Purpose

This event will provide an overview of the Fiscal Year (FY) 2021 Hospital VBP Program Percentage Payment Summary Report (PPSR), including a discussion of the following:

- Report background
- Hospital eligibility
- Report download
- Measures and domains
- Scoring methodology
- Location of the report's
- Data within the reports

Objectives

Participants will be able to:

- Identify the way hospitals will be evaluated within each domain and measure.

- Recall the Hospital VBP Program eligibility requirements.

- Interpret the scoring methodology used in the Hospital VBP Program.

- Locate the Total Performance Score (TPS) and value-based incentive payment percentage on the PPSR.

Webinar Chat Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: Where's My Report? Everything You Want to Know About the FY 2021 Hospital VBP Program Percentage Payment Summary Report

- Email Body: If your question pertains to a specific slide, please include the slide number

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the *QualityNet* Inpatient Questions and Answers tool, at https://cmsqualitysupport.servicenowservices.com/qnet_qa.
If you do not find an answer, then submit your question to us via the same tool.

Calculations Webinar

- Have questions on the report calculations?

- Watch the *What's My Payment? Understanding the FY 2021 Hospital VBP Program Calculations Step-By-Step* On-Demand Webinar.
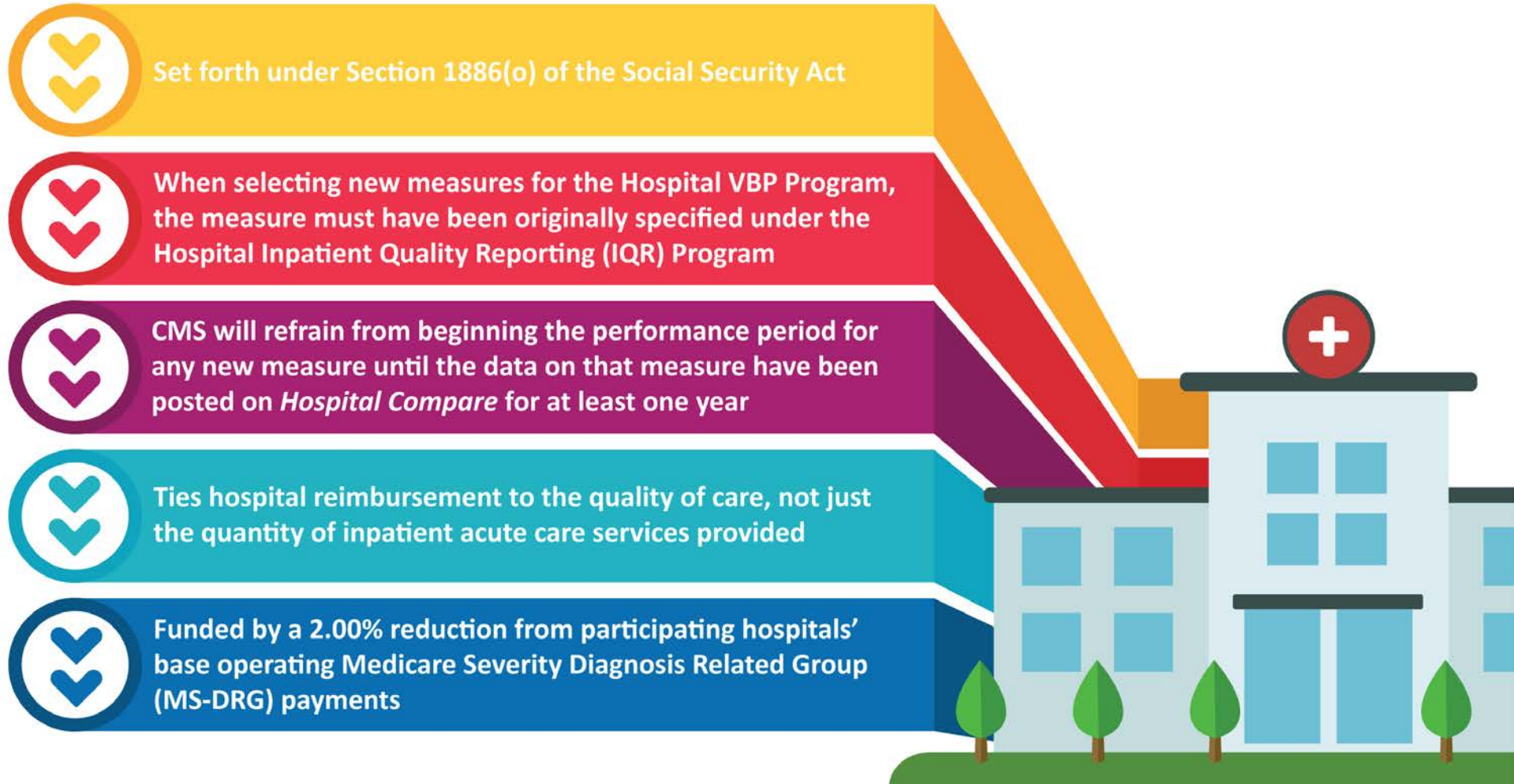
- Watch here: https://www.qualityreportingcenter.com/en/events-on-demand/vbp/vbp73020calovr/
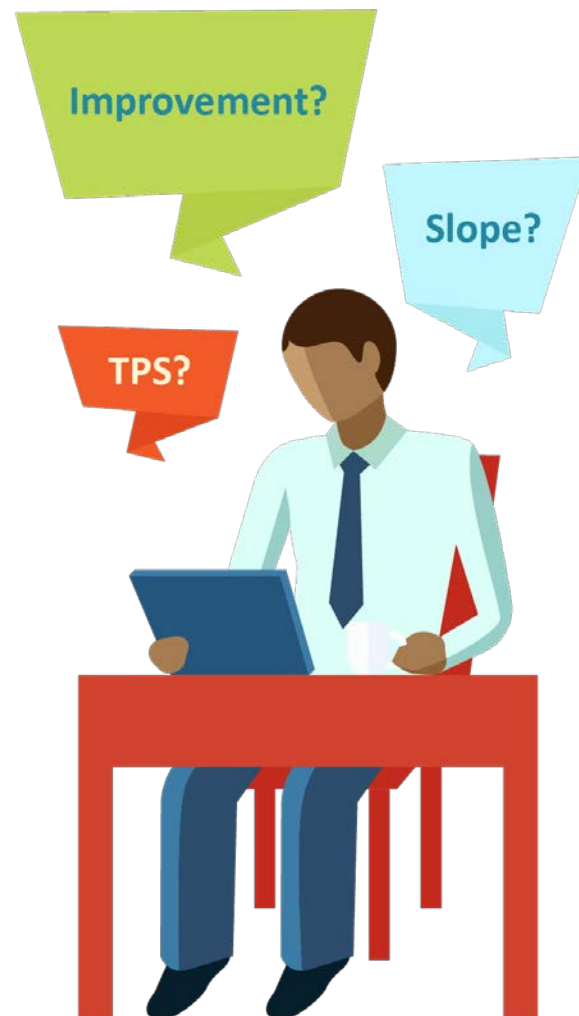
Acronyms

AMI	Acute Myocardial Infarction	**MAC**	Medicare Administrative Contractor
CAH	Critical Access Hospitals	**MORT**	mortality
CAUTI	Catheter-associated Urinary Tract Infection	**MRSA**	Methicillin-resistant *Staphylococcus aureus* Bacteremia
CCN	CMS Certification Number	**MS DRG**	Medicare Severity Diagnosis Related Group
CDI	*Clostridium difficile* Infection	**MSPB**	Medicare Spending per Beneficiary
CEO	chief executive officer	**NHSN**	National Healthcare Safety Network
CLABSI	Central Line-associated Bloodstream Infection	**PCH**	PPS-Exempt Cancer Hospital
COPD	Chronic Obstructive Pulmonary Disease	**PHI**	protected health information
FY	fiscal year	**PII**	personally identifiable information
HAI	Healthcare-associated infection	**PN**	pneumonia
HARP	HCQIS Access Roles and Profile	**PPSR**	Prospective Payment Summary Report
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**SIR**	standardized infection ratio
HCQIS	Health Care Quality Information Systems	**SSI**	Surgical Site Infection
HF	heart failure	**THA/TKA**	Total Hip Arthroplasty/or Total Knee Arthroplasty
HQR	hospital quality reporting	**TPS**	Total Performance Score
HSR	Hospital-Specific Report	**VBP**	value-based purchasing
IPPS	inpatient prospective payment system	**VIQR**	Value, Incentives, and Quality Reporting
IQR	Inpatient Quality Reporting		

Where's My Report? Everything You Want to Know About the FY 2021 Hospital VBP Percentage Payment Summary Report

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Background

Foundation

Set forth under Section 1886(o) of the Social Security Act

When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital Inpatient Quality Reporting (IQR) Program

CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted on *Hospital Compare* for at least one year

Ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided

Funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments

Program Funding

Hospital VBP Program:

- Is an estimated budget-neutral program.

