



Hospital Value-Based Purchasing (VBP) Program

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Hospital VBP Program Knowledge Refresher: FY 2022 Overview

Presentation Transcript

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Maria Gugliuzza: Hello and welcome to the Hospital Value-Based Purchasing, or VBP, Program knowledge refresher overview for the fiscal year 2022. My name is Maria Gugliuzza. I am with the Centers for Medicare & Medicaid Services Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, and I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with a summary of the questions asked today, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you registered for this event, a reminder email and a link to the slides were sent out to your email about two hours ago. If you did not receive that email, you can download the slides at our inpatient website, www.QualityReportingCenter.com. After the question-and-answer session, we will display a link to the survey if you would like to provide feedback on today's event. The survey will no longer automatically be available if you leave the event early. If you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary email sent out one to two business days after the event.

I would now like to introduce today's speaker. Bethany Bunch is the Hospital Value-Based Purchasing Program Lead for the Centers for Medicare & Medicaid Services Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor.

You can submit any questions, pertinent to the webinar topic, to us via the Ask a Question tool. All questions received during this webinar that pertain to this webinar topic will be reviewed and a summary will be made available at a later date. To maximize the usefulness of the summary, we will consolidate the questions received during this event and focus on the most important and frequently asked questions. Any questions received that are not related to the topic of the webinar will not be answered in the Ask a Question tool nor in the questions-and-answers summary for the webinar. To obtain answers to questions that are not specific to the content of this webinar we recommend that you go to the [QualityNet](#) Q&A tool. You can access the Q&A tool using the link on this slide. There you can

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search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the Q&A tool which, again, you can access at the link on this slide.

Today's 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, and highlights of resources.

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, and locate Hospital VBP Program resources. I will now turn the call presentation over to our speaker. Bethany, the floor is yours.

Bethany Bunch:

Thank you, Maria. Like Maria mentioned earlier, my name is Bethany Bunch and I am the Hospital Value-Based Purchasing Program Lead at CMS's Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contract. For those of you that are veterans and have been attending our Hospital VBP Program webinars for many years now, thank you for coming back and tuning in today. We will be really focusing on a short overview of the program and hitting on some of the key changes that you'll see when reviewing your FY 2022 Baseline Measures Reports. For those that are attending one of our events for the first time, I want to extend a welcome to you, and I hope you let us know what you thought of the webinar and topics that you would like us to cover in the future. Like I just told the veterans in the audience, we do plan to have a shorter webinar today hitting on the overall themes of the program and the changes from last year. If you would like a more comprehensive look into the Hospital VBP Program, I recommend going out to the [QualityReportingCenter.com](https://www.qualityreportingcenter.com) website and going into the Archived Events section for the Hospital VBP Program. There are event recordings from August 7 and August 8 in the archives that may be of interest. The August 7 webinar takes a look at the FY 2021 Hospital VBP Program as a whole. The August 8 webinar focuses on a step-by-step version of the calculations. Jamie or Rachel, would you be able to send out the direct link to the Hospital VBP Program

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archives on the QualityReportingCenter.com website to everyone now, so they can reference it for later? On this slide, we are taking a look at the foundation of the program. The Hospital Value-Based Purchasing Program is required by Congress under Section 1886(o) of the Social Security Act. The Hospital VBP Program was first adopted for fiscal year 2013 and CMS has used this program to adjust payments for every fiscal year subsequent. This webinar will be focusing on the fiscal year 2022, so this is the tenth year of the Hospital Value-Based Purchasing Program. To the veterans out there that have been with us since early on in the program, time really does fly! The Hospital Value-Based Purchasing Program was one of the first national inpatient pay-for-performance program in which hospitals are paid for services based on the quality of care rather than the quantity of services provided. The Hospital VBP Program pays for care that rewards better value, improves patient outcomes, innovations, and cost efficiencies over volume of services. There are two additional bullet points to reference regarding the framework that CMS uses when selecting new measures and determining the new measure's performance period.

