



Hospital VBP Program: Navigating the New *QualityNet* Website

**Hosted by:
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

July 6, 2020

Speakers

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Hospital Value-Based Purchasing (VBP) Program Support
Contract Lead
Inpatient VIQR Outreach and Education
Support Contractor

Purpose

This event will provide an overview of the CMS Hospital VBP Program resources on the updated *QualityNet* website and show the steps to use the *QualityNet* Inpatient Questions & Answers tool and retrieve reports.

Objectives

Participants will be able to:

- Find Hospital VBP Program *QualityNet* pages and other available resources.
- Ask a question in the Inpatient Questions & Answers (Q&A) tool on *QualityNet*.
- Run Hospital VBP Program reports.
- Retrieve Hospital VBP Program Hospital-Specific Reports (HSRs) from the Auto Route Inbox.

Acronyms

AMI	acute myocardial infarction	HSR	Hospital-Specific Report
CABG	coronary artery bypass grafting	HVBP	Hospital Value-Based Purchasing
CAUTI	catheter-associated urinary tract infection	IPPS	inpatient prospective payment system
CDI	C. difficile Infection	IQR	Inpatient Quality Reporting
CLABSI	central line-associated bloodstream infection	MORT	mortality
CMS	Centers for Medicare & Medicaid Services	MRSA	Methicillin-resistant staphylococcus aureus
CoP	Condition of Participation	MS-DRG	Medicare Severity-DRG
COPD	chronic obstructive pulmonary disease	MSPB	Medicare Spending per Beneficiary
CY	calendar year	PN	pneumonia
DRG	diagnosis related group	PPS	prospective payment system
ECE	Extraordinary Circumstance Exception	PPSR	Payment Percentage Summary Report
EHR	electronic health record	Q	quarter
FY	fiscal year	SSI	surgical site infection
HAC	hospital-acquired condition	THA	Total Hip Arthroplasty
HAI	healthcare-associated infection	TKA	Total Knee Arthroplasty
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	TPS	Total Payment Score
HF	heart failure	VBP	Value-Based Purchasing
HRRP	Hospital Readmissions Reduction Program	VIQR	Value, Incentives, and Quality Reporting

Webinar Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: Hospital VBP Program: Navigating the New QualityNet Website
- Email Body: If your question pertains to a specific slide, please include the slide number.

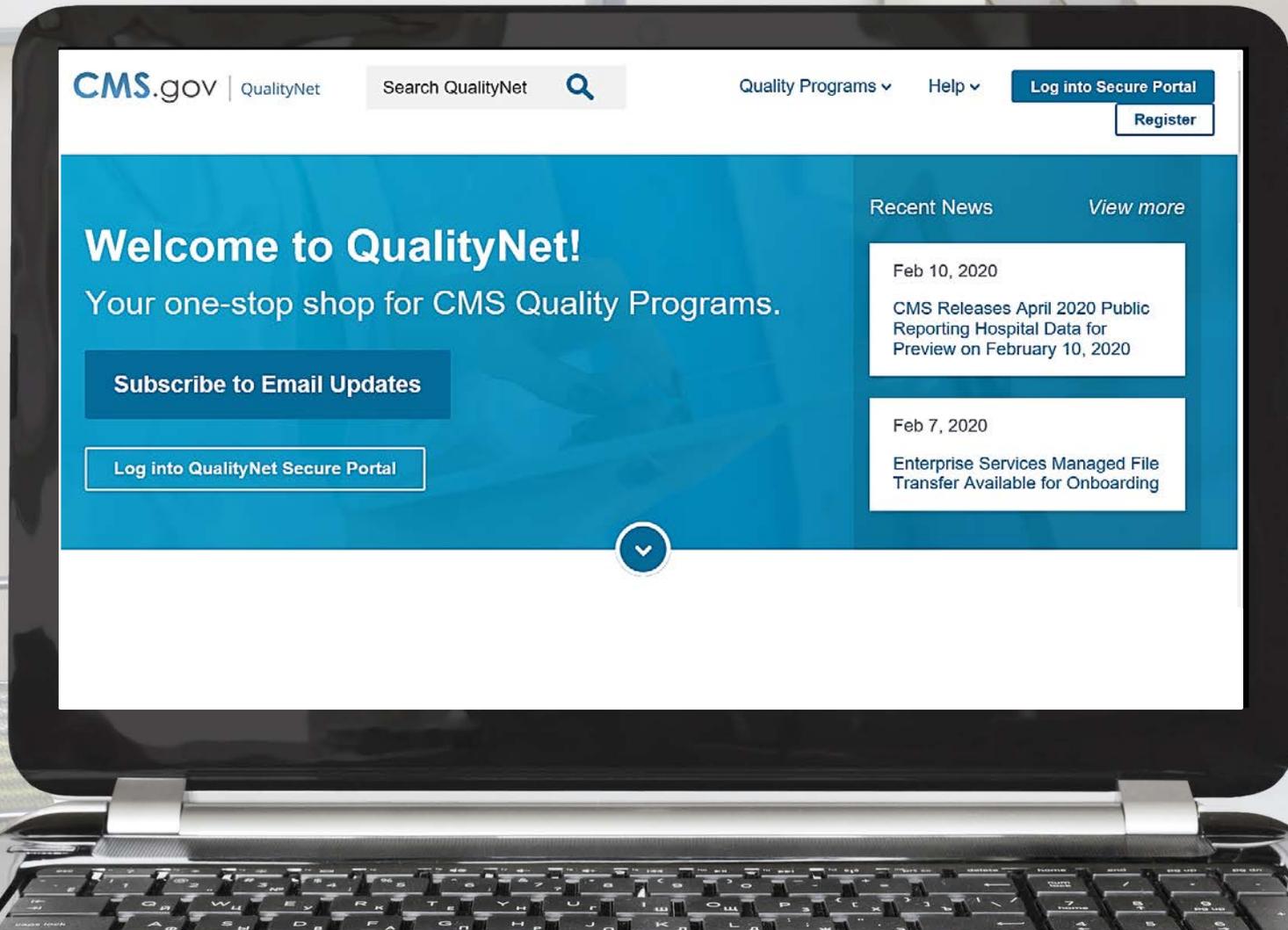
If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Questions and Answers tool, at https://cmsqualitysupport.servicenowservices.com/qnet_qa.

If you do not find an answer, then submit your question to us via the same tool.

Hospital VBP Program:
Navigating the New *QualityNet* Website

Uncovering the *QualityNet* Home Page

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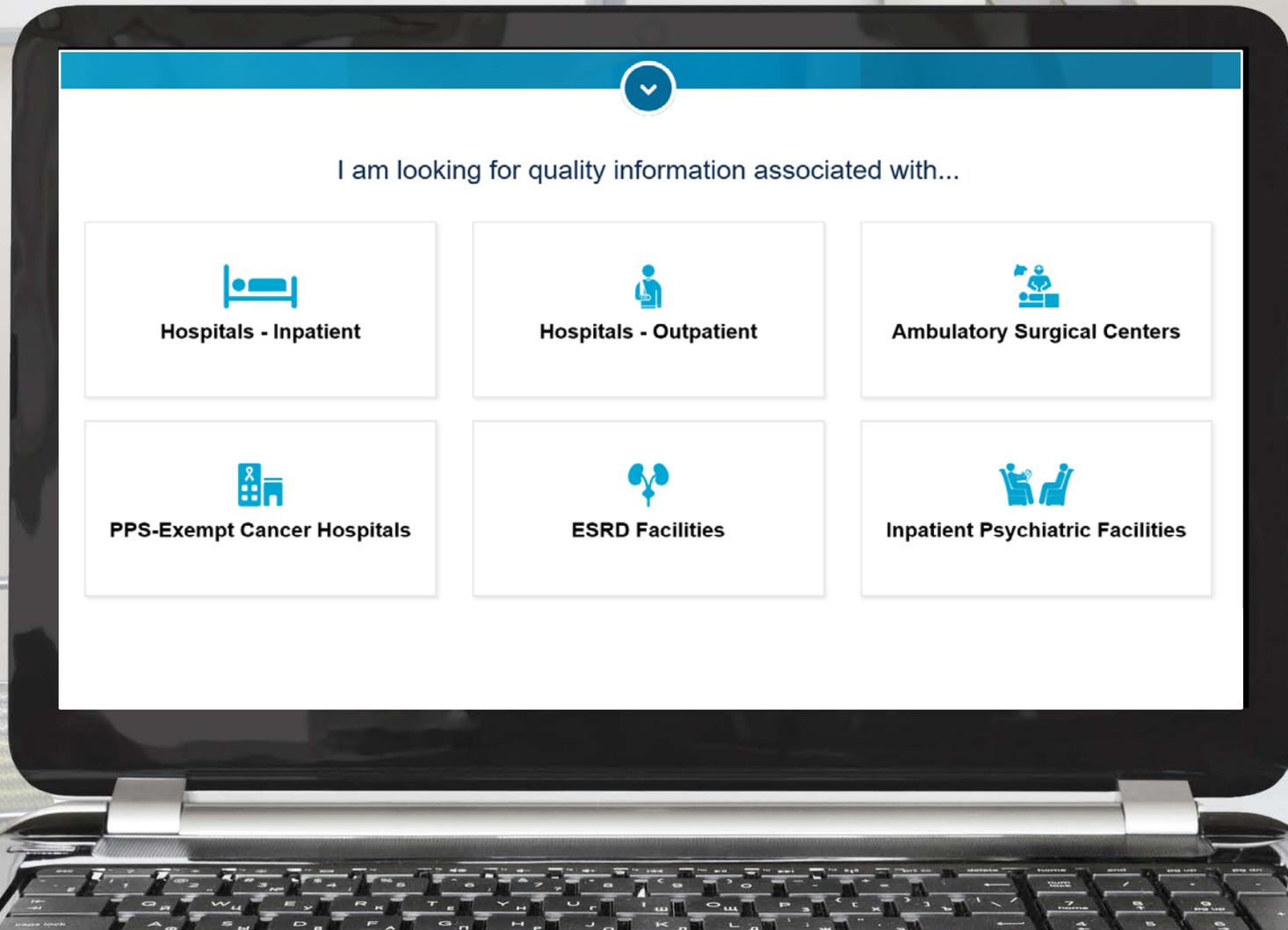
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FY 2020 Results for Three Value-Based Purchasing Programs Now on Hospital Compare

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Fiscal Year (FY) 2022 Hospital Inpatient Quality Reporting (IQR) Program Chart-Abstracted Hospitals Randomly Selected for Validation

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Updated QualityNet Question and Answer Tool – Direct links to Program Answers

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QualityNet Home Page

About QualityNet



About QualityNet

Established by the Centers for Medicare & Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others.

QualityNet is the only CMS-approved website for secure communications and healthcare quality data exchange between: quality improvement organizations (QIOs), hospitals, physician offices, nursing homes, end stage renal disease (ESRD) networks and facilities, and data vendors.

The goal of QualityNet is to help improve the quality of health care for Medicare beneficiaries by providing for the safe, efficient exchange of information regarding their care.

Join the ListServe to receive email notifications about QualityNet programs

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Sign Up for Email Updates on *QualityNet*

Provide the required user information below and select at least one mailing list you would like to join. All fields marked with an asterisk (*) are required.

In order to ensure list email delivery, please whitelist any email addresses for lists that you subscribe to. If you are having trouble receiving messages, check your spam or junk folder. If the problem persists, contact your IT Support.

User Information

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Email *

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Public Lists

Private Lists

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QualityNet IT Services

Notifications related to QualityNet IT Services.

HARP Notify: HCQIS Access Roles and Profile (HARP) Notifications

Information regarding HARP releases, upgrades, outages and general announcements

Hospital Quality Reporting

NOTE: The following CMS Hospital Quality Reporting program notification and discussion lists will be available for sign up here soon. In the meantime, please contact InpatientSupport@hsag.com to be added to any of these mailing lists:

Notification

- Ambulatory Surgical Centers Quality Reporting (ASCQR) Program
- ESRD Quality Incentive Program (ESRD QIP)
- Hospital Quality Reporting/Public Reporting
- Hospital Inpatient Quality Reporting (IQR) Program
- Hospital Inpatient Value-Based Purchasing (HVBP) Program
- Hospital Outpatient Quality Reporting (OQR) Program
- Hospital Reporting EHR (Electronic Health Record/eCQM)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program

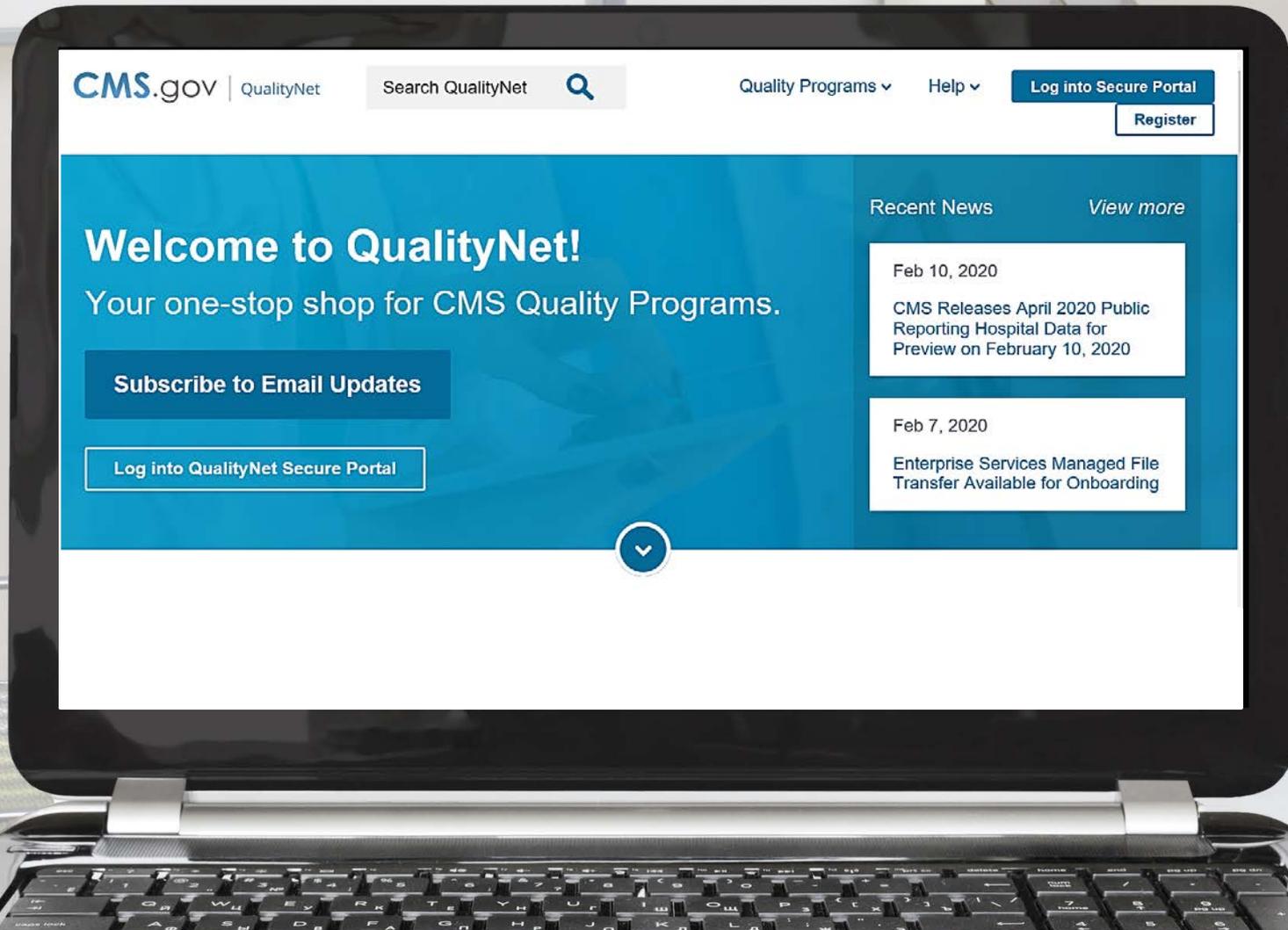
Discussion

- Hospital Inpatient Quality Reporting and Improvement

Hospital VBP Program:
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Navigating the Hospital VBP Program Pages

