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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today’s Presentation
Speakers

Bethany Bunch, MSHA
Hospital Value-Based Purchasing (VBP) Program Support Contract Lead
Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

Maria Gugliuzza, MBA
Outreach and Education Lead
Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor
Webinar Chat Questions

Please submit any questions that are pertinent to the webinar topic via the Ask a Question tool. As time permits, we will answer these questions at the end of the webinar. Pertinent questions not answered will be addressed in a questions-and-answers document, to be published at a later date.

If you have an additional question after this event, submit your question through the QualityNet Inpatient Questions and Answers tool, at https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question. Include the webinar name, slide number, and speaker name.

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers tool, at https://cmsqualitysupport.service-now.com/qnet_qa. If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.
Purpose

This event will provide an overview of the fiscal year (FY) 2022 Hospital Value-Based Purchasing (VBP) Program, including the following:

• Updates on the domains and measures
• Review of performance standards and measurement periods
• Highlights of resources
Objectives

Participants will be able to:

• Identify the domains and measures used to evaluate hospital performance in the Hospital VBP Program
• Understand the new Hospital VBP Program measure
• Locate Hospital VBP Program Resources
The Hospital VBP Program is a quality incentive program.

- The program was set forth under Section 1886(o) of the Social Security Act.
- When selecting a new measure for the Hospital VBP Program, the measure must have been originally specified under the Hospital 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.
- The program ties hospital reimbursement based on the quality of care, not just the quantity of inpatient acute care services provide.
The Hospital VBP Program is:

- An estimated budget-neutral program.
- Funded by a 2.00% reduction from the base operating MS-DRG payments of hospitals.

Resulting funds are redistributed to hospitals, based on their Total Performance Score (TPS).

- The actual amount earned will depend on the range and distribution of TPS scores of all eligible/participating hospitals 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

As defined in Social Security Act Section 1886(d)(1)(B), the program applies to subsection (d) hospitals located in the 50 states and the District of Columbia. This excludes the following:

• Hospitals and hospital units excluded from the inpatient prospective payment system (IPPS)
• Hospitals subject to payment reductions under the Hospital IQR Program
• Hospitals cited for deficiencies during the Performance Period that pose immediate jeopardy to the health or safety of patients
• Hospitals with less than the minimum number of domains calculated
• Hospitals with an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program
• Short-term acute care hospitals in Maryland

**Note:** Hospitals excluded from the Hospital VBP Program will **not** have 2.00% withheld from their base operating MS-DRG payments and will not be eligible to receive incentive payments in Fiscal Year 2022.
Domains and Measures

**Clinical Outcomes (25%)**
- **MORT-30-AMI**: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
- **MORT-30-CABG**: Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate
- **MORT-30-COPD**: Chronic Obstructive Pulmonary Disease (COPD) 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
The MORT-30-CABG measure was adopted to the Clinical Outcomes Domain, beginning in FY 2022.

- CMS finalized the adoption of the MORT-30-CABG measure in the FY 2017 IPPS final rule (81 Federal Register (FR) 56996-56998); direct link: https://www.govinfo.gov/content/pkg/FR-2016-08-22/pdf/2016-18476.pdf.

- The Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following CABG Surgery (National Quality Forum (NQF) #2558) measure is a risk-adjusted, NQF-endorsed mortality measure monitoring mortality rates following CABG hospitalizations.

- Measure includes Medicare FFS patients aged 65 or older who receive a qualifying CABG procedure and assesses hospitals’ 30-day, all-cause risk-standardized rate of mortality, beginning with the date of the index procedure.

- In general, the measure uses the same approach to risk adjustment as the 30-day outcome measures also adopted for the Hospital VBP Program.

- The measure is calculated using administrative claims data.
# Measurement Periods

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Baseline Period</th>
<th>Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Outcomes</strong></td>
<td>Mortality Measures (AMI, CABG, COPD, HF)</td>
<td>July 1, 2012–June 30, 2015</td>
<td>July 1, 2017–June 30, 2020</td>
</tr>
<tr>
<td></td>
<td>Complication Measure</td>
<td>April 1, 2012–March 31, 2015</td>
<td>April 1, 2017–March 31, 2020</td>
</tr>
<tr>
<td><strong>Person and Community Engagement</strong></td>
<td>HCAHPS Survey</td>
<td>January 1, 2018–December 31, 2018</td>
<td>January 1, 2020–December 31, 2020</td>
</tr>
<tr>
<td><strong>Efficiency and Cost Reduction</strong></td>
<td>Medicare Spending per Beneficiary (MSPB)</td>
<td>January 1, 2018–December 31, 2018</td>
<td>January 1, 2020–December 31, 2020</td>
</tr>
</tbody>
</table>
## Summary of Minimum Data Requirements

