



# **Hospital VBP Program Knowledge Refresher: FY 2026 Overview**

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**April 10, 2024**

# Speakers

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Inpatient VIQR Outreach and Education Support Contractor

# Acronyms

<b>AMI</b>	Acute Myocardial Infarction	<b>HQR</b>	Hospital Quality Reporting
<b>CABG</b>	Coronary Artery Bypass Graft	<b>HSR</b>	Hospital-Specific Report
<b>CAUTI</b>	Catheter-associated Urinary Tract Infection	<b>IPPS</b>	inpatient prospective payment system
<b>CCSQ</b>	Center for Clinical Standards and Quality	<b>IQR</b>	Inpatient Quality Reporting
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>MORT</b>	mortality
<b>CLABSI</b>	Central Line-associated Bloodstream Infection	<b>MRSA</b>	Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>MS-DRG</b>	Medicare Severity Diagnosis Related Groups
<b>COMP</b>	complications	<b>MSPB</b>	Medicare Spending per Beneficiary
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<b>PN</b>	pneumonia
<b>ECE</b>	Extraordinary Circumstances Exceptions	<b>PPSR</b>	Percentage Payment Summary Report
<b>FR</b>	<i>Federal Register</i>	<b>Q</b>	quarter
<b>FY</b>	fiscal year	<b>SA/O</b>	Security Administrator/Official
<b>HAI</b>	Healthcare-associated infection	<b>SSI</b>	Surgical Site Infection
<b>HARP</b>	HCQIS Access Roles and Profile	<b>THA/TKA</b>	Total Hip Arthroplasty/Total Knee Arthroplasty
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>TPS</b>	Total Performance Score
<b>HCQIS</b>	Health Care Quality Information Systems	<b>VBP</b>	value-based purchasing
<b>HF</b>	heart failure	<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

This event will provide an overview of the Fiscal Year (FY) 2026 Hospital VBP Program Baseline Measures Reports and discuss the following:

- The report's location in the *Hospital Quality Reporting (HQR) Secure Portal*
- Domain and measure updates
- Performance standards and measurement periods
- Resources

# Objectives

Participants will be able to complete the following:

- Access their Hospital VBP Program Baseline Measures Report
- Identify the domains and measures that CMS uses to evaluate performance in the Hospital VBP Program
- Locate Hospital VBP Program resources

**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

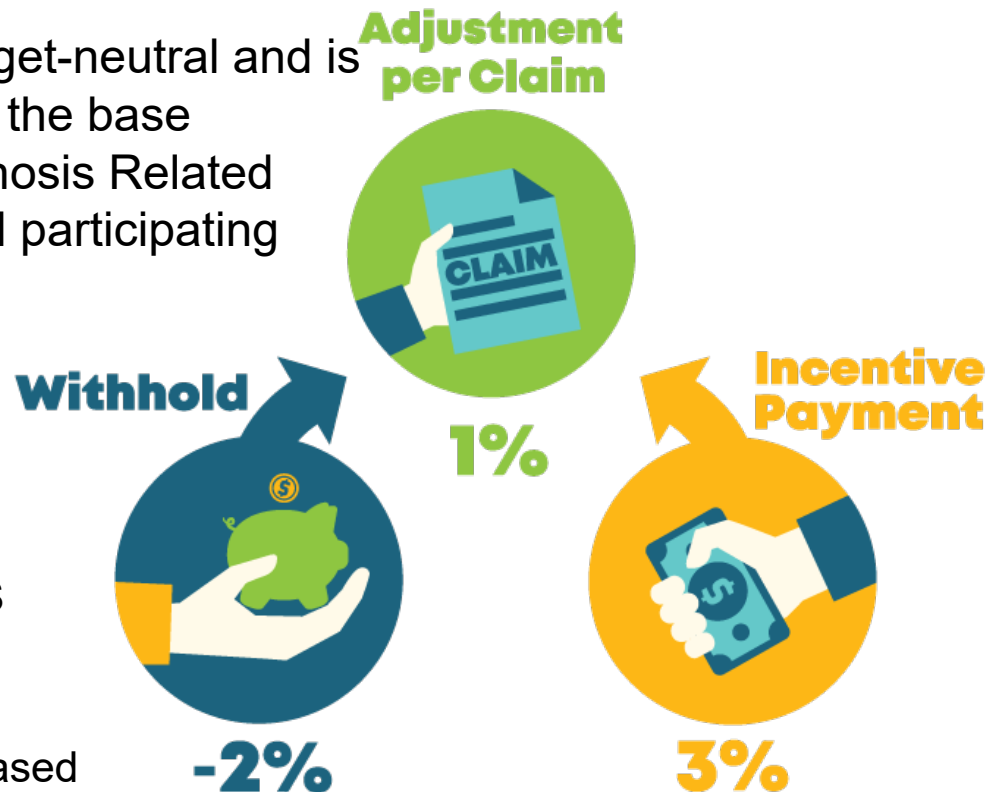
Inpatient VIQR Outreach and Education Support Contractor

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## **Hospital VBP Program Overview**

# Funding

- The Hospital VBP Program is budget-neutral and is funded by a 2.00% reduction from the base operating Medicare Severity Diagnosis Related Groups (MS-DRG) payments of all participating hospitals.
- CMS redistributes the resulting funds to hospitals based on the Total Performance Score (TPS).
  - The actual amount earned depends on the range and distribution of TPS scores of all eligible/participating hospitals for a fiscal year.
  - A hospital may earn back a value-based incentive payment percentage. The percentage can range from incurring the withhold for the fiscal year to receiving a positive net change in base operating MS-DRG payments.



# Eligibility

As defined in the Social Security Act, Section 1886(d)(1)(B), the program applies to subsection (d) hospitals located in the 50 states and the District of Columbia. This excludes the following:

- Hospitals and hospital units excluded from the inpatient prospective payment system (IPPS)
- Hospitals subject to payment reductions under the Hospital Inpatient Quality Reporting (IQR) Program
- Hospitals cited for deficiencies during the Performance Period that pose immediate jeopardy to the health or safety of patients
- Hospitals with less than the minimum number of domains calculated
- Hospitals 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 2.00% withheld from their base operating MS-DRG payments and will not be eligible to receive incentive payments in FY 2026.



# FY 2026

## Domains and Measures



### Clinical Outcomes (25%)

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

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

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

**ORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate

**ORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate

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

### Efficiency and Cost Reduction (25%)

**SPB:** 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%)

**AUTI:** 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

**SEPSIS-1:** Severe Sepsis and Septic Shock: Management Bundle

# FY 2026 Hospital VBP Program Summary of Changes

- **SEP-1: Severe Sepsis and Septic Shock: Management Bundle**, a process of care measure, was added to the Safety Domain





# Severe Sepsis and Septic Shock: Management Bundle (SEP-1)

**Measure Description:** This assesses measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement in patients aged 18 or older. This measure aligns with the Surviving Sepsis Campaign guidelines.





**Finalized Implementation Timeline:** Finalized use in the Hospital VBP Program beginning with the CY 2024 reporting period/FY 2026 payment determination.

**Alignment with Hospital IQR Program:** This measure will also remain in the Hospital IQR Program. Hospitals will only be required to submit data once, but results will be used for both programs.

