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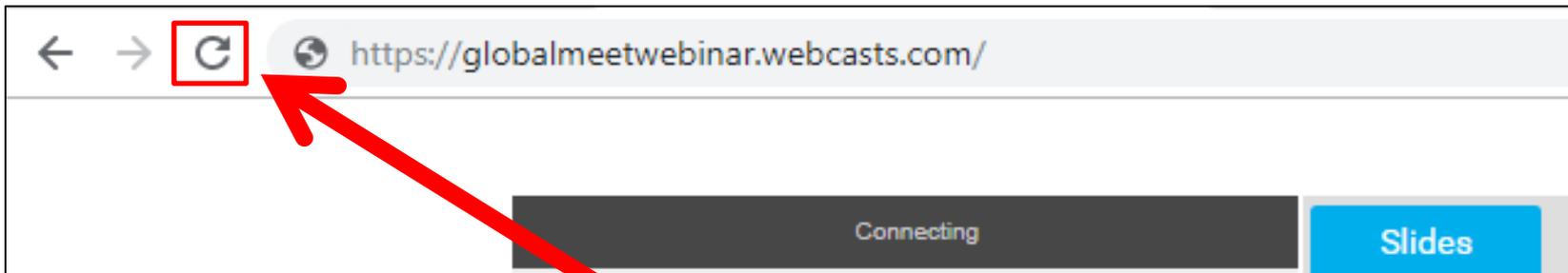
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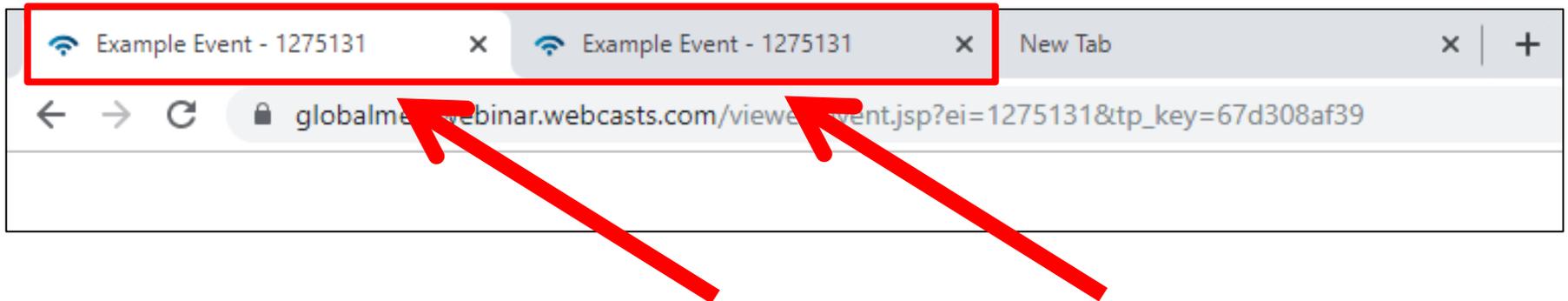
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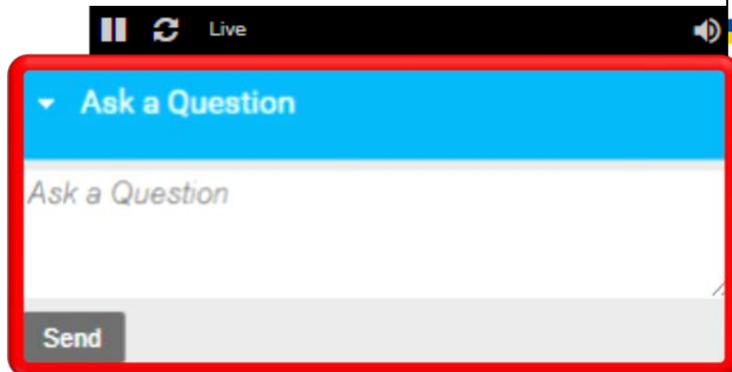
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



Hospital VBP Program Knowledge Refresher: FY 2023 Overview

June 9, 2021

Speakers

Maria Gugliuzza, MBA

Outreach and Education Lead

Hospital Inpatient Value, Incentives, and Quality Reporting

Outreach and Education Support Contractor

Webinar Chat Questions

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

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

We will respond to questions as soon as possible.

Acronyms

AMI	Acute Myocardial Infarction	IPPS	inpatient prospective payment system
CABG	Coronary Artery Bypass Graft	IQR	Inpatient Quality Reporting
CAUTI	Catheter-associated Urinary Tract Infection	LTCH PPS	Long-Term Care Hospital Prospective Payment System
CLABSI	Central Line-associated Bloodstream Infection	MORT	mortality
CMS	Centers for Medicare & Medicaid Services	MRSA	Methicillin-resistant Staphylococcus aureus Bacteremia
COPD	Chronic Obstructive Pulmonary Disease	MS-DRG	Medicare Severity Diagnosis Related Groups
ECE	Extraordinary Circumstances Exceptions	MSPB	Medicare Spending per Beneficiary
FFS	Fee For Service	PN	pneumonia
FY	fiscal year	PPSR	Percentage Payment Summary Report
HAC	Hospital-Acquired Condition	PSI	Patient Safety for Selected Indicators
HAI	Healthcare-associated infection	Q	quarter
HARP	HCQIS Access Roles and Profile	Q&A	question and answer
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	SA/O	Security Administrator/Official
HCQIS	Health Care Quality Information Systems	SSI	Surgical Site Infection
HF	heart failure	THA/TKA	Total Hip Arthroplasty/Total Knee Arthroplasty
HQR	Hospital Quality Reporting	TPS	Total Performance Score
HSR	Hospital-Specific Report	VBP	value-based purchasing
ICD	International Classification of Diseases	VIQR	Value, Incentives, and Quality Reporting

Purpose

This event will provide an overview of the Fiscal Year (FY) 2023 Hospital Value-Based Purchasing (VBP) Program Baseline Reports and discuss the following topics:

- Report location in the Hospital Quality Reporting (HQR) Secure Portal
- Domain and measure updates
- Performance standards and measurement periods
- Hospital VBP Program resources

Objectives

Participants will be able to:

- Access their hospital's Baseline Report.
- Identify the domains and measures used to evaluate hospital performance in the Hospital VBP Program.
- Understand the new Hospital VBP Program measure.
- Locate Hospital VBP Program resources.

Maria Gugliuzza, MBA

Outreach and Education Lead

Hospital Inpatient Value, Incentives, and Quality Reporting

Outreach and Education Support Contractor

Hospital VBP Program Knowledge Refresher: FY 2023 Overview

Foundation

The Hospital VBP Program is a quality incentive program.

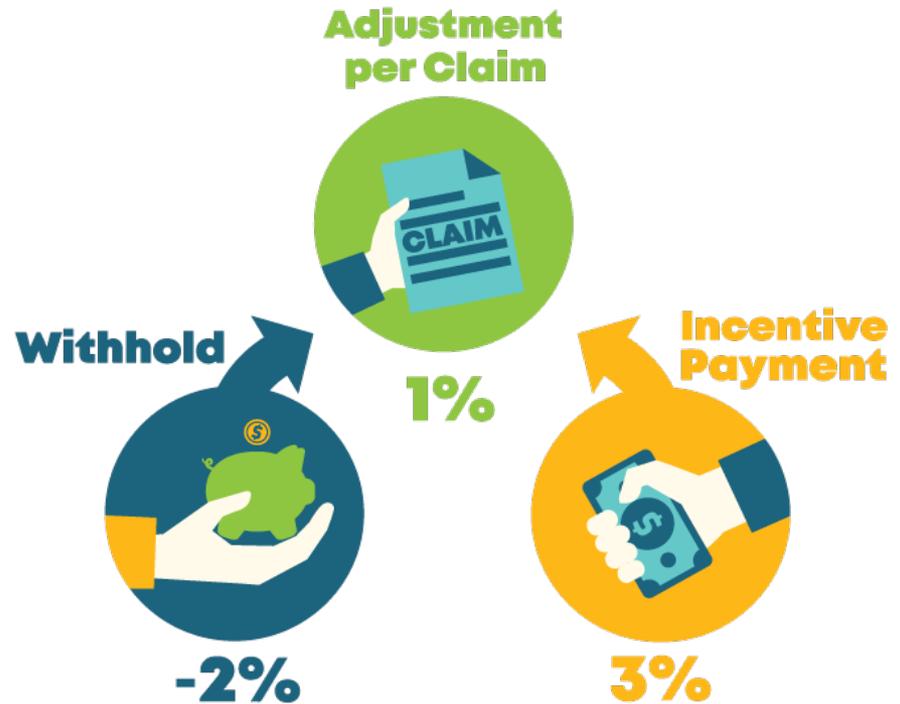
- Section 1886(o) of the Social Security Act sets forth the requirements of the program.
- Hospitals are paid for inpatient acute care services based on the *quality* of care (as evaluated using a select set of quality and cost measures), not just *quantity* of the services they provide.
- Hospitals are scored based on achievement and improvement for each measure.

