



Hospital Value-Based Purchasing (VBP) Program

Support Contractor

Hospital Value-Based Purchasing (VBP) Program: Overview of the Fiscal Year 2020 Baseline Measures Report

Questions and Answers Transcript

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The following questions were asked, and responses given by subject-matter experts, during the live webinar. Questions and answers may have been edited for grammar.

Question 1: When will the Fiscal Year (FY) 2020 Baseline Measures Reports be released?

CMS anticipates the FY 2020 Baseline Measures Reports will be released in February or March of 2018.

Question 2: We switched from a prospective payment system (PPS) hospital to a Critical Access Hospital (CAH) in July 2017. Will we receive a Baseline Measures Report, and will it have an impact on our payment?

CAHs are not included in the Hospital VBP Program; therefore, claims submitted under the CAH's CCN would not have the Hospital VBP Program payment adjustment factor applied. In addition, CAHs do not receive Hospital VBP Program reports, including the Baseline Measures Reports. If you have additional questions regarding the change in your hospital's status, I recommend reaching out through the Inpatient Q&A tool on *QualityNet* or by calling (844) 472-4477.

Question 3: Regarding the minimum requirement of 100 HCAHPS surveys, do all 100 have to be 100 percent completed? If a hospital has 100 surveys returned, but some of the questions are unanswered, will those surveys count toward the required 100?

For questions regarding the HCHAPS Survey, we recommend contacting the HCAHPS Technical Assistance team at hcahps@area-M.hcqis.org.

Question 4: Why do the mortality measures use 2010, but the others use 2016?

The 30-Day Mortality measures and the THA/TKA measures use a longer



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baseline and performance period than the other measures for reliability purposes. Because of the length of the baseline and performance periods for the 30-Day Mortality measures, the start date of the baseline period begins in 2010.

Question 5: Where can I find out how the hip and knee (total hip arthroplasty [THA]/total knee arthroplasty [THK]) complication rate is calculated and what complications are included in the measure?

For more information on the THA/TKA measures, visit the [Overview of THA/TKA Complication Measure webpage on QualityNet](#).

If you have questions regarding the specifications of the THA/TKA measures, please contact cmscomplicationmeasures@yale.edu.

Question 6: I have a question regarding the threshold and benchmark numbers published by CMS in the PDF *FY 2019 Value-Based Purchasing Domain Weighting, Version 1: 02-16-2017*. Under Clinical Care, it shows a mortality threshold for Mort-30-AMI as 0.850671 and a benchmark of 0.873263. If calculated as a percent, it reads 85 percent and 87 percent, respectively. Is this score a mortality rate or a survival rate?

The Hospital VBP Program uses survival rates instead of mortality rates.

Question 7: Are the 2020 payments adjusted on a per-claim basis or is this a lump adjustment?

The Hospital VBP Program payments are made on a per-claim basis during the applicable fiscal year.



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Question 8: Regarding slide 13, what is Table 16B and where is it posted?

Table 16B is a table that contains Hospital VBP Program payment adjustment factors for a given fiscal year for eligible hospitals. For FY 2020, the payment adjustments will be posted to *CMS.gov* in Table 16B in the fall of 2019. The table is posted with the inpatient prospective payment system (IPPS) final rule tables. For example, the FY 2018 Hospital VBP Program Table 16B was posted with the FY 2018 IPPS final rule tables at this direct link: [FY 2018 Final Rule and Correction Notice Tables](#)

Question 9: When payments are made on a per-claim basis, are they identified on an explanation of benefits (EOB)?

We recommend contacting your Medicare Administrative Contractor (MAC) regarding your question.

Question 10: Are the mortality measures in the Hospital VBP Program measured in the same way the Star Ratings framework (even if the performance periods are different)?

The Hospital VBP Program uses different methodology from the Star Ratings program to evaluate measures. For example, the Hospital VBP Program calculates a measure score, which is the greater of achievement or improvement points. For more information on the 30-Day Mortality measures specifically, we recommend contacting cmsmortalitymeasures@yale.edu.

Question 11: Please provide the definition of benchmark.

The benchmark is the mean of the top decile (average of the top 10 percent of hospitals) during the baseline period. The benchmark is used to calculate improvement points and achievement points.



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Question 12: For PC-01, the benchmark and threshold are both 0.000000. If we meet 0.000000, do we get the full 10 achievement points?

If your hospital receives a 0.000000 rate in PC-01, your hospital will receive 10 achievement points.

If a hospital has a performance period rate that is equal to or better than the benchmark, 10 achievement points will be awarded. If the rate is lower than the achievement threshold, the hospital will receive zero achievement points. If the performance period rate is equal to or better than the achievement threshold but it's still lower than the benchmark, 1 to 9 points will be awarded.

Question 13: Regarding HCAHPS, must the hospital send 100 surveys, or does there have to be at least 100 surveys returned to receive a score in the Hospital VBP Program?

