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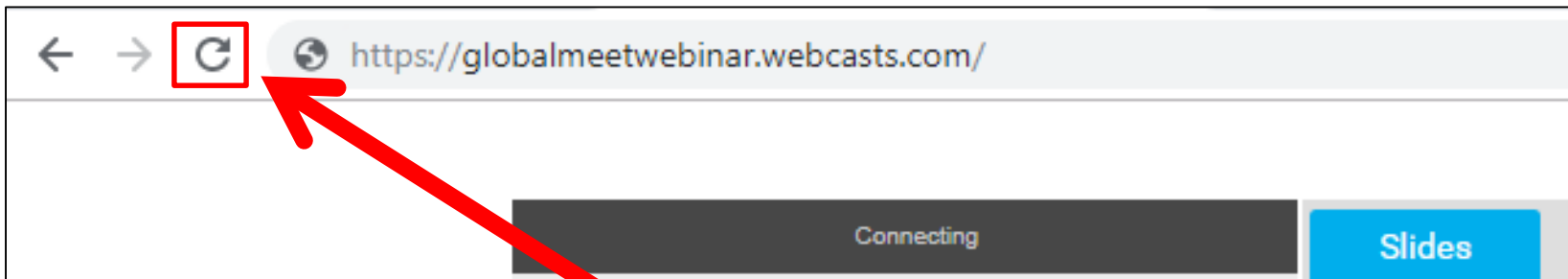**Audio from computer speakers breaking up?**
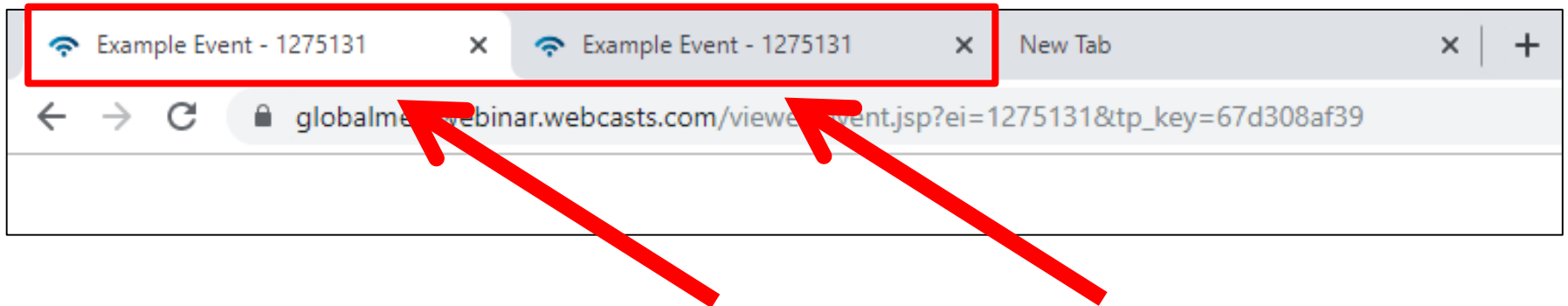
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Today's Presentation

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Ask a Question

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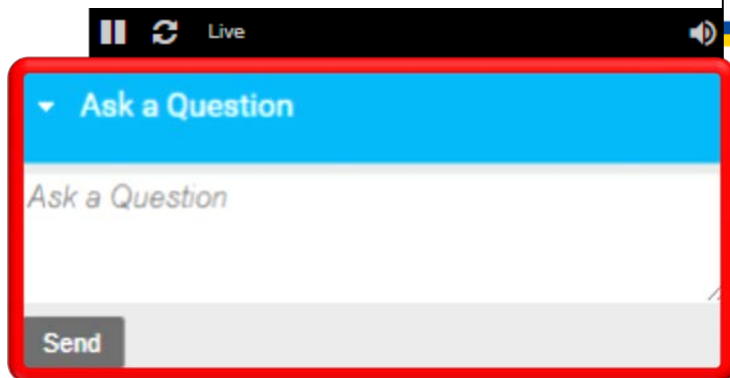
Hospital VBP Program Knowledge Refresher: FY 2022 Overview

March 3, 2020

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

Foundation

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.

Program Funding

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.

