



# **Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program FY 2023 Provider Data Catalog Refresh**

**Hosted by:  
Inpatient VIQR Outreach and Education Support Contractor**

**February 16, 2023**

# Speakers

## **Maria Gugliuzza, MBA**

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

## **Renee Mc Kain, MPA**

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

## **Kristanna Peris, MPH**

Program Lead, Hospital Readmissions Reduction Program. DPS Contractor

## **Moderator**

### **Brandi Bryant**

Business Analyst, Hospital VBP Program  
Inpatient VIQR Outreach and Education Support Center

# 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 Hospital Readmissions Reduction Program.

# Objectives

Participants will be able to:

- Locate publicly reported data in the Provider Data Catalog .
- Recall the changes to the programs from the last fiscal year.
- 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 & 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 & 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	LTCH	long-term care hospital
CABG	coronary artery bypass graft	MORT	mortality
CAUTI	catheter-associated urinary tract infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CDI	<i>Clostridium difficile</i> infection	MSPB	Medicare Spending per Beneficiary
CLABSI	central line-associated bloodstream infection	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	NML	no mapped locations
COMP	complication	NQF	National Quality Forum
COPD	chronic obstructive pulmonary disease	PAF	payment adjustment factor
CSV	Comma Separated Value	PHE	public health emergency
CY	calendar year	PN	pneumonia
DRG	Diagnosis-Related Group	PPS	prospective payment system
ECE	Extraordinary Circumstances Exception	PSI	Patient Safety Indicator
ERR	Excess Readmission Ratio	Q	quarter
FR	<i>Federal Register</i>	RSCR	Risk-Standardized Complication Rate
FY	fiscal year	RSMR	Risk-Standardized Mortality Rate
HAC	Hospital-Acquired Condition	SIR	standardized infection ratio
HAI	healthcare-associated infection	SSI	surgical site infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	THA/TKA	total hip arthroplasty/total knee arthroplasty
HF	heart failure	TPS	Total Payment Score
IPPS	Inpatient Prospective Payment System	VBP	value-based purchasing

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

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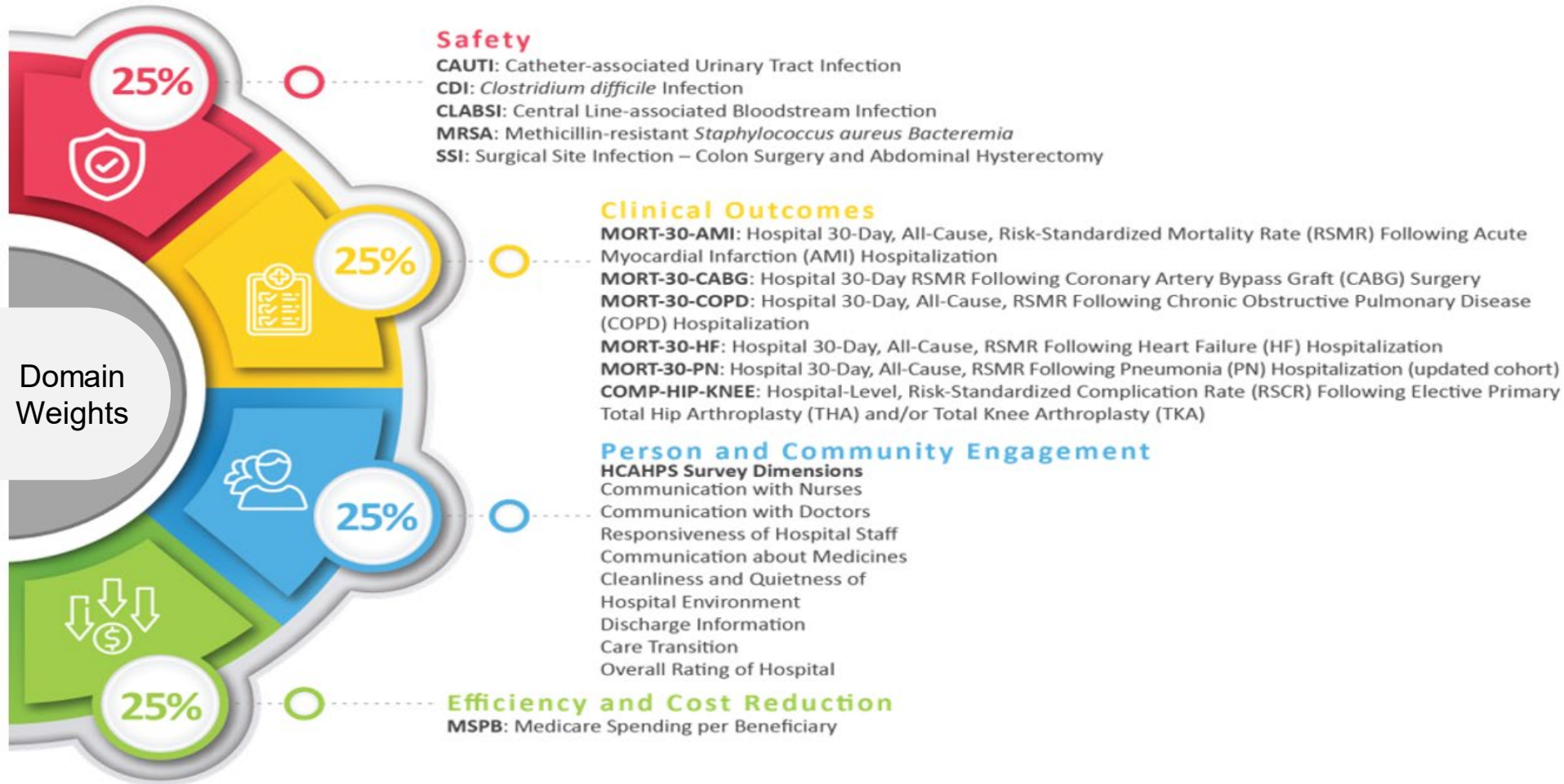
## **Hospital VBP Program**

