



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Traveling the Road to Success: Navigating the FY 2021 Hospital VBP Program

Presentation Transcript

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Maria Gugliuzza: Hello and welcome to the *Traveling the Road to Success: Navigating the Fiscal Year 2021 Hospital Value-Based Purchasing Program* webinar. My name is Maria Gugliuzza, and I am the Outreach and Education Lead at the Hospital Inpatient VIQR Support Contractor, and Bethany Bunch is the Hospital VBP Program Lead. We will be your tour guides for today's road trip. We are excited that you are here to take the Hospital VBP trip today. We just have a few announcements before we take off. If you have any questions during our trip today, feel free to shout them out to your tour guides in the chat window. Our team will answer as many of your questions as we can today. In order for us to best assist you, please include the slide number associated with your question when you submit it. If you have an urgent question that was not answered, please submit your question to us via our normal contact method listed at the end of this webinar. All other questions will be responded to and placed in the Q&A summary available on the QualityReportingCenter.com website in the future. If you enjoyed the tour so much today and would like to book a repeat trip, or recommend it to one of your friends, you're in luck. All of our webinars are recorded and posted to the QualityReportingCenter.com website in the Hospital Value-Based Purchasing Program archived webinar section. You can watch any of our previous webinars on demand at your own leisure. Would you like a souvenir from our trip today? The slides are available to download and keep at the QualityReportingCenter.com website. That's it for our announcements today; so, please buckle up and, remember, no hands outside the vehicle.

On today's trip, we will travel through the fiscal year 2021 Hospital Value-Based Purchasing Program, seeing sites such as the evaluation criteria for each domain and the measure, hospital eligibility, and an explanation of the scoring methodology.

At the end of the tour, you should be able to identify how hospitals are evaluated, recognize the changes in the program, explain the eligibility requirements, and interpret the scoring methodology.

Before we get to our main destinations today, we think it's important to have some background on the Hospital VBP Program first. The Hospital

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Value-Based Purchasing Program was set forth by Congress under Section 1886(o) of the Social Security Act. The Hospital Value-Based Purchasing Program was first adopted for the fiscal year 2013 Hospital VBP Program, and CMS has used this program to adjust payments for every fiscal year subsequent. For FY 2021 would be the ninth year of the program. The Hospital Value-Based Purchasing Program was the first national inpatient hospital pay-for-performance program in which hospitals are paid for services based on the quality of care rather than the quantity of services provided. Like the second bullet states, the Hospital Value-Based Purchasing Program selects measures that have been originally specified under the Hospital Inpatient Quality Reporting Program, which is a pay-for-reporting, rather than a pay-for-performance, program. In addition, when CMS selects new measures, they will refrain from beginning the performance period for any new measure until the data for that measure [have] been posted on *Hospital Compare* for at least a year. For example, if a new measure was posted for the first time on *Hospital Compare* in January of 2019, CMS would not start the performance period in the Hospital VBP Program until January of 2020. This guideline is just for new measures in the program and not already adopted for outstanding measures. The Hospital Value-Based Purchasing Program is an estimated budget-neutral program and is funded through a percentage-withhold from participating hospitals' DRG payments. Incentive payments will be redistributed based on the hospital's Total Performance Score in the Hospital Value-Based Purchasing Program in comparison to the distribution of all hospitals' Total Performance Scores and total estimated DRG payments. The funding from the FY 2021 program will come from a two-percent withhold from participating hospitals' base-operating DRG payment amount. Hospitals will have the opportunity to receive incentive payments that can allow hospitals to earn back more than the two-percent withhold, resulting in an overall increase in payment. For example, the image at the bottom of the slide displays a hospital incurring the two-percent withhold but earning three percent for their incentive payment. The net of those values is a one percent bonus on every claim in the fiscal year.