Adjustment per Claim

CLAIM

1%

Withhold

-2%

Incentive Payment

3%
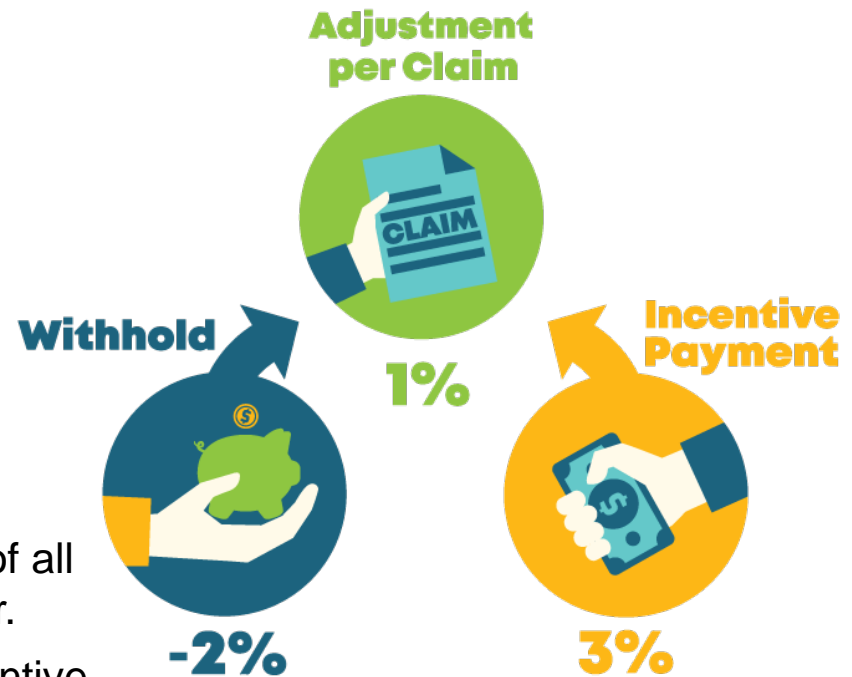
Eligibility

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

New Measure
MORT-30-CABG

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

Domain	Measure	Baseline Period	Performance Period
Clinical Outcomes	Mortality Measures (AMI, CABG, COPD, HF)	July 1, 2012– June 30, 2015	July 1, 2017– June 30, 2020
	Mortality Measure (PN)	July 1, 2012– June 30, 2015	September 1, 2017– June 30, 2020
	Complication Measure	April 1, 2012– March 31, 2015	April 1, 2017– March 31, 2020
Person and Community Engagement	HCAHPS Survey	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020
Safety	Healthcare-associated infection (HAI) Measures	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020
Efficiency and Cost Reduction	Medicare Spending per Beneficiary (MSPB)	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020

Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
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	April/May 2021	May/June 2021	By August 1, 2021
Baseline Measures Reports Released	Mortality Measures and Complications Measure HSR Released with 30-Day Review and Correction Period	MSPB measure HSR** released with 30-Day Review and Correction Period	PPSRs*** released with 30-Day Review and Correction Period

September 30, 2022	January 2022	Fall 2021	October 1, 2021
Fiscal Year 2022 Ends	Hospital VBP Program Results Publicly Reported	Value-Based Incentive Payment Adjustments Publicly Reported in Table 16B	Fiscal Year 2022 Starts

You are here

*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.
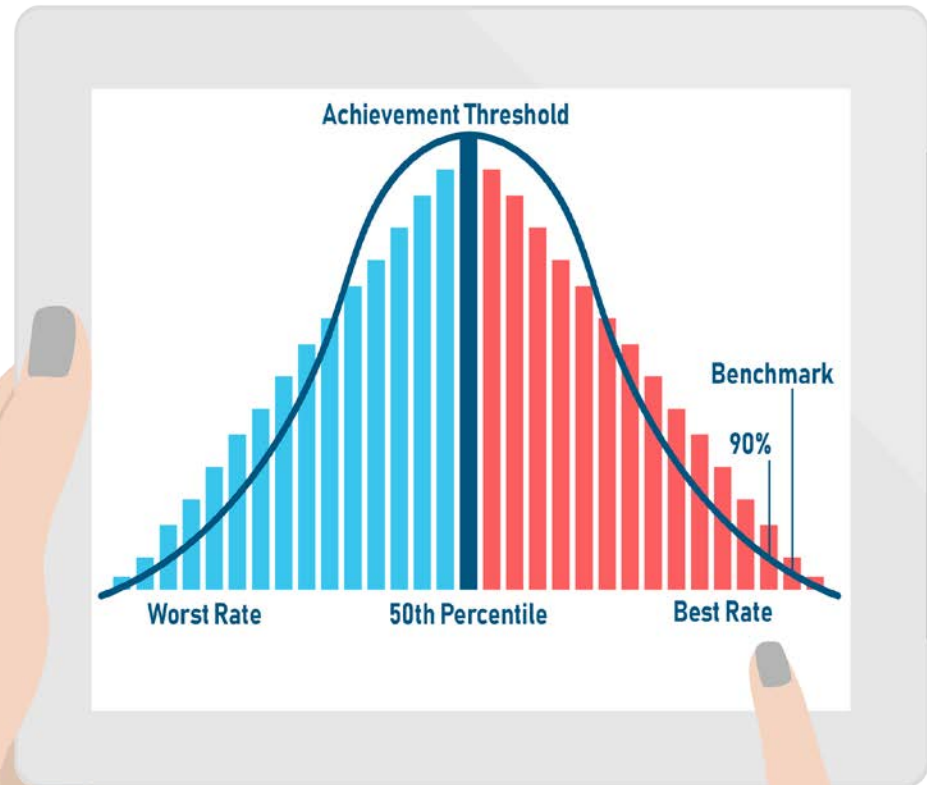
Higher Performance Standards

