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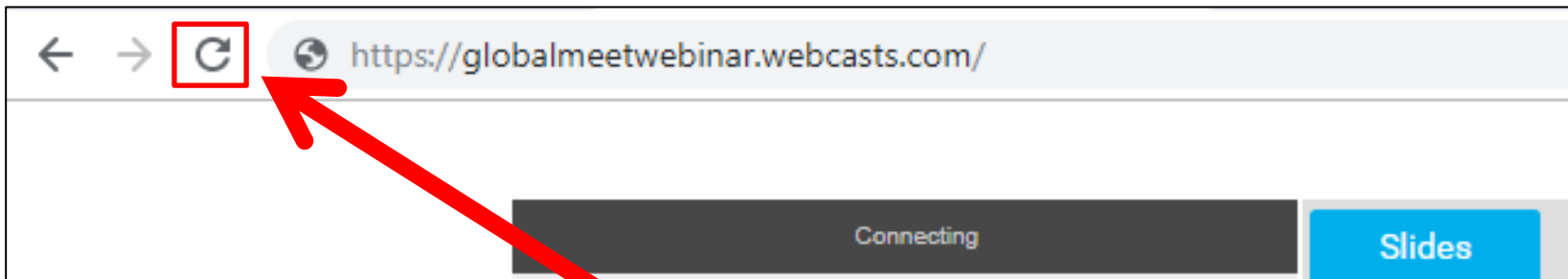
Click Refresh

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Press F5



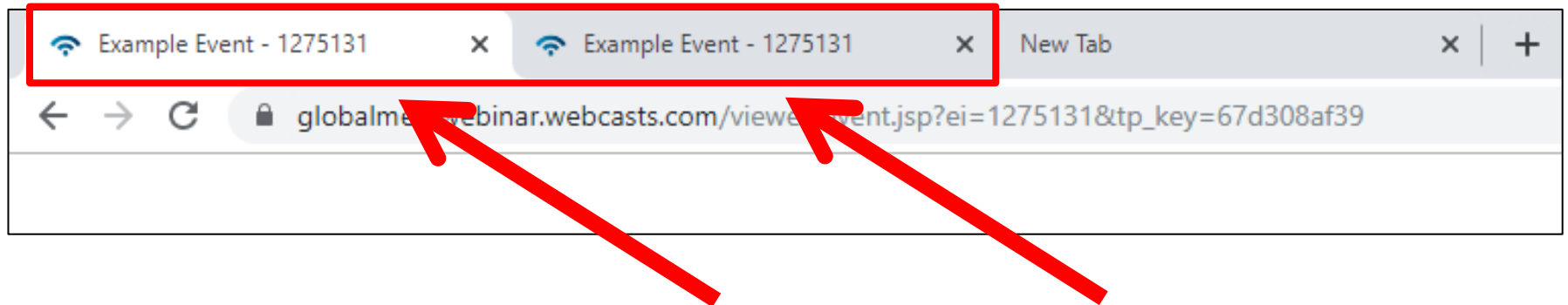
F5 Key  
Top Row of Keyboard



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).
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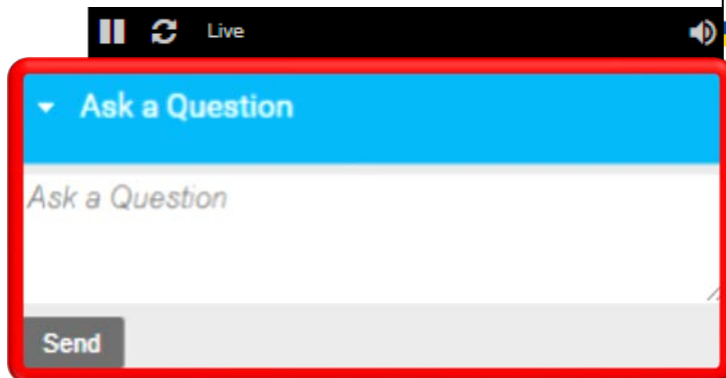
Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

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



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



**Today's Presentation**



# **Hospital VBP Program Knowledge Refresher: FY 2024 Overview**

**June 8, 2022**

# Speakers

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## Moderator

### **Brandi Bryant**

Outreach and Education Lead

Inpatient VIQR Outreach and Education Support Contractor

### **Maria Gugliuzza, MBA**

Hospital Value-Based Purchasing (VBP) Program Lead

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

# Webinar Chat Questions

Please submit any questions that are pertinent to the webinar topic via the Chat tool. As time permits, we will answer these questions at the end of the webinar. Pertinent questions not answered will be addressed in a questions-and-answers document, to be published later.

As a reminder, we do not use the raised-hand feature in the Chat tool during webinars.

If you have an additional question after this event, submit your question through the [QualityNet](#) Inpatient Question and Answer tool, at [https://cmsqualitysupport.service-now.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question). Include the webinar name, slide number, and speaker name.

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Question and Answer tool, at [https://cmsqualitysupport.service-now.com/qnet\\_qa](https://cmsqualitysupport.service-now.com/qnet_qa). If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.

# Acronyms

<b>AMI</b>	Acute Myocardial Infarction	<b>HSR</b>	Hospital-Specific Report
<b>CABG</b>	Coronary Artery Bypass Graft	<b>IPPS</b>	inpatient prospective payment system
<b>CAUTI</b>	Catheter-associated Urinary Tract Infection	<b>IQR</b>	Inpatient Quality Reporting
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>MORT</b>	mortality
<b>CLABSI</b>	Central Line-associated Bloodstream Infection	<b>MRSA</b>	Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>MS-DRG</b>	Medicare Severity Diagnosis Related Groups
<b>COMP</b>	complications	<b>MSPB</b>	Medicare Spending per Beneficiary
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<b>PN</b>	pneumonia
<b>ECE</b>	Extraordinary Circumstances Exceptions	<b>PPSR</b>	Percentage Payment Summary Report
<b>FY</b>	fiscal year	<b>Q</b>	quarter
<b>HAI</b>	Healthcare-associated infection	<b>SA/O</b>	Security Administrator/Official
<b>HARP</b>	HCQIS Access Roles and Profile	<b>SSI</b>	Surgical Site Infection
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>THA/ TKA</b>	Total Hip Arthroplasty/ Total Knee Arthroplasty
<b>HCQIS</b>	Health Care Quality Information Systems	<b>TPS</b>	Total Performance Score
<b>HF</b>	heart failure	<b>VBP</b>	value-based purchasing
<b>HQR</b>	Hospital Quality Reporting	<b>VIQR</b>	Value, Incentives, and Quality Reporting



# Purpose

This event will provide an overview of the Fiscal Year (FY) 2024 Hospital Value-Based Purchasing (VBP) Program Baseline Report and discuss the following:

- The report's location in the *Hospital Quality Reporting (HQR) Secure Portal*
- Domain and measure updates
- Performance standards and measurement periods
- Hospital VBP Program resources

# Objectives

Participants will be able to:

- Access their Hospital VBP Program Baseline Report.
- Identify the domains and measures used to evaluate hospital performance in the Hospital VBP Program.
- Understand the new Hospital VBP Program measure.
- Locate Hospital VBP Program resources.

**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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## **Hospital VBP Program Overview**

# Foundation

The Hospital VBP Program is a quality incentive program.

