Welcome!

- Audio for this event is available via GlobalMeet® Internet streaming.
- Connect via Chrome.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please request a dial-in line via the Ask a Question box.
- This event is being recorded.

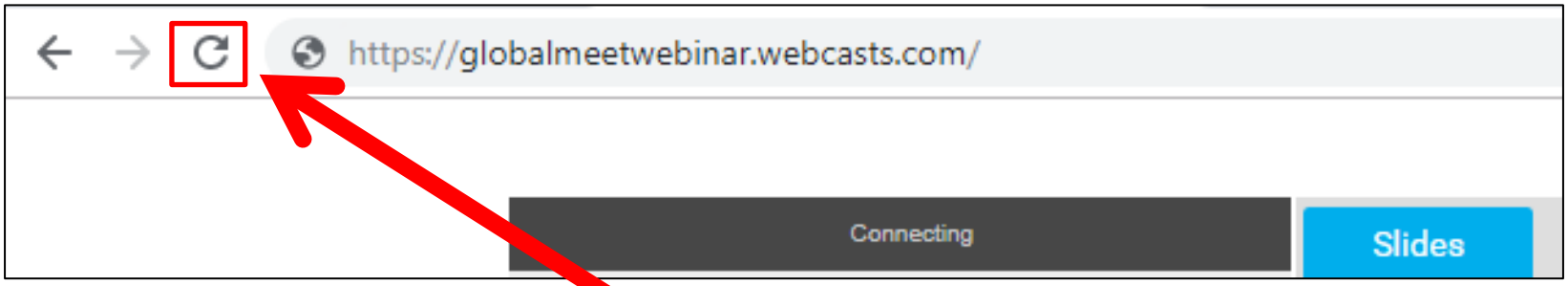
Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

Click Refresh
– or –
Press F5

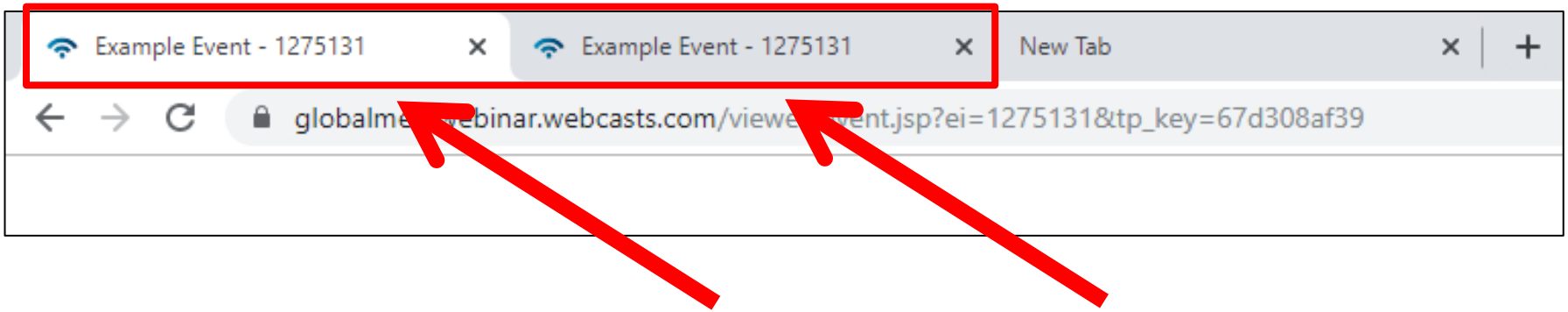
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

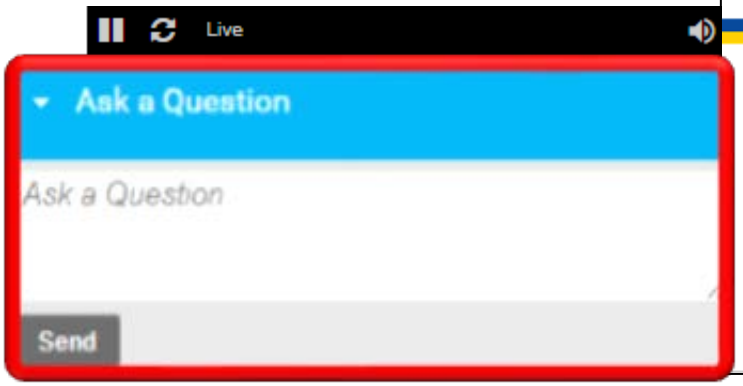
- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).**
- **Close all but one browser/tab and the echo will clear.**



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the Ask a Question section, located on the left-hand side of your screen.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Today's Presentation

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Where's My Report?

Everything You Want to Know About the FY 2022 Hospital VBP Program Percentage Payment Summary Report

Maria Gugliuzza, MBA
Lead, Hospital Value-Based Purchasing (VBP) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Brandi Bryant
Business Analyst, Hospital VBP Program
Inpatient VIQR Outreach and Education Support Contractor

December 1, 2021

Purpose

This event will provide an overview of the fiscal year (FY) 2022 Hospital VBP Program Percentage Payment Summary Report (PPSR) and include a discussion of the following:

- Report background
- Hospital eligibility
- Report download
- Measures and domains
- Scoring methodology
- Location of the report
- Data within the reports

Objectives

Participants will be able to:

- Identify the way hospitals will be evaluated within each domain and measure.
- Recall the Hospital VBP Program eligibility requirements.
- Interpret the Hospital VBP Program's new scoring methodology that was established due to the COVID-19 Public Health Emergency (PHE).

Acronyms

AMI	acute myocardial infarction	**MAC**	Medicare Administrative Contractor
CABG	coronary artery bypass graft	**MORT**	mortality
CAH	Critical Access Hospitals	**MRSA**	Methicillin-resistant *Staphylococcus aureus* Bacteremia
CAUTI	Catheter-associated Urinary Tract Infection	**MS DRG**	Medicare Severity Diagnosis Related Group
CCN	CMS Certification Number	**MSPB**	Medicare Spending per Beneficiary
CDI	*Clostridium difficile* Infection	**NHSN**	National Healthcare Safety Network
CEO	chief executive officer	**NQF**	National Quality Forum
CLABSI	Central Line-associated Bloodstream Infection	**PCH**	PPS-Exempt Cancer Hospital
CMS	Centers for Medicare & Medicaid Services	**PHE**	Public Health Emergency
COPD	chronic obstructive pulmonary disease	**PHI**	protected health information
FY	fiscal year	**PII**	personally identifiable information
HAI	healthcare-associated infection	**PN**	pneumonia
HARP	HCQIS Access Roles and Profile	**PPSR**	Prospective Payment Summary Report
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**RSMR**	Risk-Standardized Mortality Rate
HCQIS	Health Care Quality Information Systems	**SIR**	standardized infection ratio
HF	heart failure	**SSI**	Surgical Site Infection
HQR	Hospital Quality Reporting	**THA/TKA**	Total Hip Arthroplasty/or Total Knee Arthroplasty
HSR	Hospital-Specific Report	**TPS**	Total Performance Score
IPPS	inpatient prospective payment system	**VBP**	value-based purchasing
IQR	Inpatient Quality Reporting	**VIQR**	Value, Incentives, and Quality Reporting

Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

Background

Foundation

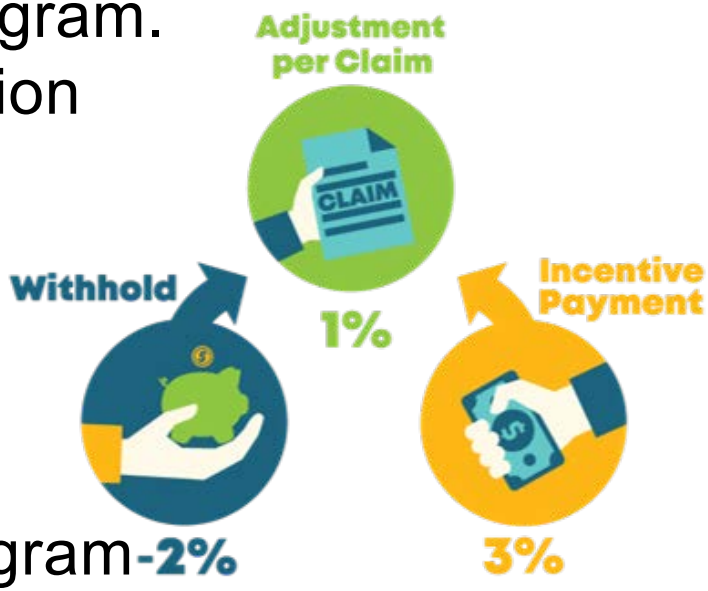
- Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program
- **When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital Inpatient Quality Reporting (IQR) Program.**
- **CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted on *Hospital Compare* for at least one year**
- The Hospital VBP Program ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided.
- The Hospital VBP Program is funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments.

Program Funding

The Hospital VBP Program:

- Is an estimated budget-neutral program.
- Is funded by a 2.00 percent reduction from the base operating MS-DRG payments of hospitals.

No hospital will have a Total Performance Score (TPS) calculated, and no hospital will have payments adjusted due to the Hospital VBP Program in FY 2022.



Eligibility

- **Eligible hospitals include** subsection (d) hospitals as defined in Social Security Act section 1886(d)(1)(B).
- **Ineligible hospitals include those** excluded from the inpatient prospective payment system (IPPS):
  - Psychiatric
  - Rehabilitation
  - Long-term care
  - Children's
  - 11 PPS-exempt Cancer Hospitals (PCHs)
  - Critical access hospitals (CAHs)
- **Excluded hospitals include those:**
  - Subject to payment reductions under the Hospital IQR Program.
  - Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients.
  - 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 their base operating MS-DRG payments reduced by 2.00 percent.

FY 2022 Updates

New Measure: MORT-30-CABG

The MORT-30-CABG measure was adopted to the Clinical Outcomes domain, beginning in FY 2022.

- The adoption of the MORT-30-CABG measure was finalized in the FY 2017 IPPS Final Rule (81 *Federal Register (FR)* 56996–56998). Direct link: https://www.govinfo.gov/content/pkg/FR-2016-08-22/pdf/2016-18476.pdf
- The Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following CABG Surgery (National Quality Forum (NQF) #2558) measure is a risk-adjusted, NQF-endorsed mortality measure monitoring mortality rates following CABG hospitalizations.
- Measure includes Medicare Fee for Service patients aged 65 or older who receive a qualifying CABG procedure and assesses hospitals' 30-day, all-cause risk-standardized rate of mortality, beginning with the date of the index procedure.
- In general, the measure uses the same approach to risk adjustment as the 30-day outcome measures also adopted for the Hospital VBP Program.
- The measure is calculated using administrative claims data.

