FY 2027 Baseline Measures Report Overview

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Webinar Chat Questions

Using the Chat tool, please submit any questions that are pertinent to this webinar topic. As time permits, we will answer these questions at the end of the webinar. We will address the questions that we did not answer in a question-and-answer summary document that we will release later.

As a reminder, we do not use the raised-hand feature in the Chat tool during webinars.

If you have an additional question after this event, submit your question through the [QualityNet Question and Answer Tool](). Include the webinar name, slide number, and speaker name.

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the same tool. If you do not find an answer, then submit your question to us via the [QualityNet Question and Answer Tool](). We will respond to questions as soon as possible.

Acronyms

AMI	Acute Myocardial Infarction	**HQR**	Hospital Quality Reporting
CABG	Coronary Artery Bypass Graft	**HSR**	Hospital-Specific Report
CAUTI	Catheter-associated Urinary Tract Infection	**IPPS**	inpatient prospective payment system
CDI	*Clostridium difficile* Infection	**MORT**	mortality
CLABSI	Central Line-associated Bloodstream Infection	**MRSA**	Methicillin-resistant *Staphylococcus aureus* Bacteremia
CMS	Centers for Medicare & Medicaid Services	**MS-DRG**	Medicare Severity Diagnosis Related Groups
COMP	complications	**MSPB**	Medicare Spending per Beneficiary
COPD	Chronic Obstructive Pulmonary Disease	**PN**	pneumonia
DPS	Division of Value, Incentives, and Quality Reporting Program Support	**Q**	quarter
ECE	Extraordinary Circumstances Exceptions	**SO**	Security Official
FY	fiscal year	**SEP**	sepsis
HAI	Healthcare-associated infection	**SSI**	Surgical Site Infection
HARP	HCQIS Access Roles and Profile	**THA/TKA**	Total Hip Arthroplasty/Total Knee Arthroplasty
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**TPS**	Total Performance Score
HCQIS	Health Care Quality Information Systems	**VBP**	value-based purchasing
HF	heart failure		

Purpose

This event will provide an overview of the fiscal year (FY) 2027 Hospital VBP Program Baseline Measures Reports and discuss the following:

- The report's location in the *Hospital Quality Reporting (HQR) Secure Portal*

- Domain and measure updates

- Performance standards and measurement periods

- Resources

Objectives

Participants will be able to:

- Access their Hospital VBP Program Baseline Measures Report.

- Identify the domains and measures that the Centers for Medicare & Medicaid Services (CMS) uses to evaluate performance in the Hospital VBP Program.

- Locate Hospital VBP Program resources.

Maria Gugliuzza, MBA
Program Lead, Hospital VBP Program
DPS Contract

Hospital VBP Program Overview

Funding

- The Hospital VBP Program is budget-neutral and is funded by a 2.00% reduction from the base operating Medicare Severity Diagnosis Related Groups (MS-DRG) payments of all participating hospitals.

- CMS redistributes the resulting funds to hospitals based on the Total Performance Score (TPS).
  - The actual amount earned depends on the range and distribution of TPS scores of all eligible/participating hospitals for a fiscal year.
  - A hospital may earn back a value-based incentive payment percentage. The percentage can range from incurring the withhold for the fiscal year to receiving a positive net change in base operating MS-DRG payments.

Adjustment per Claim

Withhold

1%

-2%

Incentive Payment

3%
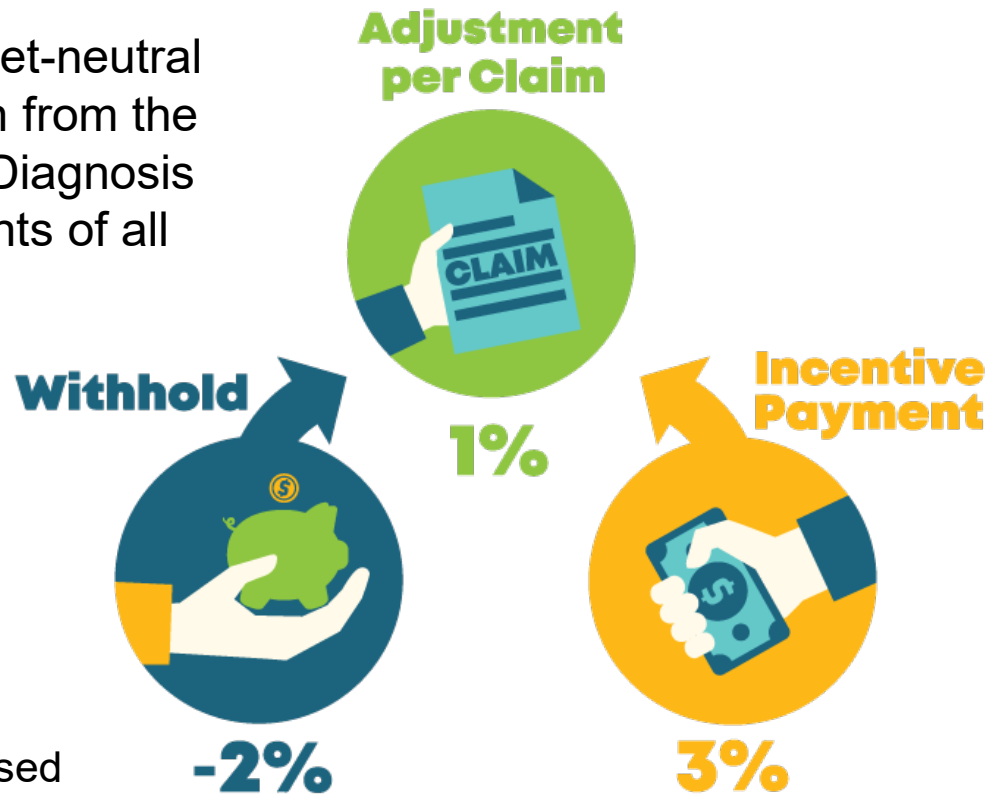
Eligibility

As set forth in the Social Security Act, Section 1886(d)(1)(B), the program applies to subsection (d) hospitals located in the 50 states and the District of Columbia. This excludes the following:

- Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS)

- Hospitals subject to payment reductions under the Hospital Inpatient Quality Reporting Program

- Hospitals cited for deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients

- Hospitals that do not meet the minimum number of cases, measures, or surveys, as determined by the Secretary

- Hospitals with an approved disaster/extraordinary circumstance exception (ECE) specific to the Hospital VBP Program

- Short-term acute care hospitals in Maryland

Note: Hospitals excluded from the Hospital VBP Program will **not** have 2.00% withheld from their base operating MS-DRG payments and will not be eligible to receive incentive payments in FY 2027.

