



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

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**Hospital VBP Program Knowledge Refresher:  
FY 2024 Overview  
Presentation Transcript**

**Speaker**

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**Moderator**

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

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**Brandi Bryant:** Hello. Welcome to the Hospital Value-Based Purchasing, or VBP, Program knowledge refresher overview for the fiscal year 2024. My name is Brandi Bryant, and I am with the Centers for Medicare & Medicaid Services' Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with a summary of the questions asked today, will be posted to the inpatient website, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com), in the upcoming weeks. If you registered for this event, a reminder email and a link to the slides were sent out to your email about two hours ago. If you did not receive that email, you can download the slides at our inpatient website, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com).

I would now like to introduce today's speaker. Maria Gugliuzza is the Hospital Value-Based Purchasing Program Lead for the Centers for Medicare & Medicaid Services' Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor.

As a reminder, we do not recognize the raised-hand feature in the Chat tool during webinars. Instead, you can submit any questions, pertinent to the webinar topic, to us via the Chat tool. All questions received via the Chat tool during this webinar that pertain to this webinar topic will be reviewed and a Q&A transcript will be made available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions. These questions will be addressed in a questions-and answers-transcript, to be published at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the Chat tool, nor in the questions-and-answers transcript for the webinar. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the [QualityNet Q&A Tool](#). You can access the Q&A tool using the link on this slide. There, you can search for questions unrelated to the current webinar topic.

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If you do not find your question there, then you can submit your question to us via the Q&A tool, which you can access at the link on this slide.

On this slide, you will find the acronyms that will be used in the presentation today.

Today's event will provide an overview of the fiscal year 2024 Hospital Value-Based Purchasing Program, including updates on domains and measures, review of performance standards and measurement periods, and highlights of resources.

Participants will be able to identify the domains and measures used to evaluate hospital performance in the Hospital VBP Program, understand the new Hospital VBP Program measure, and locate Hospital VBP Program resources.

I will now turn the call presentation over to our speaker. Maria, the floor is yours.

**Maria Gugliuzza:** Thank you, Brandi. Like Brandi mentioned earlier, my name is Maria Gugliuzza, and I am the Outreach and Education Lead at the Hospital Inpatient, Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. For those of you that are veterans and have been attending our Hospital VBP Program webinars for many years now, thank you for coming back and tuning in today. We will be really focusing on a short overview of the program and hitting on some of the key changes that you'll see when reviewing your fiscal year 2024 Baseline Measures Reports. For those that are attending one of our events for the first time, I want to extend a welcome to you. I hope you let us know what you thought of the webinar and the topics that you would like us to cover in the future.

On this slide, we are taking a look at the foundation of the program. The Hospital Value-Based Purchasing Program is required by Congress under Section 1886(o) of the Social Security Act.

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The Hospital VBP Program was first adopted for fiscal year 2013, and CMS has used this program to adjust payments for every fiscal year subsequent. This webinar will be focusing on the fiscal year 2024 Hospital VBP Program, so this is the twelfth year of the program. To the veterans out there that have been with us since early on in the program, time really does fly!

The Hospital Value-Based Purchasing Program is an estimated budget-neutral program and is funded through a percent withhold from participating hospitals' DRG payments. Incentive payments will be redistributed based on the hospital's Total Performance Score in the Hospital Value-Based Purchasing Program in comparison to the distribution of all hospitals' Total Performance Scores and the total estimated DRG payments for that fiscal year. The funding from the fiscal year 2024 program will come from a two-percent withhold from participating hospitals' base operating DRG payment amount. I know I just said a mouthful for those of you that are new to the program, so I would like you to focus on the graphic on the right of the screen. On the bottom left circle, we show a hospital incurring the 2-percent withhold that every hospital incurs when participating in the Hospital VBP Program. The cumulation of the 2 percent from every hospital is used for CMS to distribute the funds for the incentive payments. On the bottom right circle, we show CMS giving the hospital 3 percent in incentive payments due to their performance in the Hospital VBP Program. The net of CMS reducing 2 percent, but giving 3 percent in return, is a positive 1 percent on every claim for the hospital in the fiscal year. Changing the scenario a bit, the withhold remains at 2 percent, but the hospital only earned 1 percent of incentive payments based on their performance. The net of a 2-percent reduction and a 1-percent incentive is a net reduction of 1 percent. Historically, about half of all hospitals participating in the program received an overall increase in payments, and the other half received an overall decrease in payments in any given fiscal year. As a reminder, the reduction and incentive payment are made on every applicable claim during the fiscal year and are not done in a lump sum.