# 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) 2023, no hospital will have a TPS calculated, and no hospital will have payments adjusted due to the COVID-19 Public Health Emergency (PHE), per the FY 2023 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule.
  - CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.



# FY 2023 Domains and Measures



# FY 2023 Baseline and Performance Periods

Domain	Measure	Baseline Period	Performance Period
 <b>Clinical Outcomes</b>	Mortality Measures** (AMI, COPD, HF, CABG, PN)	July 1, 2013– June 30, 2016	July 1, 2018– June 30, 2021*
	Complication Measure	April 1, 2013– March 31, 2016	April 1, 2018– March 31, 2021*
 <b>Person and Community Engagement</b>	HCAHPS Survey	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021*
 <b>Safety</b>	Healthcare-Associated Infection (HAI) Measures	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021*
 <b>Efficiency and Cost Reduction</b>	MSPB	January 1, 2019– December 31, 2019	January 1, 2021– December 31, 2021*

\*The March 22, 2020, CMS Extraordinary Circumstances Exception (ECE) impacts these performance periods. A March 27, 2020, [CMS article](#) explains the impact. A [March 27, 2020, CMS memorandum](#) outlines the scope. The August 25, 2020, COVID-19 Interim Final Rule with Comment Period (85 FR 54820) also provides information. \*\* We are pausing the MORT-30-PN measure for the FY 2023 Program Year.

# Program Changes for FY 2023

Due to the continued COVID-19 PHE, CMS finalized these changes:

- Paused measures for FY 2023:
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - MORT-30-PN (Finalized in FY 2022 IPPS/LTCH PPS final rule (86 FR 45274–45276).
  - Five HAI measures
- Revised FY 2023 scoring and payment methodology:
  - Hospitals will not receive TPSs.
  - CMS will award each hospital a payment incentive multiplier that results in value-based incentive payment that is equal to the amount withheld for the fiscal year (2%).
- Made technical updates for measures beginning in FY 2023:
  - CMS modified the Clinical Outcomes domain measures to add a covariate that adjusts the measure outcome for a history of COVID-19 diagnosis in the 12 months prior to the admission.