<table>
<thead>
<tr>
<th>Domain/Measure/TPS</th>
<th>Minimum Requirement</th>
</tr>
</thead>
</table>
| **Clinical Outcomes** | Minimum of two measure scores:  
• 30-Day Mortality Measures: 25 cases  
• Complication Measure: 25 cases |
| **Person and Community Engagement** | 100 HCAHPS Surveys |
| **Safety** | Minimum of two measure scores:  
• HAI measures: One predicted infection |
| **Efficiency and Cost Reduction** | 25 episodes of care in the MSPB measure |
| **TPS** | A minimum of three of the four domains receiving domain scores |
Timeline

Release Date* and Event Timeline

- **February 2020**: Baseline Measures Reports Released
- **April/May 2021**: Mortality Measures and Complications Measure HSR Released with 30-Day Review and Correction Period
- **May/June 2021**: MSPB measure HSR released with 30-Day Review and Correction Period
- **By August 1, 2021**: PPSRs*** released with 30-Day Review and Correction Period
- **September 30, 2022**: Fiscal Year 2022 Begins
- **January 2022**: Hospital VBP Program Results Publicly Reported
- **Fall 2021**: Value-Based Incentive Payment Adjustments Publicly Reported in Table 16B
- **October 1, 2021**: Fiscal Year 2022 Starts

*Dates displayed are estimated and are subject to change.

**HSR = Hospital-Specific Report  *** PPSR = Percentage Payment Summary Report
**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.
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.
A **lower** rate is better for the following measures/dimensions:

- **Clinical Outcomes**
  - Complication measure
- **Safety**
  - HAI measures
- **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.
# Performance Standards

## Safety (25%)

<table>
<thead>
<tr>
<th>Measures (Healthcare-Associated Infections)</th>
<th>Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICABS1</td>
<td>0.633</td>
<td>0.000</td>
</tr>
<tr>
<td>ICAUTI</td>
<td>0.727</td>
<td>0.000</td>
</tr>
<tr>
<td>ISSI: Colon</td>
<td>0.749</td>
<td>0.000</td>
</tr>
<tr>
<td>ISSI: Abdominal Hysterectomy</td>
<td>0.727</td>
<td>0.000</td>
</tr>
<tr>
<td>MRSA</td>
<td>0.748</td>
<td>0.000</td>
</tr>
<tr>
<td>ICDI</td>
<td>0.646</td>
<td>0.047</td>
</tr>
</tbody>
</table>

## Clinical Outcomes (25%)

<table>
<thead>
<tr>
<th>Measures</th>
<th>Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORT-30-AMI</td>
<td>0.861793</td>
<td>0.881305</td>
</tr>
<tr>
<td>MORT-30-CABG</td>
<td>0.968210</td>
<td>0.979000</td>
</tr>
<tr>
<td>MORT-30-COPD</td>
<td>0.920058</td>
<td>0.936962</td>
</tr>
<tr>
<td>MORT-30-HF</td>
<td>0.879669</td>
<td>0.903608</td>
</tr>
<tr>
<td>MORT-30-PN</td>
<td>0.836122</td>
<td>0.870506</td>
</tr>
<tr>
<td>ICOMP-HIP-KNEE</td>
<td>0.029833</td>
<td>0.021493</td>
</tr>
</tbody>
</table>

## Efficiency and Cost Reduction (25%)

<table>
<thead>
<tr>
<th>Measures</th>
<th>Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMSPB</td>
<td>Median Medicare Spending Per Beneficiary ratio across all hospitals during the performance period.</td>
<td>Mean of the lowest decile Medicare Spending Per Beneficiary ratios across all hospitals during the performance period.</td>
</tr>
</tbody>
</table>

## Person and Community Engagement (25%)

<table>
<thead>
<tr>
<th>Measures</th>
<th>HCAHPS Performance Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS Survey Dimensions</td>
<td>Floor (%)</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>15.73</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>19.03</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>25.71</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>10.62</td>
</tr>
<tr>
<td>Hospital Cleanliness and Quietness</td>
<td>5.89</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>66.78</td>
</tr>
<tr>
<td>Care Transition</td>
<td>6.84</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>19.09</td>
</tr>
</tbody>
</table>
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 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.
### Clinical Outcomes Detail Report

#### Hospital Value-Based Purchasing – Baseline Measures Report

**Clinical Outcomes Detail Report**

**Provider:** XXXXXX  
**Reporting Period:** Fiscal Year 2022

---

**Mortality Baseline Period (AMI, HF, COPD, CABG):** 07/01/2012 - 08/30/2015  
**Mortality Baseline Period (PN):** 07/01/2012 - 06/30/2015