Program Funding

- The Hospital VBP Program:
 - Is estimated as budget-neutral.
 - Is funded by a 2.00% reduction from the base operating Medicare Severity Diagnosis Related Groups (MS-DRG) payments of hospitals.

- CMS redistributes the resulting funds to hospitals based on the Total Performance Score (TPS).
 - The actual amount earned depends on the range and distribution of TPS scores of all eligible/participating hospitals for a fiscal year.

- A hospital may earn back a value-based incentive payment percentage. The percentage can range from incurring the withhold for the fiscal year to receiving a positive net change in base operating MS-DRG payments.



Eligibility

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

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

Note: Hospitals excluded from the Hospital VBP Program will **not** have 2.00% withheld from their base operating MS-DRG payments and will not be eligible to receive incentive payments in Fiscal Year 2023.

FY 2023

Domains and Measures

CMS PSI 90 is new beginning this fiscal year.



Clinical Outcomes (25%)

MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate

MORT-30-CABG: Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate

MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate

MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate

MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate

COMP-HIP-KNEE: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Efficiency and Cost Reduction (25%)

MSPB: Medicare Spending per Beneficiary

Person and Community Engagement (25%)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Survey Dimensions

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication about Medicines

Cleanliness and Quietness of Hospital Environment

Discharge Information

Care Transition

Overall rating of Hospital

Safety (25%)

CMS PSI 90: Patient Safety and Adverse Events Composite ← **New this fiscal year**

CAUTI: Catheter-associated Urinary Tract Infection

CDI: *Clostridium difficile* Infection

CLABSI: Central Line-associated Bloodstream Infection

MRSA: Methicillin-resistant Staphylococcus aureus Bacteremia

SSI: Surgical Site Infection- Colon Surgery and Abdominal Hysterectomy

New Measure: CMS PSI 90

Background: CMS removed the Patient Safety for Selected Indicators Composite (PSI 90) measure from the Hospital VBP Program from FY 2019–FY 2022 due to operational constraints from the International Classification of Diseases, Tenth Revision (ICD-10) transition.

CMS then adopted the updated ICD-10 version of the CMS PSI 90 measure beginning with the FY 2023 Hospital VBP Program (Safety domain).

- For more information, reference the FY 2018 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule (82 FR 38242-38244) and (82 FR 38251-38256):
<https://www.govinfo.gov/content/pkg/FR-2017-08-14/pdf/2017-16434.pdf>

New Measure: CMS PSI 90

- The CMS PSI 90 measure was calculated with version 11.0 of the CMS PSI software.
- CMS calculates the CMS PSI rates from Medicare Fee-For-Service (FFS) patients.
- The underlying PSI calculations include up to 25 diagnoses and 25 procedures.
- If at least one of the individual indicators has a denominator of three or more, CMS calculates the hospital's composite value.
- Refer to the PSI Resources page for more information on the CMS PSI 90 measure:

<https://qualitynet.cms.gov/inpatient/measures/psi/resources>.

CMS PSI 90 Composite Indicators

PSI	Indicator
PSI 03	Pressure ulcer rate
PSI 06	Iatrogenic pneumothorax rate
PSI 08	In-hospital fall with hip fracture rate
PSI 09	Perioperative hemorrhage and hematoma rate
PSI 10	Postoperative acute kidney injury rate
PSI 11	Postoperative respiratory failure rate
PSI 12	Perioperative pulmonary embolism or deep vein thrombosis rate
PSI 13	Postoperative sepsis rate
PSI 14	Postoperative wound dehiscence rate
PSI 15	Unrecognized abdominopelvic accidental puncture/laceration rate

Proposed Removal of CMS PSI 90

- In the FY 2022 IPPS/LTCH PPS Proposed Rule, CMS proposed to remove the PSI 90 measure from the Hospital VBP Program beginning in FY 2023.
- If this proposal is finalized, the PSI 90 measure will not be displayed on the Percentage Payment Summary Report and will not be used to determine a hospital's Safety domain score, Total Performance Score, or payment adjustments in FY 2023.
- CMS considers patient safety a high priority and aims to reduce provider burden. Since CMS PSI 90 is in the HAC Reduction Program, CMS proposes removing CMS PSI 90 from the Hospital VBP Program to avoid the need for providers to track duplicate measures in two programs and for CMS to maintain multiple versions of the CMS PSI software used to calculate PSIs and the composite measure across the two programs.

Proposed Suppression of MORT-30-PN

- In the FY 2022 IPPS/LTCH PPS Proposed Rule, CMS proposed to suppress the 30-Day Pneumonia Mortality Measure for the FY 2023 Hospital VBP Program.
- CMS analysis of the MORT-30-PN measure data showed that the patient cohort had a higher proportion of patients with a secondary diagnosis of COVID-19 than the cohorts for the other condition-specific mortality measures used in the program, and that these patients have a higher risk of mortality than the remainder of the patients included in the pneumonia measure cohort.
 - CMS considered whether they could exclude patients with a diagnosis of COVID-19 from the MORT-30-PN cohort, but CMS determined suppression will provide additional time and additional months of data potentially impacted by COVID-19 to more thoroughly evaluate a broader range of alternatives.
- If this proposal is finalized, the 30-Day Pneumonia Mortality measure will have the number of eligible discharges measure rate for the baseline and performance periods displayed on the Percentage Payment Summary Report; however, the measure will not have improvement points, achievement points or a measure score calculated.
- Additionally, if the proposal is finalized, the measure will not be used to determine a hospital's Clinical Outcomes domain score, Total Performance Score, or payment adjustments in FY 2023.

Technical Update to Remove COVID-19 Patients from Certain Measures

- In the FY 2022 IPPS/LTCH PPS Proposed Rule, CMS announced technical updates to the following four condition-specific mortality measures and one procedure-specific complication measure to exclude patients with either principal or secondary diagnoses of COVID-19 from the measure denominators beginning with the FY 2023 program year.
 - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization (NQF #0230)
 - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Coronary Artery Bypass Graft (CABG) Surgery (NQF #2558)
 - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization (NQF #1893)
 - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization (NQF #0229)
 - Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (NQF #1550).

FY 2022 IPPS/LTCH PPS Proposed Rule

- For more information on the proposed removal of the CMS PSI 90 measure, the proposed suppression of the MORT-30-PN measure, and other proposals refer to the FY 2022 IPPS/LTCH PPS Proposed Rule here:
<https://www.govinfo.gov/content/pkg/FR-2021-05-10/pdf/2021-08888.pdf>
- A FY 2022 IPPS/LTCH PPS Proposed Rule Overview webinar is available On Demand:
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2021-events/iqr6321/>

Measurement Periods

Domain	Measure	Baseline Period	Performance Period
 Clinical Outcomes	Mortality Measures (PN, AMI, CABG, COPD, HF)	July 1, 2013– June 30, 2016	July 1, 2018– June 30, 2021
	Complication Measure	April 1, 2013– March 31, 2016	April 1, 2018– March 31, 2021
 Person and Community Engagement	HCAHPS Survey	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021
 Safety	Healthcare-associated infection (HAI) Measures	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021
	Patient Safety and Adverse Events Composite	October 1, 2015– June 30, 2017	July 1, 2019– June 30, 2021
 Efficiency and Cost Reduction	Medicare Spending per Beneficiary (MSPB)	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021

Measurement Periods Impacted by ECEs

- As finalized in the [Interim final rule with Comment Period \(CMS-3401-IFC\)](#) published on September 2, 2020, CMS will not use claims reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting and VBP programs. The discharge period in the performance period for the Clinical Outcomes Domain measures will be updated to reflect this policy.
- The baseline period dates in FY 2023 are not impacted by Extraordinary Circumstances Exceptions (ECEs).
- Hospitals do **not** need to request an ECE for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020.

