



# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### Hospital VBP Program: Overview of the FY 2019 Percentage Payment Summary Reports

#### Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers may have been edited for grammar and the addition of supplemental content to respond more fully to the question.

**Question 1: What are the baseline periods and the performance periods for Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys?**

The baseline and performance periods for all measures are listed below and on slide 17:

Domain	Measure	Baseline Period	Performance Period
Clinical Care	Mortality Measures	07/1/2009–6/30/2012	7/1/2014–6/30/2017
	THA/TKA	07/1/2010–6/30/2013	01/1/2015–6/30/2017
Person and Community Engagement	HCAHPS Survey	1/1/2015–12/31/2015	1/1/2017–12/31/2017
Safety	HAI Measures	1/1/2015–12/31/2015	1/1/2017–12/31/2017
	PC-01	1/1/2015–12/31/2015	1/1/2017–12/31/2017
Efficiency and Cost Reduction	MSPB	1/1/2015–12/31/2015	1/1/2017–12/31/2017

**Question 2: When will payments be adjusted based on this report?**

The Fiscal Year (FY) 2019 Hospital VBP Program will impact payments made by CMS in FY 2019, which is from October 1 of 2018 through September 30 of 2019.

**Question 3: What happens to the domain weights if a hospital does not meet the requirements for the Clinical Care Domain because there are less than 25 eligible cases in all four measures?**

If a hospital is unable to receive enough measure scores to receive a domain score, the domain will not be scored. If less than three domains are scored in FY 2019, the hospital will be excluded from the FY 2019 program. Hospitals excluded from the Hospital VBP Program will not be eligible for that payment adjustment, including the withhold in the incentive payment.



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**Question 4:** Do the healthcare-associated infection (HAI) and Perinatal Care (PC)-01 measures carry equal weight in the calculation of the score for the Safety Domain?

Each measure within the Safety Domain carries an equal weight.

**Question 5:** What happens if 100 HCAHPS surveys are not completed within the two periods?

If a hospital is unable to submit enough completed surveys during the performance period, the Person and Community Engagement Domain will not be scored. If less than the three domains are scored in the FY 2019 program, the hospital will be excluded from the FY 2019 program. Again, hospitals that are excluded from the Hospital VBP Program will not be eligible for the payment adjustment. Also, if at least 100 surveys are not submitted for the baseline period, but at least 100 surveys are completed during the performance period, only achievement points can be awarded because improvement points are calculated by comparing the baseline period with the performance period.

**Question 6:** Are children's hospitals and critical access hospitals (CAHs) exempt from the Hospital VBP Program?

Yes, only subsection (d) hospitals (short-term acute care hospitals) are included in the Hospital VBP Program.

**Question 7:** What happened to the Patient Safety Indicator (PSI) 90 composite measure in the Hospital VBP Program? Was it removed? I do not see it on my [FY 2019] Percentage Payment Summary Report (PPSR).

CMS finalized its proposal to remove the old version of the PSI 90 measure from the Hospital VBP Program beginning in FY 2019 in the [FY 2018 Inpatient Prospective Payment System \(IPPS\)/Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule](#) (82 FR 38242–38244). The PSI 90 measure was not used in determining your hospital's Safety Domain score, Total Performance Score (TPS), or payment adjustments.



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*Note:* CMS has adopted the use of the new version of the PSI 90 measure (the same measure currently used in the Hospital Inpatient Quality Reporting and Hospital-Acquired Condition Reduction Programs) in the Hospital VBP Program beginning with the FY 2023 program.

**Question 8:** **Regarding slide 46, for claims-based measures, is there a cut-off time to refile a claim with CMS if we discover the first claim was incorrect?**

Yes. CMS generally pulls claims at the end of September following the end of a calculation period for the 30-day mortality measures. For example, if the claims-based measures have a performance period end date on June 30, 2017, CMS will pull those claims in the calculation at the end of the September of 2017. The next claims pull for FY 2020 results is anticipated for the end of September of 2018. For the Medicare Spending Per Beneficiary (MSPB) measure, CMS pulls claim around the first week of April, which allows a three-month claim run-up/maturity period.

**Question 9:** **Is FY 2019 the same as Calendar Year (CY) 2017?**

FY 2019 is the year in which payment adjustments will be made. The performance periods and baseline periods range in FY 2019. However, FY 2019 generally utilizes a performance period of CY 2017 and a baseline period of CY 2015.

*Note:* This does not apply to the claims-based measures (such as the 30-day mortality measures and the complication measure).