FY 2027
Domains and Measures

Clinical Outcomes (25%)
MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
MORT-30-CABG: Coronary Artery Bypass Graft (CABG) Surgery 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
Communication about Medicines | Discharge Information
Cleanliness and Quietness of Hospital Environment
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: Colon and Abdominal Hysterectomy Surgical Site Infection
SEP-1: Severe Sepsis and Septic Shock: Management Bundle

FY 2027 Hospital VBP Program Summary of Changes

- In the FY 2025 IPPS/Long-Term Care Hospital Prospective Payment System final rule (pages 69507–69508), CMS finalized a modification to the HCAHPS measure to exclude the Responsiveness of Hospital Staff and Care Transition dimensions from measure scoring for the FY 2027 through FY 2029 program years.

- From FY 2027 to FY 2029, CMS will only score hospitals on the following six unchanged dimensions of the HCHAPS Survey:

  o Communication with Nurses

  o Communication with Doctors

  o Communication about Medicines

  o Discharge Information

  o Cleanliness and Quietness

  o Overall Rating of Hospital

Measurement Periods

Domain	Measure	Baseline Period	Performance Period
Clinical Outcomes	Mortality Measures (AMI, CABG, COPD, HF)	July 1, 2017– June 30, 2020*	July 1, 2022– June 30, 2025
	Complication Measure	April 1, 2017– March 31, 2020*	April 1, 2022– March 31, 2025
Person and Community Engagement	HCAHPS Survey	January 1, 2023– December 31, 2023	January 1, 2025– December 31, 2025
Safety	Healthcare-associated infection (HAI) measures and SEP-1 measure	January 1, 2023– December 31, 2023	January 1, 2025– December 31, 2025
Efficiency and Cost Reduction	MSPB Hospital	January 1, 2023– December 31, 2023	January 1, 2025– December 31, 2025

*These baseline periods are impacted by the COVID-19 Public Health Emergency ECE that CMS granted on March 22, 2020. Qualifying claims will be excluded from the measure calculations for January 1, 2020– March 31, 2020 (Q1 2020) and April 1, 2020–June 30, 2020 (Q2 2020) from claims-based, complication, and mortality measures.

Summary of Minimum Data Requirements

Domain/Measure/TPS	Minimum Requirement
Clinical Outcomes	Minimum of 25 cases for at least two measures
Person and Community Engagement	100 HCAHPS Surveys
Safety	Minimum of two measure scores: • HAI measures: One predicted infection • SEP-1 measure: Minimum of 25 cases accepted and used in the denominator
Efficiency and Cost Reduction	25 episodes of care in the MSPB measure
TPS	Sufficient data to receive domain scores in at least three of the four domains

FY 2027 Timeline

Release Date* and Event Timeline

You are here!

March 2025	April/May 2026	May/June 2026	Around August 1, 2026
Baseline Measures Reports Released	Mort and Comp Hospital-Specific Reports (HSRs) Released with 30-Day Review and Correction Period	MSPB HSR Released with 30-Day Review and Correction Period	Percentage Payment Summary Report Released with 30-Day Review and Correction Period

September 30, 2027	Early 2027	Fall 2026	October 1, 2026
FY 2027 Ends	Hospital VBP Program Results Publicly Reported	Value-Based Incentive Payment Adjustments Publicly Reported: Table 16B	FY 2027 Starts New Payment Adjustment Percentages Begin

*These estimated dates are subject to change.

Performance Standards

Benchmark:
Average (mean) performance of the top decile (10%) 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
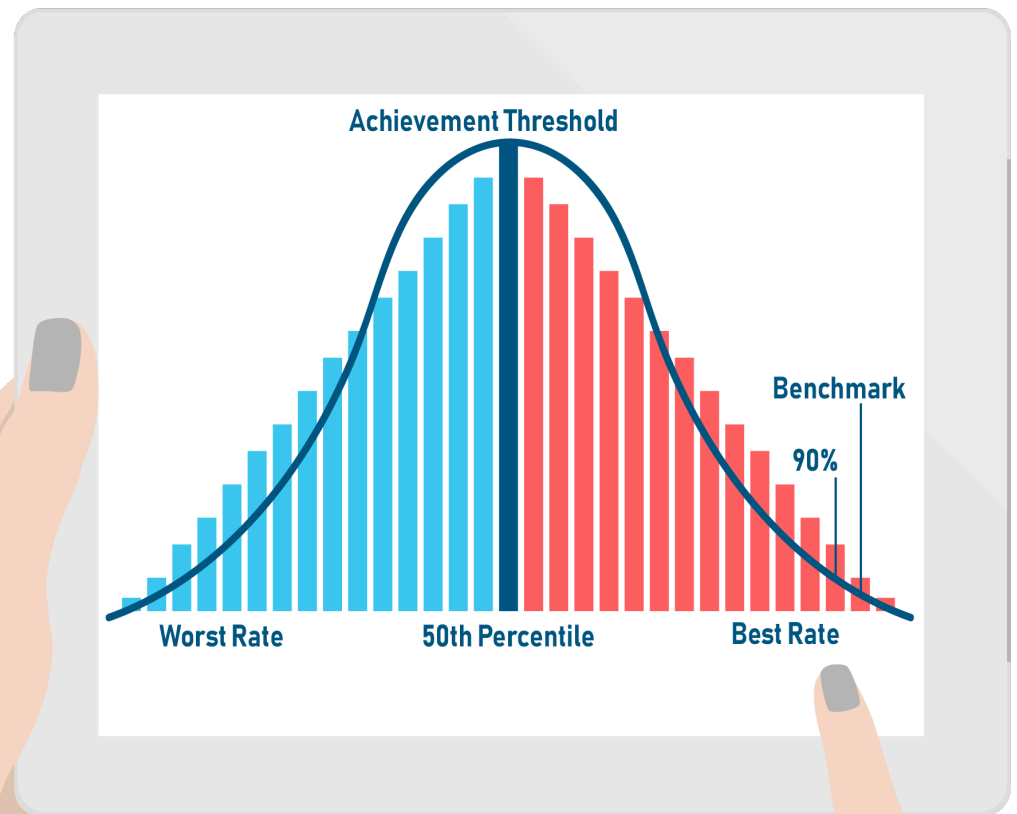
Higher Performance Standards

