



Hospital Value-Based Purchasing (VBP) Program

Support Contractor

Overview of the Hospital Value-Based Purchasing (VBP) Program Fiscal Year (FY) 2019

Questions and Answers

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Question 1: Are the performance standards for the Healthcare Associated Infection (HAI) measures based on Standardized Infection Ratio (SIR) or the infection rate?

The performance standards are calculated from hospital SIRs during the baseline period. The SIR is calculated as a hospital's actual (observed) number of infections divided by their predicted number of infections, calculated by the Centers for Disease Control and Prevention (CDC).

Question 2: What are the baseline and performance periods for FY 2019? In addition, when will the payments be impacted from the FY 2019 Hospital VBP Program?

The baseline and performance periods are displayed on slide 31 and in the table below. An additional table of the baseline and performance period dates is available on the [QualityNet](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237410) Baseline and Performance Period Pages at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237410>. The FY 2019 Hospital VBP Program will adjust payments from October 1, 2018, through September 30, 2019.

Domain	Baseline Period	Performance Period
Clinical Care <ul style="list-style-type: none"> Mortality (MORT-30-AMI, MORT-30-HF, MORT-30-PN) THA/TKA 	July 1, 2009 – June 30, 2012 July 1, 2010 – June 30, 2013	July 1, 2014 – June 30, 2017 January 1, 2015 – June 30, 2017
Person and Community Engagement	January 1–December 31, 2015	January 1–December 31, 2017
Safety <ul style="list-style-type: none"> AHRQ PSI-90 Composite PC-01 HAI Measures 	July 1, 2011–June 30, 2013 January 1–December 31, 2015 January 1–December 31, 2015	July 1, 2015–June 30, 2017 January 1–December 31, 2017 January 1–December 31, 2017
Efficiency and Cost Reduction	January 1–December 31, 2015	January 1–December 31, 2017



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Question 3: Can you expand on inclusions and exclusions of HAIs? For example, if a pediatric hospital shares a CMS Certification Number (CCN) with an adult hospital, are the pediatric intensive care units (ICUs) and selected medical/surgical wards included in the Hospital VBP Program?

Thank you for your question. For specific questions regarding NHSN calculation, please contact nhsn@cdc.gov.

Question 4: Do you anticipate another update to the HAI measures achievement thresholds in respect to the National Healthcare Safety Network (NHSN) 2015 rebaseline or is this "technical" update intended to address that as well? Specifically, do you anticipate any changes for FY 2017 and 2018 based on the rebaseline?

We do not anticipate any changes to FY 2017 or FY 2018. Those two fiscal years will use the "current standard population" or the old baseline. CMS will use that data configuration for all data sets in those fiscal years including the baseline period rate, performance period rate, and performance standards.

Question 5: Do you know when (which FY) CMS plans to start using version 6.0 and 10 measures for PSI 90 instead of the current 5.0 version and 8 measures?

CMS stated in the FY 2017 IPPS Final Rule that they intend to propose the new version of the Agency for Healthcare Research and Quality (AHRQ) PSI-90 measure (renamed the Patient Safety and Adverse Event Composite measure) for the Hospital VBP Program in future rule-making as soon as it is feasible. Reference the FY 2018 IPPS Proposed Rule when it is made available later this spring.

CMS has adopted use of the new version of the measure in the Hospital Inpatient Quality Reporting (IQR) Program and Hospital-Acquired Condition (HAC) Reduction Program beginning with the FY 2018 program year.

Question 6: Do the HAI measures include all patients or just Medicare patients?

The HAI measures include all patients that meet the measure specifications, not just Medicare patients.



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Question 7: Please explain the difference between benchmark and achievement threshold.

The benchmark is the mean of the top decile, which means the average of the best 10%. The achievement threshold is the median, which is the fiftieth percentile. Hospitals will receive the most achievement points if they reach the benchmark value, but will still receive at least one achievement point if they reach the achievement threshold.

