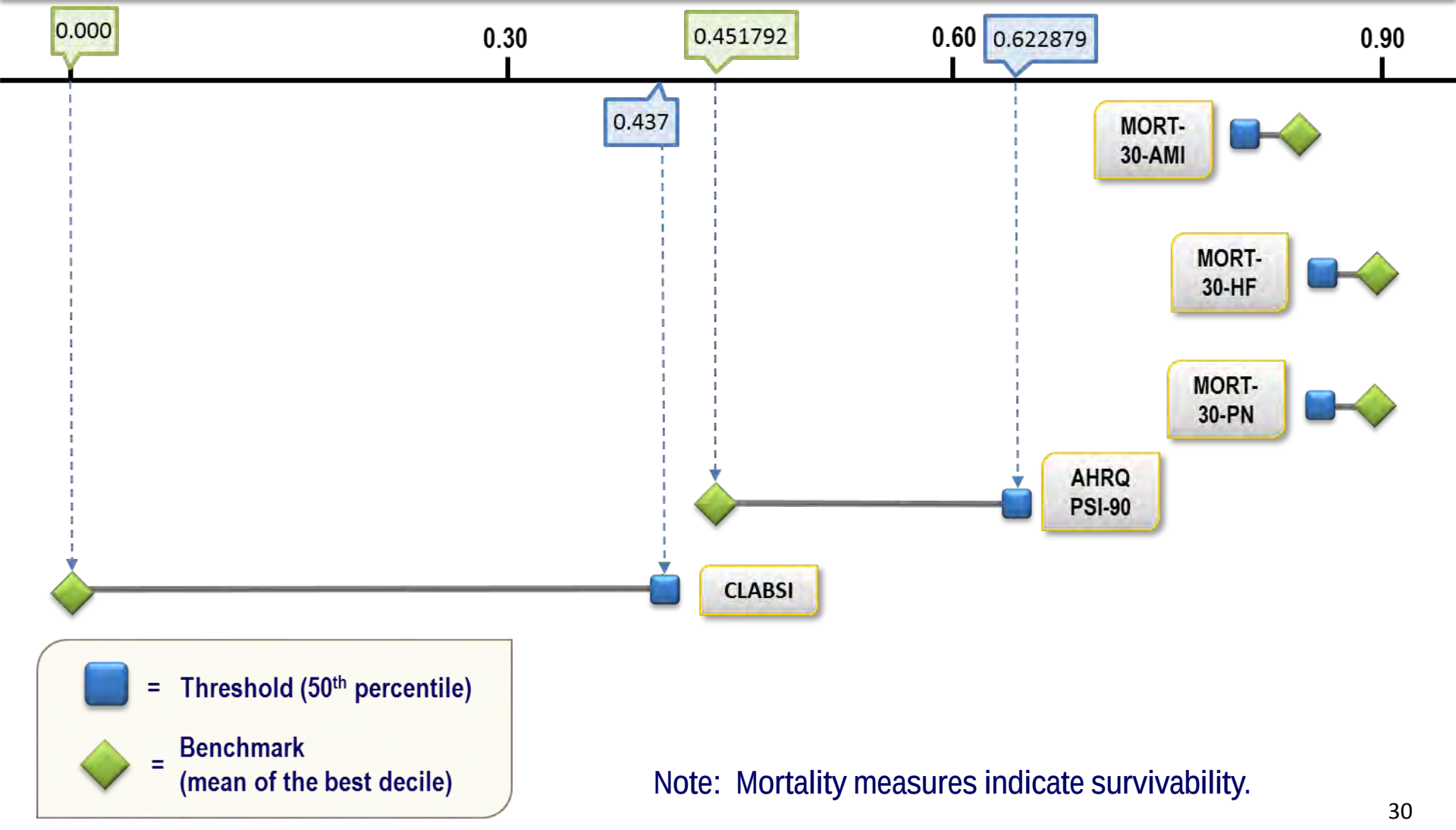
Example: FY 2015 Domain Weighting

Scenario: A hospital meets the minimum case and measure requirements for the Clinical Process, Patient Experience, and Outcome Domains, but it does not meet minimum requirements for the Efficiency Domain



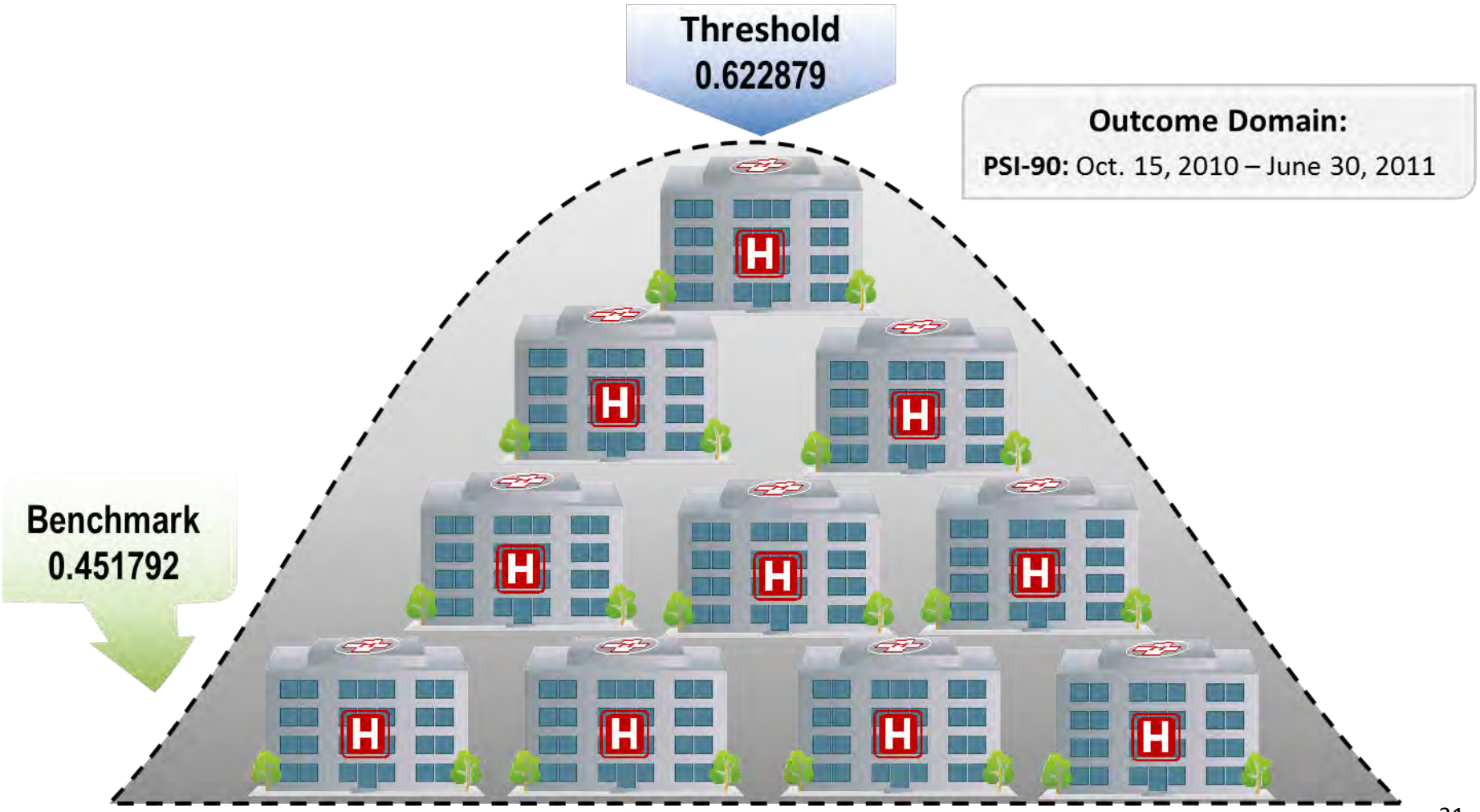
Example: Calculating the Domain Score

Outcome Domain – Performance Standards Based on National Measure Rates



Note: Mortality measures indicate survivability.

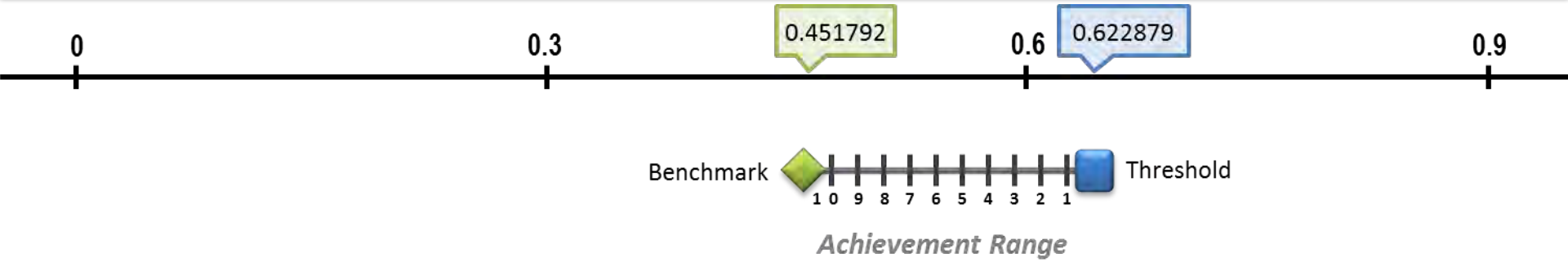
Outcome Domain
AHRQ PSI-90 Baseline Performance Data



Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 1 of 12)



Achievement Points are awarded to hospitals by comparing an individual hospital's rates during the performance period against the benchmark and threshold.

