



**Hospital VBP Program,
HAC Reduction Program, and
Hospital Readmissions Reduction Program
FY 2024 Provider Data Catalog Update**

February 21, 2024

Speakers

Maria Gugliuzza, MBA

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

Juliana Conway

Program Manager, Hospital-Acquired Condition (HAC) Reduction Program
Division of Value, Incentives, and Quality Reporting Program Support Contractor

Rebecca Silverman

Program Manager, Hospital Readmissions Reduction Program (HRRP)
Division of Value, Incentives, and Quality Reporting Program Support Contractor

Moderator

Brandi Bryant

Business Analyst, Hospital VBP Program
Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

Purpose

This event will provide an overview of publicly reported data for the Centers for Medicare & Medicaid Services (CMS) inpatient hospital pay-for-performance programs, including the Hospital VBP Program, the HAC Reduction Program, and the HRRP.

Objectives

Participants will be able to:

- Locate publicly reported data for the CMS inpatient hospital pay-for-performance programs.
- Identify publicly reported data from previous years.
- Obtain comma-separated value (CSV) files of the publicly reported data.

Webinar Chat Questions

Please submit any questions that are pertinent to the webinar topic via the Chat tool. As time permits, we will answer these questions at the end of the webinar. Any pertinent question that we cannot answer during the webinar will be addressed in a question-and-answer summary document.

We do not use the raised-hand feature in the Chat tool during webinars. If you have an additional questions 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, please first search for the question in [QualityNet Question and Answer Tool](#). If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.

Acronyms

AMI	acute myocardial infarction	HF	heart failure
API	Application Programming Interface	HRRP	Hospital Readmissions Reduction Program
CABG	coronary artery bypass graft	IPPS	Inpatient Prospective Payment System
CAUTI	catheter-associated urinary tract infection	MORT	mortality
CDI	<i>Clostridium difficile</i> infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CLABSI	central line-associated bloodstream infection	MS-DRG	Medicare Severity Diagnosis-Related Group
CMS	Centers for Medicare & Medicaid Services	MSPB	Medicare Spending per Beneficiary
COMP	complication	PN	pneumonia
COPD	chronic obstructive pulmonary disease	PSI	Patient Safety Indicator
CSV	Comma Separated Value	Q	quarter
DRG	Diagnosis-Related Group	RSCR	Risk-Standardized Complication Rate
ERR	Excess Readmission Ratio	RSMR	Risk-Standardized Mortality Rate
FY	fiscal year	SSI	surgical site infection
HAC	Hospital-Acquired Condition	THA/TKA	total hip arthroplasty/total knee arthroplasty
HAI	healthcare-associated infection	TPS	Total Payment Score
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	VBP	value-based purchasing

Maria Gugliuzza, MBA

Provider Data Catalog and Data File Downloads

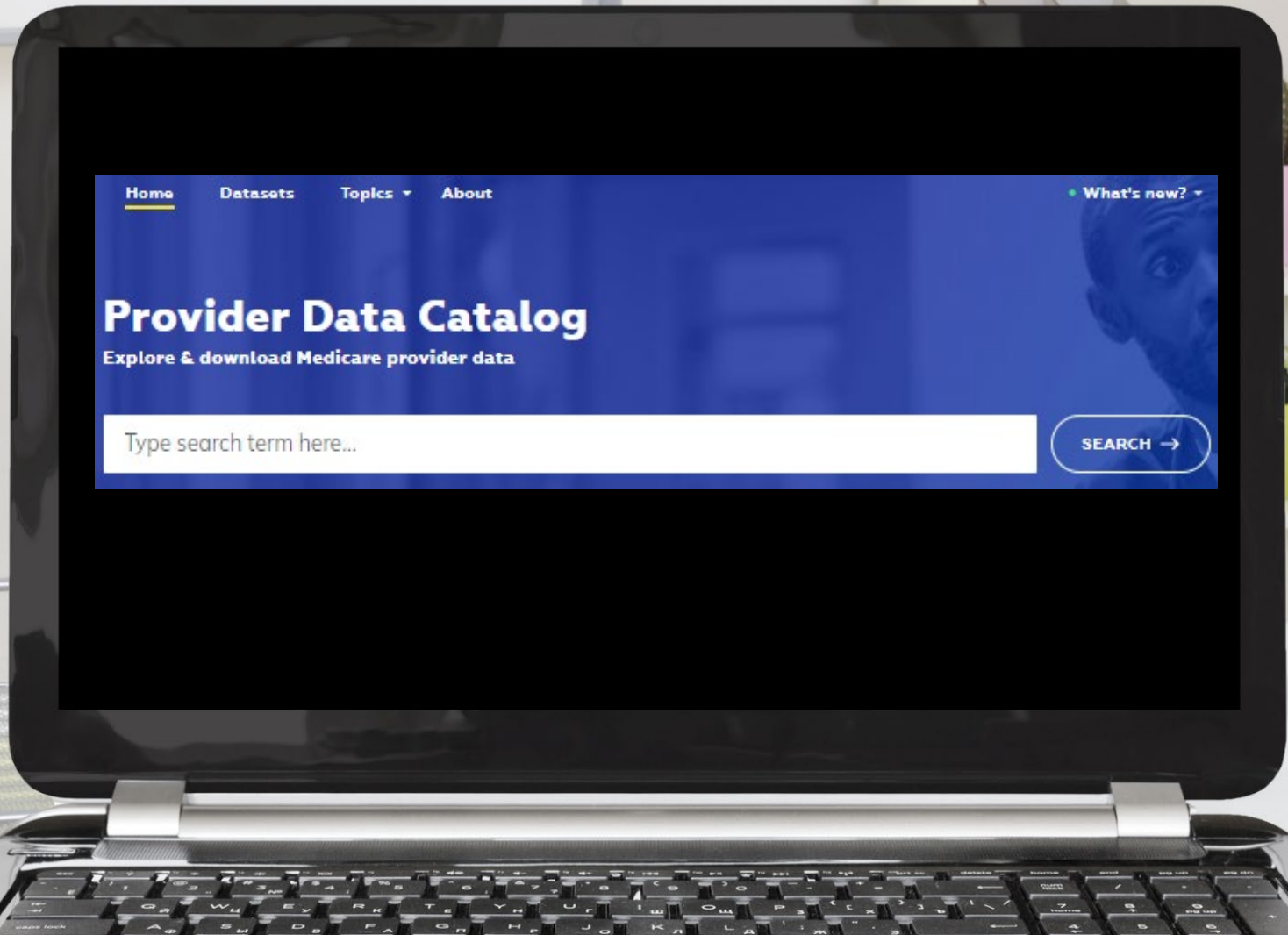
About the Provider Data Catalog

- The Provider Data Catalog gives you direct access to CMS official data used on the Medicare.gov Compare websites and directories.
- You can:
 - View the data in your browser.
 - Download the data in a variety of formats.
 - Access the data through an Application Programming Interface (API). An API lets developers connect other applications to the data in real time using the same data CMS uses to power the Medicare.gov website.

