



Overview of the Hospital Value-Based Purchasing (VBP) Fiscal Year (FY) 2017

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Purpose

This event will provide an overview of the FY 2017 Hospital VBP Program including:

- Evaluation criteria for hospitals within each domain and measure
- Eligibility requirements for the VBP Program
- Explanation of the scoring methodology used in the VBP Program

Objectives

Participants will be able to:

- Identify how hospitals will be evaluated within each domain and measure
- Recall the eligibility requirements for the VBP Program
- Interpret the scoring methodology used in the VBP Program

Hospital VBP Program Introduction

- Initially required by provisions in the Affordable Care Act and further defined in Section 1886(o) of the Social Security Act Quality
- Incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Based on the *quality* of care, not just *quantity* of the inpatient acute care services provided
- Funded by a **2.00%** reduction from participating hospitals' base operating Diagnosis-Related Group (DRG) payments for FY 2017

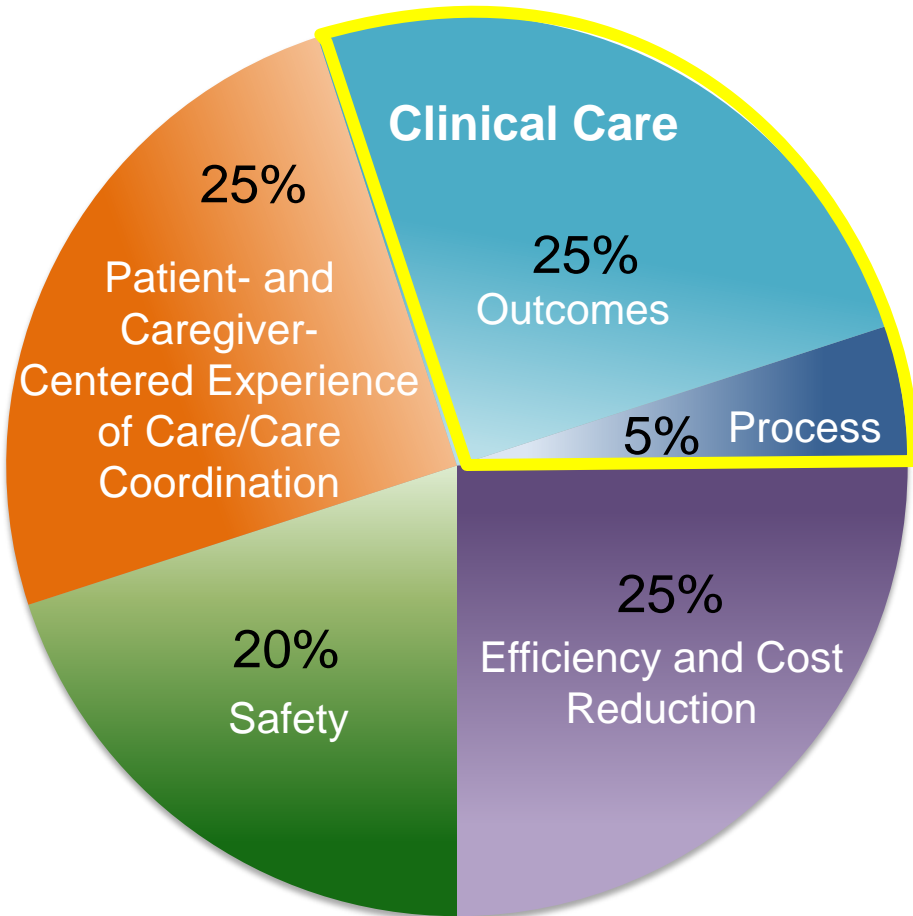


Hospital VBP Program Eligibility

- Who is eligible for the program?
 - As defined in 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.
- Who is excluded from the Hospital VBP Program?
 - Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS)
 - Hospitals subject to payment reductions under the Hospital 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
- Hospitals excluded from the Hospital VBP Program will not have 2.00% withheld from their base operating DRG payments in FY 2017.

FY 2017 Domain Weights and Measures

Domain Weights



Patient- and Caregiver-Centered Experience of Care/Care Coordination

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Clinical Care

Outcomes

MORT-30-AMI
MORT-30-HF
MORT-30-PN

Process

AMI-7a
IMM-2
PC-01*

Efficiency and Cost Reduction

MSPB-1

Safety

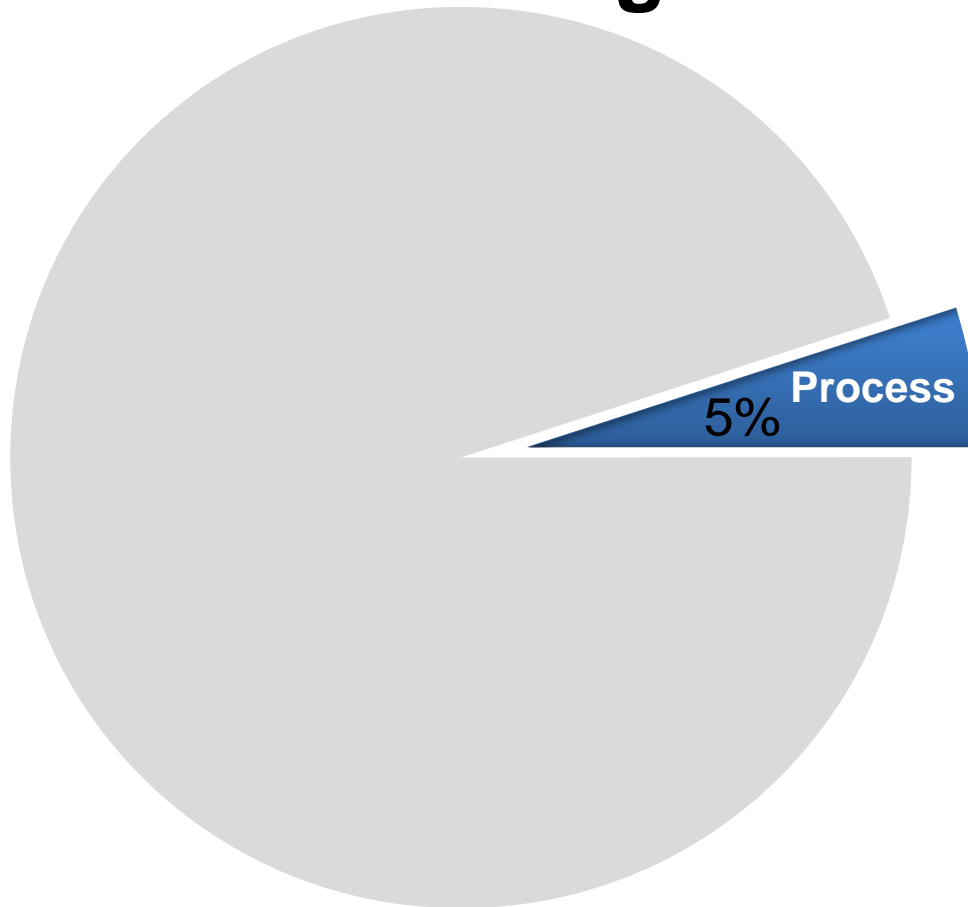
CLABSI
CAUTI

SSI: Colon & Abdominal Hysterectomy
MRSA Infections*
C-difficile Infections*
AHRQ PSI-90

An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

Domains and Measures/Dimensions Clinical Care - Process

Domain Weights



Measures

AMI-7a: Fibrinolytic therapy received within 30 minutes of hospital arrival




IMM-2: Influenza Immunization

PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation

Clinical Care - Process

Subdomain Scoring Requirements

- A measure must have at least **10 eligible cases** during the **baseline period** to have an improvement score calculated on the Percentage Payment Summary Report.
- A measure must have at least **10 eligible cases** during the **performance period** to have an achievement or improvement score calculated on the Percentage Payment Summary Report.
- The Clinical Care - Process subdomain requires at least **1 out of the 3 measures** to be scored in order for the subdomain score to be included in the Total Performance Score (TPS) on the Percentage Payment Summary Report.