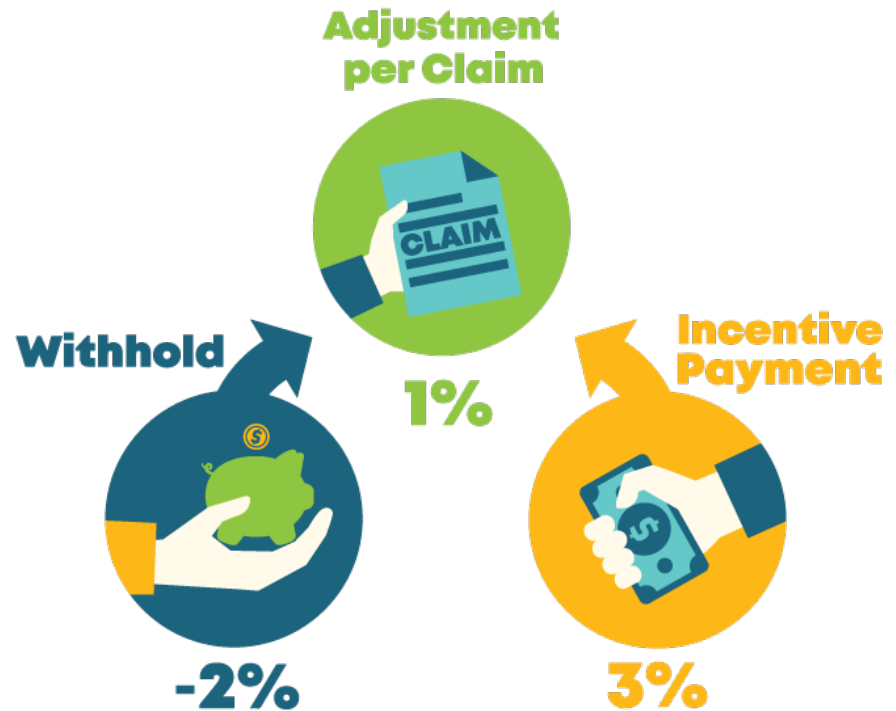
- Section 1886(o) sets forth the statutory requirements for the program.
- Hospitals are paid for inpatient acute care services based on the *quality* of care (as evaluated using a select set of quality and cost measures), not just *quantity* of the services they provide.
- Hospitals are scored based on achievement and improvement for each measure.

# Program Funding

- The Hospital VBP Program:
  - Is estimated as budget-neutral.
  - Is funded by a 2.00% reduction from the base operating Medicare Severity Diagnosis Related Groups (MS-DRG) payments of hospitals.

- CMS redistributes the resulting funds to hospitals based on the Total Performance Score (TPS).
  - The actual amount earned depends on the range and distribution of TPS scores of all eligible/participating hospitals for a fiscal year.

- A hospital may earn back a value-based incentive payment percentage. The percentage can range from incurring the withhold for the fiscal year to receiving a positive net change in base operating MS-DRG payments.



# Eligibility

As defined in Social Security Act Section 1886(d)(1)(B), the program applies to subsection (d) hospitals located in the 50 states and the District of Columbia. This excludes the following:

- Hospitals and hospital units excluded from the inpatient prospective payment system (IPPS)
- Hospitals subject to payment reductions under the Hospital Inpatient Quality Reporting (IQR) Program
- Hospitals cited for deficiencies during the Performance Period that pose immediate jeopardy to the health or safety of patients
- Hospitals with less than the minimum number of domains calculated
- Hospitals 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 2.00% withheld from their base operating MS-DRG payments and will not be eligible to receive incentive payments in FY 2024.

# FY 2024

## Domains 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

Responsiveness of Hospital Staff

Cleanliness and Quietness of Hospital Environment

Care Transition

Communication with Doctors

Communication about Medicines

Discharge Information

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



# Measurement Periods

Domain	Measure	Baseline Period	Performance Period
 <b>Clinical Outcomes</b>	Mortality Measures (AMI, CABG, COPD, HF)	July 1, 2014 – June 30, 2017	July 1, 2019 – June 30, 2022*
	Complication Measure	April 1, 2014 – March 31, 2017	April 1, 2019 – March 31, 2022*
 <b>Person and Community Engagement</b>	HCAHPS Survey	January 1, 2019 – December 31, 2019**	January 1, 2022 – December 31, 2022
 <b>Safety</b>	Healthcare-associated infection (HAI) Measures	January 1, 2019– December 31, 2019**	January 1, 2022– December 31, 2022
 <b>Efficiency and Cost Reduction</b>	Medicare Spending per Beneficiary (MSPB)	January 1, 2019 – December 31, 2019**	January 1, 2022 – December 31, 2022





\*\*Note-CMS memorandum: <https://www.cms.gov/files/document/guidancememo-exceptions-and-extensions-qualityreporting-and-value-based-purchasing-programs.pdf>, and the update in the August 25 COVID-19 IFC (85 FR 54820). We finalized our proposal to update the baseline periods for the measures included in the Person and Community Engagement, Safety, and Efficiency and Cost Reduction domains.



# Measurement Periods Impacted by ECEs

- As finalized in the [Interim final rule with Comment Period \(CMS-3401-IFC\)](#) published on September 2, 2020, CMS will not use claims reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting and VBP programs. The discharge period in the performance period for the Clinical Outcomes domain measures will be updated to reflect this policy.
- The baseline period dates in FY 2024 are not impacted by Extraordinary Circumstances Exceptions (ECEs).
- Hospitals do **not** need to request an ECE for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020.

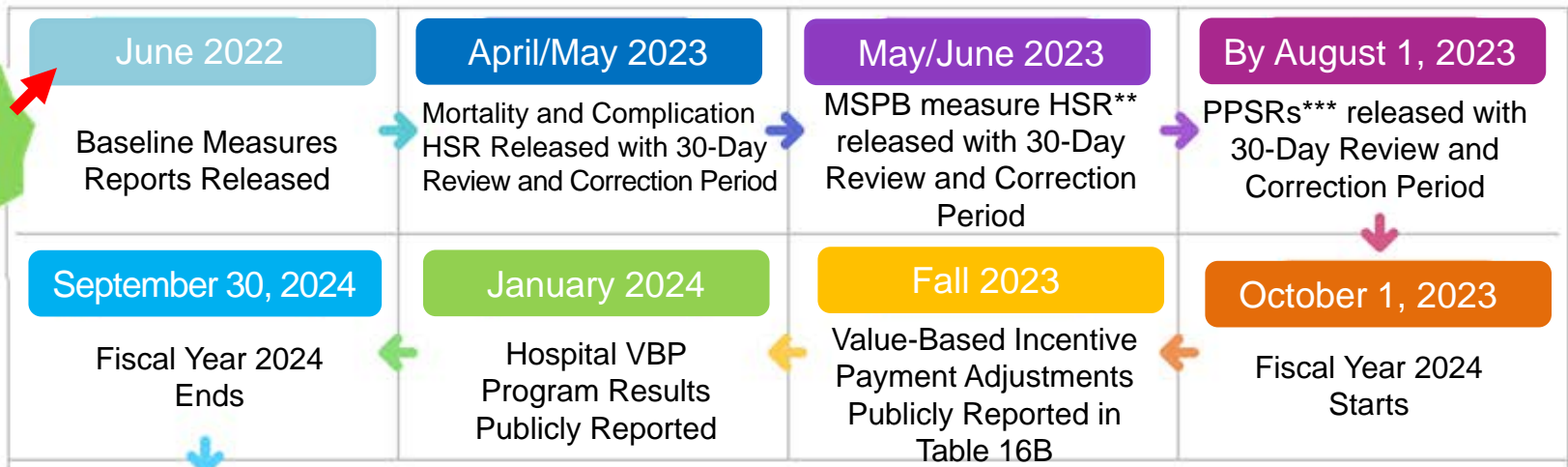
# Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
 <b>Clinical Outcomes</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• 30-Day Mortality Measures: 25 cases</li> <li>• Complication Measure: 25 cases</li> </ul>
 <b>Person and Community Engagement</b>	100 HCAHPS Surveys
 <b>Safety</b>	Minimum of two measure scores: <ul style="list-style-type: none"> <li>• HAI measures: One predicted infection</li> </ul>
 <b>Efficiency and Cost Reduction</b>	25 episodes of care in the MSPB measure
<b>TPS</b>	A minimum of three of the four domains receiving domain scores

# FY 2024 Timeline

## Release Date\* and Event Timeline

You are here



\*Dates displayed are estimated and are subject to change.