Navigating the Provider Data Catalog

Provider Data Catalog:
<https://data.cms.gov/provider-data/>

Provider Data Catalog Home and Search



Provider Data Catalog Topics

Explore, download, & investigate provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals

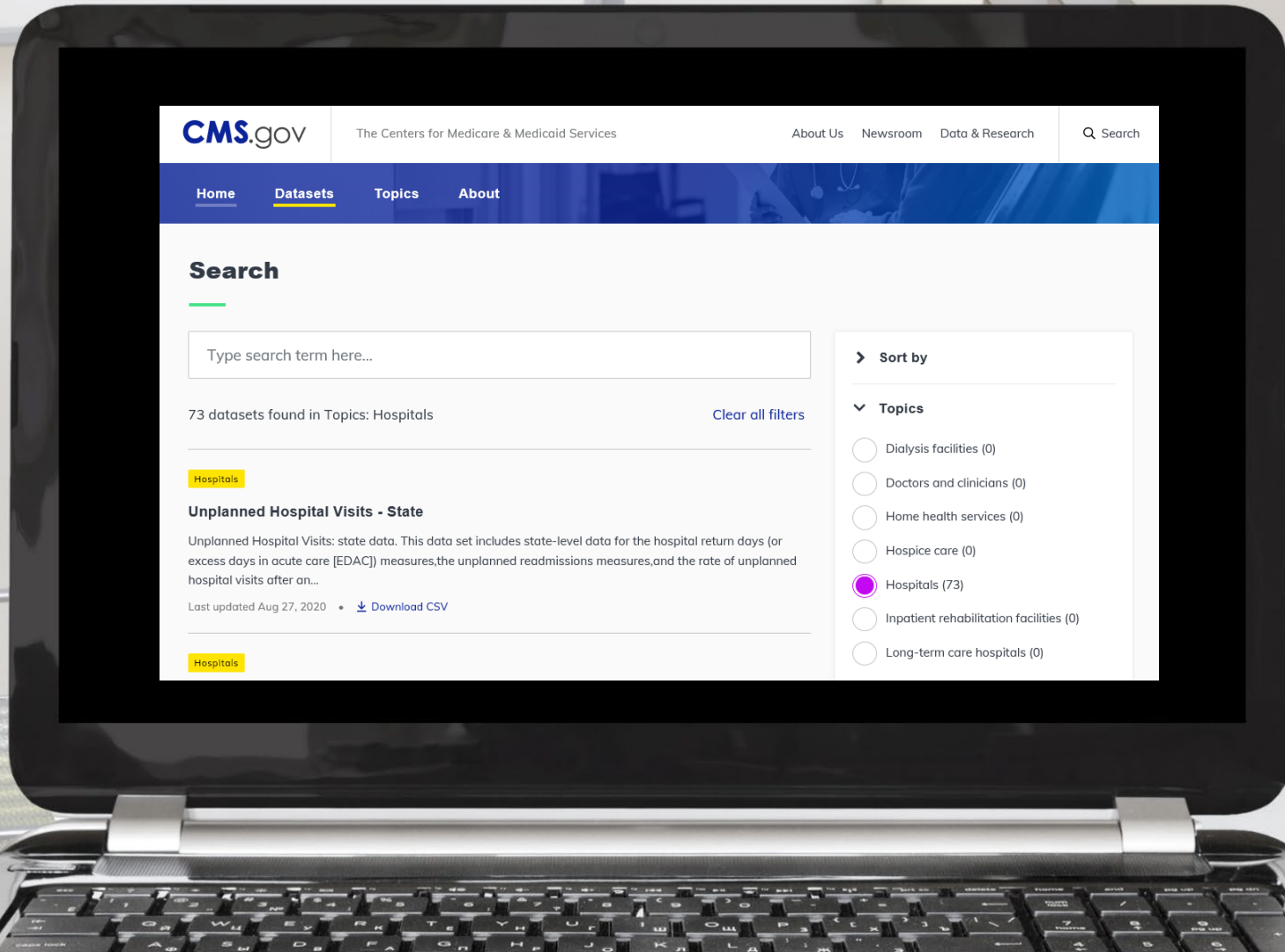


Nursing homes including rehab



Physician office visit costs

Viewing and Selecting Datasets



Downloading a Dataset

Unplanned Hospital Visits - State

Unplanned Hospital Visits: state data. This data set includes state-level data for the hospital return days (or excess days in acute care [EDAC]) measures, the unplanned readmissions measures, and the rate of unplanned hospital visits after an outpatient colonoscopy.

Last updated Aug 27, 2020

Dataset explorer

1 - 20 of 784 rows

State	Measure ID	Measure Na...	Number of H...	Number of H...	Number of H...	Nu
AK	EDAC_30_AMI	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Nc
AK	EDAC_30_HF	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Nc
AK	EDAC_30_PN	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Nc
AK	OP_32	Rate of unplann...	0	8	0	7
AK	OP_35_ADM	Rate of inpatien...	0	7	0	8
AK	OP_35_ED	Rate of emergen...	0	7	0	8
AK	OP_36	Ratio of unplann...	2	4	0	3

Hospitals
[View topic details >](#)

Downloads

DATASET

[Download this dataset](#)
CSV

DATA DICTIONARIES

[HospitalCompare-DataDict...](#)
PDF

Tags

Hospital Compare

Unplanned Hospital Visits

Readmissions

Hospital Returns EDAC

Excess Days in Acute Care

Unplanned State

Filtering a Dataset

Unplanned Hospital Visits - State

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Last updated Aug 27, 2020

Dataset explorer

1 - 14 of 14 rows

State	Measure ID	Measure Na...	Number of H...	Number of H...	Number of H...	Number of H...
MO	Search 14 recor	Search 14 recor	Search 14 recor	Search 14 recor	Search 14 recor	S
MO	EDAC_30_AMI	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Na
MO	EDAC_30_HF	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Na
MO	EDAC_30_PN	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Na
MO	OP_32	Rate of unplann...	1	96	0	3
MO	OP_35_ADM	Rate of inpatien...	3	42	0	41
MO	OP_35_ED	Rate of emergen...	1	43	1	41
MO	OP_36	Ratio of unplann...	0	66	5	23

Hospitals
[View topic details >](#)

Downloads

DATASET
[Download this dataset](#)
CSV

DATA DICTIONARIES
[HospitalCompare-DataDict...](#)
PDF

Tags

- Hospital Compare
- Unplanned Hospital Visits
- Readmissions
- Hospital Returns
- EDAC
- Excess Days in Acute Care
- Unplanned
- State

About a Dataset

Additional information

Field	Value
Last Modified	2020-08-27
Publisher	Centers for Medicare & Medicaid Services (CMS)
Identifier	4gkm-5ypv
Issued	2020-08-27
Contact	Hospital Compare
Contact URL	https://cmsqualitysupport.servicenowservices.com/qnet_qa
Public Access Level	public
Homepage URL	https://data.cms.gov/provider-data/dataset/4gkm-5ypv

Try the API [View API Specification >](#)

Dataset

`/provider-data/api/1/metastore/schemas/dataset/items/4gkm-5ypv` [Try it out](#)

SQL Query

`/provider-data/api/1/datastore/sql?query=[SELECT * FROM 21c39bb6-239c-5215-8337-b30a4ccc3700]` [Try it out](#)