- Is funded by a 2.00 percent reduction from hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments.

- Total value-based incentive payments is estimated at $1.9 billion for FY 2021.

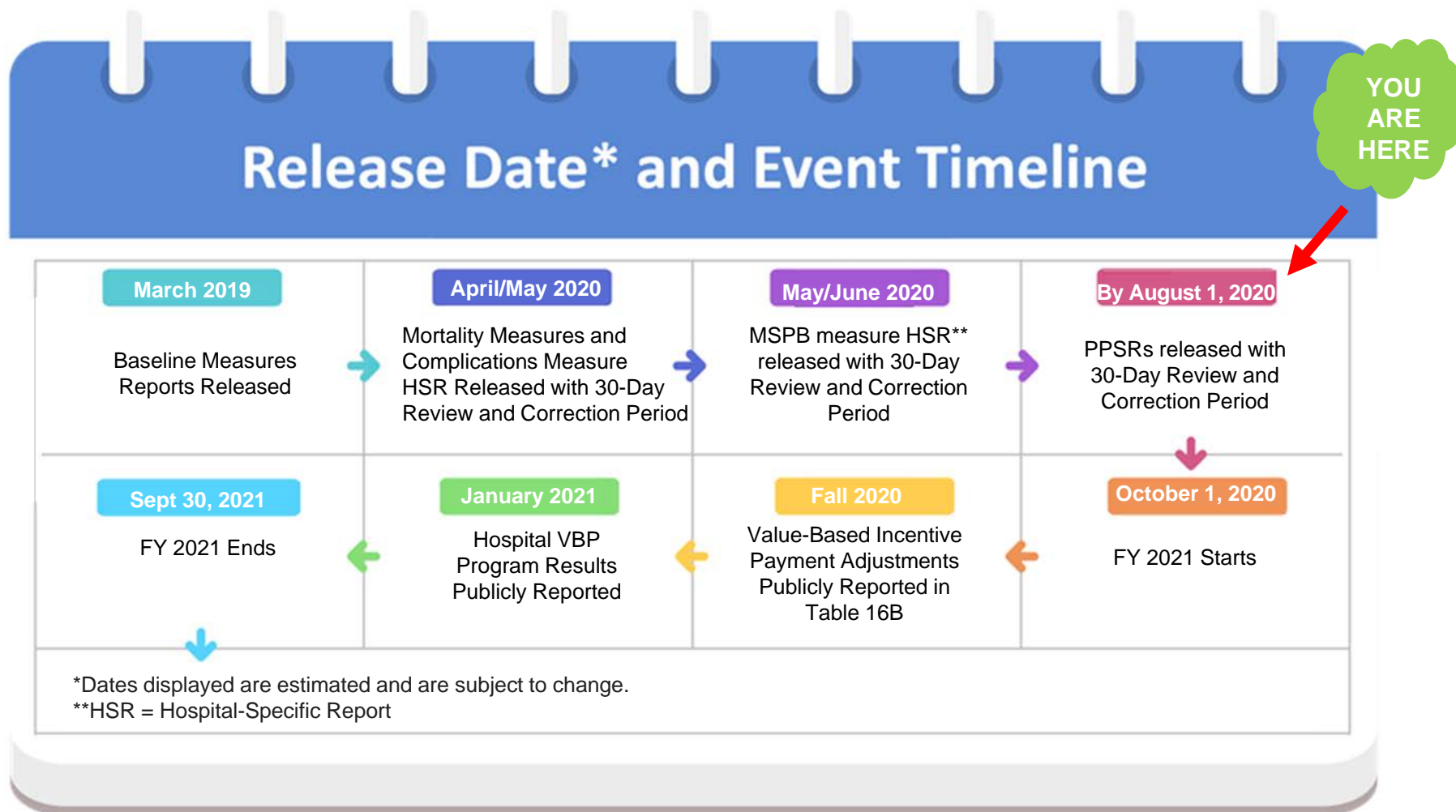Resulting funds are redistributed to hospitals, based on their Total Performance Score (TPS).

- The actual amount earned will depend on the range and distribution of all eligible/ participating hospitals' TPS scores for a fiscal year.

- A hospital may earn back a value-based incentive payment percentage that can range from incurring the withhold for the fiscal year to receiving a positive net change in base operating DRG payments.

Eligibility

- **Eligible hospitals include** subsection (d) hospitals as defined in Social Security Act section 1886(d)(1)(B).

- **Ineligible hospitals include those** excluded from the inpatient prospective payment system (IPPS):
  - Psychiatric
  - Rehabilitation
  - Long-term care
  - Children's
  - 11 PPS-exempt cancer hospitals (PCHs)
  - Critical access hospitals (CAHs)

- **Excluded hospitals include those:**
  - Subject to payment reductions under the Hospital IQR Program.
  - Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients.
  - With an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program.
  - Without the minimum number of domains calculated for the applicable fiscal year.
  - Short-term acute care hospitals in Maryland.

Note: Hospitals **excluded** from the Hospital VBP Program **will not** have their base operating MS-DRG payments reduced by 2.00 percent.

FY 2021 Timeline

Release Date* and Event Timeline

YOU ARE HERE

March 2019	April/May 2020	May/June 2020	By August 1, 2020
Baseline Measures Reports Released	Mortality Measures and Complications Measure HSR Released with 30-Day Review and Correction Period	MSPB measure HSR** released with 30-Day Review and Correction Period	PPSRs released with 30-Day Review and Correction Period

Sept 30, 2021	January 2021	Fall 2020	October 1, 2020
FY 2021 Ends	Hospital VBP Program Results Publicly Reported	Value-Based Incentive Payment Adjustments Publicly Reported in Table 16B	FY 2021 Starts

*Dates displayed are estimated and are subject to change.
**HSR = Hospital-Specific Report

FY 2021 Updates

- **MORT-30-COPD added to Clinical Outcomes Domain:**
  - MORT-30-COPD measure is included in the Hospital VBP Program for the first time in FY 2021.

- **MORT-30-PN updated with Expanded Cohort of:**
  - Patients with a principal discharge diagnosis of aspiration pneumonia.
  - Patients with a principal discharge diagnosis of sepsis (not including severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA.

- **PC-01 removed from Safety Domain:**
  - The PC-01 measure is removed from the Safety Domain beginning in FY 2021.

COVID-19
Data Submission Exceptions

- On March 22, 2020, CMS announced relief for clinicians, providers, hospitals, and facilities participating in quality reporting programs in response to COVID-19.

- The scope and duration of the exceptions under each Medicare quality reporting program and value-based purchasing program are described in the March 22, 2020, and March 27, 2020, memos:

  o March 22, 2020: https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting

  o Mach 27, 2020: https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf

Exception Impact to FY 2021 Hospital VBP Program

- For the National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measures and HCAHPS survey, providers were excepted from the reporting of measure data for the May 2020 submission deadlines for the October 1, 2019–December 31, 2019 (Q4 2019) discharge period.

- Data for these measures was used in the Hospital VBP Program if submitted, but data submission was optional as described in the memos.

Where's My Report? Everything You Want to Know About the
FY 2021 Hospital VBP Percentage Payment Summary Report

How to Run Your Report

PPSRs Available Now

- Notifications announcing the PPSR release were sent to hospitals on **July 30, 2020**.

- Notifications were sent through the **Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement** and **Hospital IQR (Inpatient Quality Reporting) and Improvement** *QualityNet* Program Notification Groups.
  - o Signup for the Email Program Notification Groups here: https://qualitynet.org/listserv-signup

- Reports are only available to users that have access to the **Hospital Value-Based Purchasing – Feedback Reports** report category in the *QualityNet Hospital Quality Reporting (HQR) Secure Portal*.

Step 1: Login to *QualityNet HQR Secure Portal*

- Navigate to the *QualityNet HQR Secure Portal*: https://hqr.cms.gov/hqrng/login

- Enter your HARP ID and password.

- Select *Login*.

Hospital Quality Reporting

HARP Sign In

Enter your user ID and password to login.

⚠ If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on https://www.qualitynet.org to create one.

User ID

Password

Login

HARP = Health Care Quality Information Systems (HCQIS) Access Roles and Profile

Step 2: Authenticate Using Your Two-Factor Code

- Select the method to receive your two-factor authentication code.

- Enter the code you received through your selected method.

- Select *Continue*.

