



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Fiscal Year 2018 Hospital VBP Program, HAC Reduction Program, and HRRP: *Hospital Compare* Data Update

Presentation Transcript

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Maria Gugliuzza: Thank you Matt, thank you everyone for joining today's presentation titled, Fiscal Year 2018 Hospital Value-Based Purchasing Program, Hospital Acquired Condition Reduction Program and Hospital Readmissions Reduction Program: *Hospital Compare* Data Update. I am Maria Gugliuzza, the Support Lead at the Hospital Inpatient Value Incentives and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation along with a question and answers will be posted to the inpatient web site, www.qualityreportingcenter.com and to the *QualityNet* site at a later date. If you registered for this event, a reminder email as well, as the slides, were sent out to you to your email about a few hours ago. If you did not receive that email, you can download the slides at our inpatient web site www.qualityreportingcenter.com. If you have a question as we move through the webinar, please type your question into the chat window and we will answer as many questions as we can at the end of the webinar. For the presenters to best answer your questions, we request that at the beginning of your question, please type the slide number into the chat window. Any questions that are not answered during the question and answer session, at the end of the webinar, will be posted to the qualityreportingcenter.com web site at a later date.

I would like to welcome today's speakers, Bethany Wheeler-Bunch is the Hospital VBP Program Lead at the Hospital Inpatient VIQR Outreach and Education Support Contractor. Angie Goubeaux is the HAC Reduction Program Lead at the Hospital Quality Reporting Support Contractor also known as HQRPS, and Kati Michael is the Hospital Readmissions Reduction Program Lead at HQRPS. Thank you for presenting today.

This event will provide an overview of the publicly reported data and information available for the CMS Inpatient Hospital Pay-for-Performance Programs including the Hospital Value-Based Purchasing Program, the Hospital-Acquired Condition Reduction Program, and the Hospital Readmissions Reductions Program.

At the conclusion of today's event, participants will be able to recall the location of the publicly reported data for the CMS Inpatient Hospital Pay-for-Performance Programs, identify publicly reported data from previous years, and obtain comma-separated value files (CSVs) of the publicly reported data.

Here is a list of commonly used acronyms that we will use throughout the presentation. Just as one last reminder for those that are just now joining, slides are available for download at www.qualityreportingcenter.com. Before I hand the presentation off to Bethany, I wanted to let you know

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that CMS anticipates the December *Hospital Compare* refresh will occur tomorrow, December 21. Our slides incorrectly state that the refresh will occur today, December 20.

I would now like to turn the webinar to our first speaker. We all hope you enjoy today's event. Bethany Wheeler-Bunch, the floor is yours.

**Bethany
Wheeler-Bunch:**

Thank you Maria. Hello, and welcome everyone. In today's presentation, I will be covering the Hospital Value-Based Purchasing Program, and then I will turn it over to Angie Goubeaux to cover the HAC Reduction Program and then Kati Michael for the Hospital Readmission Reduction Program. Specifically, for each of these programs, we will be covering what you can expect to see beginning today, December 20 on *Hospital Compare* for these three inpatient pay-for-performance programs with the refresh to the fiscal year 2018 data and results.

Before we cover *Hospital Compare* directly, I wanted to provide a short overview of the program measures, time periods and some of the differences between data that you may see in the hospital VBP Program Tables versus those that you may see on the main Compare pages or within the HAC Reduction Program. The Hospital Value-Based Purchasing Program is required by congress under Section 1886(o) of the Social Security Act. The Hospital Value-Based Purchasing Program was first adopted for the fiscal year 2013 year and CMS has used this program to adjust payments for every fiscal year subsequent. So, we are currently in the 6th year of this program. The Hospital Value-Based Purchasing Program was one of the first national inpatient pay-for-performance programs in which hospitals were paid for services based on the quality of care rather than the quantity of services provided. Like the second bullet point states, the Hospital VBP Program was built on the Hospital Inpatient Quality Reporting Program, also known as Hospital IQR, which is a pay-for-reporting program rather than a pay-for-performance program. The Hospital VBP Program strives to pay for care that rewards better value, improved patient outcomes, innovations and cost efficiencies over volume of services. The Hospital Value-Based Purchasing Program is an estimated budget neutral program that is funded through a percentage withheld from participating hospitals' DRG payments. Payment amounts will be redistributed based on the hospitals Total Performance Score and the Hospital Value-Based Purchasing Program in comparison to the distribution of all hospitals total performance scores and the total estimated DRG payments available to fund the program. It is important to note that withholds and incentives payments are not made in a lump sum but through each Medicare claim made to CMS in that fiscal year. The funding from the fiscal year 2018 program, which we are focusing on today, will come from a 2% withhold from participating hospitals' base-operating DRG payment amounts. If you would like more background or

