HospItal Value-Based Purchasing (VBP) Program

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

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

Speakers

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

February 21, 2024
2:00 p.m. Eastern Time (ET)

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this Information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials Included are provided as summary Information. No material contained therein Is Intended to take the place of either written laws or regulations. In the event of any conflict between the Information provided by the question-and-answer session and any Information Included In any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other Interpretive materials should be reviewed Independently for a full and accurate statement of their contents.

Brandi Bryant: Greetings and thank you for joining us in today's webinar, focusing on the Fiscal Year 2024 Provider Data Catalog Update for the Hospital VBP Program, HAC Reduction Program, and the Hospital Readmissions Reduction Program. I'm Brandi Bryant, representing the CMS Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, and I'll be moderating this session.

Before we dive in, I'd like to share a few important announcements. Firstly, please be aware that this program is being recorded. The presentation's transcript, along with a summary of today's questions, will be available on the inpatient website, www.QualityReportingCenter.com, in the coming weeks.

For those who registered, a reminder email with a link to today's slides was sent out approximately two hours ago. If you haven't received it, you can download the slides directly from www.QualityReportingCenter.com.

In the event that you must leave before the conclusion, a link to the survey will be included in the summary email sent out one to two business days after the webinar. We appreciate your participation and look forward to a fruitful session.

Let me now present our distinguished speakers for today. Maria Gugliuzza serves as the Hospital Value-Based Purchasing Program Lead within the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor at the Centers for Medicare & Medicaid Services. Joining us is Juliana Conway, the HAC Reduction Program Program Manager from the Division of Value, Incentives, and Quality Reporting Program Support Contract at the Centers for Medicare & Medicaid Services. Additionally, we have Rebecca Silverman, the Hospital Readmissions Reduction Program Program Manager, also part of the Division of Value, Incentives, and Quality Reporting Program Support Contract at the Centers for Medicare & Medicaid Services.

Today, we'll cover an overview of publicly reported data for CMS inpatient hospital pay-for-performance programs, including the Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program. Let's dive in and explore these initiatives together.

This slide outlines three key objectives for participants:

Find publicly reported data for CMS inpatient hospital pay-for-performance programs.

Recognize historical data for context and trend analysis.

Learn how to obtain data in CSV format for flexible analysis.

During our webinar, we encourage your active participation and value your questions. Please utilize the Chat tool to submit any relevant questions related to today's topic. Towards the end of the webinar, time permitting, we'll address these questions.

It's important to note that we won't be using the raised-hand feature in the Chat tool during this session.

For any additional questions post-event, we recommend using the QualityNet Question and Answer Tool. When submitting questions, include the webinar name, slide number, and speaker name for a more efficient response.

If your question is unrelated to the current webinar topic, we kindly request you to first search for the answer in the QualityNet Question and Answer Tool. If you can't find a solution, then feel free to submit your question to us through the same tool.

Rest assured, we'll strive to respond to your questions as promptly as possible, either during the webinar or through a comprehensive question-and-answer summary document. Thank you for your active engagement.

Before we dive into the details, please review some key acronyms for today's discussion. Refer back to this slide if needed. I will now pass the presentation over to Maria, Maria the floor is yours.

Maria Gugliuzza: Thank you, Brandi. Hello, everyone. I'm Maria Gugliuzza, serving as the Program Lead for the Hospital Value-Based Purchasing (VBP) Program under the Inpatient VIQR Support Contract. In this segment of our presentation, I will provide a brief overview of the Provider Data Catalog. Additionally, I'll guide you through navigating the Provider Data Catalog and address some commonly asked questions. Let's dive into this important aspect of our discussion.

The Provider Data Catalog gives you direct access to the data repository of CMS official data. When using the PDC, you can either view the data in a table form in your browser, download the data in a CSV format, or access the data through an API.

Now we're going to take a quick walk through of the Provider Data Catalog.

The link to the Provider Data Catalog is provided on this slide.

The home screen of the provider data catalog gives you a few different launch points to access the datasets you're seeking. You can search for key-terms regardless of setting. For example, if you search the term

"survey", you currently will receive 26 datasets that include that include that term across all care settings. Because we are focusing on the hospital value-based purchasing programs today, I'll walk through how to display just the hospital care setting.