Individual Hospital ECE Requests

If a hospital believes that their performance continues to be adversely impacted by this extraordinary circumstance beyond June 30, 2020, it can submit an individual ECE request to CMS for the Hospital VBP Program within 90 days of the date of the extraordinary circumstance.

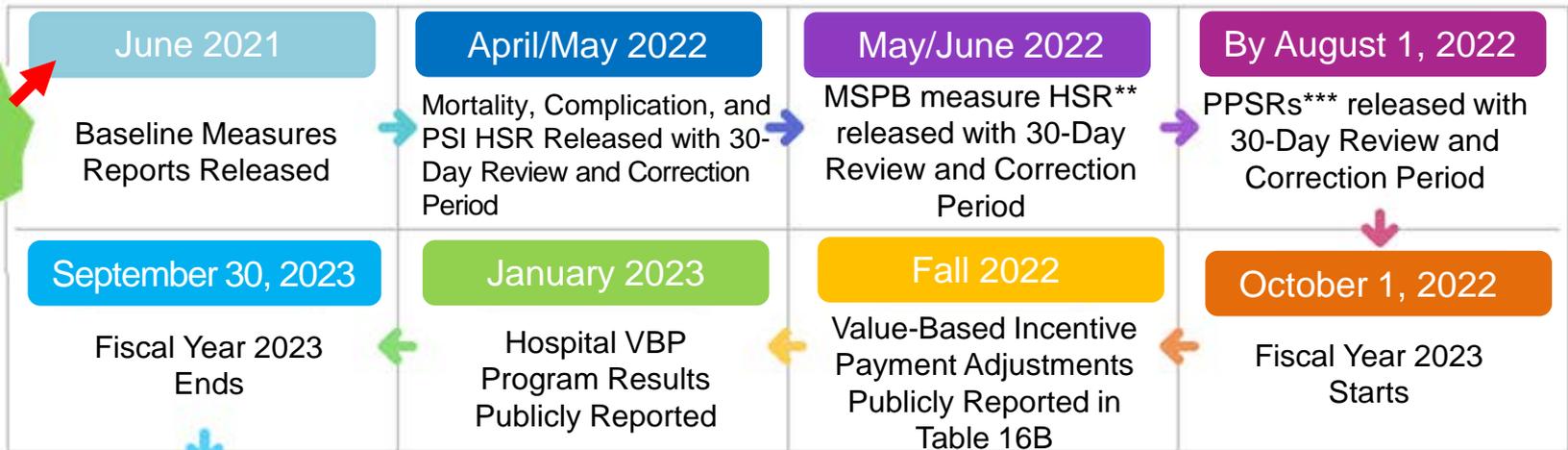
- At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested due to operational timelines and constraints. For example, June 29, 2021, is the deadline for requests for the Hospital VBP Program including Q1 2021.
- A granted individual ECE in the Hospital VBP Program would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted.
- An excluded hospital will not incur the 2 percent reduction in payments, but it would also not receive incentive payments for the fiscal year.
- More information about Hospital VBP Program ECE requests be accessed on *QualityNet*: <https://qualitynet.cms.gov/inpatient/hvbp/participation#tab6>

Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
 Clinical Outcomes	Minimum of two measure scores: <ul style="list-style-type: none"> • 30-Day Mortality Measures: 25 cases • Complication Measure: 25 cases
 Person and Community Engagement	100 HCAHPS Surveys
 Safety	Minimum of two measure scores: <ul style="list-style-type: none"> • HAI measures: One predicted infection • PSI 90: three eligible cases on any one underlying indicator
 Efficiency and Cost Reduction	25 episodes of care in the MSPB measure
TPS	A minimum of three of the four domains receiving domain scores

FY 2023 Timeline

Release Date* and Event Timeline



*Dates displayed are estimated and are subject to change.

HSR = Hospital-Specific Report * PPSR = Percentage Payment Summary Report

Performance Standards

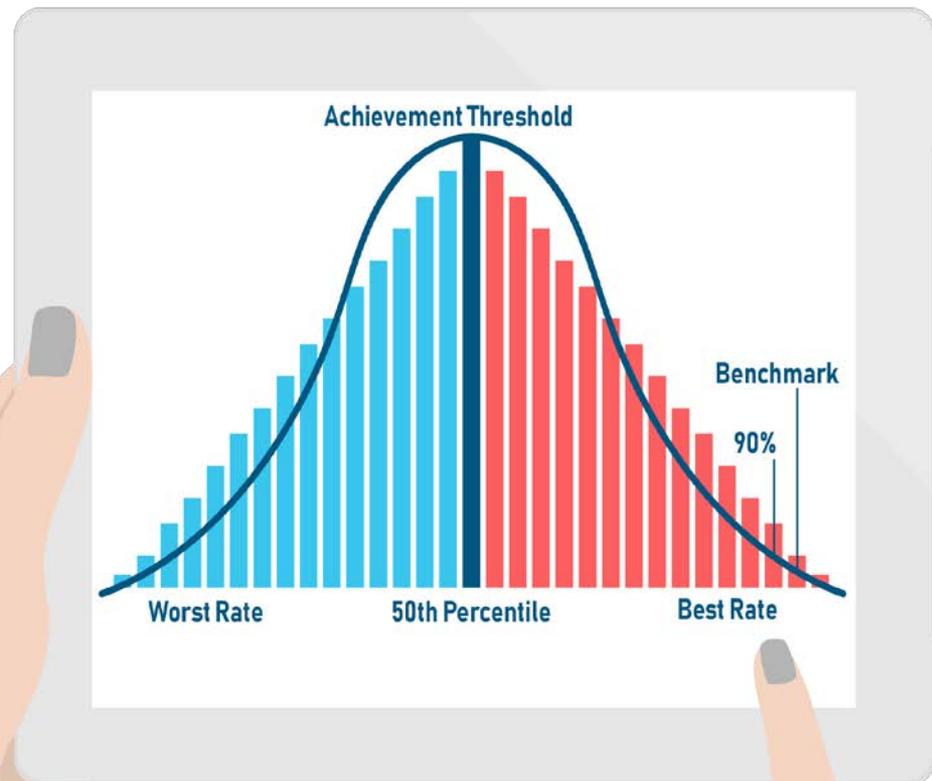
Benchmark:

Average (mean) performance of the top decile (10%) of hospitals

Achievement Threshold:

Performance at the 50th percentile (median) of hospitals during the baseline period

Note: MSPB uses Performance Period data to calculate the benchmark and achievement threshold, not Baseline Period data like other measures.