# Measurement Periods

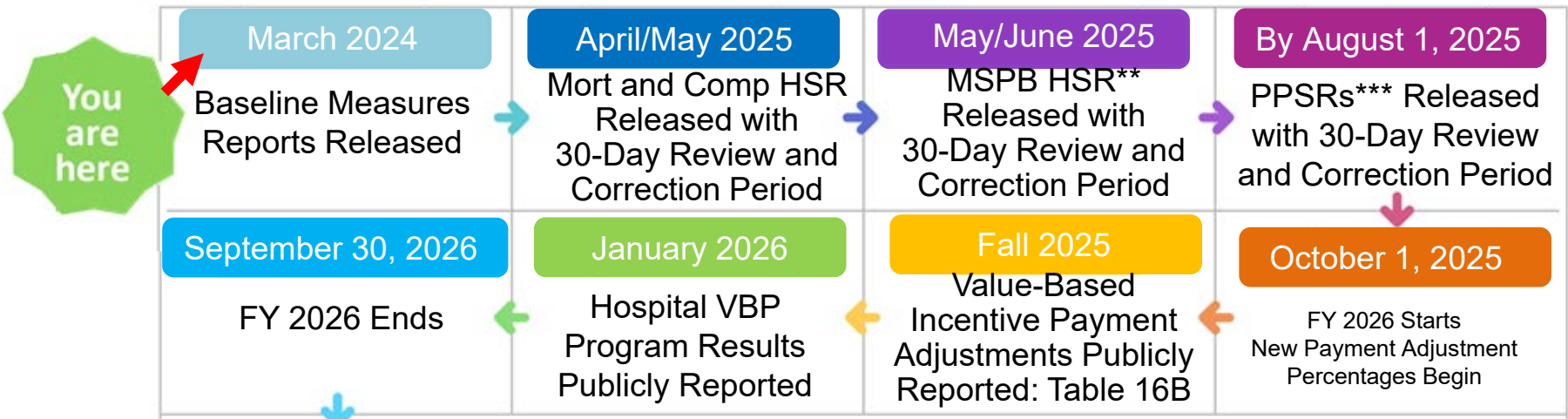
Domain	Measure	Baseline Period	Performance Period
 <b>Clinical Outcomes</b>	Mortality Measures (AMI, CABG, COPD, HF)	July 1, 2016– June 30, 2019	July 1, 2021– June 30, 2024
	Complication Measure	April 1, 2016– March 31, 2019	April 1, 2021– March 31, 2024
 <b>Person and Community Engagement</b>	HCAHPS Survey	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024
 <b>Safety</b>	Healthcare-associated infection (HAI) Measures & SEP-1 Measure	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024
 <b>Efficiency and Cost Reduction</b>	MSPB Hospital	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024

# Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
 <b>Clinical Outcomes</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• 30-Day Mortality Measures: 25 cases</li> <li>• Complication Measure: 25 cases</li> </ul>
 <b>Person and Community Engagement</b>	100 HCAHPS Surveys
  <b>Safety</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• HAI measures: One predicted infection</li> <li>• SEP-1 measure: Minimum of 25 cases accepted and used in the denominator</li> </ul>
<b>Efficiency and Cost Reduction</b>	25 episodes of care in the MSPB measure
<b>TPS</b>	A minimum of three of the four domains receiving domain scores

# FY 2026 Timeline

## Release Date\* and Event Timeline



\*These are estimated dates that are subject to change.

\*\*HSR = Hospital-Specific Report \*\*\* PPSR = Percentage Payment Summary Report

# Performance Standards

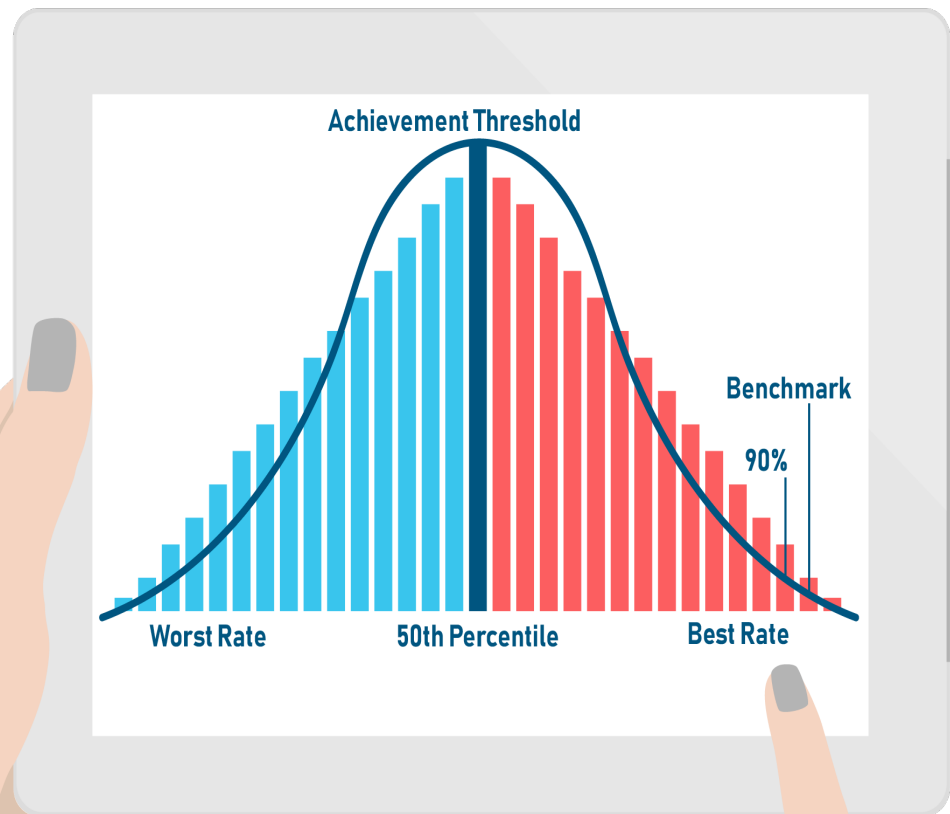
## **Benchmark:**

Average (mean) performance of the top decile (10%) 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.

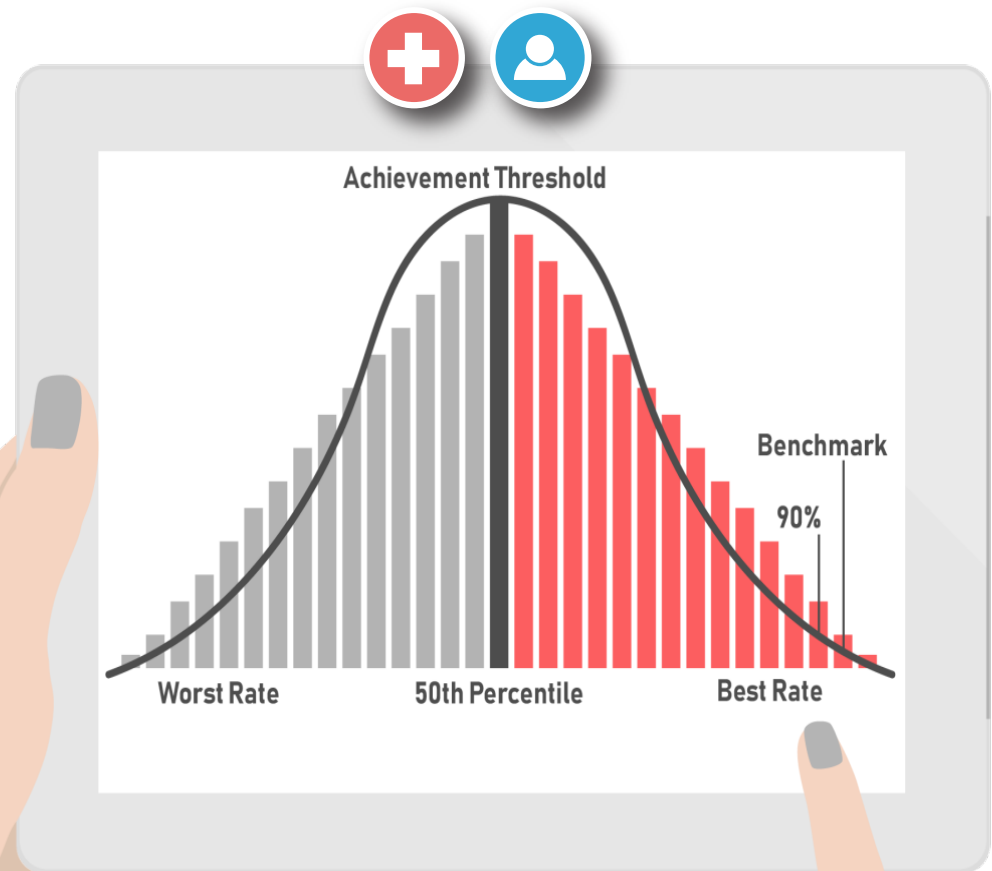


# Higher Performance Standards

A **higher** rate is better for the following measures/dimensions:

- Clinical Outcomes
  - Mortality measures\*
- Person and Community Engagement
- Safety Domain
  - SEP-1 measure

\* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.

