



Hospital VBP Program Knowledge Refresher: FY 2025 Overview

April 5, 2023

Speakers

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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
CCSQ	Center for Clinical Standards and Quality	IQR	Inpatient Quality Reporting
CDI	<i>Clostridium difficile</i> Infection	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 Groups
COMP	complications	MSPB	Medicare Spending per Beneficiary
COPD	Chronic Obstructive Pulmonary Disease	PN	pneumonia
ECE	Extraordinary Circumstances Exceptions	PPSR	Percentage Payment Summary Report
FR	<i>Federal Register</i>	Q	quarter
FY	fiscal year	SA/O	Security Administrator/Official
HAI	Healthcare-associated infection	SSI	Surgical Site Infection
HARP	HCQIS Access Roles and Profile	THATKA	Total Hip Arthroplasty/Total Knee Arthroplasty
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	TPS	Total Performance Score
HCQIS	Health Care Quality Information Systems	VBP	value-based purchasing
HF	heart failure	VIQR	Value, Incentives, and Quality Reporting Back

Purpose

This event will provide an overview of the Fiscal Year (FY) 2025 Hospital VBP Program Baseline Measures Report and discuss the following:

- The report's location in the *Hospital Quality Reporting (HQR) Secure Portal*
- Domain and measure updates
- Performance standards and measurement periods
- Resources

Objectives

Participants will be able to complete the following:

- Access their Hospital VBP Program Baseline Measures Report
- Identify the domains and measures that CMS uses to evaluate performance in the Hospital VBP Program
- Locate Hospital VBP Program resources

Maria Gugliuzza, MBA

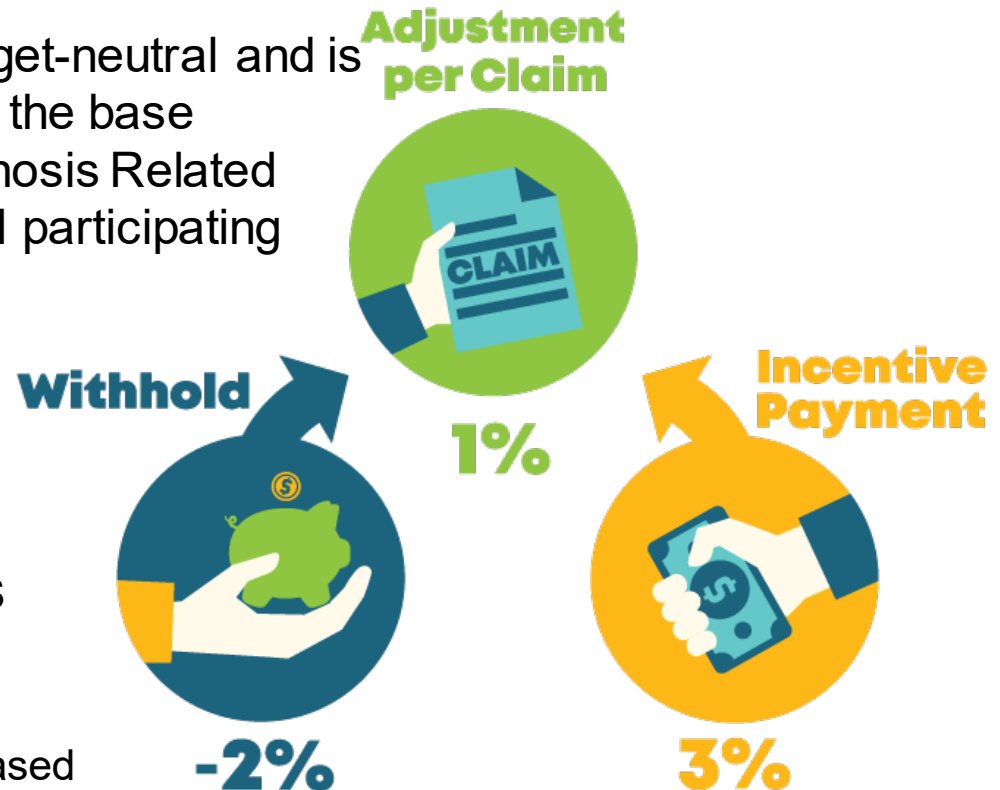
Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

Hospital VBP Program Overview

Funding

- The Hospital VBP Program is budget-neutral and is funded by a 2.00% reduction from the base operating Medicare Severity Diagnosis Related Groups (MS-DRG) payments of all participating hospitals.
- CMS redistributes the resulting funds to hospitals based on the Total Performance Score (TPS).
 - The actual amount earned depends on the range and distribution of TPS scores of all eligible/participating hospitals for a fiscal year.
 - A hospital may earn back a value-based incentive payment percentage. The percentage can range from incurring the withhold for the fiscal year to receiving a positive net change in base operating MS-DRG payments.



Eligibility

As defined in the Social Security Act, Section 1886(d)(1)(B), the program applies to subsection (d) hospitals located in the 50 states and the District of Columbia. This excludes the following:

- Hospitals and hospital units excluded from the inpatient prospective payment system (IPPS)
- Hospitals subject to payment reductions under the Hospital Inpatient Quality Reporting (IQR) Program
- Hospitals cited for deficiencies during the Performance Period that pose immediate jeopardy to the health or safety of patients
- Hospitals with less than the minimum number of domains calculated
- Hospitals with an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program
- Short-term acute care hospitals in Maryland

Note: Hospitals excluded from the Hospital VBP Program will **not** have 2.00% withheld from their base operating MS-DRG payments and will not be eligible to receive incentive payments in FY 2025.

FY 2025

Domains 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

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

Measurement Periods



Domain	Measure	Baseline Period	Performance Period
Clinical Outcomes	Mortality Measures (AMI, CABG, COPD, HF)	July 1, 2015– June 30, 2018	July 1, 2020– June 30, 2023
	Complication Measure	April 1, 2015– March 31, 2018	April 1, 2020– March 31, 2023**
Person and Community Engagement	HCAHPS Survey	January 1, 2019– December 31, 2019*	January 1, 2023– December 31, 2023
Safety	Healthcare-associated infection (HAI) Measures	January 1, 2019– December 31, 2019*	January 1, 2023– December 31, 2023
Efficiency and Cost Reduction	MSPB	January 1, 2021– December 31, 2021	January 1, 2023– December 31, 2023





*In the FY 2023 IPPS/LTCH PPS final rule, we finalized and updated the baseline period for the measures in the Person and Community Engagement and Safety domains for FY 2025.

**In accordance with the ECE granted in response to the COVID-19 PHE and the policies finalized in the September 2, 2020, interim final rule with comment titled “Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID–19 Public Health Emergency,” (85 FR 54820), we will not use Quarter 1 and Quarter 2 2020 data that was voluntarily submitted for scoring purposes under the Hospital VBP Program.