		
AMI-7a	IMM-2	PC-01
(10 Cases)	(25 Cases)	(9 Cases)

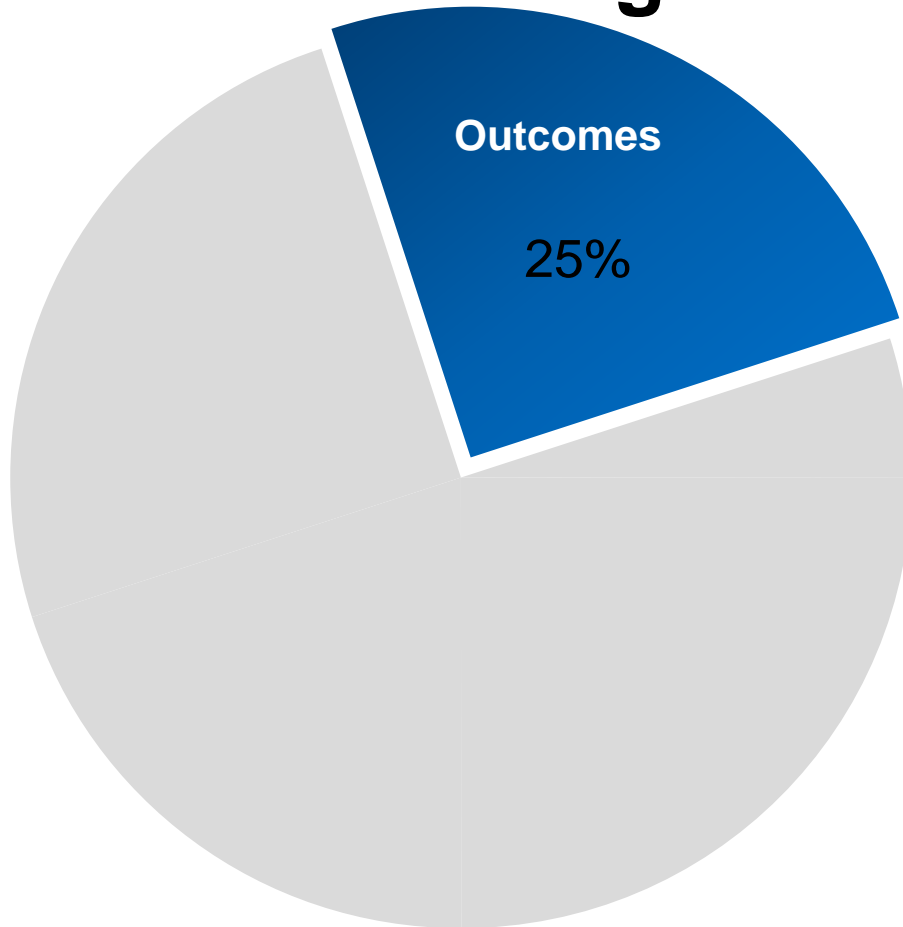
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**Clinical Care –
Process subdomain**

Domains and Measures/Dimensions

Clinical Care - Outcomes

Domain Weights



Measures




- **MORT-30-AMI**: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
- **MORT-30-HF**: Heart Failure (HF) 30-Day Mortality Rate
- **MORT-30-PN**: Pneumonia (PN) 30-Day Mortality Rate

Utilizes admissions for Medicare Fee-for-Service (FFS) beneficiaries aged ≥ 65 years discharged from subsection(d) and Maryland acute care hospitals having a principal discharge diagnosis of AMI, HF, or PN and meeting other measure inclusion criteria.

Clinical Care - Outcomes

Subdomain Scoring Requirements

- A measure must have at least **25 eligible cases** during the **baseline period** to have an improvement score calculated on the Percentage Payment Summary Report.
- A measure must have at least **25 eligible cases** during the **performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report.
- The Clinical Care - Outcomes subdomain requires at least **two out of the three measures** to be scored in order for the subdomain score to be included in the TPS on the Percentage Payment Summary Report.

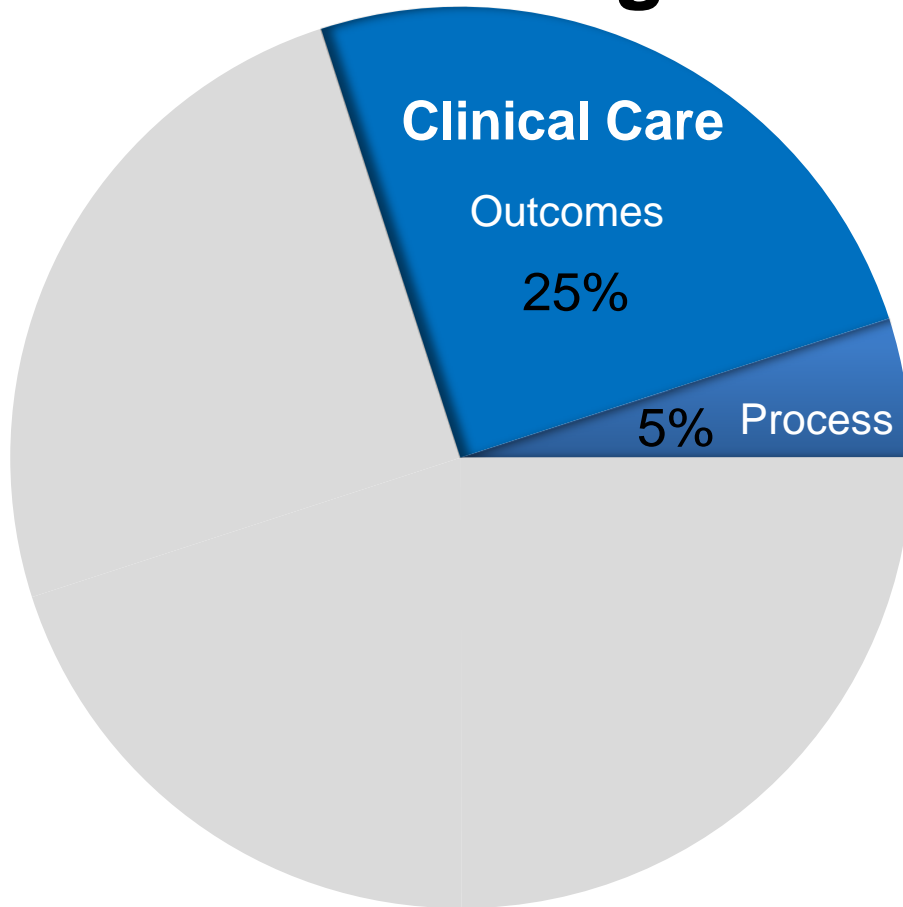
		
MORT-30-AMI	MORT-30-HF	MORT-30-PN
(90 Cases)	(25 Cases)	(24 Cases)

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**Clinical Care—
Outcomes subdomain**

Domains and Measures/Dimensions Clinical Care

Domain Weights



Measures

Process subdomain:

AMI-7a

IMM-2

PC-01

Outcomes subdomain:

MORT-30-AMI

MORT-30-HF

MORT-30-PN

Scoring Requirements

Clinical Care Domain

- A TPS requires scores from at least **3 out of the 4 domains in FY 2017**.
- A hospital meeting the minimum cases in both or either of the Clinical Care subdomains outlined in the previous slides will be treated as meeting the minimum measures for the count of one domain.