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.
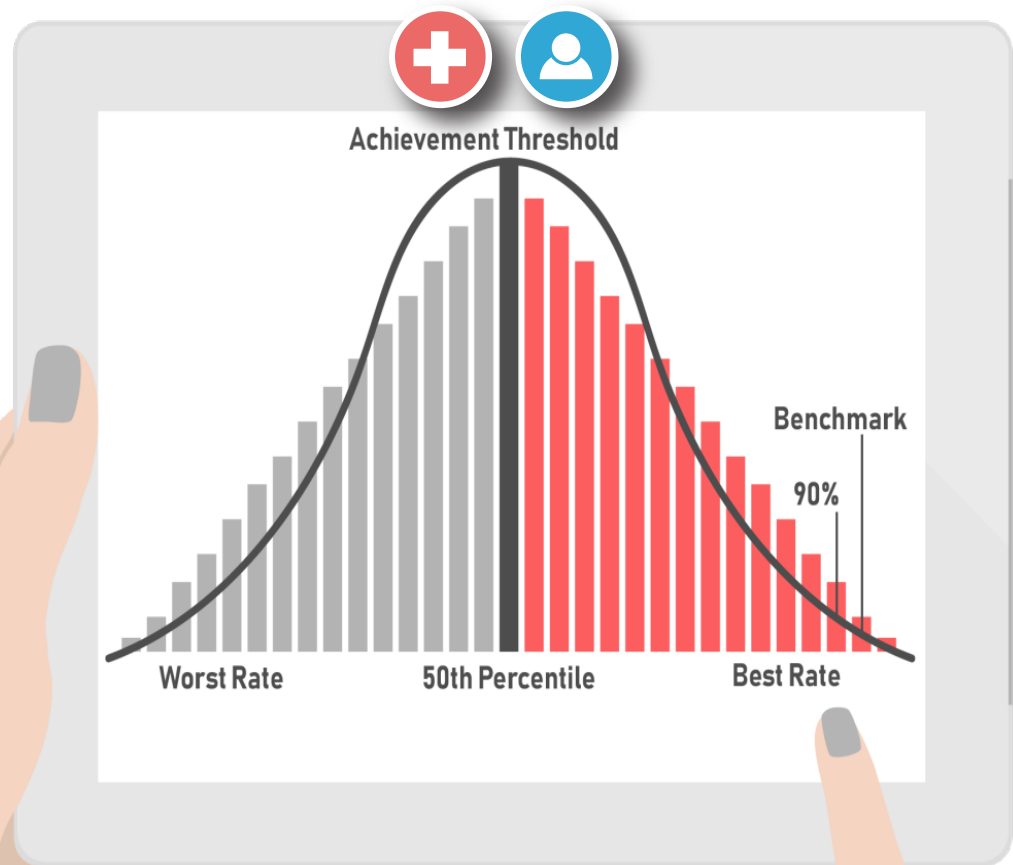
Lower Performance Standards