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Our first destination, program eligibility, can now be seen straight ahead. The Hospital Value-Based Purchasing Program adjusts payments for approximately 3,000 hospitals each fiscal year. The program applies to subsection (d) hospitals in 50 states and the District of Columbia. If your hospital is a subsection (d) hospital, your payments will be adjusted unless one of the exclusion reasons listed on this slide apply. Those exclusion reasons include: hospitals subject to payment reduction under the Hospital IQR Program in the same fiscal year, by either not participating in the Hospital IQR Program or failing to meet one or more of the requirements of the program; hospitals cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients; hospitals with less than three out of the four domains calculated, we will discuss the domain and measure requirements in a few minutes; hospitals with an approved extraordinary circumstance exception; and hospitals located in the State of Maryland. In addition, hospitals not paid through the IPPS will not be eligible for the program, including critical access hospitals. Excluded or ineligible hospitals will not have their payments adjusted, which includes the two-percent withhold to payments and the opportunity to receive incentive payments. Additionally, data for your hospital would not be publicly reported in the Hospital Value-Based Purchasing tables on the *Hospital Compare* website.

At our next stop, you can see the measures and domains included in the Hospital VBP Program. For those that have been working with the Hospital VBP Program for a few years, this domain framework should look pretty familiar. We have the Safety domain, containing the healthcare-associated infection measures of CDI, CAUTI, CLABSI, MRSA, and SSI; the Clinical Outcomes domain, containing the 30-day mortality measures and the hip/knee complication measure; the Person and Community Engagement domain contains HCAHPS; and the Efficiency and Cost Reduction domain, which includes Medicare Spending per Beneficiary. Although the general domain framework hasn't changed, there are a few changes to the landscape from last year that are worth observing. CMS adopted the 30-day mortality measure for COPD as a new measure to the Clinical Outcomes domain. This will be the first time used

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in FY 2021. CMS updated the 30-day mortality measure for pneumonia to use the new measure cohort in the Clinical Outcomes domain. As part of this CMS measure-reevaluation process, the 30-day mortality measure for pneumonia underwent a substantive revision that expanded the measure cohort to include: patients with a principal discharge diagnosis of pneumonia, the current reported cohort; two, patients with a principle discharge diagnosis of aspiration pneumonia; and three, patients with a principle discharge diagnosis of sepsis, excluding severe sepsis with a secondary diagnosis of pneumonia coded as present on admission. This measure cohort will now align with the cohort that was used for the display on *Hospital Compare* for a few years now. And, lastly, CMS removed the Perinatal Care, PC-01, measure, Elective Delivery, from the Safety domain. Based on past performance on the measure, CMS anticipates that continued use of the PC-01 measure in the Hospital VBP Program would result in more than half of the hospitals with a calculable score for the measure earning the maximum 10 achievement points. CMS anticipates that the remaining hospitals with a calculable score would be awarded points based on improvement only because they will not have met the achievement threshold, earning zero to nine improvement points. Therefore, CMS believes the measure no longer meaningfully differentiates performance among most participating hospitals for scoring purposes in the Hospital Value-Based Purchasing Program. In order to continue tracking and reporting rates of elective deliveries to incentivize continued high performance of the measure, this measure will remain in the Hospital IQR Program.

When we were at the eligibility stop of the tour, we discussed the hospital being excluded if they had fewer than three domain scores calculated. In order to have at least three domains calculated, a hospital would have to meet the minimum data requirements within the domain. For the Clinical Outcomes domain scores, a hospital must have at least two measures with at least 25 eligible discharges. For the Person and Community Engagement domain, a minimum of 100 complete HCAHPS Surveys is required. In the Safety domain, a hospital would need to have at least two measures with one predicted infection as calculated by the CDC. Please note that the

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minimum requirement for the HAI measures is one predicted infection and not an actual observed infection. For the Efficiency and Cost Reduction domain, a minimum of 25 episodes of care is required.

Continuing down the road, you can see the signs that display the baseline and performance periods for each measure. The HCAHPS Survey, HAI measures, and the MSPB measure are calendar year measures and utilize a performance period of calendar year 2019 and a baseline period of calendar year 2017. The Clinical Care Mortality AMI, heart failure, and COPD measures use a performance period of July 1 of 2016 through June 30 of 2019 and a baseline period of July 1, 2011 through June 30, 2014. The Pneumonia Mortality measure uses a performance period of September 1 of 2017 through June 30 of 2019, and a baseline period of July 1 of 2012 through June 30 of 2015, and the hip/knee complication measure uses a performance period of April 1 of 2016 through March 31 of 2019 and a baseline period of April 1 of 2011 through March 31 of 2014.