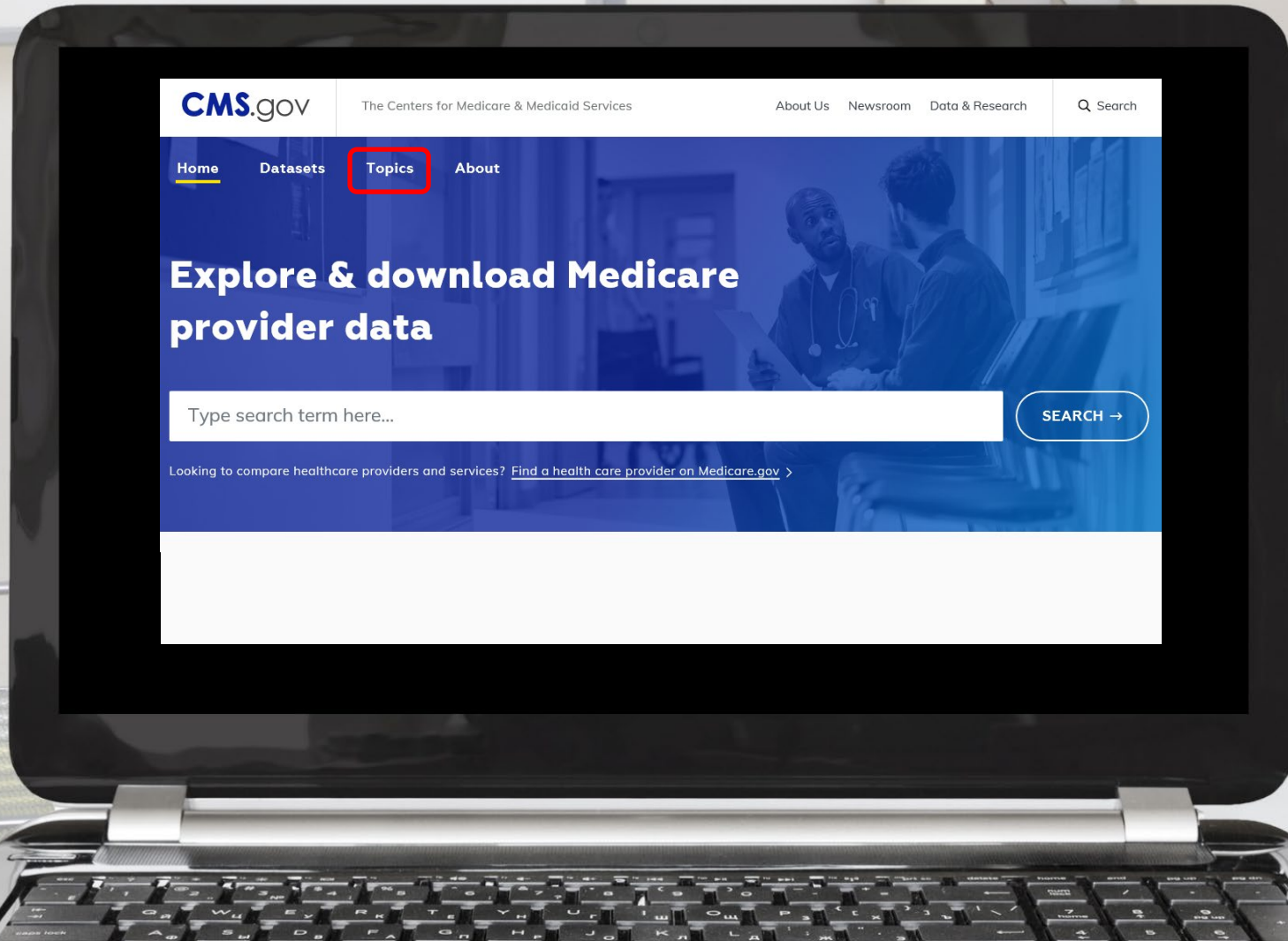
Medical Conditions: COPD, Chronic Obstructive Pulmonary Disease, CABG, Coronary Artery Bypass Graft, THA, TKA, Total Knee Arthroplasty, Total Hip Arthroplasty, Colonoscopy, Chemotherapy, OP-32, OP-35, OP-36

Frequently Asked Questions

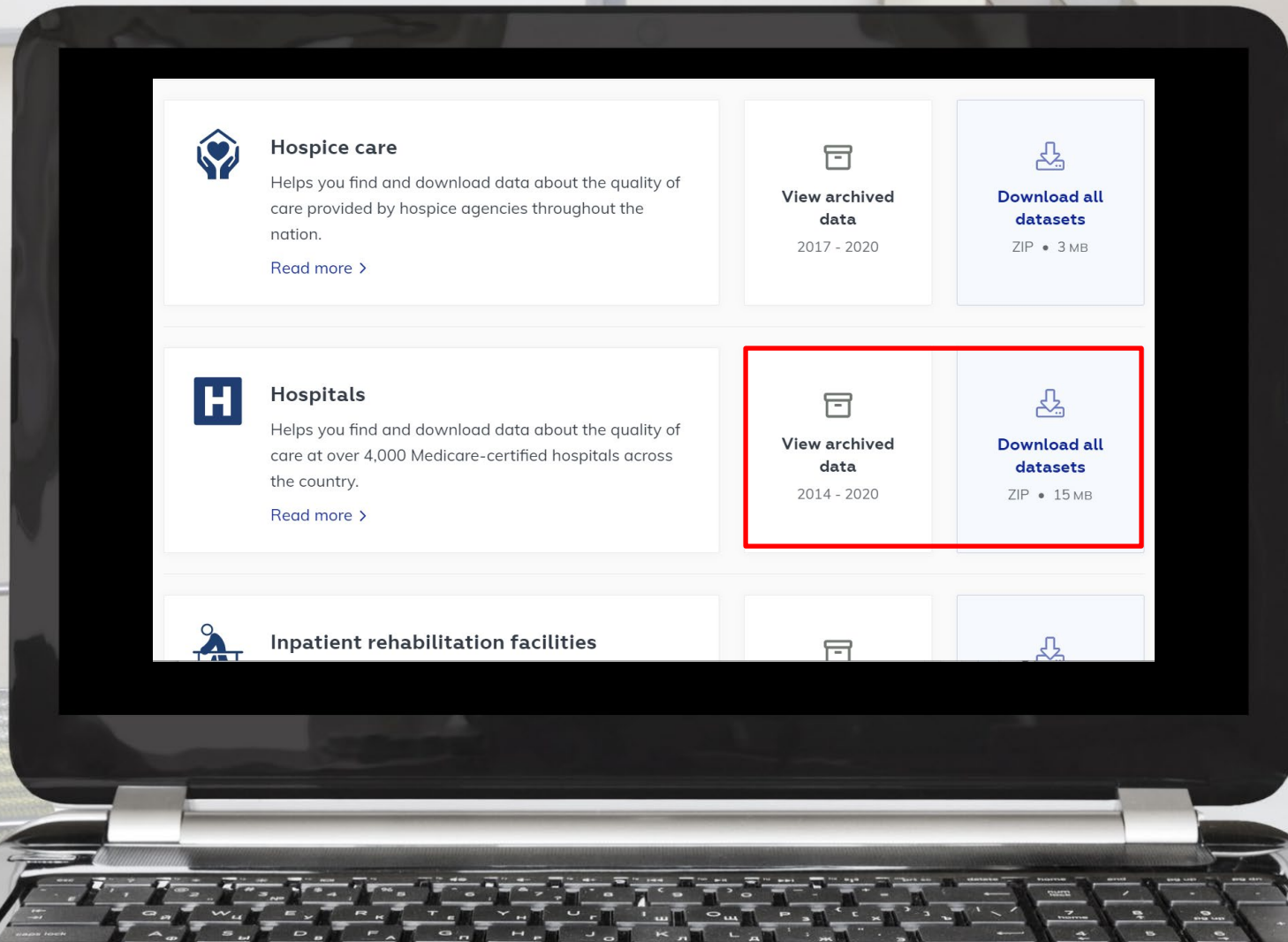
1. How do I download the entire hospital database, not individual files?
2. How do I find previous releases (archived) hospital files?

