



LEAPFROG VALUE-BASED PURCHASING PROGRAM & CUSTOM BENCHMARKING REPORTS

2026 SCORING METHODOLOGY



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OVERVIEW OF THE LEAPFROG VALUE-BASED PURCHASING PROGRAM

The Leapfrog Value-Based Purchasing (VBP) Program™ is a comprehensive hospital pay-for-performance program that creates composite scores from the measures on the Leapfrog Hospital Survey, which focuses on the most important national patient safety, quality, and resource use standards. This program allows users to benchmark hospital performance nationally, state-wide, and regionally against other hospitals and with similar characteristics, such as bed size, teaching status, type, etc. Performance can be compared by:

- [VBP Measure Scores](#)
- [VBP Domain Scores](#)
- [VBP Value Score](#)

VBP Measure Scores, VBP Domain Scores, and the VBP Value Score are used by employers, purchasers, and health plans to improve patient outcomes, inform value-based strategies, and build quality into contracts, and by hospitals for benchmarking, board and staff engagement, and to inform quality improvement efforts.

CUSTOM BENCHMARKING REPORTS

Individual hospital data and comparative data from the Leapfrog VBP Program are provided in [Custom Benchmarking Reports](#). Custom Benchmarking Reports include each hospital's VBP Measure Scores, VBP Domain Scores, and VBP Value Score, along with benchmarks and comparisons to put the scores in context. Users of the reports can benchmark hospital performance nationally, state-wide, and regionally against other hospitals and with hospitals that have similar characteristics, such as bed size, teaching status, type, etc.

SCORING OVERVIEW

Hospitals are assigned a numerical VBP Measure Score for each individual measure on the Leapfrog Hospital Survey, ranging from 0 (worst performance) to 100 (best performance). These individual VBP Measure Scores are each assigned to one of eight VBP Domains and used to calculate VBP Domain Scores and a VBP Value Score.

The eight VBP Domains include:

- **Medication Safety:** Computerized Physician Order Entry (CPOE), Bar Code Medication Administration (BCMA), and Medication Reconciliation
- **Inpatient Care:** Adult ICU Physician Staffing, Culture of Safety Leadership Structures and Systems, Culture Measurement, Feedback, and Intervention, Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, Hand Hygiene, and Safe Surgery Checklist – Inpatient
- **Patient Rights & Ethics:** Billing Ethics, Informed Consent, Never Events Policy, and Health Care Equity.
- **Infections:** Central-Line Associated Blood Stream Infections (CLABSI), Catheter-Associated Urinary Tract Infections (CAUTI), Surgical Site Infections from Colon Surgery (SSI: Colon), Methicillin-resistant *Staphylococcus Aureus* (MRSA), and *Clostridium difficile* (C.Diff)



- **Pediatric Care:** CAHPS Child Hospital Survey, Pediatric Computed Tomography (CT) Radiation Dose - Head Scans, Pediatric Computed Tomography (CT) Radiation Dose - Abdomen/Pelvis Scans, Pediatric ICU Physician Staffing, and Norwood Procedures
- **Outpatient Procedures:** Patient Recovery – Adult, Patient Recovery – Pediatric, Unplanned Visits after Colonoscopy, Safe Surgery Checklist – Outpatient, Medication and Allergy Documentation, and Patient Experience (OAS CAHPS)
- **Maternity Care:** Cesarean Birth, Episiotomy, Newborn Bilirubin Screening Prior to Discharge, Appropriate DVT Prophylaxis, and High-Risk Deliveries
- **Adult Complex Surgery:** Carotid Endarterectomy, Mitral Valve Repair and Replacement, Open Aortic Procedures, Lung Resection for Cancer, Esophageal Resection for Cancer, Pancreatic Resection for Cancer, Rectal Cancer Surgery, Bariatric Surgery for Weight Loss, Total Knee Replacement Surgery and Total Hip Replacement Surgery

UPDATES TO VBP DOMAINS AND VBP MEASURES

There are no changes to the domains or measures included in the Leapfrog Value-Based Purchasing (VBP) Program for 2026.

SCORING METHODOLOGY

The Leapfrog Hospital Survey includes process, structural, and outcome measures. Process measures assess adherence to evidence-based clinical guidelines. Structural measures assess whether hospitals have certain evidence-based structures in place to improve patient safety and quality. Outcome measures represent what happens to a patient while receiving care.

For the purpose of publicly reporting [Leapfrog Hospital Survey Results](#), performance on each measure is placed into one of four performance categories:

- Achieved the Standard (four-filled bars)
- Considerable Achievement (three-filled bars)
- Some Achievement (two-filled bars)
- Limited Achievement (one-filled bar)

However, for the purposes of the VBP Program, each measure is placed on a zero (0) to 100 numerical scale so that VBP Measure Scores can be combined into VBP Domain Scores and a VBP Value Score.

To convert the performance category for each measure to a VBP Measure Score (0-100), Leapfrog uses three different methods:

1. **Scores Assigned by Leapfrog's National Steering Committee** – VBP Measure Scores for each performance category are determined by Leapfrog's national, multi-stakeholder Steering Committee.
2. **Peer Comparison** – VBP Measure Scores for each performance category represent the percentage of other hospitals that the individual hospital scored equal to or better than, based on an analysis of all Leapfrog reporting hospitals.