Measurement Periods Impacted by ECEs

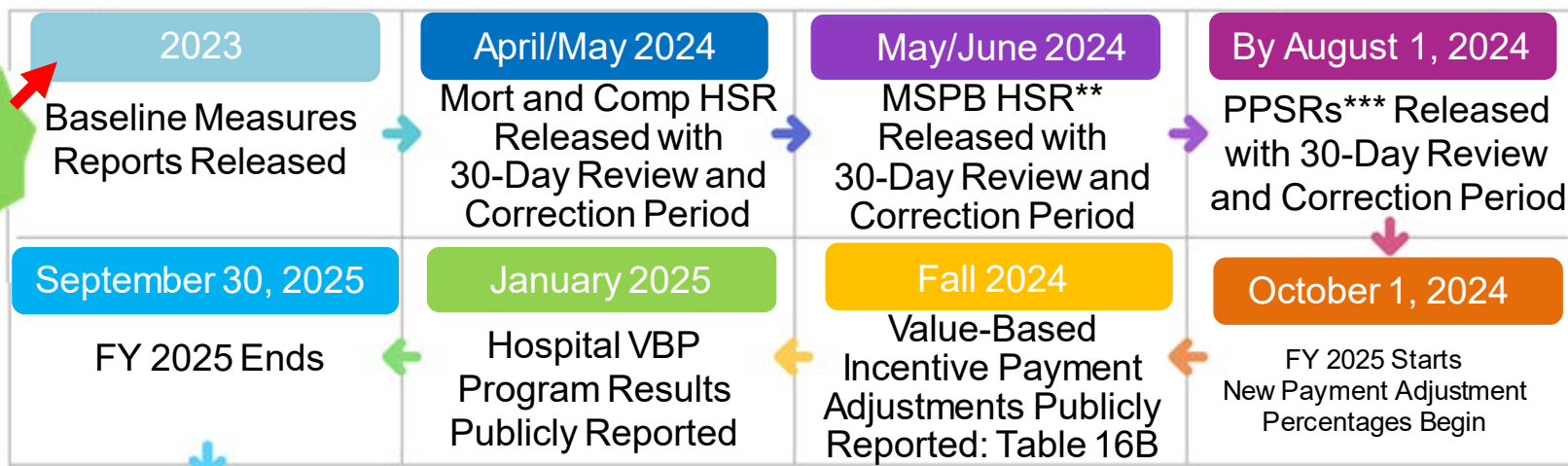
- As finalized in the [interim final rule with comment period \(CMS-3401-IFC\)](#), published on September 2, 2020, CMS will not use claims that reflect services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting and VBP programs. The discharge period in the performance period for the Clinical Outcomes domain measures will be updated to reflect this policy.
- The baseline period dates in FY 2025 are not impacted by ECEs.
- Hospitals do **not** need to request an ECE for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020.

Summary of 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 • Complication Measure: 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

FY 2025 Timeline

Release Date* and Event Timeline



*These are estimated dates that are subject to change.

HSR = Hospital-Specific Report * PPSR = Percentage Payment Summary Report

Performance Standards

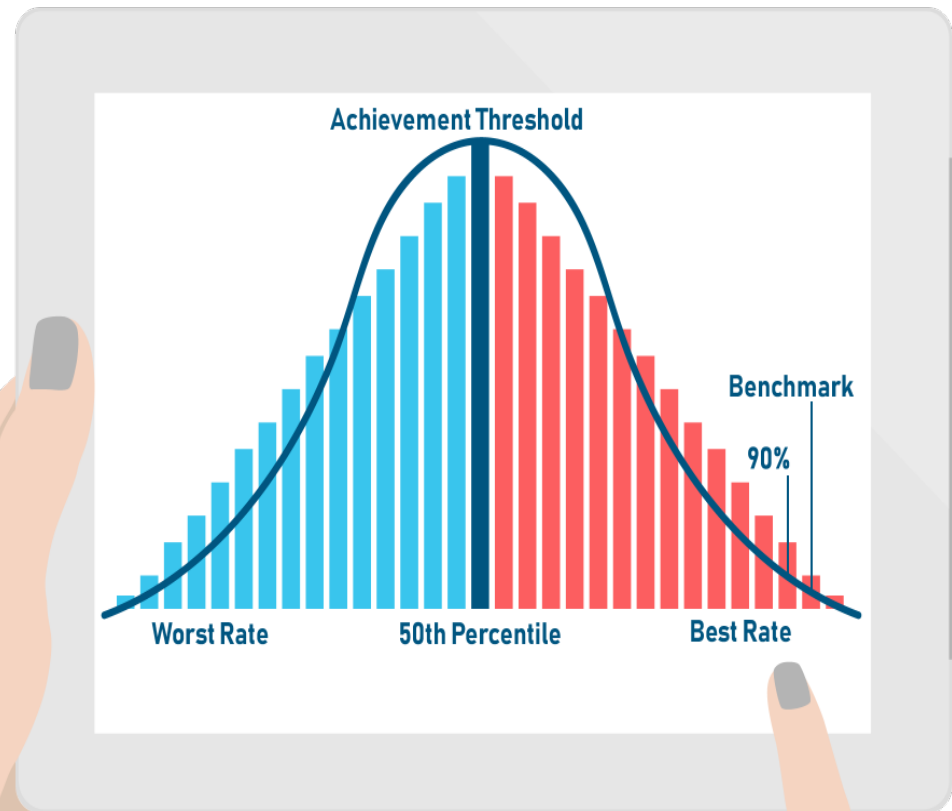
Benchmark:

Average (mean) performance of the top decile (10%) 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.