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.
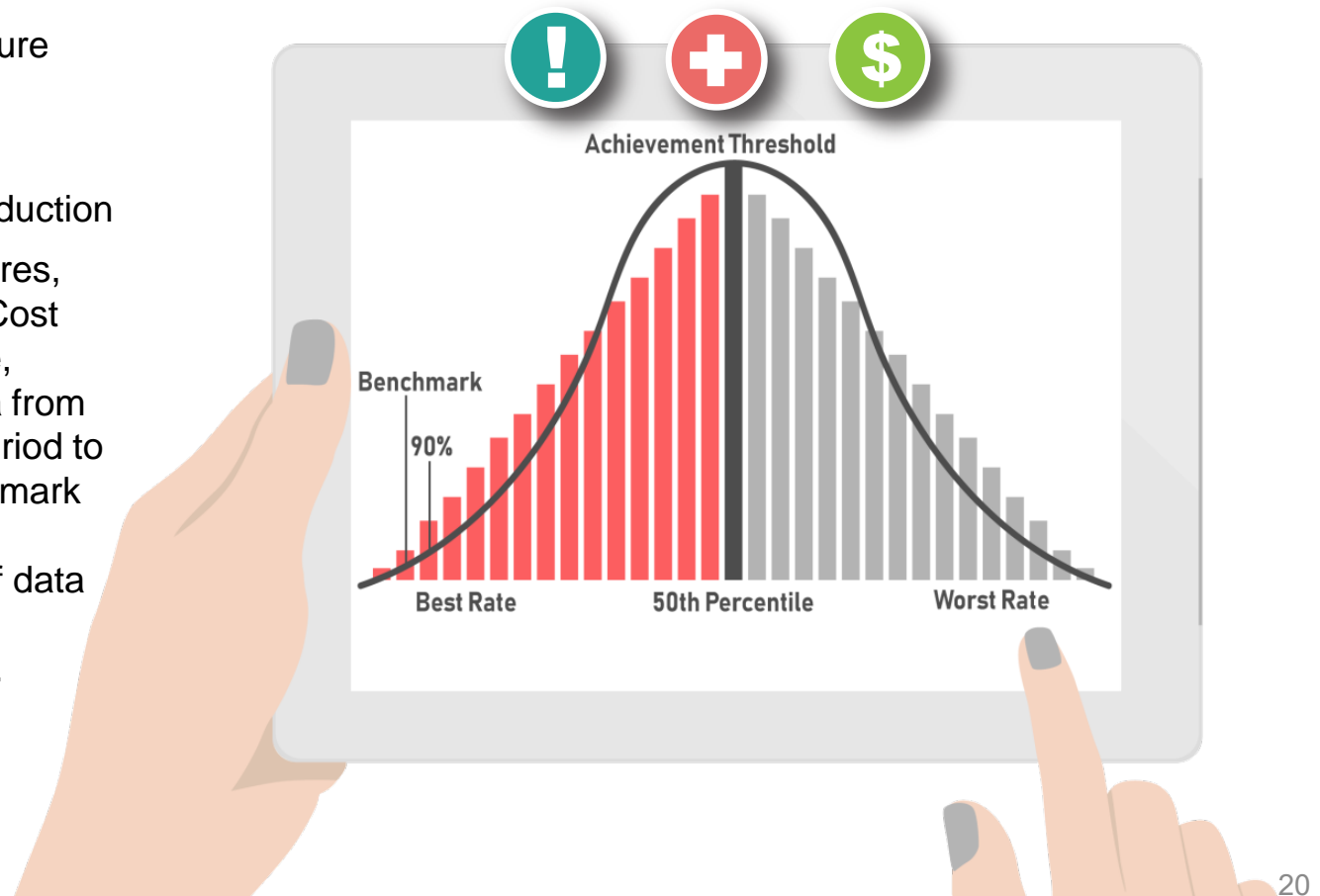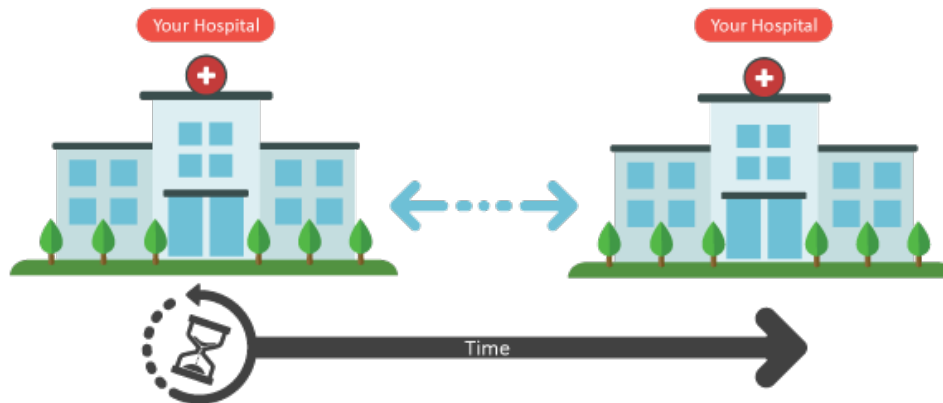
Performance Standards

