



Hospital Value-Based Purchasing (VBP) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

July 2023 Public Reporting Claims-Based Measures
Hospital-Specific Report Overview
Question and Answer Summary Document

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 1: **Are the data in these Hospital-Specific Reports (HSRs) the same data that will appear on Care Compare or in the payment programs?**

These Public Reporting HSRs are provided for claims-based measures (CBMs) that will be publicly reported in July 2023 on Care Compare. Hospitals may preview their measure results prior to the public reporting of the results. Separate HSRs or reports will be provided specifically for each of the value-based purchasing programs. On Care Compare, CMS provides results for publicly reported measures, which are different from the Hospital Value-Based Purchasing (VBP) Program measure results. The difference in the national rates between the publicly reported measures and Hospital VBP Program measures can be attributed to the different hospitals participating in the programs.

Question 2: **Since CMS adjusted the reporting periods to exclude Quarter (Q)1 and Q2 2020 data due to COVID-19, how will CMS adjust the next cycle of reports?**

For future public reporting years, CMS will assess the impact on measures and communicate measure updates to stakeholders accordingly. Hospitals can review future CMS communications for insight into any changes to upcoming public reporting years. For MORT-30-AMI; MORT-30-COPD; MORT-30-HF; MORT-30-PN; and MORT-30-CABG, the reporting period is July 1, 2019 through December 1, 2019, and July 1, 2020, through June 30, 2022. For COMP-HIP-KNEE, the reporting period is April 1, 2019 through October 2, 2019, and July 1, 2020, through March 31, 2022.

Question 3: **When does the July 2023 Public Reporting preview period end?**

All review and correction requests must be submitted by June 1, 2023.

Question 4: **We are having trouble downloading our HSR from the Hospital Quality Reporting (HQR) System?**

If you experience issues accessing your HSR from HQR or requesting/reviewing your Health Care Quality Information Systems Access Roles and Profile permissions, contact the Center for Clinical Standards and Quality Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912.

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Question 5: **Have there been any modifications to the Hospital VBP Program’s five non-pneumonia condition and procedure-specific readmission measures as a result of COVID-19?**

In the current year, CMS introduced two additional codes for risk adjustment related to COVID-19. These codes are ICD10 J12.82, which refers to pneumonia caused by coronavirus disease, and U09.9, which denotes an unspecified post-COVID-19 condition.

Question 6: **Are the data that become publicly available in July 2023 the same data used to calculate the Stars Rating, which will also become public in July 2023?**

For further details on the calculation of the measure group score, kindly refer to the July 2023 Quarterly Updates and Specification Report, which can be found on the [Resources page of QualityNet](#). Hospitals failing to meet the minimum measure reporting threshold are those that do not satisfy the requirement of having three measure groups, each comprising three measures per group. Furthermore, among these measures, at least one must pertain specifically to Mortality or Safety of Care. It is important to note that hospitals falling short of this threshold will not be provided with a summary score or Overall Star Rating.

For hospitals that do not meet the minimum measure reporting threshold, the group scores will be shown in column F of their Star Ratings HSR (Hospital-Specific Report) exclusively for informational purposes. This will be included in the preview report of the Hospital Inpatient and/or Outpatient Quality Reporting Program for January 2023.

Moreover, the Facility-Specific Report for April 2023 will present group scores for OP-13, which is an Outpatient Imaging Efficiency measure. It is crucial to highlight that these group scores are provided solely for informational purposes.

Question 7: **If a patient has multiple complications for the Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Complication Rate measure, how do we decide which complication to report?**

If a patient has multiple complications for an index admission, each complication will be listed in the Discharges tab. The Additional Complication Record column will have a No value for the first record and a Yes value for each additional complication for the index admission.

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While a patient may have more than one complication for an index admission, only one will be counted in the raw complication rate.

Question 8: **Slide 26: Why do the confidence intervals overlap? If Better than National goes up to 14.3 percent, then why doesn't the No Different than National start at 13.2 percent?**

To assign a performance category, CMS compares an individual hospital's interval estimate against the national average.

Each hospital's rates and interval estimates are calculated separately and compared to the national information. Since each hospital's risk standardized rate and interval estimates are different, interval estimates from two hospitals may overlap and have different performance categories since the interval estimates are compared to the national average. Please see the Hospital User Guide available on the [Hospital-Specific Reports page of QualityNet](#) for more details.