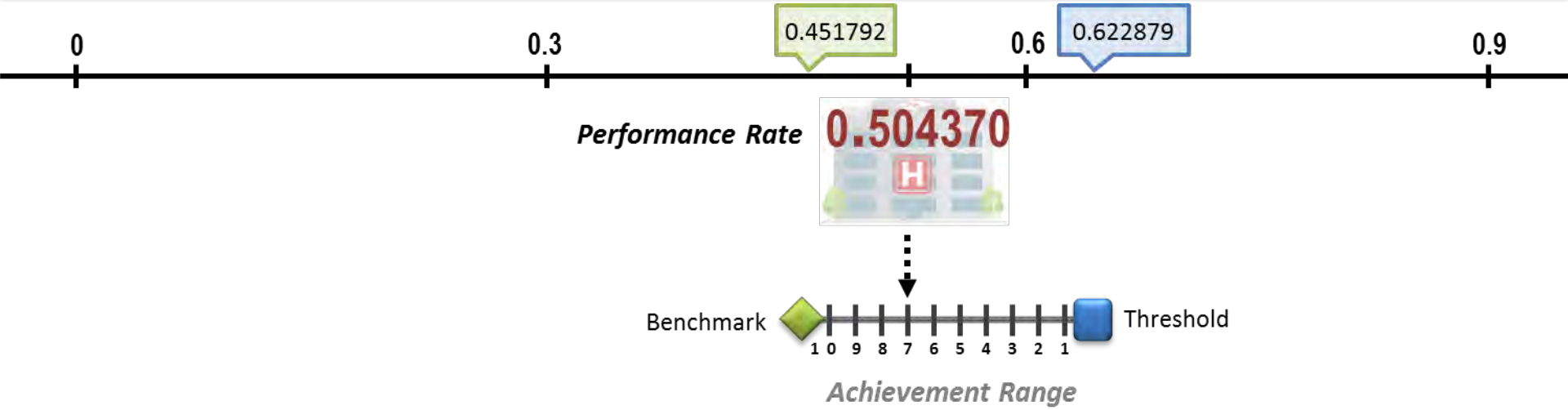
= Threshold (50th percentile)

= Benchmark (mean of the best decile)

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 2 of 12)



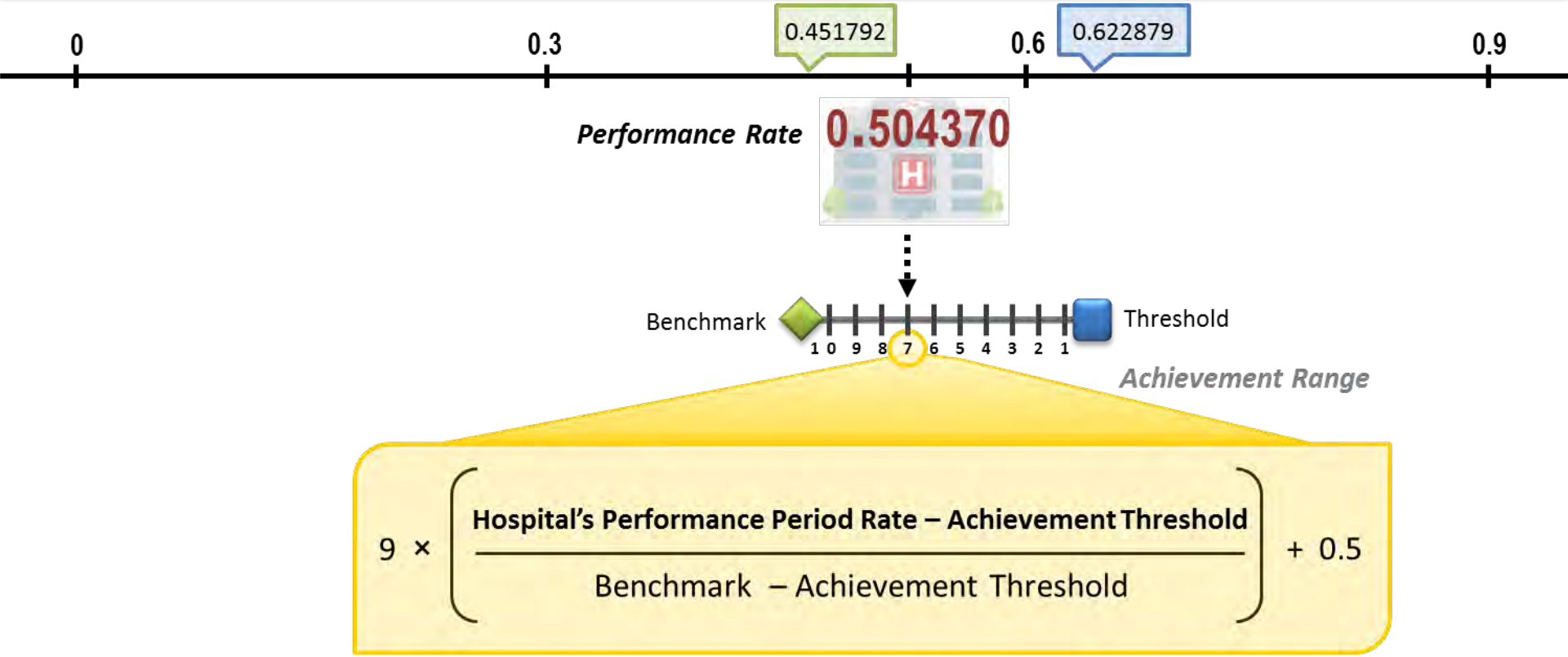
= Threshold (50th percentile)

= Benchmark (mean of the best decile)

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 3 of 12)



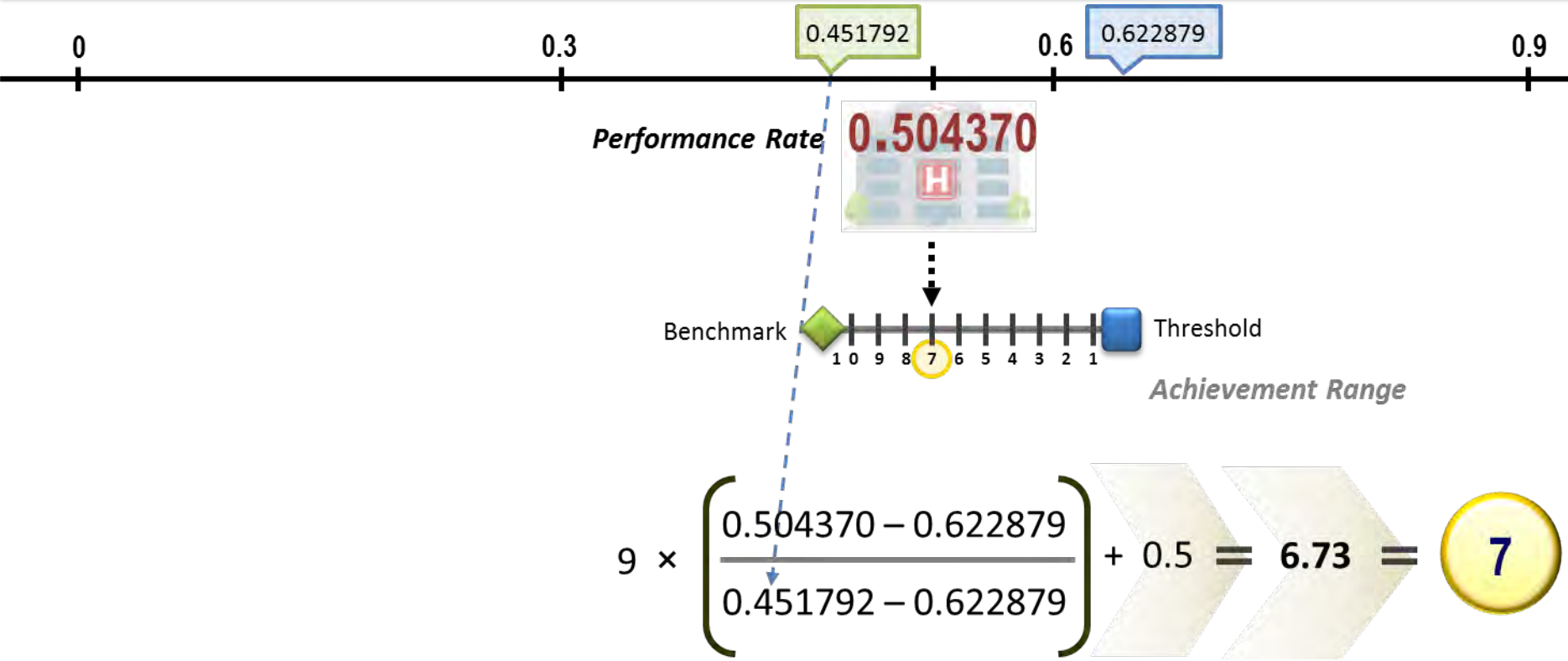
= Threshold (50th percentile)

= Benchmark (mean of the best decile)

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 4 of 12)



= Threshold (50th percentile)