\*\*HSR = Hospital-Specific Report \*\*\* PPSR = Percentage Payment Summary Report

# Performance Standards

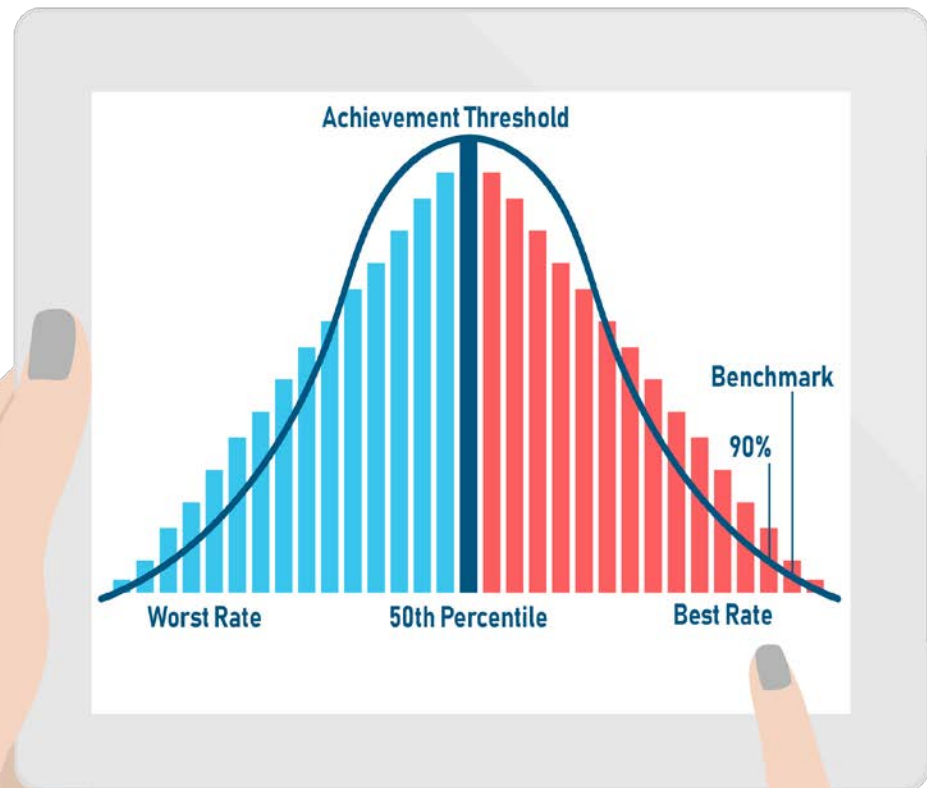
## **Benchmark:**

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

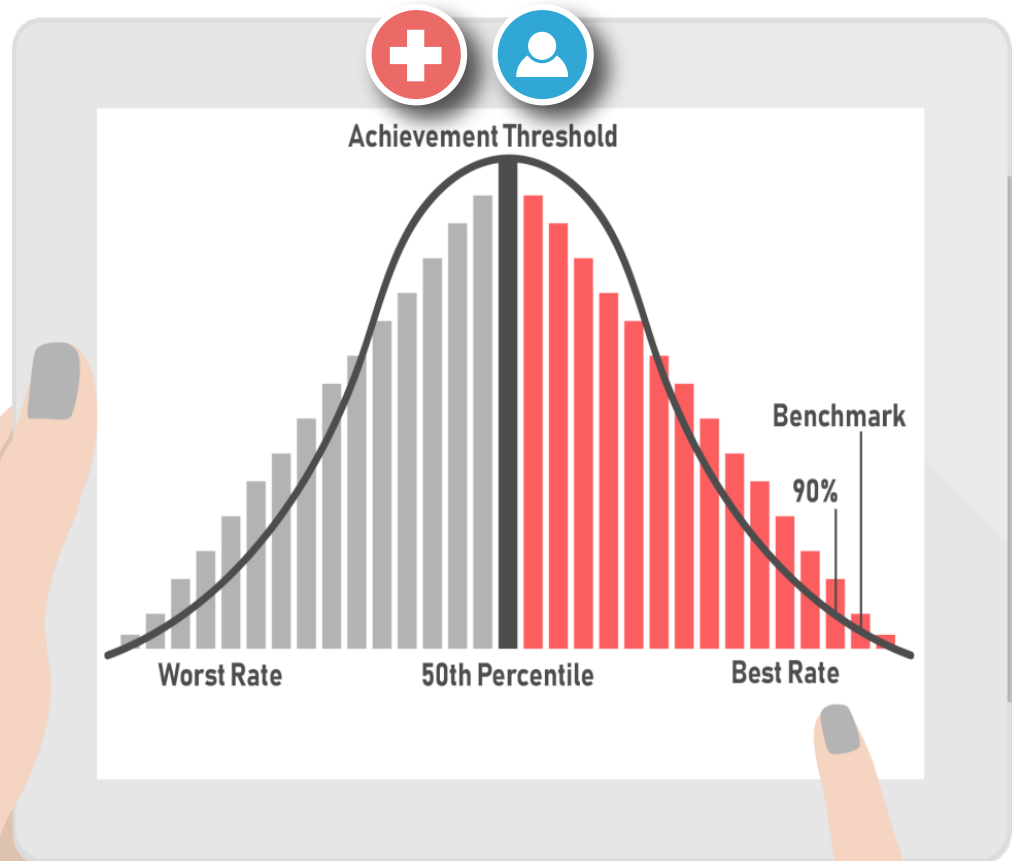


# Higher Performance Standards

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

- Clinical Outcomes
  - Mortality measures\*
- Person and Community Engagement

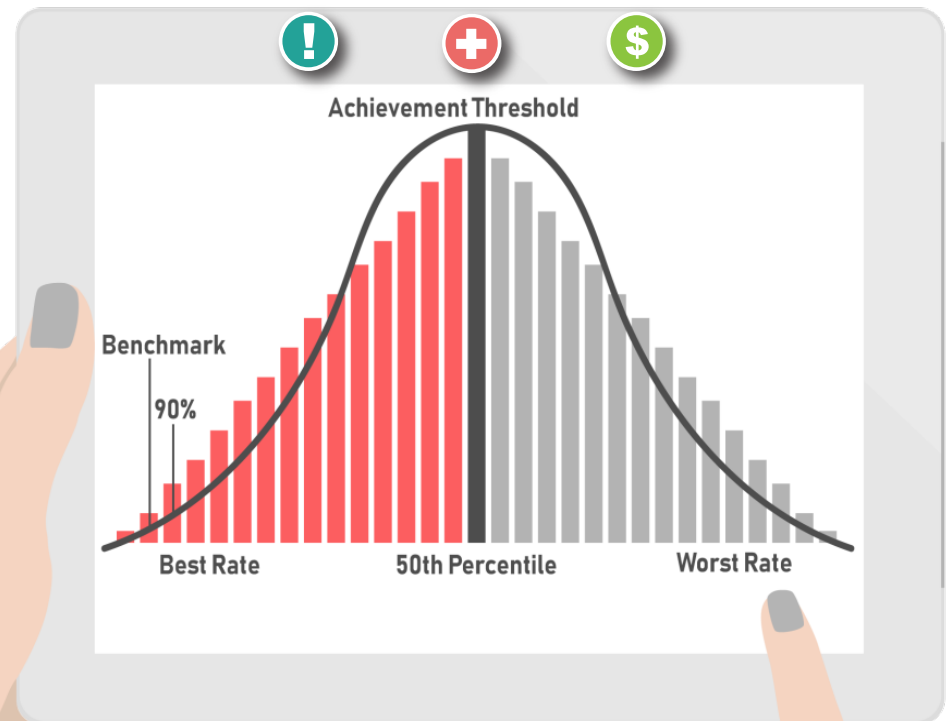
\* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



# Lower Performance Standards

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

- Clinical Outcomes
  - Complication measure
- Safety
  - HAI measures
- Efficiency and Cost Reduction
  - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



# FY 2024 Performance Standards (Part 1)

↓ Lower rates indicate better results in the measure.  
Each color/domain is worth 25%.

Clinical Outcomes	Mortality Measures			
	Baseline Period		Performance Period	
	July 1, 2014–June 30, 2017		July 1, 2019–June 30, 2022*	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.869247	0.887868
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.969499	0.980319
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.916491	0.934002
	MORT-30-HF	Heart Failure 30-Day Mortality	0.882308	0.907733
	MORT-30-PN	Pneumonia 30-Day Mortality	0.840281	0.872976
	Complication Measure			
Baseline Period		Performance Period		
April 1, 2014–March 31, 2017		April 1, 2019–March 31, 2022*		
Measure ID	Measure Name	Achievement Threshold	Benchmark	
↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025396	0.018159	

Person and Community Engagement	Baseline Period		Performance Period	
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2022–Dec. 31, 2022	
	HCAHPS Survey Dimensions	Floor (%)	Achievement Threshold (%)	Benchmark (%)
	Communication with Nurses	53.50	79.42	87.71
	Communication with Doctors	62.41	79.83	87.97
	Responsiveness of Hospital Staff	40.40	65.52	81.22
	Communication about Medicines	39.82	63.11	74.05
	Hospital Cleanliness and Quietness	45.94	65.63	79.64
	Discharge Information	66.92	87.23	92.21
	Care Transition	25.64	51.84	63.57
Overall Rating of Hospital	36.31	71.66	85.39	

# FY 2024 Performance Standards (Part 2)

↓ Lower rates indicate better results in the measure.  
Each color/domain is worth 25%.