Hospital Quality Reporting

Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:

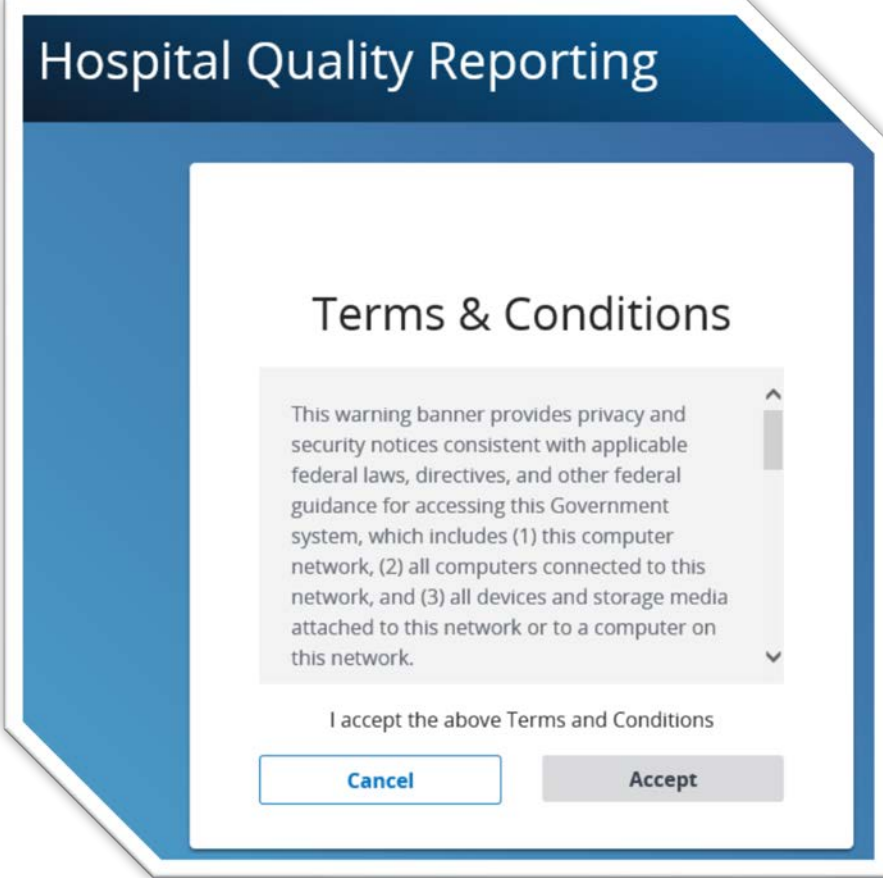**SMS Text**

Please enter it below.

Enter Code

Continue

Code sent ✓
Change two factor authentication

Step 3:
Review Terms & Conditions

- Review the Terms & Conditions.
  - **Note:** Scroll to the bottom of the Terms & Conditions in order to select *Accept.*

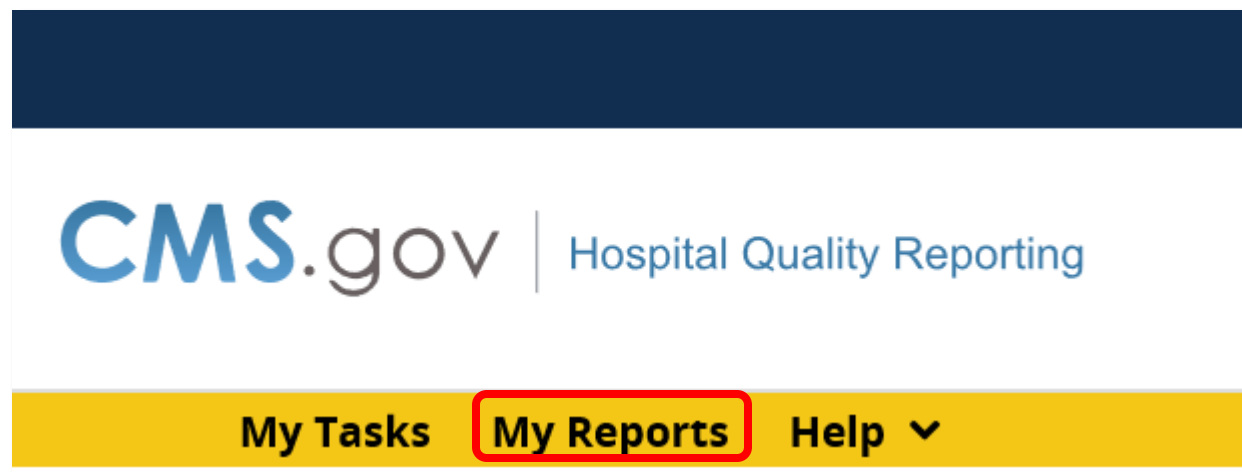- Select *Accept* to accept the Terms and Conditions.
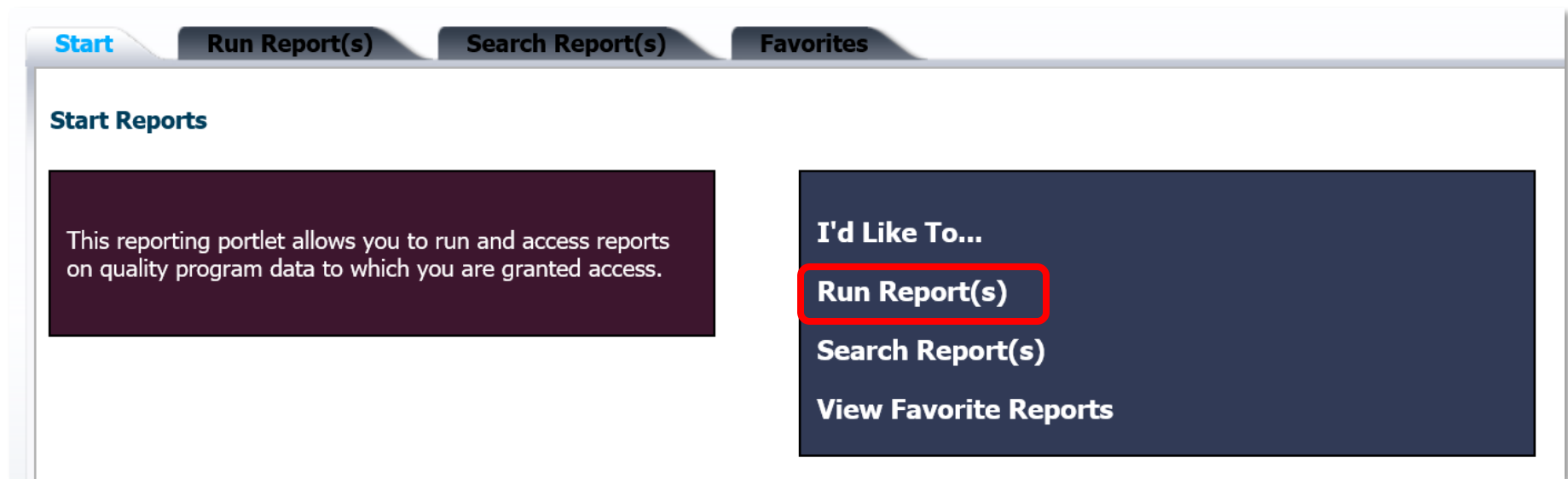
Step 4:
Select My Reports

Once the *HQR Secure Portal* is displayed, select *My Reports* on the top-left navigation menu.

Step 5:
Select Run Report(s)

- The My Reports navigation screen will be displayed.
- Select *Run Report(s)* from the I'd Like To… menu.

Step 6: Select Report Program and Report Category

- Select *Inpatient* in the Report Program drop-down menu.
- Select *Hospital Value-Based Purchasing – Feedback Reports* in the Report Category drop-down menu.
- Select *View Reports* button.

Step 7:
Select Report Link

- The reports meeting the selected criteria are now displayed.
- Select the *Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report* link.

Step 8:
Select Parameters of Report

- Select your state and provider if displayed.
- Select *FY 2021* in the Select Reporting Period drop-down menu.
- Select *Run Report* button.

Step 9:
Search Reports

- You will receive the following report request confirmation screen.
- To view the report, select *Search Reports*.

Step 10:
Download Report

Select the Green Arrow in the Action Menu to download the report.

Step 11:
Open or Save Report

- Your browser will open a prompt requesting your decision to open or save the report.
- Select *Open* to open the report.
- Select *Save* to save the report.

Do you want to open or save **Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report.PDF** from **hqr.cms.gov**?

| Open | Save | ▼ | Cancel |
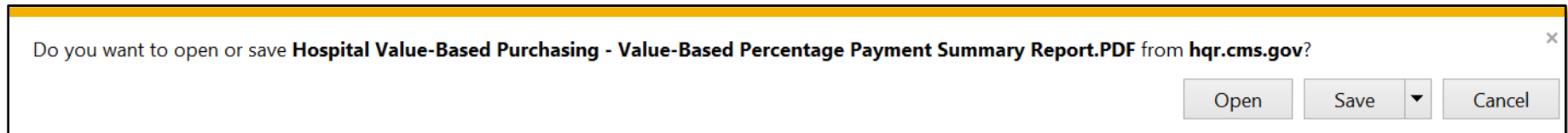
How to Run Your Report Summary

1. Go to the *QualityNet HQR Secure Portal* login page: https://hqr.cms.gov/hqrng/login.

2. Enter your HARP ID and password. Select Login.

3. Select method for two-factor authentication code. Enter code when received. Select Continue.

4. Select "My Reports" from the menu bar.

5. Select "Run Report(s) from the "I'd Like To…" options.

6. Select "Inpatient" from the "Report Program" drop-down list, "Hospital Value-Based Purchasing–Feedback Reports" from the "Report Category" drop-down list, and click "View Reports."