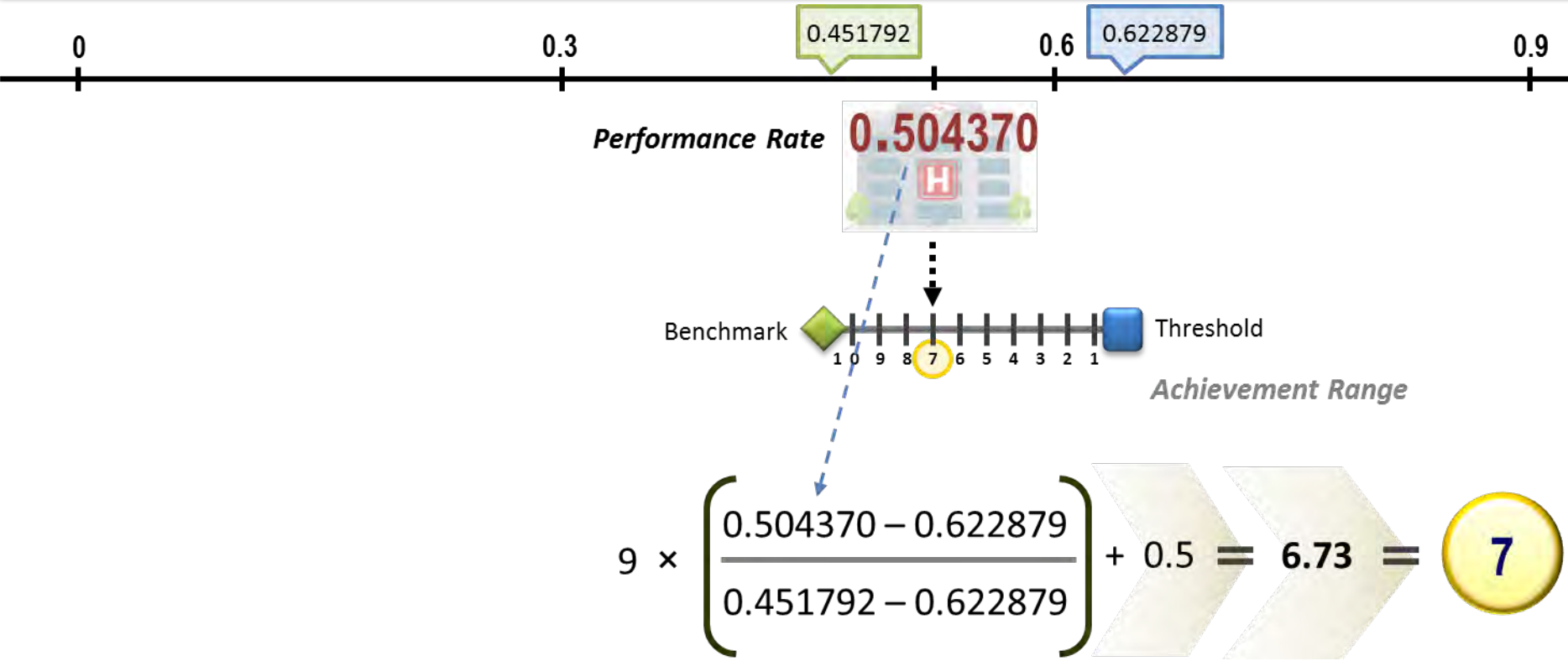
= Benchmark (mean of the best decile)

$$9 \times \left(\frac{\text{Hospital's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 5 of 12)



■ = Threshold (50th percentile)

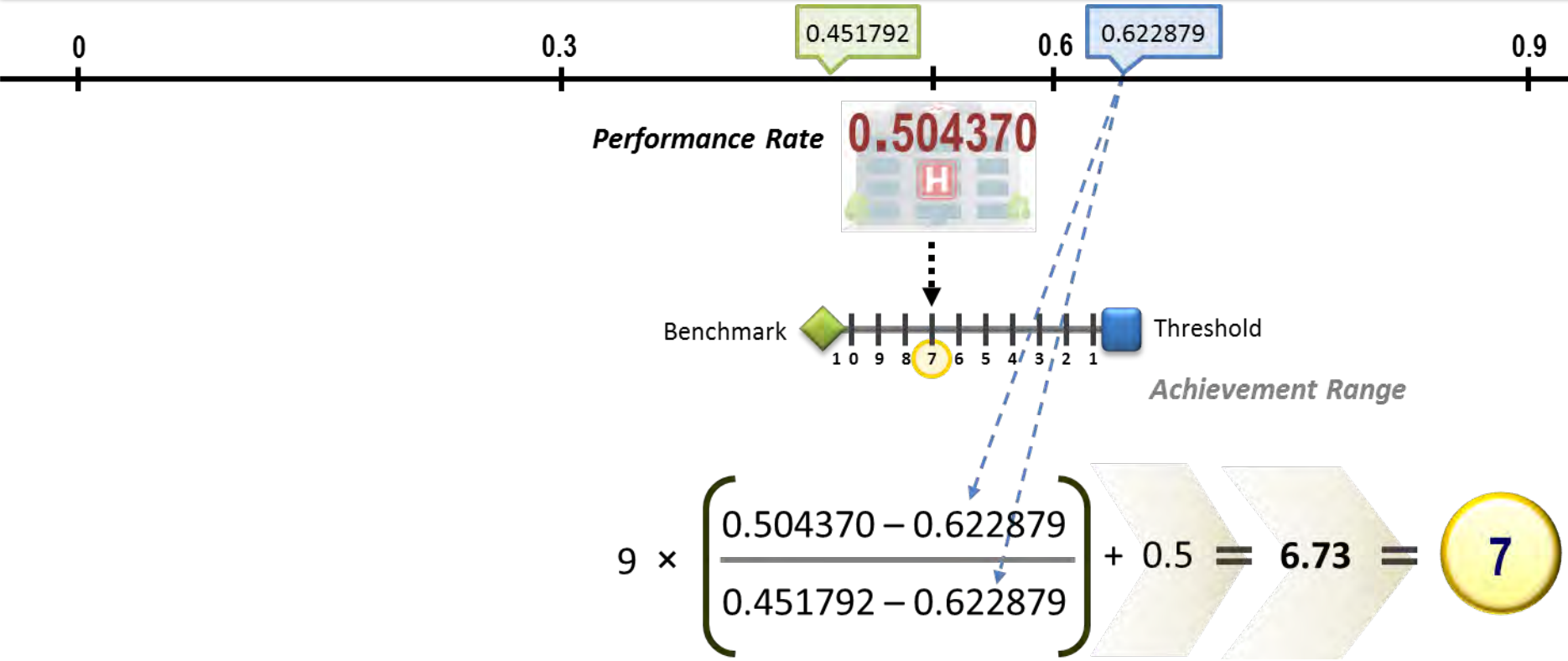
◆ = Benchmark (mean of the best decile)

$$9 \times \left(\frac{\text{Hospital's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 6 of 12)



= Threshold (50th percentile)

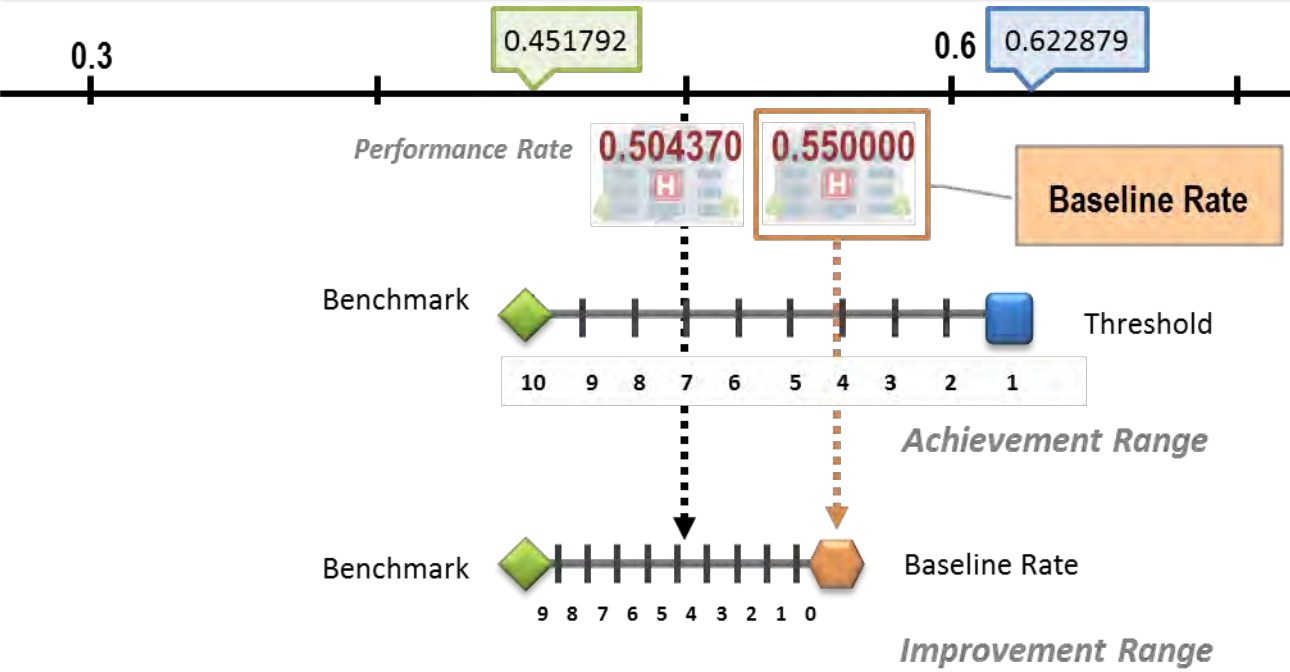
= Benchmark (mean of the best decile)

$$9 \times \left(\frac{\text{Hospital's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 7 of 12)



= Threshold (50th percentile)

= Benchmark (mean of the best decile)