Safety (25%)

Measures (Healthcare-Associated Infections)	Threshold	Benchmark
↓CLABSI	0.633	0.000
↓CAUTI	0.727	0.000
↓SSI: Colon	0.749	0.000
↓SSI: Abdominal Hysterectomy	0.727	0.000
↓MRSA	0.748	0.000
↓CDI	0.646	0.047

Clinical Outcomes (25%)

Measures	Threshold	Benchmark
MORT-30-AMI	0.861793	0.881305
MORT-30-CABG	0.968210	0.979000
MORT-30-COPD	0.920058	0.936962
MORT-30-HF	0.879869	0.903608
MORT-30-PN	0.836122	0.870506
↓COMP-HIP-KNEE	0.029833	0.021493

Efficiency and Cost Reduction (25%)

Measures	Threshold	Benchmark
↓MSPB	Median Medicare Spending Per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending Per Beneficiary ratios across all hospitals during the performance period.

Person and Community Engagement (25%)

HCAHPS Survey Dimensions	HCAHPS Performance Standards		
	Floor (%)	Threshold (%)	Benchmark(%)
Communication with Nurses	15.73	79.18	87.53
Communication with Doctors	19.03	79.72	87.85
Responsiveness of Hospital Staff	25.71	65.95	81.29
Communication about Medicines	10.62	63.59	74.31
Hospital Cleanliness and Quietness	5.89	65.46	79.41
Discharge Information	66.78	87.12	91.95
Care Transition	6.84	51.69	63.11
Overall Rating of Hospital	19.09	71.37	85.18

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.
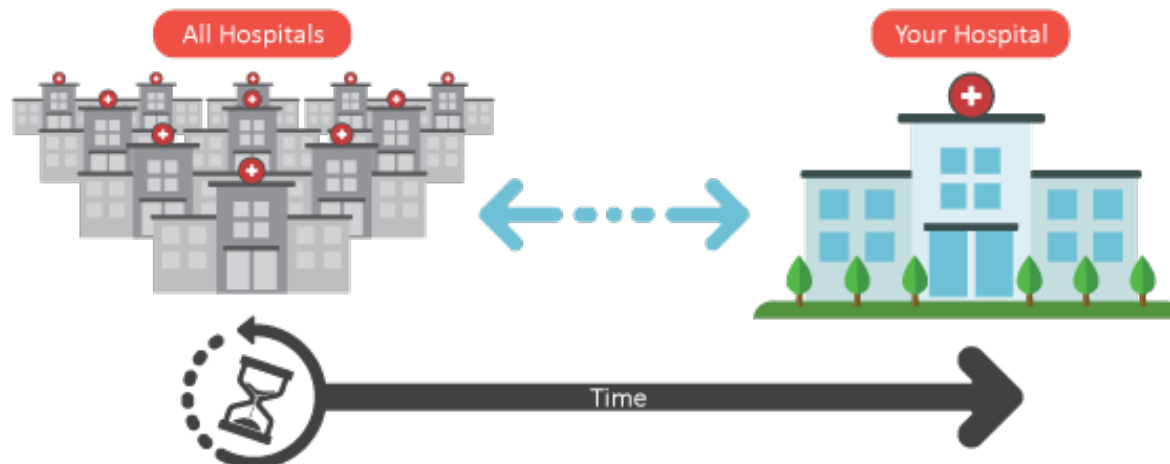
Improvement Points

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.

