



National Provider Call: Hospital Value-Based Purchasing

Dry Run of the
Fiscal Year 2013 Hospital VBP Program

February 28, 2012

1:30 p.m. – 3:00 p.m. (EST)

Agenda



- **Hospital Value-Based Purchasing (VBP) Program Overview**
- **How Will Hospitals be Evaluated?**
- **Dry Run for Fiscal Year (FY) 2013 Program**
- **Simulated Hospital Report Overview**
 - Simulated Hospital Report Content
 - Clinical Process and Patient Experience Scenarios
 - Consistency Points Details
- **Where to Go for Questions**
- **What to Expect in the Next 12 Months**
- **Questions and Answers**

Introduction: Hospital VBP Program



- **Established in the Affordable Care Act and further defined in Section 1886(o) of the Social Security Act**
- **Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure**
- **Next step in promoting higher quality care for Medicare beneficiaries**
- **Pays for care that rewards better value and patient outcomes, instead of just volume of services**
- **Funded by a 1% withhold from participating hospitals' Diagnosis-Related Group (DRG) payments**

Who is Eligible for the Hospital VBP Program? (1 of 4)



- How is “**hospital**” defined for this program?
 - The Hospital VBP Program applies to subsection (d) hospitals:
 - ❖ Statutory definition of subsection (d) hospitals found in Section 1886(o)(1)(C)(i) of the Affordable Care Act

Who is Eligible for the Hospital VBP Program? (2 of 4)



No.	Reasons for Exclusion	Section
1	<ul style="list-style-type: none">• Hospitals subject to payment reductions under the Hospital Inpatient Quality Reporting (IQR) Program	<ul style="list-style-type: none">• 1886(o)(1)(C)(ii)
2	<ul style="list-style-type: none">• Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS). These include:<ul style="list-style-type: none">• Psychiatric hospitals• Rehabilitation hospitals• Long-term care hospitals• Children’s hospitals• Cancer hospitals• Critical access hospitals• Hospitals located in the U.S. territories	<ul style="list-style-type: none">• 1886(d)(1)(B)

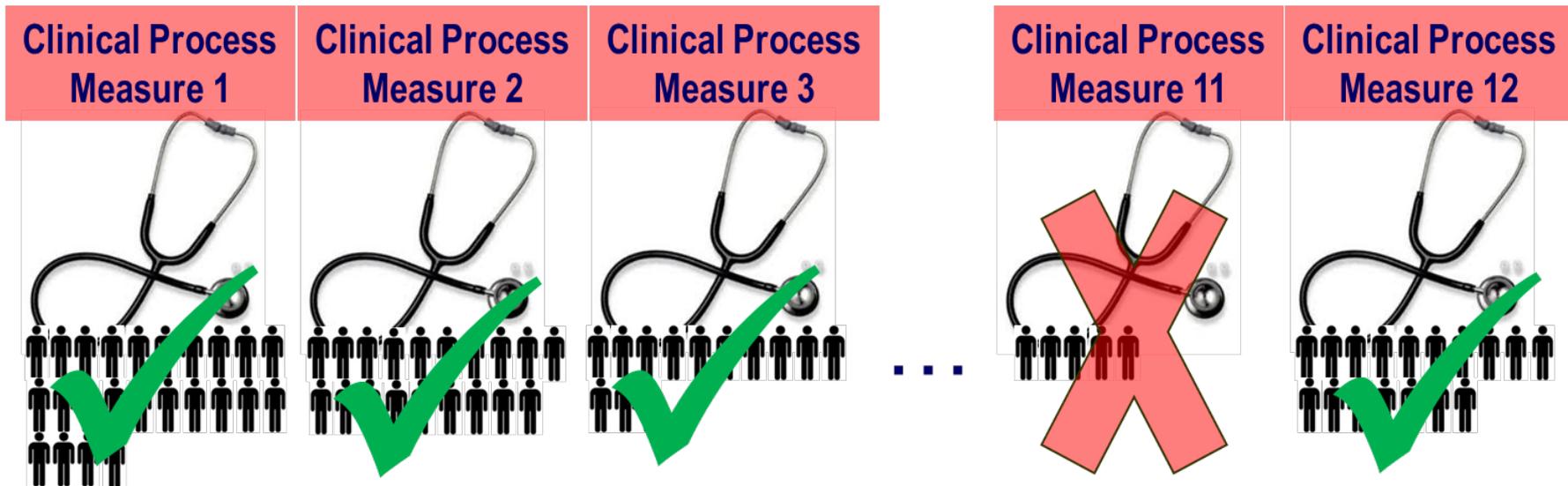
Who is Eligible for the Hospital VBP Program? (3 of 4)



No.	Reasons for Exclusion	Section
3	<ul style="list-style-type: none">Hospitals that are paid under Section 1814 (b)(3) but have received an exemption from the Secretary of the Department of Health and Human Services (HHS)	<ul style="list-style-type: none">1886(o)(1)(C)(ii)
4	<ul style="list-style-type: none">Hospitals that report fewer than 100 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys	<ul style="list-style-type: none">1886(o)(1)(C)(ii)
5	<ul style="list-style-type: none">Hospitals without the minimum number of cases and measures	<ul style="list-style-type: none">1886(o)(1)(C)(ii)
6	<ul style="list-style-type: none">Hospitals cited for deficiencies during the Performance Period that pose immediate jeopardy to the health or safety of patients	<ul style="list-style-type: none">1886(o)(1)(C)(ii)

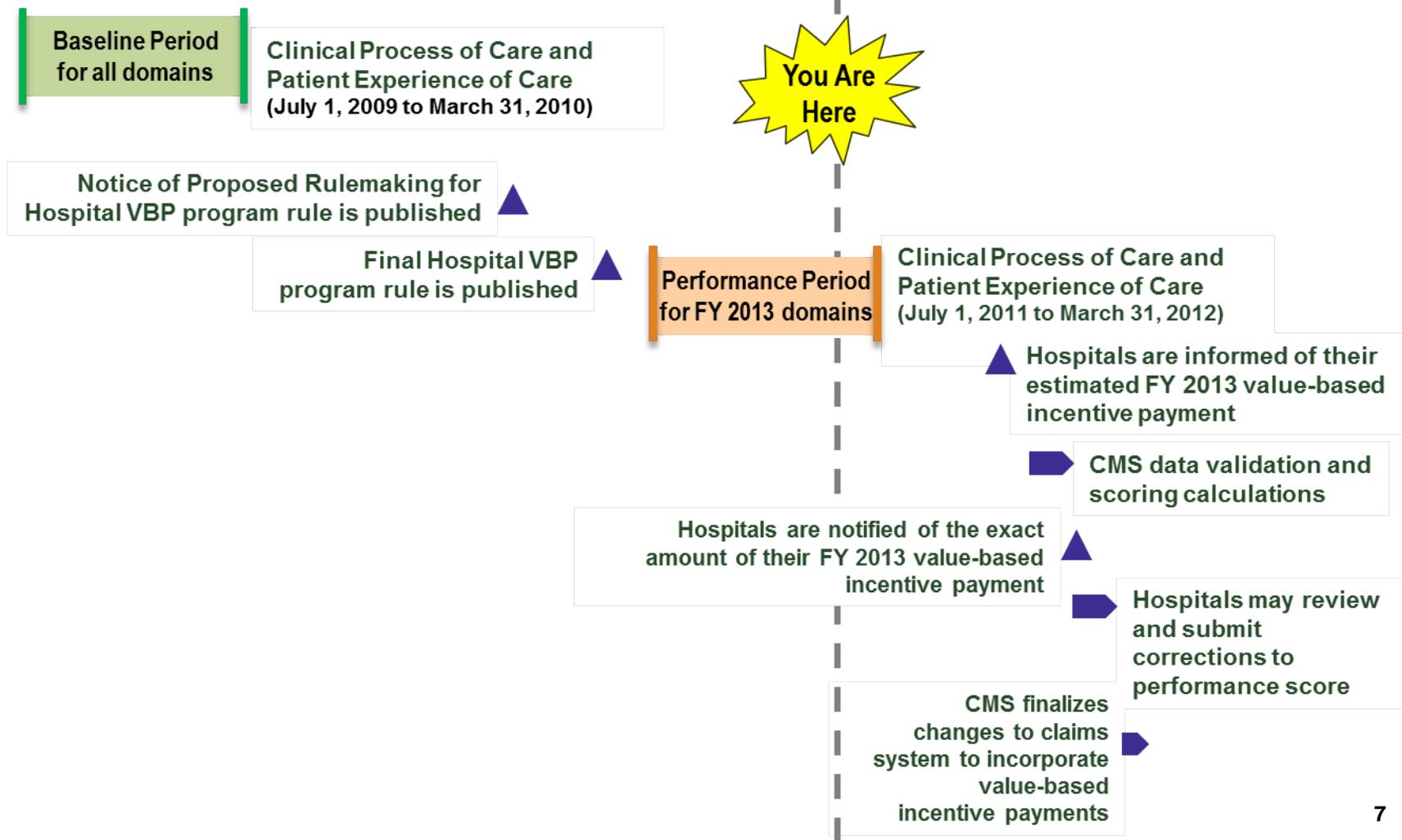
Hospitals excluded from Hospital VBP will not have 1% withheld from their base operating DRG payments.

Who is Eligible for the FY 2013 Hospital VBP Program? (4 of 4)



- Hospitals receive a Clinical Process of Care domain score if they have at least 10 cases for each of at least 4 applicable measures during the Performance Period.
- Hospitals with at least 100 completed Hospital Consumer Assessment Healthcare Providers and System (HCAHPS) surveys during the Performance Period receive a Patient Experience of Care domain score.

FY2013 Hospital VBP Program Critical Dates and Milestones



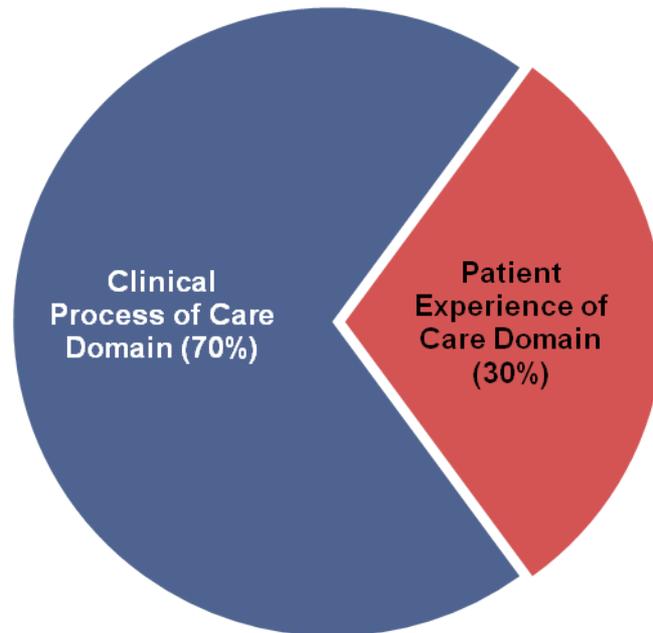
FY 2013 Hospital VBP Domains



12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received Within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose
10. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
11. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours

