



Part 1: FY 2024 Hospital VBP Program Percentage Payment Summary Report Overview



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Objectives

Participants will be able to:

- Identify the way hospitals will be evaluated within each domain and measure.
- Recall the Hospital VBP Program eligibility requirements.
- Interpret the scoring methodology used in the Hospital VBP Program.
- Locate the Total Performance Score (TPS) and value-based incentive payment percentage on the PPSR.

Purpose

This event will provide an overview of the fiscal year (FY) 2024 Hospital VBP Program Percentage Payment Summary Report (PPSR) and include a discussion of the following:

- Background
- Hospital eligibility
- Downloading the report
- Measures and domains
- Scoring methodology
- Locating key values on the report
- Understanding data within the reports

Calculations Webinar Tomorrow!

- Have questions on the report calculations?
- Join us for *Part 2: FY 2024 Hospital VBP Program Percentage Payment Summary Report Calculations*
- tomorrow at 2 p.m. Eastern Time.
- Register here: <https://attendee.gotowebinar.com/register/7592897881088021855>



Acronyms

AMI	acute myocardial infarction	HQR	Hospital Quality Reporting
CABG	coronary artery bypass graft	HSR	Hospital-Specific Report
CAUTI	Catheter-associated Urinary Tract Infection	IPPS	Inpatient Prospective Payment System
CCN	CMS Certification Number	IQR	Inpatient Quality Reporting
CDI	<i>Clostridium difficile</i> Infection	LTCH	Long-Term Care Hospital
CEO	chief executive officer	MORT	mortality
CLABSI	Central Line-associated Bloodstream Infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia
CMS	Centers for Medicare & Medicaid Services	MS DRG	Medicare Severity Diagnosis Related Group
COMP	complications	MSPB	Medicare Spending per Beneficiary
COPD	chronic obstructive pulmonary disease	PN	pneumonia
ECE	Extraordinary Circumstances Exception	PPS	Prospective Payment System
FR	<i>Federal Register</i>	PPSR	Prospective Payment Summary Report
FY	fiscal year	SSI	Surgical Site Infection
HAI	healthcare-associated infection	THA/TKA	Total Hip Arthroplasty/Total Knee Arthroplasty
HARP	Healthcare Quality Information System Access Roles and Profile	TPS	Total Performance Score
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	VBP	value-based purchasing
HF	heart failure	VIQR	Value, Incentives, and Quality Reporting

Part 1: FY 2024 Hospital VBP Program Percentage Payment Summary Report Overview

Background

Foundation



Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program.



When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital Inpatient Quality Reporting Program.



CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted for at least one year.



The Hospital VBP Program ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided.



The Hospital VBP Program is funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments.



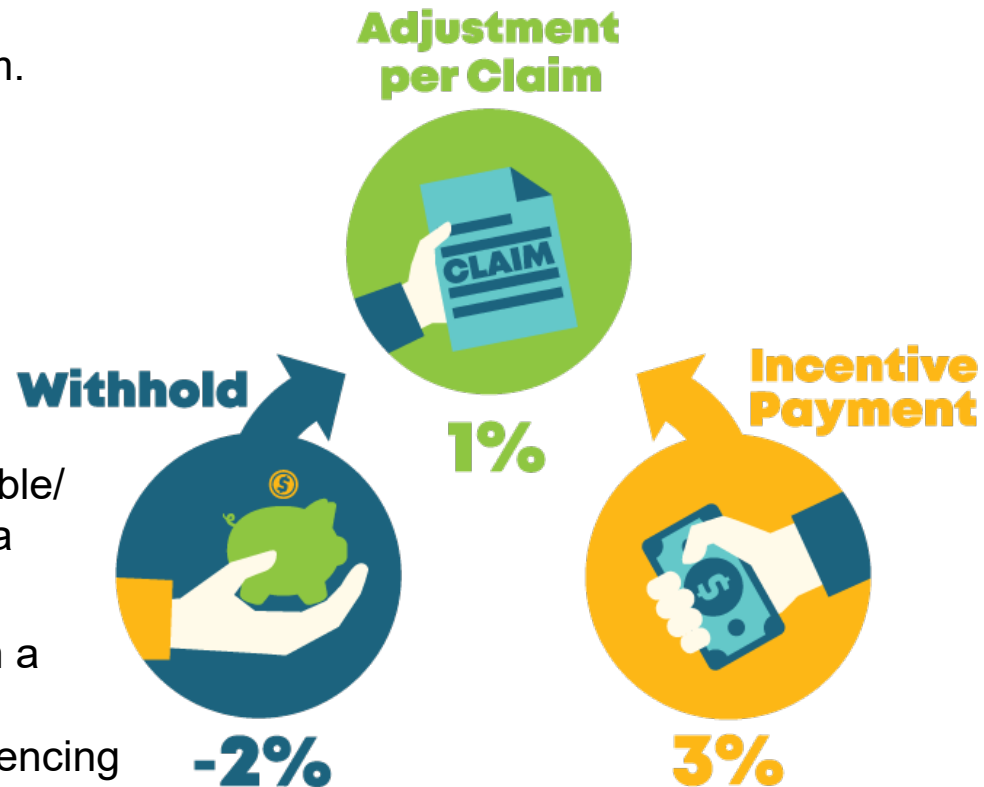
Program Funding

Hospital VBP Program:

- Is an estimated budget-neutral program.
- Is funded by a 2.00% reduction from hospitals' base operating MS-DRG payments.

Resulting funds are redistributed to hospitals, based on their TPS.

- The actual amount earned will depend on the range and distribution of all eligible/ participating hospitals' TPS scores for a fiscal year.
- A hospital has the opportunity to regain a percentage of value-based incentive payment, which could vary from experiencing a withhold for the fiscal year to obtaining a positive overall adjustment in base operating DRG payments.



Eligibility

- **Eligible hospitals include** subsection (d) hospitals as defined in Social Security Act section 1886(d)(1)(B).
- **Ineligible hospitals include those** excluded from the Inpatient Prospective Payment System (IPPS):
 - Psychiatric
 - Rehabilitation
 - Long-term care
 - Children's
 - 11 Prospective Payment System (PPS)-exempt Cancer Hospitals
 - Critical access hospitals

Eligibility

Excluded hospitals include those:

- Subject to payment reductions under the Hospital IQR Program.
- Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients.
- 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 their base operating MS-DRG payments reduced by 2.00 percent.

Part 1: FY 2024 Hospital VBP Program Percentage Payment Summary
Report Overview

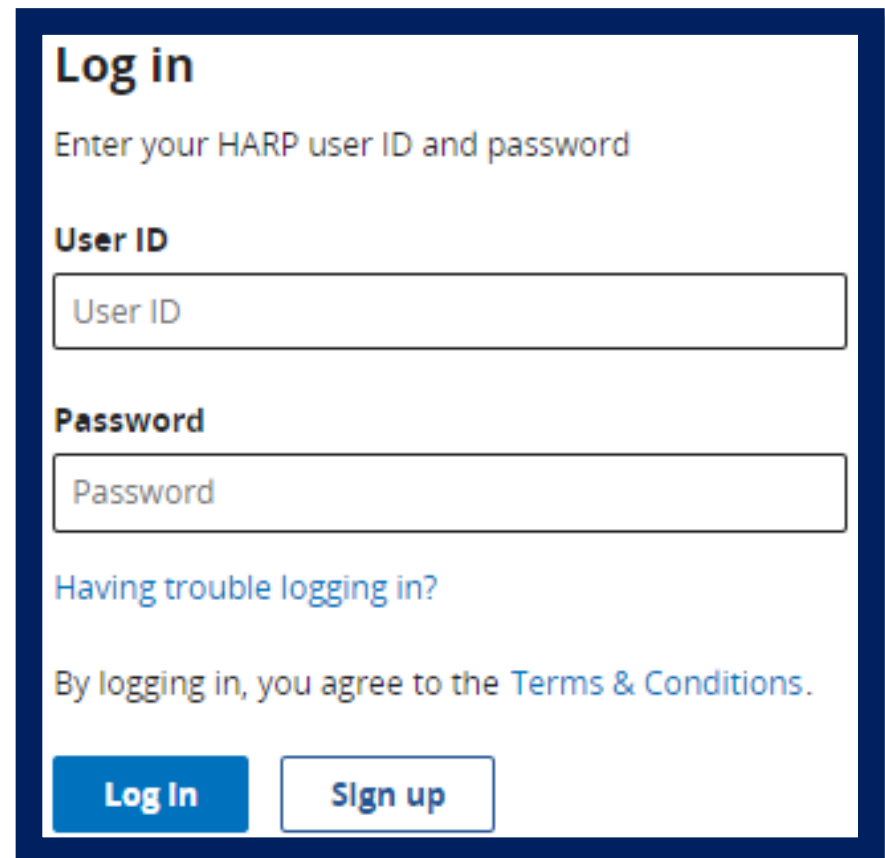
How to Run Your Report

PPSRs Available Now

- CMS sent notifications announcing the PPSR release to hospitals on **August 11, 2023**.
- Notifications were sent through the **Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement and Hospital IQR (Inpatient Quality Reporting) and Improvement** QualityNet Program Notification Groups.
 - Signup for the Email Program Notification Groups here: <https://qualitynet.cms.gov/listserv-signup>
 - Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

Step 1: Login to *Hospital Quality Reporting (HQR) Secure Portal*

- Navigate to the *HQR Secure Portal*:
<https://hqr.cms.gov/hqrng/login>
- Enter your Healthcare Quality Information System Access Roles and Profile (HARP) ID and password.
- Select Log In.