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information on the Hospital VBP Program, I recommend checking out the Fiscal Year 2018 Percentage Payment Summary Report Overview Reporting in slides from July which are available in the VBP archived events section on Qualityreportingcenter.com.

In the fiscal year 2018 Hospital VBP Program, hospitals were evaluated based on four domains: Clinical Care, Patient and Caregiver Centered Experience of Care/Care Coordination, Safety, and the Efficiency and Cost Reduction domain. The Clinical Care domain consists of the three 30-day mortality measures for AMI; heart failure and pneumonia. The Patient and Caregiver Centered Experience of Care/Care Coordination domain is evaluated through the use of the HCAHPS survey. The Safety domain contains the ARC PSI 90 composite, the Healthcare-Associated Infection measures of CLABSI, CAUTI, SSI, MRSA and *C-difficile*, and also the PC-01 measure. The Efficiency and Cost Reduction domain contains the Medicare spending per beneficiary measure. Each domain was weighted at 25% of the total performance score in fiscal year 2018.

This slide contains the baseline and performance period dates used in the Hospital VBP Program. The Hospital VBP Program uses the baseline period in addition to the performance period in order to calculate improvement and achievement points for each measure, rewarding the higher in a comparison to the hospital as their measure score.

The fiscal year 2018 Hospital VBP Program was built on the framework of the Hospital IQR Program, as I mentioned earlier. However, you may notice slightly different results between the two programs and especially what you really see on the *Hospital Compare* pages. I've provided three examples on the slide specific to HCAHPS. First, the HCAHPS Survey and the Hospital VBP Program uses only the top-box responses in the rate calculations, whereas you see those results delineated in the Hospital IQR Program, as seen on those main compare pages on *Hospital Compare*. Second, the cleanliness and quietness questions are combined into one dimension in the Hospital VBP Program. And third, the pain management dimension was removed from the Hospital VBP Program beginning in fiscal year 2018. So, you will not see rates or scores pertaining to that measure or dimension in the Hospital VBP Program table, nor were they used to calculate the payment adjustments in fiscal year 2018. The 30-day Mortality measures are displayed as Survival Rates in the Hospital VBP Program instead of a Mortality Rate. So, higher rates equal better results in these measures in the Hospital VBP Program. Also, generally, the baseline and performance periods may be different than many measures publicly reported on the *Hospital Compare* web site in comparison to the Hospital IQR Program. So, I really want to make note that you should reference the performance and baseline periods of the Hospital VBP Program in the data that's reported on *Hospital Compare* so those comparisons are an apple to

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apple comparison or you're making sure that you're noting those differences in the time periods.

