



Hospital Value-Based Purchasing (VBP) Program

Support Contractor

VBP: FY 2016 Percentage Payment Summary Report

Questions & Answers

Moderator & Speaker

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- Question 2:** When will FY 16 PPSRs be available to hospitals?
- Answer 2:** We anticipate the Fiscal Year (FY) 2016 Percentage Payment Summary Reports (PPSRs) to be released by August 1, 2015.
- Question 3:** Can you clarify, please; are we in FY 16 or FY 17 currently? Are we not currently in Federal FY 2017?
- Answer 3:** This presentation is in relation to the FY 2016 Hospital VBP Program and the Percentage Payment Summary Reports. The FY 2016 will impact payments from October 1, 2015 through September 30, 2016. We are currently within the performance period for the FY 2017 Hospital VBP Program.
- Question 4:** Why are the acute hospitals in Maryland excluded?
- Answer 4:** For information regarding Maryland's exclusion from the Hospital VBP Program, you may reference the FY 2015 IPPS Final Rule (79 FR 50086-50087).
- Question 5:** I thought SCIP and PN were dropped?
- Answer 5:** Select SCIP and PN measures were made voluntary for submissions in the Hospital Inpatient Quality Reporting (IQR) Program with discharges beginning the first quarter 2015. These measures were still required for the Hospital IQR Program during the Calendar Year (CY) 2014, which correlates to the FY 2016 performance period for the Hospital VBP Program. These measures were removed from the FY 2017 Hospital VBP Program.



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Question 6: It is confusing in the VBP program to include CDC HAI/NHSN and then a separate HAC program. What of the HAC program are included in the VBP?

Answer 6: The Hospital VBP Program is separate and distinct from the Hospital Acquired Condition (HAC) Reduction Program initiative. Although, the Hospital VBP Program and the HAC Reduction Program contain some of the same measures, the programs use different scoring methodologies.

Question 8: Hospitals excluded from VBP will not have their base operating DRG payments reduced by 1.75%. If they don't get penalized for being excluded, what's the "penalty" for being excluded from VBP?

Answer 8: Excluded hospitals are not eligible to receive any value-based incentive payments. In addition, if a hospital is subject to payment reductions through the Hospital IQR Program by either not participating in the Program or not complying with one or more of the requirements, the reduction of 1/4 of the applicable Market Basket Update will be reduced.

Question 9: Have the VBP reports been released on QNet for the FY 2016 period?

Answer 9: The FY 2016 Hospital VBP Program Percentage Payment Summary Reports (PPSRs) were released on July 30, 2015.

Question 11: As of 2015 we are reporting Catheter-Associated Urinary Tract Infections (CAUTIs) and Central Line-Associate Bloodstream Infections (CLABSIs) in Measure units and Intensive Care Units (ICUs). The Outcome measures for Healthcare-Associated Infections (HAIs) state CAUTI & CLABSI in ICU locations only. So will the calculations only include ICU HAI's?

Answer 11: The Centers for Medicare and Medicaid Services (CMS) has proposed in the FY 2016 Inpatient Prospective Payment System (IPPS) Proposed Rule (80 FR 24501-24502) to expand the CLABSI and CAUTI locations to include select wards beginning in FY 2019. CMS will only use the previously used ICU locations for FY 2017 and FY 2018 (Adult, Pediatric, Neonatal for CLABSI and Adult and Pediatric for CAUTI). CMS will not use the new reporting locations in the FY 2017 and FY 2018 Program years because the baseline period of CY 2013 and CY 2014 were only collected for the original locations and for a comparison to be made there needs to be consistency between the two periods.

Question 12: What are the eight Patient Safety Indicators (PSI)-90 indicators?