The screenshot shows a login page with a dark blue border. At the top, it says "Log in" in bold. Below that, it prompts the user to "Enter your HARP user ID and password". There are two input fields: "User ID" and "Password". Below the input fields, there is a link "Having trouble logging in?". At the bottom, there is a line of text: "By logging in, you agree to the Terms & Conditions." and two buttons: "Log In" and "Sign up".

Step 2: Authenticate Using Your Two-Factor Code

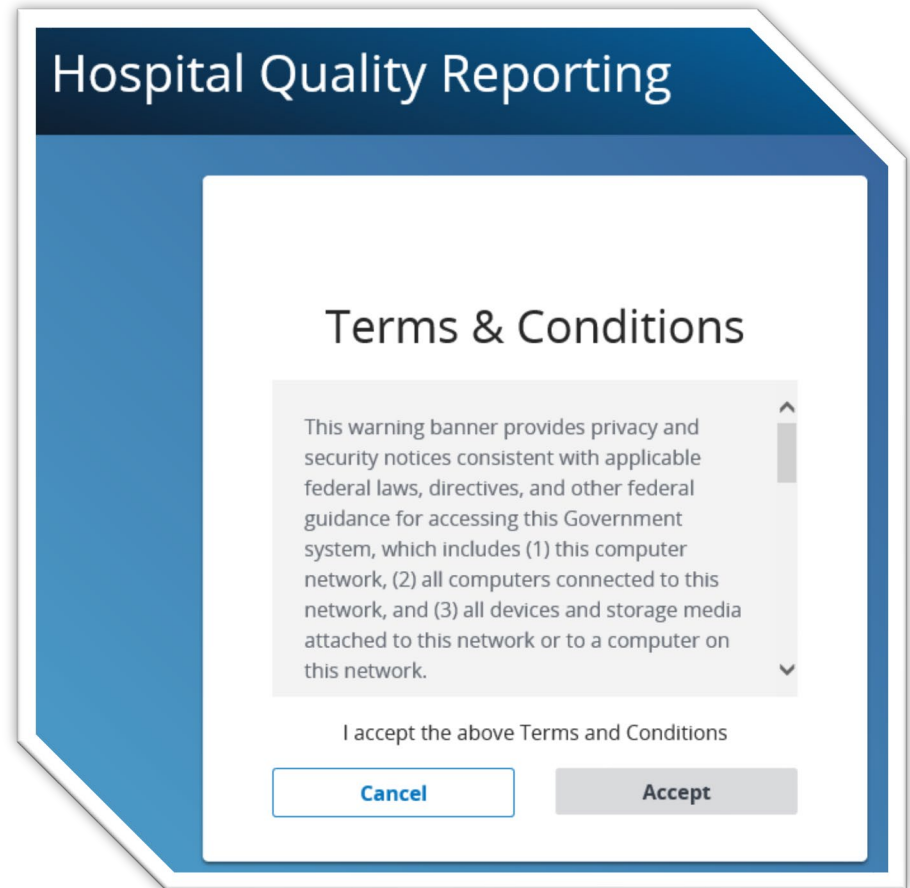
- Select the method to receive your two-factor authentication code.
- Enter the code you received through your selected method.
- Select Continue.



The screenshot shows a web interface for 'Hospital Quality Reporting'. The main heading is 'Two-Factor Authentication'. Below this, a message states: 'For your security, we need to authenticate your request. We've sent a verification code via: SMS Text'. It then asks the user to 'Please enter it below.' There is a text input field labeled 'Enter Code' with a blue 'Continue' button below it. At the bottom, there is a status message 'Code sent' with a green checkmark and a blue link that says 'Change two factor authentication'.

Step 3: Review Terms & Conditions

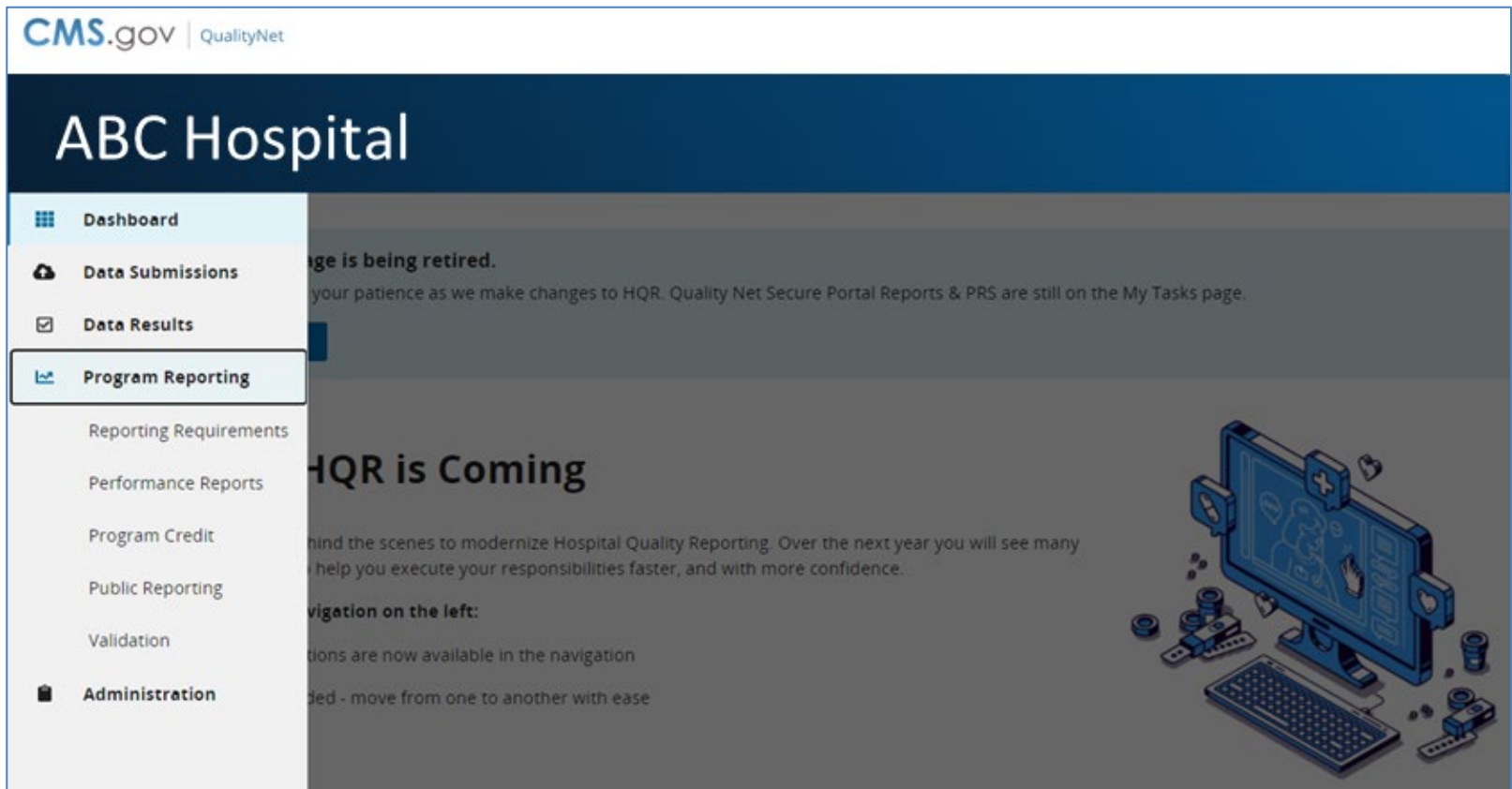
- Review the terms and conditions.
- Scroll to the bottom to select **Accept** to accept the terms and conditions.



The screenshot shows a dialog box titled "Hospital Quality Reporting" with a dark blue header. The main content area is white and contains the heading "Terms & Conditions". Below the heading is a scrollable text box with a light gray background containing the following text: "This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network." Below the scrollable text is the text "I accept the above Terms and Conditions". At the bottom of the dialog are two buttons: a blue "Cancel" button and a gray "Accept" button.

