



Inpatient Value, Incentives, and Quality Reporting

Support Contractor

Where's My Report? Everything You Want to Know About the FY 2020 Hospital VBP Percentage Payment Summary Report

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 have been edited for grammar.

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 on slide 31. The Clinical Outcomes Domain mortality measures have a baseline period of July 1, 2010–June 30, 2013 and a performance period of July 1, 2015–June 30, 2018. The complication measure has a baseline period of July 1, 2010–June 30, 2013 and a performance period of July 1, 2015–June 30, 2018. The Person and Community Engagement Domain HCAHPS survey measures have a baseline period of January 1, 2016–December 31, 2016 and a performance period of January 1, 2018–December 31, 2018. The Safety Domain healthcare-associated infection (HAI) measures have a baseline period of January 1, 2016–December 31, 2016 and a performance period of January 1, 2018–December 31, 2018. The Safety Domain Perinatal Care (PC)-01 measure has a baseline period of January 1, 2016–December 31, 2016 and a performance period of January 1, 2018–December 31, 2018. The Efficiency and Cost Reduction Domain Medicare Spending per Beneficiary (MSPB) measure has a baseline period of January 1, 2016–December 31, 2016 and a performance period of January 1, 2018–December 31, 2018.

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

The Fiscal Year (FY) 2020 Hospital VBP Program will impact payments made by CMS in FY 2020, which is from October 1 of 2019 through September 30 of 2020. You can use slide 13 for reference of the major milestones of the FY 2020 program, including payment start and end dates.

Question 3: **What happens to the domain weights if a hospital does not meet the requirements for the Clinical Outcomes 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 2020, the hospital will be excluded from the FY 2020 program. Hospitals excluded from the Hospital VBP Program will not be eligible for the payment adjustment, including the withhold and the incentive payment.

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For more information on how the domains are re-weighted when three domains are scored, please join us for tomorrow's presentation. If you are not able to join, the slides will be posted on the *QualityReportingCenter.com* website.

Question 4: Do the HAI and PC-01 measures carry equal weight in the calculation of the score for the Safety Domain?

Each scored 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 three domains are scored in FY 2020 program, the hospital will be excluded from the FY 2020 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. This is one of the scenarios that we'll run through on tomorrow's presentation.

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 located in D.C. and the 50 states paid under the Inpatient Prospective Payment System, 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 2020 Percentage Payment Summary Report (PPSR).

In the FY 2018 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, CMS finalized its proposal to remove the old version of the PSI 90 measure from the Hospital VBP Program beginning in FY 2019. The PSI 90

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measure was not used in determining your hospital's Safety Domain score, Total Performance Scores (TPS), or your payment adjustments.

CMS adopted the use of the new version of the PSI 90 measure in the Hospital VBP Program beginning in FY 2023. This is the same measure currently used in the Hospital-Acquired Condition (HAC) Reduction Program and reported on *Hospital Compare*.

Question 8: Regarding slide 57, for claims-based measures, is there a cut-off time to refile a claim with CMS if we discover the first claim was incorrect?

Each year, CMS takes a “snapshot” of the claims data at the end of September, which is approximately three months following the end of a measurement period for the 30-day mortality measures. For example, if the claims-based measures have a performance period end date of June 30, 2018, CMS will take a snapshot of the claims data in the calculation at the end of September 2018. The next claims snapshot for FY 2021 results is anticipated for the end of September of 2019.

For the MSPB measure, which uses a measurement period that goes from January 1st to December 31st, CMS takes the snapshot of the claims data to calculate this measure around the first week of April, which allows a three-month claims maturity period following the end of the measurement period.

Please note that hospital results will only reflect edits that comply with the time limits and reopening and revision requirements outlined in the *Medicare Claims Processing Manual*: “Chapter 1-General Billing Requirements,” at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf> and “Chapter 34-Reopening and Revision of Claim Determinations and Decisions,” located at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c34.pdf>.

Medicare Administrative Contractors (MACs) must process all corrections to underlying Medicare FFS claims data by the snapshot date, otherwise, your hospital's reports will not reflect any claim edits processed after this date.

Question 9: Is FY 2020 the same as Calendar Year (CY) 2018?