When scrolling down past the initial search screen, care settings will display that can be selected. The hospital value-based purchasing programs are located in the hospital care setting selection.

After clicking on the Hospital care setting, you will be directed to searchable list of just hospital related datasets. You can scroll through these datasets to find the specific tables you are seeking, or you can search using the search bar.

Now, I'm going to open a dataset to display what options and information are available. For this example, I'm selecting the Unplanned Hospital Visits – State dataset.

When I open a dataset, I will see the name of the dataset, a brief description, and the last updated date at the top of the screen. To the right, I can confirm that this dataset relates to the Hospital Care setting. I can also download the dataset in CSV format and I can download the data dictionary.

In the dataset explorer, you have the opportunity to filter the datasets without downloading the dataset into a CSV file. For example, if my hospital was in the state of Missouri, I may want to see only the state-level data for Missouri. Currently Alaska is displaying on my screen.

You can filter by typing into the search box under each column heading. For our example, I typed MO into the State search box, which resulted in my screen displaying the state-level results for Missouri. You can perform similar types of actions for searching for your hospital's CMS Certification Number or CCN and filtering to a specific measure when a dataset has multiple measures included.

Under the table, additional information about the dataset is provided, including the release date for the dataset and who to contact if you have questions regarding the dataset. To the right and below additional information, information regarding accessing the API is displayed.

Here are some frequently asked questions that I've already received and (to be honest) had myself – How do I download the entire hospital database instead of individual files and how do I find previous releases or archived hospital files?

These two questions have the same answer, and I'll walk through how to access them on the next few slides.

From the Provider Data Catalog home screen, select Topics from the menu.

The topics page will direct you to two links for each care setting. One to view archived data and one to download all datasets.

The download all datasets will download the current version of the all datasets available for that care setting. So, that's our answer to the first question: How do I download the entire hospital database instead of individual files.

The answer to the second question, how do I find previous releases (archived) hospital files can be found by selecting View archived data.

When selecting view archived data, the site will direct you to the listing of data from each of the refreshes 2014 and forward.

Now we will be shifting our focus to the three-hospital value-based purchasing programs that had data refreshed on the Provider Data Catalog website in January. I will be reviewing the Hospital Value-Based Purchasing Program.

The Hospital Value-Based Purchasing (VBP) Program, authorized under Section 1886(o) of the Social Security Act, promotes quality healthcare delivery while managing costs.

Hospital payments are determined based on Total Performance Scores (TPS), calculated from achievement and improvement points across specific domains. In FY 2024, 2,474 hospitals face payment adjustments. CMS allows hospitals 30 days to review and correct data before public reporting, ensuring accuracy and transparency.

In FY 2023, all eligible hospitals maintained a status quo situation regarding their base operating Diagnosis-Related Group (DRG) payment amounts. There were no alterations or adjustments, and payments remained consistent. This was attributed to the COVID public health emergency.

Conversely, FY 2024 represented a significant turning point in the program. During this fiscal year, the base operating DRG payment amounts for all eligible hospitals underwent changes. These payments

were modified based on the Total Performance Score, often referred to as TPS.

In fiscal year 2024, hospitals were evaluated based on four domains: Clinical Outcomes, Person and Community Engagement, Safety, and the Efficiency and Cost Reduction domain. The Clinical Outcomes domain consists of five 30-day mortality measures for AMI, COPD, heart failure, and pneumonia, in addition to the hip/knee complication measure. The Person and Community Engagement domain is evaluated through the use of eight HCAHPS Survey dimensions. The Safety domain contains the five healthcare-associated infection measures of CLABSI, CAUTI, SSI, MRSA and CDI. The Efficiency and Cost Reduction domain contains the Medicare Spending per Beneficiary measure. Each domain was weighted at 25 percent of the Total Performance Score.

This slide contains the baseline and performance measurement periods for fiscal year 2024. A reminder, achievement points are awarded by comparing your hospital's measure rate in the performance period against set performance standards – known as the benchmark and achievement threshold. Improvement points are awarded by comparing your hospital's rate in the performance period against your own hospital's rate during the baseline period.