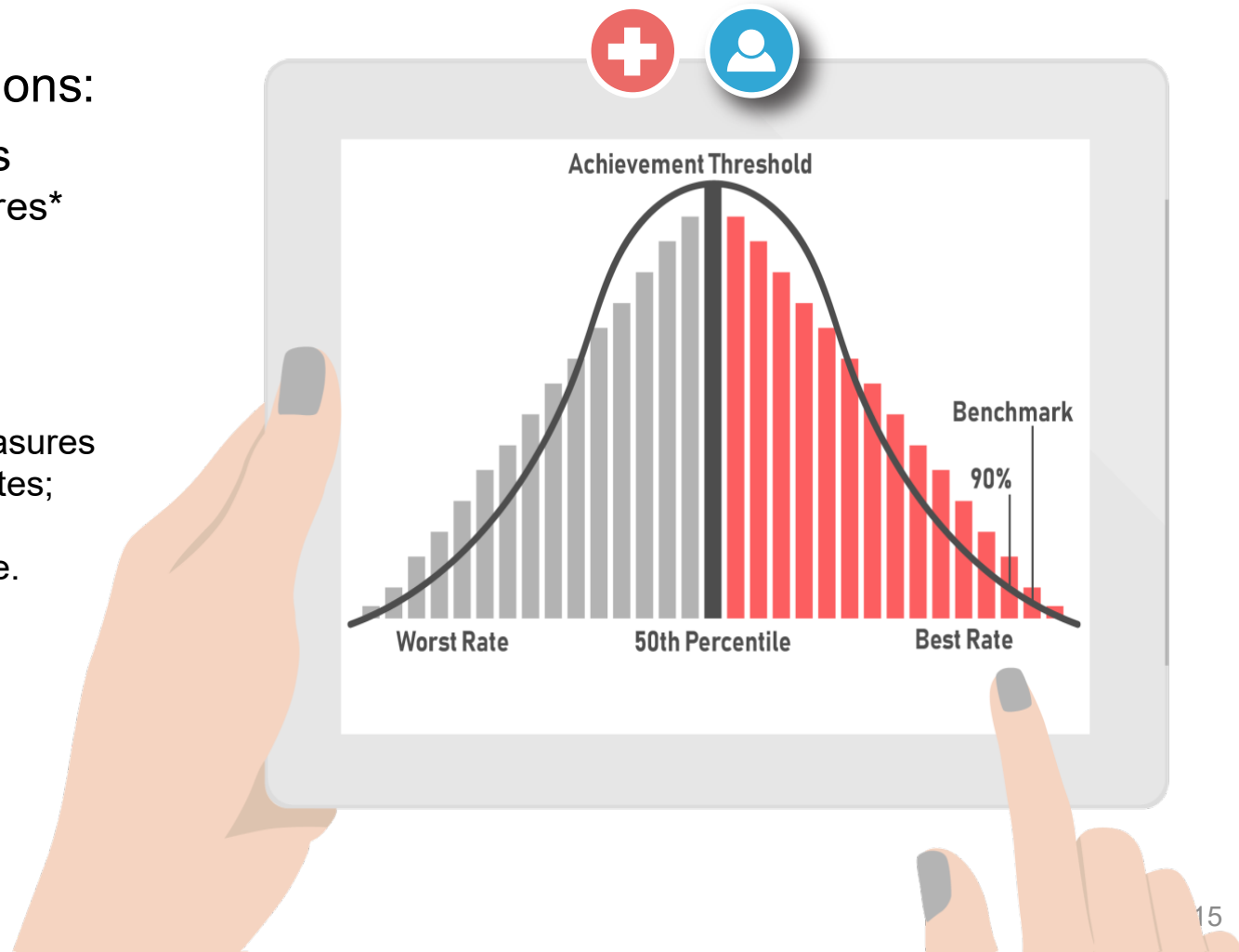


Higher Performance Standards

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

- Clinical Outcomes
 - Mortality measures*
- Person and Community Engagement

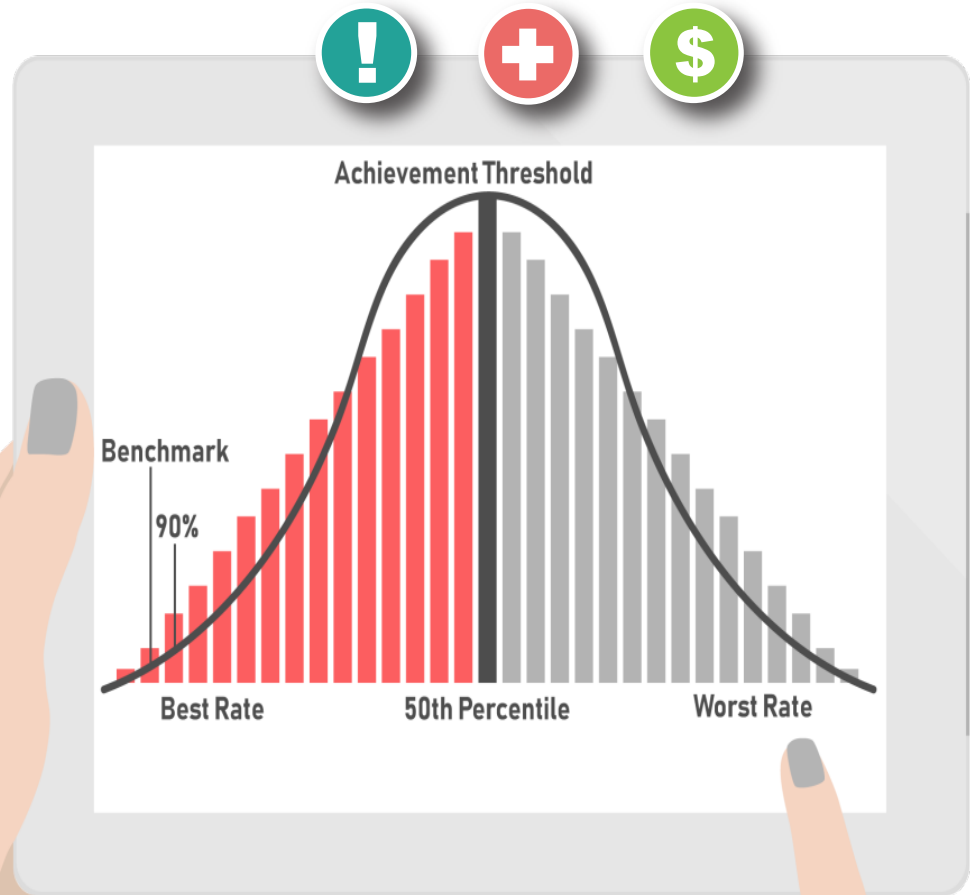
* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



Lower Performance Standards

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

- Clinical Outcomes
 - Complication measure
- Safety
 - HAI measures
- Efficiency and Cost Reduction
 - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



FY 2025 Performance Standards (Part 1)

↓ Lower rates indicate better results in the measure.
Each color/domain is worth 25%.

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

Mortality Measures				
Baseline Period		Performance Period		
July 1, 2015–June 30, 2018		July 1, 2020–June 30, 2023*		
Measure ID	Measure Name	Achievement Threshold	Benchmark	
MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.889994	
MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775	
MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236	
MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344	
MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425	
Complication Measure				
Baseline Period		Performance Period		
April 1, 2015–March 31, 2018		April 1, 2020–March 31, 2023*		
Measure ID	Measure Name	Achievement Threshold	Benchmark	
↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025332	0.017946	

Person and Community Engagement				
Baseline Period		Performance Period		
Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023		
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	

25%

25%

FY 2025 Performance Standards (Part 2)

↓ Lower rates indicate better results in the measure.

Each color/domain is worth 25%.

