HVBP Performance Report

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Fiscal Year 2027

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Data as of: 08/25/2026

ABBEVILLE GENERAL HOSPITAL(190034)

Summary

Category	Facility	State Average	National Average
Total Performance Score	28.000000000000	31.363055555556	30.531925464452

Domain Scores

Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score
Clinical Outcomes Domain	0.000000000000	25.0%	0.000000000000
Person and Community Engagement Domain	77.000000000000	25.0%	19.250000000000
Safety Domain	15.000000000000	25.0%	3.750000000000
Efficiency and Cost Reduction Domain	20.000000000000	25.0%	5.000000000000

Payment Impact

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.0000000000%	2.0312727776%	+0.0312727776%	1.0003127278	3.6272728171

* This data was impacted by the extraordinary circumstances exception CMS granted for certain reporting requirements for Q1 and Q2 2020 data. Data from Q1 and Q2 2020 were not used in Hospital VBP calculations for FY 2027.

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Clinical Outcomes Domain

Baseline Period: 04/01/2017 - 03/31/2020 Performance Period: 04/01/2022 - 03/31/2025	Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data	
Measure Name	**Number of Eligible Discharges**	**Baseline Period Rate**	**Number of Eligible Discharges**	**Performance Period Rate**
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	19	0.024902	22	0.034812

Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2017 - 06/30/2020 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2022 - 06/30/2025	Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data	
Measure Name	**Number of Eligible Discharges**	**Baseline Period Rate**	**Number of Eligible Discharges**	**Performance Period Rate**
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	1	0.878145	7	0.885648
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	56	0.919529	19	0.878423
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	0	-	0	-
Heart Failure (HF) 30-Day Mortality Rate	100	0.874199	71	0.876467
Pneumonia (PN) 30-Day Mortality Rate	77	0.848324	59	0.825581

Baseline Period: 04/01/2017 - 03/31/2020 Performance Period: 04/01/2022 - 03/31/2025			Performance Standards and Measure Scores		
Measure Name	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	0.023322	0.017018	N/A	N/A	N/A

Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2017 - 06/30/2020 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2022 - 06/30/2025			Performance Standards and Measure Scores		
Measure Name	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	0.877824	0.893133	N/A	N/A	N/A
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	0.917395	0.932640	N/A	N/A	N/A
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	0.971149	0.980752	N/A	N/A	N/A

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Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2017 - 06/30/2020
Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2022 - 06/30/2025

Performance Standards and Measure Scores

Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Heart Failure (HF) 30-Day Mortality Rate	0.887571	0.913388	0	0	0
Pneumonia (PN) 30-Day Mortality Rate	0.844826	0.877204	0	0	0

Eligible Clinical Outcomes Measures: 2 out of 6
Unweighted Clinical Outcomes Domain Score: 0.000000000000
Weighted Clinical Outcomes Domain Score: 0.000000000000

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Person And Community Engagement Domain

Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025	Baseline Period Rate	Performance Period Rate
Communication with Nurses	84.9704%	88.4553%
Communication with Doctors	85.0522%	89.1956%
Communication about Medicines	72.7398%	72.5640%
Cleanliness and Quietness of Hospital Environment	75.6101%	81.8796%
Discharge Information	86.3733%	84.7149%
Overall Rating of Hospital	76.3808%	74.0454%

Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025			Performance Standards and Measure Scores			
HCAHPS Dimensions	**Floor**	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Dimension Score**
Communication with Nurses	51.40%	77.32%	86.30%	9	10	10
Communication with Doctors	51.59%	77.53%	86.29%	9	10	10
Communication about Medicines	35.92%	58.08%	70.11%	0	10	10
Cleanliness and Quietness of Hospital Environment	38.41%	63.37%	77.73%	9	10	10
Discharge Information	67.47%	86.02%	91.48%	0	0	0
Overall Rating of Hospital	34.52%	68.79%	83.97%	0	4	4

HCAHPS Base Score: 59
HCAHPS Consistency Score: 18
Unweighted Person and Community Engagement Domain Score: 77.000000000000
Weighted Person and Community Engagement Domain Score: 19.250000000000
HCAHPS Surveys Completed During the Baseline Period: 142
HCAHPS Surveys Completed During the Performance Period: 187

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Safety Domain

Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025	Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Healthcare Associated Infections	**Number of Observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infection Ratio (SIR)**	**Number of Observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infection Ratio (SIR)**
Catheter-Associated Urinary Tract Infection	0	0.695	-	0	0.636	-
Central Line-Associated Blood Stream Infection	0	0.618	-	0	0.556	-
Clostridium difficile Infection	4	3.413	1.172	3	2.635	1.139
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	0.198	-	0	0.157	-
SSI-Abdominal Hysterectomy	1	0.192	-	3	0.188	-
SSI-Colon Surgery	1	0.491	-	0	0.617	-
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A

Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025			Performance Standards and Measure Scores		
Healthcare Associated Infections	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Catheter-Associated Urinary Tract Infection	0.500	0.000	N/A	N/A	N/A
Central Line-Associated Blood Stream Infection	0.608	0.000	N/A	N/A	N/A
Clostridium difficile Infection	0.351	0.000	0	0	0
Methicillin-Resistant Staphylococcus aureus Bacteremia	0.650	0.000	N/A	N/A	N/A
SSI-Abdominal Hysterectomy	0.884	0.000	N/A	N/A	N/A
SSI-Colon Surgery	0.735	0.000	N/A	N/A	N/A
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A

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Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025	Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Process of Care	**Numerator**	**Denominator**	**Baseline Period Rate**	**Numerator**	**Denominator**	**Performance Period Rate**
SEP-1: Severe Sepsis and Septic Shock: Management Bundle	20	54	0.370370	24	46	0.521739

Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025	Performance Standards and Measure Scores				
Process of Care	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
SEP-1: Severe Sepsis and Septic Shock: Management Bundle	0.618251	0.860833	3	0	3

Eligible Safety Measures: 2 out of 6
Unweighted Safety Domain Score: 15.000000000000
Weighted Safety Domain Score: 3.750000000000

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Efficiency And Cost Reduction Domain

Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025	Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Efficiency Measures	**MSPB Amount (Numerator)**	**Median MSPB Amount (Denominator)**	**MSPB Measure**	**MSPB Amount (Numerator)**	**Median MSPB Amount (Denominator)**	**MSPB Measure**
Medicare Spending per Beneficiary (MSPB)	$27,764.35	$25,847.41	1.074164	$27,028.65	$26,877.57	1.025843

Baseline Period: 01/01/2023 - 12/31/2023 Performance Period: 01/01/2025 - 12/31/2025			Performance Standards and Measure Scores		
Efficiency Measures	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Medicare Spending per Beneficiary (MSPB)	1.001286	0.833709	2	0	2

Eligible Efficiency and Cost Reduction Measures: 1 out of 1
Unweighted Efficiency and Cost Reduction Domain Score: 20.000000000000
Weighted Efficiency and Cost Reduction Domain Score: 5.000000000000
Baseline Period Episodes of Care: 208
Performance Period Episodes of Care: 181

N/A indicates no data available, no data submitted, or the value was not applicable for this measure.

A dash (-) indicates that the minimums were not met for calculations, or the value was not applicable.

* Hospital VBP Ineligible indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.

* State VBP Ineligible indicates no hospital within the state received a Total Performance Score.

Calculated values were subject to rounding.

* This data was impacted by the extraordinary circumstances exception CMS granted for certain reporting requirements for Q1 and Q2 2020 data. Data from Q1 and Q2 2020 were not used in Hospital VBP calculations for FY 2027