There are just a few differences also in the Safety Domain measures that I would like to point out. The PSI 90 composite used in the fiscal year 2018 Hospital VBP Program is the older version of the measure whereas the Hospital IQR Program and HAC Reduction Program used the new version in fiscal year 2018. Some of the differences in the measures include a change in the measure name, the number of underlined indicators, specification changes in PSI 08, 12 and 15 and the weighting of the indicators within the composite moved to a harm-based weighting in the new measure. If you have a question or would like to learn more about the changes in the measure, please take a look at the link provided on this slide. The other set of measures that you may see a variance in, is the CDC's HAI measures. This may be due to three reasons. First, CDC expanded the CLABSI and CAUTI measure locations to include select wards in addition to the already reported ICU locations in calendar year 2015. Selected ward locations are defined as adult or pediatric medical, surgical and medical/surgical wards. The Hospital VBP Program will not start using these expanded locations until the fiscal year 2019 program year. Second, the standard population, also known as CDC's baseline, used to calculate the predicted number of infections, was updated starting with calendar year 2015 data. Like the first change, this update will not be used in the Hospital VBP Program until fiscal year 2019. The last reason your data may not match NHSN would occur if someone at your hospital added, removed or modified data in NHSN after the quarterly submission deadline. Once the submission deadline has passed, CDC takes a snapshot of that data and sends it to CMS for use in the program such as the Hospital Value-Based Purchasing Program, the IQR Program or the HAC Reduction Program. Any changes made in NHSN after that snapshot would not be subsequently sent to CMS, although you can still see those changes in NHSN.

This slide is meant for clarification or a reminder that the data calculated for the Hospital VBP Program is not used in the Overall Hospital Star Ratings displayed on the *Hospital Compare* web site.

So now we are going to transition to where to find the hospital VBP Program publicly reported data on CMS.gov and *Hospital Compare*.

CMS posted the fiscal year 2018 payment adjustment factors in Table 16B on CMS.gov. Table 16B contains the actual payment adjustment factors by CMS Certification Number 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

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domains in order to receive a Total Performance Score, being subject to payment reductions under the Hospital IQR Program and being the hospital located in the state of Maryland, just to name a few examples. If your hospital is a subsection (d) hospital, you can check your Percentage Payment Summary Report available to run through the *QualityNet Secure Portal* to verify your eligibility status and see any exclusion reasons you may have assigned.

Once you are on the *Hospital Compare* main page, if you scroll down past the “Find a Hospital” screen, you will find a list of hyperlinks and options, as shown on the next slide.

The Hospital VBP Program data and scoring links for fiscal year 2018 will be located in the additional information, which is the far right tab on the screen. By clicking on the Hospital Value-Based Purchasing Program, the link will take you to the fiscal year 2018 Hospital VBP Program scoring pages. As a reminder, the data is being refreshed tomorrow, December 21.

When redirected to the Hospital VBP Program page, you will be given several options on the left navigation screen. These options are the domains of the Hospital VBP Program and the Total Performance Score. Each of these sets of data are broken down into their own table for better usability. CMS will report for each measure, the hospital's baseline period rates, the performance period rates, the benchmark achievement thresholds scores when applicable. In addition, CMS will report that measures improvement points, achievement points and measure score. In the total performance score table, the hospitals' unweighted domain scores, weighted domain scores and Total Performance Score will be displayed. Only eligible hospitals, meaning those that receive the Total Performance Score and were not excluded for any reason, will be reported on the hospital VBP Program tables. As you can see the bottom bullet point and option on the navigation page is for payment adjustments. We will discuss that in a few slides.

Once you select one of the left-hand navigation options, you will be redirected to an embedded table on the web page. You can download that table directly from the web page by clicking on the menu button on the table and then selecting download from that option list that appears. You can choose to download data in the different formats listed on the slide. Later on, in the presentation, we will discuss another option to download all of the data from *Hospital Compare* for specific release instead of just downloading one specific table or one table at a time.

Also, being refreshed today is the payment adjustment information from fiscal year 2015 to fiscal year 2016. This data is based on a different payment year than the scoring that we had just covered for fiscal year

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2018. CMS reports the payment adjustment information in an aggregated form for the net change in base-operating DRG payment amounts, distribution of net change and base-operating DRG payments amounts, and the percent change in base-operating DRG payment amounts. In addition, there's also range fields for the value-based incentive payment amounts. This data once again, is reported at an aggregate level and will not be broken down by CCN. If you are looking for your payment adjustment level or payment adjustments at the CCN level, we really recommend you going out to CMS.gov and looking at Table 16B or going out to the *QualityNet Secure Portal* and downloading your fiscal year 2018 Percentage Payment Summary Report to view that information.