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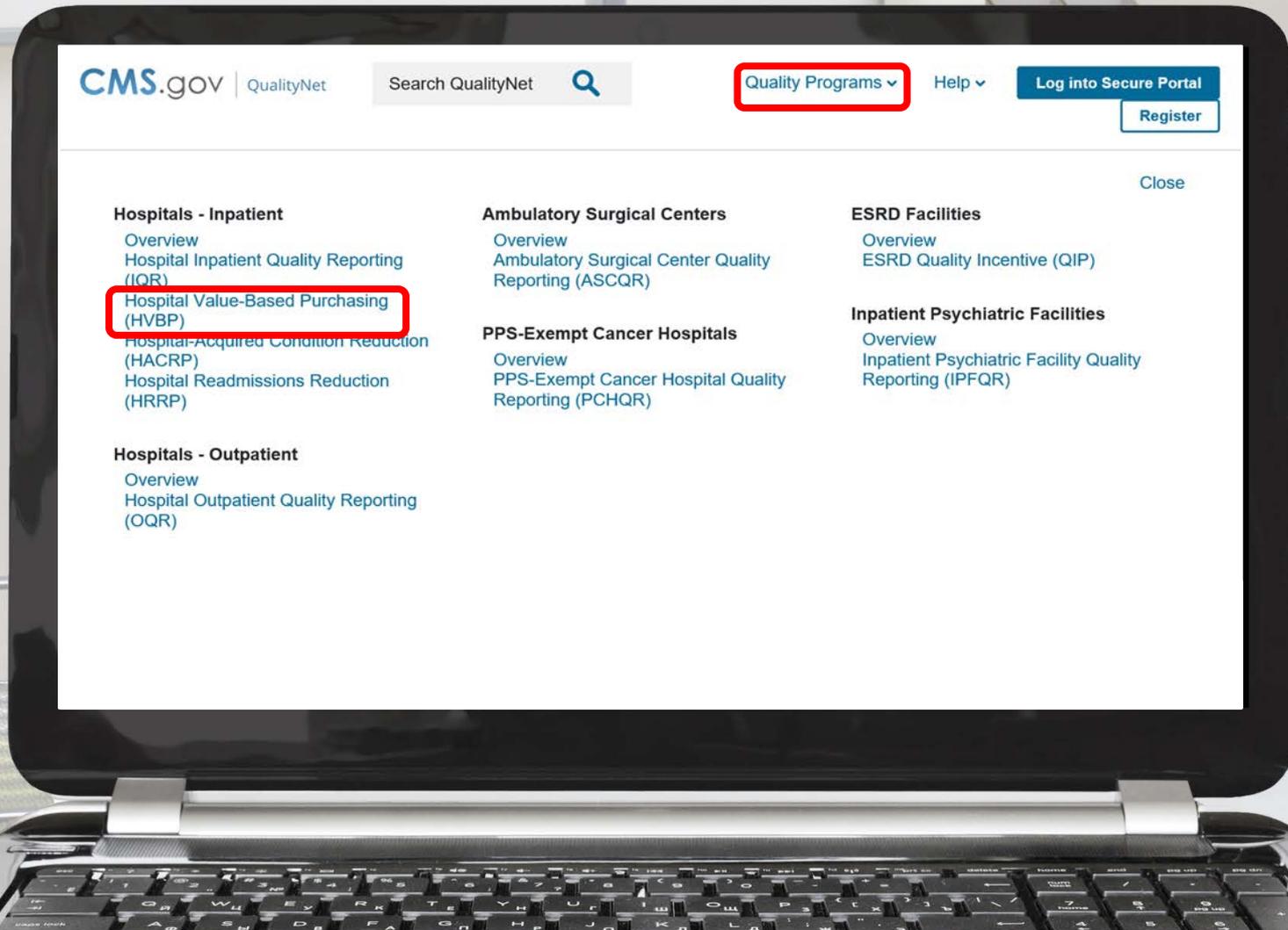
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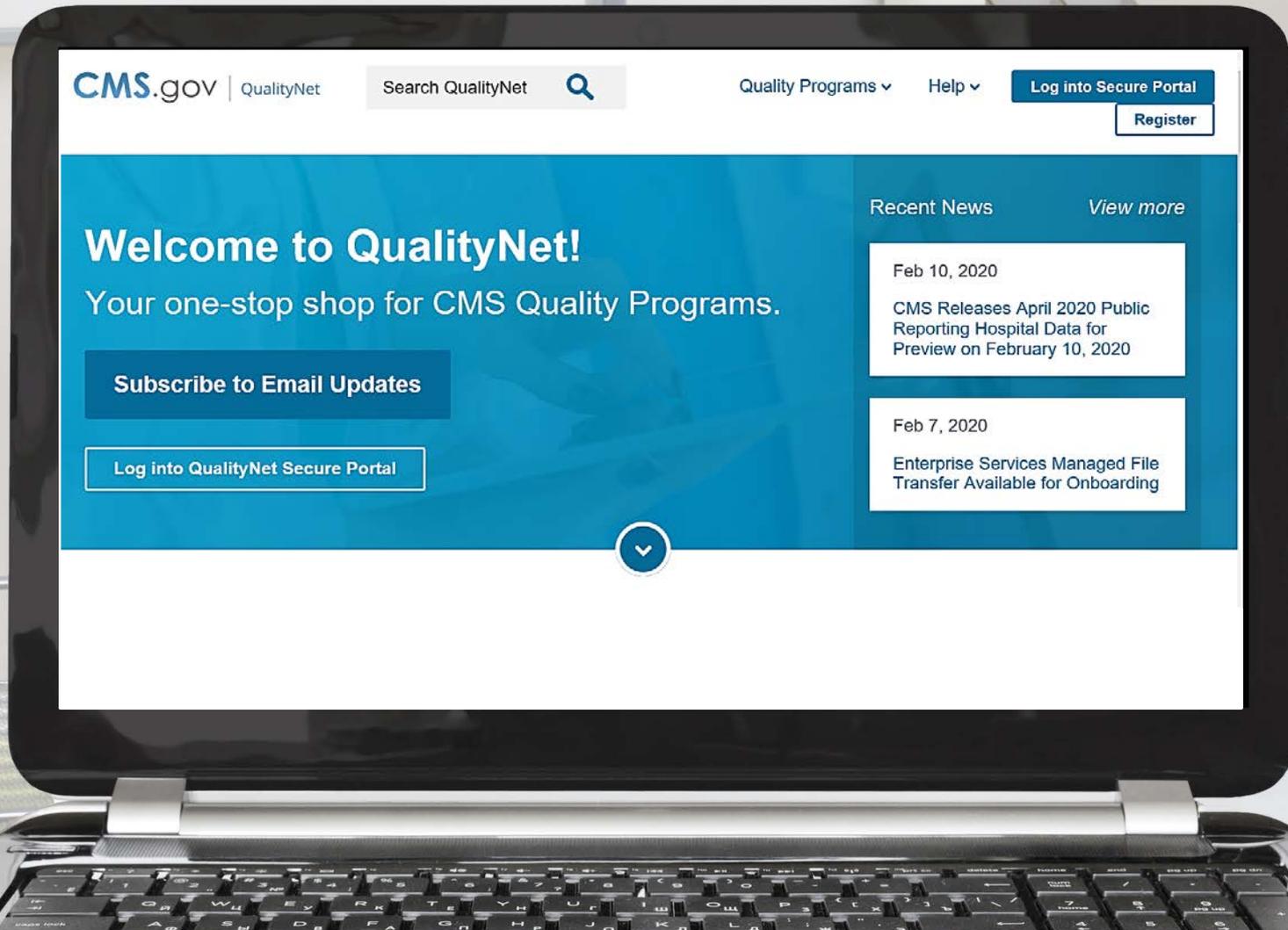
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QualityNet Home Page Quality Programs Hospital Value-Based Purchasing (HVBP)



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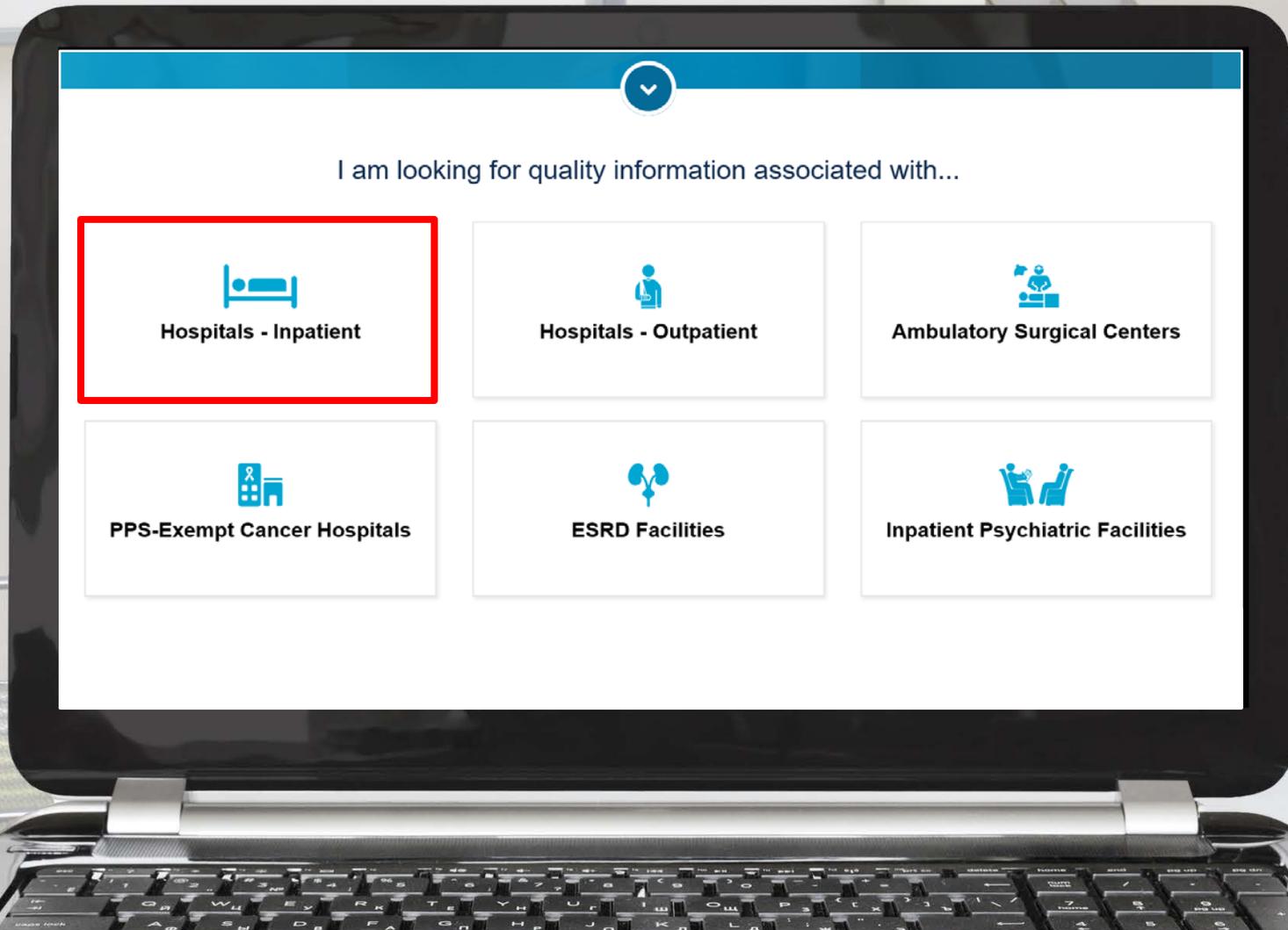
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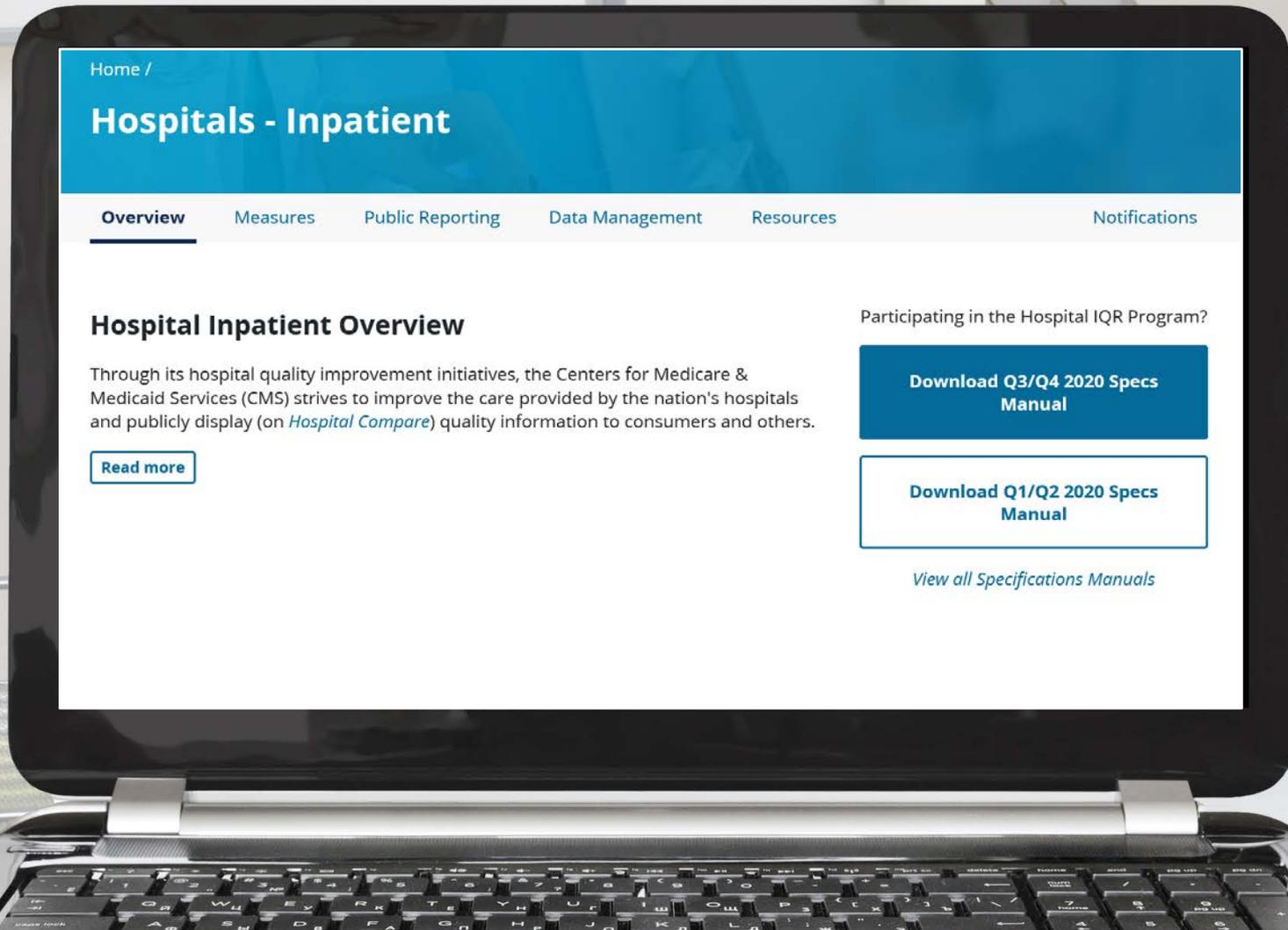
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Program Options



Hospitals - Inpatient



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Hospitals - Inpatient

Overview

Measures

Public Reporting

Data Management

Resources

Notifications

Hospital Inpatient Overview

Through its hospital quality improvement initiatives, the Centers for Medicare & Medicaid Services (CMS) strives to improve the care provided by the nation's hospitals and publicly display (on *Hospital Compare*) quality information to consumers and others.

[Read more](#)

Participating in the Hospital IQR Program?

[Download Q3/Q4 2020 Specs Manual](#)

[Download Q1/Q2 2020 Specs Manual](#)

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Hospitals - Inpatient

Hospital Inpatient Quality Programs

Hospital Inpatient Quality Programs

Hospital Inpatient
Quality Reporting
(IQR) Program

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(HVBP) Program

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Condition (HAC)
Reduction
Program

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Hospital
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Hospital VBP Program:
Navigating the New *QualityNet* Website

Hospital VBP Program Pages and Resources

Hospital VBP Program Overview

Home / Hospitals - Inpatient /

Hospital Value Based Purchasing (HVBP) Program

Overview HVBP Measures Participation Performance Reports Payment Resources Webinars

About the HVBP Program

The Hospital VBP Program is part of the Centers for Medicare & Medicaid Services' (CMS) long-standing effort to link Medicare's payment system to healthcare quality in the inpatient setting.

The program implements value-based purchasing within the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in approximately 3,000 hospitals across the country.

Hospitals are paid for inpatient acute care services based on the quality of care (as evaluated using a select set of quality and cost measures), not just quantity of the services they provide. Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital Value-Based Purchasing (VBP) Program.

Purpose

The Hospital VBP Program is designed to promote better clinical outcomes for hospital patients, as well as improve their experience of care during hospital stays, while reducing costs to make care affordable. Specifically, Hospital VBP seeks to incentivize hospitals to improve the quality and safety of care that Medicare beneficiaries and all patients receive during acute-care inpatient stays by:

- Eliminating or reducing the occurrence of adverse events (healthcare errors resulting in patient harm).
- Adopting evidence-based care standards and protocols that result in the best outcomes for the most patients.
- Re-engineering hospital processes that improve patients' experience of care.
- Increasing the transparency of care for consumers.
- Recognizing hospitals that are involved in the provision of high-quality care at a lower cost to Medicare.

Key Documents

[Download FY 2022 Hospital Value-Based Purchasing Guide](#)

[Download FY 2021 Hospital Value-Based Purchasing Guide](#)

Spotlight

The Fiscal Year 2022 Baseline Measures Reports are available now. Find more about the report release [here](#).