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

- Clinical Outcomes
  - Mortality measures*

- Person and Community Engagement

- Safety Domain
  - SEP-1 measure

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

Lower Performance Standards

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

- Clinical Outcomes
  - Complication measure
- Safety
  - HAI measures
- Efficiency and Cost Reduction
  - Unlike other measures, the Efficiency and Cost Reduction measure, MSPB, uses data from the performance period to calculate the benchmark and achievement threshold instead of data from the baseline period.
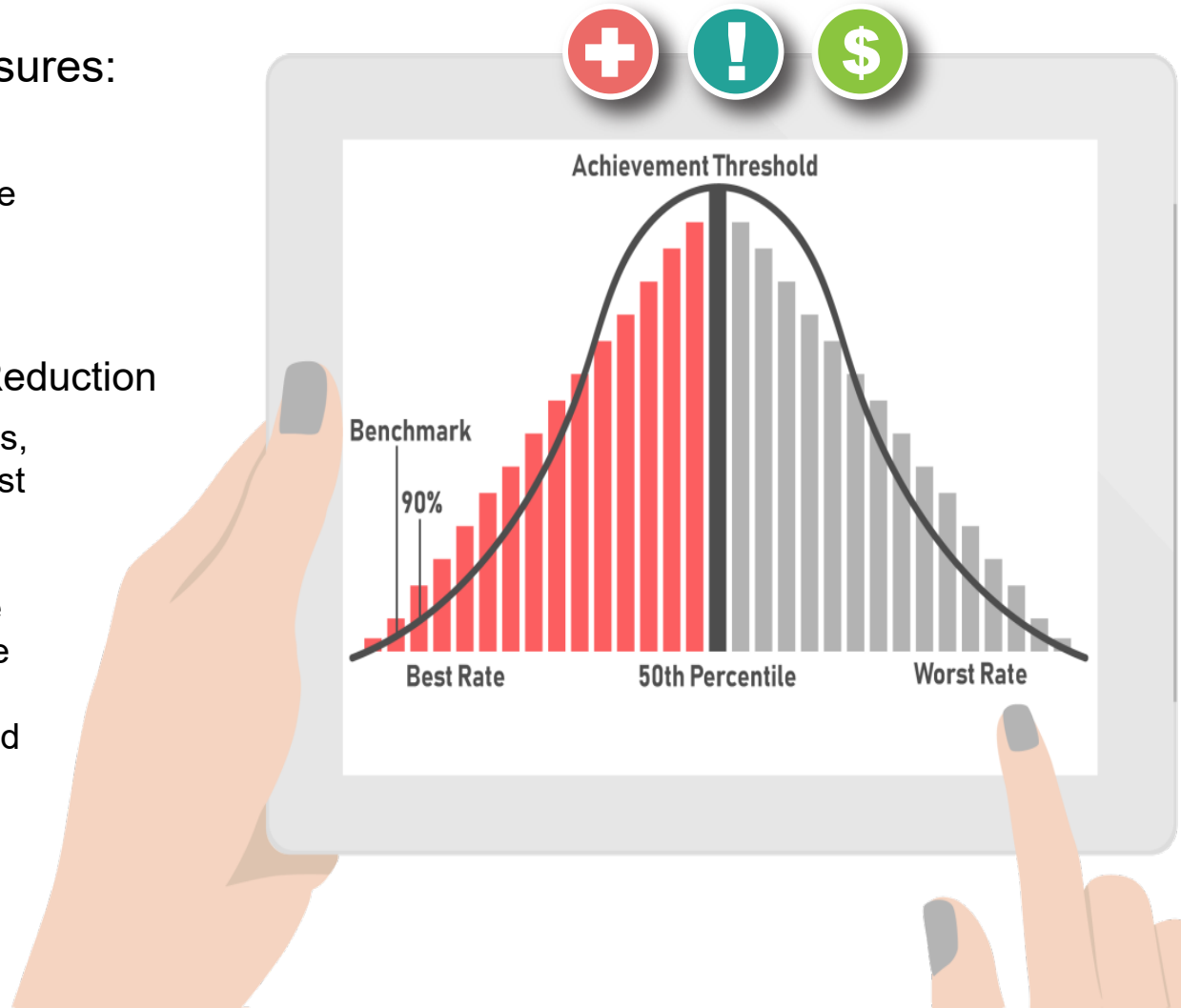
FY 2027 Performance Standards
(Part 1)

Payment adjustment effective for discharges from October 1, 2026, to September 30, 2027

Clinical Outcomes

Mortality Measures

Baseline Period July 1, 2017–June 30, 2020*		Performance Period July 1, 2022–June 30, 2025	
Measure ID	**Measure Name**	**Achievement Threshold**	**Benchmark**
MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.877824	0.893133
MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.971149	0.980752
MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.917395	0.932640
MORT-30-HF	Heart Failure 30-Day Mortality	0.887571	0.913388
MORT-30-PN	Pneumonia 30-Day Mortality	0.844826	0.877204

Complication Measure

Baseline Period April 1, 2017–March 31, 2020*		Performance Period April 1, 2022–March 31, 2025	
Measure ID	**Measure Name**	**Achievement Threshold**	**Benchmark**
↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.023322	0.017018

25%

Person and Community Engagement

Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025	
HCAHPS Survey Dimensions*	**Floor (%)**	**Achievement Threshold (%)**	**Benchmark (%)**
Communication with Nurses	51.40	77.32	86.30
Communication with Doctors	51.59	77.53	86.29
Responsiveness of Hospital Staff	X	X	X
Communication about Medicines	35.92	58.08	70.11
Hospital Cleanliness and Quietness	38.41	63.37	77.73
Discharge Information	64.47	86.02	91.48
Care Transition	X	X	X
Overall Rating of Hospital	34.52	68.79	83.97

25%

Lower rates (↓) indicate better results in the measure. Each color/domain is worth 25%.

FY 2027 Performance Standards
(Part 2)

Healthcare-Associated Infections

			Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025		
		Measure ID	Measure Name	Achievement Threshold	Benchmark	
Safety	↓	CAUTI	Catheter-Associated Urinary Tract Infection	0.500	0.000	25%
	↓	CDI	Clostridium *difficile* Infection	0.351	0.000	
	↓	CLABSI	Central Line-Associated Bloodstream Infection	0.608	0.000	
	↓	MRSA	Methicillin-Resistant Staphylococcus *aureus*	0.650	0.000	
	↓	SSI	Colon Surgery Abdominal Hysterectomy	0.735 0.884	0.000 0.000	
	↑	SEP-1	Severe Sepsis & Septic Shock	0.618251	0.860833	

			Baseline Period Jan. 1, 2023–Dec. 31, 2023		Performance Period Jan. 1, 2025–Dec. 31, 2025		
		Measure ID	Measure Name	Achievement Threshold	Benchmark	
Efficiency and Cost Reduction	↓	MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	25%

↓ Indicates lower values are better for the measure ↑ Indicates higher values are better for the measure.

*These baseline periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020. Qualifying claims will be excluded from the measure calculations for January 1, 2020–March 31, 2020 (Q1 2020) and April 1, 2020–June 30, 2020 (Q2 2020) from claims-based, complication, and mortality measures. For information, see the FY 2022 Inpatient Prospective Payment System/Long-Term Care Prospective Payment System final rule (pages 45297 through 45299).

**For the FY 2027 program year, we would only score on the six dimensions of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey that would remain unchanged from the current version.