On this slide, I listed some resources available to help understand the data. The first link is to the homepage of *Hospital Compare* that we discussed earlier. If you have any questions regarding the *Hospital Compare* web site, a great starting point is to contact the *Hospital Compare* email box listed on this slide. For general information on the Hospital VBP Program, I would recommend referencing the third link on this slide which will direct you to the *QualityNet* web site. And finally, for specific questions regarding the Hospital VBP Program, you may use the Hospital Inpatient Q&A tool which is the last link listed on this slide or call 844-472-4477 to speak to a member on our team. Now I would like to hand off the webinar to Angie Goubeaux to present on the HAC Reduction Program. Before I do, I just want to remind everyone again, when submitting your questions to list the slide number you are referencing in the chat window. Also, if you would like a copy of the slide deck, you may download the slides from the *Qualityreportingcenter.com* web site. Thank you again. Angie, the floor is now yours.

Angie Goubeaux: Thanks Bethany. Hi, I'm Angie Goubeaux. I'm a Program Lead for the HAC Reduction Program under the Hospital Quality Reporting Program Support Contract for CMS.

The HAC Reduction Program is a CMS Medicare Pay-for-Performance Program set forth under Section 1886 of the Social Security Act. CMS adjusts payments for hospitals that rank in the worst performing 25% of all subsection (d) hospitals based on key quality measures. Payment adjustments started with fiscal year 2015 discharges beginning on October 1, 2014. Hospitals subject to a payment adjustment will have payments reduced by 1%. The Social Security Act ensures that an eligible hospital has the opportunity to review and submit corrections for the HAC related data before public reporting. And please note, that the 30-day review and corrections period does not allow hospitals to make changes to underlying claims data or NHSN chart abstracted data. Starting this year, CMS will no longer post the payment penalty file for the HAC Reduction Program

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on the CMS.gov web site. This same information will appear on the *Hospital Compare* web site.

The information for the fiscal year '18 HAC Reduction Program that CMS will update on the *Hospital Compare* web site includes:

- The modified recalibrated PSI 90 composite measure score,
- The CDC NHSN measure scores including:
 - CLABSI
 - CAUTI
 - SSI
 - MRSA Bacteremia and
 - CDI
- Domain 1 and Domain 2 scores
- Total HAC Score and
- A Payment Reduction Indicator which tells if a hospital is subject to a payment reduction

The calculations for the fiscal year '18 HAC Reduction Program are based on the following performance periods. The measures are included in two domains. Domain 1, which includes the modified recalibrated PSI 90 composite is calculated using hospitals Medicare fee-for-service claims data from July 1, 2014 through September 30, 2015. This is a shortened 15-month performance period using only ICD-9 data. Domain 2 which includes the CLABSI, CAUTI, SSI, MRSA Bacteremia and CDI measures are calculated from hospitals chart-abstracted surveillance data from January 1, 2015 through December 31, 2016. Domain 1 is weighted at 15% of the total HAC score and Domain 2 is weighted at 85%.

This is just a reminder that HAC Reduction Program results are not used in the calculation of the overall hospital rating results.

This slide shows where you can find the link to the HAC Reduction Program information on the *Hospital Compare* homepage under additional information.

After you click the link to the HAC Reduction Program page, you'll see the embedded dataset and from here you can click on the menu and download the data.

Once you click on download, you can download the data in various formats like a CSV file and Excel.

This is a list of additional resources for more information about the HAC Reduction Program. I'd like to point out our email address for program related questions which is HACRP@lantanagroup located at the bottom or you can submit questions via the Question and Answer Tool on the

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QualityNet web site. And now I will pass it to Kati to discuss HRRP. Thank you.

Kati Michael:

Thank you Angie. I am Kati Michael, Program Lead for the Hospital Readmissions Reduction Program under the HQRPS contract for CMS.

I would like to start by giving a little background information for the program. Section 3025 of the Affordable Care Act added a new section, 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program or HRRP. Payment adjustments under HRRP began with discharges on October 1, 2012.

HRRP supports CMS' continued efforts to link payment to the quality of hospital care provided to patients. There is a strong financial incentive for hospitals to improve communication and care coordination efforts and to better engage patients and caregivers with respect to post-discharge planning.