7. Select "Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary" from the "Report Name" section.

8. Select the parameters of the report and click "Run Report."

9. Click "Search Report(s)."

10. Select green arrow download button from the "ACTION" column.

11. Select Open or Save to view the report.

For technical questions or issues related to accessing the report, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org.

Where's My Report? Everything You Want to Know About the
FY 2021 Hospital VBP Percentage Payment Summary Report

Evaluating Hospitals

FY 2021 Domain Weights and Measures

Clinical Outcomes (25%)

MORT-30-AMI: Acute Myocardial Infarction (AMI) 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 with Doctors

Responsiveness of Hospital Staff

Communication about Medicines

Cleanliness and Quietness of Hospital Environment

Discharge Information

Care Transition

Overall rating of Hospital

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: Surgical Site Infection- Colon Surgery and Abdominal Hysterectomy

FY 2021 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
Clinical Outcomes	Mortality Measures (AMI, COPD, HF)	July 1, 2011– June 30, 2014	July 1, 2016– June 30, 2019
	Mortality Measures (PN)	July 1, 2012- June 30, 2015	September 1, 2017– June 30, 2019
	Complication Measure	April 1, 2011– March 31, 2014	April 1, 2016– March 31, 2019
Person and Community Engagement	HCAHPS Survey	January 1, 2017– December 31, 2017	January 1, 2019– December 31, 2019*
Safety	Healthcare-associated infection (HAI) Measures	January 1, 2017– December 31, 2017	January 1, 2019– December 31, 2019*
Efficiency and Cost Reduction	Medicare Spending per Beneficiary (MSPB)	January 1, 2017– December 31, 2017	January 1, 2019– December 31, 2019

*Deadlines for October 1, 2019 – December 31, 2019 (Q4) data submission are optional. Please refer to CMS' March 27, 2020 Guidance Memo for details.

FY 2021 Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
Clinical Outcomes	Minimum of two measure scores: • Mortality Measures: 25 cases • Complication Measure: 25 cases
Person and Community Engagement	100 HCAHPS Surveys
Safety	Minimum of two measure scores: • Five HAI measures: One predicted infection
Efficiency and Cost Reduction	25 episodes of care in the MSPB measure
TPS	A minimum of three of the four domains receiving domain scores

Performance Standards

Benchmark:

Average (mean) performance of the top decile (10 percent) 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.
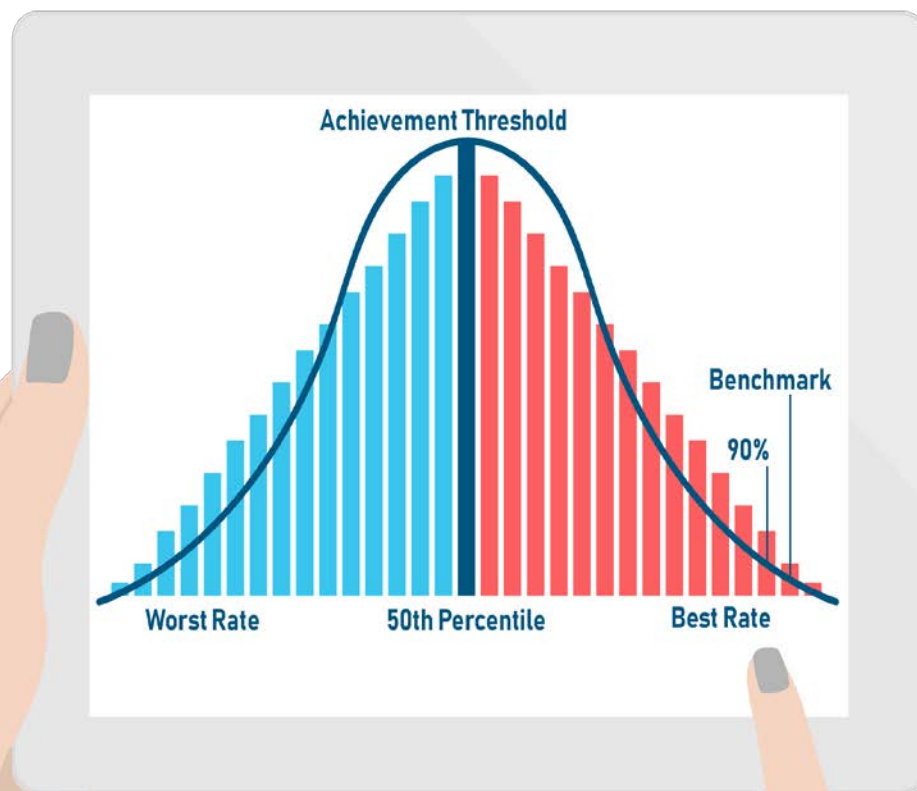
Performance Standards

A **higher** rate is better for the following measures/dimensions:

- Clinical Outcomes
  - Mortality measures*
- Person and Community Engagement

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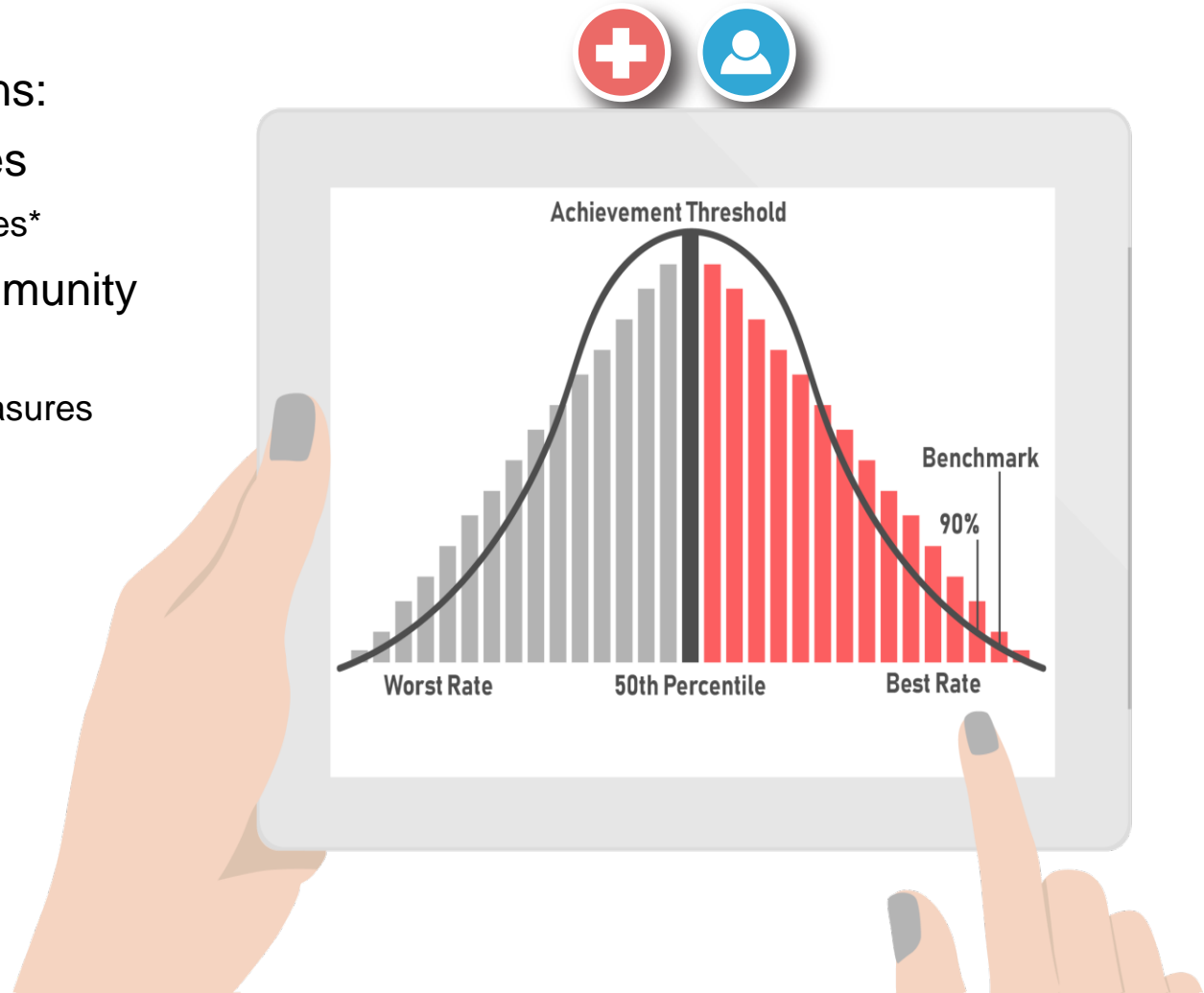
Performance Standards

