

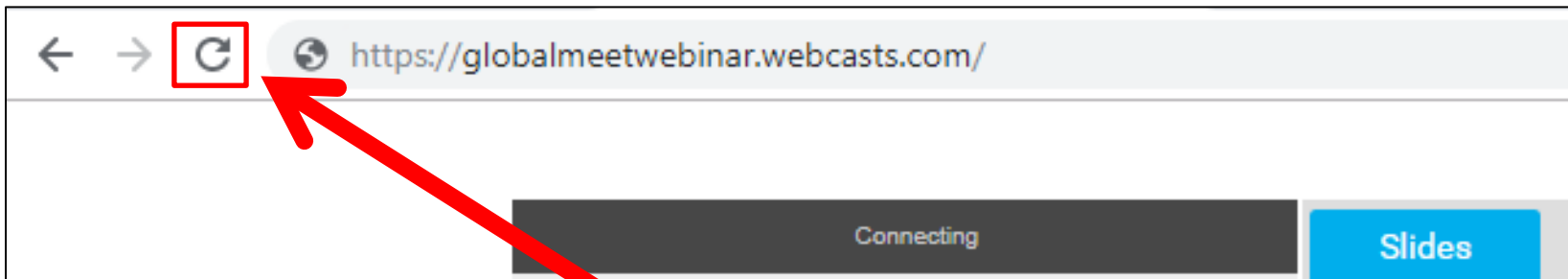
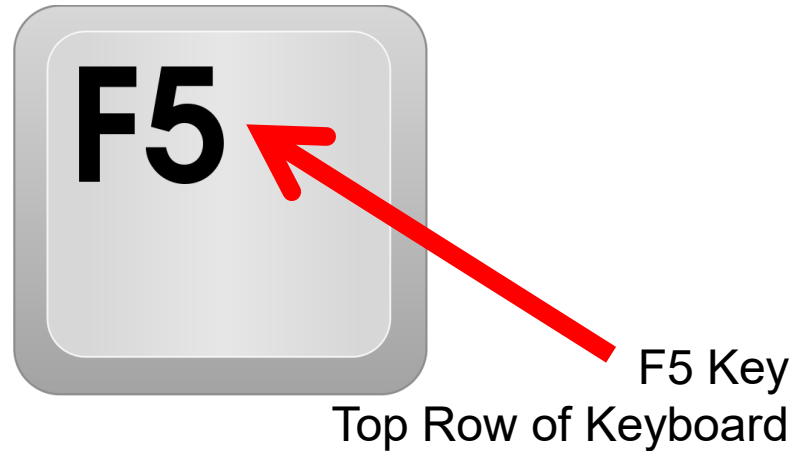
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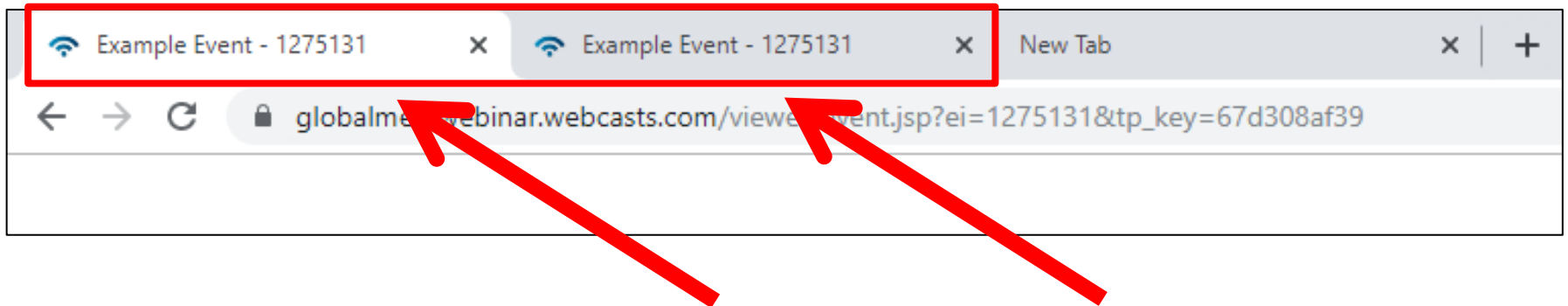
Troubleshooting Audio

Audio from computer speakers breaking up?
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Click Refresh or press F5.



Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



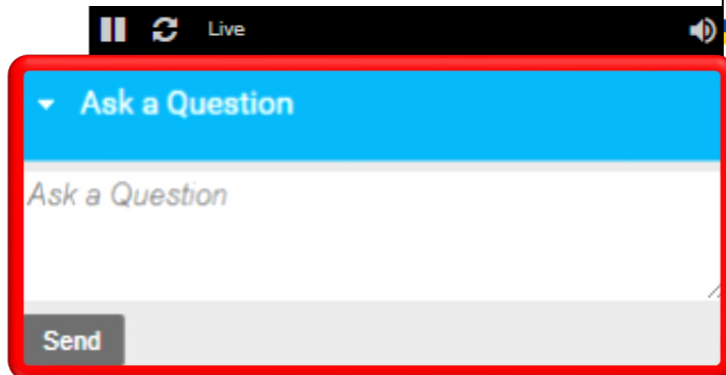
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the Ask a Question section, on the left side of your screen.



Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



Where's My Report?

Everything You Want to Know
About the FY 2023 Hospital VBP Program
Percentage Payment Summary Report



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December 21, 2022

Purpose

This event will provide an overview of the fiscal year (FY) 2023 Hospital VBP Program Percentage Payment Summary Report (PPSR) and include a discussion of the following:

- Report background
- Hospital eligibility
- Report download
- Measures and domains
- Scoring methodology
- Location of the report
- Data within the reports

Objectives

Participants will be able to:

- Identify the way hospitals will be evaluated within each domain and measure.
- Recall the Hospital VBP Program eligibility requirements.
- Interpret the Hospital VBP Program's new scoring methodology that was established due to the COVID-19 Public Health Emergency (PHE).

Acronyms

AMI	acute myocardial infarction	HSR	Hospital-Specific Report
CABG	coronary artery bypass graft	IPPS	inpatient prospective payment system
CAUTI	Catheter-associated Urinary Tract Infection	IQR	Inpatient Quality Reporting
CCN	CMS Certification Number	MORT	mortality
CDI	<i>Clostridium difficile</i> Infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia
CEO	chief executive officer	MS DRG	Medicare Severity Diagnosis Related Group
CLABSI	Central Line-associated Bloodstream Infection	MSPB	Medicare Spending per Beneficiary
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
COMP	complications	PCH	PPS-Exempt Cancer Hospital
COPD	chronic obstructive pulmonary disease	PHE	Public Health Emergency
FY	fiscal year	PN	pneumonia
HAI	healthcare-associated infection	PPSR	Prospective Payment Summary Report
HARP	HCQIS Access Roles and Profile	SSI	Surgical Site Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	THA/ TKA	Total Hip Arthroplasty/ Total Knee Arthroplasty
HCQIS	Health Care Quality Information Systems	TPS	Total Performance Score
HF	heart failure	VBP	value-based purchasing
HQR	Hospital Quality Reporting	VIQR	Value, Incentives, and Quality Reporting


Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Background


Foundation




Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program.




When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital Inpatient Quality Reporting (IQR) Program.



CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted for at least one year.



The Hospital VBP Program ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided.



The Hospital VBP Program is funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments.

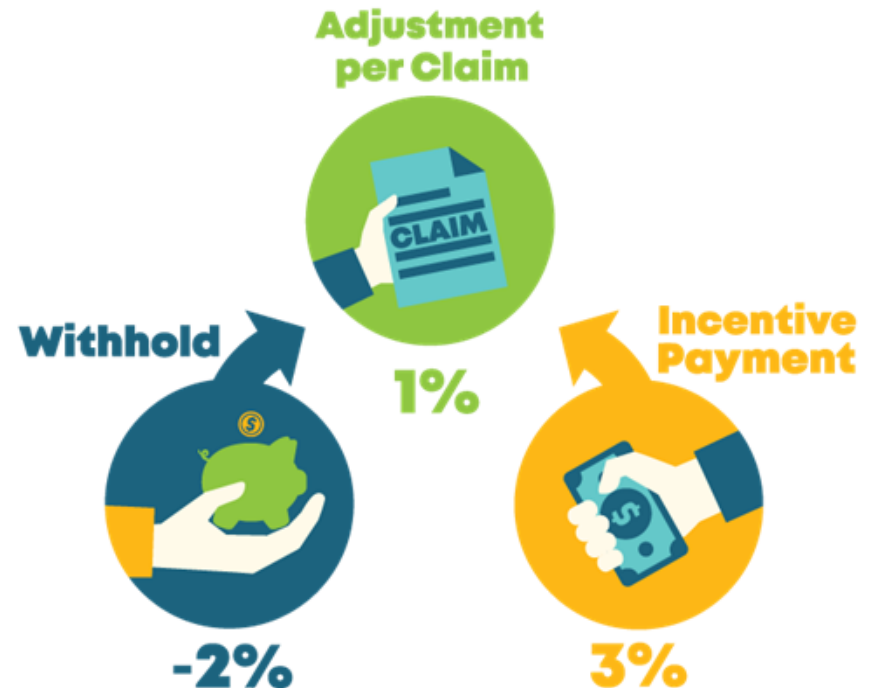


Program Funding

The Hospital VBP Program:

- Is an estimated budget-neutral program.
- Is funded by a 2.00-percent reduction from the base operating MS-DRG payments of hospitals.