= Baseline Rate

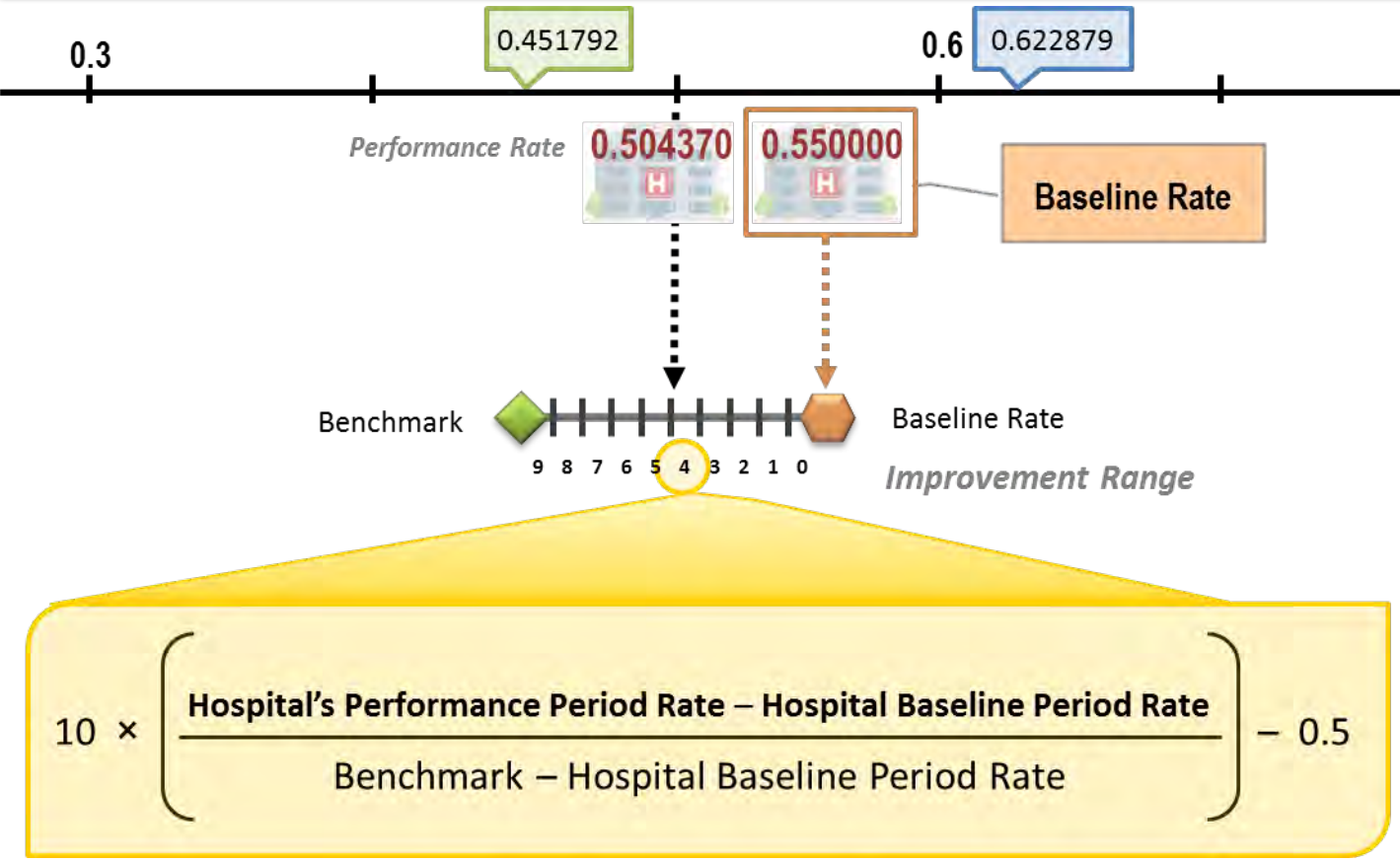
Improvement Points

are awarded to hospitals by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period.

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 8 of 12)

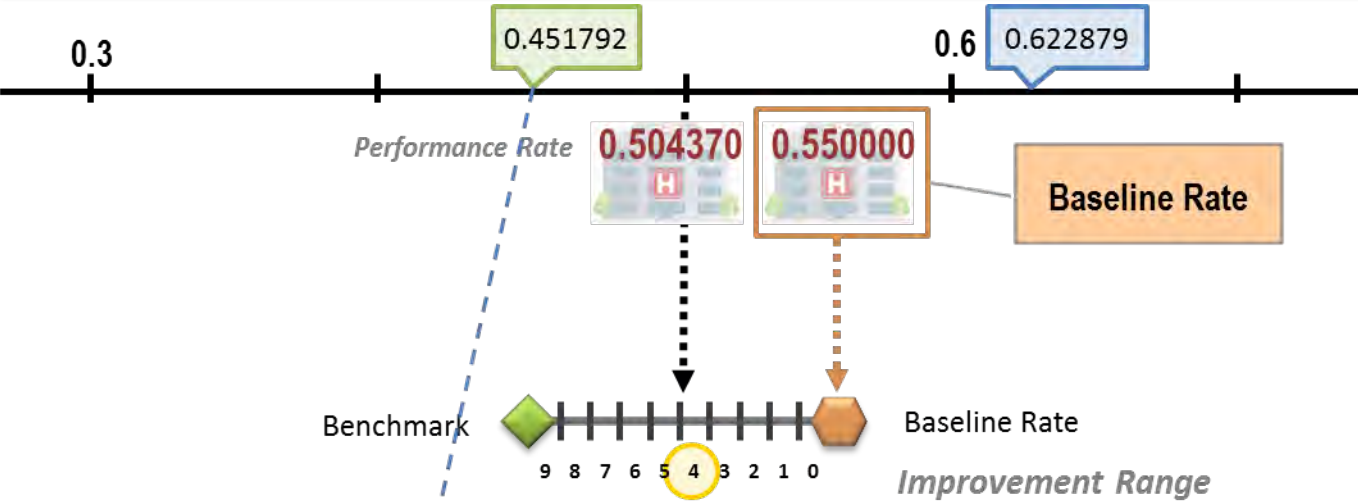


$$10 \times \left(\frac{\text{Hospital's Performance Period Rate} - \text{Hospital Baseline Period Rate}}{\text{Benchmark} - \text{Hospital Baseline Period Rate}} \right) - 0.5$$

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 9 of 12)



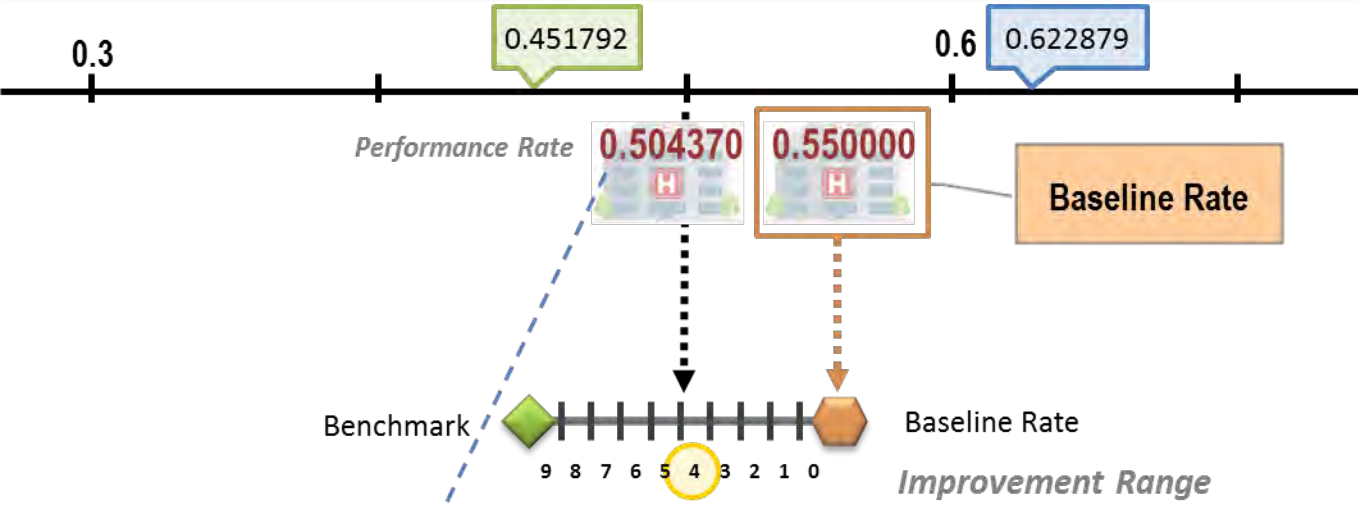
$$10 \times \left(\frac{0.504370 - 0.550000}{0.451792 - 0.550000} \right) - 0.5 = 4.15 = 4$$

$$10 \times \left(\frac{\text{Hospital's Performance Period Rate} - \text{Hospital Baseline Period Rate}}{\text{Benchmark} - \text{Hospital Baseline Period Rate}} \right) - 0.5$$

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 10 of 12)