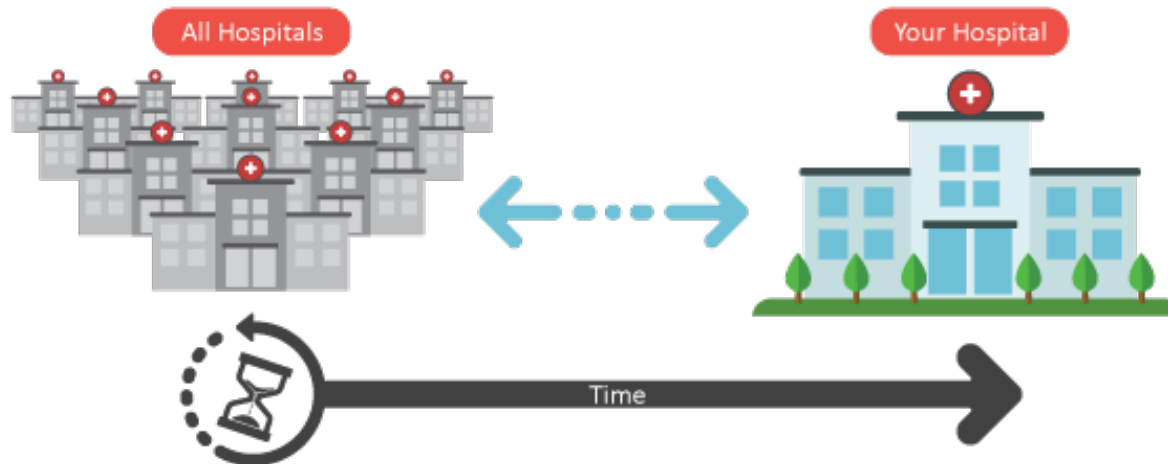
Healthcare-Associated Infections					
Safety	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2023–Dec. 31, 2023		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000	25%
	↓ CDI	Clostridium <i>difficile</i> Infection	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	0.717	0.000		
	Abdominal Hysterectomy	0.738	0.000		
Efficiency and Cost Reduction	Baseline Period Jan. 1, 2021–Dec. 31, 2021		Performance Period Jan. 1, 2023–Dec. 31, 2023		
	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%

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.



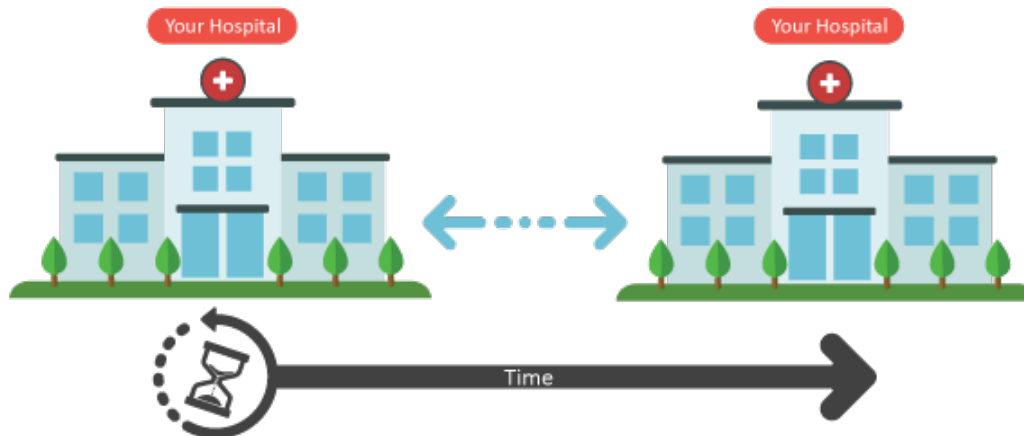
Improvement Points

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.



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Accessing the Report

Report Availability

- The **Baseline Reports** are available on the *HQR Secure Portal*.
- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

Accessing the Report

Step 1: Navigate to the *HQR Secure Portal* login page: <https://hqr.cms.gov/hqrng/login>

Step 2: Enter your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) User ID and Password. Then, select **Login**.

CMS.gov | QualityNet

Hospital Quality Reporting

HARP Sign In

Enter your User ID and Password to login.

User ID


Password

Login

Need a HARP account? Create one [here](#).

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[CMS.gov](#) [QualityNet.org](#) [QualityNet Help Desk](#) [Help](#)
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)



Accessing the Report

Step 3: You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Continue**.

The screenshot shows the CMS.gov QualityNet interface for Hospital Quality Reporting. A central white modal window titled "Two-Factor Authentication" prompts the user to "Select a device to verify your account". Two options are listed: "SMS Text for number ending in" (with a mobile phone icon) and "Email" (with an envelope icon). Below the options are two buttons: "Cancel" and "Next". The background is a blue gradient with the CMS.gov logo and "Hospital Quality Reporting" text at the top. The footer contains navigation links and the Department of Health & Human Services logo.

Accessing the Report

Step 4: Once you receive the code, enter it. Select **Continue**.

The screenshot shows the CMS.gov QualityNet interface for Hospital Quality Reporting. The main heading is "Hospital Quality Reporting". The central focus is a "Two-Factor Authentication" dialog box. It explains that for security, a verification code is required, which was sent via Google Authenticator. Below this, there is a text input field labeled "Enter Code" and a blue "Continue" button with a right-pointing triangle. A link for "Change two factor authentication" is located below the button. The footer contains the CMS.gov QualityNet logo, navigation links (CMS.gov, QualityNet.org, QualityNet Help Desk, Help, Accessibility, Privacy Policy, Terms of Use), and the Department of Health & Human Services logo.

CMS.gov | QualityNet

Hospital Quality Reporting

Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:
Google Authenticator
Please enter it below.


Enter Code

Continue ▸

[Change two factor authentication](#)

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[CMS.gov](#) [QualityNet.org](#) [QualityNet Help Desk](#) [Help](#)
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)