Support Contact

Inpatient VIQR Outreach and Education Support Contractor: (866) 800-8756
Weekdays from 7 a.m. to 6 p.m. Eastern Time

Hospital VBP Program FY 2022 Guide

FY 2022 Hospital Value-Based Purchasing Guide			
Payment adjustment effective for discharges from October 1, 2021 through September 30, 2022			
Baseline Period <i>July 1, 2012–June 30, 2015</i> Measures 30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI) 0.861793 0.881305 Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate (MORT-30-CABG) 0.968210 0.979000 30-Day Mortality, Heart Failure (MORT-30-HF) 0.879869 0.903608 30-Day Mortality, COPD (MORT-30-COPD) 0.920058 0.938962 Baseline Period <i>July 1, 2012–June 30, 2015</i> Measure 30-Day Mortality, Pneumonia (MORT-30-PN) 0.836122 0.870506 Baseline Period <i>April 1, 2012–March 31, 2015</i> Measure Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication Rate (COMP-HIP-KNEE) 0.029833 0.021493	Performance Period <i>July 1, 2017–June 30, 2020</i> Threshold Benchmark 0.881305 0.979000 0.903608 0.938962 0.870506 Performance Period <i>September 1, 2017–June 30, 2020</i> Threshold Benchmark 0.870506 Performance Period <i>April 1, 2017–March 31, 2020</i> Threshold Benchmark 0.021493 0.021493	Baseline Period <i>January 1–December 31, 2018</i> HCAHPS Survey Dimensions Communication with Nurses 15.73 79.18 87.53 Communication with Doctors 19.03 79.72 87.85 Responsiveness of Hospital Staff 25.71 86.95 81.29 Communication about Medicines 10.62 83.59 74.31 Hospital Cleanliness and Quietness 5.89 86.46 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	Performance Period <i>January 1–December 31, 2020</i> HCAHPS Performance Standards Floor (%) Threshold (%) Benchmark(%) 79.18 87.53 87.85 81.29 74.31 79.41 91.95 63.11 85.18
Clinical Outcomes		Person and Community Engagement	
Safety		Efficiency and Cost Reduction	
Baseline Period <i>January 1–December 31, 2018</i> Measures (Healthcare-Associated Infections) Central Line-Associated Bloodstream Infections (CLABSI) 0.633 0.000 Catheter-Associated Urinary Tract Infections (CAUTI) 0.727 0.000 Surgical Site Infection (SSI): Colon 0.749 0.000 SSI: Abdominal Hysterectomy 0.727 0.000 Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) 0.748 0.000 Clostridium difficile Infection (CDI) 0.646 0.047	Performance Period <i>January 1–December 31, 2020</i> Threshold Benchmark 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.047	Baseline Period <i>January 1–December 31, 2018</i> Measures Medicare Spending per Beneficiary (MSPB)	Performance Period <i>January 1–December 31, 2020</i> Threshold Benchmark 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
FY 2022 Value-Based Payments Funded by 2.0% Withhold		↓ = Lower Values Indicate Better Performance	

Hospital VBP Program

HVBP Measures

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[HVBP Measures](#)

[Participation](#)

[Performance](#)

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[Payment](#)

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Measures

[Previous Measures](#)

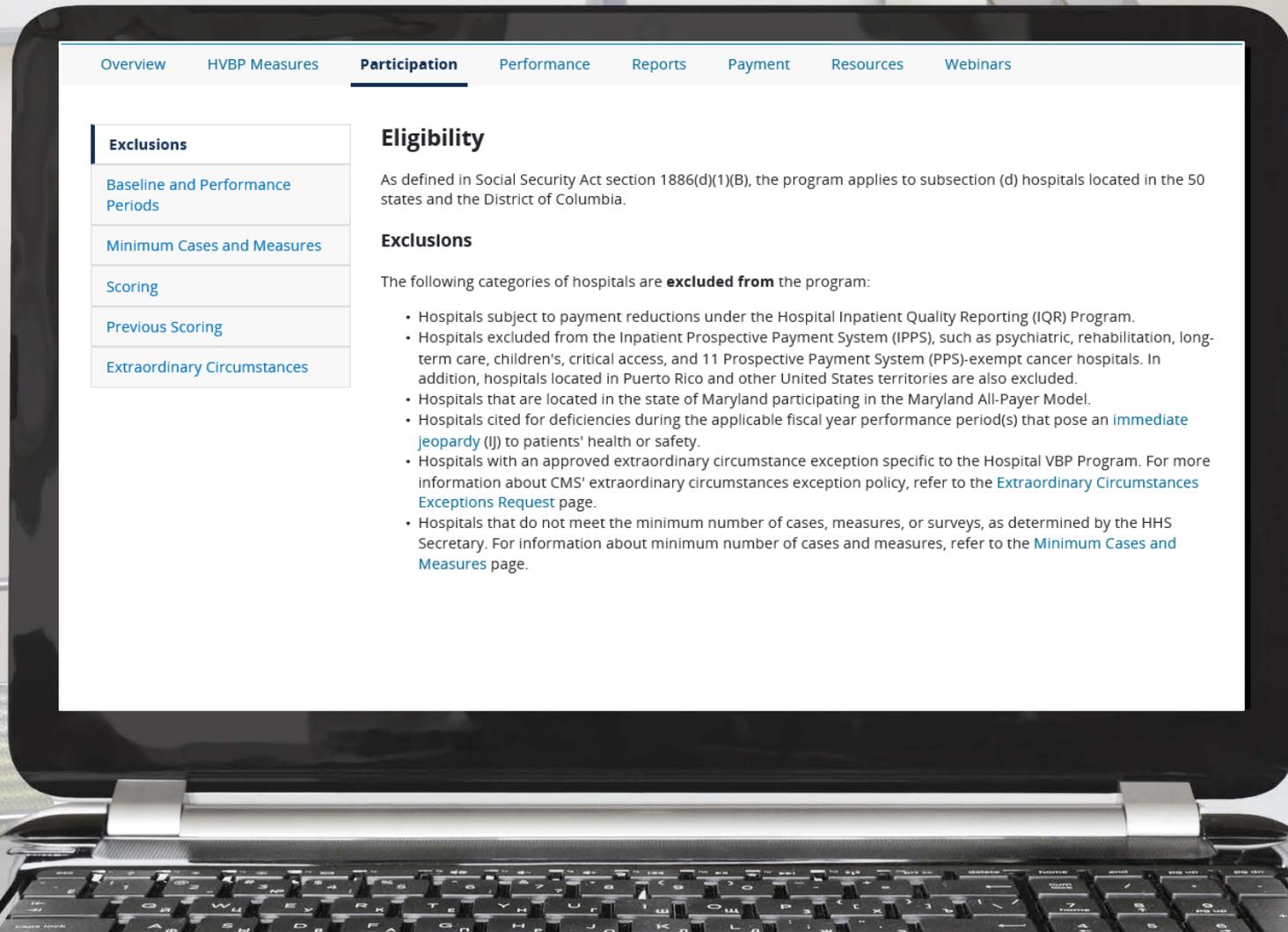
Hospital Value Based Purchasing (HVBP) Program FY 2018 - 2025 Measures

A hospital's performance in fiscal years (FY) 2018-FY 2025 Hospital Value-Based Purchasing (VBP) will be based on its performance on the following measures:

Clinical Care Domain (FY 2018- FY 2019)/Clinical Outcomes Domain (FY 2020 and subsequent fiscal years)

Measure ID*	Measure Description	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Yes							
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	Yes							
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	Yes	Yes	Yes	No	No	No	No	No
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate (Updated Cohort)	No	No	No	Yes	Yes	Yes	Yes	Yes
COMP-HIP-KNEE	Total Hip Arthroplasty (THA)/Total Knee Arthroplasty Complication Rate (TKA)	No	Yes						

Hospital VBP Program Participation – Exclusions



Overview HVBP Measures **Participation** Performance Reports Payment Resources Webinars

Exclusions

- [Baseline and Performance Periods](#)
- [Minimum Cases and Measures](#)
- [Scoring](#)
- [Previous Scoring](#)
- [Extraordinary Circumstances](#)

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.

Exclusions

The following categories of hospitals are **excluded from** the program:

- Hospitals subject to payment reductions under the Hospital Inpatient Quality Reporting (IQR) Program.
- Hospitals excluded from the Inpatient Prospective Payment System (IPPS), such as psychiatric, rehabilitation, long-term care, children's, critical access, and 11 Prospective Payment System (PPS)-exempt cancer hospitals. In addition, hospitals located in Puerto Rico and other United States territories are also excluded.
- Hospitals that are located in the state of Maryland participating in the Maryland All-Payer Model.
- Hospitals cited for deficiencies during the applicable fiscal year performance period(s) that pose an [immediate jeopardy \(IJ\)](#) to patients' health or safety.
- Hospitals with an approved extraordinary circumstance exception specific to the Hospital VBP Program. For more information about CMS' extraordinary circumstances exception policy, refer to the [Extraordinary Circumstances Exceptions Request](#) page.
- Hospitals that do not meet the minimum number of cases, measures, or surveys, as determined by the HHS Secretary. For information about minimum number of cases and measures, refer to the [Minimum Cases and Measures](#) page.

Hospital VBP Program Immediate Jeopardy Guide

Immediate Jeopardy

Hospital VBP Program Quick Reference Guide

Eligibility for Participation in the Hospital VBP Program and Immediate Jeopardy Origination

The Centers for Medicare & Medicaid Services (CMS) Hospital Value-Based Purchasing (VBP) Program applies to subsection (d) hospitals, but excludes hospitals from participating for a fiscal year in which the following conditions apply:

1. A hospital that is subject to the payment reduction under section 1886(b)(3)(B)(viii)(I) of the Social Security Act (the Hospital Inpatient Quality Reporting Program)
2. **A hospital for which, during the performance period for the fiscal year, the Secretary has cited deficiencies that pose immediate jeopardy to the health or safety of patients**
3. A hospital for which there are not a minimum number of measures that apply to the hospital for the performance period for the fiscal year involved, or for which there are not a minimum number of cases for the measures that apply to the hospital for the performance period

A hospital that meets the definition of "cited for deficiencies that pose immediate jeopardy" (during any of the finalized performance periods for any measure in a given program year) will be excluded from participating in that program year.

Immediate Jeopardy Definition: Violation of a Condition of Participation (CoP)

CMS uses the Medicare State Survey and Certification process for citing deficiencies that pose immediate jeopardy to patients. Hospitals cited for deficiencies by this process during the performance period will be excluded from the Hospital VBP Program for the fiscal year. Hospitals excluded from the Hospital VBP Program would not incur the applicable withhold and would not be eligible to receive incentive payments for the fiscal year.

Immediate Jeopardy Definition: Emergency Medical Treatment and Labor Act (EMTALA) Violations

The CMS Regional Office determines whether there was an EMTALA violation after reviewing the State Survey Agency's report and an expert physician reviews the findings. Then it determines whether the violation constitutes an EMTALA-related immediate jeopardy citation.

Volume of Citations Required for Exclusion

Beginning on October 1, 2016 (Fiscal Year 2017), hospitals will be excluded from the Hospital VBP Program for a particular program year if, during the performance period for that fiscal year, they were cited three times for deficiencies that pose immediate jeopardy to the health or safety of patients.

Performance Periods for Purposes of Immediate Jeopardy (FY 2019- FY 2022)

Fiscal Year	Performance Period
FY 2019	07/01/2014 – 12/31/2017
FY 2020	07/01/2015 – 12/31/2018
FY 2021	04/01/2016- 12/31/2019
FY 2022	04/01/2017- 12/31/2020

CoP vs. EMTALA Citation Dates

- **CoP:** The survey end date generated in the Automated Survey Processing Environment (ASPEN) is used as the date for assignment of the immediate jeopardy citation to a particular performance period.
- **EMTALA:** The date of CMS' final issuance of Form CMS-2567 to the hospital is used as the date for assignment of the immediate jeopardy citation to a particular performance period.
- **CoP and EMTALA:** If a hospital survey resulted in a CoP citation and an EMTALA-related citation, the survey end date generated in ASPEN would be the default date for potential exclusion from the Hospital VBP Program.

For further assistance regarding the information contained in this document, please contact the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC) through the Inpatient Questions and Answers tool at <https://cms-op.oushelp.com>, or by calling, toll-free, (844) 472-4477 or (866) 800-5765 weekdays from 8 a.m. to 8 p.m. ET.

Hospital VBP Program

Baseline and Performance Periods

Baseline period means the time period during which data are collected for the purpose of calculating hospital performance on measures to establish the improvement thresholds for each measure with respect to a fiscal year.

Performance period means the time period during which data are collected for the purpose of calculating hospital performance on measures with respect to a fiscal year.

Fiscal Year (FY) 2025 Baseline and Performance Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes: 30-Day Mortality Measures (AMI, HF, CABG, COPD, PN)	July 1, 2015 - June 30, 2018	July 1, 2020 - June 30, 2023
Clinical Outcomes: COMP-HIP-KNEE Complication Measure	April 1, 2015 - March 31, 2018	April 1, 2020 - March 31, 2023
Person and Community Engagement	Jan. 1, 2021 - Dec. 31, 2021	Jan. 1, 2023 - Dec. 31, 2023
Safety: PSI 90	July 1, 2017 - June 30, 2019	July 1, 2021 - June 30, 2023
Safety: HAI	Jan. 1, 2021 - Dec. 31, 2021	Jan. 1, 2023 - Dec. 31, 2023
Efficiency and Cost Reduction	Jan. 1, 2021 - Dec. 31, 2021	Jan. 1, 2023 - Dec. 31, 2023

Hospital VBP Program

Minimum Cases and Measures

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[Exclusions](#)

[Baseline and Performance Periods](#)

Minimum Cases and Measures

[Scoring](#)

[Previous Scoring](#)

[Extraordinary Circumstances](#)

Minimum Cases and Measures

CMS established the following minimum reporting requirements for number of cases, measures, and surveys:

FY 2020 Minimum Reporting Requirements

- Clinical Outcomes: 25 cases in at least 2 of the 4 measures.
- Person and Community Engagement: 100 completed surveys.
- Safety: Hospitals must report the applicable case minimum for at least 2 of the 6 measures for the Safety domain.
 - CAUTI: 1 predicted infection.
 - CLABSI: 1 predicted infection.
 - CDI: 1 predicted infection.
 - MRSA: 1 predicted infection.
 - SSI: A minimum of 1 predicted infection must be calculated in at least 1 of the 2 SSI strata in order to receive a SSI measure score.
 - SSI - Colon: 1 predicted infection.
 - SSI - Abdominal Hysterectomy: 1 predicted infection.
 - PC-01: 10 cases.
- Efficiency and Cost Reduction: 25 episodes of care for the Medicare Spending per Beneficiary (MSPB) measure.

FY 2021 Minimum Reporting Requirements

- Clinical Outcomes: 25 cases in at least 2 of the 5 measures.
- Person and Community Engagement: 100 completed surveys.
- Safety: Hospitals must report the applicable case minimum for at least 2 of the 5 measures for the Safety domain.
 - CAUTI: 1 predicted infection.
 - CLABSI: 1 predicted infection.
 - CDI: 1 predicted infection.

Hospital VBP Program Scoring

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Scoring

A hospital's performance in Hospital Value-Based Purchasing (VBP) is based on measures/dimensions for the domains per fiscal year (FY). The hospital's Total Performance Score (TPS) is composed of the following:

FY 2020 - FY 2022 Scoring

Domain	Weight
Clinical Outcomes	25%
Person and Community Engagement	25%
Safety	25%
Efficiency and Cost Reduction	25%

Weighting for FY 2020 - FY 2022

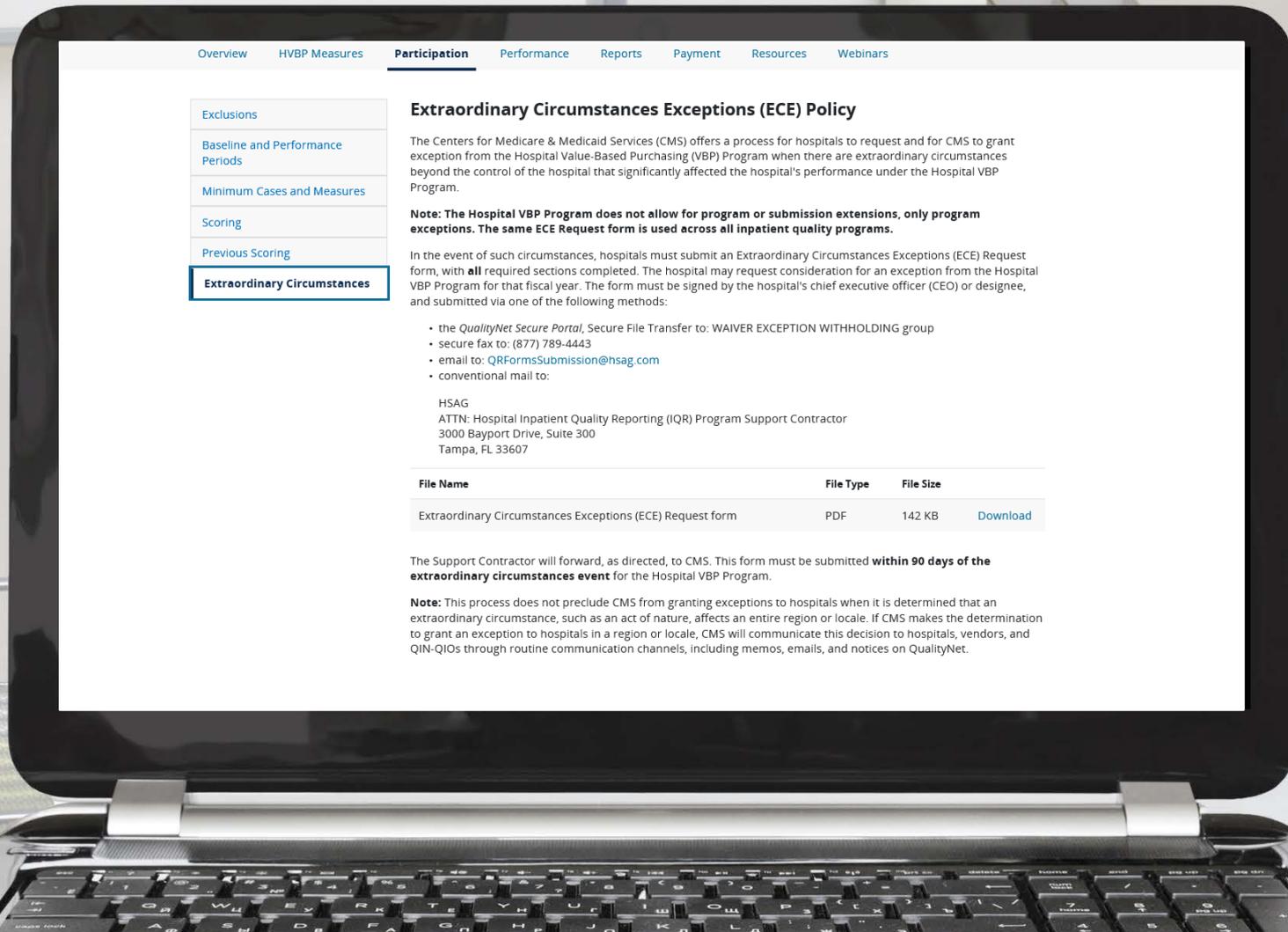
For FY 2020 through FY 2022, the TPS will be re-weighted proportionately to the scored domains for hospitals with only three (3) out of four (4) domain scores. The TPS will be scored out of a possible 100 points, and the relative weights for the scored domains will remain equivalent.