Healthcare-Associated Infections				
Baseline Period Jan. 1, 2019–Dec. 31, 2019			Performance Period Jan. 1, 2022–Dec. 31, 2022	
Safety	Measure ID	Measure Name	Achievement Threshold	Benchmark
	↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000
	↓ CDI	Clostridium <i>difficile</i> Infection	0.520	0.014
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000
	↓ MRSA	Methicillin-Resistant Staphylococcus <i>aureus</i>	0.726	0.000
	↓ SSI	Colon Surgery Abdominal Hysterectomy	0.717 0.738	0.000 0.000

Efficiency and Cost Reduction	Baseline Period Jan. 1, 2019–Dec. 31, 2019		Performance Period Jan. 1, 2022–Dec. 31, 2022	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period

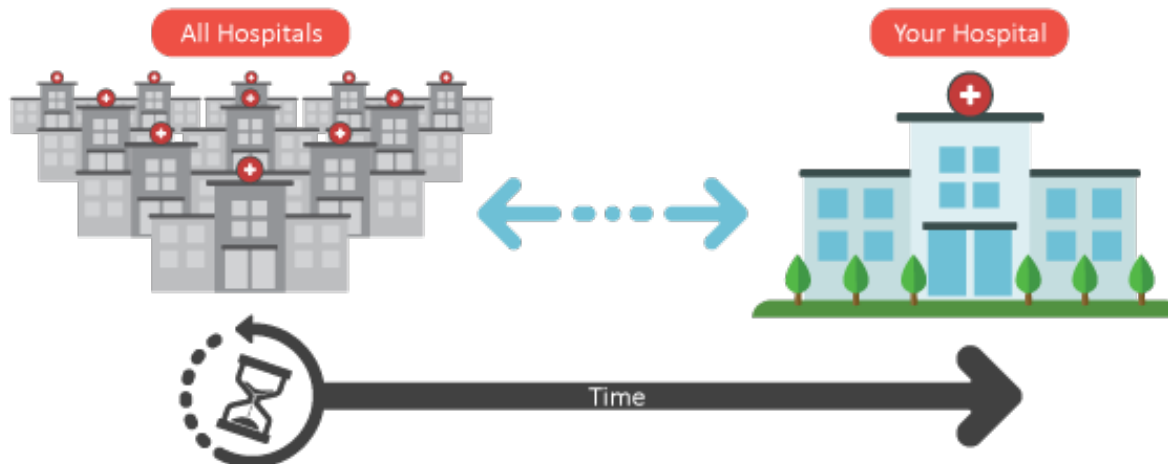


# Achievement Points

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

\* The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.



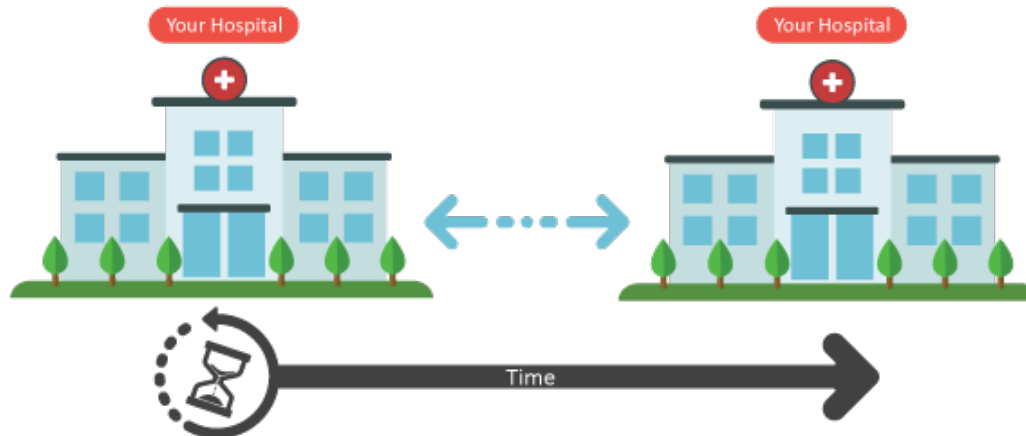
# Improvement Points

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

\*The Efficiency and Cost Reduction measure, MSPB, utilizes data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.

\*\*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.



**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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## **Accessing the Report**

# Report Availability

- The **Baseline Reports** are available to view on the new *HQR Secure Portal*.
- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

# Accessing the Report

**Step 1:** Navigate to the HQR Secure Portal login page: <https://hqr.cms.gov/hqrng/login>

**Step 2:** Enter your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) User ID and Password. Then, select **Login**.

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## Hospital Quality Reporting

### HARP Sign In

Enter your User ID and Password to login.

User ID


Password

Login

Need a HARP account? Create one [here](#).

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# Accessing the Report

**Step 3:** You will be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Select **Continue**.

The screenshot shows the CMS.gov QualityNet interface for Hospital Quality Reporting. A central white box titled "Two-Factor Authentication" prompts the user to "Select a device to verify your account". Two options are listed: "SMS Text for number ending in" (with a mobile phone icon) and "Email" (with an envelope icon). Below these options are two buttons: "Cancel" and "Next". The page header includes "CMS.gov | QualityNet" and "Hospital Quality Reporting". The footer contains "CMS.gov | QualityNet", navigation links for "CMS.gov", "QualityNet.org", "QualityNet Help Desk", and "Help", and a footer for "ACCESSION OF HEALTH & HUMAN SERVICES USA" with a logo.

# Accessing the Report

**Step 4:** Once you receive the code, enter it. Select **Continue**.

The screenshot shows the CMS.gov QualityNet interface for Hospital Quality Reporting. The main heading is "Hospital Quality Reporting". The central focus is a "Two-Factor Authentication" prompt. It states: "For your security, we need to authenticate your request. We've sent a verification code via: **Google Authenticator**. Please enter it below." Below this text is a text input field labeled "Enter Code" and a blue "Continue" button with a small upward-pointing triangle icon. A link for "Change two factor authentication" is located below the button. The footer contains the CMS.gov QualityNet logo, navigation links for "CMS.gov", "QualityNet.org", "QualityNet Help Desk", and "Help", as well as "Accessibility", "Privacy Policy", and "Terms of Use". The Department of Health & Human Services logo is also present in the bottom right corner.