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.
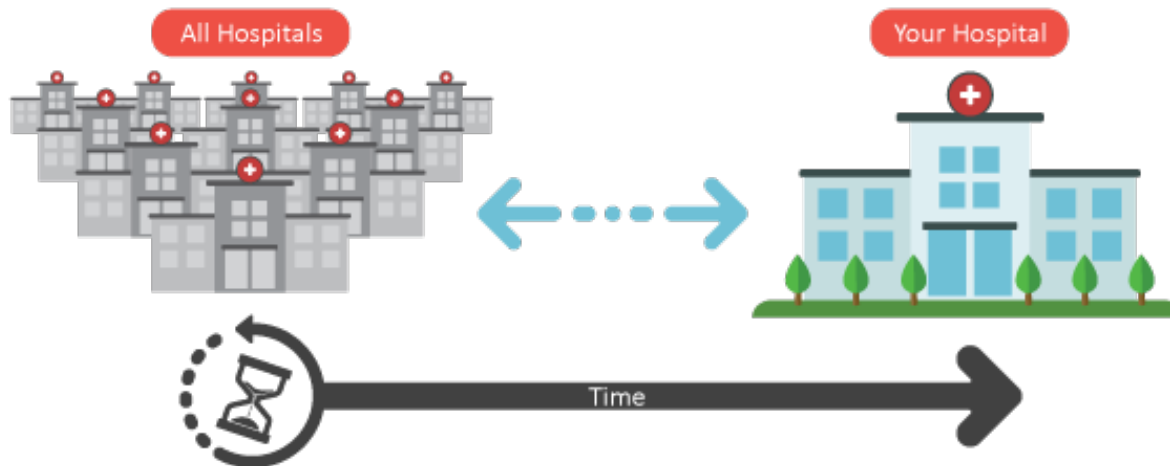
Improvement Points

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.
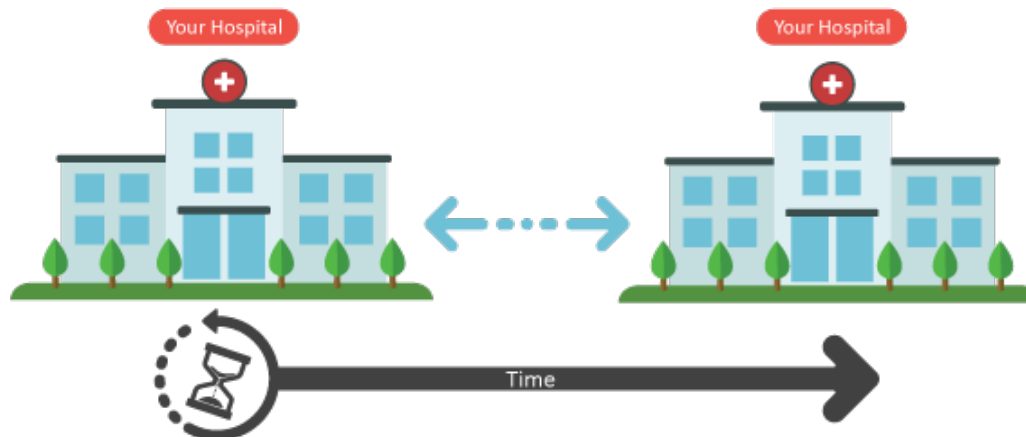
Maria Gugliuzza, MBA
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Accessing the Report
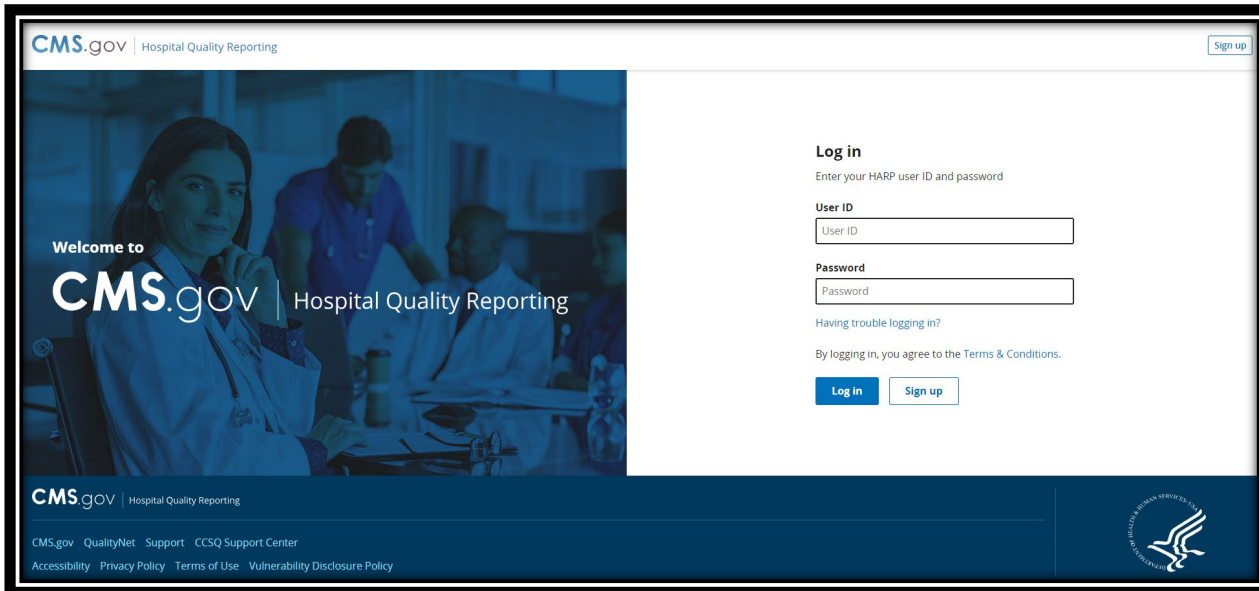
Report Availability

- The **Baseline Reports** are available on the *HQR Secure Portal*.

- Reports are available to users associated with a hospital that have the **Performance Reports** permission for **HVBP** Program Access.

Accessing the Report

Step 1: Log into the HQR System using a Health Care Quality Improvement System (HCQIS) Access Roles and Profile (HARP) account. The HQR System requires users to have a HARP account to log in. If you currently have a HARP account, visit the HQR login page and log in using your HARP user ID and password. If you do not have a HARP account, you may register for a HARP ID.
Step 2: Enter your HARP User ID and Password. Then, select **Login**.

Accessing the Report

Step 3: You will be directed to the Two-Factor Authorization page.
Select the device you would like to retrieve the verification code. Select **Next**.