Accessing the Report

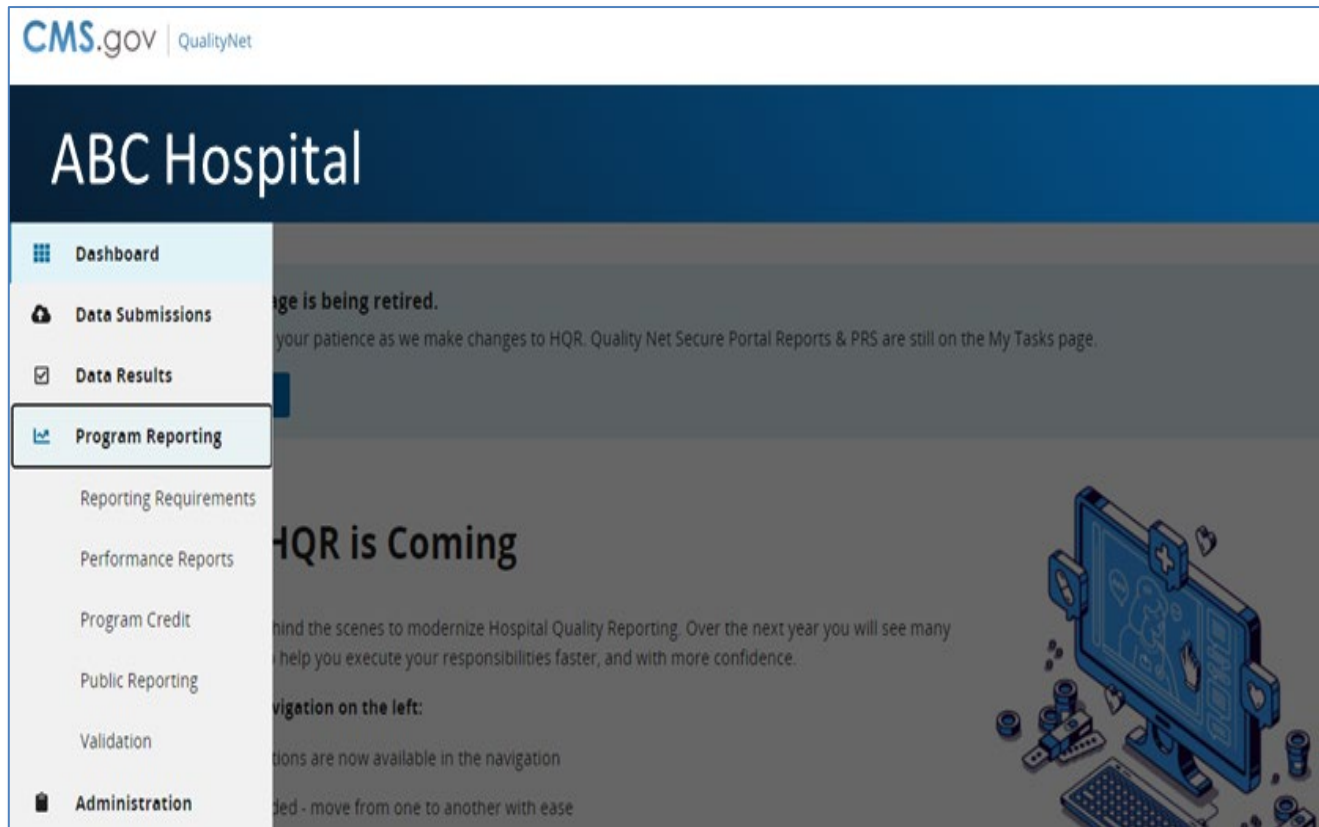
Step 5: Read the Terms and Conditions statement. Select **Accept** to proceed.

Note: If Cancel is selected, the program closes.

The screenshot displays the CMS.gov QualityNet interface for Hospital Quality Reporting. A central dialog box titled "Terms & Conditions" is open, containing a scrollable text area with 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 text area, there is a checkbox labeled "I accept the above Terms and Conditions". At the bottom of the dialog box are two buttons: "Cancel" with a warning triangle icon and "Accept". The background interface shows the "Hospital Quality Reporting" header and a footer with navigation links: "CMS.gov", "QualityNet.org", "QualityNet Help Desk", "Help", "Accessibility", "Privacy Policy", and "Terms of Use". The Department of Health & Human Services logo is visible in the bottom right corner of the interface.

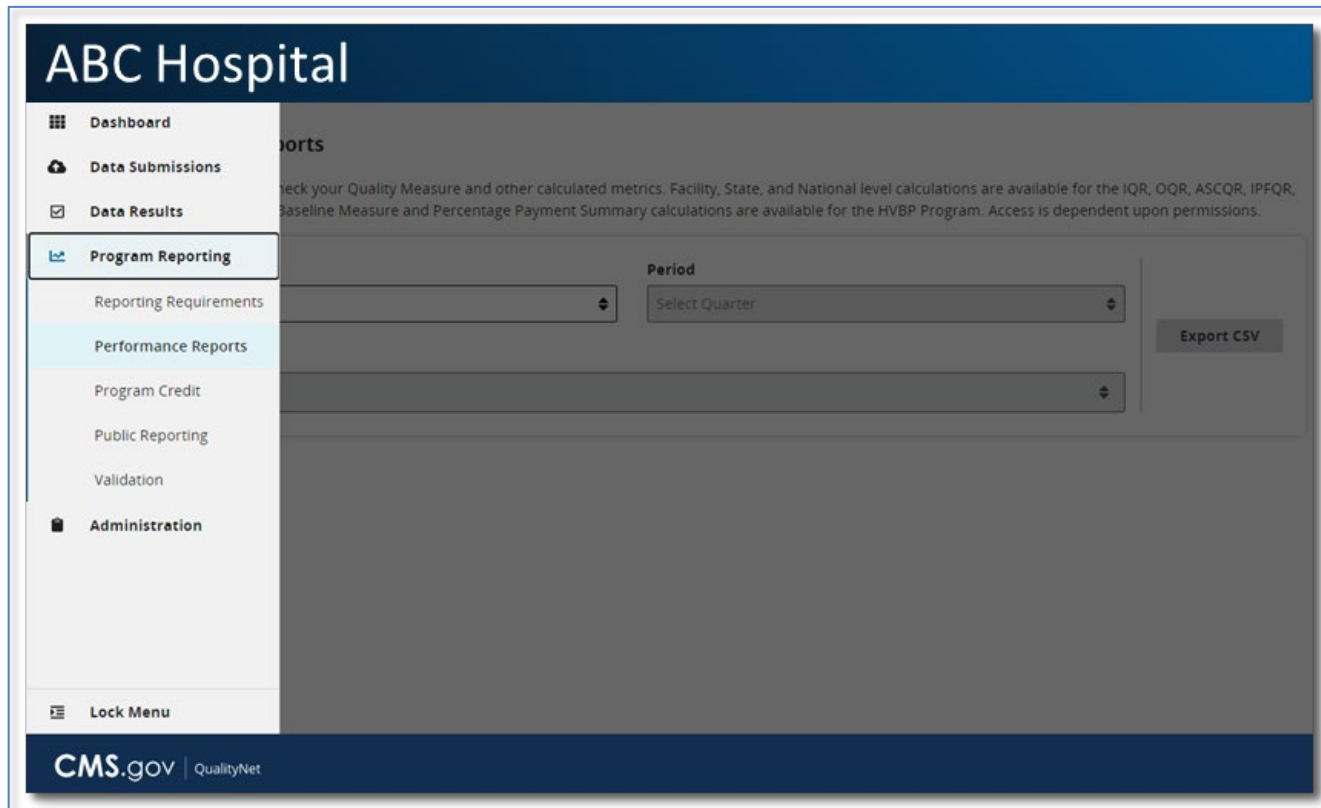
Accessing the Report

Step 6: On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.



Accessing the Report

Step 7: From the expanded Program Reporting drop-down menu, select **Performance Reports**.



Accessing the Report

Step 8: Select **HVBP** from the Program selection menu.

Step 9: Select **2025** from the Fiscal Year selection menu.

Step 10: Select your hospital from the Provider selection menu. Select **Display Results**.