For HCAHPS questions, we recommend contacting the HCAHPS Technical Assistance team at hcahps@area-M.hcqis.org.

Question 14: Please tell me the exact name of the tool listed on *www.QualityReportingCenter.com*, as listed on slide 39. I am on the site but cannot locate it.

The document is available in the drop-down box under Inpatient under Hospital IQR Program > [Resources and Tools](#). At the bottom of the page, there are four links to the Value-Based Purchasing Domain Weighting quick reference guides for FY 2017–FY 2020, including [FY 2020 Value-Based Purchasing Domain Weighting Version 2](#).

Question 15: What happens if a facility does not meet the minimum number of 100



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completed HCAHPS surveys?

If 100 surveys are not submitted during the baseline period only, the hospital would not have an opportunity to receive improvement points. If the hospital did not meet the minimum of 100 surveys during the performance period, the hospital would not be eligible to receive achievement points or improvement points. In addition, the hospital would not receive a Person and Community Engagement domain score. However, the hospital could still receive a Total Performance Score if the other three remaining domains met the minimum measure requirement.

Question 16: Our hospital opened in late 2017 and will begin submitting data with first quarter 2018 discharges. Will we be eligible for the FY 2020 Hospital VBP Program, assuming we meet minimum case and measure requirements?

A newly-opened hospital that has performance period data only can still be included in the Hospital VBP Program if the hospital meets the minimum measure and domain criteria that was outlined in this presentation. In this scenario, the hospital would not be scored on improvement points because only performance period data would have been submitted. However, your hospital could still earn achievement points to calculate the Total Performance Score.

To see if you are eligible based on your performance data alone, I recommend checking out your Percentage Payment Summary Report on *QualityNet* when it becomes available. It will either have your Total Performance Score and your payment adjustment factors or it will state “Hospital VBP ineligible” and will display the reason for exclusion from the program.

Question 17: Will the Baseline Measures Reports be sent through the *QualityNet*



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***Secure Portal* inbox or will we have to manually run the report in *QualityNet*?**

The Baseline Measures Reports will have to be manually run through the *QualityNet Secure Portal* in the Run Report section. The process to run reports is the same for the Baseline Measures Report and the Percentage Payment Summary Report. The only Hospital Value-Based Purchasing Program reports that you will receive through your Secure File Transfer or your *QualityNet Secure Portal* inbox are the Hospital-Specific Reports for the mortality measures, complication measure, and the Medicare Spending per Beneficiary measure.

Question 18: How is the Value-Based Incentive paid back to the hospital?

The payment adjustment factor is multiplied against the diagnosis-related group, or DRG, payment amount for each claim. For more specific information, we recommend contacting your MAC.

Question 19: Are CAHs exempt from the Hospital VBP Program?

Yes, they are exempt. The only hospitals that are included in the Hospital VBP Program are subsection (d) hospitals.

Question 20: Can hospitals receive an incentive greater than the two percent withhold and two percent incentive payment?

The maximum reduction that a hospital can incur is two percent in Fiscal Year 2020 if the hospital receives a Total Performance Score of 0 out of 100. However, a hospital can earn back more than that two percent withhold based on the hospital's Total Performance Score and exchange function slope for that fiscal year.



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Question 21: How are the achievement threshold and benchmark threshold communicated to the hospitals?

The performance standards are generally published in the IPPS final rules. In the case that the performance standards need to be updated through CMS' technical update authority, a *QualityNet* news article has historically been posted. However, there have not been any technical updates for Fiscal Year 2020.

The performance standards will also be listed on your hospital's Baseline Measures Report. A [quick reference guide](#) is available on *QualityNet.org* and *QualityReportingCenter.com* that contains the performance standards for FY 2020.

Question 22: For the Hospital Value-Based Purchasing Program, does the measure only include Medicare patients for the hospital-acquired infection measures?

The patient population varies for the measures included in the Hospital VBP Program. For the healthcare-associated infection measures, the patient population includes all patients meeting the measure specifications. For example, hospitals must report central line-associated bloodstream infections (CLABSI) and associated denominator data for infections that occur on or after January 1 of 2015, from all adults, pediatric, and neonatal intensive care units, and from all patient care locations meeting the National Healthcare Safety Network (NHSN) definition for adult and pediatric medical, surgical, or combined medical and surgical wards.

Question 23: What are the baseline and performance dates for Fiscal Year 2020?



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The baseline and performance periods for FY 2020 are listed in the table below.

Domain	Baseline Period	Performance Period
Clinical Care <ul style="list-style-type: none">• Mortality (MORT-30-AMI, MORT-30-HF, MORT-30-PN)• THA/TKA	July 1, 2010–June 30, 2013	July 1, 2015–June 30, 2018
Person and Community Engagement (HCAHPS)	January 1–December 31, 2016	January 1–December 31, 2018
Safety <ul style="list-style-type: none">• PC-01• HAI measures	January 1–December 31, 2016	January 1–December 31, 2018
Efficiency and Cost Reduction (MSPB)	January 1–December 31, 2016	January 1–December 31, 2018

Question 24: Can you please repeat who should we contact if we are unable to run our Baseline Measures Report in *QualityNet*?