Provider Data Catalog

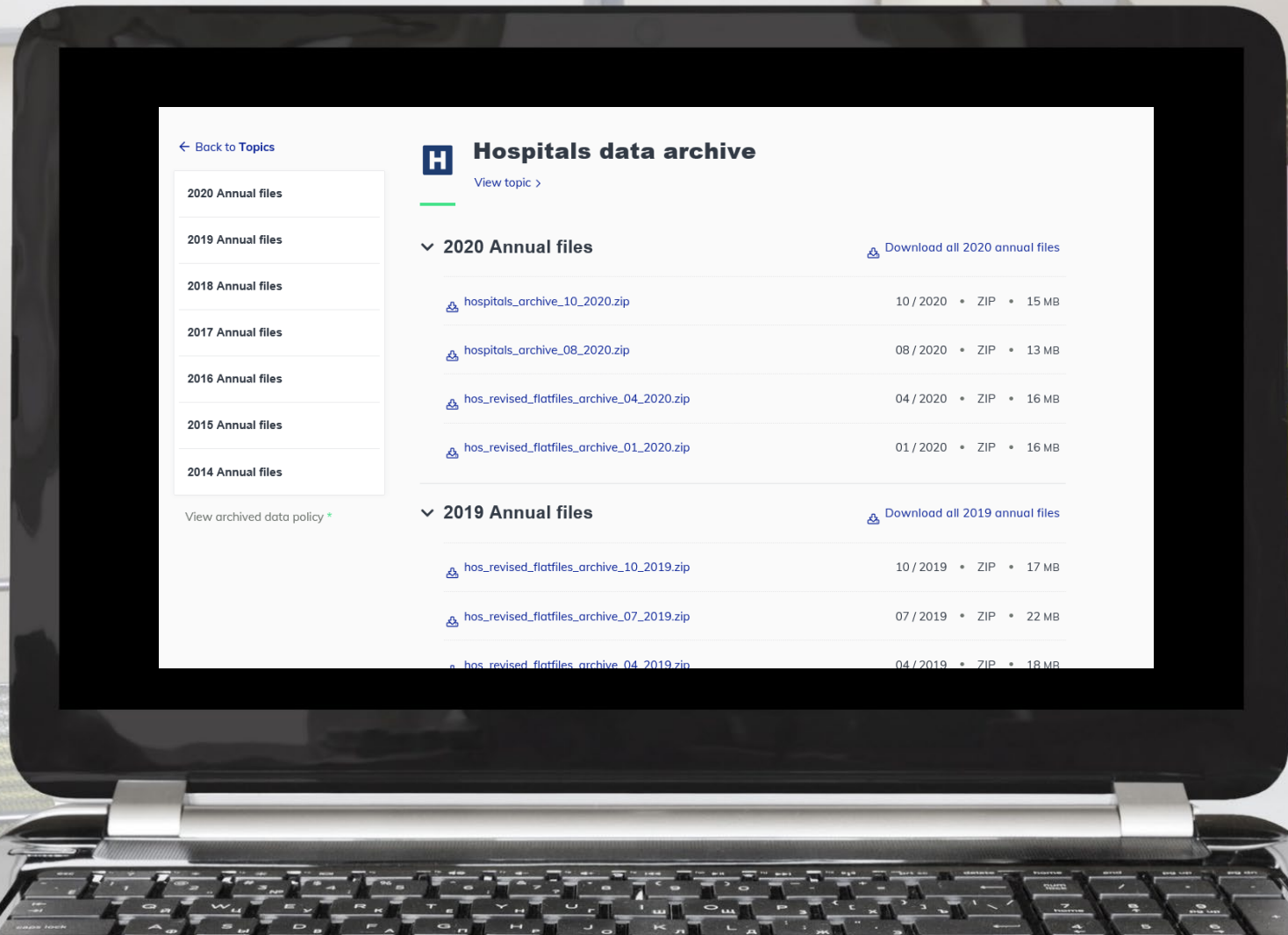
Select Topics



View Archived Data and Download All Datasets



Hospital Data Archive



Maria Gugliuzza, MBA

Hospital VBP Program

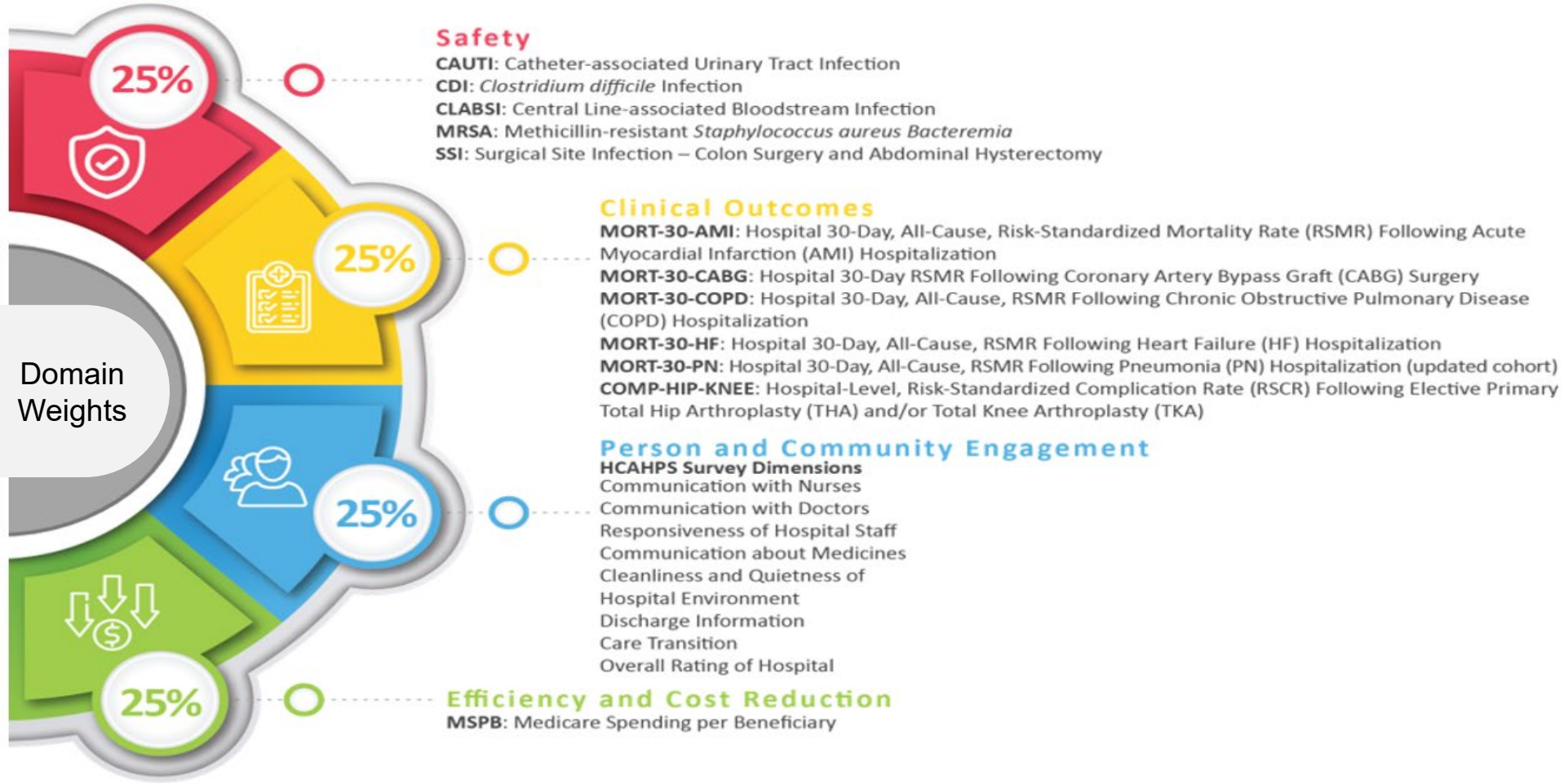
Program Overview

- The Hospital VBP Program is a value-based purchasing program established under Section 1886(o) of the Social Security Act.
- Hospital value-based incentive payments are based on hospital's Total Performance Scores (TPSs).
 - A TPS is determined by calculating a hospital's achievement and improvement points for each measure within each domain and summing weighted domain scores.
 - In fiscal year (FY) 2024, a total of 2,474 hospitals are subject to payment adjustments. Of those, 1,230 (49.7%) will receive net payment increases; 1,237 (50.0%) will receive net payment decreases; and 7 (0.3%) have no change.
 - CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.





Program Changes for FY 2024

- FY 2023
All eligible hospital base operating Diagnosis-Related Group (DRG) payment amounts remained unchanged.
- FY 2024
All eligible hospital base operating DRG payment amounts were adjusted based on their TPS Score.