No hospital will have a Total Performance Score (TPS) calculated, and no hospital will have payments adjusted due to the Hospital VBP Program in FY 2023.



Eligibility

- **Eligible hospitals include** subsection (d) hospitals as defined in Social Security Act section 1886(d)(1)(B).
- **Ineligible hospitals include those** excluded from the inpatient prospective payment system (IPPS):
 - Psychiatric
 - Rehabilitation
 - Long-term care
 - Children's
 - 11 PPS-exempt Cancer Hospitals (PCHs)
 - Critical access hospitals
- **Excluded hospitals include those:**
 - Subject to payment reductions under the Hospital IQR Program.
 - Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients.
 - With an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program.
 - Short-term acute care hospitals in Maryland.

Note: Hospitals **excluded** from the Hospital VBP Program **will not** have their base operating MS-DRG payments reduced by 2.00 percent.

FY 2023 Final Rule

CMS determined that circumstances caused by the COVID-19 PHE significantly affected the following in the FY 2023 Hospital VBP Program :

- National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) measures
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measures
- 30-Day Mortality Pneumonia measure

FY 2023 Finalized Proposals

- Finalized proposals for measure suppression for FY 2023
 - Suppress the HCAHPS measure
 - Suppress the five HAI measures
 - Suppress the MORT-30-PN measure
- Finalized proposals for revisions to the scoring and payment methodology for FY 2023
 - Revise the scoring and payment methodology such that hospitals will not receive TPSs
 - Award each hospital a payment incentive multiplier that results in a value-based incentive payment that is equal to the amount withheld for the fiscal year (2%)
- Technical updates for measures beginning in FY 2023
 - Modify the Clinical Outcomes domain measures to add a covariate that adjusts the measure outcome for a history of COVID-19 diagnosis in the 12 months prior to the admission beginning with FY 2023

Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report


How to Run Your Report

PPSRs Available Now

- Notifications announcing the PPSR release were sent to hospitals on **December 7, 2022**.
- Notifications were sent through the **Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement and Hospital IQR (Inpatient Quality Reporting) and Improvement** QualityNet Program Notification Groups.
 - Signup for the Email Program Notification Groups here: <https://qualitynet.org/listserv-signup>
- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

Step 1: Login to *Hospital Quality Reporting (HQR) Secure Portal*

- Navigate to the *HQR Secure Portal*:
<https://hqr.cms.gov/hqrng/login>
- Enter your HARP ID and password.
- Select Login.



The screenshot shows the 'Hospital Quality Reporting' login page. At the top, it says 'Hospital Quality Reporting'. Below that, the heading is 'HARP Sign In'. A sub-heading reads 'Enter your user ID and password to login.' There is a yellow warning box with a triangle icon that says: 'If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one.' Below the warning box are two input fields: 'User ID' and 'Password'. At the bottom of the form is a grey 'Login' button.

HARP = Health Care Quality Information Systems (HCQIS) Access Roles and Profile

Step 2: Authenticate Using Your Two-Factor Code

- Select the method to receive your two-factor authentication code.
- Enter the code you received through your selected method.
- Select Continue.



The screenshot shows a web interface for 'Hospital Quality Reporting'. The main heading is 'Two-Factor Authentication'. Below this, a message states: 'For your security, we need to authenticate your request. We've sent a verification code via: SMS Text'. It then asks the user to 'Please enter it below.' There is a text input field labeled 'Enter Code' and a blue 'Continue' button. At the bottom, there is a confirmation message 'Code sent' with a green checkmark and a link to 'Change two factor authentication'.

Hospital Quality Reporting

Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:
SMS Text
Please enter it below.

Enter Code


[Continue](#)

Code sent 

[Change two factor authentication](#)

Step 3: Review Terms & Conditions

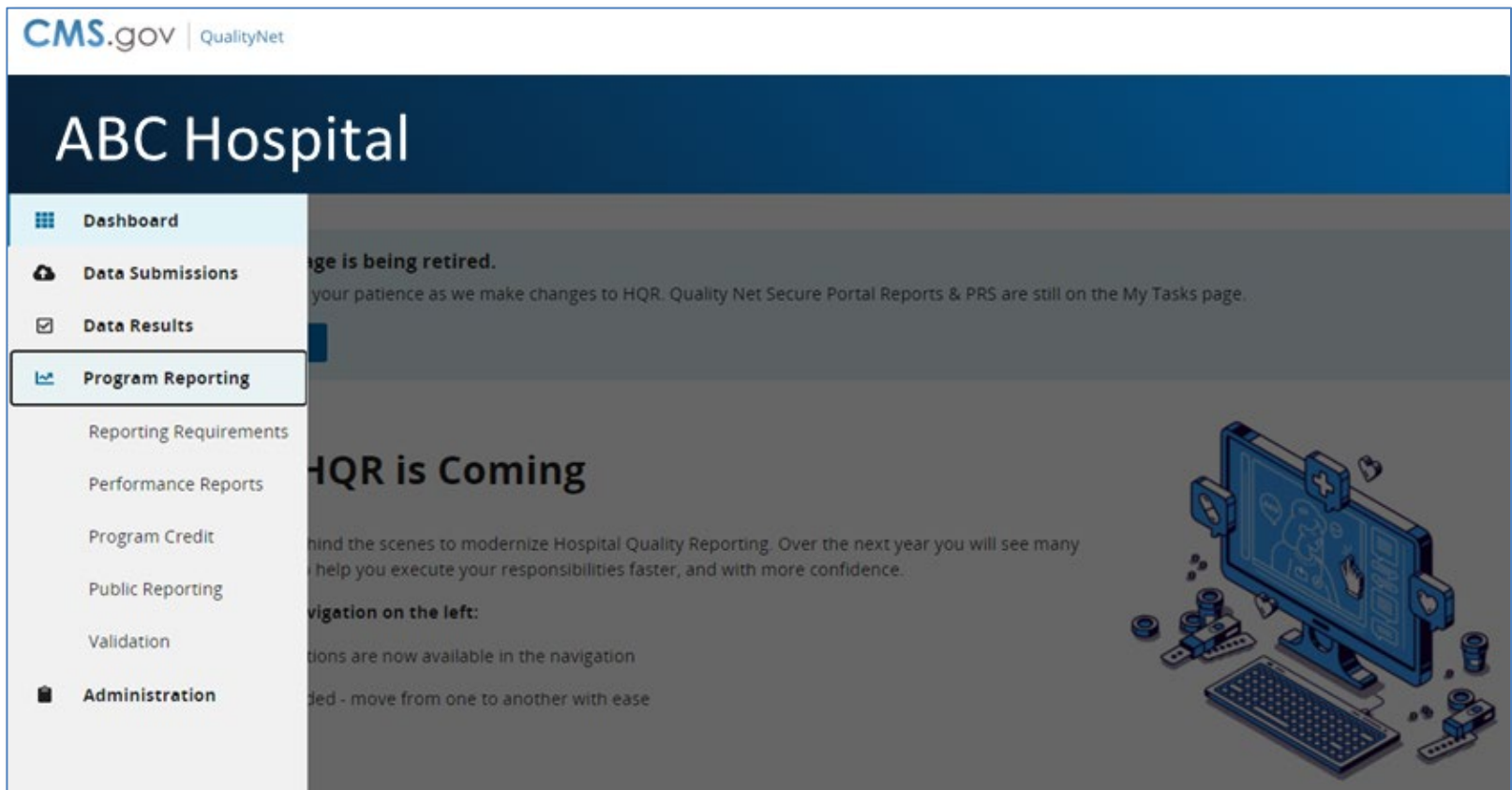
- Review the Terms & Conditions.
- Scroll to the bottom to select Accept to accept the Terms and Conditions.



The screenshot shows a dialog box titled "Hospital Quality Reporting" with a dark blue header. Below the header, the text "Terms & Conditions" is centered. A scrollable area contains the following text: "This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network." Below the scrollable area, the text "I accept the above Terms and Conditions" is displayed. At the bottom, there are two buttons: "Cancel" (a white button with a blue border) and "Accept" (a grey button).

