



Hospital Value-Based Purchasing (VBP) Program

Support Contractor

Hospital VBP Program Knowledge Refresher: FY 2022 Overview

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses. The questions and answers have been edited for clarity and grammar.

Question 1: When will the fiscal year (FY) 2022 baseline reports become available?

The reports are currently available to run in the *QualityNet Hospital Quality Reporting (HQR) Secure Portal*. The reports were made available to hospitals on February 19, 2020.

Question 2: What happens if a facility does not meet the minimum number of 100 completed Hospital Consumer Assessment of Healthcare Providers and Systems® (HCAHPS) Surveys?

If 100 surveys are not submitted during the baseline period, the hospital would not have an opportunity to receive improvement points. If the hospital did not meet the minimum of 100 surveys during the performance period, the hospital would not be eligible to receive achievement points or improvement points. In addition, the hospital would not receive a Person and Community Engagement domain score. The hospital could still receive a Total Performance Score (TPS), however, if the other three remaining domains meet the minimum measure requirements.

Question 3: When will the FY 2021 performance reports be available?

This presentation was specific to FY 2022. We anticipate FY 2021 Percentage Payment Summary Reports (PPSRs) to become available on or around August 1, 2020.

Question 4: Our hospital opened in late 2019, and we will begin submitting data with first quarter 2020 discharges. Will we be eligible for the FY 2022 Hospital VBP Program, assuming we met minimum case and measure requirements?

A newly opened hospital that only submits performance period data can still be included in the Hospital VBP Program, if the hospital meets the minimum measure and domain criteria. In this scenario, the hospital would not be scored on improvement because it only submitted performance period data. However, it still could earn achievement points to calculate its Total Performance Score (TPS).

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Question 5: **How is the value-based incentive payment actually paid back to the hospital?**

The payment adjustment factor is multiplied against the Diagnosis-Related Group payment amount. For more specific information, we recommend contacting your Medicare Administrative Contractor (MAC). To locate your MAC, visit <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs>.

Question 6: **Is the Baseline Measures Report sent through the *QualityNet Secure Portal* Secure File Transfer inbox or will we need to manually run the report in *QualityNet*?**

To access the report, users must have an active *QualityNet Secure Portal* account and have been assigned the necessary *QualityNet* roles for your hospital. The Baseline Measures Report is available to run through the *QualityNet Secure Portal* and the new *QualityNet Hospital Quality Reporting (HQR) Secure Portal*. The report is not accessible through Secure File Transfer. The steps for running your hospital's Baseline Measures report in the new *QualityNet HQR Secure Portal* are listed below for your reference:

1. Go to the *QualityNet HQR Secure Portal* login page:
<https://hqr.cms.gov/hqrng/login>.
2. Enter your HARP ID and password. Select Login.
3. Select method for two-factor authentication code. Enter code when received. Select Continue.
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 green arrow download button from the "ACTION" column.
11. Select Open or Save to view the report.

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

Please note that *QualityNet Secure Portal* users will need to transition to the new ID management security—Healthcare Quality Information System (HCQIS) Access, Roles and Profile system (HARP) to access data submissions and reports in the *QualityNet Hospital Quality Reporting (HQR) Secure Portal*. Instructions for how to register for a HARP account are located at <https://qualitynet.org/training-guides#tab2> and a webinar recording is available at <https://www.qualitynet.org/inpatient/hvbp/webinars>.

HARP streamlines the login process by allowing access to all CMS Quality organizations with one login. If you need help with this transition or have any questions, please contact the *QualityNet* Help Desk for instructions for establishing their HARP ID and linking their QualityNet accounts. Contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or toll-free (866) 288-8912 (TTY: (877) 715-6222), weekdays from 7 a.m. to 7 p.m. Central Time (CT).

Question 7: Are critical access hospitals (CAHs) exempt from the Hospital VBP Program?

Yes, only subsection (d) hospitals paid through the Inpatient Prospective Payment System (IPPS) are included in the Hospital VBP Program. CAHs are not eligible to participate in the Hospital VBP Program.

Question 8: Can hospitals receive an incentive greater than the 2 percent withhold and 2 percent incentive payment?

In FY 2022, 2 percent is the maximum reduction that a hospital can incur, if the hospital receives a TPS of 0 out of 100. However, a hospital can earn back more, based on the exchange function slope and the hospital's performance for the fiscal year. In FY 2020, the most recently completed fiscal year of scoring that we have available, 4.93 percent was the greatest value-based incentive payment percentage earned by a hospital. After accounting for the 2 percent withhold, the hospital will have a net change in payments of 2.93 percent for every applicable claim in FY 2020. Each fall, the Centers for Medicare & Medicaid Services (CMS) publishes the Hospital VBP Program actual payment adjustment factors for each fiscal year in the IPPS final rule tables in Table 16B.

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Question 9: **How are the achievement threshold and benchmark threshold communicated to the hospitals?**

Performance standards are published under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) rules and announced to the public.

