



## **Hospital Value-Based Purchasing (VBP) Program**

### **Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**

#### **Reviewing Your Fiscal Year 2025 Hospital Value-Based Purchasing Program Mortality and Complication Measures Hospital-Specific Report Question and Answer Summary Document**

##### **Speakers**

**Maria Gugliuzza, MBA**

Lead, Hospital VBP Program  
Inpatient VIQR Outreach and Education Support Contractor

**Mike Miller**

Hospital Quality Reporting Analytics Team

**Manjiri Joshi, MPH**

Measure Implementation and Stakeholder Communication Lead Hospital Outcome Measure  
Development, Reevaluation, and Implementation Contractor

##### **Moderator**

**Brandi Bryant**

Hospital VBP Program, Inpatient VIQR Outreach and Education Support Contractor

**May 22, 2024**

**2:00 p.m. Eastern Time**

**DISCLAIMER:** This presentation question-and-answer summary document was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated.

The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

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

---

**Question 1:**            **My drop-down box does not provide the Hospital VBP Program as a selection. Is this because critical access hospitals (CAHs) do not participate?**

Only hospitals classified as "subsection (d) hospitals" are eligible to participate in the Hospital Value-Based Purchasing (VBP) Program. These hospitals are governed by section 1886(d) of the Social Security Act, which applies to general acute care hospitals paid under the Inpatient Prospective Payment System (IPPS). Subsection (d) hospitals include most hospitals in the 50 states and Washington, D.C., but specifically exclude types such as psychiatric, rehabilitation, long-term care, children's, and cancer hospitals. Because Critical Access Hospitals (CAHs) are not included in subsection (d), they cannot access Hospital VBP Program reports. Therefore, as your hospital is a CAH, you will not be able to view these reports.

**Question 2:**            **If our CAH received the fiscal year (FY) 2025 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Report (HSR), should we ignore it?**

Yes, you should disregard the FY 2025 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Report (HSR) if your hospital is a Critical Access Hospital (CAH). CAHs are excluded from the Hospital Value-Based Purchasing (VBP) Program, and CMS does not provide these reports to hospitals with CAH CMS Certification Numbers (CCNs). However, hospitals that were originally classified as acute care facilities but later converted to CAHs may have received the report. In this case, you should not use the report for evaluation purposes, as CAHs are not included in the Hospital VBP Program.

To verify your hospital's CAH status, check the CMS Certification Number (CCN) and consult your Medicare Administrative Contractor (MAC) to ensure your hospital is correctly classified as a CAH.

If you still need clarification, please submit your questions through the **Question and Answer tool on QualityNet** for further assistance.

**Question 3:**            **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.

## **Hospital Value-Based Purchasing (VBP) Program**

---

### **Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**

These reports are confidential and intended for internal use by hospitals to assess their performance, identify improvement areas, 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. 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 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 on Medicare.gov](https://www.cms.gov/medicare/medicare-eligibility/eligibility-requirements/eligibility-requirements-2019).

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.

**Question 4: Did COVID-19 affect cohorts and outcomes for the mortality measures?**

The mortality measures exclude index admissions with a principal diagnosis code of COVID-19 (International Classification of Diseases-10-Clinical Modification code U07.1) or with a secondary diagnosis code of COVID-19 coded as POA on the index admission claim from the measure cohorts.

Claims data for January 1, 2020 through June 30, 2020 are excluded from use in the measures under CMS's Extraordinary Circumstances Exception (ECE) policy. As a result, the typical 12-month look-back period for use of claims/VA data in risk adjustment and in identifying patients with an ICD-10 code indicating LVAD implantation or heart transplantation prior to the index admission (an exclusion for the HF mortality measure cohort) totals less than 12 months for those patients 2024 Measure Updates: AMI, COPD, HF, Pneumonia, Stroke Mortality 19 whose 12-month period includes any portion of the January 1, 2020 through June 30, 2020 time frame. COVID-19 has not led to an update of mortality measures' outcomes because cause of death information has not been available since 2020

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

---

**Question 5:**            **Where can I find the code specifications used to exclude readmissions with COVID-19 from the total hip arthroplasty and/or total knee arthroplasty (THA/TKA) complication outcome?**

You can find these code specifications on [QualityNet: Hospitals – Inpatient > Measures > Complication Measure > Methodology > 2024 THA/TKA Complications Measure Code Specifications - Supplemental File](#) (Table 6). (Direct link: <https://qualitynet.cms.gov/inpatient/measures/complication/methodology>) It is important to note that readmission claims with COVID-19 coding are only excluded in determining the following four complications: acute myocardial infarction, pneumonia and other respiratory complications, sepsis/septicemia/shock, and pulmonary embolism. These outcome exclusions are further discussed in Sections 2.2.2 and 3.2.2 of the 2024 Procedure-Specific Complication Measure Updates and Specifications Report on QualityNet, adjacent to the supplemental file.

**For procedures such as THA/TKA, are the procedures included in the data collection period based on the discharge date, procedure date, or admission date?**

The procedures included in the data collection period are based on the discharge date.

**Question 6:**            **Slide 38. Why are some numbers negative?**

The values of the coefficients provide information on the direction and magnitude of the relationship between each risk variable and the outcome. For negative coefficients, it will indicate a lower risk of mortality/complications, so the presence of those factors have a “protective effect,” while positive coefficients indicate a higher risk.