3. **Continuous Scoring** - VBP Measure scores are assigned based on an analysis of the rate of performance on the measure, e.g., numerical rates. Top and bottom deciles are calculated and hospitals in the bottom decile receive a VBP Measure Score of 0. Hospitals in the top decile receive a VBP Measure Score of 100. For hospitals that fall in between the top and bottom deciles, Leapfrog applies the following calculation:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

For measures where the rate of performance across all hospitals is clustered, the **Peer Comparison Methodology** is used to ensure that all hospitals that “Achieved the Standard” receive a VBP Measure Score of 100.

For measures publicly reported as “**Did Not Measure**,” meaning the hospital did not collect data for a particular measure on the Survey, the measure receives the VBP Measure Score equivalent to “Limited Achievement” and the standard measure weight is applied to calculate the VBP Domain Score and VBP Value Score.

For measures publicly reported as “**Declined to Report**,” meaning the hospital did not submit a particular section of the Survey, the measure receives a VBP Measure Score of zero (0) and the standard measure weight is applied to calculate the VBP Domain Score and VBP Value Score.

WHEN A VBP MEASURE SCORE CANNOT BE ASSIGNED

Sometimes performance on a Leapfrog Hospital Survey measure cannot be determined. When this occurs, results are publicly reported using one of the following terms, which are each treated differently in the Leapfrog VBP Methodology.

- **Does Not Apply:** This term is used for hospitals that report not performing a particular procedure (e.g., SSI Colon), not having a particular unit (e.g., ICU), or not offering a particular service line (e.g., the facility doesn’t deliver newborns). In the Leapfrog VBP Methodology, the standard weight assigned to the measure is distributed to other applicable measures in the VBP Domain.
- **Unable to Calculate Score:** This term is used for hospitals that report a sample size that does not meet Leapfrog’s minimum reporting requirements. For the healthcare-associated infections, this term is used if NHSN was not able to calculate a standardized infection ratio for the measure (i.e., the number of predicted infections across all locations is <1) or the number of observed MRSA or CDI infections present on admission (community-onset prevalence) was above a pre-determined cut-point. For CMS measures, the term is used for hospitals that have a denominator too low to report a score. In the Leapfrog VBP Methodology, the standard weight assigned to the measure is distributed to other applicable measures in the VBP Domain.
- **Not Available:** This term is used for hospitals that did not provide an accurate CCN in the Hospital Profile, did not have CMS results for the reporting period (CMS footnote 5), or are exempt from the CMS Hospital OQR program (e.g., CMS footnote 19, Military Treatment Facilities, Prospective-Payment System Exempt cancer hospitals, etc.).



- **Pending Leapfrog Verification:** This term is used for hospitals that have Survey responses that are undergoing Leapfrog's standard verification process. In the Leapfrog VBP Methodology, the standard weight assigned to the measure is distributed to other applicable measures in the VBP Domain. However, a VBP Value Score is not calculated.

MEDICATION SAFETY DOMAIN MEASURES

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

Computerized Physician Order Entry (CPOE) measures hospitals' use and the effectiveness of CPOE systems that include electronic clinical decision support, which reduces adverse drug events.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 70
- Some Achievement receives a score of 40
- Limited Achievement receives a score of 15
- Declined to Report receives a score of 0

BAR CODE MEDICATION ADMINISTRATION (BCMA)

Bar Code Medication Administration (BCMA) measures hospitals' use of BCMA in inpatient units, including adult and pediatric medical/surgical units, ICUs, labor and delivery units, step-down/progressive units, and pre-operative and/or post-anesthesia care units which reduces medication administration errors.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 75
- Some Achievement receives a score of 50
- Limited Achievement receives a score of 25
- Declined to Report receives a score of 0

MEDICATION RECONCILIATION

Medication Reconciliation measures whether a hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process and its rate of unintentional medication discrepancies. Accurate medication reconciliation can help prevent medication errors.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 45 (hospital did as well or better than 45% of all hospitals)



- Some Achievement receives a score of 31 (hospital did as well or better than 31% of all hospitals)
- Limited Achievement receives a score of 21 (hospital did as well or better than 21% of all hospitals)
- Did Not Measure receives a score of 21 (hospital did as well or better than 21% of all hospitals)
- Declined to Report receives a score of 0

INPATIENT CARE DOMAIN MEASURES

ADULT ICU PHYSICIAN STAFFING

Adult ICU Physician Staffing measures the use of critical care-certified physicians to manage/co-manage critical care patients in adult medical and/or surgical ICUs and neuro ICUs, which significantly reduces mortality.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 50
- Some Achievement receives a score of 15
- Limited Achievement receives a score of 5
- Declined to Report receives a score of 0

CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEMS

Culture of Safety Leadership Structures and Systems measures hospitals' implementation of evidence-based practices for Culture of Safety Leadership Structures and Systems endorsed by the National Quality Forum, which reduce adverse events.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 13 (hospital did as well or better than 13% of all hospitals)
- Some Achievement receives a score of 1 (hospital did as well or better than 1% of all hospitals)
- Limited Achievement receives a score of 0 (hospital did as well or better than 0% of all hospitals)
- Declined to Report receives a score of 0

CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

Culture Measurement, Feedback, and Intervention measures hospitals' implementation of evidence-based practices for Culture Measurement, Feedback, and Intervention endorsed by the National Quality Forum, which reduce adverse events.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 7 (hospital did as well or better than 7% of all hospitals)



- Some Achievement receives a score of 1 (hospital did as well or better than 1% of all hospitals)
- Limited Achievement receives a score of 0 (hospital did as well or better than 0% of all hospitals)
- Declined to Report receives a score of 0

TOTAL NURSING CARE HOURS PER PATIENT DAY

Total nursing hours per patient day measures the total number of nursing care hours provided by registered nurses, licensed practical nurses, and unlicensed assistive personnel per patient day in adult and pediatric single or mixed acuity medical, surgical, or med-surg units.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 70
- Some Achievement receives a score of 40
- Limited Achievement receives a score of 15
- Did Not Measure receives a score of 15
- Declined to Report receives a score of 0

RN HOURS PER PATIENT DAY

RN hours per patient day measures the total number of nursing care hours provided by registered nurses per patient day in adult and pediatric single or mixed acuity medical, surgical, or med-surg units.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 70
- Some Achievement receives a score of 40
- Limited Achievement receives a score of 15
- Did Not Measure receives a score of 15
- Declined to Report receives a score of 0

HAND HYGIENE

Hand Hygiene measures hospitals' adherence to best practices for Hand Hygiene identified by Leapfrog's [National Hand Hygiene Expert Panel](#) and adopted in part from the [World Health Organization's Hand Hygiene Self-Assessment Framework](#).

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 70



- Some Achievement receives a score of 40
- Limited Achievement receives a score of 15
- Declined to Report receives a score of 0

SAFE SURGERY CHECKLIST - INPATIENT

Safe Surgery Checklist – Inpatient measures hospitals’ use of a safe surgical checklist for every inpatient procedure to reduce errors and complications that occur during surgical procedures.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 44 (hospital did as well or better than 44% of all hospitals)
- Some Achievement receives a score of 42 (hospital did as well or better than 42% of all hospitals)
- Limited Achievement receives a score of 41 (hospital did as well or better than 41% of all hospitals)
- Declined to Report receives a score of 0

PATIENT RIGHTS & ETHICS DOMAIN MEASURES

BILLING ETHICS

Billing Ethics measures whether a hospital provides every patient with complete billing information in a timely manner, gives patients instructions and access to representatives that can quickly resolve billing issues, and does not take legal action against patients for late or insufficient payment of a medical bill.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 43 (hospital did as well or better than 43% of all hospitals)
- Some Achievement receives a score of 25 (hospital did as well or better than 25% of all hospitals)
- Limited Achievement receives a score of 20 (hospital did as well or better than 20% of all hospitals)
- Declined to Report receives a score of 0

INFORMED CONSENT

Informed Consent measures if hospitals have a robust informed consent process in place so patients are fully aware of risks and alternatives prior to procedures.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 73 (hospital did as well or better than 73% of all hospitals)
- Some Achievement receives a score of 46 (hospital did as well or better than 46% of all hospitals)
- Limited Achievement receives a score of 13 (hospital did as well or better than 13% of all hospitals)



- Declined to Report receives a score of 0

NEVER EVENTS POLICY

Never Events Policy measures hospitals' commitment to nine different actions if a "never event," an adverse event that experts agree should never happen, were to occur.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 23 (hospital did as well or better than 23% of all hospitals)
- Some Achievement receives a score of 19 (hospital did as well or better than 19% of all hospitals)
- Limited Achievement receives a score of 18 (hospital did as well or better than 18% of all hospitals)
- Declined to Report receives a score of 0

HEALTH CARE EQUITY

Health Care Equity measures hospitals' commitment to identifying any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages, and whether action plans are in place to reduce those differences.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 38 (hospital did as well or better than 38% of all hospitals)
- Some Achievement receives a score of 12 (hospital did as well or better than 12% of all hospitals)
- Limited Achievement receives a score of 10 (hospital did as well or better than 10% of all hospitals)
- Declined to Report receives a score of 0

INFECTIONS DOMAIN MEASURES

CENTRAL-LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI)

Central-Line Associated Blood Stream Infections (CLABSI) in ICUs and Select Wards is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous scoring methodology](#):

- Top decile (SIR of 0.000) receives a score of 100
- Bottom decile (SIR of 1.147 or higher) receives a score of 0
- SIRs in between top and bottom deciles receive a score based on the following formula:



$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Report receives a score of 0

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

Catheter-Associated Urinary Tract Infections (CAUTI) in ICUs and Select Wards is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous scoring methodology](#):

- Top decile (SIR of 0.000) receives a score of 100
- Bottom decile (SIR of 0.958 or higher) receives a score of 0
- SIRs in between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Report receives a score of 0

SURGICAL SITE INFECTIONS FROM COLON SURGERY (SSI: COLON)

Surgical Site Infections from Colon Surgery (SSI: Colon) is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous scoring methodology](#):

- Top decile (SIR of 0.000) receives a score of 100
- Bottom decile (SIR of 1.688 or higher) receives a score of 0
- SIRs in between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Report receives a score of 0

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Facility-Wide inpatient Methicillin-Resistant Staphylococcus Aureus (MRSA) Blood Laboratory-Identified Events is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous scoring methodology](#):



- Top decile (SIR of 0.000 or lower) receives a score of 100
- Bottom decile (SIR of 1.339 or higher) receives a score of 0
- SIRs in between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Report receives a score of 0

CLOSTRIDIUM DIFFICILE INFECTION (C. DIFF.)

