

# Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**

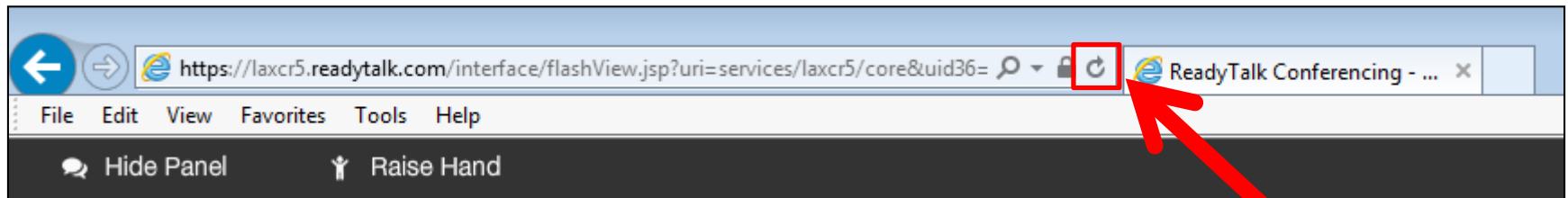


# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?  
Click Refresh icon  
– or –  
Click F5



F5 Key  
Top Row of Keyboard

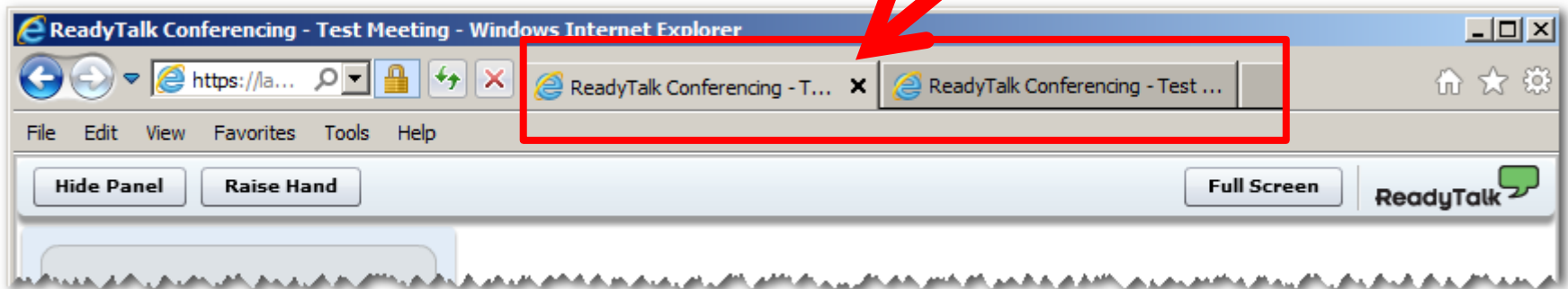


Location of Buttons

Refresh

# Troubleshooting Echo

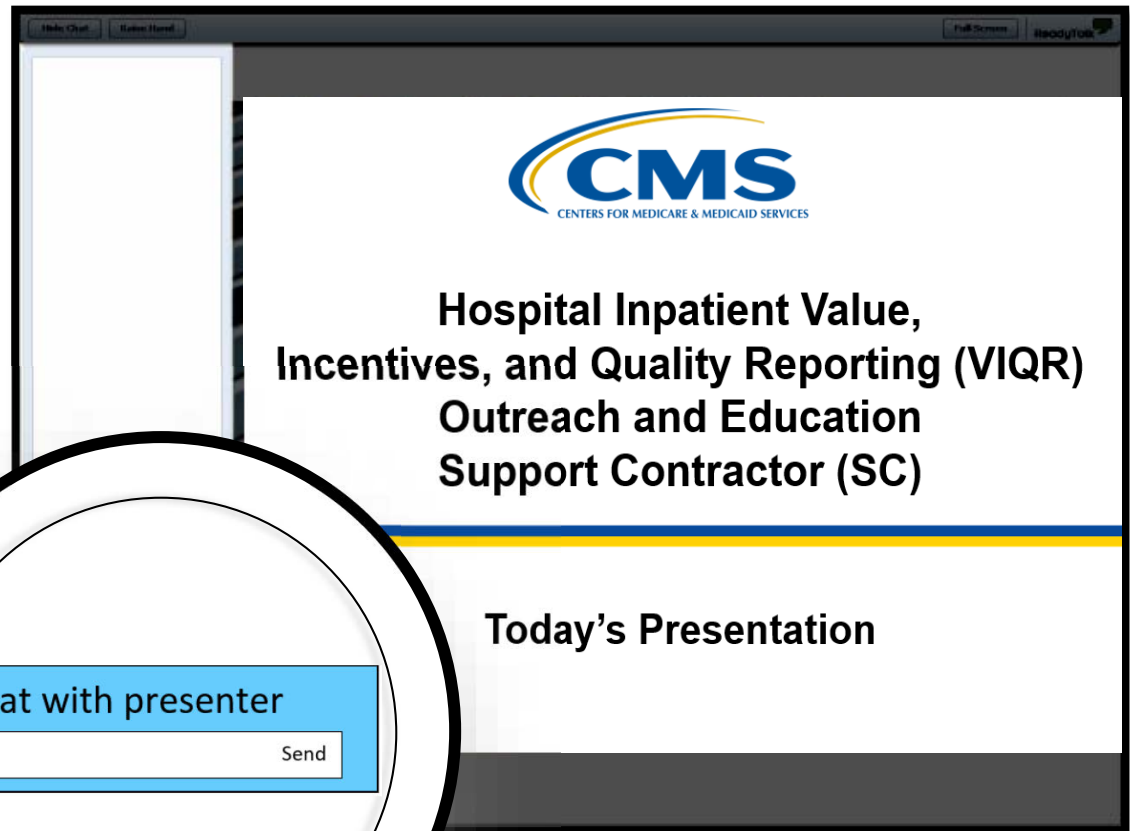
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers Tabs Open in Same Event

# Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





# Where's My Report?

## Everything You Want to Know About the FY 2020 Hospital VBP Percentage Payment Summary Report



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*Outreach and Education Lead  
Inpatient VIQR Outreach and Education SC*

**August 7, 2019**

# Purpose

This event will provide an overview of the Fiscal Year (FY) 2020 Hospital VBP Percentage Payment Summary Report (PPSR), including a discussion of the following:

- Background
- Hospital eligibility
- Downloading the report
- Measures and domains
- Scoring methodology
- Locating key values on the report
- Understanding data within the reports

# Objectives

Participants will be able to:

- Identify how hospitals will be evaluated within each domain and measure.
- Recall the Hospital VBP Program eligibility requirements.
- Interpret the scoring methodology used in the Hospital VBP Program.
- Locate the Total Performance Score (TPS) and value-based incentive payment percentage on the PPSR.

# Calculations Webinar Tomorrow!

- Have questions on the report calculations?
- Join us for *What's My Payment? Understanding the Hospital VBP Program Calculations Step-By-Step* tomorrow at 2 p.m. ET.
- Register here:  
<https://cc.readytalk.com/r/3hglagip2cpr&eom>





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

## **Background**

# Foundation



Set forth under Section 1886(o) of the Social Security Act



When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital Inpatient Quality Reporting (IQR) Program



CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted on *Hospital Compare* for at least one year



Ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided



Funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments



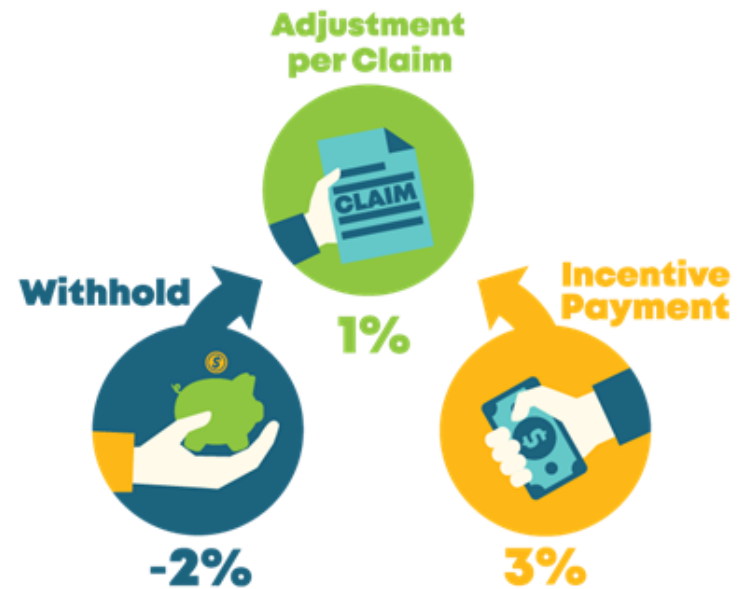
# Program Funding

## Hospital VBP Program:

- Is an estimated budget-neutral program.
- Is funded by a 2.00% reduction from hospitals' base operating MS-DRG payments.
- Total value-based incentive payments estimated at \$1.9 billion for FY 2020.

## Resulting funds are redistributed to hospitals, based on their TPS.

- The actual amount earned will depend on the range and distribution of all eligible/participating hospitals' TPS scores for a Fiscal Year.
- A hospital may earn back a value-based incentive payment percentage that can range from incurring the withhold for the Fiscal Year to receiving a positive net change in base operating DRG payments.