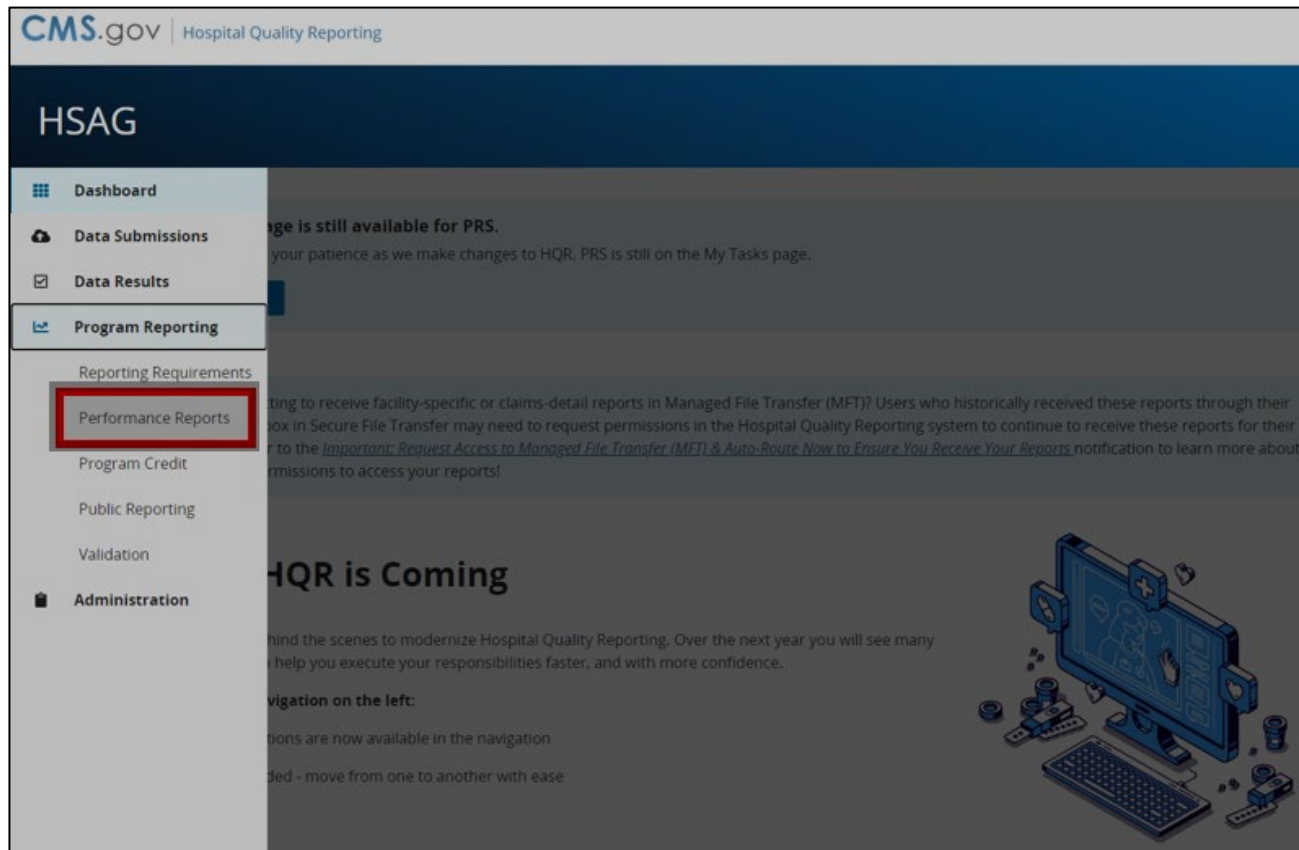
Step 4: Program Reporting

On the HQR landing page, select Program Reporting from the left-navigation menu to expand the menu options.



Step 5: Performance Reports

Select Performance Reports from the expanded menu.



Step 6:

Performance Reports

- Select HVBP from the Program selection menu.
- Select 2023 from the Fiscal Year selection menu.
- Select your hospital from the Provider selection menu.
Select Display Results.

Option to Export PDF

Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program
HVBP

Fiscal Year
2023

Provider(s)
All Selected

Display Results

Export PDF

! Important Covid-19 Related Information

COVID-19 Exceptions: CMS granted exceptions for the FY 2023 Hospital VBP Program due to the impact of the COVID-19 PHE. They are:

- 1) Data from Q1 and Q2 2020 were not used in Hospital VBP Calculations for FY 2023.
- 2) CMS suppressed the measures in the Person and Community Engagement and Safety Domain for FY 2023.
- 3) In addition, CMS suppressed only the MORT-30 PN measure in the Clinical Outcomes Domain for FY 2023.
- 4) As a result of those measure suppressions, CMS also finalized that no hospital will have a Total Performance Score calculated and all hospitals will receive a value-based payment incentive equal to the two percent reduction to their base operating DRG, which will result in neutral payment adjustments for all hospitals.

For additional information on Hospital VBP exceptions or measure suppressions due to COVID-19 PHE, see [QualityNet](#).

Here is where you can view your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Performance Report tab, the results include the percentage your payments will be changed in a fiscal year, Total Performance Score, and measure data. In the Baseline Measures tab, information will be provided on how your hospital performed on the measures during the baseline period and will also provide performance standards that will be used in the Hospital VBP Program calculations.

! HVBP Exclusion

Due to a public health emergency, CMS suppressed several measures: therefore, there is not enough data to award a Total Performance Score

Instructions for Accessing the PPSR

To access your hospital's FY 2023 Hospital VBP Program PPSR data:

1. Navigate to the *HQR Secure Portal* login page: <https://hqr.cms.gov/hqrng/login>
2. Enter your HARP User ID and Password. Then, select **Login**.
3. You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Continue**.
4. Once you receive the code, enter it. Select **Continue**.
5. Read the Terms and Conditions statement. Select **Accept** to proceed. You will be directed to the **HQR landing page**. (If Cancel is selected, the program closes.)
6. On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.
7. From the expanded Program Reporting drop-down menu, select **Performance Reports**.
8. Select **HVBP** from the Program selection menu.
9. Select **2023** from the Fiscal Year selection menu.
10. Select your hospital from the Provider selection menu. Select **Display Results**.

For technical questions or issues related to accessing the report, contact the QualityNet Service Center at qnetsupport@cms.hhs.gov.

Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Evaluating Hospitals

FY 2023 Domain Weights and Measures



Clinical Outcomes (25%)

MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate

MORT-30-CABG: Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate

MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate

MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate

MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate

COMP-HIP-KNEE: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate



Efficiency and Cost Reduction (25%)

MSPB: Medicare Spending per Beneficiary



Person and Community Engagement (25%)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Survey Dimensions

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication about Medicines

Cleanliness and Quietness of Hospital Environment

Discharge Information

Care Transition

Overall rating of Hospital



Safety (25%)

CAUTI: Catheter-associated Urinary Tract Infection

CDI: *Clostridium difficile* Infection





CLABSI: Central Line-associated Bloodstream Infection

MRSA: Methicillin-resistant Staphylococcus aureus Bacteremia



SSI: Surgical Site Infection- Colon Surgery and Abdominal Hysterectomy



FY 2023 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
 Clinical Outcomes	Mortality Measures (AMI, COPD, HF, CABG, PN)	July 1, 2013– June 30, 2016	July 1, 2018– June 30, 2021*
	Complication Measure	April 1, 2013– March 31, 2016	April 1, 2018– March 31, 2021*
 Person and Community Engagement	HCAHPS Survey	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021
 Safety	HAI Measures	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021
 Efficiency and Cost Reduction	MSPB	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021*

FY 2023 Minimum Data Requirements

Domain/Measure	Minimum Requirement
 Clinical Outcomes	Minimum of two measure scores: <ul style="list-style-type: none">• Mortality Measures: 25 cases• Complication Measure: 25 cases
 Efficiency and Cost Reduction	25 episodes of care in the MSPB measure

Performance Standards

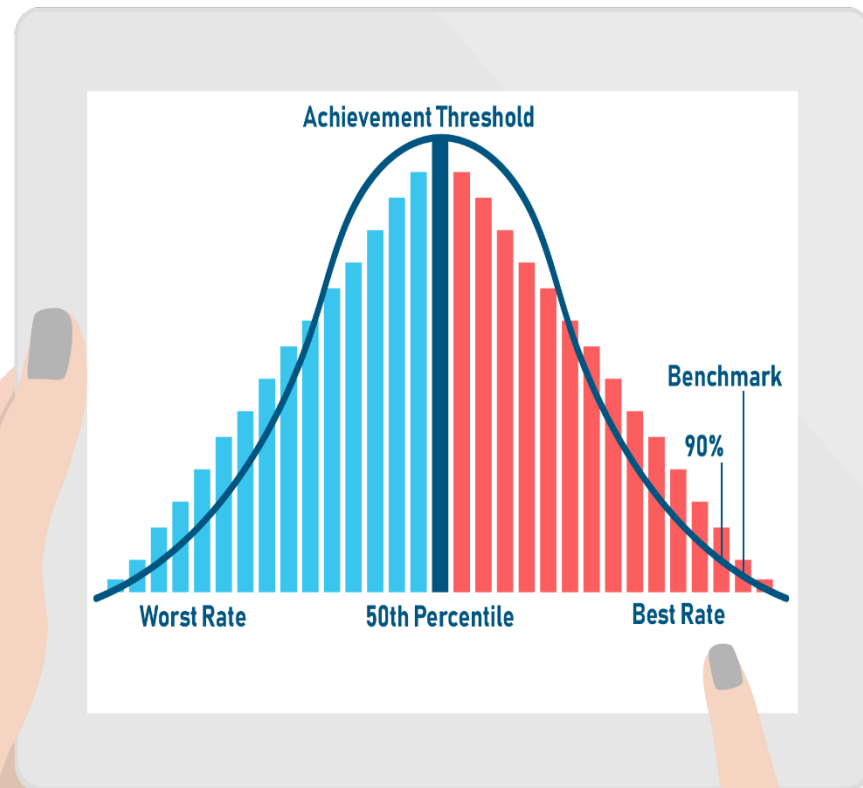
Benchmark:

Average (mean) performance of the top decile (10 percent) of hospitals

Achievement Threshold:

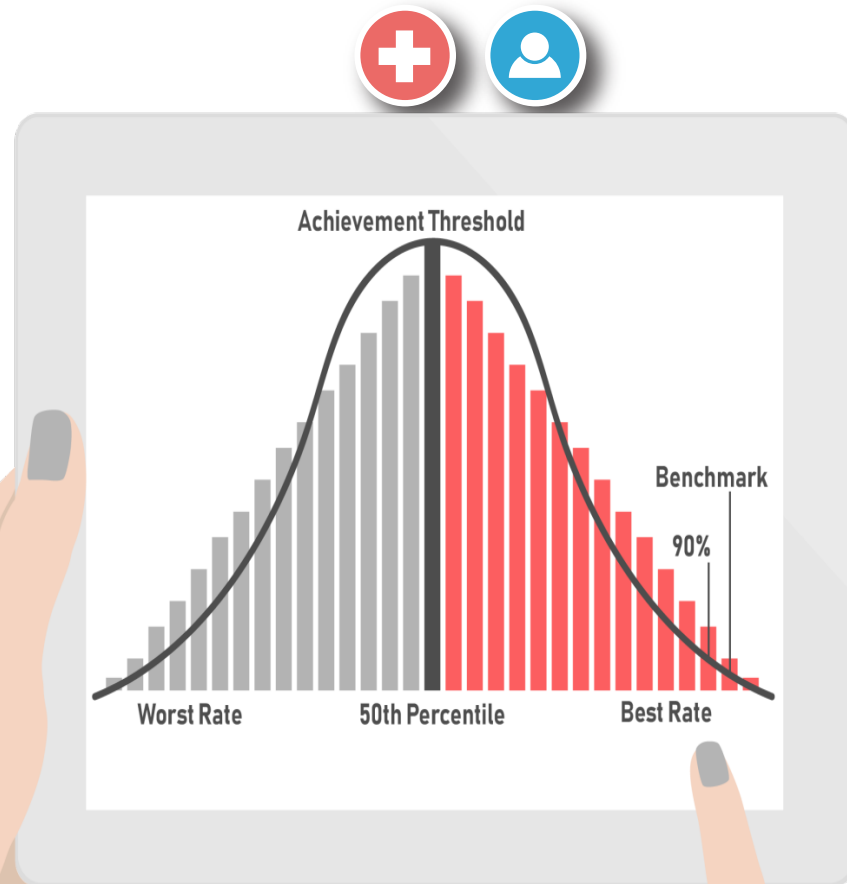
Performance at the 50th percentile (median) of hospitals during the baseline period

Note: MSPB uses Performance Period data to calculate the benchmark and achievement threshold, not Baseline Period data like other measures.



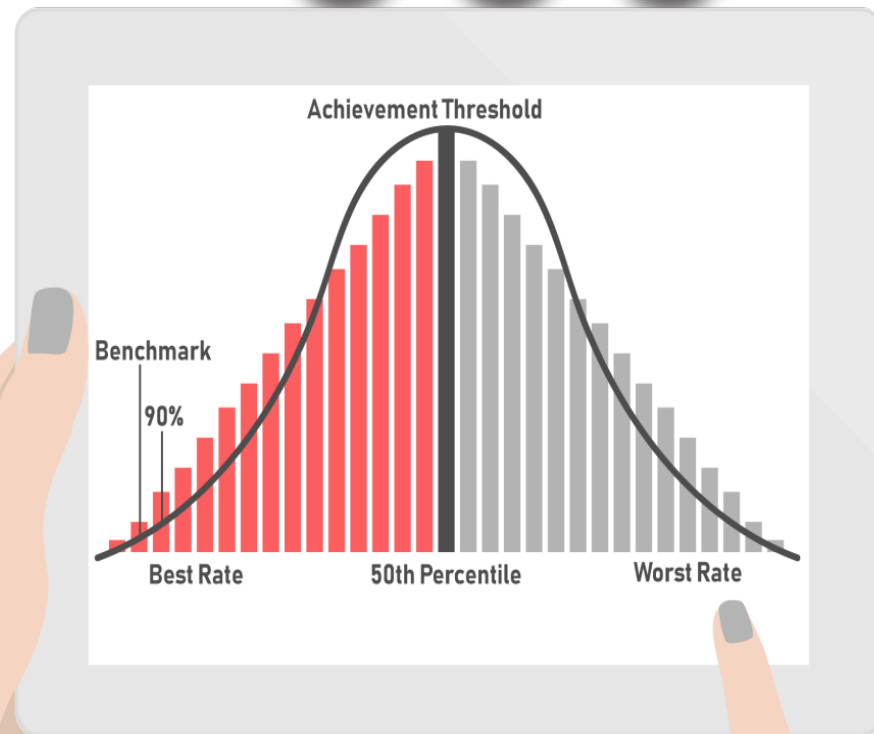
Performance Standards

A **higher** rate is better for the Clinical Outcomes mortality measures. The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



Performance Standards

A **lower** rate is better for the Clinical Outcomes complication measure.



FY 2023 Performance Standards

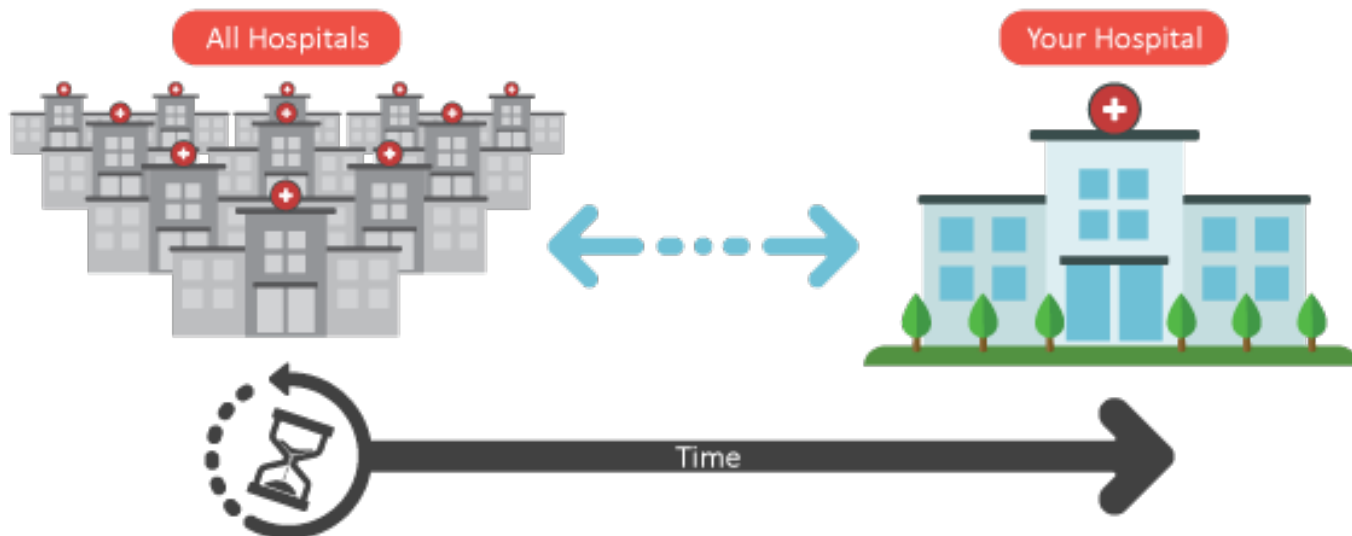
Clinical Outcomes	Mortality Measures				25%	
	Baseline Period July 1, 2013–June 30, 2016		Performance Period July 1, 2018–June 30, 2021*			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.866548	0.885499		
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.968747	0.979620		
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.919769	0.936349		
	MORT-30-HF	Heart Failure 30-Day Mortality	0.881939	0.906798		
	MORT-30-PN	Pneumonia 30-Day Mortality	0.840138	0.871741		
	Complication Measure					
	Baseline Period April 1, 2013–March 31, 2016		Performance Period April 1, 2018–March 31, 2021*			
↓	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.027428	0.019779		
Person and Community Engagement	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2021–Dec. 31, 2021		25%	
	HCAHPS Survey Dimensions		Floor (%)	Achievement Threshold (%)		Benchmark (%)
	Communication with Nurses		53.50	79.42		87.71
	Communication with Doctors		62.41	79.83		87.97
	Responsiveness of Hospital Staff		40.40	65.52		81.22
	Communication about Medicines		39.82	63.11		74.05
	Hospital Cleanliness and Quietness		45.94	65.63		79.64
	Discharge Information		66.92	87.23		92.21
	Care Transition		25.64	51.84		63.57
	Overall Rating of Hospital		36.31	71.66		85.39
Safety	Patient Safety Composite				25%	
	Baseline Period Oct. 1, 2015–June 30, 2017		Performance Period July 1, 2019–June 30, 2021*			
	★ ↓	PSI 90	Patient Safety and Adverse Events Composite	0.963400		0.761590
	Healthcare-Associated Infections					
	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2021–Dec. 31, 2021			
	↓	CAUTI	Catheter-Associated Urinary Tract Infection	0.650		0.000
	↓	CDI	Clostridium <i>difficile</i> Infection	0.520		0.014
	↓	CLABSI	Central Line-Associated Bloodstream Infection	0.589		0.000
	↓	MRSA	Methicillin-Resistant Staphylococcus <i>aureus</i>	0.726		0.000
	↓	SSI	Colon Surgery Abdominal Hysterectomy	0.717		0.000
Efficiency and Cost Reduction	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2021–Dec. 31, 2021		25%	
	↓	MSPB	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period		