**Question 10:** **Can you restate when the PPSRs were made available?**

Yes. The reports were released on July 27. An announcement was made through a *QualityNet* news article and a ListServe notification. You can sign up for the Hospital Inpatient Quality Reporting (IQR) and Hospital VBP Program Notification ListServes on [QualityNet](#).



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**Question 11:**            **When does the review and correction period end?**

The review and correction period ends on Monday, August 27, at 11:59 p.m. Pacific Time.

**Question 12:**            **Is there someone we can contact who can assist us with calculating the score for the domains?**

Questions regarding the calculations can be submitted through the inpatient question-and-answer (Q&A) tool on [QualityNet](#). We would be more than happy to answer the questions you have regarding calculations.

**Question 13:**            **How do we determine the monetary impact with TPS? We have executives that are interested in the dollar amount impacted by scores.**

To estimate the monetary impact of the Hospital VBP Program, we recommend multiplying the payment adjustment factor listed on your PPSR by your hospital's estimated base operating diagnosis-related group (DRG) payment amounts for the fiscal year. For an estimate of your base operating DRG payment amounts for the fiscal year, we recommend contacting your internal billing or finance departments.

**Question 14:**            **On slide 80, what is the HCAHPS floor percent?**

The floor is the score of the lowest performing hospital during the baseline period. The floor is used to determine a hospital's lowest dimension score and subsequently the consistency score. The floor is only used in the Person and Community Engagement Domain and those floor values can be found on that page of the PPSR.

**Question 15:**            **On slide 83, if a hospital does not have a surgical site infection (SSI) for colon surgery, are they eligible for points?**

The hospital must only meet a minimum of one predicted infection in one of the two strata, either colon surgery or abdominal hysterectomy. If only the abdominal hysterectomy requirement is met, the measure score will be weighted at 100% to the abdominal hysterectomy stratum. This is also true for the colon surgery stratum if the minimums are only met for that stratum.



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If both strata meet the minimum, the measure scores will be weighted by the number of predicted infections during the performance period and that's the formula on slide 84. The only time an SSI measure score will not be generated is when the hospital does not meet the minimum of one predicted infection in either stratum. You can see that scenario on slide 85.

**Question 16:**                    **Can you cover normalization (slide 87) one more time?**

Normalization is the scoring process that scores a hospital on only the measures that met the minimum requirements. CMS uses normalization to compare hospitals. To normalize, you first sum the measure scores and divide it by the total maximum points for the hospital. The total maximum points will vary by hospital based on the number of measures that were scored. In our example, the hospital had the minimum required data in five of the six measures. The maximum points possible is 50, which is 10 points per measure multiplied by five measures. You would divide the sum of the measure scores, and that's 25. Sum 0, 3, 10, 7, and 5 to equal 25, and 25 divided by 50 is 0.5. You multiply that result by 100 and you get 50. If you would like more assistance in understanding normalization or any other calculation on your report, please feel free to submit your specific questions to the inpatient Q&A tool on [QualityNet](#).

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

**Question 17:**                    **PC-01 (patients with elective vaginal deliveries or elective cesarean births at  $\geq 37$  and  $< 39$  weeks of gestation completed), catheter-associated urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), *Clostridium difficile* infection (CDI), Methicillin-resistant *Staphylococcus aureus* (MRSA), abdominal hysterectomy and colon surgery SSI: Are these six scores used in the Safety Domain?**

Yes. That is correct.

**Question 18:**                    **What are the criteria to calculate the standardized infection ratio (SIR) for each measure in the Safety Domain? Where can I find the information?**



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The SIR is calculated by dividing the number of observed infections (numerator) by the number of predicted infections (denominator). If you have more specific questions regarding the measure specifications, we recommend contacting the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Help Desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

**Question 19:** **Why was Maryland awarded exemption status? Have other states attempted to become exempt? Do Maryland hospitals always get the full Medicare reimbursement and never lose 2%, no matter what their quality outcomes are?**

Hospitals in the state of Maryland are excluded from the Hospital VBP Program due to their participation in the Maryland All-Payer Model. Please find more information about the Maryland All-Payer Model, including quality targets they must achieve, on the CMS website at: <https://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/>.

**Question 20:** **The final rule released by CMS last week stated that HAIs and PSI 90 would NOT be removed from the Hospital VBP Program for FY 2019. The previous slide does not include PSI 90. Is PSI 90 included or not included?**

Last year in the FY 2018 IPPS/LTCH PPS final rule, CMS finalized the proposal to remove the old version of the PSI 90 measure from the Hospital VBP Program beginning in FY 2019. In addition, CMS finalized the proposal to use the new version of the PSI 90 measure in the Hospital VBP Program beginning with the FY 2023 program.

