



Hospital Value-Based Purchasing (VBP) Program

Support Contractor

Overview of the Hospital Value-Based Purchasing (VBP) Fiscal Year (FY) 2018

Questions and Answers

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Question 1: What are the baseline period and the performance period for HCAHPS surveys?

The baseline and performance periods for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) are listed on slide 27 and in the table below.

Domain	Measure	Baseline Period	Performance Period
Clinical Care	Mortality Measures	10/1/2009–6/30/2012	10/1/2013- 6/30/2016
PCCEC/CC	HCAHPS Survey	1/1–12/31/2014	1/1–12/31/2016
Safety	AHRQ PSI-90 Composite	7/1/2010–6/30/2012	7/1/2014–6/30/2016
	HAI Measures	1/1–12/31/2014	1/1–12/31/2016
	PC-01	1/1–12/31/2014	1/1–12/31/2016
Efficiency and Cost Reduction	MSPB	1/1–12/31/2014	1/1–12/31/2016



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Question 2: When do these changes go into effect for FY 2018?

These changes are for the fiscal year (FY) 2018 Hospital VBP Program Year.

Question 3: What happens to the percentages if a hospital does not meet the Clinical Care Domain due to less than 25 eligible cases in all 3 measures?

If a hospital is unable to receive enough measure scores to receive a domain score, the domain will not be scored. If less than 3 domains are scored in FY 2018, the hospital will be excluded from the FY 2018 Program. Hospitals excluded from the Hospital VBP Program will not be eligible for payment adjustment, including the withhold and the incentive payments.

Question 4: What version of the AHRQ PSI software will be used to determine the PSI 90?

The American Health Quality Organization (AHRQ) Quality Improvement (QI) software version 5.0.1 was used in the technical update to the performance standards that Centers for Medicare & Medicaid Services (CMS) issued. More information regarding the AHRQ software version and the technical update may be referenced in the QualityNet News Article released on March 2, 2016; the direct link to this article is <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=1120143435383>.

Question 5: Do the HAI, Process and Patient Safety indicators carry equal weight in the calculation of the score for SAFETY?

Each measure within the Safety domain carries an equal weight.

Question 6: If we do not fall into all 4 domains does that mean that we are not eligible?

If a hospital does not meet the minimum domain count of three of the four domains in FY 2018, the hospital will be excluded from the Hospital VBP Program. Excluded hospitals will not incur payment adjustments, including the withhold and the incentive payments.



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Question 7: Are the CAUTI and CLABSI measures ICU only or all units?

CMS will use Intensive Care Unit (ICU) only versions of the Central-Line Associated Blood Stream Infection (CLABSI) and Catheter-Associated Urinary Tract Infection (CAUTI) in the FY 2018 Hospital VBP Program. Hospitals started reporting the additional wards in calendar year (CY) 2015, and CMS has determined to not include the additional locations until CY 2015 could be included in the baseline period. The Baseline Period for CLABSI and CAUTI in FY 2018 is CY 2014, which was prior to that reporting change. As a result, FY 2018 will utilize ICU only locations for the CLABSI and CAUTI measures for the Hospital VBP Program.

Question 8: What happens if 100 HCAHPS surveys are not completed within the two time periods?

If a hospital is unable to submit enough completed surveys during the performance period, the domain will not be scored. If less than three domains are scored in FY 2018, the hospital will be excluded from the FY 2018 Program. Hospitals excluded from the Hospital VBP Program will not be eligible for payment adjustment, whether it is the withhold or the incentive payment. If a hospital does not submit at least 100 HCAHPS surveys during the baseline period, but does during the performance period, only achievement points can be awarded as improvement points, based on a comparison between the baseline period and the performance period.

Question 9: How does CMS get the Clinical Care, i.e. MORT-30-AMI, data?

The 30-Day Mortality Measures are claims based measures. If you would like more specific information, please submit your question to the Inpatient Question and Answer (Q&A) tool on QualityNet with the specific question.

Question 10: What version of AHRQ are they using?

CMS announced in the technical correction that they are using AHRQ QI software version 5.0.1 that has been fully recalibrated to the Medicare fee for service (FFS) population.



