



## **Hospital Value-Based Purchasing (VBP) Program**

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

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

#### **Question and Answer Summary Document**

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The following document shows actual questions from event participants. Webinar attendees submitted the questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

**Question 1:**            **What are the baseline periods and performance periods for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys?**

The baseline and performance periods for all measures are listed on slide 28. The Clinical Outcomes domain mortality measures have a baseline period of July 1, 2012–June 30, 2015, and a performance period of July 1, 2017–June 30, 2020. The complication measure has a baseline period of April 1, 2012–March 31, 2015, and a performance period of April 1, 2017–March 31, 2020. The Person and Community Engagement domain HCAHPS survey measures have a baseline period of January 1, 2018–December 31, 2018, and a performance period of January 1, 2020–December 31, 2020. The Safety domain healthcare-associated infection (HAI) measures have a baseline period of January 1, 2018–December 31, 2018, and a performance period of January 1, 2020–December 31, 2020. The Efficiency and Cost Reduction domain Medicare Spending per Beneficiary (MSPB) measure has a baseline period of January 1, 2018–December 31, 2018, and a performance period of January 1, 2020–December 31, 2020.

**Question 2:**            **When will payments be adjusted based on this report?**

In the [FY 2022 IPPS/LTCH PPS final rule](#), CMS finalized a measure suppression policy that would allow CMS to suppress the use of measure data if the agency determines that circumstances caused by the COVID-19 PHE have affected those measures and the resulting quality scores significantly. This policy is intended to ensure that these programs do not reward or penalize hospitals based on circumstances caused by the PHE for COVID-19 that the measures were not designed to accommodate. CMS finalized the suppression of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS survey), Medicare Spending Per Beneficiary (MSPB), and five healthcare associated infection measures, for the FY 2022 program year

As a result of the above measure suppressions for the FY 2022 program year, CMS believes that calculating a total performance score (TPS) for hospitals using only data from the remaining measures, all of which are in the Clinical Outcomes Domain, would not result in a fair national comparison. Therefore, CMS will not calculate a TPS for any hospital based on one domain and will instead award to all hospitals a value-based payment amount for each discharge that is equal to the amount withheld.

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CMS will also calculate measure rates for all measures and publicly report those rates where feasible and appropriately caveated.

**Question 3:**            **What happens to the domain weights if a hospital does not meet the requirements for the Clinical Outcomes domain because there are less than 25 eligible cases in all four measures?**

If a hospital is unable to receive enough measure scores to receive a domain score, the domain will not be scored.

**Question 4:**            **Do the HAI measures carry equal weight in the calculation of the score for the Safety domain?**

Each scored measure within the Safety domain carries an equal weight.

**Question 5:**            **What happens if 100 HCAHPS surveys are not completed within the two periods?**

If a hospital is unable to submit enough completed surveys during the performance period, the Person and Community Engagement domain will not be scored; however, only the clinical outcomes domain will be scored in FY 2022 because of the policy outlined in Question 2.

**Question 6:**            **Are children's hospitals and critical access hospitals (CAHs) exempt from the Hospital VBP Program?**

Yes, only subsection (d) hospitals and short-term acute care hospitals located in D.C. and the 50 states paid under the Inpatient Prospective Payment System (IPPS) are included in the Hospital VBP Program.

**Question 7:**            **We received a letter stating that our hospital is ineligible to participate in the FY 2022 Hospital VBP Program. When will my Immediate Jeopardy fall off so we can participate in the program?**

Hospitals will be excluded from the Hospital VBP Program for a particular program year if, during the performance period for that fiscal year, they were cited three times for deficiencies that pose immediate jeopardy to the health or safety of patients. For the FY 2022 program year, the performance period of the measures we would look at to determine if there were three citations for immediate jeopardy is April 1, 2017–12/31/2020.

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**Question 8: Is FY 2022 the same as Calendar Year (CY) 2020?**

No. FY 2022 refers to the year in which payment adjustments will be applied (October 1 of 2021 through September 30 of 2022). The measure performance periods and baseline periods range for the FY 2022 program year depending on the measure. Some measures for the FY 2022 program year utilize a performance period of CY 2020 and a baseline period of CY 2018 (e.g., the MSPB measure and HAI measures). However, this generalization does not apply to the claims-based measures, such as the 30-day mortality measures and the hip/knee complication measure, as they use multi-year baseline and performance periods.