The Hospital VBP Program has three sets of data that are publicly reported. The payment adjustment factors for Fiscal Year 2021 were published in January of 2023 and will remain until the FY 2024 Payment Tables get updated in 2026.

CMS posted the fiscal year 2021 payment adjustment factors in Table 16B on CMS.gov. Table 16B contains the actual payment adjustment factors by CMS Certification Number, or CCN, for each hospital that was eligible for the program. Please note that Table 16B will not include your CCN if you were excluded from the program. Exclusion reasons include your hospital not being a subsection (d) hospital, not meeting the minimum number of domains in order to receive a Total Performance Score, being subject to payment reductions under the Hospital IQR Program, and being a hospital located in the state of Maryland, just to name a few examples.

To locate the Hospital VBP results, once you are on the Provider Data Catalog main page, scroll down past the search box. You will find a list of healthcare settings, as shown on the next slide.

Select the 'Hospitals' healthcare setting in the Explore, download, & investigate provider data menu.

You will be redirected to the current Hospital datasets. To quickly find the Hospital VBP Program datasets, type "VBP" into the search tool.

There are five datasets for the Hospital VBP Program: one for each of the four domains and one for the Total Performance Score. Each of the domain level datasets include a hospital's baseline period rate, performance period rate, achievement points, improvement points, measure score, and performance standards for each measure or dimension. The Total Performance Score file contains a hospital's unweighted domain scores, weighted domain scores, and the Total Performance Score.

On this slide, I listed resources available to assist in finding and understanding the data. The first link is to the home page of the Provider Data Catalog. If you have any questions regarding the Provider Data Catalog or Care Compare websites, a great starting point is to submit your question through the QualityNet Q&A tool. Please follow the instructions listed on the second bullet point to send your questions to the appropriate team. Background information on the Hospital VBP Program can be accessed on the Hospital VBP Program CMS.gov website. More comprehensive information on the program, including scoring methodology, calculations, and general information for many fiscal years can be accessed on the Hospital VBP Program QualityNet webpages. If you have questions regarding the Hospital VBP Program specifically, please do not hesitate to contact us via the QualityNet Q&A tool, by phone, or by chat.

Now, I would like to hand off the webinar to Juliana Conway to discuss the HAC Reduction Program.

Juliana Conway: Thank you, Maria. Hello, my name is Juliana Conway and I am the program manager for the Hospital-Acquired Condition Reduction Program, or HAC Reduction Program, under the DVIQR Program Support contract. In this portion of the presentation, I will be reviewing the HAC Reduction Program and the publicly reported information that was recently released on the Provider Data Catalog.

For background, the HAC Reduction Program is a value-based purchasing program established under Section 1886(p) of the Social Security Act. As required by the Act, hospitals with a Total HAC Score in the worst-performing quartile of all subsection (d) hospitals receive a 1 percent reduction to their overall Medicare fee-for-service payments.

Each program year, CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting HAC Reduction Program results on the Provider Data Catalog website. For fiscal year 2024, the 30-day

Scoring Calculations Review and Corrections period was from August 30th, 2023, to September 28th, 2023.

For the fiscal year 2024 program year, CMS used version 13.0 PSI software to calculate the CMS PSI 90 measure.

The fiscal year 2024 HAC Reduction Program performance periods were impacted by policy changes in response to the COVID-19 public health emergency. The performance period for the CMS PSI 90 measure was January 1, 2021 through June 30, 2022. CMS excluded quarter 3 and quarter 4 2020 claims data, as finalized in the fiscal year 2022 IPPS final rule, which abbreviated the CMS PSI 90 measure's typical 2-year performance period to 18 months.

The performance periods for CDC's NHSN HAI measures were January 1, 2022 through December 31, 2022. CMS excluded all calendar year 2021 HAI data as finalized in the fiscal year 2023 IPPS final rule, which abbreviated CDC's NHSN HAI measures' typical 2-year performance period to 12 months.

The following policies were finalized in the fiscal year 2023 IPPS final rule and affect the fiscal year 2024 program year. The fiscal year 2024 HAC Reduction Program publicly reported results use the updated CMS PSI 90 minimum volume threshold to only score hospitals with:

- At least 25 eligible discharges on at least 1 component PSI measure; and
- At least 3 eligible discharges on at least 7 component PSI measures.

