



Hospital Value-Based Purchasing (VBP) Program

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

Hospital VBP Program Knowledge Refresher: FY 2023 Overview

Presentation Transcript

Speaker

Maria Gugliuzza, MBA
Outreach and Education Lead
Inpatient VIQR Outreach and Education Support Contractor

Moderator

Brandi Bryant
Inpatient VIQR Outreach and Education Support Contractor

June 9, 2021
2:00 p.m. Eastern Time (ET)

DISCLAIMER: This presentation document 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 these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Hospital Value-Based Purchasing (VBP) Program

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

Brandi Bryant: Hello and welcome to today's webinar providing a knowledge refresher for the fiscal year 2023 Hospital Value-Based Purchasing Program. My name is Brandi Bryant, and I am with the Centers for Medicare & Medicaid Services Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with a summary of the questions asked today, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you registered for this event, a reminder email and a link to the slides were sent out to your email about two hours ago. If you did not receive that email, you can download the slides at our inpatient website, www.QualityReportingCenter.com.

I would now like to introduce today's speaker. Maria Gugliuzza is the Outreach and Education Lead for the Centers for Medicare & Medicaid Services Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Thank you to Maria for presenting today.

As a reminder, we do not recognize the raised hand feature in the Chat tool during webinars. Instead, you can submit any question pertinent to the webinar topic to us via the Chat tool. All questions received via the Chat tool during this webinar that pertain to this webinar topic will be reviewed and a Q&A summary made available at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the Chat tool nor in the question-and-answer summary for the webinar. To obtain answers to questions that are not specific to the content of this webinar we recommend that you go to the [QualityNet Q&A tool](#). You can access the Q&A tool using the link on this slide. There, you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the Q&A tool, which, again, you can access at the link on this slide.

This slide displays a list of acronyms that will be used in this webinar.

Hospital Value-Based Purchasing (VBP) Program

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

Today's event will provide an overview of the fiscal year 2023 Hospital Value-Based Purchasing Program, including where to find the Baseline reports in the HQR Secure Portal, updates to the domains and measures, the performance standards and measurement periods that will be used, and a highlight of resources available.

Participants will be able to understand how to access their baseline reports, identify the domains and measures used, understand how the new measure in the FY 2023 Hospital VBP Program will be utilized, and locate program resources.

I will now turn the call presentation over to our speaker. Maria, the floor is yours.

Maria Gugliuzza: Thank you, Brandi. Like Brandi mentioned earlier, my name is Maria Gugliuzza, and I am the Outreach and Education Lead Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. For those of you that are veterans and have been attending our Hospital VBP Program webinars for many years now, thank you for coming back and tuning in today. We will be really focusing on a short overview of the program and hitting on some of the key changes that you'll see when reviewing your FY 2023 Baseline Measures Reports. For those that are attending one of our events for the first time, I want to extend a welcome to you, and I hope you let us know what you thought of the webinar and topics that you would like us to cover in the future. On this slide, we are taking a look at the foundation of the program. The Hospital Value-Based Purchasing Program is required by Congress under Section 1886(o) of the Social Security Act. The Hospital VBP Program was first adopted for fiscal year 2013, and CMS has used this program to adjust payments for every fiscal year subsequent. This webinar will be focusing on the fiscal year 2023 Hospital VBP Program, so this is the eleventh year of the program. To the veterans out there that have been with us since early on in the program, time really does fly!