Clinical Care - Process	Clinical Care - Outcomes	Clinical Care Domain Count
✓	✓	1
✓	✗	1
✗	✓	1
✗	✗	0

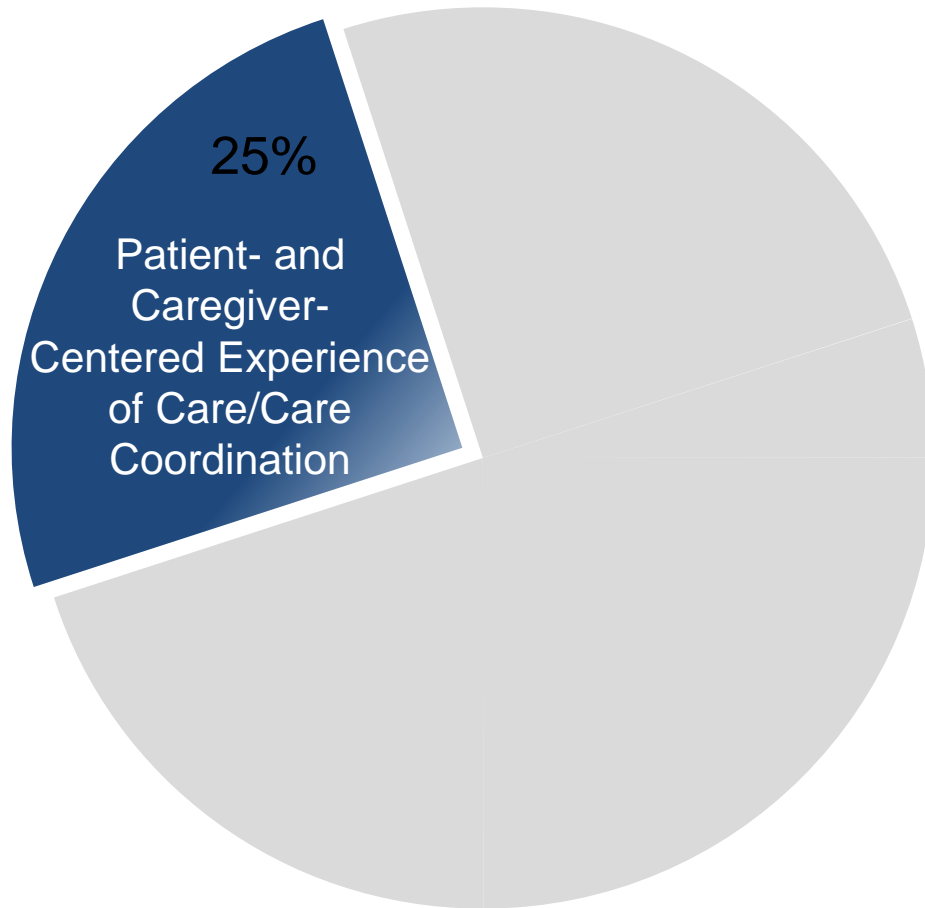
“For purposes of the Clinical Care domain score, we (CMS) proposed to consider either the Clinical Care - Process or Clinical Care - Outcomes subdomains as one domain in order to meet this proposed requirement ... However we would only reweight hospitals’ TPSs once and would therefore not reallocate the Clinical Care - Process and Clinical Care - Outcomes subdomains’ weighting within the Clinical Care domain if a hospital does not have sufficient data for one of the subdomains.”

- FY 2015 IPPS Final Rule (79 FR 50084)

Domains and Measures/Dimensions

Patient- and Caregiver-Centered Experience of Care/Care Coordination

Domain Weights



Measure

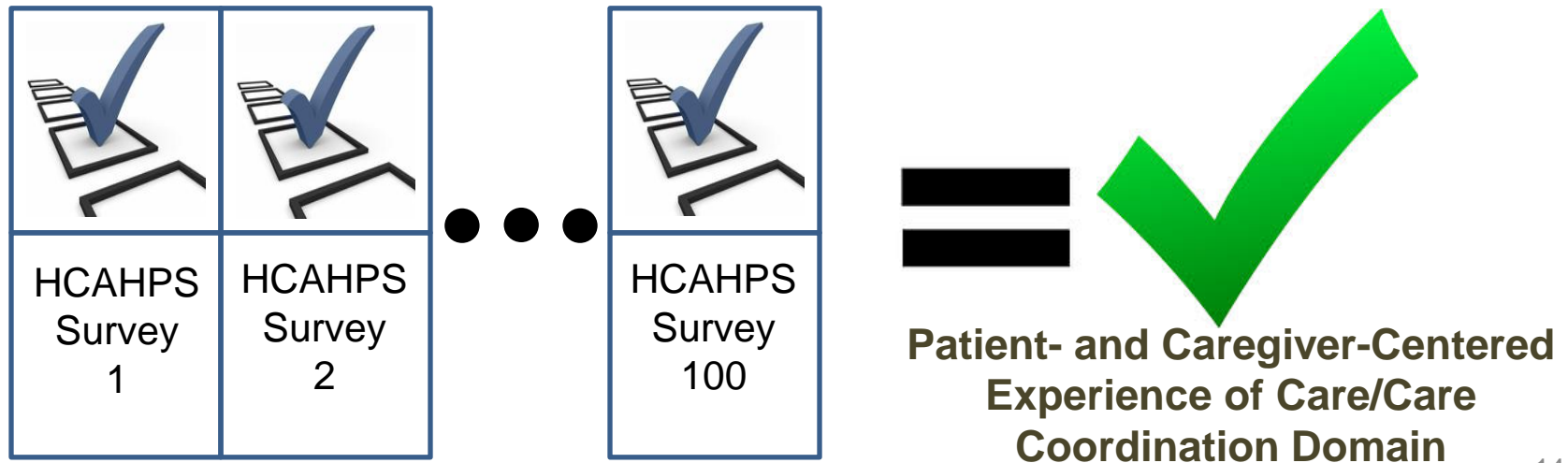
HCAHPS Dimensions:

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medicines
- Cleanliness and Quietness of Hospital Environment
- Discharge Information
- Overall Rating of Hospital

Scoring Requirements

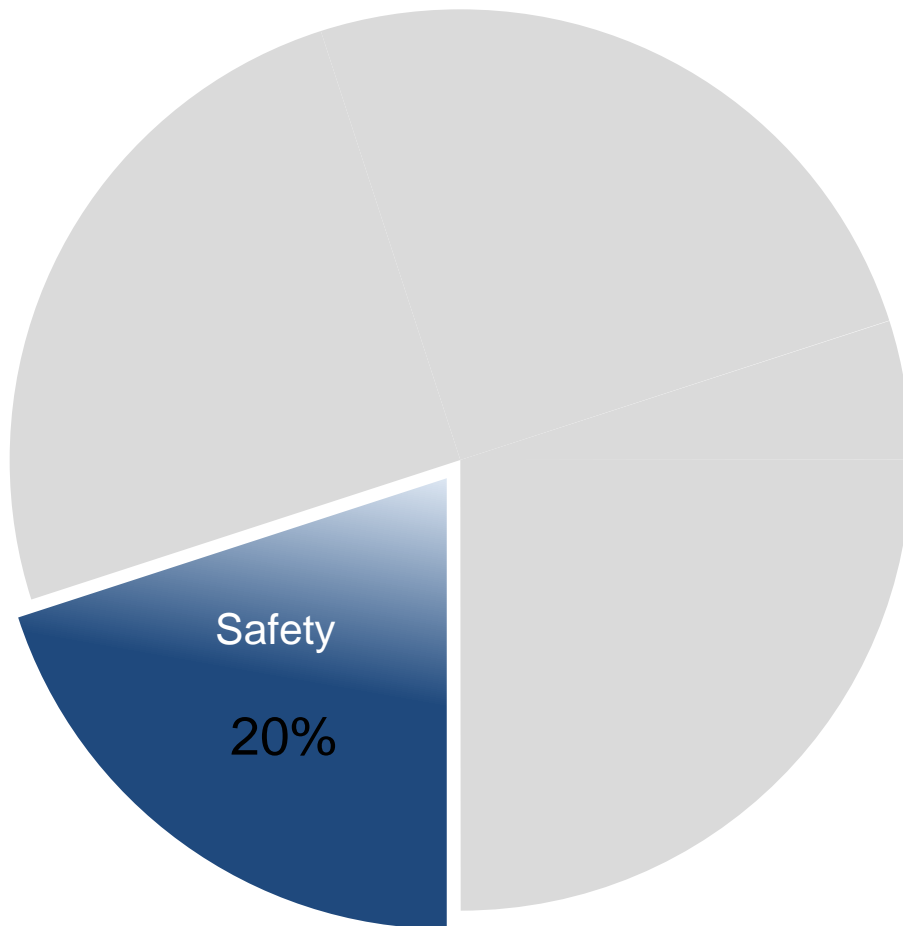
Patient- and Caregiver-Centered Experience of Care/Care Coordination

- The Patient- and Caregiver-Centered Experience of Care/Care Coordination Domain requires at least **100 completed HCAHPS surveys** during the baseline period to have an improvement score calculated on the Percentage Payment Summary Report.
- The Patient- and Caregiver-Centered Experience of Care/Care Coordination Domain requires at least **100 completed HCAHPS surveys** during the performance period to have either an achievement or improvement score calculated on the Percentage Payment Summary Report.
- The Patient- and Caregiver-Centered Experience of Care/Care Coordination Domain requires at least **100 completed HCAHPS surveys** during the performance period for the domain score to be included in the TPS on the Percentage Payment Summary Report.