In the Hospital VBP Program, for any given fiscal year, we have a baseline period and a performance period. The baseline period, as we just reviewed on the last slide, is an earlier time period than the performance period. For FY 2021, many of our baseline periods are in 2017, but the performance periods are in 2019. The baseline period is used in the Hospital VBP Program so a comparison of improvement can be made at the individual hospital. So you can have a concise report to review your baseline period rates and performance standards, CMS releases a baseline measures report. The baseline measures reports for FY 2021 were recently released on March 28. Then, next year, after the performance period has ended, CMS will release hospital-specific reports for the mortality measures and complication measure in April or May of 2020, and for MSPB in May or June of 2020. These reports allow you to review the patient-level data and the calculations of these measures prior to the data being used to calculate your Total Performance Scores. After your review period has ended, CMS calculates achievement points, improvement points, domain scores, Total Performance Scores, and payment-adjustment factors and releases that information in a Percentage Payment Summary

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Report. That report will be released to hospitals on or around August 1 of 2020. On October 1 of 2020, fiscal year 2021 begins. So, the payment-adjustment factor that you were provided in your Percentage Payment Summary Reports in August, will now be used to adjust your hospital's payment for the next 12 months. In the fall of 2020, CMS will post the payment-adjustment factors publicly to the CMS.gov website; and, in January 2021, the refresh of the score results of the Hospital VBP Program will be posted on *Hospital Compare*. Finally, on September 30 of 2021, fiscal year 2021 ends.

Hospitals have the opportunity to receive improvement and achievement points on their Percentage Payment Summary Report based upon their performance rate during the baseline period and performance period relative to the performance standards. The performance standards consist of the achievement threshold and benchmark for all measures and the floor, which is only applicable for the Person and Community Engagement domain. The achievement threshold is calculated as the median, or 50th percentile, of all hospital rates for a measure during the baseline period. The benchmark is a mean of the top decile, which is the average of the top 10 percent during the baseline period. The floor used in calculating the HCAHPS consistency score is the rate of the lowest performing hospital during the baseline period.

The performance standard values are now in sight. The performance standards, with the exception of MSPB, which is calculated based on performance data, will be included on your baseline measures report.

Do you see the sign out the window? This sign means that certain measures will have a higher benchmark value than an achievement threshold because higher rates demonstrate better quality in the measure. The measures that this description is applicable for are the 30-day mortality measures in the Clinical Care domain and the HCAHPS dimensions in the Person and Community Engagement domain. A quick reminder, the mortality measures use survival rates in the Hospital VBP Program.

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The downward-pointing arrow means that some measures will have higher achievement-threshold values than benchmark values because lower rates demonstrate better quality in the measure. The measures that this description is applicable for are the hip/knee complication measure, the healthcare-associated infections in the Safety domain, and the MSPB measure in the Efficiency and Cost Reduction domain. I will now turn the tour over to Bethany Bunch, your next tour guide, as we travel through the calculations.

Bethany Bunch:

Thank you, Maria. And thank you to everyone for joining today. For those of you that are new to the program, or for those that are still a little bit fuzzy on the calculations, I'm going to walk through the calculations, step by step. Some of the formulas can look a little scary, but I promise you, they are simple, and you can calculate them yourself. You just need to plug in a few numbers on your calculator. Please be aware that these calculations are only applicable and displayed on the Percentage Payment Summary Reports. However, it's important to have an understanding of how your hospital will be scored to assist you in making targets and goals. There are three values calculated for every measure: the achievement points, the improvement points, and the measure score. We will cover achievement points first. Achievement points are awarded by comparing your hospital's rates on a measure during the performance period with all other hospitals. So, how does CMS compare you to all hospitals? The answer is through the use of performance standards of the achievement threshold and the benchmark that Maria just covered. To recap, the achievement threshold was the median of all hospital performance and the benchmark is the mean of the top 10 percent. You can determine how many achievement points your hospital will receive by reviewing these three scenarios. Is your hospital's performance period rate at or better than the benchmark value? If yes, your hospital will get the maximum of 10 achievement points. Is your hospital's rate worse than the achievement threshold? If that answer is yes, your hospital would receive zero achievement points. Is your hospital's rate at or better than the achievement threshold, at median value, but not quite at the benchmark that the mean of the top 10 percent? If that fits your hospital's scenario, you will receive one to nine achievement points, and you would use the

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achievement-point formula. If this all makes sense to you, that's fantastic. But, if not, we will run through some examples on the next few slides.