For example, when a hospital meets the minimum case and measure requirements for the Safety domain, Person and Community Engagement domain, and Efficiency domain, but does **not** meet the minimum case requirements for the Clinical Outcomes domain, the weighting will be reallocated to the remaining applicable domains.

As noted above, the FY 2020- FY 2022 scoring is based on each of the four domains weighted equally at 25 percent each. Therefore, in the previous example the reallocation of weighting would be as follows:

- Safety = 33.3%
- Person and Community Engagement = 33.3%

Hospital VBP Program Extraordinary Circumstances



The screenshot shows a laptop displaying a web page with a navigation menu at the top: Overview, HVBP Measures, Participation (selected), Performance, Reports, Payment, Resources, and Webinars. On the left side, there is a sidebar menu with the following items: Exclusions, Baseline and Performance Periods, Minimum Cases and Measures, Scoring, Previous Scoring, and Extraordinary Circumstances (highlighted with a blue border). The main content area is titled "Extraordinary Circumstances Exceptions (ECE) Policy".

Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant exception from the Hospital Value-Based Purchasing (VBP) Program when there are extraordinary circumstances beyond the control of the hospital that significantly affected the hospital's performance under the Hospital VBP Program.

Note: The Hospital VBP Program does not allow for program or submission extensions, only program exceptions. The same ECE Request form is used across all inpatient quality programs.

In the event of such circumstances, hospitals must submit an Extraordinary Circumstances Exceptions (ECE) Request form, with **all** required sections completed. The hospital may request consideration for an exception from the Hospital VBP Program for that fiscal year. The form must be signed by the hospital's chief executive officer (CEO) or designee, and submitted via one of the following methods:

- the *QualityNet Secure Portal*, Secure File Transfer to: WAIVER EXCEPTION WITHHOLDING group
- secure fax to: (877) 789-4443
- email to: QRFormsSubmission@hsag.com
- conventional mail to:

HSAG
ATTN: Hospital Inpatient Quality Reporting (IQR) Program Support Contractor
3000 Bayport Drive, Suite 300
Tampa, FL 33607

File Name	File Type	File Size	
Extraordinary Circumstances Exceptions (ECE) Request form	PDF	142 KB	Download

The Support Contractor will forward, as directed, to CMS. This form must be submitted **within 90 days of the extraordinary circumstances event** for the Hospital VBP Program.

Note: This process does not preclude CMS from granting exceptions to hospitals when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. If CMS makes the determination to grant an exception to hospitals in a region or locale, CMS will communicate this decision to hospitals, vendors, and QIN-QIOs through routine communication channels, including memos, emails, and notices on QualityNet.

Hospital VBP Program Performance Standards

Measure ID	Measure Description	Benchmark	Achievement Threshold
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	0.881305	0.861793
MORT-30-CABG	Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate	0.979000	0.968210
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	0.936962	0.920058
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	0.903608	0.879869

Hospital VBP Program FY 2025 Performance Standards

Efficiency and Cost Reduction Domain

MSPB

Baseline Period: January 1 - December 31, 2021

Performance Period: January 1 - December 31, 2023

Measure ID	Measure Description	Benchmark	Achievement Threshold
MSPB	Medicare Spending per Beneficiary	Mean of the lowest decile Medicare Spending Per Beneficiary ratios across all hospitals during the performance period.	Median Medicare Spending Per Beneficiary ratio across all hospitals during the performance period.

CMS anticipates publishing additional FY 2025 performance standards in the FY 2021 and FY 2023 IPPS final rules. The performance standards will be added to the QualityNet pages when finalized.

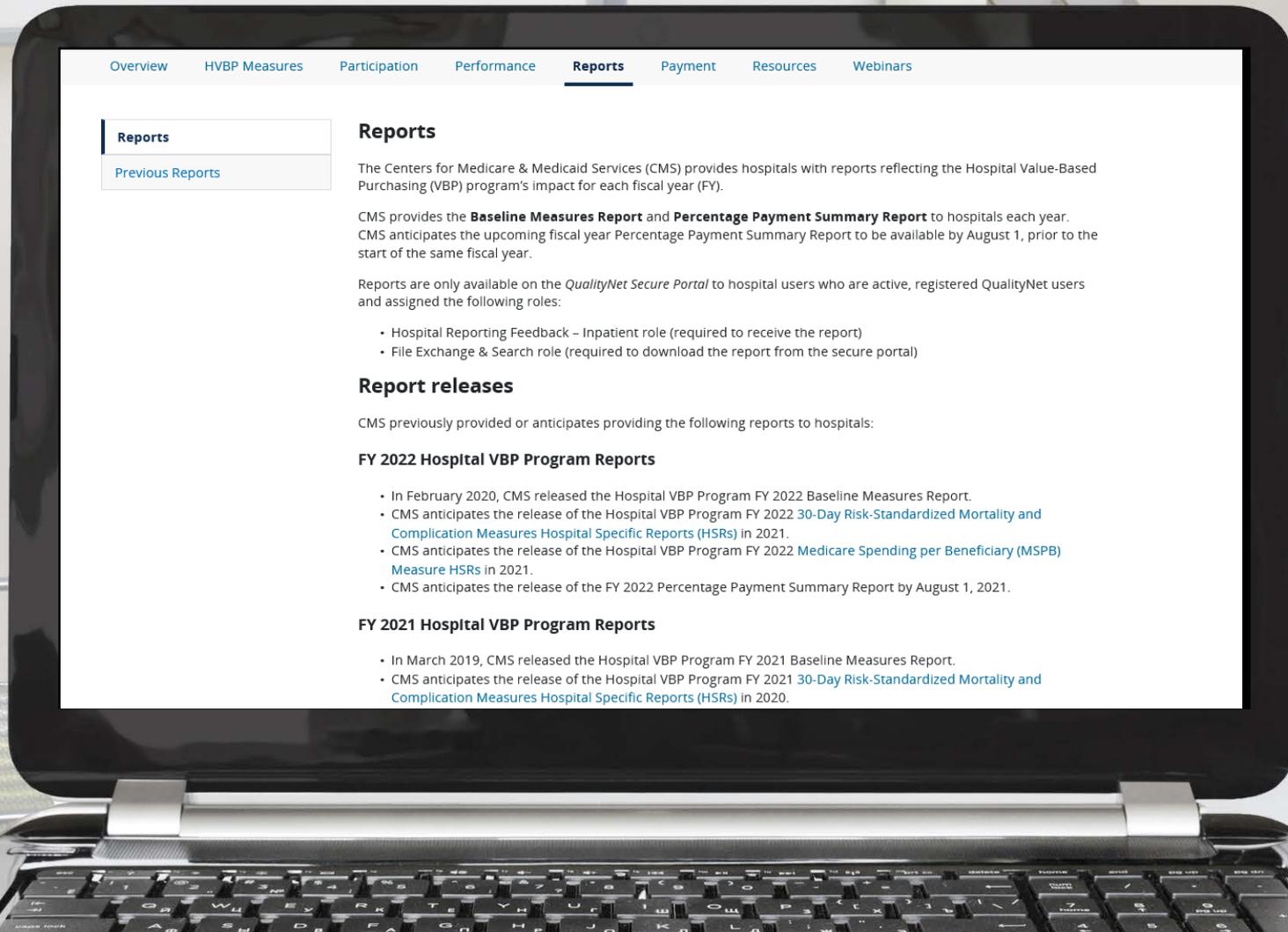
Definitions:

The **Benchmark** represents the mean of the top decile of all hospitals' performance for each measure during the baseline period, other than the measure in the Efficiency and Cost Reduction domain, for which it is the mean of the top decile of hospital performance on a measure during the performance period.

The **Achievement Threshold** marks the fiftieth percentile of all hospitals' performance for each measure during the baseline period, other than the measure in the Efficiency and Cost Reduction domain, for which it is the fiftieth percentile of hospital performance on the measure during the performance period.

The **"floor"** is the performance rate for the worst performing hospital during the baseline period, which defines the 0 percentile for this dimension. To calculate consistency points, a hospital's performance on its lowest dimension is compared to the "floor".

Hospital VBP Program Reports



[Overview](#) [HVBP Measures](#) [Participation](#) [Performance](#) [Reports](#) [Payment](#) [Resources](#) [Webinars](#)

Reports

[Previous Reports](#)

Reports

The Centers for Medicare & Medicaid Services (CMS) provides hospitals with reports reflecting the Hospital Value-Based Purchasing (VBP) program's impact for each fiscal year (FY).

CMS provides the **Baseline Measures Report** and **Percentage Payment Summary Report** to hospitals each year. CMS anticipates the upcoming fiscal year Percentage Payment Summary Report to be available by August 1, prior to the start of the same fiscal year.

Reports are only available on the *QualityNet Secure Portal* to hospital users who are active, registered QualityNet users and assigned the following roles:

- Hospital Reporting Feedback – Inpatient role (required to receive the report)
- File Exchange & Search role (required to download the report from the secure portal)

Report releases

CMS previously provided or anticipates providing the following reports to hospitals:

FY 2022 Hospital VBP Program Reports

- In February 2020, CMS released the Hospital VBP Program FY 2022 Baseline Measures Report.
- CMS anticipates the release of the Hospital VBP Program FY 2022 [30-Day Risk-Standardized Mortality and Complication Measures Hospital Specific Reports \(HSRs\)](#) in 2021.
- CMS anticipates the release of the Hospital VBP Program FY 2022 [Medicare Spending per Beneficiary \(MSPB\) Measure HSRs](#) in 2021.
- CMS anticipates the release of the FY 2022 Percentage Payment Summary Report by August 1, 2021.

FY 2021 Hospital VBP Program Reports

- In March 2019, CMS released the Hospital VBP Program FY 2021 Baseline Measures Report.
- CMS anticipates the release of the Hospital VBP Program FY 2021 [30-Day Risk-Standardized Mortality and Complication Measures Hospital Specific Reports \(HSRs\)](#) in 2020.

Hospital VBP Program Payments

[Overview](#) [HVBP Measures](#) [Participation](#) [Performance](#) [Reports](#) [Payment](#) [Resources](#) [Webinars](#)

Payment

[Review & Corrections/Appeals](#)

Payments

Hospital Value-Based Purchasing (VBP) is funded through a reduction from participating hospitals' Diagnosis-Related Group (DRG) payments for the applicable fiscal year. The money that is withheld is redistributed to hospitals based on their Total Performance Scores (TPS), as required by statute, and the actual amount earned by hospitals will depend on the actual range and distribution of all eligible/participating hospitals' TPSs. A hospital may earn back a value-based incentive payment percentage that is less than, equal to, or more than the applicable reduction for that program year.

Value-Based Incentive Payment Percentage by Program Fiscal Year

Fiscal Year	Percent Reduction
2013	1.0
2014	1.25
2015	1.5
2016	1.75
2017 and subsequent Fiscal Years	2.0

CMS utilizes a linear exchange function to translate this estimated total amount available into a value-based incentive payment percentage for each hospital, based on its TPS. CMS then calculates a value-based incentive payment adjustment factor that will be applied to the base operating DRG payment amount for each discharge occurring in the fiscal year, on a per-claim basis.

Table 16B

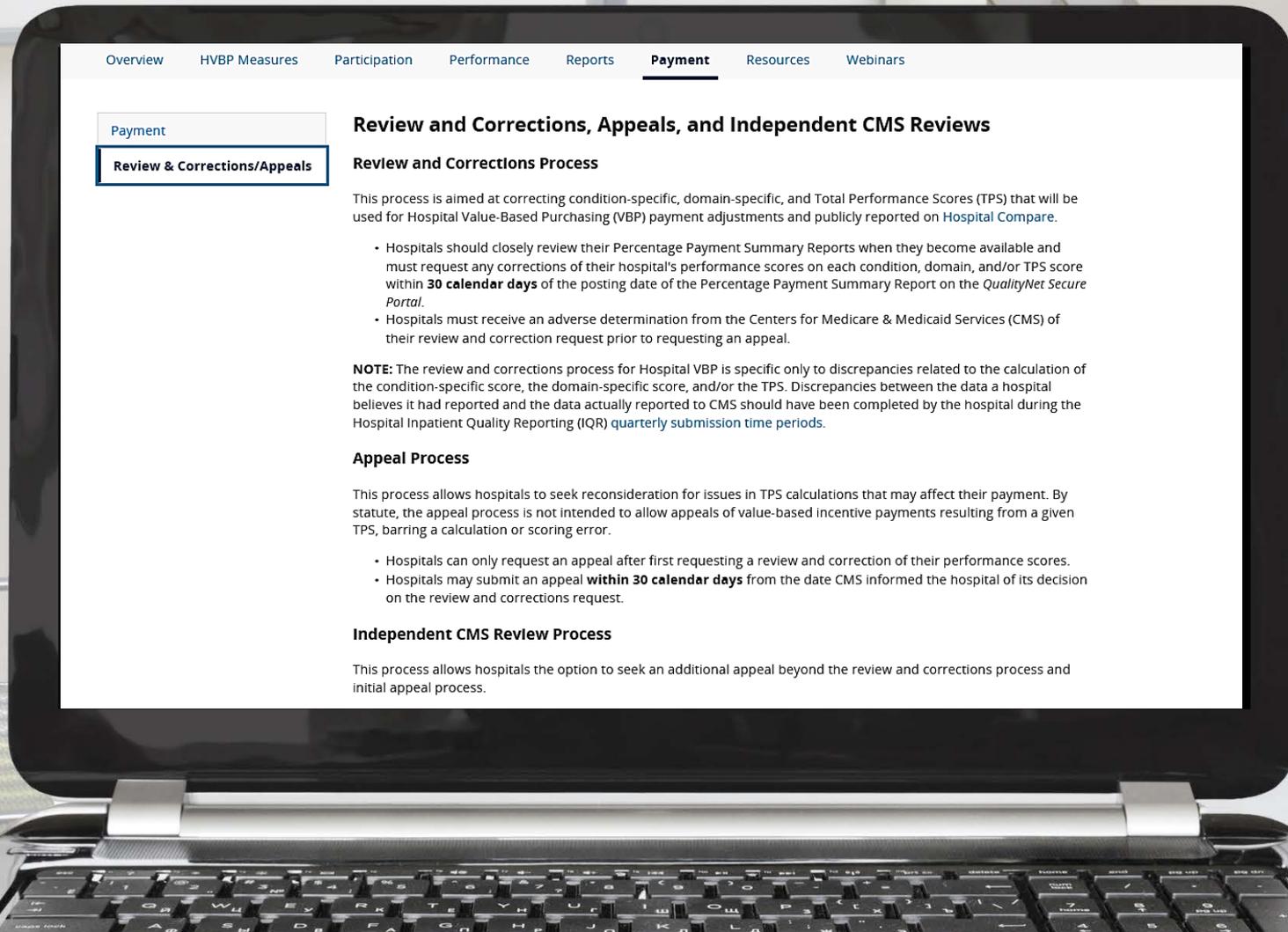
Hospital VBP Program Payments – Table 16B

Table 16B

Each year CMS posts Table 16B to display the actual value-based incentive payment adjustment factor for each participating hospital, exchange function slope, and estimated total amount available for the applicable fiscal program year after hospitals have been given the opportunity to review and correct their program data for that year in their Percentage Payment Summary Reports. The table below provides the links for Table 16B for FY 2013-FY 2019.