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The Hospital Value-Based Purchasing Program adjusts payments for approximately 3,000 hospitals each fiscal year. The program applies to subsection (d) hospitals in 50 states and the District of Columbia. Hospitals not paid through the Inpatient Prospective Payment System, or IPPS, such as critical access hospitals, will not be eligible for the program. If your hospital is a subsection (d) hospital, your payments will be adjusted unless one of the exclusion reasons listed on this slide apply. Those exclusion reasons include hospitals that are subject to payment reductions under the Hospital IQR Program in the same fiscal year, by either not participating in the Hospital IQR Program or failing to meet one or more of the requirements of the program; hospitals cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients; hospitals with less than three out of the four domains calculated—we will discuss the domain and measure requirements in a few minutes; hospitals with an approved Extraordinary Circumstance Exception; and hospitals located in the State of Maryland. Excluded or ineligible hospitals will not have their payments adjusted, which means the hospital will not incur the 2-percent withhold to payments and will not receive incentive payments. Data for your excluded hospitals will not be publicly reported in the Hospital Value-Based Purchasing Program tables in the Provider Data Catalog on CMS’s website.

The domains and measures for fiscal year 2024 are displayed on this slide. We have the Clinical Outcomes domain, containing the 30-day mortality measures for AMI, CABG, COPD, heart failure, and pneumonia, in addition to the THA/TKA Complication Rate. The Efficiency and Cost Reduction domain contains the Medicare Spending per Beneficiary Measure. The Person and Community Engagement domain contains the eight HCAHPS Survey dimensions that you see listed on this slide. The Safety domain currently contains the five healthcare-associated infection measures collected under NHSN, National Healthcare Safety Network. Each domain in fiscal year 2024 is weighted at 25 percent of the Total Performance Score.

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On this slide, we display the measurement periods for each of the measures. Your hospital's baseline period rate is used in comparison to your hospital's performance period rate to determine how much improvement was observed at your hospital. The performance period rate is also used in comparison to all other hospitals through values that CMS calls "performance standards" to determine the level of achievement.

In the Interim Final Rule with Comment Period, published in the *Federal Register* in September, CMS announced that they would not be using claims reflecting services provided in Quarter 1 or Quarter 2 of 2020 in measure calculations, with those date ranges being January 1, 2020, through June 30, 2020. The baseline period dates in fiscal year 2024 are not impacted by Extraordinary Circumstances Exceptions, or ECEs. 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.

A few slides back, we discussed a hospital being excluded if they had fewer than three of the four domain scores calculated. In order to have at least three domains calculated, a hospital would have to meet the minimum data requirements within at least three of the four domains. For the Clinical Outcomes domain, a hospital must have at least two measures with at least 25 eligible discharges. For the Person and Community Engagement domain, a minimum of 100 complete HCAHPS Surveys is required. In the Safety domain, a hospital would need to have at least two measures, with one predicted infection as calculated by the CDC. Please note that the minimum requirement for the HAI measures is one predicted infection, as calculated by the CDC, not an actual observed infection. For the Efficiency and Cost Reduction domain, a minimum of 25 episodes of care is required.

In the Hospital VBP Program, for any given fiscal year, we have a baseline period and a performance period. If you recall from a couple slides ago, the baseline period is an earlier time period than the performance period, so a comparison of improvement can be made at the individual hospital.

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CMS provides hospitals with a Baseline Measures Report that contains a hospital's baseline period rates and the performance standards calculated by CMS that will be used to calculate improvement and achievement points. We are currently at that point on the timeline. CMS released the fiscal year 2024 Baseline Measures Reports in May of 2022. Then, next year, after the performance period has ended, CMS will release Hospital-Specific Reports for the mortality measures and complication measure in April or May of 2023, and for MSPB in May or June of 2023. These reports allow you to review the patient-level data and the calculations of these measures prior to the data being used to calculate your Total Performance Scores. After your review period has ended, CMS calculates achievement points, improvement points, domain scores, Total Performance Scores, and payment-adjustment factors and releases that information in a Percentage Payment Summary Report. That report will be released to hospitals on or around August 1 of 2023. On October 1 of 2023, fiscal year 2024 begins. So, the payment-adjustment factor that you were provided in your Percentage Payment Summary Reports, around August 1 of 2023, will now be used to adjust your hospital's payment for the next 12 months. In the fall of 2023, CMS will post the payment-adjustment factors publicly to the [CMS.gov](https://www.cms.gov) website. In January 2024, the refresh of the score results of the Hospital VBP Program will be publicly posted. Finally, on September 30 of 2024, fiscal year 2024 ends.