<table>
<thead>
<tr>
<th>Mortality Measures</th>
<th>Number of Eligible Discharges</th>
<th>Baseline Period Rate</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>41</td>
<td>0.899859</td>
<td>0.891783</td>
<td>0.881305</td>
</tr>
<tr>
<td>MORT-30-CABG Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**</td>
<td>24</td>
<td>0.079460</td>
<td>0.089210</td>
<td>0.079000</td>
</tr>
<tr>
<td>MORT-30-COPD Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate**</td>
<td>0</td>
<td>-</td>
<td>0.020058</td>
<td>0.036952</td>
</tr>
<tr>
<td>MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate</td>
<td>107</td>
<td>0.885778</td>
<td>0.878669</td>
<td>0.803188</td>
</tr>
<tr>
<td>MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate</td>
<td>120</td>
<td>0.003072</td>
<td>0.006122</td>
<td>0.070506</td>
</tr>
</tbody>
</table>

**Complication Baseline Period:** 04/01/2012 - 03/31/2015

<table>
<thead>
<tr>
<th>Complication Measure</th>
<th>Number of Eligible Discharges</th>
<th>Baseline Period Rate</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP-HIP-KNEE Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate</td>
<td>318</td>
<td>0.028150</td>
<td>0.029853</td>
<td>0.021463</td>
</tr>
</tbody>
</table>

Calculated values were subject to rounding.  
* A dash (-) indicates that the minimums were not met for calculation of the points or scores.  
* A double asterisk (**) indicates that the hospital did not meet the minimum requirements for the measures in the Baseline Period.

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.
### Hospital Value-Based Purchasing – Baseline Measures Report

**Person and Community Engagement Detail Report**

**Provider:** XXXXX  
**Reporting Period:** Fiscal Year 2022

**Data As Of:**  
**Baseline Period:** 01/01/2018 - 12/31/2018

<table>
<thead>
<tr>
<th>HCAHPS Dimensions</th>
<th>Baseline Period Rate</th>
<th>Floor</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>75.8055%</td>
<td>15.73%</td>
<td>79.15%</td>
<td>87.53%</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>62.2040%</td>
<td>16.03%</td>
<td>79.72%</td>
<td>87.65%</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>57.4033%</td>
<td>25.71%</td>
<td>85.96%</td>
<td>81.29%</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>63.4000%</td>
<td>16.62%</td>
<td>83.56%</td>
<td>74.31%</td>
</tr>
<tr>
<td>Cleanliness and Quietness of Hospital Environment</td>
<td>67.2014%</td>
<td>0.60%</td>
<td>55.40%</td>
<td>79.41%</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>87.4032%</td>
<td>86.78%</td>
<td>87.12%</td>
<td>91.05%</td>
</tr>
<tr>
<td>Care Transition</td>
<td>40.9015%</td>
<td>0.64%</td>
<td>51.96%</td>
<td>63.11%</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>69.6047%</td>
<td>16.09%</td>
<td>71.31%</td>
<td>85.13%</td>
</tr>
</tbody>
</table>

**HCAHPS Surveys Completed During the Baseline Period:** 1332  
**Calculated values were subject to rounding.**

**Note:** Increased precision for the Baseline Period Rates
Safety Measures Detail Report

Hospital Value-Based Purchasing – Baseline Measures Report

Safety Measures Detail Report
Provider: XXXXXX
Reporting Period: Fiscal Year 2022

Data As Of:
Baseline Period: 01/01/2019 - 12/31/2019

<table>
<thead>
<tr>
<th>Healthcare Associated Infections</th>
<th>Number of Observed Infections (Numerator)</th>
<th>Number of Predicted Infections (Denominator)</th>
<th>Standardized Infection Ratio (SIR)</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI Catheter-Associated Urinary Tract Infection</td>
<td>2</td>
<td>3,071</td>
<td>0.756</td>
<td>0.727</td>
<td>0.300</td>
</tr>
<tr>
<td>CLABSI Central Line-Associated Blood Stream Infection</td>
<td>2</td>
<td>1,259</td>
<td>1.059</td>
<td>0.033</td>
<td>0.000</td>
</tr>
<tr>
<td>CDI Clostridium difficile infection</td>
<td>3</td>
<td>8,772</td>
<td>0.342</td>
<td>0.646</td>
<td>0.047</td>
</tr>
<tr>
<td>MRSA Methicillin-Resistant Staphylococcus aureus Bacteremia**</td>
<td>2</td>
<td>0.922</td>
<td>-</td>
<td>0.748</td>
<td>0.000</td>
</tr>
<tr>
<td>SSI-Abdominal Hysterectomy</td>
<td>0</td>
<td>10,560</td>
<td>0.852</td>
<td>0.727</td>
<td>0.000</td>
</tr>
<tr>
<td>SSI-Colon Surgery***</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>0.749</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimums were not met for calculation of the points or scores.
### Efficiency and Cost Reduction Detail Report