COVID-19 Data Submission Exceptions

- On March 22, 2020, the Centers for Medicare & Medicaid Services (CMS) announced relief for clinicians, providers, hospitals, and facilities participating in quality reporting programs in response to COVID-19.
- The scope and duration of the exceptions under each Medicare quality reporting program and value-based purchasing program are described in the March 22, 2020, and March 27, 2020, memos:
  - March 22, 2020: https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting
  - Mach 27, 2020: https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf

FY 2022 Final Rule

CMS determined that circumstances caused by the COVID-19 PHE significantly affected NHSN HAI, HCAHPS survey, and MSPB measures in the FY 2022 Hospital VBP Program.

Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

How to Run Your Report

PPSRs Available Now

- Notifications announcing the PPSR release were sent to hospitals on **November 19, 2021**.
- Notifications were sent through the **Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement** and **Hospital IQR (Inpatient Quality Reporting) and Improvement** QualityNet Program Notification Groups.
  - Signup for the Email Program Notification Groups here: https://qualitynet.org/listserv-signup
- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

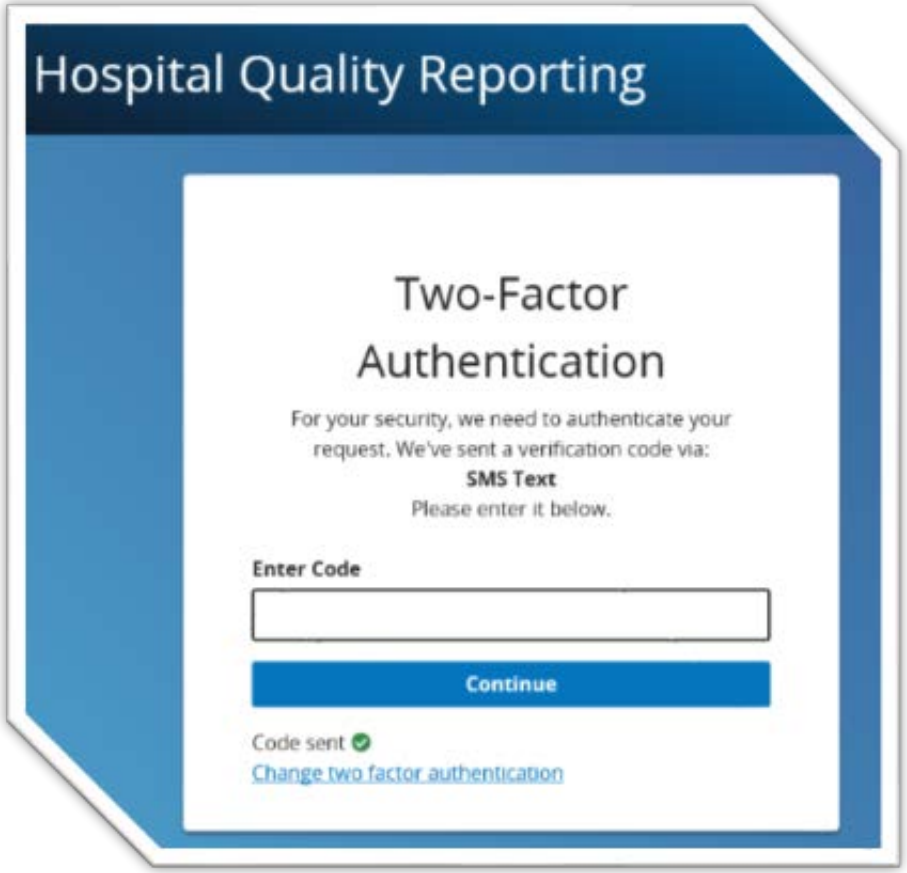
Step 1: Login to *Hospital Quality Reporting (HQR) Secure Portal*

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

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

Step 2: Authenticate Using Your Two-Factor Code

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



Step 3:
Review Terms & Conditions

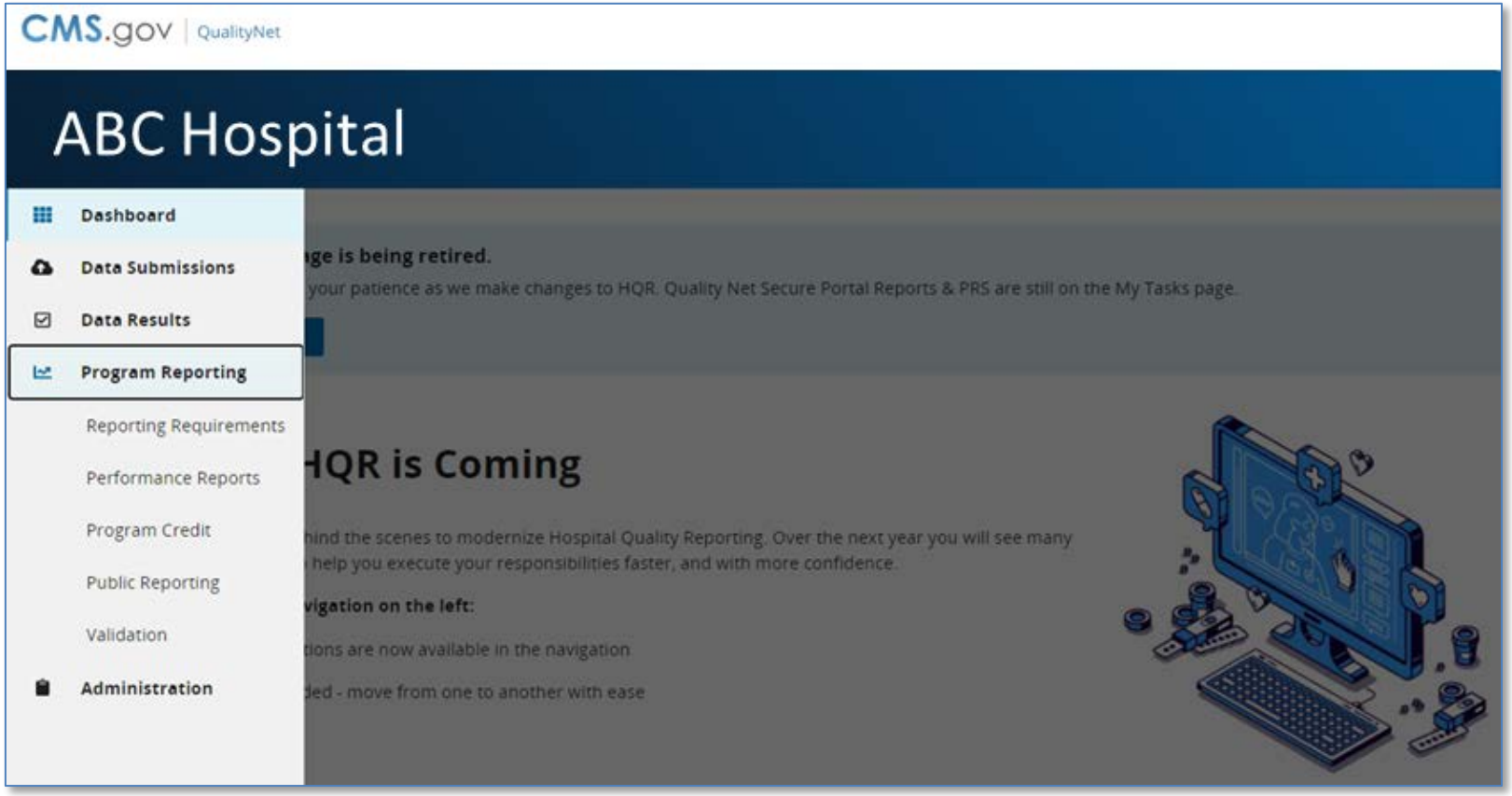
- Review the Terms & Conditions.

  Note: Scroll to the bottom of the Terms & Conditions in order to select *Accept*.

- Select *Accept* to accept the Terms and Conditions.

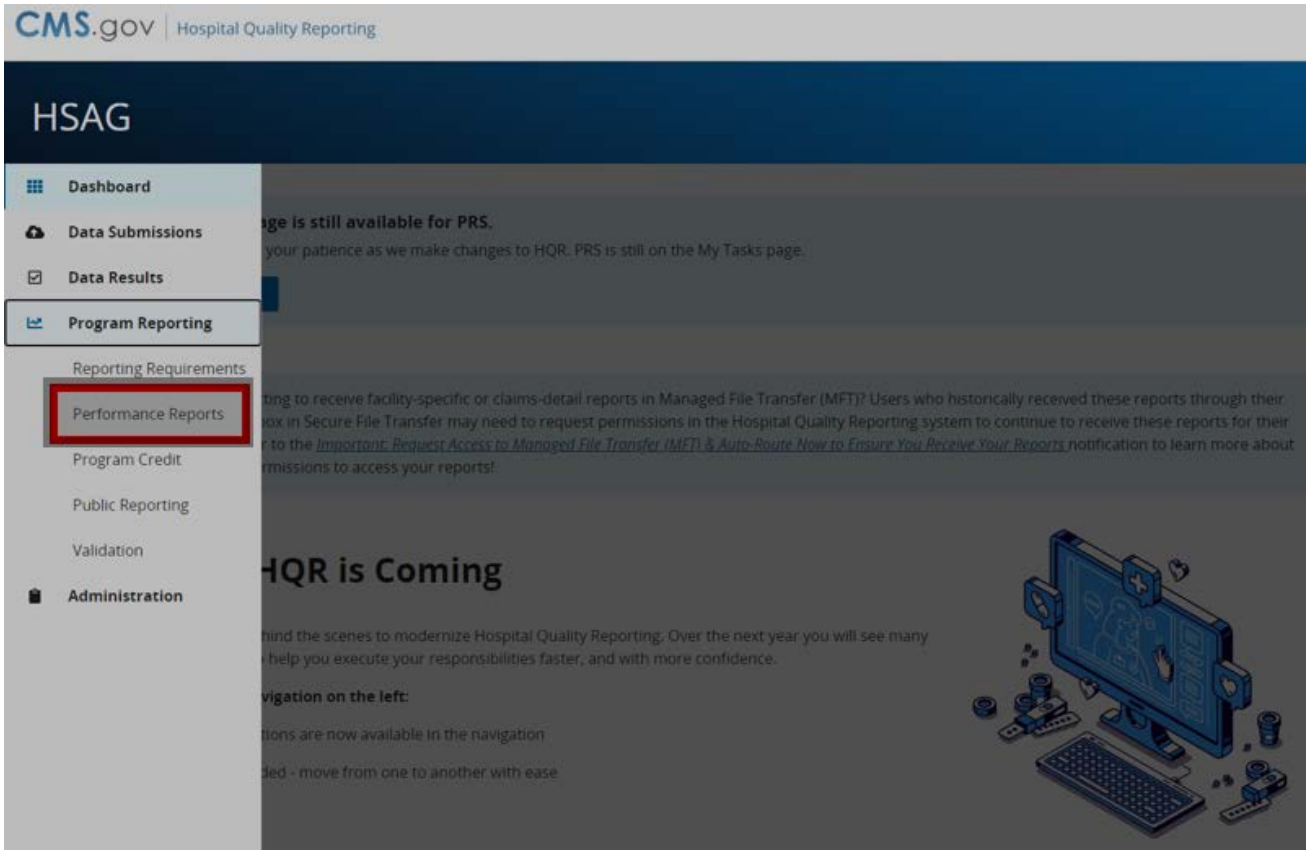
Step 4:
Program Reporting

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



Step 5:
Performance Reports

Select **Performance Reports** from the expanded menu.