Domains and Measures/ Dimensions Safety

Domain Weights



Measures

CLABSI: Central line-associated blood stream infections among adult, pediatric, and neonatal Intensive Care Unit (ICU) patients

CAUTI: Catheter-associated urinary tract infections among adult and pediatric ICUs

SSI: Surgical site infections specific to abdominal hysterectomy and colon surgery

MRSA: Methicillin-Resistant Staphylococcus aureus Bacteremia



CDI: *Clostridium difficile* Infection



AHRQ PSI-90: Complication/patient safety for selected indicators (composite)

Scoring Requirements

Safety: Healthcare Associated Infections (HAIs)

- A measure must have at least **one predicted infection** calculated by the Centers for Disease Control and Prevention (CDC) during the **baseline period** to have an improvement score calculated on the Percentage Payment Summary Report.
- A measure must have at least **one predicted infection** calculated by the CDC during the **performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report.



	
CLABSI (1.000 Predicted Infections)	CAUTI (0.000 Predicted Infections)

	
MRSA (5.895 Predicted Infections)	CDI (0.999 Predicted Infections)

HAI Scoring Requirements

Safety: SSI

- A stratum must have at least **one predicted infection** calculated by the CDC during the **baseline period** to have an improvement score calculated on the Percentage Payment Summary Report.
- A stratum must have at least **one predicted infection** calculated by the CDC during the **performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report.
- At least one stratum must have at least **one predicted infection** calculated by the CDC during the performance period to have a combined SSI measure score calculated on the Percentage Payment Summary Report.

	
Abdominal Hysterectomy (1.000 predicted infections)	Colon Surgery (0.999 predicted infections)

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Combined SSI Measure

Domains and Measures/Dimensions







Safety: Agency for Healthcare Research and Quality (AHRQ) PSI-90

- AHRQ PSI-90 is a Claims-Based Measure.
- It is a composite of eight underlying component patient safety indicators (PSIs) which are sets of indicators on potential in-hospital complications and adverse events during surgeries and procedures, including:
 - **PSI 03** Pressure Ulcer Rate
 - **PSI 06** Iatrogenic Pneumothorax Rate
 - **PSI 07** Central Venous Catheter-Related Bloodstream Infection Rate
 - **PSI 08** Postoperative Hip Fracture Rate
 - **PSI 12** Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate
 - **PSI 13** Postoperative Sepsis Rate
 - **PSI 14** Postoperative Wound Dehiscence Rate
 - **PSI 15** Accidental Puncture or Laceration Rate
- CMS announced the decision to use AHRQ QI Software version **4.5a** for calculations in the FY 2017 Program.
- CMS will utilize **nine Diagnosis** codes and **six Procedure** codes.

Scoring Requirements

Safety: AHRQ PSI-90 Composite








- The measure must have at least **three eligible cases on any one underlying indicator** during the **baseline period** to have an improvement score calculated on the Percentage Payment Summary Report.
- The measure must have at least **three eligible cases on any one underlying indicator** during the **performance period** to have either an achievement or improvement score calculated on the Percentage Payment Summary Report.

PSI	Number of Cases
PSI-03	 
PSI-06	
PSI-07	
PSI-08	
PSI-12	
PSI-13	
PSI-14	
PSI-15	

Scoring Requirements

Safety

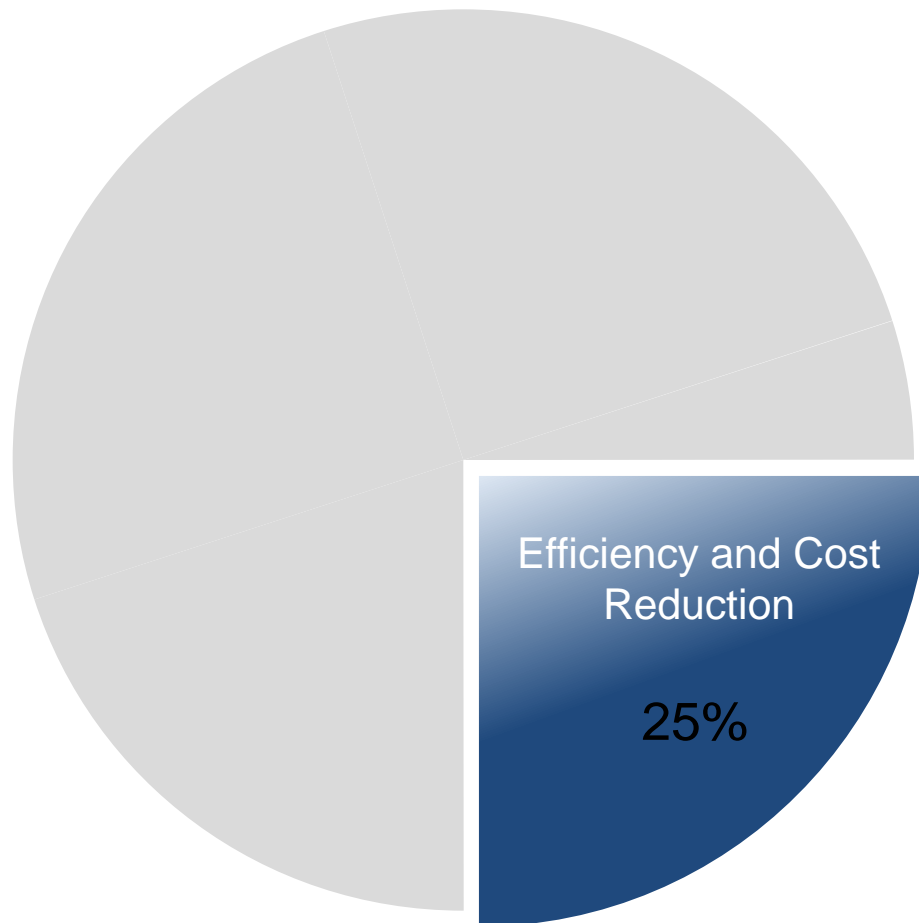
The **Safety Domain** requires at least **three of the six** measures to be scored in order for the domain score to be included in the TPS on the Percentage Payment Summary Report.

						=  Safety Domain
CLABSI (1.000 predicted infections)	CAUTI (0.000 predicted infections)	MRSA (5.895 predicted infections)	CDI (0.999 predicted infections)	SSI (1 Strata of 1.000 predicted infections)	PSI-90 (3 cases in one underlying indicator)	

Domains and Measures/Dimensions

Efficiency and Cost Reduction

Domain Weights



Measure

- MSPB:** Medicare Spending per Beneficiary
- Claims-Based Measure
 - Includes risk-adjusted and price-standardized payments for Part A and Part B services provided three days prior to hospital admission through 30 days after hospital discharge

Scoring Requirements

Efficiency and Cost Reduction

- The measure must have at least **25 eligible episodes of care** during the **baseline period** to have an improvement score calculated on the Percentage Payment Summary Report.
- The measure must have at least **25 eligible episodes of care** during the **performance period** to have either an improvement or achievement score calculated.
- The Efficiency and Cost Reduction Domain requires at least **25 eligible episodes of care** during the performance period to be scored in order for the domain score to be included in the TPS on the Percentage Payment Summary Report.