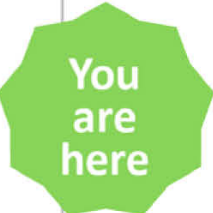
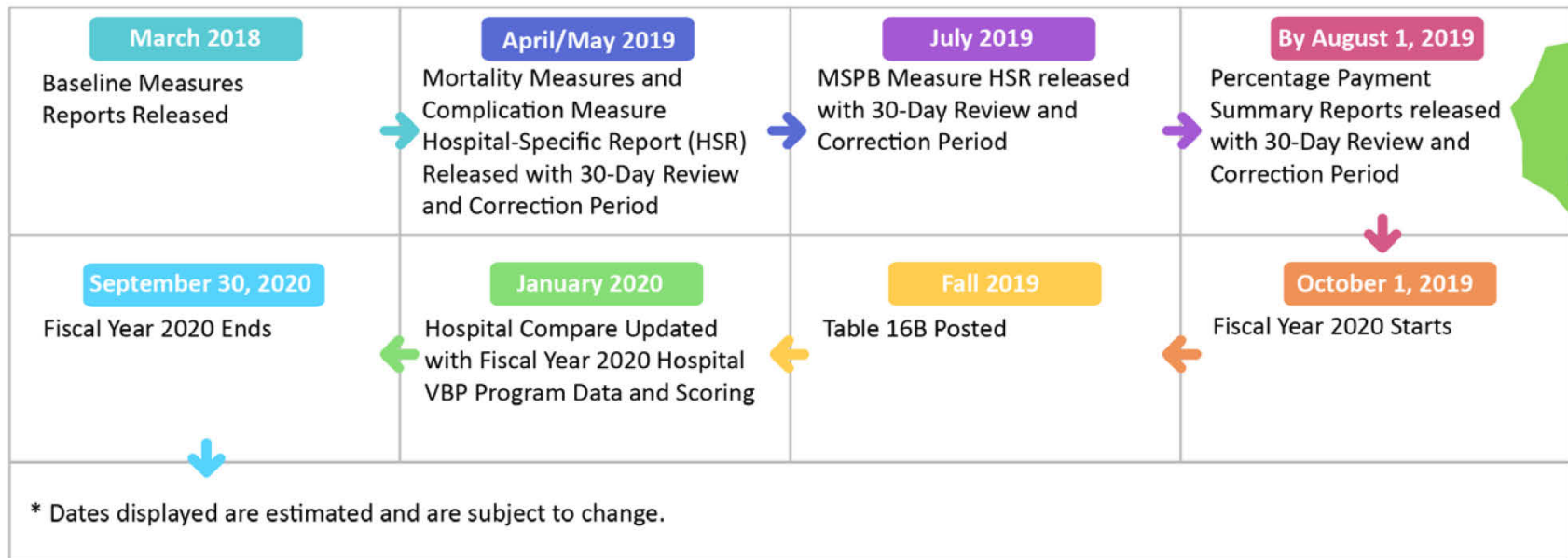
# Eligibility

- **Eligible hospitals include** subsection (d) hospitals as defined in Social Security Act section 1886(d)(1)(B).
- **Ineligible hospitals include those** excluded from the inpatient prospective payment system (IPPS):
  - Psychiatric
  - Rehabilitation
  - Long-term care
  - Children's
  - 11 PPS-exempt cancer hospitals (PCHs)
  - Critical access hospitals (CAHs)
- **Excluded hospitals include those:**
  - Subject to payment reductions under the Hospital IQR Program.
  - Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients.
  - With an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program.
  - Without the minimum number of domains calculated for the applicable Fiscal Year.
  - Short-term acute care hospitals in Maryland.

**NOTE:** Hospitals **excluded** from the Hospital VBP Program **will not** have their base operating Medicare Severity (MS)-DRG payments reduced by 2.00%.

# Timeline

## Release Date\* and Event Timeline



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

## **How to Run Your Report**

# PPSRs Available Now

- Notifications announcing the PPSR release were sent to hospitals on **July 30, 2019**.
- Reports are only available to hospitals that have active, registered *QualityNet* users who have been assigned the following *QualityNet* roles:
  - **Hospital Reporting Feedback – Inpatient** role (required to receive the report)
  - **File Exchange and Search** role (required to download the report from *My QualityNet*)

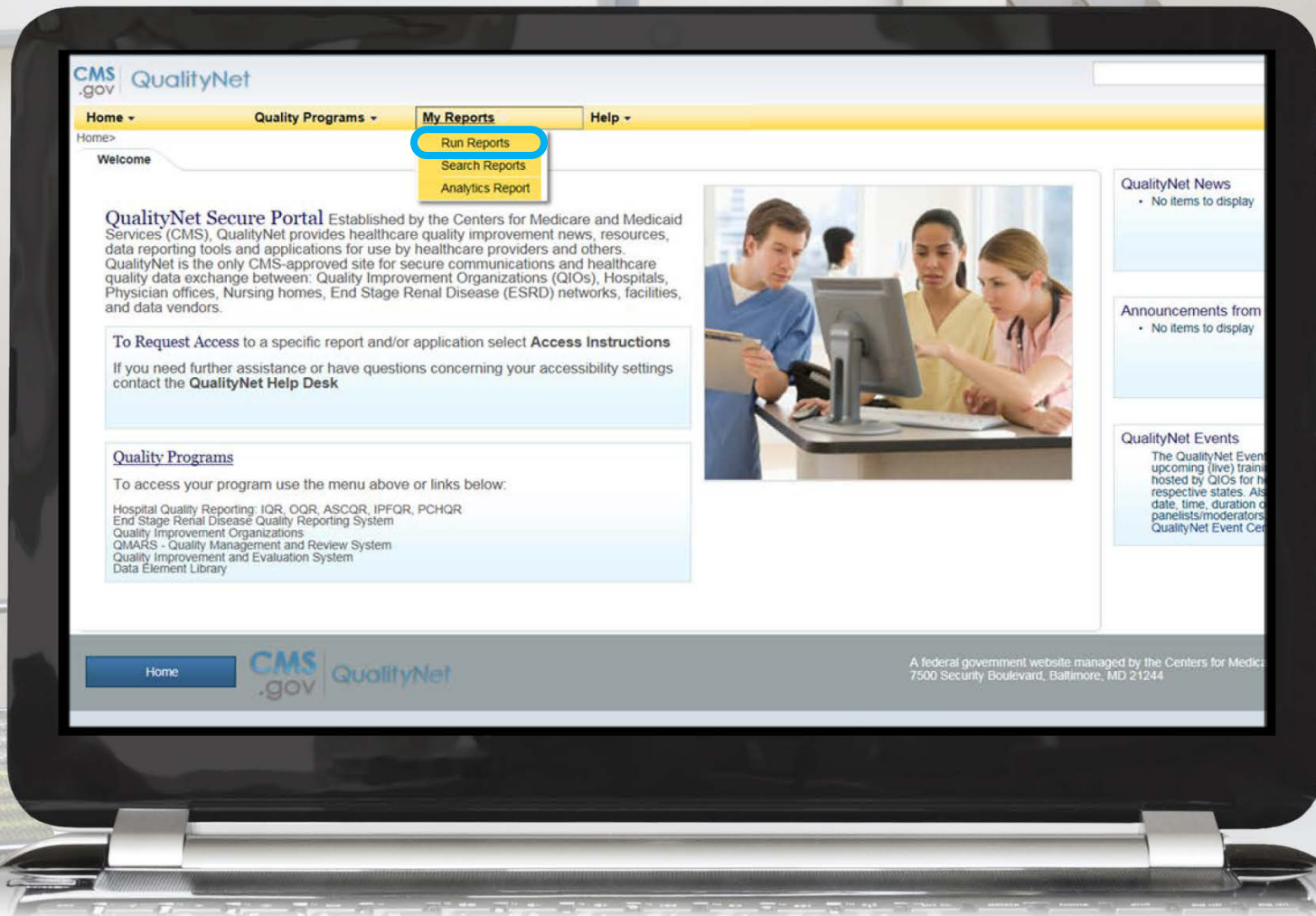


# Running a Report: My Reports

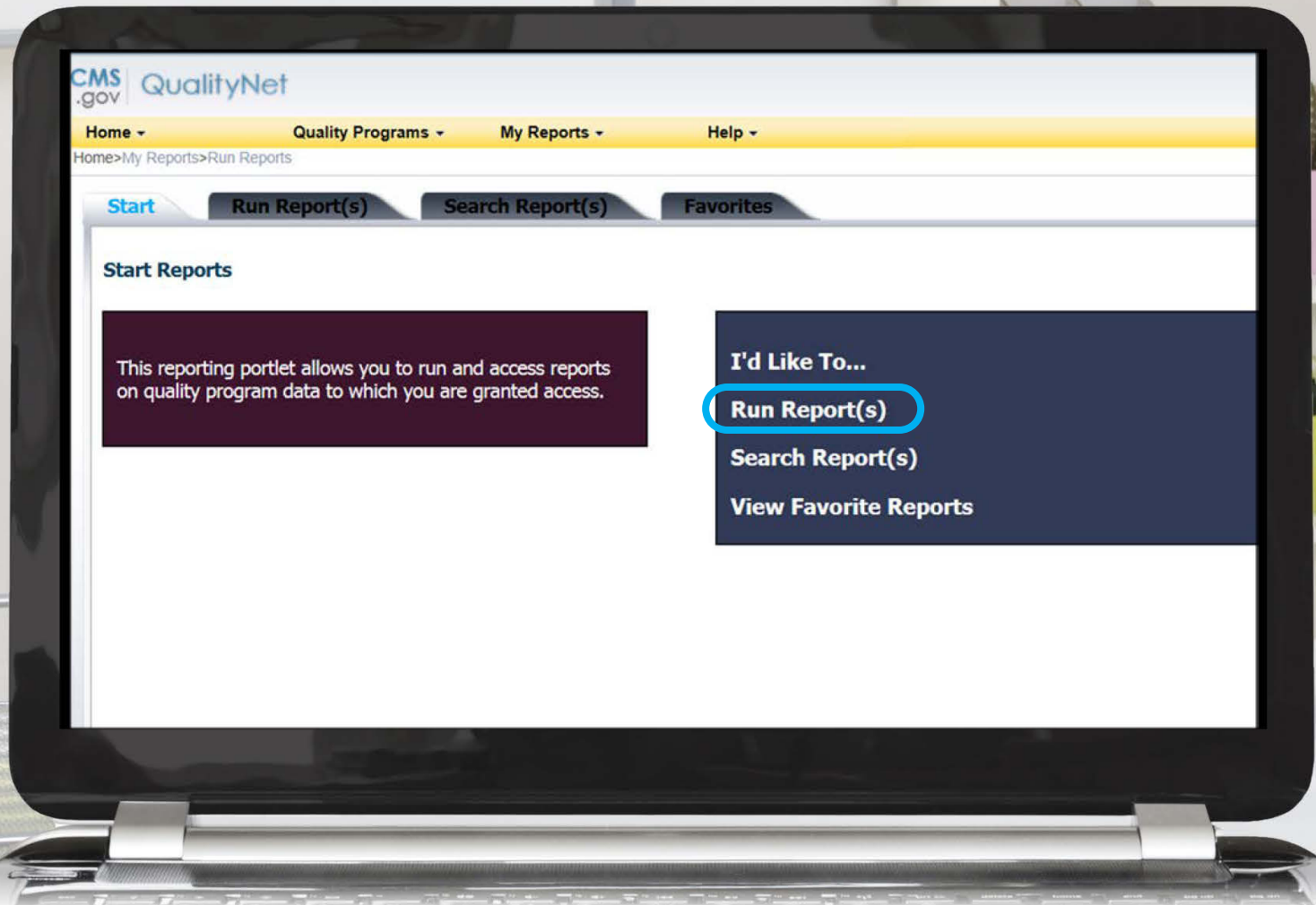




# Running a Report: Run Reports



# Running a Report: Run Report(s)



# Running a Report: Report Program

**CMS QualityNet**

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start **Run Report(s)** Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

**Select Program, Category and Report**

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to that program is selected, the category will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below.

