



## **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**

### **Presentation Transcript**

#### **Speakers**

**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contract

**Angie Drake**

Hospital Quality Reporting Analytics Team

**Kristina Burkholder, MS, CAS**

Measure Implementation and Stakeholder Communication Lead

Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor

**April 14, 2022**

**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. Thank you for tuning into the *Reviewing Your FY 2023 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Report* webinar. My name is Brandi Bryant, and I will be your host for the webinar.

I would like to welcome our speakers for this webinar. Maria Gugliuzza is the Hospital Value-Based Purchasing Program Lead at CMS's Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Kristina Burkholder is the Measure Implementation and Stakeholder Communication Lead at CMS's Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor. Angie Drake is with Hospital Quality Reporting Analytics Team.

The purpose of this event is to provide an overview of the Hospital-Specific Reports (HSRs) for the mortality and complication measures used in the fiscal year (FY) 2023 Hospital VBP Program. This includes measure methodology, measure calculations, HSR access, and instructions for submitting a review and correction request.

At the conclusion of the webinar, you should be able to recall the updates to the fiscal year 2023 Hospital VBP Program mortality and complication measures HSR, access and review the HSR, and submit a review and correction request, if desired.

This slide displays a list of acronyms that will be referenced during the webinar. That concludes my introductions. I will now turn the webinar over to our first speaker. Maria, the floor is yours.

**Maria Gugliuzza:** Thank you, Brandi. My name is Maria Gugliuzza, and I'll be covering topics such as the measures included in the HSRs, the measurement periods associated with those measures, including the impact due to the COVID-19 exception, other HSRs that are on the horizon, and how to access the HSRs in your new Managed File Transfer inboxes.

The purpose of the Hospital VBP Program mortality and complication measures HSR is to provide the underlying claims data that were used to calculate the measure results.

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

---

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

Using these data, hospitals may review and request corrections to the calculations of the performance period measure rate results prior to those rates being used to calculate a hospital's Total Performance Score. This HSR contains information for the five Clinical Outcomes domain measures included in the FY 2023 Hospital VBP Program. Later in the presentation, Kristina will be reviewing the methodology for this measure.

The performance periods for each of the five measures are listed on this slide. On the next slide, I'll discuss why updated discharge periods end on December 1 and October 2.

In the [Interim Final Rule with Comment Period](#) that was published in September, CMS announced that they would not be using claims reflecting services provided in Quarter 1 or Quarter 2 of 2020; those date ranges are January 1, 2020, through June 30, 2020. Both Quarter 1 and Quarter 2 of 2020 were part of the five mortality measure calculations, and Quarter 1 was part of the hip-knee complication measurement period, initially. Further, CMS is restricting the discharge periods to end on December 1, 2019, for the five mortality measures because the measures identify deaths within 30 days of each index stay ending October 2, 2019, for the hip-knee complication measure because the complication measures identify complications within 90 days of each index stay. The 30- and 90-day periods from December 1 and October 2, respectively, would end on December 31, 2019, and would not include any data or events from Quarter 1 or Quarter 2. 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 hospital calculations that are included in the HSR.

The Hospital VBP Program HSRs were delivered April 8 and 9, following the 30 days after the delivery of the HSRs. You have the opportunity to review the HSRs and request a calculation correction. All review and correction requests must be submitted by May 11. We will provide instructions in more detail regarding the review and correction process later during the presentation. period.

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

---

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

In the HSRs, only performance period data will be included. If your hospital would like to review your FY 2023 baseline period results, you can download the report through the CMS *HQR Secure Portal*.

This webinar and the HSR bundle that you received is for the Hospital Value-Based Purchasing Program. The Public Reporting claims-based measures Hospital-Specific Reports are anticipated to be delivered in late April or early May. When the HSRs are delivered, CMS will provide a notification through the Hospital IQR and VBP Listserve notification groups. The full names are listed on this slide. If you are not signed up for those Listserve groups, you can sign up using the link available on this slide. In addition, you will receive the same email notification that your report is available to download, once it has been delivered.

We anticipate the Medicare Spending per Beneficiary HSRs will be delivered to hospitals in May or June of 2022. CMS will provide notification of the HSR delivery through the same Listserve notification groups.