Achievement Points

Achievement points are awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period*:

- Rate at or better than the benchmark - 10 points
- Rate worse than the achievement threshold - 0 points
- Rate somewhere at or better than the threshold but worse than the benchmark - 1–9 points

Only the Clinical Outcomes Domain will have achievement points.

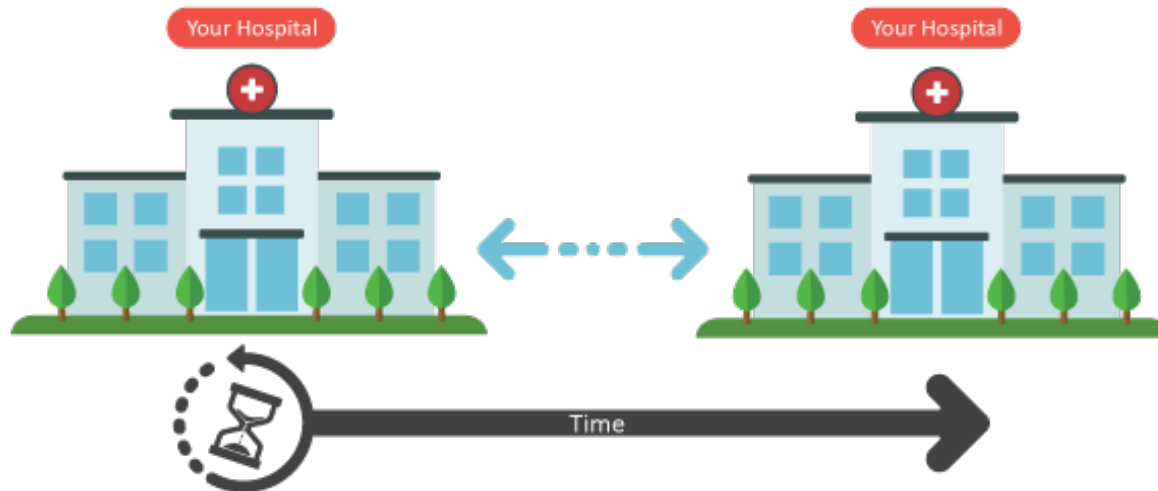


Improvement Points

Improvement points are awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period*:

- Rate at or better than the benchmark - 9 points**
- Rate worse than or equal to baseline period rate - 0 points
- Rate between the baseline period rate and the benchmark - 0–9 points

**Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (i.e., have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed. Only the Clinical Outcomes and Efficiency and Cost Reduction Domains will have achievement points.



Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Report Information

Percentage Summary Report

HVBP Performance Report
 ABC Hospital (CCN-123456)
 Data as Of: 09/17/2021

Page 1 of 6
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Summary		Reporting Period - Fiscal Year 2022		
Category	Facility	State Average	National Average	
Total Performance Score	Hospital VBP Ineligible	N/A	N/A	
Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score	
Clinical Outcomes Domain	26.000000000000000	25.0%	7.000000000000000	
Patient and Community Engagement Domain	N/A	N/A	N/A	
Safety Domain	N/A	N/A	N/A	
Efficiency and Cost Reduction Domain	N/A	N/A	N/A	
Base Operating DRG Payment Amount Reduction	Value Based Incentive Payment Percentage	Net Change in Base Operating DRG Payment Amount	Value Based Incentive Payment Adjustment Factor	Exchange-Pension Steps
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Calculated values were subject to rounding.
 VBP Exclusion Reason 1: Due to a public health emergency, CMS suspended several measures. Therefore, there is not enough data to award a Total Performance Score.
 VBP Exclusion Reason 2: The hospital was unable to calculate the performance score for the reporting period.

Total Performance Score

1

- **Facility:** Hospital VBP Ineligible
- **State:** N/A
- **National:** N/A

Domain Scoring (Only the clinical outcomes and efficiency and cost reduction domains will have a domain score, domain weighting, and weighted domain score.)

2

- **Unweighted Domain Score:** The sum of your hospital's scores for the domain, considering only those measures your hospital was eligible for during the performance period
- **Weighting:** Assigned scoring impact on the TPS for each domain
- **Weighted Domain Score:** The product of the unweighted domain score and the weighting

Percentage Summary Report

3

HVBP Performance Report				Page 1 of 6
ABC Hospital (CCN-123456)				Exported 9/29/2021 4:30 PM
Data as Of: 09/17/2021				
Summary			Reporting Period - Fiscal Year 2022	
Category	Facility	State Average	National Average	
Total Performance Score	Hospital VBP Ineligible	N/A	N/A	
Category	Weighted Domain Score	Domain Weighting	Weighted Domain Score	
Clinical Outcomes Domain	26.0000000000	25.0%	7.0000000000	
Patient and Community Engagement Domain	N/A	N/A	N/A	
Safety Domain	N/A	N/A	N/A	
Efficiency and Cost Reduction Domain	N/A	N/A	N/A	
Base Operating DRG Payment Amount Reduction	Value Based Incentive Payment Percentage	Net Change in Base Operating DRG Payment Amount	Value Based Incentive Payment Adjustment Factor	Exchange Function Slope
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Calculated values were subject to rounding.
VBP Exclusion Reason 1: Due to a public health emergency, CMS suppressed general Medicare identifiers. There is not enough data to award a Total Performance Score.
Under Exclusion Reason 1: The hospital was awarded a Conditional Incentive Payment for the performance period.

Payment Summary

- **Base Operating DRG Payment Reduction:** Hospital VBP Ineligible or 2.0000000000%
- **Value-Based Incentive Payment Percentage:** Hospital VBP Ineligible or 2.0000000000%
- **Net Change in Base Operating DRG Payment Amount:** Hospital VBP Ineligible or 0.0000000000%
- **Incentive Payment-Adjustment Factor:** Hospital VBP Ineligible or N/A
- **Exchange Function Slope:** Hospital VBP Ineligible or N/A

Note: Values displayed on this example report may not depict the actual values used to calculate payments for the FY 2023 Hospital VBP Program.

Percentage Summary Report

HVBP Performance Report		Page 1 of 6 Exported 9/29/2021 4:30 PM		
ABC Hospital (CCN-123456)		Data as Of: 09/17/2021		
Summary		Reporting Period - Fiscal Year 2022		
Category	Facility	State Average	National Average	
Total Performance Score	Hospital VBP Ineligible	N/A	N/A	
Category	Weighted Domain Score	Domain Weighting	Weighted Domain Score	
Clinical Outcomes Domain	N/A	25.0%	0.0000000000000000	
Patient and Community Engagement Domain	N/A	15.0%	0.0000000000000000	
Safety Domain	N/A	15.0%	0.0000000000000000	
Efficiency and Cost Reduction Domain	N/A	15.0%	0.0000000000000000	
Base Operating (OB) Payment Amount Reduction	Value Based Incentive Payment Percentage	Net Change in Base Operating (OB) Payment Amount	Value Based Incentive Payment Adjustment Factor	Exchange Function Sign
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible
<small> Calculated values were subject to rounding. VBP Exclusion Reason 1: Due to a public health emergency, OIG suspended several measures. Therefore, there is not enough data to award a Total Performance Score under Performance Measure 1. The hospital's score remains a "0" until it is able to demonstrate sufficient performance on performance measures. </small>				

HVBP Exclusion Reason

1

- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary page.
- When a hospital is excluded, all fields will display “Hospital VBP Ineligible.”