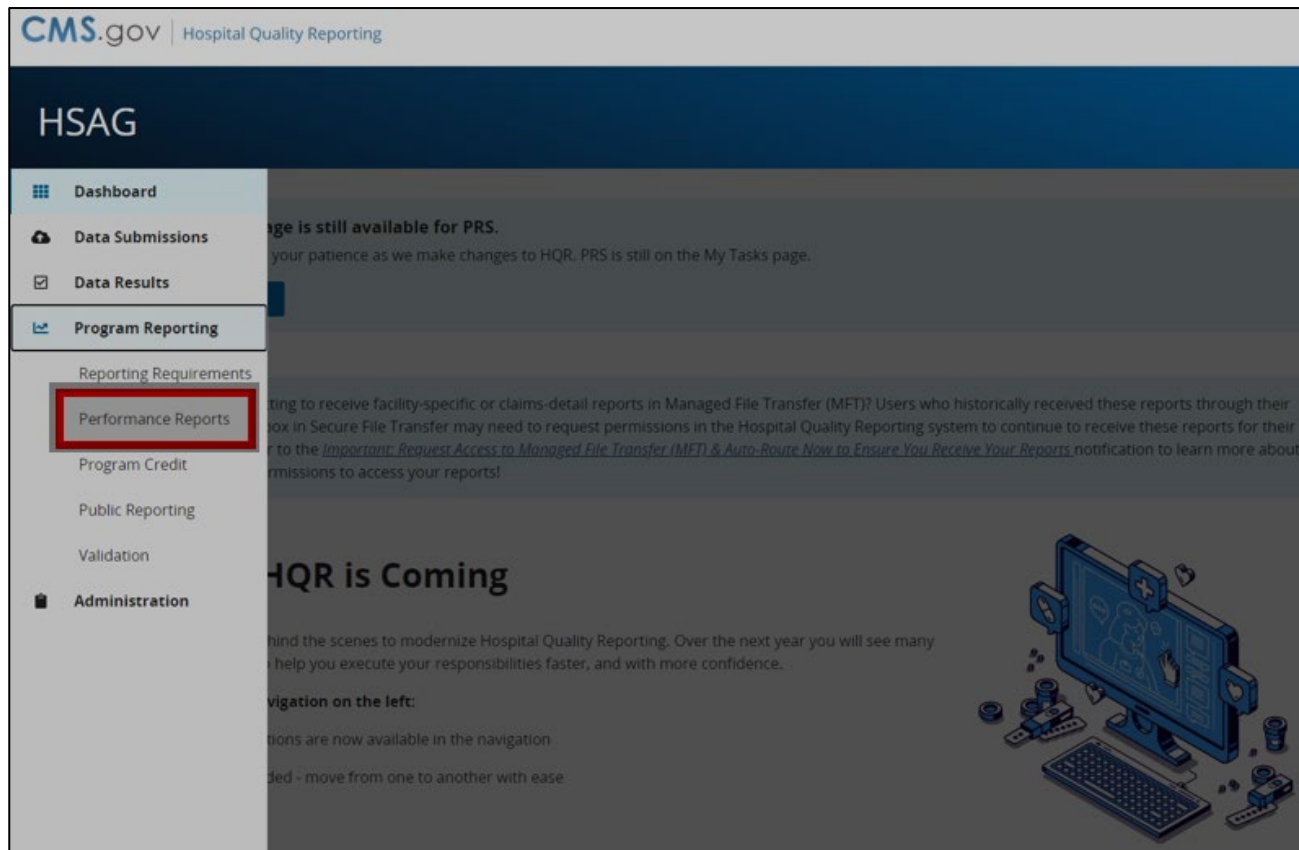
Step 4: Program Reporting

On the HQR landing page, select Program Reporting from the left-navigation menu to expand the menu options.



Step 5: Performance Reports

Select Performance Reports from the expanded menu.



Step 6:

Performance Reports

- Select HVBP from the Program selection menu.
- Select 2024 from the Fiscal Year selection menu.
- Select your hospital from the Provider selection menu.
- Select Display Results.

Option to Export PDF

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 **Fiscal Year**

Provider(s)

! Important COVID-19 Related Information

COVID-19 Exceptions: CMS granted exceptions for the FY 2024 Hospital VBP Program due to the continued impact of the COVID-19 PHE.

1. Data from Q1 and Q2 2020 were not used in Hospital VBP Calculations for FY 2024*.

*In response to the COVID-19 public health emergency, CMS is not using claims data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting programs. The reporting periods for readmission, mortality, complication, payment, and EDAC measures have been updated to reflect this policy. This change was finalized in FY 2022 Hospital Inpatient Prospective Payment System/Long-Term Care Hospitals Prospective Payment System (IPPS/LTCH PPS) final rule.

For additional information on Hospital VBP exceptions due to COVID-19 PHE, see [QualityNet](#).

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.

! HVBP Exclusion

The hospital is subject to IQR Payment Reductions. ?

The hospital did not meet the minimum number of measures in three or more domains. ?

Instructions to Access PPSR

To access your hospital's FY 2024 Hospital VBP Program PPSR 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 **Login**.
3. You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Continue**.
4. Once you receive the code, enter it. Select **Continue**.
5. Read the Terms and Conditions statement. Select **Accept** to proceed. You will be directed to the **HQR landing page**. (If Cancel is selected, the program closes.)

Please contact the Center for Clinical Standards and Quality Service Center at QNetSupport@cms.hhs.gov or call 866.288.8912 (TTY: 877.715.6222) weekdays from 8 a.m. to 8 p.m. Eastern Time.

Instructions to Access PPSR

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 **2024** from the Fiscal Year selection menu.
10. Select your hospital from the Provider selection menu.
11. Select **Display Results**.

Please contact the Center for Clinical Standards and Quality Service Center at QNetSupport@cms.hhs.gov or call 866.288.8912 (TTY: 877.715.6222) weekdays from 8 a.m. to 8 p.m. Eastern Time.

Polling Question

Have you downloaded your report?

- Yes.
- No, but I will soon.
- No, I don't plan to download it.

Part 1: FY 2024 Hospital VBP Program Percentage Payment
Summary Report Overview

Evaluating Hospitals

FY 2024 Domain Weights and Measures



Clinical Outcomes (25%)

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

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

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

MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate

MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate

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



Efficiency and Cost Reduction (25%)

MSPB: Medicare Spending per Beneficiary



FY 2024 Domain Weights and Measures



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%)

CAUTI: 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







FY 2024 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
 Clinical Outcomes	Mortality Measures (AMI, COPD, HF, CABG, PN)	July 1, 2014– June 30, 2017	July 1, 2019– June 30, 2022*
	Complication Measure	April 1, 2014–March 31, 2017	April 1, 2019–March 31, 2022*
 Person and Community Engagement	HCAHPS Survey	January 1, 2019– December 31, 2019**	January 1, 2022– December 31, 2022
 Safety	Healthcare-Associated Infection (HAI) Measures	January 1, 2019–December 31, 2019**	January 1, 2022– December 31, 2022
 Efficiency and Cost Reduction	MSPB	January 1, 2019–December 31, 2019**	January 1, 2022– December 31, 2022

*As finalized in the interim rule with comment period (CMS-3401-IFC) published on September 2, 2020, CMS will not use claims reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting and value-based purchasing programs. The discharge period in this report has been updated to reflect this policy. The AMI, COPD, HF, pneumonia, and CABG measures identify deaths within 30 days of each index stay. **In addition, CMS also finalized these baseline periods due to the COVID-19 public health emergency.

FY 2024 Minimum Data Requirements

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

Performance Standards

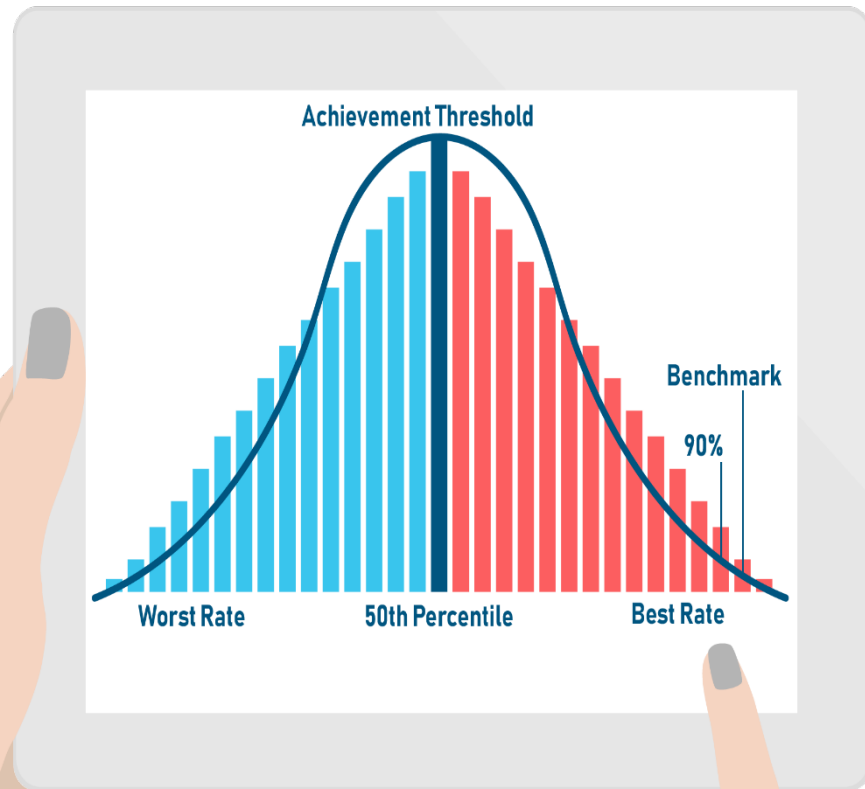
Benchmark:

Average (mean) performance of the top decile (10 percent) of hospitals

Achievement Threshold:

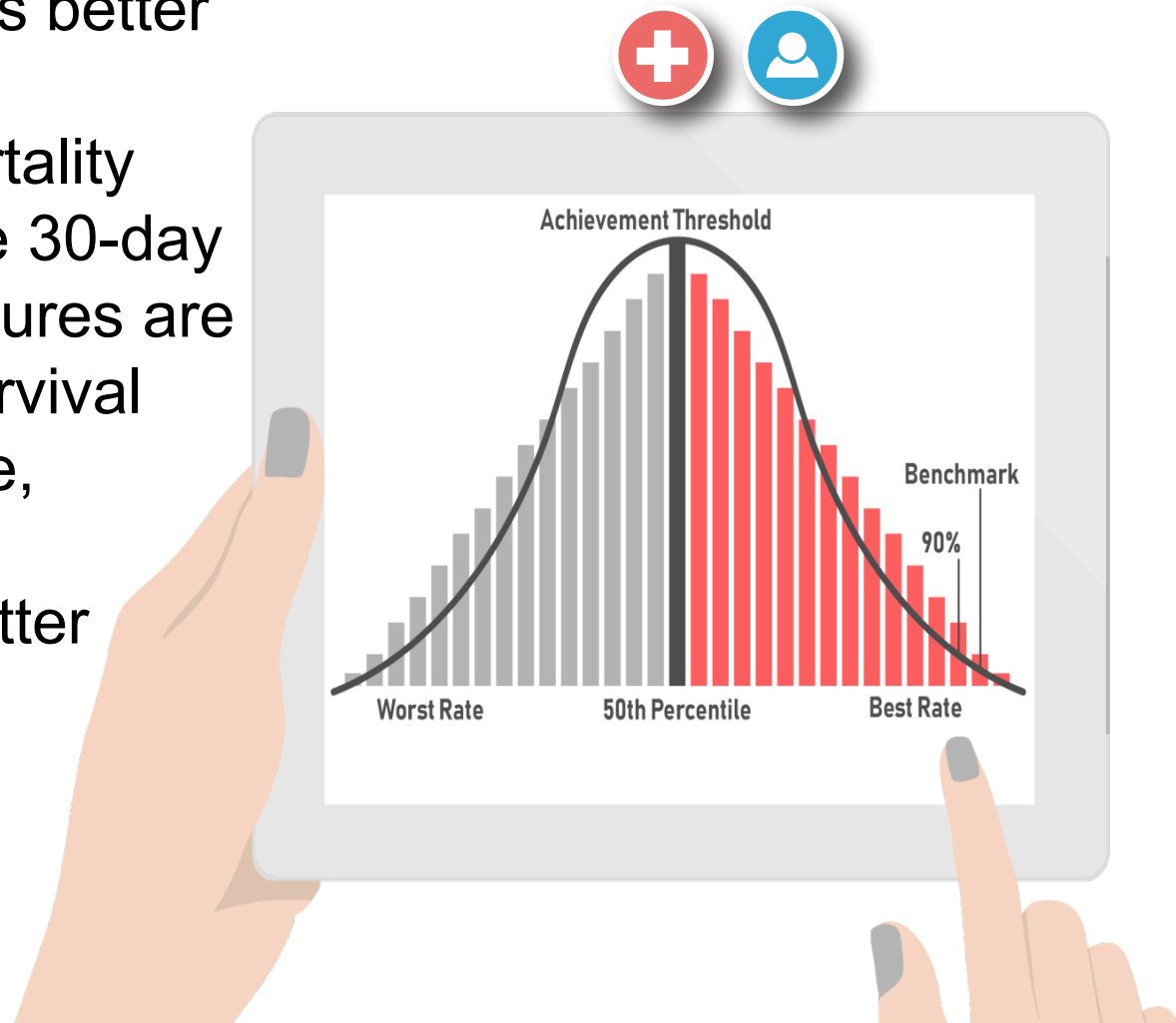
Performance at the 50th percentile (median) of hospitals during the baseline period

Note: MSPB uses Performance Period data to calculate the benchmark and achievement threshold, not Baseline Period data like other measures.



Performance Standards

A **higher** rate is better for the Clinical Outcomes mortality measures. The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



Performance Standards

A **lower** rate is better for the Clinical Outcomes complication measure.



FY 2024 Performance Standards

Clinical Outcomes	Mortality Measures				25%
	Baseline Period		Performance Period		
	July 1, 2014–June 30, 2017		July 1, 2019–June 30, 2022*		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.869247	0.887868	
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.969499	0.980319	
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.916491	0.934002	
MORT-30-HF	Heart Failure 30-Day Mortality	0.882308	0.907733		
MORT-30-PN	Pneumonia 30-Day Mortality	0.840281	0.872976		
Person and Community Engagement	Complication Measure				25%
	Baseline Period		Performance Period		
	April 1, 2014–March 31, 2017		April 1, 2019–March 31, 2022*		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025396	0.018159	
	Baseline Period		Performance Period		
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2022–Dec. 31, 2022		
HCAHPS Survey Dimensions	Floor (%)	Achievement Threshold (%)	Benchmark (%)		
Communication with Nurses	53.50	79.42	87.71		
Communication with Doctors	62.41	79.83	87.97		
Responsiveness of Hospital Staff	40.40	65.52	81.22		
Communication about Medicines	39.82	63.11	74.05		
Hospital Cleanliness and Quietness	45.94	65.63	79.64		
Discharge Information	66.92	87.23	92.21		
Care Transition	25.64	51.84	63.57		
Overall Rating of Hospital	36.31	71.66	85.39		

*As finalized in the interim rule with comment period (CMS-3401-IFC) published on September 2, 2020, CMS will not use claims reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting and value-based purchasing programs. The discharge period in this report has been updated to reflect this policy. The AMI, COPD, HF, pneumonia, and CABG measures identify deaths within 30 days of each index stay. **In addition, CMS also finalized these baseline periods due to the COVID-19 public health emergency. ↓ Indicates lower value is better.

FY 2024 Performance Standards

Healthcare-Associated Infections					
Safety	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2022–Dec. 31, 2022		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000	25%
	↓ CDI	Clostridium <i>difficile</i> Infection	0.520	0.014	
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000	
	↓ MRSA	Methicillin-Resistant Staphylococcus <i>aureus</i>	0.726	0.000	
↓ SSI	Colon Surgery Abdominal Hysterectomy	0.717	0.000		
		0.738	0.000		
Efficiency and Cost Reduction	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2022–Dec. 31, 2022		
	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	25%

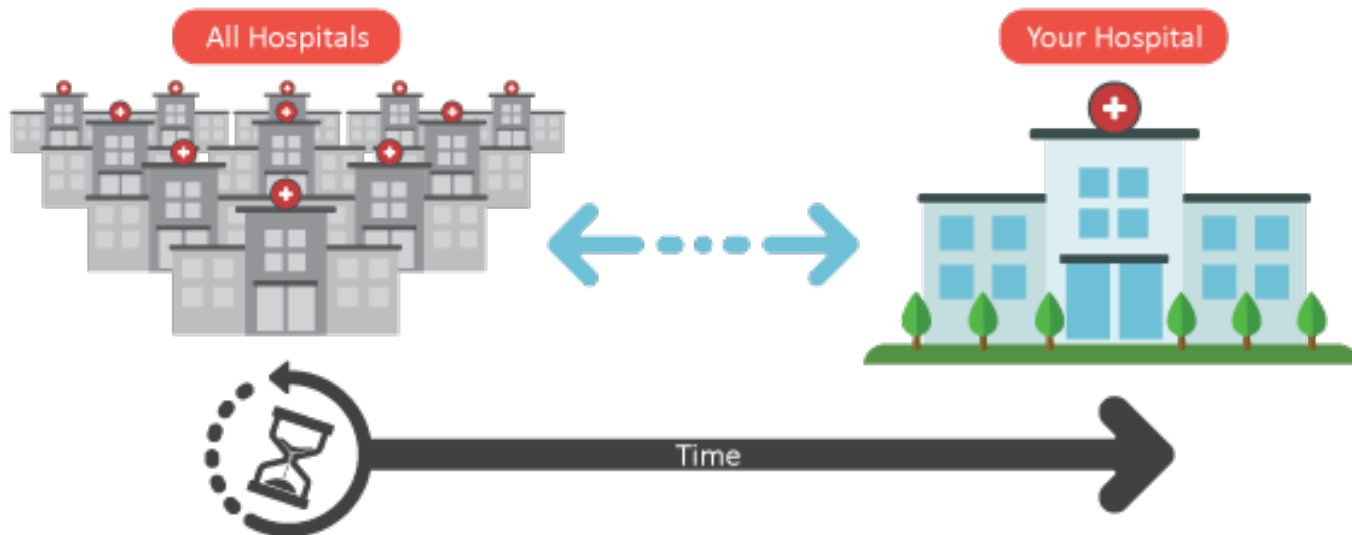
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Achievement Points

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.