In the FY 2019 IPPS/LTCH PPS proposed rule, CMS proposed to remove the new version of the PSI 90 measure, along with five healthcare-associated infection (HAI) measures, because these measures are also used in the Hospital-Acquired Condition (HAC) Reduction Program. However, in the FY 2019 IPPS/LTCH PPS final rule, CMS did not finalize these proposed measure removals for the new version of the PSI 90 measure or the five HAI measures. CMS considered input from commenters who conveyed the multifaceted benefits of retaining the patient safety measures in more than one value-based purchasing program as a critical component of quality improvement efforts and to strongly incentivize hospitals to continually strive for both improvement and high performance on these



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measures. Therefore, the old version of the PSI 90 measure is still removed beginning in FY 2019, and the new version of the PSI 90 measure will be used in the Hospital VBP Program beginning with the FY 2023 program.

Based on the FY 2019 IPPS/LTCH PPS final rule, here is a summary of the measures in the Safety Domain for FY 2019–FY 2023:

- FY 2019 (6 measures): CLABSI, CAUTI, SSI, MRSA, CDI, PC-01
- FY 2020 (6 measures): CLABSI, CAUTI, SSI, MRSA, CDI, PC-01
- FY 2021 (5 measures): CLABSI, CAUTI, SSI, MRSA, CDI
- FY 2022 (5 measures): CLABSI, CAUTI, SSI, MRSA, CDI
- FY 2023 (6 measures): New version of PSI 90, CLABSI, CAUTI, SSI, MRSA, CDI

**Question 21: Has PC-01 been removed based on the FY 2019 IPPS final rule?**

Yes. In the FY 2019 IPPS/LTCH PPS final rule, CMS finalized the proposal to remove the PC-01 measure from the Hospital VBP Program beginning with the FY 2021 program. The measure will still be included in the Hospital VBP Program in FY 2019 and FY 2020.

**Question 22: Why is the PSI 90 measure being discontinued?**

CMS removed the old version of the PSI 90 measure from the Hospital VBP Program beginning in FY 2019 and will use the new version of the PSI 90 measure in the Hospital VBP Program beginning with the FY 2023 program.

CMS was unable to immediately use the new version of the PSI 90 measure in the Hospital VBP Program to publicly report the measure on *Hospital Compare* for at least one year, as well as to establish the baseline period for FY 2023.

**Question 23: Regarding the mortality measures in the Hospital VBP Program, are the mortality measures the mortality ratio (observed mortality divided by expected mortality), or are they the mortality rate (number of observed mortality divided by eligible hospital discharges)?**

The acute myocardial infarction, heart failure, and pneumonia mortality measures included in the Hospital VBP Program are calculated as a risk-





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standardized mortality rates (RSMRs). The RSMRs are calculated as the ratio of the number of “predicted” deaths to the number of “expected” deaths, multiplied by the national observed mortality rate. For each hospital, the numerator of the ratio is the number of deaths within 30 days predicted based on the hospital’s performance with its observed case mix. The denominator is the number of deaths expected based on the nation’s performance with that hospital’s case mix. This approach is analogous to a ratio of “observed” to “expected” used in other types of statistical analyses. It conceptually allows for a comparison of a particular hospital’s performance given its case mix to an average hospital’s performance with the same case mix.

For details on the statistical approach used to determine the predicted and expected rates, please refer to Section 2 and Appendix A of the *2018 Condition-Specific Measure Updates and Specifications Report* available on *QualityNet* at: [QualityNet.org](http://QualityNet.org) > Hospitals – Inpatient > Claims-Based and Hybrid Measure > Mortality Measures > Measure Methodology. For additional questions regarding the calculation of the 30-day mortality measures, we recommend contacting [cmsmortalitymeasures@yale.edu](mailto:cmsmortalitymeasures@yale.edu).

**Question 24:** Will there be a presentation like this one for the HAC Reduction Program and the Hospital Readmissions Reduction Program (HRRP)? This webinar is so helpful; it would be appreciated for those programs.

On July 25, CMS presented the *Overview of the FY 2019 HAC Reduction Program and HRRP* webinar. Below is the link to materials for the event: <https://www.qualityreportingcenter.com/inpatient/vbp-archived-events/>

**Question 25:** What is the maximum payment adjustment a hospital can receive? What is the maximum any hospital will actually receive in FY 2019?