The publicly reported results also use 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.

Additionally, beginning with fiscal year 2024, CMS implemented the validation policy, which assigns the maximum (that is, the worst) Winsorized z-score for the HAI measures validated if a hospital fails validation.

Finally, beginning with fiscal year 2024, CMS added a risk adjustment parameter for COVID-19 diagnoses in Version 13.0 of the CMS PSI 90 software.

The fiscal year 2024 HAC Reduction Program includes six measures: one claims-based composite measure of Patient Safety Indicators, the CMS PSI 90 measure, and five chart-abstracted infection measures of healthcare-associated infections, the HAI measures, which are collected by the Centers for Disease Control and Prevention's National Healthcare Safety Network, or NHSN. These measures are CLABSI, CAUTI, SSI for abdominal hysterectomy and colon procedures, MRSA bacteremia, and CDI. This slide also includes the performance periods for each measure.

In late-January 2024, CMS released the fiscal year 2024 HAC Reduction Program results on the Provider Data Catalog, on data.CMS.gov.

The HAC Reduction Program dataset includes individual measure results and Winsorized z-scores, or measure scores, for the CMS PSI 90 and HAI measures, Total HAC Scores, and payment reduction indicators.

Similar to Hospital VBP, to find the newly released HAC Reduction Program data, navigate to the Provider Data Catalog homepage. The homepage features a search bar that you can type your search term into.

Alternatively, on the homepage, you can scroll down to the topics and click on "Hospitals", as seen in this slide.

Clicking on the Hospitals icon on the homepage will bring you to a page that allows you to search all Hospital datasets. In the search bar at the top of this page, type your search term to search for the HAC Reduction Program dataset, as shown in this slide. Once you have searched for the HAC Reduction Program dataset, you can immediately download the dataset as a CSV for Excel by clicking on "Download CSV."

This slide lists several HAC Reduction Program resources, including a link to the fiscal year 2024 HAC Reduction Program dataset on the Provider Data Catalog.

If you have questions about the program after this presentation, please submit questions via the QualityNet Question and Answer Tool, linked on this slide, and follow the navigation instructions to submit questions related to the Provider Data Catalog website or general inquiries about the program.

Thank you for your time. Now I'll turn it over to Rebecca to talk about the Hospital Readmissions Reduction Program.

Rebecca Silverman: Thank you, Juliana. My name is Rebecca Silverman, and I am the program manager for the Hospital Readmissions Reduction Program under the DVIQR Program Support contract. In this portion of the presentation, I will be reviewing the Hospital Readmissions Reduction Program and the publicly reported information that was recently released on the Provider Data Catalog website.

The Hospital Readmissions Reduction Program, or HRRP, began in FY 2013. It is a Medicare value-based purchasing program that reduces payments to subsection (d) hospitals with excess readmissions. As of FY 2015, the maximum payment reduction is 3 percent.

The 21st Century Cures Act required CMS to assess a hospital's performance relative to other hospitals with a similar proportion of stays for patients who are dually eligible for Medicare and full Medicaid benefits. Dual eligibility for Medicare and full Medicaid benefits is an indicator of a patient's social risk. As of FY 2019, CMS compares hospitals with similar patient populations to reduce the financial burden on hospitals serving at-risk populations.

Each program year, CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting HRRP results on the Provider Data Catalog website. For FY 2024, the 30-day Review and Correction period was from August 8th to September 7th, 2023.

As finalized in the FY 2023 IPPS final rule, CMS resumed use of the pneumonia readmission measure in FY 2024 HRRP payment reduction calculations after pausing use of the measure in FY 2023 payment reduction calculations due to COVID-19's substantial impact on this measure.

Additionally, similar to FY 2023, the FY 2024 performance period was impacted by the Extraordinary Circumstance Exception granted by CMS in response to the COVID-19 public health emergency. CMS did not use claims reflecting services provided from January 1st, 2020, through June 30th, 2020, in its calculations for HRRP. Also, the readmission measures used in HRRP identify readmissions within 30 days of each index stay. Therefore, the performance period for HRRP will also not use claims data representing the 30 days before January 1st, 2020, so that no claims from Q1 and Q2 2020 are used in the measure or program calculations. As a result, the performance period for FY 2024 is July 1st, 2019, through December 1st, 2019, and July 1st, 2020, through June 30th, 2022.