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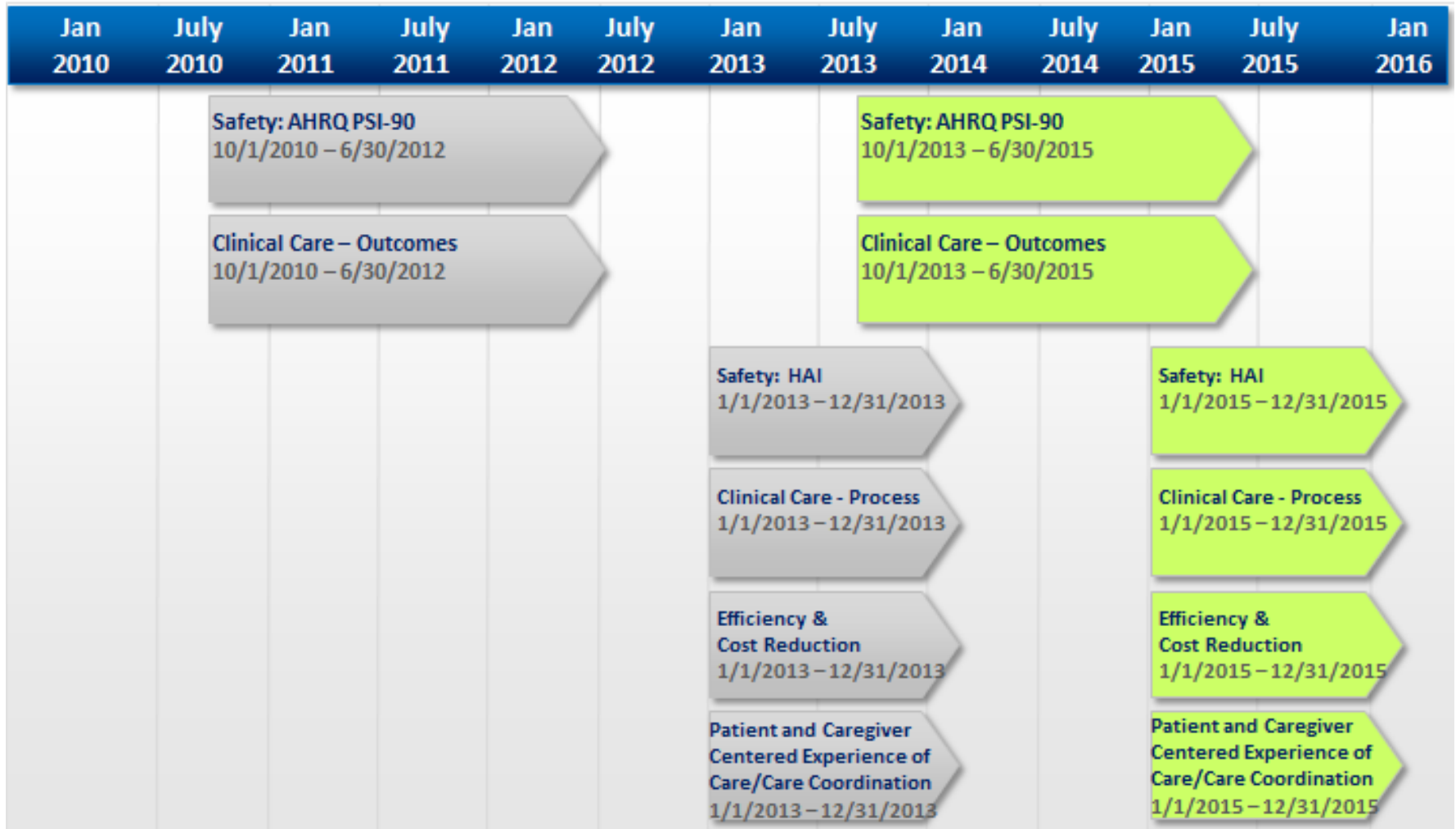


Baseline and Performance Periods

FY 2017 Table

Domain	Subdomain/ Measure	Baseline Period	Performance Period
Clinical Care	Process	1/1/2013– 2/31/2013	1/1/2015–12/31/2015
	Outcomes	10/1/2010–6/30/2012	10/1/2013–6/30/2015
Patient- and Caregiver- Centered Experience of Care/Care Coordination	HCAHPS Survey	1/1/2013–12/31/2013	1/1/2015–12/31/2015
Safety	HAI Measures	1/1/2013–12/31/2013	1/1/2015–12/31/2015
	AHRQ PSI-90 Composite	10/1/2010–6/30/2012	10/1/2013–6/30/2015
Efficiency and Cost Reduction	MSPB	1/1/2013–12/31/2013	1/1/2015–12/31/2015

Baseline and Performance Periods FY 2017 Timeline



Evaluating Hospitals Performance Standards

Benchmark

Average (mean) performance of the top ten percent of hospitals

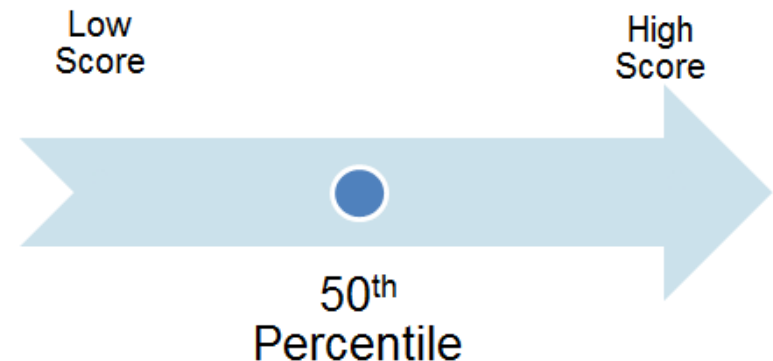
Achievement Threshold

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

Figure #1 - Benchmark



Figure #2 - Achievement Threshold



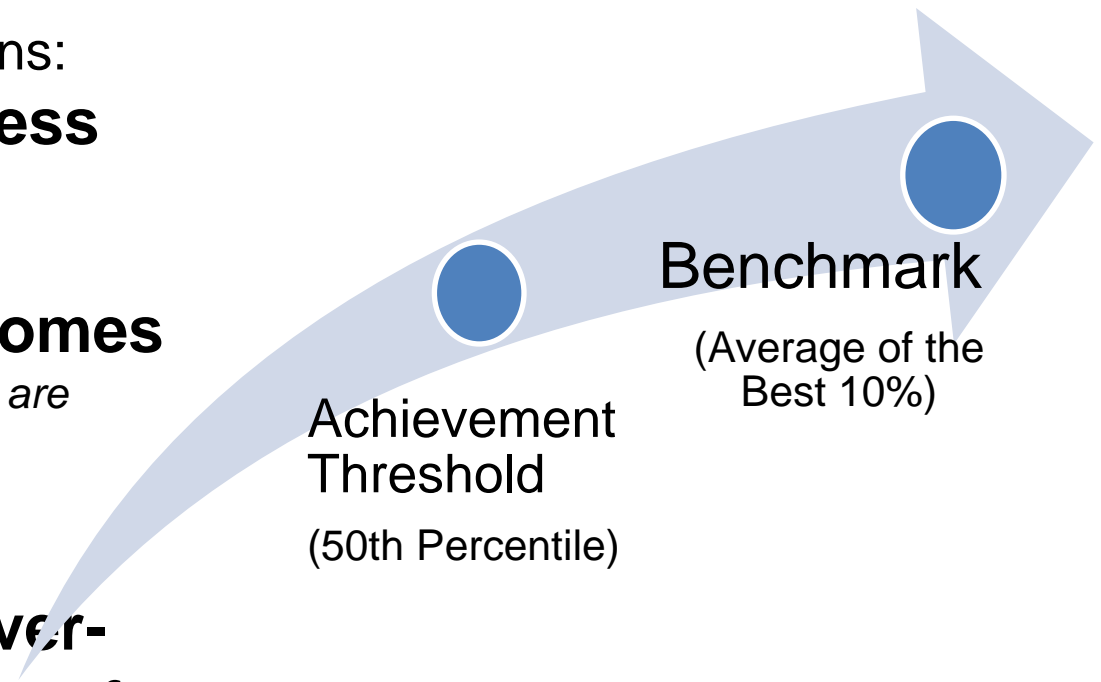
Evaluating Hospitals

Higher Performance Rates

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

- **Clinical Care - Process**
 - AMI-7a
 - IMM-2
- **Clinical Care - Outcomes**

The 30-day Mortality Measures are reported as survival rates; therefore, higher values represent a better outcome.
- **Patient- and Caregiver-Centered Experience of Care/Care Coordination Dimensions (PCCEC/CC)**



Evaluating Hospitals

Lower Performance Rates

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

- **Clinical Care - Process**
 - PC-01
- **Safety**
- **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.