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Question 11: Are children's hospitals exempt from the VBP program?

Yes, only short-term acute care hospitals are included in the Hospital VBP Program. Children's hospitals with a CMS Certification Number (CCN) with a third digit that is not "0" are excluded from the Hospital VBP Program.

Question 12: AHRQ website still shows PSI 09, PSI 10 and PSI 11 being part of the PSI-90? However, this slide does not have 09, 10 and 11.

CMS is currently using the measure that includes the following individual Patient Safety Indicators (PSIs):

- *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*

Question 13: Did you just state that if you receive, are in, or get more than one in a reporting period the payment reduction no longer applies?

If a hospital is excluded for one of the reasons listed on the eligibility slide (such as receiving two or more immediate jeopardy citations during the performance period or incurring payment reductions from the Hospital Inpatient Quality Reporting (IQR) Program) a hospital will not be eligible for payment adjustments. Not being eligible for payment adjustments is inclusive of the hospital not incurring the withhold amount for the fiscal year and not receiving the incentive payments.

Question 14: What happens if a facility is unable to achieve a domain score? (No cases at all.)

If a hospital is unable to receive enough measure scores to receive a domain score, the domain will not be scored. If less than three domains are scored in FY 2018, the hospital will be excluded from the FY 2018 Program. Hospitals



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excluded from the Hospital VBP Program will not be eligible for payment adjustment, including the withhold and the incentive payments.

Question 15: For claims based measures, is there a cut off time to re-file a claim with CMS if we discover the first claim was incorrect? I was referring to the timeframe immediately after discharge of a patient – not older claims used in the VBP results.

CMS generally pulls claims at the end of September following the end of the calculation period for AHRQ PSI-90 and the 30-Day Mortality Measures. For example, if the claims based measures of AHRQ PSI-90 and the 30-Day Mortality Measures end on June 30, 2016, CMS intends to pull those claims used in the calculation at the end of September of 2016. For the Medicare Spending per Beneficiary (MSPB) measure that is currently included in IQR and VBP, CMS pulls claims during the first week of April, which allows a three month claims run-out/maturity period. Claims submitted or modified after that time will not be included or revised in the calculations.

Question 16: Is FY 2018 CY 2016?

Fiscal Year 2018 is the year in which payment adjustments will be made. The performance periods and baseline periods range in FY 2018; however, the general idea is that FY 2018 utilizes a performance period of CY 2016 and a baseline period of CY 2014. This does not apply to claims based measures, such as AHRQ PSI-90 or the 30-Day Mortality Measures.

Question 17: When will the baseline Measure report be available?

They are anticipated to be released very soon. When they are released, an announcement will be made through a QualityNet news article, also through the ListServe. So, if you aren't signed up to the ListServe yet, go to QualityNet and sign up for the IQR and Hospital VBP (HVBP) ListServe.

Question 18: Where exactly is the domain waiting infographics that you referenced on slide 47?

The infographic pertaining to the weighing of domains is located on the Quality Reporting Center under the IQR resources page; the direct link is <http://www.qualityreportingcenter.com/wp-content/uploads/2016/02/FY-2018->



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[VBP-domain-weighting-Graphic508F.pdf](#).

Question 19: Why are they only using 9 dx and 6 proc codes?

CMS anticipates using up to 25 diagnosis and procedure codes for the calculation of AHRQ PSI 90 for HVBP when up to 25 diagnosis and procedure codes were processed for the entire baseline and performance periods. CMS began processing up to 25 diagnosis and procedure codes in April 2011.

Question 20: Are the baseline rates publicly posted?

Yes. The baseline period rates for the FY 2018 Hospital VBP Program were first finalized and published in the FY 2016 Inpatient Prospective Payment System (IPPS) Final Rule. The baseline period rates and performance period rates for all fiscal years from FY 2013 to FY 2018 are also published on the QualityNet website.

Question 21: Are the measures within the domain all weighted evenly within the domain? For example, with 3 mortality measures in the outcomes domain, are each weighted at 33%? Is that true with the other domains?

Yes, each of the measures in the FY 2018 HVBP program have equal weight within their specific domain. Note that although the Surgical Site Infection (SSI) measure has two strata that receive improvement and achievement scores separately, the measure results are combined to equal just one measure score.