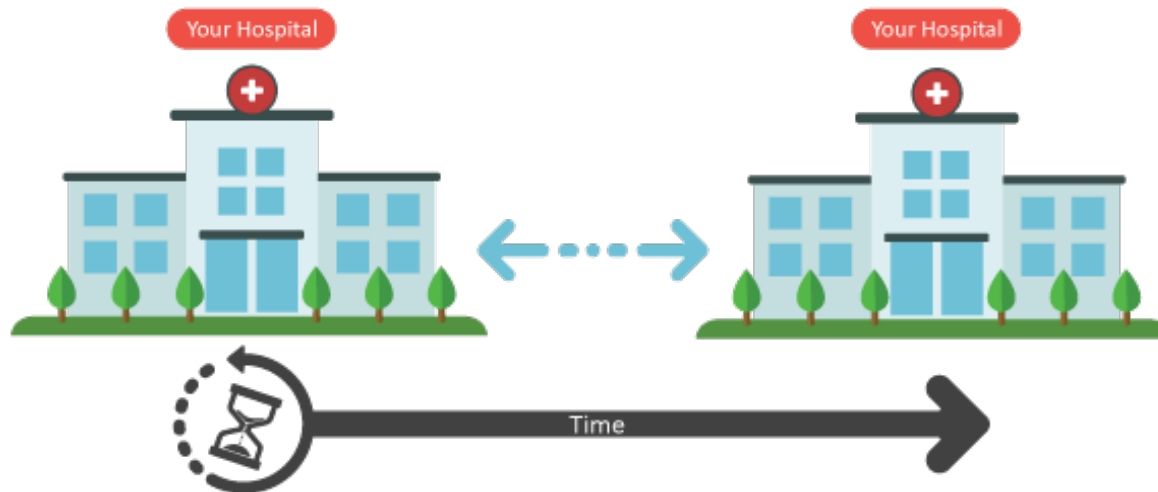
Improvement Points

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.



Polling Question

In which area do you most hope to see gains?

- Achievement points
- Improvement points
- Both

Part 1: FY 2024 Hospital VBP Program Percentage Payment
Summary Report Overview

Report Information

Percentage Summary Report

HVBP Performance Report				Page 1 of 6
				Exported 8/10/2023 6:59 PM
Data as Of: 08/04/2023				
Summary			Reporting Period = Fiscal Year 2024	
Category	Facility	State Average	National Average	
Total Performance Score	48.222222222222	30.229532163743	22.597036962184	
Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score	
Clinical Outcomes Domain	6.666666666667	33.3%	2.222222222222	
Person and Community Engagement Domain	38.000000000000	33.3%	12.666666666667	
Safety Domain	N/A	N/A	N/A	
Efficiency and Cost Reduction Domain	100.000000000000	33.3%	33.333333333333	
Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.0000000000%	4.5765507850%	+2.5765507850%	1.0257655078	4.7452715513
<small>Calculated values were subject to rounding. * This data was impacted by the extraordinary circumstances exception CMS granted for certain reporting requirements for Q1 and Q2 2020 data. Data from Q1 and Q2 2020 were not used in Hospital VBP calculations for FY 2024.</small>				

1

Total Performance Score

- **Facility:** Sum of the weighted domain scores
- **State:** Average facility TPS for the hospital’s state
- **National:** Average facility TPS for the nation

2

Domain Scoring

- **Unweighted Domain Score:** The sum of your hospital’s scores for the domain, considering only those measures your hospital was eligible for during the performance period
- **Weighting:** Assigned scoring impact on the TPS for each domain
- **Weighted Domain Score:** The product of the unweighted domain score and the weighting

Percentage Summary Report

HVBP Performance Report Page 1 of 6
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Data as Of: 08/04/2023

Summary Reporting Period = Fiscal Year 2024

Category	Facility	State Average	National Average	
Total Performance Score	48.222222222222	30.229532163743	22.597036962184	
Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score	
Clinical Outcomes Domain	6.666666666667	33.3%	2.222222222222	
Person and Community Engagement Domain	38.000000000000	33.3%	12.666666666667	
Safety Domain	N/A	N/A	N/A	
Efficiency and Cost Reduction Domain	100.000000000000	33.3%	33.333333333333	
Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.000000000000%	4.5765507850%	+2.5765507850%	1.0257655078	4.7452715513

Calculated values were subject to rounding.
* This data was impacted by the extraordinary circumstances exception CMS granted for certain reporting requirements for Q1 and Q2 2020 data. Data from Q1 and Q2 2020 were not used in Hospital VBP calculations for FY 2024.

3

Payment Summary

- **Base Operating DRG Payment Reduction:** The FY 2024 program is funded through a 2.00 percent reduction from participating hospitals’ base operating MS-DRG payment amounts.
- **Value-Based Incentive Payment Percentage:** Portion of the base operating MS-DRG payment amount your hospital earned back.
- **Net Change in Base Operating DRG Payment Amount:** Percent your FY 2024 base operating MS-DRG payment amounts will be changed.
- **Incentive Payment-Adjustment Factor:** Value used to translate a hospital’s TPS into the value-based incentive payment.
- **Exchange Function Slope:** The relationship between a hospital's TPS and the amount distributed to the hospital as a value-based incentive payment

Note: Values displayed on this example report may not depict the actual values used to calculate payments.

Percentage Summary Report

HVBP Performance Report



Data as Of: 06/04/2023

Summary		Reporting Period = Fiscal Year 2024		
Category	Facility	State Average	National Average	
Total Performance Score	Hospital VBP Ineligible	20.309782608696	22.597036962184	
Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score	
Clinical Outcomes Domain	N/A	N/A	N/A	
Person and Community Engagement Domain	N/A	N/A	N/A	
Safety Domain	N/A	N/A	N/A	
Efficiency and Cost Reduction Domain	N/A	N/A	N/A	
Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Calculated values were subject to rounding.
 * This data was impacted by the extraordinary circumstances exception CMS granted for certain reporting requirements for Q1 and Q2 2020 data. Data from Q1 and Q2 2020 were not used in Hospital VBP calculations for FY 2024.
 HVBP Exclusion Reason 1: The hospital was granted a Hospital Value-Based Purchasing disaster/extraordinary circumstance exception.
 HVBP Exclusion Reason 2: The hospital is closed in our system.
 HVBP Exclusion Reason 3: The hospital did not meet the minimum number of measures in three or more domains.

HVBP Exclusion Reason

4

- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary page.
- When a hospital is excluded, all fields will display “Hospital VBP Ineligible.”

Clinical Outcomes Report

Clinical Outcomes Domain			Reporting Period - Fiscal Year 2024		
Baseline Period: 04/01/2014 - 03/31/2017 Performance Period: 04/01/2019 - 03/31/2022					
Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	N/A	N/A	0		
Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2014 - 06/30/2017 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2019 - 06/30/2022					
Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	N/A	N/A	0		
Chronic Obstructive Pulmonary Disease (COPD) 30 Day Mortality Rate	N/A	N/A	0		
Coronary Artery Bypass Grafting (CABG) 30 Day Mortality Rate	N/A	N/A	0		
Heart Failure (HF) 30 Day Mortality Rate	N/A	N/A	0		
Pneumonia (PN) 30 Day Mortality Rate	N/A	N/A	0		
Baseline Period: 04/01/2014 - 03/31/2017 Performance Period: 04/01/2019 - 03/31/2022					
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty-Complication Rate	0.025396	0.018159	N/A	N/A	N/A
Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2014 - 06/30/2017 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2019 - 06/30/2022					
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	0.859247	0.887868	N/A	N/A	N/A
Chronic Obstructive Pulmonary Disease (COPD) 30 Day Mortality Rate	0.916491	0.934002	N/A	N/A	N/A
Coronary Artery Bypass Grafting (CABG) 30 Day Mortality Rate	0.969499	0.980319	N/A	N/A	N/A

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rate.

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rate.

3

Performance Standards and Measure Scores displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Clinical Outcomes Report

HVBP Performance Report

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Baseline Period (AMI, HF, COPD, CABG, PN):
07/01/2014 - 06/30/2017
Performance Period (AMI, HF, COPD, CABG,
PN): 07/01/2019 - 06/30/2022

Performance Standards and Measure
Scores

Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Heart Failure (HF) 30 Day Mortality Rate	0.882308	0.907733	N/A	N/A	N/A
Pneumonia (PN) 30 Day Mortality Rate	0.840281	0.872976	N/A	N/A	N/A

Calculated values were subject to rounding.
Eligible Clinical Outcomes Measures: 0 out of 6
Unweighted Clinical Outcomes Domain Score: N/A
Weighted Clinical Outcomes Domain Score: N/A

3 **Performance Standards and Measure Scores** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Clinical Outcomes Report (continued)

HVBP Performance Report			Page 3 of 6 Exported 9/29/2021 4:30 PM		
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	0.920058	0.936962	0	0	0
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	0.968210	0.979000	4	0	4
Heart Failure (HF) 30-Day Mortality Rate	0.879869	0.903608	0	0	0
Pneumonia (PN) 30-Day Mortality Rate	0.836122	0.870506	1	0	1

Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015
 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020
 Baseline Period (PN): 07/01/2012 - 06/30/2015
 Performance Period (PN): 09/01/2017 - 06/30/2020

Performance Standards and Measure Scores

Calculated values were subject to rounding.
 Eligible Clinical Outcomes Measures: 6 out of 6
 Unweighted Clinical Outcomes Domain Score: 28.33333333333333
 Weighted Clinical Outcomes Domain Score: 7.08333333333333

4

Domain Summary

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Person and Community Engagement Domain Report

HVBP Performance Report

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Person And Community Engagement Domain		Reporting Period = Fiscal Year 2024				
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Baseline Period Rate		Performance Period Rate		
Communication with Nurses	85.4837%			80.9722%		
Communication with Doctors	86.0130%			79.8661%		
Responsiveness of Hospital Staff	78.7609%			68.4204%		
Communication about Medicines	74.8279%			62.9048%		
Cleanliness and Quietness of Hospital Environment	72.6401%			72.0433%		
Discharge Information	92.3576%			89.9972%		
Care Transition	58.4660%			54.2119%		
Overall Rating of Hospital	77.3284%			71.8004%		

Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Performance Standards and Measure Scores				
HCAHPS Dimensions	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	53.50%	79.42%	87.71%	0	2	2
Communication with Doctors	62.41%	79.83%	87.97%	0	1	1
Responsiveness of Hospital Staff	40.40%	65.52%	81.22%	0	2	2
Communication about Medicines	39.82%	63.11%	74.05%	0	0	0
Cleanliness and Quietness of Hospital Environment	45.94%	65.63%	79.64%	0	5	5
Discharge Information	66.92%	87.23%	92.21%	0	6	6
Care Transition	25.64%	51.84%	63.57%	0	2	2
Overall Rating of Hospital	36.31%	71.66%	85.39%	0	1	1

Calculated values were subject to rounding.
 HCAHPS Base Score: 19
 HCAHPS Consistency Score: 19
 Unweighted Person and Community Engagement Domain Score: 38.000000000000
 Weighted Person and Community Engagement Domain Score: 12.666666666667
 HCAHPS Surveys Completed During the Baseline Period: 449
 HCAHPS Surveys Completed During the Performance Period: 276

1

Baseline Period Rate displays the hospital's baseline rate used to calculate improvement points.