Accessing the Report

Step 4: On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.
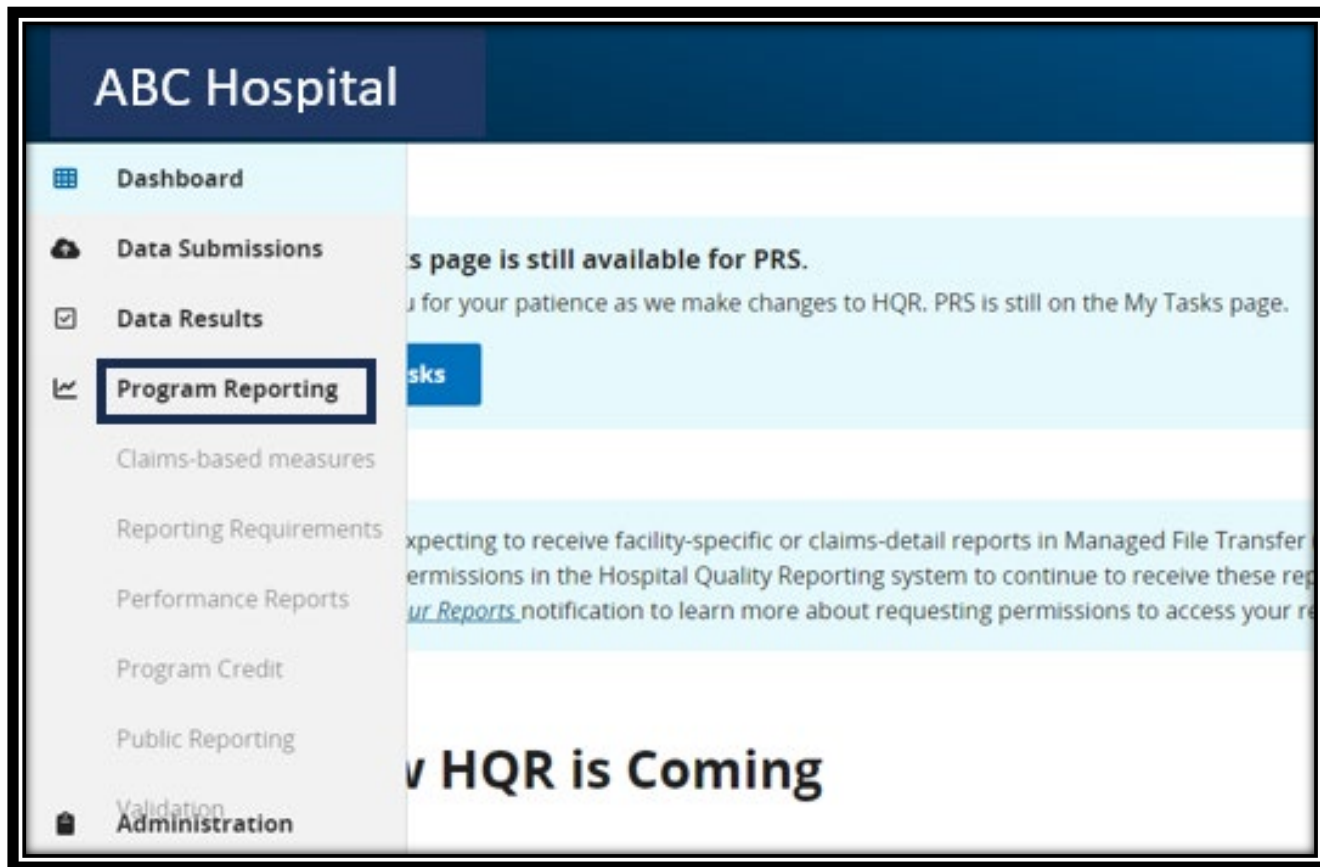
Accessing the Report

Step 5: From the expanded Program Reporting drop-down menu, select **Performance Reports**.
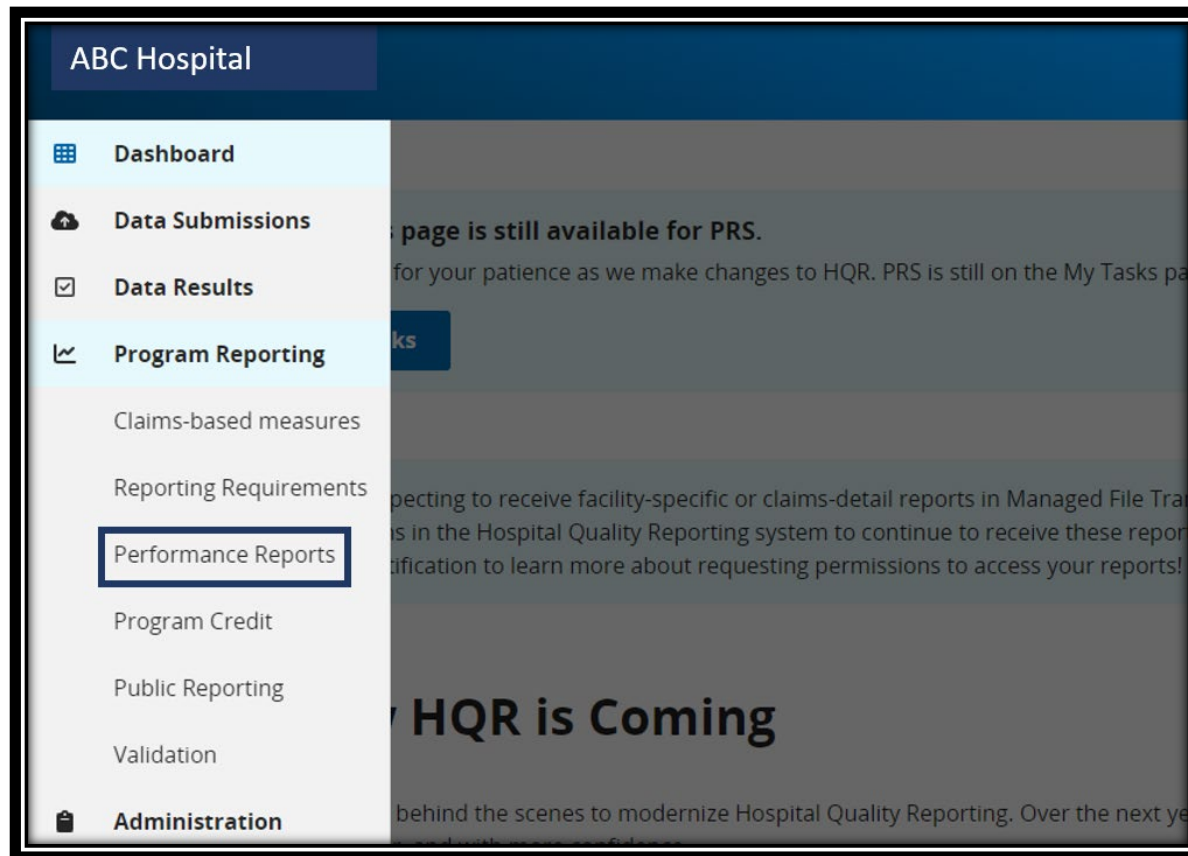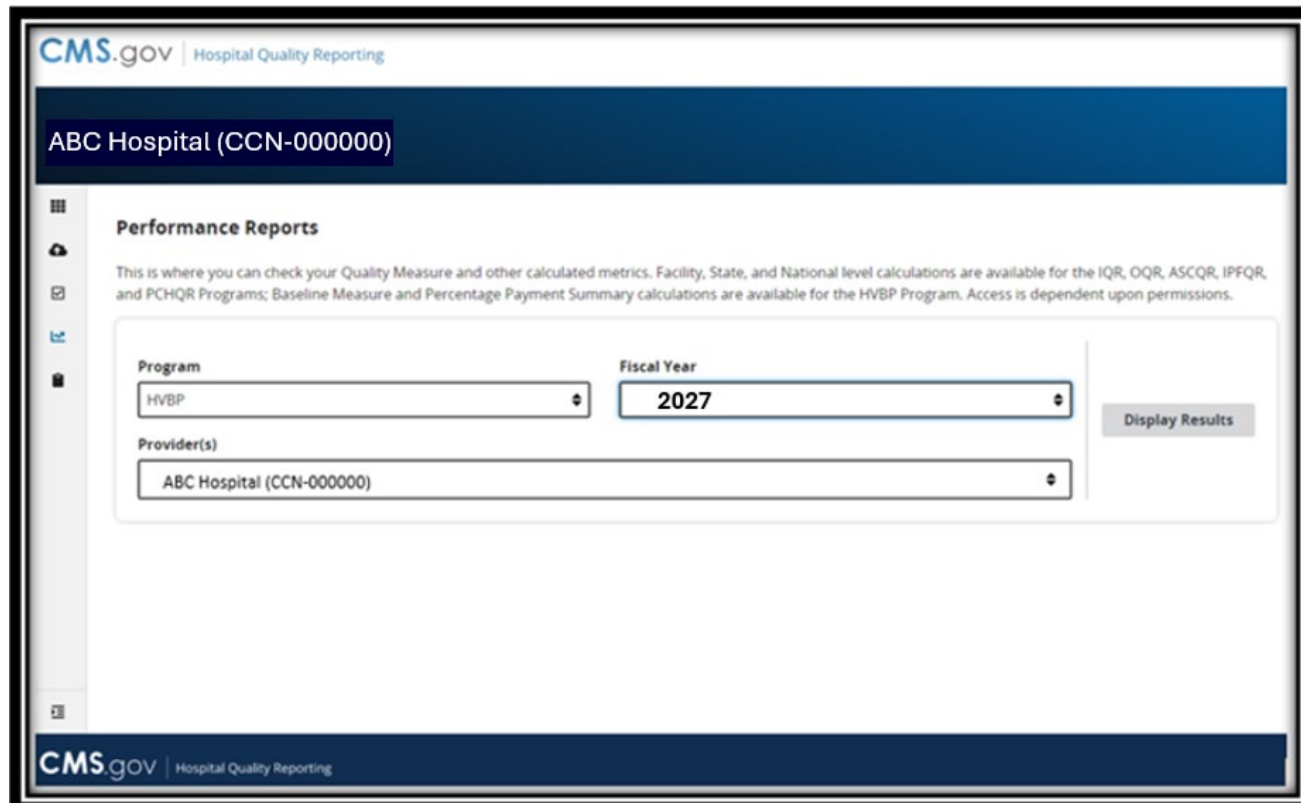
Accessing the Report