With achievement points, you will need to know the three values. What is the measure's benchmark? What is the measure's achievement threshold? And, what is my hospital's performance period rate? Here's an example for the CAUTI measure. Using the performance standards from slide 15, 0.000 as the benchmark and 0.774, we can determine how many achievement points our example hospital should receive by what their performance rate is. Please remember that lower rates are better for the CAUTI measure. This hospital has a performance period rate of 0.000. So, we can begin asking our scenario questions. Is this hospital's performance period rate at or better than the benchmark? Is the hospital's performance period rate worse than the achievement threshold? Or, is the performance period rate at or better than the achievement threshold but still worse than the benchmark?

We're going to put up some polling questions now for you to respond to. Please submit your response now. [Pause.] Okay.

We will just give it a few more seconds. [Pause.] Okay. We can go ahead and close out that polling question now.

For those that answered that the rate was at or better than the benchmark, you are correct. The hospital will achieve 10 achievement points.

As you can see, the benchmark and the achievement-threshold values remain the same. But, our performance period rate is now 1.010. Is this hospital's performance period rate at or better than the benchmark? Is the hospital's performance period rate worse than the achievement threshold? Or, is the performance period rate at or better than the achievement threshold but still worse than the benchmark?

Please submit your response now. [Pause.]

A few more seconds and we'll close the polling. [Pause.] Okay. We can go ahead and close out that polling question now.

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For those that answered that the performance period rate is worse than the achievement threshold, you were correct. The hospital will achieve zero achievement points.

Now, our performance period rate is 0.450. Is this hospital's performance period rate at or better than the benchmark? Is the hospital's performance period worse than the achievement threshold? Or, is the performance period rate at or better than the achievement threshold but worse than the benchmark?

Please submit your response to the question now. [Pause.] The polling will be closed in a few more seconds. [Pause.] Okay. Please close the polling question.

For those that answered that the performance period rate was at or better than the achievement threshold but worse than the benchmark, you are correct. Now, let's take a stab at the formula to determine how many points the hospital will receive.

Now is the time to pull out your calculator at your desk or on your computer. Can you use the formula listed on this slide to determine how many achievement points the hospital will receive? I'll give you a hint. Once you reach your final answer, round to the nearest whole numbers using the normal rounding rules. [Pause.] We'll leave this slide up for about 20 seconds for you to use the formula to calculate the results. [Pause.]

Please submit your response now. [Pause.]

A few more seconds and we'll close the polling. [Pause.] Okay. I think we can close out that polling question now.

Great job to those that answered four. We'll walk through the calculation for those that didn't receive four as their answer. First, plug in the performance period rate and performance standard values into the formula. We would put 0.450 in for the performance period rate in the numerator, 0.774 in for the achievement-threshold place in the numerator and the denominator, and 0.000 for the benchmark in the denominator. Now, we

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start inside of the parentheses in the numerator. Type 0.450 minus 0.774 and equals into your calculator. You should be receiving -0.324. Now, move to the denominator. Type 0.000 minus 0.774 and equals. You should receive -0.774. Now, type your numerator -0.324 divided by -0.774 and equals. For those that are having trouble getting the numbers to be negative on your calculator, there should be a button with a plus and minus sign on it. That button will make your number negative after you have typed it in. The results of that division should get you 0.4186. Multiply 0.4186 by 9, because it's inside the next set of parentheses and that will get 3.7674. Lastly, add 0.5 to 3.7674 and that will equal 4.2674; round that to the nearest full number, and you will receive 4.

Improvement points are unique to the Hospital VBP Program in relation to CMS' other inpatient pay-for-performance programs, such as the HAC Reduction Program and the Hospital Readmissions Reduction Program. Not only can hospitals be evaluated based on their current performance in comparison to all other hospitals, but they can earn points by improving from the baseline period. CMS may award hospitals improvement points if the hospitals' performance period rate is better than their own baseline period rate. The maximum point value for improvement points is nine points. If your hospital's performance period rate is better than the benchmark and better than their own baseline period rates, you will receive a maximum of nine improvement points. If your hospital's performance period rate is worse than or equal to the baseline period rate, you will receive zero improvement points, because no improvement in the rates were realized. If your hospital's performance period rate is in between the baseline period rate and the benchmark, your hospital will receive zero to nine improvement points based on the improvement-point formula.