**Report Program**

Report Program is required. Use the arrow keys to select one value from the dropdown list

VIEW REPORTS

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

# Running a Report: Report Category

**CMS.gov QualityNet**

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start **Run Report(s)** Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

### Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selection will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on the report name.

**Report Program**  
IQR ▾

▶ Search Report

**Report Category**

- EHR Hospital Reporting - Feedback Reports
- EHR Hospital Reporting - Submission Reports
- HCAHPS Warehouse Feedback Reports
- Hospital Reporting - Annual Payment Update Reports
- Hospital Reporting - Data Validation Reports
- Hospital Reporting - Feedback Reports
- Hospital Reporting - QIC Feedback Reports
- Hospital Value-Based Purchasing - Feedback Reports**
- Public Reporting - Preview Reports

Report Category is required. Use the arrow keys to select one value from the dropdown list

**VIEW REPORTS**

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

# Running a Report: View Reports

CMS.gov QualityNet

Home - Quality Programs - My Reports - Help -

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

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Report Program: IQR

Report Category: Hospital Value-Based Purchasing - Feedback Report

**VIEW REPORTS**

> Search Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

# Running a Report: Percentage Payment Summary Report

CMS .gov QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

### Select Program, Category and Report

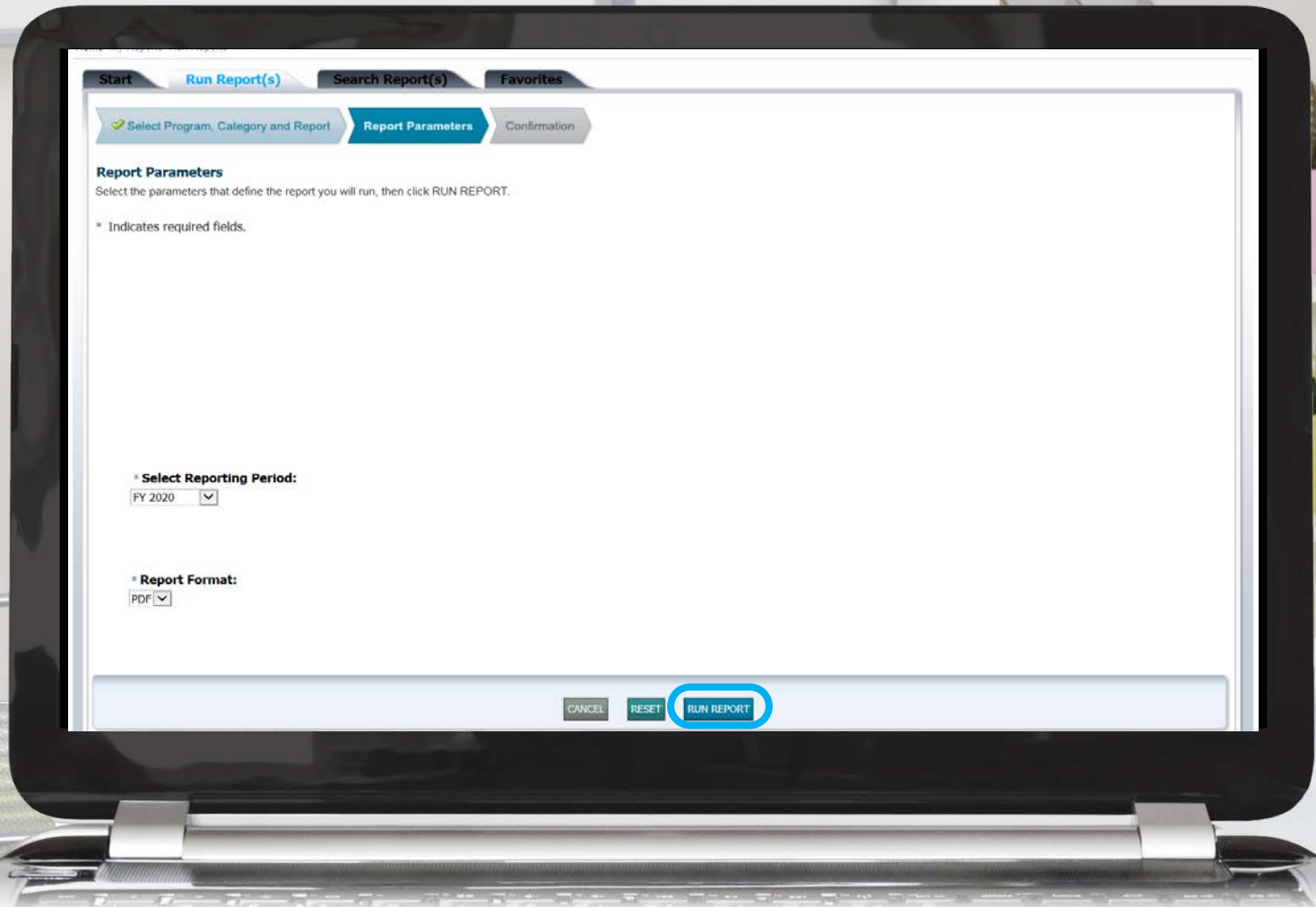
The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category report will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below.

Report Program: IQR Report Category: Hospital Value-Based Purchasing - Feedback Report VIEW REPORTS

Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report	The Hospital Value-Based Purchasing - Value-Based Percentage Payment summary information for the Hospital Value-Based Purchasing program. The Hospital Value-Based Purchasing Baseline Measures Report allows you to view the domains and measures included in the Hospital Value Based Purchasing program.
Hospital Value-Based Purchasing Baseline Measures Report	

# Running a Report: Run Report



# Locating Reports



The screenshot displays the CMS QualityNet website interface. At the top, there is a navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help'. The 'My Reports' menu is expanded, showing 'Run Reports', 'Search Reports' (highlighted with a blue circle), and 'Analytics Report'. Below the navigation, the main content area includes a 'Welcome' message, a description of the QualityNet Secure Portal, and a section for 'Quality Programs' with a list of reporting systems. On the right side, there are three sidebar sections: 'QualityNet News', 'Announcements from', and 'QualityNet Events'. The footer contains a 'Home' button, the CMS QualityNet logo, and the website's address: 'A federal government website managed by the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244'.

**CMS .gov QualityNet**

Home - Quality Programs - **My Reports** - Help -

Home>

Welcome

**QualityNet Secure Portal** Established by the Centers for Medicare and Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources, data reporting tools and applications for use by healthcare providers and others. QualityNet is the only CMS-approved site for secure communications and healthcare quality data exchange between: Quality Improvement Organizations (QIOs), Hospitals, Physician offices, Nursing homes, End Stage Renal Disease (ESRD) networks, facilities, and data vendors.

**To Request Access** to a specific report and/or application select **Access Instructions**. If you need further assistance or have questions concerning your accessibility settings contact the **QualityNet Help Desk**.

Quality Programs

To access your program use the menu above or links below:

- Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR
- End Stage Renal Disease Quality Reporting System
- Quality Improvement Organizations
- QMARS - Quality Management and Review System
- Quality Improvement and Evaluation System
- Data Element Library

**QualityNet News**

- No items to display

**Announcements from**

- No items to display

**QualityNet Events**

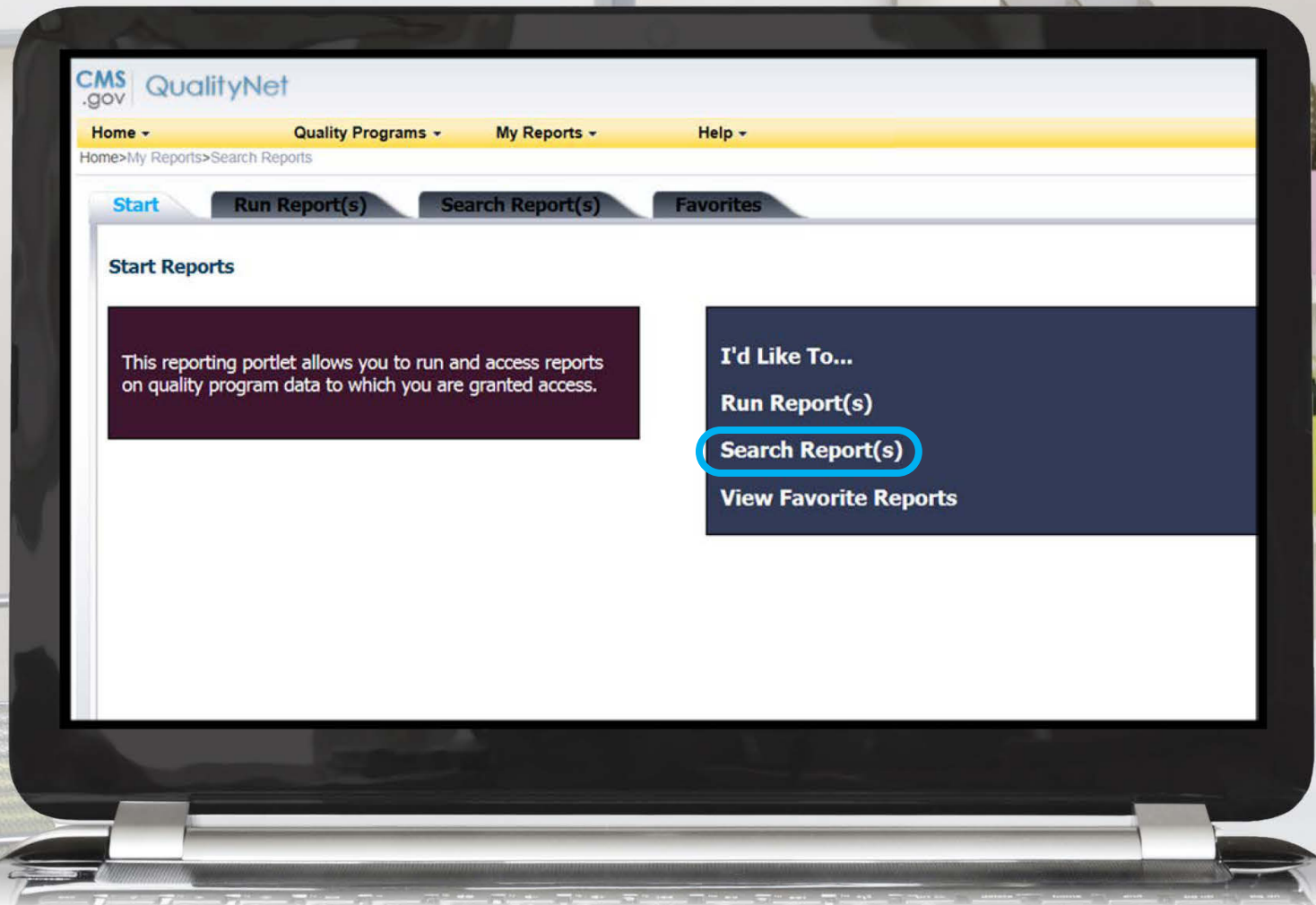
The QualityNet Event upcoming (live) training hosted by QIOs for respective states. At date, time, duration, panelists/moderator, QualityNet Event Center

Home **CMS .gov QualityNet**

A federal government website managed by the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244



# Locating Reports: Search Report(s)



# Locating Reports: Download Report

Search QualityNet.org







Help ▾

Favorites

From Requested Date - To Show Reports

08/30/2018 ALL

RESET SEARCH REFRESH REPORT STATUS

	LAST DOWNLOADED	SIZE (KB)	ACTION
Baseline Measures Report	08/30/2018 14:21:21	0.0226	  
Value-Based Percentage Payment Summary Report		0.0276	  

# Locating the Reports: Open/Save

**Search Reports**

Search for reports you have run.  Search Saved Reports

Search Report Name:  Requested Date - From: 08/29/2018 Requested Date - To: 08/30/2018 Show Reports: ALL

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (KB)	ACTION
✓	08/30/2018 14:16:18	Hospital Value-Based Purchasing - Baseline Measures Report	08/30/2018 14:21:21	0.0226	
✓	08/30/2018 14:14:13	Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report		0.0276	

Do you want to open or save Value-Based Percentage Payment Summary Report.PDF from cportal.qualitynet.org?