Clinical Outcomes Detail Report

Report Run Date:

Hospital Value-Based Purchasing – Baseline Measures Report

Clinical Outcomes Detail Report
Provider: XXXXXX
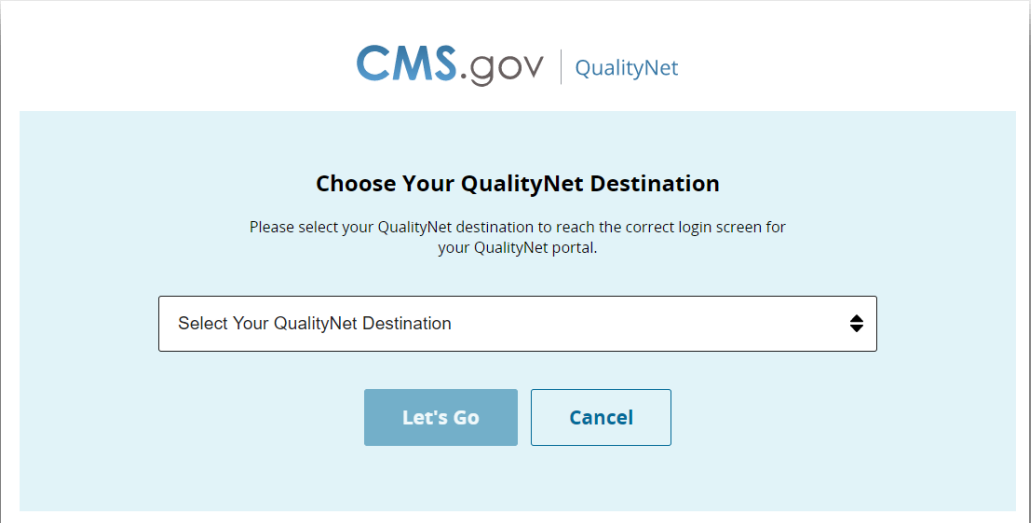**Reporting Period: Fiscal Year 2022**

Data As Of:

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

Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	41	0.866859	0.861793	0.881305
MORT-30-CABG Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	24	0.975450	0.968210	0.979000
MORT-30-COPD Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate**	0	-	0.920058	0.936962
MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate	107	0.885776	0.879869	0.903608
MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate	120	0.903072	0.836122	0.870506

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

Complication Measure	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
COMP-HIP-KNEE Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	318	0.028150	0.029833	0.021493

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.

Person and Community Engagement Detail Report

Hospital Value-Based Purchasing – Baseline Measures Report

Person and Community Engagement Detail Report
Provider: XXXXXX
Reporting Period: Fiscal Year 2022

Data As Of:

Baseline Period: 01/01/2018 - 12/31/2018

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses	75.6055%	15.73%	79.18%	87.53%
Communication with Doctors	82.2040%	19.03%	79.72%	87.85%
Responsiveness of Hospital Staff	57.4033%	25.71%	65.95%	81.29%
Communication about Medicines	63.4000%	10.62%	63.59%	74.31%
Cleanliness and Quietness of Hospital Environment	67.2014%	5.89%	65.46%	79.41%
Discharge Information	87.4032%	66.78%	87.12%	91.95%
Care Transition	48.9015%	6.84%	51.69%	63.11%
Overall Rating of Hospital	69.6047%	19.09%	71.31%	85.18%

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: 01/01/2018 - 12/31/2018

Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Achievement Threshold	Benchmark
CAUTI Catheter-Associated Urinary Tract Infection	3	3.971	0.755	0.727	0.000
CLABSI Central Line-Associated Blood Stream Infection	2	1.259	1.589	0.633	0.000
CDI Clostridium difficile Infection	3	8.772	0.342	0.646	0.047
MRSA Methicillin-Resistant Staphylococcus aureus Bacteremia**	2	0.992	-	0.748	0.000
SSI-Abdominal Hysterectomy	9	10.559	0.852	0.727	0.000
SSI-Colon Surgery**	N/A	N/A	-	0.749	0.000

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: XXXXXX
Reporting Period: Fiscal Year 2022

Data As Of:

Baseline Period: 01/01/2018 - 12/31/2018

Efficiency and Cost Reduction Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
MSPB-1 Medicare Spending per Beneficiary (MSPB)	$22,000.00	$20,000.00	1.100000	568

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:

  o **Hospital Reporting Feedback-Inpatient** role (required to receive the report)

  o **File Exchange and Search** role (required to download the report from the *QualityNet Secure Portal*)

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Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Select Your QualityNet Destination

Let's Go   Cancel

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.

6. Select "Inpatient" from the "Report Program" drop-down list, "Hospital Value-Based Purchasing–Feedback Reports" from the "Report Category" drop-down list, and click "View Reports."

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.

Quick Reference Guide

- 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
  - **Quality Reporting Center Website**
    https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-tools-and-resources/

Acute Care Hospital Quality Improvement Program Measures – FY 2022

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

https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/resources-and-tools2/

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

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