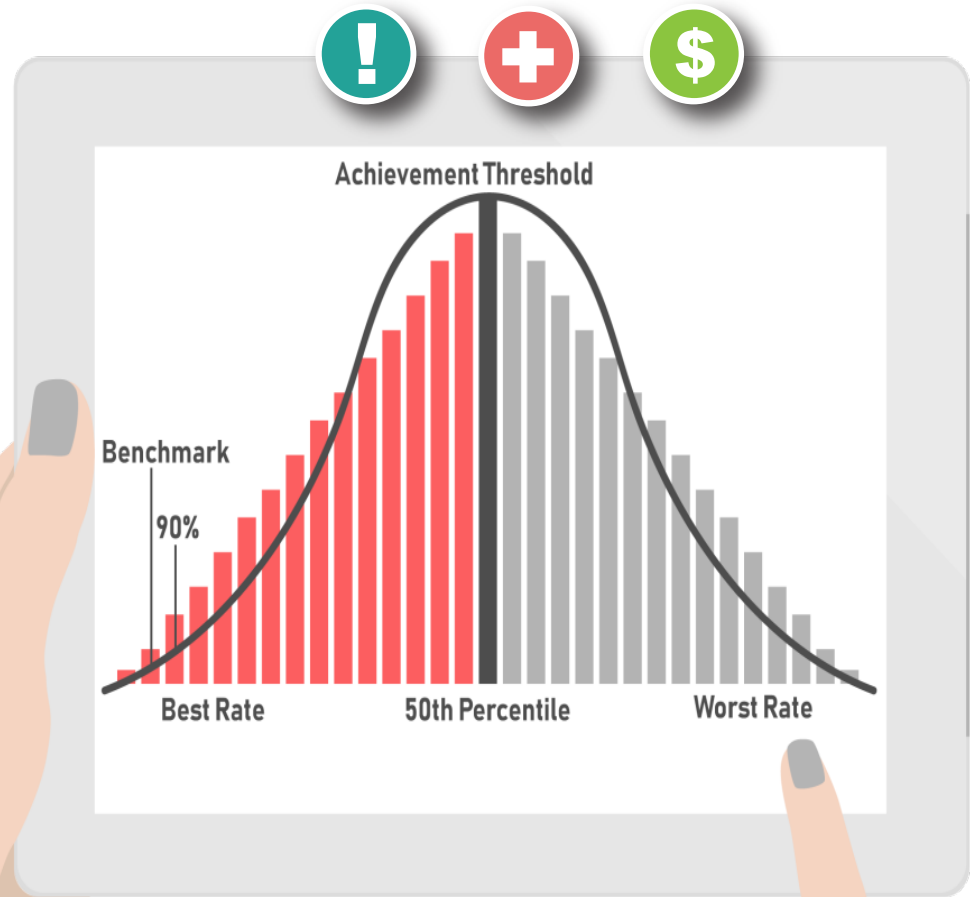




# Lower Performance Standards

A **lower** rate is better for the following measures:

- Clinical Outcomes
  - Complication measure
- Safety
  - HAI measures
- Efficiency and Cost Reduction
  - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



# FY 2026 Performance Standards (Part 1)

↓ Lower rates indicate better results in the measure.  
Each color/domain is worth 25%.

Payment adjustment effective for discharges from October 1, 2025, to September 30, 2026

Mortality Measures				
Clinical Outcomes	Baseline Period		Performance Period	
	July 1, 2016–June 30, 2019		July 1, 2021–June 30, 2024	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.874426	0.890687
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970568	0.980473
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.914691	0.932157
MORT-30-HF	Heart Failure 30-Day Mortality	0.885949	0.912874	
MORT-30-PN	Pneumonia 30-Day Mortality	0.843369	0.877097	
Complication Measure				
	Baseline Period		Performance Period	
	April 1, 2016–March 31, 2019		April 1, 2021–March 31, 2024	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.024019	0.016873	
Person and Community Engagement				
Person and Community Engagement	Baseline Period		Performance Period	
	Jan. 1, 2022–Dec. 31, 2022		Jan. 1, 2024–Dec. 31, 2024	
	HCAHPS Survey Dimensions	Floor (%)	Achievement Threshold (%)	Benchmark (%)
	Communication with Nurses	55.23	76.41	85.57
	Communication with Doctors	58.04	76.83	85.93
	Responsiveness of Hospital Staff	36.52	59.56	77.19
	Communication about Medicines	39.27	58.06	70.11
	Hospital Cleanliness and Quietness	38.59	62.61	77.49
	Discharge Information	63.22	85.54	91.10
	Care Transition	19.98	48.55	60.85
Overall Rating of Hospital	31.58	67.59	83.16	

25%

25%

# FY 2026 Performance Standards (Part 2)

↓ Lower rates indicate better results in the measure.

Each color/domain is worth 25%.

## Healthcare-Associated Infections

### Baseline Period

Jan. 1, 2022–Dec. 31, 2022

### Performance Period

Jan. 1, 2024–Dec. 31, 2024

Safety

25%

Measure ID	Measure Name	Achievement Threshold	Benchmark
↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.615	0.000
↓ CDI	Clostridium <i>difficile</i> Infection	0.423	0.000
↓ CLABSI	Central Line-Associated Bloodstream Infection	0.760	0.000
↓ MRSA	Methicillin-Resistant Staphylococcus <i>aureus</i>	0.793	0.000
↓ SSI	Colon Surgery Abdominal Hysterectomy	0.747 0.763	0.000 0.000
↑ SEP-1	Severe Sepsis & Septic Shock	0.597482	0.843620

### Baseline Period

Jan. 1, 2022–Dec. 31, 2022

### Performance Period

Jan. 1, 2024–Dec. 31, 2024

Efficiency and Cost Reduction

25%

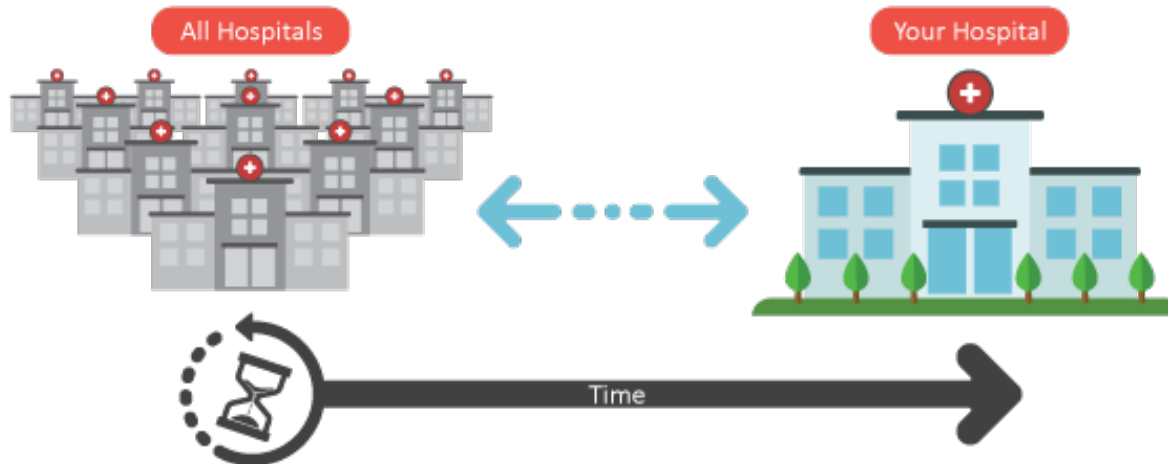
Measure ID	Measure Name	Achievement Threshold	Benchmark
↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period

