

**Reference #:** 2021-40-IP

**From:** Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

**Sent:** April 12, 2021

**To:** IQR and HVBP Recipient List

**Subject:** CMS Releases FY 2022 Hospital VBP Mortality and Complication Measure HSRs

The hospital-specific reports (HSRs) for the fiscal year (FY) 2022 Hospital Value-Based Purchasing (VBP) Program review and correction period will be delivered **no later than Tuesday, April 13, 2021**. The following measures are included in the reports:

- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following:
  - Acute Myocardial Infarction (AMI) Hospitalization
  - Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
  - Coronary Artery Bypass Graft (CABG) Surgery
  - Heart Failure (HF) Hospitalization
  - Pneumonia (PN) Hospitalization
- Hospital 90-Day, Risk-Standardized Complication Rate (RSCR) Following:
  - Primary Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

**Updated Performance Period Due to COVID-19 Exception**

Calculations of these mortality and complication measure results in the HSRs are based on the Centers for Medicare & Medicaid Services (CMS) fee-for-service (FFS) claims discharges from the following FY 2022 performance periods:

<b>Measure</b>	<b>Updated Performance Period*</b>	<b>Updated Discharge Period*</b>
Hospital 30-Day, All-Cause, RSMR Following: <ul style="list-style-type: none"><li>• AMI Hospitalization</li><li>• COPD Hospitalization</li><li>• CABG Surgery</li><li>• HF Hospitalization</li></ul>	Jul. 1, 2017–Dec. 31, 2019	Jul. 1, 2017–Dec. 1, 2019
Hospital 30-Day, All-Cause, RSMR Following: <ul style="list-style-type: none"><li>• PN Hospitalization</li></ul>	Sep. 1, 2017–Dec. 31, 2019	Sep. 1, 2017–Dec. 1, 2019
Hospital 90-Day, RSCR Following: <ul style="list-style-type: none"><li>• Primary Elective THA and/or TKA</li></ul>	Apr. 1, 2017–Dec. 31, 2019	Apr. 1, 2017–Oct. 2, 2019

(\* ) These performance periods are impacted by the Extraordinary Circumstance Exception (ECE) granted by CMS on March 22, 2020 (see CMS press release available at <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>; CMS memorandum available at <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>, and updated in the August 25, 2020 COVID-19 Interim Final Rule with Comment Period (85 FR 54820).

The discharge period in this HSR has been updated to reflect this policy. The AMI, COPD, HF, PN, and CABG measures identify deaths within 30 days of each index stay and the THA/TKA measure identifies complications within 90 days of each index stay: therefore, the performance periods for the mortality measures and the complication measure end 30 days, and 90 days, respectively before January 1, 2020 so that no claims from Q1 and Q2 2020 are used in the measures calculations.

Hospitals do not need to request an ECE for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020. If a hospital believes that their performance continues to be adversely impacted by this extraordinary circumstance beyond June 30, 2020, they can submit an individual extraordinary circumstance exception (ECE) request to CMS for the Hospital VBP Program within 90 days of the date of the extraordinary circumstance. At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested due to operational timelines and constraints. A granted individual ECE in the Hospital VBP Program would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted. An excluded hospital will not incur the 2 percent reduction in payments, but it would also not receive incentive payments for the fiscal year. Additional information regarding ECE requests for the Hospital VBP Program can be accessed on [QualityNet](#).

### **Accessing the HSR**

CMS will distribute the HSRs through CMS Managed File Transfer (MFT) no later than Tuesday, April 13, 2021. HSRs will be provided to users at a hospital that have approved **Auto-Route (IQR)** and **Managed File Transfer** permissions associated with their Hospital Quality Reporting (HQR) profile. If you are not a Security Administrator/Official for your hospital or you have not recently taken action to request these permissions on your account, you **will not** have the permissions on your profile required to receive an HSR. Reference the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification for instructions to request these permissions or to confirm these permissions are active on your profile.

When your MFT mailbox receives your hospital's report, a notification will be sent to the email address associated with your HCQIS Access Roles and Profile (HARP) account. At that point, please follow the steps below to access your HSR in your MFT mailbox:

1. Navigate to the CMS Managed File Transfer page at <https://qnetmft.cms.gov/mft-signin/login>.
2. Enter your HARP User ID and Password. Select the **I agree to the Terms and Conditions** checkbox. Then, select **Sign In**.
3. You will be directed to the Two-Factor Authorization page. A preview of the device or email that will be sent a code will be displayed. Select **Send Code**. After selection, the Send Code button will update to **Sent**.
4. After receipt of the code via your device or email, enter the code. Then, select **Verify**.
5. Upon successful login, you will be directed to the MFT dashboard. Select **Mail** on the left-navigation pane to expand the mailbox.
6. Select **Inbox** under the expanded **Mail** options.
7. This HSR will have a subject of AutoRoute – Package 999999\_FY2022\_HVBP\_HSR with your hospital's six-digit CMS Certification Number (CCN) replacing 999999. Open the message containing the HSR by clicking on that line.
8. Download the HSR by selecting the file in the **Attachments** section of the message.

HSRs will be available in your MFT mailbox for thirty (30) days after delivery.