Weighted Value of Each Domain



8 Patient Experience of Care Dimensions

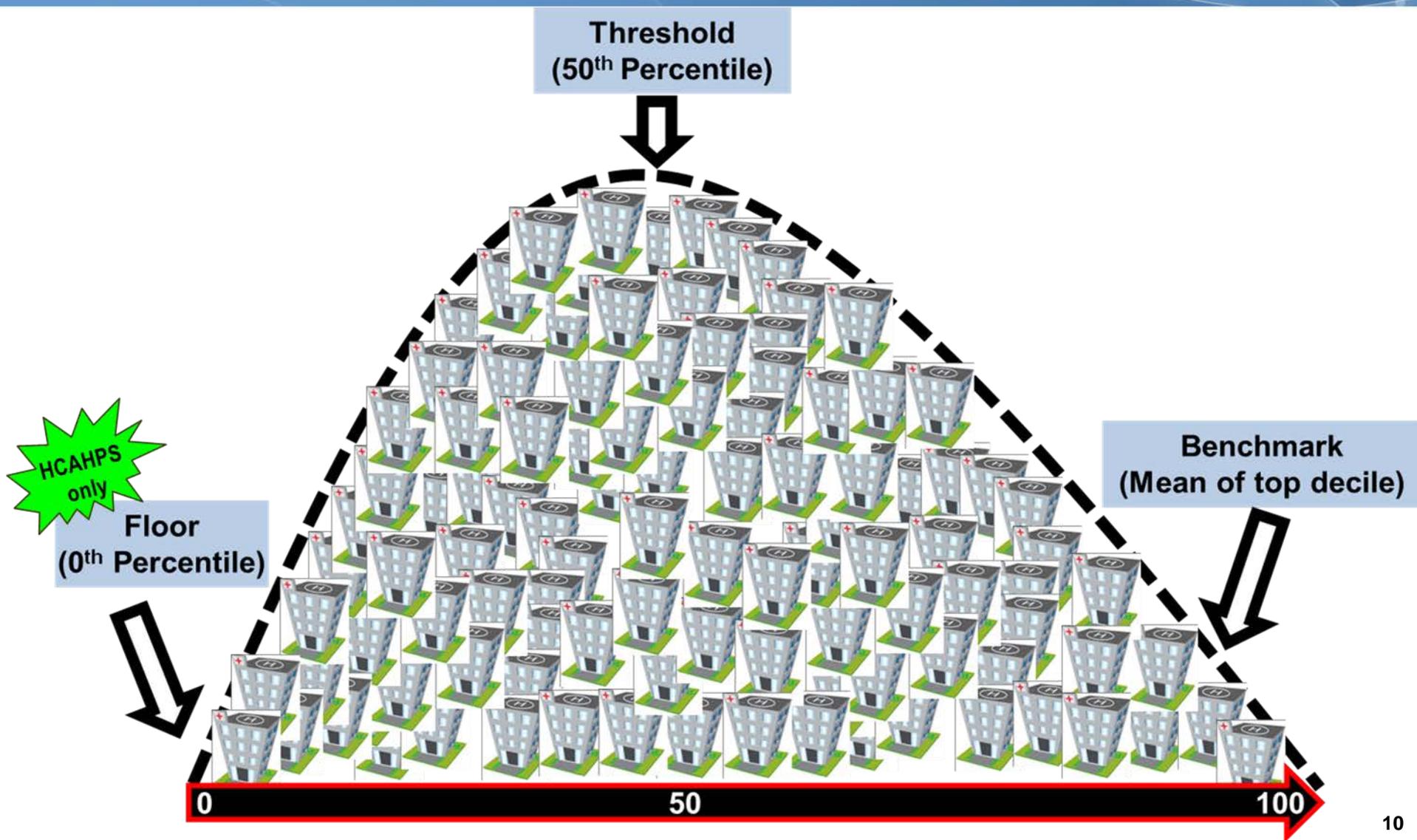
1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

How Will Hospitals Be Evaluated? FY 2013 Program Summary



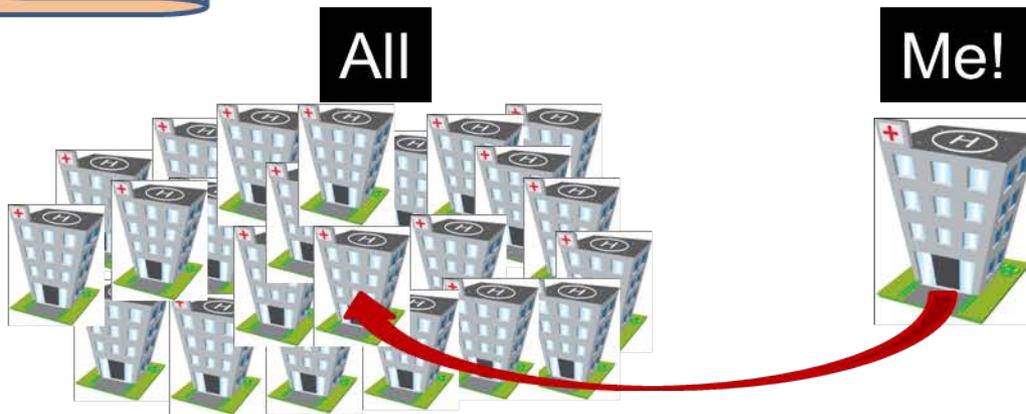
- **Two domains: Clinical Process of Care (12 measures) and Patient Experience of Care (8 HCAHPS dimensions)**
- **Hospitals are given points for Achievement and Improvement** for each measure or dimension, with the greater set of points used
- **Points are added across all measures** to reach the Clinical Process of Care domain score
- **Points are added across all dimensions** and are added to the Consistency Points to reach the Patient Experience of Care domain score
- **70% of Total Performance Score based on Clinical Process of Care measures**
- **30% of Total Performance Score based on Patient Experience of Care dimensions**

How Will Hospitals Be Evaluated? Baseline Performance Data



How Will Hospitals Be Evaluated? Achievement

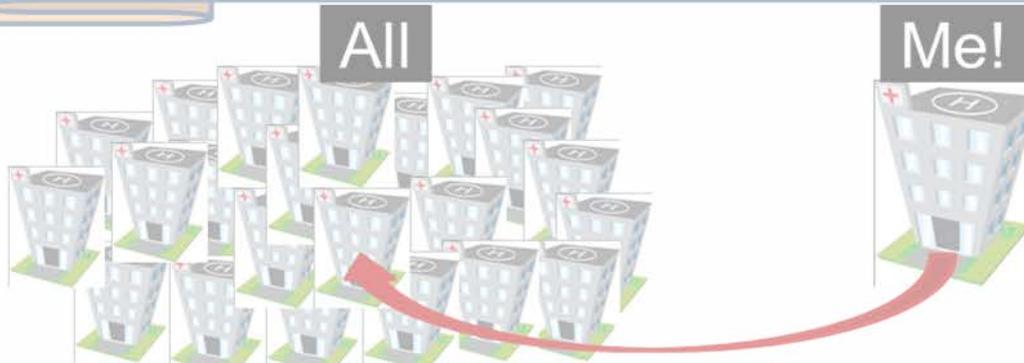
Achievement:
My hospital's current performance compared to all hospitals'
Baseline Period Performance



Time

How Will Hospitals Be Evaluated? Improvement vs. Achievement

Achievement:
My hospital's current performance compared to all hospitals' Baseline Period Performance



Time

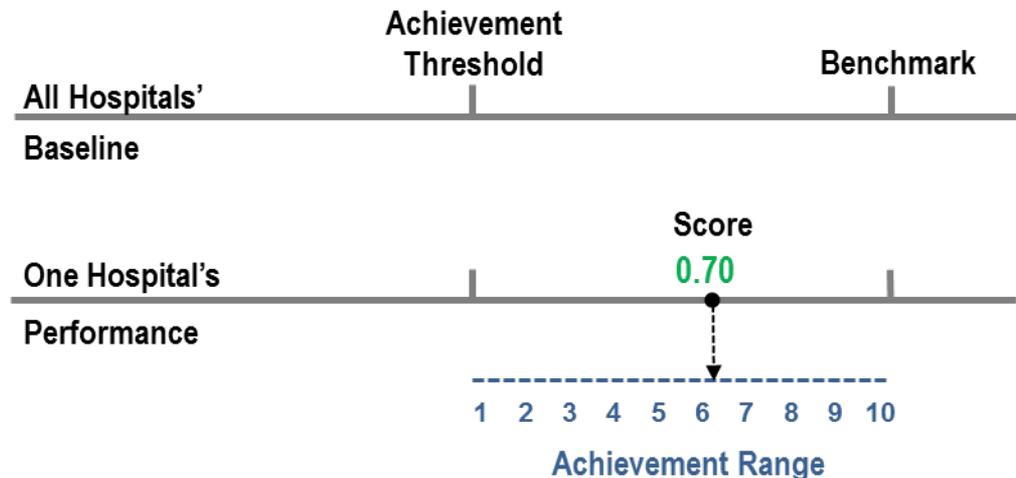
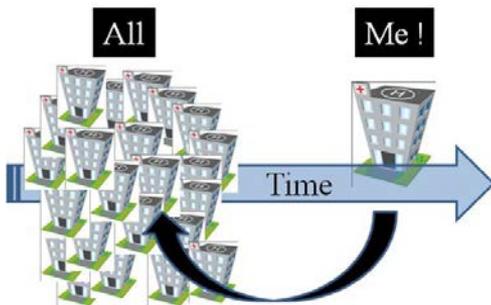
Improvement:
My hospital's current performance compared to my Baseline Period Performance



How Will Hospitals Be Evaluated? Achievement Points

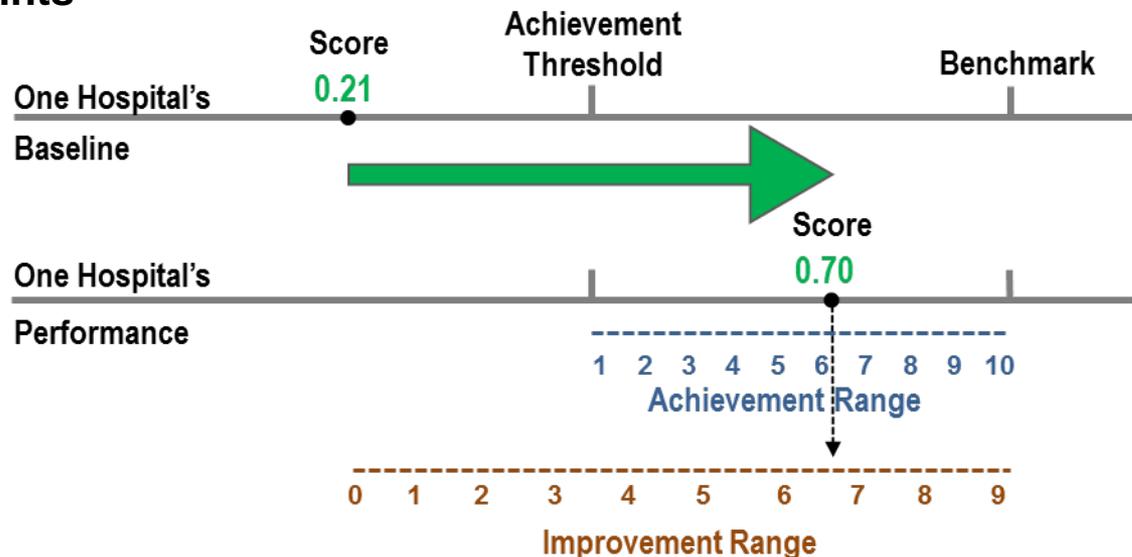
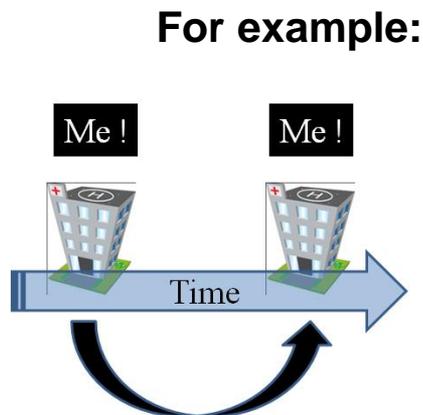
- **Achievement Points are awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period.**
- **How are Achievement Points awarded?**
 - Hospital rate at or above the Benchmark: 10 Achievement Points
 - Hospital rate less than the Achievement Threshold: 0 Achievement Points
 - If the rate is equal to or greater than the Achievement Threshold and less than the Benchmark: 1-9 Achievement Points

For example:



How Will Hospitals Be Evaluated? Improvement Points

- Improvement Points are awarded by comparing one hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period.
- How are Improvement Points awarded?
 - Hospital rate at or above the Benchmark: 9 Improvement Points
 - Hospital rate less than or equal to Baseline Period Rate: 0 Improvement Points
 - If the hospital's rate is between the Baseline Period Rate and the Benchmark: 0-9 Improvement Points



How Will Hospitals Be Evaluated? FY 2013 Total Performance Score



70%

30%

Objectives for FY 2013 Program Dry Run



- **Conduct a “dry run” of the Hospital VBP Program** to simulate the FY 2013 Program
- **Provide hospitals with a better understanding** of the Hospital VBP Program and how performance will be scored
- **Offer hospitals an opportunity to review their data** in a simulated, hospital-specific report and ask questions to clarify the Program
- **Inform hospitals of how their reports will be distributed** for the FY 2013 Program
- **Provide Quality Improvement Organizations (QIO) with a better understanding** of the hospital reports and the types of questions their hospitals may ask

Accessing Your Hospital-specific Report



- **Hospital-specific reports** can be accessed through a hospital's QualityNet account after this National Provider Call.

