



# **FY 2027 Baseline Measures Report Overview**

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## **Speaker**

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Division of Value, Incentives, and Quality Reporting Program Support (DPS) Contract

## **Moderator**

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Hospital VBP Program, DPS Contract

**April 9, 2025**

# Webinar Chat Questions

Using the Chat tool, please submit any questions that are pertinent to this webinar topic. As time permits, we will answer these questions at the end of the webinar. We will address the questions that we did not answer in a question-and-answer summary document that we will release 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 Question and Answer Tool](#). 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 same tool. If you do not find an answer, then submit your question to us via the [QualityNet Question and Answer Tool](#). We will respond to questions as soon as possible.

# Acronyms

<b>AMI</b>	Acute Myocardial Infarction	<b>HQR</b>	Hospital Quality Reporting
<b>CABG</b>	Coronary Artery Bypass Graft	<b>HSR</b>	Hospital-Specific Report
<b>CAUTI</b>	Catheter-associated Urinary Tract Infection	<b>IPPS</b>	inpatient prospective payment system
<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>DPS</b>	Division of Value, Incentives, and Quality Reporting Program Support	<b>Q</b>	quarter
<b>ECE</b>	Extraordinary Circumstances Exceptions	<b>SO</b>	Security Official
<b>FY</b>	fiscal year	<b>SEP</b>	sepsis
<b>HAI</b>	Healthcare-associated infection	<b>SSI</b>	Surgical Site Infection
<b>HARP</b>	HCQIS Access Roles and Profile	<b>THA/TKA</b>	Total Hip Arthroplasty/Total Knee Arthroplasty
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>TPS</b>	Total Performance Score
<b>HCQIS</b>	Health Care Quality Information Systems	<b>VBP</b>	value-based purchasing
<b>HF</b>	heart failure		

# Purpose

This event will provide an overview of the fiscal year (FY) 2027 Hospital VBP Program Baseline Measures Reports 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
- Resources

# Objectives

Participants will be able to:

- Access their Hospital VBP Program Baseline Measures Report.
- Identify the domains and measures that the Centers for Medicare & Medicaid Services (CMS) uses to evaluate performance in the Hospital VBP Program.
- Locate Hospital VBP Program resources.

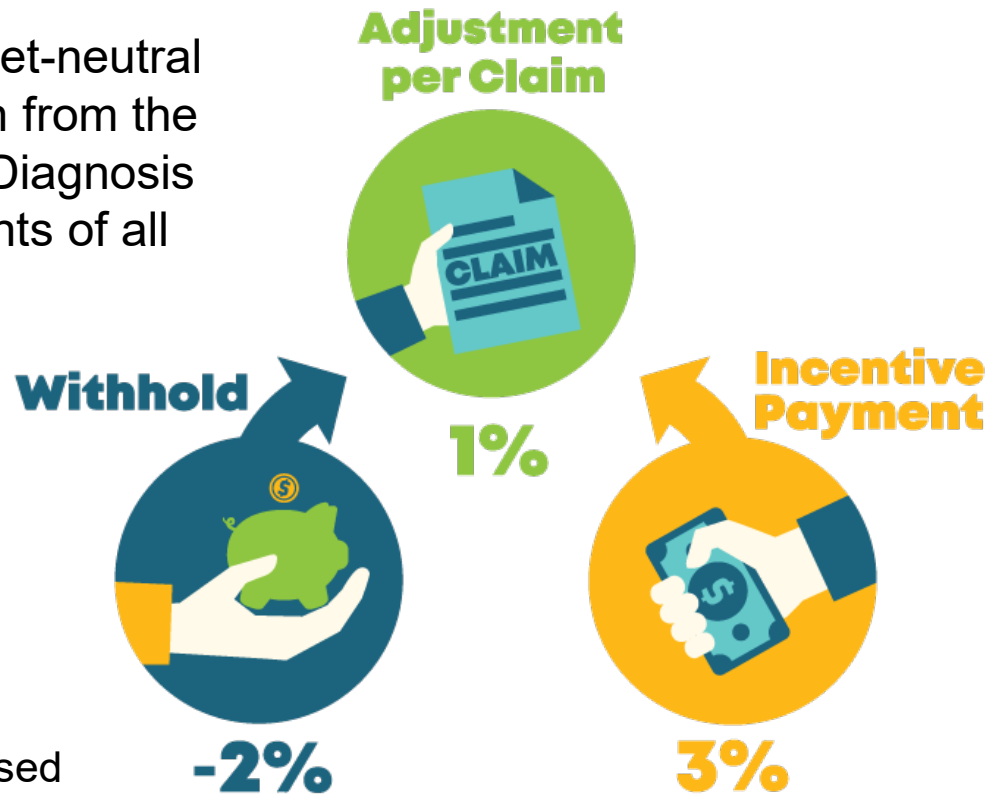
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## **Hospital VBP Program Overview**

# Funding

- The Hospital VBP Program is budget-neutral and is funded by a 2.00% reduction from the base operating Medicare Severity Diagnosis Related Groups (MS-DRG) payments of all participating 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 set forth in the 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 Program
- Hospitals cited for deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients
- Hospitals that do not meet the minimum number of cases, measures, or surveys, as determined by the Secretary
- Hospitals with an approved disaster/extraordinary circumstance exception (ECE) 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 2027.



# FY 2027

## 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

Communication about Medicines

Cleanliness and Quietness of Hospital Environment

Overall Rating of Hospital

Communication with Doctors

Discharge Information

### 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:** Colon and Abdominal Hysterectomy Surgical Site Infection

**SEP-1:** Severe Sepsis and Septic Shock: Management Bundle







# FY 2027 Hospital VBP Program

## Summary of Changes






- In the FY 2025 IPPS/Long-Term Care Hospital Prospective Payment System final rule (pages 69507–69508), CMS finalized a modification to the HCAHPS measure to exclude the Responsiveness of Hospital Staff and Care Transition dimensions from measure scoring for the FY 2027 through FY 2029 program years.
- From FY 2027 to FY 2029, CMS will only score hospitals on the following six unchanged dimensions of the HCHAPS Survey:
  - Communication with Nurses
  - Communication with Doctors
  - Communication about Medicines
  - Discharge Information
  - Cleanliness and Quietness
  - Overall Rating of Hospital

# Measurement Periods

Domain	Measure	Baseline Period	Performance Period
 <b>Clinical Outcomes</b>	Mortality Measures (AMI, CABG, COPD, HF)	July 1, 2017– June 30, 2020*	July 1, 2022– June 30, 2025
	Complication Measure	April 1, 2017– March 31, 2020*	April 1, 2022– March 31, 2025
 <b>Person and Community Engagement</b>	HCAHPS Survey	January 1, 2023– December 31, 2023	January 1, 2025– December 31, 2025
 <b>Safety</b>	Healthcare-associated infection (HAI) measures and SEP-1 measure	January 1, 2023– December 31, 2023	January 1, 2025– December 31, 2025
 <b>Efficiency and Cost Reduction</b>	MSPB Hospital	January 1, 2023– December 31, 2023	January 1, 2025– December 31, 2025