The screenshot displays the CMS.gov Hospital Quality Reporting interface. At the top, the header reads "CMS.gov | Hospital Quality Reporting". Below this is a dark blue banner with the text "IFMC - SDPS". A sidebar on the left contains several icons. The main content area is titled "Performance Reports" and includes a descriptive paragraph: "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." Below the text is a form with three dropdown menus: "Program" (selected: HVBP), "Fiscal Year" (selected: 2025), and "Provider(s)" (selected: ABC Hospital (CCN-000000)). A "Display Results" button is located to the right of the form. The footer of the interface also reads "CMS.gov | Hospital Quality Reporting".

Option to Export PDF

The screenshot displays the CMS.gov Hospital Quality Reporting interface. At the top, the CMS.gov logo and 'Hospital Quality Reporting' text are visible. Below this is a dark blue header with the text 'IFMC - SDPS'. A left sidebar contains navigation icons. The main content area is titled 'Performance Reports' and includes a descriptive paragraph: '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.'

Below the text is a filter section with three dropdown menus: 'Program' (set to 'HVBP'), 'Fiscal Year' (set to '2025'), and 'Provider(s)' (set to 'ABC Hospital (CCN-000000)' with 'All Selected' indicated). To the right of these filters are two blue buttons: 'Display Results' and 'Export PDF'.

Below the filter section is another paragraph: '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.'

Below this paragraph is a tab labeled 'Baseline Measures'. At the bottom of the main content area, there are two expandable sections: '+ Clinical Outcomes' and '+ Person And Community Engagement'.

Instructions to Access Baseline Reports

To access your FY 2025 Hospital VBP Program baseline 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. It will direct you to the **HQR Landing Page**. (If you select Cancel, the program closes.)
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 **2025** from the Fiscal Year selection menu.
10. Select your hospital from the Provider selection menu. Select **Display Results**.

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Reviewing your Report

Clinical Outcomes Domain

Baseline Measures

— Clinical Outcomes

Risk-Standardized Complication Measures	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 04/01/2015 - 03/31/2018				

Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-	0.025332	0.017946
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30-Day Risk-Standardized Mortality Measures ⓘ	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2015 - 06/30/2018				

Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	10	0.869464	0.872624	0.889994
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Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	33	0.924279	0.915127	0.932236
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Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.970100	0.979775
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Heart Failure (HF) 30-Day Mortality Rate	38	0.894964	0.883990	0.910344
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Pneumonia (PN) 30-Day Mortality Rate	91	0.867323	0.841475	0.874425
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Information Pop-Ups

Baseline Measures

— Clinical Outcomes

Risk-Standardized Complication Measures	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 04/01/2013 - 03/31/2016				
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-		

30-Day Risk-Standardized Mortality Measures ⓘ	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 07/01/2013 - 06/30/2016				
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	5	0.861821		
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	33	0.928280		
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.968747	0.979620
Heart Failure (HF) 30-Day Mortality Rate	49	0.891818	0.881939	0.906798
Pneumonia (PN) 30-Day Mortality Rate	123	0.860265	0.840138	0.871741

[✕ Close](#)

Number Of Eligible Discharges

A minimum of 25 eligible discharges during the baseline period are required for improvement point calculations. Further information on how this score is calculated can be found on [QualityNet](#).

[Okay](#)

Person and Community Engagement Domain

— Person And Community Engagement

HCAHPS Surveys Completed During the Baseline Period: 93

HCAHPS Dimensions	Baseline Period Rate	Floor ⓘ	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 01/01/2019 - 12/31/2019				
Communication with Nurses**	93.1726%	53.50%	79.42%	87.71%
Communication with Doctors**	98.3185%	62.41%	79.83%	87.97%
Responsiveness of Hospital Staff**	80.8197%	40.40%	65.52%	81.22%
Communication about Medicines**	75.3211%	39.82%	63.11%	74.05%
Cleanliness and Quietness of Hospital Environment**	82.6216%	45.94%	65.63%	79.64%
Discharge Information**	89.1859%	66.92%	87.23%	92.21%
Care Transition**	58.7432%	25.64%	51.84%	63.57%
Overall Rating of Hospital**	76.3093%	36.31%	71.66%	85.39%

Safety Domain

— Safety

Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR) ⓘ	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 01/01/2019 - 12/31/2019					
Catheter-Associated Urinary Tract Infection**	N/A	N/A	-	0.650	0.000
Central Line-Associated Blood Stream Infection**	N/A	N/A	-	0.589	0.000
Clostridium difficile Infection**	0	0.138	-	0.520	0.014
Methicillin-Resistant Staphylococcus aureus Bacteremia**	0	0.014	-	0.726	0.000
SSI-Abdominal Hysterectomy**	N/A	N/A	-	0.738	0.000
SSI-Colon Surgery**	N/A	N/A	-	0.717	0.000

Efficiency and Cost Reduction Domain

— Efficiency And Cost Reduction

Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes i
Baseline Period: 01/01/2021 - 12/31/2021				
Medicare Spending per Beneficiary (MSPB) i	\$24,095.74	\$24,299.69	0.991607	42

Export Baseline Report

ABC Hospital



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	Report	Fiscal Year	Display Results Export PDF
HVBP	Baseline Measures	2025	
Provider(s)			
ABC Hospital (CCN-999999) x			

Here is where you can look at your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Percentage Payment Summary 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 Report 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.

Baseline Measures

+ Clinical Outcomes

+ Person And Community Engagement

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Inpatient VIQR Outreach and Education Support Contractor

Requesting Permission to Access Reports

Requesting Permission When You Don't Have Report Access

- Reports are available to users associated with hospitals that have the **Performance Reports** permission for **HVBP** Program Access.
- If you don't have access to your hospital's Hospital VBP Program reports in the drop-down box, you may not have the required program access for Performance Reports in your profile.
- The following slides provide instruction for requesting that permission.
- This action is **not** needed for users that can already access the Hospital VBP Program reports.

Requesting Permission

Step 6: On the HQR landing page, select the **drop-down arrow** by your name on the ribbon at the top of the page to expand the options.

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ABC Hospital Change Organization

Jane Doe ▼

My Tasks page is still available for PRS.
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.
[My Tasks](#)

Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease

Requesting Permission

Step 7: From the expanded drop-down menu, select **My Profile**.

CMS.gov | QualityNet

ABC Hospital

Jane Doe

My Profile

Change Org

Logout

i My Tasks page is still available for PRS.
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

My Tasks

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Requesting Permission

Step 8: Select **View Access** button for the organization to view the Hospital VBP Program reports.