If you have any questions regarding measures, HSRs, and the Hospital VBP Program, please submit your question using the [Question and Answer Tool on QualityNet](#). If you experience issues accessing your HSR from the Managed File Transfer (MFT) or requesting and reviewing your HARP permissions, contact the CCSQ Service Center at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or call (866) 288-8912. I will now pass this presentation over to Angie Drake. Angie, the floor is yours.

All right. Thank you. My name is Angie Drake, and I am the HQR Analytics Delivery Manager. Today, I will be discussing the fiscal year 2023 Hospital Value-Based Purchasing mortality and complications Hospital-Specific Reports. Let's go over how you will receive the HSRs and User Guide.

**Angie Drake:**

The fiscal year 2023 Hospital Value-Based Purchasing Program mortality and complication HSRs were delivered to hospitals on April 8 and April 11. A Listserve communication was sent via email to those who are registered to receive notifications.

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

---

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

You should have received the Hospital IQR Program and the Hospital Inpatient VBP Program on QualityNet. A second Auto-Route file delivery notification was sent to your email notifying you that your hospital's HSRs were delivered to your Managed File Transfer inbox.

Please note that only Security Administrators/Officials and hospital users with the Auto-Route (IQR) role and the Managed File Transfer (MFT) Web User role will receive a notification and be able to access the HVBP HSRs and User Guide. The process for downloading the HSRs and User Guide is new for this release. For those with the correct roles, the HSRs and User Guide will be in your Managed File Transfer inbox. HSRs will be accessible by logging into the Managed File Transfer (MFT) dashboard and entering your HCQIS Access Role and Profile (HARP). Use your HARP user name and password. From there, click on Mail in the left-hand navigation pane and locate your HSR in the Inbox folder.

When your hospital's report is delivered to the MFT mailbox, a notification is sent to the email address associated with your HARP account. Upon receipt of this notification, follow these steps to access your HSRs in your MFT mailbox.

Number 1: Navigate to the CMS Managed File Transfer page at: <https://qnetmft.cms.gov/mft-signin/login>. Enter your HCQIS Access Role and Profile (HARP) User ID and Password. Select the "I agree to the Terms and Conditions" checkbox. Then, select Sign In. You will be directed to the Two-Factor Authorization page. A preview of the device or email that will be sent a code will be displayed. Select Send Code. After selection, the Send Code button will update to Sent. After receipt of the code via your device or email, enter the code. Then, select Verify. Upon successful login, you will be directed to the MFT dashboard. Select Mail on the left-navigation pane to expand the mailbox. Select Inbox under the expanded Mail options. This HSR will have a subject of Auto-Route – Package 999999\_FY2023\_HVBP\_HSR with your hospital's CCN replacing 999999. Open the message containing the HSR by clicking on that line.

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

---

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

Download the HSR by selecting the file in the Attachments section of the message. HSRs will be available in your MFT mailbox for a thirty (30) day period after delivery.

If after April 11, you have not received an email notifying you of the report delivery and you believe your profile has the appropriate permissions, follow the instructions for accessing your MFT to check if the report was delivered. If the report was not delivered, confirm that your profile has the permissions required to receive the report. If your profile did not have active Auto-Route (IQR) and MFT permissions prior to April 11, you may request these permissions now using the instructions in this [\*HQR Basic Users Required to Request Access to Managed File Transfer \(MFT\) & Auto-Route\*](#) news article. Your hospital's Security Administrator/Official will review your requested permissions. Once you have been granted the proper permissions you will have access to any future report deliveries via MFT; however, this report will not be available unless a request to resend the report is submitted. If your profile did have active Auto-Route (IQR) and MFT permissions prior to April 11, and you did not receive your report, please contact the QualityNet Help Desk for further assistance at [qnet support@hcqis.org](mailto:qnet support@hcqis.org).

Requests to resend the HSR can be submitted through the Questions and Answers tool on QualityNet at the link listed here. When submitting the request, select Inpatient Claims-Based Measures from the Program drop-down menu. 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 in the text box. Include your hospital's CCN. Do not email HSR files or their contents. HSRs contain discharge-level data protected HIPAA. Any disclosure of PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law.