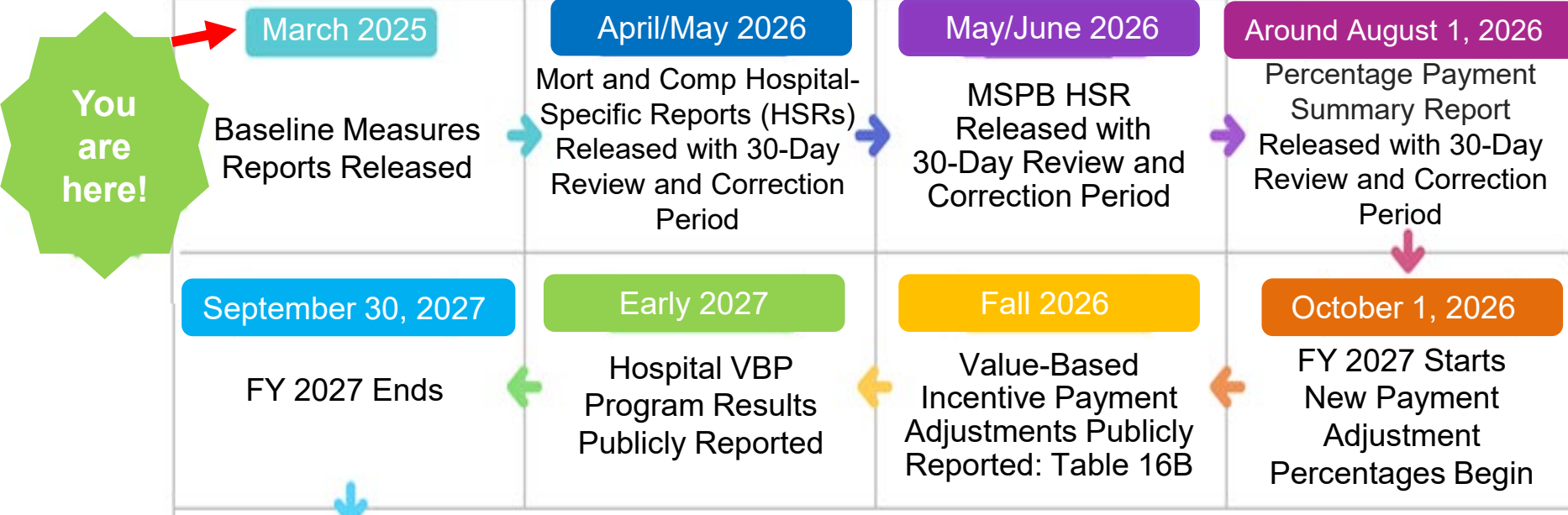
\*These baseline periods are impacted by the COVID-19 Public Health Emergency ECE that CMS granted on March 22, 2020. Qualifying claims will be excluded from the measure calculations for January 1, 2020–March 31, 2020 (Q1 2020) and April 1, 2020–June 30, 2020 (Q2 2020) from claims-based, complication, and mortality measures.

# Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
 <b>Clinical Outcomes</b>	Minimum of 25 cases for at least two measures
 <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> <li>• SEP-1 measure: Minimum of 25 cases accepted and used in the denominator</li> </ul>
 <b>Efficiency and Cost Reduction</b>	25 episodes of care in the MSPB measure
 <b>TPS</b>	Sufficient data to receive domain scores in at least three of the four domains

# FY 2027 Timeline

## Release Date\* and Event Timeline



\*These estimated dates are subject to change.

# Performance Standards

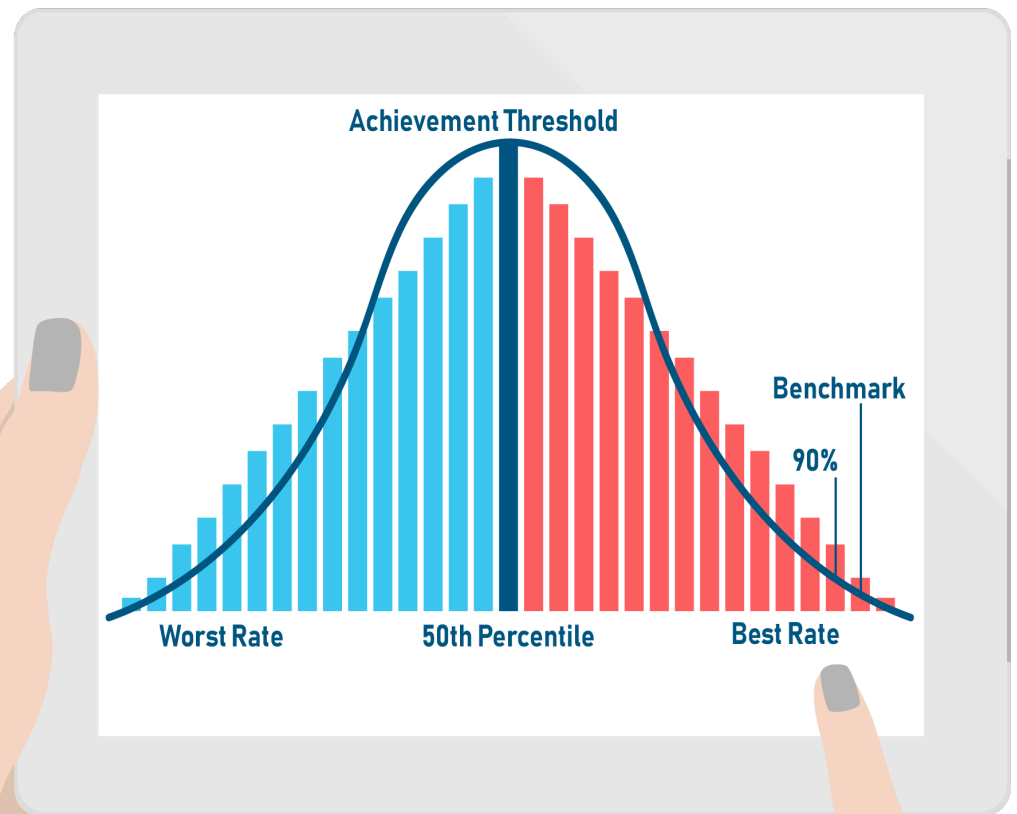
## **Benchmark:**

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
- Safety Domain
  - SEP-1 measure

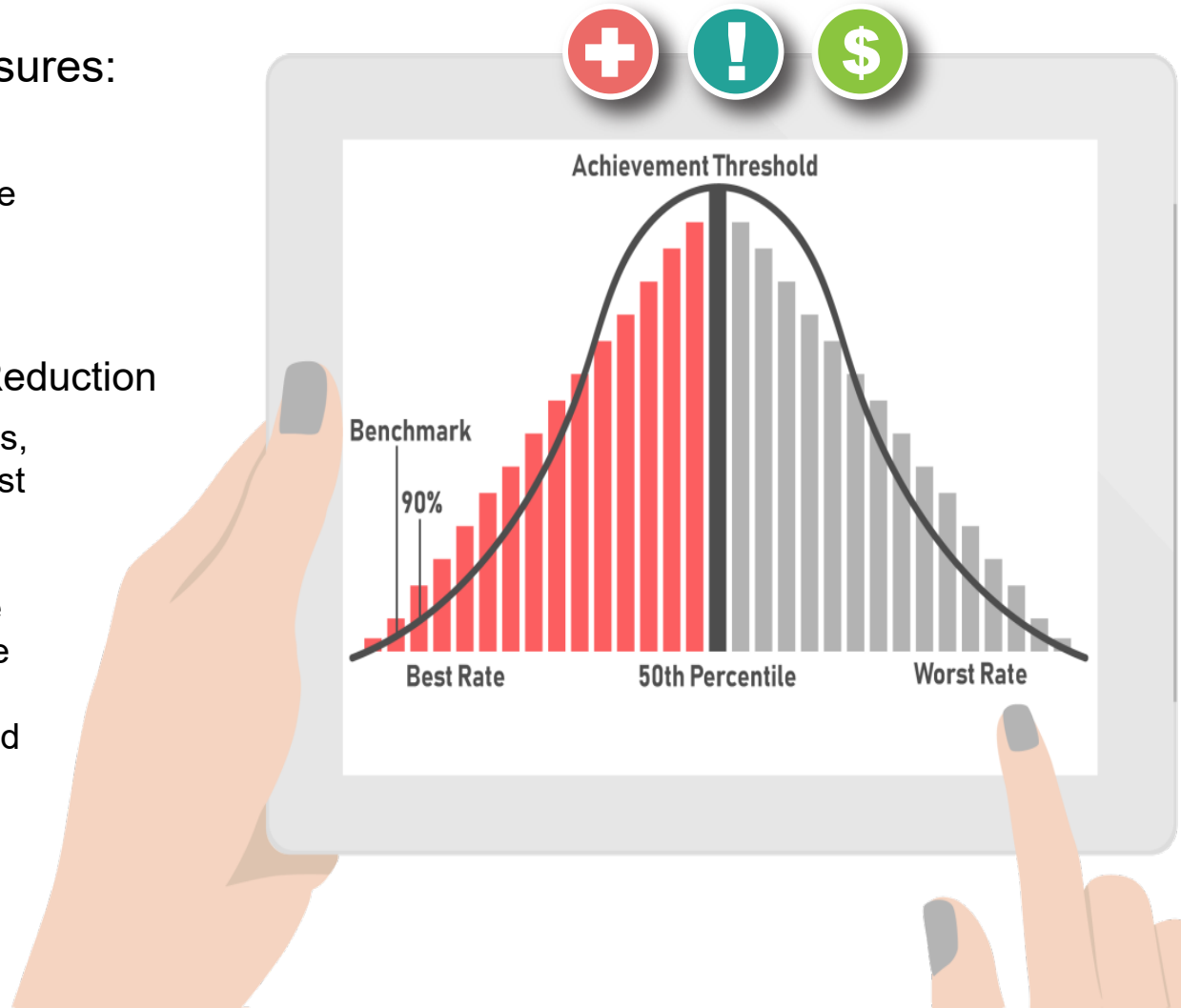
\* The 30-day mortality measures are reported as survival rates; therefore, higher values represent a better outcome.