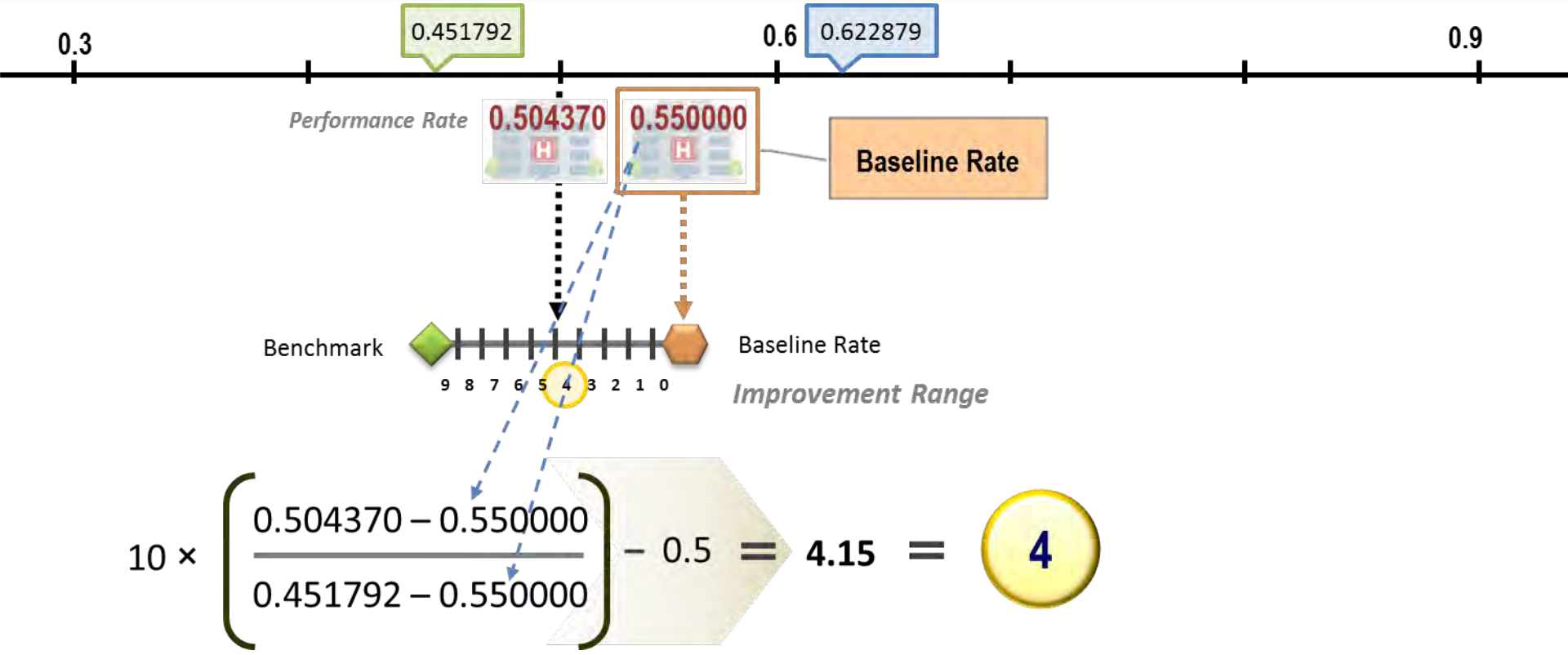
$$10 \times \left(\frac{0.504370 - 0.550000}{0.451792 - 0.550000} \right) - 0.5 = 4.15 = 4$$

$$10 \times \left(\frac{\text{Hospital's Performance Period Rate} - \text{Hospital Baseline Period Rate}}{\text{Benchmark} - \text{Hospital Baseline Period Rate}} \right) - 0.5$$

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 11 of 12)

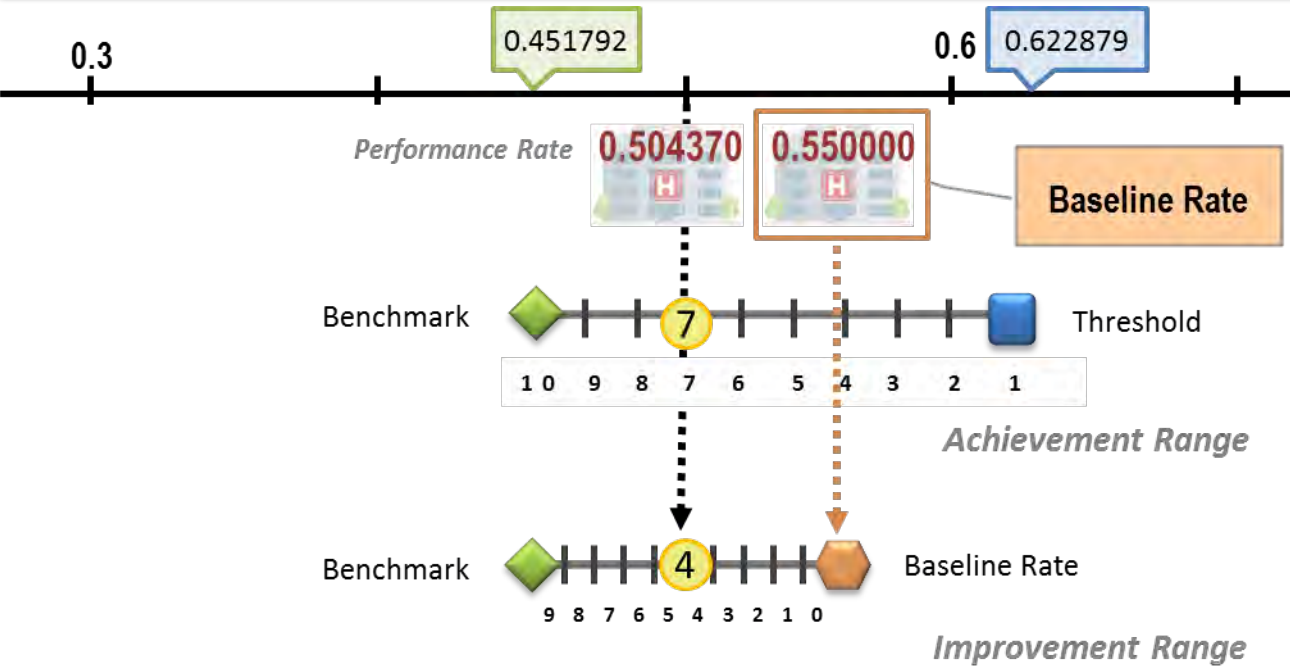


$$10 \times \left(\frac{\text{Hospital's Performance Period Rate} - \text{Hospital Baseline Period Rate}}{\text{Benchmark} - \text{Hospital Baseline Period Rate}} \right) - 0.5$$

Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 12 of 12)



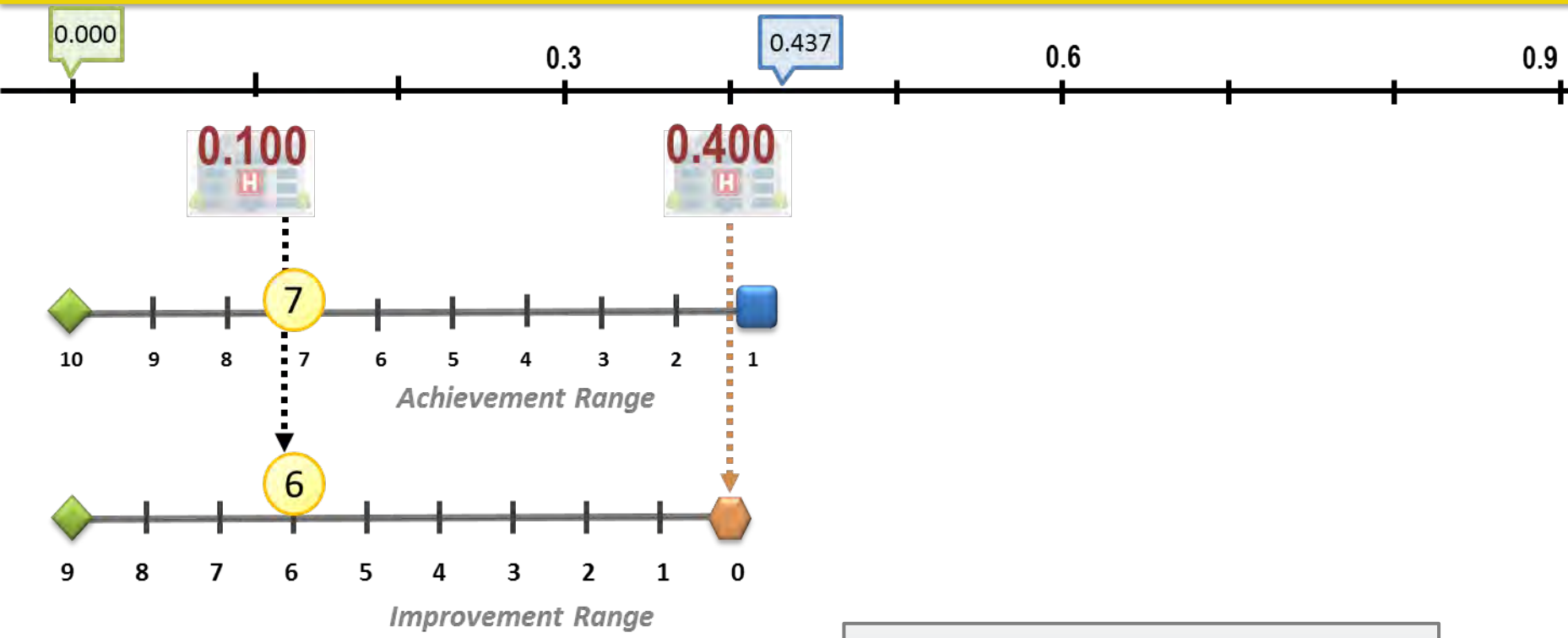
= Threshold (50th percentile)

= Benchmark (mean of the best decile)

= Baseline Rate

The higher of achievement or improvement points is awarded: in this case, 7.