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

---

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

The FY 2023 Hospital VBP Program HSR User Guide that accompanies the mortality and complication HSRs includes additional information about the data in the HSRs and includes instructions to replicate the complication and mortality measure results using discharge-level data. Next up, Kristina is going to talk about the COVID-19 impact.

#### **Kristina**

#### **Burkholder:**

Thanks, Angie, I am Kristina Burkholder, the implementation lead for the mortality and complication measures. Today, I will be discussing changes made to the measures to account for COVID-19.

This slide depicts the changes to the measure cohort for who's included in the measures. For all of the mortality and complication measures in your HSR, this will exclude patients who have COVID-19. This is defined by either having a principal diagnosis of COVID-19 or a secondary diagnosis of COVID-19, coded as Present on Admission.

The mortality and complication measures risk adjust for a history of COVID-19. The measures use one of two codes: either ICD-10 code U07.1 as a principal or secondary diagnosis on a historical claim, or Z86.16 as a secondary diagnosis on the index or on a historical claim.

The next two slides, slides 25 and 26, show how the measures handle COVID-19 in the outcomes for the measures. For the mortality measures in your spring HSR, COVID-19 cases are not excluded from the outcome. This means that patients who die from COVID-19 within 30 days are counted as deaths in the outcome. These cases are included since the cause of death is not available and thus cannot be excluded.

For the hip/knee complication measure, some COVID-19 cases are excluded from the outcome, while others are not. Patients who have an admission after the surgery for AMI, pneumonia, sepsis, or pulmonary embolism AND have a principal or secondary diagnosis of COVID-19 will not be included in the outcome. However, if the patient has a mechanical or wound complication, surgical site bleeding, or dies, these patients are included regardless of whether they had COVID-19 or not. Now, back to you, Angie.

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

---

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

**Angie Drake:** Thank you. Today, I will be discussing the Fiscal Year 2023 Hospital Value-Based Purchasing mortality and complication Hospital-Specific Reports. We are going to take a closer look at the contents of the Hospital VBP Program mortality HSR.

The mortality HSR lists the hospital results in Table 1 with further detail in the tables that follow. Table 1 provides the hospital results for the 30-day acute myocardial infarction, COPD, heart failure, and CABG mortality measures that will be used in the Hospital VBP Program for calculating the achievement and improvement points for these outcome measures. The achievement threshold and the benchmark were calculated on FY 2023 baseline data and are provided here for convenience.

The following columns are found in Table 1. The Number of Eligible Discharges is a count of the discharges used for the measure calculations. The Performance Period Survival Rate will be used to calculate achievement and improvement points for these outcome measures in the Hospital VBP Program. The Achievement Threshold was calculated as the median survival rate among all hospitals with measure results and at least 25 cases during the fiscal year 2023 baseline period. The Benchmark was calculated as the mean average of the top 10 percent of survival rates among all hospitals with measure results and at least 25 cases during the fiscal year 2023 baseline period. Please note that the pneumonia mortality measure is not included due to COVID-19 impact to the measure.

Table 2 includes additional provider-level values that are used to calculate the Performance Period Survival Rate for the AMI, COPD, HF, and CABG mortality measures. Other than the number of eligible discharges and the survival rate, information in this table will not be publicly reported. The following columns are found in Table 2. The Predicted Deaths is the number of predicted deaths within 30 days from admission on the basis of your hospital's performance with its observed case mix and your hospital's estimated effect on mortality.



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

---

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

The Expected Deaths is the number of expected deaths within 30 days of admission on the basis of average hospital performance with your hospital's case mix and the average hospital effect. The replication process, detailed later, will show how the predicted deaths and expected deaths are calculated. The National Observed Mortality Rate is calculated as the number of observed 30-day deaths nationally divided by the number of eligible discharges nationally. Since these are national values, this rate cannot be replicated with the data provided in this HSR. The Risk-Standardized Mortality Rate (RSMR) is a mortality rate that has been adjusted for differences in case-mix across hospitals and a hospital-specific effect. As shown in footnote [e], the Risk-Standardized Mortality Rate, or RSMR, can be calculated with the values found in this table as the Predicted Deaths divided by Expected Deaths, multiplied by the National Observed Mortality Rate. The Performance Period Survival Rate is calculated as 1 minus the RSMR.