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

- Clinical Outcomes
  - Complication measure

- Safety
  - HAI measures

- Efficiency and Cost Reduction
  - Unlike other measures, 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.
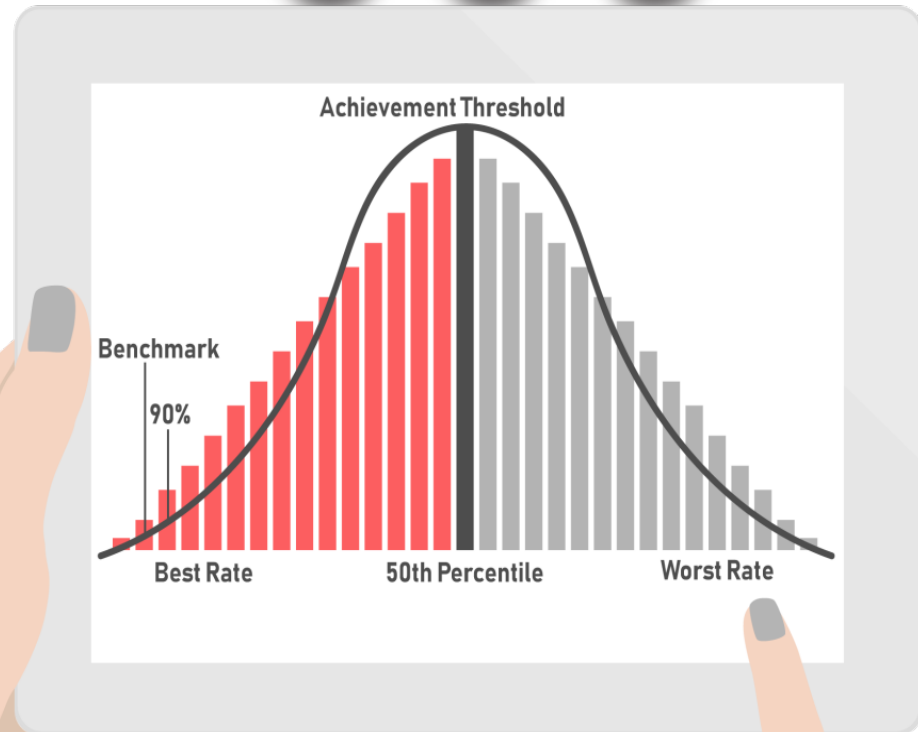
FY 2021 Performance Standards

Safety (25%)

Measures (Healthcare-Associated Infections)	Threshold	Benchmark
↓CLABSI	0.687	0.000
↓CAUTI	0.774	0.000
↓SSI: Colon	0.754	0.000
↓SSI: Abdominal Hysterectomy	0.726	0.000
↓MRSA	0.763	0.000
↓CDI	0.748	0.067

Clinical Outcomes (25%)

Measures	Threshold	Benchmark
MORT-30-AMI	0.860355	0.879714
MORT-30-HF	0.883803	0.906144
MORT-30-COPD	0.923253	0.938664
MORT-30-PN Updated Cohort	0.836122	0.870506
↓COMP-HIP-KNEE	0.031157	0.022418

↓ = Lower Values Indicate Better Performance

Efficiency and Cost Reduction (25%)

Measures	Threshold	Benchmark
↓MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period

Person and Community Engagement (25%)

HCAHPS Survey Dimensions	HCAHPS Performance Standards		
	Floor (%)	Threshold (%)	Benchmark(%)
Communication with Nurses	42.06	79.06	87.36
Communication with Doctors	41.99	79.91	88.10
Responsiveness of Hospital Staff	33.89	65.77	81.00
Communication about Medicines	33.19	63.83	74.75
Hospital Cleanliness and Quietness	30.60	65.61	79.58
Discharge Information	66.94	87.38	92.17
Care Transition	6.53	51.87	63.32
Overall Rating of Hospital	34.70	71.80	85.67

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.
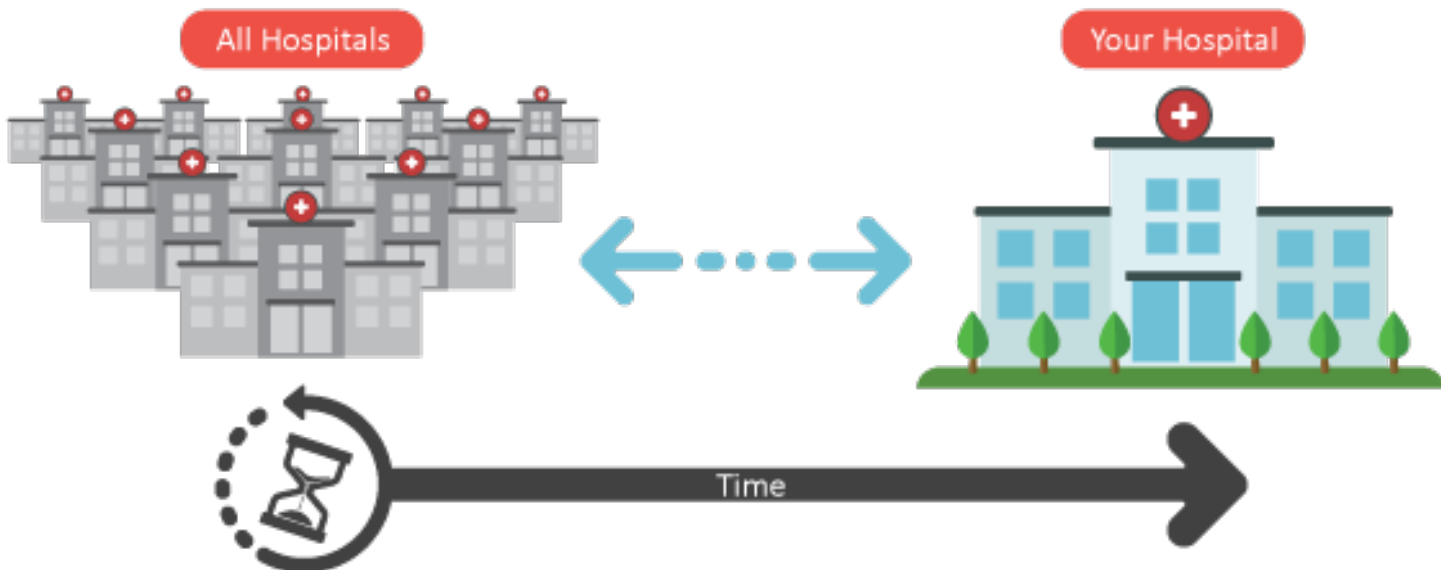
Improvement Points

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.

Where's My Report? Everything You Want to Know About the FY 2021 Hospital VBP Percentage Payment Summary Report

Report Information

Percentage Summary Report

Report Run Date: 07/30/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Percentage Summary Report
Provider:
Reporting Period: Fiscal Year 2021

Data As Of: 07/24/2020

Total Performance Score

	Facility	State	National
	69.250000000000	47.569000000000	30.560126582278

	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Outcomes Domain	100.000000000000	25%	25.000000000000
Person and Community Engagement Domain	29.000000000000	25%	7.250000000000
Safety Domain	48.000000000000	25%	12.000000000000
Efficiency and Cost Reduction Domain	100.000000000000	25%	25.000000000000

	Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Value-Based Percentage Payment Summary - Fiscal Year 2021	2.0000000000%	4.0038759857%	+2.0038759857%	1.0200387599	2.8908851882

Calculated values were subject to rounding.
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Total Performance Score

1
- **Facility:** Sum of the weighted domain scores
- **State:** Average facility TPS for the hospital's state
- **National:** Average facility TPS for the nation

Domain Scoring

2
- **Unweighted Domain Score:** The sum of your hospital's scores for the domain, taking into account only those measures your hospital was eligible for during the performance period
- **Weighting:** Assigned scoring impact on the TPS for each domain
- **Weighted Domain Score:** The product of the unweighted domain score and the weighting

Percentage Summary Report

Report Run Date: 07/30/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Percentage Summary Report
Provider:
Reporting Period: Fiscal Year 2021

Data As Of: 07/24/2020

Total Performance Score

Facility	State	National
69.250000000000	47.569000000000	30.560126582278

Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Outcomes Domain — 100.000000000000	25%	25.000000000000
Person and Community Engagement Domain — 29.000000000000	25%	7.250000000000
Safety Domain — 48.000000000000	25%	12.000000000000
Efficiency and Cost Reduction Domain — 100.000000000000	25%	25.000000000000

Value-Based Percentage Payment Summary - Fiscal Year 2021

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.0000000000%	4.0038759857%	+2.0038759857%	1.0200387599	2.8908851882

Calculated values were subject to rounding.
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

3   Payment Summary

- **Base Operating DRG Payment Reduction:** The FY 2021 program is funded through a 2.00 percent reduction from participating hospitals' base operating MS-DRG payment amounts
- **Value-Based Incentive Payment Percentage:** Portion of the base operating MS-DRG payment amount your hospital earned back
- **Net Change in Base Operating DRG Payment Amount:** Percent your FY 2021 base operating MS-DRG payment amounts will be changed
- **Incentive Payment-Adjustment Factor:** Value used to translate a hospital's TPS into the value-based incentive payment
- **Exchange Function Slope:** The relationship between a hospital's TPS and the amount distributed to the hospital as a value-based incentive payment

Note: Values displayed on this example report may not depict the actual values used to calculate payments for the FY 2021 Hospital VBP Program.