The Hospital Value-Based Purchasing Program is an estimated budget-neutral program and is funded through a percentage withhold from participating hospitals' DRG payments. Incentive payments will be redistributed based on the hospital's Total Performance Score in the Hospital VBP Program in comparison to the distribution of all hospitals' Total Performance Scores and the total estimated DRG payments for that fiscal year. The funding from the fiscal year 2020 program will come from a 2 percent withhold from participating hospitals' base operating DRG payment amount. I know I just said a mouthful, especially for those of you that are new to the program. So, I would like you to focus on the graphic on the right of the screen. On the bottom left circle, we show a hospital incurring the 2 percent withhold that every hospital incurs when participating in the Hospital VBP Program. The cumulation of the 2 percent from every hospital is used for CMS to distribute the funds for the incentive payments. On the bottom right circle, we show CMS giving the hospital 3 percent in incentive payments due to their performance in the Hospital VBP Program. The net of CMS reducing 2 percent but giving 3

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percent in return, is a positive 1 percent on every claim for the hospital in the fiscal year. Changing the scenario a bit, the withhold remains at 2 percent, but the hospital only earned 1 percent of incentive payments based on their performance. The net of a 2 percent reduction and a 1 percent incentive is a net reduction of 1 percent. Historically, about half of all hospitals participating in the program received an overall increase in payments and the other half received an overall decrease in payments in any given fiscal year. As a reminder, the reduction and incentive payments are made on every applicable claim during the fiscal year and are not done in a lump sum.

The Hospital Value-Based Purchasing Program adjusts payments for approximately 3,000 hospitals each fiscal year. The program applies to subsection (d) hospitals in 50 states and the District of Columbia. Hospitals not paid through the Inpatient Prospective Payment System, or IPPS, such as Critical Access Hospitals, will not be eligible for the program. If your hospital is a subsection (d) hospital, your payments will be adjusted unless one of the exclusion reasons listed on this slide applies. Those exclusion reasons include hospitals that are subject to payment reduction under the Hospital IQR Program in the same fiscal year, by either not participating in the Hospital IQR Program or failing to meet one or more of the requirements of the Hospital IQR Program; hospitals cited for three or more deficiencies during the performance period [that pose immediate jeopardy to the health or safety of patients;] hospitals with less than three out of the four domains calculated, we will discuss the domain and measure requirements in a few minutes; hospitals with an approved extraordinary circumstance exception; and hospitals located in the State of Maryland. Excluded or ineligible hospitals will not have their payments adjusted, which means the hospital will not incur the two percent withhold to payments and will not receive incentive payments. Data for your excluded hospitals will not be publicly reported in the Hospital Value-Based Purchasing tables on the *Hospital Compare* website.

The domains and measures for fiscal year 2022 are displayed on this slide. We have the Clinical Outcomes Domain containing the 30-day mortality

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measures for AMI, CABG, COPD, heart failure, and pneumonia in addition to the THA/TKA Complication Rate. The Efficiency and Cost Reduction Domain contains the Medicare Spending per Beneficiary Measure. The Person and Community Engagement Domain contains the eight HCAHPS Survey dimensions that you see listed on this slide. The Safety Domain currently contains the five healthcare-associated infection measures collected under NHSN, the National Healthcare Safety Network. Each domain in fiscal year 2022 is weighted at 25 percent of the Total Performance Score. For those of you that are trying to recall which year CMS finalized the addition of the PSI 90 measure back into the Hospital VBP Program, it is scheduled to return in fiscal year 2023. CMS removed the PSI 90 measure from the Hospital Value-Based Purchasing Program in FY 2019 through FY 2022 due to operational constraints from the ICD-10 transition. CMS adopted the updated ICD-10 version of the PSI 90 measure that will be used beginning with the FY 2023 Hospital VBP Program. For more information on the measure removal and adoption, you can reference the FY 2018 IPPS final rule [82 FR 38242-38244 and 82 FR 38251-38256]. To summarize again, the PSI 90 measure is not included in FY 2022, and you will not see the measure on your Baseline Measures Report. You can expect to see it again next year on your FY 2023 Baseline Measures Report.

In the FY 2022 Hospital VBP Program, the 30-Day mortality measure for CABG was adopted to the Clinical Outcomes domain. In the first bullet point, you can click the link to the FY 2017 IPPS final rule to learn more about CMS's adoption of the measure into the Hospital VBP Program. Like the other mortality measures, the CABG measure includes Medicare fee for service patients aged 65 or older. The cohort specifically looks at those beneficiaries who receive a qualifying CABG procedure. The measure uses the same general approach for risk-adjustment as the other 30-day mortality measures.