# 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

\* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



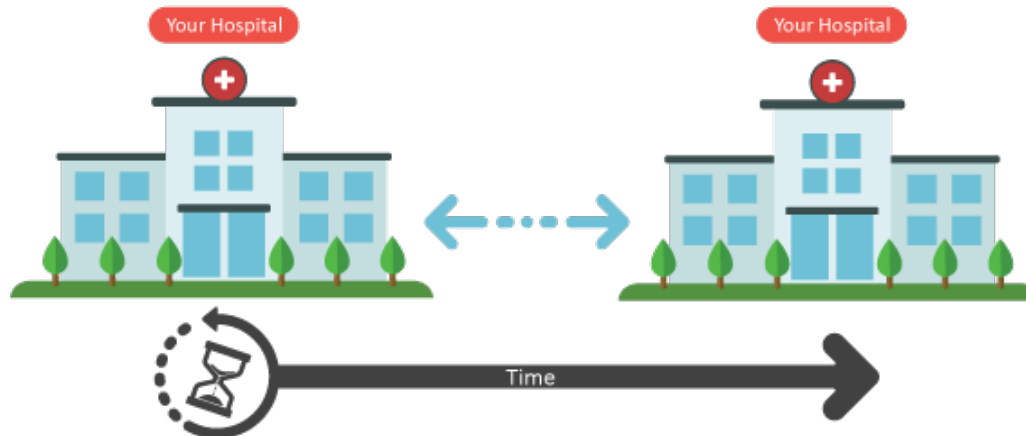
# Improvement Points

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

\*The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

\*\*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.



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## **Accessing the Report**

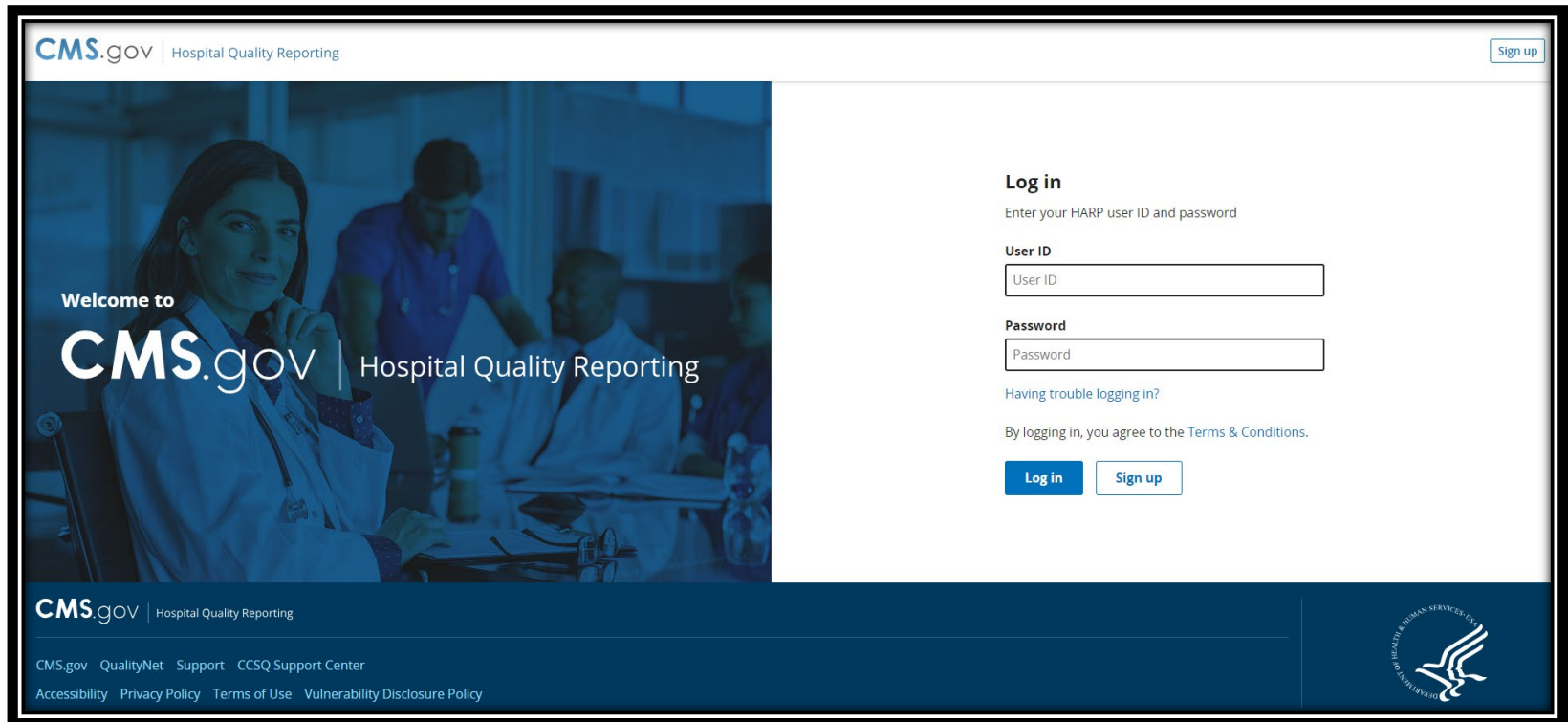
# Report Availability

- The **Baseline Reports** are available on the *HQR Secure Portal*.
- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

# Accessing the Report

**Step 1:** Navigate to the *HQR Secure Portal* login page: <https://hqr.cms.gov/hqrng/login>

**Step 2:** Enter your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) User ID and Password. Then, select **Login**.



The screenshot shows the login page for the CMS.gov Hospital Quality Reporting portal. The page features a blue header with the CMS.gov logo and the text "Hospital Quality Reporting". A large blue-tinted image of healthcare professionals is on the left, with the text "Welcome to CMS.gov | Hospital Quality Reporting" overlaid. On the right, there is a "Log in" section with the instruction "Enter your HARP user ID and password". Below this are two input fields: "User ID" and "Password". There are also links for "Having trouble logging in?" and "By logging in, you agree to the Terms & Conditions." At the bottom, there are "Log in" and "Sign up" buttons. The footer contains the CMS.gov logo, "Hospital Quality Reporting", and a list of links: "CMS.gov", "QualityNet", "Support", "CCSQ Support Center", "Accessibility", "Privacy Policy", "Terms of Use", and "Vulnerability Disclosure Policy". The Department of Health & Human Services logo is in the bottom right corner.



# Accessing the Report

**Step 3:** You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Next**.

The screenshot shows the CMS.gov Hospital Quality Reporting Two-factor authentication page. The page features a blue header with the CMS.gov logo and "Hospital Quality Reporting" text. A "Sign up" button is in the top right corner. The main content area is split into two sections: a large image on the left showing healthcare professionals in a meeting, and a form on the right. The form is titled "Two-factor authentication" and includes a "Choose an authentication method" dropdown menu. The dropdown is open, showing "Email" as the selected option, with "SMS to +1 XXX-XXX-1086" as an alternative. Below the dropdown are "Next" and "Cancel" buttons. The footer contains the CMS.gov logo, "Hospital Quality Reporting", and a list of links: "CMS.gov", "QualityNet", "Support", "CCSQ Support Center", "Accessibility", "Privacy Policy", "Terms of Use", and "Vulnerability Disclosure Policy". The Department of Health & Human Services logo is in the bottom right corner.