Hospitals have the opportunity to receive improvement and achievement points on their Percentage Payment Summary Report based on their performance rate during the baseline period and performance period, relative to the performance standards. The performance standards consist of the achievement threshold and benchmark for all measures and the floor, which is only applicable for the Person and Community Engagement domain. The achievement threshold is calculated as the median, or the 50th percentile, of all hospital rates for a measure during the baseline period. The benchmark is a mean of the top decile, which is the average of the top 10 percent during the baseline period. The floor used in calculating the HCAHPS consistency score is the rate of the lowest performing hospital during the baseline period.

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Please note that the performance standards are calculated based on baseline period data for all measures except for the Medicare Spending per Beneficiary measure, which uses the performance period. As a result, you will not see performance standards listed for the MSPB measure on the Baseline Measures Report.

This slide displays the measures that will have a higher benchmark value than an achievement threshold. That's because higher rates demonstrate better quality in the measure. The measures that this description is applicable for are the 30-day mortality measures in the Clinical Outcomes domain and the HCAHPS dimensions in the Person and Community Engagement domain. The mortality measures use survival rates in the Hospital VBP Program.

This slide displays the measures that will have higher achievement-threshold values than benchmark values because lower rates demonstrate better quality in the measure. The measures that this description is applicable for are the hip/knee complication measure in the Clinical Outcomes domain, the healthcare-associated infections in the Safety domain, and the MSPB measure in the Efficiency and Cost Reduction domain.

The next two slides display the performance standards for every measure.

The performance standards will display on the Baseline Measures Report.

There are two scores that a hospital can receive in every measure in the Hospital VBP Program: achievement points and improvement points. These next two slides provide a summary of those scores. Achievement points are awarded by comparing an individual hospital's rate during the performance period with all hospital rates from the baseline period by using two performance standards: the achievement threshold and the benchmark. If a hospital has a performance period rate that is equal to or better than the benchmark, 10 achievement points will be awarded. If the rate is worse than the achievement threshold, the hospital will receive zero achievement points.



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If the performance period rate is equal to or better than the achievement threshold, but is still worse than the benchmark, one to nine points will be awarded based on the achievement point formula.

Improvement points are unique to the Hospital VBP Program in relation to CMS' other inpatient pay-for-performance programs, such as the HAC Reduction Program and the Hospital Readmissions Reduction Program. Not only can hospitals be evaluated based on their current performance in comparison to all hospitals, but they can earn the points by improving from their own baseline period. CMS may award hospital improvement points if the hospital's performance period rate is better than their baseline period rate. The maximum point value for improvement points is nine. If your hospital had a performance period rate that was equal to or worse than its own baseline period rate, zero improvement points would be awarded.

The next several slides will provide instructions on how to access the Baseline Measures Reports.

In order to view the Baseline Measures Reports, users will need have the Performance Reports permission for HVBP [Program] Access. This is a process within the *HQR Secure Portal*, and more detailed instructions will be provided later in the presentation.

To access your hospital's fiscal year 2024 Hospital VBP Program baseline data, you will first need to log in to the new *HQR Secure Portal* by clicking on the link on this slide. Then, enter your Health Care Quality Information Systems [HCQIS] Access Roles and Profile [HARP] User ID and Password. Then, select Login.

You will then be directed to the Two-Factor Authorization page. Select the device you would like to retrieve the verification code. Then, select Next.

Once you receive the code, enter it. Select Continue.

After reading the Terms & Conditions statement, select Accept to proceed. You will be directed to the HQR landing page. Please note that if you select Cancel, the program will close.

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On the HQR landing page, select Program Reporting from the left-side navigation menu to expand the menu options.

From the expanded Program Reporting drop-down menu, select Performance Reports.

Select Hospital Value-Based Purchasing (HVBP) from the Program selection menu; select Baseline Measures from the Report selection menu; select 2024 from the Fiscal Year selection menu; and select your hospital from the Provider(s) selection menu, if the option is displayed. Then, select Display Results.

To export the data displayed, select the Export PDF option, available on the User Interface. The exported data will be available in a PDF format to save and print.

This slide provides step-by-step instructions to access the Baseline Measures Reports.

Now, we will review information found on the Baseline Measures Report.

The Clinical Outcomes domain provides details on the six Clinical Outcomes measures, including the number of eligible discharges and the baseline period rates. The achievement threshold and benchmark for each Clinical Care measure also display.

If you click on the circle with the lowercase “i” inside, a pop-up will be displayed that provides a further, detailed explanation.

The Person and Community Engagement domain provides details on the eight HCAHPS dimensions, including baseline period rates, floor values, achievement thresholds, and benchmarks. The number of completed surveys also displays.