Facility-Wide Inpatient Clostridium Difficile Infection (C. Diff.) Laboratory-Identified Events is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous scoring methodology](#):

- Top decile (SIR of 0.000 or lower) receives a score of 100
- Bottom decile (SIR of 0.656 or higher) receives a score of 0
- SIRs in between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Report receives a score of 0

PEDIATRIC CARE DOMAIN MEASURES

CAHPS CHILD HOSPITAL SURVEY

The CAHPS Child Hospital Survey measures patient experience among children and their parents during a hospitalization.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 97 (hospital did as well or better than 97% of all hospitals)
- Some Achievement receives a score of 95 (hospital did as well or better than 95% of all hospitals)
- Limited Achievement receives a score of 94 (hospital did as well or better than 94% of all hospitals)
- Did Not Measure receives a score of 94 (hospital did as well or better than 94% of all hospitals)
- Declined to Report receives a score of 0



PEDIATRIC ICU PHYSICIAN STAFFING

Pediatric ICU Physician Staffing measures the use of critical care-certified physicians to manage/co-manage critical care patients in pediatric medical and/or surgical ICUs and neuro ICUs, which significantly reduces mortality.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 50
- Some Achievement receives a score of 15
- Limited Achievement receives a score of 5
- Declined to Report receives a score of 0

PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE - HEAD SCANS

Pediatric Computed Tomography (CT) Radiation Dose - Head Scans measures hospitals' radiation doses for routine pediatric head scans and compares those doses to national benchmarks.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 76 (hospital did as well or better than 76% of all hospitals)
- Some Achievement receives a score of 62 (hospital did as well or better than 62% of all hospitals)
- Limited Achievement receives a score of 53 (hospital did as well or better than 53% of all hospitals)
- Did Not Measure receives a score of 53 (hospital did as well or better than 53% of all hospitals)
- Declined to Report receives a score of 0

PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE - ABDOMEN/PELVIS SCANS

Pediatric Computed Tomography (CT) Radiation Dose - Abdomen/Pelvis Scans measures hospitals' radiation doses for routine pediatric abdomen and pelvis scans and compares those doses to national benchmarks.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 60 (hospital did as well or better than 60% of all hospitals)
- Some Achievement receives a score of 48 (hospital did as well or better than 48% of all hospitals)
- Limited Achievement receives a score of 43 (hospital did as well or better than 43% of all hospitals)
- Did Not Measure receives a score of 43 (hospital did as well or better than 43% of all hospitals)
- Declined to Report receives a score of 0



NORWOOD PROCEDURES

Norwood Procedures measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 99 (hospital did as well or better than 99% of all hospitals)
- Some Achievement receives a score of 98 (hospital did as well or better than 98% of all hospitals)
- Limited Achievement receives a score of 96 (hospital did as well or better than 96% of all hospitals)
- Declined to Report receives a score of 0

OUTPATIENT PROCEDURES DOMAIN MEASURES

PATIENT RECOVERY – ADULT

Patient Recovery – Adult assesses whether clinicians who have national certification in life-saving skills such as opening airways are present on-site while adult patients recover from surgery.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Limited Achievement receives a score of 34 (hospital did as well or better than 34% of all hospitals)
- Declined to Report receives a score of 0

PATIENT RECOVERY – PEDIATRIC

Patient Recovery – Pediatric assesses whether clinicians who have national certification in life-saving skills such as opening airways are present on-site while pediatric patients recover from surgery.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Limited Achievement receives a score of 38 (hospital did as well or better than 38% of all hospitals)
- Declined to Report receives a score of 0



UNPLANNED VISITS AFTER COLONOSCOPY

Unplanned Visits After Colonoscopy measures the adjusted rate of unplanned hospital visits from complications following a colonoscopy procedure.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Some Achievement receives a score of 84 (hospital did as well or better than 84% of all hospitals)
- Limited Achievement receives a score of 63 (hospital did as well or better than 63% of all hospitals)
- Declined to Report receives a score of 0

SAFE SURGERY CHECKLIST – OUTPATIENT

Safe Surgery Checklist – Outpatient measures hospitals' use of a safe surgical checklist for every outpatient procedure to reduce errors and complications that occur during surgical procedures.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 44 (hospital did as well or better than 44% of all hospitals)
- Some Achievement receives a score of 41 (hospital did as well or better than 41% of all hospitals)
- Limited Achievement receives a score of 40 (hospital did as well or better than 40% of all hospitals)
- Declined to Report receives a score of 0

MEDICATION AND ALLERGY DOCUMENTATION

Medication and Allergy Documentation assesses whether clinicians document all medications and allergies to reduce medication errors and adverse drug events.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 64 (hospital did as well or better than 64% of all hospitals)
- Some Achievement receives a score of 52 (hospital did as well or better than 52% of all hospitals)
- Limited Achievement receives a score of 47 (hospital did as well or better than 47% of all hospitals)
- Did Not Measure receives a score of 47 (hospital did as well or better than 47% of all hospitals)
- Declined to Report receives a score of 0