- If your hospital has an inactive QualityNet account, please make sure that you **re-activate your QualityNet account**. To ensure that you can access your simulated hospital-specific report, **contact the QualityNet Help Desk**:
 - Visit qnetsupport@sdps.org or
 - Call (866) 288-8912

Simulated Hospital Report Overview (1 of 3)



- **The Simulated Hospital Report will use a different time period than used to compute Hospital VBP scores for FY 2013:**
 - Baseline Period: April 1, 2008 – December 31, 2008
 - Performance Period: April 1, 2010 – December 31, 2010
- **Full Reports**, including hospital-specific data, **will be provided to eligible hospitals** for the FY 2013 Program based on reporting data from the above Baseline and Performance Periods.
- **Abbreviated Reports will be provided to non-eligible hospitals**, displaying data for areas where eligibility requirements have been met and using “n/a” for areas where eligibility requirements have **not** been met or insufficient data was available.

Simulated Hospital Report Overview (2 of 3)



- The Dry Run Report format will be different than the reports used for the FY 2013 Program. CMS has included graphics on the Dry Run report to help you understand how scoring will occur in FY 2013.
- The Dry Run Report and supporting narrative are provided to help educate hospitals about the scoring process and Hospital VBP.
- Dry Run reports will be sent to all hospitals, while the FY 2013 reports will only be sent to eligible hospitals.
- The Report does not indicate how your hospital will actually perform in FY 2013 or whether your hospital will be eligible for the FY 2013 Hospital VBP Program.
- The Dry Run report has no financial implications to hospitals.

Hospital Value-Based Purchasing
Simulated Hospital Report

Background Information on the Hospital Value-Based Purchasing (VBP) Program

The Hospital Value-Based Purchasing Program marks the beginning of a historic change in how the Centers for Medicare & Medicaid Services (CMS) pays healthcare providers and facilities. For the first time, approximately 3,500 hospitals across the country will be paid for inpatient acute care services based on care quality, not just the quantity of services they provide.

The Patient Protection and Affordable Care Act requires that the total amount of value-based incentive payments available for distribution be equal to the total base operating Diagnosis-Related Group (DRG) payments reduction, as estimated by the Secretary of the Department of Health and Human Services. The Law also requires that CMS redistribute that available amount across all participating hospitals based on their performance scores. In Fiscal Year (FY) 2013, approximately 1 percent of DRG payments to eligible hospitals will be withheld to provide the estimated \$800 million that will be allocated to hospitals based on their overall performance. This is based on a set of quality measures that have been shown to improve clinical processes of care and patient experience.

This report is the result of a simulation of the FY 2013 Program, using data from 2008 and 2010 as the Baseline and Performance Periods, respectively. This report will not result in any financial impact to your hospital. Instead, this report is intended to provide insight into how the Hospital VBP Program will use your performance data from Baseline and Performance Periods to calculate your Total Performance Score, which is the basis for the incentive adjustment that will be made in the FY 2013 Program, starting on October 1, 2012.

Hospital Reporting

The Hospital Inpatient Quality Reporting (IQR) Program was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). This section of the MMA authorized CMS to reduce the annual payment rate update for a hospital that does not successfully report designated quality measures. The Deficit Reduction Act of 2005 increased the original reduction to 2.0 percentage points.

The Hospital VBP Program uses some quality measures that hospitals are already reporting via the Hospital IQR Program. For FY 2013, the Hospital VBP Program will use 12 Clinical Process of Care measures and 8 dimensions of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. For more information on the Hospital VBP quality measures, see the Hospital VBP Final Rule at www.gpo.gov/dhs/irhp/FR-2011-05-05.pdf#2011-10968.

For additional insight into the Hospital VBP Program scoring calculations for FY 2013, see slides from an earlier Open-Door Forum explaining the calculation and scoring process at: www.cms.gov/hospital-value-based-purchasing/Downloads/HospVBP_QDE_072711.pdf.

Disclaimer: This Simulated Report and supporting narrative are provided to help educate hospitals about the scoring methodology for the Fiscal Year (FY) 2013 Hospital Value-Based Purchasing (VBP) Program. This Simulated Report does not indicate how your hospital will actually perform in the FY 2013 program or whether your hospital will be eligible for the FY 2013 Hospital VBP Program. This Simulated Report has no financial implications and will not be available to the public. Further, the Simulated Report may not resemble the actual Report used in FY 2013.

CMS Centers for Medicare & Medicaid Services
7500 Security Boulevard
Beltsville, MD 21044

Page 1

Simulated Hospital Report Overview (3 of 3)

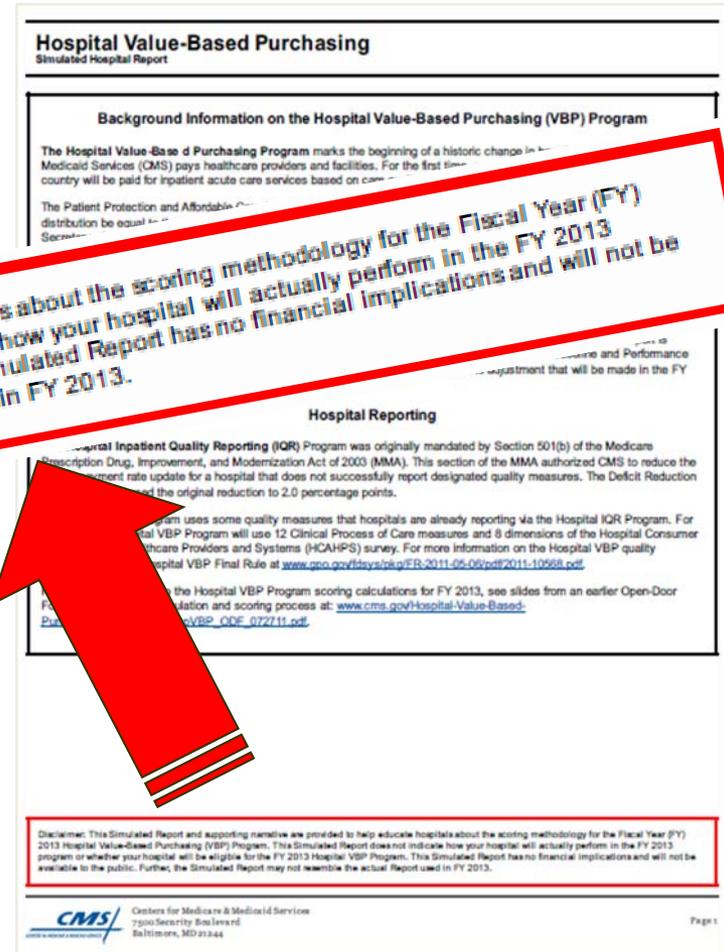
- The Dry Run Report format will be different than the reports used for the FY 2013 Program. CMS has included graphics on the Dry Run report to help you understand how scoring will occur in FY 2013.

- The Dry Run Report and supporting materials are provided to help hospitals understand the scoring process.

Disclaimer: This Simulated Report and supporting narrative are provided to help educate hospitals about the scoring methodology for the Fiscal Year (FY) 2013 Hospital Value-Based Purchasing (VBP) Program. This Simulated Report does not indicate how your hospital will actually perform in the FY 2013 program or whether your hospital will be eligible for the FY 2013 Hospital VBP Program. This Simulated Report has no financial implications and will not be available to the public. Further, the Simulated Report may not resemble the actual Report used in FY 2013.

- The Report does not indicate how your hospital will actually perform in FY 2013 or whether your hospital will be eligible for the FY 2013 Hospital VBP Program.

- The Dry Run report has no financial implications to hospitals.



Simulated Hospital Report Content



1. Background Information on the Hospital VBP Program

2. Estimated Total Performance Score (TPS) Summary

3. Estimated Value-Based Incentive Payment Percentage

4. Measure Performance Summary

5. Clinical Process of Care Measures

6. Patient Experience of Care Dimensions

7. Consistency Points Details

Simulated Hospital Report

Estimated TPS Summary



Hospital Value-Based Purchasing

Simulated Hospital Report

ABC Hospital

Provider ID: 123456

123 Main St.
Anytown, MD 12345
(555) 555-1234

BASELINE PERIOD:

1 Apr. 2008 - 31 Dec. 2008

PERFORMANCE PERIOD:

1 Apr. 2010 - 31 Dec. 2010

REPORT GENERATED:

07 Dec. 2012

Estimated Total Performance Score (TPS) Summary

1a. FACILITY

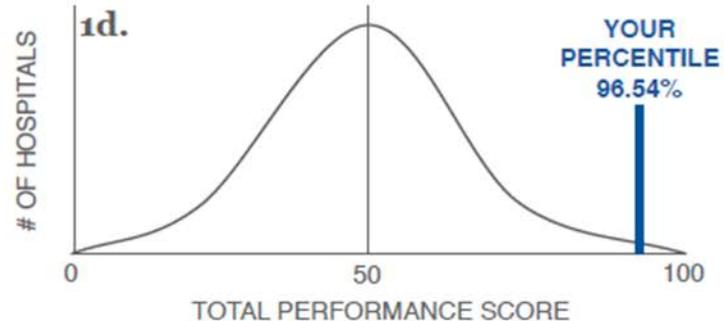
72.35_{/100}
earned/available

1b. STATE

49.15_{/100}

1c. NATIONAL

46.83_{/100}



Simulated Hospital Report Estimated Value-Based Incentive Payment Percentage



Hospital Value-Based Purchasing

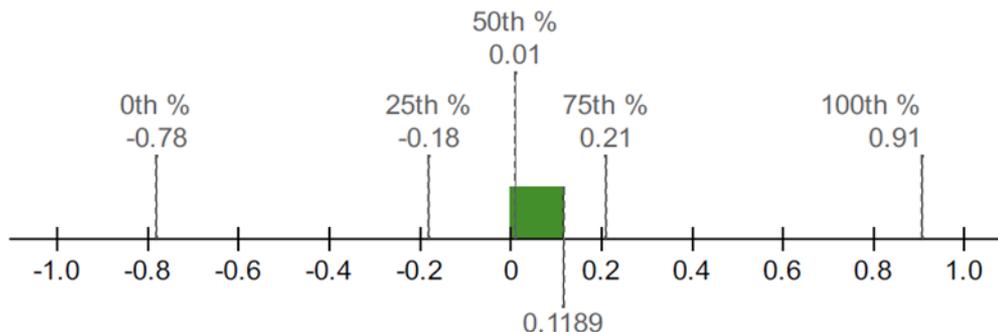
Simulated Hospital Report

Estimated Value-Based Incentive Payment Percentage

2a. ESTIMATED NET CHANGE
IN BASE-OPERATING DRG
PAYMENT

0.119%

2b. NATIONAL DISTRIBUTION OF NET CHANGE IN BASE-
OPERATING DRG PAYMENT



Simulated Hospital Report Measure Performance Summary



Hospital Value-Based Purchasing

Simulated Hospital Report

Measure Performance Summary

3a. YOUR TPS

57.60 /100

earned/available

=

3b. WEIGHTED CLINICAL
PROCESS DOMAIN SCORE

48.30 /70

+

3c. WEIGHTED PATIENT
EXPERIENCE SCORE

9.30 /30

Simulated Hospital Report

Unweighted Clinical Process of Care



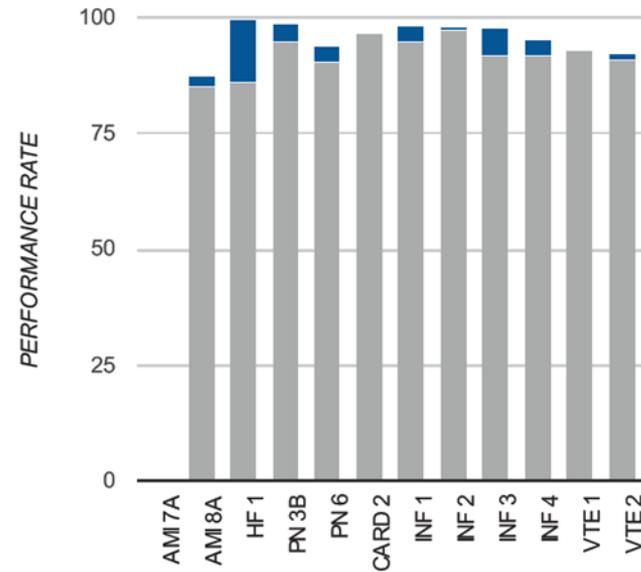
Hospital Value-Based Purchasing

Simulated Hospital Report

3d. UNWEIGHTED CLINICAL PROCESS OF CARE
DIMENSION SCORE (70% of TPS)

69.00 /100

3e. CLINICAL PROCESS OF CARE MEASURE RATES



Simulated Hospital Report Unweighted Patient Experience of Care



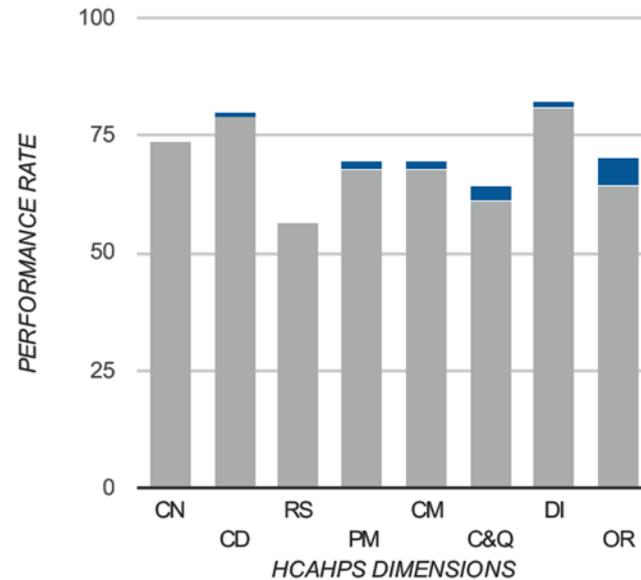
Hospital Value-Based Purchasing

Simulated Hospital Report

3f. UNWEIGHTED PATIENT EXPERIENCE OF CARE
DIMENSION SCORES (30% of TPS)

31.00 /100

3g. PATIENT EXPERIENCE OF CARE DIMENSION
RATES



Simulated Hospital Report

Scenarios You May See in Your Report



Scenario	Baseline Rates	Performance Rates	Points	Points Used for TPS
1			Achievement, Improvement	Greater of Achievement or Improvement
2			Achievement, No improvement	Achievement
3			Improvement, No achievement	Improvement
4			No achievement, No improvement (0, 0)	0
5	n/a		Achievement, No improvement (n/a)	Achievement
6		n/a	No improvement (n/a), No achievement (n/a)	n/a
7	n/a	n/a	No achievement (n/a), No improvement (n/a)	n/a

* Scenarios apply to the Clinical Process of Care measures and Patient Experience of Care dimensions.

Simulated Hospital Report: Scenario 1



Scenario	Baseline Rate	Performance Rate	Points	Points Used for TPS
1			Achievement, Improvement	Greater of Achievement or Improvement

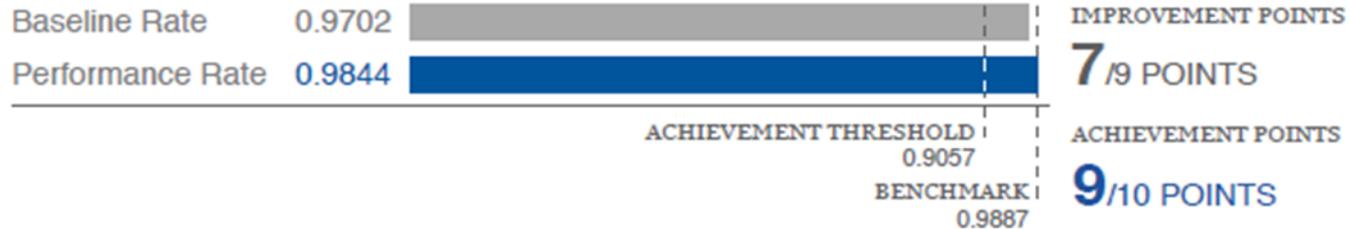
Clinical Process Example

Hospital Value-Based Purchasing

Simulated Hospital Report

Clinical Process of Care Measure

PN-6 - INITIAL ANTIBIOTIC SELECTION FOR CAP IMMUNOCOMPETENT PATIENT



Simulated Hospital Report: Scenario 2



Scenario	Baseline Rate	Performance Rate	Points	Points Used for TPS
2			Achievement, No Improvement	Achievement

Clinical Process Example

Hospital Value-Based Purchasing

Simulated Hospital Report

Clinical Process of Care Measure

AMI-8a - PRIMARY PCI RECEIVED WITHIN 90 MINUTES OF HOSPITAL ARRIVAL



Simulated Hospital Report: Scenario 3



Scenario	Baseline Rate	Performance Rate	Points	Points Used for TPS
3			No Achievement, Improvement	Improvement

Patient Experience Example

Hospital Value-Based Purchasing

Simulated Hospital Report

Patient Experience of Care Dimension

6a. CN - COMMUNICATION WITH NURSES

6b. Baseline Rate 55.46%

6c. Performance Rate 69.89%

6d. ACHIEVEMENT THRESHOLD

73.89%

6e. BENCHMARK

84.42%

6f. IMPROVEMENT POINTS

4/9 POINTS

6g. ACHIEVEMENT POINTS

0/10 POINTS

Simulated Hospital Report: Scenario 4



Scenario	Baseline Rate	Performance Rate	Points	Points Used for TPS
4			No Achievement, No Improvement	0

Patient Experience Example

Hospital Value-Based Purchasing

Simulated Hospital Report

Patient Experience of Care Dimension

CM - COMMUNICATION ABOUT MEDICINES

Baseline Rate 62.04%

Performance Rate 57.13%



IMPROVEMENT POINTS

0/9 POINTS

ACHIEVEMENT THRESHOLD

57.9%

BENCHMARK

70.65%

ACHIEVEMENT POINTS

0/10 POINTS

Simulated Hospital Report: Scenario 5



Scenario	Baseline Rate	Performance Rate	Points	Points Used for TPS
5	n/a		Achievement, No Improvement	Achievement

Patient Experience Example

Hospital Value-Based Purchasing

Simulated Hospital Report

Patient Experience of Care Dimension

6a. CN - COMMUNICATION WITH NURSES

Baseline Rate n/a

Performance Rate 81.75%



6d. ACHIEVEMENT THRESHOLD

73.89%

6e. BENCHMARK

84.42%

6f. IMPROVEMENT POINTS

n/a

6g. ACHIEVEMENT POINTS

7 /10 points

Simulated Hospital Report: Scenario 6



Scenario	Baseline Rate	Performance Rate	Points	Points Used for TPS
6		n/a	No Achievement, No Improvement	n/a

Clinical Process Example

Hospital Value-Based Purchasing

Simulated Hospital Report

Clinical Process of Care Measure

AMI-8a - PRIMARY PCI RECEIVED WITHIN 90 MINUTES OF HOSPITAL ARRIVAL

Baseline Rate 0.9524

Performance Rate n/a



ACHIEVEMENT THRESHOLD

0.85

BENCHMARK

0.99491

IMPROVEMENT POINTS

n/a

ACHIEVEMENT POINTS

n/a

Simulated Hospital Report: Scenario 7



Scenario	Baseline Rate	Performance Rate	Points	Points Used for TPS
7	n/a	n/a	No Achievement, No improvement	n/a

Clinical Process Example

Hospital Value-Based Purchasing

Simulated Hospital Report

Clinical Process of Care Measure

4a. AMI-7a - FIBRINOLYTIC THERAPY RECEIVED WITHIN 30 MINUTES OF HOSPITAL ARRIVAL

4b. Baseline Rate n/a

4c. Performance Rate n/a

4f. IMPROVEMENT POINTS

n/a

4d. ACHIEVEMENT THRESHOLD

0.6800

4e. BENCHMARK

0.8888

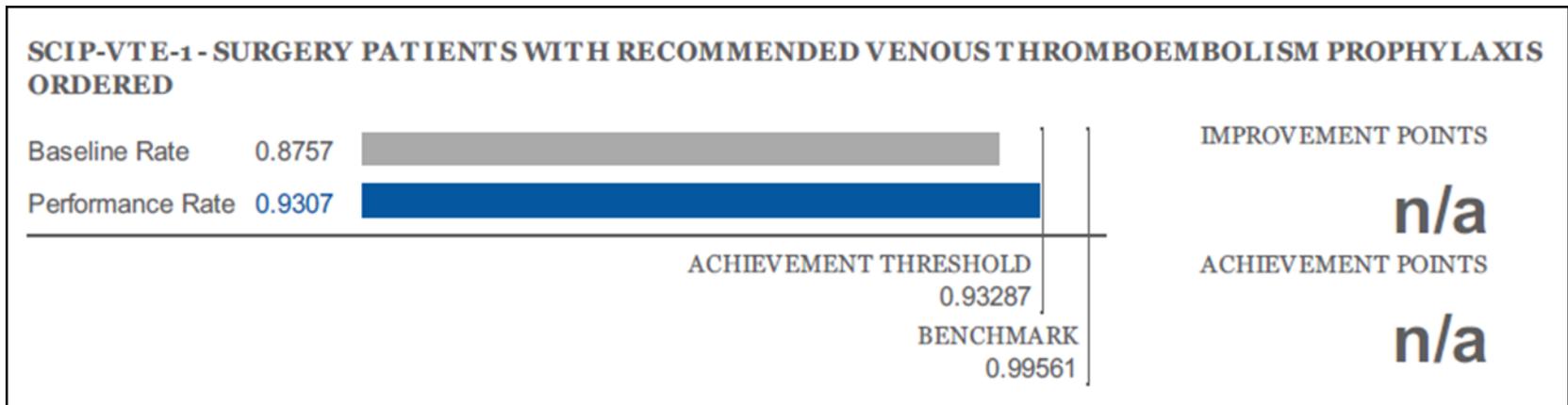
4g. ACHIEVEMENT POINTS

n/a

Clarification of Criteria for Clinical Scores in the Dry Run



- For the Simulated Performance Report, hospitals that do not report at least 10 cases for at least 4 measures will not be given:
 - A Total Clinical Domain Score
 - A Total Performance Score
 - An Incentive Adjustment
- For measures that do not meet the minimum 10 cases, hospitals will see “n/a” instead of a score for the Improvement and Achievement points.