On this slide, we display the measurement periods for each of the measures. Your hospital's baseline period rate is used in comparison to your hospital's performance period rate to determine how much

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improvement was observed at your hospital. The performance period rate is also used in comparison to all other hospitals through values that CMS calls “performance standards” to determine the level of achievement. The HCAHPS Survey, HAI measures, and the MSPB measure are calendar year measures and utilize a performance period of calendar year 2020 and a baseline period of calendar year 2018. The clinical outcomes mortality measures of AMI, CABG, COPD, and heart failure measures use a performance period of July 1 of 2017 through June 30 of 2020 and a baseline period of July 1, 2012 through June 30, 2015. The pneumonia mortality measure uses a performance period of September 1 of 2017 through June 30 of 2020, and a baseline period of July 1 of 2012 through June 30 of 2015. The pneumonia mortality measure is a little different due to the timing of CMS adopting the measure into the program with the expanded cohort in FY 2021. Next year, in fiscal year 2023, the pneumonia measure will use the same baseline and performance period dates as the other mortality measures. The hip/knee complication measure uses a performance period of April 1 of 2017 through March 31 of 2020 and a baseline period of April 1 of 2012 through March 31 of 2015.

A few slides back, we discussed a hospital being excluded if they had fewer than three of the four domain scores calculated. In order to have at least three domains calculated, a hospital would have to meet the minimum data requirements within at least three of the domains. For the Clinical Outcomes Domain, a hospital must have at least two measures with at least 25 eligible discharges. For the Person and Community Engagement Domain, a minimum of 100 complete HCAHPS Surveys is required. In the Safety Domain, a hospital would need to have at least two measures with one predicted infection as calculated by the CDC. Please note that the minimum requirement for the HAI measures is one predicted infection as calculated by the CDC and not an actual observed infection. For the Efficiency and Cost Reduction Domain, a minimum of 25 episodes of care is required.

In the Hospital VBP Program, for any given fiscal year, we have a baseline period and a performance period. If you recall from a couple

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slides ago, the baseline period is an earlier time period than the performance period, so a comparison of improvement can be made at that individual hospital. CMS provides hospitals with a Baseline Measures Report that contains a hospital's baseline period rates and the performance standards calculated by CMS that will be used to calculate improvement and achievement points. We are currently at that point on the timeline. CMS released the FY 2022 Baseline Measures Reports on February 19. Then, next year, after the performance period has ended, CMS will release Hospital-Specific Reports for the mortality measures and complication measure in April or May of 2021 and for MSPB in May or June of 2021. These reports allow you to review the patient-level data and the calculations of these measures prior to the data being used to calculate your Total Performance Scores. After your review period has ended, CMS calculates achievement points, improvement points, domain scores, Total Performance Scores, and payment-adjustment factors and releases that information in a Percentage Payment Summary Report. That report will be released to hospitals on or around August 1 of 2021. On October 1 of 2021, fiscal year 2022 begins. So, the payment-adjustment factor that you were provided in your Percentage Payment Summary Reports around August 1 of 2021, will now be used to adjust your hospital's payment for the next 12 months. In the fall of 2021, CMS will post the payment-adjustment factors publicly to the CMS.gov website; and, in January 2022, the refresh of the score results of the Hospital VBP Program will be publicly posted. Finally, on September 30 of 2022, fiscal year 2022 ends.

Hospitals have the opportunity to receive improvement and achievement points on their Percentage Payment Summary Report based upon their performance rate during the baseline period and performance period relative to the performance standards. The performance standards consist of the achievement threshold and benchmark for all measures and the floor, which is only applicable for the Person and Community Engagement Domain. The achievement threshold is calculated as the median, or 50th percentile, of all hospital rates for a measure during the baseline period. The benchmark is a mean of the top decile, which is the average of the top 10 percent during the baseline period. The floor used in

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calculating the HCAHPS consistency score is the rate of the lowest performing hospital during the baseline period. Please note that the performance standards are calculated based on baseline period data for all measures except for the Medicare Spending per Beneficiary measure which uses the performance period. As a result, you will not see performance standards listed for the MSPB measure on the Baseline Measures Report.

This slide displays the measures that will have a higher benchmark value than an achievement threshold because higher rates demonstrate better quality in the measure. The measures that this description is applicable for are the 30-day mortality measures in the Clinical Outcomes Domain and the HCAHPS dimensions in the Person and Community Engagement Domain. The mortality measures use survival rates in the Hospital VBP Program.

This slide displays the measures that will have higher achievement threshold values than benchmark values because lower rates demonstrate better quality in the measure. The measures that this description is applicable for are the hip/knee complication measure in the Clinical Outcomes Domain, the healthcare-associated infection measures in the Safety domain, and the MSPB measure in the Efficiency and Cost Reduction Domain.