Open Save  Cancel

Do you want to open or save Value-Based Percentage Payment Summary Report.PDF from cportal.qualitynet.org?

Open Save  Cancel

# How to Run Your Report

1. Login to your *QualityNet Secure Portal* account.
2. Select “Run Reports” from the “My Reports” drop-down list.
3. Select “Run Report(s)” from the “I’d Like To...” options.
4. Select “IQR” from the “Report Program” drop-down list, “Hospital Value-Based Purchasing–Feedback Reports” from the “Report Category” drop-down list, and click “View Reports.”
5. Select “Hospital Value-Based Purchasing–Value Based Percentage Payment Summary Report” from the “Report Name” section.
6. Select the parameters of the report and click “Run Report.”
7. Click “Search Report(s).”
8. Select “Download” from the “ACTION” column.

For technical questions or issues related to accessing the PPSR, contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

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

## **Evaluating Hospitals**

# FY 2020 Domain Weights and Measures



## Clinical Outcomes (25%)

**MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate

**MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate

**MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate

**COMP-HIP-KNEE:** Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate



## Efficiency and Cost Reduction (25%)

**MSPB:** Medicare Spending per Beneficiary



## Person and Community Engagement (25%)

**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions**

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication about Medicines

Cleanliness and Quietness of Hospital Environment

Discharge Information

Care Transition

Overall Rating of Hospital



## Safety (25%)

**CAUTI:** Catheter-associated Urinary Tract Infection

**CDI:** *Clostridium difficile* Infection

**CLABSI:** Central Line-associated Bloodstream Infection





**MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia

**SSI:** Surgical Site Infection – Colon Surgery and Abdominal Hysterectomy





**PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation



# FY 2020 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
 <b>Clinical Outcomes</b>	Mortality Measures	July 1, 2010– June 30, 2013	July 1, 2015– June 30, 2018
	Complication Measure	July 1, 2010– June 30, 2013	July 1, 2015– June 30, 2018
 <b>Person and Community Engagement</b>	HCAHPS Survey	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
 <b>Safety</b>	Healthcare-associated infection (HAI) Measures	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
	PC-01	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
 <b>Efficiency and Cost Reduction</b>	Medicare Spending per Beneficiary (MSPB)	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018

# FY 2020 Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
 <b>Clinical Outcomes</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• 30-Day Mortality Measures: 25 cases</li> <li>• COMP-HIP-KNEE: 25 cases</li> </ul>
 <b>Person and Community Engagement</b>	100 HCAHPS Surveys
 <b>Safety</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• HAI measures: One predicted infection</li> <li>• PC-01: 10 cases</li> </ul>
 <b>Efficiency and Cost Reduction</b>	25 episodes of care in the MSPB measure
<b>TPS</b>	A minimum of three of the four domains receiving domain scores



# Performance Standards

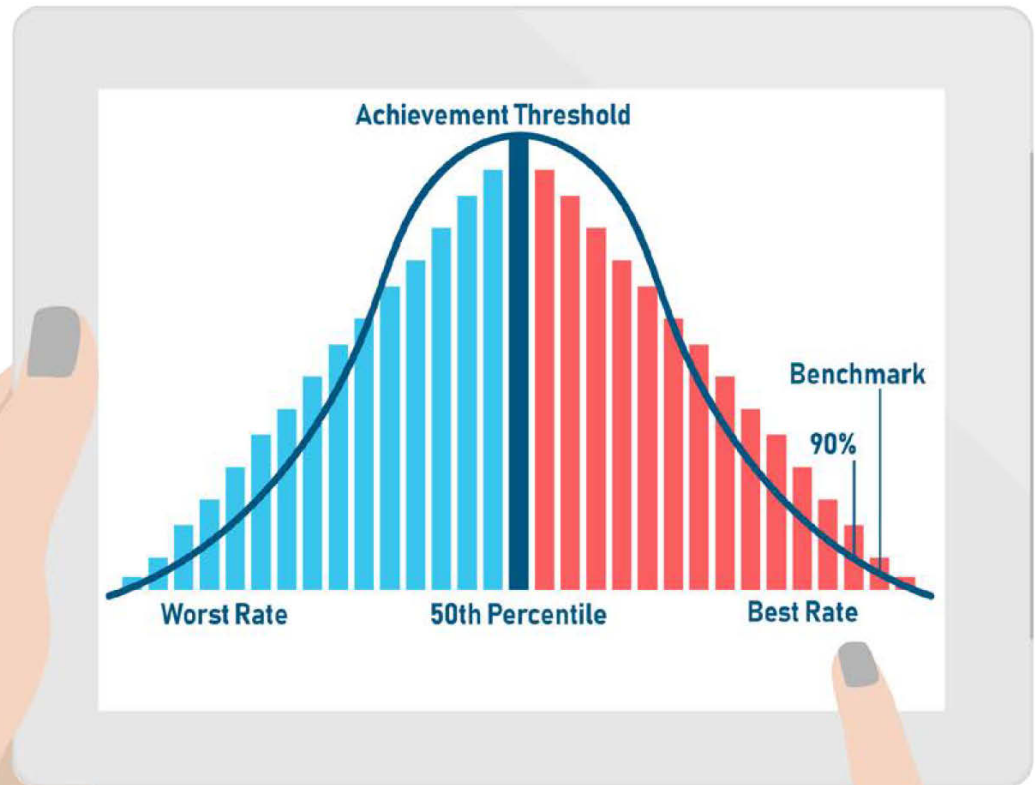
## Benchmark:

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

## Achievement Threshold:

Performance at the 50th percentile (median) of hospitals during the baseline period

**NOTE:** MSPB uses Performance Period data to calculate the benchmark and achievement threshold, not Baseline Period data like other measures.