# Accessing the Report

**Step 5:** Read the Terms and Conditions statement. Select **Accept** to proceed.

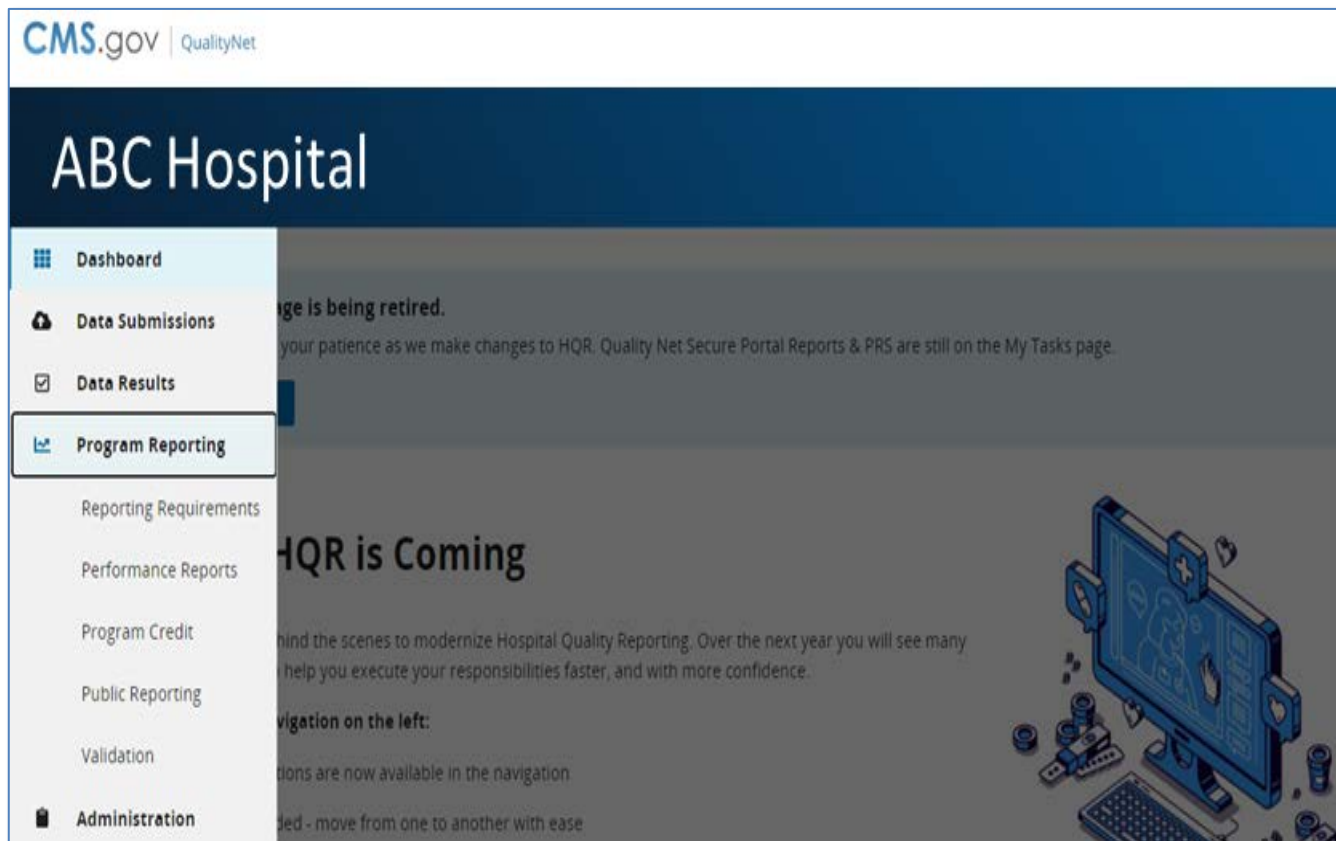
**Note:** If Cancel is selected, the program closes.

The screenshot displays the CMS.gov QualityNet interface for Hospital Quality Reporting. A central dialog box titled "Terms & Conditions" is overlaid on the page. The dialog box contains a scrollable text area with the following text: "This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network." Below the text area, there is a checkbox labeled "I accept the above Terms and Conditions". At the bottom of the dialog box, there are two buttons: "Cancel" with a warning triangle icon and "Accept". The background interface shows the CMS.gov logo and "QualityNet" text at the top left, and "Hospital Quality Reporting" in a dark blue header. The footer includes CMS.gov, QualityNet.org, QualityNet Help Desk, Help, Accessibility, Privacy Policy, Terms of Use, and the Department of Health & Human Services logo.



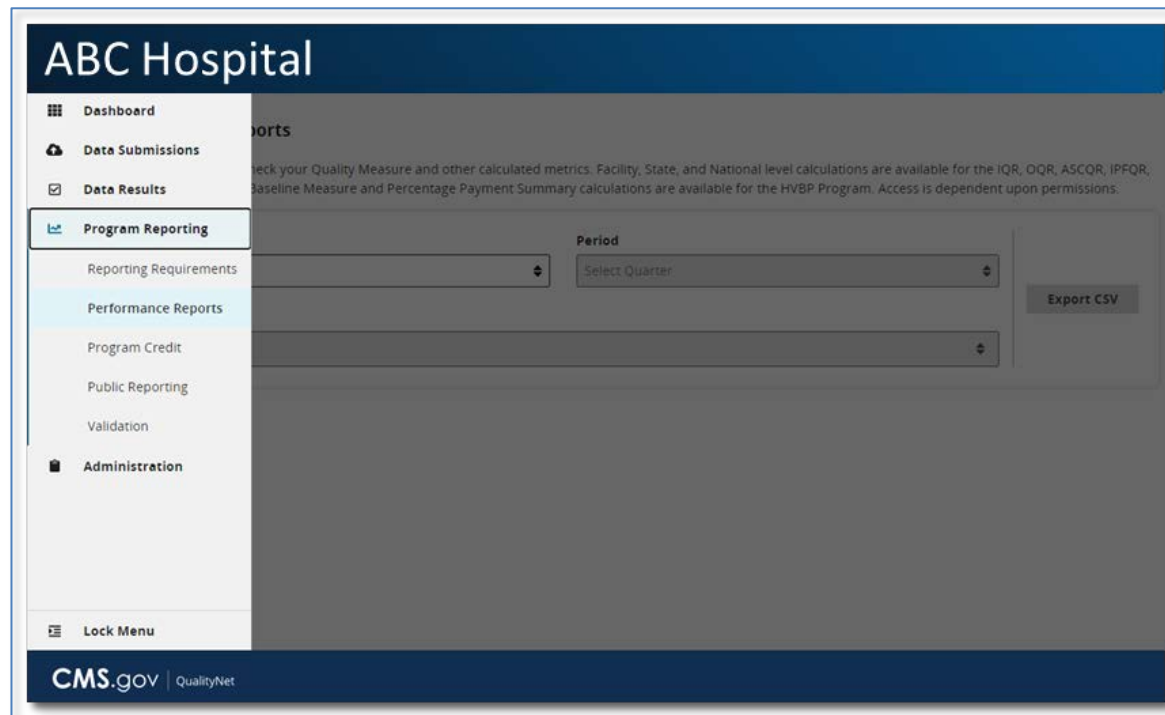
# Accessing the Report

**Step 6:** On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.



# Accessing the Report

**Step 7:** From the expanded Program Reporting drop-down menu, select **Performance Reports**.



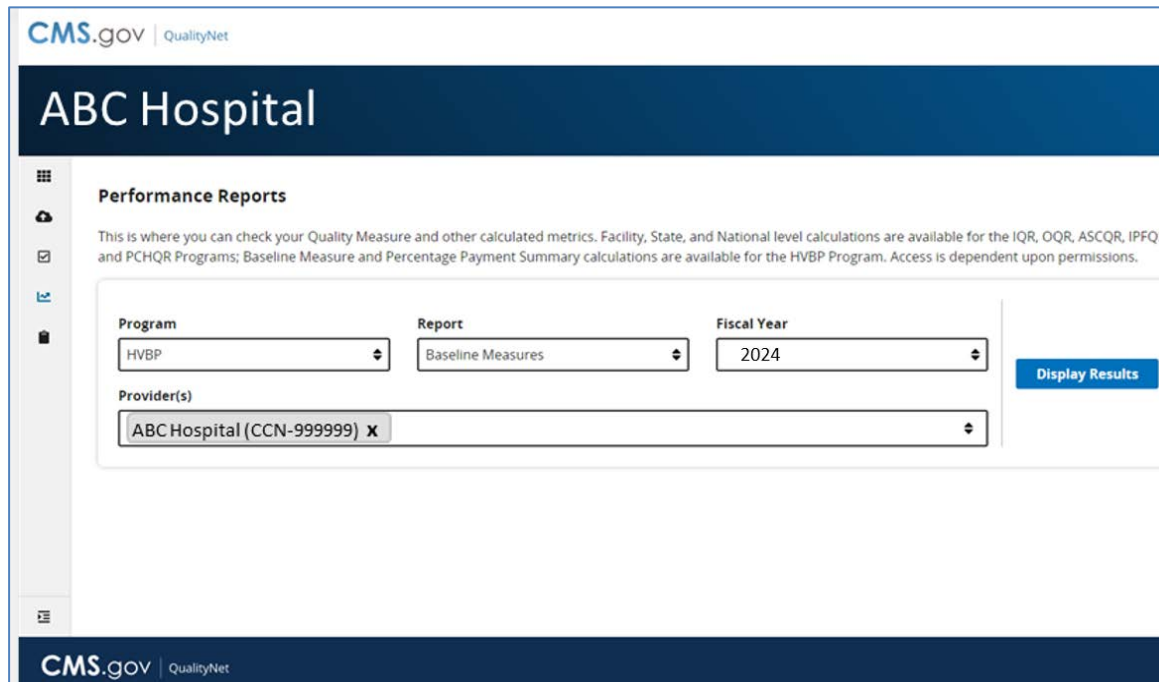
# Accessing the Report

**Step 8:** Select **HVBP** from the Program selection menu.

**Step 9:** Select **Baseline Measures** from the Report selection menu.

**Step 10:** Select **2024** from the Fiscal Year selection menu.

**Step 11:** Select your hospital from the Provider selection menu. Select **Display Results**.



The screenshot displays the CMS.gov QualityNet interface for ABC Hospital. The page title is "ABC Hospital". The main section is "Performance Reports", which includes a description: "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." Below this, there are four filter fields: "Program" (set to HVBP), "Report" (set to Baseline Measures), "Fiscal Year" (set to 2024), and "Provider(s)" (set to ABC Hospital (CCN-999999) with a close icon). A blue "Display Results" button is located to the right of the filter fields. The CMS.gov QualityNet logo is visible in the top left and bottom left corners.