Answer 12: The FY 2016 VBP program uses:



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1. PSI-3 Pressure Ulcer Rate
2. PSI-6 Iatrogenic Pneumothorax Rate
3. PSI-7 Central Venous Catheter-Related Blood Stream Infection Rate
4. PSI-8 Postoperative Hip Fracture Rate
5. PSI-12 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate
6. PSI-13 Postoperative Sepsis Rate
7. PSI-14 Postoperative Wound Dehiscence Rate
8. PSI-15 Accidental Puncture or Laceration Rate

Question 13: For FY 2016 PSI-90, what AHRQ software version is CMS using?

Answer 13: CMS determined that the FY 2016 Hospital VBP Program will utilize AHRQ QI software version 4.4.

Question 14: What is the organizational impact if an inpatient hospital does not participate in the VBP program and or does not report data on *Hospital Compare*?

Answer 14: A hospital that chooses not to participate in the Hospital IQR Program will be excluded from the Hospital VBP Program. All hospitals who participate in the Hospital IQR Program agree to have their quality data reported on *Hospital Compare*. A hospital that does not participate in IQR has their Market Basket Update reduced by 25%. If a hospital is excluded from VBP, the hospital is not subject to the VBP withhold to their Diagnosis-Related Group (DRG) payment (1.75% in 2016). However, they would also not be eligible for any incentive payments related to the VBP program.

Question 15: In calculating VBP 2016 will the hospital IMM-2 performance data include only Q1 2014 and Q4 2014 hospital data?

Answer 15: The IMM-2 measure uses a performance period of January 1–December 31, 2014; however, the IMM-2 measure utilizes the flu season for results and thus will be calculated using 1Q2014 and 4Q2014.

Question 20: What is the floor on the Experience domain?

Answer 20: The floor is the rate of the lowest performing hospitals during the baseline period. The floor is used in determining the lowest dimension score in the Patient Experience of Care domain, which is then subsequently used to calculate the Consistency Score.



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- Question 21:** Why would hospitals need an infection? They strive for 0 infections, so requiring one makes no sense.
- Answer 21:** This question is in relation to the Healthcare-Associated Infection (HAI) measures submitted through NHSN. In order to receive Achievement Points or Improvement Points, a minimum of one predicted infection needs to be calculated by the Centers for Disease Control and Prevention (CDC). The predicted infections are not actual infections. The predicted infections are used in calculating the Standardized Infection Ratio (SIR) which is used in the Hospital VBP Program. The SIR is calculated by dividing a hospital's actual reported infections by CDC's calculated predicted infections for that CCN.
- Question 25:** Are the CDC HAI Measures the same as CDC NHSN?
- Answer 25:** Yes. The CDC HAI Measures are the same as the CDC measures submitted through NHSN. These measures include CLABSI, CAUTI, Surgical Site Infection (SSI), Methicillin-resistant Staphylococcus aureus (MRSA), and Clostridium difficile Infection (CDI).
- Question 26:** Are the Medicare claims Efficiency domain ONLY the fee-for-service (FFS) Medicare cases?
- Answer 26:** As part of the Hospital VBP program, the Medicare Spending Per Beneficiary (MSPB) Measure assesses Medicare Part A and Part B payments for services provided to a Medicare beneficiary during a spending-per-beneficiary episode that spans from three days prior to an inpatient hospital admission through 30 days after discharge. The payments included in this measure are price-standardized and risk-adjusted. Price standardization removes sources of variation that are due to geographic payment differences such as wage index and geographic practice cost differences, as well as indirect medical education (IME) or disproportionate share hospital (DSH) payments. Risk adjustment accounts for variation due to patient health status.
- Question 29:** Are these surveys completed electronically?
- Answer 29:** The hospital, or a vendor representing the hospital, will conduct the HCAHPS survey via paper, telephone or Interactive Voice Response (IVR).
- Question 30:** Are top 10% benchmarks risk-adjusted for VBP?



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Answer 30: Each measure has specific methodology for calculation. Please refer to the specifications manual or the [QualityNet website](#) for specific information on each measure.

Question 35: Does the 1.75% reduction only affect the lowest performing hospitals?