# Lower Performance Standards

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

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





# FY 2027 Performance Standards

## (Part 1)

Payment adjustment effective for discharges from October 1, 2026, to September 30, 2027				
Clinical Outcomes	<b>Mortality Measures</b>			
	<b>Baseline Period</b> July 1, 2017–June 30, 2020*		<b>Performance Period</b> July 1, 2022–June 30, 2025	
	<b>Measure ID</b>	<b>Measure Name</b>	<b>Achievement Threshold</b>	<b>Benchmark</b>
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.877824	0.893133
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.971149	0.980752
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.917395	0.932640
	MORT-30-HF	Heart Failure 30-Day Mortality	0.887571	0.913388
	MORT-30-PN	Pneumonia 30-Day Mortality	0.844826	0.877204
	<b>Complication Measure</b>			
	<b>Baseline Period</b> April 1, 2017–March 31, 2020*		<b>Performance Period</b> April 1, 2022–March 31, 2025	
	<b>Measure ID</b>	<b>Measure Name</b>	<b>Achievement Threshold</b>	<b>Benchmark</b>
	↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.023322	0.017018
Person and Community Engagement	<b>Baseline Period</b> Jan. 1, 2023–Dec. 31, 2023			
	<b>HCAHPS Survey Dimensions*</b>		<b>Performance Period</b> Jan. 1, 2025–Dec. 31, 2025	
		<b>Floor (%)</b>	<b>Achievement Threshold (%)</b>	<b>Benchmark (%)</b>
	Communication with Nurses	51.40	77.32	86.30
	Communication with Doctors	51.59	77.53	86.29
	Responsiveness of Hospital Staff	X	X	X
	Communication about Medicines	35.92	58.08	70.11
	Hospital Cleanliness and Quietness	38.41	63.37	77.73
	Discharge Information	64.47	86.02	91.48
	Care Transition	X	X	X
	Overall Rating of Hospital	34.52	68.79	83.97

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

# FY 2027 Performance Standards

## (Part 2)

Healthcare-Associated Infections				
Safety	Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	↓ CAUTI	Catheter-Associated Urinary Tract Infection	0.500	0.000
	↓ CDI	Clostridium <i>difficile</i> Infection	0.351	0.000
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.608	0.000
	↓ MRSA	Methicillin-Resistant Staphylococcus <i>aureus</i>	0.650	0.000
	↓ SSI	Colon Surgery Abdominal Hysterectomy	0.735 0.884	0.000 0.000
	↑ SEP-1	Severe Sepsis & Septic Shock	0.618251	0.860833
25%				
Efficiency and Cost Reduction	Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025	
	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
25%				

↓ Indicates lower values are better for the measure ↑ Indicates higher values are better for the measure.

\*These baseline periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020. Qualifying claims will be excluded from the measure calculations for January 1, 2020–March 31, 2020 (Q1 2020) and April 1, 2020–June 30, 2020 (Q2 2020) from claims-based, complication, and mortality measures. For information, see the FY 2022 Inpatient Prospective Payment System/Long-Term Care Prospective Payment System final rule (pages 45297 through 45299).

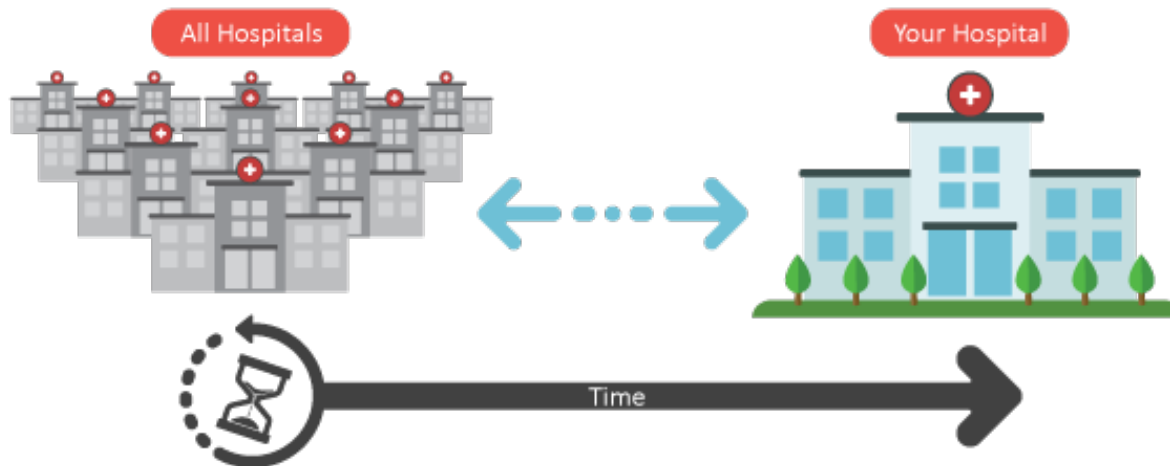
\*\*For the FY 2027 program year, we would only score on the six dimensions of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey that would remain unchanged from the current version.

# 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.



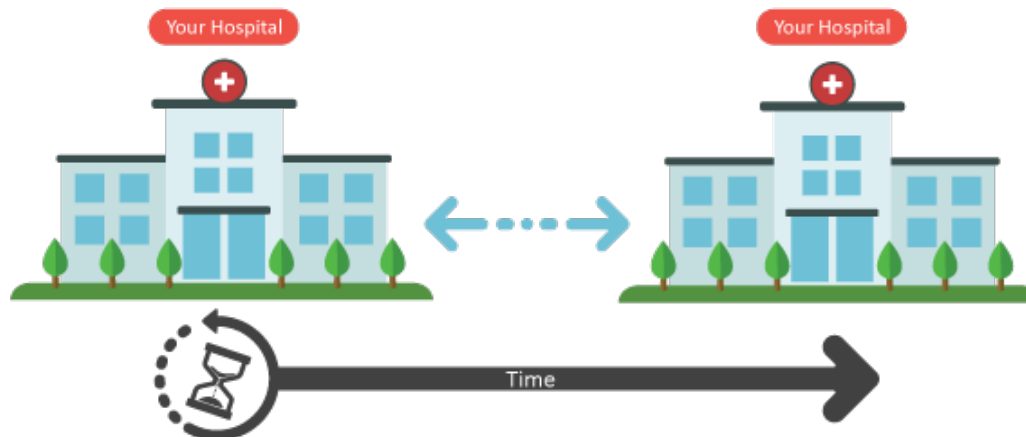
# Improvement Points

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.



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## **Accessing the Report**

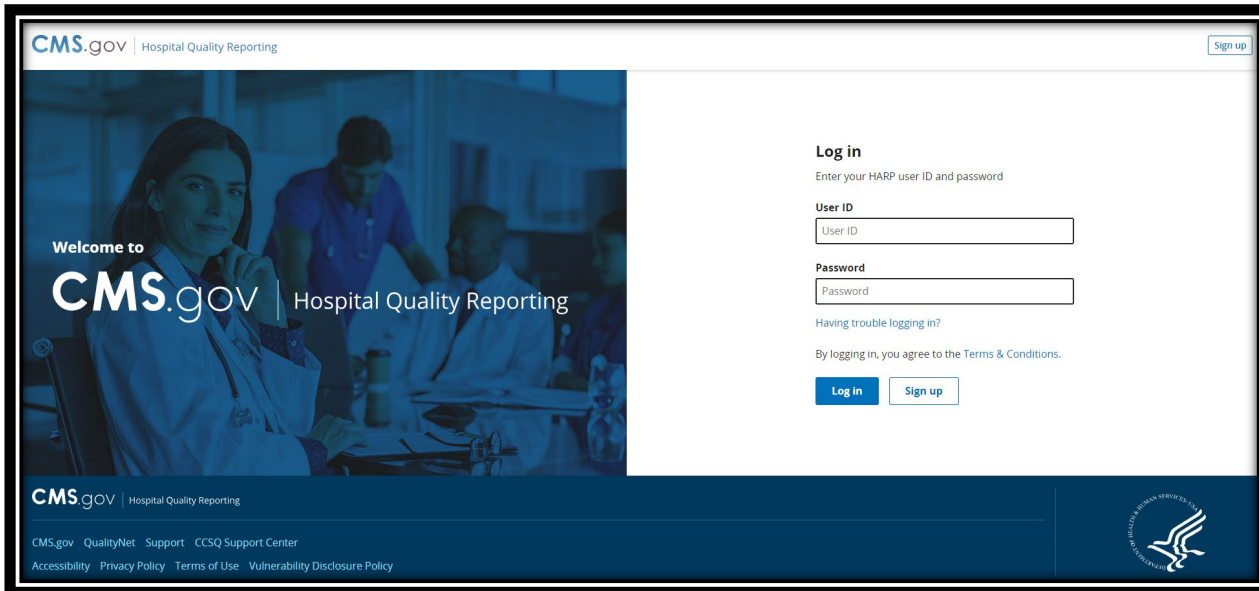
# Report Availability

- The **Baseline Reports** are available on the *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:** Log into the HQR System using a Health Care Quality Improvement System (HCQIS) Access Roles and Profile (HARP) account. The HQR System requires users to have a HARP account to log in. If you currently have a HARP account, visit the HQR login page and log in using your HARP user ID and password. If you do not have a HARP account, you may register for a HARP ID.

