

# Medicare Value Based Purchasing Program Overview



Insights for Healthcare®



Michigan Health and Hospital Association

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# Today's Objectives

- Overview of Medicare Value Based Purchasing Program
- Review Methodology
- Review how Michigan is performing in VBP
- Review VBP analysis

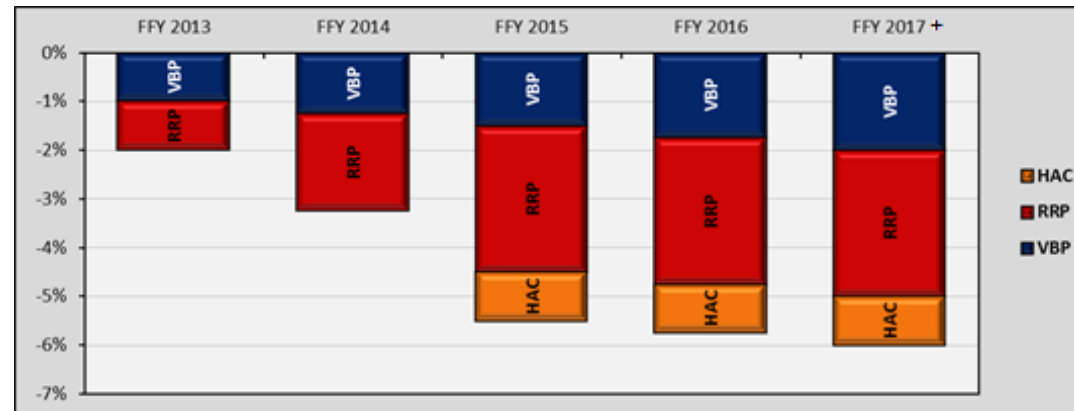
# Medicare Quality Based Payment Reform (QBPR) Programs

- Mandated by the ACA of 2010
  - VBP Program (redistributive w/ winners and losers)
  - Readmissions Reduction Program (remain whole or lose)
  - HAC Reduction Program (remain whole or lose)
- National pay-for-performance programs
- Most acute care hospitals must participate; CAHs excluded
- Program rules, measures, and methodologies adopted well in advance (through 2030)



# Medicare Quality Programs

- Payment adjustments based on facility-specific performance compared to national standards
- Performance metrics are determined using historical data
- Program components change every year



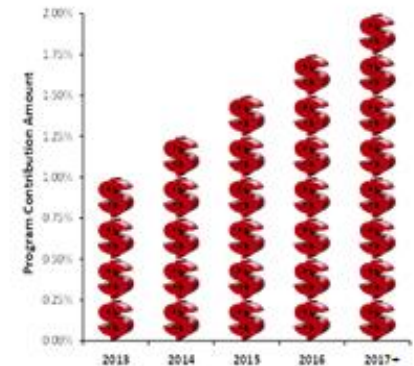
# FFY 2026 Quality Program Measure Populations

- **Value-Based Purchasing (VBP)**
  - All patients
    - Safety, Person and Community Engagement
  - Medicare FFS patients only
    - Clinical Outcomes, Efficiency and Cost Reduction
- **Readmissions Reduction Program (RRP)**
  - Medicare FFS patients only
- **Hospital Acquired Conditions (HAC)**
  - All patients
    - CAUTI, CLABSI, C-diff., MRSA, SSI Colon, SSI Abdominal Hysterectomy
  - Medicare FFS patients only
    - PSI-90



# Medicare Value Based Purchasing (VBP) Program

- Program started in FFY 2013 (October 1, 2012)
- The only Medicare quality program that provides rewards and penalties (redistributive)
- The only Medicare quality program to recognize improvement as well as achievement
- Funded by IPPS payment “contribution” (increased by 0.25% per year with 2% in FFY 2017+ as the cap)
- \$1.67 Billion program (estimated for FFY 2025)



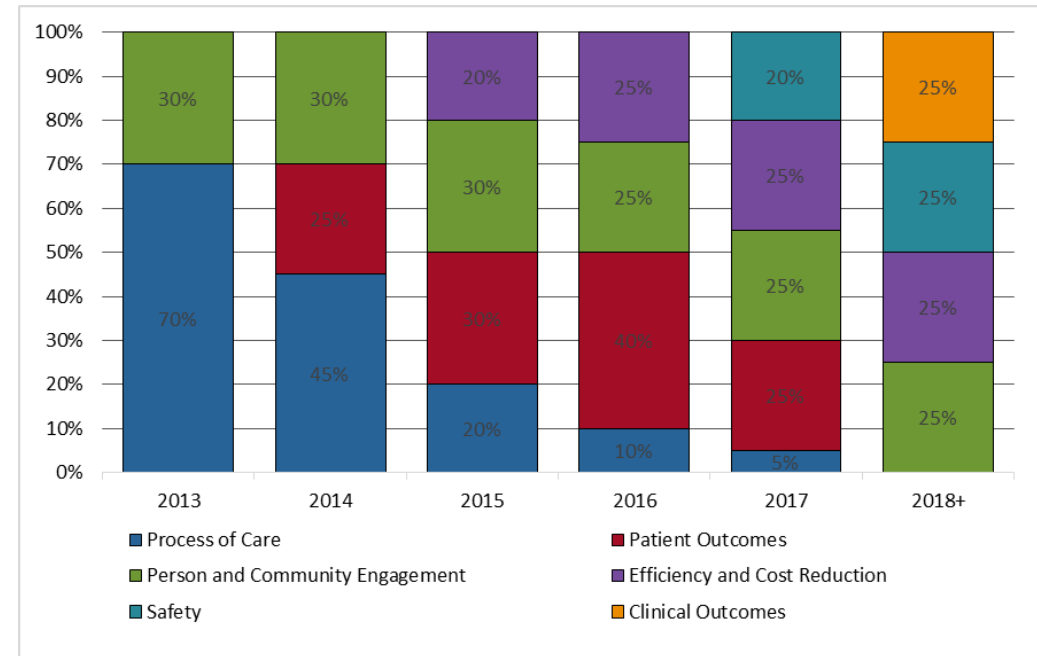
# Value Based Purchasing: Program Overview