2

Performance Period Rate displays the hospital's performance period rate used to calculate achievement points, improvement points, and lowest dimension score.

Person and Community Engagement Detail Report

HVBP Performance Report

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Person And Community Engagement Domain			Reporting Period = Fiscal Year 2024			
	Baseline Period Rate	Performance Period Rate				
Communication with Nurses	85.4837%	80.9722%				
Communication with Doctors	86.0130%	79.8661%				
Responsiveness of Hospital Staff	78.7609%	68.4204%				
Communication about Medicines	74.8279%	62.9048%				
Cleanliness and Quietness of Hospital Environment	72.6401%	72.0433%				
Discharge Information	92.3576%	89.9972%				
Care Transition	58.4660%	54.2119%				
Overall Rating of Hospital	77.3284%	71.8004%				

HCAHPS Dimensions	Floor	Achievement Threshold	Performance Standards and Measure Scores			
			Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	53.50%	79.42%	87.71%	0	2	2
Communication with Doctors	62.41%	79.83%	87.97%	0	1	1
Responsiveness of Hospital Staff	40.40%	65.52%	81.22%	0	2	2
Communication about Medicines	39.82%	63.11%	74.05%	0	0	0
Cleanliness and Quietness of Hospital Environment	45.94%	65.63%	79.64%	0	5	5
Discharge Information	66.92%	87.23%	92.21%	0	6	6
Care Transition	25.64%	51.84%	63.57%	0	2	2
Overall Rating of Hospital	36.31%	71.66%	85.39%	0	1	1

Calculated values were subject to rounding.
HCAHPS Base Score: 19
HCAHPS Consistency Score: 19
Unweighted Person and Community Engagement Domain Score: 38.000000000000
Weighted Person and Community Engagement Domain Score: 12.666666666667
HCAHPS Surveys Completed During the Baseline Period: 449
HCAHPS Surveys Completed During the Performance Period: 276

3 **Performance Standards and Measure Scores** displays the performance standards (floor, achievement threshold, and benchmark), improvement points, achievement points, and dimension score.

Person and Community Engagement Detail Report

Person And Community Engagement Domain			Reporting Period = Fiscal Year 2024			
Baseline Period: 01/01/2019 - 12/31/2019		Baseline Period Rate	Performance Period Rate			
Performance Period: 01/01/2022 - 12/31/2022						
Communication with Nurses		85.4837%	80.9722%			
Communication with Doctors		86.0130%	79.8661%			
Responsiveness of Hospital Staff		78.7609%	68.4204%			
Communication about Medicines		74.8279%	62.9048%			
Cleanliness and Quietness of Hospital Environment		72.6401%	72.0433%			
Discharge Information		92.3576%	89.9972%			
Care Transition		58.4660%	54.2119%			
Overall Rating of Hospital		77.3284%	71.8004%			
Baseline Period: 01/01/2019 - 12/31/2019		Performance Standards and Measure Scores				
Performance Period: 01/01/2022 - 12/31/2022						
HCAHPS Dimensions	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	53.50%	79.42%	87.71%	0	2	2
Communication with Doctors	62.41%	79.83%	87.97%	0	1	1
Responsiveness of Hospital Staff	40.40%	65.52%	81.22%	0	2	2
Communication about Medicines	39.82%	63.11%	74.05%	0	0	0
Cleanliness and Quietness of Hospital Environment	45.94%	65.63%	79.64%	0	5	5
Discharge Information	66.92%	87.23%	92.21%	0	6	6
Care Transition	25.64%	51.84%	63.57%	0	2	2
Overall Rating of Hospital	36.31%	71.66%	85.39%	0	1	1
Calculated values were subject to rounding. HCAHPS Base Score: 19 HCAHPS Consistency Score: 19 Unweighted Person and Community Engagement Domain Score: 38.000000000000 Weighted Person and Community Engagement Domain Score: 12.666666666667 HCAHPS Surveys Completed During the Baseline Period: 449 HCAHPS Surveys Completed During the Performance Period: 276						

4

Domain Summary: HCAHPS Base Score: Sum of the eight-dimension scores

HCAHPS Consistency Score: Lowest dimension score value multiplied by 20 and reduced by 0.5

Unweighted Domain Score: Sum of the HCAHPS base and consistency scores

Weighted Domain Score: Product of the unweighted domain score and the domain weight

Surveys Completed During the Performance Period: Number of completed surveys during performance period

Safety Measures Domain Report

HVBP Performance Report

Safety Domain				Reporting Period - Fiscal Year 2024		
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data		
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Catheter Associated Urinary Tract Infection	0	0.405	-	0	0.349	-
Central Line Associated Blood Stream Infection	0	0.280	-	0	0.408	-
Clostridium difficile Infection	1	2.057	0.486	1	2.332	0.429
Methicillin Resistant Staphylococcus aureus Bacteremia	0	0.187	-	0	0.151	-
SSI Abdominal Hysterectomy	0	0.277	-	0	0.053	-
SSI Colon Surgery	0	0.431	-	0	0.388	-
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Performance Standards and Measure Scores				
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter Associated Urinary Tract Infection	0.650	0.000	N/A	N/A	N/A	
Central Line Associated Blood Stream Infection	0.589	0.000	N/A	N/A	N/A	
Clostridium difficile Infection	0.520	0.014	1	2	2	
Methicillin Resistant Staphylococcus aureus Bacteremia	0.726	0.000	N/A	N/A	N/A	
SSI Abdominal Hysterectomy	0.738	0.000	N/A	N/A	N/A	
SSI Colon Surgery	0.717	0.000	N/A	N/A	N/A	
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	
Calculated values were subject to rounding. Eligible Safety Measures: 1 out of 5 Unweighted Safety Domain Score: N/A Weighted Safety Domain Score: N/A						

1

Baseline Period Totals displays the hospital's baseline period values used to calculate the baseline period rates.

2

Performance Period Totals displays the hospital's performance period values used to calculate the performance period rates.

Safety Measures Detail Report

HVBP Performance Report

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Safety Domain				Reporting Period = Fiscal Year 2024		
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data		
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Catheter Associated Urinary Tract Infection	0	0.405	-	0	0.349	-
Central Line-Associated Blood Stream Infection	0	0.280	-	0	0.408	-
Clostridium difficile Infection	1	2.057	0.486	1	2.332	0.429
Methicillin-Resistant Staphylococcus aureus Bacteremia	0	0.187	-	0	0.151	-
SSI Abdominal Hysterectomy	0	0.277	-	0	0.053	-
SSI Colon Surgery	0	0.431	-	0	0.388	-
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022				Performance Standards and Measure Scores		
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter Associated Urinary Tract Infection	0.650	0.000	N/A	N/A	N/A	
Central Line-Associated Blood Stream Infection	0.589	0.000	N/A	N/A	N/A	
Clostridium difficile Infection	0.520	0.014	1	2	2	
Methicillin-Resistant Staphylococcus aureus Bacteremia	0.726	0.000	N/A	N/A	N/A	
SSI Abdominal Hysterectomy	0.738	0.000	N/A	N/A	N/A	
SSI Colon Surgery	0.717	0.000	N/A	N/A	N/A	
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	

Calculated values were subject to rounding.
Eligible Safety Measures: 1 out of 5
Unweighted Safety Domain Score: N/A
Weighted Safety Domain Score: N/A

3

Performance Standards and Measure Scores displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Safety Measures Domain Report