PATIENT EXPERIENCE (OAS CAHPS)

Patient Experience (OAS CAHPS) measures adult patients' experience at a hospital or hospital outpatient department during an outpatient procedure.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 94 (hospital did as well or better than 94% of all hospitals)
- Some Achievement receives a score of 86 (hospital did as well or better than 86% of all hospitals)
- Limited Achievement receives a score of 74 (hospital did as well or better than 74% of all hospitals)
- Did Not Measure receives a score of 74 (hospital did as well or better than 74% of all hospitals)
- Declined to Report receives a score of 0

MATERNITY CARE DOMAIN MEASURES

CESAREAN BIRTH

Cesarean Birth measures the rate of first-time mothers who had a C-section when delivering a single newborn who was full term and in the vertex position, which can carry risks to both babies and mothers.

VBP Measure Scores are assigned using a hospital's Cesarean Birth rate and the [continuous scoring methodology](#):

- Top decile (rate of 18.0% or lower) receives a score of 100
- Bottom decile (rate of 32.7% or higher) receives a score of 0
- Rates in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Report receives a score of 0

EPISIOTOMY

Episiotomy measures the rate of episiotomy in vaginal deliveries, which can cause long-term complications among mothers.

VBP Measure Scores are assigned using a hospital's episiotomy rate and the [continuous scoring methodology](#):

- Top decile (rate of 0.40% or lower) receives a score of 100
- Bottom decile (rate of 5.10% or higher) receives a score of 0
- Rates in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$



- Declined to Report receives a score of 0

NEWBORN BILIRUBIN SCREENING PRIOR TO DISCHARGE

Newborn Bilirubin Screening Prior to Discharge measures hospitals' adherence to a national guideline that calls for screening newborns for jaundice prior to discharge to reduce the risk of serious complications such as brain damage.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Limited Achievement receives a score of 4 (hospital did as well or better than 4% of all hospitals)
- Did Not Measure receives a score of 4 (hospital did as well or better than 4% of all hospitals)
- Declined to Report receives a score of 0

APPROPRIATE DVT PROPHYLAXIS

Appropriate DVT Prophylaxis measures hospitals adherence to a national guideline that calls for the administration of treatment to prevent blood clots in women undergoing cesarean sections.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Limited Achievement receives a score of 15 (hospital did as well or better than 15% of all hospitals)
- Did Not Measure receives a score of 15 (hospital did as well or better than 15% of all hospitals)
- Declined to Report receives a score of 0

HIGH-RISK DELIVERIES

High-Risk Deliveries measures the volume of or outcomes from very-low-birth-weight deliveries at hospitals with neonatal intensive care units (NICUs).

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 81 (hospital did as well or better than 81% of all hospitals)
- Some Achievement receives a score of 28 (hospital did as well or better than 28% of all hospitals)
- Limited Achievement receives a score of 15 (hospital did as well or better than 15% of all hospitals)
- Declined to Report receives a score of 0



ADULT COMPLEX SURGERY DOMAIN MEASURES

CAROTID ENDARTERECTOMY

Carotid Endarterectomy measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 87 (hospital did as well or better than 87% of all hospitals)
- Some Achievement receives a score of 70 (hospital did as well or better than 70% of all hospitals)
- Limited Achievement receives a score of 62 (hospital did as well or better than 62% of all hospitals)
- Declined to Report receives a score of 0

MITRAL VALVE REPAIR AND REPLACEMENT

Mitral Valve Repair and Replacement measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes. In addition, it measures hospitals' participation in a national clinical registry and their reported outcomes on the procedure.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 87 (hospital did as well or better than 87% of all hospitals)
- Some Achievement receives a score of 82 (hospital did as well or better than 82% of all hospitals)
- Limited Achievement receives a score of 69 (hospital did as well or better than 69% of all hospitals)
- Declined to Report receives a score of 0

OPEN AORTIC PROCEDURES

Open Aortic Procedures measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 89 (hospital did as well or better than 89% of all hospitals)
- Some Achievement receives a score of 73 (hospital did as well or better than 73% of all hospitals)
- Limited Achievement receives a score of 68 (hospital did as well or better than 68% of all hospitals)



- Declined to Report receives a score of 0

LUNG RESECTION FOR CANCER

Lung Resection for Cancer measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 93 (hospital did as well or better than 93% of all hospitals)
- Some Achievement receives a score of 83 (hospital did as well or better than 83% of all hospitals)
- Limited Achievement receives a score of 75 (hospital did as well or better than 75% of all hospitals)
- Declined to Report receives a score of 0

ESOPHAGEAL RESECTION FOR CANCER

Esophageal Resection for Cancer measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 98 (hospital did as well or better than 98% of all hospitals)
- Some Achievement receives a score of 96 (hospital did as well or better than 96% of all hospitals)
- Limited Achievement receives a score of 89 (hospital did as well or better than 89% of all hospitals)
- Declined to Report receives a score of 0