For improvement points, you also need to know three values, but they are slightly different than the achievement points. You need to know the set benchmark, your hospital's baseline period rate, and your hospital's performance period rate. In this example, the CAUTI benchmark is 0.000. The hospital's baseline rate was 0.400. And, the performance period rate was 1.010. Is the hospital's performance period rate at or better than the

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benchmark? Is the performance period rate worse than or equal to the baseline period rate? Or, is the performance period rate somewhere in between the baseline period rate and the benchmark?

Please submit your response to the question now. [Pause.]

The polling will be closed in a few more seconds. [Pause.] Okay. Please close out that polling question.

For those that answered that the performance period rate was worse than or equal to the baseline period rate, you are correct. This hospital would receive zero improvement points.

The hospital's baseline period rate is still 0.400, and the performance period rate is now 0.000. Is the hospital's performance period rate at or better than the benchmark? Is the performance period rate worse than or equal to the baseline period rate? Or, is the performance period rate somewhere in between the baseline period rate and the benchmark?

Please submit your response now to the question. [Pause.]

Okay. We will just give it a few more seconds. [Pause.] Okay. Please close out that polling question.

For those that answered that the performance period rate was at or better than the benchmark, you are correct. This hospital would receive nine improvement points.

In this example, the CAUTI benchmark is still 0.000. The hospital's performance period rate is still 0.000; but now, the baseline period rate is 0.000, as well. Is this hospital's performance period rate at or better than the benchmark, resulting in nine improvement points? Is the performance period rate worse than or equal to the baseline period rate, resulting in zero improvement points? Or, is the performance period rate somewhere in between the baseline period rate and the benchmark, resulting in zero to nine improvement points based on the formula?

Please submit your response to the question now. [Pause.]

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The polling will be closed in a few more seconds. [Pause.] Okay. Please close out that polling question.

This one was a tricky question. But, if you remember the note from a few slides back, hospitals that have rates at or better than the benchmark but do not improve from their own baseline period rate will receive zero improvement points. Please note that this hospital would still receive 10 achievement points though, because their performance period rate was at or better than the benchmark.

In this example, the benchmark is still 0.000, the performance period rate is 0.200, and the baseline period rate is 0.400. Is the hospital's performance period rate at or better than the benchmark? Is the performance period worse than or equal to the baseline period rate? Or, is the performance period rate in between the benchmark and the baseline period rate?

Please submit your response now. [Pause.]

Okay. We will just give it a few more seconds. [Pause.] Okay. Please close out that polling question

If you said the performance period rate is in between the baseline period rate and the benchmark, you are correct. The hospital will receive zero to nine improvement points based on the improvement-point formula.

Using the formula listed on this slide, can you calculate how many improvement points the hospital will receive? [Pause.] We'll leave this slide up for about 20 seconds for you to use the formula to calculate the results. [Pause.]

Please submit your response now. [Pause.]

Okay. We will just give it a few more seconds. [Pause.] Okay. Please close out that polling question.

Nice job for those that answered five. We'll walk through the calculations for those that didn't receive five as their answer. First, plug in the performance period rate, baseline period rate, and benchmark values into

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the formula, similar to what we did for the achievement points. We would put 0.200 in for the performance period rate in the numerator; 0.400 in for the baseline period rate in the numerator and denominator; and 0.000 in for the benchmark in the denominator. Now, we start inside of the parentheses in the numerator. Type 0.200 minus 0.400 and equals into your calculator. That should equal -0.2. Now, move to the denominator. Type 0.000 minus 0.400 and equals. You should receive -0.4. Now, type your numerator -0.2 divided by -0.4 and equals. Remember to use that key with the plus and minus sign to make your numbers negative after you're typing them. That should get you positive 0.5. Multiply 0.5 by 10 because it's inside the next set of parentheses, and that will give you 5. Lastly, subtract 0.5 from 5, which will equal 4.5; round that to the nearest whole number, and you will get 5.