HVBP Performance Report

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Safety Domain				Reporting Period - Fiscal Year 2024		
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data		
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Catheter Associated Urinary Tract Infection	0	0.405	-	0	0.349	-
Central Line Associated Blood Stream Infection	0	0.280	-	0	0.408	-
Clostridium difficile Infection	1	2.057	0.486	1	2.332	0.429
Methicillin Resistant Staphylococcus aureus Bacteremia	0	0.187	-	0	0.151	-
SSI Abdominal Hysterectomy	0	0.277	-	0	0.053	-
SSI Colon Surgery	0	0.431	-	0	0.388	-
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Performance Standards and Measure Scores				
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Catheter Associated Urinary Tract Infection	0.650	0.000	N/A	N/A	N/A	
Central Line Associated Blood Stream Infection	0.589	0.000	N/A	N/A	N/A	
Clostridium difficile Infection	0.520	0.014	1	2	2	
Methicillin Resistant Staphylococcus aureus Bacteremia	0.726	0.000	N/A	N/A	N/A	
SSI Abdominal Hysterectomy	0.738	0.000	N/A	N/A	N/A	
SSI Colon Surgery	0.717	0.000	N/A	N/A	N/A	
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	
Calculated values were subject to rounding. Eligible Safety Measures: 1 out of 5 Unweighted Safety Domain Score: N/A Weighted Safety Domain Score: N/A						

Domain Summary

4

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Domain Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Efficiency and Cost Reduction Domain Report

HVBP Performance Report

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Efficiency And Cost Reduction Domain				Reporting Period = Fiscal Year 2024		
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022	Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure
Medicare Spending per Beneficiary (MSPB)	\$20,412.51	\$22,212.62	0.918960	\$20,800.63	\$25,089.20	0.829067
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022	Performance Standards and Measure Scores					
Efficiency Measures	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Medicare Spending per Beneficiary (MSPB)	0.98892	0.84816	9	10	10	
<small> Calculated values were subject to rounding. Eligible Efficiency and Cost Reduction Measures: 1 out of 1 Unweighted Efficiency and Cost Reduction Domain Score: 100.000000000000 Weighted Efficiency and Cost Reduction Domain Score: 33.3333333333333 Baseline Period Episodes of Care: 357 Performance Period Episodes of Care: 176 Calculated values were subject to rounding. 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. * Hospital VBP Ineligible indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria. * State VBP Ineligible indicates no hospital within the state received a Total Performance Score. </small>						

1

Baseline Period Totals displays the hospital's baseline period values used to calculate baseline period rates.

2

Performance Period Totals displays the hospital's performance period values used to calculate performance period rates.

Efficiency and Cost Reduction Domain Report

HVBP Performance Report

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Efficiency And Cost Reduction Domain				Reporting Period = Fiscal Year 2024		
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data		
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure
Medicare Spending per Beneficiary (MSPB)	\$20,412.51	\$22,212.62	0.918960	\$20,800.63	\$25,089.20	0.829067
Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Performance Standards and Measure Scores				
Efficiency Measures	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Medicare Spending per Beneficiary (MSPB)	0.98892	0.84816	9	10	10	





Calculated values were subject to rounding.
 Eligible Efficiency and Cost Reduction Measures: 1 out of 1
 Unweighted Efficiency and Cost Reduction Domain Score: 100.00000000000000
 Weighted Efficiency and Cost Reduction Domain Score: 33.33333333333333
 Baseline Period Episodes of Care: 357
 Performance Period Episodes of Care: 176

Calculated values were subject to rounding.
 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.
 * Hospital VBP Ineligible indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.
 * State VBP Ineligible indicates no hospital within the state received a Total Performance Score.

3 **Performance Standards and Measure Scores** displays performance standards (achievement threshold and benchmark), improvement and achievement points, and measure score.

4 **Domain Summary: Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period **Unweighted Domain Score:** Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100 **Weighted Domain Score:** Hospital's unweighted Efficiency and Cost Reduction domain score multiplied by domain weight

Data Precision

Domain	Measure	Value	Precision
 Clinical Outcomes	Mortality and Complication measures	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
 Person and Community Engagement	HCAHPS	Baseline period rates*	4
		Performance period rates*	4
		Benchmark, achievement threshold, and floor	2
 Safety	HAI measures	Baseline and performance standardized infection ratio	3
		Benchmark and achievement threshold	3
 Efficiency and Cost Reduction	MSPB	Baseline and performance MSPB measure	6
		Benchmark and achievement threshold	6

* Precision used to calculate achievement and improvement points may be greater than precision displayed on the report.

Part 1: FY 2024 Hospital VBP Program Percentage Payment
Summary Report Overview

Reviewing Your Data

Timeline

Hospitals may review their data used in programs in two stages.

1. **Patient-Level Data Review:** During this stage of the review, hospitals ensure the data or claims submitted are correct and accurate prior to the submission deadline, claims pull date, or during the HCAHPS review and correction period.
2. **Scoring/Eligibility Review:** During this stage of the review, hospitals can ensure data reviewed during stage one are being displayed and scored accurately in programs (e.g., improvement points in the Hospital VBP Program). Hospitals can also ensure CMS has displayed the correct eligibility status. Data review as defined in stage one is not an allowable review item during these preview/review periods:
 - Hospital IQR Program or *Care Compare* preview period
 - Claims-based measures review and correction period
 - Hospital VBP Program review and correction period

Centers for Disease Control and Prevention Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure data accuracy and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.
- HAI data that have been changed in the Center for Disease Control and Prevention's National Healthcare Safety Network **after** the submission deadline will **not** be reflected in any program, CMS report, or *Care Compare*.

HCAHPS Survey

Stage One: Patient-Level Data Review

- Hospitals have seven days after the submission deadline to access and review the HCAHPS Data Review and Corrections Report.
- New data are not accepted into the warehouse during the review and correction period.
- Errors in data accepted into the warehouse by the quarterly deadline can be corrected.
- During the seven-day period, the corrected data can be resubmitted to the warehouse to replace the incorrect data.

Claims-Based Measures

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to submit a review and correction request following the receipt of their HSR.
 - Suspected calculation errors on a report **can** be submitted for review with the possibility of a correction.
 - Requests for submission of new or corrected claims to the underlying data are **not** allowed.
 - To submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor.
- You may also submit general questions about the HSRs or measures.

Hospital VBP Program

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the QualityNet List Serve release of the PPSR.
 - Hospitals may review and request recalculation of scores on each condition, domain, and TPS.
 - Requests for submission of new or corrected data, including claims to the underlying measure data, are **not** allowed.
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- For more information:
<https://qualitynet.cms.gov/inpatient/hvbp/payment#tab2>

Best Practices

- Have a second person review submitted data to check for errors.
- Create a plan for spot checking or sampling the submitted data for errors.
- Review vendor-submitted data for accuracy before submission or prior to the submission deadline.
- Perform routine coding audits to ensure claims are coded and billed accurately.

Polling Question

Which of these best practices are you most likely to complete?

- Dual review: Spot data errors collaboratively.
- Plan to spot check or sample data for errors.
- Check vendor data for accuracy before submission or deadline.
- Conduct coding audits for accurate billing.

Benefits of Correct Data

- Quality Improvement
 - Prompt, usable, and accurate data can assist the hospital with more immediate quality improvement initiatives.
- Pay-for-Performance Programs
 - Accurate data ensures the hospital is assigned a payment adjustment factor that is based on the hospital's actual performance.
- Publicly Reported Data on *Care Compare*
 - Accurate data can help organizations focus on quality improvement priorities.
 - Inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.

Part 1: FY 2024 Hospital VBP Program Percentage Payment
Summary Report Overview

Review and Corrections

Overview

- Hospitals may **review and request recalculation of scores** on each condition, domain, and TPS.
- Hospitals may submit a review and corrections request regarding their reports no later than **Monday, September 11, 2023**.
- Submit the completed form through the following methods:
 - Send secure message to QRFormsSubmission@hsag.com through [Managed File Transfer](#) in the *HQR Secure Portal*.
 - Send secure fax to (877) 789-4443.
 - Email to QRFormsSubmission@hsag.com.
- Ensure that data containing personally identifiable information or protected health information are not submitted in the email, as this is not a secured method and would be a security violation.

Access Review & Correction Request Form

1. Visit <http://QualityNet.CMS.gov>.
2. From the **Hospitals – Inpatient** box, select **Hospital Value-Based Purchasing (HVBP) Learn More**.
3. When the screen refreshes, select **Payment** from the top navigation pane and **Review and Corrections/Appeals** on the left-hand navigation pane. Select **Review and Corrections Request Form** toward the bottom of the page.

Direct link: <https://qualitynet.cms.gov/inpatient/hvbp/payment#tab2>

Forms and Additional Reference Material

For assistance in completing and submitting the Review and Corrections, Appeals, or CMS Independent Review forms, refer to the following:

File Name	File Type	File Size	
Review and Corrections Quick Reference Guide (11/2021)	PDF	42 KB	Download
Review and Corrections Request Form (02/2023)	PDF	100 KB	Download
Appeal Quick Reference Guide (11/2021)	PDF	42 KB	Download
Appeal Request Form (02/2023)	PDF	100 KB	Download
Independent CMS Review Quick Reference Guide (11/2021)	PDF	42 KB	Download
Independent CMS Review Request Form (02/2023)	PDF	97 KB	Download
Review and Corrections, Appeal, and Independent CMS Review User Guide (11/2021)	PDF	600 KB	Download

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CMS Certification Number (CCN)
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital chief executive officer (CEO) and QualityNet System Administrator (name, address, telephone, and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
 - TPS
- Detailed description for each of the reason(s) identified

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Appeals

Overview

- Hospitals may appeal the determination of the review and correction decision within 30 calendar days of receipt of the review and correction decision.
- Hospitals must receive an adverse determination from CMS prior to requesting an appeal.
- Upon receipt of appeal, CMS:
 - Provides email acknowledgement of appeal.
 - Reviews the request and notifies CEO of decision.
- Submit the completed form through the following methods:
 - Send secure message to QRFormsSubmission@hsag.com through [Managed File Transfer](#) in the *HQR Secure Portal*.
 - Send secure fax to (877) 789-4443.
 - Email to QRFormsSubmission@hsag.com.
Ensure that data containing personally identifiable information or protected health information are not submitted when emailing the form, as this is not a secured method and would be a security violation.