This slide displays the performance standards for every measure. These performance standards will also display on the Baseline Measures Report.

There are two scores that a hospital can receive in every measure in the Hospital VBP Program, achievement points and improvement points. These next two slides provide a summary of those scores. Achievement points are awarded by comparing an individual hospital's rate during the performance period with all hospital rates from the baseline period by using two performance standards, the achievement threshold and the benchmark. If a hospital has a performance period rate that is equal to or better than the benchmark, ten achievement points will be awarded. If the rate is worse than the achievement threshold, the hospital will receive zero

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achievement points. If the performance period rate is equal to or better than the achievement threshold but is still worse than the benchmark, one to nine points will be awarded based on the achievement point formula. We won't be diving into the formulas and scoring examples today but, if that's something that you would like to look into, I recommend going to QualityReportingCenter.com, going to the Archive Events section for the Hospital VBP Program, and playing the August 8 calculations webinar.

Improvement points are unique to the Hospital VBP Program in relation to CMS' other inpatient pay-for-performance programs, such as the HAC Reduction Program and the Hospital Readmissions Reduction Program. Not only can hospitals be evaluated based on their current performance in comparison to all hospitals, but they can earn the points by improving from their own baseline period. CMS may award hospitals improvement points if the hospital's performance period rate is better than their own baseline period rate. The maximum point value for improvement points is 9. If your hospital had a performance period rate that was equal to or worse than its own baseline period rate, 0 improvement points would be awarded.

The Baseline Measures Report will contain four pages, one for each domain. The first page will display the 30-day mortality measures and the THA/TKA complication measure. These measures will have the number of eligible discharges, baseline period rate, achievement thresholds, and benchmark displayed. If your hospital does not meet the minimum number of cases to have improvement points calculated on the Percentage Payment Summary Report, an asterisk will be displayed behind the measure name. Your hospital could still have achievement points calculated, however, if the minimums are met during the performance period. The new 30-day mortality measure for CABG is displayed on this page.

The second page will display the Person and Community Engagement Detail Report with the eight dimensions included in that domain. This page will display the dimension details including four values: benchmark, achievement threshold, a hospital's baseline period rate, and the number of completed surveys during the baseline period. Please note that CMS has increased the precision of the baseline period rates to four places to the

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right of the decimal. Previously, the precision displayed was to two places to the right of the decimal. The displayed precision for the performance standards for the HCAHPS Survey dimensions will remain at 2.

The third page of the report will display the healthcare-associated infection measures in the Safety Domain. The healthcare-associated infections will display the number of actual infections, number of predicted infections, and standardized infection ratio. Each measure will also have the performance standards displayed. It's important to note that, although the SSI measures are reported as stratified on the Baseline Measures Report, there's only opportunity to receive one measure score that is weighted by the predicted infections during the performance period.

The fourth page of this report will display the Efficiency and Cost Reduction Domain with the MSPB measure. This page will provide information on the individual hospital's MSPB amount, the median MSPB amount, and the ratio between those two values. Also included on this page is the number of episodes of care for the hospital during the baseline period. Unlike all the other domains, the MSPB measure will not have performance standards displayed on the Baseline Measures Report. The performance standards are calculated using data from the performance period, instead of the baseline period, and will instead display solely on the Percentage Payment Summary Report.

The fiscal year 2022 Baseline Measures Report is available to run through the *QualityNet Secure Portal*. CMS made the report available on February 19. In order to access the report, you must have the roles listed on this slide assigned to your *QualityNet* account. If you are not able to access the report as easily as you should, please contact your internal *QualityNet* Security Administrator.

This slide provides step-by-step instructions for running the Hospital VBP Program Baseline Measures Report. If you have issues related to accessing the report, please contact the *QualityNet* Help Desk by email at qnetupport@hcqis.org.

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If you have questions regarding the data on your report, calculations, or just general Hospital VBP Program questions, please feel free to check out the frequently asked questions in the Inpatient Q&A tool on *QualityNet*. If there is not an answer to your question, please feel free to submit your questions through the Inpatient Questions and Answers tool.

If you have questions or would just like another reference point when you are looking through your Baseline Measures Report, we have developed a How to Read your Report Help Guide that is available on *QualityNet*.

This resource, the Hospital VBP Program Quick Reference Guide, is our most requested resource. The quick reference guide contains many of the details for the fiscal year 2022 Hospital VBP Program on one page, including the domains, the domain weights, the measures, the baseline and performance periods, the performance standards, and the fiscal year payment adjustment dates. This resource is available on the *QualityNet* and *QualityReportingCenter.com* websites.