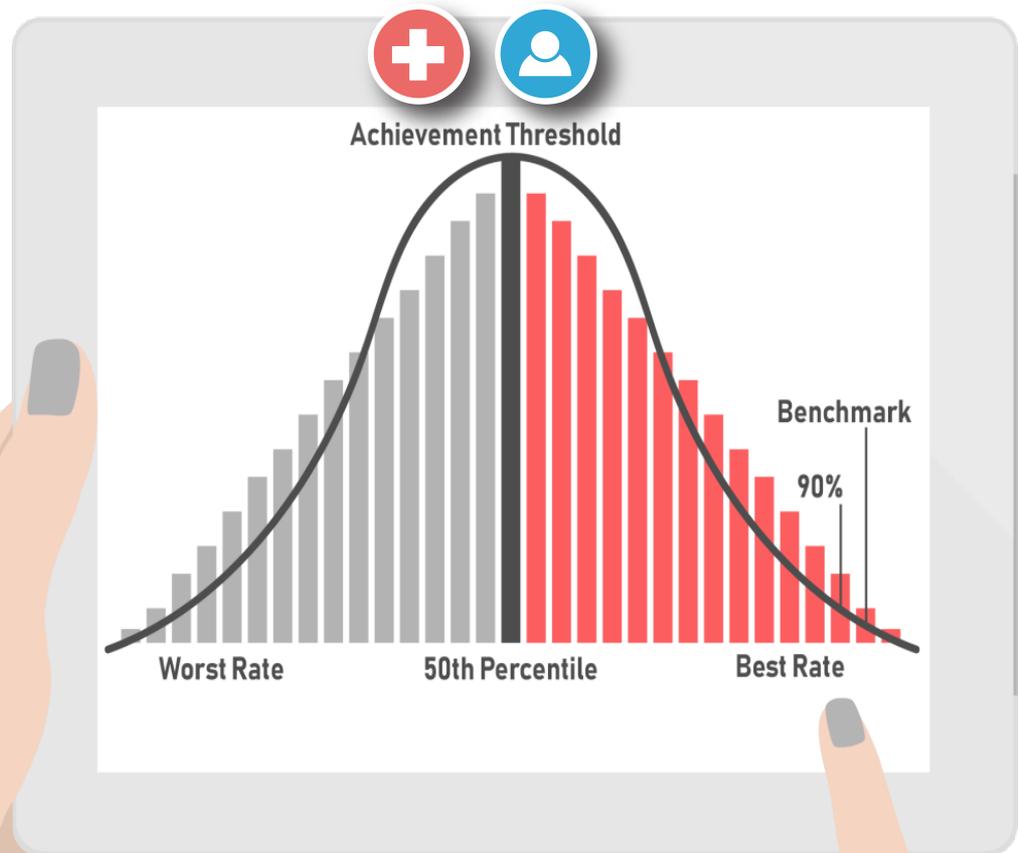


Higher Performance Standards

A **higher** rate is better for the following measures/dimensions:

- Clinical Outcomes
 - Mortality measures*
- Person and Community Engagement

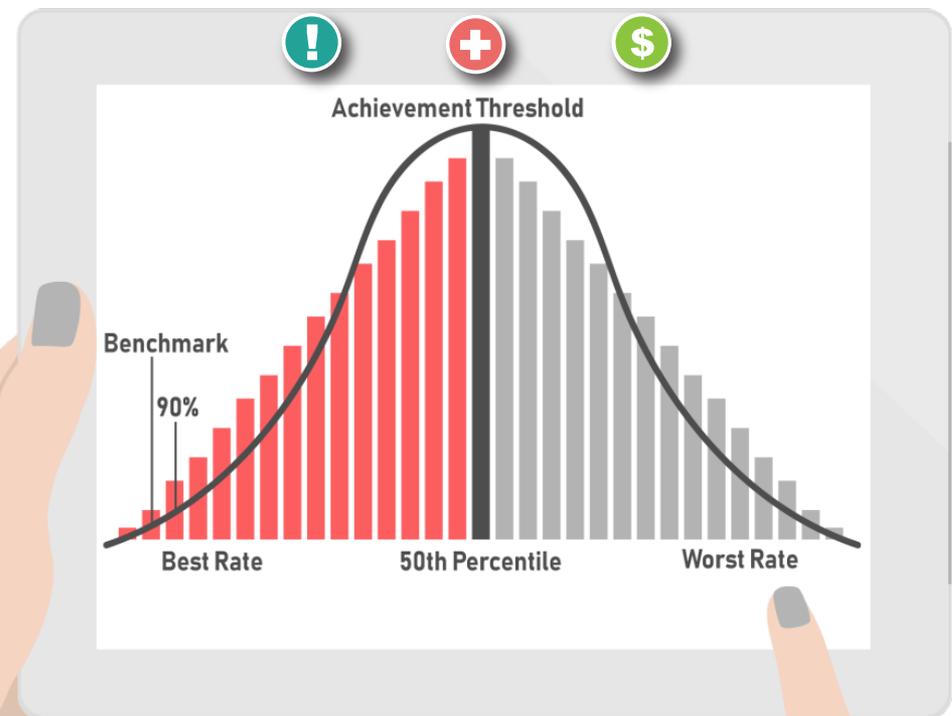
* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



Lower Performance Standards

A **lower** rate is better for the following measures/dimensions:

- Clinical Outcomes
 - Complication measure
- Safety
 - HAI measures
 - CMS PSI 90
- Efficiency and Cost Reduction
 - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



FY 2023 Performance Standards

Safety (25%)			Clinical Outcomes (25%)		
Measures	Threshold	Benchmark	Measures	Threshold	Benchmark
↓CLABSI	0.589	0.000	MORT-30-AMI	0.866548	0.885499
↓CAUTI	0.650	0.000	MORT-30-CABG	0.968747	0.979620
↓SSI: Colon	0.717	0.000	MORT-30-COPD	0.919769	0.936349
↓SSI: Abdominal Hysterectomy	0.738	0.000	MORT-30-HF	0.881939	0.906798
↓MRSA	0.726	0.000	MORT-30-PN	0.840138	0.871741
↓CDI	0.520	0.014	↓COMP-HIP-KNEE	0.027428	0.019779
↓PSI-90	0.963400	0.761590			

Efficiency and Cost Reduction (25%)			Person and Community Engagement (25%)			
Measure	Threshold	Benchmark	HCAHPS Performance Standards			
			HCAHPS Survey Dimensions	Floor (%)	Threshold (%)	Benchmark (%)
↓MSPB	Median MSPB ratio across all hospitals during the Performance period.	Mean of the lowest decile MPSB ratios across all hospitals during the performance period.	Communication with Nurses	53.50	79.42	87.71
			Communication with Doctors	62.41	79.83	87.97
			Responsiveness of Hospital Staff	40.40	65.52	81.22
			Communication about Medicines	39.82	63.11	74.05
			Hospital Cleanliness and Quietness	45.94	65.63	79.64
			Discharge Information	66.92	87.23	92.21
			Care Transition	25.64	51.84	63.57
			Overall Rating of Hospital	36.31	71.66	85.39

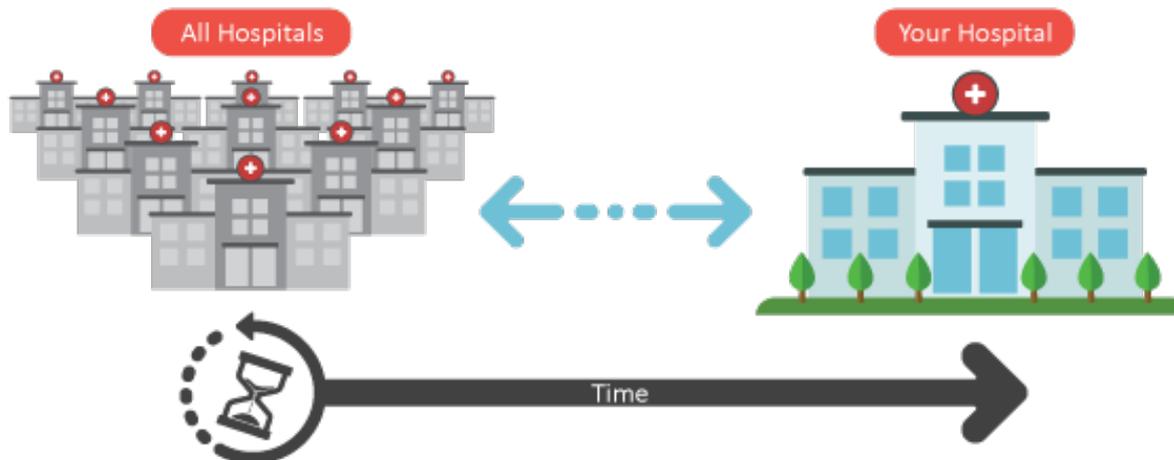
↓ Lower rates indicate better results in the measure.