Question 22: Are there any discussions to use regional pricing for the MSPB measures?

The MSPB Measure is calculated using payment-standardized claims. Payment standardization is the process of adjusting the allowed charge for a Medicare service in order to facilitate comparisons of resource use across geographic areas. As a result, standardization is not calculated by geographic location. For example, the methodology eliminates differences that result from regional variation in hospital wage indexes and geographic practice cost indexes. For an overview of price standardization, also known as payment standardization, please see the Basics of Payment Standardization document available on the [QualityNet](#) webpage. For a detailed description of the



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methodology applied to each setting, please see the CMS Price Standardization Methodology document that is also available on the [QualityNet](#) webpage. If you would like to comment on the CMS methodology for the HVBP Program, you may submit a comment to the FY 2017 IPSS Proposed Rule during the comment period.

Question 23: Are these reports (HVBP-Baseline Measure Reports) already available in QNet?

No, the Baseline Measures Reports for the FY 2018 HVBP Program have not yet been enabled on QualityNet. A ListServe notification will be sent when hospitals can access the reports.

Question 24: Can you document/forward the nine diagnosis and six procedure codes that CMS will utilize for the PSI-90 measure?

CMS utilizes the first nine diagnosis and six procedure codes on applicable claims for the calculation of the AHRQ PSI-90 Composite within the FY 2017 HVBP Program. The codes utilized for the calculation will be specific to the claim submitted by the hospital. Hospitals may review the calculations specific to their hospital for the AHRQ PSI-90 Composite through a Hospital Specific Report. This report provides hospitals with the opportunity to review and correct the data and calculations of the Composite prior to the data being used in the Percentage Payment Summary Report.

Question 25: Can you explain the floor scores please?

The floor is the lowest rate of all hospitals during the baseline period. The floor is only used in calculating a hospital's HCAHPS consistency score.

Question 26: Can you please provide a bit more detail on what is included in the "education adjustment" on the MSPB-1, unless I heard that wrong?

Thank you for your question. For measure methodology and specifications for the MSPB measure, we recommend you contact cmsmspbmeasure@acumenllc.com with your specific questions.

Question 27: Could you please cite the sources again for the definition of predicted



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infections?

The webinar that the Centers for Disease Control and Prevention (CDC) presented was titled The Hospital VBP Program: NHSN Mapping and Monitoring and was held on October 19, 2015. To view the recorded webinar or download the transcript or question and answers, you can visit <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/>.

Question 28: **Could you speak to the issue that PSI 07 within the PSI 90 is the same measure as CLABSI in the HAI section? Is the difference being the diagnosis coding for PSI 90 versus NHSN reported CLABSI?**

The PSI-07 measure in the PSI-90 Composite utilizes claims from Medicare Fee-for-Service patients only; whereas, the National Healthcare Safety Network (NHSN) CLABSI measure utilizes data from patients in the Adult, Pediatric, and Neonatal ICUs that meet the specifications for the FY 2018 Hospital VBP Program. The measure methodologies and calculations are distinct and separate. For more information regarding the measure methodology of these measures, please submit a question to the Inpatient Q&A tool on [QualityNet](#).

Question 29: **Does the 5.0.1 version work for both ICD 9 and ICD 10? The Performance Period includes both?**

The adopted performance period for the AHRQ PSI-90 Composite contains data from periods with ICD-9 and ICD-10 data, as the performance period begins on July 1, 2014, and extends past the October 1, 2015, ICD-10 transition date to June 30, 2016. The AHRQ QI software version 5.0.1 only utilizes ICD-9 data. More information will be available in the FY 2017 IPSS Proposed Rule. We recommend reading the FY 2017 IPSS Proposed Rule when released in April or May of 2016 and encourage you to submit comments, questions, concerns, or opinions.

Question 30: **For AHRQ PSI-90 measure, is the baseline data run using version 5.0.1?**

Yes, CMS will use AHRQ QI software version 5.0.1 fully recalibrated to the Medicare FFS population in the baseline period to calculate hospital index values.



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Question 31: For the “Safety” area regarding CDIFF, MRSA, etc., what is the timeframe for needing 1.0 predicted infections? One month? One quarter? The whole year?