- Performance is evaluated on a measure-by-measure basis
  - Quality achievement and improvement are both recognized
  - Hospital performance is compared to national performance standards
- Measures are grouped into domains
  - Person and Community Engagement
  - Clinical Outcomes
  - Safety
  - Efficiency and Cost Reduction
- Domain scores are combined to calculate a Total Performance Score (TPS)
- Health equity adjustment is applied to the TPS and then converted to an Adjustment Factor

# VBP Program Trends

- Continually evolving
  - Program rules established in advance
    - The final 2025 IPPS rule establishes parameters through 2030
  - Moving targets
  - Beginning with FFY 2026 CMS is implementing Health Equity Bonus points and hospitals will be rewarded for excellent care in underserved populations\*.





# VBP Program Timeframes

2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D
						Person and Community Engagement: Baseline Period <sup>6</sup>		Person and Community Engagement: Performance Period <sup>7</sup>		FFY 2026 Payment Adjustment
	Clinical Outcomes (Mortality): Baseline Period <sup>6</sup>					Clinical Outcomes (Mortality): Performance Period <sup>7</sup>				
	Clinical Outcomes (COMP-HIP-KNEE): Baseline Period <sup>6</sup>					Clinical Outcomes (COMP-HIP-KNEE): Performance Period <sup>7</sup>				
						Safety: Baseline Period <sup>6</sup>		Safety: Performance Period <sup>7</sup>		
						Efficiency and Cost Reduction: Baseline Period <sup>6</sup>		Efficiency and Cost Reduction: Performance Period <sup>7</sup>		

# FFY 2026 Domain Weights and Measures

## Safety:

1. **C-Diff:** Clostridium Difficile infection\*
2. **CAUTI:** Catheter-Associated Urinary Tract Infection\*
3. **CLABSI:** Central Line-Associated Bloodstream Infection\*
4. **MRSA:** Methicillin-resistant Staphylococcus aureus Bacteremia\*
5. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy\*
6. **SEP\_1:** Sepsis Care\*

## Clinical Outcomes:

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. **MORT-30-COPD:** Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate
5. **MORT-30-CABG:** Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate
6. **COMP-HIP-KNEE:** Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)

Domain Weights



## Efficiency and Cost Reduction:

1. **MSPB:** Medicare Spending per Beneficiary

## Person and Community Engagement:

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions\*:

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Overall Rating of Hospital
8. 3-Item Care Transition Measure

\*measure population consists of all patients, not just Medicare FFS

# FFY 2026 Scoring Requirements

	Person and Community Engagement	Clinical Outcomes	Safety	Efficiency and Cost Reduction
Measure Criteria	N/A	At least 25 eligible cases	HAIs: at least 1 predicted infection	At least 25 eligible cases
			SSIs: at least 1 predicted infection for at least 1 out of two component measures	
Domain Eligibility Criteria	At least 100 completed HCAHPS surveys	Minimum of 2 out of 6 measures	Minimum of 2 out of 6 measures	Minimum of 1 out of 1 measure

A hospital must have scores in 3 out of 4 domains to be eligible for the FFY 2026 VBP program.

# VBP Performance Standards

- **National Benchmarks**
  - High achievement levels (average performance score for top 10% of hospitals nationwide)
- **National Achievement Thresholds**
  - Minimum achievement levels (median performance score for hospitals nationwide)
- **National Floors (HCAHPS only; lowest scores nationwide)**

Measure	Achievement		
	Floor	Threshold	Benchmark
Clean and Quiet	45.94%	65.63%	79.64%
Nurse Comm.	53.50%	79.42%	87.71%
Doctor Comm.	62.41%	79.83%	87.97%
Staff Response	40.40%	65.52%	81.22%
Rx Comm.	39.82%	63.11%	74.05%
Disch. Info	66.92%	87.23%	92.21%
Care Transitions	25.64%	51.84%	63.57%
Overall Rating	36.31%	71.66%	85.39%

# Measure Scoring Methodology

- **Achievement Points:**

- Max = 10 points
- Performance compared to:
  - National Achievement Threshold (minimum performance level)
  - National Benchmark (high attainment level)

Below threshold	Between threshold & benchmark	At or above benchmark
0 pts.	1-9 pts.	10 pts.

- **Improvement Points:**

- Max = 9 points
- Performance compared to:
  - Prior performance (from baseline period)
  - National Benchmark (high attainment level)

At or below baseline period score	Above baseline period score
0 pts.	1-9 pts.