Hospital Value-Based Purchasing (VBP) Program

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

The Hospital Value-Based Purchasing Program is an estimated budget-neutral program and is funded through a percentage withhold from participating hospitals' DRG payments. Incentive payments will be redistributed based on the hospital's Total Performance Score in the Hospital Value-Based Purchasing Program in comparison to the distribution of all hospitals' Total Performance Scores and the total estimated DRG payments for that fiscal year. The funding from the fiscal year 2023 program will come from a two-percent withhold from participating hospitals' base operating DRG payment amount. I know I just said a mouthful for those of you that are new to the program, so I would like you to focus on the graphic on the right of the screen. On the bottom left circle, we show a hospital incurring the 2-percent withhold that every hospital incurs when participating in the Hospital VBP Program. The cumulation of the 2 percent from every hospital is used for CMS to distribute the funds for the incentive payments. On the bottom right circle, we show CMS giving the hospital 3 percent in incentive payments due to their performance in the Hospital VBP Program. The net of CMS reducing 2 percent but giving 3 percent in return, is a positive 1 percent on every claim for the hospital in the fiscal year. Changing the scenario a bit, the withhold remains at 2 percent, but the hospital only earned 1 percent of incentive payments based on their performance. The net of a 2-percent reduction and a 1-percent incentive is a net reduction of 1 percent. Historically, about half of all hospitals participating in the program received an overall increase in payments, and the other half received an overall decrease in payments in any given fiscal year. As a reminder, the reduction and incentive payments are made on every applicable claim during the fiscal year and are not done in a lump sum.

The Hospital Value-Based Purchasing Program adjusts payments for approximately 3,000 hospitals each fiscal year. The program applies to subsection (d) hospitals in 50 states and the District of Columbia. Hospitals not paid through the Inpatient Prospective Payment System, or IPPS, such as Critical Access Hospitals, will not be eligible for the program. If your hospital is a subsection (d) hospital, your payments will be adjusted unless one of the exclusion reasons listed on this slide apply.

Hospital Value-Based Purchasing (VBP) Program

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

Those exclusion reasons include hospitals that are subject to payment reduction under the Hospital IQR Program in the same fiscal year, by either not participating in the Hospital IQR Program or failing to meet one or more of the requirements of the program; hospitals cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients; hospitals with less than three out of the four domains calculated (We will discuss the domain and measure requirements in a few minutes.); hospitals with an approved Extraordinary Circumstance Exception; hospitals located in the State of Maryland. Excluded or ineligible hospitals will not have their payments adjusted, which means the hospital will not incur the 2-percent withhold to payments and will not receive incentive payments. Data for your excluded hospitals will not be publicly reported in the Hospital Value-Based Purchasing tables in the Provider Data Catalog on CMS's website.

The domains and measures for fiscal year 2023 are displayed on this slide. We have the Clinical Outcomes domain containing the 30-day mortality measures for AMI, CABG, COPD, Heart Failure, and Pneumonia in addition to the THA/TKA Complication Rate. The Efficiency and Cost Reduction domain contains the Medicare Spending per Beneficiary measure. The Person and Community Engagement Domain contains the eight HCAHPS Survey dimensions that you see listed on this slide. The Safety domain currently contains the five healthcare-associated infection measures collected under NHSN, the National Healthcare Safety Network, and the new CMS PSI-90 measure. Each domain in fiscal year 2023 is weighted at 25 percent of the Total Performance Score.

In the FY 2023 Hospital VBP Program, CMS PSI-90 measure was adopted to the Safety domain. In the bullet point on this slide, you can click the link to the FY 2018 IPPS final rule to learn more about CMS's adoption of the measure into the Hospital VBP Program.

The information on this slide describes some of the key updates and details regarding the calculation of the CMS PSI-90 measure for the FY 2023 Hospital VBP Program.

Hospital Value-Based Purchasing (VBP) Program

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

CMS calculated the CMS PSIs using version 11 of the PSI software; CMS calculated the CMS PSI rates from Medicare Fee-For-Service patients; and the underlying PSI calculations include up to 25 diagnoses and 25 procedures. For more information regarding the PSI-90 measure, click on the link on this slide

I do understand that I just spent two slides reviewing the new CMS PSI-90 measure for FY 2023 Hospital VBP Program; however, this slide explains that CMS is proposing to remove CMS PSI-90 and why. 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.

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 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.