CMS.gov | Hospital Quality Reporting Sign up

Welcome to  
**CMS.gov** | Hospital Quality Reporting

**Two-factor authentication**

Choose an authentication method

Email

SMS to +1 XXX-XXX-1086

Email

**Next** Cancel

CMS.gov | Hospital Quality Reporting

CMS.gov QualityNet Support CCSQ Support Center

Accessibility Privacy Policy Terms of Use Vulnerability Disclosure Policy

DEPARTMENT OF HEALTH & HUMAN SERVICES (USA)

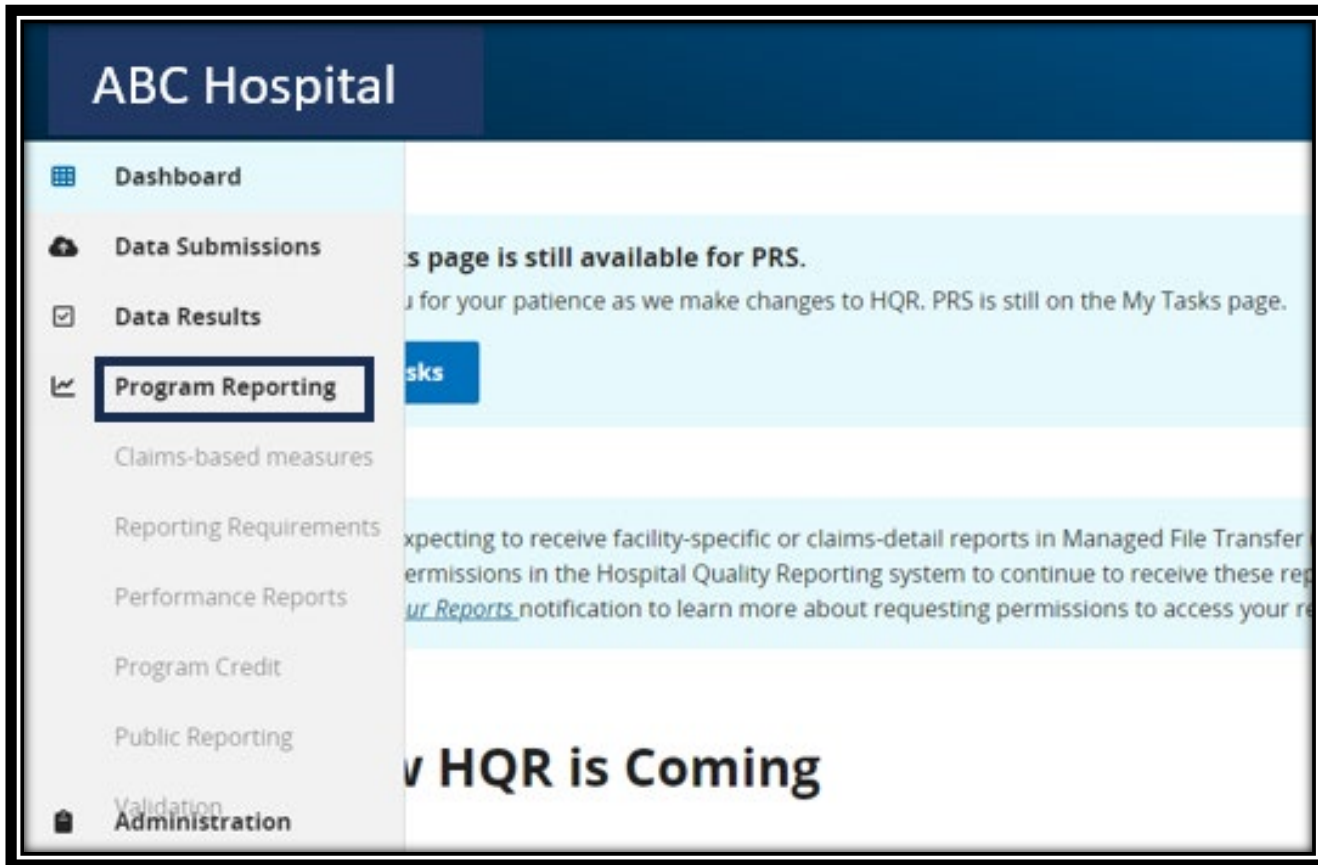
# Accessing the Report

**Step 4:** Once you receive the code, enter it. Select **Next**.

The screenshot shows the CMS.gov Hospital Quality Reporting interface during a two-factor authentication step. The page features a blue-tinted background image of healthcare professionals in a meeting. The CMS.gov logo and 'Hospital Quality Reporting' text are visible in the top left and bottom left. A 'Sign up' button is in the top right. The main content area is titled 'Two-factor authentication' and includes the text 'Code sent via SMS to +1 XXX-XXX-1086'. Below this is an 'Enter code' label and an empty text input field. There are links for 'Resend code' and 'Change method'. At the bottom of the form area are 'Next' and 'Cancel' buttons. The footer contains navigation links for CMS.gov, QualityNet, Support, CCSQ Support Center, Accessibility, Privacy Policy, Terms of Use, and Vulnerability Disclosure Policy, along with the Department of Health & Human Services logo.