Achievement Points

Achievement points are awarded by comparing an individual hospital's rates during the performance period with all hospitals' rates from the baseline period*:

- Rate at or better than the benchmark - 10 points
- Rate worse than the achievement threshold - 0 points
- Rate somewhere at or better than the threshold but worse than the benchmark - 1–9 points

* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



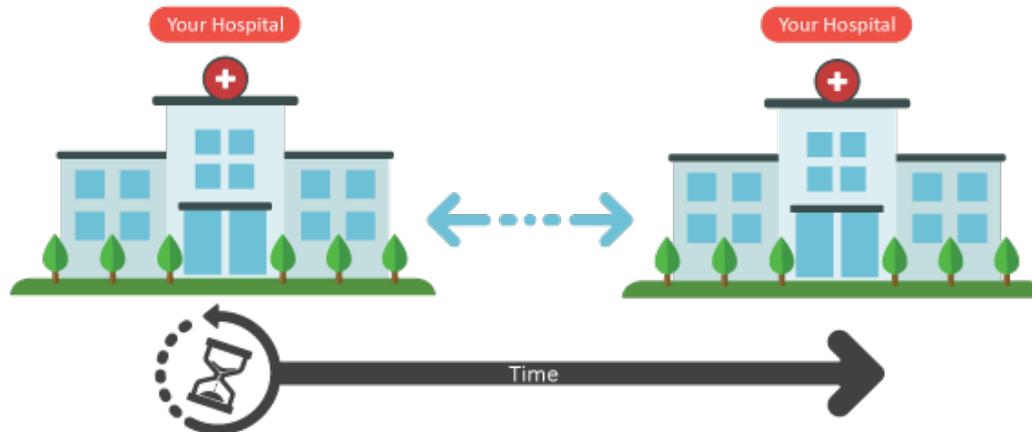
Improvement Points

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

- Rate at or better than the benchmark - 9 points**
- Rate worse than or equal to baseline period rate - 0 points
- Rate between the baseline period rate and the benchmark - 0–9 points

*The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

**Hospitals that have rates at or better than the benchmark but do not improve from their baseline period rate (i.e., have a performance period rate worse than the baseline period rate) will receive 0 improvement points as no improvement was actually observed.



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Outreach and Education Support Contractor

Accessing the Report

Report Availability

- The **Baseline Reports** are available to view on the new Hospital Quality Reporting Secure Portal.
- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

Step 1: Navigate to the HQR Secure Portal login page: <https://hqr.cms.gov/hqrng/login>

Step 2: Enter your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) User ID and Password. Then, select **Login**.

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Hospital Quality Reporting

HARP Sign In

Enter your User ID and Password to login.

User ID

Password

Login

Need a HARP account? Create one [here](#).

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Step 3: You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Continue**.

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Hospital Quality Reporting

Two-Factor Authentication

Select a device to verify your account

-  SMS Text for number ending in
-  Email

[Cancel](#) [Next](#)

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Step 4: Once you receive the code, enter it. Select **Continue**.

The screenshot shows the CMS.gov QualityNet interface for Hospital Quality Reporting. The main heading is "Hospital Quality Reporting". The central focus is a "Two-Factor Authentication" dialog box. It explains that for security, a verification code is required, which was sent via Google Authenticator. Below this, there is a text input field labeled "Enter Code" and a blue "Continue" button with a warning icon. A link to "Change two factor authentication" is provided at the bottom of the dialog. The footer contains the CMS.gov logo, navigation links (QualityNet.org, QualityNet Help Desk, Help, Accessibility, Privacy Policy, Terms of Use), and the Department of Health & Human Services logo.

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Hospital Quality Reporting

Two-Factor Authentication

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

Enter Code

Continue ⚠

[Change two factor authentication](#)

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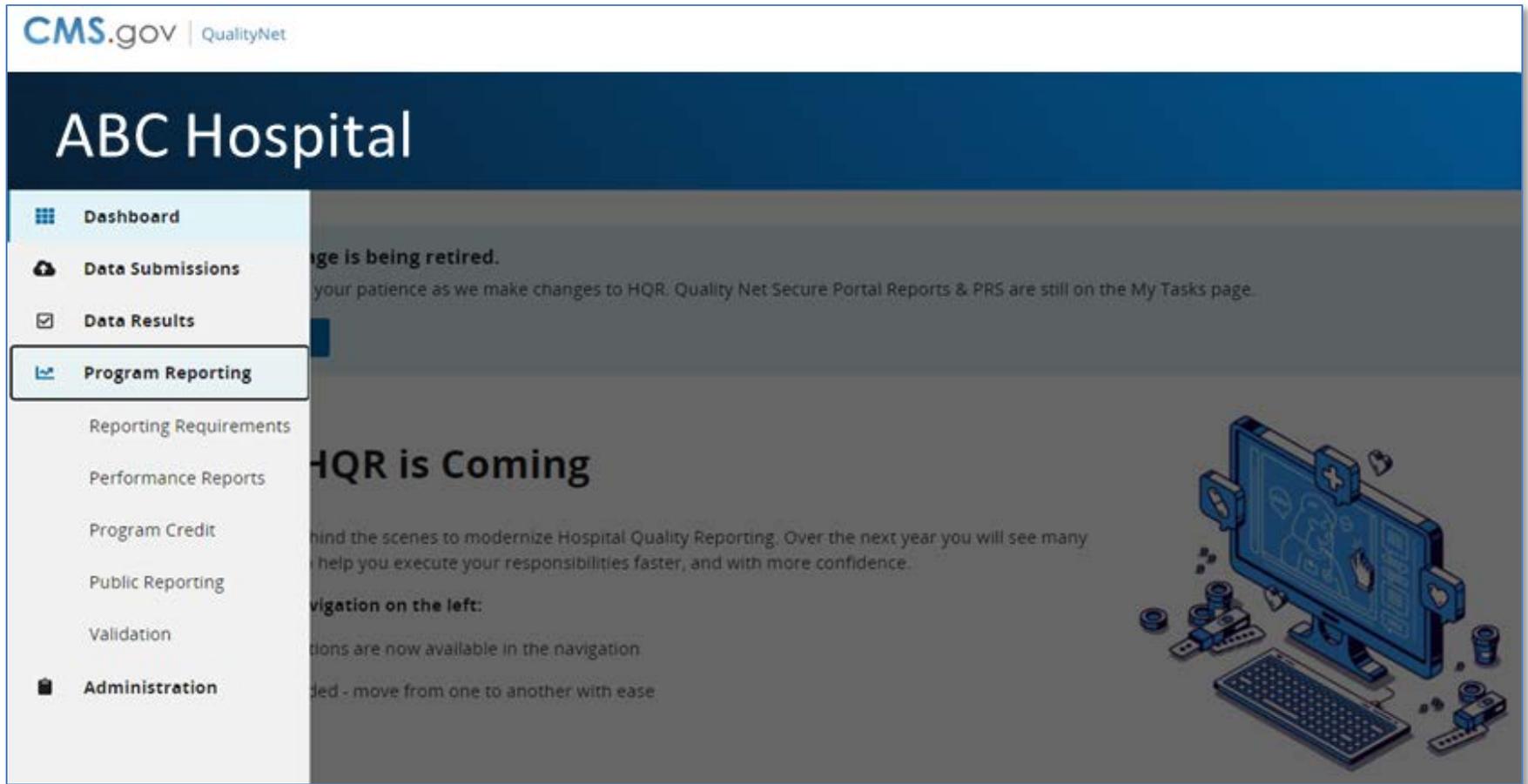
CMS.gov | QualityNet.org | QualityNet Help Desk | Help
Accessibility | Privacy Policy | Terms of Use



**Step 5: Read the Terms and Conditions statement.
Select **Accept** to proceed.**
Note: If Cancel is selected, the program closes.

The screenshot shows the CMS.gov QualityNet interface for 'Hospital Quality Reporting'. A central dialog box titled 'Terms & Conditions' is displayed. The dialog contains a scrollable text area with the following text: 'This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.' Below the text is a checkbox labeled 'I accept the above Terms and Conditions'. At the bottom of the dialog are two buttons: 'Cancel' with a warning triangle icon, and 'Accept'. The background of the interface is blue with a white header and footer. The header contains 'CMS.gov | QualityNet' and the page title 'Hospital Quality Reporting'. The footer contains 'CMS.gov | QualityNet', a navigation menu with links to 'CMS.gov', 'QualityNet.org', 'QualityNet Help Desk', and 'Help', and a footer menu with links to 'Accessibility', 'Privacy Policy', and 'Terms of Use'. The Department of Health & Human Services logo is visible in the bottom right corner.

Step 6: On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.



Step 7: From the expanded Program Reporting drop-down menu, select **Performance Reports**.

The screenshot displays the ABC Hospital CMS.gov QualityNet interface. The left sidebar menu is expanded, showing the following options: Dashboard, Data Submissions, Data Results, Program Reporting (highlighted), Reporting Requirements, Performance Reports (highlighted), Program Credit, Public Reporting, Validation, Administration, and Lock Menu. The main content area shows a 'Performance Reports' section with a 'Period' dropdown menu set to 'Select Quarter' and an 'Export CSV' button. The footer of the interface includes the CMS.gov logo and the text 'QualityNet'.