# VBP Measure Scoring: Achievement Points

Measure	Perf. Period Analyzed	Perf. Cases	Base Period Analyzed	Base Cases	Floor	Achievement Threshold	Benchmark	Consistency Points	Achievement Points	Improvement Points	Final Points
AMI Mort.	87.7%	237	86.5%	364	N/A	87.2624%	88.9994%	N/A	3	4	4

$$\text{Achievement Points (all program measures)} = \left[ 9 \times \frac{\text{Performance Period Score} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right] + 0.5$$

$$\text{Achievement Points (all program measures)} = \left[ 9 \times \frac{87.7\% - 87.2624\%}{88.9994\% - 87.2624\%} \right] + 0.5$$

3 = Achievement Points

# VBP Measure Scoring: Improvement Points

Measure	Perf. Period Analyzed	Perf. Cases	Base Period Analyzed	Base Cases	Floor	Achievement Threshold	Benchmark	Consistency Points	Achievement Points	Improvement Points	Final Points
AMI Mort.	87.7%	237	86.5%	364	N/A	87.2624%	88.9994%	N/A	3	4	4

$$\text{Improvement Points (all program measures)} = \left[ 10 \times \frac{\text{Performance Period Score} - \text{Baseline Period Score}}{\text{Benchmark} - \text{Baseline Period Score}} \right] - 0.5$$

$$\text{Improvement Points (all program measures)} = \left[ 10 \times \frac{87.7\% - 86.5\%}{88.9994\% - 86.5\%} \right] - 0.5$$

4= Improvement Points

*For each individual measure, the hospital receives the higher point value of achievement or improvement. In this example, a score of 4 is assigned to the MORT\_30\_AMI measure.*

# Domain Score Calculation

Measure	Score
MORT-30-AMI	4
MORT-30-HF	0
MORT_30_PN	0
MORT-30-COPD	0
MORT-30-CABG	0
COMP-HIP-KNEE	0

A	Total Final Points	4
B	Max. Possible Points	60
C	Clinical Outcomes Domain Score [A/B]:	15%

$$\text{Overall Domain Score} = \left[ \frac{\text{Sum of Final Points Earned on Each Scored Measure}}{\text{Maximum Possible Points on Each Scored Measure}} \right]$$

Maximum Points = number of scored measures x 10 points



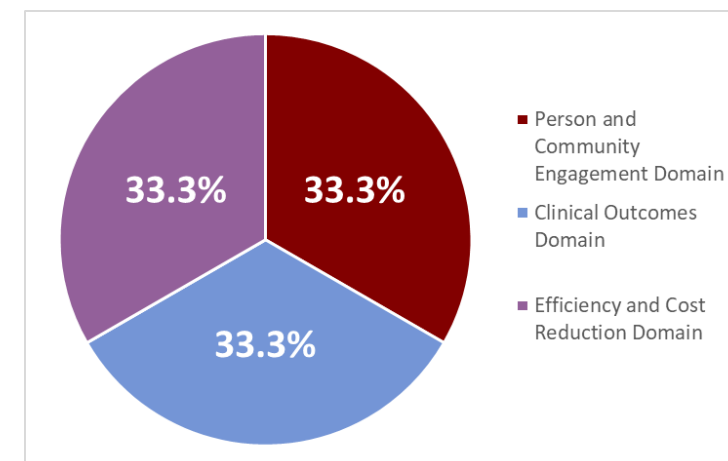
# Domain Score Calculation (con't)

- Proportional Reweighting
  - Impacts program eligibility

$$\text{Proportionally Reweighted Domain Weight} = \frac{\text{Original Weight of Domain}}{\text{Sum of Original Weights for all Scored Domains}}$$

$$\text{Clinical Outcomes Domain Proportionally Reweighted} = \frac{25\%}{(25\%+25\%+25\%)} = 33.3\%$$

	Unweighted Domain Score	Original Domain Weight	Proportionally Reweighted Domain Weight
Person and Community Engagement Domain	97.0%	25.0%	33.3%
Clinical Outcomes Domain	15.0%	25.0%	33.3%
Safety Domain	Not Eligible	25.0%	Not Eligible
Efficiency and Cost Reduction Domain	69.7%	25.0%	33.3%



# TPS Score Calculation

Total Performance Score (TPS) = Domain<sub>1</sub> Score x Domain<sub>1</sub> Weight + Domain<sub>2</sub> Score x Domain<sub>2</sub> Weight +....+ Domain<sub>n</sub> Score x Domain<sub>n</sub> Weight

(Person and Community Engagement Domain Score × 0.25) + (Clinical Outcomes Domain Score × 0.25) + (Safety Domain Score × 0.25)  
+ (Efficiency and Cost Reduction Domain Score × 0.25) = TPS

(97% × 0.333) + (15% × 0.333) + (69.7% × 0.333) = TPS\*

32.30% + 5.0% + 23.23% = TPS\*

60.6% = TPS\*

\*TPS without Health Equity Adjustment

# Health Equity Adjustment Calculation

Bottom third of national domain scores	Middle third of national domain scores	Top third of national domain scores
0 pts.	2 pts.	4 pts.