FY 2020 refers to the year in which payment adjustments will be applied, which is from October 1 of 2019 through September 30 of 2020. The measure performance periods and baseline periods range for the FY 2020

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program year depending on the measure. Some measures for the FY 2020 program year utilize a performance period of CY 2018 and a baseline period of CY 2016 (e.g., MSPB, HAI measures, and PC-01). However, this generalization does not apply to the claims-based measures, such as the 30-day mortality measures and the hip/knee complication measure, as they use multi-year baseline and performance periods.

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

The reports were released on July 30. An announcement was made through a *QualityNet* news article and a ListServe notification. You can sign up for the Hospital IQR and Hospital VBP Program Notification ListServes groups on QualityNet.org.

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

The review and correction period ends on Thursday, August 29, 2019 at 11:59 p.m. Pacific Time.

Question 12: Who do I contact if I am having trouble running my report?

For technical questions or issues related to accessing the PPSR, contact the *QualityNet* Help Desk. You can email them at qnetssupport@hcqis.org.

Question 13: On page 1 of the hospital value-based PPSR, what is the “value-based incentive payment adjustment factor calculation” used for?

This factor is the number multiplied by the base operating Medicare Severity Diagnosis-Related Group (MS-DRG) amount for each Medicare fee-for service discharge at a hospital paid under the IPSS occurring in FY 2020 (i.e., October 1, 2019 through September 30, 2020) due to the Hospital VBP Program. The amount is equal to one plus the net change in base operating MS-DRG payment amount.

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$$\begin{aligned} & \text{Value Based Incentive Payment Percentage} \\ & 2.00 \times \left(\frac{\text{TPS}}{100} \right) \times \text{Exchange Function Slope} \\ & 2.00 \times \left(\frac{73}{100} \right) \times 3.0000000000 = 4.3800000000\% \\ & \downarrow \\ & \text{Net Change in Base Operating MS-DRG Payment} \\ & \text{Value-Based Incentive Payment Percentage} - 2.00\% \\ & 4.3800000000\% - 2.00\% = 2.3800000000\% \\ & \downarrow \\ & \text{Value Based Incentive Payment Adjustment Factor} \\ & 1 + \left(\frac{\text{Net Change in Base Operating MS-DRG Payment Amount}}{100} \right) \\ & 1 + .0238000000 = 1.0238000000 \end{aligned}$$

Question 14: What does the HCAHPS consistency score tell us about the hospital's performance?

The HCAHPS Consistency Score is determined based on a hospital's lowest dimension score from the performance used to calculate a hospital's HCAHPS consistency score. The HCAHPS consistency score reflects points that were awarded based on a hospital's lowest HCAHPS dimension score during the performance period. The higher a hospital's lowest dimension score is above the floor (i.e., the worst performing dimension rate from the baseline period), the more consistency points the hospital will receive. A hospital can earn between 0 and 20 points towards its Person and Community Engagement Domain. Twenty points are awarded if all of a hospital's dimension rates during the performance period are greater than or equal to each dimension respective to the achievement thresholds. Zero points are awarded if the hospital's lowest dimension rate during the performance period is less than or equal to the worst-performing hospital's dimension rate (floor) from the baseline period. Zero to 20 points are awarded if any of a hospital's dimension rates are greater than the worst performing hospital's rate (floor) but less than the achievement threshold from the baseline period.

Subject-matter experts researched and answered the following questions after the live webinar.

Question 15: What percentage of hospitals submit a correction on calculations? It is very labor intensive to check every calculation.

The number of review and correction requests received in any given year varies, but it has historically ranged from 5–10 hospitals each year.

Question 16: Can you elaborate on how to calculate overall payment impacts based on incentive payment program scores only (Hospital VBP

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Program + HAC Reduction Program + Hospital Readmissions Reductions Program)?

This [Acute Care Hospital Inpatient Prospective Payment System booklet](#) provides information on the calculation of acute care payments.

Question 17:

I do not recall receiving a notice that the VBP summary was available for download. Can you alert users that the report is ready, so we know what to look for in the future?

Make sure you are signed up for Listserve notifications to receive important information. Sign up for the notifications on the *QualityNet.org* website.

You can sign up for **CMS Listserves**, including webinar registration invitations, on *QualityNet*. Go to www.QualityNet.org. On the left side of the home page, you will see a blue-shaded box titled “Join Listserves.” Click the “Sign up for Notifications and Discussions” hyperlink in this box. Then, select all the CMS programs that apply to your organization.