Hospital Value-Based Purchasing (VBP) Program

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

In the FY 2022 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule, CMS announced technical updates to the four condition-specific mortality measures and one procedure-specific complication measure to exclude patients with either a principal or secondary diagnosis of COVID-19 from the measure denominators beginning with the FY 2023 program year.

If you have further questions regarding the proposed removal of the CMS PSI-90 measure, the proposed suppression of the MORT-30-day pneumonia measure, and other proposals you can refer to the FY 2022 IPPS/LTCH PPS Proposed Rule link found on this slide. There is also a link to the educational webinar regarding the FY 2022 IPPS/LTCH PPS Proposed Rule overview.

On this slide, we display the measurement periods for each of the measures. Your hospital's baseline period rate is used in comparison to your hospital's performance period rate to determine how much improvement was observed at your hospital. The performance period rate is also used in comparison to all other hospitals through values that CMS calls "performance standards" to determine the level of achievement. The HCAHPS Survey, HAI measures, and the MSPB measure are calendar year measures and utilize a performance period of calendar year 2021 and a baseline period of calendar year 2019. The Clinical Outcomes Mortality PN, AMI, CABG, COPD, and heart failure measures use a performance period of July 1 of 2018 through June 30 of 2021 and a baseline period of July 1, 2013 through June 30, 2016. The hip/knee complication measure uses a performance period of April 1 of 2018 through March 31 of 2021 and a baseline period of April 1 of 2013 through March 31 of 2016. The newly added Patient Safety and Adverse Events Composite uses a performance period of July 1, 2019 through June 30, 2021 and a baseline period of October 1, 2015 through June 30, 2017.

Hospital Value-Based Purchasing (VBP) Program

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

In the Interim Final Rule with Comment period that was published in the *Federal Register* in September, CMS announced that they would not be using claims reflecting services provided in Quarter 1 or Quarter 2 2020 in the measure calculations; those date ranges being January 1, 2020 through June 30, 2020.

The baseline period dates in FY 2023 are not impacted by the Extraordinary Circumstances Exceptions, ECEs. Please note that hospitals do not need to request anything to have this exception applied. The updated discharge period has already been applied to all hospitals' calculations that are included in the HSR.

However, if a hospital believes that their performance continues to be adversely impacted beyond June 30, CMS is providing the option for hospitals to request an individual Extraordinary Circumstance Exception within 90 days of the date of the extraordinary circumstance. At the latest, an ECE request should be submitted no later than 90 days from the last date of the quarter requested. A granted ECE for the Hospital VBP Program would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted. As a result of the exclusion from the program, a hospital would not incur the 2-percent reduction in payments, but it would also not be eligible to receive incentive payments for the fiscal year. Essentially, there would be no payment adjustment due to the Hospital VBP Program. If you would like to learn more about Hospital VBP Program ECEs, please refer to the link on this slide.

A few slides back, we discussed a hospital being excluded if they had fewer than three of the four domain scores calculated. In order to have at least three domains calculated, a hospital would have to meet the minimum data requirements within at least three of the domains. For the Clinical Outcomes domain, a hospital must have at least two measures with at least 25 eligible discharges. For the Person and Community Engagement domain, a minimum of 100 complete HCAHPS Surveys is required. In the Safety domain, a hospital would need to have at least two measures with one predicted infection as calculated by the CDC.

Hospital Value-Based Purchasing (VBP) Program

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

Please note that the minimum requirement for the HAI measures is one predicted infection as calculated by the CDC and not an actual observed infection. For PSI-90, you would need three eligible cases on any one underlying indicator. For the Efficiency and Cost Reduction domain, a minimum of 25 episodes of care is required.