Measure Performance Scaler = Domain<sub>1</sub> HEA Points + Domain<sub>2</sub> HEA Points +....+ Domain<sub>n</sub> Score x Domain<sub>n</sub> Weight

4 + 2 + 0 + 2 = Measure Performance Scaler

8 = Measure Performance Scaler

$$\text{Underserved Multiplier} = \frac{1}{1 + e^{-\left(-5 + 10 * \frac{\text{Dual Rank}}{\text{Max Dual Rank}}\right)}}$$

$$\text{Underserved Multiplier} = \frac{1}{1 + e^{-\left(-5 + 10 * \frac{1808}{2980}\right)}}$$

Underserved Multiplier = 0.744

# Health Equity Adjustment Calculation (con't)

HEA Bonus Points = Measure Performance Scaler x Underserved Multiplier

HEA Bonus Points =  $8 \times 0.744$

HEA Bonus Points = **5.95%**

Final TPS = HEA Bonus Points + TPS w/o HEA

Final TPS = **5.95%** + **60.6%**

Final TPS = **66.6%**

# Payout Percentage Calculation

- TPSs for all hospitals nationwide compared to determine VBP payouts/impacts
- Comparison of TPSs creates “VBP Slope”
- VBP slope is used to ensure redistribution of all VBP contribution dollars
- VBP Linear Function (Payout Percentage) = [Final TPS x VBP Slope]

 100  
*is good!*

$$\text{VBP Slope} \times 66.6\% = \text{VBP Payout Percentage}$$

$$3.6012 \times 66.6\% = \text{VBP Payout Percentage}$$

$$239.8\% = \text{VBP Payout Percentage}$$

In this example, this hospital would receive 239.8% of their VBP contribution and would benefit from the program.

# VBP Impact Calculation

- VBP Adjustment Factor =  $[1 + (\text{Program Contribution Percentage} \times \text{Payout Percentage}) - \text{Program Contribution Percentage}]$
- Annual Program Impact =  $[\text{IPPS Base Operating Dollars} \times \text{VBP Adjustment Factor} - \text{IPPS Base Operating Dollars}]$

$$1 + (2.0\% \times 239.8\%) - 2.0\% = \text{VBP Adjustment Factor}$$

$$1.02796 = \text{VBP Adjustment Factor}$$

For example, assume this hospital's IPPS Base Operating Dollars = \$100,000,000.

$$\$100,000,000 \times 1.02796 - \$100,000,000 = \text{Annual Program Impact}$$

$$+\$2,796,000 = \text{Annual Program Impact}$$

# VBP Slope Calculation

- VBP Slope is used to determine program payouts
  - VBP Slope is set at the value that makes overall program calculated as budget neutral

			TPS x Contribution	TPS x Slope	Actual % Payout x Contribution
	TPS	Contribution	Payout (Pre-Slope)	Actual % Payout (Slope = 3.40083997751544)	Payout (Slope = 3.40083997751544)
Hospital A	24.8%	\$100	\$24.80	84.34%	\$84.34
Hospital B	32.4%	\$100	\$32.40	110.19%	\$110.19
Hospital C	21.9%	\$100	\$21.90	74.48%	\$74.48
Hospital D	40.8%	\$100	\$40.80	138.75%	\$138.75
Hospital E	36.4%	\$100	\$36.40	123.79%	\$123.79
Hospital F	9.7%	\$100	\$9.70	32.99%	\$32.99
Hospital G	53.5%	\$100	\$53.50	181.94%	\$181.94
Hospital H	48.1%	\$100	\$48.10	163.58%	\$163.58
Hospital I	11.2%	\$100	\$11.20	38.09%	\$38.09
Hospital J	15.3%	\$100	\$15.30	52.03%	\$52.03
Total		<b>\$1,000</b>	\$294.10		<b>\$1,000</b>

Impact = Payout \$ - Contribution

- National VBP Slope fluctuates with changes in hospital Total Performance Scores (TPS)
  - ↑TPS = ↓Slope
  - ↓TPS = ↑Slope

# VBP Performance Scorecard



Calculation of measure scores and estimated impacts

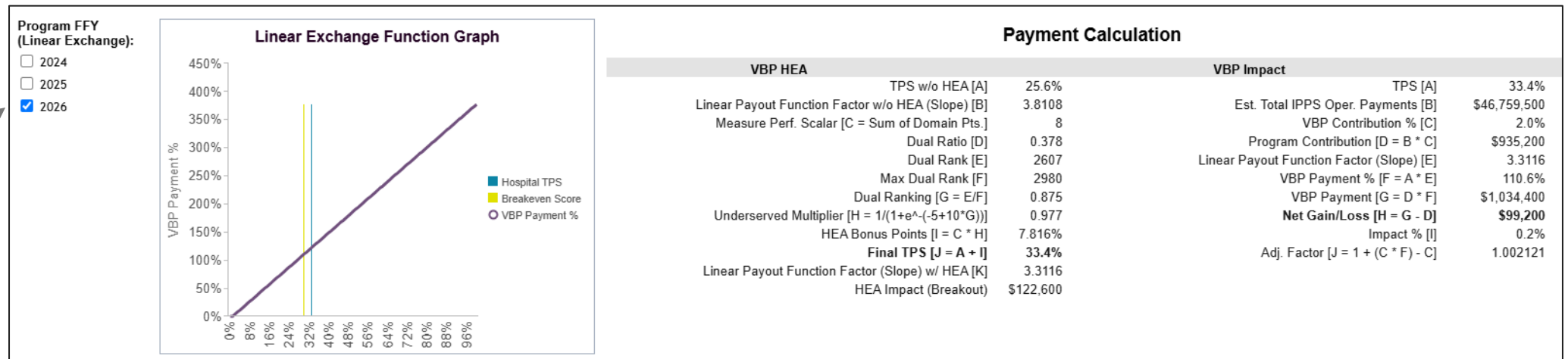
Calculation of domain scores and estimated impacts