Access Appeals Request Form

1. Visit <https://qualitynet.cms.gov/>.
2. From the **Hospitals – Inpatient** box, select **Hospital Value-Based Purchasing (HVBP) Learn More**.
3. When the screen refreshes, select **Payment** from the top navigation pane and **Review and Corrections/Appeals** on the left-hand navigation pane. Then, select **Review and Corrections Request Form** toward the bottom of the page.

Direct link: <https://www.qualitynet.org/inpatient/hvbp/payment#tab2>

Forms and Additional Reference Material

For assistance in completing and submitting the Review and Corrections, Appeals, or CMS Independent Review forms, refer to the following:

File Name	File Type	File Size	
Review and Corrections Quick Reference Guide (11/2021)	PDF	42 KB	Download
Review and Corrections Request Form (02/2023)	PDF	100 KB	Download
Appeal Quick Reference Guide (11/2021)	PDF	42 KB	Download
Appeal Request Form (02/2023)	PDF	100 KB	Download
Independent CMS Review Quick Reference Guide (11/2021)	PDF	42 KB	Download
Independent CMS Review Request Form (02/2023)	PDF	97 KB	Download
Review and Corrections, Appeal, and Independent CMS Review User Guide (11/2021)	PDF	600 KB	Download

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CCN
- Hospital contact information
 - Hospital name/address (must include physical street address)
 - Hospital CEO and QualityNet System Administrator (name, address, telephone, and email)
- Specify reason(s) for request
 - Condition-specific score
 - Domain-specific score
 - TPS
- Detailed description for each of the reason(s) identified

Acceptable Reasons for Appeals

- Calculation of achievement/improvement points
- Calculation of measure/dimension score
- Calculation of domain scores
- Calculation of HCAHPS consistency points
- Incorrect domain scores in TPS
- Incorrect weight applied to domain
- Incorrect weighted domain scores to calculate TPS
- Hospital's open/closed status incorrectly specified

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Resources

Available on QualityNet

- Webinars/Calls/Educational Materials
 - From **Hospitals – Inpatient**, select **Hospital Value-Based Purchasing (HVBP) Program Learn More**. Then, select **Webinars** from the top navigation pane.
 - <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-archived-events/>
- Hospital VBP Program General Information
 - From the **Hospitals – Inpatient** menu, select **Hospital Value-Based Purchasing (HVBP) Program Learn More**.
 - Direct link: <https://qualitynet.cms.gov/inpatient/hvbp>
- Frequently Asked Questions
 - From the home page, select **Help** on the upper right-hand side. Then, select **Hospitals – Inpatient**.
 - Direct link: https://cmsqualitysupport.servicenowservices.com/qnet_ga

FY 2024 Help Guides and Quick Reference Guides

How to Read Your Fiscal Year 2024 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)

FY 2024 Hospital VBP Program

Overview
This program summary highlights the major elements and changes to the FY 2024 Hospital VBP Program, administered by the Centers for Medicare & Medicaid Services (CMS). You can find previous program summaries on the [Quality Reporting Center website's VBP Tools and Resources page](#).

The Hospital VBP Program is designed to improve the quality, efficiency, experience, and safety of care that Medicare beneficiaries receive during acute care inpatient stays by:

- 1. Minimizing or reducing the occurrence of adverse events (e.g., healthcare errors resulting in patient harm).
- 2. Adopting evidence-based care standards and protocols that result in better outcomes for Medicare patients.
- 3. Re-engineering hospital processes that improve patient experience of care.
- 4. Increasing the transparency of care quality for consumers, clinicians, and others.
- 5. Recognizing hospitals that are involved in the provision of high-quality care at a lower cost to Medicare.

Background
Section 1886(e) of the Social Security Act outlines the requirements for the Hospital VBP Program. The Hospital VBP Program impacts the way Medicare pays for inpatient stays at approximately 3,000 hospitals in the U.S. The program is a part of CMS strategy to improve healthcare delivery and value by giving hospitals incentive payments for providing high-quality care during inpatient hospital stays.

In the Hospital VBP Program, CMS rewards hospitals based on the quality of care they give to patients, rather than only the volume of services they provide. Under the Hospital VBP Program, Medicare makes incentive payments to hospitals based on one of the following:

- **Achievement:** How well they perform on each measure compared to other hospitals' performance during a baseline period
- **Improvement:** How much they improve their performance on each measure compared to their performance during a baseline period

Step-by-Step Calculations

Overview
Hospitals enrolled in the Hospital VBP Program can assess their FY 2024 PPSR. This concise guide provides an outline of how the Centers for Medicare & Medicaid Services (CMS) evaluate scores and grant points according to performance criteria. The PPSR showcases the hospital's Total Performance Score (TPS) and the value-based incentive payment adjustment factor that CMS will implement in FY 2024. The following step-by-step procedure summarizes the scoring techniques used to determine the TPS found in a hospital's PPSR.

- Step 1: Calculate Achievement Points and Improvement Points of Each Measure
- Step 2: Determine the Measure or Dimension Score
- Step 3: Calculate the Unweighted Domain Scores
- Step 4: Determine the Domain Weights
- Step 5: Calculate the Weighted Domain Scores
- Step 6: Calculate the Total Performance Score

Please note the values displayed in this guide serve as examples and are not reflective of any specific hospital's PPSR.

Step 1 Calculate Achievement Points and Improvement Points for Each Measure
Hospitals will receive two scores on each measure and dimension: one for achievement and one for improvement. When calculating achievement points and improvement points, CMS rounds the resulting value to the nearest whole number. CMS will only score the measures that meet the minimum data requirements.

The minimum data requirements are found on the [Eligibility: Hospital VBP Program](#) page on QualityNet. If a hospital has the minimum data required only during the performance period (and not the baseline period), only achievement points will be scored.

Achievement Points
Achievement points are awarded by comparing an individual hospital's rates during the performance period to all hospitals' rates from the baseline period.

- Hospital rate at or better than the benchmark = 10 achievement points
- Hospital rate worse than the achievement threshold = 0 achievement points

Clinical Outcomes		Performance Period		Achievement Threshold	Benchmark	25%
Measure ID	Measure Name	July 1, 2019-June 30, 2017	July 1, 2019-June 30, 2022*			
MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.865247	0.867868			
MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.969499	0.860319			
MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.916491	0.834002			
MORT-30-HF	Heart Failure 30-Day Mortality	0.882308	0.807733			
MORT-30-PN	Pneumonia 30-Day Mortality	0.840291	0.872976			
Complication Measures		Performance Period		Achievement Threshold	Benchmark	25%
Measure ID	Measure Name	April 1, 2014-March 31, 2017	April 1, 2019-March 31, 2022*			
CMOP-HP-	Total Hip Arthroplasty/Total Hip Arthroplasty Complication	0.025396	0.018159			
KNEE	Knee Arthroplasty Complication					
Patient and Community Engagement		Performance Period		Achievement Threshold	Benchmark (%)	25%
Measure ID	Measure Name	Jan. 1, 2019-Dec. 31, 2019	Jan. 1, 2022-Dec. 31, 2022			
HCAHPS Survey Dimensions		Floor (%)	(%)			
	Communication with Nurses	83.50	79.42		87.71	
	Communication with Doctors	82.41	79.83		87.97	
	Responsiveness of Hospital Staff	40.40	65.52		81.22	
	Communication about Medicines	39.82	63.11		74.86	
	Hospital Cleanliness and Quietness	45.94	65.63		79.64	
	Discharge Information	66.82	67.23		86.24	
	Care Transition	25.54	51.84		63.57	
	Overall Rating of Hospital	38.31	71.66		85.39	
Safety		Performance Period		Achievement Threshold	Benchmark	25%
Measure ID	Measure Name	Jan. 1, 2019-Dec. 31, 2019	Jan. 1, 2022-Dec. 31, 2022			
Healthcare-Associated Infections						
CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000		0.000	
CDI	Central Line-Associated Infection	0.520	0.014		0.014	
CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000		0.000	
MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000		0.000	
SSI	Colon Surgery Abdominal Hysterectomy	0.717	0.000		0.000	
		0.738	0.000		0.000	
Efficiency and Cost Reduction		Performance Period		Achievement Threshold	Benchmark	25%
Measure ID	Measure Name	Jan. 1, 2019-Dec. 31, 2019	Jan. 1, 2022-Dec. 31, 2022			
MSPB	Medicare Spending per Beneficiary				Mean of lowest decile of MSPB ratios across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period

Reference these FY 2024 resources on QualityNet:

<https://qualitynet.cms.gov/inpatient/hvbp/resources#tab2>

- How to Read Your Report Help Guide
- Program Summary
- Scoring Quick Reference Guide
- Domain Weighting Quick Reference Guide

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Q&A Session

Disclaimer

- This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.
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