**Question 9: Can you restate when the Percentage Payment Summary Reports (PPSRs) were made available?**

The reports were released on November 17. An announcement was made through a QualityNet news article and a Listserve notification. You can sign up for the Hospital IQR Program and Hospital VBP Program Notification ListServes groups on [QualityNet.org](http://QualityNet.org).

**Question 10: When does the review and correction period end?**

The review and correction period ends on Friday, December 17, 2021, at 11:59 p.m. Pacific Time.

**Question 11: Who do I contact if I am having trouble running my report?**

For technical questions or issues related to accessing the PPSR, contact the QualityNet Service Center. You can email them at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

**Question 12: For the FY 2024 program year, is CY 2019 the baseline period for HCAHPS?**

That is correct for Person and Community Engagement, Safety, and MSPB domains.

**Question 13: Is it true that hospitals will not have any Hospital VBP Program requirements, no Total Performance Score (TPS) and NO payment adjustments?**

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Correct, no eligible Hospital VBP Program hospitals will get a TPS or payment adjustment for FY 2022.

**Question 14:**           **Can you explain the improvement period and the performance period?**

There are two periods in the Hospital VBP Program, the baseline period and the performance period. Achievement points are awarded by comparing an individual hospital's rates during the performance period with benchmarks calculated from all hospitals' rates from the baseline period. Improvement points are awarded by comparing a hospital's rates during the performance period to that same hospital's rates from the baseline period.

**Question 15:**           **Is PSI 90 or COMP-Hip-Knee used for the complications measure?**

For the Hospital VBP Program, the complication measure is COMP-HIP-Knee.

**Question 16:**           **My report says the value-based incentive payment adjustment factor is 1.0000000000 instead of N/A. Is that an error?**

The value-based incentive payment adjustment factor is either displayed as "Hospital VBP Ineligible or 1.0000000000" depending on whether you are eligible or not. The 1.0000000000 is used to calculate a neutral payment based on the scoring methodology change outlined in Question 2. No hospital will be receiving a TPS or payment adjustment for FY 2022.

**Question 17:**           **How do we know if our hospital is excluded from the Hospital VBP Program?**

Please review slide 37. Your report will say "Hospital VBP Ineligible" under your facility's TPS.

**Question 18:**           **On the *HQR Secure Portal* and Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP), I don't have FY 2022. I only have 2023.**

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Please review slide 23. 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.

**Question 19: How do you get to those reports?**

Slide 25 shows step-by-step instructions.

**Question 20: What role do I need to request in HARP to view these reports?**

Reports are available to users associated with a hospital that have the Performance Reports permission for HVBP Program Access.

**Question 21: You say there was no payment reduction, but my report shows 2% vs. ineligible. I am confused about this.**

The value-based incentive payment adjustment factor is either displayed as “Hospital VBP Ineligible or 1.0000000000” depending on whether you are eligible or not. The 1.0000000000 is used to calculate a neutral payment based on the scoring methodology change outlined in Question 2. No hospital will be receiving a TPS or payment adjustment for FY 2022.

**Question 22: Are performance period values for the Safety domain (HAI measures) that reflect the performance period of the FY 2022 Hospital VBP Program program year distributed to facilities or do facilities pull this data from Care Compare?**

The performance standards are provided in the IPPS final rule, but they are also published on your PPSR. For a simple one-page document that provides the performance standards each year, visit:  
<https://qualitynet.cms.gov/inpatient/hvbp/resources#tab2>

**Question 23: For the value-based incentive payment adjustment factor, our facility has 1.0000000000; however, I thought this was supposed to be N/A.**

The value-based incentive payment adjustment factor is either displayed as “Hospital VBP Ineligible or 1.0000000000” depending on whether you are eligible or not. The 1.0000000000 is used to calculate a neutral payment based on the scoring methodology change outlined in Question 2. No hospital will be receiving a TPS or payment adjustment for FY 2022.

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**Question 24:**        **Is COVID-19 pneumonia included or excluded in the population?**

CMS will update four condition-specific mortality measures and one procedure-specific complication measure to exclude patients with either principal or secondary diagnoses of COVID-19 from the measure denominators beginning with the FY 2023 Program Year.