The timeframe for meeting the minimum data requirements for all measures in the HVBP Program is that measure’s performance period. For example, the Healthcare-Associated Infection (HAI) measures have a performance period of January 1, 2016, through December 31, 2016, in the FY 2018 HVBP Program. That same time period will be used to determine if the hospital met the minimum of 1.000 predicted infections during the performance period for calculation of achievement points.

Question 32: How can hospitals obtain MSPB performance more often than once a year

The MSPB Measure is only calculated on an annual basis. As such, there is no way for hospitals to obtain information on their MSPB performance more than once a year.

Question 33: How can hospitals obtain PSI90 performance more often than once year?

The AHRQ PSI-90 Composite Measure is only calculated on an annual basis. Therefore, hospitals cannot obtain information on their AHFQ PSI-90 Composite performance more than once a year.

Question 34: How can hospitals track on an ongoing basis how they may be performing on MSPB?

The MSPB Measure uses Medicare Parts A and B claims data from the Common Working File (CWF). However, these data are not publicly available given that they contain confidential claims data from all hospitals nationally. While hospitals will not be able to monitor their MSPB measure in real time, we recommend examining the hospital-specific data files that are provided with the hospital-specific report.

Question 35: How can we find out about our hospital VBP impact (dollar amount)?

The HVBP Program uses the payment adjustment factor listed on a hospital’s



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Percentage Payment Summary Report released by August 1 of each year. The adjustment factor is then multiplied against each eligible Medicare claim in the fiscal year to account for the hospital's performance in the HVBP Program.

Question 36: How is CMS addressing the differences between baseline period cases coded with ICD-9 codes and performance period cases that include cases coded with ICD-9 codes until 9/30/15 and ICD-10 codes for the remainder of the performance period?

Since the ICD-10 transition was implemented on October 1, 2015, we have been monitoring that our systems and claims are processing normally. A subset of the measures currently used in the Hospital VBP Program does not use ICD codes and will not be affected by the transition to ICD-10 (e.g., patient experience and some CDC NHSN measures). Although ICD-9 codes initially may have been used to determine measure specifications, all measure specifications have been translated to, and updated for, corresponding ICD-10 code specifications. We are currently reviewing options regarding baseline and performance periods that cross the ICD-10 implementation date and will provide more information as soon as it becomes available.

Question 37: How is spending per beneficiary determined and where is the criteria for numerator and denominators of this measure found?

The QualityNet website contains documents describing the measure methodology and calculations; the direct link is <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772053996>. If you would like more information regarding the MSPB measure, please contact cmsmspbmeasure@acumenllc.com.

Question 38: How will MRSA and C.difficile be determined? We monitor Facility wide Inpatient Lab ID events vs surveillance.

For information regarding the measure specifications and reporting of the Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile infection (C.difficile) data you may reference the NHSN website or submit a question to the Inpatient Q&A tool on QualityNet.



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Question 39: I am under the impression that AHRQ Version 5.01 was pulled off the AHRQ website and that 5.03 is only available now. Is that correct?

AHRQ's website only contains the most recent version of the AHRQ QI Software. Version 5.0.3 is comparable to Version 5.0.1. It is important to note that the software available on AHRQ's website is not fully recalibrated to the Medicare FFS population and instead uses the Healthcare Cost and Utilization Project (HCUP) reference population. CMS will be providing replication documents or instructions for how to request replication documents on QualityNet in April.

Question 40: Is it possible for hospitals to independently calculate the MSPB measure to prospectively estimate performance prior to the payment year? Where can we find this methodology and/or software?

The code used to calculate the MSPB measure is currently not publicly available. Detailed methodology and a calculation example can be found on the MSPB webpages on QualityNet. The "MSPB Measure Information Form" presents the MSPB Measure calculation methodology, whereas the "MSPB Measure Calculation Example" provides an example MSPB Measure calculation for a fictional hospital. Remember that the data used to calculate the MSPB measure are not publicly available, which may limit a hospital's ability to prospectively estimate performance. For more information regarding the MSPB measure, you may contact cmsmspbmeasure@acumenllc.com.