Fiscal Year	Table 16B Link
2013	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY_13_FR_Table_16.zip
2014	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY_14_FR_Table_16A.zip
2015	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2015-FR-Table-16A-16B.zip
2016	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2016-CMS-1632-FR-Table-16.zip
2017	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2017-CMS-1655-FR-Table-16.zip
2018	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2018-CMS-1677-FR-Table-16A.zip
2019	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2019-CMS-1694-FR-Table-16.zip
2020	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2020-FR-Table-16.zip

Hospital VBP Program Review and Corrections/Appeals



The image shows a laptop screen displaying a web page with a navigation menu at the top: Overview, HVBP Measures, Participation, Performance, Reports, **Payment**, Resources, and Webinars. On the left side of the page, there is a sidebar with two menu items: "Payment" and "Review & Corrections/Appeals", the latter of which is highlighted with a blue border. The main content area of the page is titled "Review and Corrections, Appeals, and Independent CMS Reviews" and contains the following sections:

Review and Corrections Process

This process is aimed at correcting condition-specific, domain-specific, and Total Performance Scores (TPS) that will be used for Hospital Value-Based Purchasing (VBP) payment adjustments and publicly reported on [Hospital Compare](#).

- Hospitals should closely review their Percentage Payment Summary Reports when they become available and must request any corrections of their hospital's performance scores on each condition, domain, and/or TPS score within **30 calendar days** of the posting date of the Percentage Payment Summary Report on the *QualityNet Secure Portal*.
- Hospitals must receive an adverse determination from the Centers for Medicare & Medicaid Services (CMS) of their review and correction request prior to requesting an appeal.

NOTE: The review and corrections process for Hospital VBP is specific only to discrepancies related to the calculation of the condition-specific score, the domain-specific score, and/or the TPS. Discrepancies between the data a hospital believes it had reported and the data actually reported to CMS should have been completed by the hospital during the Hospital Inpatient Quality Reporting (IQR) quarterly submission time periods.

Appeal Process

This process allows hospitals to seek reconsideration for issues in TPS calculations that may affect their payment. By statute, the appeal process is not intended to allow appeals of value-based incentive payments resulting from a given TPS, barring a calculation or scoring error.

- Hospitals can only request an appeal after first requesting a review and correction of their performance scores.
- Hospitals may submit an appeal **within 30 calendar days** from the date CMS informed the hospital of its decision on the review and corrections request.

Independent CMS Review Process

This process allows hospitals the option to seek an additional appeal beyond the review and corrections process and initial appeal process.

Hospital VBP Program Forms and Guides

Forms and Additional Reference Material

For assistance in completing and submitting the Review and Corrections, Appeals, or CMS Independent Review forms, refer to the following:

File Name	File Type	File Size	
Review and Corrections Quick Reference Guide (06/27/17)	PDF	28 KB	Download
Review and Corrections Request Form (01/31/20)	PDF	267 KB	Download
Appeal Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Appeal Request Form (01/31/20)	PDF	293 KB	Download
Independent CMS Review Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Independent CMS Review Request Form (01/31/20)	PDF	261 KB	Download
Review and Corrections, Appeal, and Independent CMS Review User Guide (07/11/17)	PDF	951 KB	Download

Instructions for Submitting Forms

The completed Review and Corrections, Appeal, and Independent CMS Review Request forms may be submitted via one of the following methods:

- *QualityNet Secure Portal*, Secure File Transfer "HVBP" group
- Secure fax to (877) 789-4443
- Email to: QRFormsSubmission@hsag.com

NOTE: Please ensure that data containing Personally Identifiable Information (PII) or Protected Health Information (PHI) are not submitted when emailing the form, as this is not secured and would be a security violation. If you have questions regarding data transmission, contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team at (844) 473-1473 or (661) 890-8755, Monday through Friday, 8 a.m. to 5 p.m. ET.

Hospital VBP Program Resources

File Name	File Type	File Size	
How to Read Your FY 2020 Percentage Payment Summary Report Provides participating hospitals with information on how to interpret the Percentage Payment Summary Report, which outlines a hospital's value-based incentive payment percentage for each Medicare discharge.	PDF	7.3 MB	Download
Program Summary for FY 2020 Highlights the major elements of the Fiscal Year Percentage Payment Summary Report.	PDF	1.1 MB	Download
How to Read Your FY 2020 Baseline Measures Report Helps hospitals understand how to use the Baseline Measures Report to monitor their baseline performance for all domains and measures.	PDF	700 KB	Download
FY 2020 Value-Based Purchasing Quick Reference Guide (11/16/17) Quick reference guides list the major elements of the designated fiscal year's Hospital VBP Program including: domains, domain weights, measures, baseline and performance period dates, and performance standards.	PDF	124 KB	Download
FY 2020 Scoring Quick Reference Guide	PDF	1.2 MB	Download

Hospital VBP Program Resources – How to Read Your Report

Percentage Summary Report

Section 1. Percentage Summary Report

This section summarizes the results of the Hospital VBP Program for a hospital.

Figure 1. Percentage Summary Report

Report Run Date: 08/01/2019

Page 1 of 5

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

Data As Of: 04/18/2019

	Facility	State	National
Total Performance Score	58.00000000000000	43.18750000000000	35.789993306650
	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Outcomes Domain	55.00000000000000	25%	13.75000000000000
Person and Community Engagement Domain	91.00000000000000	25%	22.75000000000000
Safety Domain	76.00000000000000	25%	19.00000000000000
Efficiency and Cost Reduction Domain	10.00000000000000	25%	2.50000000000000

	Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Value-Based Percentage Payment Summary - Fiscal Year 2020	2.0000000000%	3.3534268181%	-1.3534268181%	1.0135342682	2.8908851880

Calculated values were subject to rounding.
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Note: Displayed values in Figure 1 and subsequent figures in this document do not represent actual values. The values shown are for illustration purposes only. Values for your hospital will be found in your unique PPSR.

1.1. Total Performance Score

This section displays your hospital's TPS and compares it to the average TPS for the state and the average TPS for the nation. The TPS is a sum of the Clinical Outcomes, Person and Community Engagement, Safety, and Efficiency and Cost Reduction weighted domain scores. If "Hospital VBP Ineligible" appears in the Facility field, your facility did not receive a TPS because it did not meet the eligibility requirements for the FY 2020 Hospital VBP Program.

1.2. Clinical Outcomes, Person and Community Engagement, Safety, and Efficiency and Cost Reduction Domains

Hospital VBP Program Resources – Program Summary

Program Summary

Understanding the Fiscal Year 2020 Hospital Value-Based Purchasing Program

In the Hospital VBP Program, CMS rewards hospitals based on the **quality** of care provided to Medicare patients, not just **quantity** of services provided. Under the Hospital VBP Program, Medicare makes incentive payments to hospitals based on one of the following:

- **Achievement:** How well they perform on each measure compared to other hospitals' performance during a baseline period
- **Improvement:** How much they improve their performance on each measure compared to their performance during a baseline period

Funding

CMS funds the Hospital VBP Program incentive payments by reducing the base operating Medicare Severity diagnosis-related group (MS-DRG) payment amounts that determine the Medicare payment for each hospital inpatient discharge by 2 percent. The withheld amounts are then redistributed back to hospitals based on their performance under the Hospital VBP Program. CMS estimates \$1.9 billion is available for the FY 2020 value-based incentive payments.

Payments

Hospital VBP Program payment adjustments are applied to the base operating MS-DRG payment amount for each discharge occurring in the applicable fiscal year on a per claim basis. For example, the FY 2020 Hospital VBP Program adjusts payments for discharges in FY 2020 (October 1, 2019–September 30, 2020). Based on a hospital's Total Performance Score (TPS) in comparison to the TPSs from the other hospitals and estimated funds available, CMS redistributes the available funding. The result of the redistribution could be a net increase in payments (i.e., a hospital gets back its 2 percent reduction, plus additional incentive payments), a net reduction in payments (i.e., a hospital receives incentive payments that are less than the 2 percent reduction, or further reduced), or no change in payments (i.e., a hospital receives incentive payments that are equal to the 2 percent reduction).

Hospital VBP Program Fiscal Year Guide

FY 2022 Hospital Value-Based Purchasing Guide				
Payment adjustment effective for discharges from October 1, 2021 through September 30, 2022				
Baseline Period <i>July 1, 2012–June 30, 2015</i>		Performance Period <i>July 1, 2017–June 30, 2020</i>		
Measures		Threshold	Benchmark	
30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI)		0.861793	0.881305	
Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate (MORT-30-CABG)		0.968210	0.979000	
30-Day Mortality, Heart Failure (MORT-30-HF)		0.879869	0.903608	
30-Day Mortality, COPD (MORT-30-COPD)		0.920058	0.936962	
Baseline Period <i>July 1, 2012–June 30, 2015</i>		Performance Period <i>September 1, 2017–June 30, 2020</i>		
Measure		Threshold	Benchmark	
30-Day Mortality, Pneumonia (MORT-30-PN)		0.836122	0.870506	
Baseline Period <i>April 1, 2012–March 31, 2015</i>		Performance Period <i>April 1, 2017–March 31, 2020</i>		
Measure		Threshold	Benchmark	
Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication Rate (COMP-HIP-KNEE)		0.029833	0.021493	
Clinical Outcomes		25%	25%	
Safety		25%	25%	
Baseline Period <i>January 1–December 31, 2018</i>		Performance Period <i>January 1–December 31, 2020</i>		
Measures (Healthcare-Associated Infections)		Threshold	Benchmark	
Central Line-Associated Bloodstream Infections (CLABSI)		0.633	0.000	
Catheter-Associated Urinary Tract Infections (CAUTI)		0.727	0.000	
Surgical Site Infection (SSI): Colon		0.749	0.000	
SSI: Abdominal Hysterectomy		0.727	0.000	
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)		0.748	0.000	
<i>Clostridium difficile</i> Infection (CDI)		0.648	0.047	
Person and Community Engagement		HCAHPS Performance Standards		
Baseline Period		Floor (%)	Threshold (%)	Benchmark (%)
<i>January 1–December 31, 2018</i>				<i>January 1–December 31, 2020</i>
HCAHPS Survey Dimensions				
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
Efficiency and Cost Reduction		Measures		
Baseline Period		Threshold	Benchmark	
<i>January 1–December 31, 2018</i>			<i>January 1–December 31, 2020</i>	
Medicare Spending per Beneficiary (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	
FY 2022 Value-Based Payments Funded by 2.0% Withhold				
= Lower Values Indicate Better Performance				

Hospital VBP Program Scoring Quick Reference Guide

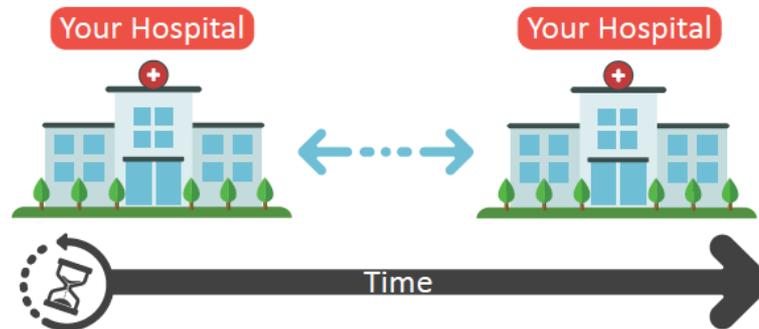
Understanding the Fiscal Year (FY) 2020 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)

- Hospital rate at or better than the benchmark = 10 achievement points
- Hospital rate worse than the achievement threshold = 0 achievement points
- Hospital rate equal to or better than the achievement threshold but less than the benchmark = 1–9 achievement points; use the formula below:

$$\left(9 \times \frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

Improvement Points

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



Hospital VBP Program Final Rules

Overview HVBP Measures Participation Performance Reports Payment **Resources** Webinars

FY 2022
FY 2021
FY 2020
CMS Final Rules
Archived Resources

Federal Regulations and Notices

For definitive information on Hospital VBP requirements and quality measures, refer to CMS final rules:

File Name	File Type	File Size
Inpatient Prospective Payment System (IPPS) Final Rule for FY 2020 - from August 16, 2019	PDF	Download
IPPS Final Rule for FY 2019 - from August 17, 2018	PDF	Download
IPPS Final Rule for FY 2018 - from August 14, 2017	PDF	Download
Outpatient Prospective Payment System (OPPS) Final Rule for Calendar Year 2017 - from November 14, 2016	PDF	Download
IPPS Final Rule for FY 2017 - from August 22, 2016	PDF	Download
IPPS Final Rule for FY 2016 - from August 17, 2015	PDF	Download
IPPS Final Rule for FY 2015 - from August 22, 2014	PDF	Download
OPPS Final Rule for CY 2014 - from December 10, 2013	PDF	Download
IPPS Final Rule for FY 2014 - from August 19, 2013	PDF	Download
IPPS Final Rule for FY 2013 - from August 31, 2012	PDF	Download
OPPS Final Rule for CY 2012 - from November 30, 2011	PDF	Download
IPPS Final Rule for FY 2012 - from August 18, 2011	PDF	Download

Hospital VBP Program:
Navigating the New *QualityNet* Website

***QualityNet* Inpatient Q&A Tool**

QualityNet Home Page

Help – Hospitals - Inpatient

CMS.gov | QualityNet

Search QualityNet

Quality Programs - Help - Log into Secure Portal Register

Close

Getting Started
Registration
Sign In Instructions
Security Statement & Policy
Password Rules

Training & Guides
QualityNet Training
QualityNet Secure Portal
Secure File Transfer
QualityNet Events Center

Known Issues & Maintenance
Known Issues
System Maintenance

QualityNet Support
QualityNet Support

Question & Answer Topics
Hospitals - Inpatient
Ambulatory Surgical Centers
PPS-Exempt Cancer Hospitals
ESRD Facilities
Inpatient Psychiatric Facilities

I am looking for quality information associated with...

Hospitals - Inpatient

Hospitals - Outpatient

Ambulatory Surgical Centers

PPS-Exempt Cancer Hospitals

ESRD Facilities

Inpatient Psychiatric Facilities

Q&A Tool

Ask a Question

Use 'My Questions' for status on submitted questions. For additional assistance, please contact the QualityNet Service Desk at qnetsupport@hcqis.org or (866) 288-8912.

CMS.gov | QualityNet

Quality Q&A Tool **Ask a Question** Browse Program Articles My Questions How to Use this Tool

Home > All Knowledge Bases > Hospitals - Inpatient

Program Knowledge Bases

Hospitals - Inpatient

Categories

- Inpatient Measures
- Inpatient Programs
- Inpatient Public Reporting
- Inpatient Validation

Top Rated Articles

- Severe Sepsis Present - Source of suspected infection
★★★★★
- HRRP and overall star rating
★★★★★
- Severe Sepsis Present - Heart Rates with A-fib
★★★★★
- Antibiotics mixed with a crystalloid fluid
★★★★★
- Severe Sepsis Present - 6-hour time frame for abstraction - no physician documentation of severe sep
★★★★★

Most Viewed Articles

- Severe Sepsis Present - Source of suspected infection
👁 343 Views
- Severe Sepsis Present - Heart Rates with A-fib

Q&A Tool

Ask a Question Form

The image shows a laptop screen displaying the 'Ask a Question' form on the CMS.gov QualityNet website. The form is titled 'QualityNet Question and Answer Site' and includes a warning about PHI, a 'Tell us about yourself' section with fields for name and email, and a 'What is your question?' section with dropdown menus for program and topic. The 'Confirm Email Address' field is highlighted with a blue border.

CMS.gov | QualityNet

Quality Q&A Tool Ask a Question Browse Program Articles My Questions How to Use this Tool

QualityNet Question and Answer Site

Submit a Question to Our Support Team. * Indicates required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy, PDF](#)

Tell us about yourself

First Name * Last Name *

Jane Doe

Email Address * Confirm Email Address * Phone Number

janedoe@domain.com janedoe@domain.com format xxx-xxx-xxxx (ext.)

What is your question?