Step 6: Performance Reports

- Select **HVBP** from the Program selection menu.
- Select **Baseline and Performance** from the Report selection menu.
- Select **2022** from the Fiscal Year selection menu.
- Select your hospital from the **Provider selection** menu. Select **Display Results**.

Option to Export PDF

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	Report	Fiscal Year
HVBP	Baseline and Performance	2022

Provider(s): All Selected

Display Results

Export PDF

Important Covid-19 Related Information

COVID-19 Exceptions: CMS granted exceptions for the FY 2022 Hospital VBP Program due to the impact of the COVID-19 PHE. They are:

1) Data submission for the NHSN HAI measures and HCAHPS surveys were made optional for Q1 2020 and Q2 2020.

2) While hospitals will continue to submit claims for reimbursement and may continue to submit NHSN HAI and HCAHPS survey data, CMS will not use data from discharges from Q1 or Q2 2020 for measure calculations for any measure included in the Hospital VBP Program.

3) CMS suppressed the measures in the Person and Community Engagement, Safety, and Efficiency and Cost Reduction domains for FY 2022. As a result of those measure suppressions, CMS also finalized that no hospital will have a Total Performance Score calculated and all hospitals will receive a value-based payment incentive equal to the two percent reduction to their base operating DRG, which will result in neutral payment adjustments for all hospitals.

For additional information on Hospital VBP exceptions or measure suppressions due to COVID-19 PHE, see QualityNet.

Here is where you can view your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Performance 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 Measures 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.

HVBP Exclusion

Due to a public health emergency, CMS suppressed several measures: therefore, there is not enough data to award a Total Performance Score
The hospital is subject to IQR Payment Reductions.

Instructions for Accessing the Percentage Payment Summary Report

To access your hospital's FY 2022 Hospital VBP Program PPSR data:

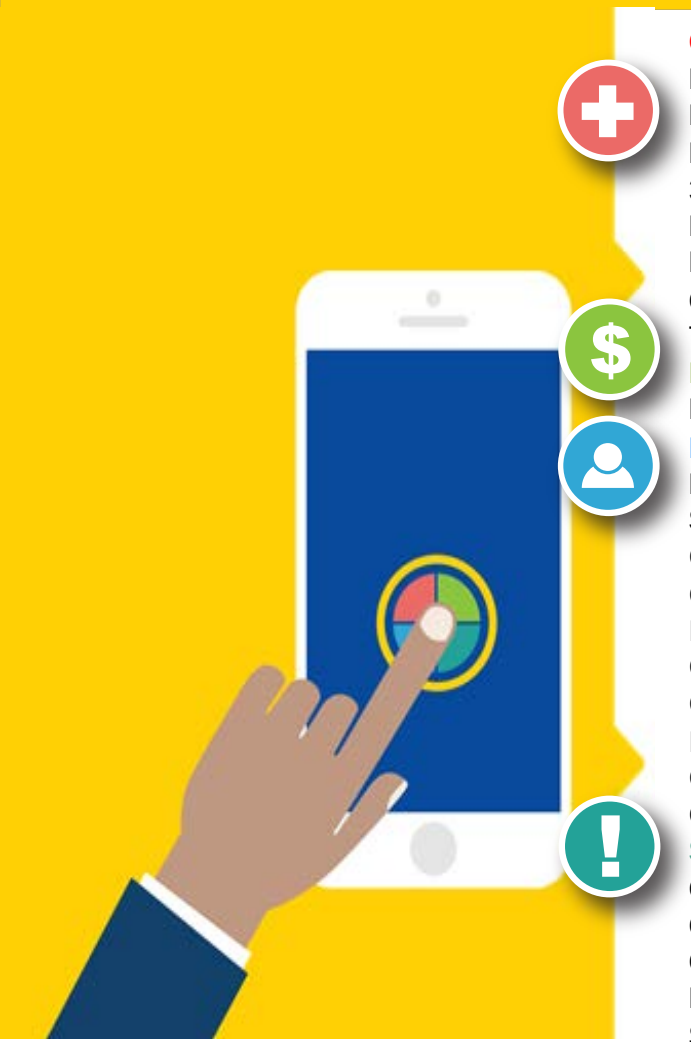
1. Navigate to the *HQR Secure Portal* login page: https://hqr.cms.gov/hqrng/login
2. Enter your HARP User ID and Password. Then, select **Login**.
3. You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Continue**.
4. 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 and Performance** from the Report selection menu.
10. Select **2022** from the Fiscal Year selection menu.
11. Select your hospital from the Provider selection menu. Select **Display Results**.

For technical questions or issues related to accessing the report, contact the QualityNet Service Center at qnetsupport@hcqis.org.

Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

Evaluating Hospitals

FY 2022 Domain Weights and Measures



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%)

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

FY 2022 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
Clinical Outcomes	Mortality Measures (AMI, COPD, HF, CABG)	July 1, 2012– June 30, 2015	July 1, 2017– June 30, 2020*
	Mortality Measures (PN)	July 1, 2012- June 30, 2015	September 1, 2017– June 30, 2020*
	Complication Measure	April 1, 2012– March 31, 2015	April 1, 2017– March 31, 2020*
Person and Community Engagement	HCAHPS Survey	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020*
Safety	HAI Measures	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020*
Efficiency and Cost Reduction	MSPB	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020*

*Deadlines for October 1, 2019 – December 31, 2019 (Q4) data submission are optional. Please refer to CMS' March 27, 2020, Guidance Memo for details.

FY 2022 Minimum Data Requirements

Domain/Measure	Minimum Requirement
Clinical Outcomes	Minimum of two measure scores: • Mortality Measures: 25 cases • Complication Measure: 25 cases

Performance Standards

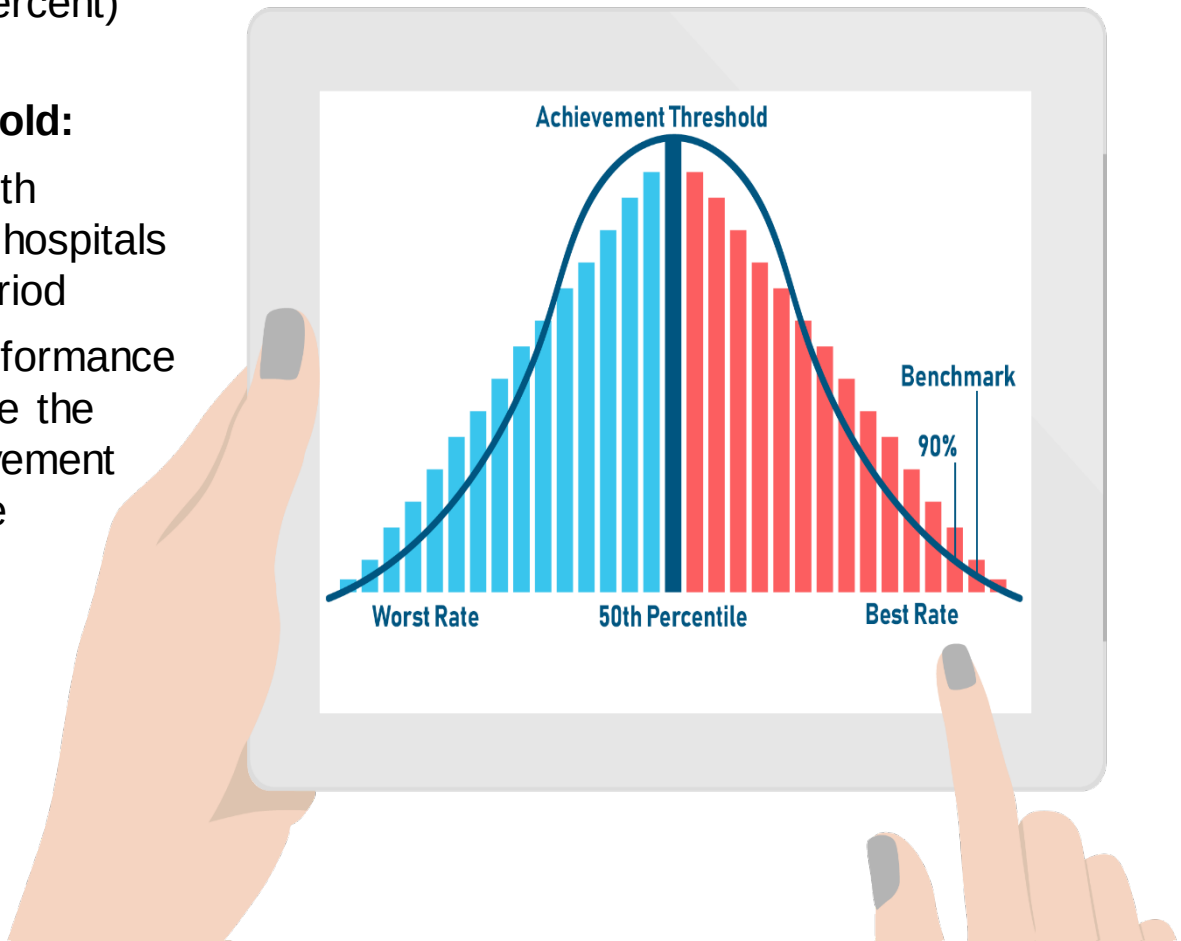
Benchmark:

Average (mean) performance of the top decile (10 percent) 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.