Calculating the Outcome Domain
Example: CLABSI



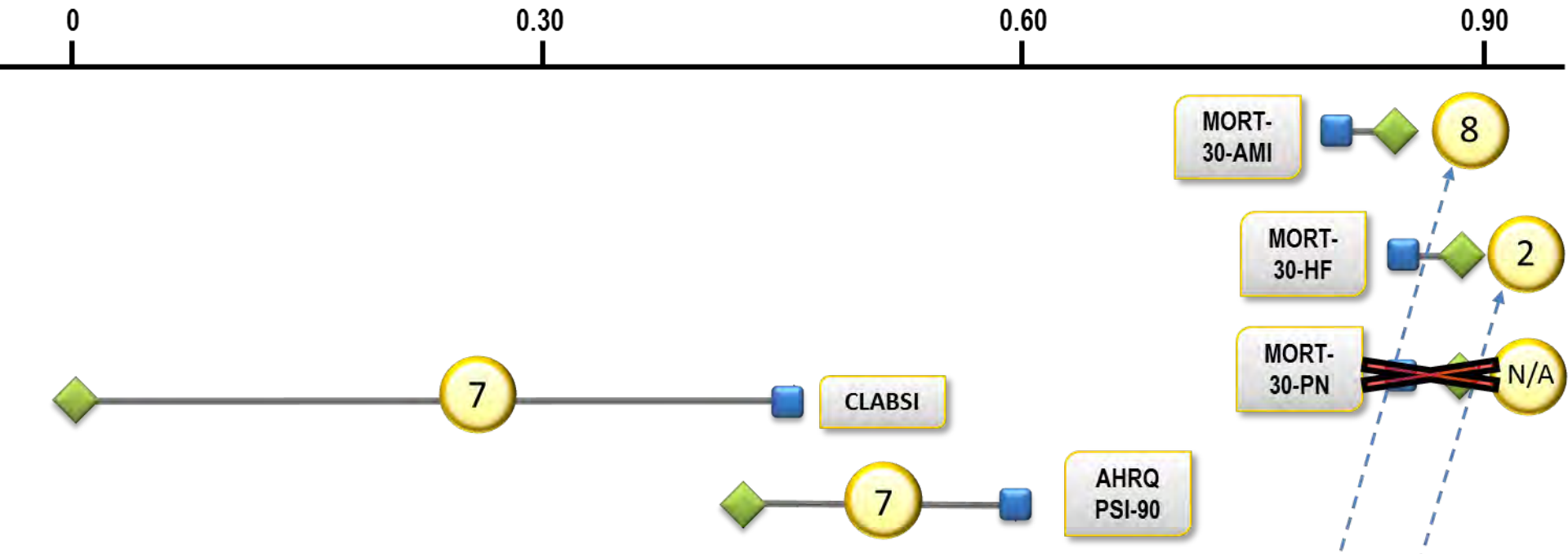
= Threshold (50th percentile)

= Benchmark (mean of the best decile)

= Baseline Rate

The higher of achievement or improvement points is awarded: in this case, 7.

Outcome Domain
Measure Scores



Sum of the higher of each measure's achievement and improvement scores

7 + 7 + 8 + 2 + [N/A]

=

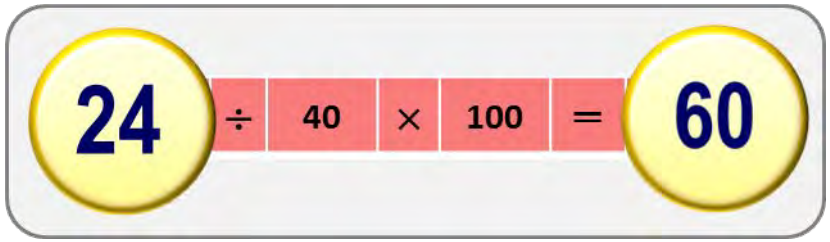
24

These scores were presented in the FY14 National Provider Call

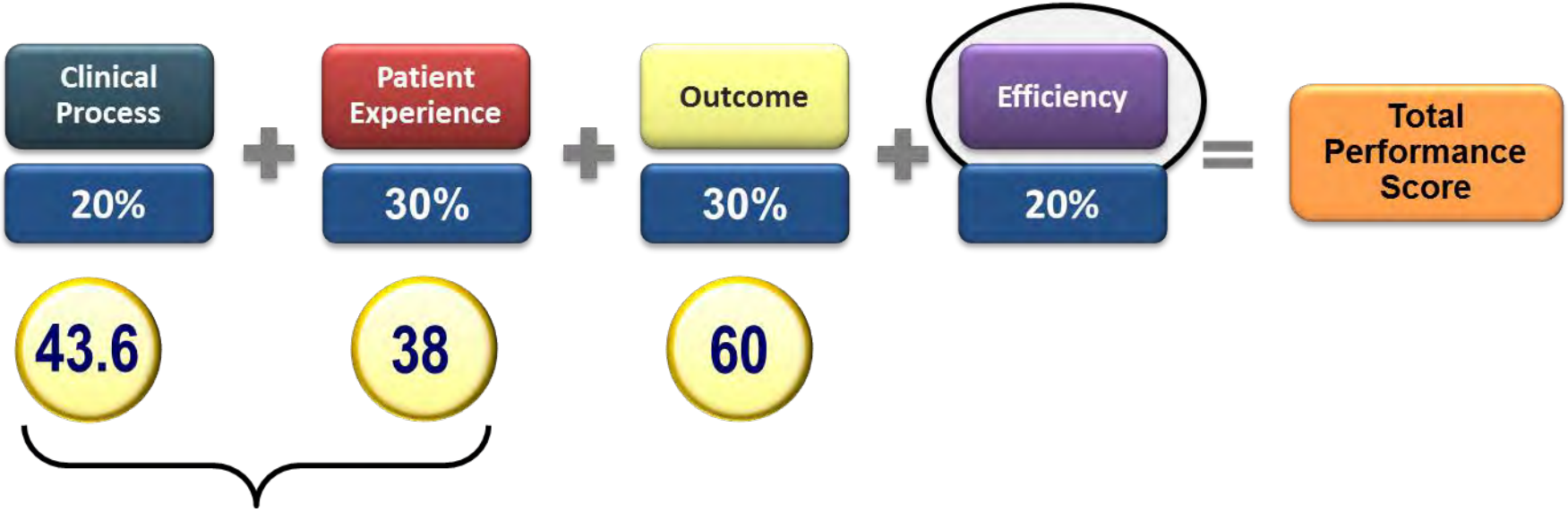
Note: "N/A" indicates this hospital did not meet the minimum case requirements.

Outcome Domain
Normalized Score

CMS will normalize the Outcome Domain score by converting a hospital's points earned (24) to a percentage of total points possible (40) for at least two of the five measures—i.e., 10 points × 4 measures meeting minimum case requirements.



How Will Hospitals Be Evaluated?
Total Performance Score



These domain scores were presented in the FY13 and FY14 National Provider Calls.

Efficiency Domain
Example: MSPB

For this example, no points were awarded for either achievement or improvement based on not meeting the minimum cases for MSPB.

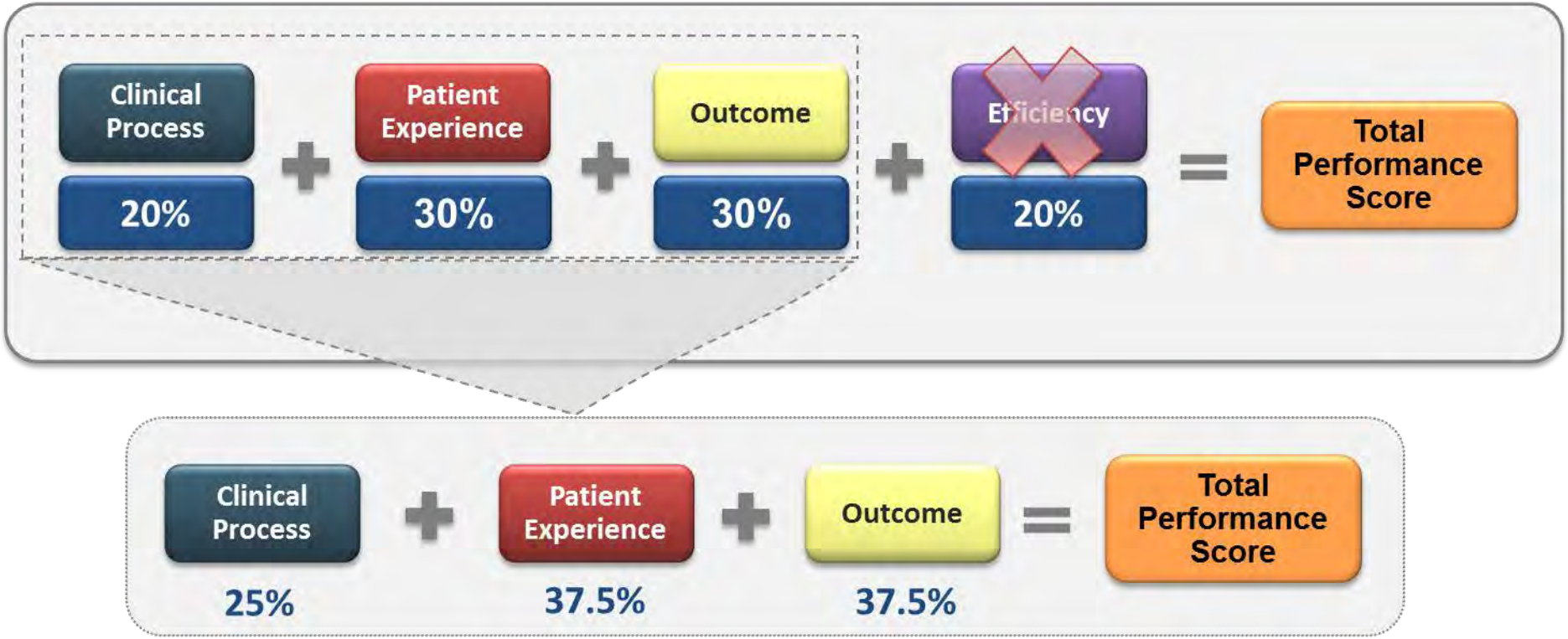
Note: For more details about calculating MSPB, view the February 9, 2012 NPC presentation at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/NPC-MSPB-09Feb12-Final508.pdf