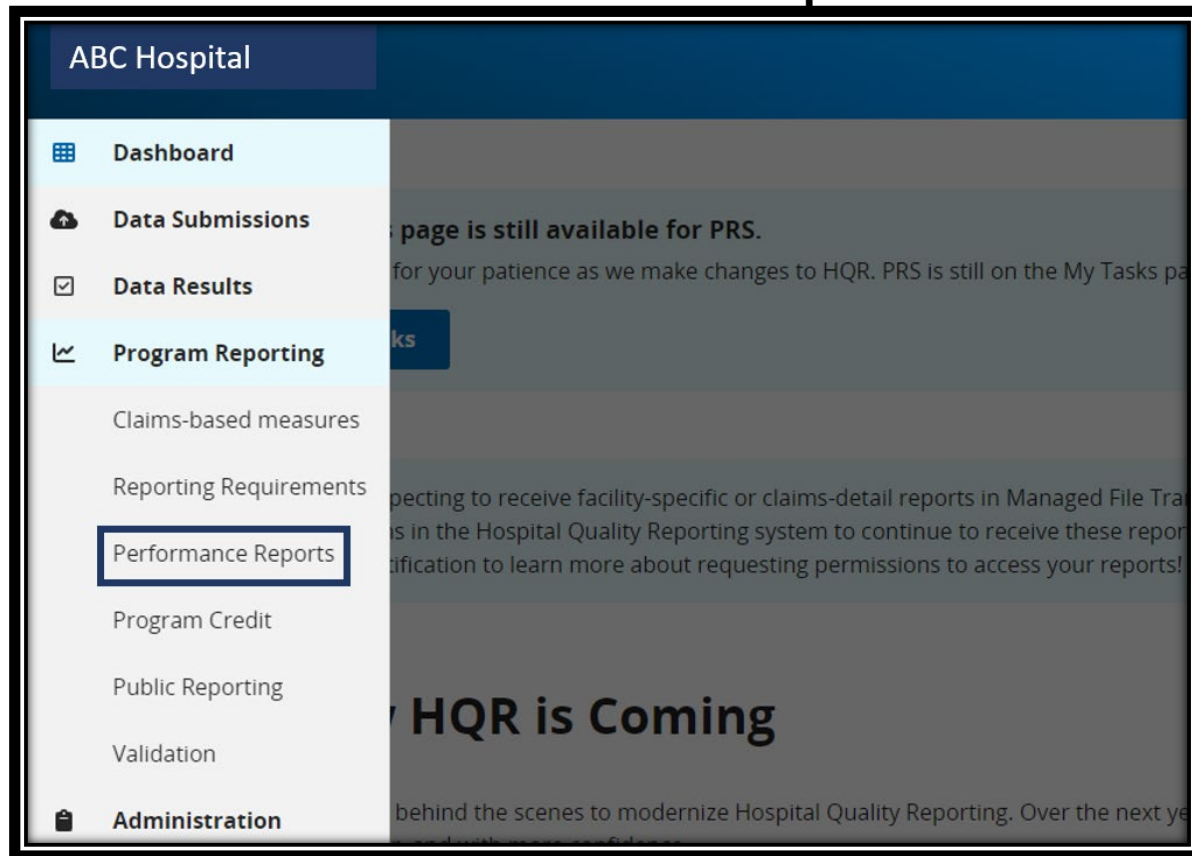
# Accessing the Report

**Step 5:** On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.



# Accessing the Report

**Step 6:** From the expanded Program Reporting drop-down menu, select **Performance Reports**.



# Accessing the Report

**Step 7:** Select **HVBP** from the Program selection menu.

**Step 8:** Select **2026** from the Fiscal Year selection menu.

**Step 9:** Select your hospital from the Provider selection menu. Select **Display Results**.

The screenshot displays the CMS.gov Hospital Quality Reporting interface. At the top, the header reads "CMS.gov | Hospital Quality Reporting". Below this, a dark blue banner contains the text "IFMC - SDPS". The main content area is titled "Performance Reports" and includes a descriptive paragraph: "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." Below the text is a form with three dropdown menus: "Program" (selected: HVBP), "Fiscal Year" (selected: 2026), and "Provider(s)" (selected: ABC Hospital (CCN-000000)). A "Display Results" button is positioned to the right of the form. The footer of the interface also reads "CMS.gov | Hospital Quality Reporting".

# Option to Export PDF

The screenshot displays the CMS.gov Hospital Quality Reporting interface. At the top, the header reads "CMS.gov | Hospital Quality Reporting". Below this, a dark blue banner contains the text "IFMC - SDPS".

On the left side, there is a vertical navigation menu with icons for a grid, a home icon, a checkmark, a magnifying glass, and a folder. The main content area is titled "Performance Reports".

Under "Performance Reports", there is a descriptive paragraph: "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."

Below the text is a form with three main sections:

- Program:** A dropdown menu with "HVBP" selected.
- Fiscal Year:** A dropdown menu with "2026" selected.
- Provider(s):** A text input field containing "ABC Hospital (CCN-000000)" and a dropdown menu with "All Selected" selected.

To the right of these fields are two buttons: "Display Results" and "Export PDF". The "Export PDF" button is circled in blue.

Below the form, there is another paragraph: "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."

At the bottom, there are two expandable sections:

- Baseline Measures:** A tab that is currently selected.
- + Clinical Outcomes**
- + Person And Community Engagement**

# Instructions to Access Baseline Reports

## To access your FY 2026 Hospital VBP Program baseline 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 **Log in**.
3. You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Next**.
4. Once you receive the code, enter it. Select **Next**.
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 **2026** from the Fiscal Year selection menu.
10. Select your hospital from the Provider selection menu. Select **Display Results**.

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Inpatient VIQR Outreach and Education Support Contractor

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## **Reviewing your Report**



# Clinical Outcomes Domain (Part 1)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Hospital ABC (CCN-000000)

Page 1 of 7

Fiscal Year 2026

Exported 2/26/2024 12:11 PM

Data as of: 02/20/2024

### Clinical Outcomes

Baseline Period:  
04/01/2016 - 03/31/2019

Risk-Standardized Complication Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	1497	0.018884	0.024019	0.016873

Baseline Period (AMI, HF, COPD, CABG, PN):  
07/01/2016 - 06/30/2019

30-Day Risk-Standardized Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	1104	0.870309	0.874426	0.890687
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	1138	0.899109	0.914691	0.932157

# Clinical Outcomes Domain (Part 2)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

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Fiscal Year 2026

Exported 2/26/2024 12:11 PM

Data as of: 02/20/2024

Hospital ABC (CCN-000000)

Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	474	0.977922	0.970568	0.980473
Heart Failure (HF) 30-Day Mortality Rate	1522	0.875678	0.885949	0.912874
Pneumonia (PN) 30-Day Mortality Rate	1619	0.813568	0.843369	0.877097

# Information Pop-Ups

Baseline Measures

**— Clinical Outcomes**

Risk-Standardized Complication Measures	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
<b>Baseline Period:</b> 04/01/2013 - 03/31/2016				
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-		

30-Day Risk-Standardized Mortality Measures ⓘ	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
<b>Baseline Period:</b> 07/01/2013 - 06/30/2016				
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	5	0.861821		
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	33	0.928280		
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.968747	0.979620
Heart Failure (HF) 30-Day Mortality Rate	49	0.891818	0.881939	0.906798
Pneumonia (PN) 30-Day Mortality Rate	123	0.860265	0.840138	0.871741

✕ Close

## Number Of Eligible Discharges

A minimum of 25 eligible discharges during the baseline period are required for improvement point calculations. Further information on how this score is calculated can be found on [QualityNet](#).

Okay

# Person and Community Engagement Domain (Part 1)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Hospital ABC (CCN-000000)

Page 3 of 7

Fiscal Year 2026

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Data as of: 02/20/2024

### Person And Community Engagement

Baseline Period:  
01/01/2022 - 12/31/2022

HCAHPS Surveys Completed During the Baseline Period:1145

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses	75.3366%	55.23%	76.41%	85.57%
Communication with Doctors	76.4301%	58.04%	76.83%	85.93%
Responsiveness of Hospital Staff	54.4523%	36.52%	59.56%	77.19%
Communication about Medicines	56.1915%	39.27%	58.06%	70.11%
Cleanliness and Quietness of Hospital Environment	64.3281%	38.59%	62.61%	77.49%
Discharge Information	85.4327%	63.22%	85.54%	91.10%
Care Transition	47.7481%	19.98%	48.55%	60.85%

# Person and Community Engagement Domain (Part 2)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Hospital ABC (CCN-000000)

Overall Rating of Hospital	69.9070%	31.58%	67.59%	83.16%
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Page 4 of 7

Fiscal Year 2026

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Data as of: 02/20/2024

# Safety Domain (Part 1)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Hospital ABC (CCN-000000)

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Fiscal Year 2026

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Data as of: 02/20/2024

### Safety

Baseline Period:  
01/01/2022 - 12/31/2022

Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Achievement Threshold	Benchmark
Catheter-Associated Urinary Tract Infection	32	42.181	0.759	0.615	0.000
Central Line-Associated Blood Stream Infection	32	23.065	1.387	0.760	0.000
Clostridium difficile Infection	128	168.633	0.759	0.423	0.000
Methicillin-Resistant Staphylococcus aureus Bacteremia	24	17.782	1.350	0.793	0.000
SSI-Abdominal Hysterectomy	4	5.216	0.767	0.763	0.000

# Safety Domain (Part 2)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Page 6 of 7  
Fiscal Year 2026

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Hospital ABC (CCN-000000)

SSI-Colon Surgery	12	12.965	0.926	0.747	0.000
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Baseline Period:  
01/01/2022 - 12/31/2022

Process of Care	Numerator	Denominator	Baseline Period Rate	Achievement Threshold	Benchmark
SEP-1: Severe Sepsis and Septic Shock: Management Bundle	236	377	0.625995	0.597482	0.843620

# Efficiency and Cost Reduction Domain

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Page 7 of 7

Fiscal Year 2026

Exported 2/26/2024 12:11 PM

Data as of: 02/20/2024

Hospital ABC (CCN-000000)

### Efficiency And Cost Reduction

Baseline Period:

01/01/2022 - 12/31/2022

Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
Medicare Spending per Beneficiary (MSPB)	\$25,401.25	\$25,089.20	1.012438	6206

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.

A double asterisk (\*\*) indicates that the hospital did not meet the minimum requirements for the measure in the Baseline Period.