The discharge tables contain discharge-level data for all Part A Medicare Fee-for-Service (FFS) patient stays with a principal qualifying diagnosis of AMI, COPD, HF or CABG, accordingly, that had a discharge date in the reporting period, for patients who were age 65 and above at the time of admission. The ID Number is provided as a way to reference records while avoiding sharing PII or PHI. The HICNO column through the Discharge Destination column contain the data as it was pulled from hospital claims. The Index Stay column indicates whether the stay is included in measure calculations by a Yes or No. The stays that are flagged Yes represent the discharges found in the Number of Discharges column in Tables 1 and 2. For stays that are not included in the measure calculations, the Inclusion/Exclusion Indicator column has numbers 1–9, indicating the reason or reasons why the stay was excluded. The corresponding descriptions for these numbered reasons are defined in the User Guide that accompanies the HSR.

Deaths within 30 days are flagged Yes or No if the patient died within 30 days of admission. The Risk Factor variable columns contain the model risk factors, which vary by measure.

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

---

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

For each measure, these columns start with the mean age minus 65 risk factor. The risk factors vary for each measure. Table 4 in the User Guide provides a description for each. Row 8 in the HSR contains the model coefficients for each risk factor, which are estimates over data for all hospitals. The HOSP\_EFFECT represents the underlying risk of a mortality at the specific hospital, after accounting for patient risk. The AVG\_EFFECT represents the underlying risk of a mortality at the average hospital, after accounting for patient risk. Beginning in row 9 of the HSR under each risk factor column, the cell will contain a 1 if the patient was identified as having that risk factor (and equals the years above 65 for the AGE\_65 variable). Otherwise, it will contain a 0. Values will only display for each index stay that included the measure calculations. The risk factor flags will be in cells beginning with column O. This year there is a new Risk Factor column of History of COVID-19.

The replication process for the mortality measures includes the following steps: One, calculate predicted deaths. Two, calculate expected deaths. Three, calculate the Risk-Standardized Mortality Rate, or RSMR. Four, calculate the Performance Period Survival Rate, or PPSR. The User Guide distributed with your HSRs includes detailed instructions for replication. An Excel file with sample calculations and step-by-step instructions can also be requested through the QualityNet Inpatient Question and Answer Tool.

To begin the replication process, save a copy of the HSR and complete the calculations in Excel, working below the actual data. The replication steps should be completed on the discharge-level worksheet for each mortality measure. The first step for replicating your hospital's results is to identify eligible discharges. To do this, limit your replication calculations to rows where the Index Stay column equals Yes using the filter option in Excel.

For each eligible discharge identified, multiply each risk factor flag by the relevant coefficient found in row 8.

Risk factor flags begin with Column N, "Years over 65 (continuous)." The formulas used are highlighted in blue on the slide.

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

---

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

Next, sum all the products from the previous step, risk factor flags multiplied by the coefficient, for each index discharge. This is shown in column BE. The calculation that is shown in the example is for the values in the first row. Next, add the hospital-specific effect, which is the HOSP\_EFFECT value found in cell BC 8, to the sum of the risk factor flags for each index discharge calculated in the previous step. The calculation is shown in column BF. Please note that this example is for the COPD mortality measure.

Next, calculate the predicted probability of a 30-day death for each stay using the formula shown and the results from the previous step. Please note that “EXP” in the formula is the Excel exponential function.

Finally, sum the predicted probability of a 30-day death for all of the stays to get the number of predicted deaths within 30 days from admission. When this value is rounded to two decimal places, it should match the predicted deaths value for this measure in Table 2. The example formula shown in blue was used to sum the values for the predicted deaths. Each hospital will likely have a different quantity of discharges so the formulas will need to be adjusted accordingly. To calculate the expected deaths, start with the summed products, risk factor flags multiplied by the coefficient, that were created in the predicted deaths calculations. Add the average hospital effect, which is the AVG\_EFFECT value found in cell BD 8. Next, calculate the expected probability of a 30-day death for each stay using the formula shown and the results from the previous step.

Finally, sum the expected probability of a 30-day death for all stays to get the number of expected deaths within 30 days from admission. When this value is rounded to two decimal places, it should match the expected deaths value for this measure in Table 2. Each hospital will likely have a different quantity of discharges and will need to adjust the formulas accordingly.