= Threshold (50th percentile)

= Benchmark (mean of the best decile)

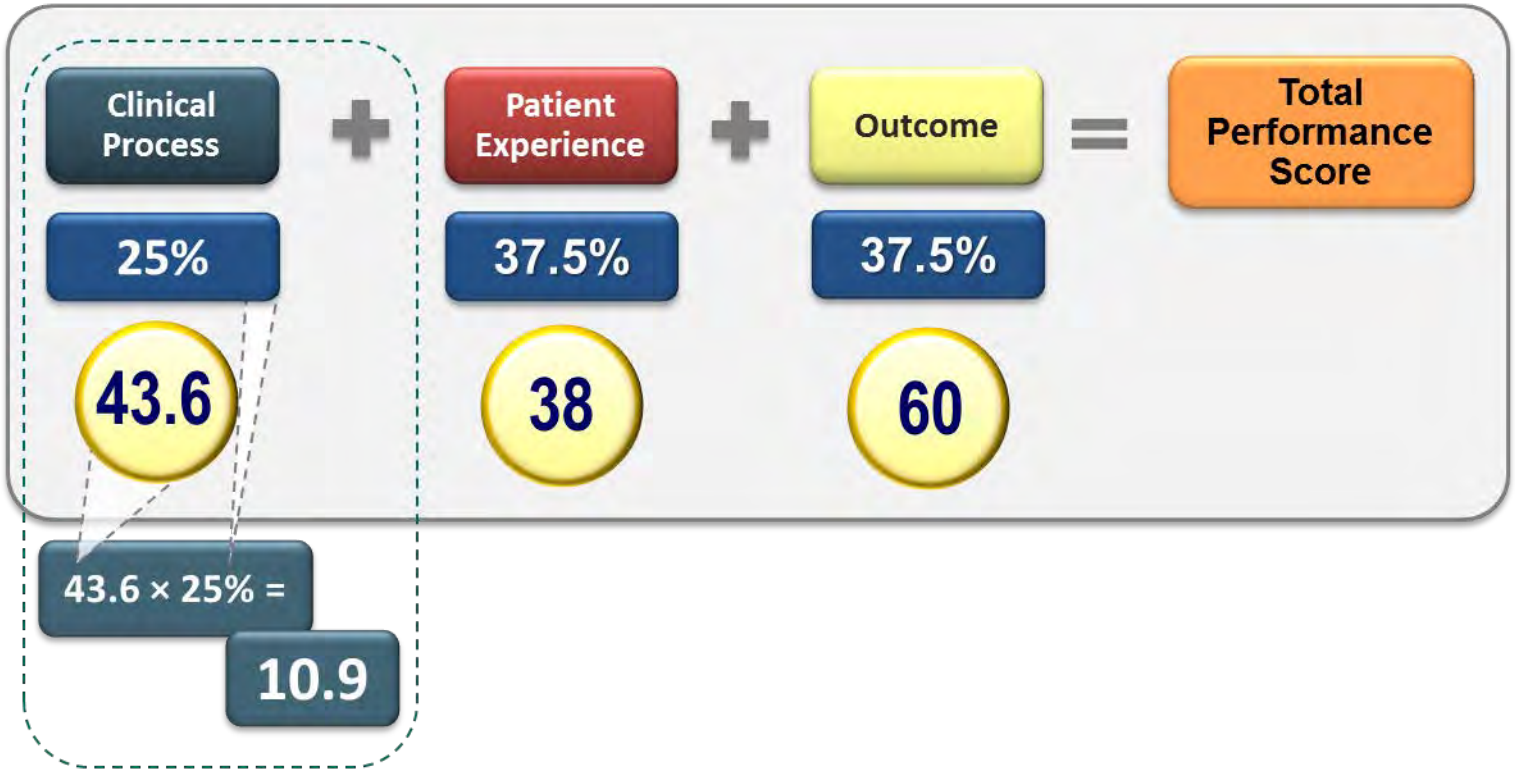
= Baseline Rate

Total Performance Score Example (1 of 3)

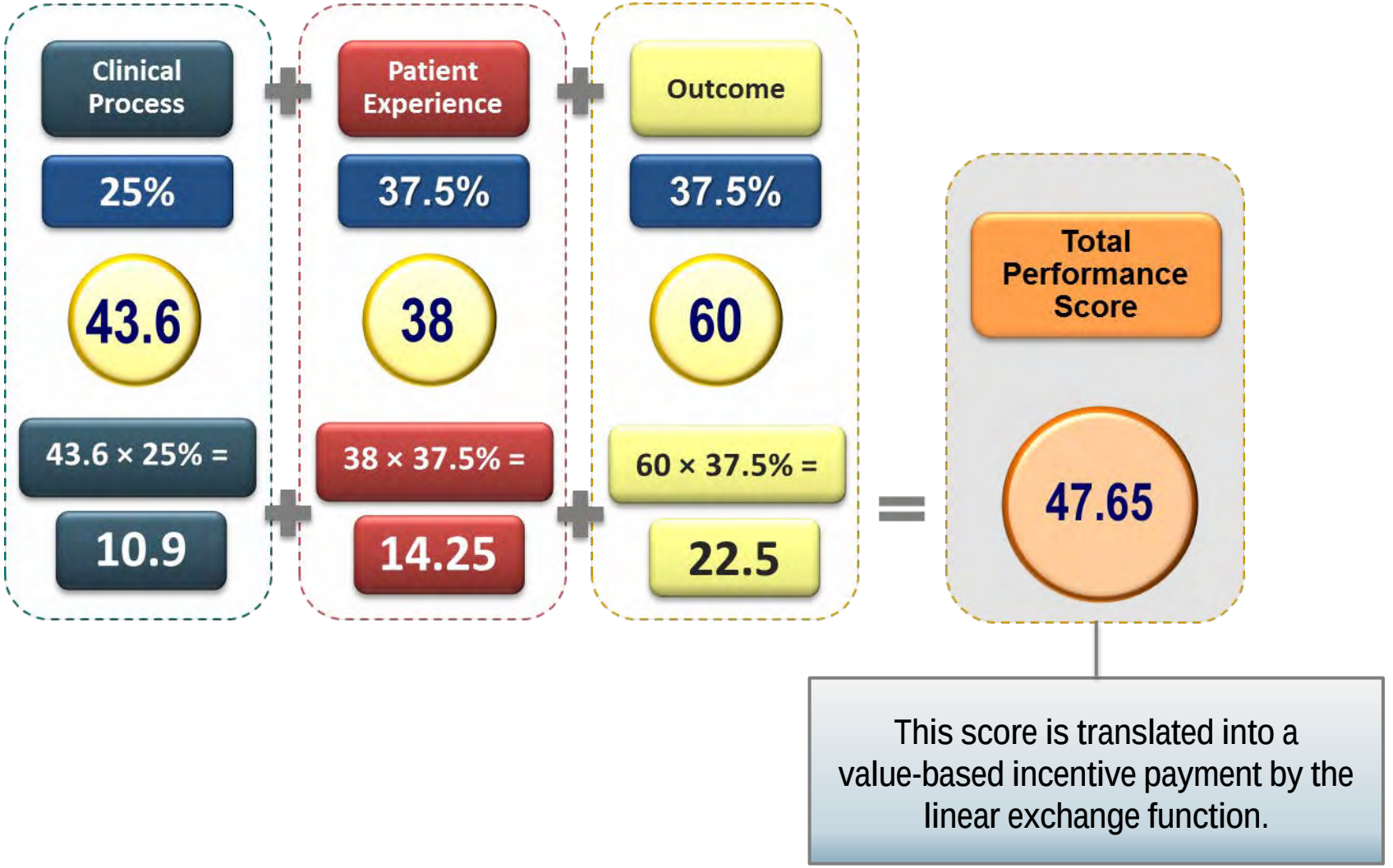


Hospitals need scores for at least two of four domains to receive a Total Performance Score

Total Performance Score Example (2 of 3)



Total Performance Score Example (3 of 3)



Total Performance Score Converted into a Value-Based Incentive Payment Overview (1 of 2)

- **Law requires that the total amount of value-based incentive payments that CMS may distribute across all hospitals must be equal to the amount of the base operating DRG payment reduction (1.50% for FY 2015)**
- **Law also requires that the value-based incentive payments be based on hospitals' performance scores**
- **CMS will use a linear exchange function to distribute the available amount of value-based incentive payments to hospitals, based on hospitals' total performance scores on the Hospital VBP measures**

Total Performance Score Converted into a Value-Based Incentive Payment Overview (2 of 2)

- **Each hospital's value-based incentive payment amount for a fiscal year will depend on:**
  - **Range and distribution of hospital total performance scores**
  - **Amount of hospitals' base operating DRG payment amounts**
- **The value-based incentive payment amount for each hospital will be applied as an adjustment to the base operating DRG payment amount for each discharge**
- **Details on how a Total Performance Score is converted into a value-based incentive payment are available at:**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/Downloads/HospVBPNPC100412.pdf