Program * Topic *

select from the drop down select from the list of provided topics

Q&A Tool

Select Program

QualityNet Question and Answer Site

Submit a Question to Our Support Team. * Indicates required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy, PDF](#)

Tell us about yourself

First Name *

Last Name *

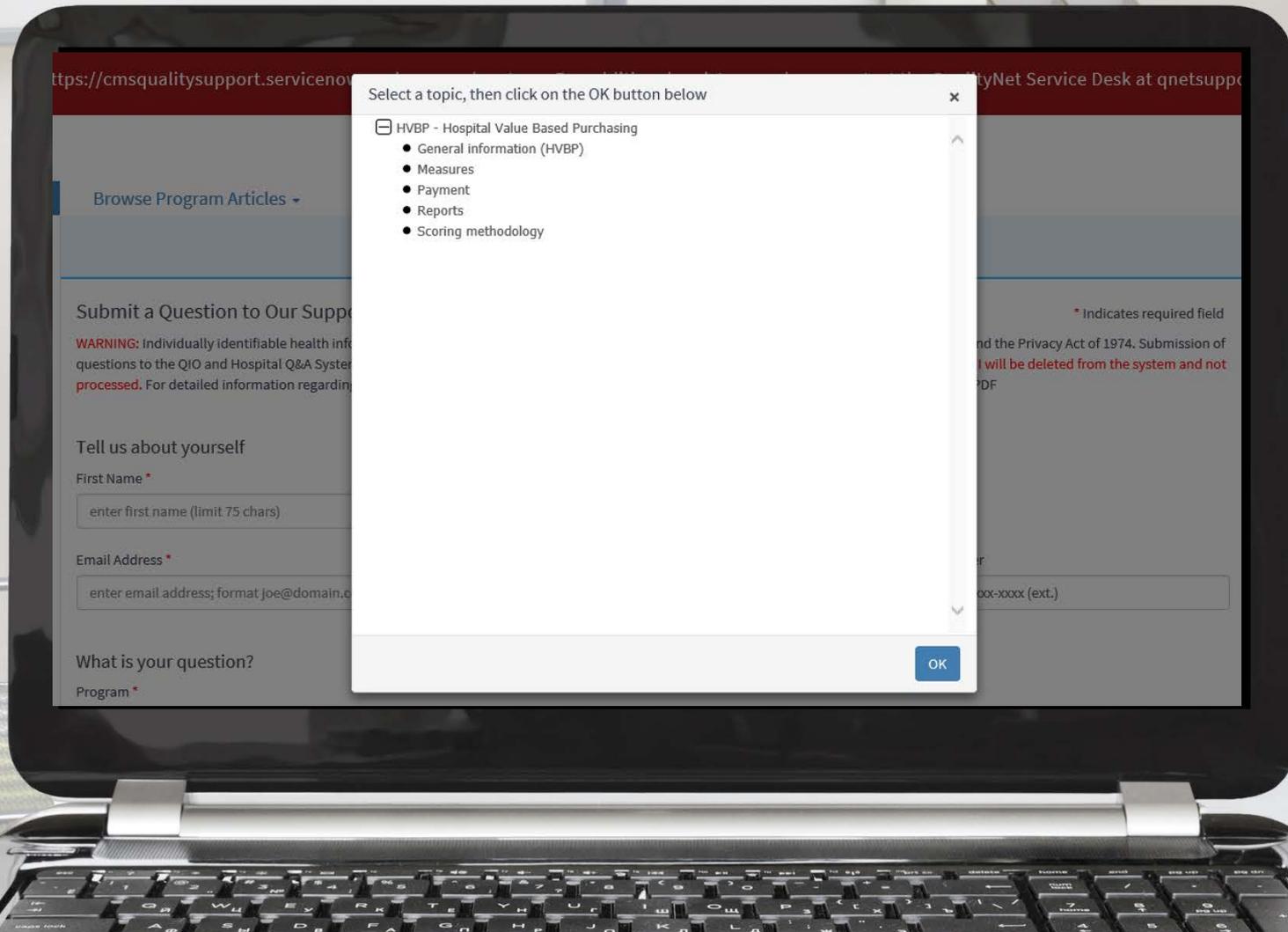
Phone Number

select from the drop down

- ASC - Ambulatory Surgical Centers - Quality Reporting
- BFCC-QIO - Beneficiary and Family Centered Care-Quality Improvement Organization
- DRA HAC - Deficit Reduction Act Hospital-Acquired Conditions
- ESRD QIP - End-Stage Renal Disease -Quality Incentive Program
- HACRP - Hospital-Acquired Condition Reduction Program
- Hospital Compare - Hospital Compare Site Support
- HRRP - Hospital Readmissions Reduction Program
- HVBP - Hospital Value Based Purchasing**
- Inpatient - Measures & Data Element Abstraction
- Inpatient Claims-Based Measures
- IPF - Inpatient Psychiatric Facility
- IQR - Inpatient Quality Reporting
- OQR - Outpatient Quality Reporting
- Overall Hospital Star Ratings
- PCH - Cancer Hosp. Quality Reporting
- PI - Promoting Interoperability
- Public Reporting & Preview Period
- SNF VBP - Skilled Nursing Facility Value-Based Purchasing
- Validation

Q&A Tool

Select Topic



Q&A Tool

Submit Question

CMS.gov | QualityNet

Quality Q&A Tool Ask a Question Browse Program Articles  My Questions How to Use this Tool

Topic *

Hospital CCN
 6 Digit CMS Certification Number, Numeric only. Format: #####

Discharge Period *

Subject *

Question (4000 Characters Max) *

3945 characters left

I'm not a robot  reCAPTCHA
Privacy - Terms

Case Confirmation Email

Case CS0787548 opened - Clinical Outcomes Domain Weight



CMS Quality Support - Production <cmsqualitysupport@midatl.service-now.com>
To: Jane Doe

 If there are problems with how this message is displayed, click here to view it in a web browser.

Phish Alert



Case Opened

Hello Jane Doe,

Thank you for submitting your question. The following are the details of case CS0787548 that has been opened on your behalf:

Short description: Clinical Outcomes Domain Weight

Description: What is the Clinical Outcomes Domain weight in FY 2021?

Case Status: New as of 02/20/2020 10:06:23 AM EST

Your case is being assigned to a member of the support team who will work to resolve your inquiry.

We appreciate the opportunity to assist you.

Thank you,

Questions? 866-288-8912 or qnetssupport@hcqis.org.

U.S. Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244

QualityNet Helpdesk 7 AM - 7 PM CT Monday-Friday

Case Resolved Email



Case Resolved

Hello Jane Doe,

Your case CS0787548, regarding "Clinical Outcomes Domain Weight" has been resolved and will automatically close in 5 business days. If you feel your case was not properly resolved and you wish to reopen it, please contact the Service Desk.

Case Status: Resolved

Close Notes:

The Clinical Outcomes domain is weighted at 25% of the Total Performance Score in the Fiscal Year (FY) 2021 Hospital Value-Based Purchasing (VBP) Program. For more information regarding the domain weights in each fiscal year, please reference the Scoring page on QualityNet; direct link: <https://www.qualitynet.org/inpatient/hvbp/participation#tab4>.

For more information on the FY 2021 Hospital VBP Program, you can reference the FY 2021 Quick Reference Guide also available on QualityNet; direct link: <https://www.qualitynet.org/inpatient/hvbp/resources#tab2>.

We appreciate the opportunity to assist you.

Thank you,

Hospital VBP Program:
Navigating the New *QualityNet* Website

Inpatient Q&A Tool – My Questions

Q&A Tool

My Questions

The image shows a laptop screen displaying the 'My Questions' page on the CMS.gov QualityNet website. The page has a navigation bar with links for 'Quality Q&A Tool', 'Ask a Question', 'Browse Program Articles', and 'My Questions' (which is highlighted with a red box). Below the navigation bar, the page title is 'My Questions - Request a report of your open or closed Questions'. The main content area explains the self-service feature and provides search options. A dropdown menu is open, showing three choices: 'Choose Email or Case/Reference', 'Case/Reference # of a question', and 'Email address used for questions'. There is also a checkbox for 'I'm not a robot' and a 'SUBMIT' button. At the bottom, contact information for the QualityNet Helpdesk is provided.

CMS.gov | QualityNet

Quality Q&A Tool Ask a Question Browse Program Articles **My Questions**

My Questions - Request a report of your open or closed Questions

The My Questions self-service feature will query the legacy and new Q&A Tool databases and email results.

Search by:

- Email Address - receive a summary of your most recent questions
- Case/Reference # - receive a detailed report of the specified ticket

Example Reference # 123456-123456
Example Case # CS1234567

Pick one choice from the drop-down

Choose Email or Case/Reference
Case/Reference # of a question
Email address used for questions

I'm not a robot  reCAPTCHA
Privacy - Terms

SUBMIT

If you need assistance please contact the QualityNet Helpdesk - qnetsupport@hcqis.org or (866) 288-8912.

Q&A Tool

My Questions

The image shows a laptop screen displaying the 'My Questions' page on the CMS.gov QualityNet website. The page has a white background with a blue header bar. The CMS.gov logo and 'QualityNet' are in the top left. Navigation links include 'Quality Q&A Tool', 'Ask a Question', 'Browse Program Articles', and 'My Questions'. A light blue banner reads 'My Questions - Request a report of your open or closed Questions'. Below this, a paragraph explains the self-service feature. A 'Search by:' section lists 'Email Address' and 'Case/Reference #'. Examples of reference and case numbers are provided. A form section has a dropdown for 'Case/Reference # of a question' and a text input for 'Request Reference/Case # Details'. A reCAPTCHA 'I'm not a robot' checkbox is present, along with a 'SUBMIT' button. A footer note provides contact information for the QualityNet Helpdesk.

CMS.gov | QualityNet

Quality Q&A Tool Ask a Question Browse Program Articles My Questions

My Questions - Request a report of your open or closed Questions

The My Questions self-service feature will query the legacy and new Q&A Tool databases and email results.

Search by:

- Email Address - receive a summary of your most recent questions
- Case/Reference # - receive a detailed report of the specified ticket

Example Reference # 123456-123456
Example Case # CS1234567

Pick one choice from the drop-down Request Reference/Case # Details

Case/Reference # of a question CS0787548

I'm not a robot reCAPTCHA Privacy - Terms

SUBMIT

If you need assistance please contact the QualityNet Helpdesk - qnetssupport@hcqis.org or (866) 288-8912.

Q&A Tool

My Questions

CMS.gov | QualityNet

[Quality Q&A Tool](#)

[Ask a Question](#)

[Browse Program Articles](#)



[My Questions](#)

Your request has been received

Your request has been received. The information will be sent to you in an email. If you do not receive the information you are expecting, you may contact the QualityNet Service Desk at:

Phone: (866) 288-8912

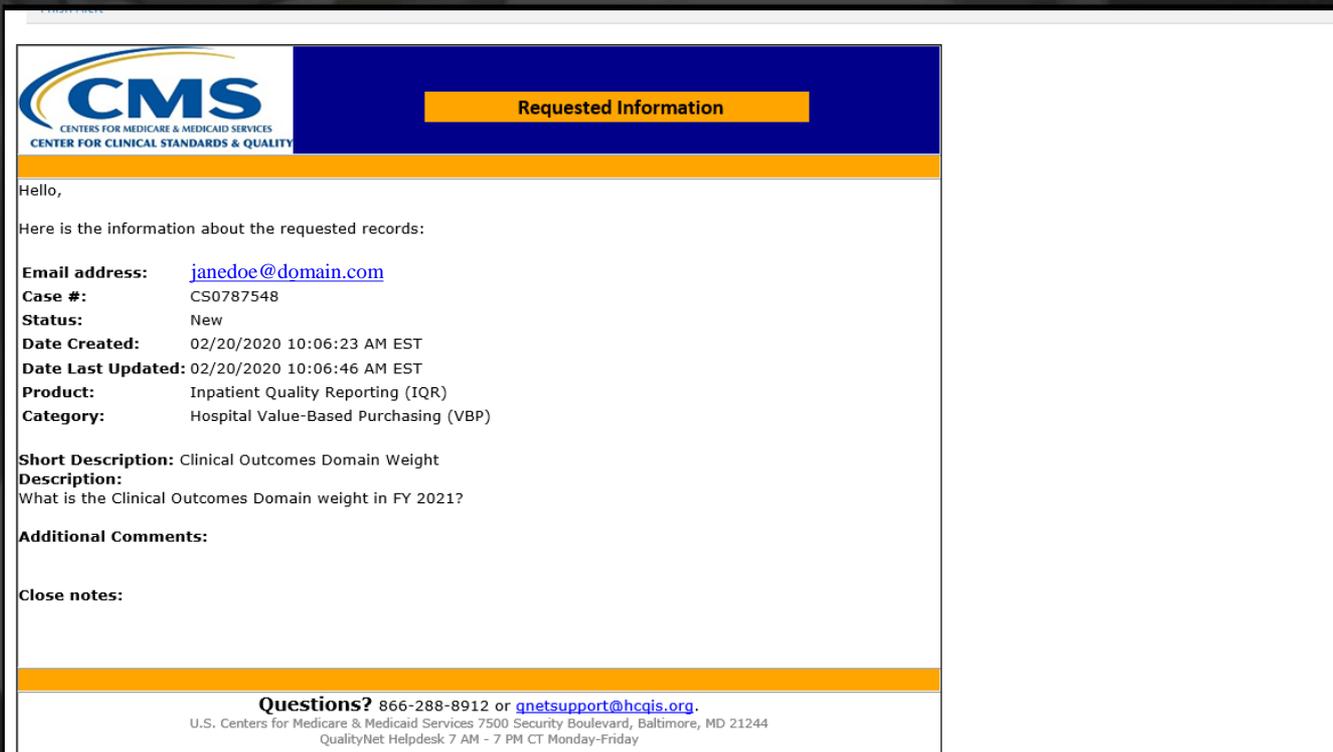
Fax: (888) 329-7377

E-mail: qnetsupport@hcqis.org

[Go To Main Page](#)

[Return to My Questions](#)

Q&A Tool - My Questions Requested Status



The screenshot shows a web interface for CMS. At the top left is the CMS logo with the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' and 'CENTER FOR CLINICAL STANDARDS & QUALITY'. To the right of the logo is a blue header bar with a yellow box containing the text 'Requested Information'. Below the header, the page content is as follows:

Hello,

Here is the information about the requested records:

Email address: janedoe@domain.com
Case #: CS0787548
Status: New
Date Created: 02/20/2020 10:06:23 AM EST
Date Last Updated: 02/20/2020 10:06:46 AM EST
Product: Inpatient Quality Reporting (IQR)
Category: Hospital Value-Based Purchasing (VBP)

Short Description: Clinical Outcomes Domain Weight
Description:
What is the Clinical Outcomes Domain weight in FY 2021?

Additional Comments:

Close notes:

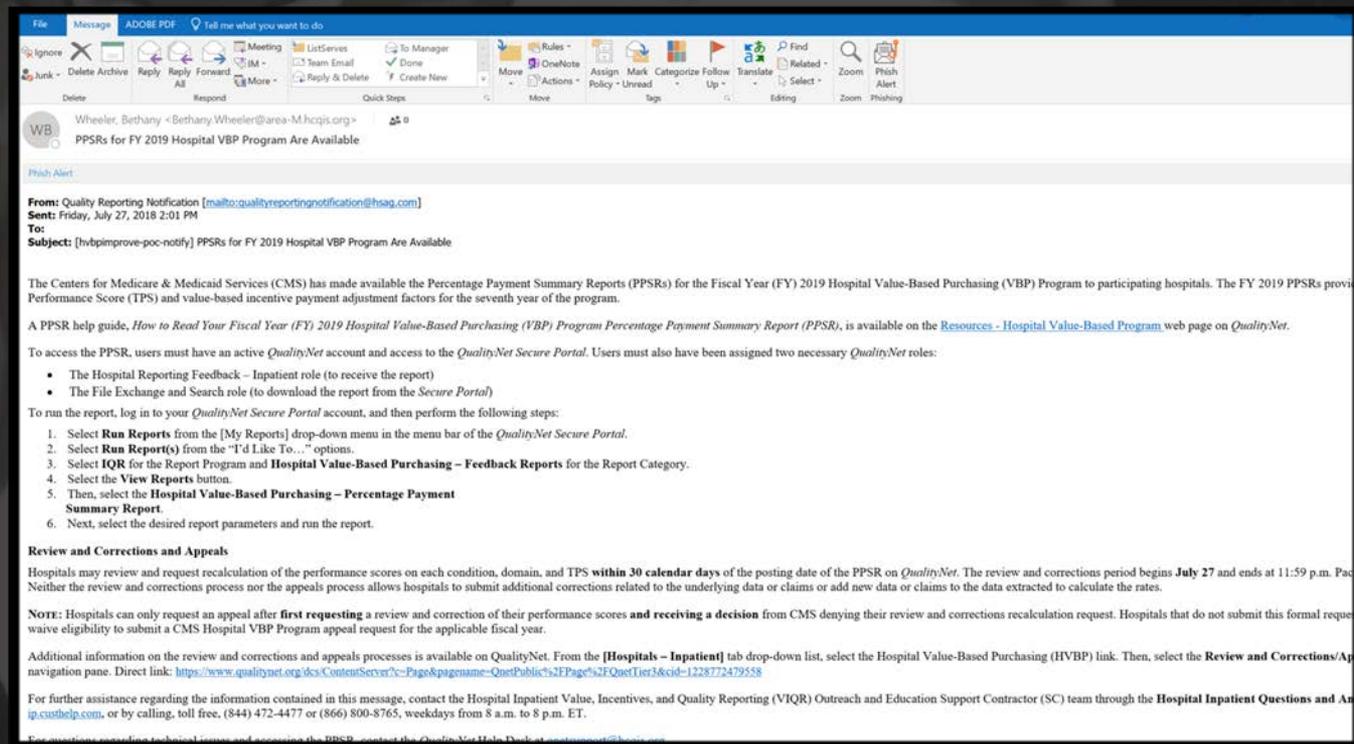
At the bottom of the page, there is a yellow bar with the following text:

Questions? 866-288-8912 or qnetssupport@hcqis.org
U.S. Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244
QualityNet Helpdesk 7 AM - 7 PM CT Monday-Friday

Hospital VBP Program:
Navigating the New *QualityNet* Website

Running Reports in the *QualityNet Hospital Quality Reporting (HQR) Secure Portal*

Listserve Notification of Report Availability



The screenshot shows an email interface with a toolbar at the top containing various actions like Ignore, Delete, Reply, Forward, and Search. The email header identifies the sender as 'Wheeler, Bethany' and the subject as 'PPSRs for FY 2019 Hospital VBP Program Are Available'. The main body of the email contains the following text:

From: Quality Reporting Notification [mailto:qualityreportingnotification@haag.com]
Sent: Friday, July 27, 2018 2:01 PM
To:
Subject: [hvbimprove-poc-notify] PPSRs for FY 2019 Hospital VBP Program Are Available

The Centers for Medicare & Medicaid Services (CMS) has made available the Percentage Payment Summary Reports (PPSRs) for the Fiscal Year (FY) 2019 Hospital Value-Based Purchasing (VBP) Program to participating hospitals. The FY 2019 PPSRs provide Performance Score (TPS) and value-based incentive payment adjustment factors for the seventh year of the program.