Simulated Hospital Report Patient Experience Domain Score



Hospital Value-Based Purchasing

Simulated Hospital Report

Patient Experience of Care (HCAHPS) Dimensions

5a. PATIENT
EXPERIENCE DOMAIN
SCORE

31.00 /100

=

5b. BASE SCORE

14 /80

+

5c. CONSISTENCY SCORE

17 /20

Simulated Hospital Report Consistency Points Details



Hospital Value-Based Purchasing

Simulated Hospital Report

Consistency Points Details

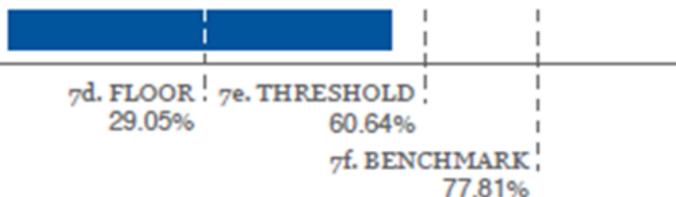
7a. CONSISTENCY SCORE

17 /20 POINTS

7a. Your Hospital's Consistency Score is shown based on a maximum of 20 points.

7b. LOWEST HCAHPS DIMENSION: RS - RESPONSIVENESS OF HOSPITAL STAFF

7c. Performance Rate 56.07%



Simulated Hospital Report Non-Eligible Hospitals (1 of 3)



No.	Reasons for Exclusion	Receive Report?
1	<ul style="list-style-type: none"> • Hospitals subject to payment reductions under the Hospital Inpatient Quality Reporting (IQR) Program 	<ul style="list-style-type: none"> • Simulated sample report
2	<ul style="list-style-type: none"> • Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS). These include: <ul style="list-style-type: none"> • Psychiatric hospitals • Rehabilitation hospitals • Long-term care hospitals • Children’s hospitals • Cancer hospitals • Critical access hospitals • Hospitals located in the U.S. territories 	<ul style="list-style-type: none"> • Their simulated report with TPS and incentive adjustment omitted, if data is available and minimum requirements are met • A sample report, if data is not available or if minimum requirements are not met

Simulated Hospital Report Non-Eligible Hospitals (2 of 3)



No.	Reasons for Exclusion	Receive Report?
3	<ul style="list-style-type: none"> Hospitals that are paid under Section 1814 (b)(3) but have received an exemption from the Secretary of the Department of Health and Human Services (HHS) 	<ul style="list-style-type: none"> Their simulated report with incentive adjustment omitted, if data is available and minimum requirements are met Their report with TPS and incentive adjustment omitted, if data is not available or if minimum requirements are not met
4	<ul style="list-style-type: none"> Hospitals that report fewer than 100 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys 	<ul style="list-style-type: none"> Their simulated report showing “n/a” in the Patient Experience of Care Domain TPS and incentive adjustment are omitted Simulated sample report if data is not available or minimum requirements are not met for both Patient Experience and Clinical Domains

Simulated Hospital Report Non-Eligible Hospitals (3 of 3)



No.	Reasons for Exclusion	Receive Report?
5	<ul style="list-style-type: none"> Hospitals without the minimum number of cases and measures 	<ul style="list-style-type: none"> Their simulated report showing “n/a” in the Clinical Process of Care Domain TPS and incentive adjustment are omitted Simulated sample report if data is not available or minimum requirements are not met for both Patient Experience and Clinical Process domains
6	<ul style="list-style-type: none"> Hospitals cited for deficiencies during the Performance Period that pose immediate jeopardy to the health or safety of patients 	<ul style="list-style-type: none"> Immediate Jeopardy citations have not been incorporated in the Dry Run

Questions about Hospital Reports



Questions	Answers
<p>When and how will I get my simulated hospital report?</p>	<ul style="list-style-type: none"> • Your simulated, hospital-specific report will be located on your My QualityNet page after this call
<p>How do I ask questions about my simulated hospital report or the Hospital VBP Program?</p>	<ul style="list-style-type: none"> • Review the Hospital VBP Frequently Asked Questions (FAQ) on CMS' website at: http://www.cms.gov/Hospital-Value-Based-Purchasing/ • If FAQs do not answer your questions, complete the feedback form located on QualityNet • Send the completed feedback form to this email address: HospitalVBP@cms.hhs.gov • CMS will address questions about the report up to 30 days after reports are available (until March 30, 2012)
<p>How can I activate or re-activate my QualityNet account to access my report?</p>	<ul style="list-style-type: none"> • Refer to this email address: qnetsupport@sdps.org or call (866) 288-8912

Feedback Form

1

 Highlight Existing Fields  Submit Form

Section 1 – Enter Contact Information *** Required information.**

Provide the information below for your hospital or QIO.

*Name:

*Title/Position:

*Email Address:

*Phone Number:

Provider ID:

*Hospital/ Name:

*Hospital Address (include Street, City, State, Zip Code, and P.O. Box):

3

2

Section 2 – Enter Questions *** At least one text entry is required.**

Please enter your questions below, one question per field. Do not include any sensitive information in your question as this information will be posted in a Frequently Asked Questions document that will be made publicly-available. If you have technical QualityNet account questions please go through the QualityNet Helpdesk for answers.

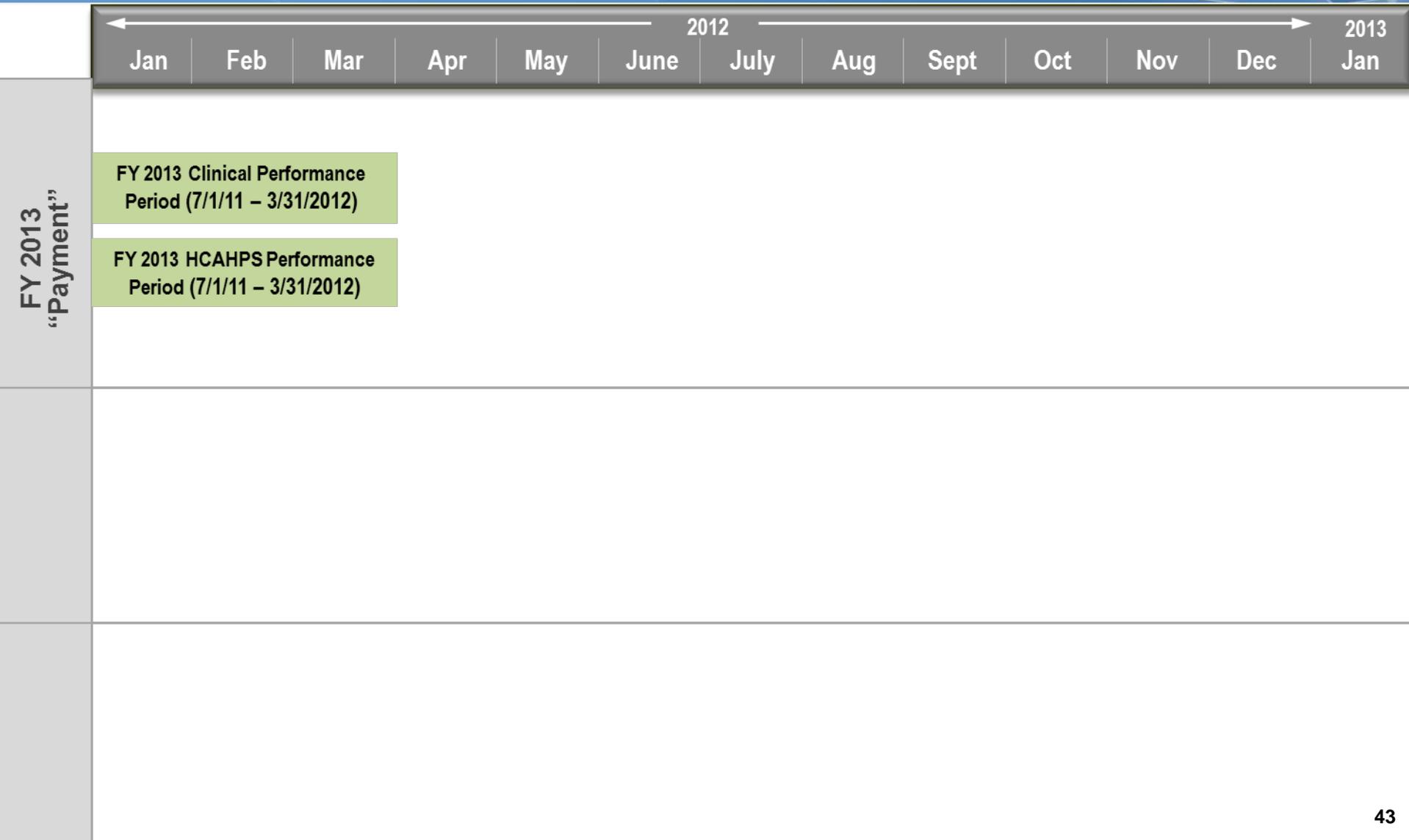
*Question 1:

Section 3 – Submit Your Feedback Form

Complete this PDF form electronically and ensure that it complies with the Health Insurance Portability and Accountability Act (HIPAA). To submit, click "Submit Form" on the top right corner of the PDF. If the "Submit Form" button is unavailable, please save and email your completed form to HospitalVBP@cms.hhs.gov.