FY 2024 Domains and Measures



FY 2024 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
 Clinical Outcomes	Mortality Measures (AMI, COPD, HF, CABG, PN)	July 1, 2014– June 30, 2017	July 1, 2019– June 30, 2022*
	Complication Measure	April 1, 2014– March 31, 2017	April 1, 2019– March 31, 2022
 Person and Community Engagement	HCAHPS Survey	January 1, 2019– December 31, 2019	January 1, 2022– December 31, 2022
 Safety	Healthcare-Associated Infection (HAI) Measures	January 1, 2019– December 31, 2019	January 1, 2022– December 31, 2022
 Efficiency and Cost Reduction	MSPB	January 1, 2019– December 31, 2019	January 1, 2022– December 31, 2022

* As finalized in the [September 2, 2020, Interim Final Rule with Comment Period](#), CMS will not use claims reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for Medicare quality reporting and value-based purchasing programs. The discharge period has been updated to reflect this policy. The AMI, COPD, HF, pneumonia, and CABG measures identify deaths within 30 days of each index stay.

Publicly Reported Data

- On January 31, 2024, CMS updated the data on the Provider Data Catalog to include the following:
 - FY 2024 Hospital VBP Program data and scoring information
 - Measure/Dimension Scores
 - Domain Scores
 - TPSs
 - Actual FY 2021 Hospital VBP Program aggregate payment adjustments (no changes from previous year)

FY 2021 Payment Adjustment Factor File

Table 16B, available on the CMS.gov website, contains the actual payment adjustment factors by CMS Certification Number for each participating hospital under the Hospital VBP Program for FY 2021. These actual factors are based on the finalized baseline and performance period for FY 2021, and CMS will use them to adjust base operating Medicare Severity Diagnosis-Related Group (MS-DRG) payments to eligible hospitals for discharges occurring in FY 2021.

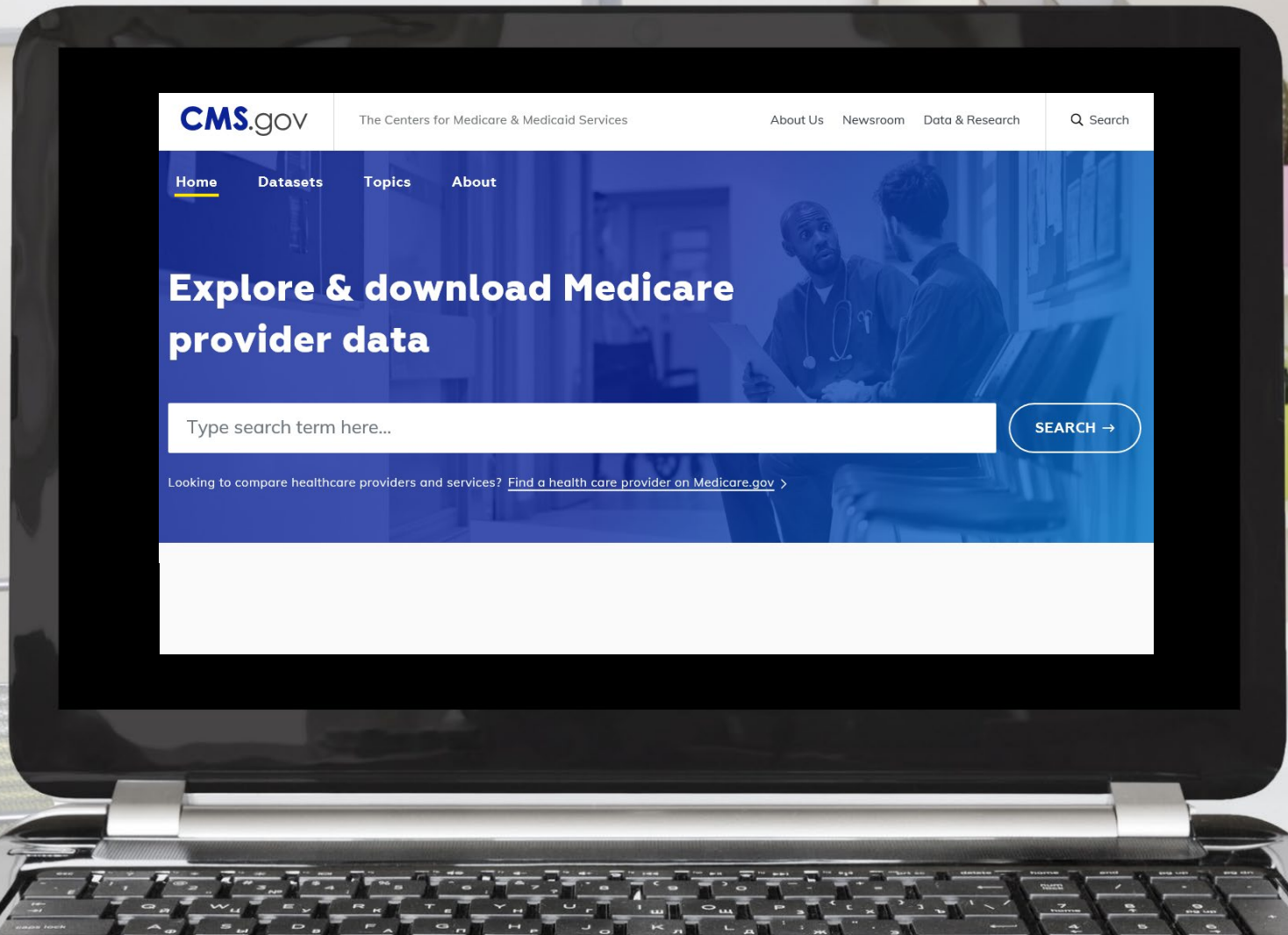
Table 16B link:

<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-pps-final-rule-home-page>

Fact Sheet link:

https://qualitynet.cms.gov/files/5fbc260032efea0025a22f0d?filename=HVBP_FY2021_FactSheet.pdf

Provider Data Catalog Home and Search



Provider Data Catalog Topics

Explore, download, & investigate provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals

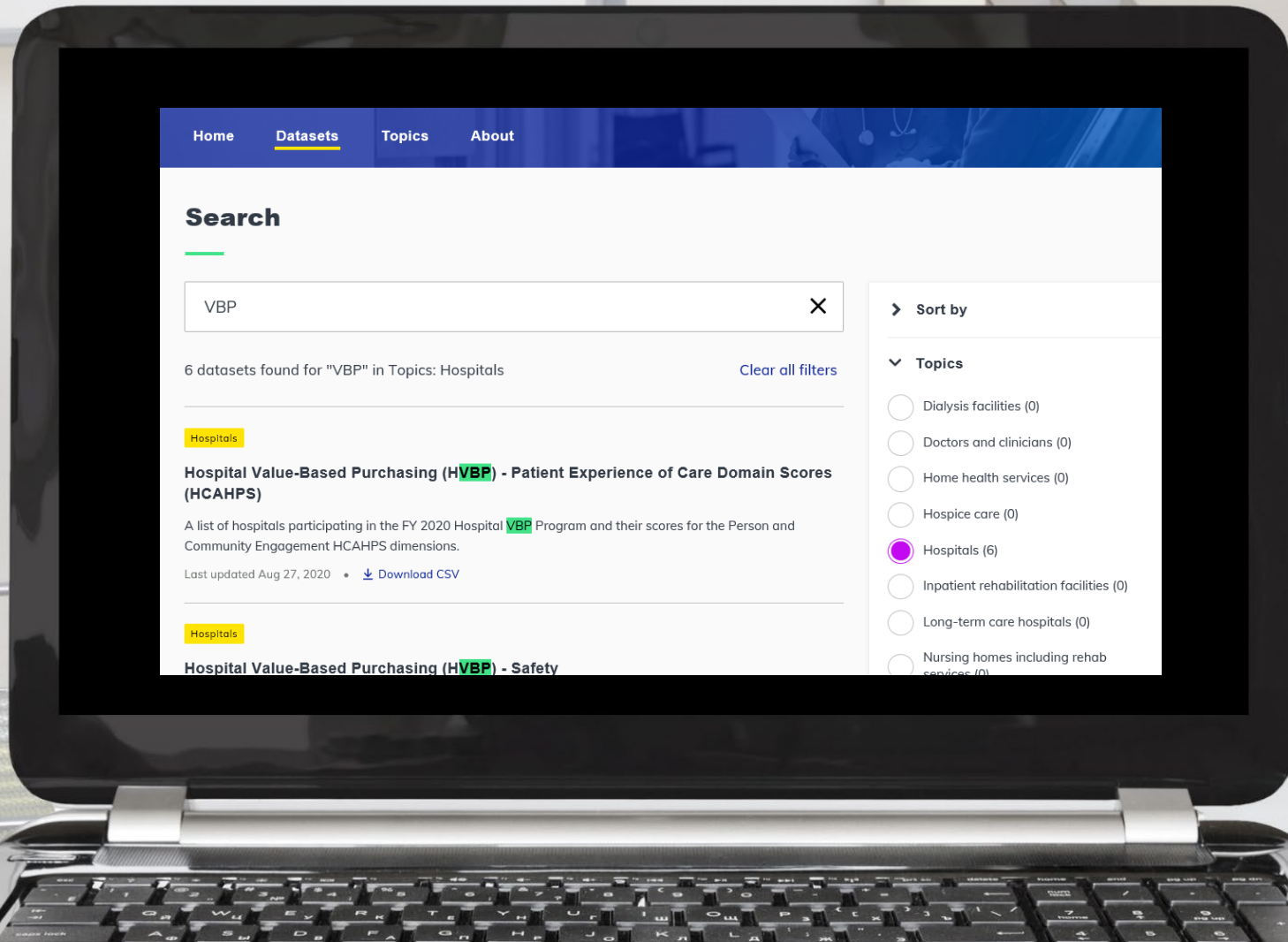


Nursing homes including rehab



Physician office visit costs

Keyword Search: VBP



Provider Data Catalog

Hospital VBP Program Datasets

Hospital-level datasets that are available in the Provider Data Catalog for the Hospital VBP Program:

- Hospital Value-Based Purchasing (HVBP) – Clinical Outcomes Domain Scores
- Hospital Value-Based Purchasing (HVBP) – Person and Community Engagement Domain Scores (HCAHPS)
- Hospital Value-Based Purchasing (HVBP) – Safety
- Hospital Value-Based Purchasing (HVBP) – Efficiency Scores
- Hospital Value-Based Purchasing (HVBP) – Total Performance Score

Hospital VBP Program Resources

Provider Data Catalog

- Website: <https://data.cms.gov/provider-data/topics/hospitals>
- QualityNet Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa
Navigate to the Ask a Question tab and select Hospital Compare – Hospital Compare Site Support under the Program list.

Hospital VBP Program Methodology and General Information

- CMS.gov website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Hospital-Value-Based-Purchasing->
- QualityNet website: <https://qualitynet.cms.gov/inpatient/hvbp>

Hospital VBP Program General Inquiries

- QualityNet Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa
Navigate to the Ask a Question tab and select HVBP – Hospital Value Based Purchasing under the Program list.
- Phone: (844) 472-4477 or (866) 800-8765, weekdays, 8 a.m. to 8 p.m. Eastern Time
- Chat: <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/>

Juliana Conway

HAC Reduction Program

Program Overview

- The HAC Reduction Program is a value-based purchasing program established under Section 1886(p) of the Social Security Act.
- Hospitals with a Total HAC Score in the worst-performing quartile of all subsection (d) hospitals receive a 1-percent reduction to Medicare payments.
- CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

Program Changes for FY 2024

CMS implemented the following changes for FY 2024:

- Used Version 13.0 Patient Safety Indicator (PSI) software to calculate CMS PSI 90
- Updated the performance period for CMS PSI 90 to include patient discharges from January 1, 2021, through June 30, 2022
- Updated the performance period for the Center for Disease Control National Healthcare Safety Network HAI measures to include patient discharges from January 1, 2022, through December 31, 2022

Original and Updated Performance Periods for the FY 2024 HAC Reduction Program

	CY 2020				CY 2021				CY 2022				CY 2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FY 2024 Performance Periods	Data excluded ¹				CMS PSI 90 1/1/21 – 6/30/22				HAI Measures 1/1/22 – 12/31/22							
					Data excluded ²											

CMS excluded Quarter (Q)3 and Q4 2020 claims data, as finalized in the [FY 2022 Inpatient Prospective Payment System \(IPPS\) final rule](#). This abbreviates the typical 2-year performance period to 18 months. Also, CMS excluded all CY 2021 HAI data as finalized in the [FY 2023 IPPS final rule](#). This abbreviates the typical 2-year performance period to 12 months.

Program Changes for FY 2024

(continued)

- In the [FY 2023 IPPS final rule \(pages 49133–49134\)](#), CMS updated the CMS PSI 90 minimum volume threshold to only score hospitals with at least 25 eligible discharges on at least one component PSI measure and at least three eligible discharges on at least seven component PSI measures.
- CMS implemented the Complete Data Policy to not score hospitals on the CMS PSI 90 measure if they have fewer than 12 months of data during the performance period ([FY 2023 IPPS final rule, page 49136](#)).
- CMS implemented the validation policy ([FY 2023 IPPS final rule, page 49137](#)), which assigns the maximum (worst) measure score for the HAI measures validated if a hospital fails validation.
- CMS added a risk adjustment parameter for COVID-19 diagnoses in Version 13.0 of the CMS PSI 90 software ([FY 2023 IPPS final rule, pages 49134–49136](#)).

FY 2024 Measures and Performance Periods

Measure	Data Source	FY 2024 Performance Period
PSI 90	Claims	January 1, 2021–June 30, 2022 ¹
CLABSI	Chart-abstracted	January 1, 2022–December 31, 2022 ²
CAUTI	Chart-abstracted	January 1, 2022–December 31, 2022 ²
Colon and Abdominal Hysterectomy SSI	Chart-abstracted	January 1, 2022–December 31, 2022 ²
MRSA bacteremia	Chart-abstracted	January 1, 2022–December 31, 2022 ²
CDI	Chart-abstracted	January 1, 2022–December 31, 2022 ²

¹ CMS is excluding Q3 and Q4 2020 claims data, as finalized in the [FY 2022 IPPS final rule, pages 45301–45307](#). This abbreviates the typical 2-year performance period to 18 months.

² CMS is excluding all CY 2021 HAI data as finalized in the [FY 2023 IPPS final rule, pages 49130–49132](#). This abbreviates the typical 2-year performance period to 12 months.