Percentage Summary Report

Report Run Date: 07/30/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Percentage Summary Report
Provider:
Reporting Period: Fiscal Year 2021

Data As Of: 07/24/2020

Total Performance Score

	Facility	State	National
	Hospital VBP Ineligible	26.750000000000	30.560126582278

	Unweighted Domain Score	Weighting	Weighted Domain Score
Clinical Outcomes Domain	-	-	-
Person and Community Engagement Domain	-	-	-
Safety Domain	40.000000000000	25%	10.000000000000
Efficiency and Cost Reduction Domain	10.000000000000	25%	2.500000000000

HVBP Exclusion Reason   The hospital did not meet the minimum number of measures in three or more domains.

Value-Based Percentage Payment Summary - Fiscal Year 2021

Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible	Hospital VBP Ineligible

Calculated values were subject to rounding.
Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.
* A dash (-) indicates that the minimum requirements were not met for calculation.
* "Hospital VBP Ineligible" indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.

1 HVBP Exclusion Reason

- If a hospital is excluded from the Hospital VBP Program, the exclusion reason text will display under the Domain Scoring section on the Percentage Payment Summary page.

- When a hospital is excluded, the TPS field and the Payment Summary fields will display "Hospital VBP Ineligible."

Clinical Outcomes Detail Report

Report Run Date: 07/30/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Clinical Outcomes Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Mortality Baseline Period(AMI,HF,COPD): 07/01/2011 - 06/30/2014
Mortality Performance Period(AMI,HF,COPD): 07/01/2016 - 06/30/2019
Mortality Baseline Period (PN): 07/01/2012 - 06/30/2015
Mortality Performance Period (PN): 09/01/2017 - 06/30/2019

Mortality Measures	FY 2021 Baseline Period Totals		FY 2021 Performance Period Totals		HVBP Metrics				
	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
30-Day Risk-Standardized Mortality Measures									
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	257	0.864104	25	0.879714	0.860355	0.879714	9	10	10
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	249	0.921830	25	0.938664	0.923253	0.938664	9	10	10
Heart Failure (HF) 30-Day Mortality Rate	293	0.880879	25	0.906144	0.883803	0.906144	9	10	10
Pneumonia (PN) 30-Day Mortality Rate	595	0.823334	25	0.870506	0.836122	0.870506	9	10	10

Baseline Period: 04/01/2011 - 03/31/2014
Performance Period: 04/01/2016 - 03/31/2019

Complication Measure	FY 2021 Baseline Period Totals		FY 2021 Performance Period Totals		HVBP Metrics				
	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	352	0.038918	25	0.022418	0.031157	0.022418	9	10	10

Clinical Outcomes Measures: 5 out of 5
Unweighted Clinical Outcomes Measures Domain Score: 100.000000000000
Weighted Clinical Outcomes Measures Domain Score: 25.000000000000

Calculated values were subject to rounding.

1 **Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rate.

2 **Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rate.

Clinical Outcomes Detail Report

Report Run Date: 07/30/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Clinical Outcomes Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Mortality Baseline Period(AMI,HF,COPD): 07/01/2011 - 06/30/2014 Mortality Performance Period(AMI,HF,COPD): 07/01/2016 - 06/30/2019 Mortality Baseline Period (PN): 07/01/2012 - 06/30/2015 Mortality Performance Period (PN): 09/01/2017 - 06/30/2019	FY 2021 Baseline Period Totals		FY 2021 Performance Period Totals		HVBP Metrics				
Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
30-Day Risk-Standardized Mortality Measures									
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	257	0.864104	25	0.879714	0.860355	0.879714	9	10	10
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	249	0.921830	25	0.938664	0.923253	0.938664	9	10	10
Heart Failure (HF) 30-Day Mortality Rate	293	0.880879	25	0.906144	0.883803	0.906144	9	10	10
Pneumonia (PN) 30-Day Mortality Rate	595	0.823334	25	0.870506	0.836122	0.870506	9	10	10

Baseline Period: 04/01/2011 - 03/31/2014 Performance Period: 04/01/2016 - 03/31/2019	FY 2021 Baseline Period Totals		FY 2021 Performance Period Totals		HVBP Metrics				
Complication Measure	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	352	0.038918	25	0.022418	0.031157	0.022418	9	10	10

Clinical Outcomes Measures: 5 out of 5
Unweighted Clinical Outcomes Measures Domain Score: 100.000000000000
Weighted Clinical Outcomes Measures Domain Score: 25.000000000000

Calculated values were subject to rounding.

3   **HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Domain Summary

4
- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Person and Community Engagement Detail Report

Report Run Date: 07/30/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Person and Community Engagement Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Baseline Period: 01/01/2017 - 12/31/2017
Performance Period: 01/01/2019 - 12/31/2019

HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses [1]	79.25%	80.2000%	42.06%	79.06%	87.36%	1	2	2
Communication with Doctors	85.45%	89.7689%	41.99%	79.91%	88.10%	9	10	10
Responsiveness of Hospital Staff	73.28%	72.5876%	33.89%	65.77%	81.00%	0	5	5
Communication about Medicines	70.86%	68.4645%	33.19%	63.83%	74.75%	0	4	4
Cleanliness and Quietness of Hospital Environment	68.49%	69.0432%	30.60%	65.61%	79.58%	0	3	3
Discharge Information	90.19%	92.4598%	66.94%	87.38%	92.17%	9	10	10
Care Transition	52.98%	64.8742%	6.53%	51.87%	63.32%	9	10	10
Overall Rating of Hospital	75.87%	72.9811%	34.70%	71.80%	85.67%	0	1	1

HCAHPS Base Score: 45
HCAHPS Consistency Score: 20
Unweighted Person and Community Engagement Domain Score: 65
Weighted Person and Community Engagement Domain Score: 16.250000000000
HCAHPS Surveys Completed during the Performance period: 268

Calculated values were subject to rounding.
[1] The *Communication with Nurses* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

1 **Baseline Period Rate** displays the hospital's baseline rate used to calculate improvement points.

2 **Performance Period Rate** displays the hospital's performance period rate used to calculate achievement points, improvement points, and lowest dimension score.

Person and Community Engagement Detail Report

Report Run Date: 07/30/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Person and Community Engagement Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Baseline Period: 01/01/2017 - 12/31/2017
Performance Period: 01/01/2019 - 12/31/2019

HCAHPS Dimensions	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses [1]	79.25%	80.2000%	42.06%	79.06%	87.36%	1	2	2
Communication with Doctors	85.45%	89.7689%	41.99%	79.91%	88.10%	9	10	10
Responsiveness of Hospital Staff	73.28%	72.5876%	33.89%	65.77%	81.00%	0	5	5
Communication about Medicines	70.86%	68.4645%	33.19%	63.83%	74.75%	0	4	4
Cleanliness and Quietness of Hospital Environment	68.49%	69.0432%	30.60%	65.61%	79.58%	0	3	3
Discharge Information	90.19%	92.4598%	66.94%	87.38%	92.17%	9	10	10
Care Transition	52.98%	64.8742%	6.53%	51.87%	63.32%	9	10	10
Overall Rating of Hospital	75.87%	72.9811%	34.70%	71.80%	85.67%	0	1	1

HCAHPS Base Score:	45
HCAHPS Consistency Score:	20
Unweighted Person and Community Engagement Domain Score:	65
Weighted Person and Community Engagement Domain Score:	16.250000000000
HCAHPS Surveys Completed during the Performance period:	268

Calculated values were subject to rounding.
[1]The *Communication with Nurses* HCAHPS Dimension in bold italic font was used to calculate the HCAHPS Consistency Score.

3 **HVBP Metrics** displays the performance standards (floor, achievement threshold, and benchmark), improvement points, achievement points, and dimension score.