The screenshot shows the user interface for 'ABC Hospital'. At the top, there is a blue header with the text 'ABC Hospital' and a 'Change Organization' button. Below the header, there is a navigation bar with '< Dashboard' and 'New Feature Tour'. The main content area features a user profile for 'Jane Doe' with the email 'JaneDoe2 · JaneDoe2@abchospital.org' and links for 'Update Password', 'Update 2-Factor Authentication', and 'Update Challenge Question'. Below the profile is the 'Organization Access' section, which includes a 'Create Access Request' button. The 'Access Requests' tab is selected, showing a list of organizations. A search bar is present above the table. The table has columns for 'Organization', 'Organization ID', 'User Type', and 'Status'. The first row shows 'ABC Hospital' with ID 'A3ABM581', 'Basic' user type, and 'Active' status. A 'View Access' button is highlighted with a red box in the row for 'ABC Hospital'.

ABC Hospital

Change Organization

< Dashboard New Feature Tour

Jane Doe
JaneDoe2 · JaneDoe2@abchospital.org

Update Password Update 2-Factor Authentication Update Challenge Question

Organization Access Create Access Request

My Organizations Access Requests

Here are the organizations to which you currently have access. Navigate to any organization's page by clicking on the organization's name. The "View Access" button allows you to view your permissions at that organization.

Search

Organization	Organization ID	User Type	Status
ABC Hospital	A3ABM581	Basic	Active

View Access

Requesting Permission

Step 9: Review **Performance Reports** Program Access to confirm **HVBP** is selected. Select **Request Change in Access** if HVBP is not listed for Performance Reports.

ABC Hospital
990101

[Request Change in Access](#)

User Type
Basic

Permissions

Data Submissions	Program Access
Chart Abstracted	None
DACA	None
eCQM	None
HCAHPS (File Upload)	None
Population & Sampling	None
Program Management	None
Web-Based Measures	None

Program Results	Program Access
Admin Reports	None
Performance Reports	None
Public Reporting	None
Validation	None

Requesting Permission

Step 10: Confirm Basic or Security Administrator/Official User Type selection. Click the **Add** Program Access on the Performance Reports line. (1 of 2) **Note: Add** appears if there are no existing permissions for Performance Results. **Edit** appears if there are existing permissions.

My Profile Select Organization

[< Account Info](#)

Create Access Request

ABC Hospital
990101

User Type

Basic
A Basic User is a User Type with varying levels of Read and/or Read/Write Access to the Organization(s) in their system. Certain Basic Users also have access to Administrative features.

Security Administrator/Official
A Security Administrator/Official is a person who manages User Types & Permissions for their Organization and the programs they support. Most SA/O have Read/Write access to their programs.

Permissions

Data Submissions	Program Access
Chart Abstracted	None Add
DACA	None Add
eCQM	None Add
HCAHPS (File Upload)	None Add
Population & Sampling	None Add

Requesting Permission

Step 10: Confirm User Type selection. Click the **Add** Program Access on the Performance Reports line. (2 of 2) **Add** will be displayed if there are no existing permissions for Performance Results. **Edit** will be displayed if there are existing permissions.

Program Results	Program Access
Admin Reports	None Add
Performance Reports	None Add
Public Reporting	None Add
Validation	None Add

Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

Requesting Permission

Step 11: Select the checkbox for **Hospital Value-Based Purchasing (HVBP)** access. Click the **Apply & Close** button.

[Close](#)

Performance Reports

Choose the programs that you need access to.

Program	Access
Ambulatory Surgical Center Quality Reporting (ASCQR)	<input type="checkbox"/>
Hospital Value-Based Purchasing (HVBP)	<input checked="" type="checkbox"/>
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	<input type="checkbox"/>
Inpatient Quality Reporting (IQR)	<input type="checkbox"/>
Outpatient Quality Reporting (OQR)	<input type="checkbox"/>
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)	<input type="checkbox"/>

Apply & Close Cancel

Requesting Permission

Step 12: Click the **Review** button at the bottom of the form.

Program Results	Program Access
Admin Reports	None Add
Performance Reports	HVBP Edit
Public Reporting	None Add
Validation	None Add

Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

Requesting Permission

Step 13: Click the **Submit** button at the bottom of the form.

Create Access Request

i Review the Selected Access Request Before Submitting

ABC Hospital
990101

User Type

Basic

Permissions

Data Submissions	Program Access
Chart Abstracted	None
Program Results	Program Access
Admin Reports	None
Performance Reports	HVBP
Public Reporting	None
Validation	None

[Back](#) [Submit](#)

Requesting HVBP Program Access for Performance Reports

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 **Next**.
4. Once you receive the code, enter it. Select **Next**.
5. Read the Terms and Conditions statement. Select **Accept** to proceed.
You will be directed to the **HQR landing page**. (If you select Cancel, the program closes.)
6. On the HQR landing page, to expand the options, select **the drop-down arrow** by your name at the top.
7. From the expanded drop-down menu, select **My Profile**.
8. Select **View Access** for the organization's Hospital VBP Program reports you wish to view.
9. Review your **Performance Reports** Program Access to confirm **HVBP** is selected.
Select **Request Change in Access** if HVBP is not listed for Performance Reports.
10. Confirm **Basic or Security Administrator/Official (SA/O)** user type based on your role in the organization. Click **Add Program Access** on the Performance Reports line. (**Add** will appear if there are no existing permissions for Performance Results. **Edit** will appear if there are existing permissions.
11. Select **Hospital Value-Based Purchasing (HVBP)**. Click **Apply & Close**.
12. Click **Review** at the bottom of the form.
13. Click **Submit** at the bottom of the form. You will receive an email confirmation (with the organization, submission date, and SA/O names) of your submission. SA/Os will be notified to review the request. Once the request is reviewed, you will receive a notification that your access was modified.

