

**Centers for Medicare & Medicaid Services
Hospital Value-Based Purchasing Program Special Forum**

**Tuesday, October 26, 2010
1-3 PM EST
Conference Call Only**

The Centers for Medicare & Medicaid Services (CMS) will hold a Special Forum to receive input on the development and implementation of CMS's hospital value-based purchasing program, as required by Section 3001 of the Affordable Care Act. The primary audience for this call includes hospitals, medical providers, beneficiaries, public citizens, professional associations and other interested stakeholders.

Section 3001 of the Affordable Care Act authorizes the establishment of a quality incentive payment program for Inpatient Prospective Payment System (IPPS) subsection (d) hospitals, effective with the FY 2013 payment determination for Medicare discharges occurring on or after October 1, 2012. The Hospital Value Based Purchasing Program (Hospital VBP) is designed to link payment to quality processes and outcomes and to transform CMS from a passive payer of claims to an active purchaser of care. The Hospital VBP program moves from providing an incentive to the nation's acute care hospitals for reporting measures to paying for quality performance. Under Hospital VBP, payments to high performing hospitals will be larger than those to lower performing hospitals, using the IPPS to provide financial incentives to drive improvements in clinical quality, patient centeredness and efficiency.

During this Forum, CMS is asking for input from attendees on all aspects of the Hospital VBP program development and implementation. Because CMS is in the process of rulemaking, we will be unable to answer questions during the Forum and will be in a listening only mode. Questions to be addressed include:

- What is an acceptable performance period to determine performance scoring and payment calculations?
- What type of performance scoring methodology should CMS implement to have an immediate and significant impact on hospital performance that improves quality of care received by patients? How should the performance score determine the payment incentive?
- What measures from the current Hospital Inpatient Quality Reporting Program measure set should be selected for the Hospital VBP program to drive quality improvement and why? Which measures are most important and how should they be weighted?
- The legislation requires the inclusion of a Medicare Spending per Beneficiary efficiency measure, adjusted for age, sex, race, severity of illness and other factors? How should this be measured and how should risk adjustment be applied?
- The legislation calls for the Secretary to use the Hospital Compare website to include information that is useful to consumers and providers. What information should be included on the website? What performance data will be most useful to consumers and providers? What improvements should be made to the website?
- What are some of the unintended consequences that might result from implementing this hospital pay-for-performance program? How should CMS monitor the impact of the program on beneficiaries and the health care system?
- What validation processes should be included in the Hospital VBP?
- What appeals process should be included in the Hospital VBP?

- What are important elements of a Hospital VBP demonstration program to test innovative methods of measuring and rewarding quality and efficiency in Critical Access Hospitals, and hospitals with an insufficient numbers of cases or measures?
- What other considerations are essential to address in the development and implementation of a Hospital VBP program?

CMS is very interested in getting your feedback, so if you have insights during or after the call, we encourage you to send your ideas to us at HospitalVBP@cms.hhs.gov by November 5, 2010.

Special Forum participation instructions:

Your Conference ID # 18696295

Participant Dial-in Number(s) *Toll-Free Dial-in #: (866) 501-5502