To calculate the Risk-Standardized Mortality Rate, first divide the predicted deaths by the expected deaths. The result is the Standardized Mortality Rate.

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

---

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

Next, multiply the Standardized Mortality Rate by the National Observed Mortality Rate from Table 2 to get the Risk-Standardized Mortality Rate. When this value is rounded to six decimal places, it should match the Risk-Standardized Mortality Rate found in Table 2. The Excel formulas used for the calculations are shown in column BH. The result of those calculations are shown in column BI.

The Performance Period Survival Rate is calculated as 1 minus the Risk-Standardized Mortality Rate. When this value is rounded to six decimal places, it should match the Performance Period Survival Rate found in Table 2. The Excel formula used for the calculation is shown in column BH. The result of the calculation is shown in column BI. Due to differences in rounding between SAS and Excel, there may be minor differences at the fifth and sixth decimal places. When CMS calculates your hospital's rates, it uses SAS Viya. The values in your HSR are based on these SAS calculations.

Now, I will discuss the fiscal year 2023 Hospital VBP Program complication HSR.

Similar to the mortality HSR, the complication HSR lists your hospital's results in the first table with further detail in the later tables. The following columns are found in Table 1. The Number of Eligible Discharges is a count of the discharges used for the measure calculations. The Risk-Standardized Complication Rate will be used to calculate achievement and improvement points for this outcome measure in the Hospital VBP Program. The Achievement Threshold was calculated as the median complication rate among all hospitals with measure results and minimum case size, greater than 25, during the FY 2023 baseline period. The benchmark was calculated as the mean of the top decile of complication rates among all hospitals with measure results and minimum case size, greater than 25, during the fiscal year 2023 baseline period.

Table 2 includes additional provider-level values that are used in the calculation of the Risk-Standardized Complication Rate. The following columns are found in Table 2.

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

---

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

The Predicted Admissions with a Complication is the number of predicted admissions with a complication within 90 days from admission, based on your hospital's performance with its observed case mix and your hospital's estimated effect on complications. The Expected Admissions with a Complication is the number of expected admissions with a complication within 90 days of admission, based on average hospital performance with your hospital's case mix and the average hospital effect on complications. The replication process, detailed earlier, shows how the predicted and expected rates are calculated. The National Observed Complication Rate is the number of observed admissions with a complication within 90-days nationally divided by the number of eligible discharges nationally. The Risk-Standardized Complication Rate is the Predicted Admissions with a Complication divided by the Expected Admissions with a Complication, then multiplied by the National Observed Complication Rate.

The complication HSR discharge table contains many of the same columns as the mortality HSR discharge tables. A stay can appear multiple times on your discharges tab if the patient had more than one complication for that discharge; however, it is only included once in the calculation of the measure. Similar to the Hospital IQR Program complications HSR, the Additional Complication Record column is used to flag additional complications. In the example seen here, the first two rows are the same index discharge and list the two complication records that are attributed to that discharge. This is easily identified in the Additional Complication Record column, which has a Yes value for the second record. Please note the new column for Complication Excluded Due to COVID-19 (Yes/No) has been included.

The discharge table contains further discharge-level data for the complication measure. The Complication field identifies the complication that occurred (AMI, pneumonia, sepsis, surgical site bleeding, pulmonary embolism, death, mechanical complication, or infection). If a patient did not have a complication, it will appear as N/A.

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

---

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

The rest of the columns shown here contain specific information pertaining to the listed complication. This year there is a new Risk Factor column of History of COVID-19.

The replication process for the THA/TKA complication measure is the same as the mortality measures with one difference: In the first step, when you limit your replication calculations to rows where Index Stay (column H) equals Yes, you must also limit it to rows where Additional Complication Record [c], or column I, equals No. The rest of the replication process would follow the same steps as those outlined for the mortality measures.

Now, I will discuss the Hospital VBP Program HSR review and correction period requests.

The Hospital VBP review and correction period for fiscal year 2021 is April 11, 2022, through May 11, 2022. Please pay special attention to the review and correction period deadline. Requests sent after May 11, 2022, will not result in a correction.