Answer 35: A reduction of 1.75% for FY 2016 would only result if a hospital received a Total Performance Score of 0.

Question 36: Does the five star programs have any effect on VBP?

Answer 36: No. The star-rating system on *Hospital Compare* uses different methodology than the Hospital VBP Program and is distinctly separate.

Question 37: Does the Incentive Payment Adjustment Factor re-set each year if a hospital was negatively affected by VBP in FYs 2013, 2014, and 2015, i.e., if a hospital receives a reduction for FY 2016, is that reduction based on their current adjustment factor from the previous year?

Answer 36: The adjustments for each fiscal year are determined independent of the results from prior fiscal years and do not compound.

Question 42: FY 2016 equals which calendar year?

Answer 42: The FY 2016 Program will adjust payments from October 1, 2015 through September 30, 2016. The performance periods and baseline periods for the FY 2016 Hospital VBP Program are below:

Domain	Baseline Period	Performance Period
Clinical Process of Care	Jan. 1– ec. 31, 2012	Jan. 1–Dec. 31, 2014
Patient Experience of Care	Jan. 1– Dec. 31, 2012	Jan. 1–Dec. 31, 2014
Outcome: Mortality	Oct. 1, 2010–June 30, 2011	Oct. 1, 2012–June 30, 2014
Outcome: AHRQ PSI-90	Oct. 15, 2010–June 30, 2011	Oct. 15, 2012–June 30, 2014
Outcome: CAUTI/CLABSI/SSI	Jan. 1–Dec. 31, 2012	Jan. 1–Dec. 31, 2014
Efficiency	Jan. 1–Dec. 31, 2012	Jan. 1–Dec. 31, 2014

Question 46: How do we get alerted of future webinars per the schedule on slide 91?

Answer 46: We recommend signing up for the [ListServes](#) on *QualityNet*. Notifications for registration are sent through ListServe communications. In addition, you may register for the presentations listed on this slide through the



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Quality Reporting Center website; direct link:
<http://www.qualityreportingcenter.com/>.

- Question 55:** In the Achievement Point example, which rate is used, over-served, smoother or risk adjusted?
- Answer 55:** Please submit your question to the Inpatient Q&A tool on *QualityNet* with clarification of which measure you are inquiring.
- Question 56:** Is the Consistency Score based on the hospital's lowest score or the lowest ratio?
- Answer 56:** The consistency score is based on the hospital's lowest dimension score in the Patient Experience of Care domain. The lowest dimension score has a specific formula presented in the presentation.
- Question 62:** On slide 68 the performance MSPB is better (less than) the baseline. Why didn't the example show any Improvement Points?
- Answer 62:** The slide for the MSPB Improvement Points displays a scenario where a hospital has equal baseline and performance period rates. In this scenario where a hospital maintains performance but does not improve, the hospital will receive 0 Improvement Points.
- Question 68:** Was the review MSPB report released for FY 2016?
- Answer 68:** Yes. The MSPB Hospital Specific Reports (HSRs) were sent to hospitals through the *QualityNet Secure Portal* Secure File Transfer (SFT) in June 2015.
- Question 72:** What is the best way for hospitals to calculate the impact in dollars of their Total Performance Score (TPS)?
- Answer 72:** Hospitals may multiply the value-based incentive payment adjustment factor by an applicable claim's base operating DRG payment amount to determine the resulting payment impact from the Hospital VBP Program. If your hospital has an estimate of the FY's base-operating DRG payment, you may multiply the adjustment factor by that value to determine the estimated aggregate impact.
- Question 77:** Are benchmark top 10% hospitals different for each measure, thus they are the top 10% for that specific measure only?



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- Answer 77:** The performance standards (benchmark, achievement threshold, and floor) are calculated for each measure within the Hospital VBP Program.
- Questions 81:** Where can I find the VBP scoring for a hospital that opened in Q3 2014?
- Answer 81:** A hospital that opened during the FY 2016 performance period will receive a PPSR through the *QualityNet Secure Portal*.

END