Also available on the *QualityNet* and *QualityReportingCenter.com* websites is an acute care hospital quality improvement program measures for fiscal year 2022 payment determination quick reference guide. This document includes the measures included in each of the programs listed on this slide in addition to the data periods and anticipated date for *Hospital Compare* posting.

Please reference this slide when you have questions regarding the Hospital VBP Program to be directed to the correct destination quickly. I will now turn the presentation back over to Maria to review the questions that came in during the webinar.

Maria Gugliuzza: Thanks, Bethany. Our first question: When will the FY 2022 baseline reports be available?

Bethany Bunch: Thanks for the question, Maria. The reports are currently available to run in the *QualityNet Secure Portal*. CMS made the reports available to hospitals on February 19.

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Maria Gugliuzza: Great. Next question: What happens if a facility does not meet the minimum number of 100 completed HCAHPS Surveys?

Bethany Bunch: Good question. I think we get this question about every year. If 100 surveys are not submitted during the baseline period only, 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.

Maria Gugliuzza: Next question: When will the FY 2021 performance reports be available?

Bethany Bunch: Thanks. Just as a reminder, this presentation was specific to fiscal year 2022. We anticipate the fiscal year 2021 Percentage Payment Summary Reports will be available on or around August 1, 2020.

Maria Gugliuzza: Thank you. Next question: Our hospital opened in late 2019, and we will begin submitting data with first quarter of 2020 discharges. Will we be eligible for the FY 2022 Hospital VBP Program assuming we meet the minimum case and measure requirements?

Bethany Bunch: Sure. A newly opened hospital that just has 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 only performance period data would have been submitted. However, it still could earn achievement points to have the Total Performance Score (TPS) calculated.

Maria Gugliuzza: Alright. Our next question: How is the value-based incentive actually paid back to the hospital?

Bethany Bunch: Good question. The payment adjustment factor is multiplied against the Diagnosis-Related Group, or DRG, payment amount. For more specific

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information, we recommend contacting your [Medicare Administrative Contractor](#), also known as your MAC.

Maria Gugliuzza: Next question: Will the Baseline Measures Report be sent through the *QualityNet Secure Portal* inbox or will we have to manually run the report in *QualityNet*?

Bethany Bunch: Great question. To access the report, users must have an active *QualityNet Secure Portal* account and have been assigned the necessary *QualityNet* roles, specifically the File Exchange and Search role and the Hospital Reporting Feedback Inpatient role. These roles are available on slide 28. If you want to navigate to that slide now. Additionally, slide 29, if you want to switch to that slide, provided a step-by-step instruction for running that report in the *QualityNet Secure Portal*. The report is not directly sent to your hospital via the auto-route inbox that you might be familiar with by receiving Hospital-Specific Reports for the claims-based measures. In addition, the HAC Reduction and Hospital Readmissions Reduction Program send their HSRs via that method as well. The Hospital Value-Based Purchasing Program Percentage Payment Summary Report and the baseline payment report you do have to run yourself in the *QualityNet Secure Portal*.

Maria Gugliuzza: Thank you. Are critical access hospitals exempt from the VBP program?

Bethany Bunch: Yes, only subsection (d) hospitals paid through the Inpatient Prospective Payment System, or IPPS, are included in the Hospital VBP Program. Critical Access Hospitals are not eligible to participate in the Hospital VBP Program.

Maria Gugliuzza: Can hospitals receive an incentive greater than the 2-percent withhold and a 2-percent incentive payment?

Bethany Bunch: Great. Thank you for this question. I think we receive this one every year as well. The maximum reduction that a hospital can incur is 2 percent in FY 2022, if the hospital receives a Total Performance Score of zero 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

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2020, for example, that was the most recently completed fiscal year of scoring that we have available. The greatest value-based incentive payment percentage earned by a hospital was 4.93 percent. 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. CMS publishes the payment adjustment factors for each fiscal year in the IPPS final rule tables.

Maria Gugliuzza: How are the achievement threshold and benchmark threshold communicated out to the hospitals?

Bethany Bunch: That's also a great question. The performance standards are generally published in the IPPS rules first. In the case that the performance standards need to be updated through CMS' technical update authority, a *QualityNet* news article has historically been posted. The performance standards will also be listed on your hospital's Baseline Measures Report. The quick reference guide from slide 32 also contains the performance standards for the FY 2022 Hospital VBP Program and is available on [QualityNet](#) and [Quality Reporting Center](#).