This slide shows the claims-based readmission measures included in the FY 2024 Hospital Readmissions Reduction Program. The program includes four condition-specific readmission measures for acute myocardial infarction (AMI), chronic obstructive pulmonary disease (COPD), heart failure (HF), and pneumonia. The remaining two measures in the program are procedure-specific readmission measures for coronary artery bypass graft (CABG) surgery and elective hip and/or knee replacement (THA/TKA).

CMS publicly reports the data elements listed on the slide for each of the six readmission measures.

For each measure, information is only reported for hospitals with 25 or more eligible discharges, while the number of readmissions is only reported if the hospital has 11 or more readmissions.

The excess readmission ratio, or ERR, is a measure of a hospital's relative performance. The ERR is used in the HRRP payment reduction formula to assess a hospital's excess readmissions for each of the conditions and procedures included in the program.

CMS released the FY 2024 HRRP measure results on the Provider Data Catalog website in late January.

In addition to the data posted on the Provider Data Catalog website, CMS also releases payment reduction percentages, peer grouping information, and other component results in the FY 2024 IPPS Final Rule HRRP Supplemental Data File.

CMS posted this file in September 2023 after completing the 30-day HRRP Review and Correction period. To access the file, visit the FY 2024 IPPS Final Rule home page using the link shown on the slide.

Similar to the Hospital VBP Program and the HAC Reduction Program, to find the newly released Hospital Readmissions Reduction Program data, navigate to the Provider Data Catalog homepage on data.cms.gov. The homepage features a search bar that you can type your search term into.

Alternatively, on the homepage, you can scroll down to the topics and click on Hospitals, as seen in this slide.

Clicking on the Hospitals icon on the homepage will bring you to a page that allows you to search all Hospital datasets. In the search bar at the top of this page, type your search term to search for the Hospital Readmissions Reduction Program dataset, as shown in this slide. Once you have searched for the HRRP dataset, you can immediately download the dataset as a CSV for Excel by clicking on "Download CSV."

This slide lists additional resources for the Hospital Readmissions Reduction Program, including a link to the FY 2024 HRRP dataset on the Provider Data Catalog.

If you have questions about the program after this presentation, please submit questions via the QualityNet Question and Answer Tool, linked on this slide, and follow the navigation instructions to submit questions related to the Provider Data Catalog website, the measure methodology, or general inquiries about the program.

Thank you for your time. I'll now turn it to Maria.

Brandi Bryant: Thank you, Rebecca. We will now answer some of the questions that were submitted during the webinar. If you would like to submit additional questions at this time, please include the slide number associated with your question. The first question can you explain the difference between baseline period and performance period?

Maria Gugliuzza: The Hospital VBP Program is unique in that it allows hospitals to earn improvement points. Hospitals earn improvement points based on how it improved its own performance from the baseline period to the performance period.

Hospitals can also earn achievement points. CMS awards these points to a hospital by comparing performance on a measure during the performance period with all hospitals' performance during the baseline period.

The Hospital VBP Program uses two time periods, the baseline and performance periods, to calculate improvement scores. The baseline period rate represents a hospital's performance for each measure during the baseline period. The performance period rate is compared to the baseline period to score improvement points. The HCAHPS Survey, HAI measures, and MSPB measure are calendar year measures that use a performance period of calendar year 2022 and a baseline period of calendar year 2019. The mortality measures and complication measure use multi-year baseline and performance periods that are listed on slide 25.

Brandi Bryant: When will we receive the fiscal year (FY) 2024 Hospital Value-Based Purchasing (VBP) Program reports?

Maria Gugliuzza: CMS made the FY 2024 Hospital VBP Program Percentage Payment Summary Reports (PPSR) available in the *Hospital Quality Reporting (HQR) Secure Portal* in August of 2023.

Brandi Bryant: Will CMS publish a FY 2024 Quick Reference Guide**?**

Maria Gugliuzza: The FY 2024 Hospital VBP Program Quick Reference Guide is available for download at QualityNet. The link can be found on slide 32.

Brandi Bryant: What is the advantage of accessing the FY 2021 payment tables?