Hospitals are only awarded one score per measure, which is identified as the greater of achievement points and improvement points for each measure. This slide displays a sample set of scores from the Clinical Outcomes domain. The measure scores are populated by selecting the larger of the two values. So, for example, the MORT-30-AMI measure received 10 achievement points and nine improvement points. The measure score is the greater of those two numbers, which is 10. The COMP-HIP-KNEE measure has six improvement points and four achievement points, the greater of those two being six becoming the measure score. In the MORT-30-[HF] heart failure row, the hospital had five achievement points and a dash for improvement points. This hospital did not have at least 25 eligible discharges for the measure during the baseline period rate in order to have improvement points calculated but did during the performance period. So, they can have achievement points. In this type of scenario, the hospital will automatically have the achievement-point value become the measure score. In the MORT-30-[PN] Pneumonia row, the hospital has dashes for all of the values. That means the hospital didn't have at least 25 eligible discharges in the performance period for either of those calculations to take place. I'll show you how CMS determines the domain score calculations when not all measures are scored, in the next slide.

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Now that each measure has a measure score calculated, the unweighted domain score is calculated. The unweighted domain score for all domains is normalized to account for only the measures the hospital met the minimum requirements for. To normalize a domain, you sum the measure scores in the domain. In our example, the sum of the measure scores is 29, which is the 10 plus 5 plus 8 plus 6. You then multiply the eligible measures by the maximum point value per measure. In our example, the hospital did not meet the minimum requirements in the MORT-30-[PN] Pneumonia measure. So, instead of five total measures, this hospital was only scored on four. We then multiplied the number 4 by 10 points possible for each measure for a total of 40. To create a percent of scores the hospital earned in relation to points possible, we divide the sum of the measures scores, remember that was 29, by the maximum points possible of 40, which equals 0.725. Lastly, we multiply that result by 100, and that equals 72.5.

The weighted domain score is the last calculation completed for the Total Performance Score. We multiply the unweighted domain score values by the domain weight for the fiscal year. Each of the domains in fiscal year 2021 is weighted at 25 percent. So, if you multiply the Person and Community Engagement domain score of 60 by 25 percent, for example, you would get 15 points. To compute the Total Performance Score, we would sum the weighted domain scores. The maximum Total Performance Score that can be calculated is 100 points. However, if you remember way back to our first destination, eligibility, Maria stated that if a hospital has three domains, they can still be eligible for the Hospital VBP Program. So, if three domains are scored in these fiscal years, the three remaining domain weights are proportionately reweighted to equal 100 percent. I'll show you what I mean on the next slide.

On this slide, the hospital does not have enough surveys to be eligible to receive a Person and Community Engagement domain score but is eligible to receive domain scores in Clinical Outcomes, Safety, and Efficiency and Cost Reduction. To determine the new domain weights, you sum the remaining weights 25 percent plus 25 percent plus 25 percent. That equals

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75 percent. You then divide the original domain weight for each domain by 75 percent. That equals 33.3 percent for each domain. So, regardless of which domain you're not receiving, if you're being scored in three domains, the remaining three domains will equal one-third of your Total Performance Scores in fiscal year 2021 or 33.3 percent.

The fiscal year 2021 baseline measures reports are available to run in the *QualityNet Secure Portal*. Your report will have four pages. The first page is the Clinical Outcomes Detail Report, which contains the number of eligible discharges, baseline period rate, achievement threshold, and benchmark for each measure. If there's a double asterisk symbol behind one of the measure names, that indicates that your hospital did not meet the minimum case count for that measure in order for improvement points to be calculated on your Percentage Payment Summary Report. You can see an example of that designation on the second line, which is the COPD mortality measure.

The second page is the Person and Community Engagement Detail Report containing the HCAHPS dimensions. You will note that a value called the floor is also included on this page. The floor is used to determine the HCAHPS consistency score on the Percentage Payment Summary Report, which accounts for 20 of the 100 points of the unweighted domain score.

The Safety Measures Detail Report is the third page and contains the healthcare-associated infection measures. If your hospital has less than one predicted infection, the SIR will not be calculated, and you will see a dash.