Clinical Outcomes Report

HVBP Performance Report Page 2 of 6
Exported 9/29/2021 4:30 PM

Clinical Outcomes Domain			Reporting Period = Fiscal Year 2022		
Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020			Your Hospital's Baseline Period Data		
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Your Hospital's Performance Period Data		
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	527	0.033678	Number of Eligible Discharges	Performance Period Rate	
			538	0.027789	
Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020			Your Hospital's Baseline Period Data		
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Your Hospital's Performance Period Data		
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	767	0.847145	Number of Eligible Discharges	Performance Period Rate	
			182	0.874668	
Chronic Obstructive Pulmonary Disease (COPD) 30 Day Mortality Rate	402	0.917658	285	0.914484	
Coronary Artery Bypass Grafting (CABG) 30 Day Mortality Rate	158	0.956127	59	0.967354	
Heart Failure (HF) 30 Day Mortality Rate	516	0.877214	482	0.867063	
Pneumonia (PN) 30 Day Mortality Rate	511	0.811957	412	0.810974	
Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020			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	0.029833	0.021493	4	3	4
Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020			Performance Standards and Measure Scores		
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	0.861793	0.881305	8	6	8

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rate.

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rate.

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Clinical Outcomes Report

HVBP Performance Report

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Clinical Outcomes Domain			Reporting Period = Fiscal Year 2022		
Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020		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	627	0.033678	538	0.027789	
Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020		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	267	0.847145	182	0.874668	
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	402	0.917658	285	0.914484	
Coronary Artery Bypass Grafting (CABG) 30 Day Mortality Rate	158	0.956127	59	0.967354	
Heart Failure (HF) 30 Day Mortality Rate	616	0.872714	482	0.862063	
Pneumonia (PN) 30 Day Mortality Rate	611	0.811957	343	0.818579	
Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020		Achievement Threshold		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	0.029833	0.021493	4	3	4
Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020		Achievement Threshold		Performance Standards and Measure Scores	
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	0.861793	0.881305	8	6	8

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Clinical Outcomes Report (continued)

HVBP Performance Report			Page 3 of 6 Exported 9/29/2021 4:30 PM		
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	0.920058	0.936962	0	0	0
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	0.968210	0.979000	4	0	4
Heart Failure (HF) 30-Day Mortality Rate	0.879869	0.903608	0	0	0
Pneumonia (PN) 30-Day Mortality Rate	0.836122	0.870506	1	0	1

Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015
 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020
 Baseline Period (PN): 07/01/2012 - 06/30/2015
 Performance Period (PN): 09/01/2017 - 06/30/2020

Performance Standards and Measure Scores

Calculated values were subject to rounding.
 Eligible Clinical Outcomes Measures: 6 out of 6
 Unweighted Clinical Outcomes Domain Score: 28.33333333333333
 Weighted Clinical Outcomes Domain Score: 7.08333333333333

4

Domain Summary

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Person and Community Engagement Domain Report

HVBP Performance Report

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Person And Community Engagement Domain		Reporting Period = Fiscal Year 2022				
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Baseline Period Rate		Performance Period Rate		
Communication with Nurses		82.3217%		79.4917%		
Communication with Doctors		84.0320%		80.9901%		
Responsiveness of Hospital Staff		71.6633%		66.6744%		
Communication about Medicines		67.5336%		59.2209%		
Cleanliness and Quietness of Hospital Environment		72.4283%		68.0727%		
Discharge Information		86.1650%		85.7539%		
Care Transition		54.2042%		48.7177%		
Overall Rating of Hospital		74.6132%		71.9020%		
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	15.73%	79.18%	87.53%	N/A	N/A	N/A
Communication with Doctors	19.03%	79.72%	87.85%	N/A	N/A	N/A
Responsiveness of Hospital Staff	25.71%	65.95%	81.29%	N/A	N/A	N/A
Communication about Medicines	10.62%	63.59%	74.31%	N/A	N/A	N/A
Cleanliness and Quietness of Hospital Environment	5.89%	65.46%	79.41%	N/A	N/A	N/A
Discharge Information	66.78%	87.12%	91.95%	N/A	N/A	N/A
Care Transition	6.84%	51.69%	63.11%	N/A	N/A	N/A
Overall Rating of Hospital	19.09%	71.37%	85.18%	N/A	N/A	N/A

Calculated values were subject to rounding.
HCAHPS Base Score: N/A
HCAHPS Consistency Score: N/A
Unweighted Person and Community Engagement Domain Score: N/A
Weighted Person and Community Engagement Domain Score: N/A
HCAHPS Surveys Completed During the Baseline Period: 1950
HCAHPS Surveys Completed During the Performance Period: 583

1

Baseline Period Rate displays the hospital's baseline rate used to calculate improvement points.

2

Performance Period Rate displays the hospital's performance period rate used to calculate achievement points, improvement points, and lowest dimension score.

Person and Community Engagement Detail Report

HVBP Performance Report

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Person And Community Engagement Domain		Reporting Period = Fiscal Year 2022				
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Baseline Period Rate			Performance Period Rate		
Communication with Nurses	82.3217%			79.4917%		
Communication with Doctors	84.0320%			80.9901%		
Responsiveness of Hospital Staff	71.6633%			66.6744%		
Communication about Medicines	67.5336%			59.2209%		
Cleanliness and Quietness of Hospital Environment	72.4283%			68.0727%		
Discharge Information	86.1650%			85.7539%		
Care Transition	54.2042%			48.7177%		
Overall Rating of Hospital	74.6132%			71.9020%		

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	15.73%	79.18%	87.53%	N/A	N/A	N/A
Communication with Doctors	19.03%	79.72%	87.85%	N/A	N/A	N/A
Responsiveness of Hospital Staff	25.71%	65.95%	81.29%	N/A	N/A	N/A
Communication about Medicines	10.62%	63.59%	74.31%	N/A	N/A	N/A
Cleanliness and Quietness of Hospital Environment	5.89%	65.46%	79.41%	N/A	N/A	N/A
Discharge Information	66.78%	87.12%	91.95%	N/A	N/A	N/A
Care Transition	6.84%	51.69%	63.11%	N/A	N/A	N/A
Overall Rating of Hospital	19.09%	71.37%	85.18%	N/A	N/A	N/A

Calculated values were subject to rounding.
 HCAHPS Base Score: N/A
 HCAHPS Consistency Score: N/A
 Unweighted Person and Community Engagement Domain Score: N/A
 Weighted Person and Community Engagement Domain Score: N/A
 HCAHPS Surveys Completed During the Baseline Period: 1950
 HCAHPS Surveys Completed During the Performance Period: 583

3 HVBP Metrics displays the performance standards (floor, achievement threshold, and benchmark), improvement points N/A, achievement points N/A, and dimension score N/A.

4 Domain Summary: HCAHPS Base Score: N/A

- HCAHPS Consistency Score: N/A
- Unweighted Domain Score: N/A
- Weighted Domain Score: N/A
- Surveys Completed During Performance Period

Safety Measures Domain Report

HVBP Performance Report

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Safety Domain			Reporting Period = Fiscal Year 2022					
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020			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	8	7,490	1.068	5	3,744	1.335		
Central Line Associated Blood Stream Infection	5	4,581	1.091	6	3,669	1.635		
Clostridium difficile Infection	27	49,347	0.547	17	24,681	0.689		
Methicillin-Resistant Staphylococcus aureus Bacteremia	3	5,157	0.582	4	2,897	1.381		
SSI Abdominal Hysterectomy	3	3,247	0.924	0	1,337	0.000		
SSI Colon Surgery	2	4,458	0.449	3	2,100	1.429		
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A		
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020			Performance Standards and Measure Scores					
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score			
Catheter Associated Urinary Tract Infection	0.727	0.000	N/A	N/A	N/A			
Central Line Associated Blood Stream Infection	0.633	0.000	N/A	N/A	N/A			
Clostridium difficile Infection	0.646	0.047	N/A	N/A	N/A			
Methicillin-Resistant Staphylococcus aureus Bacteremia	0.748	0.000	N/A	N/A	N/A			
SSI Abdominal Hysterectomy	0.727	0.000	N/A	N/A	N/A			
SSI Colon Surgery	0.749	0.000	N/A	N/A	N/A			
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A			
Calculated values were subject to rounding. Eligible Safety Measures: N/A Unweighted Safety Domain Score: N/A Weighted Safety Domain Score: N/A								

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rates.

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rates.