Step 8: Select **HVBP** from the Program selection menu.

Step 9: Select **Baseline Measures** from the Report selection menu.

Step 10: Select **2023** from the Fiscal Year selection menu.

Step 11: Select your hospital from the Provider selection menu. Select **Display Results**.

The screenshot displays the CMS.gov QualityNet interface for ABC Hospital. The page title is "ABC Hospital". The main section is titled "Performance Reports". Below the title, there is a descriptive paragraph: "This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions." Below this text is a form with four dropdown menus: "Program" (selected: HVBP), "Report" (selected: Baseline Measures), "Fiscal Year" (selected: 2023), and "Provider(s)" (selected: ABC Hospital (CCN-999999) x). To the right of the form is a blue button labeled "Display Results". The CMS.gov logo and "QualityNet" text are visible in the top left and bottom left corners of the interface.

Option to Export PDF

CMS.gov | QualityNet

ABC Hospital

Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program: HVBP
Report: Baseline Measures
Fiscal Year: 2023

Provider(s): ABC Hospital (CCN-999999) x

[Display Results](#)
[Export PDF](#)

Here is where you can look at your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Percentage Payment Summary Report tab, the results include the percentage your payments will be changed in a fiscal year, Total Performance Score, and measure data. In the Baseline Report tab, information will be provided on how your hospital performed on the measures during the baseline period and will also provide performance standards that will be used in the Hospital VBP Program calculations.

Baseline Measures

+ Clinical Outcomes

+ Person And Community Engagement

Instructions for Accessing the Baseline Reports

To access your hospital's FY 2023 Hospital VBP Program baseline data:

1. Navigate to the HQR Secure Portal login page: <https://hqr.cms.gov/hqrng/login>
2. Enter your HARP User ID and Password. Then, select **Login**.
3. You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Continue**.
4. Once you receive the code, enter it. Select **Continue**.
5. Read the Terms and Conditions statement. Select **Accept** to proceed. You will be directed to the **HQR Landing Page**. (If Cancel is selected, the program closes.)
6. On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.
7. From the expanded Program Reporting drop-down menu, select **Performance Reports**.
8. Select **HVBP** from the Program selection menu.
9. Select **Baseline Measures** from the Report selection menu.
10. Select **2023** from the Fiscal Year selection menu.
11. Select your hospital from the Provider selection menu. Select **Display Results**.

Maria Gugliuzza, MBA

Outreach and Education Lead

Hospital Inpatient Value, Incentives, and Quality Reporting

Outreach and Education Support Contractor

Reviewing your Report

Clinical Outcomes Domain

Baseline Measures				
— Clinical Outcomes				
Risk-Standardized Complication Measures	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 04/01/2013 - 03/31/2016				
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-	0.027428	0.019779
30-Day Risk-Standardized Mortality Measures ⓘ	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 07/01/2013 - 06/30/2016				
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	5	0.861821	0.866548	0.885499
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	33	0.928280	0.919769	0.936349
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.968747	0.979620
Heart Failure (HF) 30-Day Mortality Rate	49	0.891818	0.881939	0.906798
Pneumonia (PN) 30-Day Mortality Rate	123	0.860265	0.840138	0.871741

Information Pop-Ups

Baseline Measures

— Clinical Outcomes

Risk-Standardized Complication Measures	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 04/01/2013 - 03/31/2016				
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-		

30-Day Risk-Standardized Mortality Measures ⓘ	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 07/01/2013 - 06/30/2016				
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	5	0.861821		
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	33	0.928280		
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.968747	0.979620
Heart Failure (HF) 30-Day Mortality Rate	49	0.891818	0.881939	0.906798
Pneumonia (PN) 30-Day Mortality Rate	123	0.860265	0.840138	0.871741

✕ Close

Number Of Eligible Discharges

A minimum of 25 eligible discharges during the baseline period are required for improvement point calculations. Further information on how this score is calculated can be found on [QualityNet](#).

Okay

Person and Community Engagement Domain

Baseline Measures				
+ Clinical Outcomes				
- Person And Community Engagement				
HCAHPS Surveys Completed During the Baseline Period: 93				
HCAHPS Dimensions	Baseline Period Rate	Floor ⓘ	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 01/01/2019 - 12/31/2019				
Communication with Nurses**	93.1726%	53.50%	79.42%	87.71%
Communication with Doctors**	98.3185%	62.41%	79.83%	87.97%
Responsiveness of Hospital Staff**	80.8197%	40.40%	65.52%	81.22%
Communication about Medicines**	75.3211%	39.82%	63.11%	74.05%
Cleanliness and Quietness of Hospital Environment**	82.6216%	45.94%	65.63%	79.64%
Discharge Information**	89.1859%	66.92%	87.23%	92.21%
Care Transition**	58.7432%	25.64%	51.84%	63.57%
Overall Rating of Hospital**	76.3093%	36.31%	71.66%	85.39%

Safety Domain

Baseline Measures					
+ Clinical Outcomes					
+ Person And Community Engagement					
- Safety					
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR) ⓘ	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 01/01/2019 - 12/31/2019					
Catheter-Associated Urinary Tract Infection**	N/A	N/A	-	0.650	0.000
Central Line-Associated Blood Stream Infection**	N/A	N/A	-	0.589	0.000
Clostridium difficile Infection**	0	0.138	-	0.520	0.014
Methicillin-Resistant Staphylococcus aureus Bacteremia**	0	0.014	-	0.726	0.000
SSI-Abdominal Hysterectomy**	N/A	N/A	-	0.738	0.000
SSI-Colon Surgery**	N/A	N/A	-	0.717	0.000
Patient Safety Indicators	Index Value	Achievement Threshold ⓘ		Benchmark ⓘ	
Baseline Period: 10/01/2015 - 06/30/2017					
Patient Safety and Adverse Events Composite	0.974290	0.963400		0.761590	

Efficiency and Cost Reduction Domain

Baseline Measures				
+ Clinical Outcomes				
+ Person And Community Engagement				
+ Safety				
- Efficiency And Cost Reduction				
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes ⓘ
Baseline Period: 01/01/2019 - 12/31/2019				
Medicare Spending per Beneficiary (MSPB) ⓘ	\$19,938.20	\$22,212.62	0.897607	146

Export Baseline Report

CMS.gov | QualityNet

ABC Hospital

Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program HVBP **Report** Baseline Measures **Fiscal Year** 2023

Provider(s) ABC Hospital (CCN-999999) x

Display Results **Export PDF**

Here is where you can look at your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Percentage Payment Summary Report tab, the results include the percentage your payments will be changed in a fiscal year, Total Performance Score, and measure data. In the Baseline Report tab, information will be provided on how your hospital performed on the measures during the baseline period and will also provide performance standards that will be used in the Hospital VBP Program calculations.