Question 8: How did CMS calculate the AHRQ PSI 90 Composite Score Threshold when AHRQ has not calculated the risk adjustments for ICD-10 and AHRQ has added and removed PSI measures?

Performance standards (achievement threshold and benchmark) are calculated from baseline period data. The baseline period for the FY 2019 AHRQ PSI-90 Composite has a date range (July 1, 2011 – June 30, 2013) that is International Classification of Diseases version 9, ICD-9, only. In addition, CMS will be using the old version of the AHRQ PSI-90 Composite in FY 2019 for the Hospital VBP Program. The Hospital IQR Program and HAC Reduction Program will be using the new version of the measure in FY 2018 and subsequent fiscal years.

Question 9: How is the Hospital VBP Program different than the HAC Reduction Program?

The HAC Reduction Program was established to incentivize hospitals to reduce hospital-acquired conditions, such as HAIs and adverse events, by adjusting payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures. The HAC Reduction Program uses a different scoring methodology and requires a different assessment of payment adjustments than the Hospital VBP Program. For example, the HAC Reduction reduces payments for the bottom quartile of hospitals. The Hospital VBP Program adjusts payments for all hospitals, by first withholding 2% in FY 2019 and then providing incentive payments based on performance that may be more than or less than the original 2% withhold. The Hospital VBP Program also uses a broader set of measures than the HAC Reduction Program, for example, with the use of the mortality measures, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, and Efficiency and Cost Reduction measures. For more information on these two programs, read more on [QualityNet](#).



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Question 10: In the final rule, CMS indicated they were intending to propose to remove PSI-90 from the FY 2019 VBP. Is CMS still considering removing PSI-90 in FY 2019?

The next rule-making cycle is the FY 2018 IPPS Proposed Rule. We recommend looking for updates in that rule when it is made available later this spring.

Question 11: Is the benchmark the average performance of the top 10% of hospitals during the baseline or performance period?

For all measures except for the Medicare Spending per Beneficiary (MSPB) measure, the performance standards are calculated based on data from the baseline period.

Question 12: Is the denominator of CLABSI include pediatric and neonatal patients with the adult patients or is it reported separately?

The denominator for Central Line-Associated Blood Stream Infection (CLABSI) combines all locations and patients into one value.

Question 13: Our hospital has topped out on the elective delivery prior to 39 completed weeks gestation. Is the PC-01 measure going to continue to be a collected as a core measure?

The Perinatal Care, PC-01, measure will be used in the FY 2019 Hospital VBP Program and subsequent years of the program unless removed from the program through rulemaking.



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Question 14: On slide 30, it says you must have three measure scores in order to have a Safety domain score calculated. Our facility no longer has an obstetrics department. Does this mean we don't qualify for the three measures, and does it also mean we don't get any credit at all for the safety domain due to only having two measure scores?

There are seven measures in the Safety domain. The HAI grouping/measure set contains five measures. So, you could still receive a Safety domain score based on the AHRQ PSI-90 Composite and the five HAIs (CLABSI, Catheter-Associated Urinary Tract Infection [CAUTI], Methicillin-Resistant *Staphylococcus aureus* [MRSA], *Clostridium difficile* infection [CDI], and Surgical Site Infection [SSI]) if you do not meet the minimum data requirements to receive a score for the Perinatal Care, PC-01, measure.

Question 15: Our hospital did not have the minimum measures last year (previously we had, and this year we will), how did that affect our payment? Did we end up losing out after we had a withhold?

If a hospital is excluded from the program for any reason, including not meeting the minimum measures, CMS would not withhold the applicable percentage from the hospital's payments. However, the hospital would also not be eligible to receive incentive payments from the Hospital VBP Program. Essentially, no payment adjustment is made for that fiscal year.

Question 16: Can you please confirm which AHRQ QI software version was used for the FY 2019 Hospital VBP Program and HAC Reduction Program?

