Hospital Value-Based Purchasing (VBP) Program

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

Reviewing Your FY 2023 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Report

Questions and Answers

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

Question 1: **I didn't receive the Hospital Value-Based Purchasing (VBP) Program Hospital-Specific Report (HSR). What should I do?**

To have the reports resent to you, first confirm your profile in the *Hospital Quality Reporting (HQR) Secure Portal* has the appropriate permissions to receive the report. To do that, log into the *HQR Secure Portal* and select *My Profile* at the top, right-hand side of the dashboard. The Auto-Route (IQR) and Managed File Transfer permissions must be listed on your profile for the hospital to receive the report. If your account does not have these permissions, refer to the instructions on slide 24.

Once you have confirmed the required permissions are active for your profile, you can request the report through the Questions and Answers Tool on QualityNet. When submitting the request, select Inpatient Claims-Based Measures from the Program drop-down menu. Then, select Request for HVBP Hospital-Specific Reports from the HVBP Mortality & Complication topic drop-down menu.

In the subject line, type "Request to Resend FY 2023 Hospital VBP Program Mortality and Complication Measures HSR." Please describe your question or request to resend the report in the text box and include your hospital's CMS Certification Number (CCN). If you experience issues accessing your HSR from MFT or issues requesting and reviewing your HQR profile permissions, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at qnetsupport@hcqis.org or (866) 288-8912.

Question 2: **When will I receive my Hospital VBP Program Percentage Payment Summary Report (PPSR) for the fiscal year (FY) 2023?**

When the FY 2023 Hospital VBP Program PPSRs are available in the *HQR Secure Portal*, a notification will be sent to users who subscribed to the HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications QualityNet group. You can sign up on QualityNet.

Question 3: **When will the FY 2024 Baseline Measure Reports be available?**

The FY 2024 Baseline Measures Reports will become available in the next two months.

Question 4: **Describe the differences between the Hospital VBP Program mortality data and the Hospital Inpatient Quality Reporting (IQR) Program publicly reported mortality data.**

While the acute myocardial infarction (AMI), chronic obstructive pulmonary disease (COPD), heart failure, pneumonia, and Coronary Artery Bypass Graft (CABG) mortality measures are technically no longer in the Hospital IQR Program, the measure data are still available for patients, consumers, providers, and other members of the public on the CMS Care Compare website. The difference in the performance results for the mortality measures between the Hospital VBP Program and Care Compare is likely related to the differences in hospitals included in the Hospital VBP Program and on Care Compare.

For the mortality measures reported on Care Compare, the mortality measure calculations include index admissions to short-term acute care hospitals in the U.S. (including U.S. Virgin Islands, Puerto Rico, Guam, Northern Mariana Islands, and American Samoa), critical access hospitals (CAHs), VA hospitals (for the AMI, heart failure, COPD, and pneumonia mortality measures), and Maryland short-term acute care hospitals participating in the All-Payer model. For the mortality measures in the Hospital VBP Program, measure calculations include only index admissions to subsection (d) hospitals in the 50 states and the District of Columbia.

In addition, it is important to note that the mortality measures randomly select one eligible index admission per patient, per split year (July–June), per measure. Therefore, if a patient had multiple eligible heart failure index admissions in a given split year, it is possible that different admissions can be randomly selected for inclusion in the cohort when the measure results are run for Care Compare and the Hospital VBP Program.

Question 5: **Why are only some complications with a COVID-19 diagnosis excluded? Shouldn't they all be excluded?**

Like with the mortality measures, we do not have the cause of death. Patients who died from COVID-19 cannot be excluded. Patients who have a COVID-19 diagnosis and have either a mechanical or wound complication or surgical site bleeding are not excluded because these complications are not conceptually related to COVID-19.

Question 6: **Are these the only COVID-19 codes that are excluded?**

For the calculation of the FY 2023 Hospital VBP Program mortality and complication measures, yes, these are the only codes currently used. CMS will continue to monitor and assess additional COVID-19 codes as they are included in ICD-10 to determine use in its measures.