For fiscal year 2018, it included the following readmission measures; acute myocardial infarction, heart disease, pneumonia, elective primary total hip and/or total knee arthroplasty and coronary artery bypass graft surgery. The reporting period for these measures covered July 1, 2013 through June 30, 2016 discharges. The reporting period included both ICD-9 and ICD-10 coding and each condition is based on a specific list of codes as defined within the measure specifications.

CMS reports six HRRP readmission measures on *Hospital Compare* for applicable hospitals with at least 25 eligible discharges. The data displayed on *Hospital Compare* contains the number of eligible discharges, number of readmissions (if the hospital has 11 or more), predicted readmissions, (also known as the adjusted actual readmissions), expected readmissions and the hospital's excess readmission ratio. The measure results for fiscal year 2018 HRRP are anticipated to be updated on *Hospital Compare* on December 21, 2017.

In October 2012, CMS began reducing Medicare payments for Inpatient Prospective Payment System, or IPPS hospitals, with excess readmissions. Excess readmissions are measured by a ratio dividing a hospital's number of predicted 30-day readmissions for each measure by the number that would be expected based on an average hospital with similar patients. A ratio greater than one indicates excess readmissions. CMS uses Medicare administrative data including Medicare enrollment database and Medicare Part A and Part B claims data to calculate the excess readmission ratios. The Medicare claims are final action claims and were processed as of September 30, 2016. If a hospital has an excess readmission ratio greater than one for any measure, meaning the hospital performed worse than the

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average hospital with a similar case mix, then the hospital's excess readmission ratio for that measure will enter the payment adjustment formula. If a hospital's excess readmission ratio for a measure is less than or equal to one, then the excess readmission ratio for that measure is not included in the payment adjustment formula. Measures enter the payment adjustment formula additively and calculating a hospital's readjustment factor so each additional measure with an excess readmission ratio greater than one, increases the amount of the payment adjustment up to a maximum of 3%. The payment adjustment applies to all Medicare discharges.

The fiscal year 2018 payment methodology does not include implementation of the 21st Century Cures Act Statute, nor the finalized policy provision to assess performance relative to other hospitals with a similar proportion of dual eligible patients. This new methodology will be implemented with fiscal year 2019 payment determination.

Hospitals can calculate their payment adjustment percentage based on the payment adjustment factor. The payment adjustment factors for all hospitals is posted each year with the IPPS final rule in August. It is not included in a hospital's HSR. Users can download a supplemental data file to find the payment adjustment factor for their hospital on the CMS final rule web site.

Although the Hospital Readmissions Reduction Program and the Hospital IQR Program use the same measures and discharge time period in a given reporting cycle, they use different sets of hospitals. HRRP includes subsection (d) hospitals as well as hospitals in Maryland participating in the all payer model. By contrast, Hospital IQR Program measure results are calculated using a more expansive group of hospitals, including critical access, cancer and hospitals located in the U.S. territories, which are not subsection (d) hospitals. Most hospitals will have similar results or possibly a lower number of readmissions in the Hospital Readmissions Reduction Program compared to their results in the Hospital IQR Program. However, some hospitals may have a slightly higher number of readmissions due to the difference in the applicable hospitals described above. Under very specific circumstances, HRRP applicable hospitals may be assigned index admissions that were not assigned in the Hospital IQR Program, therefore, some HRRP hospitals may see a small increase in the number of eligible admissions, readmissions, and/or their unadjusted readmission rate as presented in the hospital readmissions reduction program. Maryland hospitals have been waived from the fiscal year 2018 hospital readmissions reduction program and will not receive payment adjustments under the program. However, Maryland hospitals are included in the fiscal year 2018 calculations of readmission measure results and their results will be publicly reported on *Hospital Compare*.

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The HRRP data can be located at the following link under the additional information section and click on Hospital Readmissions Reduction Program.

To download the data on data.medicare.gov, users can click on the link in the header of the table or by selecting the menu option and clicking on download as seen here.

As previously stated before, there are multiple format options to download data.