The Hospital VBP Program will use the old version of the AHRQ PSI-90 Composite measure, using software version 5.0.1. CMS announced the software version for the FY 2019 Hospital VBP Program in the February 24, 2017, [CMS issues technical update](#). The HAC Reduction will use the new version of the measure; the software version remains un-announced, but will be at least version 6.0. Updated information about AHRQ PSI software versions used in CMS quality programs will become available on QualityNet here:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228695355425>



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Question 17: Can you confirm that our performance in calendar year 2017 will be how payments are based in FY 2019?

The performance period varies per measure. The payments for FY 2019 (October 1, 2018 – September 30, 2019) are based on a hospital's performance from the baseline and performance periods listed on slide 31.

Question 18: What happens if a facility does not meet the minimum number of 100 completed HCAHPS surveys?

If 100 surveys are not submitted during the baseline period only, the hospital would not have an opportunity to receive improvement points. If the hospital did not meet the minimum of 100 surveys during the performance period, the hospital would not be eligible to receive achievement points or improvement points. In addition, the hospital would not receive a Person and Community Engagement Domain Score. The hospital could still receive a Total Performance Score (TPS) if the other three remaining domains met the minimum measure requirements.

Question 19: When will the next final Hospital VBP Program FY 2018 report be available?

The Percentage Payment Summary Report (PPSR) for FY 2018 will be available by late July or early August, 2017.

Question 20: Where can I get additional information on the THA/TKA Complication measure?

The baseline and performance periods are displayed on slide 31. For more information on the total hip arthroplasty / total knee arthroplasty (THA/TKA) measure, see

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772780555>. If you have questions regarding the specifications of the THA/TKA measure, please contact cmscomplicationmeasures@yale.edu.

Question 21: Why is the cutoff at which institutions are penalized not at the 50 percentile?

The Hospital VBP Program is an estimated budget neutral program. Because of the budget neutrality requirement, there may be a small percentage of hospitals above or below the fiftieth percentile that receive an overall increase or decrease in payments



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that doesn't align with their position in relation to the fiftieth percentile. If you have additional questions on this topic, submit your question to the Inpatient Q&A tool on *QualityNet* at <https://cms-ip.custhelp.com/>.

Question 22: Are specialty areas or mixed acuity areas such as telemetry included in the HAI measures in FY 2019?

For questions regarding NHSN specifications, please contact NHSN@cdc.gov.

Question 23: Do the Achievement Thresholds represent the performance goals?

The Achievement Threshold represents the median hospital performance during the baseline period. In order to receive achievement points in the Hospital VBP Program, a hospital must have a performance period rate that at least reaches the achievement threshold (i.e., median level of performance). Maximum achievement points are awarded to a hospital that meets or exceeds the benchmark value, which is the mean of the top decile of hospital performance during the baseline period.

Question 24: Have we already received our FY 2019 baseline reports or when will those be available?

The FY 2019 Baseline Measures Reports were made available to hospitals on March 13, 2017. CMS announced the availability through a [QualityNet news article](#) and through the Hospital IQR Program and Hospital VBP Program ListServes. You may sign up for these ListServes on *QualityNet* at <https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>.

Question 25: How does a facility validate the eligible number of cases have been met and included?

A hospital can validate the number of cases and their performance in the Hospital VBP Program through use of their Hospital IQR Program submissions and feedback reports from CMS (via the *QualityNet Secure Portal*) and NHSN for the applicable time period. In addition, CMS provides hospital specific reports for the claims-based measures including the mortality measures, AHRQ PSI-90 Composite, and MSPB measure during the performance period.

Question 26: In May of 2016, a study was published in Health Affairs showing that the 25% weight given to the MSPB measure/cost domain in the Hospital VBP has resulted in some low-quality providers receiving VBP incentive payments,



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presumably because they were so low cost. Do you all have any comments on this odd result and what, if anything, could be done to avoid rewarding low-quality performers in the future? The study was Anup Das et al., "Adding A Spending Metric to Medicare's Value-Based Purchasing Program Rewarded Low-Quality Hospitals", *HEALTH AFFAIRS* 35, no.5 (May 2016).