The maximum payment adjustment is dependent upon the exchange function slope. CMS will post the payment adjustment factors in Table 16B of the FY 2019 IPPS/LTCH PPS Final Rule in the fall of 2018 after hospitals reviewed and corrected their PPSRs. In FY 2017, the minimum payment adjustment factor was 0.9816753594 and the maximum was 1.0403129374. In FY 2018, the minimum payment adjustment factor was 0.9834690622 and the maximum was 1.0304941280.



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**Question 26:**            **What is the relationship of the HCAHPS dimension to the consistency score and the floor?**

Your hospital's lowest dimension score will be used to determine the number of consistency points your hospital receives in the Person and Community Engagement Domain. The floor is used in the calculation to determine your hospital's lowest dimension score.

**Question 27:**            **What is the quarterly reporting period end date?**

The Hospital IQR Program submission periods are listed in the [Hospital IQR Program Important Dates and Deadlines](#) reference guide. Hospitals have approximately four and a half months following the end of a reporting quarter to submit data. The HCAHPS data submission is approximately two months after the end of a reporting quarter.

**Question 28:**            **Is there a way to do Stage 1 review for claims-based measures?**

Although there is no formal CMS Stage 1 review for claims-based measures, we recommend performing routine coding audits to ensure claims are coded and billed accurately as a best practice. In addition, CMS provides hospital specific reports (HSRs) which include patient-level data and the associated ICD codes.

**Question 29:**            **Are the scores based on only Medicare patients or all patients?**

The population varies between measures. For example, the 30-day mortality, hip/knee complications, and MSPB measures only include Medicare fee-for-service patients age 65 and older in the population; whereas, HAI measures use all patients meeting the criteria within the associated intensive care unit or ward locations. HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical, surgical and maternity care service lines are eligible for the survey; HCAHPS is not restricted to Medicare patients. For more detailed information, including measure inclusion and exclusion, and exception criteria, we recommend reviewing the measure specifications available on *QualityNet*.



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**Question 30:** Are HCAHPS scores altered or risk adjusted in any way after our vendor submits them each quarter?

HCAHPS Survey data submitted by HCAHPS-approved survey vendors are cleaned and adjusted before CMS creates HCAHPS scores.

There are two adjustments made to HCAHPS scores: survey mode adjustment and patient mix adjustment. Information regarding both adjustments is available on the HCAHPS website at [www.hcahpsonline.org](http://www.hcahpsonline.org). Select the “Mode & Patient Mix Adj” navigation button. Select and view the mode and patient mix adjustment information and patient mix coefficient documents by public report.

For further information on the calculation of HCAHPS scores, we recommend reviewing the 2018 HCAHPS update training slides, beginning on slide 48. These provide information on the calculation of HCAHPS scores from raw data to publicly-reported scores. The training slides are available on the HCAHPS website at [www.hcahpsonline.org](http://www.hcahpsonline.org) on the [training materials](#) navigation page.

For questions regarding HCAHPS calculations, we recommend contacting: [hcahps@area-m.hcquis.org](mailto:hcahps@area-m.hcquis.org).

**Question 31:** When will there be an update on the issues/potential issues with the Medicare Overall Hospital Quality Star Rating? Preview reports were released but *Hospital Compare* was never updated. What are the issues? When will a new preview report be released to facilities?

Questions regarding the *Hospital Compare* Star Ratings can be sent to: [cmsstarratings@lantanagroup.com](mailto:cmsstarratings@lantanagroup.com).

**Question 32:** Will we be able to review this webinar via the *Quality Reporting Center* website?

The webinar can be reviewed by clicking on the link below:  
<https://www.qualityreportingcenter.com/inpatient/vbp-archived-events/>



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**Question 33:** Where do we find the reports? Are they on *QualityNet*?

You can run the Baseline Measures Report Percentage Payment Summary Report on the *QualityNet Secure Portal*. The ListServe at this direct link provides instructions to run and download reports:  
[2018-134-IP: PPSRs for FY 2019 Hospital VBP Program Are Available](#)

**Question 34:** Why does my finance department say that our value-based incentive payment adjustment factor is lower than the factor on my PPSR?

We recommend contacting your Medicare Administrative Contractor (MAC) for specific information regarding your hospital's payments.

**Question 35:** If we want to project ahead, how do we know the baseline period and performance period dates for the next projected report?