**Step 2:** Enter your HARP User ID and Password. Then, select **Login**.



The screenshot shows the CMS.gov Hospital Quality Reporting login page. The page has a blue header with the CMS.gov logo and 'Hospital Quality Reporting' text. A 'Sign up' button is in the top right. The main content area is split: the left side features a blue-tinted image of healthcare professionals with the text 'Welcome to CMS.gov | Hospital Quality Reporting'; the right side is a white login form. The login form includes a 'Log in' heading, a prompt to 'Enter your HARP user ID and password', and two input fields for 'User ID' and 'Password'. Below these fields are links for 'Having trouble logging in?' and 'By logging in, you agree to the Terms & Conditions.' At the bottom of the form are 'Log in' and 'Sign up' buttons. The footer contains the CMS.gov logo, 'Hospital Quality Reporting', and a list of links: 'CMS.gov', 'QualityNet', 'Support', 'CCSQ Support Center', 'Accessibility', 'Privacy Policy', 'Terms of Use', and 'Vulnerability Disclosure Policy'. The Department of Health & Human Services seal is in the bottom right corner.

CMS.gov | Hospital Quality Reporting

Welcome to  
**CMS.gov** | Hospital Quality Reporting

**Log in**  
Enter your HARP user ID and password

User ID

Password

[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#).

[Log in](#) [Sign up](#)

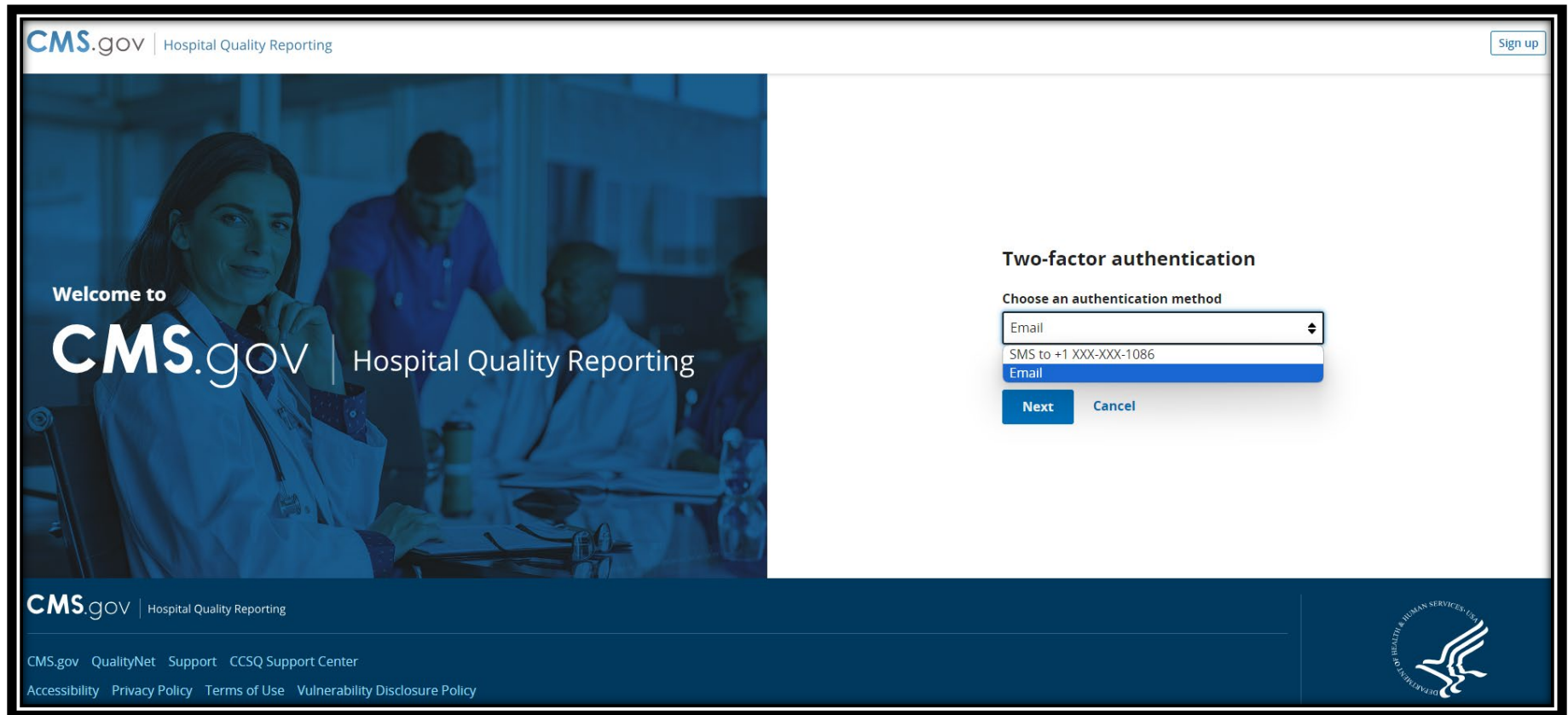
CMS.gov | Hospital Quality Reporting

[CMS.gov](#) [QualityNet](#) [Support](#) [CCSQ Support Center](#)  
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#) [Vulnerability Disclosure Policy](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES

# 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 **Next**.



The screenshot shows the CMS.gov Hospital Quality Reporting interface. On the left, a blue-tinted image of healthcare professionals is overlaid with the text "Welcome to CMS.gov | Hospital Quality Reporting". The top right corner has a "Sign up" button. The main content area is titled "Two-factor authentication" and prompts the user to "Choose an authentication method". A dropdown menu is open, showing three options: "Email", "SMS to +1 XXX-XXX-1086", and "Email" (highlighted in blue). Below the dropdown are "Next" and "Cancel" buttons. The footer contains the CMS.gov logo, navigation links (QualityNet, Support, CCSQ Support Center), and policy links (Accessibility, Privacy Policy, Terms of Use, Vulnerability Disclosure Policy). The Department of Health & Human Services logo is in the bottom right corner.