Maria Gugliuzza: The FY 2021 payment datasets show the high-level impact of the Hospital VBP Program on hospital payments during the fiscal year. The information provided in these tables are at an aggregate level, not at the hospital level.

Brandi Bryant:	Previously, we were able to compare our data to the state and national averages for Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), but we no longer see those data points. Are they still available on Care Compare?
Maria Gugliuzza:	Yes, on Care Compare, you can search for your hospital. On your hospital's page, select View Survey Details on the Patient Survey Rating section. For each dimension, you should see your hospital's HCAHPS rate, the national average, and your state's average.
Brandi Bryant:	Where can I find the slides for this webinar?
Maria Gugliuzza:	A transcript of the presentation, the slides, a summary of the questions asked, and the responses will post to the Quality Reporting Center (www.QualityReportingCenter.com) in the upcoming weeks.
Brandi Bryant:	**What is the difference between a hospital's measure results and measure scores?**
Juliana Conway:	Thanks, that's a good question. Measure results are the output of a measure's calculations and the first step of the scoring methodology. The HAC Reduction Program uses measure results from six total measures. Each of the five CDC NHSN HAI measures report a standardized infection ratio, or an S-I-R. The S-I-Rs are calculated as the ratio of a hospital's observed HAIs to its predicted HAIs. The CMS PSI 90 measure reports a composite value, which is a weighted average of the risk- and reliability-adjusted rates of 10 component PSI measures.
	Measure scores, or Winsorized z-scores, are used to calculate the Total HAC Score. The HAC Reduction Program completes Winsorization to limit the impact of outlier measure results, and then calculates Winsorized z-scores. The z-scores indicate how different a hospital's measure result is from the average measure result across all hospitals in the HAC Reduction Program.
	The weighted sum of a hospital's measure scores is then used to calculate the Total HAC Score.
	More information about the HAC Reduction Program's methodology can be found on the QualityNet website.
Brandi Bryant:	**Can I calculate the 75th percentile of Total HAC Scores from publicly reported data on the Provider Data Catalog?**
Juliana Conway:	Thanks, that's a good question. The 75th percentile of Total HAC Scores cannot be calculated using the dataset available on the Provider Data

Catalog, because not all hospitals' results are publicly reported. However, you can find the fiscal year 2024 HAC Reduction Program's 75th percentile in the Hospital-Specific Report User Guide, which is publicly available on the QualityNet website.

Brandi Bryant: **Why are my readmission measure results in the HRRP dataset on the Provider Data Catalog different from the readmission measure results on Medicare.gov?**

Rebecca Silverman: Both metrics use the same readmission measure methodology and hospital performance period. However, the readmission measure results on the Medicare.gov website, that is, Care Compare, which are also in the Unplanned Hospital Visits dataset on the Provider Data Catalog, are calculated using a different set of hospitals than the results for HRRP. HRRP includes subsection (d) hospitals, as well as hospitals in Maryland. By contrast, the measure results on Medicare.gov are calculated among a larger hospital population, including subsection (d) hospitals, Maryland hospitals, and non-subsection (d) hospitals, such as critical access hospitals and hospitals in U.S. territories. Most hospitals will have similar results for HRRP and Medicare.gov, but they may not align exactly due to the different hospitals included in the calculations.

Additionally, Medicare.gov reports the rate of readmission after discharge while the HRRP results report the excess readmission ratio. The rate of readmission is a risk-standardized readmission rate, which is equal to the excess readmission ratio multiplied by the national observed readmission rate. The excess readmission ratio is equal to a hospital's predicted readmission rate divided by its expected readmission rate.

Brandi Bryant: **How do I determine if my hospital was penalized for HRRP in FY 2024?**

Rebecca Silverman CMS publishes hospitals' payment reduction percentage in the FY 2024 IPPS Final Rule HRRP Supplemental Data File. This file is posted on the FY 2024 IPPS Final Rule page on CMS.gov, as shown in the slides. This file includes hospitals subject to HRRP that have measure results for at least one measure in the program. Hospitals with a payment reduction percentage greater than zero percent are penalized in FY 2024. Hospitals with a payment reduction percentage equal to zero percent are not penalized in FY 2024.