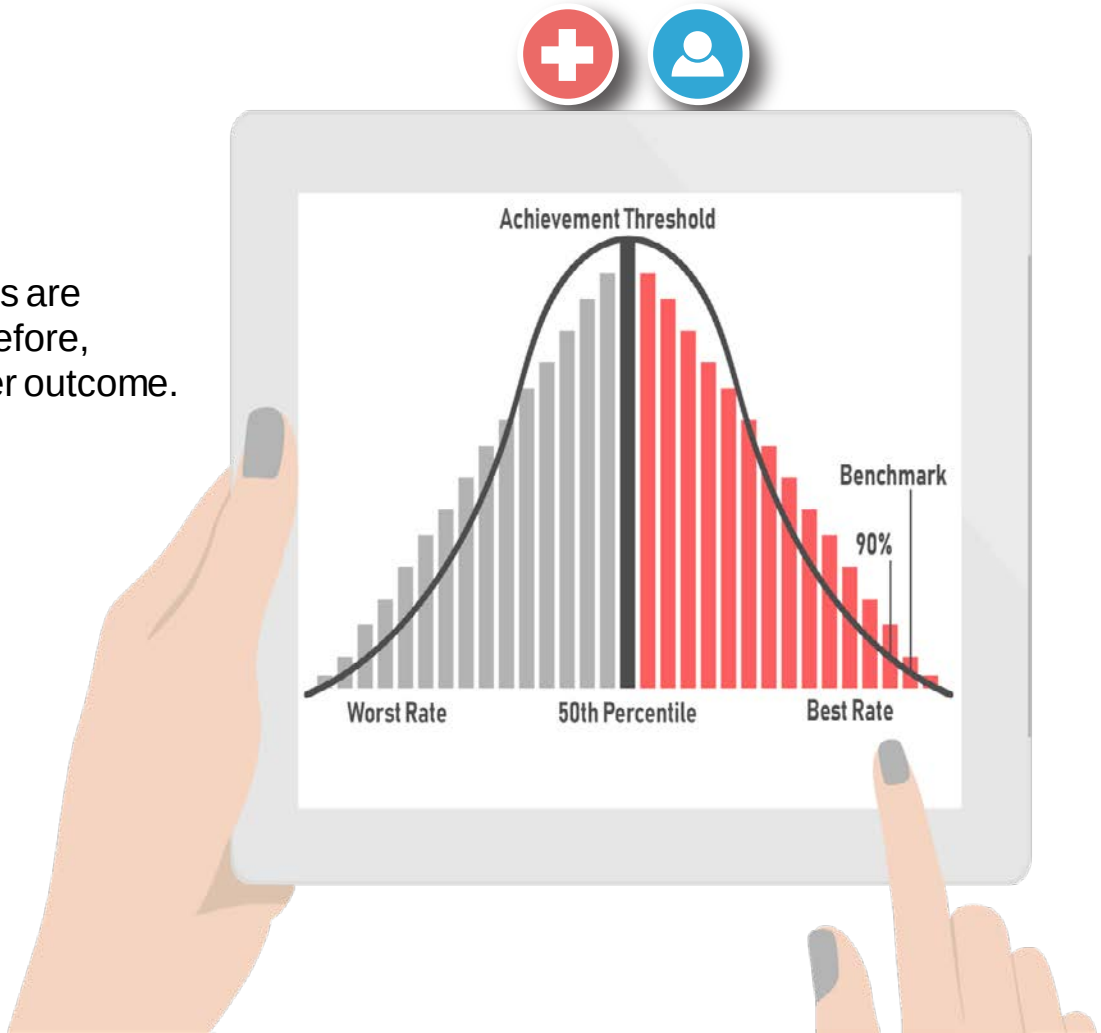


Performance Standards

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

- Clinical Outcomes
  - Mortality measures*

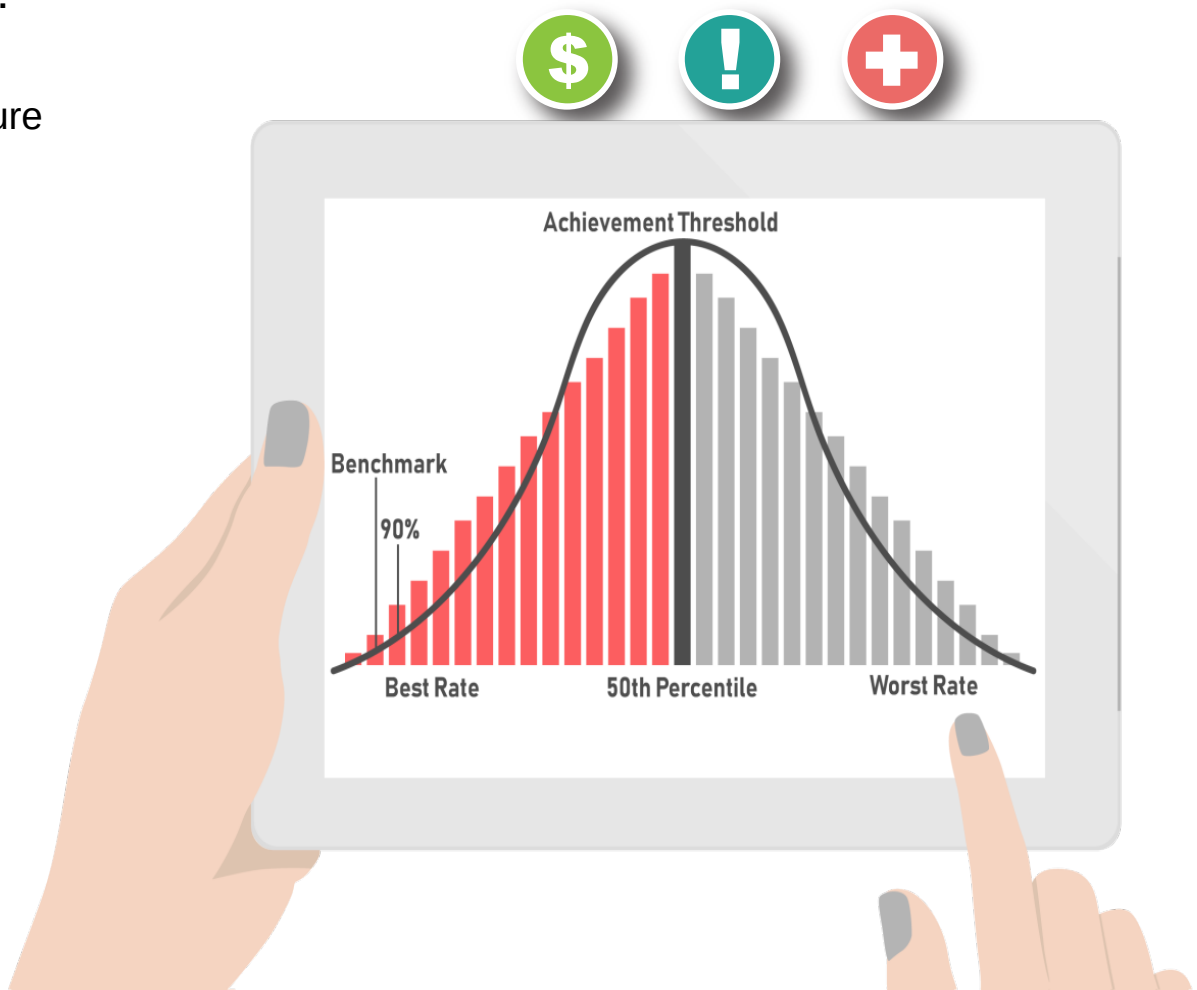
***The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.**



Performance Standards

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

- Clinical Outcomes
  - Complication measure



FY 2022 Performance Standards

Safety (25%)

Measures (Healthcare-Associated Infections)	Threshold	Benchmark
↓CLABSI	0.633	0.000
↓CAUTI	0.727	0.000
↓SSI: Colon	0.749	0.000
↓SSI: Abdominal Hysterectomy	0.727	0.000
↓MRSA	0.748	0.000
↓CDI	0.646	0.047

Clinical Outcomes (25%)

Measures	Threshold	Benchmark
MORT-30-AMI	0.861793	0.881305
MORT-30-CABG	0.968210	0.979000
MORT-30-COPD	0.920058	0.936962
MORT-30-HF	0.879869	0.903608
MORT-30-PN	0.836122	0.870506
↓COMP-HIP-KNEE	0.029833	0.021493

Efficiency and Cost Reduction (25%)

Measures	Threshold	Benchmark
↓MSPB	Median Medicare Spending Per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending Per Beneficiary ratios across all hospitals during the performance period.

Person and Community Engagement (25%)

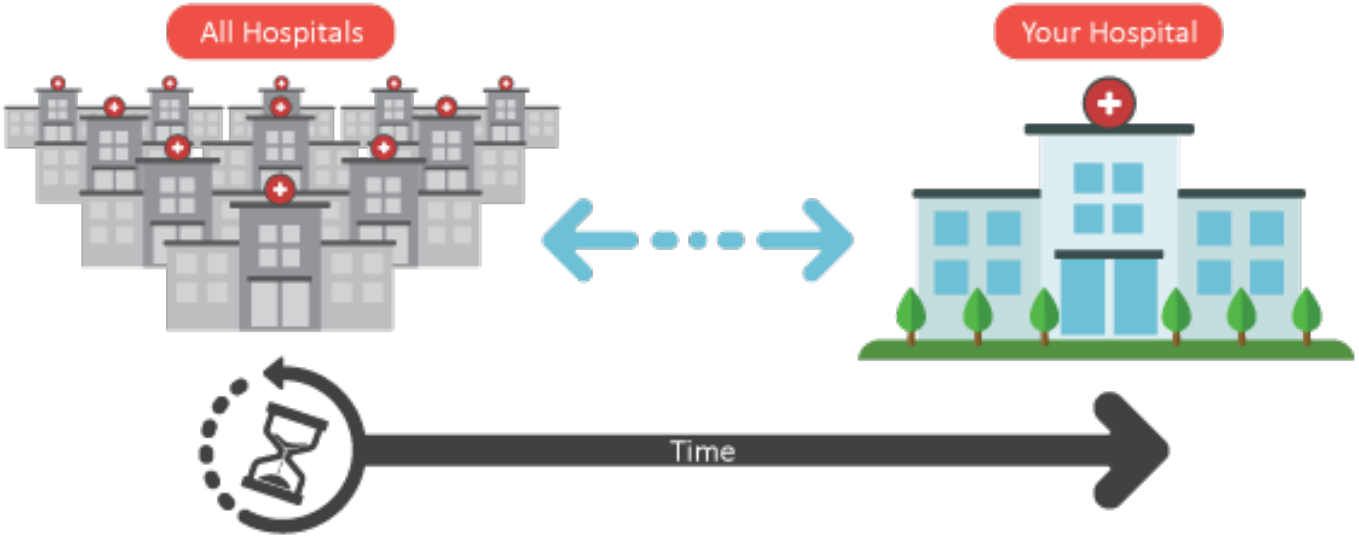
	HCAHPS Performance Standards		
HCAHPS Survey Dimensions	Floor (%)	Threshold (%)	Benchmark(%)
Communication with Nurses	15.73	79.18	87.53
Communication with Doctors	19.03	79.72	87.85
Responsiveness of Hospital Staff	25.71	65.95	81.29
Communication about Medicines	10.62	63.59	74.31
Hospital Cleanliness and Quietness	5.89	65.46	79.41
Discharge Information	66.78	87.12	91.95
Care Transition	6.84	51.69	63.11
Overall Rating of Hospital	19.09	71.37	85.18

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

Only the Clinical Outcomes Domain will have achievement points.