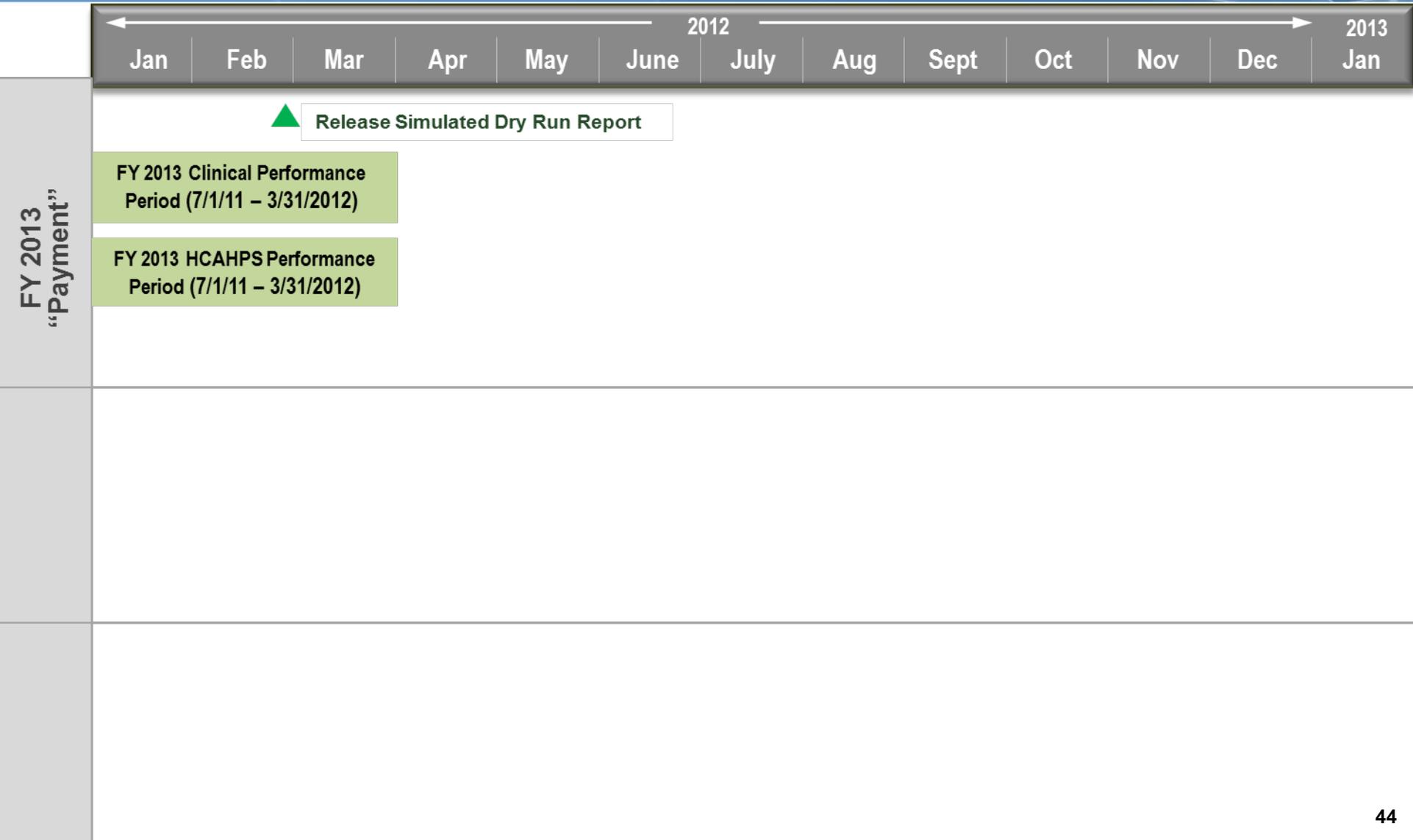
Hospital VBP Program for Calendar Year (CY) 2012