Baseline Measures

+ Clinical Outcomes

+ Person And Community Engagement

Maria Gugliuzza, MBA

Outreach and Education Lead

Hospital Inpatient Value, Incentives, and Quality Reporting

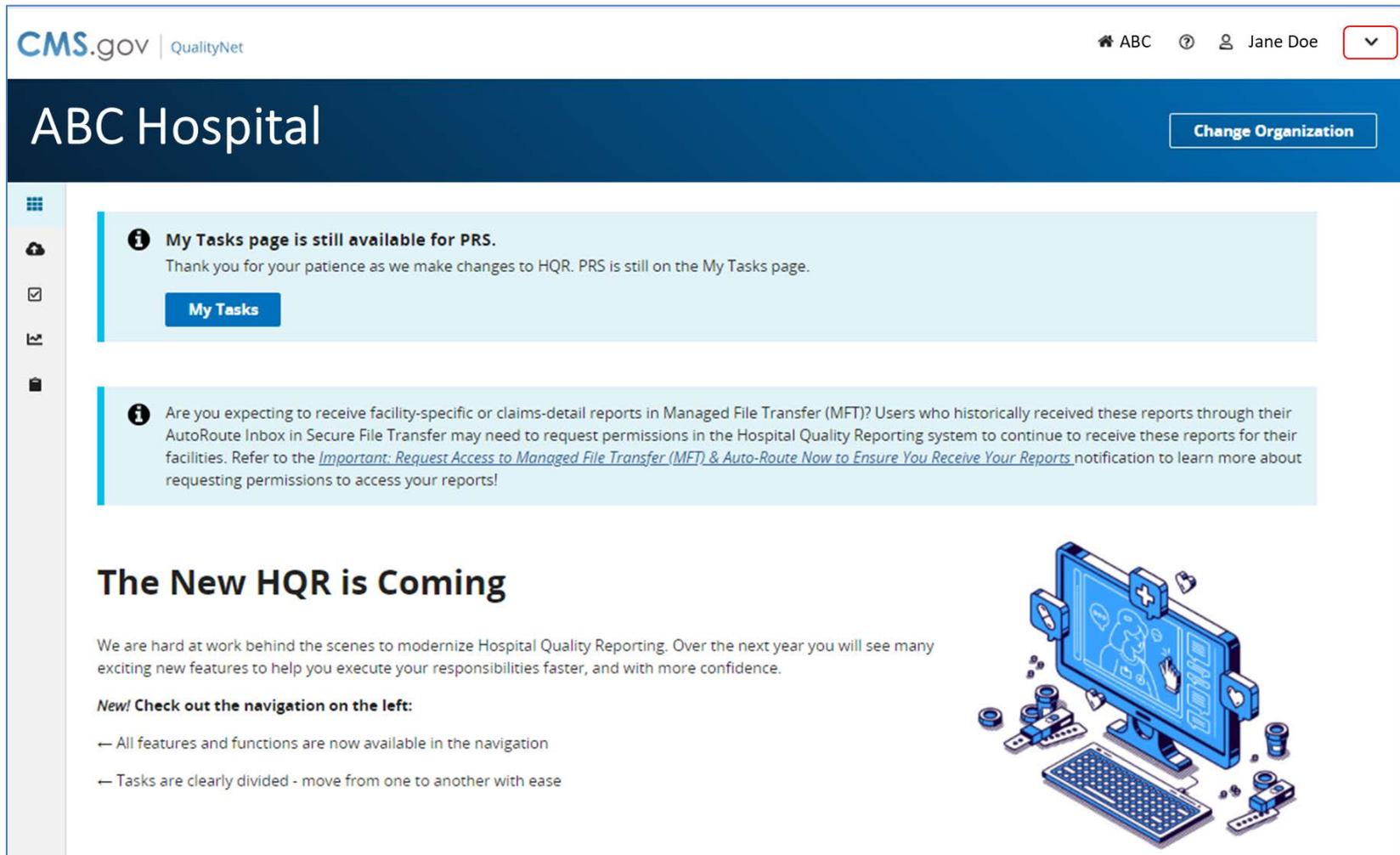
Outreach and Education Support Contractor

Requesting HVBP Program Access for Performance Reports Permission

Requesting Permission When You Don't Currently Have Access to the Reports

- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.
- If you don't have access to your hospital's Hospital VBP Program reports in the drop-down, you may not have the required HVBP program access for Performance Reports permission in your profile.
- The following slides provide instruction for requesting that permission.
- This action is **not** needed for users that can already access the Hospital VBP Program reports.

Step 6: On the HQR Landing page, select the **drop-down arrow** by your name on the ribbon at the top of the page to expand the options.



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ABC ? Jane Doe

ABC Hospital

Change Organization

i My Tasks page is still available for PRS.
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

My Tasks

i Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease



Step 7: From the expanded drop-down menu, select **My Profile**.

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ABC Jane Doe

ABC Hospital

Change Org

My Profile

Logout

i My Tasks page is still available for PRS.
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

My Tasks

i Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

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New! Check out the navigation on the left:

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease



Step 8: Select **View Access** button for the organization you wish to view the Hospital VBP Program reports.

The screenshot shows a user interface for 'ABC Hospital'. At the top left, the name 'ABC Hospital' is displayed. In the top right corner, there is a 'Change Organization' button. Below the header, there is a navigation bar with '< Dashboard' on the left and 'New Feature Tour' on the right. The main content area features a user profile for 'Jane Doe' with her email 'JaneDoe2 · JaneDoe2@abchospital.org'. Below the profile are links for 'Update Password', 'Update 2-Factor Authentication', and 'Update Challenge Question'. The 'Organization Access' section is highlighted, with a 'Create Access Request' button. Underneath, there are tabs for 'My Organizations' and 'Access Requests'. A search bar is provided for finding organizations. A table lists the organizations with columns for Organization, Organization ID, User Type, and Status. The 'ABC Hospital' entry is shown with ID 'A3ABM581', 'Basic' user type, and 'Active' status. A 'View Access' button is present next to this entry and is highlighted with a red box.

ABC Hospital Change Organization

< Dashboard New Feature Tour

Jane Doe
JaneDoe2 · JaneDoe2@abchospital.org

[Update Password](#) [Update 2-Factor Authentication](#) [Update Challenge Question](#)

Organization Access Create Access Request

My Organizations Access Requests

Here are the organizations to which you currently have access. Navigate to any organization's page by clicking on the organization's name. The "View Access" button allows you to view your permissions at that organization.

Search

Search

Organization	Organization ID	User Type	Status	
ABC Hospital	A3ABM581	Basic	Active	View Access

Step 9: Review your Performance Reports Program Access to confirm HVBP is selected. Select Request Change in Access if HVBP is not listed for Performance Reports.

ABC Hospital
990101

[Request Change in Access](#)

User Type
Basic

Permissions

Data Submissions	Program Access
Chart Abstracted	None
DACA	None
eCQM	None
HCAHPS (File Upload)	None
Population & Sampling	None
Program Management	None
Web-Based Measures	None

Program Results	Program Access
Admin Reports	None
Performance Reports	None
Public Reporting	None
Validation	None

Step 10: Confirm User Type selection. Click the **Add** Program Access on the Performance Reports line. (1 of 2)

Note: **Add** appears if there are no existing permissions for Performance Results. **Edit** appears if there are existing permissions.

My Profile Select Organization

[< Account Info](#)

Create Access Request

ABC Hospital
990101

User Type

Basic
A Basic User is a User Type with varying levels of Read and/or Read/Write Access to the Organization(s) in their system. Certain Basic Users also have access to Administrative features.

Security Administrator/Official
A Security Administrator/Official is a person who manages User Types & Permissions for their Organization and the programs they support. Most SA/O have Read/Write access to their programs.

Permissions

Data Submissions	Program Access
Chart Abstracted	None Add
DACA	None Add
eCQM	None Add
HCAHPS (File Upload)	None Add
Population & Sampling	None Add

Step 10: Confirm User Type selection. Click the **Add** Program Access on the Performance Reports line. (2 of 2)

Note: **Add** will be displayed if there are no existing permissions for Performance Results. **Edit** will be displayed if there are existing permissions.

Program Results	Program Access
Admin Reports	None Add
Performance Reports	None Add
Public Reporting	None Add
Validation	None Add

Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

Step 11: Select the checkbox for **Hospital Value-Based Purchasing (HVBP)** access. Click the **Apply & Close** button.

[Close](#)

Performance Reports

Choose the programs that you need access to.

Program	Access
Ambulatory Surgical Center Quality Reporting (ASCQR)	<input type="checkbox"/>
Hospital Value-Based Purchasing (HVBP)	<input checked="" type="checkbox"/>
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	<input type="checkbox"/>
Inpatient Quality Reporting (IQR)	<input type="checkbox"/>
Outpatient Quality Reporting (OQR)	<input type="checkbox"/>
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)	<input type="checkbox"/>

[Apply & Close](#) [Cancel](#)

Step 12: Click the **Review** button at the bottom of the form.

Program Results	Program Access
Admin Reports	None Add
Performance Reports	HVBP Edit
Public Reporting	None Add
Validation	None Add

Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

Step 13: Click the **Submit** button at the bottom of the form.