The FY 2021 IPPS/LTCH PPS Proposed Rule was published on May 29, 2020, and available at <https://www.govinfo.gov/content/pkg/FR-2020-05-29/pdf/2020-10122.pdf>. Information pertaining to the Hospital VBP Program performance standards is primarily located on pages (85 FR 32775-32779). Reference the final rule when released for any updates to the displayed performance standards. .

The performance standards also appear on your hospital's Baseline Measures Report and publicly on the [QualityNet](#) website.

Question 10: **I did not receive an email that baseline reports were available, but I saw it on the home page of *QualityNet*.**

CMS sends notifications and reminders for the Hospital VBP Program via the *QualityNet* Listserve notification groups. You can sign up for the Listserve notification groups on *QualityNet*: <https://www.qualitynet.org/listserv-signup>.

Question 11: **How can we calculate mortality survival rates to calculate the VBP points?**

The survival rate is calculated as 1 minus the mortality rate; for example, if your mortality rate was 0.10 or 10 percent, your survival rate would be 0.9 or 90 percent.

Question 12: **When do you anticipate the sepsis measure to reach the Hospital VBP Program?**

CMS has not proposed to adopt the sepsis (SEP-1) measure into the Hospital VBP Program. CMS can propose to adopt new measures into the Hospital VBP Program through rulemaking.

Question 13: **When will the Hospital VBP Program include electronic clinical quality measures (eQMs)?**

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CMS has not proposed to adopt eCQMs into the Hospital VBP Program. CMS can propose to adopt new measures into the Hospital VBP Program through rulemaking.

Question 14: When will the Hospital VBP Program include PSI 90?

The Hospital VBP Program will include the CMS PSI 90 measure using the updated ICD-10 version of the PSI 90 measure beginning with the FY 2023 Hospital VBP Program. The PSI 90 measure in the FY 2023 Hospital VBP Program will utilize a baseline period of October 1, 2015 - June 30, 2017 and a performance period of July 1, 2019 - June 30, 2021. For more information on the measure removal and adoption, you can reference the [FY 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38242–38244 and 82 FR 38251–38256).

Question 15: Is there a tool to predict the dollar amount that will be reimbursed or lost?

CMS has not endorsed a tool that estimates payments due to the Hospital VBP Program.

Question 16: Please ask the speaker to repeat the information for the baseline for the MSPB measure. Do our baseline reports have some results?

CMS utilizes performance period data instead of baseline period data to calculate the MSPB performance standards (achievement threshold and benchmark values). CMS believes it's helpful for hospitals to be compared against performance standards constructed from more current performance period data for this measure, given potential changes in Medicare payment policy, changes in market forces, and changes in utilization practices. As a result, the performance standards for MSPB will not be displayed on the Baseline Measures Report. The performance standards for MSPB will be displayed on the Percentage Payment Summary Report.

Question 17: What happens when we can submit only one or two domains?

If a hospital only meets the minimum measures required in one or two domains, it will not be eligible for the Hospital VBP Program. A minimum of three of four domains is required to receive a Total Performance Score and to be considered eligible. Hospitals that are not eligible for the program will not have 2 percent of payments withheld and will not have the opportunity to receive incentive payments in that fiscal year.

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Question 18: **How do I obtain the most recent Medicare Inpatient Quality Pay-for-Performance report?**

If you are looking for the most recent Hospital VBP Program performance report (FY 2020), it is available to run through the *QualityNet Hospital Quality Reporting (HQR) Secure Portal*. The steps for running your hospital's Percentage Payment Summary Report are listed below for your reference:

1. Go to the *QualityNet HQR Secure Portal* login page:
<https://hqr.cms.gov/hqrng/login>.
2. Enter your HARP ID and password. Select Login.
3. Select method for two-factor authentication code. Enter code when received. Select Continue.
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 – Value-Based Percentage Payment Summary" from the "Report Name" section.
8. Select the parameters of the report and click "Run Report."
9. Click "Search Report(s)."
10. Select green arrow download button from the "ACTION" column.
11. Select Open or Save to view the report.

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

If this isn't the report inquired about, please send us a question in the *QualityNet* Inpatient [Q&A tool](#).

Question 19: **Regarding the measurement periods slide, can you explain the baseline period versus the performance period?**

The baseline period is an earlier time period than the performance period. The baseline period is used as a comparison to the performance period to determine improvement points in a hospital. The performance

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period is the latest time period that is used to calculate achievement points. More information is located at <https://www.qualitynet.org/inpatient/hvbp>.

Question 20: Slide 17 shows the next Hospital Specific Reports (HSRs) are released in April/May 2021 (FY 2022). Won't FY 2021 HSRs be out soon?

The dates listed on slide 17 are specific to FY 2022. The FY 2021 Claims-Based Measures (CBMs) HSRs are now available. The FY 2021 Hospital VBP Program Mortality and Complication Measures HSR was distributed to hospitals on April 9 and 10. More information regarding the release of the Mortality and Complication Measure HSR is available in the [*CMS Releases HSRs for the FY21 Hospital VBP Program Risk-Standardized Mortality and Complication Measures*](#) *QualityNet* news article. The FY 2021 Hospital VBP Program Medicare Spending per Beneficiary (MSPB) Measure HSR was distributed to hospitals on May 21 and 22. More information regarding the release of the MSPB HSR is available in the [*Medicare Spending per Beneficiary Hospital-Specific Reports Now Available*](#) *QualityNet* news article.