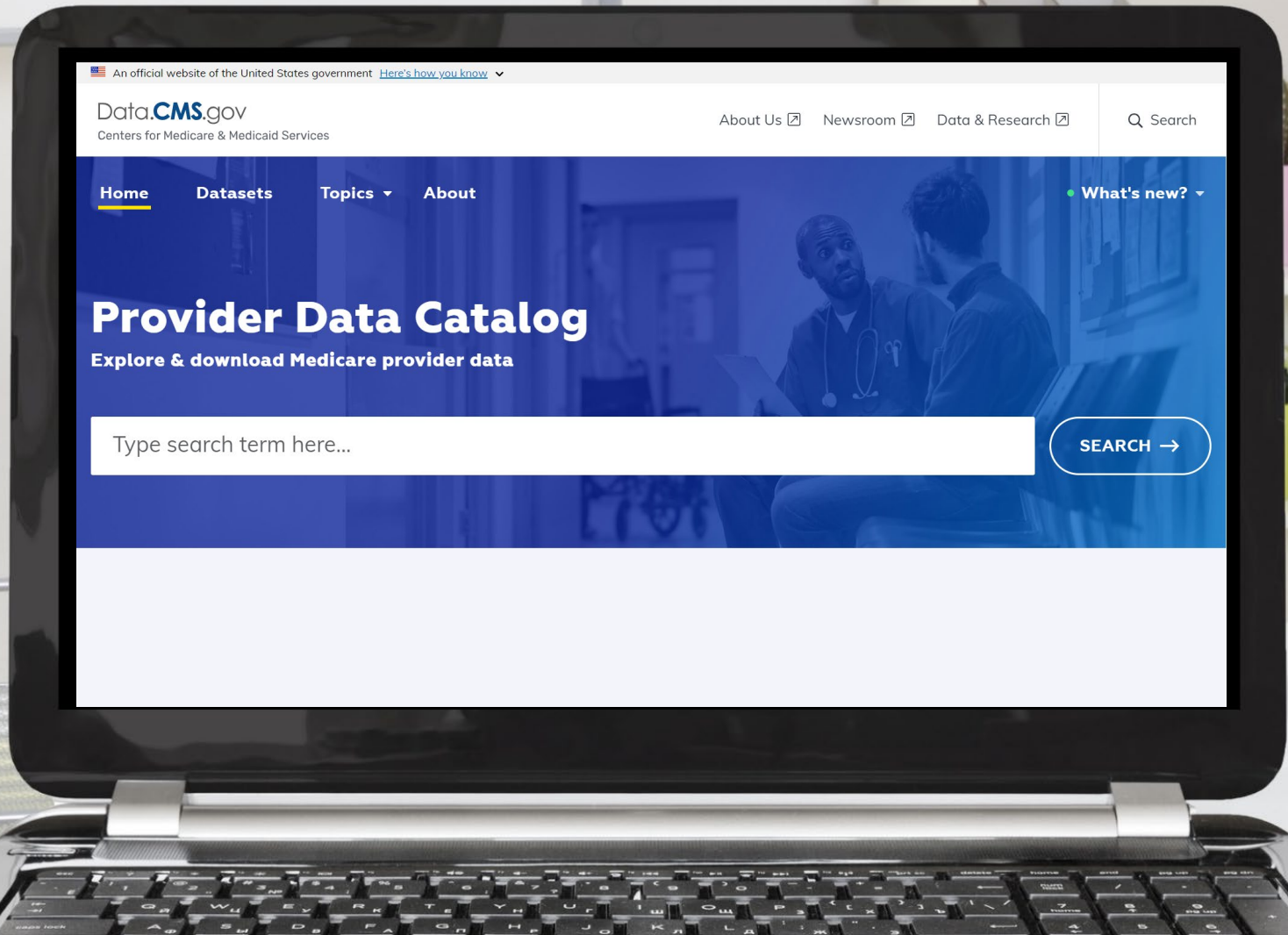
Provider Data Catalog

January 2024 Release

In January 2024, CMS updated the data on the Provider Data Catalog website to include the following FY 2024 HAC Reduction Program information:

- Measure results for CMS PSI 90 and HAI measures
- Measure scores for the CMS PSI 90 and HAI measures
- Total HAC Score
- Payment Reduction Indicator

Provider Data Catalog Home and Search



Provider Data Catalog Topics

Explore, download, & investigate provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals



Nursing homes including rehab



Physician office visit costs

Keyword Search: HAC Reduction Program

The screenshot shows a search interface with the following elements:

- Search Header:** "Search" with a green underline.
- Hospitals datasets:** A section with a blue 'H' icon, a description: "Helps you find and download data about the quality of care at over 4,000 Medicare-certified hospitals across the country.", and links for "Download filtered results" (1 dataset • ZIP • 77 KB), "View topic", "View archived data snapshots", and "Download all datasets".
- Search Input:** A text box containing "HAC Reduction Program" with a clear button (X).
- Results Summary:** "1 dataset found for 'HAC Reduction Program' in Topics: Hospitals" with a "Clear all filters" link.
- Topic Filter:** A yellow "Hospitals" tag.
- Result Title:** "Hospital-Acquired Condition (HAC) Reduction Program" with "HAC" and "Reduction Program" highlighted in green.
- Result Description:** "Hospital-Acquired Condition (HAC) Reduction Program (HACRP) - In October 2014, CMS began reducing Medicare fee-for-service payments for subsection (d) hospitals that rank in the worst-performing quartile with respect to hospital-acquired condition (HAC) quality measures. Hospitals..."
- Metadata:** "Last updated: Jan 17, 2023 • Released: Nov 8, 2023 • Download CSV"
- Footer:** "1-1 of 1 datasets" and a pagination control showing "10 per page" and a purple box with the number "1".
- Sort by:** A dropdown menu set to "Sort by".
- Topics:** A list of topics with radio buttons:
 - Dialysis facilities (0)
 - Doctors and clinicians (0)
 - Home health services (0)
 - Hospice care (0)
 - Hospitals (1)** (selected)
 - Inpatient rehabilitation facilities (0)
 - Long-term care hospitals (0)
 - Medicare plan finder (0)
 - Nursing homes including rehab services (0)
 - Physician office visit costs (0)

HAC Reduction Program Resources

- **HAC Reduction Program Methodology and General Information**
 - CMS.gov website: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/hospital-acquired-condition-reduction-program-hacrp>
 - QualityNet website: <https://qualitynet.cms.gov/inpatient/hac>
- **HAC Reduction Program General Inquiries**
 - [QualityNet Question and Answer Tool](#) - Navigate to the Ask a Question tab and select HACRP – Hospital-Acquired Condition Reduction Program under the Program list.
- **Provider Data Catalog**
 - Website: <https://data.cms.gov/provider-data>
 - [HAC Reduction Program dataset](#)
 - Inquiries: [QualityNet Question and Answer Tool](#) - Navigate to the Ask a Question tab and select Hospital Care Compare Site Support under the Program list.

Rebecca Silverman

HRRP

Program Overview

- HRRP is a Medicare value-based purchasing program established under Section 1886(q) of the Social Security Act.
- Subsection (d) hospitals with excess readmissions, relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full Medicaid benefits, have their payments reduced by up to 3 percent under HRRP.
- CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

Program Changes for FY 2024

CMS implemented the following changes for FY 2024:

- Resumed use of the pneumonia readmission measure for FY 2024 HRRP payment reduction calculations.
- Updated the FY 2024 performance period to include discharges from July 1, 2019–December 1, 2019, and July 1, 2020–June 30, 2022.

	CY 2019				CY 2020				CY 2021				CY 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FY 2024 performance period	HRRP 7/1/19–12/1/19				Q1 and Q2 2020 claims excluded 12/2/19–6/30/20				HRRP 7/1/20–6/30/22							

The FY 2024 performance period was impacted by the nationwide Extraordinary Circumstance Exception in response to the COVID-19 Public Health Emergency. CMS is not using claims data representing Q1 and Q2 2020 (reflecting services provided January 1, 2020–June 30, 2020) in its HRRP calculations. See the [March 27, 2020, Guidance Memo](#) and [September 2, 2020, Interim Final Rule with Comment Period](#) for more information.

FY 2024 Measures and Performance Periods

Claims-Based Readmission Measure	Consensus-Based Entity ID	FY 2024 Performance Period
AMI	#0505	July 1, 2019–December 1, 2019, and July 1, 2020–June 30, 2022 ¹
COPD	#1891	July 1, 2019–December 1, 2019, and July 1, 2020–June 30, 2022 ¹
HF	#0330	July 1, 2019–December 1, 2019, and July 1, 2020–June 30, 2022 ¹
Pneumonia	#0506	July 1, 2019–December 1, 2019, and July 1, 2020–June 30, 2022 ¹
CABG	#2515	July 1, 2019–December 1, 2019, and July 1, 2020–June 30, 2022 ¹
Elective Primary THA/TKA	#1551	July 1, 2019–December 1, 2019, and July 1, 2020–June 30, 2022 ¹

¹CMS updated the FY 2024 performance period in response to the COVID-19 Public Health Emergency. Refer to the previous slide for details.