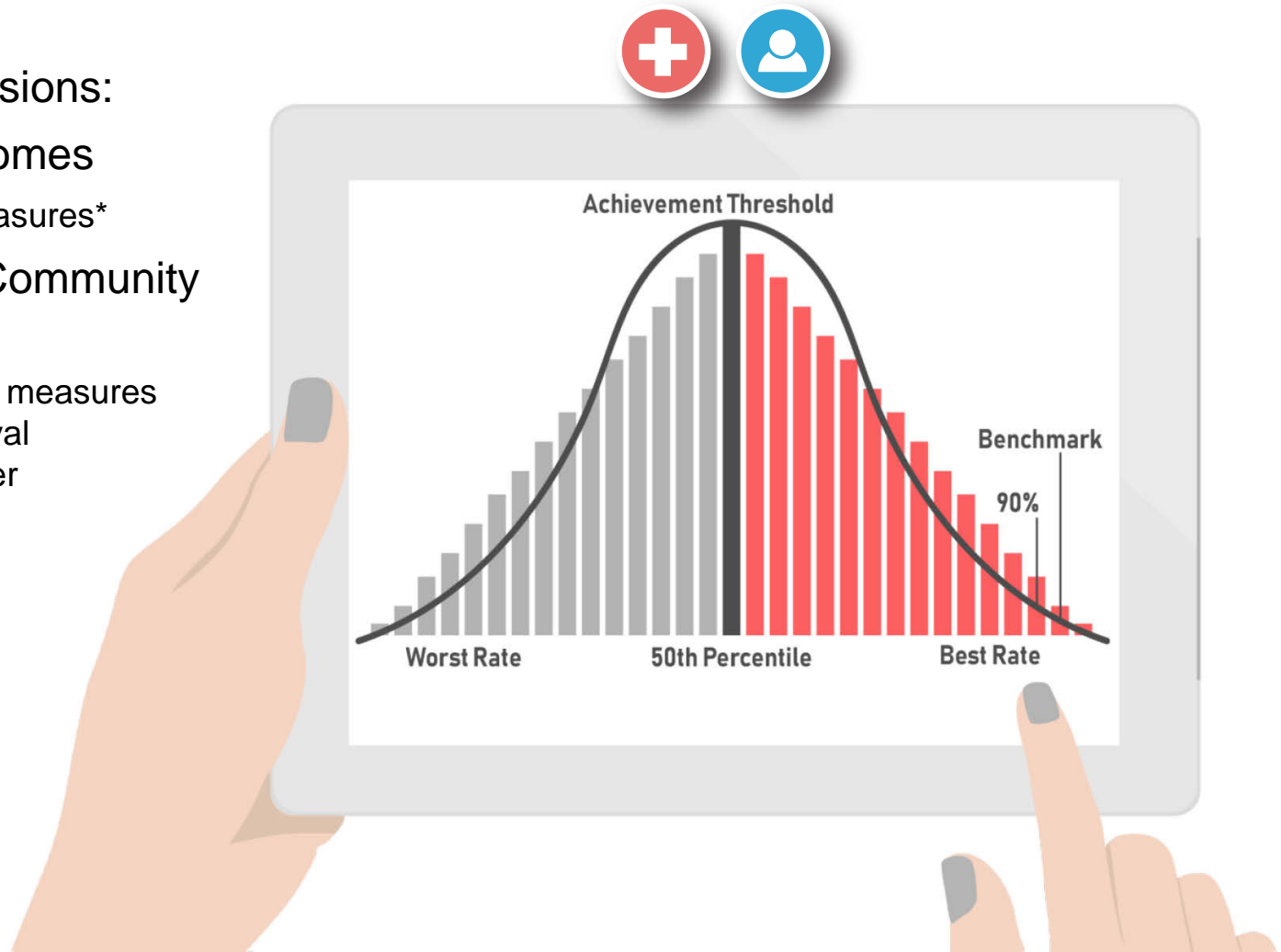


# Performance Standards

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

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

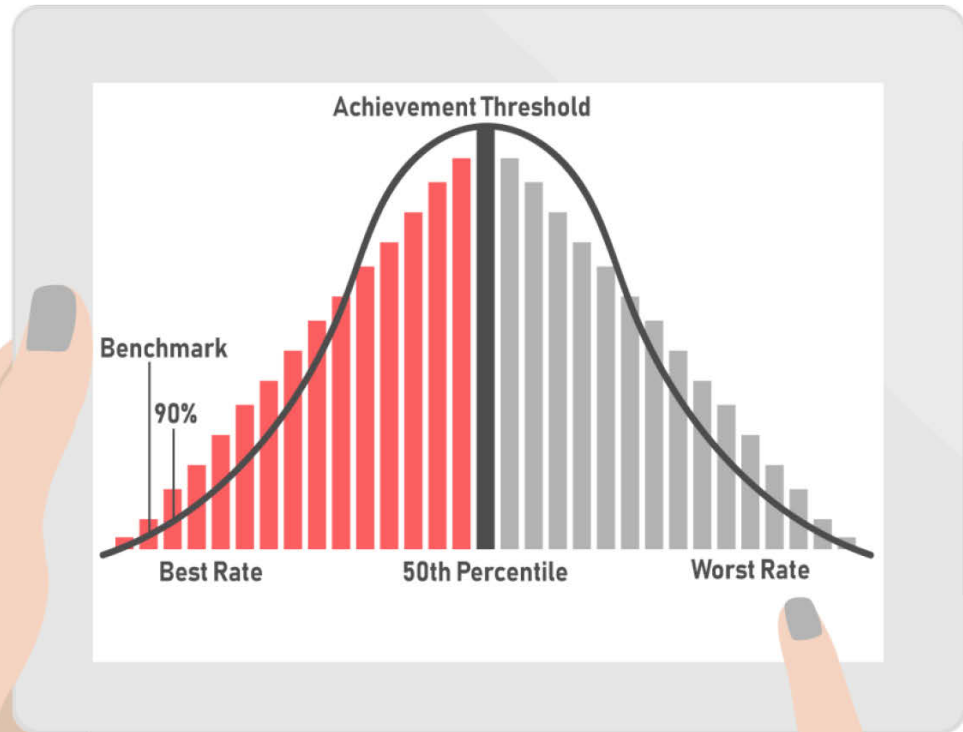
\*The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



# Performance Standards

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

- Clinical Outcomes
  - Complication measure
- Safety
  - HAI measures
  - PC-01
- Efficiency and Cost Reduction
  - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



# FY 2020 Performance Standards

## Safety (25%)

<i>Measures (Healthcare-Associated Infections)</i>	<i>Threshold</i>	<i>Benchmark</i>
↓CAUTI	0.828	0.000
↓CDI	0.852	0.091
↓CLABSI	0.784	0.000
↓MRSA	0.815	0.000
↓PC-01	0.000	0.000
↓SSI: Colon	0.781	0.000
↓SSI: Abdominal Hysterectomy	0.722	0.000

## Clinical Outcomes (25%)

<i>Measures</i>	<i>Threshold</i>	<i>Benchmark</i>
MORT-30-AMI	0.853715	0.875869
MORT-30-HF	0.881090	0.906068
MORT-30-PN	0.882266	0.909532
↓COMP-HIP-KNEE	0.032229	0.023178

↓ = Lower Values Indicate Better Performance

## Efficiency and Cost Reduction (25%)

<i>Measures</i>	<i>Threshold</i>	<i>Benchmark</i>
↓MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period

## Person and Community Engagement (25%)

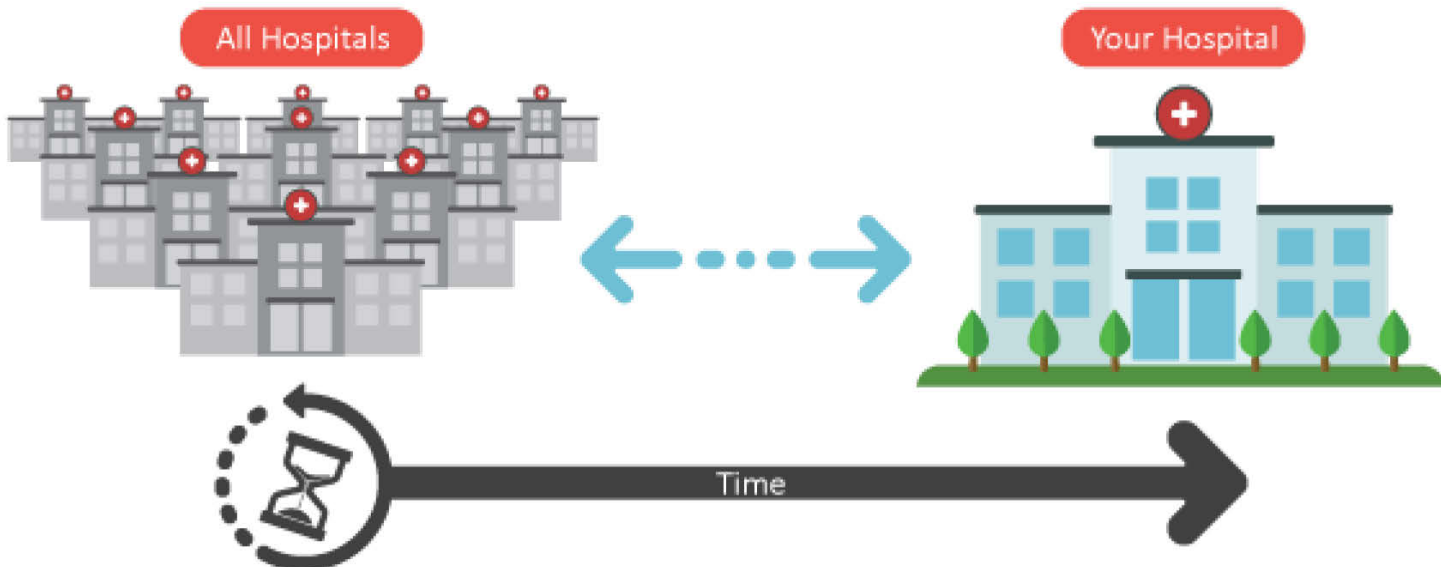
<i>HCAHPS Survey Dimensions</i>	<i>HCAHPS Performance Standards</i>		
	<i>Floor (%)</i>	<i>Threshold (%)</i>	<i>Benchmark (%)</i>
Communication with Nurses	51.80	79.08	87.12
Communication with Doctors	50.67	80.41	88.44
Responsiveness of Hospital Staff	35.74	65.07	80.14
Communication about Medicines	26.16	63.30	73.86
Hospital Cleanliness and Quietness	41.92	65.72	79.42
Discharge Information	66.72	87.44	92.11
Care Transition	20.33	51.14	62.50
Overall Rating of Hospital	32.47	71.59	85.12

# Achievement Points

Achievement points are awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period\*:

- Rate at or better than the benchmark - 10 points
- Rate worse than the achievement threshold - 0 points
- Rate somewhere at or better than the threshold but worse than the benchmark - 1–9 points

\* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



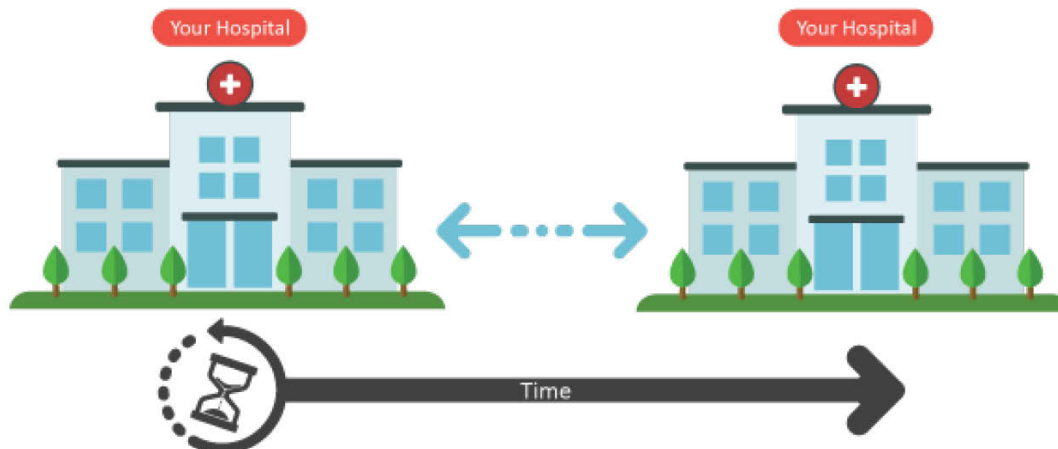
# Improvement Points

Improvement points are awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period\*:

- Rate at or better than the benchmark - 9 points\*\*
- Rate worse than or equal to baseline period rate - 0 points
- Rate between the baseline period rate and the benchmark - 0–9 points

\*The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

\*\*Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (i.e., have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.



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

## **Report Information**

# Percentage Summary Report

Report Run Date: 08/01/2019

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
 Percentage Summary Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Data As Of: 07/26/2019

	Facility	State	National
Total Performance Score	58.000000000000	43.187500000000	35.789993306580
	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Outcomes Domain	55.000000000000	25%	13.750000000000
Person and Community Engagement Domain	91.000000000000	25%	22.750000000000
Safety Domain	78.000000000000	25%	19.000000000000
Efficiency and Cost Reduction Domain	10.000000000000	25%	2.500000000000

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.000000000000%	3.3534268181%	+1.3534268181%	1.0135342882	2.8908851880

Value-Based Percentage Payment Summary - Fiscal Year 2020

## Total Performance Score

1

- **Facility:** Sum of the weighted domain scores
- **State:** Average facility TPS for the hospital's state
- **National:** Average facility TPS for the nation

## Domain Scoring

2

- **Unweighted Domain Score:** The sum of your hospital's scores for the domain, taking into account only those measures your hospital was eligible for during the performance period
- **Weighting:** Assigned scoring impact on the TPS for each domain
- **Weighted Domain Score:** The product of the unweighted domain score and the weighting



# Percentage Summary Report

Report Run Date: 08/01/2019

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
 Percentage Summary Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Data As Of: 07/28/2019

Total Performance Score

Facility	State	National
58.000000000000	43.187500000000	35.789993308580
Unweighted Domain Score	Weighting	Weighted Domain Score
55.000000000000	25%	13.750000000000
91.000000000000	25%	22.750000000000
78.000000000000	25%	19.000000000000
10.000000000000	25%	2.500000000000

Clinical Outcomes Domain

Person and Community Engagement Domain

Safety Domain

Efficiency and Cost Reduction Domain

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.000000000000%	3.3534268181%	+1.3534268181%	1.0135342682	2.8908851880

Value-Based Percentage Payment Summary - Fiscal Year 2020

3

## Payment Summary

- **Base Operating DRG Payment Reduction:** The FY 2020 program is funded through a 2.00% reduction from participating hospitals' base operating MS-DRG payment amounts
- **Value-Based Incentive Payment Percentage:** Portion of the base operating MS-DRG payment amount your hospital earned back
- **Net Change in Base Operating DRG Payment Amount:** Percent your FY 2020 base operating MS-DRG payment amounts will be changed
- **Incentive Payment-Adjustment Factor:** Value used to translate a hospital's TPS into the value-based incentive payment
- **Exchange Function Slope:** The relationship between a hospital's TPS and the amount distributed to the hospital as a value-based incentive payment

**NOTE:** Values displayed on this example report may not depict the actual values used to calculate payments for the FY 2020 Hospital VBP Program.