CMS.gov | Hospital Quality Reporting

Welcome to  
**CMS.gov** | Hospital Quality Reporting

**Two-factor authentication**

Choose an authentication method

Email  
SMS to +1 XXX-XXX-1086  
Email

Next Cancel

CMS.gov | Hospital Quality Reporting

CMS.gov QualityNet Support CCSQ Support Center

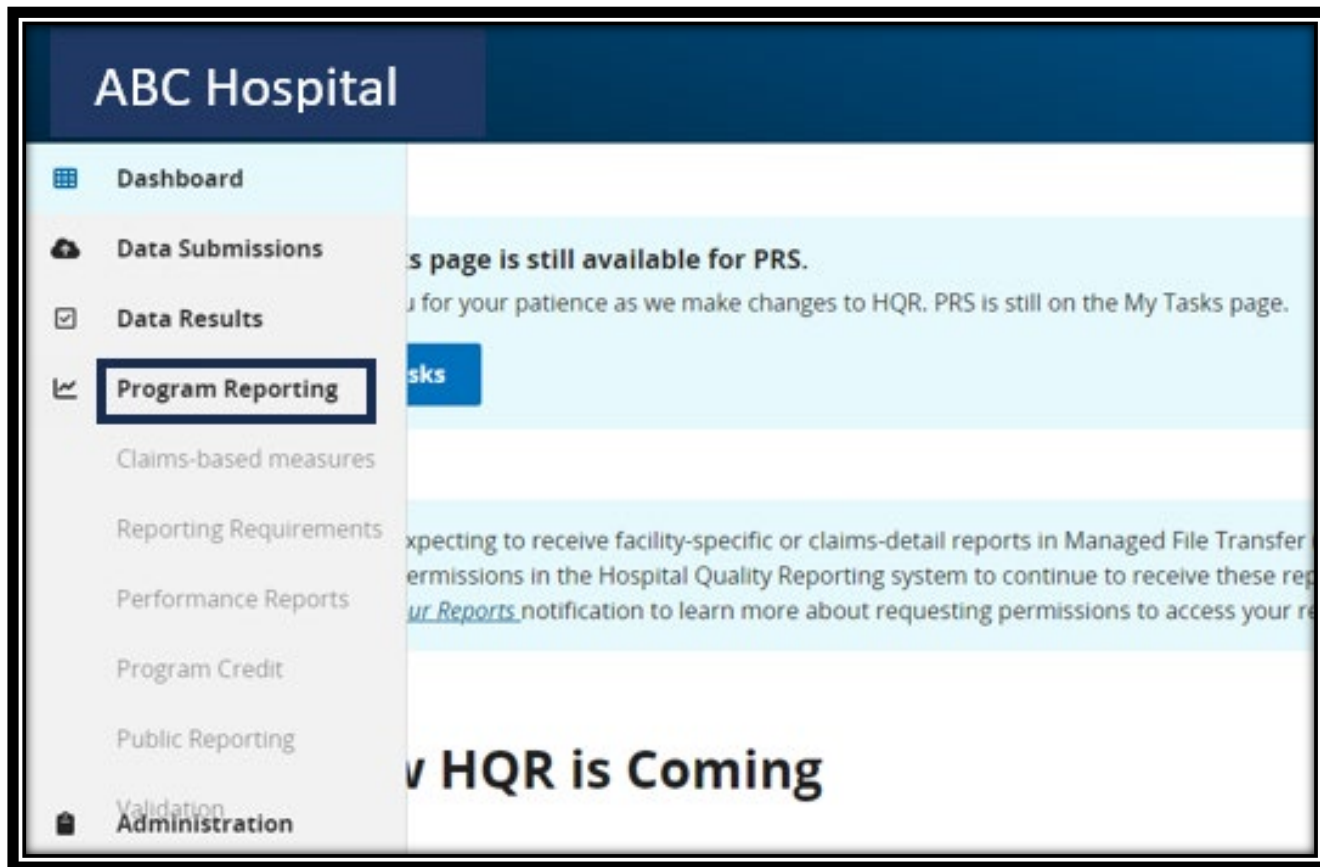
Accessibility Privacy Policy Terms of Use Vulnerability Disclosure Policy

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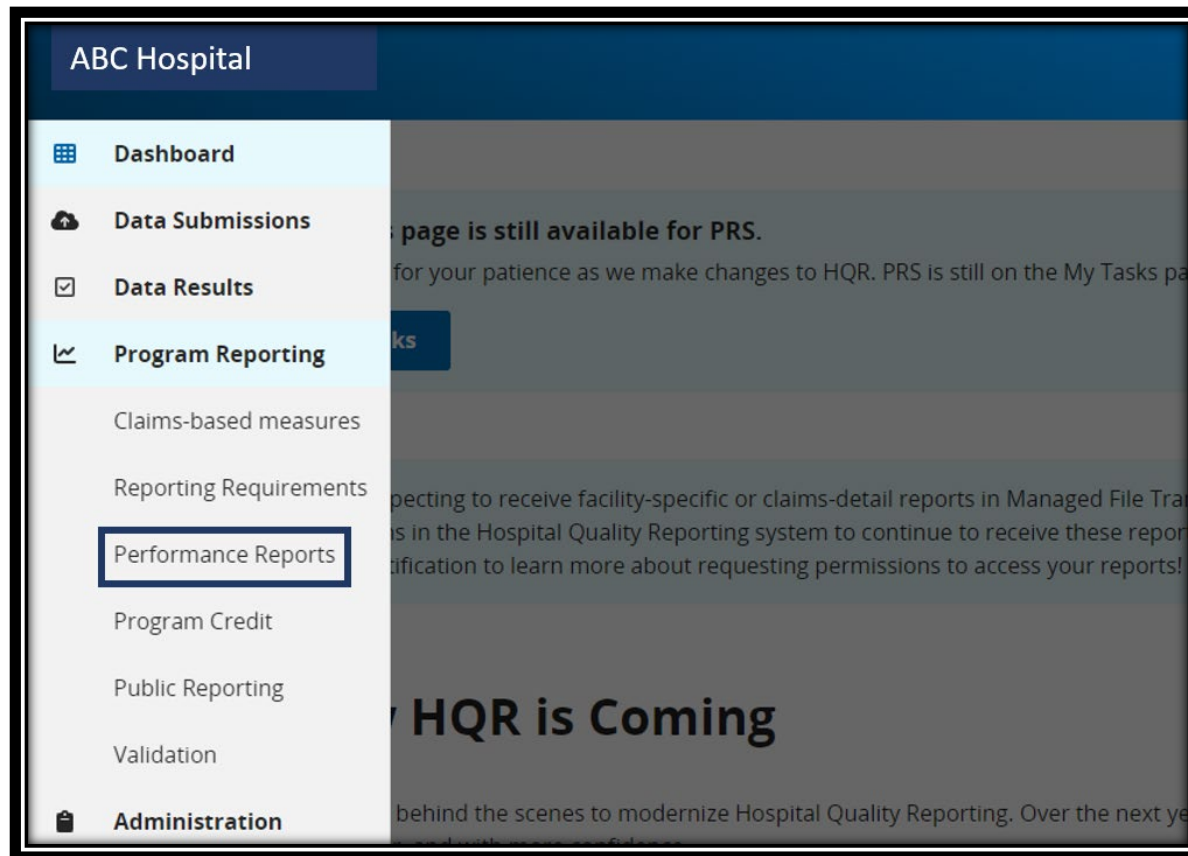
# Accessing the Report