PANCREATIC RESECTION FOR CANCER

Pancreatic Resection for Cancer measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 95 (hospital did as well or better than 95% of all hospitals)
- Some Achievement receives a score of 88 (hospital did as well or better than 88% of all hospitals)
- Limited Achievement receives a score of 82 (hospital did as well or better than 82% of all hospitals)
- Declined to Report receives a score of 0



RECTAL CANCER SURGERY

Rectal Cancer Surgery measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 93 (hospital did as well or better than 93% of all hospitals)
- Some Achievement receives a score of 84 (hospital did as well or better than 84% of all hospitals)
- Limited Achievement receives a score of 74 (hospital did as well or better than 74% of all hospitals)
- Declined to Report receives a score of 0

BARIATRIC SURGERY FOR WEIGHT LOSS

Bariatric Surgery for Weight Loss measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 81 (hospital did as well or better than 81% of all hospitals)
- Some Achievement receives a score of 72 (hospital did as well or better than 72% of all hospitals)
- Limited Achievement receives a score of 61 (hospital did as well or better than 61% of all hospitals)
- Declined to Report receives a score of 0

TOTAL HIP REPLACEMENT SURGERY

Total Hip Replacement Surgery measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 81 (hospital did as well or better than 81% of all hospitals)
- Some Achievement receives a score of 54 (hospital did as well or better than 54% of all hospitals)
- Limited Achievement receives a score of 47 (hospital did as well or better than 47% of all hospitals)
- Declined to Report receives a score of 0



TOTAL KNEE REPLACEMENT SURGERY

Total Knee Replacement Surgery measures whether hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 79 (hospital did as well or better than 79% of all hospitals)
- Some Achievement receives a score of 50 (hospital did as well or better than 50% of all hospitals)
- Limited Achievement receives a score of 45 (hospital did as well or better than 45% of all hospitals)
- Declined to Report receives a score of 0

VBP DOMAIN SCORES

To provide employers, purchasers, health plans, and hospitals opportunities for benchmarking, ranking, and comparisons, Leapfrog calculates VBP Domain Scores which provide summary level performance scores across eight domains: Medication Safety, Patient Rights & Ethics, Inpatient Care, Infections, Outpatient Procedures, Maternity Care, Pediatric Care, and Adult Complex Surgery.

VBP Domain Scores are calculated for each domain based on the VBP Measure Scores and relative measure weights (See [Appendix I](#) and [Appendix II](#)) of the measures within the domain using the following formula:

$$\text{VBP Domain Score} = \frac{(\text{VBP Measure 1 Score} * \text{VBP Measure 1 Weight}) + (\text{VBP Measure 2 Score} * \text{VBP Measures 2 Weight}) + \dots}{\text{VBP Domain Weight}}$$

If VBP Measure Scores are missing for all measures within a domain (i.e., the hospital does not offer maternity care), a VBP Domain Score is not calculated and the weight from that domain is redistributed to the other domains.

VBP VALUE SCORE

Leapfrog also calculates a VBP Value Score which summarizes performance on up to 45 national measures of safety, quality, and efficiency from the Leapfrog Hospital Survey.

The VBP Value Score is calculated as the sum of the weighted (see [Appendix I](#) and [Appendix II](#)) VBP Measure Scores for all available measures using the following formula:

$$\text{VBP Value Score} = (\text{CPOE VBP Measure Score} * \text{CPOE VBP Measure Weight}) + (\text{BCMA VBP Measure Score} * \text{BCMA VBP Measure Weight}) + \dots + (\text{Total Knee Replacement Surgery VBP Measure Score} * \text{Total Knee Replacement Surgery VBP Measure Weight})$$



WHEN A VBP VALUE SCORE CANNOT BE CALCULATED

Leapfrog cannot calculate a VBP Value Score for hospitals that are missing a [VBP Domain Score](#) in four or more of the domains.

In addition, Leapfrog does not calculate a VBP Value Score for any hospital with one or more measures that are publicly reported as "[Pending Leapfrog Verification](#)."



APPENDIX I: 2026 STANDARD MEASURE AND DOMAIN WEIGHTS

The 2026 weight factors, VBP Domain Weights, and VBP Measure Weights (assuming all domains and weights are applicable) are displayed in the table below. Weights and weight factors are determined using the Weighting Methodology outlined in [Appendix II](#).