CMS has finalized many of the baseline and performance periods in the IPPS final rules. We recommend referencing the [FY 2019 IPPS/LTCH PPS Final Rule](#) for the most recently finalized baseline and performance periods: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-16766.pdf>.

**Question 36:** What if the net change in base operating DRG payment amount is negative?

If the net change in payments is negative, it means that your hospital did not have at least 2% in incentive payments in order to make up the 2% withhold (the net change value takes into account the 2% withhold). Your hospital's payments will be reduced by the net change percent shown on your PPSR.

**Question 37:** What's the net gain/loss after adjustment for each measure?

CMS does not provide the net gain or net loss for each measure included in the Hospital VBP Program.



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**Question 38:** In the “How to Read your PPSR” publication on page 1 of 30 under “Eligibility” it states that a hospital is excluded if it is subject to a payment reduction under the Hospital IQR Program; does this include the HAC Reduction Program and Hospital Readmissions Reduction Program?

Hospitals that are subject to a payment reduction under the Hospital IQR Program (i.e., didn’t meet all Hospital IQR Program requirements and so, was subject to a reduction of the Annual Payment Update for the applicable fiscal year) are excluded from the Hospital VBP Program for the same fiscal year. This exclusion criterion does **not** evaluate reductions of payment under the HAC Reduction or Hospital Readmissions Reduction Programs.

**Question 39:** If you want some domain scores to be higher and some lower, do you want your TPS to be higher or lower?

The individual measure rates may vary between higher and lower rates indicating better performance; however, higher scores in improvement, achievement, measure scores, domain scores, and TPSs all indicate better performance. If you would like additional clarification, please use the [inpatient Q&A tool](#) on *QualityNet*.

**Question 40:** If a hospital score is negative does that mean that each DRG’s reimbursement will decrease by 2% plus the negative percentage?

No. The net change value takes into account the 2% withhold. If, for example, your net change in payments is -0.5%, your hospital’s payments will be reduced by 0.5%, not 2.5%.

**Question 41:** Beyond the PPSR, are there other reports shared with facilities on anticipated Hospital VBP Program payment adjustments, or is this the only source from CMS for the FY 2019 adjustments?

CMS also provides the Baseline Measures Reports and Hospital-Specific Reports for claims-based measures for the Hospital VBP Program. While these reports include measure performance information, these reports do not provide an anticipated payment adjustment. The actual payment adjustment factors (listed on the Percentage Payment Summary Reports) will be in Table 16B in the fall of 2018 after hospitals reviewed and corrected the report.



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**Question 42:**            **What is the baseline period for the mortality measures?**

For the FY 2019 program, the mortality measures use a performance period of July 1, 2014, through June 30, 2017, and a baseline period of July 1, 2009, through June 30, 2012. The total hip arthroplasty/total knee arthroplasty (THA/TKA) complication measure uses a performance period of January 1, 2015, through June 30, 2017, and a baseline period of July 1, 2010, through June 30, 2013.

**Question 43:**            **If a hospital is subjected to an annual payment update (APU) reduction [under the Hospital IQR Program] and the reduction was removed after an approved appeal to the Provider Reimbursement Review Board (PRRB), is the hospital still eligible to receive bonus value-based incentive payments?**

Hospitals that are subject to payment reductions under the Hospital IQR Program are deemed ineligible to participate in the Hospital VBP Program. Hospitals that did not meet one or more of the requirements or did not participate in the Hospital IQR Program will incur a reduction of one-quarter of the APU (also known as the Market Basket Update [MBU]). If the PRRB's decision is in favor of the hospital to overturn the APU reduction and CMS does not further challenge the result, CMS can approve the reprocessing of the claims to apply the full APU for the hospital under the Hospital IQR Program. Additionally, if APU reduction under the Hospital IQR Program was the only basis for the hospital's ineligibility to participate in the Hospital VBP Program, CMS can approve the reprocessing of the claims to apply the Hospital VBP Program payment adjustment. In such a situation, if your hospital's PRRB appeal is successful, please contact the Hospital Inpatient VIQR Outreach and Education SC team at <https://cms-ip.custhelp.com> or (844) 472-4477.

**Question 44:**            **Is there a tool available that would allow us to calculate our overall payment adjustment based on all incentive programs (Hospital VBP Program + Hospital Readmissions Reduction Program + HAC Reduction Program)?**

CMS does not currently have a tool and does not endorse any tool that calculates overall payment adjustments for these programs.