Safety Measures Detail Report

HVBP Performance Report

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Safety Domain				Reporting Period = Fiscal Year 2022		
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		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	8	7,490	1.068	5	3,744	1.335
Central Line-Associated Blood Stream Infection	5	4,581	1.091	6	3,669	1.635
Clostridium difficile Infection	27	49,347	0.547	17	24,681	0.689
Methicillin-Resistant Staphylococcus aureus Bacteremia	3	5,157	0.582	4	2,897	1.381
SSI Abdominal Hysterectomy	3	3,247	0.924	0	1,337	0.000
SSI Colon Surgery	2	4,458	0.449	3	2,100	1.429
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Performance Standards and Measure Scores				
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter-Associated Urinary Tract Infection	0.727	0.000	N/A	N/A	N/A	
Central Line-Associated Blood Stream Infection	0.633	0.000	N/A	N/A	N/A	
Clostridium difficile Infection	0.646	0.047	N/A	N/A	N/A	
Methicillin-Resistant Staphylococcus aureus Bacteremia	0.748	0.000	N/A	N/A	N/A	
SSI Abdominal Hysterectomy	0.727	0.000	N/A	N/A	N/A	
SSI Colon Surgery	0.749	0.000	N/A	N/A	N/A	
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	
<small>Calculated values were subject to rounding. Eligible Safety Measures: N/A Unweighted Safety Domain Score: N/A Weighted Safety Domain Score: N/A</small>						

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points N/A, achievement points N/A, and measure score N/A.

Safety Measures Domain Report

HVBP Performance Report

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Safety Domain				Reporting Period = Fiscal Year 2022		
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		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	8	7.490	1.068	5	3.744	1.335
Central Line Associated Blood Stream Infection	5	4.581	1.091	6	3.669	1.635
Clostridium difficile Infection	27	49.347	0.547	17	24.681	0.689
Methicillin Resistant Staphylococcus aureus Bacteremia	3	5.157	0.582	4	2.897	1.381
SSI Abdominal Hysterectomy	3	3.247	0.924	0	1.337	0.000
SSI Colon Surgery	2	4.458	0.449	3	2.100	1.429
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020		Performance Standards and Measure Scores			
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter Associated Urinary Tract Infection	0.727	0.000	N/A	N/A	N/A
Central Line Associated Blood Stream Infection	0.633	0.000	N/A	N/A	N/A
Clostridium difficile Infection	0.646	0.047	N/A	N/A	N/A
Methicillin Resistant Staphylococcus aureus Bacteremia	0.748	0.000	N/A	N/A	N/A
SSI Abdominal Hysterectomy	0.727	0.000	N/A	N/A	N/A
SSI Colon Surgery	0.749	0.000	N/A	N/A	N/A
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A

Calculated values were subject to rounding.
Eligible Safety Measures: N/A
Unweighted Safety Domain Score: N/A
Weighted Safety Domain Score: N/A

4

Domain Summary: Eligible Measures: N/A Unweighted Domain Score: N/A
Weighted Domain Score: N/A

Efficiency and Cost Reduction Domain Report





HVBP Performance Report

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Efficiency And Cost Reduction Domain				Reporting Period = Fiscal Year 2022		
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	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)	\$20,289.96	\$21,628.15	0.938128	\$22,823.82	\$22,491.85	1.014760
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Performance Standards and Measure Scores					
Efficiency Measures	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Medicare Spending per Beneficiary (MSPB)	0.993095	0.854866	N/A	N/A	N/A	
<small>Calculated values were subject to rounding. Eligible Efficiency and Cost Reduction Measures: N/A Unweighted Efficiency and Cost Reduction Domain Score: N/A Weighted Efficiency and Cost Reduction Domain Score: N/A Baseline Period Episodes of Care: 2993 Performance Period Episodes of Care: 93</small>						
<small>Calculated values were subject to rounding. 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.</small>						

- 1** **Baseline Period Totals** displays the hospital's baseline period values used to calculate baseline period rates.
- 2** **Performance Period Totals** displays the hospital's performance period values used to calculate performance period rates.
- 3** **HVBP Metrics** displays performance standards (achievement threshold and benchmark), improvement and achievement points, and measure score.
- 4** **Domain Summary: Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period **Unweighted Domain Score:** Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100 **Weighted Domain Score:** Hospital's unweighted Efficiency and Cost Reduction domain score multiplied by domain weight

Data Precision

Domain	Measure	Value	Precision
 Clinical Outcomes	Mortality and Complication measures	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
 Person and Community Engagement	HCAHPS	Baseline period rates*	2
		Performance period rates*	4
		Benchmark, achievement threshold, and floor	2
 Safety	HAI measures	Baseline and performance standardized infection ratio (SIR)	3
		Benchmark and achievement threshold	3
 Efficiency and Cost Reduction	MSPB	Baseline and performance MSPB measure	6
		Benchmark and achievement threshold	6

Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Reviewing Your Data

Timeline

Hospitals may review their data used in programs in two stages.

1. **Patient-Level Data Review:** During this stage of the review, hospitals ensure the data or claims submitted are correct and accurate prior to the submission deadline, claims pull date, or during the HCAHPS review and correction period.
2. **Scoring/Eligibility Review:** During this stage of the review, hospitals can ensure data reviewed during stage one are being displayed and scored accurately in programs (e.g., improvement points in the Hospital VBP Program). Hospitals can also ensure CMS has displayed the correct eligibility status. Data review as defined in stage one is not an allowable review item during these preview/review periods:
 - Hospital IQR Program or *Care Compare* preview period
 - Claims-based measures review and correction period
 - Hospital VBP Program review and correction period

Centers for Disease Control and Prevention NHSN Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure data accuracy and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.
- HAI data that have been changed in NHSN **after** the submission deadline will **not** be reflected in any program, CMS report, or in *Care Compare*.

HCAHPS Survey

Stage One: Patient-Level Data Review

- Hospitals have seven days after the submission deadline to access and review the HCAHPS Data Review and Corrections Report.
- New data are not accepted into the warehouse during the review and correction period.
- Errors in data accepted into the warehouse by the quarterly deadline can be corrected.
- During the seven-day period, the corrected data can be resubmitted to the warehouse to replace the incorrect data.

Claims-Based Measures

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to submit a review and correction request following the receipt of their Hospital-Specific Report (HSR).
 - Suspected calculation errors on a report **can** be submitted for review with the possibility of a correction.
 - Requests for submission of new or corrected claims to the underlying data are **not** allowed.
 - To submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor.
- You may also submit general questions about the HSRs or measures.

Hospital VBP Program

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the release of the PPSR.
 - Hospitals may review and request recalculation of scores for the Clinical Domain only.
 - Requests for submission of new or corrected data, including claims to underlying measure data, are **not** allowed.
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the review and correction decision.
- For more information:
<https://www.qualitynet.org/inpatient/hvbp/payment#tab2>

Best Practices

- Have a second person review submitted data to check for errors.
- Create a plan for spot checking or sampling the submitted data for errors.
- Review vendor-submitted data for accuracy before submission or prior to the submission deadline.
- Perform routine coding audits to ensure claims are coded and billed accurately.

Benefits of Correct Data

- Quality Improvement
 - Prompt, usable, and accurate data can assist the hospital with more immediate quality improvement initiatives.
- Pay-for-Performance Programs
 - Accurate data ensures the hospital is assigned a payment adjustment factor that is based on the hospital's actual performance.
- Publicly Reported Data on *Care Compare*
 - Accurate data can help organizations focus on quality improvement priorities.
 - Inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.

Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Review and Corrections

Overview

- Hospitals may **review and request recalculation of scores** for only the clinical outcomes domain.
- Hospitals may submit a review and corrections request regarding their reports no later than **11:59 p.m. Pacific Time, January 6, 2023**.
- Submit the completed form through the following methods:
 - Send secure message to QRFormsSubmission@hsag.com through [Managed File Transfer](#) in the *HQR Secure Portal*.
 - Send secure fax to (877) 789-4443.
 - Email to QRFormsSubmission@hsag.com.
Ensure that data containing personally identifiable information or protected health information are not submitted when emailing the form, as this is not a secured method and would be a security violation.

Access Review & Correction Request Form

1. Visit www.QualityNet.org.
2. From the **Hospitals – Inpatient** box, select **Hospital Value-Based Purchasing (HVBP) Learn More**.
3. When the screen refreshes, select **Payment** from the top navigation pane and **Review and Corrections/Appeals** on the left-hand navigation pane. Select **Review and Corrections Request Form** toward the bottom of the page.