Critical Dates and Milestones



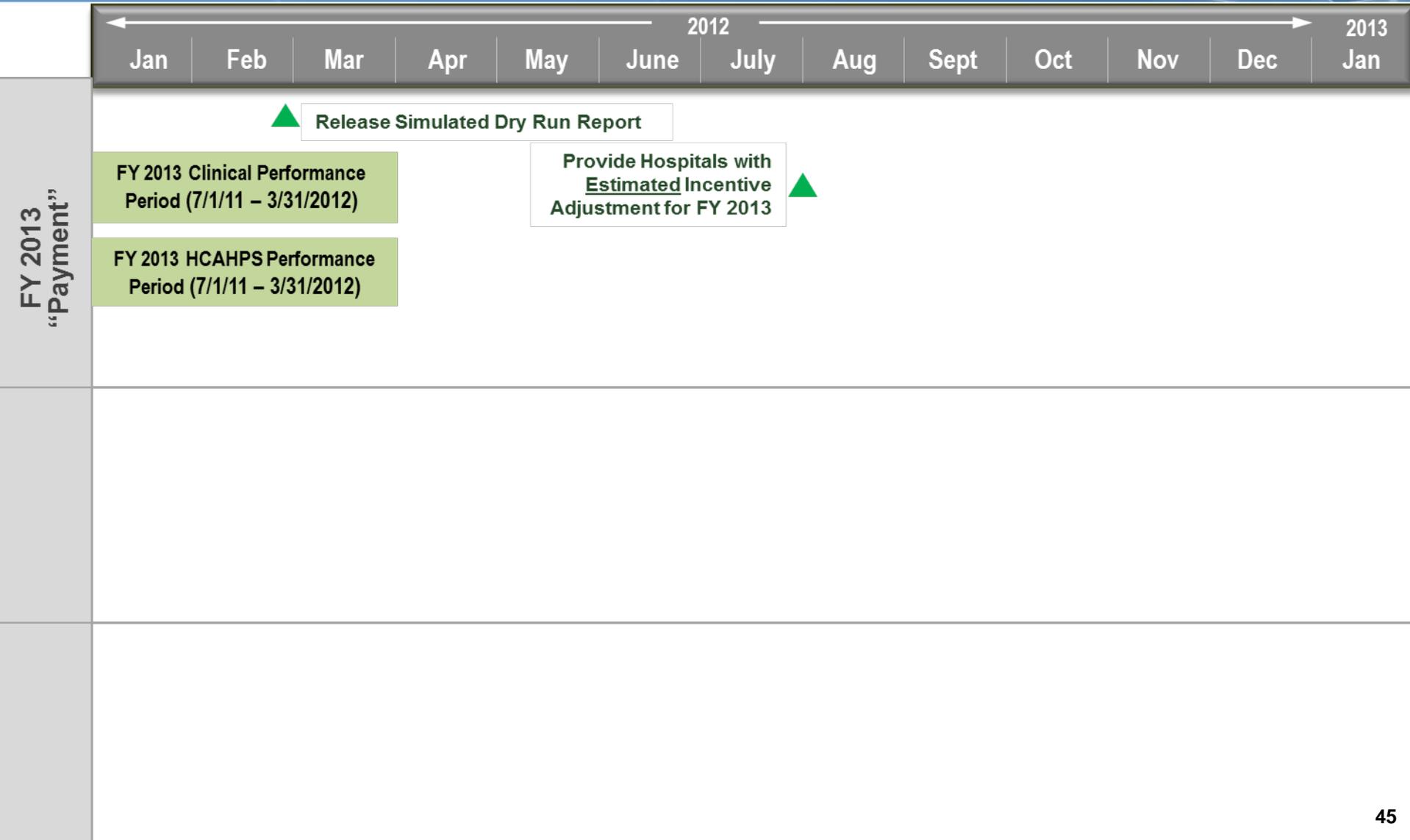
Hospital VBP Program for CY 2012

Critical Dates and Milestones



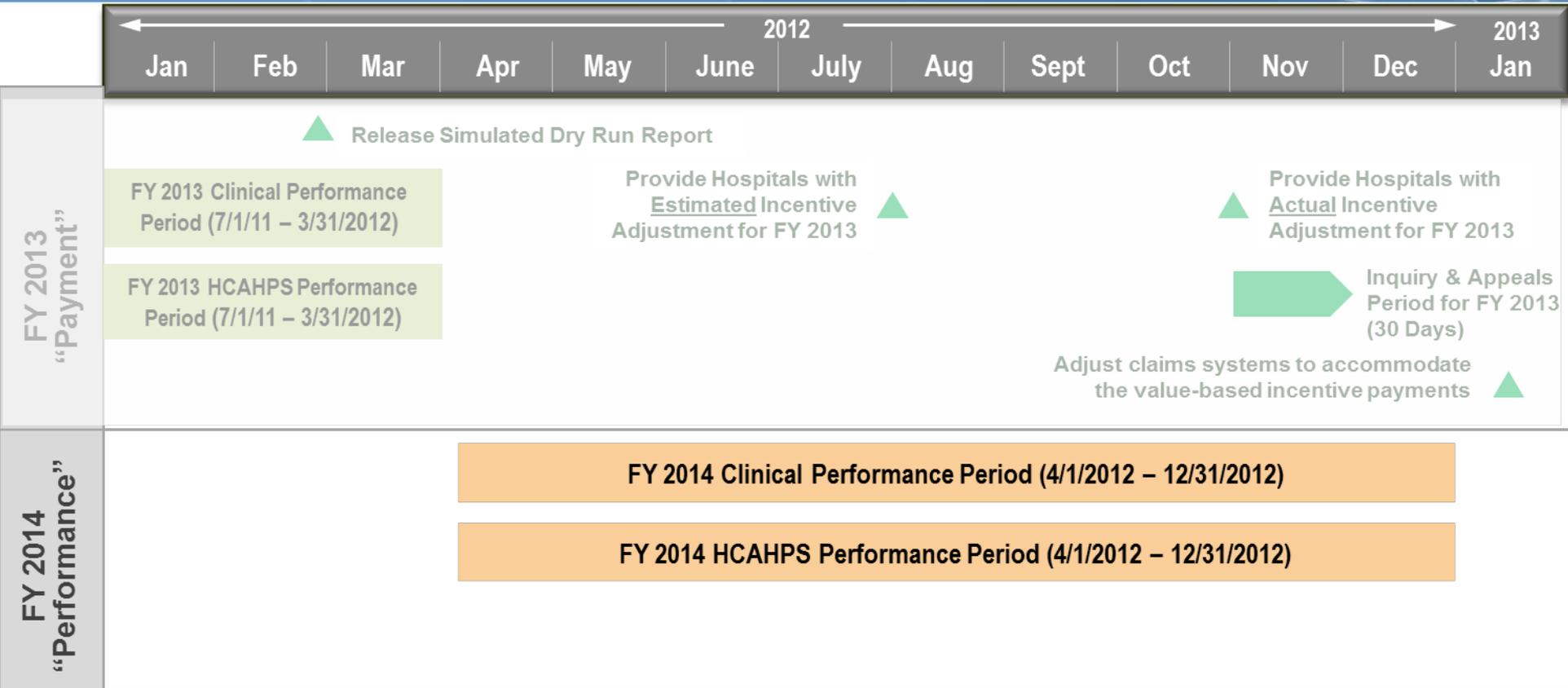
Hospital VBP Program for CY 2012

Critical Dates and Milestones



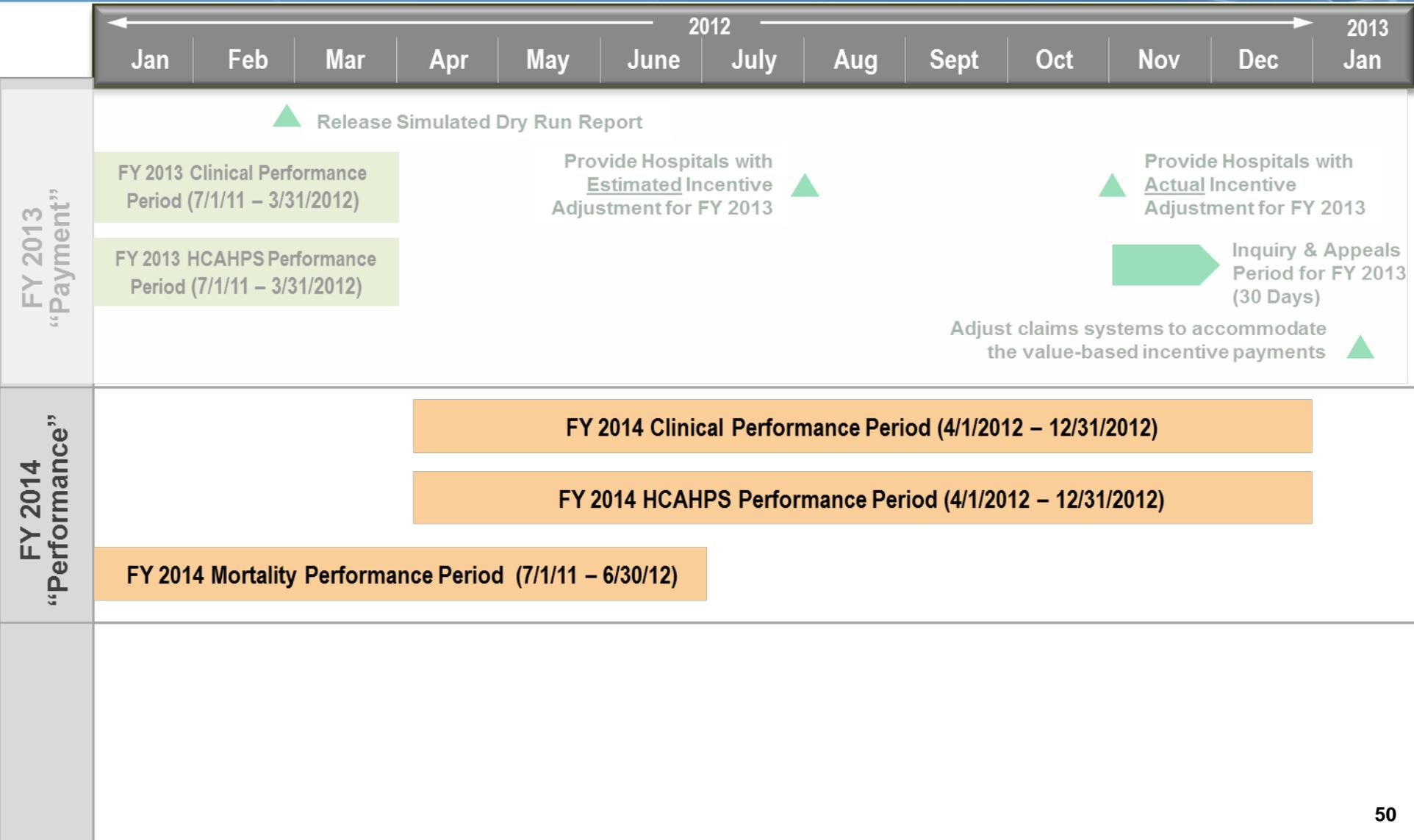
Hospital VBP Program for CY 2012

Critical Dates and Milestones



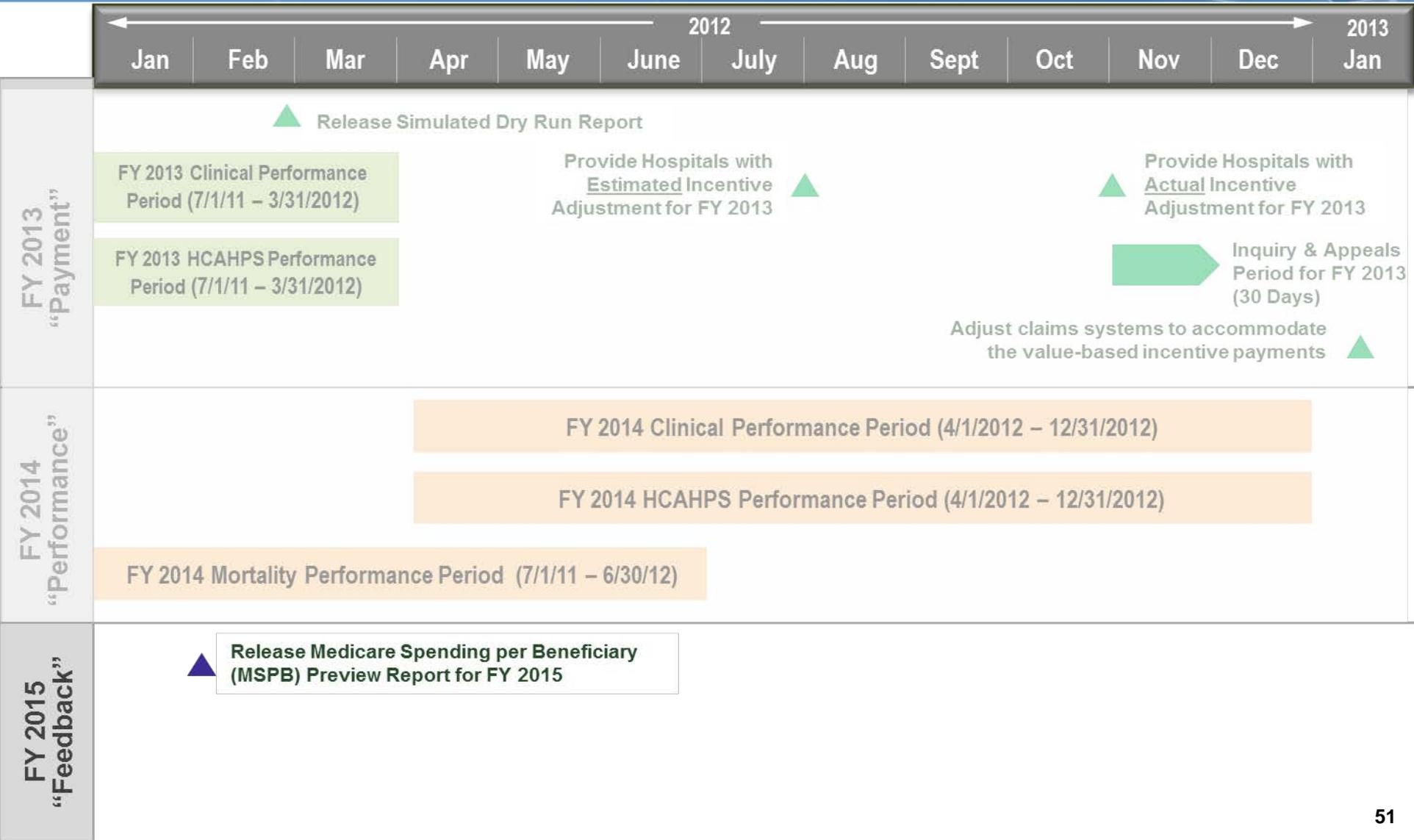
Hospital VBP Program for CY 2012

Critical Dates and Milestones



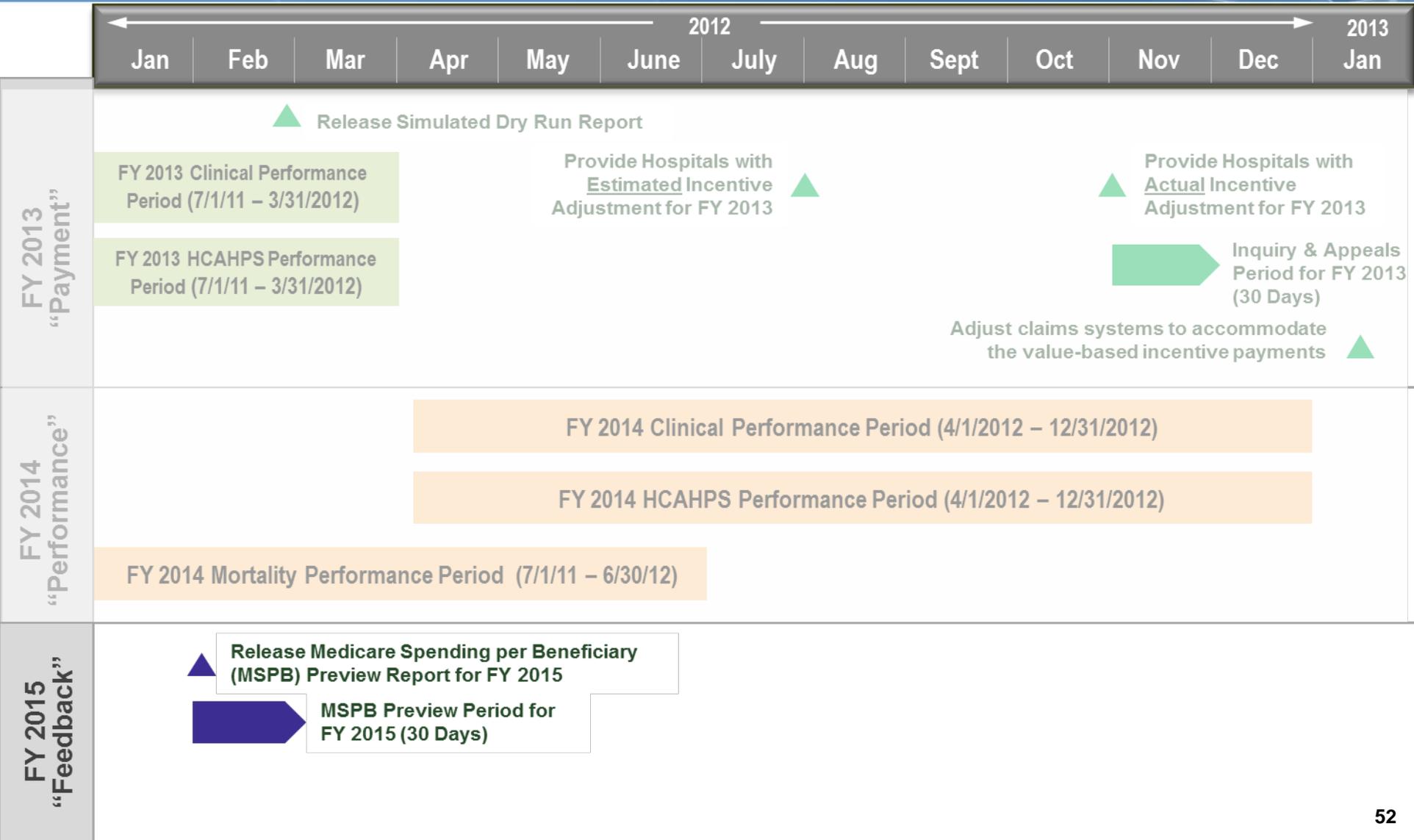
Hospital VBP Program for CY 2012

Critical Dates and Milestones



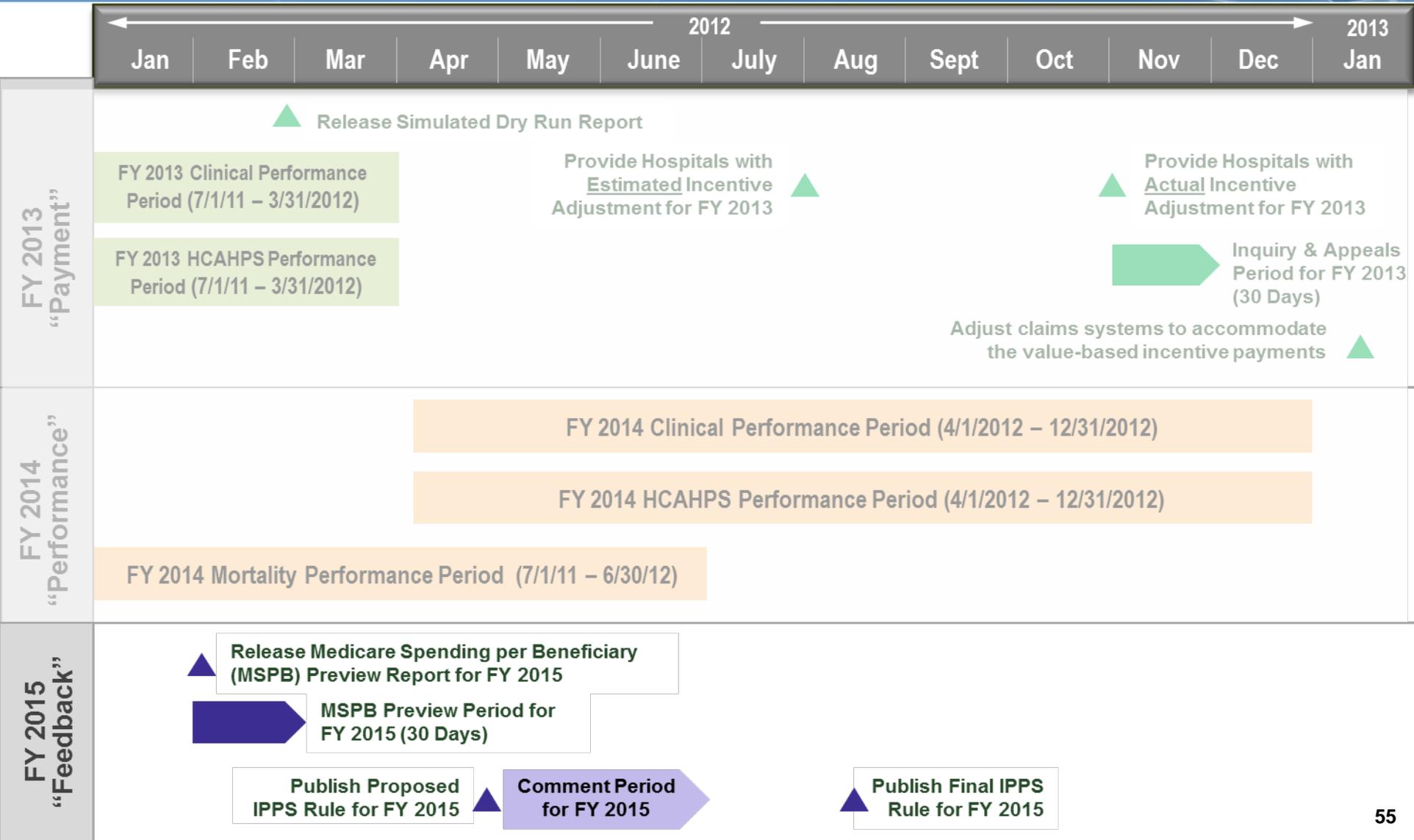
Hospital VBP Program for CY 2012

Critical Dates and Milestones



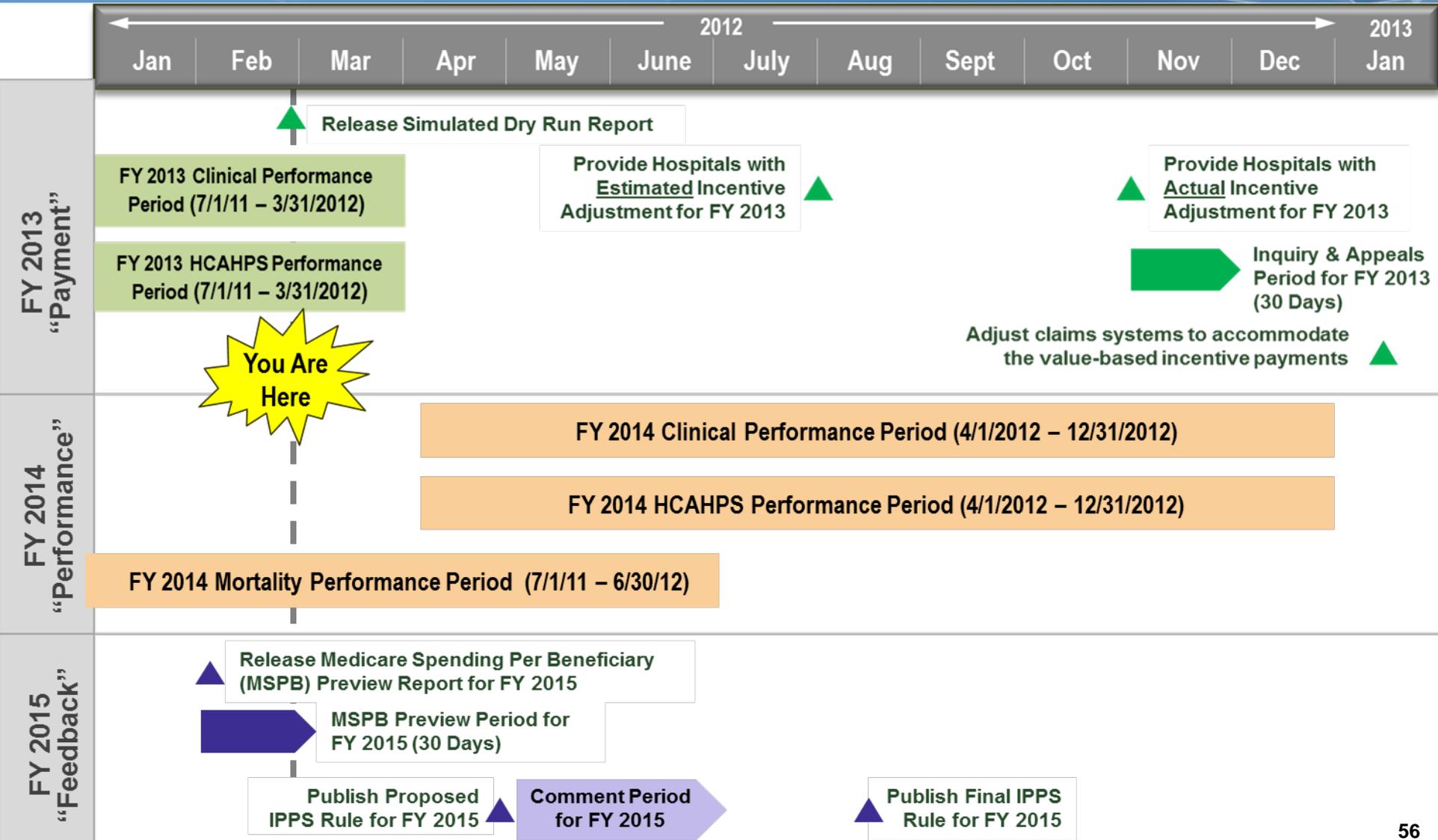
Hospital VBP Program for CY 2012

Critical Dates and Milestones



Hospital VBP Program for CY 2012

Critical Dates and Milestones



Useful Resources



- **Visit the Hospital Compare website:** www.hospitalcompare.hhs.gov
- **Refer to the Hospital VBP Final Rule for more information on the Hospital VBP quality measures:** <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>
- **For detailed information for the Hospital VBP Program, refer to:** <http://www.cms.gov/Hospital-Value-Based-Purchasing/>
- **For further details about scoring for the FY 2013 Hospital VBP Program, refer to the July 2011 Open Door Forum:** http://www.cms.gov/Hospital-Value-Based-Purchasing/Downloads/HospVBP_ODF_072711.pdf

Registration Questions (1 of 5)



Incentive Adjustment Question:

How can facilities best prepare for this so there is not a negative financial impact when it begins?

Eligible hospitals should review their hospital's Simulated Report for at least two critical areas:

1. Strengths and weaknesses in the scoring domains to narrow down areas for improvement; also, the number of cases you might need to receive a score in another measure for the Clinical Process of Care Domain.
2. Impact of the Hospital VBP Program on Medicare DRG reimbursement for FY 2013. The Report provides a suggested method to estimate the potential impact on your Medicare revenue.

Baseline/Performance Period Question:

Please explain why www.hospitalcompare.gov publishes four quarters of data while the baseline and measurement periods for VBP are three quarters of data.

Although CMS would have preferred to use a full year as the Performance Period for FY 2013, CMS concluded that this would not provide sufficient time to calculate the total performance scores and value-based incentive payments, notify hospitals regarding their payment adjustments, and implement the payment adjustments. Therefore, for FY 2013, CMS is finalizing the performance period described above as a three-quarter performance period, from July 1, 2011- March 31, 2012.

Registration Questions (2 of 5)



Case Minimum Question:

If we do not have enough cases for inclusion in clinical measures, are we dropped from the entire Hospital VBP Program? Or will our percent still apply via HCAHPS?

To receive a Total Performance Score for the FY 2013 Program, hospitals must have sufficient data in both the Clinical Process of Care and Patient Experience of Care domains. If your facility does not have sufficient Clinical Process of Care data but has sufficient HCAHPS data, your hospital will be excluded from the FY 2013 Program.

Budget Question:

How is Hospital VBP considered budget neutral?

