



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

Reviewing Your Fiscal Year 2024
Hospital Value-Based Purchasing Program
Mortality and Complication Measures Hospital-Specific Report
Question and Answer Summary Document

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The following document provides actual questions from audience participants. Webinar attendees submitted the questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: **Slide 22: If my drop-down does not provide Hospital VBP as a selection, is this because critical access hospitals (CAHs) do not participate?**

Only subsection (d) hospitals can participate in the Hospital VBP Program. The subsection (d) definition excludes CAHs as well as children's, long-term care, psychiatric, and rehabilitation hospitals. It also excludes hospitals that participate in the Maryland All-Payer model and the 11 Prospective Payment System (PPS)-Exempt Cancer Hospitals. The drop-down only includes providers that participate in the program. Since your hospital is a CAH, you will not have access to any Hospital VBP reports.

Question 2: **Slide 22: Why does the first selection use release year and not program year? It can be confusing.**

To address potential discrepancies in fiscal year periods across different reports, we use the term "release year" in our user interface to specifically refer to the calendar year when a report is published. However, we apologize for any confusion it may cause when compared to the more appropriate term "program year." "Program year" pertains to the year in which CMS Reporting Program adjustments are made to payments. We acknowledge the need for clearer terminology and apologize for any inconvenience caused.

Question 3: **For the Risk-Standardized Total Hip Arthroplasty and/or Total Knee Arthroplasty Complication measure, would it be possible to have the complication diagnosis documented?**

Thank you for your suggestion. CMS will take this into consideration for future enhancements to the hospital reports.

Question 4: **Slide 54: If our CAH received the fiscal year (FY) 2024 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Report (HSR), should we ignore it?**

Yes, you should disregard the report. CAHs are excluded from the Hospital VBP Program. Therefore, CMS does not provide the report to any CAH CMS Certification Numbers (CCNs). There are hospitals with

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acute care CCNs that later converted to CAHs, and it is possible that they received a report. However, CAHs are not included in the Hospital VBP Program and should not consider the report for their evaluation.

Question 5: **Slide 35: Do you have any suggestions for how hospitals can validate a predicted rate when risk factor variables are submitted to CMS 90 days prior to hospital admission?**

The predicted rate reflects the number of predicted deaths within 30 days from admission, based on your hospital's performance with its observed case mix and your hospital's estimated effect on mortality (the hospital-specific effect provided in your discharge-level data). The calculation methodology for predicted rates is discussed in the FY 2024 Hospital VBP Program HSR User Guide that accompanied your HSR.

The user guide is also on the CMS QualityNet website:
<https://qualitynet.cms.gov>

[Home](#) > Hospitals - Inpatient > Measures > HVBP Mortality and Complication Measures > [Resources](#)

The Instructions for Mortality Replication section describes how the risk variable coefficients and the hospital-specific effect for your hospital are utilized to calculate the predicted rate. Note, that section provides information on how to request an Excel file from the Hospital VBP Program team that outlines the steps/formulas for calculating results.

Question 6: **What is the difference between Hospital VBP Program Claims-Based Measure (CBM) HSRs and the Hospital Inpatient Quality Reporting (IQR) Program preview reports?**

Hospital VBP Program CBM HSRs provide hospitals with detailed information and feedback on their performance in specific measures within the Hospital VBP Program. These reports are confidential and intended for internal use by hospitals to assess their performance, identify areas for improvement, and make informed decisions about quality improvement initiatives. Hospital VBP Program CBM HSRs offer a comprehensive overview of hospitals' performance, including scores, benchmarks, and comparisons with other facilities.

Hospital IQR Program preview reports serve as an early assessment of hospitals' estimated performance in the program. Unlike HSRs, these reports are not confidential; they give hospitals an opportunity to review and validate their data before CMS publicly reports the data. Preview reports allow hospitals to identify and rectify any potential data

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discrepancies or errors before the final data values are published. During a 30-day preview period, hospitals can review their data before it is publicly displayed on Care Compare.

In summary, Hospital VBP Program CBM HSRs are detailed internal reports for hospitals to evaluate and improve their performance within the Hospital VBP Program, while preview reports for the Hospital IQR Program provide hospitals with a glimpse of their reported data, allowing them to validate their data before public reporting.