The Safety measures domain provides details on the HAI measures, including Catheter-Associated Urinary Tract Infection (CAUTI); Central Line-Associated Bloodstream Infection (CLABSI); *Clostridium difficile* Infection (CDI); Methicillin-Resistant *Staphylococcus aureus* (MRSA)

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Bacteremia; Surgical Site Infection (SSI)-Abdominal Hysterectomy; and SSI-Colon Surgery. These details include the number of observed infections; number of predicted infections; Standardized Infection Ratios, or SIRs; achievement thresholds; and benchmarks. Please note that the SSI measure is a single measure, stratified by surgery site for colon surgeries and abdominal hysterectomies. For the purpose of the Hospital VBP Program, CMS scores the measure as a weighted average of each of the stratum's measure scores by predicted infections per stratum.

The Efficiency and Cost Reduction domain provides details on the MSPB measure, including the MSPB amount, median MSPB amount, MSPB measure ratio, and the number of episodes of care in the baseline period. Note: Hospitals not meeting the minimum number of eligible discharges, surveys, predicted infections, underlying cases, or episodes of care for a measure during the baseline period will not be scored improvement points for that measure and will be indicated with double asterisks (\*\*). Only achievement points can be earned for such measures, if the minimums are met during the performance period. Achievement points will be displayed on the Percentage Payment Summary Report (PPSR).

To export the data displayed, select the Export PDF option, available on the User Interface. The exported data will be available in a PDF format to save and print.

Earlier in the presentation we said, in order to view the Baseline Measures Report, you need Performance Reports permission for HVBP Program Access. The next several slides will provide detailed instructions on how to request Performance Reports permission for HVBP Program Access.

Again, reports are only available to users associated with a hospital that has 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, you may not have the required HVBP Program Access for Performance Reports permission in your profile. We will now provide some instructions on how to gain access to the reports.

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From 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.

From the expanded drop-down menu, select My Profile.

Select the View Access button for the organization to view the Hospital VBP Program reports.

Review your Performance Reports Program Access to confirm HVBP is selected. Select Request Change in Access if HVBP is not listed for Performance Reports.

Confirm the User Type selection. Click on Add Program Access on the Performance Reports line.

Select the checkbox for Hospital Value-Based Purchasing Program (HVBP) access.

Click the Apply & Close button.

Click the Review button at the bottom of the form.

Click the Submit button at the bottom of the form.

This slide provides step-by-step instructions on how to request permission for the HVBP [Program] Access for performance reports.

I would now like to point out some resources available.

If you have questions regarding the data on your report, calculations, or just general Hospital VBP Program questions, please feel free to check out the frequently asked questions in the [Inpatient Question and Answer Tool](#) on QualityNet. If there is not an answer to your question, please feel free to submit your question through the Inpatient Question and Answer Tool.

If you have questions, or would just like another reference point when you are looking through your Baseline Measures Report, we have developed a How to Read Your Report Help Guide, available on QualityNet.

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This resource, the Hospital VBP Program Quick Reference Guide, is our most requested resource. The quick reference guide contains many of the details for the fiscal year 2024 Hospital VBP Program on one page, including the domains, the domain weights, the measures, the baseline and performance periods, the performance standards, and the fiscal year payment adjustment dates. This resource is available on the QualityNet and Quality Reporting Center websites.

Please reference this slide when you have questions regarding the Hospital VBP Program to be directed to the correct destination quickly. I will now turn the presentation back over to Brandi to review the questions that came in during the presentation.

- Brandi Bryant:** Thank you, Maria. 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: When will the fiscal year 2024 baseline reports be available?
- Maria Gugliuzza:** 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.
- Brandi Bryant:** Will the Baseline Measures Report go through the new Managed File Transfer inbox or will we need to manually run the report in the Hospital Quality Reporting (HQR) System?
- Maria Gugliuzza:** 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](#). 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 & Conditions statement. Select Accept to proceed. You will be directed to the HQR landing page. On the HQR landing page, select Program Reporting from the left navigation menu to expand menu options.

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From the expanded Program Reporting drop-down menu, select Performance Reports. Select HVBP from the Program selection menu. Select Baseline Measures Reports from the Report selection menu. Select 2024 from the Fiscal Year selection menu. Select your hospital from the Provider selection menu. Then, select Display Results.

**Brandi Bryant:** What happens if a facility does not meet the minimum number of 100 completed Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) Surveys?

**Maria Gugliuzza:** 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 hospital could still receive a TPS, Total Performance Score, if the hospital met the minimum measure requirements in the other three remaining domains.