As required by statute, the Hospital VBP Program will distribute value-based incentive payments in FY 2013 that, in aggregate, are meant to equal the HHS Secretary's initial estimate of 1% of base operating DRG amounts. This is not a strict budget-neutrality requirement, however; and CMS will not reconcile payments to the estimate at the end of the program year.

Registration Questions (3 of 5)



Data Collection Question:

We would like to understand how the data is collected (measure definitions), what the denominator populations are, and how the time periods work going forward.

For a list of measures and a description of how data is collected, hospitals may visit the “For Professionals” section of the Hospital Compare website at:

<http://www.hospitalcompare.hhs.gov/staticpages/for-professionals/poc/data-collection.aspx/>.

In addition, detailed information regarding measure specifications and calculation for rates is available at www.QualityNet.org. CMS intends to propose all future baseline periods and to set performance period end dates for any measure selected for future Hospital VBP program years in future rulemaking.

Appeals Question:

Please provide information on Review and Corrections.

CMS provided details on the FY 2013 Review and Corrections period in the Hospital Inpatient VBP Final Rule and the CY 2012 Outpatient Prospective Payment System (OPPS) / Ambulatory Surgical Center (ASC) Final Rule. We refer readers to those rules for additional detail. CMS intends to make additional proposals on review and corrections in the FY 2013 Inpatient Prospective Payment System (IPPS) / Long-term Care Hospitals (LTCH) rule.

Registration Questions (4 of 5)



Data Availability Question:

Where can we find the Benchmark Period data for our specific hospital and for the all-hospital data set?

Benchmarks are based on all eligible hospitals' data from the Baseline Period and represent a high level of performance that CMS intends to reward. CMS plans to provide all hospitals with their baseline data in September 2012. You may find all FY 2013 Program benchmarks in the Hospital Inpatient VBP Final Rule, available at: <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>.

Benchmarks/Thresholds Question:

When will the benchmark be set for 2014? What will it be based on (baseline period)?

Benchmarks and achievement thresholds for the FY 2014 Program were posted in the CY 2012 OPPI/ASC Final Rule. The full regulation may be found here: <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf>. The Baseline Period for the Clinical Process and Patient Experience domains for FY 2014 is April 1, 2010 - December 31, 2010. The Baseline Period for the Outcomes domain for FY 2014 is July 1, 2009 - June 30, 2010.

Registration Questions (5 of 5)



Rulemaking Question:

When will the next proposed VBP changes be released? In other words, will there be another VBP specific rule, versus placing updates in the IPPS and OPSS rules?

At this time, CMS intends to conduct rulemaking related to Hospital VBP through the annual IPPS rule and, if necessary, through the OPSS rule. If another standalone regulation becomes necessary, we will make every effort to ensure that hospitals are aware of it.

Measures Question:

Will the one additional mortality factor be for year two of Hospital VBP?

CMS has finalized three 30-day mortality measures for use in the FY 2014 Hospital VBP Program (year two). CMS suspended use of the Hospital-Acquired Condition (HAC) and Agency for Healthcare Research and Quality (AHRQ) measures in the CY 2012 OPSS/ASC Final Rule, so the mortality measures are the only measures in the Outcomes domain for FY 2014.



Questions?

www.cms.gov/Hospital-Value-Based-Purchasing