For further information on Hospital Readmissions Reduction Program and *Hospital Compare*, we have provided a list of additional resources.

Thank you and now I would like to pass the floor back to Bethany.

**Bethany
Wheeler-Bunch:**

Thank you Kati. I will now cover how to download the entire *Hospital Compare* dataset instead of just one table at a time.

To download that data, there are two different routes that you can use. The first is going to the data.medicare.gov web site using the URL listed at the top of this slide. Once you are on this website, you will see nine options of data that you can access that are displayed on this slide. To access the *Hospital Compare* in the pay-for-performance data that we have covered today, you would select the *Hospital Compare* data option. Once you have selected the *Hospital Compare* data options you will be taken to a list of various tables available to download. Just above that list of tables you will see the options available to you that are displayed on the right-hand side of this slide; “Download CSV Flat Files (Revised) Now” and “Get Archived Data.” When selecting the “CSV Flat File,” you will download a zip file containing the tables in multiple CSV files. To get previous releases and years of data, you can select the “Get Archived Data” which will redirect you to a page listing the databases available for download all of the way back to 2005.

Another way to find archived data is available from the home screen of *Hospital Compare* by selecting “Resources” at the top option panel.

Once redirected to the “Resources” page, you would select [Download the data] and select [Get Archived *Hospital Compare* data].

This is the page available that lists the archived data that is available. As there are many different releases, we advise you to reference the measures’ dates file in each of the databases to confirm what data you are reviewing. I would now like to turn the presentation back over to Maria to

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begin the question and answer portion of the webinar. Thank you very much.

Maria Gugliuzza: Thank you Bethany. We received several questions and let's see, first question, this question is for HACRP. What software version was used for PSI 90 for HACRP?

Angie Goubeaux: The HAC Reduction Program used recalibrated version 6.0.2 of the CMS PSI software for fiscal year 2018.

Maria Gugliuzza: Thank you. Next question. HRRP. How does CMS adjust payments under the Hospital Readmission Reduction Program?

Kati Michael: CMS applies the adjustment factor to all discharges in the applicable fiscal year regardless of the condition. So, for fiscal year 2018, the payment adjustment will apply to payments for patients starting on or after October 1, 2017 through September 30, 2018.

Maria Gugliuzza: Thank you. Another question for HRRP. Which claims do the payment adjustment apply to?

Kati Michael: The payment adjustment applies to all inpatient Medicare fee-for-service claims submitted by the hospital to CMS for the applicable fiscal year. This includes patients admitted for any condition not just those under the program.

Maria Gugliuzza: Thank you. The next question is for the HVBP Program. Are children's hospitals and critical access hospitals exempt from the VBP Program?

Bethany

Wheeler-Bunch: Good question. Yes, only short-term acute care hospitals are included in the hospitals VBP Program. Children's hospitals and critical access hospitals are excluded. Just a quick reference check that you can do if your CMS Certification Number has a third digit that is not zero, if it's a one, for example, if you are a critical access hospital or a three for a children's hospital, for example, you are excluded from the hospital VBP Program.

Maria Gugliuzza: Thank you. Bethany, another question for you. How is the value-based incentive actually paid back to the hospital?

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Bethany

Wheeler-Bunch: The payment adjustment factor that you can find on either your hospital Percentage Payment Summary Report or in Table 16B that we covered today, is multiplied against the diagnosis related group, or DRG payment amount. The payments are made on a fiscal year basis so the information that we just provided today relates to fiscal year 2018 which begins on October 1, 2017 and runs through September 30, 2018. If you're looking for more specific information, we recommend contacting your MAC.

Maria Gugliuzza: Thank you Bethany. Angie, the next question is for you. Does the HAC Reduction Program include critical access hospitals?

Angie Goubeaux: No. Similar to HVBP, the HAC Reduction Program only includes subsection (d) hospitals, so critical access hospitals are excluded.

Maria Gugliuzza: Thank you Angie, another question for you. How can I tell if my hospital is subject to penalty?