A PPSR help guide, *How to Read Your Fiscal Year (FY) 2019 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)*, is available on the [Resources - Hospital Value-Based Program](#) web page on *QualityNet*.

To access the PPSR, users must have an active *QualityNet* account and access to the *QualityNet Secure Portal*. Users must also have been assigned two necessary *QualityNet* roles:

- The Hospital Reporting Feedback – Inpatient role (to receive the report)
- The File Exchange and Search role (to download the report from the *Secure Portal*)

To run the report, log in to your *QualityNet Secure Portal* account, and then perform the following steps:

1. Select **Run Reports** from the [My Reports] drop-down menu in the menu bar of the *QualityNet Secure Portal*.
2. Select **Run Report(s)** from the "I'd Like To..." options.
3. Select **IQR** for the Report Program and **Hospital Value-Based Purchasing – Feedback Reports** for the Report Category.
4. Select the **View Reports** button.
5. Then, select the **Hospital Value-Based Purchasing – Percentage Payment Summary Report**.
6. Next, select the desired report parameters and run the report.

Review and Corrections and Appeals

Hospitals may review and request recalculation of the performance scores on each condition, domain, and TPS **within 30 calendar days** of the posting date of the PPSR on *QualityNet*. The review and corrections period begins **July 27** and ends at 11:59 p.m. Pacific Time. Neither the review and corrections process nor the appeals process allows hospitals to submit additional corrections related to the underlying data or claims or add new data or claims to the data extracted to calculate the rates.

NOTE: Hospitals can only request an appeal after **first requesting** a review and correction of their performance scores and **receiving a decision** from CMS denying their review and corrections recalculation request. Hospitals that do not submit this formal request will waive eligibility to submit a CMS Hospital VBP Program appeal request for the applicable fiscal year.

Additional information on the review and corrections processes is available on *QualityNet*. From the **[Hospitals – Inpatient]** tab drop-down list, select the Hospital Value-Based Purchasing (HVBP) link. Then, select the **Review and Corrections/Appeals** navigation pane. Direct link: <https://www.qualitynet.org/ics/ContentServer?c=Page&pageName=QnetPublic%2FPage%2FQnetTier3&cid=122872479558>

For further assistance regarding the information contained in this message, contact the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC) team through the **Hospital Inpatient Questions and Answers** page on *QualityNet*, or by calling, toll free, (844) 472-4477 or (866) 800-8765, weekdays from 8 a.m. to 8 p.m. ET.

For questions regarding technical issues and how to use the PPSR, contact the *QualityNet Help Desk* at qaquestions@qualitynet.org.

Step 1: Login to *QualityNet HQR Secure Portal*

- Navigate to the *QualityNet HQR Secure Portal*:
<https://hqr.cms.gov/hqrng/login>
- Enter your HARP ID and password.
- Select *Login*.

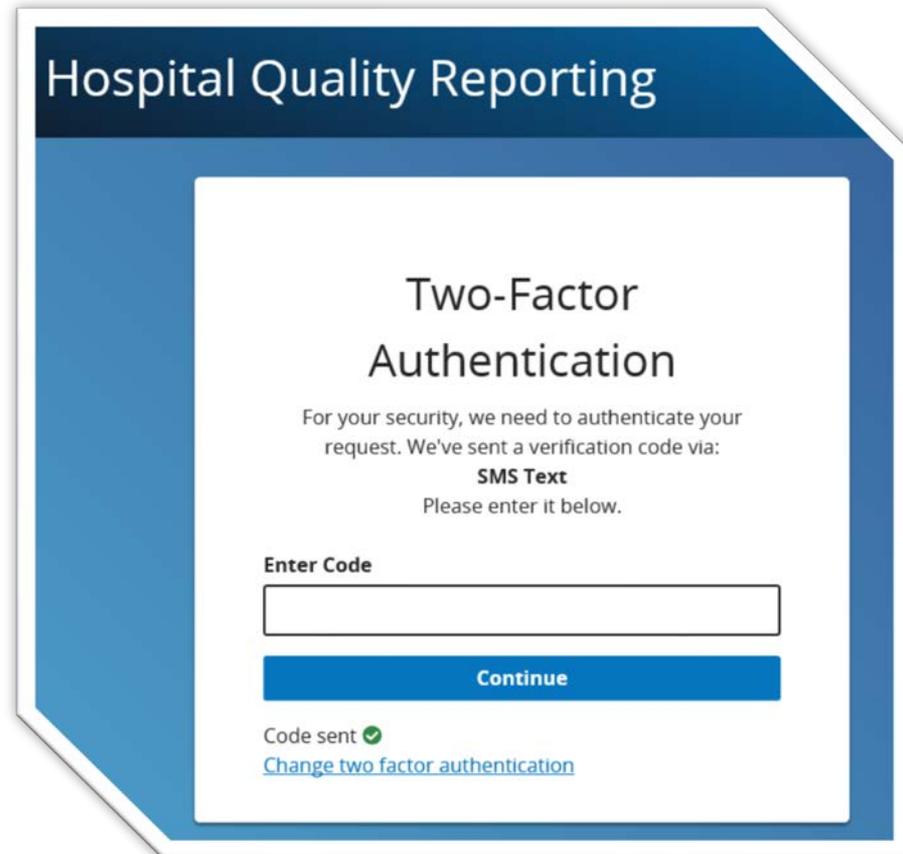


The screenshot shows the 'Hospital Quality Reporting' portal. The main heading is 'HARP Sign In'. Below the heading, it says 'Enter your user ID and password to login.' There is a yellow warning box with a triangle icon that reads: 'If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one.' Below the warning box, there are two input fields: 'User ID' and 'Password'. At the bottom of the form is a grey 'Login' button.

HARP = Health Care Quality Information Systems (HCQIS) Access Roles and Profile

Step 2: Authenticate Using Your Two-Factor Code

- Select the method to receive your two-factor authentication code.
- Enter the code you received through your selected method.
- Select *Continue*.



The screenshot shows a web interface for 'Hospital Quality Reporting'. The main heading is 'Two-Factor Authentication'. Below this, a message states: 'For your security, we need to authenticate your request. We've sent a verification code via: SMS Text'. It then asks the user to 'Please enter it below.' There is a text input field labeled 'Enter Code' and a blue 'Continue' button. At the bottom, it says 'Code sent' with a green checkmark and a link to 'Change two factor authentication'.

Hospital Quality Reporting

Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:
SMS Text
Please enter it below.

Enter Code

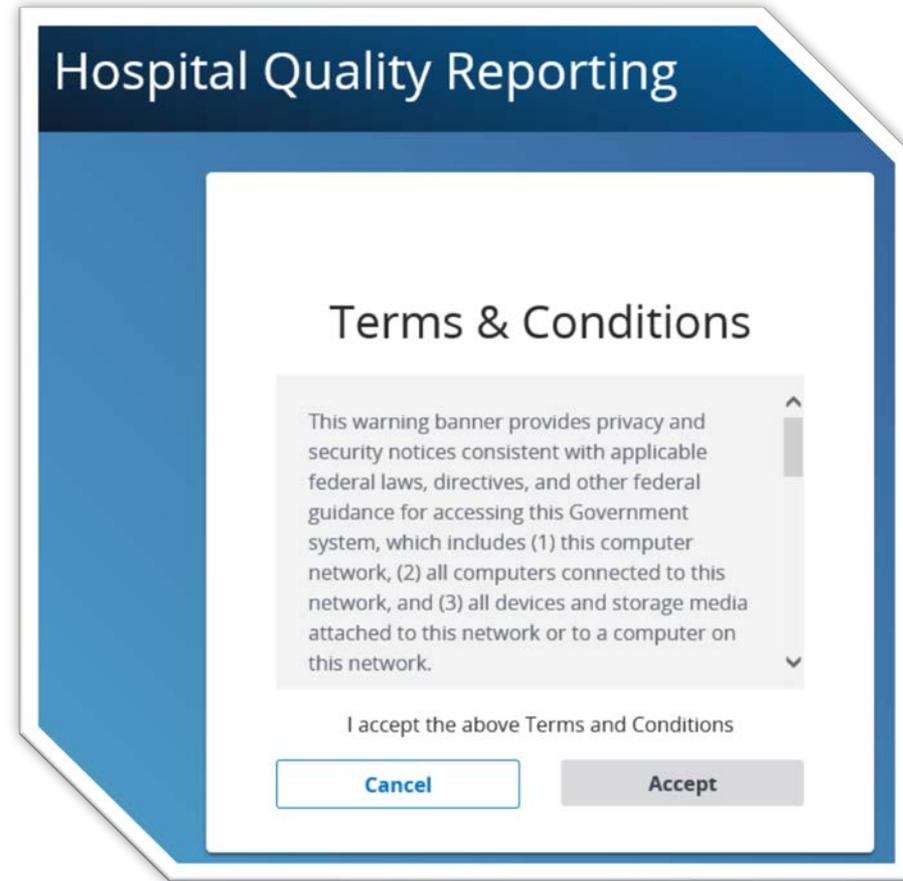
[Continue](#)

Code sent 
[Change two factor authentication](#)

Step 3:

Review Terms & Conditions

- Review the Terms & Conditions.
 - **Note:** Scroll to the bottom of the Terms & Conditions in order to select *Accept*.
- Select *Accept* to accept the Terms and Conditions.



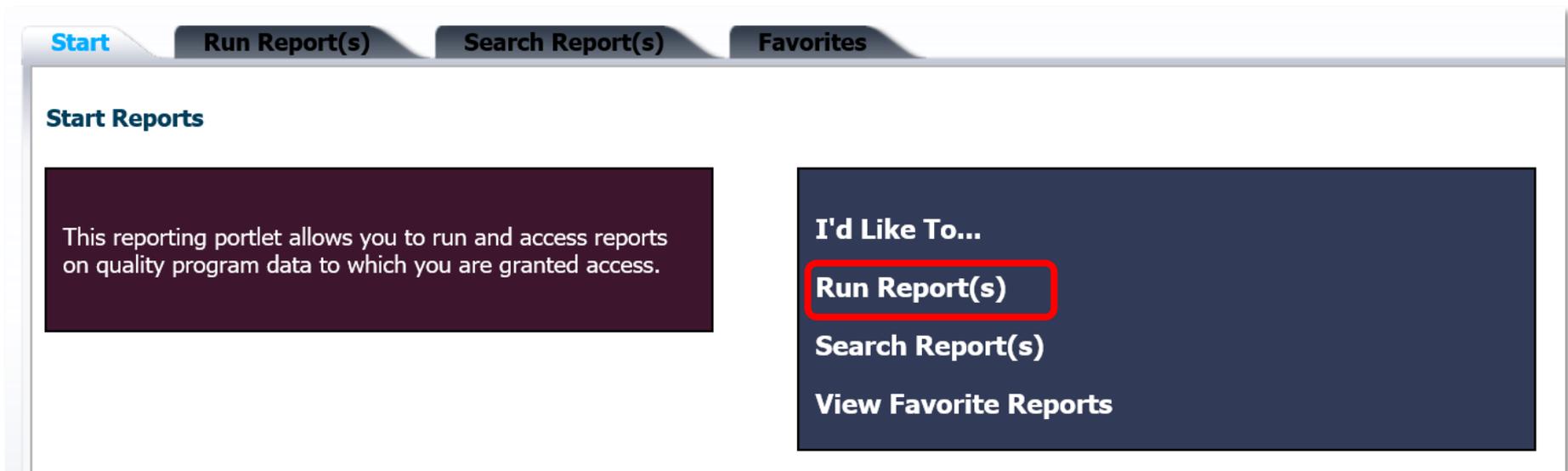
Step 4: Select My Reports

Once the *HQR Secure Portal* is displayed, select *My Reports* on the top-left navigation menu.



Step 5: Select Run Report(s)

- The My Reports navigation screen will be displayed.
- Select *Run Report(s)* from the I'd Like To... menu.



The screenshot shows a navigation interface with four tabs: Start, Run Report(s), Search Report(s), and Favorites. The 'Run Report(s)' tab is selected. Below the tabs, there are two main sections. The left section, titled 'Start Reports', contains a dark purple box with the text: 'This reporting portlet allows you to run and access reports on quality program data to which you are granted access.' The right section, titled 'I'd Like To...', contains a dark blue box with three options: 'Run Report(s)', 'Search Report(s)', and 'View Favorite Reports'. The 'Run Report(s)' option is highlighted with a red rectangular border.

Step 6: Select Report Program and Report Category

- Select *Inpatient* in the Report Program drop-down menu.
- Select *Hospital Value-Based Purchasing – Feedback Reports* in the Report Category drop-down menu.
- Select *View Reports* button.

The screenshot shows a web application interface with a navigation bar at the top containing 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. Below the navigation bar is a progress indicator with three steps: 'Select Program, Category and Report' (highlighted in blue), 'Report Parameters', and 'Confirmation'. The main content area is titled 'Select Program, Category and Report' and contains a paragraph of instructions. Below the instructions are two dropdown menus: 'Report Program' with 'Inpatient' selected and 'Report Category' with 'Hospital Value-Based Purchasing - Feedback Report:' selected. A blue 'VIEW REPORTS' button is highlighted with a red rectangle. Below the dropdowns is a 'Search Report' section with a right-pointing arrow. At the bottom, there is a table with two columns: 'REPORT NAME' and 'REPORT DESCRIPTION'. The table content shows 'No Reports are available.'

Select Program, Category and Report

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

Report Program
Inpatient

Report Category
Hospital Value-Based Purchasing - Feedback Report:

VIEW REPORTS

▸ Search Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

Step 7: Select Report Link

- The reports meeting the selected criteria are now displayed.
- Select the desired report.

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

Select Program, Category and Report | Report Parameters | Confirmation

Select Program, Category and Report

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

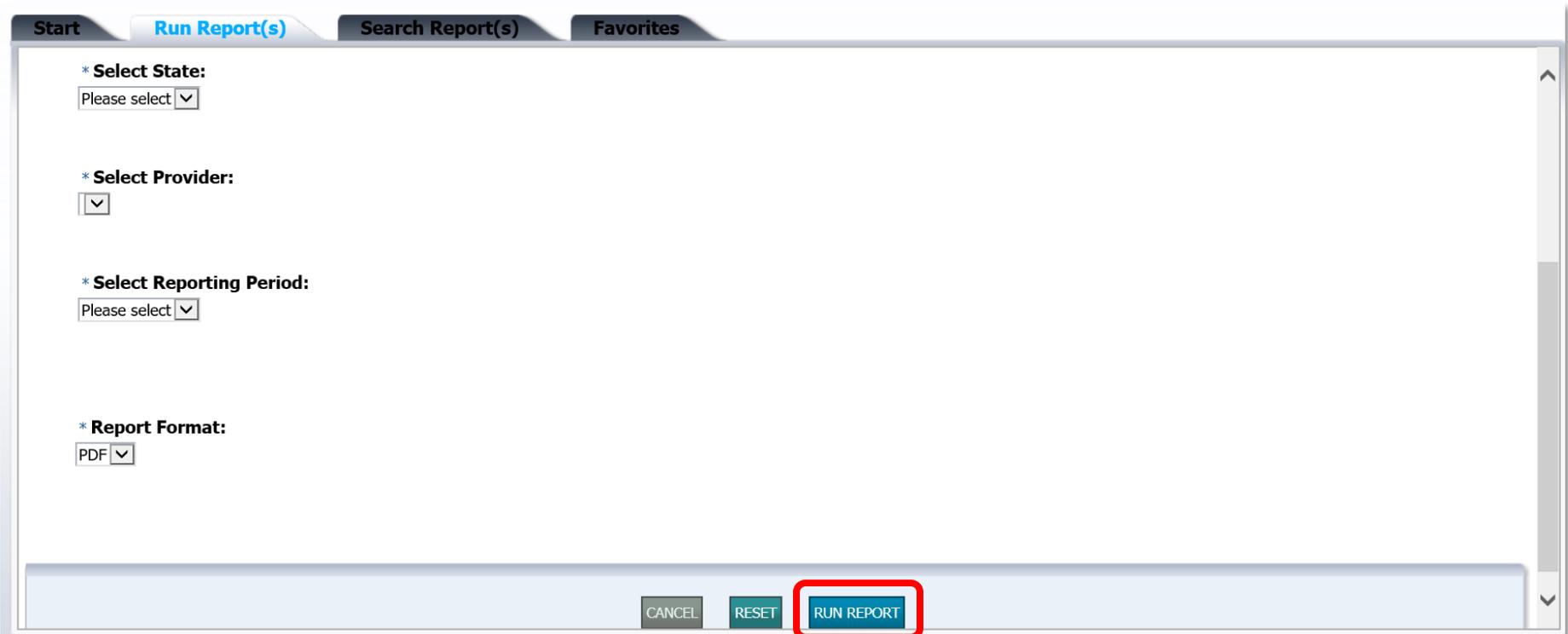
Report Program **Report Category** [VIEW REPORTS](#)

▶ Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report	The Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary report allows hospitals to view their payer percentage information for the Hospital Value-Based Purchasing program.
Hospital Value-Based Purchasing ♦ Baseline Measures Report	The Hospital Value-Based Purchasing ♦ Baseline Measures Report allows hospitals to review their Baseline period performance domains and measures included in the Hospital Value Based Purchasing Program.