Step 6: Select **HVBP** from the Program selection menu.

Step 7: Select **2027** from the Fiscal Year selection menu.

Step 8: Select your hospital from the Provider selection menu.

Select **Display Results**.

Option to Export PDF

Instructions to Access Baseline Reports

To access your FY 2027 Hospital VBP Program baseline data:

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

2. Enter your HARP User ID and Password. Then, select **Log in**.

3. You will be directed to the Two-Factor Authorization page.
   Select the device you would like to retrieve the verification code. Select **Next**.

4. Once you receive the code, enter it. Select **Next**.

6. On the HQR Landing page, select **Program Reporting** from the left-navigation menu to expand the menu options.

7. From the expanded Program Reporting drop-down menu,
   select **Performance Reports**.

8. Select **HVBP** from the Program selection menu.

9. Select **2027** from the Fiscal Year selection menu.

10. Select your hospital from the Provider selection menu.
    Select **Display Results**.

Maria Gugliuzza, MBA
Program Lead, Hospital VBP Program
DPS Contract

Reviewing your Report

Clinical Outcomes Domain (Part 1)

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

ABC Hospital (CCN-000000)

Fiscal Year 2027
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Data as of: 02/04/2025

Clinical Outcomes

Baseline Period:
04/01/2017 - 03/31/2020

Risk-Standardized Complication Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate**	0	-	0.023322	0.017018

Baseline Period (AMI, HF, COPD, CABG, PN):
07/01/2017 - 06/30/2020

30-Day Risk-Standardized Mortality Measures	Number of Eligible Discharges	Baseline Period Rate	Achievement Threshold	Benchmark
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate**	4	0.879225	0.877824	0.893133

Clinical Outcomes Domain (Part 2)

HVBP Baseline Report

Page 2 of 6

Fiscal Year 2027

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

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Data as of: 02/04/2025

ABC Hospital (CCN-000000)				
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate**	0	-	0.971149	0.980752
Heart Failure (HF) 30-Day Mortality Rate	50	0.900406	0.887571	0.913388
Pneumonia (PN) 30-Day Mortality Rate	38	0.851104	0.844826	0.877204

Information Pop-Ups

Person and Community Engagement Domain

HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

ABC Hospital (CCN-000000)

Person And Community Engagement

Baseline Period:
01/01/2023 - 12/31/2023

HCAHPS Surveys Completed During the Baseline Period:14

HCAHPS Dimensions	Baseline Period Rate	Floor	Achievement Threshold	Benchmark
Communication with Nurses**	73.5313%	51.40%	77.32%	86.30%
Communication with Doctors**	87.3212%	51.59%	77.53%	86.29%
Communication about Medicines**	86.5636%	35.92%	58.08%	70.11%
Cleanliness and Quietness of Hospital Environment**	68.4241%	38.41%	63.37%	77.73%
Discharge Information**	93.2762%	67.47%	86.02%	91.48%
Overall Rating of Hospital**	52.7621%	34.52%	68.79%	83.97%

Safety Domain (Part 1)

HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

ABC Hospital (CCN-000000)

Safety

Baseline Period:
01/01/2023 - 12/31/2023

Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Achievement Threshold	Benchmark
Catheter-Associated Urinary Tract Infection**	N/A	N/A	N/A	0.500	0.000
Central Line-Associated Blood Stream Infection**	N/A	N/A	N/A	0.608	0.000
Clostridium difficile Infection**	0	0.937	N/A	0.351	0.000
Methicillin-Resistant Staphylococcus aureus Bacteremia**	0	0.083	N/A	0.650	0.000
SSI-Abdominal Hysterectomy**	N/A	N/A	N/A	0.884	0.000

Safety Domain (Part 2)

HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

Page 5 of 6
Fiscal Year 2027
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Data as of: 02/04/2025

ABC Hospital (CCN-000000)

SSI-Colon Surgery**	N/A	N/A	N/A	0.735	0.000

Baseline Period:
01/01/2023 - 12/31/2023

Process of Care	Numerator	Denominator	Baseline Period Rate	Achievement Threshold	Benchmark
SEP-1: Severe Sepsis and Septic Shock: Management Bundle**	N/A	N/A	-	0.618251	0.860833

Efficiency and Cost Reduction Domain

HVBP Baseline Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

ABC Hospital (CCN-000000)

Efficiency And Cost Reduction

Baseline Period:
01/01/2023 - 12/31/2023

Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	# of Episodes
Medicare Spending per Beneficiary (MSPB)	$25,465.53	$25,847.41	0.985226	60

N/A indicates no data available, no data submitted, or the value was not applicable for this measure.