Calculated values were subject to rounding.



# Export Baseline Report

CMS.gov | Hospital Quality Reporting

## IFMC - SDPS

### 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**  
2026

**Provider(s)**  
ABC Hospital (CCN-000000) All Selected

[Display Results](#)

[Export PDF](#)

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.

[Baseline Measures](#)

+ **Clinical Outcomes**

+ **Person And Community Engagement**

**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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## **Requesting Permission to Access Reports**

# Requesting Permission When You Don't Have Report Access

- Reports are available to users associated with hospitals that have the **Performance Reports** permission for **HVBP** Program Access.
- If you don't have access to your hospital's Hospital VBP Program reports in the drop-down box, you may not have the required program access for Performance Reports in your profile.
- The following slides provide instruction for requesting that permission.
- This action is **not** needed for users that can already access the Hospital VBP Program reports.

# Requesting Permission

**Step 6:** On the HQR landing page, select the **drop-down arrow** by your name on the ribbon at the top of the page to expand the options.

The screenshot displays the CMS.gov QualityNet interface for ABC Hospital. At the top, the CMS.gov logo and QualityNet text are on the left, and the user name 'Jane Doe' with a red drop-down arrow is on the right. Below this is a dark blue ribbon with 'ABC Hospital' and a 'Change Organization' button. The main content area features a left-hand navigation menu with icons for home, tasks, reports, and settings. Two informational messages are shown: the first states 'My Tasks page is still available for PRS' with a 'My Tasks' button; the second asks if the user expects facility-specific or claims-detail reports in Managed File Transfer (MFT). Below these is a section titled 'The New HQR is Coming' with text about modernizing Hospital Quality Reporting and a list of new features: 'All features and functions are now available in the navigation' and 'Tasks are clearly divided - move from one to another with ease'. An illustration of a computer monitor and keyboard is on the right.

# Requesting Permission

**Step 7:** From the expanded drop-down menu, select **My Profile**.

The screenshot shows the CMS.gov QualityNet interface for ABC Hospital. The user is Jane Doe. A dropdown menu is open, showing 'My Profile' highlighted in red. The main content area contains a 'My Tasks' button and a section titled 'The New HQR is Coming' with a list of updates and a computer icon.

**My Tasks page is still available for PRS.**  
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

**My Tasks**

**Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)?** Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

### The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

**New! Check out the navigation on the left:**

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease

# Requesting Permission

**Step 8:** Select **View Access** button for the organization to view the Hospital VBP Program reports.

The screenshot shows the user interface for 'ABC Hospital'. At the top, there is a blue header with the text 'ABC Hospital' and a 'Change Organization' button. Below the header, there is a navigation bar with '< Dashboard' and 'New Feature Tour'. The main content area features a user profile for 'Jane Doe' with the email 'JaneDoe2 · JaneDoe2@abchospital.org' and links for 'Update Password', 'Update 2-Factor Authentication', and 'Update Challenge Question'. Below this is the 'Organization Access' section, which includes a 'Create Access Request' button. The 'Access Requests' tab is selected, showing a list of organizations. The first organization is 'ABC Hospital' with ID 'A3ABM581', user type 'Basic', and status 'Active'. A red box highlights the 'View Access' button for this organization.

ABC Hospital

Change Organization

< Dashboard New Feature Tour

Jane Doe  
JaneDoe2 · JaneDoe2@abchospital.org

Update Password Update 2-Factor Authentication Update Challenge Question

Organization Access Create Access Request

My Organizations Access Requests

Here are the organizations to which you currently have access. Navigate to any organization's page by clicking on the organization's name. The "View Access" button allows you to view your permissions at that organization.

Search

Organization	Organization ID	User Type	Status	
ABC Hospital	A3ABM581	Basic	Active	View Access

# Requesting Permission

**Step 9:** Review Performance Reports Program Access to confirm **HVBP** is selected. Select **Request Change in Access** if HVBP is not listed for Performance Reports.

ABC Hospital  
990101

[Request Change in Access](#)

**User Type**  
Basic

**Permissions**

Data Submissions	Program Access
Chart Abstracted	None
DACA	None
eCQM	None
HCAHPS (File Upload)	None
Population & Sampling	None
Program Management	None
Web-Based Measures	None

Program Results	Program Access
Admin Reports	None
Performance Reports	None
Public Reporting	None
Validation	None

# Requesting Permission

**Step 10:** Confirm Basic or Security Administrator/Official User Type selection. Click the **Add Program Access** on the Performance Reports line. (1 of 2) **Note: Add** appears if there are no existing permissions for Performance Results. **Edit** appears if there are existing permissions.

## My Profile Select Organization

< Account Info

### Create Access Request

ABC Hospital  
990101

#### User Type

**Basic**  
A Basic User is a User Type with varying levels of Read and/or Read/Write Access to the Organization(s) in their system. Certain Basic Users also have access to Administrative features.

**Security Administrator/Official**  
A Security Administrator/Official is a person who manages User Types & Permissions for their Organization and the programs they support. Most SA/O have Read/Write access to their programs.

#### Permissions

Data Submissions	Program Access
Chart Abstracted	None <a href="#">Add</a>
DACA	None <a href="#">Add</a>
eCQM	None <a href="#">Add</a>
HCAHPS (File Upload)	None <a href="#">Add</a>
Population & Sampling	None <a href="#">Add</a>



# Requesting Permission

**Step 10:** Confirm User Type selection. Click the **Add** Program Access on the Performance Reports line. (2 of 2) **Add** will be displayed if there are no existing permissions for Performance Results. **Edit** will be displayed if there are existing permissions.

Program Results	Program Access
Admin Reports	None <a href="#">Add</a>
Performance Reports	None <a href="#">Add</a>
Public Reporting	None <a href="#">Add</a>
Validation	None <a href="#">Add</a>
Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

# Requesting Permission

**Step 11:** Select the checkbox for **Hospital Value-Based Purchasing (HVBP)** access. Click the **Apply & Close** button.

[Close](#)

## Performance Reports

Choose the programs that you need access to.

Program	Access
Ambulatory Surgical Center Quality Reporting (ASCQR)	<input type="checkbox"/>
Hospital Value-Based Purchasing (HVBP)	<input checked="" type="checkbox"/>
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	<input type="checkbox"/>
Inpatient Quality Reporting (IQR)	<input type="checkbox"/>
Outpatient Quality Reporting (OQR)	<input type="checkbox"/>
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)	<input type="checkbox"/>

**Apply & Close** [Cancel](#)

# Requesting Permission

**Step 12:** Click the **Review** button at the bottom of the form.

Program Results	Program Access
Admin Reports	None <a href="#">Add</a>
Performance Reports	HVBP <a href="#">Edit</a>
Public Reporting	None <a href="#">Add</a>
Validation	None <a href="#">Add</a>

Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

# Requesting Permission

**Step 13:** Click the **Submit** button at the bottom of the form.

Create Access Request

**i** Review the Selected Access Request Before Submitting

ABC Hospital  
990101

User Type

Basic

Permissions

Data Submissions	Program Access
Chart Abstracted	None
Program Results	Program Access
Admin Reports	None
Performance Reports	HVBP
Public Reporting	None
Validation	None

[Back](#) [Submit](#)

# Requesting HVBP Program Access for Performance Reports

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 **Next**.
4. Once you receive the code, enter it. Select **Next**.
5. Read the Terms and Conditions statement. Select **Accept** to proceed.  
You will be directed to the **HQR landing page**. (If you select Cancel, the program closes.)
6. On the HQR landing page, to expand the options, select **the drop-down arrow** by your name at the top.
7. From the expanded drop-down menu, select **My Profile**.
8. Select **View Access** for the organization's Hospital VBP Program reports you wish to view.
9. Review your **Performance Reports** Program Access to confirm **HVBP** is selected.  
Select **Request Change in Access** if HVBP is not listed for Performance Reports.
10. Confirm **Basic or Security Administrator/Official (SA/O)** user type based on your role in the organization. Click **Add Program Access** on the Performance Reports line. (**Add** will appear if there are no existing permissions for Performance Results. **Edit** will appear if there are existing permissions.
11. Select **Hospital Value-Based Purchasing (HVBP)**. Click **Apply & Close**.
12. Click **Review** at the bottom of the form.
13. Click **Submit** at the bottom of the form. You will receive an email confirmation (with the organization, submission date, and SA/O names) of your submission. SA/Os will be notified to review the request.  
Once the request is reviewed, you will receive a notification that your access was modified.