In the Hospital VBP Program, for any given fiscal year, we have a baseline period and a performance period. If you recall from a couple slides ago, the baseline period is an earlier time period than the performance period, so a comparison of improvement can be made at the individual hospital. CMS provides hospitals with a Baseline Measures Report that contains a hospital's baseline period rates and the performance standards calculated by CMS that will be used to calculate improvement and achievement points. We are currently at that point on the timeline. CMS released the FY 2023 Baseline Measures Reports on June 3. Then, next year, after the performance period has ended, CMS will release Hospital-Specific Reports for the mortality measures and complication measure in April or May of 2022, and for MSPB in May or June of 2022. These reports allow you to review the patient-level data and the calculations of these measures prior to the data being used to calculate your Total Performance Scores. After your review period has ended, CMS calculates achievement points, improvement points, domain scores, Total Performance Scores, and payment-adjustment factors and releases that information in a Percentage Payment Summary Report. That report will be released to hospitals on or around August 1 of 2022. On October 1 of 2022, fiscal year 2023 begins. So, the payment-adjustment factor that you were provided in your Percentage Payment Summary Reports around August 1 of 2022 will now be used to adjust your hospital's payment for the next 12 months. In the fall of 2022, CMS will post the payment-adjustment factors publicly to the CMS.gov website; and, in January 2023, the refresh of the score results of the Hospital VBP Program will be publicly posted. Finally, on September 30 of 2023, fiscal year 2023 ends.

Hospital Value-Based Purchasing (VBP) Program

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

Hospitals have the opportunity to receive improvement and achievement points on their Percentage Payment Summary Report based upon their performance rate during the baseline period and performance period relative to the performance standards. The performance standards consist of the achievement threshold and benchmark for all measures and the floor, which is only applicable for the Person and Community Engagement domain. The achievement threshold is calculated as the median, or 50th percentile, of all hospital rates for a measure during the baseline period. The benchmark is a mean of the top decile, which is the average of the top 10 percent during the baseline period. The floor used in calculating the HCAHPS consistency score is the rate of the lowest performing hospital during the baseline period. Please note that the performance standards are calculated based on baseline period data for all measures except for the Medicare Spending per Beneficiary measure, which uses the performance period. As a result, you will not see performance standards listed for the MSPB measure on the Baseline Measures Report.

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

This slide displays the measures that will have higher achievement-threshold values than benchmark values because lower rates demonstrate better quality in the measure. The measures that this description is applicable for are the hip/knee complication measure in the Clinical Outcomes domain, the healthcare-associated infections in the Safety domain, and the MSPB measure in the Efficiency and Cost Reduction domain, as well as the new CMS PSI-90 measure in the Safety domain.

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

Hospital Value-Based Purchasing (VBP) Program

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

There are two scores that a hospital can receive in every measure in the Hospital VBP Program, achievement points and improvement points. These next two slides provide a summary of those scores.

Achievement points are awarded by comparing an individual hospital's rate during the performance period with all hospital rates from the baseline period by using two performance standards, the achievement threshold and the benchmark. If a hospital has a performance period rate that is equal to or better than the benchmark, 10 achievement points will be awarded. If the rate is worse than the achievement threshold, the hospital will receive 0 achievement points. If the performance period rate is equal to or better than the achievement threshold, but is still worse than the benchmark, 1 to 9 points will be awarded based on the achievement point formula. We won't be diving into the formulas and scoring examples today, but if that's something that you would like to look into, I recommend going out to QualityReportingCenter.com, going to the Archive Events section for the Hospital VBP Program, and playing the August 8 calculations webinar.

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

The next several slides will provide instructions on how to access the Baseline Measures Reports.

In order to view the Baseline Measures Reports, users will need have the Performance Reports permission for HVBP [Program] Access. This is a brand new process within the HQR Secure Portal and more detailed instructions will be provided later in the presentation.

Hospital Value-Based Purchasing (VBP) Program

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

To access your hospital's FY 2023 Hospital VBP Program baseline data, you will first need to log in to the new HQR Secure Portal by clicking on the link on this slide. Then, enter your Health Care Quality Information Systems, HCQIS, Access Roles and Profile, HARP, User ID and Password. Then, select Login.

You will then be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select Next.

Once you receive the code, enter it. Then, select Continue.

After Reading the Terms and Conditions statement. Select Accept to proceed. You will be directed to the HQR landing page. Please note, if you select Cancel, the program will close.