Question 41: Is the CMS version 5.0.1 released on AHRQ website? How do we differentiate between publicly available 5.0.1 vs CMS version 5.0.1?

No, the CMS version of 5.0.1 is not released on AHRQ's website. The difference between the two versions is the reference population used (i.e., Medicare FFS population for CMS and HCUP reference population for AHRQ). CMS will be providing replication documents or instructions for how to request replication documents on QualityNet in April.

Question 42: For the AMI mort 30 measure, are patients with CABG excluded?

For more information regarding the specifications and measure methodology of CMS's 30-Day Mortality Measures, please contact



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cmsmortalitymeasures@yale.edu.

Question 43: My understanding is, when determining whether or not a hospital will be subject to a VBP penalty/reward, CMS will include FEE-FOR-SERVICE patients only, but once a penalty/reward is determined, the penalty rate will be applied to all Medicare revenue, including fee for service and Medicare Managed Care patients. Is this statement correct?

CMS has adopted measures in the HVBP Program that have varying populations. For example, the CLABSI and CAUTI measures for the FY 2018 HVBP Program use data from patients in Adult, Pediatric, and Neonatal ICUs. HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical, surgical and maternity care service lines are eligible for the survey, and HCAHPS is not restricted to Medicare patients. The AHRQ PSI-90 Composite uses only FFS claims in the population. Value-based incentive payments made under the HVBP program can be made only in the form of an adjustment to a subsection (d) hospital's base operating DRG payment amount under the IPPS.

Question 44: Please clarify Slide 19: will Medicare HMS claims be included or excluded from PSI-90? Thank you!

It is assumed that the question is in regard to whether or not Medicare HMO claims are included in the AHRQ PSI-90 Composite calculation. HMO claims are not included in the AHRQ PSI-90 Calculations for the Hospital VBP Program.

Question 45: What are the exclusions for the mortality measure? Does a patient discharged on hospice exclude the patient from the population? Does comfort care exclude the patient

For more information regarding the specifications and measure methodology of CMS's 30-Day Mortality Measures, please contact cmsmortalitymeasures@yale.edu.

Question 46: What are the weights of the individual components of PSI 90?

In April 2016, CMS plans to release (through the QualityNet website)



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replication documents and instructions on receiving the replication documents, including the individual weights of the AHRQ PSI-90 Composite components.

Question 47: What reports are issued for VBP? Is it just the baseline or are there additional reports issued?

CMS releases two sets of HVBP Program reports for every fiscal year. The Baseline Measures Report contains your hospital's performance during the baseline period and the performance standards. This report can help your hospital create targets and goals based on its own performance and the threshold amounts to receive achievement points. The Percentage Payment Summary Report is issued by August first, prior to the start of the fiscal year. The Percentage Payment Summary Report contains the hospital's data from the baseline period, performance period, scoring information, and payment adjustment determinations.

Question 48: Where [can we go] to get a copy of the FY2018 Baseline Measures Report in Excel? Thanks.

The Baseline Measures Report is only available in a PDF version at this time. The Baseline Measures Report will be released in the QualityNet Secure Portal.

Question 49: Will cleanliness and quietness question be combined into a single measure?

The Cleanliness and Quietness of Hospital Environment is one dimension in the Patient and Caregiver Centered Experience of Care/Care Coordination domain. For more information regarding the HCAHPS Survey, please contact hcahps@area-M.hcqis.org.

Question 50: Will CMS provide us the Predicted rates for the infections?

Yes. The predicted number of infections for each of the HAI measures is displayed on the Baseline Measures Report and the Percentage Payment Summary Report.



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Question 51: Will there be a "Transitions of Care" theme that is an aggregate of the 3 questions, or is there a difference methodology for measuring those questions?

The 3-Item Care Transition is combined to equal one rate for the Hospital VBP Program. For more information regarding the calculation of the rate of the 3-Item Care Transition, please contact hcahps@area-M.hcqis.org.

Question 52: Would you please share the achievement and improvement formulas for lower is better measures?

The formulas for achievement and improvement points are the same for each set of measure types (higher is better & lower is better). If you would like more clarification on the formulas, please submit a question to the Inpatient Q&A tool.