Direct link: <https://www.qualitynet.org/inpatient/hvbp/payment#tab2>

Forms and Additional Reference Material			
For assistance in completing and submitting the Review and Corrections, Appeals, or CMS Independent Review forms, refer to the following:			
File Name	File Type	File Size	
Review and Corrections Quick Reference Guide (06/27/17)	PDF	28 KB	Download
Review and Corrections Request Form (01/31/20)	PDF	267 KB	Download
Appeal Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Appeal Request Form (01/31/20)	PDF	293 KB	Download
Independent CMS Review Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Independent CMS Review Request Form (01/31/20)	PDF	261 KB	Download
Review and Corrections, Appeal, and Independent CMS Review User Guide (07/11/17)	PDF	951 KB	Download

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CMS Certification Number (CCN)
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital chief executive officer (CEO) and Security Official (name, address, telephone, and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
- Detailed description for each of the reason(s) identified

Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Appeals

Overview

- Hospitals may appeal the determination of the review and correction decision within 30 calendar days of receipt of the review and correction decision.
- Hospitals must receive an adverse determination from CMS prior to requesting an appeal.
- Upon receipt of appeal, CMS:
 - Provides email acknowledgement of appeal.
 - Reviews the request and notifies CEO of decision.
- Submit the completed form through the following methods:
 - Send secure message to QRFormsSubmission@hsag.com through [Managed File Transfer](#) in the *HQR Secure Portal*.
 - Send secure fax to (877) 789-4443.
 - Email to QRFormsSubmission@hsag.com.

Ensure that data containing personally identifiable information or protected health information are not submitted when emailing the form, as this is not a secured method and would be a security violation.

Access Appeals Request Form

1. Visit www.QualityNet.org.
2. From the **Hospitals – Inpatient** box, select **Hospital Value-Based Purchasing (HVBP) Learn More**.
3. When the screen refreshes, select **Payment** from the top navigation pane and **Review and Corrections/Appeals** on the left-hand navigation pane. Then, select **Review and Corrections Request Form** toward the bottom of the page.

Direct link: <https://www.qualitynet.org/inpatient/hvbp/payment#tab2>

Forms and Additional Reference Material			
For assistance in completing and submitting the Review and Corrections, Appeals, or CMS Independent Review forms, refer to the following:			
File Name	File Type	File Size	
Review and Corrections Quick Reference Guide (06/27/17)	PDF	28 KB	Download
Review and Corrections Request Form (01/31/20)	PDF	267 KB	Download
Appeal Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Appeal Request Form (01/31/20)	PDF	293 KB	Download
Independent CMS Review Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Independent CMS Review Request Form (01/31/20)	PDF	261 KB	Download
Review and Corrections, Appeal, and Independent CMS Review User Guide (07/11/17)	PDF	951 KB	Download

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CCN
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital CEO and QualityNet Security Official (name, address, telephone and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
- Provide detailed description for each of the reason(s) identified

Acceptable Reasons for Appeals

- Calculation of achievement/improvement points (This only applies to the Clinical Outcomes and Efficiency and Cost Reduction domains.)
- Calculation of measure/dimension score*
- Calculation of domain scores*
- Incorrect weight applied to domain*
- Incorrect weighted domain scores*
- Hospital's open/closed status incorrectly specified

Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Resources

Available on QualityNet

- Webinars/Calls/Educational Materials
 - From **Hospitals – Inpatient**, select **Hospital Value-Based Purchasing (HVBP) Program Learn More**. Then, select **Webinars** from the top navigation pane.
 - <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-archived-events/>
- Hospital VBP Program General Information
 - From the **Hospitals – Inpatient** menu, select **Hospital Value-Based Purchasing (HVBP) Program Learn More**.
 - Direct link: <https://qualitynet.org/inpatient/hvbp>
- Frequently Asked Questions
 - From the home page, select **Help** on the upper right-hand side. Then, select **Hospitals – Inpatient**.
 - Direct link: https://cmsqualitysupport.servicenowservices.com/qnet_ga


FY 2023 Help Guides and Quick Reference Guides

How to Read Your Fiscal Year 2023 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)





Understanding the Fiscal Year (FY) 2023 Hospital Value-Based Purchasing (VBP) Program



FY 2023 Hospital VBP Program

This program summary highlights the major elements and changes to the FY 2023 Hospital VBP Program, administered by the Centers for Medicare & Medicaid Services (CMS). You can find previous program summaries on the [Quality Reporting Center website's VBP Tools and Resources page](#).

The COVID-19 Public Health Emergency (PHE) continues to have significant and enduring effects on health care systems around the world. The PHE affects care decisions, including those made on clinical topics covered by the Hospital VBP Program's measures. As a result of the COVID-19 PHE, hospitals could provide care to their patients that meets underlying clinical standards but results in worse measured performance, prompting lower incentive payments in the Hospital VBP Program.

It is not our intention to penalize hospitals based on measure scores that we believe are distorted by the COVID-19 PHE and not reflective of the quality of care that the measures in the Hospital VBP Program were designed to assess. Therefore, CMS is suppressing the following measures for the FY 2023 Program Year:


- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- Five Healthcare-Associated Infection (HAI) measures
- Pneumonia 30-Day Mortality Rate

Under this special rule for FY 2023, we will calculate measure rates for all measures, including the measures we are suppressing. However, we will only calculate achievement and improvement scores for the measures in the Clinical Outcomes domain which will not be suppressed, and the MSPB Measure. Domain scores for the Clinical Outcomes and Efficiency and Cost Reduction domain will be calculated, but we will not calculate Total Performance Scores (TPS) for hospitals because the Clinical Outcomes domain and the Efficiency and Cost Domain is only weighted at 50 percent of the TPS and there will be no other domain scores.

Each hospital's base-operating Diagnosis Related Group (DRG) payment amount will be reduced by 2 percent, as required under the Social Security Act. Since no hospital will receive a TPS for FY 2023, each hospital will be assigned a value-based incentive payment percentage that results in a value-based incentive payment amount that matches the 2 percent reduction to the base operating DRG payment amount. The net result of these payment adjustments will be neutral for all hospitals. That is, a hospital's base operating DRG payment amount would remain unchanged for FY 2023.

The Hospital VBP Program is designed to improve the quality, efficiency, experience, and safety of care that Medicare beneficiaries receive during acute care inpatient stays by:

Understanding the Fiscal Year (FY) 2023 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)



Step-by-Step Calculations

Overview

Hospitals participating in the Hospital VBP Program can now review the FY 2023 PPSR. This quick reference guide offers assistance on reading the values displayed on the report and understanding the new Centers for Medicare & Medicaid Services (CMS) scoring calculations due to the COVID-19 Public Health Emergency (PHE).

In the FY 2023 Inpatient Prospective Payment System (IPPS) Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule issued on August 10, 2022, CMS determined that circumstances caused by the COVID-19 PHE significantly affected National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, and the Pneumonia 30-Day Mortality measure in the FY 2023 Hospital VBP Program.

Because CMS is suppressing many measures, CMS believes there will not be enough data to award a Total Performance Score (TPS) to any hospital in FY 2023. As a result, no hospital will have a Total Performance Score calculated and no hospital will have payments adjusted due to the Hospital VBP Program in FY 2023.

The PPSR will display the default values for the 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, and the exchange function slope that CMS will apply in FY 2023.

Step 1 Calculate Achievement Points and Improvement Points for Each Measure

Achievement and improvement points will only apply to the Clinical Outcomes and Efficiency and Cost Reduction domain.

Hospitals will receive two scores on each measure and dimension: one for achievement and one for improvement. When calculating achievement points and improvement points, CMS rounds the resulting value to the nearest whole number. CMS will only score the measures that meet the minimum data requirements.

The minimum data requirements are found on the [Eligibility - Hospital VBP Program](#) page on QualityNet. If a hospital has the minimum data required only during the performance period (and not the baseline period), only achievement points will be scored. CMS finalized a modified version of achievement and improvement point formulas for calculating the MSPB measure in the FY 2012 IPPS-LTCH PPS Final Rule (76 FR 51654-51656).

Category	Measure ID	Measure Name	Performance Period	Achievement Threshold	Benchmark
Clinical Outcomes	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	July 1, 2018-June 30, 2021*	0.86548	0.85549
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.968747	0.97620	
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.919709	0.906349	
	MORT-30-HF	Heart Failure 30-Day Mortality	0.881039	0.890798	
	MORT-30-IPN	Pneumonia 30-Day Mortality	0.940138	0.871741	
Patient Safety Composite	PSI-09	Patient Safety and Adverse Events Composite	0.98400	0.761900	
	PSI-09	Healthcare-Associated Infections	0.850	0.000	
Safety	CAUTI	Catheter-Associated Urinary Tract Infection	0.520	0.014	
	CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000	
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000	
	SSI	Colon Surgery	0.117	0.000	
	SSI	Abdominal Hysterectomy	0.738	0.000	
Efficiency and Cost Reduction	MSPB	Medicare Spending per Beneficiary	Mean MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	

Reference these on QualityNet <https://qualitynet.org/inpatient/hvbp/resources#tab2>

- FY 2023 How to Read Your Report Help Guide
- Program Summary
- Scoring Quick Reference Guide
- Domain Weighting Quick Reference Guide

Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Percentage Payment Summary Report

Q&A Session

Disclaimer

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