On the HQR landing page, select Program Reporting from the left-side navigation menu to expand the menu options.

From the expanded Program Reporting drop-down menu, select Performance Reports.

Select Hospital Value-Based Purchasing from the Program selection menu. Then, select Baseline Measures from the Report selection menu. Then, select 2023 from the Fiscal Year selection menu, and select your hospital from the Provider(s) selection menu, if the option is displayed. Then, click Display Results.

To export the data displayed, select the Export PDF option available on the user interface. The exported data will be available in a PDF format to save and print.

This slide provides step-by-step instructions on how to access the Baseline Measures Report.

Now, we will review the information found on the Baseline Measures Report.

Hospital Value-Based Purchasing (VBP) Program

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

The Clinical Outcomes domain provides details on the six Clinical Outcomes measures, including the number of eligible discharges and the baseline period rates. The achievement threshold and benchmark for each Clinical Care measure will also display.

If you click on the circle with the lowercase “I” inside, a pop-up will be displayed that provides a further detailed explanation of the chart.

The Person and Community Engagement domain provides details on the eight HCAHPS dimensions, including baseline period rates, floor values, achievement thresholds, and benchmarks. The number of completed surveys also will be displayed.

The Safety Measures domain provides details on the HAI measures, including Catheter-Associated Urinary Tract Infection (CAUTI), Central Line-Associated Bloodstream Infection (CLABSI), Clostridium difficile Infection (CDI), Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia, Surgical Site Infection (SSI)-Abdominal Hysterectomy, and SSI-Colon Surgery. These details include the number of observed infections, number of predicted infections, as well as the Standardized Infection Ratios (SIRs), achievement thresholds, and benchmarks. Details on the Patient Safety and Adverse Events (PSI-90) measure are also displayed and include the index value, achievement threshold, and benchmark. Please note the SSI measure is a single measure stratified by surgery site for colon surgeries and abdominal hysterectomies. For the purpose of the Hospital VBP Program, CMS scores the measure as a weighted average of each of the stratum’s measure scores by predicted infections per stratum.

The Efficiency and Cost Reduction domain provides details on the MSPB measure, including the MSPB Amount, median MSPB amount, MSPB measure ratio, and number of episodes of care in the baseline period. Note that hospitals not meeting the minimum number of eligible discharges, surveys, predicted infections, underlying cases, or episodes of care for a measure during the baseline period will not be scored improvement points for that measure and will be indicated with a double asterisk (**).

Hospital Value-Based Purchasing (VBP) Program

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

Only achievement points can be earned for such measures. If the minimums are met during the performance period, achievement points will be displayed on the Percentage Payment Summary Report, the PPSR.

To export the data displayed, select the Export PDF option available on the user interface. The exported data will be available in a PDF format to save and print.

Earlier in the presentation, we said that in order to view the Baseline Measures Report you need Performance Reports permission for HVBP Program Access. The next several slides will provide detailed instructions on how to request Performance Reports permission for the HVBP Program Access.

Again, reports are only 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. We will now provide instructions on how to gain access to the reports.

From 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.

From the expanded drop-down menu, select My Profile.

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

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

Confirm your User Type selection. Click the Add Program Access on the Performance Reports line.

Confirm your User Type selection. Click the Add Program Access on the Performance Reports line.

Hospital Value-Based Purchasing (VBP) Program

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

Select the checkbox for Hospital Value-Based Purchasing, HVBP, [Program] Access. Click the Apply & Close button.

Click the Review button at the bottom of the form.

Click the Submit button at the bottom of the form.

This slide provides step-by-step instructions on how to request permission for the HVBP [Program] Access for Performance Reports.

I would now like to point out some resources available.

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

If you have questions, or if you would just like another reference point when you are looking through your Baseline Measures Report, we have developed a How to Read your Report help guide available on QualityNet.