Provider Data Catalog

January 2024 Release

In January 2024, CMS updated the Provider Data Catalog website to include the following information for each of the six readmission measures:

- Number of eligible discharges
- Number of readmissions
(only if the hospital has 11 or more readmissions)
- Predicted readmission rate
- Expected readmission rate
- Excess readmission ratio (ERR)

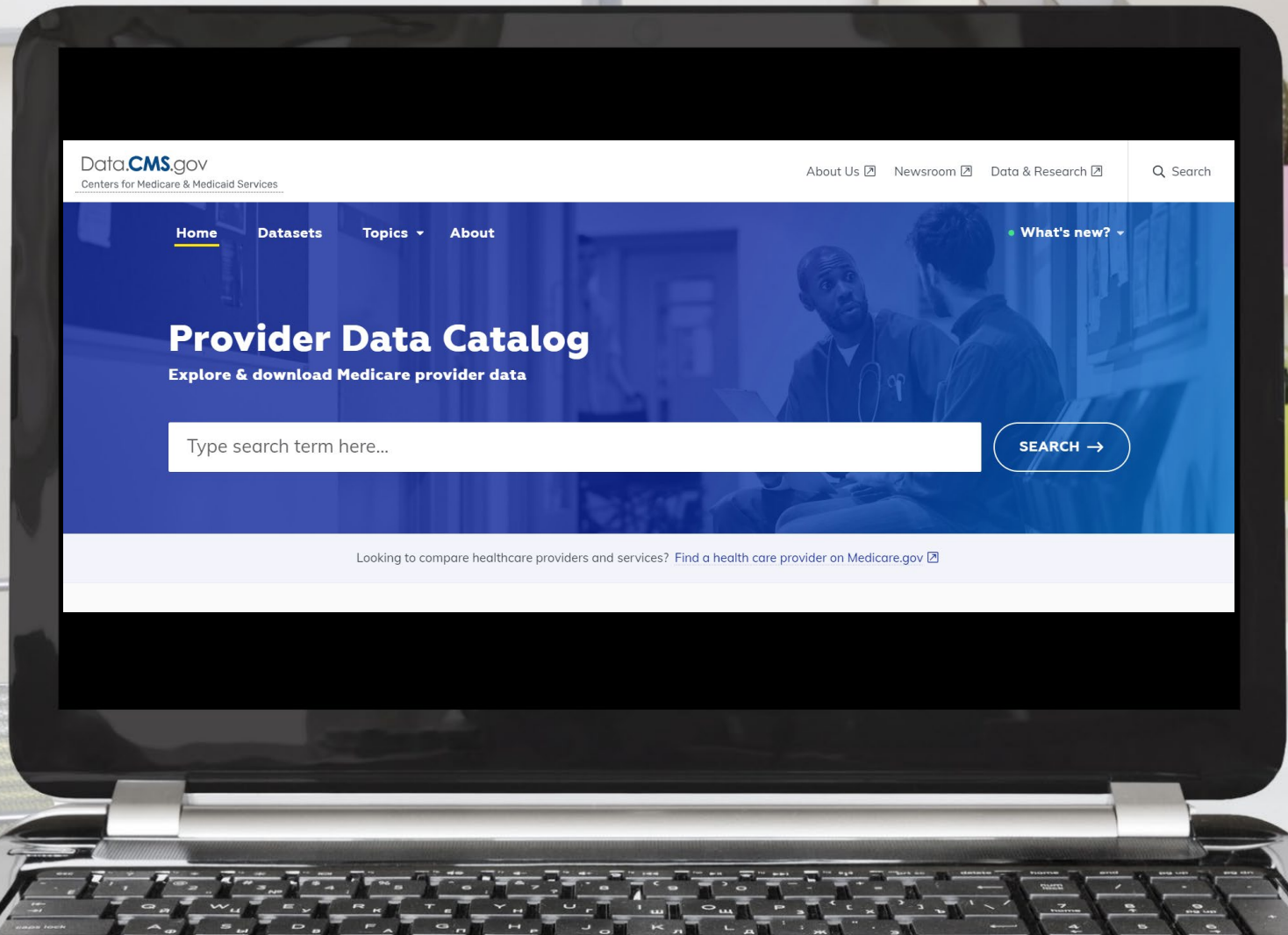
Supplemental Data File

In addition to the data posted on the Provider Data Catalog, CMS also released the payment reduction percentage and component information in the FY 2024 IPPS Final Rule Supplemental Data File after completing the Review and Correction period. CMS posted this file on the [FY 2024 IPPS final rule home page](#). The file includes the following:

- Payment reduction percentage
- Payment adjustment factor
- Dual proportion
- Peer group assignment
- Neutrality modifier
- ERR for each measure
- Number of eligible discharges for each measure
- Peer group median ERR for each measure
- Penalty indicator for each measure
- DRG payment ratio for each measure

Provider Data Catalog

Home and Search



Provider Data Catalog Topics

Explore and download provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals



Nursing homes including rehab services



Physician office visit costs

Keyword Search: Hospital Readmissions Reduction Program

The screenshot shows a search results page for 'Hospital Readmissions Reduction Program'. The page is titled 'H Hospitals datasets' and includes a description: 'Helps you find and download data about the quality of care at over 4,000 Medicare-certified hospitals across the country.' A search bar contains the text 'hospital readmissions reduction program'. Below the search bar, it states '1 dataset found for "hospital readmissions reduction program" in Topics: Hospitals'. A list of topics is shown on the right, with 'Hospitals (1)' selected. The main content area displays the title 'Hospital Readmissions Reduction Program' and a paragraph of text: 'In October 2012, CMS began reducing Medicare payments for subsection(d) hospitals with excess readmissions under the Hospital Readmissions Reduction Program (HRRP). Excess readmissions are measured by a ratio, calculated by dividing a hospital's predicted rate...'. The page also includes a 'Download filtered results' link, a 'Download CSV' link, and a '10 per page' dropdown menu.

H Hospitals datasets [Download filtered results](#)
1 dataset • ZIP • 308 KB

Helps you find and download data about the quality of care at over 4,000 Medicare-certified hospitals across the country.

[View topic](#) [View archived data snapshots](#) [Download all datasets](#)

hospital readmissions reduction program

1 dataset found for "hospital readmissions reduction program" in Topics: Hospitals [Clear all filters](#)

Hospitals

Hospital Readmissions Reduction Program

In October 2012, CMS began reducing Medicare payments for subsection(d) hospitals with excess readmissions under the Hospital Readmissions Reduction Program (HRRP). Excess readmissions are measured by a ratio, calculated by dividing a hospital's predicted rate...

Last updated: Jan 17, 2023 • Released: Nov 8, 2023 • [Download CSV](#)

1-1 of 1 datasets **1**

Sort by

Topics

- Dialysis facilities (0)
- Doctors and clinicians (0)
- Home health services (0)
- Hospice care (0)
- Hospitals (1)
- Inpatient rehabilitation facilities (0)
- Long-term care hospitals (0)
- Medicare plan finder (0)
- Nursing homes including rehab services (0)
- Physician office visit costs (0)
- Supplier directory (0)

Hospital Readmissions Reduction Program Resources

- **General Program and Payment Adjustment Information**
 - CMS.gov website: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/hospital-readmissions-reduction-program-hrrp>
 - QualityNet website: <https://qualitynet.cms.gov/inpatient/hrrp>
- **General Inquiries**
 - [QualityNet Question and Answer Tool](#): Navigate to the Ask a Question tab. Select HRRP – Hospital Readmissions Reduction Program under the Program list.
- **Measure Methodology Inquiries**
 - [QualityNet Question and Answer Tool](#): Navigate to the Ask a Question tab. Select Inpatient Claims-Based Measures under the Program list. Select Readmission as the Topic.
- **Provider Data Catalog**
 - Website: <https://data.cms.gov/provider-data/>
 - [HRRP Dataset](#)
 - Inquiries: [QualityNet Question and Answer Tool](#): Navigate to the Ask a Question tab and select Hospital Care Compare Site Support under the Program list.

Hospital VBP Program, HAC Reduction Program, and
Hospital Readmissions Reduction Program
FY 2024 Provider Data Catalog Update

Questions

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