Question 21: How is the “floor” used?

The floor is a performance standard value only used in the Person and Community Engagement domain. The floor is used in calculating the Lowest Dimension Score for Consistency Points. For a detailed example of the floor and the calculation of the Consistency Score, we recommend reviewing the August 8, 2019, *What's My Payment? Understanding the Hospital VBP Program Calculations Step-By-Step in the Percentage Payment Summary Report* [webinar](#) (slides 67–72).

Question 22: For the VBP Safety domain, are the healthcare-associated infections (HAIs) from the National Healthcare Safety Network (NHSN) all the infections reported in the specified categories OR is the population filtered out for Medicare fee for service (FFS) patients 65 and older?

The HAI measures are not filtered to Medicare FFS beneficiaries aged 65 and older. They include all applicable infections reported to the NHSN.

Question 23: How often is *Hospital Compare* updated?

The Hospital VBP Program data results are generally updated annually in January. The FY 2020 results were posted in January 2020. More

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information on public reporting is located at
<https://www.qualitynet.org/inpatient/public-reporting/overall-ratings>.

Question 24: Can you please discuss the program funding in slide 11?

The Hospital VBP Program is funded by a 2 percent reduction to a hospital's base operating DRG payment amounts. Based on your hospital's performance in the Hospital VBP Program, your hospital can earn incentive payments. A hospital earning incentive payments of 3 percent, for example, would have a net change in payments of plus 1 percent after considering the initial 2 percent reduction. The adjustment to payments (both the reduction and incentive payments) are made on each claim during the fiscal year and not made in a lump sum.

Question 25: What does the expanded cohort mean for pneumonia mortality?

The MORT-30-Pneumonia measure used in the FY 2022 Hospital VBP Program now includes the expanded cohort of the following:

- Patients with a principal discharge diagnosis of aspiration pneumonia
- Patients with a principal discharge diagnosis of sepsis (not including severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA

Question 26: Please remind us why the baseline period for clinical outcomes measures can't be more recent than 2012–2015?

CMS stated in the [FY 2018 IPPS final rule](#) (80 FR 49558) from the proposal in the FY 2018 IPPS proposed rule (80 FR 24504), "We believe a 36-month baseline and performance period is appropriate for the mortality measures when possible. We adopted this policy in light of the length of the performance period that is needed to collect enough measure data for reliable performance scoring. We continue to believe that we should adopt 36-month baseline and performance periods for the mortality measures when possible to accommodate those durations."

Question 27: Why are the number of eligible discharges for the same measurement period for the mortality measures in the VBP report and on *Hospital Compare*? I understand the results are displayed

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differently (survival vs mortality rates), but why are the number of eligible discharges different?

There are several reasons the denominators presented in your Hospital VBP Program HSR could differ from those presented in your *Hospital Compare* HSR:

1. Although the results may use the same measure specifications and timeframes of eligible cases, please note that the sets of hospitals included in the results for public reporting on *Hospital Compare* and for the Hospital VBP Program are different, specifically:
 - For the mortality measure reported on *Hospital Compare*, the mortality measure calculations include index admissions to short-term acute care hospitals in the U.S. (including U.S. Virgin Islands, Puerto Rico, Guam, Northern Mariana Islands, and American Samoa), CAHs, Veterans Health Administration hospitals (for the AMI, heart failure, and pneumonia mortality measures), and Maryland short-term acute care hospitals participating in the All-Payer model.
 - For the mortality measure in the Hospital VBP Program, measure calculations include only index admissions to subsection (d) hospitals located in the 50 states and the District of Columbia. Therefore, because non-subsection (d) hospitals are removed from the Hospital VBP Program, transfers to these hospitals would not appear in the Hospital VBP Program results. For example, if a patient was transferred to a CAH, the patient could be included in Hospital VBP Program results but not in the *Hospital Compare* results.
2. The measures randomly select one eligible index admission per patient, per measure, per split year (June–July). Therefore, it is possible for a patient to have multiple, eligible index admissions that occur at different hospitals during a split year and only one included in the measure results. Thus, your cohort size may vary slightly based on whether an eligible index admission at your hospital is randomly selected for Hospital VBP Program or *Hospital Compare* results.

Question 28: What hospitals are participating in the Hospital VBP Program?

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

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District of Columbia. The following hospitals are excluded from the Hospital VBP Program:

- 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

Question 29:

One eligibility requirement of the Hospital VBP Program is that hospitals must have a minimum number of cases. What is the minimum number of cases in each of the fiscal years?

The minimum number of cases, surveys, discharges, predicted infections, episodes of care, domain measures, and domains can vary per fiscal year. The minimum data requirements to receive a measure score, domain score, or Total Performance Score for FY 2022 can be referenced on the [Minimum Cases and Measures](#) *QualityNet* page.