



# Hospital Value-Based Purchasing (VBP) Program

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## Support Contractor

### Healthcare-Associated Infection (HAI) Measures Reminders and Updates

### Questions & Answers

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**Question 1:**      **If a SIR by NHSN is not calculated because the predicted is less than one, how does CMS calculate in VBP?**

The measure would not receive a score in the Hospital VBP Program. In the Safety Domain, CMS calculates the domain score by summing the measure scores and dividing by the total points possible for the measures receiving scores. If a hospital did not receive a measure score in one of the measures in FY 2018, the total points possible would be 60 instead of 70. The 60 points was calculated by 10 points possible for each measure, multiplied by 6 measures. The process of dividing the sum of the measure scores by the total points possible is called normalization in the Hospital VBP Program.

**Question 2:**      **In Hospital VBP, FY 19 and 20 will use the NHSN CY15 new baseline information, correct?**

Correct. The Hospital VBP Program will use the new baseline (CY 2015) in FY 2019 and subsequent fiscal years.

**Question 3:**      **So, we have NO pediatric wards, must we submit a Measure Exception form?**

Your hospital may submit a CLABSI or CAUTI measure exception form if your hospital does not have intensive care units (ICUs), adult and pediatric medical, surgical, and medical/surgical wards. If your hospital has at least one of those mapped locations, you would not need to submit the form.



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**Question 4:** Does the Modified Recalibrated PSI 90 still contain the PSIs related to infection?

The Recalibrated PSI 90 Composite includes the following ten PSIs:

- PSI 03 Pressure Ulcer Rate
- PSI 06 Iatrogenic Pneumothorax Rate
- PSI 08 In-Hospital Fall with Hip Fracture Rate
- PSI 09 Perioperative Hemorrhage or Hematoma Rate
- PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 Postoperative Respiratory Failure Rate
- PSI 12 Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate
- PSI 13 Postoperative Sepsis Rate
- PSI 14 Postoperative Wound Dehiscence Rate
- PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate

**Question 5:** In updates to HAI measures in FY 2018, it was noted that No Facilities Waiver for CLABSI and CAUTI measures was removed because of the Ward expansion. What exactly does this removal mean?

Starting in FY 2018, hospitals may only receive an exception for CLABSI and CAUTI by submitting a Measure Exception Form for HAI data submission that indicates not having any applicable ICUs, medical wards, surgical wards, or medical-surgical wards during the reporting period. CMS expects hospitals to submit a Measure Exception Form if they do not have applicable ICUs or wards. The form is located on the *QualityNet* [Healthcare-Associated Infections](#) web page. Navigate to the *QualityNet* home page at <https://www.qualitynet.org>. From the Hospitals – Inpatient drop-down menu, then select the **Healthcare-Associated Infections (HAI)** option.



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**Question 6:** Would a hospital submit the Hospital Exception form for SSI patients if they have less than 9 SSI a year? When would the hospital submit this form? AFTER the four quarters are submitted (to be sure of the SSI count?)

For IQR and the HAC Reduction Program, an SSI exemption applies to hospitals who performed a combined total of nine or fewer specified colon surgeries and abdominal hysterectomies in the calendar year prior to the reporting year. Hospitals must submit an HAI exception form quarterly or for the entire year prior to the reporting submission deadline for the specific quarter in which the HAI exception applies. For example, the 4Q 2017 deadline is May 15, 2018.

**Question 7:** If we have less than five cases per year that meet the specifications for the SSI measures, do we still enter our facility cases?

In terms of the Measure Exception form, which is the other option if you have low case counts for the SSI measures; only hospitals that perform nine or fewer of any of the specified colon and abdominal hysterectomy surgeries combined in the previous calendar year would be eligible to submit the Measure Exception form for SSI which would waive your requirement to submit it. You would not be penalized under the Hospital IQR Program or HAC Reduction Program for not having data in the following calendar year as long as you have submitted this Measure Exception form.

**Question 8:** Are CMS reports different from TAP reports? How?

Yes, TAP Reports are different from CMS Reports. CMS Reports will include SIRs for all locations that a facility is required to report to CMS.

TAP Reports will include an SIR for all locations in which NHSN can generate an SIR. It will also include the Cumulative Attributable Difference, or CAD, which is the metric employed by the TAP Strategy to help facilities with their prevention efforts.



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**Question 9:** Why are SIRs only calculated for C. diff and MRSA on a quarterly basis?

The reason why CDI data are only calculated on the quarterly basis is because of the CDI test type. That information is collected at the end of each quarter and that information goes into the risk adjustments for that information. It also calculates the quarterly prevalence rate for that corresponding quarter.

**Question 10:** Does the NHSN have a listing of the infection codes specifically looked for in regard to the SSI charts?