# Publicly Reported Data

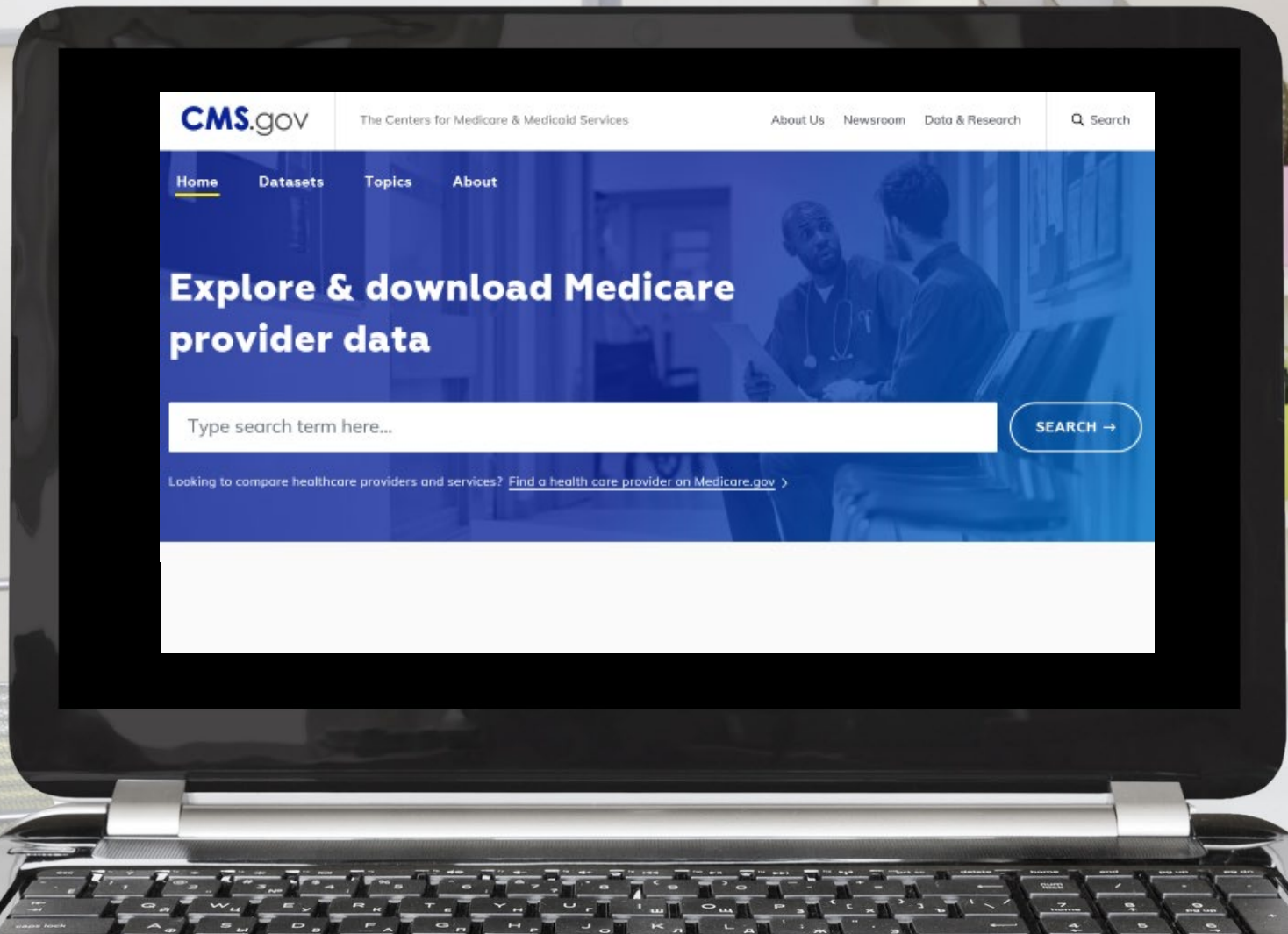
- On January 25, 2023, CMS updated the data on the Provider Data Catalog to include the following:
  - FY 2023 Hospital VBP Program data and scoring information
    - Measure/Dimension scores are only for the measures that CMS has not paused.
    - Domain scores are only for Clinical and Efficiency and Cost Reduction domains.
  - Actual FY 2021 Hospital VBP Program aggregate payment adjustments

# Navigating to the Provider Data Catalog

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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