Adjustment Factor calculation and estimated program impacts

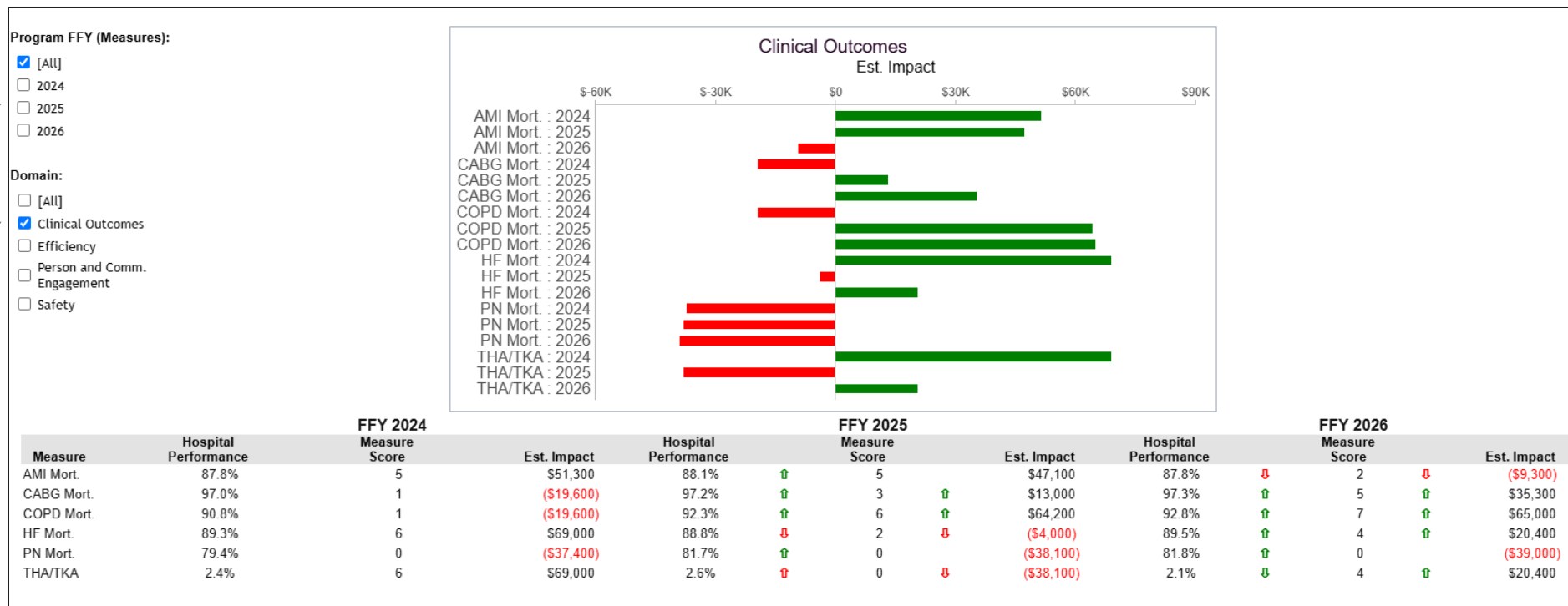


# VBP Payment Adjustment Calculation

- Estimated VBP Slope using the most recent data available



# VBP Performance Scorecard



- Actual VBP scores and estimated scores
- Year-to-year improvement in performance on a measure does not guarantee improved score

# VBP Performance Scorecard

Domain	FFY 2024							FFY 2025							FFY 2026						
	Unweighted Score	Domain Weight	Weighted Score	Est. Impact	Domain Position	HEA Group	HEA Domain Pts	Unweighted Score	Domain Weight	Weighted Score	Est. Impact	Domain Position	HEA Group	HEA Domain Pts	Unweighted Score	Domain Weight	Weighted Score	Est. Impact	Domain Position	HEA Group	HEA Domain Pts
Person and Comm. Engagement	11.0%	25.0%	2.8%	(\$107,200)	N/A	N/A	N/A	9.0%	↓ 25.0%	2.3%	(\$136,500)	N/A	N/A	N/A	19.0%	↑ 25.0%	4.8%	(\$64,500)	1946 of 2618	Bottom Third	0
Clinical Outcomes	31.7%	25.0%	7.9%	\$112,700	N/A	N/A	N/A	26.7%	↓ 25.0%	6.7%	\$44,200	N/A	N/A	N/A	36.7%	↑ 25.0%	9.2%	\$92,900	413 of 2582	Top Third	4
Safety	70.0%	25.0%	17.5%	\$520,500	N/A	N/A	N/A	50.0%	↓ 25.0%	12.5%	\$282,800	N/A	N/A	N/A	16.7%	↓ 25.0%	4.2%	(\$85,300)	2276 of 2581	Bottom Third	0
Efficiency	30.0%	25.0%	7.5%	\$95,000	N/A	N/A	N/A	20.0%	↓ 25.0%	5.0%	(\$24,000)	N/A	N/A	N/A	30.0%	↑ 25.0%	7.5%	\$33,500	713 of 2606	Top Third	4