A dash (-) indicates that the minimums were not met for calculations, or the value was not applicable.

A double asterisk (**) indicates that the hospital did not meet the minimum requirements for the measure in the Baseline Period.

Calculated values were subject to rounding.

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Requesting Permission to Access Reports

Requesting Permission When You Don't Have Report Access

- Reports are available to users associated with hospitals that have the **Performance Reports** permission for **HVBP** Program Access.

- If you don't have access to your hospital's Hospital VBP Program reports in the drop-down box, you may not have the required program access for Performance Reports in your profile.

- The following slides provide instruction for requesting that permission.

- This action is **not** needed for users that can already access the Hospital VBP Program reports.

Requesting Permission

Steps 1–3: See earlier instructions.

Step 4: On the HQR landing page, select the **drop-down arrow** by your name on the ribbon at the top of the page to expand the options.
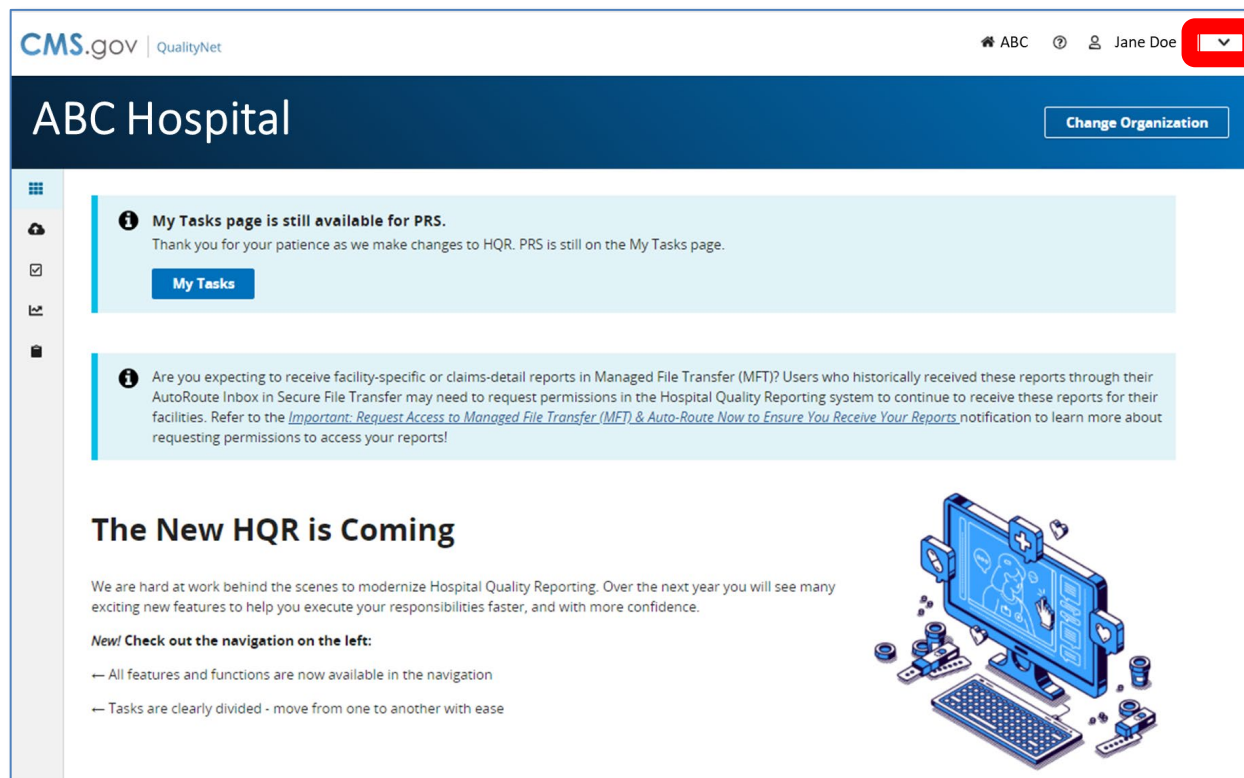
Requesting Permission

Step 5: From the expanded drop-down menu, select **My Profile**.
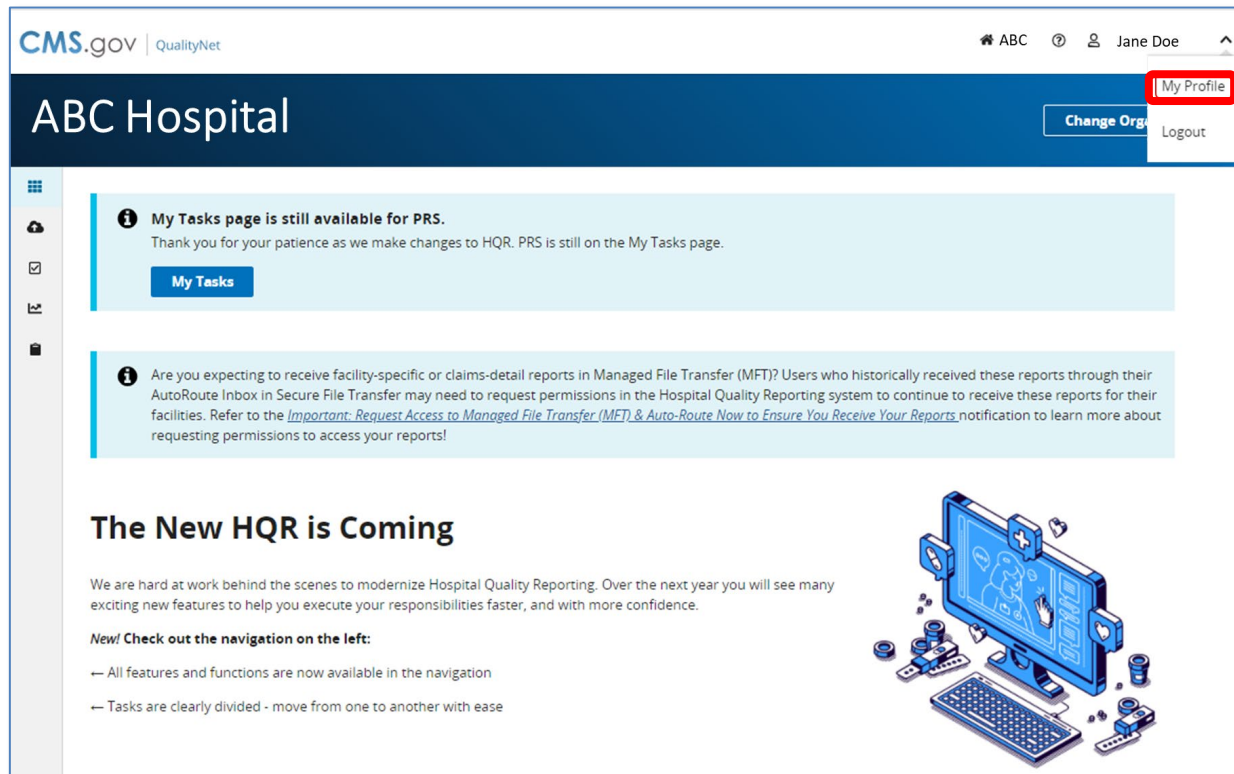
Requesting Permission

Step 6: Select **View Access** button for the organization to view the Hospital VBP Program reports.