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**Question 45:** **Would you explain the consistency score? What is the point of it, to show our facility is better than the worst performing facility in this dimension?**

For reasons detailed in the 2007 Report to Congress and the Hospital VBP Program final rule (76 FR 26517), CMS believes that consistency points recognize and reward consistent achievement across HCAHPS dimensions. By offering hospitals additional incentives to achieve across all HCAHPS dimensions, consistency points promote wider system changes within hospitals to improve quality.

**Question 46:** **What is the best possible TPS and best possible weighted domain scores for all domains?**

The maximum possible TPS is 100. The maximum possible weighted domain score for each domain is 25 if four domains were calculated and 33.3 if three domains were calculated.

**Question 47:** **Can you please repeat the information on signing up for ListServes?**

To sign up for **ListServe** notifications, use this *QualityNet* ListServe Registration page direct link:  
<https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>

**Question 48:** **We have scores for HAI that are not used. If we have no infections (e.g., MRSA), we have achieved the benchmark. However, we have no score. This looks like we are penalized for these measures.**

The minimum data required to receive a SIR is 1.000 predicted infections. If your hospital had less than 1.000 predicted infections, a SIR cannot be calculated, and the measure will not be scored. If a SIR cannot be calculated a dash line will be present and this indicates that the minimum requirements were not met for the calculation. The Safety Domain is normalized to account for only the measures that were scored. Hospitals are not penalized for not having the minimum data to receive a domain score.



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**Question 49:** How is the overall SSI dimension score calculated?

The SSI measure score is calculated by using a weighted average of the individual strata measure scores by the predicted infections during the performance period. We recommend referencing slide 83–85 for more information on calculating the SSI measure score.

**Question 50:** My hospital has “N/A” in the columns for the SSI measure to indicate no data. However, we have a measure score of 7. How was that calculated?

The “N/A” across the row, except for the measure score, is appropriately displayed. The SSI measure is calculated by using a weighted average of the SSI stratum’s measure scores by the predicted infections during the performance period. More information is available on slides 83–85.

**Question 51:** When our baseline for HAIs is zero and we maintain it, do we not receive achievement points?

If you have a SIR of 0.000, your hospital will receive 10 achievement points. If you had a SIR of 0.000 during the baseline period and performance period, 0 improvement points will be awarded. However, under that scenario, the measure score would still be 10 from the achievement points.

**Question 52:** Where is the performance period rate for HAI measures on page 4 of the safety measures report? I only see a value for the process measures and not HAIs.

A SIR is calculated for the HAI measures. The acronym SIR means standardized infection ratio.

**Question 53:** On slide 76, you discussed what happens when a hospital does not have enough encounters for a score for the performance period, but you did not mention what happens when the baseline period does not have a score. How does the baseline period not having a score affect the calculation of improvement points for a measure such as mortality used in your example?





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Hospitals have the opportunity to receive improvement and achievement points on their PPSR based upon their performance rates during the baseline period and performance period relative to the performance standards. Achievement points are awarded by comparing an individual hospital rate during the performance period with all hospital rates from the baseline period by using two performance standards: the achievement threshold and the benchmark. If a hospital has a performance period rate that is equal to or better than the benchmark, 10 achievement points will be awarded. If the rate is lower than the achievement threshold, the hospital will receive 0 achievement points.

If the performance period rate is equal to or better than the achievement threshold, but is still lower than the benchmark, 1 to 9 points will be awarded. Improvement points are unique to the Hospital VBP Program in relation to other CMS inpatient pay-for-performance programs. Not only can hospitals be evaluated based on their current performance in comparison to all other hospitals, they can earn points by improving from the baseline period. CMS may award hospitals improvement points if the hospital's performance period rate is better than their baseline period rate. The maximum point value for improvement points is 10 points.

**Question 54:**            **Where do we find the predicted infections?**

The Hospital VBP Program PPSR displays the number of predicted infections for each of the HAI measures on the Safety Detail Report page.

**Question 55:**            **Can you please explain again the meaning of a negative and a positive number in the “Net Change Base OP DRG” field?**

The net change in payment amount is the value-based incentive payment percentage minus the 2% withhold. If this value is a positive, your hospital will receive an overall increase in payments due to the Hospital VBP Program.

**Question 56:**            **Can you re-define what the value-based incentive payment adjustment factor means?**

The payment adjustment factor is the value your MAC will use to adjust your payment on each claim. The payment adjustment factor is the number that you can multiply against a DRG to determine what you will be paid for that DRG based on the program.