Please email CDC at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and our SSI SMEs will be happy to help.

**Question 11:** Do retrospective plans need to be completed in quarterly time frames or can one be completed outside of the most recent quarter?

We encourage people to complete their plans for the entire year so you can ensure that everything that should be required is in there. The plans should be reviewed. A final check should be done before your quarterly reporting deadline. However, they don't have to be entered quarterly. They really are a monthly record that could be completed up to a year in advance if needed, and reviewed whenever. If they are updated retrospectively, just keep in mind, that if the CMS deadline has already passed, it doesn't matter how you update your plan, it wouldn't affect what has already been sent or not sent to CMS.



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**Question 12:** We have two facilities under one CCN. Data are entered into two separate accounts or by facility into NHSN. How is that data combined? Does NHSN, the CDC or CMS complete this process?

At the CDC, we calculate the number of predicted at the most granular level first. Example, let's use CDI lab ID. We calculate the number predicted for the FacwideIn measure. We also calculate the total number of healthcare onset incident events. If there is more than one NHSN facility that shares a single CCN, we total the number predicted for that CCN across those various org IDs and the same for the number of events. Then we calculate the SIR.

So, the important point is that the risk adjustment is able to be applied at the most granular level possible and then rolled up to the CCN. It's one of the benefits of the standardized infection ratio (SIR). As an individual hospital, you can get a single SIR for a unit and roll it up to your whole facility level. Very similar when we roll it up by the CCN level and it's only the CNN level data that are shared with CMS.

**Question 13:** What if you downsize a unit, reducing the number of beds? Do we reflect that number anywhere in NHSN?

We do have a field on our Location Manager and it's called "Bed Size." We do encourage hospitals to update that number. If you need instructions on how to do that, you can email us and we'll provide directions for you to do that. The number of beds for a unit, is not used in the risk adjustment itself. It's merely something that can help us. We don't have any rules in place that cross-check that information, although we are running some checks here at CDC just to ensure that we're able to identify if hospitals are entering more patient days than we would anticipate.



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**Question 14:** **Just to verify, the hospital can be impacted for PSIs and HAIs in two programs, VBP and HAC Reduction?**

Yes, the Recalibrated PSI 90 composite and the Healthcare-Associated Infection measures (i.e., CLABSI, CAUTI, MRSA, CDI, and SSI) were in the HAC Reduction Program and the Hospital Value-Based Purchasing Program in FY 2018. In FY 2018, the Hospital VBP Program used the old version of the PSI 90 Composite, not the modified version used in the HAC Reduction Program. In FY 2019, the Hospital VBP Program is removing the PSI 90 Composite. CMS finalized their decision to re-introduce the modified version of the Recalibrated PSI 90 Composite in the Hospital VBP Program in FY 2023. Programs also use different methodology and different types of payment adjustments.

**Question 15:** **When will the NHSN Progress Report, that includes new baseline, be publicly available**

We are in the process of publishing that data. This is a labor-intensive process. There are over 200+ models that have gone into the rebaseline. However, we do have the SIR guide that is currently available on the NHSN website. This document highlights the CMS related models. Please see the link below to access this guidance document:

<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

**Question 16:** **Do any of these reports (HAC, VBP, etc.) draw off of claims data or are they all off of NHSN input?**

The Hospital VBP Program and HAC Reduction Program use the HAI measures submitted through NHSN. The Hospital VBP Program also uses measures calculated from claims, chart-abstracted data submitted by hospitals, and HCAHPS survey data. The HAC Reduction Program utilizes one measure calculated from claims in addition to the HAI measures.





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**Question 17:** Does CMS have future plans to require CAHs to report on HAIs?

Although CMS does not require Critical Access Hospitals (CAHs) to report HAI data into NSHN for the Hospital IQR Program, CMS encourages Critical Access Hospitals to submit for quality improvement and other initiatives that may use the data submitted and posted to Hospital Compare.

**Question 18:** I work in a Behavioral Health Facility and there are very few, if any, HAI. If we have an HAI, what is the time frame to submit the information to NHSN?

NHSN data for Acute Care CCN Hospitals is due quarterly each year (February, May, August, November). If you are submitting NHSN data for the Inpatient Psychiatric Quality Reporting Program, their data are submitted on an annual basis each Summer. Direct link for the Hospital IQR Program Important Dates and Deadlines: [http://www.qualityreportingcenter.com/wp-content/uploads/2017/08/IQR\\_ImpDatesDdlns\\_8.3.2017\\_vFINAL508.pdf](http://www.qualityreportingcenter.com/wp-content/uploads/2017/08/IQR_ImpDatesDdlns_8.3.2017_vFINAL508.pdf).