# Option to Export PDF

**CMS.gov** | QualityNet

## ABC Hospital

### 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**: HVBP  
**Report**: Baseline Measures  
**Fiscal Year**: 2024

**Provider(s)**: ABC Hospital (CCN-999999) x

**Display Results**  
**Export PDF**

Here is where you can look at your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Percentage Payment Summary 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 Report 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.

Baseline Measures

+ Clinical Outcomes

+ Person And Community Engagement

# Instructions for Accessing the Baseline Reports

## To access your hospital's FY 2024 Hospital VBP Program baseline 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 Measures** from the Report selection menu.
10. Select **2024** from the Fiscal Year selection menu.
11. Select your hospital from the Provider selection menu. Select **Display Results**.

**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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## **Reviewing your Report**

# Clinical Outcomes Domain

Baseline Measures				
— Clinical Outcomes				
Risk-Standardized Complication Measures	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 04/01/2013 - 03/31/2016				
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-	0.027428	0.019779
30-Day Risk-Standardized Mortality Measures ⓘ	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 07/01/2013 - 06/30/2016				
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	5	0.861821	0.866548	0.885499
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	33	0.928280	0.919769	0.936349
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.968747	0.979620
Heart Failure (HF) 30-Day Mortality Rate	49	0.891818	0.881939	0.906798
Pneumonia (PN) 30-Day Mortality Rate	123	0.860265	0.840138	0.871741

# Information Pop-Ups

Baseline Measures

**— Clinical Outcomes**

Risk-Standardized Complication Measures	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
<b>Baseline Period:</b> 04/01/2013 - 03/31/2016				
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-		

30-Day Risk-Standardized Mortality Measures ⓘ	Number of Eligible Discharges ⓘ	Baseline Period Rate	Achievement Threshold ⓘ	Benchmark ⓘ
<b>Baseline Period:</b> 07/01/2013 - 06/30/2016				
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	5	0.861821		
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	33	0.928280		
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.968747	0.979620
Heart Failure (HF) 30-Day Mortality Rate	49	0.891818	0.881939	0.906798
Pneumonia (PN) 30-Day Mortality Rate	123	0.860265	0.840138	0.871741

✕ Close

## Number Of Eligible Discharges

A minimum of 25 eligible discharges during the baseline period are required for improvement point calculations. Further information on how this score is calculated can be found on [QualityNet](#).

Okay



# Person and Community Engagement Domain

Baseline Measures				
+ Clinical Outcomes				
- Person And Community Engagement				
HCAHPS Surveys Completed During the Baseline Period: 93				
HCAHPS Dimensions	Baseline Period Rate	Floor ⓘ	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 01/01/2019 - 12/31/2019				
Communication with Nurses**	93.1726%	53.50%	79.42%	87.71%
Communication with Doctors**	98.3185%	62.41%	79.83%	87.97%
Responsiveness of Hospital Staff**	80.8197%	40.40%	65.52%	81.22%
Communication about Medicines**	75.3211%	39.82%	63.11%	74.05%
Cleanliness and Quietness of Hospital Environment**	82.6216%	45.94%	65.63%	79.64%
Discharge Information**	89.1859%	66.92%	87.23%	92.21%
Care Transition**	58.7432%	25.64%	51.84%	63.57%
Overall Rating of Hospital**	76.3093%	36.31%	71.66%	85.39%

# Safety Domain

Baseline Measures					
+ Clinical Outcomes					
+ Person And Community Engagement					
- Safety					
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR) ⓘ	Achievement Threshold ⓘ	Benchmark ⓘ
Baseline Period: 01/01/2019 - 12/31/2019					
Catheter-Associated Urinary Tract Infection**	N/A	N/A	-	0.650	0.000
Central Line-Associated Blood Stream Infection**	N/A	N/A	-	0.589	0.000
Clostridium difficile Infection**	0	0.138	-	0.520	0.014
Methicillin-Resistant Staphylococcus aureus Bacteremia**	0	0.014	-	0.726	0.000
SSI-Abdominal Hysterectomy**	N/A	N/A	-	0.738	0.000
SSI-Colon Surgery**	N/A	N/A	-	0.717	0.000

# Efficiency and Cost Reduction Domain

Baseline Measures				
+ Clinical Outcomes				
+ Person And Community Engagement				
+ Safety				
- Efficiency And Cost Reduction				
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes ⓘ
Baseline Period: 01/01/2019 - 12/31/2019				
Medicare Spending per Beneficiary (MSPB) ⓘ	\$19,938.20	\$22,212.62	0.897607	146

# Export Baseline Report

**CMS.gov** | QualityNet

## ABC Hospital

### 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**: HVBP  
**Report**: Baseline Measures  
**Fiscal Year**: 2024

**Provider(s)**: ABC Hospital (CCN-999999) x

**Display Results**  
**Export PDF**

Here is where you can look at your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Percentage Payment Summary 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 Report 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.

Baseline Measures

+ Clinical Outcomes

+ Person And Community Engagement

**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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## **Requesting HVBP Program Access for Performance Reports Permission**

# Requesting Permission When You Don't Currently Have Access to the Reports

- Reports are available to users associated with hospitals that have the **Performance Reports** permission for **HVBP** Program Access.
- If you don't have access to your hospital's Hospital VBP Program reports in the drop-down box, you may not have the required program access for Performance Reports in your profile.
- The following slides provide instruction for requesting that permission.
- This action is **not** needed for users that can already access the Hospital VBP Program reports.

# Requesting Permission

**Step 6:** On the HQR Landing page, select the **drop-down arrow** by your name on the ribbon at the top of the page to expand the options.

CMS.gov | QualityNet

ABC Hospital

Change Organization

Jane Doe

**My Tasks page is still available for PRS.**  
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.  
[My Tasks](#)

**Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)?** Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

### The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

**New! Check out the navigation on the left:**

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease

# Requesting Permission

**Step 7:** From the expanded drop-down menu, select **My Profile**.

The screenshot shows the CMS.gov QualityNet interface for ABC Hospital. The user is Jane Doe. A dropdown menu is open, showing 'My Profile' highlighted in red. The main content area includes a 'My Tasks' button, a notification about Managed File Transfer (MFT) reports, and a section titled 'The New HQR is Coming' with a list of updates.

**My Tasks page is still available for PRS.**  
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

[My Tasks](#)

**Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)?** Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

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# Requesting Permission

**Step 8:** Select **View Access** button for the organization to view the Hospital VBP Program reports.

The screenshot shows the user interface for 'ABC Hospital'. At the top, there is a blue header with 'ABC Hospital' and a 'Change Organization' button. Below the header, there is a navigation bar with '< Dashboard' and 'New Feature Tour'. The main content area features a user profile for 'Jane Doe' with the email 'JaneDoe2 · JaneDoe2@abchospital.org' and links for 'Update Password', 'Update 2-Factor Authentication', and 'Update Challenge Question'. Below this is the 'Organization Access' section, which includes a 'Create Access Request' button and tabs for 'My Organizations' and 'Access Requests'. A descriptive paragraph explains that users can navigate to an organization's page and use the 'View Access' button to view permissions. A search bar is provided below the text. At the bottom, a table lists the organizations with columns for 'Organization', 'Organization ID', 'User Type', and 'Status'. The 'ABC Hospital' entry is highlighted, and its 'View Access' button is circled in red.