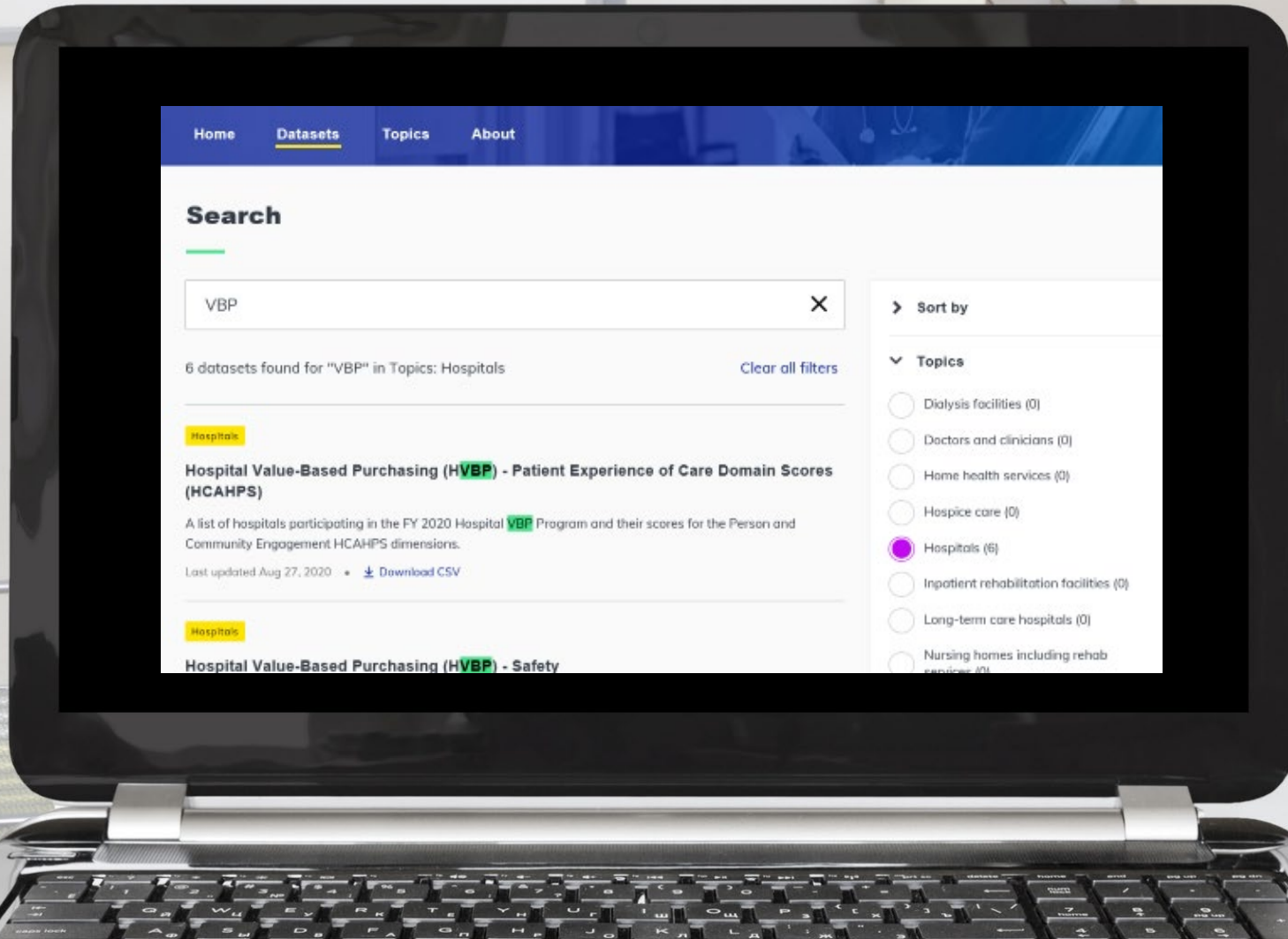


Nursing homes including rehab



Physician office visit costs

# Keyword Search: VBP





# Provider Data Catalog

## Hospital VBP Program Datasets

HVBP hospital-level datasets:

- Clinical Outcomes Scores
- Person and Community Engagement Scores (HCAHPS)
- Safety Scores
- Efficiency Scores
- Total Performance Score
  - Unweighted Normalized Clinical Outcomes Domain Score
  - Weighted Normalized Clinical Outcomes Domain Score
  - Unweighted Person and Community Engagement Domain Score
  - Weighted Person and Community Engagement Domain Score
  - Unweighted Normalized Safety Domain Score
  - Weighted Safety Domain Score
  - Unweighted Normalized Efficiency and Cost Reduction Domain Score
  - Weighted Efficiency and Cost Reduction Domain Score
  - Total Performance Score (FY 2023 Total Performance Scores display as “NA.”)

# FY 2021 Aggregate Payment Adjustments

- FY 2021 payment adjustment tables include the following:
  - Net change in base-operating Diagnosis-Related Group (DRG) payment amount
  - Distribution of net change in base-operating DRG payment amount
  - Percent change in base-operating DRG payment amount
  - Value-based incentive payment amount
- Data are in an aggregate form, not at an individual CMS Certification Number level.

# FY 2021 Aggregate Payment Adjustment Tables

Aggregate Payment Adjustment datasets available in the Provider Data Catalog for the Hospital VBP Program:

- Table 1: FY 2021 Net Change in Base Operating DRG Payment Amount
- Table 2: FY 2021 Distribution of Net Change in Base Operating DRG Payment Amount
- Table 3: FY 2021 Percent Change in Medicare Payments
- Table 4: FY 2021 Value-Based Incentive Payment Amount

# Hospital VBP Program Resources

## Provider Data Catalog

- Website: <https://data.cms.gov/provider-data/topics/hospitals>
- Quality Question & Answer (Q&A) Tool:  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](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

- Quality Q&A Tool: [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](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/>

Renee Mc Kain, MPA, Program Lead  
HAC Reduction Program DPS Contractor

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## **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 2023

- CMS did not calculate the CMS Patient Safety and Adverse Events Composite (PSI 90) measure, Winsorized z-scores, or the Total HAC Score for any hospital for the FY 2023 program year, as finalized in the FY 2023 IPPS/LTCH PPS final rule (87 FR 49121–49130). No hospital is ranked in the worst-performing quartile or subject to the 1-percent payment reduction.
  - CMS still collected data and publicly reported hospital HAI and CMS PSI 90 measure results on the Care Compare website to provide transparency to the public on infection and patient safety metrics during the PHE.\*
- Starting with the FY 2023 HAC Reduction Program year, CMS will publicly report measure results for the measures included in the HAC Reduction Program as part of the HAC Reduction Program data set.

\*The publicly reported version of the component PSI measures and CMS PSI 90 measure on the Care Compare website differ in reference population, data, and code provisions to the version typically used in the HAC Reduction Program.

# Program Changes for FY 2023

## (continued)

- CMS updated the program's definition of a new hospital for the HAI measures.
  - CMS will not provide HAI measure results for a hospital if the hospital's Medicare Accept Date is within the last 12 months of the end of the applicable HAI performance period (a Medicare Accept Date on or after January 1, 2021, for the FY 2023 program year).
- The no mapped location (NML) designation will no longer apply. Hospitals will be required to submit data to the National Healthcare Safety Network (NHSN). If hospitals do not have the applicable wards for the CLABSI and CAUTI measures, hospitals must submit an IPPS Measure Exception Form to be exempt from HAI reporting requirements.



# Program Changes for FY 2023

## (continued)

- CMS shortened performance periods by excluding all calendar year (CY) 2020 data from HAC Reduction Program scoring calculations in response to the COVID-19 PHE.
- While CMS publicly reported CMS PSI 90 results on the Care Compare website, the CMS PSI 90 measure was not included in the FY 2023 HAC Reduction Program. Therefore, there is no performance period for CMS PSI 90 for the FY 2023 program year.

	CY 2019		CY 2020				CY 2021				CY 2022			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FY 2023 Performance Periods	CMS PSI 90 not calculated										No measure scores or Total HAC Scores calculated for FY 2023			
	HAI Measures 1/1/20 – 12/31/20					HAI Measures 1/1/21 – 12/31/21								

Red indicates data during this period were not used for measure calculations.