**Hospital Value-Based Purchasing – Baseline Measures Report**

**Efficiency and Cost Reduction Detail Report**

Provider: XXXXX  
Reporting Period: Fiscal Year 2022

<table>
<thead>
<tr>
<th>Efficiency and Cost Reduction Measures</th>
<th>MSPB Amount</th>
<th>Median MSPB Amount</th>
<th>MSPB Measure</th>
<th># of Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSPB-1 Medicare Spending per Beneficiary (MSPB)</td>
<td>$22,000.00</td>
<td>$20,000.00</td>
<td>1.100000</td>
<td>660</td>
</tr>
</tbody>
</table>

Calculated values were subject to rounding.
Report Availability

- The **Baseline Measures Reports** are available to run on the Hospital Quality Reporting destination on the **QualityNet Secure Portal**.

- Reports are available to hospitals that are active, registered on **QualityNet**, and have users assigned these **QualityNet** roles:
  - **Hospital Reporting Feedback-Inpatient** role (required to receive the report)
  - **File Exchange and Search** role (required to download the report from the **QualityNet Secure Portal**)
Running the Report

1. Go to the QualityNet Secure Portal landing page: https://cportal.qualitynet.org/QNet/pgm_select.htm
2. Select “Hospital Quality Reporting” from the “Select Your QualityNet Destination” drop-down list.
3. Login to your QualityNet Secure Portal account.
4. Select “My Reports” from the menu bar.
5. Select “Run Report(s) from the “I’d Like To…” options.
7. Select “Hospital Value-Based Purchasing–Baseline Measures Report” from the “Report Name” section.
8. Select the parameters of the report and click “Run Report.”
9. Click “Search Report(s).”
10. Select “Download” from the “ACTION” column.

For technical questions or issues related to accessing the report, contact the QualityNet Help Desk at qnetsupport@hcqis.org.
Resources on the QualityNet Website

- Hospital VBP Program General Information
  - From the [Hospitals – Inpatient] menu, select [Hospital Value-Based Purchasing Program].
  - Direct Link: https://www.qualitynet.org/inpatient/hvbp

- Frequently Asked Questions
  - From the home page, hover on [Help] at the top-right of the page, and then select [Hospitals – Inpatient].
  - Direct link: https://cmsqualitysupport.service-now.com/qnet_qa
How to Read Your Report
Help Guide

• The Hospital Value-Based Purchasing (VBP) Program: How to Read Your Fiscal Year (FY) 2022 Percentage Payment Summary Report guide will be available on the QualityNet website in the Hospital VBP Program Resources section once reports are released.

• The direct link to the page is https://www.qualitynet.org/inpatient/hvbp/resources.
The FY 2022 Hospital VBP Program quick reference guide contains the following:

- Domains
- Domain weights
- Measures
- Baseline and Performance Period dates
- Performance standards

The guide is available at these direct links:

- **QualityNet Website**
  [https://www.qualitynet.org/inpatient/hvbp/resources](https://www.qualitynet.org/inpatient/hvbp/resources)

- **Quality Reporting Center Website**
Acute Care Hospital Quality Improvement Program Measures for FY 2022

Payment Determination:

• Hospital IQR Program
• Hospital VBP Program
• Promoting Interoperability (PI) Program
• Hospital-Acquired Condition Reduction Program (HAC Reduction Program)
• Hospital Readmissions Reduction Program (HRRP)

QualityNet
https://www.qualitynet.org/inpatient/iqr/measures

Quality Reporting Center
Additional Resources

- For technical questions or issues related to accessing reports:
  - Email the QualityNet Help Desk at qnetsupport@hcqis.org.
  - Call the QualityNet Help Desk at (866) 288-8912.

- For frequently asked questions related to the Hospital VBP Program:
  - Visit the Hospital-Inpatient Questions and Answers (Q&A) tool at https://cmsqualitysupport.service-now.com/qnet_qa.

- To ask questions related to Hospital VBP Program:
  - Submit questions via the Hospital-Inpatient Q&A tool at https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question.
  - Call the Inpatient VIQR Outreach and Education Support Contract Team at (844) 472-4477.

- For Hospital VBP Program general information:
  - https://www.qualitynet.org/inpatient/hvbp

- To register for Hospital VBP Program Notifications:
  - https://www.qualitynet.org/listserv-signup
Questions
Disclaimer

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