# Percentage Summary Report

Page 1 of 5

Report Run Date: 08/01/2019

**Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report**  
**Percentage Summary Report**  
 Provider:  
 Reporting Period: Fiscal Year  
 2020

Data As Of: 07/28/2019

	Facility	State	National
Total Performance Score	Hospital VBP Ineligible	State VBP Ineligible	35.780003306560
	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Outcomes Domain	-	-	-
Person and Community Engagement Domain	-	-	-
Safety Domain	-	-	-
Efficiency and Cost Reduction Domain	-	-	-

HVBP Exclusion Reason

The hospital is subject to IQR Payment Reductions.  
 The hospital did not meet the minimum number of measures in three or more domains.  
 The hospital is closed in our system.  
 The hospital was cited by CMS through the Medicare State Survey and Certification process for deficiencies during the Performance Period that pose immediate jeopardy to patients.  
 The hospital was granted a Hospital Value-Based Purchasing disaster/extraordinary circumstance exception.  
 Maryland hospitals have been waived from participating in the Hospital VBP Program.

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Value-Based Percentage Payment Summary - Fiscal Year 2020

1

Calculated values were subject to rounding.  
 Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.  
 \* A dash (-) indicates that the minimum requirements were not met for calculation.  
 \* "Hospital VBP Ineligible" indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.  
 \*\* "State VBP Ineligible" indicates no hospitals within the state received a Total Performance Score.

## HVBP Exclusion Reason

- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary page.
- When a hospital is excluded, the TPS field and the Payment Summary fields will display “Hospital VBP Ineligible.”

# Clinical Outcomes Detail Report

Report Run Date: 08/01/2019

## Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report

### Clinical Outcomes Detail Report

Provider:

Reporting Period: Fiscal Year 2020

Baseline Period: 07/01/2010 - 06/30/2013 Performance Period: 07/01/2015 - 06/30/2018	FY 2020 Baseline Period Totals		FY 2020 Performance Period Totals		HVBP Metrics				
Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
<b>30-Day Risk-Standardized Mortality Measures</b>									
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	166	0.849030	388	0.883714	0.853715	0.875809	9	10	10
Heart Failure (HF) 30-Day Mortality Rate	279	0.875861	555	0.882000	0.881090	0.908068	2	1	2
Pneumonia (PN) 30-Day Mortality Rate	278	0.891688	0	-	0.882266	0.909532	-	-	-
<b>Complication Measure</b>									
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	0	-	39	0.023055	0.032229	0.023178	-	10	10

Clinical Outcomes Measures: 3 out of 4  
 Unweighted Clinical Outcomes Measures Domain Score: 55.0000000000000  
 Weighted Clinical Outcomes Measures Domain Score: 13.7500000000000



**1 Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rate.



**2 Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rate.

# Clinical Outcomes Detail Report

Report Run Date: 08/01/2019

## Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report

### Clinical Outcomes Detail Report

Provider:

Reporting Period: Fiscal Year 2020

Baseline Period: 07/01/2010 - 06/30/2013 Performance Period: 07/01/2015 - 06/30/2018	FY 2020 Baseline Period Totals		FY 2020 Performance Period Totals		HVBP Metrics				
Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
<b>30-Day Risk-Standardized Mortality Measures</b>									
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	166	0.849030	388	0.883714	0.853715	0.875869	9	10	10
Heart Failure (HF) 30-Day Mortality Rate	279	0.875881	555	0.882000	0.881090	0.908068	2	1	2
Pneumonia (PN) 30-Day Mortality Rate	278	0.891688	0	-	0.882268	0.909632	-	-	-
<b>Complication Measures</b>									
Baseline Period: 07/01/2010 - 06/30/2013 Performance Period: 07/01/2015 - 06/30/2018	FY 2020 Baseline Period Totals		FY 2020 Performance Period Totals		HVBP Metrics				
Complication Measure	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	0	-	39	0.023055	0.032229	0.023178	-	10	10

Clinical Outcomes Measures:	3 out of 4
Unweighted Clinical Outcomes Measures Domain Score:	55.000000000000
Weighted Clinical Outcomes Measures Domain Score:	13.750000000000

**3** HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

### Domain Summary

- 4**
- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
  - **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
  - **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

# Person and Community Engagement Detail Report

Report Run Date: 08/01/2019

Page 3 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
 Person and Community Engagement Detail Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018								
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	77.08%	86.52%	51.80%	79.08%	87.12%	9	7	9
Communication with Doctors	78.44%	86.37%	50.67%	80.41%	88.44%	7	7	7
Responsiveness of Hospital Staff	47.22%	78.88%	35.74%	65.07%	80.14%	9	8	9
Communication about Medicines	60.94%	74.85%	26.16%	63.30%	73.86%	9	10	10
Cleanliness and Quietness of Hospital Environment	57.24%	80.78%	41.92%	65.72%	79.42%	9	10	10
<i>Discharge Information<sup>1</sup></i>	87.90%	90.17%	66.72%	87.44%	92.11%	5	6	6
Care Transition	47.83%	65.08%	20.33%	51.14%	62.50%	9	10	10
Overall Rating of Hospital	67.17%	85.82%	32.47%	71.56%	85.12%	9	10	10

HCAHPS Base Score: 71  
 HCAHPS Consistency Score: 20  
 Unweighted Person and Community Engagement Domain Score: 91.000000000000  
 Weighted Person and Community Engagement Domain Score: 22.750000000000  
 HCAHPS Surveys Completed during the Performance period: 114

Calculated values were subject to rounding.  
<sup>1</sup>The *Discharge Information* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

1

**Baseline Period Rate** displays the hospital's baseline rate used to calculate improvement points.

2

**Performance Period Totals** displays the hospital's performance period rate used to calculate achievement points, improvement points, and lowest dimension score.

# Person and Community Engagement Detail Report

Report Run Date: 08/01/2019 Page 3 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
Person and Community Engagement Detail Report  
Provider:  
Reporting Period: Fiscal Year 2020

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2018 - 12/31/2018								
HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	77.08%	88.52%	51.80%	79.08%	87.12%	9	7	9
Communication with Doctors	78.44%	86.37%	50.67%	80.41%	88.44%	7	7	7
Responsiveness of Hospital Staff	47.22%	76.88%	35.74%	65.07%	80.14%	9	8	9
Communication about Medicines	60.94%	74.85%	26.16%	63.30%	73.86%	9	10	10
Cleanliness and Quietness of Hospital Environment	57.24%	80.78%	41.92%	65.72%	79.42%	9	10	10
<i>Discharge Information<sup>1</sup></i>	87.90%	90.17%	66.72%	87.44%	92.11%	5	6	6
Care Transition	47.83%	65.08%	20.33%	51.14%	62.50%	9	10	10
Overall Rating of Hospital	67.17%	85.82%	32.47%	71.56%	85.12%	9	10	10

HCAHPS Base Score:	71
HCAHPS Consistency Score:	20
Unweighted Person and Community Engagement Domain Score:	91.000000000000
Weighted Person and Community Engagement Domain Score:	22.750000000000
HCAHPS Surveys Completed during the Performance period:	114

Calculated values were subject to rounding.  
<sup>1</sup>The *Discharge Information* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

3

**HVBP Metrics** displays the performance standards (floor, achievement threshold, and benchmark), improvement points, achievement points, and dimension score.

4

## Domain Summary

- **HCAHPS Base Score:** Sum of the eight dimension scores
- **HCAHPS Consistency Score:** Lowest dimension score value multiplied by 20 and reduced by 0.5
- **Unweighted Domain Score:** Sum of the HCAHPS base and consistency scores
- **Weighted Domain Score:** Product of the unweighted domain score and the domain weight
- **Surveys Completed During the Performance Period:** Number of completed surveys during the performance period

# Safety Measures Detail Report

Report Run Date: 08/01/2019

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
 Safety Measures Detail Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HVBP Metrics					
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Healthcare Associated Infections												
Catheter-Associated Urinary Tract Infection	0	0.675	-	6	11.806	0.508	0.828	0.000	-	4	4	
Central Line-Associated Blood Stream Infection	9	4.482	2.008	1	2.873	0.348	0.784	0.000	8	6	8	
Clostridium difficile Infection	36	35.331	1.019	0	2.598	0.000	0.852	0.091	9	10	10	
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	2.421	0.413	0	1.670	0.000	0.815	0.000	9	10	10	
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	6	
SSI-Abdominal Hysterectomy	3	1.545	1.942	3	3.281	0.914	0.722	0.000	5	0	5	
SSI-Colon Surgery	7	3.866	1.811	3	5.032	0.596	0.781	0.000	6	3	6	
Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HBVP Metrics					
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score	
Perinatal Care PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	1	77	0.012987	0 cases	0 cases	-	0.000000	0.000000	-	-	-	

Eligible Safety Measures: 5 out of 6  
 Unweighted Safety Domain Score: 76.00000000000000  
 Weighted Safety Domain Score: 19.00000000000000

**1** **Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rates.

**2** **Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rates.

# Safety Measures Detail Report

Report Run Date: 08/01/2019

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
 Safety Measures Detail Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HVBP Metrics					
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score	
Healthcare Associated Infections												
Catheter-Associated Urinary Tract Infection	0	0.675	-	6	11.806	0.508	0.828	0.000	-	4	4	
Central Line-Associated Blood Stream Infection	9	4.482	2.008	1	2.873	0.348	0.784	0.000	8	6	8	
Clostridium difficile Infection	36	35.331	1.019	0	2.598	0.000	0.852	0.091	9	10	10	
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	2.421	0.413	0	1.670	0.000	0.815	0.000	9	10	10	
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	6	
SSI-Abdominal Hysterectomy	3	1.545	1.942	3	3.281	0.914	0.722	0.000	5	0	5	
SSI-Colon Surgery	7	3.866	1.811	3	5.032	0.596	0.781	0.000	6	3	6	
Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HVBP Metrics					
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score	
Perinatal Care												
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	1	77	0.012987	0 cases	0 cases	-	0.000000	0.000000	-	-	-	