# FY 2023 Measures and Performance Periods

Measure	Data Source	FY 2023 Performance Period
CMS Patient Safety and Adverse Events Composite (PSI 90)	Claims	N/A <sup>1,2</sup>
Central Line-Associated Bloodstream Infection (CLABSI)	Chart-abstracted	January 1, 2021–December 31, 2021 <sup>2</sup>
Catheter-Associated Urinary Tract Infection (CAUTI)	Chart-abstracted	January 1, 2021–December 31, 2021 <sup>2</sup>
Surgical Site Infection (SSI)	Chart-abstracted	January 1, 2021–December 31, 2021 <sup>2</sup>
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia	Chart-abstracted	January 1, 2021–December 31, 2021 <sup>2</sup>
<i>Clostridium difficile</i> infection (CDI)	Chart-abstracted	January 1, 2021–December 31, 2021 <sup>2</sup>

<sup>1</sup> CMS is not calculating the CMS PSI 90 measure for any hospital in the FY 2023 HAC Reduction Program.

<sup>2</sup> CMS is automatically excluding all HAI and claims data representing CY 2020 data from future program calculations.

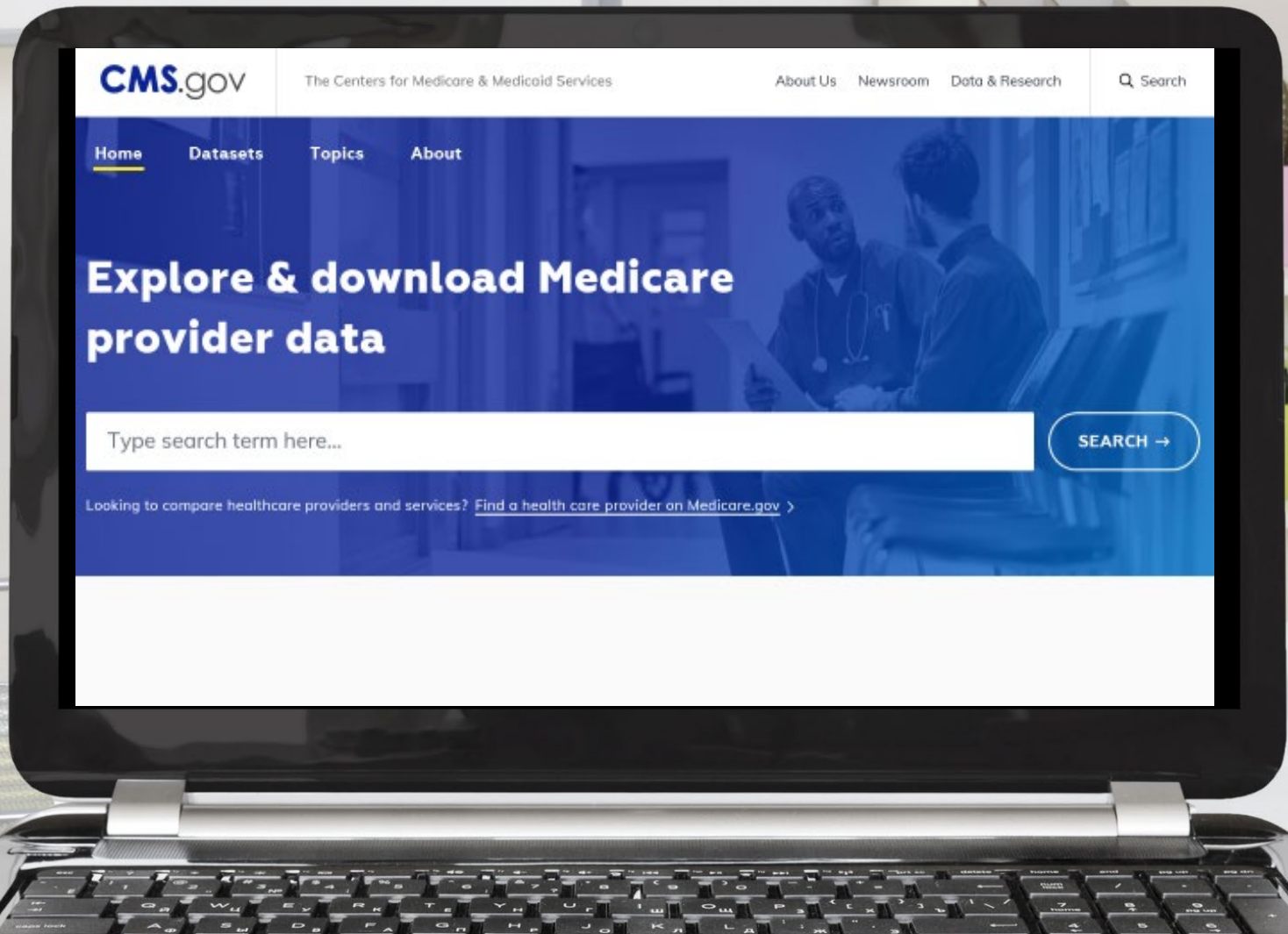
# Provider Data Catalog

## January 2023 Release

- In January 2023, CMS updated the data on the Provider Data Catalog website to include FY 2023 HAC Reduction Program information.
- The following FY 2023 HAC Reduction Program information will be displayed as follows:

HAC Reduction Program Information	FY 2023 Data Set Display
CMS PSI 90 measure result	N/A
HAI measure result	A hospital's Standardized Infection Ratio (SIR) for each HAI measure
CMS PSI 90 measure score (Winsorized z-score)	N/A
HAI measure score (Winsorized z-score)	N/A
Total HAC Score	0.0000
Payment reduction indicator	N/A

# 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 image shows a laptop screen displaying a search results page. The search term is "hac reduction program". The results show one dataset found under the topic "Hospitals". The dataset is titled "Hospital-Acquired Condition (HAC) Reduction Program" and includes a brief description of the program and its start date in October 2014. The page also features a sidebar with a "Sort by" section and a "Topics" section where "Hospitals" is selected.

**Search**

**H** Hospitals datasets [Download filtered results](#)  
1 dataset • ZIP • 101 KB

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

hac reduction program

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

**Hospitals**

**Hospital-Acquired Condition (HAC) Reduction Program**

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...