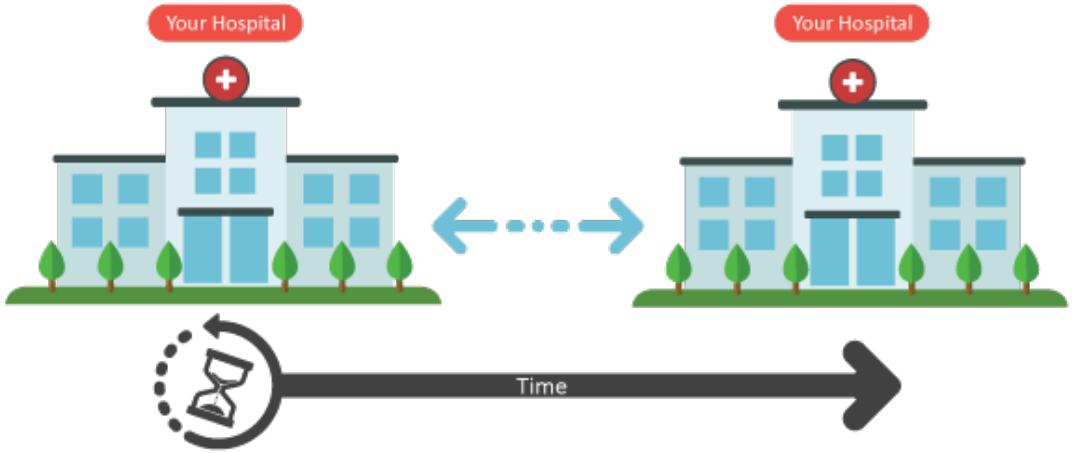


Improvement Points

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

**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. Only the Clinical Outcomes Domain will have achievement points.



Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

Report Information

Percentage Summary Report

HVBP Performance Report

Page 1 of 6
Exported 9/29/2021 4:30 PM

ABC Hospital (CCN-123456)

Data as Of: 09/17/2021

Summary			Reporting Period = Fiscal Year 2022
Category	Facility	State Average	National Average
Total Performance Score	Hospital VBP Ineligible	N/A	N/A
Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score
Clinical Outcomes Domain	[illegible]	15.0%	[illegible]
Person and Community Engagement Domain	N/A	N/A	N/A
Safety Domain	N/A	N/A	N/A
Efficiency and Cost Reduction Domain	N/A	N/A	N/A

Base Operating DRG Payment Amount Reduction	Value Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value Based Incentive Payment Adjustment Factor	Exchange Function Steps
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Calculated values were subject to rounding

HVBP Exclusion Reason 1: Due to a public health emergency, CMS suppressed several measures. Therefore, there is not enough data to award a Total Performance Score

1

Total Performance Score

- **Facility:** Hospital VBP Ineligible
- **State:** N/A
- **National:** N/A

2

Domain Scoring*

- **Unweighted Domain Score:** The sum of your hospital's scores for the domain, considering only those measures your hospital was eligible for during the performance period
- **Weighting:** Assigned scoring impact on the TPS for each domain
- **Weighted Domain Score:** The product of the unweighted domain score and the weighting

*Only the clinical outcomes domain will have a domain score, domain weighting, and weighted domain score

Percentage Summary Report

Payment Summary

- **Base Operating DRG Payment Reduction:** Hospital VBP Ineligible or 2.0000000000%
- **Value-Based Incentive Payment Percentage:** Hospital VBP Ineligible or 2.0000000000%
- **Net Change in Base Operating DRG Payment Amount:** Hospital VBP Ineligible or 0.0000000000%
- **Incentive Payment-Adjustment Factor:** Hospital VBP Ineligible or 1.0000000000%
- **Exchange Function Slope:** Hospital VBP Ineligible or N/A

Note: Values displayed on this example report may not depict the actual values used to calculate payments for the FY 2022 Hospital VBP Program.

Percentage Summary Report

HVBP Performance Report

Page 1 of 6
Exported 9/29/2021 4:30 PM

ABC Hospital (CCN-123456)

Data as Of: 09/17/2021

Summary				Reporting Period - Fiscal Year 2022
Category	Facility	State Average		National Average
Total Performance Score	Hospital VBP Ineligible	N/A		N/A
Category	Unweighted Domain Score	Domain Weighting		Weighted Domain Score
Clinical Guidelines Domain	[illegible]	[illegible]		[illegible]
Person and Community Engagement Domain	N/A	N/A		N/A
Safety Domain	N/A	N/A		N/A
Efficiency and Cost Reduction Domain	N/A	N/A		N/A
Base Operating DRG Payment Amount Reduction	Value Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value Based Incentive Payment Adjustment Factor	Exchange Function Stage
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

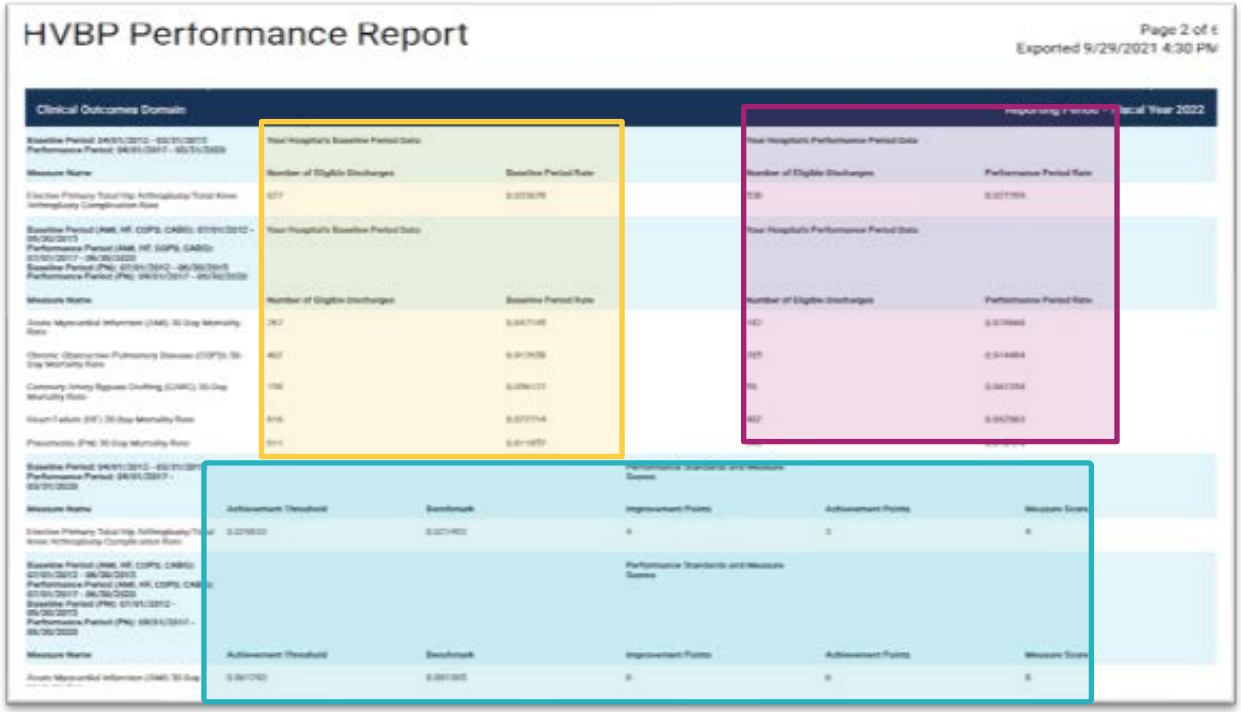
Calculated values were subject to rounding.
HVBP Exclusion Reason 1: Due to a public health emergency, CMS suppressed several measures. Therefore, there is not enough data to award a Total Performance Score.
HVBP Exclusion Reason 1: This hospital was identified as a critical access hospital (Medicare number ending in 0890), or a children's hospital.

1

HVBP Exclusion Reason

- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary page.
- When a hospital is excluded, all fields will display "Hospital VBP Ineligible."

Clinical Outcomes Report



1 **Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rate.

2 **Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rate.