Eligible Safety Measures: 5 out of 6  
 Unweighted Safety Domain Score: 76.00000000000000  
 Weighted Safety Domain Score: 19.00000000000000

**3**

**HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.



# Safety Measures Detail Report

Report Run Date: 08/01/2019

Page 4 of 5

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
 Safety Measures Detail Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HBVP Metrics				
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Healthcare Associated Infections											
Catheter-Associated Urinary Tract Infection	0	0.675	-	6	11.806	0.508	0.828	0.000	-	4	4
Central Line-Associated Blood Stream Infection	9	4.482	2.008	1	2.873	0.348	0.784	0.000	8	6	8
Clostridium difficile Infection	36	35.331	1.019	0	2.598	0.000	0.852	0.091	9	10	10
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	2.421	0.413	0	1.670	0.000	0.815	0.000	9	10	10
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	6
SSI-Abdominal Hysterectomy	3	1.545	1.942	3	3.281	0.914	0.722	0.000	5	0	5
SSI-Colon Surgery	7	3.866	1.811	3	5.032	0.596	0.781	0.000	6	3	6
Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HBVP Metrics				
Process Measures	Numerator	Denominator	Baseline Period Rate	Numerator	Denominator	Performance Period Rate	Achievement Threshold	Benchmark	Improvements Points	Achievement points	Measure Score
Perinatal Care											
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	1	77	0.012987	0 cases	0 cases	-	0.000000	0.000000	-	-	-

Eligible Safety Measures: 5 out of 6  
 Unweighted Safety Domain Score: 76.000000000000  
 Weighted Safety Domain Score: 19.000000000000

## 4

### Domain Summary

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Domain Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

# Efficiency and Cost Reduction Detail Report

Report Run Date: 08/01/2019

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report  
 Efficiency and Cost Reduction Detail Report  
 Provider:  
 Reporting Period: Fiscal Year 2020

Baseline Period: 01/01/2016 - 12/31/2016 Performance Period: 01/01/2018 - 12/31/2018	FY 2020 Baseline Period Totals			FY 2020 Performance Period Totals			HVBP Metrics				
	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Medicare Spending per Beneficiary (MSPB)	\$18,114.14	\$20,308.36	0.891955	\$20,147.80	\$20,308.36	0.992094	1.000000	0.839600	0	1	1

Eligible Efficiency and Cost Reduction Measure:	1 out of 1
Unweighted Efficiency and Cost Reduction Domain Score:	10.000000000000
Weighted Efficiency and Cost Reduction Domain Score:	2.500000000000
# of Episodes:	3176

Calculated values were subject to rounding.

1

**Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rates.

2

**Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rates.

3

**HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

4





## Domain Summary

**Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period

**Unweighted Domain Score:** Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100

**Weighted Domain Score:** Hospital's unweighted Efficiency and Cost Reduction domain score multiplied by domain weight

# Data Precision

Domain	Measure	Value	Precision
 <b>Clinical Outcomes</b>	Mortality and Complication measures	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
 <b>Person and Community Engagement</b>	HCAHPS	Baseline and performance period rates*	2
		Benchmark, achievement threshold, and floor	2
 <b>Safety</b>	HAI measures	Baseline and performance standardized infection ratio (SIR)	3
		Benchmark and achievement threshold	3
	PC-01	Baseline and performance period rates*	6
		Benchmark and achievement threshold	6
 <b>Efficiency and Cost Reduction</b>	MSPB	Baseline and performance MSPB measure	6
		Benchmark and achievement threshold	6

\* Precision used to calculate achievement and improvement points may be greater than precision displayed on report.

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

## **Reviewing Your Data**

# Timeline

Hospitals may review their data used in CMS programs in two different stages.

## 1. Patient-Level Data Review

During this stage of the review, hospitals ensure the data or claims submitted are correct and accurate prior to the submission deadline, claims pull date, or during the HCAHPS review and correction period.

## 2. Scoring/Eligibility Review

During this stage of the review, hospitals can ensure data reviewed during stage one are being displayed and scored accurately in CMS programs (e.g., improvement points in the Hospital VBP Program). Hospitals can also ensure CMS has displayed the correct eligibility status. Data review as defined in stage one is not an allowable review item during the following CMS preview/review periods:

- Hospital IQR Program or *Hospital Compare* preview period
- Claims-based measures review and correction period
- Hospital VBP Program review and correction period

# Chart-Abstracted and Web-Entry Measures

## Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure data accuracy and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.

# Centers for Disease Control and Prevention NHSN Measures

## Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure data accuracy and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.
- HAI data that have been changed in National Healthcare Safety Network (NHSN) **after** the submission deadline will **not** be reflected in any of the CMS programs, CMS reports, or in *Hospital Compare*.

# HCAHPS Survey

## Stage One: Patient-Level Data Review

- Hospitals have seven days after the submission deadline to access and review the HCAHPS Data Review and Corrections Report.
- New data are not accepted into the warehouse during the review and correction period.
- Errors in data accepted into the warehouse by the quarterly deadline can be corrected.
- During the seven-day period, the corrected data can be resubmitted to the warehouse to replace the incorrect data.



# Claims-Based Measures

## Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to submit a review and correction request following the receipt of their Hospital-Specific Report (HSR).
  - Suspected calculation errors on a report **can** be submitted for review with the possibility of a correction.
  - Requests for submission of new or corrected claims to the underlying data are **not** allowed.
    - To submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor (MAC).
- General questions about the HSRs or measures may also be submitted.

# Hospital VBP Program

## Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the release of the PPSR.
  - Hospitals may review and request recalculation of scores on each condition, domain, and TPS.
  - Requests for submission of new or corrected data, including claims to the underlying measure data, are **not** allowed.
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- For more information:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

# Best Practices

- Have a second person review submitted data to check for errors.
- Create a plan for spot checking or sampling the submitted data for errors.
- Review vendor-submitted data for accuracy before submission or prior to the submission deadline.
- Perform routine coding audits to ensure claims are coded and billed accurately.

# Benefits of Correct Data

- Quality Improvement
  - Prompt, usable, and accurate data can assist the hospital with more immediate quality improvement initiatives.
- Pay-for-Performance Programs
  - Accurate data ensures the hospital is assigned a payment adjustment factor that is based on the hospital's actual performance.
- Publicly Reported Data on *Hospital Compare*
  - Accurate data can help organizations focus on quality improvement priorities.
  - Inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.

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

## **Review and Corrections**

# Overview

- Hospitals may **review and request recalculation of scores** on each condition, domain, and TPS.
- Hospitals may submit a review and corrections request regarding their reports no later than **Thursday, August 29, 2019**.
- Submit the completed form through the CMS Secure File Exchange to the “**HVBP**” group.

# QualityNet

1. Visit [www.QualityNet.org](http://www.QualityNet.org).
2. From the [Hospitals – Inpatient] drop-down menu, select [Hospital Value-Based Purchasing].
3. When the screen refreshes, select [Review and Corrections/ Appeals] from the left navigation pane and [Review and Corrections Request Form] toward the bottom of the page.

Direct link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

Hospitals - Inpatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities
-----------------------	------------------------	-------------------	-----------------------------	-----------------------------	-----------------

<b>Hospital Value-Based Purchasing (HVBP)</b>	<b>Review and Corrections/Appeals/Independent CMS Review Hospital Value-Based Purchasing (HVBP)</b>
Baseline and Performance Periods	<b>Review and Corrections Process</b> This process is aimed at correcting condition-specific, domain-specific, and Total Per (TPS) that will be used for HVBP payment adjustments and publicly reported on <a href="#">Hos</a>
Eligibility	<ul style="list-style-type: none"><li>• Hospitals should closely review their Percentage Payment Summary Reports when available and must request any corrections of their hospital's performance score: condition, domain, and/or TPS score within <b>30 calendar days</b> of the posting date of the Percentage Payment Summary Report on the <i>QualityNet Secure Portal</i>.</li><li>• Hospitals must receive an adverse determination from the Centers for Medicare &amp; Medicaid Services (CMS) of their review and correction request prior to requesting an appeal.</li></ul>
Measures	<b>NOTE:</b> The review and corrections process for HVBP is specific only to discrepancies in calculation of the condition-specific score, the domain-specific score, and/or the TPS between the data a hospital believes it had reported and the data actually reported to have been completed by the hospital during the Hospital Inpatient Quality Reporting <a href="#">submission time periods</a> .
Scoring	<b>Appeal Process</b> This process allows hospitals to seek reconsideration for issues in TPS calculations that affect their payment. By statute, the appeal process is not intended to allow appeals of valid incentive payments resulting from a given TPS, barring a calculation or scoring error.
Reports	<ul style="list-style-type: none"><li>• Hospitals can only request an appeal after first requesting a review and correction of their performance scores.</li><li>• Hospitals may submit an appeal <b>within 30 calendar days</b> from the date CMS issues its decision on the review and corrections request.</li></ul>
Performance Standards	<b>Independent CMS Review Process</b> This process allows hospitals the option to seek an additional appeal beyond the review and corrections process and initial appeal process.
Review and Corrections/Appeals	<ul style="list-style-type: none"><li>• Hospitals can request this additional independent CMS review only if they first complete the appeal process and are dissatisfied with the result.</li><li>• Hospitals are strongly encouraged to request this additional independent CMS review <b>within 30 calendar days</b> after the appeal decision is received.</li></ul>
Payments	<b>Forms and Additional Reference Material</b> For assistance in completing and submitting the Review and Corrections, Appeals, or Independent Review forms, refer to the following:
Extraordinary Circumstances Form	<ul style="list-style-type: none"><li>• <a href="#">Review and Corrections Quick Reference Guide</a>, PDF-28 KB (Updated 06/27/17)</li><li>• <a href="#">Review and Corrections Request Form</a>, PDF-165 KB (03/15/17)</li></ul>
Resources	
Webinars/Calls	

# Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CMS Certification Number (CCN)
- Hospital contact information
  - Hospital name/address (must include physical street address)
  - Hospital chief executive officer (CEO) and *QualityNet* System Administrator (name, address, telephone, and email)
- Specify reason(s) for request
  - Condition-specific score
  - Domain-specific score
  - TPS
- Detailed description for each of the reason(s) identified



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

## **Appeals**

# Overview

- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- Hospitals must receive an adverse determination from CMS prior to requesting an appeal.
- Upon receipt of appeal, CMS:
  - Provides email acknowledgement of appeal.
  - Reviews the request and notifies CEO of decision.
- Submit the completed form through the CMS Secure File Exchange to the “**HVBP**” group.

# QualityNet

1. Visit [www.QualityNet.org](http://www.QualityNet.org).
2. From the [Hospitals – Inpatient] drop-down menu, select [Hospital Value-Based Purchasing].
3. When the screen refreshes, select [Review and Corrections/Appeals] from the left-hand side and [Review and Corrections Request Form] toward the bottom of page.