The Efficiency and Cost Reduction Detail Report is the fourth and final page. The MSPB measure is your hospital's baseline value that will be used in the determination of achievement points. Please note that the achievement threshold and benchmark are not displayed on this page because they are calculated using performance period data instead of baseline.

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So, baseline measures reports are available to run in the *QualityNet Secure Portal* in the Run Report interface. This is different than where you would find the Excel HSR files in the Secure File Transfer.

The resources are available for you on this slide if you have any questions. If you have issues accessing the reports, or technical issues, or questions regarding the *QualityNet Secure Portal*, please contact the *QualityNet* Help Desk. If you have questions regarding the data or information on the report, or really, anything about the Hospital VBP Program in general, please submit your question through the inpatient Q&A tool on *QualityNet* or call our help desk at (844) 472-4477. If you would like to learn more about the Hospital Value-Based Purchasing Program on your own, there is a wealth of information out on the *QualityNet* website. And, finally, if you haven't done this yet, please register for the Hospital VBP Program ListServe. We send all of our report-release communications and educational opportunities through the Hospital VBP Program ListServes.

If you would like assistance walking through each page of the baseline measures report, we have a help guide available for you on *QualityNet*. Either download it off the Hospital VBP Program Resources page or click the direct link available on this slide.

Is the slide deck too big to pack from today's trip? Here's a couple of smaller souvenirs that would be perfect for you. This is a one-page quick reference guide on the fiscal year 2021 Hospital VBP Program that includes the domains, measures, measurement periods, and performance standards.

The next resource is a multi-program measure guide for fiscal year 2021 and includes the measurement periods for all the measures included in the Hospital IQR Program, the Hospital VBP Program, the PI Program, the HAC Reduction Program, and the Hospital Readmissions Reduction Program.

Before we move to the question-and-answer session, I wanted to point out our archived webinar section on the *QualityReportingCenter.com* website. Here are just a couple of webinars that may be of interest.

Maria, what are some of the good questions that we received?

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- Maria Gugliuzza:** What happens if a facility does not meet the minimum number of 100 completed HCAHPS Surveys?
- Bethany Bunch:** Thanks, Maria. That's a great question. If 100 surveys are not submitted during the baseline period only, the hospital would not have an opportunity to receive improvement points. If the hospital did not meet the minimum of 100 surveys during the performance period, the hospital would not be eligible to receive achievement points or improvement points. In addition, the hospital would not receive a Person and Community Engagement domain score. And, remember, we did this scenario a couple slides back, where we looked at how a hospital with three out of the four domains would have their domain weights scored. That would be the same type of scenario. If the hospital only didn't have the Person and Community Engagement domain score, they would still be eligible for a Total Performance Score and a payment-adjustment factor, but they would only be scored on the three domains.
- Maria Gugliuzza:** Great. Thank you. The next question. Are the FY 2021 baseline measure reports available?
- Bethany Bunch:** Yes, they are. They are available to run in the *QualityNet Secure Portal* in the [Run Report] interface. They were made available on March 28.
- Maria Gugliuzza:** Our next question. Our hospital opened in late 2018, and we will begin submitting data with first quarter of 2019 discharges. Will we be eligible for fiscal year 2021 Hospital VBP Program, assuming we meet minimum case and measure requirements?
- Bethany Bunch:** Thanks, Maria. So, a newly opened hospital that just has performance period data, remember, if we can go back to the slide that has our baseline and performance period dates; here it is.
- The performance period runs from January 1 through December 31, 2019, for three out of the four domains there. So, if your hospital meets the minimum requirements in those three out of the four domains and potentially even in the Clinical Outcomes domain with the last few months of the performance period, your hospital would have the opportunity to

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receive an achievement point(s) within the Hospital VBP Program. Because your hospital wasn't open during the baseline period, your hospital would not have the opportunity to be scored on improvement points. So, if you met the minimums during the performance period, you would receive achievement points and your achievement points would automatically be awarded as your measure score. Just remember, you have to receive three out of the four domains in order to be eligible to have that Total Performance Score calculated.

Maria Gugliuzza: Thanks, Bethany. The next question is: How is the value-based incentive actually paid back to the hospital?