**Question 19:** If MRSA and C.diff are the only data that need to be entered in LabID events, is other MDROS reportable?

At this time, only MRSA and C.diff are required to be reported for the CMS IQR Program. Facilities may voluntarily report to NHSN LabID data for other MDROs, such as CRE.

**Question 20:** Under Clinical Care, are SSI, TKA and THA considered a complication?

Questions related to THA/TKA can be addressed by emailing the Complication Measure team: [cmscomplicationmeasures@yale.edu](mailto:cmscomplicationmeasures@yale.edu).

**Question 21:** Our Behavioral Health Unit is closed for renovation for the next 8 months. We will not have any influenza vaccination data for that area this season. Do we fill out an exception form?

Please submit your hospital specific question to the Question & Answer tool found on Qualitynet.org direct link: <https://cms-ip.custhelp.com/>.



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**Question 22:** Please talk about whether it is important to focus on SIRs when the P-value exceeds the 0.05 threshold.

P-values and 95% confidence intervals, provide statistical evidence as to whether the SIR is significantly different from the National baseline. However, facilities should also consider practical significance of the data; in other words, regardless of a P-value, are additional prevention efforts and improvements needed?

**Question 23:** Reports from *Quality Net* include the PSI patients that qualify. Why don't those reports actually include the patients submitted from NHSN so that we can validate?

Under the Hospital Inpatient Quality Reporting (IQR) Program, hospitals have 4.5 months from the end of the reporting quarter to submit, review, or correct their CDC NHSN HAI data. Hospitals are not allowed to review and request corrections to CDC NHSN HAI data during the HAC Reduction Program Review and Correction period. Therefore, the HAC Reduction Program Hospital Specific Reports do not include patient-level CDC NHSN HAI data. Hospitals can contact the NHSN help desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) if you have questions about your NHSN patient-level data.

**Question 24:** Regarding penalized questions, the years are overlapping for HAC. Does that mean hospitals are penalized twice if they are among those that have to pay a penalty?

You are correct that the HAC Reduction Program uses a rolling performance period so there is a one-year overlap in the performance periods for the CDC HAI measures and the PSI 90 Composite measure between the FY 2017 and FY 2018 program years. While a hospital's performance in the year of overlap, does affect their results for the program for both fiscal years, hospitals that received a penalty for being in the top (i.e., worst-performing) quartile for FY 2017, might not receive a penalty in FY 2018 and vice versa. This is due to the inclusion of data from the year that does not overlap, and the fact that the scoring methodology is based on ranking, and other hospitals' performances may have changed as well.



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**Question 25:** **Is there no way to request a review of data submitted to NHSN, but mapped incorrectly, so it was not submitted to CMS?**

Under the Hospital Inpatient Quality Reporting (IQR) Program, hospitals have 4.5 months from the end of the reporting quarter to submit, review, or correct their CDC NHSN HAI data. HAI data submitted to NHSN cannot be modified after the submission deadline for use in CMS programs. Immediately following the submission deadline, the CDC creates a file of the data for CMS to use in Quality Reporting and Pay-for-Performance Programs (i.e. the HAC Reduction Program). This effectively creates a snapshot of the data at the time of the submission deadline.

CMS understands hospitals have the capability to update data in the NHSN system after the deadline; however, CMS does not receive or use data that were entered in NHSN after the submission deadline. It is CMS' expectation that hospitals review and correct their data, including mapping of patient locations, prior to the IQR submission deadline.

If you have questions about mapping patient locations in NHSN please contact the NHSN help desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

**Question 26:** **Regarding alerts: Currently NHSN does not create an alert if something is wrong in-plan that should have gone to CMS. Is NHSN looking at the alert system to allow alerts to occur for any CMS reporting such as plan data incomplete, no events, etc. In other words, if a facility is lacking something in a plan, why are alerts not generated to ensure the facility has addressed all alerts? This prevents a possible human error that could occur. Recommend that NHSN have a CMS section so the hospital should be able to click one button versus entering 10 different locations; just the same as how locations are mapped in reports. Maybe having a missing plan alerts.**

Thank you for your feedback regarding the alerts and monthly reporting plans in NHSN.



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**Question 27:** Who typically sends the request to recalculate our scores. Does this mean that if any corrections were made and we do not request recalculation the original calculations remain?

In the event of a data error, CMS notifies hospitals, recalculates scores and typically provides a corrected Hospital Specific Report (HSR) to all hospitals. Hospitals are not required to request a recalculation in this situation.

If a hospital has concerns about the calculations on their HSR, CMS encourages you to follow the normal Review and Corrections process and contact the *QualityNet* Help Desk as soon as possible. For more information on the HAC Reduction Program Review and Corrections process, please visit *QualityNet* here: [HAC Reduction Program-Review and Corrections Process](#)