Achievement
Threshold
(50th Percentile)



Benchmark

(Average of the
Best 10%)



Evaluating Hospitals

FY 2017 Performance Standards (1 of 2)

Domain	Measure	Benchmark	Achievement Threshold	Floor
Clinical Care - Process	AMI-7a	1.000000	0.954545	N/A
	IMM-2	0.997739	0.951607	N/A
	PC-01	0.000000	0.031250	N/A
Clinical Care - Outcomes	MORT-30-AMI	0.871669	0.851458	N/A
	MORT-30-HF	0.903985	0.881794	N/A
	MORT-30-PN	0.908124	0.882986	N/A
Safety	CLABSI	0.000000	0.457000	N/A
	CAUTI	0.000000	0.845000	N/A
	SSI – Colon	0.000000	0.751000	N/A
	SSI – Abdominal Hysterectomy	0.000000	0.698000	N/A
	MRSA	0.000000	0.799000	N/A
	CDI	0.000000	0.750000	N/A
	PSI-90	0.547889*	0.777936*	N/A

Evaluating Hospitals

FY 2017 Performance Standards (2 of 2)

Domain	Measure	Benchmark	Achievement Threshold	Floor
Efficiency and Cost Reduction	MSPB-1	Mean of the best (lowest) decile of MSPB ratios across all hospitals during the performance period	Median MSPB ratio across all hospitals during the performance period	N/A
Patient- and Caregiver-Centered Experience of Care/Care Coordination	Communication with Nurses	86.61	78.19	58.14
	Communication with Doctors	88.80	80.51	63.58
	Responsiveness of Hospital Staff	80.01	65.05	37.29
	Pain Management	78.33	70.28	49.53
	Communication about Medicines	73.36	62.88	41.42
	Cleanliness and Quietness of Hospital Environment	79.39	65.30	44.32
	Discharge Information	91.23	85.91	64.09
	Overall Rating of Hospital	84.60	70.02	35.99

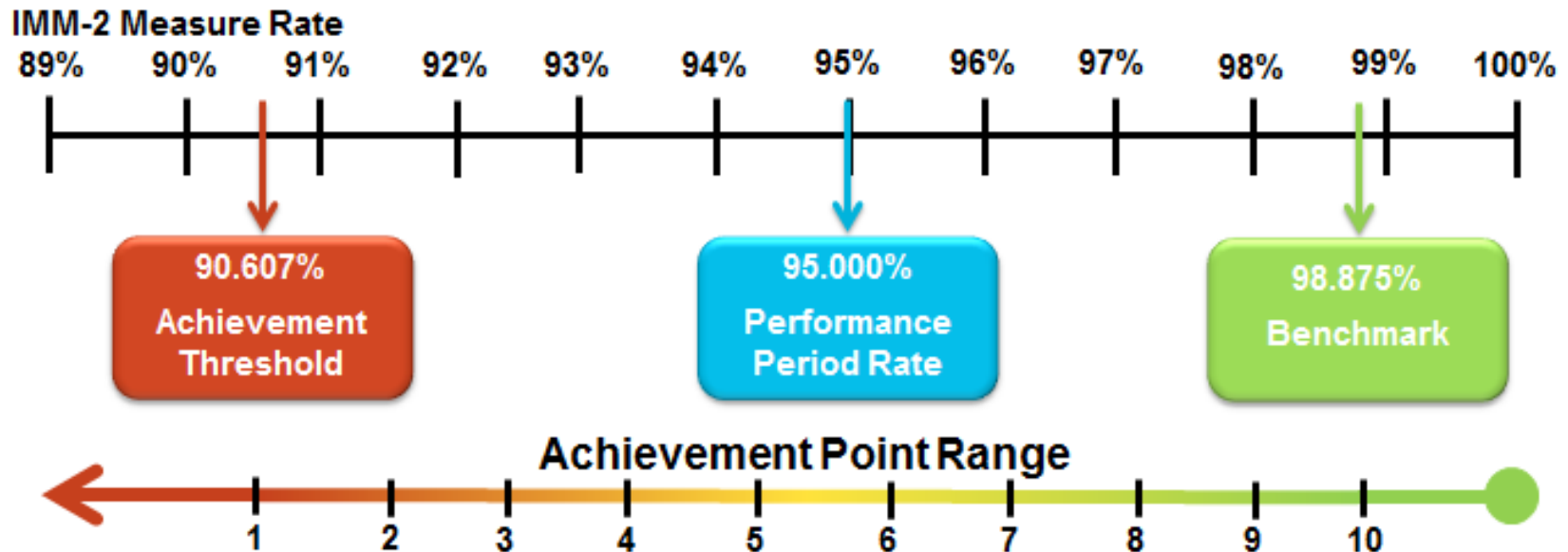
Achievement Points

Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period:

- Rate at or above the Benchmark: 10 points
- Rate less than the Achievement Threshold: 0 points
- Rate somewhere at or above the Threshold but less than the Benchmark: 1–10 points



Achievement Points Example

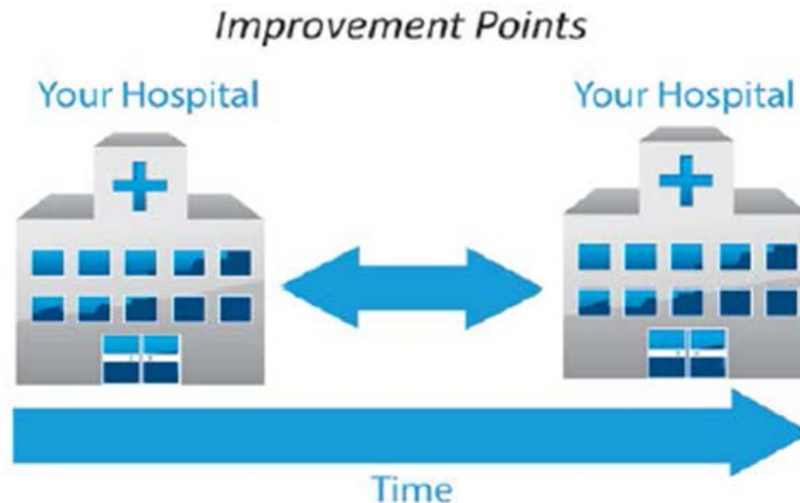


$$\left(9 \times \left(\frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5 \right) = \left(9 \times \left(\frac{95.000\% - 90.607\%}{98.875\% - 90.607\%} \right) + 0.5 \right) = 5$$

Improvement Points

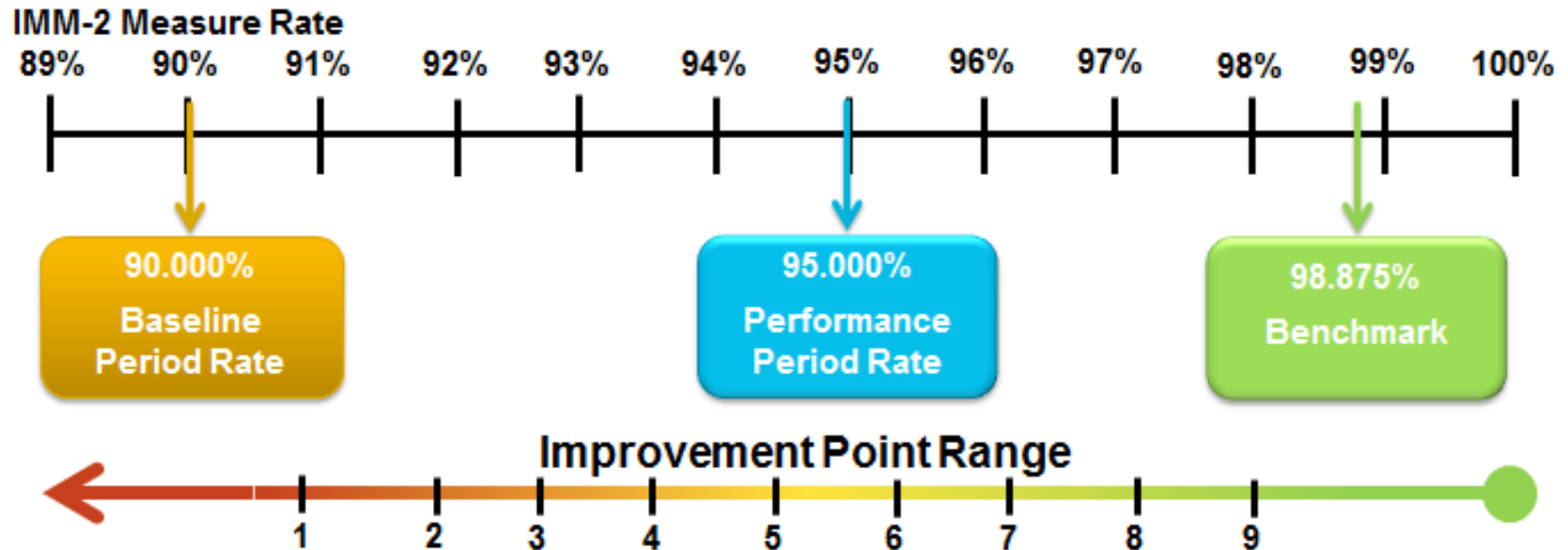
Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period:

- Rate at or above the Benchmark: 9 points*
- Rate less 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 (that is, have a performance period rate worse than the Baseline Period rate) will receive 0 improvement points as no improvement was actually observed.