If, after April 13, you have not received an email notifying you of the report delivery and you believe your profile has the appropriate permissions, follow the instructions above to check if the report was delivered. If the report was not delivered, confirm that your profile has the permissions required to receive the report, as detailed above.

- If your profile did not have active Auto-Route (IQR) and MFT permissions prior to April 12, you may request these permissions now by following the instructions detailed in the previously mentioned *QualityNet* news article. Your hospital's Security Administrator/Official will review your requested permissions. Once you have been granted the proper permissions you will have access to any future report deliveries via MFT; however, this report will not be available unless a request to resend the report is submitted.
- If your profile did have active Auto-Route (IQR) and MFT permissions prior to April 12 and you did not receive your report, please contact the *QualityNet* Help Desk for further assistance at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

Requests to resend the report can be submitted through the Questions and Answers tool on [QualityNet](#):

- When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select **Request for HVBP hospital-specific reports** from the HVBP Mortality & Complication topic drop-down menu.
- In the subject line, type **Request to Resend FY 2022 Hospital VBP Program Mortality and Complication Measures HSR**. Please describe your question in the text box and include your hospital's CCN.

If you experience issues accessing your HSR from MFT or issues requesting and reviewing your HQR profile permissions, contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or by phone at (866) 288-8912.

### **Review and Correction Period Requests**

CMS is providing HSRs for the Hospital VBP Program mortality and complication measures review and correction period that begins Wednesday, April 14, 2021, and ends at 11:59 p.m. Pacific Time (PT) on Thursday, May 13, 2021. This review and corrections process does **not** allow hospitals to submit additional corrections related to the underlying claims data or add new claims to the data extract used to calculate the rates. The HSRs are designed to provide hospitals the opportunity to review measure results, check discharge data used in the calculation of the claims-based measures and replicate their results. Discrepancies or concerns regarding the claims or results included in the HSRs must be reported during the review and correction period (Wednesday, April 14, 2021– Thursday, May 13, 2021 at 11:59 p.m. PT) to be considered by CMS. Any requests for the adjustment of claims, measure results, measure scores, or notation of those measure results **will not be considered if the request is submitted after Thursday, May 13, 2021**.

Review and correction period requests can be submitted through the Questions and Answers tool on [QualityNet](#). When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select **Review & correction request** from the HVBP Mortality & Complication topic drop-down menu. In the subject line, type **FY 2022 Hospital VBP Program**

**Mortality and Complication Measures HSR Review and Correction Request.** In the please describe your question text box, include your hospital’s CCN and your question or request for correction.

**Note:** Do not email HSR files or their contents. HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

### Available Resources

To enable providers to replicate the results in their HSRs, CMS provides hospitals with their individual risk factors and risk-factor coefficients in the discharge-level worksheets of the file for the measures. CMS also provides a supplemental HSR user guide to help users understand the data in the HSRs. This includes descriptions of the data tables in the HSR and the discharge level-data worksheets and step-by-step instructions for replicating the measure rates.

Additional information regarding the mortality and complication measures methodology and calculations are available on the [QualityNet Hospital Inpatient Measures Page](#). On this page, the information can be accessed by selecting [Mortality Measures](#) or [Complication Measure Learn More](#) links.

### Educational Webinar and Tutorial Video

On **Thursday, April 22, 2021, at 2 p.m. Eastern Time (ET)**, CMS will host an educational webinar: *Reviewing Your FY 2022 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Report*. The webinar will provide an overview of the HSRs for the mortality and complication measures used in the FY 2022 Hospital VBP Program. This includes a summary of the new CABG mortality measure methodology, measure calculations, steps to access and navigate the HSR, and instructions for submitting a review and correction request. You may register for the webinar [here](#). The presentation slides and recording will be available after the presentation on the [Hospital VBP Archived Events](#) page of [QualityReportingCenter.com](#).

This short [video](#) provides instruction on navigating and understanding each field of the HSR and will help hospitals understand the measures on which they are being evaluated, track their outcomes, and further their quality improvement efforts.

### Contacts for Questions

Questions regarding the measures, HSRs, and the Hospital VBP Program can be submitted through the Questions and Answers tool on [QualityNet](#). Please include your hospital’s six-digit CCN for all questions and utilize the following associated program and topic selections when submitting your questions through the tool:

Question Topic	Program Selection	Topic Selection
Mortality measure methodology	Inpatient Claims-Based Measures	Mortality > Understanding measure methodology
Complication measure methodology	Inpatient Claims-Based Measures	Complication > Understanding measure methodology

Data or calculations in the HSR	Inpatient Claims-Based Measures	HVBP Mortality & Complication > Question about results
Review and correction request	Inpatient Claims-Based Measures	HVBP Mortality & Complication > Review & correction request
Request to resend an HSR	Inpatient Claims-Based Measures	HVBP Mortality & Complication > Request for HVBP hospital-specific reports
Hospital VBP Program, COVID-19 Exception, and Individual ECE Requests	HVBP – Hospital Value Based Purchasing	General information (HVBP)

If you experience issues accessing your HSR from MFT or requesting and reviewing your HARP permissions, contact the *QualityNet* Help Desk at [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org) or by phone at (866) 288-8912.

**Please do not respond directly to this email.** For further assistance regarding the information contained in this message, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team by submitting a question through the [Questions and Answers tool](#) on *QualityNet* or by calling (844) 472-4477.