**Brandi Bryant:** When will the fiscal year 2023 performance reports be available?

**Maria Gugliuzza:** We anticipate that the fiscal year 2023 Percentage Payment Summary Reports will be available before the end of 2022.

**Brandi Bryant:** Our hospital opened in late 2021. We will begin submitting data for Quarter 1 2022 discharges. Will we be eligible for the fiscal year 2024 Hospital VBP Program, assuming we met minimum case and measure requirements?

**Maria Gugliuzza:** 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 points because the hospital only submitted performance period data. However, the hospital still could earn achievement points to calculate a TPS.

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**Brandi Bryant:** Which measurement periods are impacted by Extraordinary Circumstances Exceptions?

**Maria Gugliuzza:** As finalized in the [Interim Final Rule with Comment Period \[CMS-3401-IFC\]](#), published in September 2020, CMS will not use claims, infection, and survey data reflecting services provided January 1 of 2020 through June 30 of 2020, which is Q1 and Q2 of 2020, in its calculations for the Medicare quality reporting and VBP programs. The discharge period and the performance period for the Clinical Outcomes domain measures will be updated to reflect this policy. The baseline period dates in fiscal year 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 Quarters 1 and 2 of 2020.

**Brandi Bryant:** Are critical access hospitals exempt from the Hospital VBP Program?

**Maria Gugliuzza:** Yes, only subsection (d) hospitals paid through the Inpatient Prospective Payment System are included in the Hospital VBP Program. Critical access hospitals are not eligible to participate in the Hospital VBP Program.

**Brandi Bryant:** How are the achievement threshold and benchmark threshold communicated to the hospitals?

**Maria Gugliuzza:** If we could move to slide 60, there is a quick reference guide that contains the performance standards for the fiscal year 2024 Hospital VBP Program. It is also 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.

**Brandi Bryant:** I did not receive an email stating baseline reports were available. I saw it on the home page of the QualityNet website.

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**Maria Gugliuzza:** CMS sends notifications and reminders for the Hospital VBP Program through the QualityNet Listserve [called the] Hospital Inpatient Value-Based Purchasing and Improvement and Hospital Inpatient Quality Reporting and Improvement notification groups. If you aren't signed up for those notification groups, you can register on the QualityNet website. [\[https://qualitynet.cms.gov/listserv-signup\]](https://qualitynet.cms.gov/listserv-signup)

**Brandi Bryant:** How can we calculate mortality survival rates to calculate Hospital VBP Program points?

**Maria Gugliuzza:** So, the Survival Rate equals 1 minus the mortality rate:  
 $\text{Survival Rate} = 1 - \text{mortality rate}$ .  
For example, if your mortality rate was 0.10 or 10 percent, your survival rate would be 0.9 or 90 percent: 1 minus the 0.1. You can visit QualityNet for more information on the calculations: <https://qualitynet.cms.gov/inpatient/measures/mortality/methodology>

**Brandi Bryant:** Could you please review slide 26 again for improvement points?

**Maria Gugliuzza:** Could you move the slide deck to slide 26, please? CMS may award a hospital improvement point if the hospital's performance period rate is better than its own baseline period rate. The maximum point value for improvement points is nine 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 nine improvement points.

**Brandi Bryant:** What should we do to meet minimums for calculations of the healthcare-associated infection measures in the Safety domain?

**Maria Gugliuzza:** 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, the CDC, for a Standardized Infection Ratio, a SIR, to be calculated. Note that the minimum is based on predicted infections based on the data submitted into the National Healthcare Safety Network, the NHSN, by the hospitals. The CDC uses that data in its calculations.



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The CDC does not use the actual number of infections to determine if the minimum threshold was met to calculate the SIR. For questions regarding the SIR calculation or a hospital's specific HAI data submitted into the NHSN, contact the NHSN Help Desk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

**Brandi Bryant:** Are the HAI measures in the Hospital VBP Program calculated by NHSN criteria in the same way as the HAI measures under the Hospital-Acquired Condition Reduction Program?

**Maria Gugliuzza:** 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>

**Brandi Bryant:** How do I receive the benchmark and threshold values for the Medicare Spending per Beneficiary measure?

**Maria Gugliuzza:** The benchmark and achievement threshold values are calculated for the MSPB measure using performance period data instead of the baseline period data. Because of this, these values will be available when the Percentage Payment Summary Report is added to the User Interface.

**Brandi Bryant:** That concludes our webinar for today. If your question wasn't answered and you still have questions regarding the fiscal year 2024 program or the baseline reports, please submit your question using the question and answer tool on QualityNet. Thank you again for joining. We hope you have a great day.