This resource, the Hospital Value-Based Program Program Quick Reference Guide, is our most requested resource. The quick reference guide contains many of the details for the fiscal year 2023 Hospital VBP Program on one page, including the domains, the domain weights, the measures, the baseline and performance periods, the performance standards, and the fiscal year payment adjustment dates. This resource is available on the QualityNet and Quality Reporting Center websites.

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

Brandi Bryant:

Thank you, Maria. We will now answer some of the questions that were submitted during the webinar.

Hospital Value-Based Purchasing (VBP) Program

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

If you would like to submit additional questions at this time, please include the slide number associated with your question. The first question is, “When will the FY 2023 Baseline Reports be available?”

Maria Gugliuzza: The reports are currently available to run in the QualityNet Secure Portal. CMS made the reports available to hospitals on June 3 of 2021.

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

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

Brandi Bryant: When will the FY 2022 Performance Reports be available?

Maria Gugliuzza: We anticipate the fiscal year 2022 Percentage Payment Summary Reports will be available on or around August 1, 2021.

Brandi Bryant: Our hospital opened in late 2020, and we will begin submitting data with first quarter of 2021 discharges. Will we be eligible for the fiscal year 2023 Hospital VBP Program assuming we met minimum case and measure requirements?

Maria Gugliuzza: A newly opened hospital that just has performance period data can still be included in the Hospital VBP Program, if the hospital meets the minimum measure and domain criteria. In this scenario, the hospital would not be scored on improvement because only performance period data would have been submitted. However, it still could earn achievement points to calculate a TPS.

Hospital Value-Based Purchasing (VBP) Program

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

- Brandi Bryant:** How is the value-based incentive actually paid back to the hospital?
- Maria Gugliuzza:** The payment adjustment factor is multiplied against the Diagnosis-Related Group payment amount. For more specific information, we recommend contacting your [Medicare Administrative Contractor](#), also known as your MAC.
- Brandi Bryant:** Which measurement periods are impacted by ECEs?
- Maria Gugliuzza:** 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 and 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, the ECEs. Hospitals do not need to request an ECE for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020.
- Brandi Bryant:** What are the minimum data requirements for PSI-90?
- Maria Gugliuzza:** The minimum requirements for PSI-90 to receive a domain score are three eligible cases on any one underlying indicator.
- Brandi Bryant:** Will the Baseline Measures report be sent through the new Managed File Transfer inbox or will we have to manually run the report in HQR?
- Maria Gugliuzza:** To access the report, users will need to have the Performance Reports permission for HVBP [Program] Access. You will then navigate to the HQR Secure Portal login page: <https://hqr.cms.gov/hqrng/login>. Enter your HARP User ID and Password. Then, select Login. You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select Continue. Once you receive the code, enter it. Select Continue. Read the Terms and Conditions statement. Select Accept to proceed. You will be directed to the HQR landing page.

Hospital Value-Based Purchasing (VBP) Program

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

On the HQR landing page, select Program Reporting from the left-navigation menu to expand the menu options. From the expanded Program Reporting drop-down menu, select Performance Reports. Select HVBP from the Program selection menu. Select Baseline Measures from the Report selection menu. Select 2023 from the Fiscal Year selection menu. Select your hospital from the Provider selection menu. Select Display Results. Hospitals can refer to the [How to Read Your FY 2023 Baseline Measures Report](#) document on the QualityNet website for answers to questions related to the fiscal year 2023 Baseline Measures Report.

Brandi Bryant: Are Critical Access Hospitals exempt from the VBP program?

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

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

Maria Gugliuzza: The maximum reduction that a hospital can incur is 2 percent in fiscal year 2023, if the hospital receives a TPS of 0 out of 100. However, a hospital can earn back more, based on the exchange function slope and the hospital's performance for the fiscal year. In FY 2020, the greatest value-based incentive payment percentage earned by a hospital was 4.93 percent. After accounting for the 2-percent withhold, the hospital will have a net change in payments of 2.93 percent for every applicable claim in fiscal year 2020. The Centers for Medicare & Medicaid Services publishes the payment adjustment factors for each fiscal year in the Inpatient Prospective Payment System (IPPS) final rule tables, Table 16B. For example, the fiscal year 2020 Table 16B is located on the [FY 2020 IPPS Final Rule tables](#) page.