Angie Goubeaux: The payment reduction indicator column on *Hospital Compare* as well as in your HSR, will say "yes" if your hospital is subject to a 1% payment reduction for the HAC Reduction Program.

Maria Gugliuzza: Thank you. Kati, the next question is for you. For the HRRP Program, what is the report name that we can use to validate our readmissions and what is the process to refute a readmission on the preliminary list?

Kati Michael: We would ask that you send questions regarding the Hospital Specific Report, the HSR, and the review and corrections process to the *QualityNet* help desk at QNetsupport@HCQIS.org.

Maria Gugliuzza: Thank you. Bethany, the next question is for you. When were the Hospital VBP Program reports released and where can I find them?

Bethany

Wheeler-Bunch: Also, a great question. The fiscal year 2018 Hospital VBP Program Percentage Payment Summary Reports were made available through the *QualityNet Secure Portal* on July 27. They are still available to run in the *QualityNet Secure Portal* today.

Maria Gugliuzza: Wonderful, Angie next question for you. When did you say the FY2018 data will be available on *Hospital Compare*?

Angie Goubeaux: CMS anticipates the updated data will go live tomorrow, December 21, on the *Hospital Compare* web site.

Maria Gugliuzza: Great. Kati, next question for you. Can my hospital suppress public reporting of Hospital Readmission Reduction Program data?

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- Kati Michael:** No, applicable hospitals for HRRP may not suppress their results on *Hospital Compare*. CMS waived Maryland hospitals from fiscal year 2018, Hospital Readmissions Reduction Program, they will not receive a payment adjustment under the program but they will include the calculations of the readmission measure results and those results will appear on *Hospital Compare*.
- Maria Gugliuzza:** Excellent, thank you. It looks like we have time for one more question. Bethany, will you take the last question? Will the PSI 90 composite be removed from the FY2019 Hospital VBP Program?
- Bethany Wheeler-Bunch:** Sure, so CMS finalized its proposal to remove the old version of the PSI 90 composite from the Hospital VBP Program effective for fiscal year 2019 in the fiscal year 2018 IPPS final rule that was published this past August. CMS also finalized its proposal to add the new version of the PSI 90 composite to the Hospital VBP Program in fiscal year 2023. For the fiscal year 2023 Hospital VBP Program, the baseline period for PSI 90 will be October 1, 2015 through June 30, 2017. And that performance period will be July 1, 2019 through June 30 of 2021. If you would like more information regarding CMS' finalization resulting in the fiscal year 2018 IPPS final rule, there is a webinar available, out on the archived resources on qualityreportingcenter.com, that CMS presented their finalized proposals for the fiscal year 2018 IPPS final rule.
- Maria Gugliuzza:** Thank you Bethany. And that is all the time we have today for questions. I would like to thank everyone for joining today's webinar. Deb Price the floor is now yours to present on the continuing education credit.
- Deb Price:** Well thank you very much. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider and as such, all nurses report their own credits to their boards using the national provider number 16578. It is your responsibility to submit this number to your own accrediting body for your credits.
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one that you did in ReadyTalk. Please use your personal email for this separate registration so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with, the Learning Management Center, that means you have a firewall up that's blocking the link into your computer. Please go back to the new user link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your new user link, just wait 48 hours because remember, you're going to be getting another link and another survey sent to you within 48 hours.

Okay, this is what the survey will look like. It will pop up at the end of the event and will be sent to all attendees within 48 hours. Click "Done" at the bottom of the page when you are finished.

This is what pops up after you click "Done" on the survey. If you have already attended our webinar and received CE's, click "Existing User." However, if this is your first webinar for credit, click "New User."

This is what the New User screen looks like. Please register a personal email like Yahoo or Gmail or AT&T since these accounts are typically not blocked by hospital firewalls. Remember your password however, since you will be using it for all of our events. You notice you have a First Name, a Last Name and the Personal Email and we're asking for a phone number in case we have some kind of backside issues that we need to get in contact with you.

This is what the Existing User slide looks like. Use your complete email address as your User ID and of course the password that you registered with. Again, the User ID is the complete email address including what is after the "@" sign.

Thank you for taking the time spent with me.