3 **HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Clinical Outcomes Report

HVBP Performance Report

Page 2 of 6
Exported 9/29/2021 4:30 PM

Clinical Outcomes Domain — Reporting Period = Fiscal Year 2022

Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020	Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data	
Measure Name	**Number of Eligible Discharges**	**Baseline Period Rate**	**Number of Eligible Discharges**	**Performance Period Rate**
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	677	0.033678	538	0.027789

Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020	Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data	
Measure Name	**Number of Eligible Discharges**	**Baseline Period Rate**	**Number of Eligible Discharges**	**Performance Period Rate**
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	267	0.847145	182	0.874660
Chronic Obstructive Pulmonary Disease (COPD) 30 Day Mortality Rate	407	0.917658	265	0.914484
Coronary Artery Bypass Grafting (CABG) 30 Day Mortality Rate	158	0.956127	59	0.967354
Heart Failure (HF) 30 Day Mortality Rate	519	0.877714	482	0.867963
Pneumonia (PN) 30 Day Mortality Rate	611	0.811957	343	0.818379

Baseline Period: 04/01/2012 - 03/31/2015 Performance Period: 04/01/2017 - 03/31/2020			Performance Standards and Measure Scores		
Measure Name	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	0.029833	0.021493	4	3	4

Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015 Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020 Baseline Period (PN): 07/01/2012 - 06/30/2015 Performance Period (PN): 09/01/2017 - 06/30/2020			Performance Standards and Measure Scores		
Measure Name	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate	0.861790	0.881305	6	6	6

3 **HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Clinical Outcomes Report (continued)

HVBP Performance Report

Page 3 of 6
Exported 9/29/2021 4:30 PM

Baseline Period (AMI, HF, COPD, CABG): 07/01/2012 - 06/30/2015
Performance Period (AMI, HF, COPD, CABG): 07/01/2017 - 06/30/2020
Baseline Period (PN): 07/01/2012 - 06/30/2015
Performance Period (PN): 09/01/2017 - 06/30/2020

Performance Standards and Measure Scores

Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	0.970058	0.936967	0	0	0
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	0.968210	0.979000	4	0	4
Heart Failure (HF) 30-Day Mortality Rate	0.879869	0.903508	0	0	0
Pneumonia (PN) 30-Day Mortality Rate	0.836127	0.870506	1	0	1

Calculated values are subject to rounding
Eligible Clinical Outcomes Measures: 6 out of 6
Unweighted Clinical Outcomes Domain Score: 28.333333333333
Weighted Clinical Outcomes Domain Score: 7.083333333333

4 **Domain Summary**

- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Person and Community Engagement Domain Report

HVBP Performance Report

Page 4 of 6
Exported 9/29/2021 4:30 PM

Person And Community Engagement Domain — Reporting Period = Fiscal Year 2022

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Baseline Period Rate	Performance Period Rate
Communication with Nurses	87.3217%	79.4917%
Communication with Doctors	84.0320%	80.9901%
Responsiveness of Hospital Staff	71.9603%	66.6744%
Communication about Medicines	67.5306%	59.2209%
Cleanliness and Quietness of Hospital Environment	72.4260%	68.0777%
Discharge Information	86.1650%	85.7539%
Care Transition	54.3040%	48.7177%
Overall Rating of Hospital	74.6130%	71.9020%

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	15.73%	79.18%	87.53%	N/A	N/A	N/A
Communication with Doctors	19.03%	79.77%	87.85%	N/A	N/A	N/A
Responsiveness of Hospital Staff	25.71%	65.95%	81.29%	N/A	N/A	N/A
Communication about Medicines	10.67%	63.59%	74.31%	N/A	N/A	N/A
Cleanliness and Quietness of Hospital Environment	5.09%	65.46%	79.41%	N/A	N/A	N/A
Discharge Information	66.78%	87.17%	91.95%	N/A	N/A	N/A
Care Transition	6.84%	51.69%	63.11%	N/A	N/A	N/A
Overall Rating of Hospital	19.09%	71.37%	85.18%	N/A	N/A	N/A

Calculated values were subject to rounding.
HCAHPS Base Score: N/A
HCAHPS Consistency Score: N/A
Unweighted Person and Community Engagement Domain Score: N/A
Weighted Person and Community Engagement Domain Score: N/A
HCAHPS Surveys Completed During the Baseline Period: 1950
HCAHPS Surveys Completed During the Performance Period: 580

1 **Baseline Period Rate** displays the hospital's baseline rate used to calculate improvement points.

2 **Performance Period Rate** displays the hospital's performance period rate used to calculate achievement points, improvement points, and lowest dimension score.

Person and Community Engagement Detail Report

HVBP Performance Report

Page 4 of 6
Exported 9/29/2021 4:30 PM

Person And Community Engagement Domain — Reporting Period = Fiscal Year 2022

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Baseline Period Rate	Performance Period Rate
Communication with Nurses	82.3217%	79.4917%
Communication with Doctors	84.6326%	80.9901%
Responsiveness of Hospital Staff	71.8633%	66.6744%
Communication about Medicines	67.5306%	59.2269%
Cleanliness and Quietness of Hospital Environment	77.4283%	68.0727%
Discharge Information	85.1650%	85.7539%
Care Transition	54.2842%	48.7177%
Overall Rating of Hospital	[illegible]	[illegible]

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	15.72%	79.18%	87.53%	N/A	N/A	N/A
Communication with Doctors	19.03%	79.72%	87.65%	N/A	N/A	N/A
Responsiveness of Hospital Staff	25.71%	65.05%	81.29%	N/A	N/A	N/A
Communication about Medicines	10.52%	63.59%	74.31%	N/A	N/A	N/A
Cleanliness and Quietness of Hospital Environment	5.89%	65.46%	79.41%	N/A	N/A	N/A
Discharge Information	66.78%	87.12%	91.95%	N/A	N/A	N/A
Care Transition	6.84%	51.69%	63.11%	N/A	N/A	N/A
Overall Rating of Hospital	[illegible]	[illegible]	[illegible]	N/A	N/A	N/A

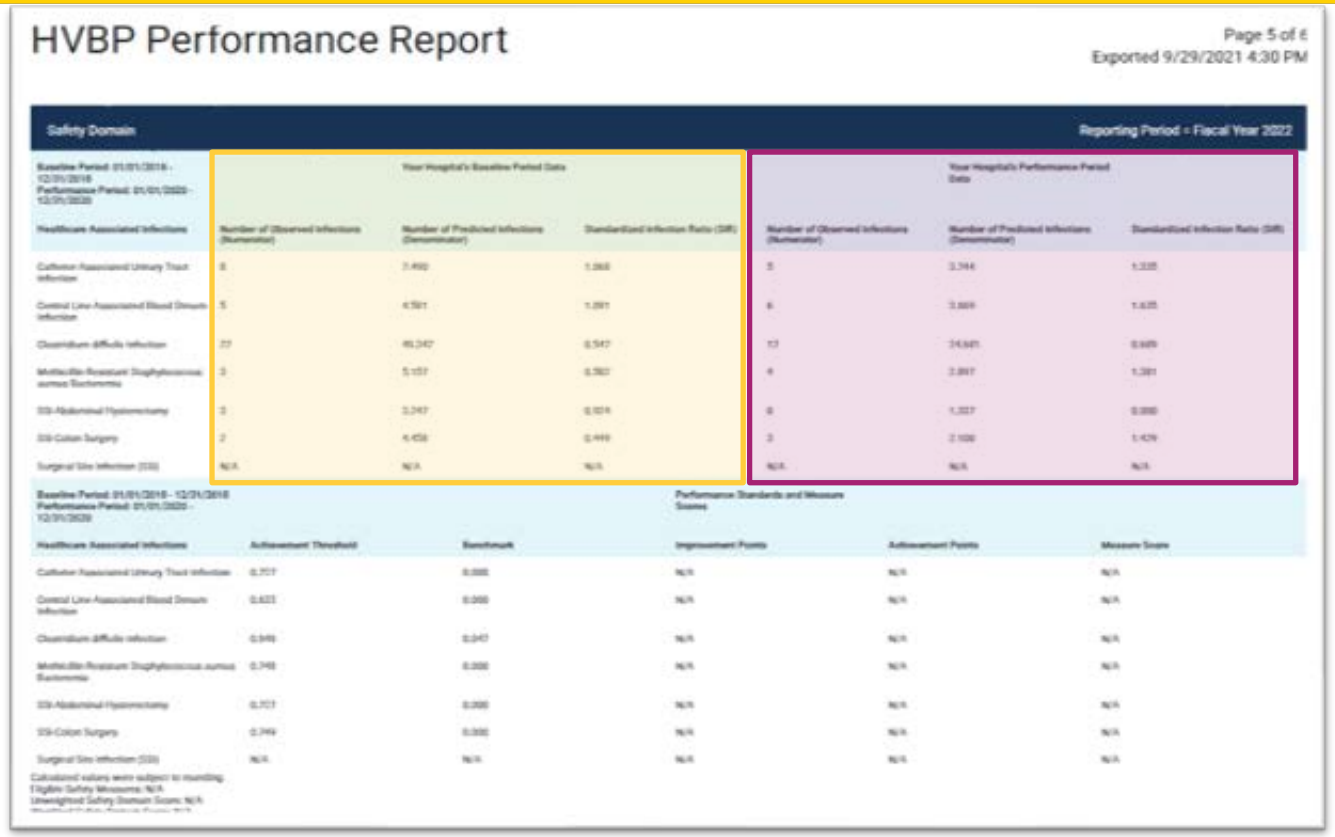
Calculated values were subject to rounding.
HCAHPS Base Score: N/A
HCAHPS Consistency Score: N/A
Unweighted Person and Community Engagement Domain Score: N/A
Weighted Person and Community Engagement Domain Score: N/A
HCAHPS Surveys Completed During the Baseline Period: 1950

3 **HVBP Metrics** displays the performance standards (floor, achievement threshold, and benchmark), improvement points N/A, achievement points N/A, and dimension score N/A.

4 **Domain Summary**

- **HCAHPS Base Score:** N/A
- **HCAHPS Consistency Score:** N/A
- **Unweighted Domain Score:** N/A
- **Weighted Domain Score:** N/A
- **Surveys Completed During the Performance Period**

Safety Measures Domain Report



HVBP Performance Report

Page 5 of 6
Exported 9/29/2021 4:30 PM

Safety Domain

Reporting Period = Fiscal Year 2022

Baseline Period: 01/01/2016 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Catheter Associated Urinary Tract Infection	8	7.490	1.068	5	3.744	1.335
Central Line Associated Blood Stream Infection	5	4.591	1.091	6	3.669	1.635
Clostridium difficile Infection	77	46.247	0.547	17	24.645	0.689
Methicillin-Resistant Staphylococcus aureus Bacteremia	3	5.157	0.582	4	2.897	1.381
SSI-Abdominal Hysterectomy	3	3.247	0.924	0	1.327	0.000
SSI-Colon Surgery	2	4.456	0.449	3	2.109	1.424
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A

Baseline Period: 01/01/2016 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020			Performance Standards and Measure Scores		
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter Associated Urinary Tract Infection	0.777	0.000	N/A	N/A	N/A
Central Line Associated Blood Stream Infection	0.623	0.000	N/A	N/A	N/A
Clostridium difficile Infection	0.949	0.247	N/A	N/A	N/A
Methicillin-Resistant Staphylococcus aureus Bacteremia	0.748	0.000	N/A	N/A	N/A
SSI-Abdominal Hysterectomy	0.727	0.000	N/A	N/A	N/A
SSI-Colon Surgery	0.749	0.000	N/A	N/A	N/A
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A

Calculated values were subject to rounding.
Eligible Safety Measures: N/A
Unweighted Safety Domain Score: N/A

1 **Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rates.

