



Hospital Value-Based Purchasing Program

Support Contractor

Hospital Value-Based Purchasing (VBP) Program Fiscal Year (FY) 2017 Percentage Payment Summary Report (PPSR) Overview

Questions and Answers

Moderator/Speaker:

Bethany Wheeler-Bunch, MSHA
Project Lead, Hospital VBP Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

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Question 1: Is the report available via QualityNet?

The FY 2017 Percentage Payment Summary Reports will be made available in the QualityNet Secure Portal on or around August 1, 2016.

Question 2: Is there someone we can reach out [to] who can assist us with calculating the score for the domains in case we need help?

Questions may be submitted through the Inpatient Question and Answer Tool on the QualityNet website at <https://cms-ip.custhelp.com/>. We would be more than happy to answer the questions you have regarding calculations.

Question 3: When are the baseline and performance periods?

The baseline and performance periods for each domain and measure are listed in the table below:



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Domain	Subdomain/ Measure	Baseline Period	Performance Period
Clinical Care	Process	1/1/2013– 12/31/2013	1/1/2015– 12/31/2015
	Outcomes	10/1/2010– 6/30/2012	10/1/2013– 6/30/2015
PCCEC/CC	HCAHPS Survey	1/1/2013– 12/31/2013	1/1/2015– 12/31/2015
Safety	Agency for Healthcare Research and Quality (AHRQ) PSI-90 Composite	10/1/2010– 6/30/2012	10/1/2013– 6/30/2015
	Centers for Disease Control and Prevention (CDC) Healthcare-Associated Infection (HAI) Measures	1/1/2013– 12/31/2013	1/1/2015– 12/31/2015
Efficiency and Cost Reduction	MSPB	1/1/2013– 12/31/2013	1/1/2015– 12/31/2015

Question 4: How is the achievement threshold and benchmark threshold communicated out to the hospitals?

The performance standards are generally published in the Inpatient Prospective Payment System (IPPS) Rules. In the case that the performance standards need to be updated through CMS’s technical update authority, a QualityNet News Article has historically been posted. The performance standards will also be listed on your hospital’s baseline measures report and percentage payment summary report.

Question 5: If a patient is made palliative care or comfort care and expires, how does that code status affect the Mortality for AMI?

You may submit questions regarding the 30-Day Mortality Measures methodology to cmsmortalitymeasures@yale.edu.

Question 6: What is the fiscal year time frame?

The Hospital VBP Program impacts payments for a fiscal year. This presentation is based on the FY 2017 Program, which impacts payments from October 1, 2016, through September 30, 2017.



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Question 7: I'm reviewing a VBP Baseline Measures report and there is an index value. Is the index value the baseline score?

Yes, the index value listed on your hospital's baseline measures report is the baseline index value.

Question 8: What measures are included in the FY 2018 Hospital VBP Program?

The following link is a quick reference guide for the FY 2018 Hospital VBP Program: <http://www.qualityreportingcenter.com/wp-content/uploads/2016/02/FY-2018-VBP-domain-weighting-Graphic508F.pdf>

Question 9: How do we determine the monetary impact with the TPS? We have executives that are interested in the dollar amount impacted by VBP scores.

You may use the payment adjustment factor listed on your hospital's percentage payment summary report. This value is multiplied against your hospital's base-operating Diagnosis-Related Group (DRG) payment amount. You may estimate the total impact of VBP, by multiplying the factor by an estimated base-operating DRG payment amount and then determine the difference between the result and the original base-operating DRG payment amount.

Question 10: Can hospitals receive an incentive greater than the 2% withhold and a 2% incentive payment?

The maximum reduction that a hospital can incur is two percent in FY 2017; however, a hospital can earn back more, based on the exchange function slope and the hospital's performance for the fiscal year.

Question 11: What is the HCAHPS Floor Percent?

The floor is the score of the lowest performing hospital during the baseline period. The floor is used to determine a hospital's lowest dimension score and subsequent consistency score.



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Question 12: If a hospital does not have an SSI for colon, are they eligible for points?

The hospital only has to meet the minimum of 1,000 predicted infections in one of the two strata, colon surgery and abdominal hysterectomy. If only the abdominal hysterectomy minimum is met, the measure score will be weighted 100% to the abdominal hysterectomy stratum. This is also true for the colon surgery stratum, if the minimums are only met for that stratum. If both strata meet the minimum, the measure scores will be weighted by predicted number of infections. The only scenario in which a Surgical Site Infection (SSI) measure score will not be awarded is when the hospital does not meet the minimum 1,000 predicted infections in either stratum.