Domain	Measures	Volume Weight Factor	Harm Weight Factor	Resource Use Weight Factor	Weight Factor (Total)	VBP Domain Weight	VBP Measure Weight
Medication Safety	CPOE	3	3	3	9	14%	5.25%
	BCMA	3	3	3	9		5.25%
	Medication Reconciliation	2	2	2	6		3.50%
Inpatient Care	Adult ICU Physician Staffing	2	3	2	7	16%	2.87%
	NQF Safe Practice #1	3	1	1	5		2.05%
	NQF Safe Practice #2	3	1	1	5		2.05%
	Total Nursing Care Hours	2	2	2	6		2.46%
	RN Hours	2	2	2	6		2.46%
	Hand Hygiene	3	1	1	5		2.05%
	Safe Surgery Checklist - Inpatient	1	2	2	5		2.05%
Patient Rights & Ethics	Billing Ethics	3	1	1	5	8%	2.22%
	Informed Consent	2	2	1	5		2.22%
	Never Events	1	1	1	3		1.33%
	Health Equity	2	1	2	5		2.22%
Infections	CLABSI	2	3	3	8	18%	4.00%
	CAUTI	2	3	2	7		3.50%
	SSI Colon	1	2	2	5		2.50%
	MRSA	2	3	3	8		4.00%
	C. Diff.	2	3	3	8		4.00%
Pediatric Care	CAHPS Child Survey	2	1	1	4	10%	1.67%
	CT Dose Head	1	2	1	4		1.67%
	CT Dose Abdomen/Pelvis	1	2	1	4		1.67%
	Norwood Procedures	1	2	2	5		2.08%
	Pediatric ICU Physician Staffing	2	3	2	7		2.92%
Outpatient Procedures	Patient Recovery - Adult	2	2	1	5	10%	1.72%
	Patient Recovery - Pediatric	2	2	1	5		1.72%
	Unplanned Visits after Colonoscopy	1	2	2	5		1.72%
	Safe Surgery Checklist - Outpatient	2	2	2	6		2.07%
	Medication and Allergy Doc	2	1	1	4		1.38%
	Patient Experience (OAS CAHPS)	2	1	1	4		1.38%
Maternity Care	Cesarean Birth	1	2	3	6	12%	2.77%
	Episiotomy	1	2	2	5		2.31%
	Bilirubin Screening	1	2	2	5		2.31%
	DVT Prophylaxis	1	3	1	5		2.31%
	High-Risk Deliveries	1	2	2	5		2.31%
Adult Complex Surgery	Carotid Endarterectomy	1	2	2	5	12%	1.20%
	Mitral Valve Repair and Repl.	1	2	2	5		1.20%
	Open Aortic Procedures	1	2	2	5		1.20%
	Lung Resection for Cancer	1	2	2	5		1.20%
	Esophageal Resection for Cancer	1	2	2	5		1.20%
	Pancreatic Resection for Cancer	1	2	2	5		1.20%
	Rectal Cancer Surgery	1	2	2	5		1.20%
	Bariatric Surgery for Weight Loss	1	2	2	5		1.20%
	Total Hip Replacement	1	2	2	5		1.20%
	Total Knee Replacement	1	2	2	5		1.20%



APPENDIX II: WEIGHTING METHODOLOGY

Each measure included in the Leapfrog VBP Program is assigned to one of eight (8) domains, which are each weighted based on recommendations from Leapfrog’s national, multi-stakeholder Steering Committee (see [Appendix I](#)). If all VBP Measure Scores within a domain are missing, the weight from that domain is redistributed to the other domains.

Each measure included in the Leapfrog VBP Program is also assigned a standard weight based on three criteria:

1. [Volume](#) - the number of patients impacted by the measure
2. [Harm](#) – the severity of harm being measured or resulting from hospitals not adhering to the clinical guidelines being measured
3. [Resource Use](#) – the avoidance of costly health events related to the measure

The three criteria, along with the overall VBP Domain Weight, are combined in the following way to result in a VBP Measure Weight:

$$\text{VBP Domain Weight} \times \frac{\text{Volume Weight Factor} + \text{Harm Weight Factor} + \text{Resource Use Weight Factor}}{\text{Sum of Weight Factors for Available Measures in VBP Domain}}$$

If a VBP Measure Score is not available for one or more measures within a domain (e.g., measures that are publicly reported as “Does Not Apply,” “Unable to Calculate Score,” or “Pending Leapfrog Verification”) then the weight for that measure is redistributed to the other measures within that domain using the formula noted above.

See [Appendix I](#) for a list of 2026 weight factors and standard VBP Domain Weights and VBP Measure Weights.

VOLUME WEIGHT FACTOR

Measures that affect larger populations of patients are weighted more heavily than those for smaller populations.

- 3= Measure assesses outcomes, processes, or structures that potentially benefit most patients (e.g. applies to the whole inpatient or outpatient hospital setting)
- 2= Measure assesses outcomes, processes, or structures that apply to a hospital department or large population in the hospital, or the measure assesses a topic that may apply throughout the hospital but only a subset of the population is assessed by the measure
- 1= Measure only applies to relatively small populations or rare occurrences

HARM WEIGHT FACTOR

Measures that protect patients against more severe harm are weighted more heavily than those that do not directly address patient harm.

- 3= Measure assesses or directly prevents mortality or severe physical injury
- 2= Measures of patient harm not including mortality or severe physical injury, or that assess aspects of care that are meant to help avoid mortality or severe physical injury but either (a) do not assess harm



directly or (b) for which assessment is optional/not universally applicable to those reporting on the measure

- 1= Measure does not directly assess patient harm

RESOURCE USE WEIGHT FACTOR

Measures that correlate with cost avoidance are weighted more heavily than those that do not.