Direct link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772479558>

Hospitals - Inpatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities
<b>Hospital Value-Based Purchasing (HVBP)</b>		<b>Review and Corrections/Appeals/Independent CMS Review Hospital Value-Based Purchasing (HVBP)</b>			
Baseline and Performance Periods		<b>Review and Corrections Process</b>			
Eligibility		This process is aimed at correcting condition-specific, domain-specific, and Total Per (TPS) that will be used for HVBP payment adjustments and publicly reported on <a href="#">Hos</a>			
Measures		<ul style="list-style-type: none"><li>• Hospitals should closely review their Percentage Payment Summary Reports when available and must request any corrections of their hospital's performance score condition, domain, and/or TPS score within <b>30 calendar days</b> of the posting date Percentage Payment Summary Report on the <a href="#">QualityNet Secure Portal</a>.</li><li>• Hospitals must receive an adverse determination from the Centers for Medicare Services (CMS) of their review and correction request prior to requesting an appeal</li></ul>			
Scoring		<b>NOTE:</b> The review and corrections process for HVBP is specific only to discrepancies calculation of the condition-specific score, the domain-specific score, and/or the TPS between the data a hospital believes it had reported and the data actually reported have been completed by the hospital during the Hospital Inpatient Quality Reporting <a href="#">submission time periods</a> .			
Reports		<b>Appeal Process</b>			
Performance Standards		This process allows hospitals to seek reconsideration for issues in TPS calculations of their payment. By statute, the appeal process is not intended to allow appeals of value incentive payments resulting from a given TPS, barring a calculation or scoring error			
Review and Corrections/Appeals		<ul style="list-style-type: none"><li>• Hospitals can only request an appeal after first requesting a review and correct performance scores.</li><li>• Hospitals may submit an appeal <b>within 30 calendar days</b> from the date CMS issues hospital of its decision on the review and corrections request.</li></ul>			
Payments		<b>Independent CMS Review Process</b>			
Extraordinary Circumstances Form		This process allows hospitals the option to seek an additional appeal beyond the review corrections process and initial appeal process.			
Resources		<ul style="list-style-type: none"><li>• Hospitals can request this additional independent CMS review only if they first complete appeal process and are dissatisfied with the result.</li><li>• Hospitals are strongly encouraged to request this additional independent CMS review <b>calendar days</b> after the appeal decision is received.</li></ul>			
Webinars/Calls		<b>Forms and Additional Reference Material</b>			
		For assistance in completing and submitting the Review and Corrections, Appeals, or Independent Review forms, refer to the following:			
		<ul style="list-style-type: none"><li>• <a href="#">Review and Corrections Quick Reference Guide</a>, PDF-28 KB (Updated 06/27/17)</li><li>• <a href="#">Review and Corrections Request Form</a>, PDF-165 KB (03/15/17)</li><li>• <a href="#">Appeal Quick Reference Guide</a>, PDF-29 KB (Updated 06/27/17)</li><li>• <a href="#">Appeal Request Form</a>, PDF-168 KB (03/15/17)</li></ul>			

# Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CCN
- Hospital contact information
  - Hospital name/address (must include physical street address)
  - Hospital CEO and *QualityNet* System Administrator (name, address, telephone and email)
- Specify reason(s) for request
  - Condition-specific score
  - Domain-specific score
  - TPS
- Provide detailed description for each of the reason(s) identified

# Acceptable Reasons for Appeals

- Calculation of achievement/improvement points
- Calculation of measure/dimension score
- Calculation of domain scores
- Calculation of HCAHPS consistency points
- Incorrect domain scores in TPS
- Incorrect weight applied to domain
- Incorrect weighted domain scores to calculate TPS
- Hospital's open/closed status incorrectly specified

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

## **Resources**

# Available on *QualityNet*

- Webinars/Calls/Educational Materials
  - From **[Hospitals – Inpatient]**, select the **[Hospital Value-Based Purchasing (HVBP)]** drop-down menu and then select **[Webinars/Calls]**.
  - Also available at <http://www.QualityReportingCenter.com>.
- Hospital VBP Program General Information
  - From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing Program]**.
- Frequently Asked Questions
  - From the home page, select **[Questions & Answers]** on the right-hand side, and then select **[Hospitals – Inpatient]**.
    - **Direct link:** <https://cms-ip.custhelp.com/>

# FY 2020 Help Guides and Quick Reference Guides

**How to Read Your Fiscal Year (FY) 2020 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)**

Provided by the Hospital Inpatient Value, Incentives, and Quality Reporting (VBIQIR) Outreach and Education Support Contractor (ESC)



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Program Summary**  
Understanding the Fiscal Year 2020 Hospital Value-Based Purchasing Program

**Overview**

The program summary highlights the major elements of the fiscal year (FY) 2020 Hospital Value-Based Purchasing (VBP) Program administered by the Centers for Medicare & Medicaid Services (CMS).

The Hospital VBP Program is designed to improve the quality, efficiency, and safety of care that Medicare beneficiaries and all patients receive during acute care inpatient stays, as well as improve their experience of care during hospital stays by:

1. Eliminating or reducing the occurrence of adverse events (e.g., healthcare errors resulting in patient harm).
2. Adopting evidence-based care standards and protocols that result in the better outcomes for the greatest number of patients.
3. Re-engineering hospital processes that improve patient experience of care.
4. Increasing the transparency of care quality for consumers, clinicians, and others.
5. Recognizing hospitals that are involved in the provision of high quality care at a lower cost to Medicare.

**Hospital VBP Program Background**

Section 1886(e) of the Social Security Act sets forth the Hospital VBP Program requirements, offering Medicare fee-for-service patients for inpatient stays at approximately 1,000 hospitals across the country. This program is part of CMS' larger quality strategy to reduce low health care as delivered and paid for by rewarding hospitals with incentive payments for the quality of care provided in the inpatient hospital setting.

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**Step-by-Step Calculations for Value-Based Purchasing**  
Understanding the Fiscal Year (FY) 2020 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)

**Overview**

Hospitals participating in the Hospital VBP Program have the opportunity to review their FY 2020 PPSR. This quick reference guide offers an overview of how CMS calculates scores and awards points based on performance standards. The step-by-step process below measures scoring methods that determine the Total Performance Score (TPS) located as a hospital's PPSR. The PPSR displays the hospital's TPS and value-based incentive payment adjustment factor that will be applied in FY 2020.

- Step 1: Calculate Achievement Points and Improvement Points for Each Measure
- Step 2: Determine the Measure or Domain Score
- Step 3: Calculate the Unweighted Domain Score
- Step 4: Determine the Domain Weight
- Step 5: Calculate the Weighted Domain Score
- Step 6: Calculate the Total Performance Score

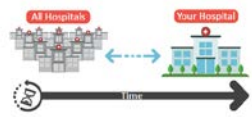
Please note the values displayed in this guide serve as examples and are not reflective of any specific hospital's PPSR.

**Step 1: Calculate Achievement Points and Improvement Points for Each Measure**

Hospitals will receive two scores on each measure and determine one for achievement and one for improvement. When calculating achievement points and improvement points, CMS rounds the resulting value to the nearest whole number. CMS will only score the measures that meet the minimum data requirements. The minimum data requirements are found on the 11 (Public) - Hospital VBP Program page on QualityNet. If a hospital only meets the minimum data requirements during the performance period (and not the baseline period), only achievement points will be scored. CMS has built a modified version of achievement and improvement point formulas for calculating the Medicare Spending per Beneficiary (MSBP) measure in the FY 2017 inpatient prospective payment system (IPPS) Base rate (76 FR 51654-51656).

**Achievement Points**

Achievement points are awarded by comparing an individual hospital's rates during the performance period to all hospitals' rates from the baseline period.



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**FY 2020 Hospital Value-Based Purchasing Domain Weights**  
(Payment adjustment effective for discharges from October 1, 2019 to September 30, 2020)  
Version 2, 7/15/2019

Measure	Baseline Period	Performance Period	Threshold	Weight	Baseline	Improvement
<b>Clinical Care</b> (35%)	Baseline Period: July 1, 2019 - June 30, 2019	Performance Period: July 1, 2019 - June 30, 2019	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000
	Measure: 30-Day Mortality, Acute Myocardial Infarction (ICD10 I20-AB8)	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000	0.00000
<b>Preventive Community Engagement</b> (10%)	Baseline Period: July 1, 2019 - June 30, 2019	Performance Period: July 1, 2019 - June 30, 2019	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000
	Measure: 30-Day Mortality, Acute Myocardial Infarction (ICD10 I20-AB8)	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000	0.00000
<b>Efficiency</b> (35%)	Baseline Period: July 1, 2019 - June 30, 2019	Performance Period: July 1, 2019 - June 30, 2019	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000
	Measure: Medicare Spending per Beneficiary (MSBP)	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000	0.00000
<b>Quality</b> (15%)	Baseline Period: July 1, 2019 - June 30, 2019	Performance Period: July 1, 2019 - June 30, 2019	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000
	Measure: 30-Day Mortality, Acute Myocardial Infarction (ICD10 I20-AB8)	Threshold: 0.00000	Weight: 0.00000	0.00000	0.00000	0.00000

Source: CMS.gov/medicare/qualitynet

Access FY 2020 How to Read Your Report Help Guide, Program Summary, Scoring Quick Reference Guide, and Domain Weighting Quick Reference Guide on *QualityNet*

**Direct Link:**

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202>



# Hospital Compare Data

- About *Hospital Compare*:
  - Part of the CMS Hospital Quality Initiative
  - Contains information about the quality of care at more than 4,000 Medicare-certified hospitals across the country
  - Helps improve quality of care by distributing objective, easy-to-understand data on hospital performance and quality information from consumer perspectives
- To access the Hospital VBP Program data:
  - Go to [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare)
  - Click on **[Hospital Value-Based Purchasing Program]** (found in the bottom-left of page in “Additional Information”)

Medicare.gov | Hospital Compare  
The Official U.S. Government Site for Medicare

## Find a hospital

A field with an asterisk (\*) is required.

\* Location  
Example: 45802 or Lima, OH or Ohio

Hospital name (optional)  
Full or Partial Hospital Name

**Search**

### Additional Information

- ◆ Hospital Compare data last updated on: February 28, 2019. Hospital Compare downloadable databases on [data.medicare.gov](http://data.medicare.gov) were updated in April 2019. [View a list of data updates.](#)
- ◆ Get data from Medicare programs that link quality to payment.
  - ◆ Hospital Readmissions Reduction Program (HRRP). Updated February 2019.
  - ◆ **Hospital Value-Based Purchasing Program (HVBP). Updated February 2019.**

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## **Q&A Session**

# Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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**Thank You**

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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