If you have any questions or issues related to accessing your Baseline Measures Report or your Percentage Payment Summary Reports in *QualityNet*, please contact the *QualityNet* Help Desk.

Question 25: If we are excluded from the Hospital VBP Program due to an immediate jeopardy during the performance period, is the hospital not subject to the two percent withhold for the program?

That’s correct. Hospitals that are excluded from the Hospital VBP Program for any reason, including the exclusion due to immediate jeopardy citations, will not be eligible for payment adjustments, including the bonus that a hospital may receive from the Hospital VBP Program. Excluded hospitals will not be subject to the two percent withhold for Fiscal Year 2020.

If you want to learn more about the immediate jeopardy citation exclusion in the Hospital Value-Based Purchasing Program, there’s a [quick reference guide](#) available out on *QualityNet*.



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Question 26: When running the NHSN CMS report for Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia, we do not have a calculated standardized infection ratio (SIR) rate for this measure. How is this interpreted?

A SIR is calculated when the predicted infections, as calculated by the Centers for Disease Control and Prevention (CDC), are 1.000 or above. If you have a predicted infection value that is less than 1.000, your hospital's SIR will not be calculated. If your hospital's SIR is not calculated in the baseline period, your hospital will not be able to be evaluated for improvement points. If your hospital does have at least 1.000 predicted infections, your hospital will have a SIR calculated. Please note that predicted infections are not the same as actual infections.

The following educational reference materials were provided by subject-matter experts in the chat feature, during the live webinar.

Question 27: Would you like to watch the *Fiscal Year (FY) 2018 Inpatient Prospective Payment System (IPPS) Final Rule: Acute Care Hospital Quality Reporting Programs Overview* webinar that Bethany just referenced?

Use the following link to locate the recorded webinar from August 29, 2017: <https://www.qualityreportingcenter.com/inpatient/iqr/events/>.

Question 28: Would you like more information on the calculation of the surgical site infection (SSI) measure score?

Use the following link to locate the recorded webinar from July 24, 2017, entitled *Hospital VBP: FY 2018 Percentage Payment Summary Report*, and review slides 83–85: <https://www.qualityreportingcenter.com/inpatient/vbp-archived-events/>.



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Question 29: Want to check out the immediate jeopardy quick reference guide?

It's available here: [Hospital VBP Program Quick Reference Guide - Immediate Jeopardy](#).

The following questions were researched and answered by subject-matter experts after the live webinar.

Question 30: When will electronic clinical quality measures (eCQMs) be added to the Hospital VBP Program?

eCQMs are not currently included in the Hospital VBP Program.

Question 31: Regarding achievement point calculations, why is it +0.5 on slide 22 and -0.5 on slide 27?

Slide 22 describes the achievement point formula and slide 27 describes the improvement point formula. For more information on how CMS developed the achievement point and improvement point formulas, we recommend referencing the [Hospital VBP Program final rule](#) (76 FR 26513–26525).

Question 32: Are the mortality and THA/TKA measures general equivalences mapped between ICD-9 and ICD-10 codes?

For more information on the THA/TKA measures, visit the [Overview of THA/TKA Complication Measure webpage](#) on *QualityNet.com*. If you have questions regarding the specifications of the THA/TKA measures, please contact cmscomplicationmeasures@yale.edu.

Question 33: Will the PSI 90 measure reappear later in the Hospital VBP Program?
We see that the measure remains in the Hospital IQR Program.



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In the FY 2018 IPPS final rule, CMS finalized their proposal to remove the current PSI 90 measure from the Hospital VBP Program beginning with the FY 2019 program year due to the operational constraints associated with calculating measure scores for the current measure for FY 2019 and subsequent years. CMS also finalized their proposal to adopt a modified version of the current PSI 90 measure, entitled Patient Safety and Adverse Events Composite (NQF #0531), for the Hospital VBP Program for the FY 2023 program year and subsequent years.

Question 34: What is the year an immediate jeopardy must occur for it not be eligible for FY 2019 and 2020?

Beginning on October 1, 2016 (FY 2017), hospitals will be excluded from the Hospital VBP Program for a particular program year if, during the performance period for that fiscal year, they were cited **three** times for deficiencies that pose immediate jeopardy to the health or safety of patients. The performance periods for Fiscal Years 2018–2020 are listed in the table below. For more information regarding the immediate jeopardy exclusion from the Hospital VBP Program, we recommend referencing this [quick reference guide](#).

Fiscal Year	Performance Period
FY 2018	10/01/2013–12/31/2016
FY 2019	07/01/2014–12/31/2017
FY 2020	07/01/2015–12/31/2018