Maria Gugliuzza, MBA

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

Resources

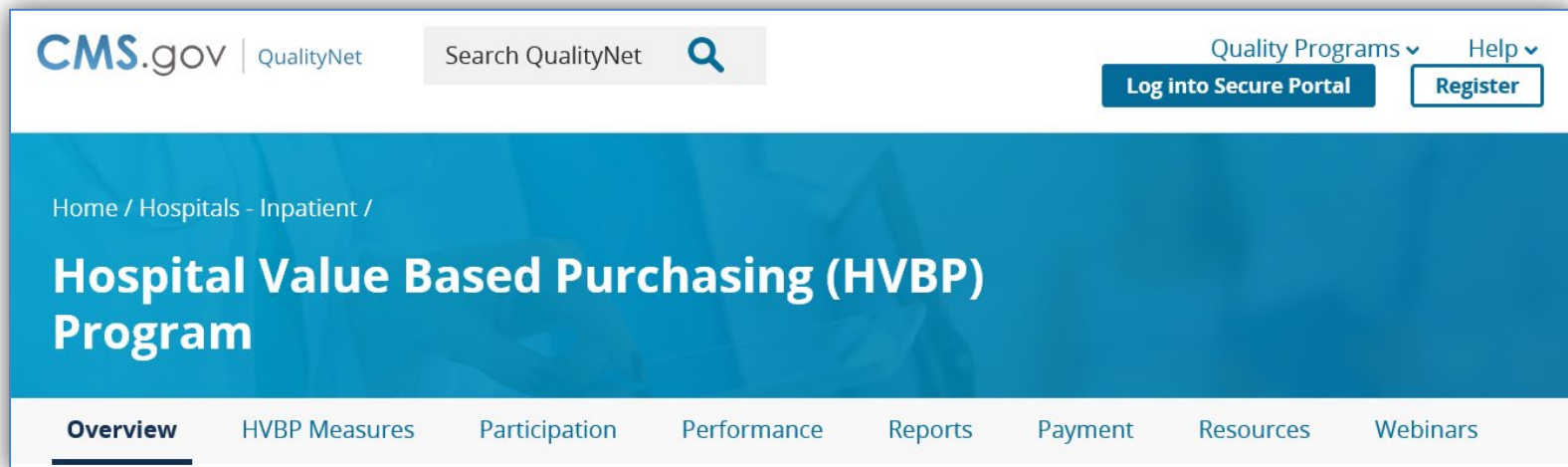
QualityNet Resources

Hospital VBP Program General Information

- From the **Hospitals – Inpatient** menu, select **Hospital Value-Based Purchasing Program**.
- Direct link: <https://qualitynet.cms.gov/inpatient/hvbp>

Frequently Asked Questions

- From the home page, hover on **Help** at the top-right of the page. Then, select **Hospitals – Inpatient**.
- Direct link: https://cmsqualitysupport.service-now.com/qnet_qa



The screenshot shows the CMS.gov QualityNet website. The header includes the CMS.gov logo, a search bar for QualityNet, and navigation links for Quality Programs and Help. There are buttons for 'Log into Secure Portal' and 'Register'. The main content area is titled 'Hospital Value Based Purchasing (HVBP) Program' and includes a breadcrumb trail 'Home / Hospitals - Inpatient /'. Below the title is a navigation menu with links for Overview, HVBP Measures, Participation, Performance, Reports, Payment, Resources, and Webinars.

How to Read Your Report Help Guide

The *Hospital VBP Program: How to Read Your FY 2025 Baseline Measures Report* guide becomes available on QualityNet in the Hospital VBP Program Resources section once reports are released.

Direct link:

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



Hospital VBP Program: How to Read Your FY 2025 Baseline Measures Report

Program Overview

The Hospital VBP Program is authorized by Section 1886(o) of the Social Security Act. The Hospital VBP Program is the nation's first national pay-for-performance program for acute care hospitals and serves as an important driver in redesigning how the Centers for Medicare & Medicaid Services (CMS) pays for care and services based on the quality and value of care, not only the quantity of services provided.

Purpose of the Baseline Measures Report

The Hospital VBP Program Baseline Measures Report allows providers to review their performance for all domains and measures included in the Hospital VBP Program in comparison to the achievement threshold and benchmark performance standards that are used to determine achievement and improvement points.

FY 2025 Measurement Periods

The baseline and performance periods for FY 2025 measures are outlined below.

Domain/Measure Description	Baseline Period	Performance Period
Clinical Outcomes: 30-Day Mortality measures for Acute Myocardial Infarction (AMI), Coronary Bypass Graft (CABG) Surgery, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure (HF), and Pneumonia (PN)	July 1, 2015– June 30, 2018	July 1, 2020– June 30, 2023*
Clinical Outcomes: Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication measure	April 1, 2015– March 31, 2018	April 1, 2020– March 31, 2023*
Person and Community Engagement: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimensions	January 1, 2019– December 31, 2019**	January 1, 2023– December 31, 2023
Safety: Healthcare-Associated Infection (HAI) measures	January 1, 2019– December 31, 2019**	January 1, 2023– December 31, 2023
Efficiency and Cost Reduction: Medicare Spending per Beneficiary (MSPB) measure	January 1, 2021– December 31, 2021	January 1, 2023– December 31, 2023

(*) These performance periods are impacted by the Extraordinary Circumstance Exception (ECE) granted by CMS on March 22, 2020. The CMS press release is available at <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>. The CMS memorandum is available at <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>. It was updated in the August 25, 2020, COVID-19 Interim Final Rule with Comment Period (85 FR 54820).

(**) CMS memorandum: <https://www.cms.gov/files/document/guidancememo-exceptions-and-extensions-qualityreporting-and-value-based-purchasing-programs.pdf>, and the update in the August 25 COVID-19 IFC (85 FR 54820). We finalized our proposal to update the baseline periods for the measures included in the Person and Community Engagement, and Safety domains.


The discharge period will be updated to reflect the policy that no claims from January 1, 2020,

Quick Reference Guide

- The FY 2025 quick reference guide contains the following:
 - Domains
 - Domain weights
 - Measures
 - Baseline and Performance Period dates
 - Performance standards
- **QualityNet:**
<https://qualitynet.cms.gov/inpatient/hvbp/resources#tab1>
- **Quality Reporting Center:**
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-tools-and-resources/>

FY 2025 Hospital Value-Based Purchasing Program Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025



Mortality Measures					
Clinical Outcomes	Baseline Period		Performance Period		
	July 1, 2015–June 30, 2018		July 1, 2020–June 30, 2023*		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
25%	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.889994	
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775	
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236	
	MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344	
	MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425	
	Complication Measure				
Baseline Period		Performance Period			
April 1, 2015–March 31, 2018		April 1, 2020–March 31, 2023*			
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025332	0.017946	
Person and Community Engagement	Baseline Period		Performance Period		
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023		
	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	
Safety	Healthcare-Associated Infections				
	Baseline Period		Performance Period		
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
		CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000
		↓ CDI	Clostridium difficile Infection	0.520	0.014
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000	
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000	
	SSI	Colon Surgery	0.717	0.000	
		Abdominal Hysterectomy	0.738	0.000	
Efficiency and Cost Reduction	Baseline Period		Performance Period		
	Jan. 1, 2021–Dec. 31, 2021		Jan. 1, 2023–Dec. 31, 2023		
	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%

(* These performance periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020, further specified by CMS on March 27, 2020, and amended in the August 25, 2020, COVID-19 Interim Final Rule. Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

Additional Resources

- For technical questions or issues related to accessing reports, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at QnetSupport@cms.hhs.gov or (866) 288-8912.
- To ask questions related to the Hospital VBP Program:
 - Submit questions via the QualityNet Q&A Tool:
https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question
 - Call the Inpatient VIQR Outreach and Education Support Contract Team at (844) 472-4477.
- Hospital VBP Program general information:
<https://qualitynet.cms.gov/inpatient/hvbp>
- To register for Hospital VBP Program Notifications:
<https://qualitynet.cms.gov/listserv-signup>

Hospital VBP Program Knowledge Refresher: FY 2025 Overview

Questions

Hospital VBP Program Knowledge Refresher: FY 2025 Overview

Thank You

Disclaimer

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