4 **Domain Summary**
- **HCAHPS Base Score:** Sum of the eight dimension scores
- **HCAHPS Consistency Score:** Lowest dimension score value multiplied by 20 and reduced by 0.5
- **Unweighted Domain Score:** Sum of the HCAHPS base and consistency scores
- **Weighted Domain Score:** Product of the unweighted domain score and the domain weight
- **Surveys Completed During the Performance Period:** Number of completed surveys during the performance period

Safety Measures Detail Report

Report Run Date: 04/21/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Safety Measures Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Baseline Period: 01/01/2017 - 12/31/2017 Performance Period: 01/01/2019 - 12/31/2019	FY 2021 Baseline Period Totals			FY 2021 Performance Period Totals			HVBP Metrics				
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter-Associated Urinary Tract Infection	24	20.063	1.196	0	13.862	0.000	0.774	0.000	9	10	10
Central Line-Associated Blood Stream Infection	12	12.479	0.962	3	4.367	0.687	0.687	0.000	2	1	2
Clostridium difficile Infection	49	108.469	0.452	1	14.925	0.067	0.748	0.067	9	10	10
Methicillin-Resistant Staphylococcus aureus Bacteremia	5	9.203	0.543	5	6.553	0.763	0.763	0.000	0	1	1
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	1
SSI-Abdominal Hysterectomy	1	0.881	-	1	1.377	0.726	0.726	0.000	-	1	1
SSI-Colon Surgery	0	4.300	0.000	2	2.653	0.754	0.754	0.000	0	1	1

Eligible Safety Measures: 5 out of 5
Unweighted Safety Domain Score: 48.000000000000
Weighted Safety Domain Score: 12.000000000000

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

1 **Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rates.

2 **Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rates.

Safety Measures Detail Report

Report Run Date: 04/21/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Safety Measures Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Baseline Period: 01/01/2017 - 12/31/2017 Performance Period: 01/01/2019 - 12/31/2019 Healthcare Associated Infections	FY 2021 Baseline Period Totals			FY 2021 Performance Period Totals			HVBP Metrics				
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter-Associated Urinary Tract Infection	24	20.063	1.196	0	13.862	0.000	0.774	0.000	9	10	10
Central Line-Associated Blood Stream Infection	12	12.479	0.962	3	4.367	0.687	0.687	0.000	2	1	2
Clostridium difficile Infection	49	108.469	0.452	1	14.925	0.067	0.748	0.067	9	10	10
Methicillin-Resistant Staphylococcus aureus Bacteremia	5	9.203	0.543	5	6.553	0.763	0.763	0.000	0	1	1
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	1
SSI-Abdominal Hysterectomy	1	0.881	-	1	1.377	0.726	0.726	0.000	-	1	1
SSI-Colon Surgery	0	4.300	0.000	2	2.653	0.754	0.754	0.000	0	1	1

Eligible Safety Measures: 5 out of 5
Unweighted Safety Domain Score: 48.000000000000
Weighted Safety Domain Score: 12.000000000000

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

3 **HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

Safety Measures Detail Report

Report Run Date: 04/21/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Safety Measures Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Baseline Period: 01/01/2017 - 12/31/2017 Performance Period: 01/01/2019 - 12/31/2019 Healthcare Associated Infections	FY 2021 Baseline Period Totals			FY 2021 Performance Period Totals			HVBP Metrics				
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infections Ratio (SIR)	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter-Associated Urinary Tract Infection	24	20.063	1.196	0	13.862	0.000	0.774	0.000	9	10	10
Central Line-Associated Blood Stream Infection	12	12.479	0.962	3	4.367	0.687	0.687	0.000	2	1	2
Clostridium difficile Infection	49	108.469	0.452	1	14.925	0.067	0.748	0.067	9	10	10
Methicillin-Resistant Staphylococcus aureus Bacteremia	5	9.203	0.543	5	6.553	0.763	0.763	0.000	0	1	1
Surgical Site Infection (SSI)	N/A	N/A	-	N/A	N/A	-	N/A	N/A	N/A	N/A	1
SSI-Abdominal Hysterectomy	1	0.881	-	1	1.377	0.726	0.726	0.000	-	1	1
SSI-Colon Surgery	0	4.300	0.000	2	2.653	0.754	0.754	0.000	0	1	1

Eligible Safety Measures: 5 out of 5
Unweighted Safety Domain Score: 48.000000000000
Weighted Safety Domain Score: 12.000000000000

Calculated values were subject to rounding.
* "N/A" indicates no data were available or submitted for this measure.
* A dash (-) indicates that the minimum requirements were not met for calculation.

4

Domain Summary
- **Eligible Measures:** Total number of measures that meet the minimum case amount during the performance period
- **Unweighted Domain Score:** Sum of hospital's measure scores, factoring only the eligible measures
- **Weighted Domain Score:** Hospital's unweighted domain score multiplied by domain weight

Efficiency and Cost Reduction Detail Report

Report Run Date: 04/21/2020

Hospital Value-Based Purchasing – Value-Based Percentage Payment Summary Report
Efficiency and Cost Reduction Detail Report
Provider:
Reporting Period: Fiscal Year 2021

Baseline Period: 01/01/2017 - 12/31/2017 Performance Period: 01/01/2019 - 12/31/2019	FY 2021 Baseline Period Totals			FY 2021 Performance Period Totals			HVBP Metrics				
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Medicare Spending per Beneficiary (MSPB)	$22,159.42	$21,127.95	1.048820	$16,853.38	$20,412.50	0.825640	0.987450	0.825640	9	10	10

Eligible Efficiency and Cost Reduction Measure: 1 out of 1
Unweighted Efficiency and Cost Reduction Domain Score: 100.000000000000
Weighted Efficiency and Cost Reduction Domain Score: 25.000000000000
# of Episodes: 1347

Calculated values were subject to rounding.

1 **Baseline Period Totals** displays the hospital's baseline period values used to calculate the baseline period rates.

2 **Performance Period Totals** displays the hospital's performance period values used to calculate the performance period rates.

3 **HVBP Metrics** displays the performance standards (achievement threshold and benchmark), improvement points, achievement points, and measure score.

4 **Domain Summary**

Eligible Measures: Total number of measures that meet the minimum case amount during the performance period

Unweighted Domain Score: Sum of hospital's measure scores, divided by the number of eligible measures multiplied by 10, and multiplied by 100

Weighted Domain Score: Hospital's unweighted Efficiency and Cost Reduction domain score multiplied by domain weight

Data Precision

Domain	Measure	Value	Precision
Clinical Outcomes	Mortality and Complication measures	Baseline and performance period rates	6
		Benchmark and achievement threshold	6
Person and Community Engagement	HCAHPS	Baseline period rates*	2
		Performance period rates*	4
		Benchmark, achievement threshold, and floor	2
Safety	HAI measures	Baseline and performance standardized infection ratio (SIR)	3
		Benchmark and achievement threshold	3
Efficiency and Cost Reduction	MSPB	Baseline and performance MSPB measure	6
		Benchmark and achievement threshold	6

* Precision used to calculate achievement and improvement points may be greater than precision displayed on report.

Where's My Report? Everything You Want to Know About the
FY 2021 Hospital VBP Percentage Payment Summary Report

Reviewing Your Data

Timeline

Hospitals may review their data used in CMS programs in two different stages.

1. Patient-Level Data Review

    During this stage of the review, hospitals ensure the data or claims submitted are correct and accurate prior to the submission deadline, claims pull date, or during the HCAHPS review and correction period.

2. Scoring/Eligibility Review

    During this stage of the review, hospitals can ensure data reviewed during stage one are being displayed and scored accurately in CMS programs (e.g., improvement points in the Hospital VBP Program). Hospitals can also ensure CMS has displayed the correct eligibility status. Data review as defined in stage one is not an allowable review item during the following CMS preview/review periods:

    - Hospital IQR Program or *Hospital Compare* preview period
    - Claims-based measures review and correction period
    - Hospital VBP Program review and correction period

Centers for Disease Control and Prevention NHSN Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.

- Hospitals should use this time to ensure data accuracy and make any necessary corrections.

- Corrections to the data cannot be made after the submission deadline.

- HAI data that have been changed in National Healthcare Safety Network (NHSN) **after** the submission deadline will **not** be reflected in any of the CMS programs, CMS reports, or in *Hospital Compare.*

HCAHPS Survey

Stage One: Patient-Level Data Review

- Hospitals have seven days after the submission deadline to access and review the HCAHPS Data Review and Corrections Report.

- New data are not accepted into the warehouse during the review and correction period.

- Errors in data accepted into the warehouse by the quarterly deadline can be corrected.

- During the seven-day period, the corrected data can be resubmitted to the warehouse to replace the incorrect data.

Claims-Based Measures

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to submit a review and correction request following the receipt of their HSR.
  - Suspected calculation errors on a report **can** be submitted for review with the possibility of a correction.
  - Requests for submission of new or corrected claims to the underlying data are **not** allowed.
    - To submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor (MAC).
- General questions about the HSRs or measures may also be submitted.

Hospital VBP Program

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the release of the PPSR.
  - o Hospitals may review and request recalculation of scores on each condition, domain, and TPS.
  - o Requests for submission of new or corrected data, including claims to the underlying measure data, are **not** allowed.
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- For more information: https://www.qualitynet.org/inpatient/hvbp/payment#tab2

Best Practices

- Have a second person review submitted data to check for errors.

- Create a plan for spot checking or sampling the submitted data for errors.

- Review vendor-submitted data for accuracy before submission or prior to the submission deadline.

- Perform routine coding audits to ensure claims are coded and billed accurately.