# VBP Score Calculation

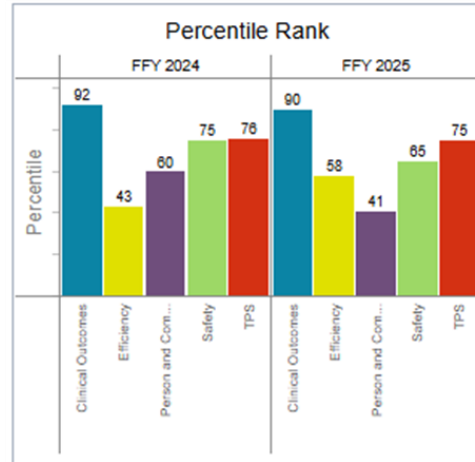
4Q2024 Care Compare Update												
<div>Domain:</div> <div><input checked="" type="checkbox"/> Clinical Outcomes</div> <div><input type="checkbox"/> Efficiency</div> <div><input type="checkbox"/> Person and Comm. Engagement</div> <div><input type="checkbox"/> Safety</div>	Measure	Perf. Period Analyzed	Perf. Cases	Base Period Analyzed	Base Cases	Floor	Achievement Threshold	Benchmark	Consistency Points	Achievement Points	Improvement Points	Final Points
	AMI Mort.	87.8%	197	88.2%	325	N/A	87.4426%	89.0687%	N/A	2	0	2
	HF Mort.	89.5%	367	88.8%	383	N/A	88.5949%	91.2874%	N/A	4	2	4
	PN Mort.	81.8%	382	85.1%	490	N/A	84.3369%	87.7097%	N/A	0	0	0
	COPD Mort.	92.8%	81	91.7%	195	N/A	91.4691%	93.2157%	N/A	7	7	7
	CABG Mort.	97.3%	32	96.4%	30	N/A	97.0568%	98.0473%	N/A	3	5	5
	THA/TKA	2.1%	102	2.2%	167	N/A	2.4019%	1.6873%	N/A	4	1	4
Domain Score												36.7%
VBP Performance Trends and Ranks												
Domain	Care Compare Update		Domain Score	State Rank	National Rank	Linear Payout Function Factor		VBP Payment Percentage	Adjustment Factor	Net Gain/Loss		
Clinical Outcomes	4Q2024		36.7%	58 of 232	412 of 2,582							
	3Q2024		36.7%	58 of 232	411 of 2,586							
Efficiency	4Q2024		30.0%	58 of 260	597 of 2,606							
	3Q2024		30.0%	58 of 262	598 of 2,609							
Person and Comm. Engagement	4Q2024		19.0%	157 of 256	1,921 of 2,618							
	3Q2024		18.0%	156 of 260	1,972 of 2,628							
Safety	4Q2024		16.7%	232 of 260	2,241 of 2,581							
	3Q2024		38.3%	112 of 263	1,141 of 2,584							
TPS	4Q2024		33.4%	130 of 261	1,099 of 2,651	3.3116		110.6%		1.0021	\$99,200	
	3Q2024		40.5%	77 of 263	595 of 2,654	3.3632		136.3%		1.0073	\$339,200	

# Guidance on Performance

- For the following measures in this VBP program, lower values represent better performance:
  - NHSN measures (CLABSI, CAUTI, C.DIFF, SSI, MRSA)
  - MSPB
  - THA/TKA



# Value Based Purchasing: Hospital Case Study



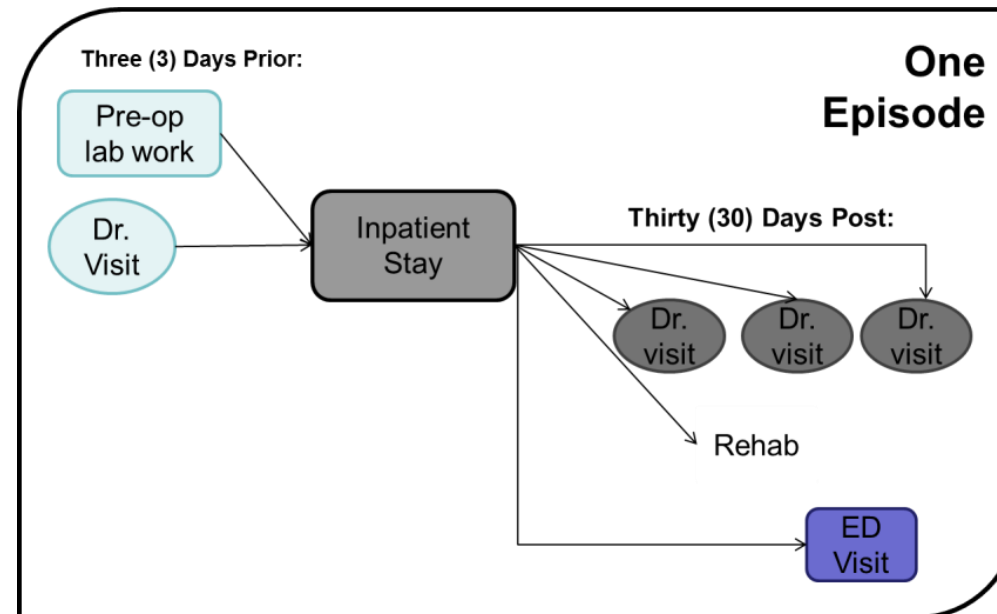
		2024	2025
Domain Score	HCAHPS	17%	14%
	Outcomes	42%	38%
	Safety	46%	48%
	Efficiency	10%	20%
	<b>Total Performance Score</b>	29%	30%

VBP Slope	4.7453	4.4749
Adjustment Factor	0.9962	0.9922
<b>Payback Percentage</b>	136.66%	134.25%