Improvement Points Example



$$\left(10 \times \left(\frac{\text{Performance Period Rate} - \text{Baseline Period Rate}}{\text{Benchmark} - \text{Baseline Period Rate}} \right) - 0.5 \right) = \left(10 \times \left(\frac{95.000\% - 90.000\%}{98.875\% - 90.000\%} \right) - 0.5 \right) = 5$$

Measure Score

A Measure Score is the greater of the Achievement Points and Improvement Points for a measure.

Example FY 2017 Clinical Care - Process Measure Score Calculations

Measure ID	Achievement Points	Improvement Points	Measure Score
AMI-7a	10	9	10
IMM-2	5	5	5
PC-01	N/A	N/A	N/A

Unweighted Domain Score

- For reliability, CMS requires hospitals to meet a minimum requirement of cases for each measure to receive a Measure Score and a minimum number of those measures to receive a Domain Score.
- CMS normalizes Domain Scores by converting a hospital's earned points (the sum of the Measure Scores) to a percentage of total points that were possible with the maximum score equaling 100.

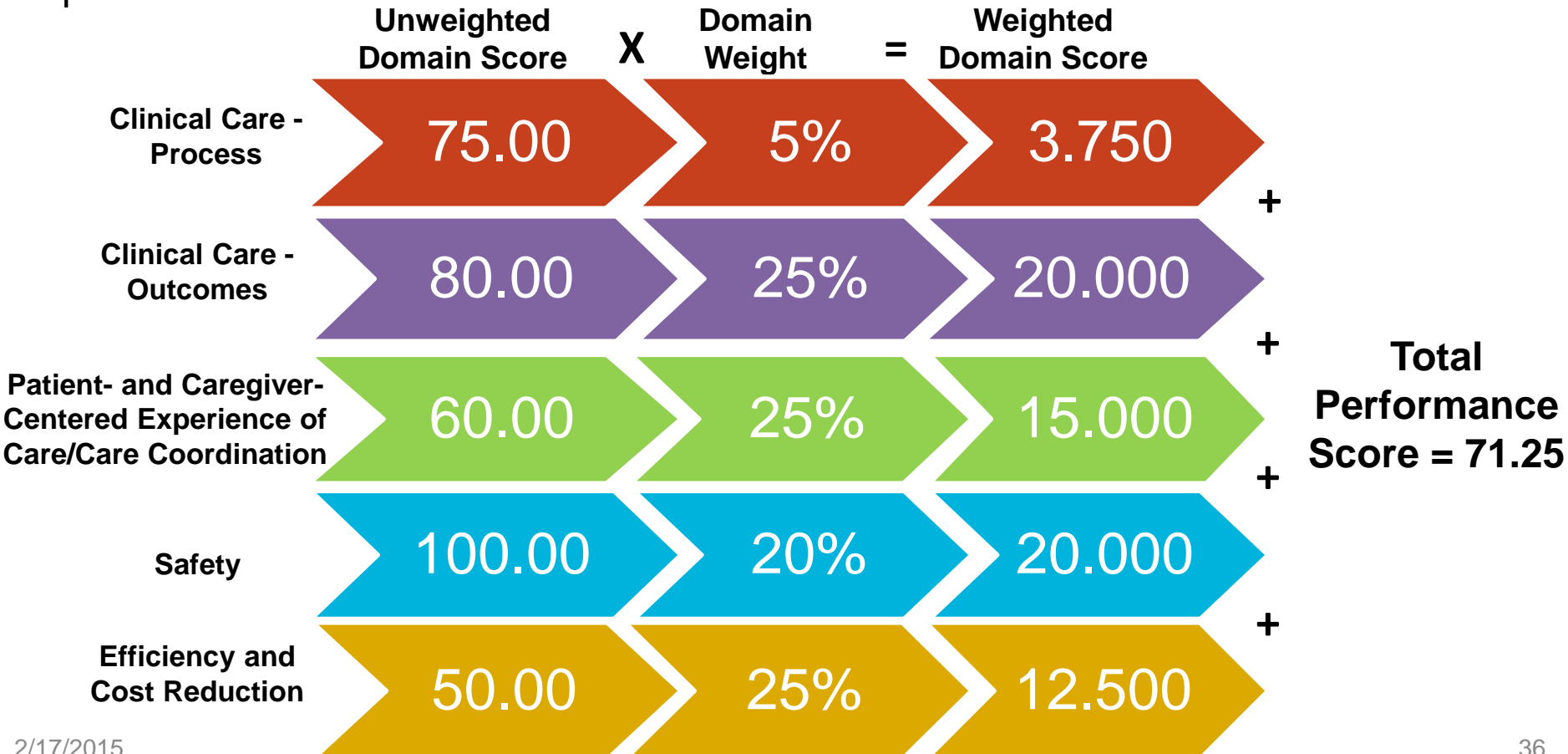
Measure ID	Measure Score
AMI-7a	10
IMM-2	5
PC-01	N/A

Domain Normalization Steps

1. Sum the measure scores in the domain.
 $(10 + 5) = 15$
2. Multiply the eligible measures by the maximum point value per measure (10 points).
 $(2 \text{ Measures} \times 10 \text{ Points}) = 20$
3. Divide the sum of the Measure Scores (result of step 1) by the maximum points possible (result of step 2).
 $(15 \div 20) = 0.75$
4. Multiply the result of step 3 by 100.
 $(0.75 \times 100) = \mathbf{75.000000000000}$

Weighted Domain Score and Total Performance Score

A TPS requires scores from at least **three out of the four domains in FY 2017**. Excluded domain weights are proportionately distributed to the remaining domains to equal 100%.



Proportionate Reweighting

In this example, a hospital meets minimum case and measure requirements for the Clinical Care – Process subdomain, as well as the Safety, and Efficiency and Cost Reduction domains, but does not meet the minimum number of cases/surveys required for the Clinical Care – Outcomes subdomain and the Patient- and Caregiver-Centered Experience of Care/Care Coordination (PCCE/CC) domain.



FY 2017 Baseline Measures Report

Clinical Care Detail Report

Report Run Date: 01/30/2015

Hospital Value-Based Purchasing – Baseline Measures Report

Clinical Care Detail Report

Provider: 999999

Reporting Period: FY 2017 Baseline Period

Data As Of: 01/29/2015

Baseline Period: 01/01/2013 - 12/31/2013

Process Measures	Numerator	Denominator	Baseline Period Rate	Achievement Threshold	Benchmark
AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival**	0 cases	0 cases	-	0.954545	1.000000
IMM-2 Influenza Immunization	941	999	0.941942	0.951607	0.997739
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	64	198	0.323232	0.031250	0.000000

Baseline Period: 10/01/2010 - 06/30/2012

Outcome Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	20	0.843034	0.851458	0.871669
MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate	110	0.842804	0.881794	0.903985
MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate	201	0.850177	0.882986	0.908124

Calculated values were subject to rounding.

* "0 cases" indicates that no cases met the criteria for inclusion in the measure calculation.

* A dash (-) indicates that the minimums were not met for calculation of the points or scores.