2 **Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rates.

Safety Measures Detail Report

HVBP Performance Report

Page 5 of 6
Exported 9/29/2021 4:30 PM

Safety Domain — Reporting Period = Fiscal Year 2022

Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Healthcare Associated Infections	**Number of Observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infection Ratio (SIR)**	**Number of Observed Infections (Numerator)**	**Number of Predicted Infections (Denominator)**	**Standardized Infection Ratio (SIR)**
Catheter Associated Urinary Tract Infection	8	7.490	1.068	5	3.764	1.328
Central Line Associated Blood Stream Infection	5	4.581	1.091	6	3.669	1.635
Clostridium difficile Infection	27	49.347	0.547	17	24.661	0.689
Methicillin Resistant Staphylococcus aureus Bacteremia	3	5.157	0.582	4	2.897	1.381
SSI-Abdominal Hysterectomy	3	3.242	0.924	0	1.232	0.000
SSI-Colon Surgery	2	4.458	0.449	3	2.100	1.429
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A

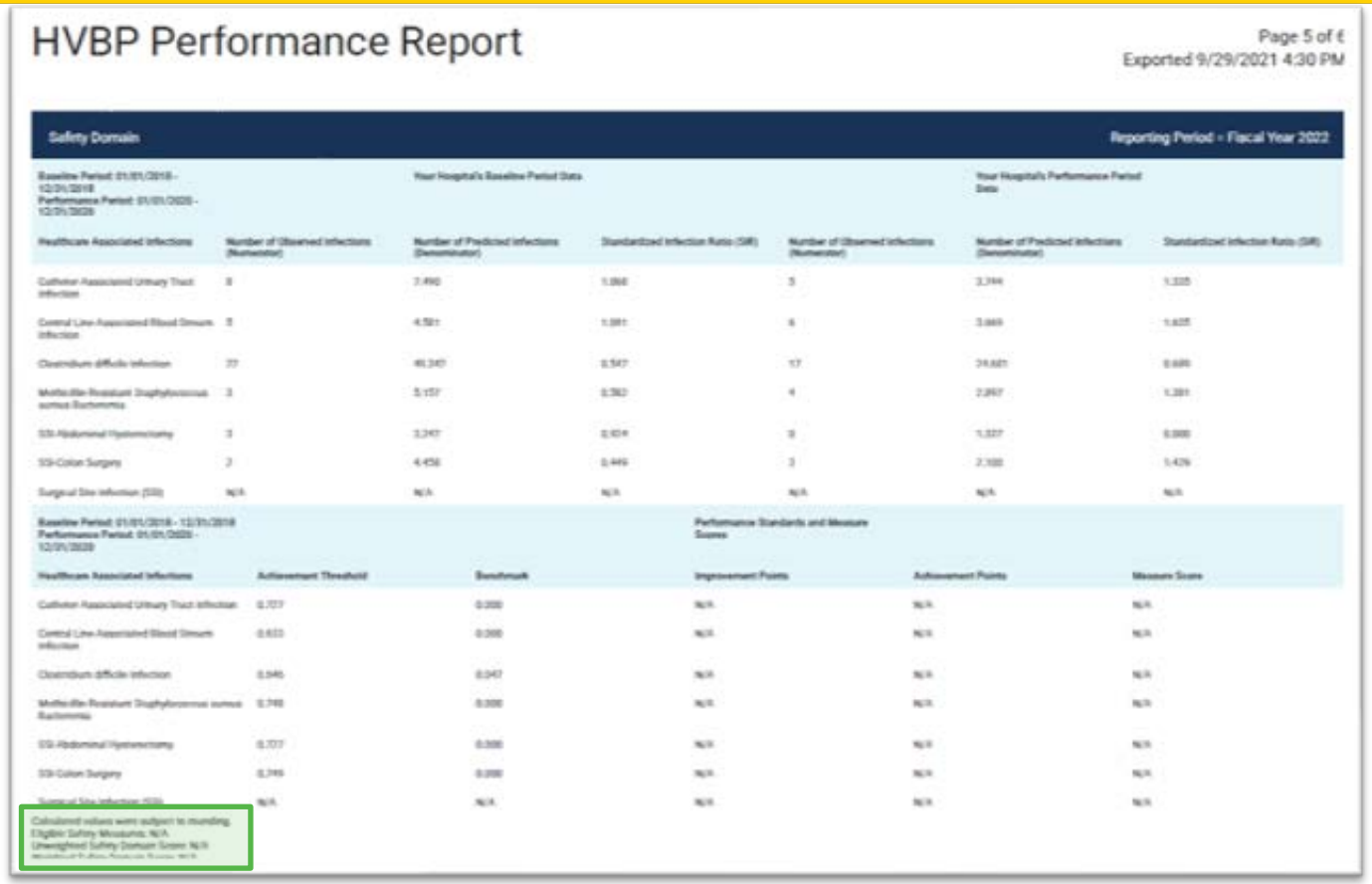
Baseline Period: 01/01/2018 - 12/31/2018 Performance Period: 01/01/2020 - 12/31/2020	Performance Standards and Measure Scores				
Healthcare Associated Infections	**Achievement Threshold**	**Benchmark**	**Improvement Points**	**Achievement Points**	**Measure Score**
Catheter Associated Urinary Tract Infection	0.727	0.000	N/A	N/A	N/A
Central Line Associated Blood Stream Infection	0.633	0.000	N/A	N/A	N/A
Clostridium difficile Infection	0.646	0.047	N/A	N/A	N/A
Methicillin Resistant Staphylococcus aureus Bacteremia	0.748	0.000	N/A	N/A	N/A
SSI-Abdominal Hysterectomy	0.727	0.000	N/A	N/A	N/A
SSI-Colon Surgery	0.749	0.000	N/A	N/A	N/A
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A

Calculated values were subject to rounding.
Eligible Safety Measures: N/A
Unweighted Safety Domain Score: N/A

3

HVBP Metrics displays the performance standards (achievement threshold and benchmark), improvement points N/A, achievement points N/A, and measure score N/A.

Safety Measures Domain Report



HVBP Performance Report

Page 5 of 6
Exported 9/29/2021 4:30 PM

Safety Domain — Reporting Period - Fiscal Year 2022

Baseline Period: 01/01/2018 - 12/31/2018
Performance Period: 01/01/2020 - 12/31/2020

Healthcare Associated Infections	Your Hospital's Baseline Period Data: Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Your Hospital's Performance Period Data: Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Catheter Associated Urinary Tract Infection	8	7.490	1.068	5	3.744	1.335
Central Line Associated Blood Stream Infection	5	4.581	1.091	6	3.669	1.635
Clostridium difficile Infection	77	46.347	0.547	17	24.621	0.690
Methicillin Resistant Staphylococcus aureus Bacteremia	3	5.157	0.582	4	2.897	1.381
SSI-Abdominal Hysterectomy	3	3.247	0.924	0	1.337	0.000
SSI-Colon Surgery	2	4.456	0.449	3	2.100	1.429
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A

Baseline Period: 01/01/2018 - 12/31/2018
Performance Period: 01/01/2020 - 12/31/2020

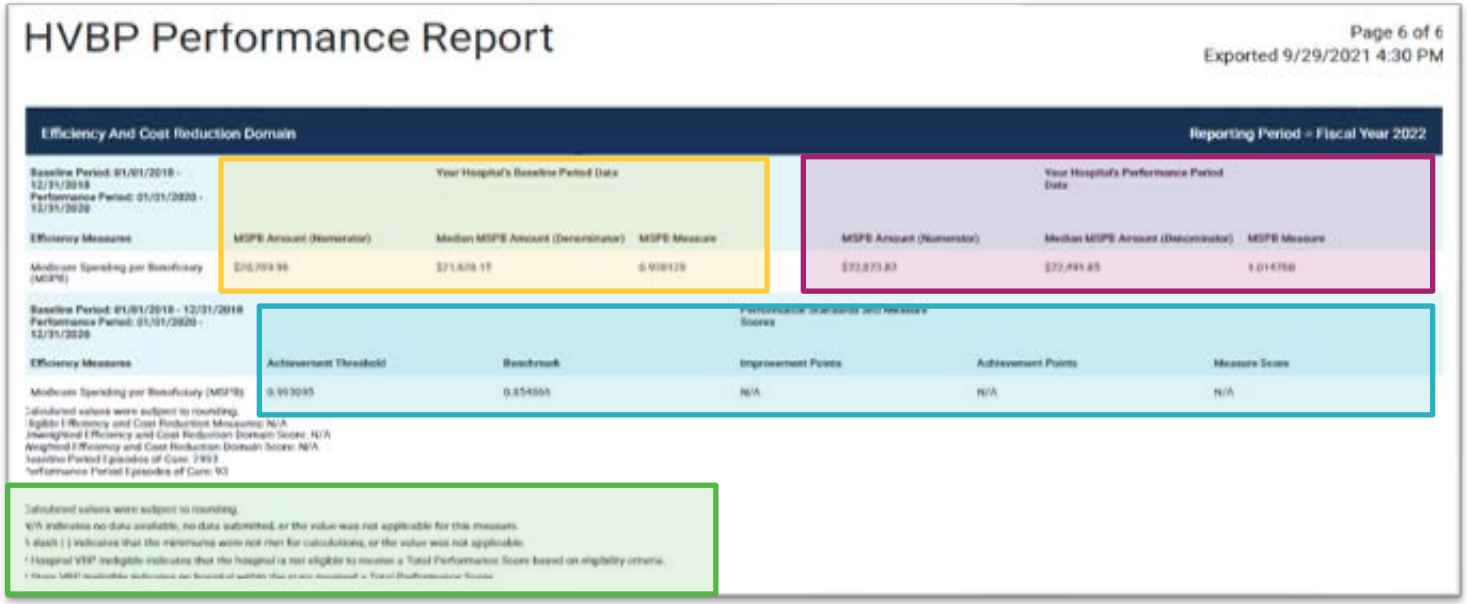
Healthcare Associated Infections	Performance Standards and Measure Scores: Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter Associated Urinary Tract Infection	0.727	0.000	N/A	N/A	N/A
Central Line Associated Blood Stream Infection	0.633	0.000	N/A	N/A	N/A
Clostridium difficile Infection	0.946	0.047	N/A	N/A	N/A
Methicillin Resistant Staphylococcus aureus Bacteremia	0.748	0.000	N/A	N/A	N/A
SSI-Abdominal Hysterectomy	0.727	0.000	N/A	N/A	N/A
SSI-Colon Surgery	0.749	0.000	N/A	N/A	N/A
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A

Calculated values were subject to rounding.
Eligible Safety Measures: N/A
Unweighted Safety Domain Score: N/A

4

Domain Summary:
Eligible Measures: N/A **Unweighted Domain Score:** N/A **Weighted Domain Score:** N/A

Efficiency and Cost Reduction Domain Report



1 **Baseline Period Totals** displays the hospital's baseline period values used to calculate baseline period rates.