**Step 4:** On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.



# Accessing the Report

**Step 5:** From the expanded Program Reporting drop-down menu, select **Performance Reports**.

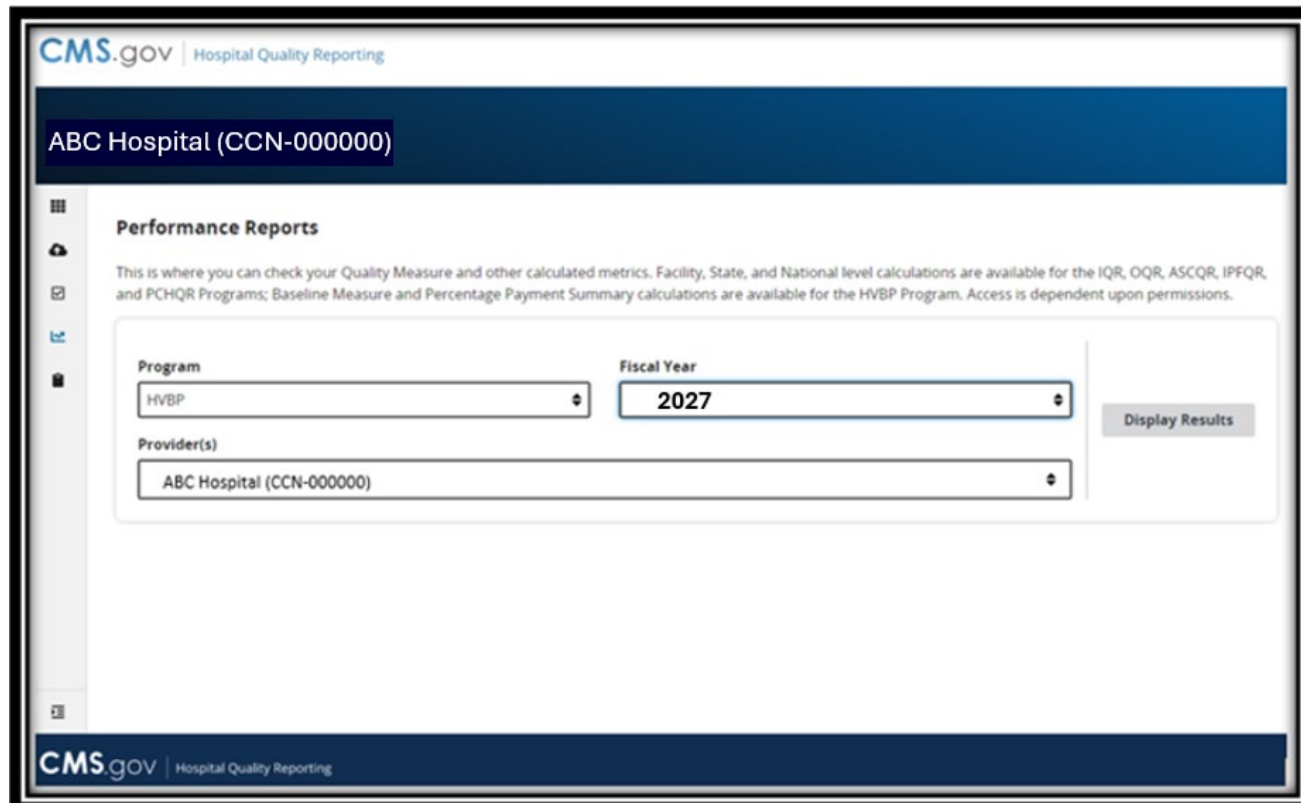


# Accessing the Report

**Step 6:** Select **HVBP** from the Program selection menu.

**Step 7:** Select **2027** from the Fiscal Year selection menu.

**Step 8:** Select your hospital from the Provider selection menu.  
Select **Display Results**.



The screenshot displays the CMS.gov Hospital Quality Reporting interface. At the top, the header reads "CMS.gov | Hospital Quality Reporting". Below this, a dark blue banner identifies the user as "ABC Hospital (CCN-000000)". The main content area is titled "Performance Reports" and includes a descriptive paragraph: "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 the text are three selection menus: "Program" with "HVBP" selected, "Fiscal Year" with "2027" selected, and "Provider(s)" with "ABC Hospital (CCN-000000)" selected. A "Display Results" button is positioned to the right of these filters. The footer of the interface also reads "CMS.gov | Hospital Quality Reporting".

# Option to Export PDF

The screenshot shows the CMS.gov Hospital Quality Reporting interface. At the top, the header reads 'CMS.gov | Hospital Quality Reporting'. Below this, a dark blue banner displays 'ABC Hospital- 000000'. The main content area is titled 'Performance Reports' and includes a descriptive paragraph: '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 the text, there are two dropdown menus: 'Program' (set to 'HVBP') and 'Fiscal Year' (set to '2027'). To the right of these is a 'Display Results' button. Below the 'Program' dropdown is a 'Provider(s)' dropdown set to 'ABC Hospital (CCN-000000)' with an 'All Selected' indicator. To the right of the 'Provider(s)' dropdown is an 'Export PDF' button, which is circled in red. Below the form fields, there is a paragraph explaining the results view: 'Here is where you can view your hospital's results in the Hospital Value-Based Purchasing (VBP) Program. In the Performance 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 Measures 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.'

At the bottom, there are two expandable sections: 'Baseline Measures' (which is currently expanded), '+ Clinical Outcomes', and '+ Person And Community Engagement'.

# Instructions to Access Baseline Reports

**To access your FY 2027 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 **Log in**.
3. You will be directed to the Two-Factor Authorization page.  
Select the device you would like to retrieve the verification code. Select **Next**.
4. Once you receive the code, enter it. Select **Next**.
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 **2027** from the Fiscal Year selection menu.
10. Select your hospital from the Provider selection menu.  
Select **Display Results**.

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## **Reviewing your Report**

# Clinical Outcomes Domain (Part 1)

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.				Fiscal Year 2027
ABC Hospital (CCN-000000)				Exported 2/28/2025 12:23 PM Data as of: 02/04/2025
Clinical Outcomes				
Baseline Period: 04/01/2017 - 03/31/2020				
Risk-Standardized Complication Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-	0.023322	0.017018
Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2017 - 06/30/2020				
30-Day Risk-Standardized Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	4	0.879225	0.877824	0.893133

# Clinical Outcomes Domain (Part 2)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

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Fiscal Year 2027

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Data as of: 02/04/2025

### ABC Hospital (CCN-000000)

Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.971149	0.980752
Heart Failure (HF) 30-Day Mortality Rate	50	0.900406	0.887571	0.913388
Pneumonia (PN) 30-Day Mortality Rate	38	0.851104	0.844826	0.877204



# Information Pop-Ups

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	-		
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		
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

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

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Fiscal Year 2027

Exported 2/28/2025 12:23 PM

Data as of: 02/04/2025

ABC Hospital (CCN-000000)

### Person And Community Engagement

Baseline Period:  
01/01/2023 - 12/31/2023

HCAHPS Surveys Completed During the Baseline Period:14

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses**	73.5313%	51.40%	77.32%	86.30%
Communication with Doctors**	87.3212%	51.59%	77.53%	86.29%
Communication about Medicines**	86.5636%	35.92%	58.08%	70.11%
Cleanliness and Quietness of Hospital Environment**	68.4241%	38.41%	63.37%	77.73%
Discharge Information**	93.2762%	67.47%	86.02%	91.48%
Overall Rating of Hospital**	52.7621%	34.52%	68.79%	83.97%

# Safety Domain (Part 1)

HVBP Baseline Report					Page 4 of 6
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.					Fiscal Year 2027
ABC Hospital (CCN-000000)					Exported 2/28/2025 12:23 PM
Safety					Data as of: 02/04/2025
Baseline Period: 01/01/2023 - 12/31/2023					
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Achievement Threshold	Benchmark
Catheter-Associated Urinary Tract Infection**	N/A	N/A	N/A	0.500	0.000
Central Line-Associated Blood Stream Infection**	N/A	N/A	N/A	0.608	0.000
Clostridium difficile Infection**	0	0.937	N/A	0.351	0.000
Methicillin-Resistant Staphylococcus aureus Bacteremia**	0	0.083	N/A	0.650	0.000
SSI-Abdominal Hysterectomy**	N/A	N/A	N/A	0.884	0.000

# Safety Domain (Part 2)

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Page 5 of 6

Fiscal Year 2027

Exported 2/28/2025 12:23 PM

Data as of: 02/04/2025

### ABC Hospital (CCN-000000)

SSI-Colon Surgery**	N/A	N/A	N/A	0.735	0.000
---------------------	-----	-----	-----	-------	-------

Baseline Period:  
01/01/2023 - 12/31/2023

Process of Care	Numerator	Denominator	Baseline Period Rate	Achievement Threshold	Benchmark
SEP-1: Severe Sepsis and Septic Shock: Management Bundle**	N/A	N/A	-	0.618251	0.860833

# Efficiency and Cost Reduction Domain

## HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Page 6 of 6

Fiscal Year 2027

Exported 2/28/2025 12:23 PM

Data as of: 02/04/2025

**ABC Hospital (CCN-000000)**

### Efficiency And Cost Reduction

Baseline Period:

01/01/2023 - 12/31/2023

Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
Medicare Spending per Beneficiary (MSPB)	\$25,465.53	\$25,847.41	0.985226	60

N/A indicates no data available, no data submitted, or the value was not applicable for this measure.

A dash (-) indicates that the minimums were not met for calculations, or the value was not applicable.

A double asterisk (\*\*) indicates that the hospital did not meet the minimum requirements for the measure in the Baseline Period.

Calculated values were subject to rounding.

