



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

Hospital VBP Program Knowledge Refresher:
FY 2024 Overview

Question and Answer Summary Document

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

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Question 1: When will the fiscal year (FY) 2024 baseline reports be available?

The reports are currently available to run in the *Hospital Quality Reporting (HQR) System Secure Portal*. CMS made the reports available to hospitals in May of 2022.

Question 2: Will the baseline measures report go through the new Managed File Transfer (MFT) inbox or will we need to manually run the report in the Hospital Quality Reporting (HQR) System?

To access the report, users will need to have the Performance Reports permission for HVBP Access. You will then navigate to the *HQR Secure Portal* login page at <https://hqr.cms.gov/hqrng/login>. Enter your HARP User ID and Password. Then, select Login. You will be directed to the Two-Factor Authorization page. Select the device you would like to use to retrieve the verification code. Select Continue. Once you receive the code, enter it. Select Continue. 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.) On the HQR landing page, select Program Reporting from the left-navigation menu to expand the menu options. From the expanded Program Reporting drop-down menu, select Performance Reports. Select HVBP from the Program selection menu. Select Baseline Measures from the Report selection menu. Select 2024 from the Fiscal Year selection menu. Select your hospital from the Provider selection menu. Select Display Results.

Hospitals can refer to the [How to Read Your FY 2024 Baseline Measures Report document](#) on the QualityNet website at: qualitynet.cms.gov. To access How to Read Your FY 2024 Baseline Measures Report, select the Hospitals – Inpatient option. Then, select Hospital Value-Based Purchasing (HVBP) from the Hospital Inpatient Quality Program options. Select the Resources link on the menu bar. Then, select FY 2024 on the left navigation pane.

Question 3: What happens if a facility does not meet the minimum number of 100 completed Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) surveys?

If the hospital does not submit at least 100 surveys during the baseline period, the hospital would not have an opportunity to receive improvement points. If the hospital did not submit at least 100 surveys during the performance period, the hospital would not be eligible to receive achievement points or improvement points. Also, the hospital would not receive a Person and Community Engagement domain score. However, the

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hospital could still receive a Total Performance Score (TPS) if the hospital met the minimum measure requirements in the other three remaining domains.

Question 4: When will the FY 2023 performance reports be available?

We anticipate the Fiscal Year 2023 Percentage Payment Summary Reports will be available before the end of 2022.

Question 5: Our hospital opened in late 2021, and we will begin submitting data with Quarter (Q) 1 2022 discharges. Will we be eligible for the FY 2024 Hospital VBP Program, assuming we met minimum case and measure requirements?

A newly opened hospital that just has performance period data can still be included in the Hospital VBP Program, if the hospital meets the minimum measure, domain criteria, and all Hospital IQR Program requirements. In this scenario, CMS would not score the hospital on improvement because the hospital only submitted performance period data. However, the hospital still could earn achievement points to calculate a TPS.

Question 6: Which measurement periods are impacted by Extraordinary Circumstances Exceptions (ECEs)?

As finalized in the [Interim Final Rule with Comment Period \(CMS-3401-IFC\)](#), published on September 2, 2020, CMS will not use claims, infection, and survey data 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 ECEs. Hospitals do not need to request an ECE for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020.

Question 7: Are Critical Access Hospitals (CAHs) exempt from the Hospital VBP Program?

Yes, only subsection (d) hospitals paid through the Inpatient Prospective Payment System (IPPS) are included in the Hospital VBP Program. CAHs are not eligible to participate in the Hospital VBP Program.

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Question 8: **How are the achievement threshold and benchmark threshold communicated to the hospitals?**

The quick reference guide from slide 60 also contains the performance standards for the FY 2024 Hospital VBP Program and is available on the QualityNet and Quality Reporting Center websites. The performance standards are published in the IPPS rules and on the QualityNet website: <https://qualitynet.cms.gov/inpatient/hvbp/performance>. In addition, if the performance standards for any measure need a technical update, a QualityNet news article will be posted and a Hospital VBP Program Listserve will be sent. The performance standards will also be listed on your hospital's baseline measures report.

Question 9: **I did not receive an email stating baseline reports were available, but I saw a notice for them on the QualityNet website home page.**

CMS sends notifications and reminders for the Hospital VBP Program through the two QualityNet Listserve notification groups: the Hospital Inpatient Value-Based Purchasing and Improvement notification group and Hospital Inpatient Quality Reporting and Improvement notification group. If you aren't signed up for those notification groups, you can register on the QualityNet website: <https://qualitynet.cms.gov/listserv-signup>

Question 10: **How can we calculate mortality survival rates to calculate Hospital VBP Program points?**

The survival rate equals 1 minus the mortality rate:
Survival Rate = 1 - mortality rate. For example, if your mortality rate was 0.10 or 10 percent, your survival rate would be 0.9 or 90 percent (1 - 0.1). Visit QualityNet for more information:
<https://qualitynet.cms.gov/inpatient/measures/mortality/methodology>

Question 11: **Slide 26. Could you please review improvement points?**

CMS may award a hospital improvement points if the hospital's performance period rate is better than its own baseline period rate. The maximum point value for improvement points is 9 points. If a hospital's performance period rate is at or better than the benchmark and better than its own baseline period rate, it will receive a maximum 9 improvement points.

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Question 12: **What should we do to meet minimums for calculations of the healthcare-associated infection (HAI) measures in the Safety domain?**

In order to be scored for the HAI measures in the Safety domain, hospitals need at least one predicted infection as calculated by the Centers for Disease Control and Prevention (CDC) for a standardized infection ratio (SIR) to be calculated. Note that the minimum is based on predicted infections based on the data submitted into the CDC's National Healthcare Safety Network (NHSN) by the hospitals. The CDC uses that data in its calculations. The CDC does not use the actual number of infections to determine if the minimum threshold was met to calculate the SIR. For further questions regarding the SIR calculation or a hospital's specific HAI data submitted in the NHSN, contact the NHSN Help Desk at NHSN@cdc.gov.

Question 13: **Are the HAI measures in the Hospital VBP Program calculated by NHSN criteria in the same way as the HAI measures in the Hospital-Acquired Condition (HAC) Reduction Program?**

Yes, the same HAI measures are used in the Hospital VBP Program and the HAC Reduction Program. For more information regarding the HAI measures in the HAC Reduction Program, visit this QualityNet page:
<https://qualitynet.cms.gov/inpatient/hac/measures>

Question 14: **How do I receive the benchmark and threshold values for the Medicare Spending per Beneficiary (MSPB) measure?**

The benchmark and achievement threshold values are calculated for the MSPB measure using performance period data instead of baseline period data. As a result, these values will be available when the Percentage Payment Summary Report is added to the user interface.

Question 15: **FY 2024 corresponds to which payment year?**

The payment adjustment is effective for discharges from October 1, 2023, to September 30, 2024.

Question 16: **CMS calculates minimum requirements in which time frame?**

The minimum requirements must be met during the baseline and performance periods to receive improvement and/or achievement points.

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Question 17: What is floor value?

For the HCAHPS measure, the “floor” is the performance rate for the worst performing hospital during the baseline period, which defines the 0 percentile for this dimension. To calculate consistency points, a hospital’s performance on its lowest dimension is compared to the “floor.”

Question 18: Where can we enter our current or projected performance for measures? Where can we see what our achievement points and other values will be?

The formulas are available in the How to Read your Percentage Payment Summary Report document on [QualityNet](#).