**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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## **Resources**

# QualityNet Resources

## Hospital VBP Program General Information

- From the **Hospitals – Inpatient** menu, select **Hospital Value-Based Purchasing Program**.
- Direct link: <https://qualitynet.cms.gov/inpatient/hvbp>

## Frequently Asked Questions

- From the home page, hover on **Help** at the top-right of the page. Then, select **Hospitals – Inpatient**.
- Direct link: [https://cmsqualitysupport.service-now.com/qnet\\_qa](https://cmsqualitysupport.service-now.com/qnet_qa)

The screenshot displays the CMS.gov QualityNet website. The top navigation bar includes the CMS.gov logo, a search bar for QualityNet, and links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area features a blue header with the breadcrumb "Home / Hospitals - Inpatient /" and the title "Hospital Value Based Purchasing (HVBP) Program". Below the title is a horizontal menu with the following items: Overview (underlined), HVBP Measures, Participation, Performance, Reports, Payment, Resources, and Webinars.

# How to Read Your Reports Help Guide

The *Hospital VBP Program: How to Read Your FY 2026 Baseline Measures Report* guide becomes available on QualityNet in the Hospital VBP Program Resources section once reports are released.

Direct link:

<https://qualitynet.cms.gov/inpatient/hvbp/resources>



Hospital VBP Program: How to Read Your FY 2026 Baseline Measures Report

## Program Overview

The Hospital Value-Based Purchasing (VBP) Program is authorized by Section 1886(o) of the Social Security Act. The Hospital VBP Program is the nation's first national pay-for-performance program for acute care hospitals. The program serves as an important driver in redesigning how the Centers for Medicare & Medicaid Services (CMS) pays for care and services. It is based on the quality and value of care, not only the quantity of services provided.

## Purpose of the Baseline Measures Report

The Hospital VBP Program Baseline Measures Report allows providers to review their performance for all domains and measures included in the Hospital VBP Program in comparison to the achievement threshold and benchmark performance standards that are used to determine achievement and improvement points.

## Fiscal Year (FY) 2026 Measurement Periods

The baseline and performance periods for FY 2026 measures are outlined below.

Domain/Measure Description	Baseline Period	Performance Period
<b>Clinical Outcomes:</b> 30-Day Mortality measures for: <ul style="list-style-type: none"><li>Acute Myocardial Infarction (AMI)</li><li>Coronary Bypass Graft (CABG) Surgery</li><li>Chronic Obstructive Pulmonary Disease (COPD)</li><li>Heart Failure (HF)</li><li>Pneumonia (PN)</li></ul>	July 1, 2016– June 30, 2019	July 1, 2021– June 30, 2024
<b>Clinical Outcomes:</b> Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication measure	April 1, 2016– March 31, 2019	April 1, 2021– March 31, 2024
<b>Person and Community Engagement:</b> Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimensions	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024
<b>Safety:</b> Healthcare-Associated Infection (HAI) measures including: <ul style="list-style-type: none"><li>Catheter-Associated Urinary Tract Infection (CAUTI)</li><li>Central line-associated Bloodstream Infection (CLABSI)</li><li>Harmonized Procedure Specific Surgical Site Infection (SSI)</li><li>Facility-wide Inpatient Hospital-onset MRSA Bacteremia</li><li>Facility-wide Inpatient Hospital-</li></ul>	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024



# Quick Reference Guide

- The FY 2026 quick reference guide contains the following:
  - Domains
  - Domain weights
  - Measures
  - Baseline and Performance Period dates
  - Performance standards
- **QualityNet:**  
<https://qualitynet.cms.gov/inpatient/hvbp/resources#tab1>
- **Quality Reporting Center:**  
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-tools-and-resources/>

## Fiscal Year 2026 Hospital Value-Based Purchasing Program Quick Reference Guide



Payment adjustment effective for discharges from October 1, 2025, to September 30, 2026

	Mortality Measures				25%	
	Baseline Period	Measure ID	Measure Name	Performance Period		
Clinical Outcomes	July 1, 2016–June 30, 2019	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	July 1, 2021–June 30, 2024	25%	
				Achievement Threshold		Benchmark
				0.874426		0.890687
		MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970568		0.980473
		MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.914691		0.932157
		MORT-30-HF	Heart Failure 30-Day Mortality	0.885949		0.912874
	MORT-30-PN	Pneumonia 30-Day Mortality	0.843369	0.877097		
	Complication Measure					
	Baseline Period	Measure ID	Measure Name	Performance Period		
	April 1, 2016–March 31, 2019	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	April 1, 2021–March 31, 2024		
				Achievement Threshold	Benchmark	
				0.024019	0.016873	
Person and Community Engagement	Baseline Period	Measure ID	Measure Name	Performance Period	25%	
	Jan. 1, 2022–Dec. 31, 2022	HCAHPS Survey Dimensions	Floor (%)	Jan. 1, 2024–Dec. 31, 2024		
				Achievement Threshold (%)		Benchmark (%)
				76.41		85.57
				76.83		85.93
				59.56		77.19
				58.06		70.11
				62.61		77.49
				85.54		91.10
			48.55	60.85		
			67.59	83.16		
Safety	Healthcare-Associated Infections				25%	
	Baseline Period	Measure ID	Measure Name	Performance Period		
	Jan. 1, 2022–Dec. 31, 2022	CAUTI	Catheter-Associated Urinary Tract Infection	Jan. 1, 2024–Dec. 31, 2024		
				Achievement Threshold		Benchmark
				0.615		0.000
		↓ CDI	Clostridium <i>difficile</i> Infection	0.423		0.000
		↓ CLABSI	Central Line-Associated Bloodstream Infection	0.760		0.000
		↓ MRSA	Methicillin-Resistant Staphylococcus aureus	0.793		0.000
		↓ SSI	Colon Surgery Abdominal Hysterectomy	0.747		0.000
	↑ Sepsis	Severe Sepsis & Septic Shock	0.597482	0.843620		
Efficiency and Cost Reduction	Baseline Period	Measure ID	Measure Name	Performance Period	25%	
	Jan. 1, 2022–Dec. 31, 2022	MSPB	Medicare Spending per Beneficiary	Jan. 1, 2024–Dec. 31, 2024		
				Achievement Threshold	Benchmark	
				Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	

↓ Indicates lower values are better for the measure. ↑ Indicates higher values are better for the measure.

# Additional Resources

- For technical questions or issues related to accessing reports, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at [QnetSupport@cms.hhs.gov](mailto:QnetSupport@cms.hhs.gov) or (866) 288-8912.
- To ask questions related to the Hospital VBP Program:
  - Submit questions via the QualityNet Q&A Tool:  
[https://cmsqualitysupport.service-now.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question)
  - Call the Inpatient VIQR Outreach and Education Support Contract Team at (844) 472-4477.
- Hospital VBP Program general information:  
<https://qualitynet.cms.gov/inpatient/hvbp>
- To register for Hospital VBP Program Notifications:  
<https://qualitynet.cms.gov/listserv-signup>

# Hospital VBP Program Knowledge Refresher: FY 2026 Overview

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## Questions

## Hospital VBP Program Knowledge Refresher: FY 2026 Overview

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**Thank You**