Requesting Permission

Step 7: Review **Performance Repo**rts Program Access to confirm **HVBP** is selected. Select **Request Change in Access** if HVBP is not listed for Performance Reports.

Requesting Permission

Step 8: Confirm Basic or Security Administrator/Official User Type selection. Click the **Add** Program Access on the Performance Reports line. (1 of 2) **Note: Add** appears if there are no existing permissions for Performance Results. **Edit** appears if there are existing permissions.

Requesting Permission

Step 9: Select the checkbox for **Hospital Value-Based Purchasing (HVBP)** access. Click the **Apply & Close** button.

Requesting Permission

Step 10: Click the **Review** button at the bottom of the form.

Requesting Permission

Step 11: Click the Submit button at the bottom of the form.

Requesting HVBP Program Access for Performance Reports

1. Navigate to the *HQR Secure Portal* login page: https://hqr.cms.gov/hqrng/login
2. Enter your HARP User ID and Password. Then, select **Login**.
3. You will be directed to the **Two-Factor Authorization page**.
   Select the device you would like to retrieve the verification code. Select **Next**.
   Once you receive the code, enter it. Select **Next**.
4. On the HQR landing page, to expand the options, select **the drop-down arrow** by your name at the top.
5. From the expanded drop-down menu, select **My Profile**.
6. Select **View Access** for the organization's Hospital VBP Program reports you wish to view.
7. Review your **Performance Reports** Program Access to confirm **HVBP** is selected.
   Select **Request Change in Access** if HVBP is not listed for Performance Reports.
8. Confirm **Security Official (SO)** user type based on your role in the organization.
   Click **Add Program Access** on the Performance Reports line.
   (**Add** will appear if there are no existing permissions for Performance Results.
   Edit will appear if there are existing permissions.
9. Select **Hospital Value-Based Purchasing (HVBP)**. Click **Apply & Close**.
10. Click **Review** at the bottom of the form.
11. Click **Submit** at the bottom of the form. You will receive an email confirmation (with the organization, submission date, and SO names) of your submission. SOs will be notified to review the request.
    Once the request is reviewed, you will receive a notification that your access was modified.

Maria Gugliuzza, MBA
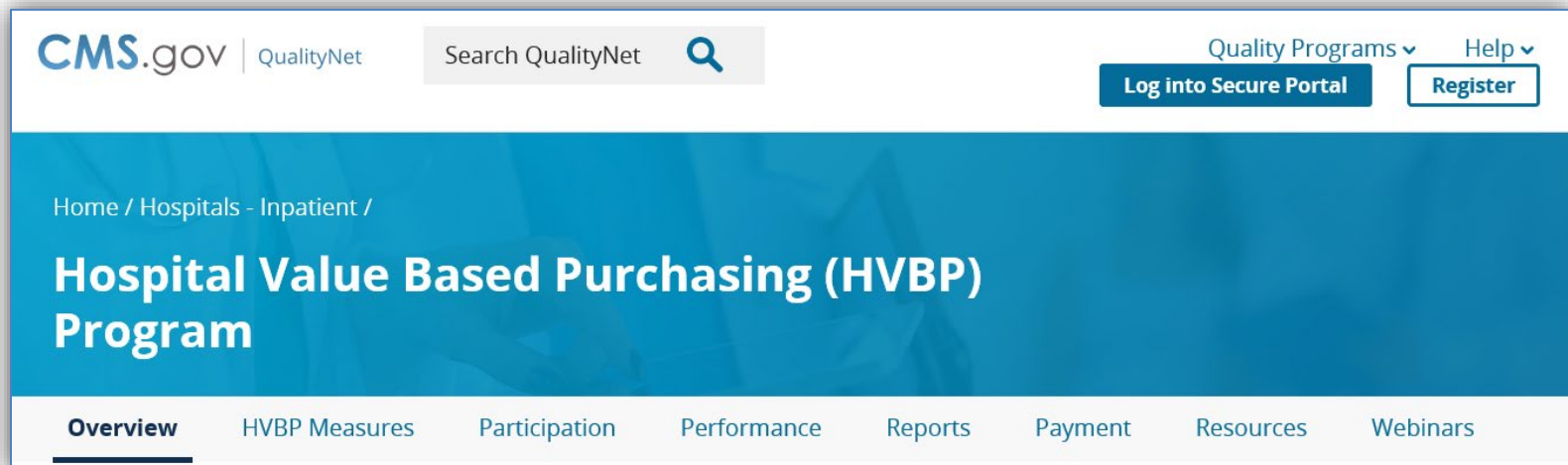Program Lead, Hospital VBP Program
DPS Contract

Resources

QualityNet Resources

- **Hospital VBP Program General Information**
  - From the **Hospitals – Inpatient** menu, select **Hospital Value-Based Purchasing Program.**
  - Direct link: https://qualitynet.cms.gov/inpatient/hvbp
- **Frequently Asked Questions**
  - From the home page, hover on **Help** at the top-right of the page.
    Then, select **Hospitals – Inpatient.**
  - Direct link: https://cmsqualitysupport.service-now.com/qnet_qa

Baseline Measures Report User Guide

The *Hospital VBP Program Baseline Measures Report User Guide* will be available on the [Hospital VBP Program Resources page on QualityNet](#) once reports are released. Direct link:

[https://qualitynet.cms.gov/inpatient/hvbp/resources](#)

Hospital Value-Based Purchasing Program

Baseline Measures Report User Guide

Fiscal Year 2027

Quick Reference Guide

- The FY 2027 quick reference guide contains the following:
  - Domains
  - Domain weights
  - Measures
  - Baseline and Performance Period dates
  - Performance standards
- QualityNet:
  https://qualitynet.cms.gov/inpatient/hvbp/resources#tab1

Fiscal Year (FY) 2027 Hospital Value-Based Purchasing (VBP) Program Quick Reference Guide

Additional Resources

- For technical questions or issues related to accessing reports, contact the Center for Clinical Standards and Quality Service Center at QnetSupport@cms.hhs.gov or (866) 288-8912.

- To ask questions related to the Hospital VBP Program, submit questions via the QualityNet Question and Answer Tool: https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question

- For Hospital VBP Program general information, visit: https://qualitynet.cms.gov/inpatient/hvbp

- To register for Hospital VBP Program notifications, visit: https://qualitynet.cms.gov/listserv-signup

FY 2027 Baseline Measures Report Overview

Questions

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