Maria Gugliuzza, MBA  
Program Lead, Hospital VBP Program  
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## **Requesting Permission to Access Reports**

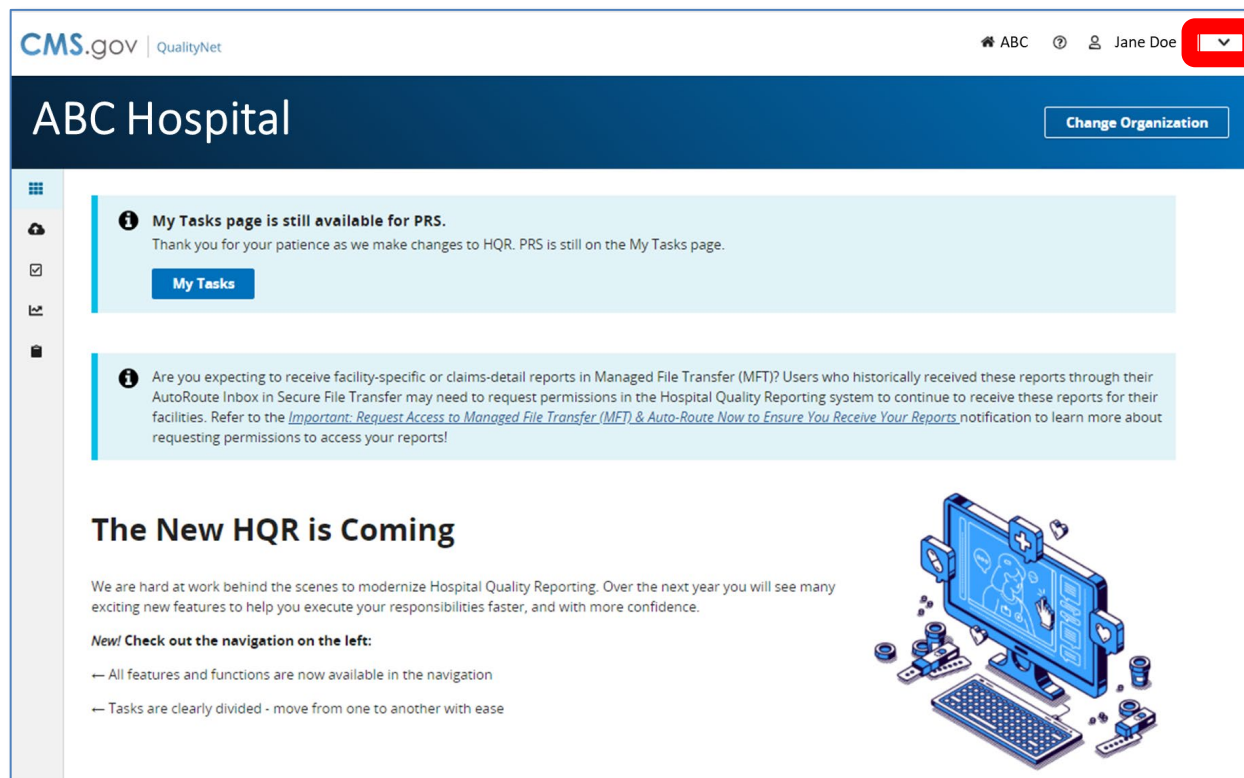
# Requesting Permission When You Don't Have Report Access

- 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

**Steps 1–3:** See earlier instructions.

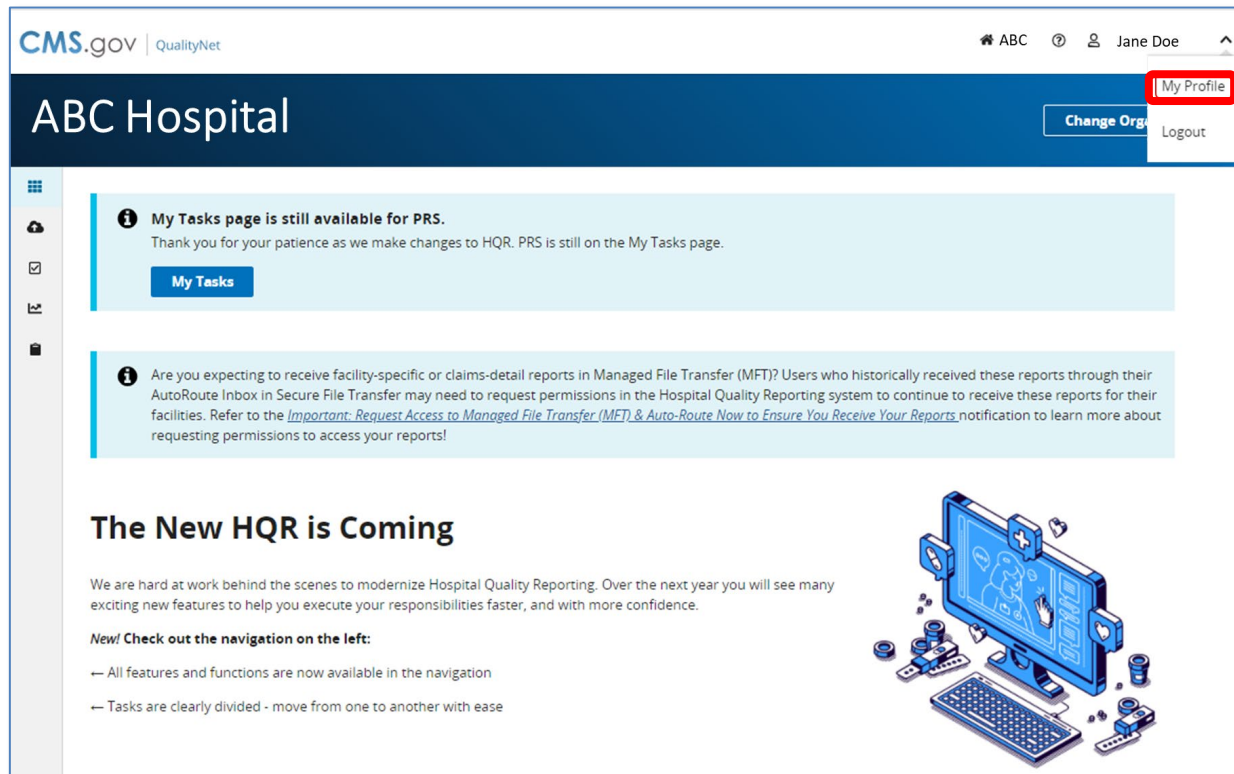
**Step 4:** On the HQR landing page, select the **drop-down arrow** by your name on the ribbon at the top of the page to expand the options.





# Requesting Permission

**Step 5:** From the expanded drop-down menu, select **My Profile**.



# Requesting Permission

**Step 6:** Select **View Access** button for the organization to view the Hospital VBP Program reports.

The screenshot displays the 'ABC Hospital' user interface. At the top, there's a blue header with the hospital name and a 'Change Organization' button. Below the header, a user profile for 'Jane Doe' is shown with her email 'JaneDoe2@abchospital.org' and links to update password, 2-factor authentication, and challenge question. The 'Organization Access' section features a 'Create Access Request' button and tabs for 'My Organizations' and 'Access Requests'. A search bar is present above a table of organizations. The table has columns for Organization, Organization ID, User Type, and Status. The first row lists 'ABC Hospital' with ID 'A3ABM581', 'Basic' user type, and 'Active' status. A 'View Access' button is highlighted with a red box next to the 'ABC Hospital' entry.

ABC Hospital

Change Organization

< Dashboard New Feature Tour

Jane Doe  
JaneDoe2 · JaneDoe2@abchospital.org

[Update Password](#) [Update 2-Factor Authentication](#) [Update Challenge Question](#)

Organization Access [Create Access Request](#)

My Organizations Access Requests

Here are the organizations to which you currently have access. Navigate to any organization's page by clicking on the organization's name. The "View Access" button allows you to view your permissions at that organization.

Search

Search

Organization	Organization ID	User Type	Status
ABC Hospital	A3ABM581	Basic	Active


View Access

# Requesting Permission

**Step 7:** 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 8:** Confirm Basic or Security Administrator/Official 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.

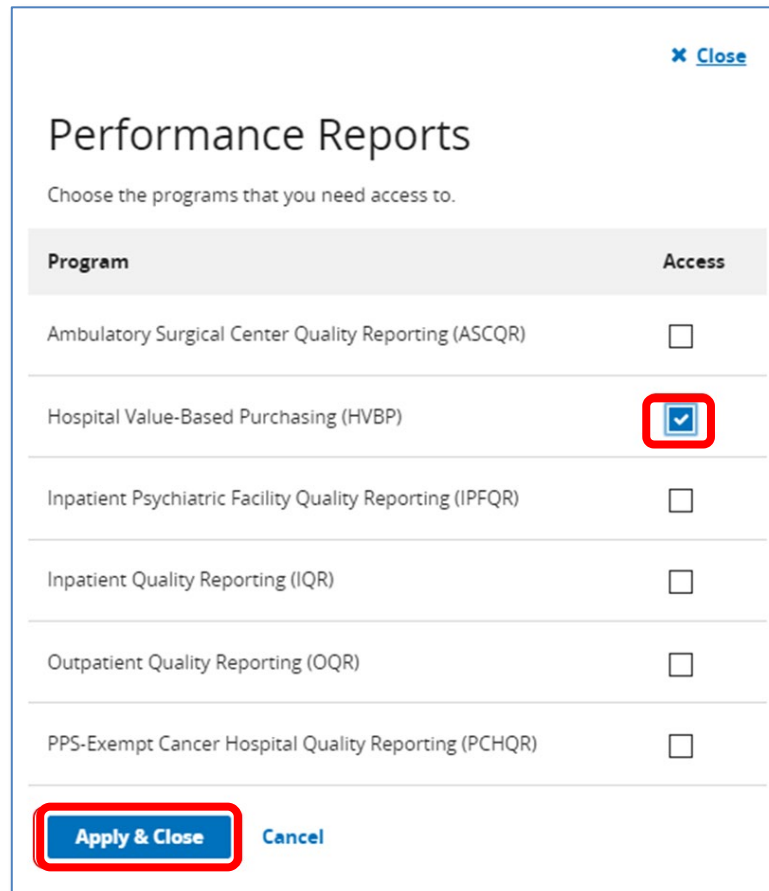
☐ **Security Administrator/Official**  
A Security Administrator/Official is a person who manages User Types & Permissions for their Organization and the programs they support. Most SA/O have Read/Write access to their programs.