Maria Gugliuzza: Thanks, Bethany. The next question: I did not receive an email that baseline reports were available, but I saw it on the home page of *QualityNet*. I think they are asking why they did not receive the email notification.

Bethany Bunch: I am glad you brought that one up, Maria. CMS sends notifications and reminders for the Hospital VBP Program through the *QualityNet* Listserve, specifically the Hospital Inpatient Value-Based Purchasing and Improvement Listserve notification groups as well as the Hospital Inpatient Quality Reporting and Improvement notification groups. If you aren't signed up for those notification groups, you can [register](#) now on *QualityNet*. I highly recommend going out and signing up for those two Listserve groups at minimum. We do provide all of our report release notifications and all of our webinar notifications through these Listserves. So, they are very important to be signed up on if you want those routine notifications and reminders regarding this program.

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Maria Gugliuzza: How can we calculate the mortality survival rates so that we can calculate the VBP points?

Bethany Bunch: Thanks, Maria. So, the survival rate is calculated as 1 minus the mortality rate; for example, if your mortality rate was 10 percent, your survival rate would be 90 percent. So, 1 minus 10 percent would be 90 percent.

Maria Gugliuzza: Could you please review slide 23 again for improvement points?

Bethany Bunch: Sure. Jamie or Rachel, can you move to back to slide 23? CMS may award a hospital improvement points if the hospital's performance period rate is better than its own baseline period rate. The maximum point value for improvement points is nine points. If a hospital's performance period rate is at or better than the benchmark and better than its own baseline period rate, it will receive a maximum nine improvement points. I hope that helps resolve your question. If you have additional questions regarding improvement points, please type them into the Ask a Question tool during the webinar or reach out to us directly with the Q&A tool on *QualityNet*, and we can get your questions answered.

Maria Gugliuzza: Thank you. The next question: What do we need to do differently in order to have minimums met for calculations for the HAI measures in the Safety Domain?

Bethany Bunch: Thanks for that question, Maria. We do get some questions in from some smaller hospitals that are not meeting the minimum of predicted infections in HAI measures. I just want to reiterate that the minimum is based on predicted infections based on the data you are submitting into NHSN, which is then used by the CDC for their calculations of predicted infections. CDC does not use the actual number of infections to determine if the minimum threshold was met to calculate the SIR. I do think that is a misconception out there. Many questions that I see come in I think assume actual infections are what is being used to determine if you are meeting the minimum requirements for the measure. It's not. CDC and CMS look at the predicted infections as calculated by the CDC. So, you do not have to have an actual infection in order to meet the minimum requirement for

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the HAI measures. For further questions regarding the SIR calculations or a hospital's specific HAI data submitted into NHSN, I recommend contacting the NHSN Help Desk at NHSN@cdc.gov.

Maria Gugliuzza: It looks like we have time for a couple more questions. Our next question: When do you anticipate the sepsis measure to reach the VBP program?

Bethany Bunch: CMS has not proposed to adopt the sepsis, or SEP-1, measure into the Hospital VBP Program. CMS can propose to adopt new measures into the Hospital VBP Program through rulemaking.

Maria Gugliuzza: When will eCQMs be included in the Hospital VBP Program?

Bethany Bunch: Thanks, Maria. Like the sepsis measure, CMS has not proposed to adopt the electronic clinical quality measures, or eCQMs, into the Hospital VBP Program. Also, like the sepsis measure, CMS can propose to adopt new measures into the Hospital VBP Program through rulemaking.

Maria Gugliuzza: We have time for one final question. When will PSI 90 be included in the Hospital VBP Program?

Bethany Bunch: Thanks, Maria. The PSI 90 measure is slated to return to the Hospital VBP Program in fiscal year 2023. CMS removed the PSI 90 measure from the Hospital Value-Based Purchasing Program in FY 2019 through FY 2022 due to operational constraints from the ICD-10 transition. CMS adopted the ICD-10 version of the PSI 90 measure that will be used beginning with the FY 2023. For more information on the measure removal and adoption, you can reference the [FY 2018 IPPS final rule](#) [82 FR 38242-38244 and 82 FR 38251-38256].

Maria Gugliuzza: That is all the time we have left today. I would like to thank everyone for joining our webinar today and thank you, Bethany, for an excellent presentation. Everybody have a great day.