Bethany Bunch: So, the payment-adjustment factor is multiplied against the diagnosis-related group, or DRG, payment amounts on each claim. For more specific information related to, maybe, a specific claim or your individual hospital, we recommend contacting your Medicare Administrative Contractor, which is also known as your MAC.

Maria Gugliuzza: Next question. Will the baseline measures reports be sent through the *QualityNet Secure Portal* inbox, or will we have to manually run the report in *QualityNet*?

Bethany Bunch: The reports have to be manually run through the *QualityNet Secure Portal* in the Run Report(s) section. This is different than like receiving your claims-based measures HSRs or the HAC Reduction or HRRP HSRs that are sent through Secure File Transfer and found in your Auto Route Inbox.

Maria Gugliuzza: The next question. Are critical access hospitals exempt from the [Hospital] VBP Program?

Bethany Bunch: Only subsection (d) hospitals are included in the Hospital VBP Program. So, critical access hospitals are not included.

Maria Gugliuzza: Great. The next question. Can hospitals receive an incentive greater than the two-percent withhold and a two-percent incentive payment?

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Bethany Bunch: So, the maximum reduction that a hospital can incur is a two-percent reduction. That would happen if a hospital had a Total Performance Score of zero. They would have that withhold of two percent, and they would not receive any value-based incentive payments back to alter the net change in payment amount. However, a hospital can earn back more based on the exchange function slope and the hospital's performance for the fiscal year. So, it is completely possible for a hospital, based on their Total Performance Score, to earn back more than that original two-percent withhold and have an overall increase in payments for the fiscal year.

Maria Gugliuzza: Great. Next question. It looks like we have time for one last question. How are the achievement threshold and benchmark threshold communicated out to the hospitals?

Bethany Bunch: That was a great last question, Maria. The performance standards are generally published in the IPPS final rules. In addition, the performance standards are also displayed on your baseline measures reports. They're also displayed out on *QualityNet* in the Hospital VBP Program pages. And, a few slides back, I mentioned a resource that is available. It is on this slide that's currently displaying on your screen. This excellent and quick reference guide shows all of your measures that will be in the fiscal year 2021 program, in addition to the measurement period, to the baseline and performance period dates, and the performance standards. So, if I had to recommend any one resource that you have for the Hospital Value-Based Purchasing Program, it is this resource. I would print it off and hang it by your desk for easy access.

Maria Gugliuzza: Thank you, Bethany. That is all the time we have for questions today. I would now like to hand the presentation over to Deb Price. She will be reviewing the continuing education credits with you. Thank you for joining us today.

Deb Price: Hi, everyone, and thank you for attending today's event. This presentation has been approved for continuing education credit by the boards listed on this slide. If your board is not listed, you can forward your certificate to your own board and see if they accept this certificate across state lines.

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There are three easy ways to get your credit. Number one, complete the survey at the end of the event. Number two, register as a new user or an existing user on HSAG's Learning Management Center. And, number three, print out your certificate from the Learning Management Center website. I have a couple of caveats however, and let me just go over those real quick. The first one is, this is a separate registration from the one that you used on ReadyTalk®. So please, if you are a new user, use your personal email, and that's because healthcare facilities have blocks on our automatic links. So, sometimes, they don't work.

This is what the survey will look like when you see it. It will pop up at the end of our slides and will also be sent to you within 48 hours, so you'll have a second one. When you're done, click on the Done button down in the bottom right-hand corner.

And, this is the page that pops up after you click that Done button. You'll notice that there are two green links in the middle. The first one is, if you have never attended or never received credit, click that New User link. The second one is, if you have been attending our events, and you have not had any problems so far, then you click the Existing User link. And, depending on which link you clicked on, you will be taken to one of these two pages.

For the New User link on the left, use your personal email and your personal phone number. If you have had any problems getting credit before, I'm asking that you go back and register as a new user with your personal email and personal phone number. If you are an existing user, the right-hand side of the screen is what pops up. You're going to use your entire email address as your user name and that's including what's after the @ sign.

And now, I'd like to thank everyone for attending today's event. If we didn't get to your question, all submitted questions related to the webinar will be posted to the *QualityReportingCenter.com* website at a later date. We hope you learned something today. Thanks and enjoy the rest of your day. Goodbye.