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 9:** 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." A table lists several programs with checkboxes for access. The "Hospital Value-Based Purchasing (HVBP)" row has its checkbox checked and is highlighted with a red box. At the bottom, the "Apply & Close" button is also highlighted with a red box, next to a "Cancel" button.

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 10:** 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 11:** Click the Submit button at the bottom of the form.

### Create Access Request

 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](#)

# Requesting HVBP Program Access for Performance Reports

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 **Next**.  
Once you receive the code, enter it. Select **Next**.
4. On the HQR landing page, to expand the options, select **the drop-down arrow** by your name at the top.
5. From the expanded drop-down menu, select **My Profile**.
6. Select **View Access** for the organization's Hospital VBP Program reports you wish to view.
7. Review your **Performance Reports** Program Access to confirm **HVBP** is selected.  
Select **Request Change in Access** if HVBP is not listed for Performance Reports.
8. Confirm **Security Official (SO)** user type based on your role in the organization.  
Click **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.
9. Select **Hospital Value-Based Purchasing (HVBP)**. Click **Apply & Close**.
10. Click **Review** at the bottom of the form.
11. Click **Submit** at the bottom of the form. You will receive an email confirmation (with the organization, submission date, and SO names) of your submission. SOs will be notified to review the request.  
Once the request is reviewed, you will receive a notification that your access was modified.



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## **Resources**

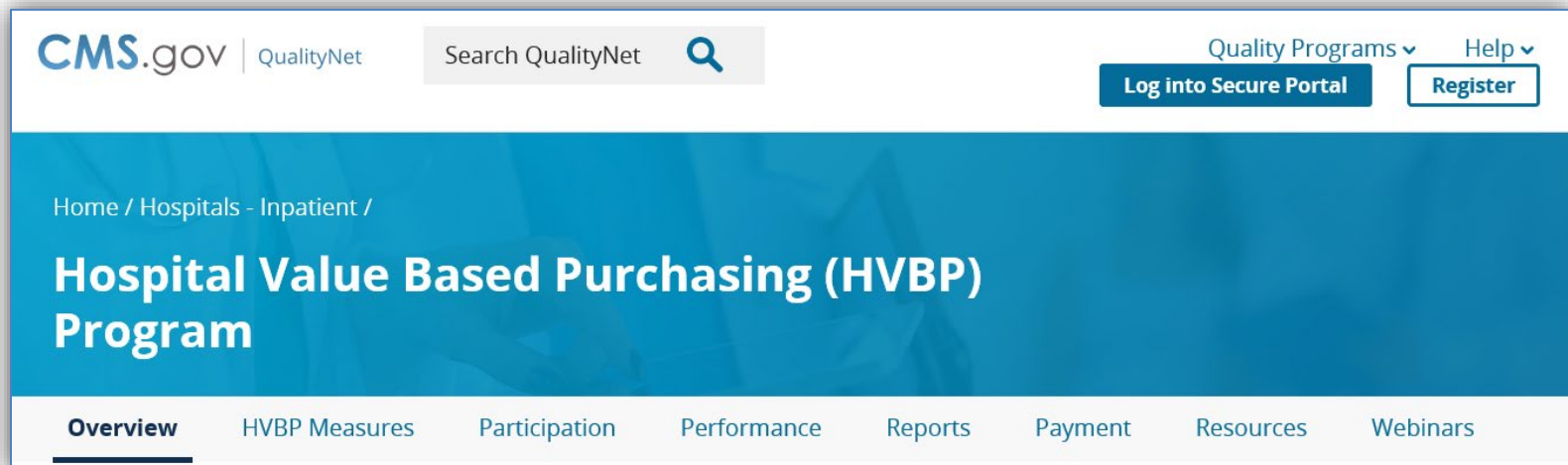
# QualityNet Resources

- **Hospital VBP Program General Information**

- From the **Hospitals – Inpatient** menu, select **Hospital Value-Based Purchasing Program**.
- Direct link: <https://qualitynet.cms.gov/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\\_qa](https://cmsqualitysupport.service-now.com/qnet_qa)



# Baseline Measures Report User Guide

The *Hospital VBP Program  
Baseline Measures Report  
User Guide* will be available  
on the [Hospital VBP Program  
Resources page on QualityNet](#)  
once reports are released.


Direct link:

[https://qualitynet.cms.gov/  
inpatient/hvbp/resources](https://qualitynet.cms.gov/inpatient/hvbp/resources)



# Quick Reference Guide

- The FY 2027 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>

Fiscal Year (FY) 2027 Hospital Value-Based Purchasing (VBP) Program Quick Reference Guide								
Payment adjustment effective for discharges from October 1, 2026, to September 30, 2027								
Clinical Outcomes	<b>Mortality Measures</b>				25%			
	Baseline Period July 1, 2017–June 30, 2020*		Performance Period July 1, 2022–June 30, 2025					
	Measure ID	Measure Name	Achievement Threshold	Benchmark				
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.877824	0.893133				
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.971149	0.980752				
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.917395	0.932640				
	MORT-30-HF	Heart Failure 30-Day Mortality	0.887571	0.913388				
	MORT-30-PN	Pneumonia 30-Day Mortality	0.844826	0.877204				
	<b>Complication Measure</b>							
	Baseline Period April 1, 2017–March 31, 2020*		Performance Period April 1, 2022–March 31, 2025					
Person and Community Engagement	Measure ID	Measure Name	Achievement Threshold	Benchmark	25%			
	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.023322	0.017018				
	<b>HCAHPS Survey Dimensions*</b>							
	Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025					
		Floor (%)	Achievement Threshold (%)	Benchmark (%)				
		Communication with Nurses	51.40	77.32				
		Communication with Doctors	51.59	77.53				
		Responsiveness of Hospital Staff	X	X				
		Communication about Medicines	35.92	58.08				
		Hospital Cleanliness and Quietness	38.41	63.37				
Safety		Discharge Information	64.47	86.02	25%			
		Care Transition	X	X				
		Overall Rating of Hospital	34.52	68.79				
	<b>Healthcare-Associated Infections</b>							
	Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025					
	Measure ID	Measure Name	Achievement Threshold	Benchmark				
	CAUTI	Catheter-Associated Urinary Tract Infection	0.500	0.000				
	CDI	Clostridium difficile Infection	0.351	0.000				
	CLABSI	Central Line-Associated Bloodstream Infection	0.608	0.000				
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.650	0.000				
Efficiency and Cost Reduction		SSI	Colon Surgery	0.735	25%			
		Abdominal Hysterectomy	0.884	0.000				
		SEP-1	Severe Sepsis & Septic Shock	0.618251				
				0.860833				
Efficiency and Cost Reduction	Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025		25%			
	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				

# Additional Resources

- For technical questions or issues related to accessing reports, contact the Center for Clinical Standards and Quality Service Center at [QnetSupport@cms.hhs.gov](mailto:QnetSupport@cms.hhs.gov) or (866) 288-8912.
- To ask questions related to the Hospital VBP Program, submit questions via the QualityNet Question and Answer Tool: [https://cmsqualitysupport.service-now.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question)
- For Hospital VBP Program general information, visit: <https://qualitynet.cms.gov/inpatient/hvbp>
- To register for Hospital VBP Program notifications, visit: <https://qualitynet.cms.gov/listserv-signup>

## FY 2027 Baseline Measures Report Overview

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### **Questions**

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