2 **Performance Period Totals** displays the hospital's performance period values used to calculate performance period rates.

3 **HVBP Metrics** displays performance standards (achievement threshold and benchmark), improvement and achievement points, and measure score.

4 **Domain Summary: Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period **Unweighted Domain Score:** Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100 **Weighted Domain Score:** Hospital's unweighted Efficiency and Cost Reduction domain score multiplied by domain weight

Data Precision

Domain	Measure	Value	Precision
Clinical Outcomes	Mortality and Complication measures	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
Person and Community Engagement	HCAHPS	Baseline period rates*	2
		Performance period rates*	4
		Benchmark, achievement threshold, and floor	2
Safety	HAI measures	Baseline and performance standardized infection ratio (SIR)	3
		Benchmark and achievement threshold	3
Efficiency and Cost Reduction	MSPB	Baseline and performance MSPB measure	6
		Benchmark and achievement threshold	6

Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

Reviewing Your Data

Timeline

Hospitals may review their data used in programs in two different stages.

1. Patient-Level Data Review

   During this stage of the review, hospitals ensure the data or claims submitted are correct and accurate prior to the submission deadline, claims pull date, or during the HCAHPS review and correction period.

2. Scoring/Eligibility Review

   During this stage of the review, hospitals can ensure data reviewed during stage one are being displayed and scored accurately in programs (e.g., improvement points in the Hospital VBP Program). Hospitals can also ensure CMS has displayed the correct eligibility status. Data review as defined in stage one is not an allowable review item during the following preview/review periods:

   - Hospital IQR Program or *Care Compare* preview period
   - Claims-based measures review and correction period
   - Hospital VBP Program review and correction period

Centers for Disease Control and Prevention NHSN Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure data accuracy and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.
- HAI data that have been changed in NHSN **after** the submission deadline will **not** be reflected in any program, CMS report, or in *Care Compare.*

HCAHPS Survey

Stage One: Patient-Level Data Review

- Hospitals have seven days after the submission deadline to access and review the HCAHPS Data Review and Corrections Report.
- New data are not accepted into the warehouse during the review and correction period.
- Errors in data accepted into the warehouse by the quarterly deadline can be corrected.
- During the seven-day period, the corrected data can be resubmitted to the warehouse to replace the incorrect data.

Claims-Based Measures

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to submit a review and correction request following the receipt of their HSR.
  - Suspected calculation errors on a report **can** be submitted for review with the possibility of a correction.
  - Requests for submission of new or corrected claims to the underlying data are **not** allowed.
    - To submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor (MAC).
- General questions about the HSRs or measures may also be submitted.

Hospital VBP Program

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the release of the PPSR.
  - Hospitals may review and request recalculation of scores for the Clinical Domain only.
  - Requests for submission of new or corrected data, including claims to the underlying measure data, are **not** allowed.
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the review and correction decision.
- For more information: https://www.qualitynet.org/inpatient/hvbp/payment#tab2

Best Practices

- Have a second person review submitted data to check for errors.
- Create a plan for spot checking or sampling the submitted data for errors.
- Review vendor-submitted data for accuracy before submission or prior to the submission deadline.
- Perform routine coding audits to ensure claims are coded and billed accurately.

Benefits of Correct Data

- Quality Improvement
  - Prompt, usable, and accurate data can assist the hospital with more immediate quality improvement initiatives.
- Pay-for-Performance Programs
  - Accurate data ensures the hospital is assigned a payment adjustment factor that is based on the hospital's actual performance.
- Publicly Reported Data on *Care Compare*
  - Accurate data can help organizations focus on quality improvement priorities.
  - Inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.

Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

Review and Corrections

Overview

- Hospitals may **review and request recalculation of scores** for only the clinical outcomes domain.
- Hospitals may submit a review and corrections request regarding their reports no later than **11:59 p.m. Pacific Time (PT), December 17, 2021**.
- Submit the completed form through the following methods:
  - Send secure message to QRFormsSubmission@hsag.com through Managed File Transfer in the *HQR Secure Portal.*
  - Send secure fax to (877) 789-4443.
  - Email to QRFormsSubmission@hsag.com.
    - Please ensure that data containing personally identifiable information (PII) or protected health information (PHI) are not submitted when emailing the form, as this is not a secured method and would be a security violation.

Access Review & Correction Request Form

1. Visit www.QualityNet.org.
2. From the **[Hospitals – Inpatient]** box**,** select **[Hospital Value-Based Purchasing (HVBP) Learn more].**
3. When the screen refreshes, select **[Payment]** from the top navigation pane and **[Review and Corrections/Appeals**] on the left-hand navigation pane. Select **[Review and Corrections Request Form]** toward the bottom of the page.

Direct link: https://www.qualitynet.org/inpatient/hvbp/payment#tab2

Forms and Additional Reference Material

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

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

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CMS Certification Number (CCN)
- Hospital contact information
  - Hospital name/address (must include physical street address)
  - Hospital chief executive officer (CEO) and Security Official (name, address, telephone, and email)
- Specify reason(s) for request
  - Condition-specific score
  - Domain-specific score
- Detailed description for each of the reason(s) identified

Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

Appeals

Overview

- Hospitals may appeal the determination of the review and correction decision within 30 calendar days of receipt of the review and correction decision.
- Hospitals must receive an adverse determination from CMS prior to requesting an appeal.
- Upon receipt of appeal, CMS:
  - Provides email acknowledgement of appeal.
  - Reviews the request and notifies CEO of decision.
- Submit the completed form through the following methods:
  - Send secure message to QRFormsSubmission@hsag.com through Managed File Transfer in the *HQR Secure Portal.*
  - Send secure fax to (877) 789-4443.
  - Email to QRFormsSubmission@hsag.com.
  - Please ensure that data containing PII or PHI are not submitted when emailing the form, as this is not a secured method and would be a security violation.

Access Appeals Request Form

1. Visit www.QualityNet.org.
2. From the **[Hospitals – Inpatient]** box**,** select **[Hospital Value-Based Purchasing (HVBP) Learn more].**
3. When the screen refreshes, select **[Payment]** from the top navigation pane and **[Review and Corrections/Appeals**] on the left-hand navigation pane. Then, select **[Review and Corrections Request Form]** toward the bottom of the page.

Direct link: https://www.qualitynet.org/inpatient/hvbp/payment#tab2

Forms and Additional Reference Material

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

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

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CCN
- Hospital contact information
  - Hospital name/address (must include physical street address)
  - Hospital CEO and QualityNet Security Official (name, address, telephone and email)
- Specify reason(s) for request
  - Condition-specific score
  - Domain-specific score
- Provide detailed description for each of the reason(s) identified

Acceptable Reasons for Appeals

- Calculation of achievement/improvement points*
- Calculation of measure/dimension score*
- Calculation of domain scores*
- Incorrect weight applied to domain*
- Incorrect weighted domain scores*
- Hospital's open/closed status incorrectly specified

*Only applies to the Clinical Outcomes domain

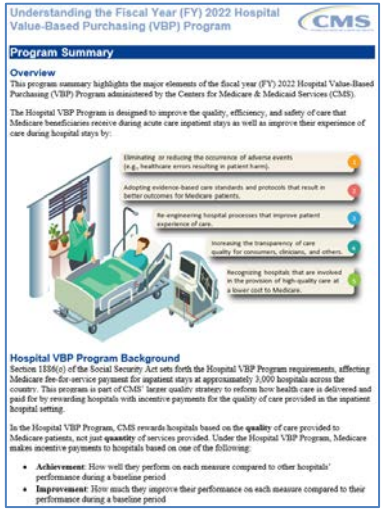
Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

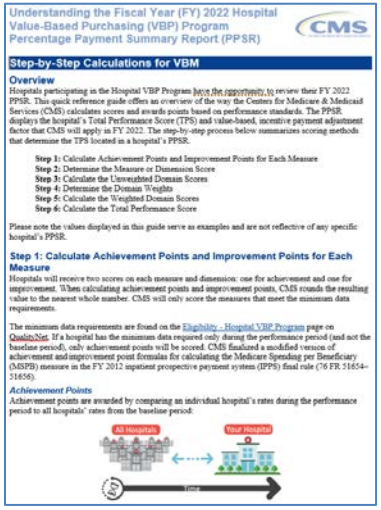
Resources

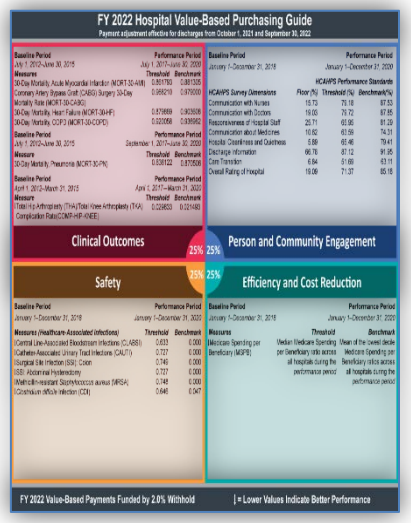
Available on QualityNet

- Webinars/Calls/Educational Materials
  - From **[Hospitals – Inpatient],** select the **[Hospital Value-Based Purchasing (HVBP) Program Learn More]** option. Then, select **[Webinars]** from the top navigation pane.
  - https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-archived-events/
- Hospital VBP Program General Information
  - From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing (HVBP) Program Learn More].**
  - Direct link: https://qualitynet.org/inpatient/hvbp
- Frequently Asked Questions
  - From the home page, select **[Help]** on the upper right-hand side. Then, select **[Hospitals – Inpatient].**
  - Direct link: https://cmsqualitysupport.servicenowservices.com/qnet_qa

FY 2022 Help Guides and Quick Reference Guides







Reference these on QualityNet:

- FY 2022 How to Read Your Report Help Guide
- Program Summary
- Scoring Quick Reference Guide
- Domain Weighting Quick Reference Guide

Direct Link: https://qualitynet.org/inpatient/hvbp/resources#tab2

Where's My Report? Everything You Want to Know About the FY 2022 Hospital VBP Percentage Payment Summary Report

Q&A Session

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.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation 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 presentation 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.