Organization	Organization ID	User Type	Status	
ABC Hospital	A3ABMS81	Basic	Active	<b>View Access</b>

# Requesting Permission

**Step 9:** Review **Performance Reports** Program Access to confirm **HVBP** is selected. Select **Request Change in Access** if HVBP is not listed for Performance Reports.

ABC Hospital  
990101

[Request Change in Access](#)

User Type  
Basic

Permissions

Data Submissions	Program Access
Chart Abstracted	None
DACA	None
eCQM	None
HCAHPS (File Upload)	None
Population & Sampling	None
Program Management	None
Web-Based Measures	None

Program Results	Program Access
Admin Reports	None
Performance Reports	None
Public Reporting	None
Validation	None

# Requesting Permission

**Step 10:** Confirm User Type selection. Click the **Add** Program Access on the Performance Reports line. (1 of 2) **Note:** **Add** appears if there are no existing permissions for Performance Results. **Edit** appears if there are existing permissions.

**My Profile** Select Organization

< Account Info

### Create Access Request

ABC Hospital  
990101

#### User Type

**Basic**  
A Basic User is a User Type with varying levels of Read and/or Read/Write Access to the Organization(s) in their system. Certain Basic Users also have access to Administrative features.

**Security Administrator/Official**  
A Security Administrator/Official is a person who manages User Types & Permissions for their Organization and the programs they support. Most SA/O have Read/Write access to their programs.

#### Permissions

Data Submissions	Program Access
Chart Abstracted	None <a href="#">Add</a>
DACA	None <a href="#">Add</a>
eCQM	None <a href="#">Add</a>
HCAHPS (File Upload)	None <a href="#">Add</a>
Population & Sampling	None <a href="#">Add</a>

# Requesting Permission

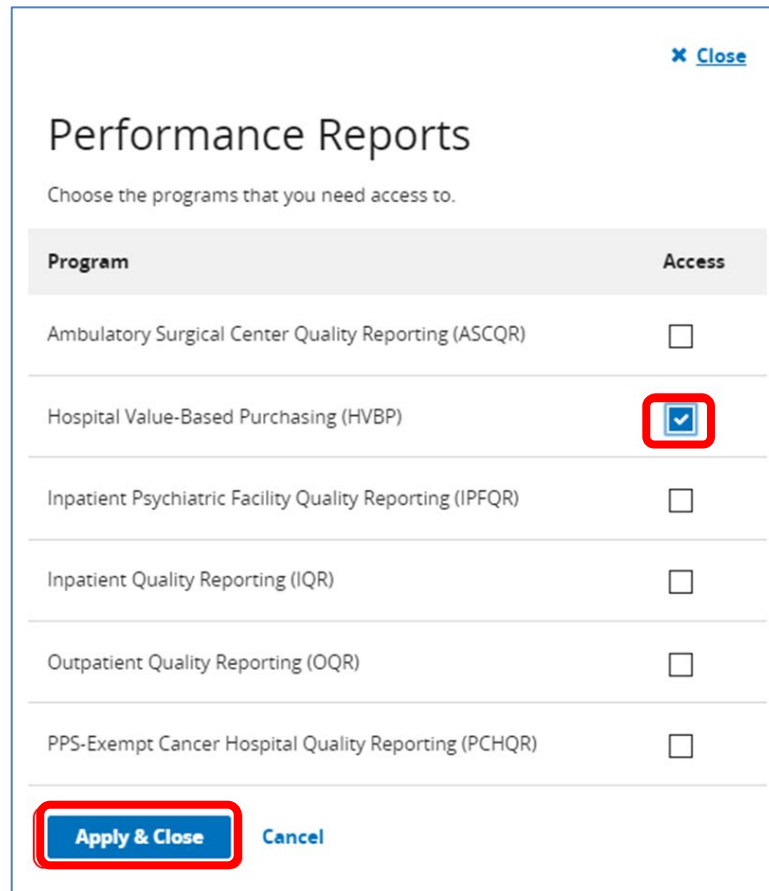
**Step 10:** Confirm User Type selection. Click the **Add** Program Access on the Performance Reports line. (2 of 2) **Add** will be displayed if there are no existing permissions for Performance Results. **Edit** will be displayed if there are existing permissions.

Program Results	Program Access
Admin Reports	None <a href="#">Add</a>
Performance Reports	None <a href="#">Add</a>
Public Reporting	None <a href="#">Add</a>
Validation	None <a href="#">Add</a>
Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

# Requesting Permission

**Step 11:** Select the checkbox for **Hospital Value-Based Purchasing (HVBP)** access.  
Click the **Apply & Close** button.



The screenshot shows a dialog box titled "Performance Reports" with a "Close" button in the top right corner. Below the title is the instruction "Choose the programs that you need access to." The dialog contains a table with two columns: "Program" and "Access". The "Access" column contains checkboxes for each program. The checkbox for "Hospital Value-Based Purchasing (HVBP)" is checked and highlighted with a red box. At the bottom of the dialog, the "Apply & Close" button is highlighted with a red box, and the "Cancel" button is also visible.

Program	Access
Ambulatory Surgical Center Quality Reporting (ASCQR)	<input type="checkbox"/>
Hospital Value-Based Purchasing (HVBP)	<input checked="" type="checkbox"/>
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	<input type="checkbox"/>
Inpatient Quality Reporting (IQR)	<input type="checkbox"/>
Outpatient Quality Reporting (OQR)	<input type="checkbox"/>
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)	<input type="checkbox"/>

**Apply & Close** Cancel

# Requesting Permission

**Step 12:** Click the **Review** button at the bottom of the form.

Program Results	Program Access
Admin Reports	None <a href="#">Add</a>
Performance Reports	HVBP <a href="#">Edit</a>
Public Reporting	None <a href="#">Add</a>
Validation	None <a href="#">Add</a>

Authorizations	Access
Managed File Transfer (MFT)	<input type="checkbox"/>
Notice of Participation	<input type="checkbox"/>
PI Admin Reports	<input type="checkbox"/>
PI Registration	<input type="checkbox"/>
PRS	<input type="checkbox"/>
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

# Requesting Permission

**Step 13:** Click the **Submit** button at the bottom of the form.

Create Access Request

**i** Review the Selected Access Request Before Submitting

ABC Hospital  
990101

User Type

Basic

Permissions

Data Submissions	Program Access
Chart Abstracted	None
Program Results	Program Access
Admin Reports	None
Performance Reports	HVBP
Public Reporting	None
Validation	None

[Back](#) [Submit](#)

# Instructions for Requesting Program Access for Performance Reports Permission

## To request HVBP Program Access for Performance Reports in your HQR profile:

1. Navigate to the HQR Secure Portal login page at <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 **the drop-down arrow** by your name at the top to expand the options.
7. From the expanded drop-down menu, select **My Profile**.
8. Select **View Access** button for the organization you wish to view the Hospital VBP Program reports.
9. Review your **Performance Reports** Program Access to confirm **HVBP** is selected.  
Select **Request Change in Access** if HVBP is not listed for Performance Reports.
10. Confirm **Basic or Security Administrator/Official (SA/O)** user type based on your role in the organization. Click the **Add** Program Access on the Performance Reports line. (**Add** will appear if there are no existing permissions for Performance Results. **Edit** will appear if there are existing permissions.
11. Select the checkbox for **Hospital Value-Based Purchasing (HVBP)**. Click the **Apply & Close** button.
12. Click the **Review** button at the bottom of the form.
13. Click the **Submit** button at the bottom of the form. You will receive an email confirmation (with the organization, submission date, and SA/O names) of your submission. SA/Os will be notified to review the request. Once the request is reviewed, you will receive a notification that your access was modified.