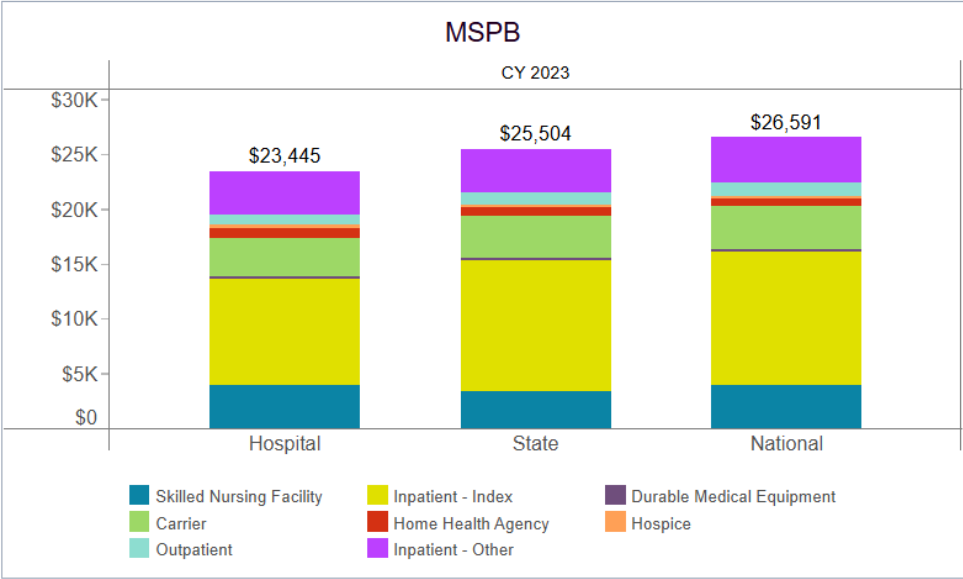
- Total Performance Score increased from FFY 2024 at 29% to FFY 2025 at 30%
- Hospital Payout Percentage decreased from 136.66% to 134.25% from FFY 2024 to FFY 2025
- As other hospitals increased in performance (slope decreased), this hospital experienced lower gains from FFYs 2024-2025

# VBP Efficiency and Cost Reduction Measure

- Medicare Spending per Beneficiary



# MI's 2023 Medicare Spending per Beneficiary



	Claim Type	Hospital	State	National
CY 2023				
MSPB Summary	Carrier	\$3,465	\$3,829	\$3,887
	Durable Medical Equipment	\$144	\$211	\$188
	Outpatient	\$875	\$1,191	\$1,193
	Hospice	\$293	\$213	\$211
	Inpatient - Index	\$9,702	\$11,924	\$12,235
	Inpatient - Other	\$3,944	\$3,893	\$4,145
	Skilled Nursing Facility	\$4,033	\$3,468	\$3,960
	Home Health Agency	\$989	\$775	\$772



# MI's 2023 Medicare Spending per Beneficiary

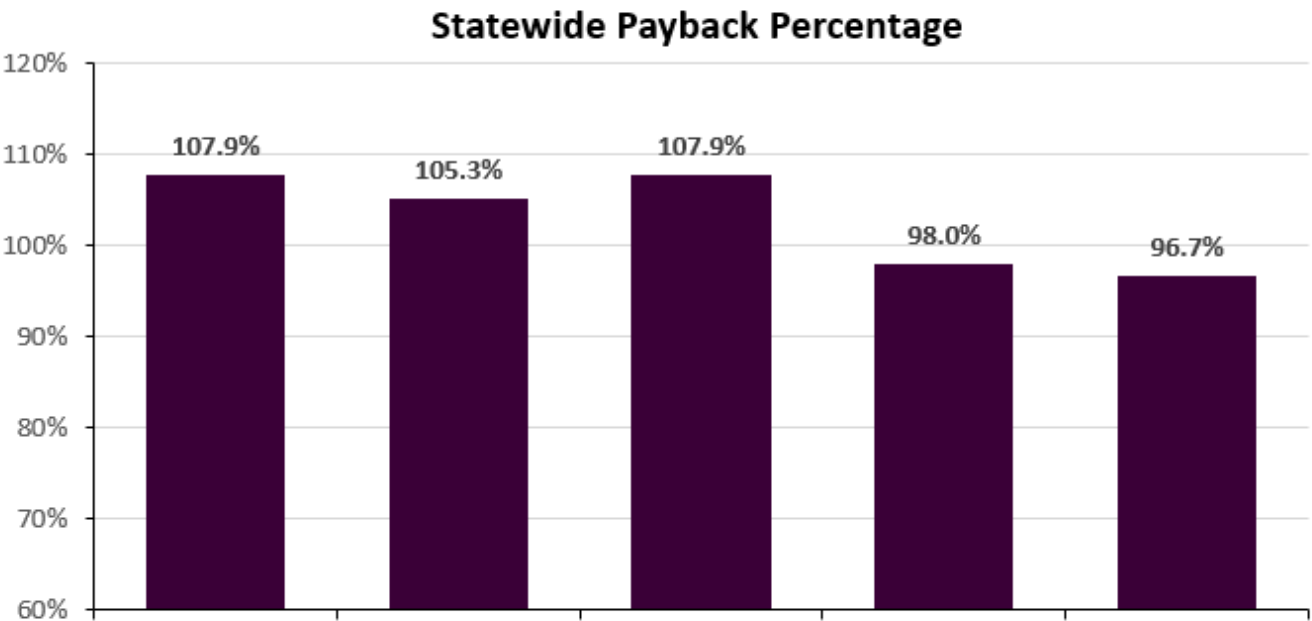
(con't)