Benefits of Correct Data

- Quality Improvement
  - Prompt, usable, and accurate data can assist the hospital with more immediate quality improvement initiatives.

- Pay-for-Performance Programs
  - Accurate data ensures the hospital is assigned a payment adjustment factor that is based on the hospital's actual performance.

- Publicly Reported Data on *Hospital Compare* or successor website
  - Accurate data can help organizations focus on quality improvement priorities.
  - Inaccurate data could provide consumers with inaccurate information on how well a hospital is performing.

Where's My Report? Everything You Want to Know About the FY 2021 Hospital VBP Percentage Payment Summary Report

Review and Corrections

Overview

- Hospitals may **review and request recalculation of scores** on each condition, domain, and TPS.

- Hospitals may submit a review and corrections request regarding their reports no later than **11:59 p.m. Pacific Time (PT), August 31, 2020**.

- Submit the completed form through the following methods:
  - Secure Message to QRFormsSubmission@hsag.com through [Managed File Transfer](#) in the QualityNet HQR Secure Portal
  - Secure Fax to (877) 789-4443
  - Email to QRFormsSubmission@hsag.com
    - Please ensure that data containing personally identifiable information (PII) or protected health information (PHI) are not submitted when emailing the form, as this is not a secured method and would be a security violation.

Access
Review & Correction Request Form

1. Visit *www.QualityNet.org*.

2. From the **[Hospitals – Inpatient]** box**,** select **[Hospital Value-Based Purchasing(HVBP) Learn more].**

3. When the screen refreshes, select **[Payment]** from the top navigation pane and **[Review and Corrections/Appeals**] on the left hand navigation pane. Then, select **[Review and Corrections Request Form]** toward the bottom of the page.

Direct link: https://www.qualitynet.org/inpatient/hvbp/payment#tab2

Forms and Additional Reference Material

For assistance in completing and submitting the Review and Corrections, Appeals, or CMS Independent Review forms, refer to the following:

File Name	File Type	File Size	
Review and Corrections Quick Reference Guide (06/27/17)	PDF	28 KB	Download
Review and Corrections Request Form (01/31/20)	PDF	267 KB	Download
Appeal Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Appeal Request Form (01/31/20)	PDF	293 KB	Download
Independent CMS Review Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Independent CMS Review Request Form (01/31/20)	PDF	261 KB	Download
Review and Corrections, Appeal, and Independent CMS Review User Guide (07/11/17)	PDF	951 KB	Download

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CMS Certification Number (CCN)
- Hospital contact information
  - Hospital name/address (must include physical street address)
  - Hospital chief executive officer (CEO) and *QualityNet* System Administrator (name, address, telephone, and email)
- Specify reason(s) for request
  - Condition-specific score
  - Domain-specific score
  - TPS
- Detailed description for each of the reason(s) identified

Where's My Report? Everything You Want to Know About the
FY 2021 Hospital VBP Percentage Payment Summary Report

Appeals

Overview

- Hospitals may appeal the determination of CMS's review and correction decision within 30 calendar days of receipt of the review and correction decision.

- Hospitals must receive an adverse determination from CMS prior to requesting an appeal.

- Upon receipt of appeal, CMS:
  - Provides email acknowledgement of appeal.
  - Reviews the request and notifies CEO of decision.

- Submit the completed form through the following methods:
  - Secure Message to QRFormsSubmission@hsag.com through Managed File Transfer in the *QualityNet HQR Secure Portal*
  - Secure Fax to (877) 789-4443
  - Email to QRFormsSubmission@hsag.com
  - Please ensure that data containing personally identifiable information (PII) or protected health information (PHI) are not submitted when emailing the form, as this is not a secured method and would be a security violation.

Access Appeals Request Form

1. Visit *www.QualityNet.org.*

2. From the **[Hospitals – Inpatient]** box**,** select **[Hospital Value-Based Purchasing (HVBP) Learn more].**

3. When the screen refreshes, select **[Payment]** from the top navigation pane and **[Review and Corrections/Appeals]** on the left hand navigation pane. Then, select **[Review and Corrections Request Form]** toward the bottom of the page.

Direct link: https://www.qualitynet.org/inpatient/hvbp/payment#tab2

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Appeal Request Form (01/31/20)	PDF	293 KB	Download
Independent CMS Review Quick Reference Guide (06/27/17)	PDF	29 KB	Download
Independent CMS Review Request Form (01/31/20)	PDF	261 KB	Download
Review and Corrections, Appeal, and Independent CMS Review User Guide (07/11/17)	PDF	951 KB	Download

Request Form

Complete the request form with the following information:

- Date of review and corrections request
- Hospital CCN
- Hospital contact information
  - Hospital name/address (must include physical street address)
  - Hospital CEO and *QualityNet* Security Administrator/Security Official (name, address, telephone and email)
- Specify reason(s) for request
  - Condition-specific score
  - Domain-specific score
  - TPS
- Provide detailed description for each of the reason(s) identified

Acceptable Reasons for Appeals

- Calculation of achievement/improvement points
- Calculation of measure/dimension score
- Calculation of domain scores
- Calculation of HCAHPS consistency points
- Incorrect domain scores in TPS
- Incorrect weight applied to domain
- Incorrect weighted domain scores to calculate TPS
- Hospital's open/closed status incorrectly specified

Where's My Report? Everything You Want to Know About the
FY 2021 Hospital VBP Percentage Payment Summary Report

Resources

Available on *QualityNet*

- Webinars/Calls/Educational Materials
  - From **[Hospitals – Inpatient],** select the **[Hospital Value-Based Purchasing (HVBP) Program Learn More]** option. Then, select **[Webinars]** from the top navigation pane.
  - Also available at *https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-archived-events/*.
- Hospital VBP Program General Information
  - From the **[Hospitals – Inpatient]** menu, select **[Hospital Value-Based Purchasing (HVBP) Program Learn More].**
  - Direct link: https://qualitynet.org/inpatient/hvbp
- Frequently Asked Questions
  - From the home page, select **[Help]** on the upper right-hand side. Then, select **[Hospitals – Inpatient].**
  - Direct link: https://cmsqualitysupport.servicenowservices.com/qnet_qa

FY 2021 Help Guides and Quick Reference Guides
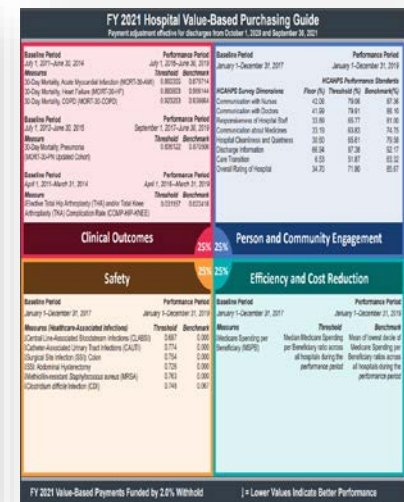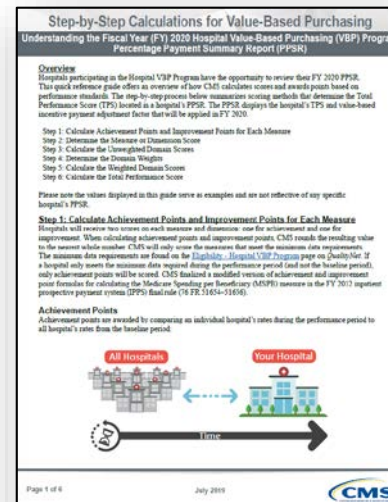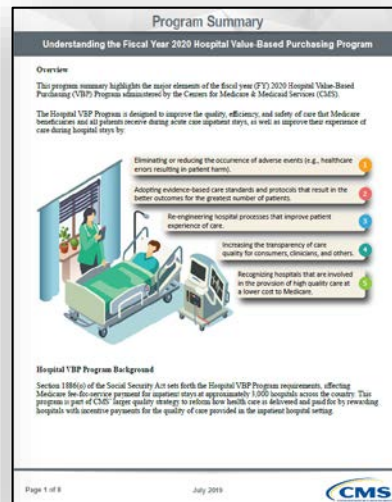
Access FY 2021 How to Read Your Report Help Guide, Program Summary, Scoring Quick Reference Guide, and Domain Weighting Quick Reference Guide on *QualityNet.*

Direct Link: https://qualitynet.org/inpatient/hvbp/resources#tab2

Where's My Report? Everything You Want to Know About the FY 2021 Hospital VBP Percentage Payment Summary Report

Q&A Session

Webinar Chat Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: Where's My Report? Everything You Want to Know About the FY 2021 Hospital VBP Program Percentage Payment Summary Report

- Email Body: If your question pertains to a specific slide, please include the slide number

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the *QualityNet* Inpatient Questions and Answers tool, at https://cmsqualitysupport.servicenowservices.com/qnet_qa.
If you do not find an answer, then submit your question to us via the same tool.

Disclaimer

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Survey

- Please [click here](#) to complete a short survey.