Question 7: **For the mortality measure, are patients on hospice be excluded?**

For the claims-based mortality measures, hospice patients are only excluded from the AMI, heart failure, pneumonia, stroke, and COPD measures. For the hospice exclusion to apply, the patient must have been enrolled in Medicare hospice at any time in the 12 months prior to the index admission or on the first calendar day of the index admission. The AMI, COPD, heart failure, and pneumonia mortality measures also exclude patients who used VA hospice services at any time during the 12 months prior to the index admission or on the first calendar day of the index admission. Hospice patients are not excluded from the CABG mortality measure. You can find more information on this in Question 9 of the FAQ document: https://qualitynet.cms.gov/inpatient/measures/mortality/resources. Please note that only the AMI, COPD, heart failure, pneumonia, and CABG mortality measures are in the Hospital VBP Program.

Question 8: **What are hospitals expected to do with these reports?**

Hospitals can use these reports to understand their performance on the measures and the underlying data used to calculate their results on the measures. Hospitals can also attempt to use the raw information in their reports to identify areas in which they may wish to target for quality improvement activities.

Question 9: **Slide 17. What does CBM stand for?**

Claims-Based Measures

Question 10: **Is there a low volume cut off for these measures?**

The low volume cut off rate is 25. Hospitals with less than 25 cases during the performance period have a publicly reported performance of “Number of Cases too Small.”

Question 11: **Do you want predicted deaths to be greater than expected deaths?**

As the measure is calculated as the ratio of predicted to expected deaths, hospitals who have a predicted rate that is lower than the expected rate will have ratios less than 1 and will therefore have results lower than the national rate. In this way, for better performance, the predicted rate should be lower than the expected rate.

Question 12: **What is the actual hospital deaths, predicted or expected?**

Neither the predicted nor the expected deaths represent the actual (raw) number of deaths for the hospital. The predicted rate is the rate predicted based on the hospital's performance with its observed case mix. The expected rate is the rate expected based on the nation's performance with that hospital's case mix. Hospitals may review the patient-level data in their Hospital-Specific Report (HSR) to identify which patients died within 30 days of the index hospitalization and calculate their raw mortality rate if desired.

Question 13: **Is predicted an observed rate?**

No, the predicted rate is not an observed rate. The predicted rate is the rate predicted based on the hospital's performance with its observed case mix.

Question 14: **Can you confirm that mortality and complication measures exclude Medicare beneficiaries with a primary or secondary diagnosis (coded as Present on Admission) of COVID-19 from the measure denominators?**

Yes, for the mortality and complication measures, admissions with a principal diagnosis of COVID-19 (U07.1) or a secondary diagnosis of COVID-19 coded as Present on Admission are removed from the measure cohort.

Question 15: **Please specify the performance period for the Clinical Outcomes Domain for FY 2023.**

The performance periods can be found on Slide 13. The performance period is July 1, 2018–June 30, 2021, for AMI, COPD, CABG, heart failure, and pneumonia. The performance period is April 1, 2018–March 31, 2021, for THA/TKA. 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, through

June 30, 2020, (Q1 and Q2 2020) in its calculations for the Medicare quality reporting and VBP programs. The discharge period in this HSR has been updated to reflect this policy.

Question 16: **Will the FY 2023 Hospital VBP Program score all categories and assign a Total Performance Score (TPS)?**

Updates to the program will be announced via the Inpatient Prospective Payment System (IPPS) proposed and final rules. For more information on the proposed and final rules, visit the Acute IPPS page of CMS.gov: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS

Question 17: **Slide 36. What does "-'' indicate before a risk adjustment factor? Some have it and some do not.**

The dash (-) indicates a negative, a risk variable where patients with these variables have a lower likelihood of the outcome (compared to those without the risk variable). Risk factors without a negative indicate that patients with the variable have a higher likelihood of the outcome.

Question 18: **Slide 36. How can I obtain detailed calculation instructions?**

Detailed instructions are provided in the User Guide that came with your report. You can also request an Excel file with sample calculations, formulas, and step-by-step instructions via the QualityNet Inpatient Question and Answer Tool.

Question 19: **My hospital has a higher than median survival rate for heart failure on Table 1, but it also has a higher predicted number of deaths on Table 2.**

The performance period survival rate on Table 1 is calculated using the Risk-Standardized Mortality Rate (RSMR) from Table 2. The RSMR (as described in the footnote [e]) is calculated by multiplying (predicted deaths/expected deaths) by the National Observed Mortality Rate.