Question 13: On Slide #60, please explain the Measure Score Calculation of 7.

The calculation of seven is explained on slide 58. The SSI measure score uses the additional formula that weighs the measure score by the predicted number of infections during the performance period.

Question 14: [Is] mortality rate using primary DX or Dx listed anywhere in the coding?

You may submit questions regarding the 30-Day Mortality Measure methodology to cmsmortalitymeasures@yale.edu.

Question 15: Which 9 Diagnosis codes and six procedure codes are used for PSI-90?

CMS utilizes the first nine diagnosis and six procedure codes on applicable claims for the calculation of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator, PSI-90, Composite within the FY 2017 HVBP Program. The codes utilized for the calculation will be specific to the claim submitted by the hospital.

Question 16: MSPB Metric: For post-acute care, what does "Carrier" stand for?

Questions regarding the Medical Spending per Beneficiary (MSPB) measure methodology may be submitted to <mailto:mcmspspbmeasure@acumenllc.com>



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Question 17: Will the report be released as a secure email or a report that we need to run in *QualityNet*?

The report will release in the QualityNet Secure Portal Report run interface.

Question 18: What does the efficiency and cost reduction include? Readmissions?

This domain contains the MSPB measure.

Question 19: If a hospital is excluded from VBP due to having 3 cases of immediate jeopardy during the performance period, then the hospital continues to receive its full DRG payment? For example, no two percent without to be earned back?

Hospitals with this exclusion will not have their payments impacted by the Hospital VBP Program. In other words, the two percent reduction would not occur, and the hospital would not be eligible for incentive payments.

Question 20: Clinical care process measures that include five percent. Do eQMs apply?

The electronic Clinical Quality Measure (eCQM) versions of the chart-abstracted measures are not included in the Hospital VBP Program for FY 2017.

Question 21: Will pain satisfaction results continue to be included in the HCAHPS dimension scores, given the recent concerns about opioid overdose?

The Pain Management dimension is currently proposed for removal from the FY 2018 Hospital VBP Program in the Calendar Year (CY) 2017 Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Proposed Rule. For more information on this proposal, you may reference the CY 2017 OPPS/ASC Proposed Rule (81 FR 45755 through 45757). CMS anticipates the CY 2017 OPPS Final Rule will be published on or around November 1, 2016.



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Question 22: I have questions regarding the HAI measures' protocols and Lab ID events. Who can I contact for more information?

Healthcare Associated Infection (HAI) measure data is submitted through the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). For more information on protocols relating to HAI measures, please submit your questions through the NHSN helpdesk at nhsn@cdc.gov.

Question 23: If a hospital clearly has a zero infection rate, it seems that some improvement and/or achievement should be rewarded regardless of whether an SIR can be calculated. Is CMS looking into this possibility for hospitals with smaller denominators?

In the FY 2013 Inpatient Prospective Payment System (IPPS) / Long-Term Care Hospital (LTCH) Final Rule (77 FR 53608), CMS stated, "For the CLABSI measure, we proposed to adopt CDC's minimum case criteria, which calculates a standardized infection ratio for a hospital on the CLABSI measure if the hospital has 1 predicted infection during the applicable period. We believe that the measure stewards' methodologies for constructing reliable measure data are most appropriate for use in the Hospital VBP Program."

Question 24: If a facility is not eligible for VBP, I understand that they will not be able [to] qualify for a bonus payment, but if they know they will be in a penalty situation what eliminates the moral hazard of becoming ineligible to avoid penalty. Is there other effects to Market Basket or other reimbursement elements?

The Hospital VBP Program has six exclusion reasons: 1) the hospital is subject to payment reductions under the Hospital IQR Program, 2) the hospital is cited for deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients, 3) hospital has an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program, 4) the hospital did not meet the minimum number of domains calculated for the applicable fiscal year, 5) the hospital is located in the state of Maryland and the state has an approved waiver to participate in the all-payer model, and 6) the hospital is closed. Based on these exclusions, a hospital can choose to not participate or not comply with one or more of the requirements in the Hospital IQR Program; however, the hospital would be subject to payment reductions to their market basket update.

END