Brandi Bryant: How are the achievement threshold and benchmark threshold communicated out to the hospitals?

Hospital Value-Based Purchasing (VBP) Program

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

- Maria Gugliuzza:** The performance standards are generally published in the IPPS rules. In the case that the performance standards need to be updated through CMS' technical update authority, a QualityNet news article has historically been posted. The performance standards will also be listed on your hospital's Baseline Measures Report. The quick reference guide from slide 66 also contains the performance standards for the FY 2023 Hospital VBP Program and is available on [QualityNet](#) and [Quality Reporting Center](#).
- Brandi Bryant:** I did not receive an email that Baseline Measures Reports were available. I saw it on the home page of QualityNet.
- Maria Gugliuzza:** CMS sends notifications and reminders for the Hospital VBP Program through the QualityNet Listserve, Hospital Inpatient Value-Based Purchasing and Improvement and Hospital Inpatient Quality Reporting and Improvement notification groups. If you aren't signed up for those notification groups, you can [register](#) on QualityNet.
- Brandi Bryant:** How can we calculate mortality survival rates to calculate the VBP points?
- Maria Gugliuzza:** Survival rate = 1 - mortality rate. For example, if your mortality rate was 0.10 or 10 percent, your survival rate would be 0.9 or 90 percent (1 - 0.1).
- Brandi Bryant:** Could you please review slide 32 again for improvement points?
- Maria Gugliuzza:** Sure, could you please move to slide 32. CMS may award a hospital improvement points if the hospital's performance period rate is better than its own baseline period rate. The maximum point value for improvement points is 9 points. If a hospital's performance period rate is at or better than the benchmark and better than its own baseline period rate, it will receive a maximum 9 improvement points.
- Brandi Bryant:** What do we need to do differently in order to have minimums met for calculations for the HAI measures in the Safety domain?
- Maria Gugliuzza:** In order to be scored for the HAI measures in the Safety domain, hospitals need at least 1 predicted infection as calculated by the CDC for a SIR to be calculated.

Hospital Value-Based Purchasing (VBP) Program

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

I want to reiterate that the minimum is based on predicted infections based on the data submitted into NHSN by the hospitals which is then used in the calculations by the CDC. CDC does not use the actual number of infections to determine if the minimum threshold was met to calculate the SIR. For further questions regarding the SIR calculation or a hospital's specific HAI data submitted in the National Healthcare Safety Network, NHSN, please contact the NHSN Help Desk at NHSN@cdc.gov.

Brandi Bryant: When do you anticipate the sepsis measure to reach the VBP program?

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

Brandi Bryant: When will eCQMs be included in the Hospital VBP Program?

Maria Gugliuzza: Like the sepsis measure, CMS has not proposed to adopt electronic clinical quality measures, or eCQMs, into the Hospital VBP Program. CMS can propose to adopt new measures into the Hospital VBP Program through rule-making.

Brandi Bryant: When will PSI-90 be included in the Hospital VBP Program?

Maria Gugliuzza: The PSI-90 measure has returned to the Hospital VBP Program this current fiscal year, 2023. CMS removed the PSI-90 measure from the Hospital Value-Based Purchasing Program in FY 2019 through FY 2022 due to operational constraints from the ICD-10 transition. CMS adopted the updated ICD-10 version of the PSI-90 measure that is being used beginning with the FY 2023 Hospital VBP Program. For more information on the measure removal and adoption, you can reference the [FY 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38242–38244 and 38251–38256).

Brandi Bryant: That concludes our webinar for today. If your question wasn't answered and you still have questions regarding the fiscal year 2023 Program or the baseline reports, please submit your question using the question-and-answer tool on QualityNet. Thank you again for joining. We hope you have a great day.