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

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

FY 2017 Baseline Measures Report

Patient and Caregiver Experience of Care/Care Coordination Detail Report

Report Run Date: 01/30/2015

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Hospital Value-Based Purchasing – Baseline Measures Report

Patient and Caregiver Centered Experience of Care/Care Coordination Detail Report

Provider: 999999

Reporting Period: FY 2017 Baseline Period

Data As Of: 01/29/2015

Baseline Period: 01/01/2013 - 12/31/2013

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses	79.94%	58.14%	78.19%	86.61%
Communication with Doctors	80.46%	63.58%	80.51%	88.80%
Responsiveness of Hospital Staff	67.57%	37.29%	65.05%	80.01%
Pain Management	71.50%	49.53%	70.28%	78.33%
Communication about Medicines	65.73%	41.42%	62.88%	73.36%
Cleanliness and Quietness of Hospital Environment	67.51%	44.32%	65.30%	79.39%
Discharge Information	90.34%	64.09%	85.91%	91.23%
Overall Rating of Hospital	77.40%	35.99%	70.02%	84.60%

HCAHPS Surveys Completed During the Baseline Period

2108

Calculated values were subject to rounding.

FY 2017 Baseline Measures Report

Safety Measures Detail Report

Report Run Date: 01/30/2015

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Hospital Value-Based Purchasing – Baseline Measures Report

Safety Measures Detail Report

Provider: 999999

Reporting Period: FY 2017 Baseline Period

Data As Of: 01/29/2015

Baseline Period: 10/01/2010 - 06/30/2012

AHRQ Composite Measures	Index Value	Achievement Threshold	Benchmark
PSI-90 Complication/patient safety for selected indicators (composite)	1.150477	0.777936	0.547889

Baseline Period: 01/01/2013 - 12/31/2013

Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Achievement Threshold	Benchmark
CAUTI Catheter-Associated Urinary Tract Infection	1	5.035	0.199	0.845	0.000
CLABSI Central Line-Associated Blood Stream Infection	1	3.522	0.284	0.457	0.000
CDI Clostridium difficile Infection	44	36.474	1.206	0.750	0.000
MRSA Methicillin-Resistant Staphylococcus aureus Bacteremia	0	1.647	0.000	0.799	0.000
SSI-Abdominal Hysterectomy**	0	0.218	-	0.698	0.000
SSI-Colon Surgery	1	4.828	0.207	0.751	0.000

Calculated values were subject to rounding.

* A dash (-) indicates that the minimums were not met for calculation of the points or scores.

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

FY 2017 Baseline Measures Report

Efficiency and Cost Reduction Detail Report

Report Run Date: 01/30/2015

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Hospital Value-Based Purchasing – Baseline Measures Report

Efficiency and Cost Reduction Detail Report

Provider: 999999

Reporting Period: FY 2017 Baseline Period

Data As Of: 01/29/2015

Baseline Period: 01/01/2013 - 12/31/2013

Efficiency and Cost Reduction Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
MSPB-1 Medicare Spending per Beneficiary (MSPB)	\$17,926.49	\$19,546.98	0.917098	252

Calculated values were subject to rounding.

FY 2017 Baseline Reports Coming Soon

- Notifications will be sent to hospitals when the **Baseline Measure Reports** are available on the QualityNet Secure Portal
- Reports will only be available to hospitals who are active, registered QualityNet users and who have been assigned the following QualityNet roles:
 - **Hospital Reporting Feedback - Inpatient** role (required to receive the report)
 - **File Exchange and Search** role (required to download the report from My QualityNet)

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Choose Your QualityNet Destination

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

Secure File Transfer

Select your primary quality program:

[End Stage Renal Disease Quality Reporting Program](#)

[Ambulatory Surgical Center Quality Reporting Program](#)

[PPS-Exempt Cancer Hospital Quality Reporting Program](#)

[Inpatient Hospital Quality Reporting Program](#)

[Inpatient Psychiatric Quality Reporting Program](#)

[Outpatient Hospital Quality Reporting Program](#)

[Physicians Quality Reporting System / eRx](#)

[Quality Improvement Organizations](#)

CANCEL

Resources

Technical questions or issues related to accessing reports

- *QualityNet* Help Desk email address: qnetsupport@HCQIS.org or call 866.288.8912.

More information on the FY 2017 Baseline Measures Report

- “How to Read Your FY 2017 Percentage Payment Summary Report” guide will be made available on *QualityNet* in the Hospital VBP section on the Hospital Value-Based Purchasing (VBP) page once the reports are released. The direct link to the page is:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202>.

Frequently Asked Questions (FAQs) related to Hospital VBP

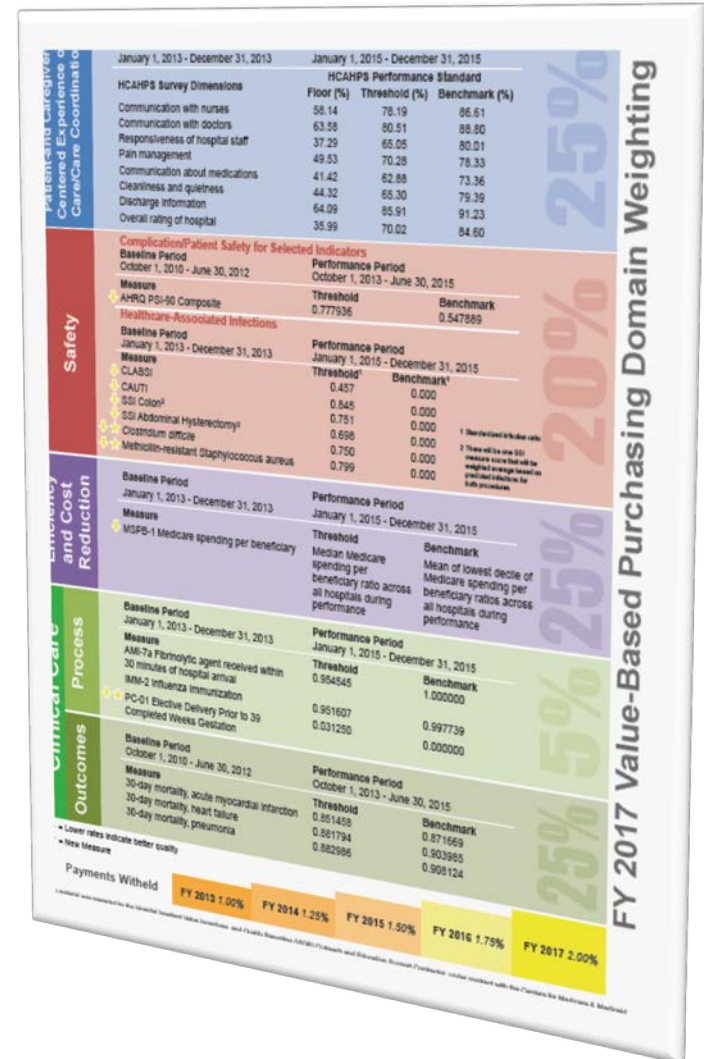
- FAQs are available via the Hospital-Inpatient Questions and Answers tool at the following link: <https://cms-ip.custhelp.com>.

Ask Questions related to Hospital VBP

- Submit questions using the Hospital-Inpatient Questions and Answers tool at the following link: <https://cms-ip.custhelp.com>.

Resources

- Quick Reference Guide for the FY 2017 Program is available on www.qualityreportingcenter.com
- Direct link: http://www.qualityreportingcenter.com/wp-content/uploads/2015/02/IQR-FY2017_VBP-Domain-Weighting-Infographic.pdf



Contact Us



Q & A Tool

<https://cms-ip.custhelp.com>



Email Support

InpatientSupport@virg1.HCQIS.org



Phone Support

844.472.4477 or
866.800.8765



Inpatient Live Chat

www.qualityreportingcenter.com/inpatient



Monthly Web Conferences

www.QualityReportingCenter.com



Secure Fax

877.789.4443



ListServes

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Website

www.QualityReportingCenter.com

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 by the following professional boards:
 - Florida Board of Nursing
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards

CE Credit Process

- Complete the ReadyTalk survey you will receive by email within the next 48 hours, or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.