CY	Episode Period	Claim Type	Avg. Hosp Spend	Avg. State Spend	Avg. Natl Spend
2023	1 to 3 days Prior to Index Hospital Admission	Carrier	\$676	\$700	\$751
		Durable Medical Equipment	\$12	\$15	\$13
		Outpatient	\$86	\$176	\$190
		Hospice	\$1	\$0	\$1
		Inpatient - Other	\$34	\$42	\$45
		Skilled Nursing Facility	\$18	\$14	\$16
		Home Health Agency	\$20	\$17	\$19

CY	Episode Period	Claim Type	Avg. Hosp Spend	Avg. State Spend	Avg. Natl Spend
2023	During Index Hospital Admission	Carrier	\$1,210	\$1,622	\$1,577
		Durable Medical Equipment	\$21	\$30	\$27
		Outpatient	\$0	\$0	\$0
		Hospice	\$0	\$0	\$0
		Inpatient - Index	\$9,702	\$11,924	\$12,235
		Skilled Nursing Facility	\$0	\$0	\$0
		Home Health Agency	\$0	\$0	\$0

CY	Episode Period	Claim Type	Avg. Hosp Spend	Avg. State Spend	Avg. Natl Spend
2023	1 through 30 days After Discharge from Index Hospital Admission	Carrier	\$1,579	\$1,507	\$1,559
		Durable Medical Equipment	\$111	\$166	\$148
		Outpatient	\$789	\$1,015	\$1,003
		Hospice	\$292	\$213	\$210
		Inpatient - Other	\$3,910	\$3,851	\$4,100
		Skilled Nursing Facility	\$4,015	\$3,454	\$3,944
		Home Health Agency	\$969	\$758	\$753

# MI's VBP Performance Trends



	2019	2020	2021	2024	2025
Payout Percentage	107.9%	105.3%	107.9%	98.0%	96.7%
Total Impact	\$3,101,200	\$2,126,200	\$3,270,800	(\$828,300)	(\$1,524,600)
Eligible Hospitals	83	83	82	80	81
Number of Winners	57	53	55	49	46
Number of Losers	26	30	27	31	35

# MI's VBP Performance Trends

Domain Ranking	2019	2020	2021	2024	2025
Person and Community Engagement	35 of 50	35 of 50 -	35 of 50 -	41 of 50 ▲	42 of 50 ▲
Clinical Outcomes	9 of 50	3 of 50 ▼	3 of 50 -	15 of 50 ▲	22 of 50 ▲
Efficiency and Cost Reduction	17 of 50	16 of 50 ▼	14 of 50 ▼	14 of 50 -	12 of 50 ▼
Safety	30 of 50	36 of 50 ▲	42 of 50 ▲	44 of 50 ▲	39 of 50 ▼
Total Performance Score	10 of 50	10 of 50 -	14 of 50 ▲	27 of 50 ▲	25 of 50 ▼

## Key Drivers of Statewide Performance:

- **New/Removed Measures**
  - FFY 2019: Added – THA/TKA; Expanded – HAI-1., HAI-2; Removed – PSI-90
  - FFY 2020: Added – MORT-30-COPD
  - FFY 2021: Added – MORT-30-CABG; Expanded – MORT-30-PN
- **Changing Eligibility**
- **Update performance periods/standards – Nationwide Improvement**
- **Changing Domain Weights with increased weight towards Outcomes/Efficiency**

# MI's Top/Bottom VBP Measures

Top 5 Measures			Bottom 5 Measures		
Domain	Measure	VBP Score	Domain	Measure	VBP Score
Clinical Outcomes	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	41.58%	HCAHPS	Cleanliness and Quietness of Hospital Environment	5.51%
Safety	Catheter-Associated Urinary Tract Infection (CAUTI)	39.34%	HCAHPS	Communication about Medicines	11.62%
Clinical Outcomes	Complication Rate Following Elective Primary TKA/THA	35.21%	HCAHPS	Responsiveness of Hospital Staff	11.89%
Clinical Outcomes	Heart Failure (HF) 30-Day Mortality Rate	32.70%	Clinical Outcomes	Pneumonia (PN) 30-Day Mortality Rate	14.18%
Clinical Outcomes	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	30.91%	Safety	Severe Sepsis and Septic Shock Management Bundle	17.39%

Measures ranked by aggregate statewide VBP score, weighted by hospital contribution amounts. As VBP scores are used, this ranking accounts for the VBP program's improvement and scoring methodologies. Scores are calculated by applying the FFY 2025 VBP scoring methodology to data available with the 3rd quarter 2024 update of Care Compare. Revenues were estimated using the FFY 2025 IPPS Final Rule.

As the performance period for the FFY 2025 VBP program is over (CY 2023 for most measures), in order to allow hospitals to focus on those measures that stay in the program, these rankings exclude those measures not included in the program in FFY 2025 and future years. Additionally, the HCAHPS Consistency measure is excluded as it is more of a subscore for the Person and Community Engagement domain rather than a real measure.

# Upcoming Webinars

- Don't forget to register for the upcoming Readmission Reduction and Hospital Acquired Condition Reduction Programs webinar
  - June 17<sup>th</sup>, 2025 @ 1:30pm EST

# Thank you.



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