Step 8: Select Parameters of Report

- Select your state and provider if displayed.
- Select the desired fiscal year in the Select Reporting Period drop-down menu.
- Select *Run Report* button.



The screenshot shows a web application interface for generating reports. At the top, there are four tabs: 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. The 'Run Report(s)' tab is active. Below the tabs, there are four sections, each with a dropdown menu:

- * Select State:** A dropdown menu with the text 'Please select' and a downward arrow.
- * Select Provider:** A dropdown menu with a downward arrow.
- * Select Reporting Period:** A dropdown menu with the text 'Please select' and a downward arrow.
- * Report Format:** A dropdown menu with the text 'PDF' and a downward arrow.

At the bottom of the interface, there are three buttons: 'CANCEL', 'RESET', and 'RUN REPORT'. The 'RUN REPORT' button is highlighted with a red rectangular box.

Step 9: Search Reports

- You will receive the following report request confirmation screen.
- To view the report, select *Search Reports*.

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

✔ Select Program, Category and Report ✔ Report Parameters Confirmation

Report Submitted

Thank you. Your report request has been submitted for processing.
Processing time may vary due to the number of current requested reports.
To run the same report with different parameters, click RUN SAME REPORT.
To run a new report, click RUN NEW REPORT.
To search and view submitted reports, click SEARCH REPORTS.
To make this report a Favorite, click SEARCH REPORTS.
To manage your Favorites, click the Favorites tab.

CANCEL RUN SAME REPORT RUN NEW REPORT **SEARCH REPORTS**

Step 10: Download Report

Select the Green Arrow in the Action Menu to download the report.

Search Reports

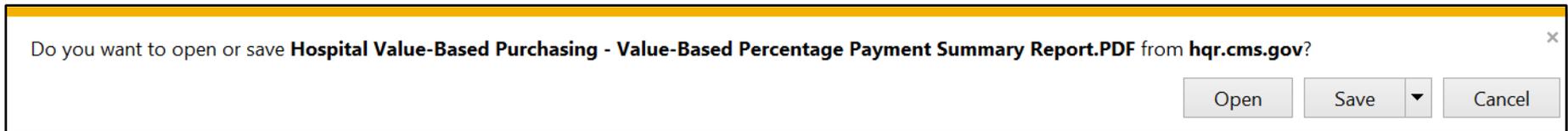
Search for reports you have run. Search Saved Reports

Search Report Name **Requested Date - From** 11/17/2019 **Requested Date - To** 05/15/2020 **Show Reports** ALL

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (KB)	ACTION
	05/15/2020 13:14:13	Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report		0.0276	

Step 11: Open or Save Report

- Your browser will open a prompt requesting your decision to open or save the report.
- Select *Open* to open the report.
- Select *Save* to save the report.



How to Run Your Report Summary

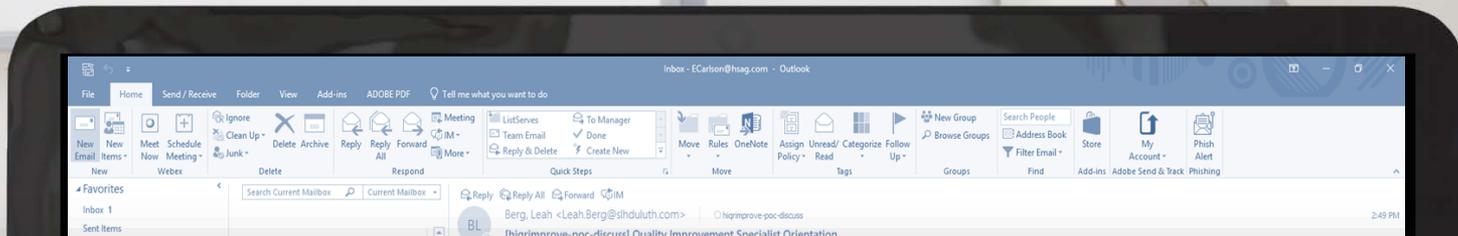
1. Go to the *QualityNet HQR Secure Portal* login page: <https://hqr.cms.gov/hqrng/login>.
2. Enter your HARP ID and password. Select Login.
3. Select method for two-factor authentication code. Enter code when received. Select Continue.
4. Select “My Reports” from the menu bar.
5. Select “Run Report(s)” 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 the desired 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.

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

Hospital VBP Program:
Navigating the New *QualityNet* Website

Downloading HSRs from Secure File Transfer

Email Notification of HSR Availability



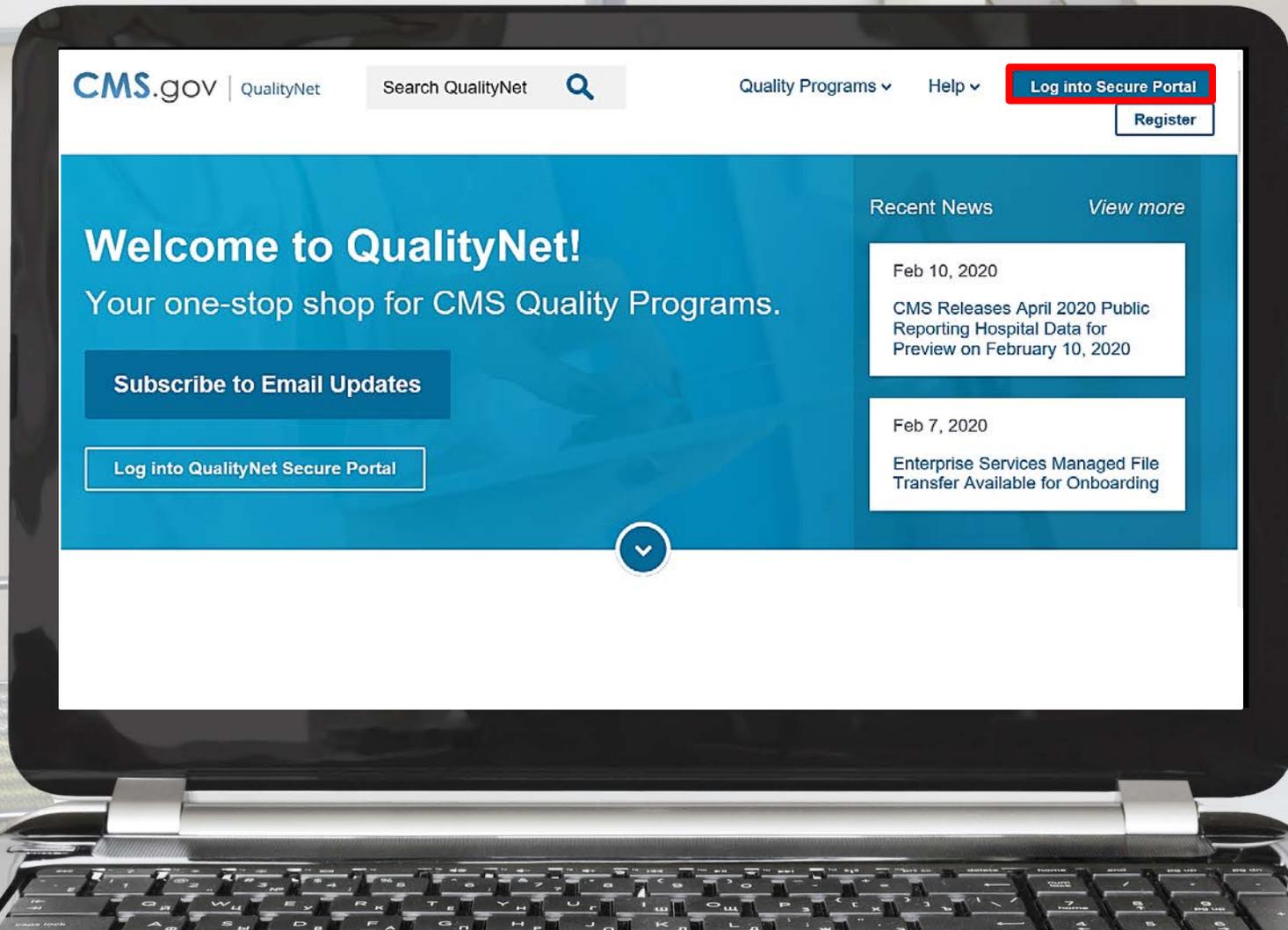
From: noreply@hcqis.org [mailto:noreply@hcqis.org]
Sent: Tuesday, August 14, 2018 2:52 PM
To:
Subject: Auto Route: You have received a new file

QualityNet Secure File Transfer
**Auto Route File
Delivery Notification**

Dear QualityNet User: You have been sent a file (**Example_HSR.zip**) that is ready for your review. Please login to <https://www.qualitynet.org/> with your QualityNet User ID and click on Secure File Transfer to retrieve your file from "AutoRoute_inbox" folder. If you have questions or concerns, please contact QualityNet help desk at qnetssupport@hcqis.org or (866) 288-8912.

(928)214-3709

Log Into Secure Portal



Select Secure File Transfer

CMS.gov | QualityNet

Choose Your QualityNet Destination

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

Select Your QualityNet Destination

Secure File Transfer

CMS Data Element Library

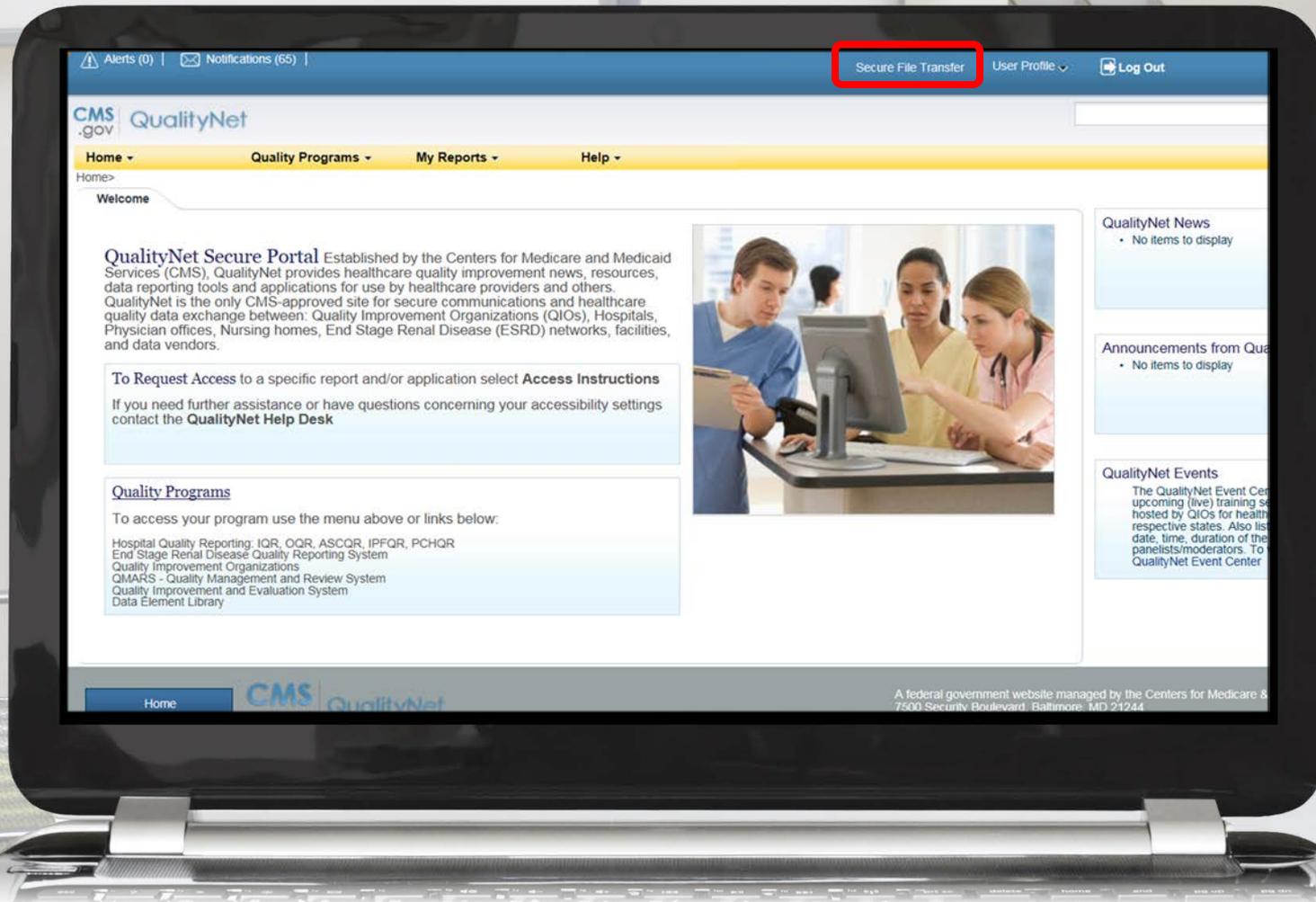
End-Stage Renal Disease Quality Reporting System

Quality Improvement Organizations

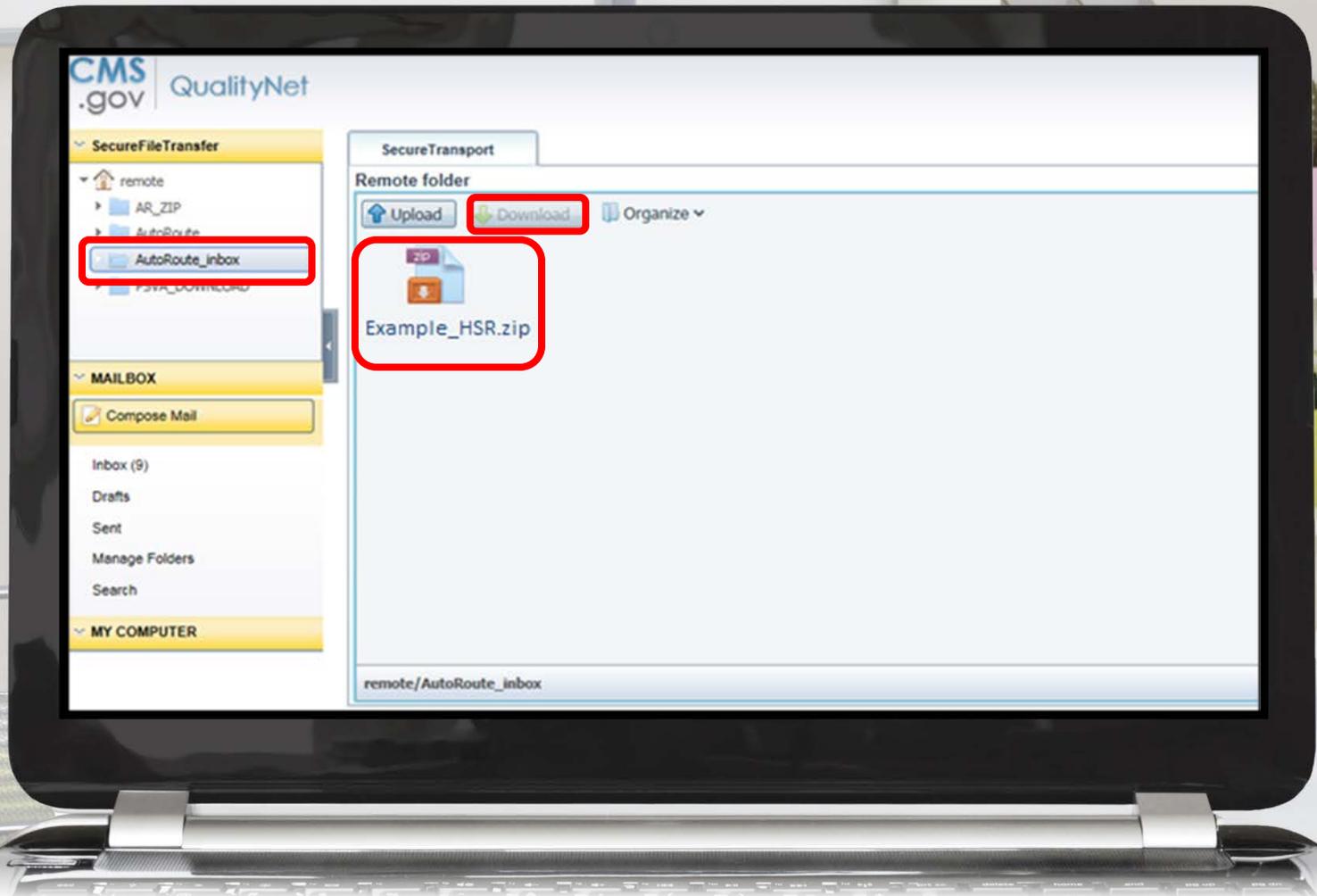
QIES Business Intelligence Center

Hospital Quality Reporting

Secure File Transfer



Auto Route Inbox



Hospital VBP Program:
Navigating the New *QualityNet* Website

Questions

Webinar Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: Hospital VBP Program: Navigating the New QualityNet Website
- Email Body: If your question pertains to a specific slide, please include the slide number.

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.servicenowservices.com/qnet_qa.

If you do not find an answer, then submit your question to us via the same tool.

Disclaimer

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Survey

- Please [click here](#) to complete a short survey.