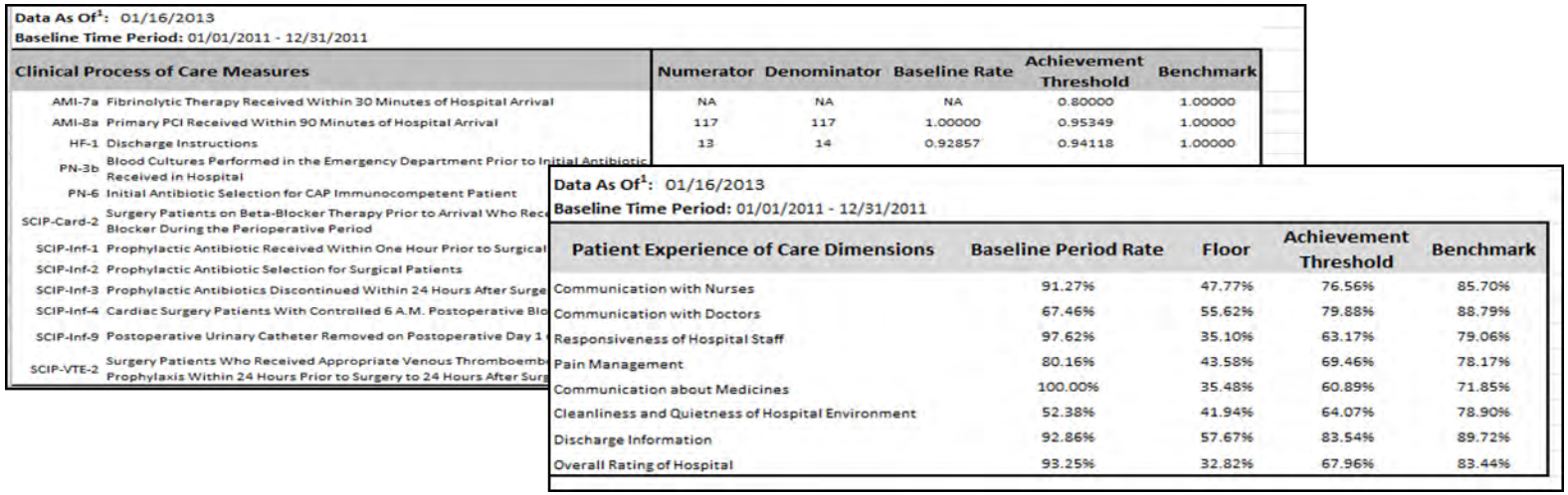
FY 2015 Baseline Measures Report

The FY 2015 Baseline Measures Report will show hospitals' performance during the baseline periods listed below:

FY 2015 Domain	FY 2015 Baseline Period
Clinical Process of Care	January 1, 2011 – December 31, 2011
Patient Experience of Care	January 1, 2011 – December 31, 2011
Outcome • Mortality measures • AHRQ PSI-90 Composite • CLABSI	• October 1, 2010 – June 30, 2011 • October 15, 2010 – June 30, 2011 • January 1, 2011 – December 31, 2011
Efficiency • Medicare Spending per Beneficiary	• May 1, 2011 – December 31, 2011

What To Expect In Your Report (1 of 3)

- **Clinical Process of Care Measures**
  - **12 Clinical Process of Care measure details**, including benchmarks, thresholds, numerators, denominators, and a hospital's baseline rates
- **Patient Experience of Care Dimensions**
  - **8 Patient Experience of Care dimension details**, including the floor values, benchmarks, thresholds, a hospital's baseline rate, and number of completed surveys during the baseline period



Data As Of[1]: 01/16/2013
Baseline Time Period: 01/01/2011 - 12/31/2011

Clinical Process of Care Measures		Numerator	Denominator	Baseline Rate	Achievement Threshold	Benchmark
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	NA	NA	NA	0.80000	1.00000
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	117	117	1.00000	0.95349	1.00000
HF-1	Discharge Instructions	13	14	0.92857	0.94118	1.00000
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital					
PN-6	Initial Antibiotic Selection for CAP Immunocompetent Patient					
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Rec Blocker During the Perioperative Period					
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical					
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients					
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surge					
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blo					
SCIP-Inf-9	Postoperative Urinary Catheter Removed on Postoperative Day 1					
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboemb Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surg					

Data As Of[1]: 01/16/2013
Baseline Time Period: 01/01/2011 - 12/31/2011

Patient Experience of Care Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses	91.27%	47.77%	76.56%	85.70%
Communication with Doctors	67.46%	55.62%	79.88%	88.79%
Responsiveness of Hospital Staff	97.62%	35.10%	63.17%	79.06%
Pain Management	80.16%	43.58%	69.46%	78.17%
Communication about Medicines	100.00%	35.48%	60.89%	71.85%
Cleanliness and Quietness of Hospital Environment	52.38%	41.94%	64.07%	78.90%
Discharge Information	92.86%	57.67%	83.54%	89.72%
Overall Rating of Hospital	93.25%	32.82%	67.96%	83.44%

What To Expect In Your Report (2 of 3)

- **Outcome Measures**
  - **Mortality measure details**, including the number of eligible discharges (denominator), benchmarks, thresholds, and a hospital's baseline rate
  - **AHRQ PSI-90 composite measure details**, including index value, achievement threshold, and benchmark
  - **CLABSI measure details**, including number of observed infections (numerator), number of predicted infections (denominator), standard infection ratio (SIR), achievement threshold, and benchmark

Data As Of[1]: 01/16/2013
Baseline Time Period: 10/01/2010 - 06/30/2011

Mortality Measures[2]	Number of Eligible Discharges (Denominator)	Baseline Rate	Achievement Threshold	Benchmark
Acute Myocardial Infarction (AMI) 30-day Mortality Rate	30	0.980200	0.847472	0.862371
Heart Failure (HF) 30-day Mortality Rate	75	0.891000	0.881510	0.900315
Pnuemonia (PN) 30-day Mortality Rate	75	0.888800	0.882651	0.904181

Baseline Time Period: 10/15/2010 - 06/30/2011

AHRQ Patient Safety Measures[3,4]	Index Value	Achievement Threshold	Benchmark
Complication/Patient Safety for selected indicators (composite)	0.123400	0.622879	0.451792

Baseline Time Period: 01/01/2011 - 12/31/2011

Healthcare Associated Infections[4]	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Achievement Threshold	Benchmark
Central Line-Associated Blood Stream Infection	25	50	0.500	0.437	0.000

**NOTE: A double asterisk (**) indicates that the hospital did not meet the minimum number of cases or surveys in the Baseline Period. Therefore, Improvement Points will not be calculated for this measure in the Hospital Value-Based Purchasing program.

What To Expect In Your Report (3 of 3)

- **Efficiency Measure**
  - **MSPB measure details**, including the MSPB amount (numerator), median MSPB amount (denominator), MSPB measure, and number of episodes

Data As Of[1]: 01/16/2013
Baseline Time Period: 05/01/2011 - 12/31/2011

Efficiency Measure	MSPB Amount (Numerator)[2]	Median MSPB Amount (Denominator)[3]	MSPB Measure[4,5]	# of Episodes
Medicare Spending per Beneficiary (MSPB)	$2,059.84	$1,922.11	1.071656	8

**NOTE: A double asterisk (**) indicates that the hospital did not meet the minimum number of cases or surveys in the Baseline Period. Therefore, Improvement Points will not be calculated for this measure in the Hospital Value-Based Purchasing program.

When to Expect Your Report

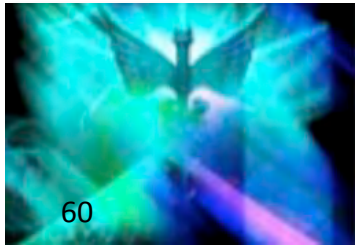
- **CMS intends to have the FY 2015 Baseline Measures Report available in April 2013**

- **Communications will be sent to hospitals and Quality Improvement Organizations (QIOs) when the FY 2015 Baseline Measures Report is available for viewing on My QualityNet**

Where to Go for Questions

- **Technical questions or issues related to accessing the report**
  - Contact the QualityNet Help Desk at the following email address: qnetsupport@sdps.org or call (866) 288-8912
- **More information on your FY 2015 Baseline Measures Report**
  - See the "How to Read Your FY 2015 Baseline Measures Report" guide located on the Hospital VBP section of the QualityNet website: http://www.qualitynet.org by selecting the "Hospital – Inpatient" box at the top of the page and choosing the Hospital Value-Based Purchasing (VBP) link
- **Frequently Asked Questions (FAQs) related to Hospital VBP**
  - Find FAQs using the Hospital-Inpatient Questions and Answers tool at the following link: https://cms-ip.custhelp.com/
- **Ask Questions related to Hospital VBP**
  - Submit questions using the Hospital-Inpatient Questions and Answers tool at the following link: https://cms-ip.custhelp.com/

Questions about FY 2015?



For More Information

- **www.cms.gov/Hospital-Value-Based-Purchasing**

The post-call materials for this call will be posted at http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html.

The post-call materials will be accessible for downloading within three weeks of the call.

Evaluate Your Experience with Today's National Provider Call

- **To ensure that the National Provider Call (NPC) program continues to be responsive to your needs**, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- **To complete the evaluation**, visit http://npc.blhtech.com/ and select the title for today's call from the menu.
- **All registrants will also receive a reminder email** within two business days of the call. Please disregard this email if you have already completed the evaluation.
- **We appreciate your feedback!**

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Medicare Fee-For-Service Providers

Thank You

- **For more information about the MLN**, please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html

- **For more information about the National Provider Call Program**, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html

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