

Value-Based Programs

The left column—HAC Deficit Reduction Act—puts your CC or MCC at risk if the diagnosis is not POA = YES or W.

The center column—HAC Reduction Program—uses PSIs and HAIs to put your hospital at risk of a 1% CMS penalty if your hospital is in the lowest 25%.

The right column—Value Based Purchasing—uses mortality metrics O/E combined with HAIs to put your hospital at risk for up to a 2% penalty (or bonus!).

Penalties and bonuses are based on your documentation! Get credit for the high-quality care you provide!

Hospital Acquired Conditions (HAC) Deficit Reduction Act (DRA)	Hospital Acquired Condition (HACs) Reduction Program (HACRP)	Hospital Value-Based Purchasing (HVBP)																				
<p>HAC-1 Foreign Object Retained After Surgery</p> <p>HAC-2 Air Embolism</p> <p>HAC-3 Blood Incompatibility</p> <p>HAC-4 Stage III and IV Pressure Ulcers</p> <p>HAC-5 Falls and Trauma</p> <p>HAC-6 Catheter-Associated Urinary Tract Infection (CAUTI) → ↓</p> <p>HAC-7 Vascular Catheter-Associated Infection ↓</p> <p>HAC-8 Surgical Site Infection, Mediastinitis, Following CABG ↓</p> <p>HAC-9 Manifestations of Poor Glycemic Control ↓</p> <p>HAC-10 DVT/PE Following Certain Orthopedic Procedures ↓</p> <p>HAC-11 Surgical Site Infection Following Bariatric Surgery for Obesity ↓</p> <p>HAC-12 Surgical Site Infection Following Certain Ortho Procedures ↓</p> <p>HAC-13 SSI Following Cardiac Implantable Electronic Device (CIED) ↓</p> <p>HAC-14 Iatrogenic Pneumothorax with Venous Catheterization → ↓</p>	<p>DOMAIN 1: CMS Recalibrated PSI-90 (Composite of below measures) 15%</p> <p>PSI 03 Pressure Ulcer</p> <p>PSI 06 Iatrogenic Pneumothorax</p> <p>PSI 08 In Hospital Fall with Hip Fracture</p> <p>PSI 09 Perioperative Hemorrhage or Hematoma</p> <p>PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis</p> <p>PSI 11 Postoperative Respiratory Failure</p> <p>PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis</p> <p>PSI 13 Postoperative Sepsis</p> <p>PSI 14 Postoperative Wound Dehiscence</p> <p>PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration</p> <p>Charts abstracted and reported to NHSN</p> <p>DOMAIN 2: CDC National Healthcare Safety Network (NHSN) HEALTHCARE ASSOCIATED INFECTIONS 85%</p> <p>HAI-1 Central Line-Associated Bloodstream Infection (CLABSI) →</p> <p>HAI-2 Catheter-Associated Urinary Tract Infection (CAUTI) →</p> <p>HAI-3 SSI Colon Surgery →</p> <p>HAI-4 SSI Abdominal Hysterectomy →</p> <p>HAI-5 Methicillin-resistant Staphylococcus aureus bacteremia (MRSA) →</p> <p>HAI-6 Clostridium difficile Infection (C.diff) →</p>	<p>DOMAIN: MORTALITY 25%</p> <p>MEASURE ID Measure Description</p> <p>MORT-30-AMI Acute AMI 30-day mortality rate yes yes yes</p> <p>MORT-30-HF Heart Failure (HF) 30-day mortality rate yes yes yes</p> <p>MORT-30-PN Pneumonia 30-day mortality rate (Incl. sepsis) yes yes no</p> <p>Complications</p> <p>THA/TKA Total Hip/Knee Arthroplasty Complication yes yes yes</p> <p>DOMAIN: PATIENT SAFETY 25%</p> <p>MEASURE ID Measure Description</p> <p>HAI-1 CLABSI yes yes yes</p> <p>HAI-2 CAUTI yes yes yes</p> <p>HAI-3 SSI Colon Surgery yes yes yes</p> <p>HAI-4 SSI Abdominal Hysterectomy yes yes yes</p> <p>HAI-5 MRSA yes yes yes</p> <p>HAI-6 CDI (C.diff) yes yes yes</p>																				
FINANCIAL IMPACT																						
<p>Under the DRA HAC payment provision, hospitals no longer receive additional payment for cases in which one of the selected conditions occurred but was not present on admission (POA). That is, the case is paid as though the condition(s) were not present. The DRA HAC-POA payment provision is applicable for secondary diagnosis code reporting only, as the selected conditions are designated as a complication or comorbidity (CC) or a major complication or comorbidity (MCC) when reported as a secondary diagnosis. For the DRA HAC-POA payment provision, a payment adjustment is only applicable if there are no other CC/MCC conditions reported on the claim.</p>	<p>Reduces hospital payments by 1% for hospitals that rank among the lowest-performing 25% (started in 2015 - part of Affordable Care Act)</p> <p>HVBP</p> <p>(1) off ALL hospital's base FY18 operating MS-DRG payment</p> <p>(2) incentives distributed to top performers based on Total Performance Score (TPS)</p> <p>(3) net result of (1) and (2) above applied to base operating MS-DRG payment (claim by claim)</p> <p>THEN</p> <p>Penalty to lowest performing 25% of hospitals (after VBP and Readm Reduction applied)</p>	<p>The Hospital VBP Program is funded by reducing participating hospitals' base operating Medicare severity MS-DRG payments by</p> <table border="1"> <thead> <tr> <th>DRG</th> <th>DRG Description</th> <th>Relative Weight</th> <th>Base Wt.</th> <th>Reimbursement</th> </tr> </thead> <tbody> <tr> <td>280</td> <td>ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC</td> <td>1.6577</td> <td>\$6,000.00</td> <td>\$9,946.20</td> </tr> <tr> <td>281</td> <td>ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC</td> <td>0.9848</td> <td>\$6,000.00</td> <td>\$5,908.80</td> </tr> <tr> <td>282</td> <td>ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC</td> <td>0.7586</td> <td>\$6,000.00</td> <td>\$4,551.60</td> </tr> </tbody> </table>	DRG	DRG Description	Relative Weight	Base Wt.	Reimbursement	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	1.6577	\$6,000.00	\$9,946.20	281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	0.9848	\$6,000.00	\$5,908.80	282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	0.7586	\$6,000.00	\$4,551.60
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