CMS is aware of the study and are taking the authors' findings under consideration for future potential refinements to the Hospital VBP Program payment methodology. We believe there needs to be a balanced consideration between quality and cost, which is reflected in our scoring methodology, with domain weights across all quality domains totaling 75 percent of the Total Performance Score and the remaining 25 percent focused on the Efficiency and Cost Reduction domain. The Hospital VBP program rewards both high achieving hospitals and improving hospitals, so it is possible that a small subset of improving hospitals might receive payment incentives. As noted above, we will take the findings of this study under consideration for future potential refinements to the Hospital VBP Program payment methodology.

Question 27: In the quick reference guide, there is a drastic change from FY 2018 to FY 2019 floor performance for HCAHPS. What happened?

The floor value for each dimension is the value from the lowest performing hospital. The floor is not based on a calculation from the overall population as is the achievement threshold, which is the median; nor is the floor like the benchmark, which is the mean of the top decile of all hospitals. Because the floor is based on the lowest performing hospital, we expect the possibility of greater variability.

Question 28: Where can the 25 diagnosis and procedure codes used for PSI-90 be found?

The FY 2019 Hospital VBP Program will use up to 25 diagnosis and 25 procedure codes on Medicare claims to identify PSI events. You can reference the specifications documents for the underlying indicators of the PSI-90 Composite to see which specific ICD-9 codes would be considered eligible for inclusion. Please reference the specifications document at https://qualityindicators.ahrq.gov/Modules/PSI_TechSpec.aspx.



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Question 29: Slide 23 states a hospital needs 3 eligible cases on any one underlying indicator to compute a score. Does each of the PSI's have to meet at least 25 eligible discharges for each PSI denominator population?

Only three eligible cases (eligible discharges) are required on any one underlying indicator of the PSI-90 Composite to receive a score. A total of 25 eligible discharges is not required for AHRQ PSI-90.

Question 30: Our hospital opened in late 2016 and will begin submitting data with 1st quarter 2017 discharges. Will we be eligible for FY 2019 Hospital VBP Program assuming we meet 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 and domain criteria. In this scenario, the hospital would not be scored on improvement because only performance period data would have been submitted; however, it still could earn achievement points to calculate a Total Performance Score.

Question 31: What are the eight complications that Yale picked for the THA/TKA measure?

The measure defines “complication” as the occurrence of one or more of the following complications within specified time frames:

- Acute myocardial infarction (AMI), pneumonia, or sepsis/septicemia/shock during or within 7 days of the index admission
- Surgical site bleeding, pulmonary embolism, or death during or within 30 days of the index admission
- Mechanical complication or periprosthetic joint infection/wound infection during or within 90 days of the index admission.

More information is available at www.qualitynet.org > Hospitals-Inpatient > Claims-Based Measures > Complication Measures (direct link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772780555>).



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Question 32: Will CDC be re-sending the CY 2015 rebaseline data to CMS since CDC has identified and corrected glitches in their data process and released a new set of report data that is different than what appears on Hospital Compare?

CMS announced on November 16, 2016, that the Centers for Disease Control and Prevention (CDC) determined that the calendar year 2015 HAI SSI procedure counts included in the December 2016 *Hospital Compare* Preview Report were not accurate. The number of criteria-specific colon surgeries and abdominal hysterectomy surgeries displayed on the preview report inaccurately included outpatient procedures. As a result, CMS will suppress the SSI procedure counts on *Hospital Compare* and display “Not Available” in place of the procedure counts. The procedure counts came as part of the 2015 SIR data recalculated under the updated baseline; however, the inaccurate procedure counts did not impact the SIR calculation. Because there was no impact to the SIR, the observed infections, or predicted infections, there was no impact to the Hospital VBP Program’s calculations. NHSN was updated in January 2017 with the new SIR baselines and the SSI procedure counts. For more information, please reference the following IQR ListServe Notification at

https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=1228890648337&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DIQR_Email_Notif_2016-181-IP.pdf&blobcol=urldata&blobtable=MungoBlobs.