**Maria Gugliuzza, MBA**

Hospital VBP Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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## **Resources**

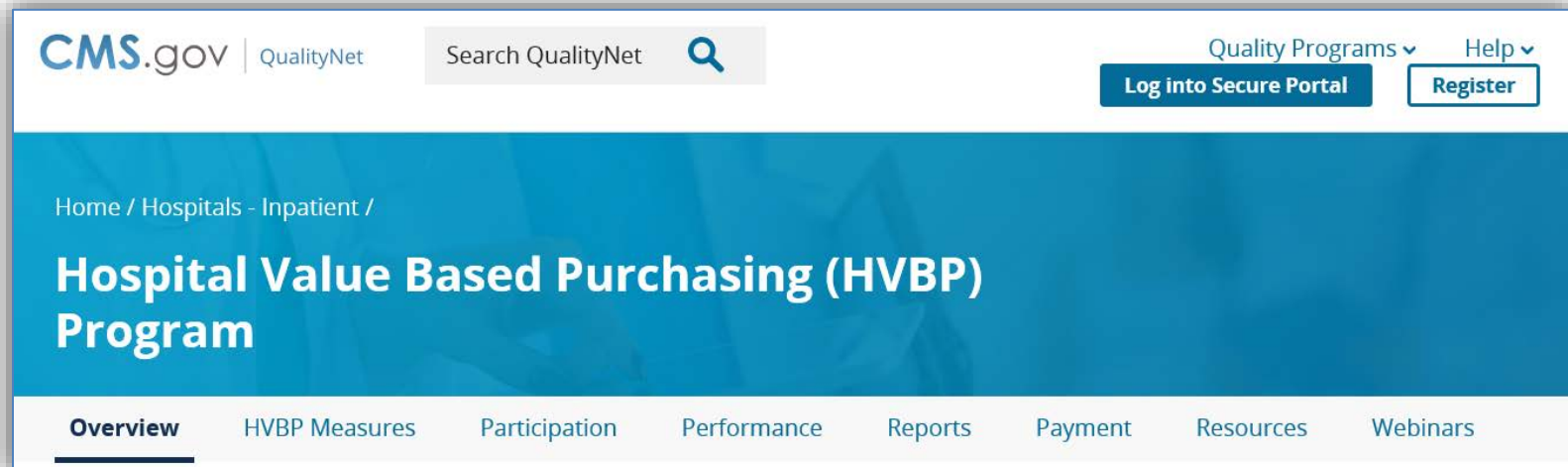
# Resources on QualityNet

## Hospital VBP Program General Information

- From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing Program]**.
- Direct Link: <https://www.qualitynet.org/inpatient/hvbp>

## Frequently Asked Questions

- From the home page, hover on **[Help]** at the top-right of the page. Then, select **[Hospitals – Inpatient]**.
- Direct link: [https://cmsqualitysupport.service-now.com/qnet\\_ga](https://cmsqualitysupport.service-now.com/qnet_ga)



The screenshot displays the CMS.gov QualityNet website. The header includes the CMS.gov logo, a search bar for QualityNet, and navigation links for Quality Programs and Help. A 'Log into Secure Portal' button and a 'Register' button are also visible. The main content area features a blue background with the text 'Home / Hospitals - Inpatient / Hospital Value Based Purchasing (HVBP) Program'. Below this, a navigation menu includes 'Overview' (underlined), 'HVBP Measures', 'Participation', 'Performance', 'Reports', 'Payment', 'Resources', and 'Webinars'.

# How to Read Your Report Help Guide

The *Hospital VBP Program: How to Read Your FY 2024 Baseline Measures Report* guide will be available on the QualityNet website in the Hospital VBP Program Resources section once reports are released. Direct link: <https://qualitynet.cms.gov/inpatient/hvbp/resources#tab1>



## Program Overview

The Hospital VBP Program is authorized by Section 1886(o) of the Social Security Act. The Hospital VBP Program is the nation's first national pay-for-performance program for acute care hospitals and serves as an important driver in redesigning how the Centers for Medicare & Medicaid Services (CMS) pays for care and services based on the quality and value of care, not only the quantity of services provided.

## Purpose of the Baseline Measures Report

The Hospital VBP Program Baseline Measures Report allows providers to review their performance for all domains and measures included in the Hospital VBP Program in comparison to the achievement threshold and benchmark performance standards that are used to determine achievement and improvement points.

## FY 2024 Measurement Periods


The baseline and performance periods for FY 2024 measures are outlined below.

Domain/Measure Description	Baseline Period	Performance Period
<b>Clinical Outcomes:</b> 30-Day Mortality measures for Acute Myocardial Infarction (AMI), Coronary Bypass Graft (CABG) Surgery, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure (HF), and Pneumonia (PN)**	July 1, 2014–June 30, 2017	July 1, 2019–June 30, 2022*
<b>Clinical Outcomes:</b> Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Complication measure	April 1, 2014–March 31, 2017	April 1, 2019–March 31, 2022*
<b>Person and Community Engagement:</b> Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimensions	January 1–December 31, 2019	January 1–December 31, 2022
<b>Safety:</b> Healthcare-Associated Infection (HAI) measures	January 1–December 31, 2019	January 1–December 31, 2022
<b>Efficiency and Cost Reduction:</b> Medicare Spending per Beneficiary (MSPB) measure	January 1–December 31, 2019	January 1–December 31, 2022

(\*) These performance periods are impacted by the Extraordinary Circumstance Exception (ECE) granted by CMS on March 22, 2020. The CMS press release is available at <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>. The CMS memorandum is available at <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>. It was updated in the August 25, 2020, COVID-19 Interim Final Rule with Comment Period (85 FR 54820).

# Quick Reference Guide

- The FY 2024 quick reference guide contains the following:
  - Domains
  - Domain weights
  - Measures
  - Baseline and Performance Period dates
  - Performance standards
- **QualityNet:**  
<https://qualitynet.cms.gov/inpatient/hvbp/resources#tab1>
- **Quality Reporting Center:**  
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-tools-and-resources/>

FY 2024 Hospital Value-Based Purchasing Program Quick Reference Guide					
Payment adjustment effective for discharges from October 1, 2023, to September 30, 2024					
Clinical Outcomes	<b>Mortality Measures</b>				25%
	Baseline Period		Performance Period		
	July 1, 2014–June 30, 2017		July 1, 2019–June 30, 2022*		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.889247	0.887888	
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.909499	0.980319	
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.916491	0.934002	
	MORT-30-HF	Heart Failure 30-Day Mortality	0.882308	0.907733	
	MORT-30-PN	Pneumonia 30-Day Mortality	0.840281	0.872976	
	<b>Complication Measure</b>				
Baseline Period		Performance Period			
April 1, 2014–March 31, 2017		April 1, 2019–March 31, 2022*			
Measure ID	Measure Name	Achievement Threshold	Benchmark		
↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025396	0.018159		
Person and Community Engagement	Baseline Period		Performance Period		25%
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2022–Dec. 31, 2022		
	HCAHPS Survey Dimensions	Floor (%)	Achievement Threshold (%)	Benchmark (%)	
	Communication with Nurses	53.50	79.42	87.71	
	Communication with Doctors	62.41	79.83	87.97	
	Responsiveness of Hospital Staff	40.40	65.52	81.22	
	Communication about Medicines	39.82	63.11	74.05	
	Hospital Cleanliness and Quietness	45.94	65.63	79.64	
Discharge Information	66.92	87.23	92.21		
Care Transition	25.64	51.84	63.57		
Overall Rating of Hospital	36.31	71.66	85.39		
Safety	<b>Healthcare-Associated Infections</b>				25%
	Baseline Period		Performance Period		
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2022–Dec. 31, 2022		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000	
	↓ CDI	Clostridium difficile Infection	0.520	0.014	
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000	
↓ MRSA	Methicillin-Resistant Staphylococcus aureus	0.728	0.000		
↓ SSI	Colon Surgery Abdominal Hysterectomy	0.717	0.000		
0.738		0.000	0.000		
Efficiency and Cost Reduction	Baseline Period		Performance Period		25%
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2022–Dec. 31, 2022		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period		

(\* ) These performance periods are impacted by the EOE granted by CMS on March 22, 2020, further specified by CMS on March 27, 2020, and amended in the August 25, 2020, COVID-19 Interim Final Rule. Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

# Additional Resources

- For technical questions or issues related to accessing reports:
  - Contact the Center for Clinical Standards and Quality Service Center at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.
- To ask questions related to Hospital VBP Program:
  - Submit questions via the Hospital-Inpatient Question and Answer tool at [https://cmsqualitysupport.service-now.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question).
  - Call the Inpatient VIQR Outreach and Education Support Contract Team at (844) 472-4477.
- Hospital VBP Program general information:  
<https://qualitynet.cms.gov/inpatient/hvbp>
- To register for Hospital VBP Program Notifications:  
<https://qualitynet.cms.gov/listserv-signup>

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# Questions

# 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.

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