Create Access Request

i Review the Selected Access Request Before Submitting

ABC Hospital
990101

User Type

Basic

Permissions

Data Submissions	Program Access
Chart Abstracted	None
Program Results	Program Access
Admin Reports	None
Performance Reports	HVBP
Public Reporting	None
Validation	None

[Back](#)

Instructions for Requesting HVBP Program Access for Performance Reports Permission

To request HVBP Program Access for Performance Reports in your HQR profile:

1. Navigate to the HQR Secure Portal login page at <https://hqr.cms.gov/hqrng/login>.
2. Enter your (HARP) User ID and Password. Then, select **Login**.
3. You will be directed to the **Two-Factor Authorization page**. Select the device you would like to retrieve the verification code. Select **Continue**.
4. Once you receive the code, enter it. Select **Continue**.
5. Read the Terms and Conditions statement. Select **Accept** to proceed. You will be directed to the **HQR Landing Page**. (If Cancel is selected, the program closes.)
6. On the HQR Landing page, select **the drop-down arrow** by your name at the top to expand the options.
7. From the expanded drop-down menu, select **My Profile**.
8. Select **View Access** button for the organization you wish to view the Hospital VBP Program reports.
9. Review your **Performance Reports** Program Access to confirm **HVBP** is selected. Select **Request Change in Access** if HVBP is not listed for Performance Reports.
10. Confirm **Basic or Security Administrator/Official (SA/O)** user type based on your role in the organization. Click the **Add** Program Access on the Performance Reports line. (**Add** will appear if there are no existing permissions for Performance Results. **Edit** will appear if there are existing permissions.
11. Select the checkbox for **Hospital Value-Based Purchasing (HVBP)**. Click the **Apply & Close** button.
12. Click the **Review** button at the bottom of the form.
13. Click the **Submit** button at the bottom of the form. You will receive an email confirmation (with the organization, submission date, and SA/O names) of your submission. SA/Os will be notified to review the request. Once the request is reviewed, you will receive a notification that your access was modified.

Maria Gugliuzza, MBA

Outreach and Education Lead

Hospital Inpatient Value, Incentives, and Quality Reporting

Outreach and Education Support Contractor

Resources

Resources on *QualityNet*

Hospital VBP Program General Information

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

Frequently Asked Questions

- From the home page, hover on **[Help]** at the top-right of the page. Then, select **[Hospitals – Inpatient]**.
- Direct link: https://cmsqualitysupport.service-now.com/qnet_ga

The screenshot displays the CMS.gov QualityNet website interface. At the top left, the CMS.gov logo is visible next to the QualityNet text. A search bar labeled 'Search QualityNet' with a magnifying glass icon is positioned to the right. On the top right, there are links for 'Quality Programs' and 'Help', along with buttons for 'Log into Secure Portal' and 'Register'. The main content area has a blue header with the breadcrumb 'Home / Hospitals - Inpatient /' and the title 'Hospital Value Based Purchasing (HVBP) Program'. Below the header is a navigation menu with the following items: 'Overview' (underlined), 'HVBP Measures', 'Participation', 'Performance', 'Reports', 'Payment', 'Resources', and 'Webinars'.

How to Read Your Report Help Guide

- The *Hospital VBP Program: How to Read Your FY 2023 Baseline Measures Report* guide will be available on the *QualityNet* website in the Hospital VBP Program Resources section once reports are released.
- Direct link: <https://qualitynet.cms.gov/inpatient/hvbp/resources#tab1>



Hospital VBP Program: How to Read Your FY 2023 Baseline Measures Report

Program Overview

The Hospital VBP Program is authorized by section 1886(o) of the Social Security Act. The Hospital VBP Program is the nation's first national pay-for-performance program for acute care hospitals and serves as an important driver in redesigning how the Centers for Medicare & Medicaid Services (CMS) pays for care and services based on the quality and value of care, not only the quantity of services provided.

Purpose of the Baseline Measures Report

The Hospital VBP Program Baseline Measures Report allows providers to review their performance for all domains and measures included in the Hospital VBP Program in comparison to the achievement threshold and benchmark performance standards that are used to determine achievement and improvement points.

FY 2023 Measurement Periods

The baseline and performance periods for FY 2023 measures are outlined below.

Domain/Measure Description	Baseline Period	Performance Period
Clinical Outcomes: 30-Day Mortality measures for Acute Myocardial Infarction (AMI), Coronary Bypass Graft (CABG) Surgery, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure (HF), and Pneumonia (PN)**	July 1, 2013–June 30, 2016	July 1, 2018–June 30, 2021*
Clinical Outcomes: Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication measure	April 1, 2013–March 31, 2016	April 1, 2018–March 31, 2021*
Person and Community Engagement: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimensions	January 1–December 31, 2019	January 1–December 31, 2021
Safety: Healthcare-Associated Infection (HAI) measures	January 1–December 31, 2019	January 1–December 31, 2021
Safety: Patient Safety and Adverse Events Composite***	October 1, 2015–June 30, 2017	July 1, 2019–June 30, 2021*
Efficiency and Cost Reduction: Medicare Spending per Beneficiary (MSPB) measure	January 1–December 31, 2019	January 1–December 31, 2021

(*) These performance periods are impacted by the Extraordinary Circumstance Exception (ECE) granted by CMS on March 22, 2020 (see CMS press release available at [https://www.cms.gov/medicare/medicare-claims-manual/2020/01/extraordinary-circumstance-exception-2020-01-01](#))

Quick Reference Guide

- The FY 2023 quick reference guide contains the following:
 - Domains
 - Domain weights
 - Measures
 - Baseline and Performance Period dates
 - Performance standards
- **QualityNet:**
<https://qualitynet.cms.gov/inpatient/hvbp/resources#tab1>
- **Quality Reporting Center:**
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-tools-and-resources/>

FY 2023 Hospital Value-Based Purchasing Program Quick Reference Guide						
Payment adjustment effective for discharges from October 1, 2022 to September 30, 2023						
Clinical Outcomes	Mortality Measures					25%
	Baseline Period		Performance Period			
	July 1, 2013–June 30, 2016		July 1, 2018–June 30, 2021*			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.886548	0.885499		
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.988747	0.979820		
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.919769	0.936349		
	MORT-30-HF	Heart Failure 30-Day Mortality	0.881939	0.906798		
	MORT-30-PN	Pneumonia 30-Day Mortality	0.840138	0.871741		
	Complication Measure					
Baseline Period		Performance Period				
April 1, 2013–March 31, 2016		April 1, 2018–March 31, 2021*				
Measure ID	Measure Name	Achievement Threshold	Benchmark			
↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.027428	0.019779			
Person and Community Engagement	Baseline Period		Performance Period		25%	
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2021–Dec. 31, 2021			
	HCAHPS Survey Dimensions		Floor (%)	Achievement Threshold		Benchmark
	Communication with Nurses		53.50	79.42		87.71
	Communication with Doctors		62.41	79.83		87.97
	Responsiveness of Hospital Staff		40.40	65.52		81.22
	Communication about Medicines		39.82	63.11		74.05
	Hospital Cleanliness and Quietness		45.94	65.63		79.84
	Discharge Information		66.92	87.23		92.21
	Care Transition		25.64	51.84		63.57
Overall Rating of Hospital		36.31	71.86	85.39		
Safety	Patient Safety Composite					
	Baseline Period		Performance Period			
	Oct. 1, 2015–June 30, 2017		July 1, 2019–June 30, 2021*			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	★ PSI 90	Patient Safety and Adverse Events Composite	0.983400	0.781590		
	Healthcare-Associated Infections					
	Baseline Period		Performance Period			
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2021–Dec. 31, 2021			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000		
↓ CDI	Clostridium <i>difficile</i> Infection	0.520	0.014			
↓ CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000			
↓ MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000			
↓ SSI	Colon Surgery Abdominal Hysterectomy	0.717	0.000			
		0.738	0.000			
Efficiency and Cost Reduction	Baseline Period		Performance Period		25%	
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2021–Dec. 31, 2021			
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period			

(* These performance periods are impacted by the ECE granted by CMS on [March 22, 2020](#), further specified by CMS on [March 27, 2020](#), and amended in the August 25, 2020, [COVID-19 Interim Final Rule](#). Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

★ Indicates a new measure in the Hospital VBP Program

Additional Resources

- For technical questions or issues related to accessing reports:
 - Email the *QualityNet* Help Desk at qnetsupport@hcqis.org.
 - Call the *QualityNet* Help Desk at (866) 288-8912.
- To ask questions related to Hospital VBP Program:
 - Submit questions via the Hospital-Inpatient Q&A tool at https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question.
 - Call the Inpatient VIQR Outreach and Education Support Contract Team at (844) 472-4477.
- For Hospital VBP Program general information:
 - <https://qualitynet.cms.gov/inpatient/hvbp>
- To register for Hospital VBP Program Notifications:
 - <https://qualitynet.cms.gov/listserv-signup>

Questions

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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