- 3= Measures that have significant resource use implications, either because they assess procedures or health events directly connected to resource use,¹ or they assess structures/systems intended to avoid costly health events.²
- 2= Measures that have moderate or indirect resource use implications.³
- 1= Measures that have minimal resource use implications, either because they assess policies or procedures with no direct connection to resource use,⁴ or they assess processes that are part of larger care episodes for which resource use is dependent on multiple processes within the episode.⁵

¹ Examples: Cesarean Birth, CLABSI

² Example: CPOE

³ Example: Episiotomy

⁴ Example: Never Events Policy

⁵ Example: DVT Prophylaxis



APPENDIX III: CUSTOM BENCHMARKING REPORTS

BACKGROUND

Individual hospital data and comparative data from the Leapfrog VBP Program are provided in [Custom Benchmarking Reports](#). Custom Benchmarking Reports include each hospital's VBP Measure Scores, VBP Domain Scores, and VBP Value Score, along with benchmarks and comparisons to put the scores in context. Users of the reports can benchmark hospital performance nationally, state-wide, and regionally against other hospitals and with hospitals that have similar characteristics, such as bed size, teaching status, type, etc.

TYPES OF REPORTS

All hospitals that complete a Survey by the June 30 Submission Deadline are eligible to receive a Free Basic Summary Report with their VBP Domain Scores and VBP Value Score. Free Summary Reports are e-mailed to all hospital CEOs and primary Survey contacts in September/October.

Premium [Custom Benchmarking Reports](#) are available for hospitals and health systems that are interested in using their Leapfrog Hospital Survey Results for targeted quality improvement and for engaging with their hospital leadership and staff. These reports provide detailed performance information and compare critical aspects of a hospital's care to the care at other participating hospitals.

Premium Plus [Custom Benchmarking Reports](#) include a tailored analysis delivered via an executive report and live review session with a Leapfrog expert, in addition to the delivery of the Premium Report.

PREMIUM REPORT

The Premium Report includes individualized benchmarking and trending data:

- Your hospital's VBP Value Score compared to national and state benchmarks
- Your hospital's VBP Value Score compared to custom cohort (e.g., bed size cohort, hospital type cohort, region cohort, etc.) benchmarks
- Your hospital's VBP Domain Scores compared to national and state benchmarks
- Your hospital's VBP Domain Scores compared to custom cohort (e.g., bed size cohort, hospital type cohort, region cohort, etc.) benchmarks
- Your hospital's VBP Measure Scores compared to national and state benchmarks
- Your hospital's VBP Measure Scores compared to custom cohort (e.g., bed size cohort, hospital type cohort, region cohort, etc.) benchmarks
- Your hospital's 2026 VBP Measure Scores compared to VBP Measure Scores from 2025



STATE AND CUSTOM COHORT AVAILABILITY

MINIMUM SAMPLE SIZE REQUIREMENTS FOR STATES AND CUSTOM COHORTS

State and other custom cohorts must be at least 7 reporting hospitals.

INFORMATION PROVIDED

YOUR HOSPITAL'S VALUE SCORE PAGE

Displays your hospital's VBP Value Score and benchmarks (national, state, and custom cohort,) on a **lollipop chart** — a visualization that uses a line topped with a circular marker (resembling a lollipop) to highlight key data points. In this case, the chart displays the cohort's bottom quartile (red), median (yellow), and top quartile (green) scores, with your hospital's score provided for direct comparison. A succinct summary of how your hospital's Value Score compares to the National Cohort, State Cohort, and a Custom Cohort is also provided. VBP Value Scores are rounded to the nearest whole number.

Note: Some hospitals may not receive a VBP Value Score if they are missing too much data or if they have any measures that are publicly reported as "Pending Leapfrog Verification."

DOMAIN SCORES PAGE(S)

In addition to the overall Value Score, results are also displayed across **eight individual Domains**. Each Domain is presented with its own **lollipop chart**. For every Domain, the chart highlights the bottom quartile (red), median (yellow), and top quartile (green) scores, with your hospital's score provided. This breakdown allows you to see how your hospital performs within each specific area, making it easier to identify strengths and opportunities for improvement. VBP Domain Scores are rounded for display purposes only. Note: For children's hospitals, some domains may not appear in this report if the hospital indicated that they are not applicable.

MEASURE SCORES PAGE(S)

Displays the VBP Measure Scores and benchmarks (national, state, and custom cohort), as well as the VBP Measure Weights and VBP Domain Weights. VBP Measure Scores, VBP Measure Weights, and VBP Domain Weights are rounded for display purposes only. Note: For children's hospitals, some domains may not appear in this report if the hospital indicated that they are not applicable.

PERFORMANCE TRENDS PAGE(S)

Current VBP Measure Scores are shown compared to VBP Measures Scores from the previous year.

Note: Comparisons are not made for measures that are new to the Leapfrog Hospital Survey or for measures that had a significant change to their specifications and/or scoring.



APPENDIX I: NATIONAL DISTRIBUTION OF VALUE SCORES AND DECILES

Displays the VBP Value Score along with national, state, and custom cohort benchmarks (medians). The VBP Value Score is also displayed as a histogram curve of all the VBP Value Scores in the nation, with the hospital's VBP Value Score and national benchmarks indicated on the curve. VBP Value Scores are rounded to the nearest whole number.

A national decile ranking is also shown. Decile thresholds are calculated using unrounded VBP Value Scores for all hospitals receiving a VBP Value Score nationally and then are rounded based on standard rounding rules (deciles $\geq .50$ rounded up, $< .50$ rounded down).

Note: Some hospitals may not receive a VBP Value Score if they are missing too much data or if they have any measures that are publicly reported as "Pending Leapfrog Verification."