Review and correction requests can be submitted via email to [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or over the phone to the numbers on your screen. When emailing a request, please include “Hospital VBP Program Mortality Review and Corrections Inquiry” or “Hospital VBP Program Complication Review and Correction Inquiry” in the subject line to aid in the help desk process.

Review and correction requests can also be submitted through the QualityNet Inpatient Question and Answer Tool. Please ensure you select Inpatient Claims-Based Measures under Program. Select HVBP Mortality and Complication Review and Correction Request under Topic. Please include your hospital’s 6-digit CMS Certification Number (CCN) when submitting your request.

The HSRs contain PII and PHI. Emailing PII or PHI is a security violation. If you have questions on transmitting data, please contact the QualityNet Help Desk.

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

---

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

If you are referencing a specific case or discharge, please use the ID Number found within the HSR, rather than sending patient information through email.

Suspected calculation errors on your report can be submitted for review with the possibility of a correction. General questions about the HSRs, the mortality measures, or the complication measure may also be submitted. Requests for submission of new or corrected claims are not allowed. A “snapshot” of the administrative claims data available approximately 90 days after the end of the applicable period is taken in order to perform program calculations. For fiscal year 2023, the administrative claims data file used for calculations was produced on or around the last week of September. The review and correction process does not allow hospitals to submit additional corrections related to the underlying claims data used to calculate the rates nor add new claims to the data extract used to calculate the rates. CMS cannot regenerate the report for this period to reflect corrected claims. If your facility submitted or wishes to submit a corrected claim after the snapshot is taken that pertained to an incorrect claim originally submitted prior to when the snapshot was taken, the corrected claim will not be included in your measure results. Because claims data are generated by the hospital itself, hospitals in general always have the opportunity to review/correct these data until the deadlines specified. In many cases where the claims listed in the HSRs do not match internal records, it is due to the fact that corrections were made to those claims after the deadline. Thank you for your time. This concludes my portion of the presentation. I’ll hand it back to the next speaker.

**Brandi Bryant:**

Thank you, Angie. We will now answer some of the questions that were submitted during the webinar. If you would like to submit additional questions at this time, please include the slide number associated with your question.

The first question is, “I didn’t receive a Hospital Value-Based Purchasing Program Hospital-Specific Report. What should I do?”

## Hospital Value-Based Purchasing (VBP) Program

---

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

**Maria Gugliuzza:** To have the reports resent to you, first confirm that 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 Question and Answer Tool on [QualityNet](#). When submitting the request, select Inpatient Claims-Based Measures from the Program drop-down menu. 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 CCSQ Service Center at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

**Brandi Bryant:** When will I receive my Hospital VBP Program Percentage Payment Summary Report (PPSR) for fiscal year 2023?

**Maria Gugliuzza:** When the fiscal year 2023 Hospital VBP 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. These reports will be available later in the year. Please stay tuned for notifications via the QualityNet Notification group.

**Brandi Bryant:** When will the fiscal year 2024 Baseline Measure Reports be available?

**Maria Gugliuzza:** The fiscal year 2024 Baseline Measures Reports will become available in the next couple of months. Again, stay tuned for that HVBP Notification group on QualityNet.



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

---

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

**Brandi Bryant:** Describe the differences between the Hospital VBP Program mortality data and the Hospital Inpatient Quality Reporting Program publicly reported mortality data?

**Maria Gugulizza:** While the AMI, COPD, heart failure, pneumonia, and 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., critical access hospitals, VA hospitals, 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.

**Brandi Bryant:** Why are some complications with a COVID-19 diagnosis excluded and some aren't? Shouldn't they all be excluded?

**Kristina**

**Burkholder:** That's a great question. Like mortality, we do not have the cause of death, so patients who died from COVID-19 cannot be excluded.

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

---

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.

**Brandi Bryant:** Are these the only COVID-19 codes that are excluded?

**Kristina**

**Burkholder:** For the calculation of the fiscal year 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.

**Brandi Bryant:** It looks like that is all the time we have for questions. If your question was not answered and you still have questions regarding measures, HSRs, and the Hospital VBP Program, please submit your questions through the Question and Answer Tool on QualityNet. Thank you again for joining us. We hope you have a great day.