



Hospital Value-Based Purchasing (VBP) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

**Where's My Report? Everything You Want to Know About the
FY 2023 Hospital VBP Program Percentage Payment Summary Report
Question and Answer Summary Document**

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The following document shows actual questions from event participants. Webinar attendees submitted the questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: **What are the baseline periods and performance periods for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measure?**

For the FY 2023 program year, the baseline and performance periods for all measures are on slide 28. The Clinical Outcomes domain mortality measures have a baseline period of July 1, 2013–June 30, 2016, and a performance period of July 1, 2018–June 30, 2021. The complication measure has a baseline period of April 1, 2013–March 31, 2016, and a performance period of April 1, 2018–March 31, 2021. The Person and Community Engagement domain HCAHPS survey measures have a baseline period of January 1, 2019–December 31, 2019, and a performance period of January 1, 2021–December 31, 2021. The Safety domain healthcare-associated infection (HAI) measures have a baseline period of January 1, 2019–December 31, 2019, and a performance period of January 1, 2021–December 31, 2021. The Efficiency and Cost Reduction domain Medicare Spending per Beneficiary measure has a baseline period of January 1, 2019–December 31, 2019, and a performance period of January 1, 2021–December 31, 2021.

Question 2: **When will CMS adjust payments based on this report?**

The [Fiscal Year \(FY\) 2023 Inpatient Prospective Payment System \(IPPS\)/Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) final rule](#) finalized a policy that would allow CMS to pause the use of measure data if the agency determines that circumstances caused by the COVID-19 Public Health Emergency (PHE) significantly affected those measures and the resulting quality scores. This policy is intended to ensure that these programs do not reward or penalize hospitals based on circumstances that the measures were not designed to accommodate. In the rule, CMS finalized pausing the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, MORT-30-PN (Pneumonia (PN) 30-Day Mortality Rate) measure in the Clinical Outcomes domain, and five HAI measures for the FY 2023 program year.

CMS believes that calculating a Total Performance Score (TPS) for hospitals using only data from the remaining measures would not result in fair national comparisons. Therefore, CMS will not calculate a TPS for any hospital based on one domain. Instead, CMS will award all hospitals a value-based payment amount for each discharge that is equal to the

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amount withheld. CMS will also calculate measure rates for all measures and publicly report those rates where feasible and appropriately caveated.

Question 3: What happens to the domain weights if a hospital does not meet the requirements for the Clinical Outcomes domain because there are less than 25 eligible cases in all four measures?

If a hospital is unable to receive enough measure scores to receive a domain score, the domain will not be scored.

Question 4: Do the HAI measures carry equal weight in the calculation of the score for the Safety domain?

Each scored measure within the Safety domain carries an equal weight.

Question 5: What happens if 100 HCAHPS surveys are not completed within the two periods?

If a hospital is unable to submit enough completed surveys during the performance period, the Person and Community Engagement domain will not be scored.

Question 6: Are children's hospitals and critical access hospitals (CAHs) exempt from the Hospital VBP Program?

Yes, only subsection (d) short-term acute care hospitals located in D.C. and the 50 states paid under the IPPS are included in the Hospital VBP Program.

Question 7: We received a letter stating that our hospital is ineligible to participate in the FY 2023 Hospital VBP Program. When will my Immediate Jeopardy fall off so we can participate in the program?

Hospitals will be excluded from the Hospital VBP Program for a particular program year if, during the performance period for that fiscal year, they were cited three times for deficiencies that pose immediate jeopardy to the health or safety of patients. For the FY 2023 program year, April 1, 2018–December 31, 2021 is the performance period used to determine if there were three citations for immediate jeopardy.

Question 8: Is FY 2023 the same as Calendar Year (CY) 2021?

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No. FY 2023 refers to the year in which payment adjustments will be applied (October 1, 2022–September 30, 2023). The measure performance periods and baseline periods range for the FY 2023 program year depending on the measure. Some measures for the FY 2023 program year use a performance period of CY 2021 and a baseline period of CY 2019. However, this generalization does not apply to the claims-based measures, such as the 30-day mortality measures and the hip/knee complication measure, as they use multi-year baseline and performance periods.

Question 9: When did CMS make the Percentage Payment Summary Reports (PPSRs) available?

The reports were released on December 7, 2022. An announcement was made through a QualityNet news article and a Listserv notification. You can sign up for the Hospital Inpatient Quality Reporting (IQR) Program and Hospital VBP Program Notification Listserv groups on <https://qualitynet.cms.gov/listserv-signup>.

Question 10: When does the review and correction period end?

The review and correction period ends on Friday, January 6, 2023, at 11:59 p.m. Pacific Time.

Question 11: Who do I contact if I am having trouble running my report?

For technical questions or issues related to accessing the PPSR, please contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or by calling toll-free (866) 288- 8912 (TTY: (877) 715-6222), weekdays from 8 a.m. to 8 p.m. Eastern Time.

Question 12: If rewards/penalties were in effect, what dates make up FY 2023?

Fiscal year 2023 refers to payments adjusted effective for discharges from October 1, 2022, to September 30, 2023.

Question 13: Are COVID-19 patients included in the clinical outcomes measures?

CMS finalized the decision to 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.