Last updated: Oct 5, 2022 • Released: Oct 26, 2022 • [Download CSV](#)

1-1 of 1 datasets

**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)

# HAC Reduction Program Resources

- **HAC Reduction Program Methodology and General Information**
  - CMS.gov website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program>
  - QualityNet website: <https://qualitynet.cms.gov/inpatient/hac>
- **HAC Reduction Program General Inquiries**
  - [Quality Question & 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/topics/hospitals>
    - [HAC Reduction Program dataset](#)
  - Inquiries: [Quality Question & Answer Tool](#) - Navigate to the Ask a Question tab and select Hospital Care Compare Site Support under the Program list.

Kristanna Peris, MPH, Program Lead  
Hospital Readmissions Reduction Program, DPS Contractor

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## **Hospital Readmissions Reduction Program**



# Program Overview

- The Hospital Readmissions Reduction Program is a Medicare value-based purchasing program established under Section 1886(q) of the Social Security Act.
- All subsection (d) hospitals, excluding hospitals in Maryland, are subject to the Hospital Readmissions Reduction Program.
- In FY 2023, the maximum payment reduction is 3 percent.
- The 21st Century Cures Act requires CMS to assess a hospital's performance relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full Medicaid benefits.
- CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

# Program Changes for FY 2023

- Like FY 2022, CMS shortened the FY 2023 performance period from 36 months to 29 months due to the national Extraordinary Circumstances Exception (ECE) granted in response to the COVID-19 PHE.
  - The FY 2023 performance period is July 1, 2018, to December 1, 2019, and July 1, 2020, to June 30, 2021.
- CMS paused use of the pneumonia readmission measure in the FY 2023 program payment reduction calculations due to COVID-19's substantial impact on the measure.
  - CMS is still publicly reporting hospitals' pneumonia readmission measure results in the dataset on the Provider Data Catalog website to provide transparency to the public on readmission metrics during the PHE.
- CMS updated the specifications for the readmission measures to:
  - 1) Exclude Medicare beneficiaries with a principal or secondary diagnosis of COVID-19 from the measure cohort and outcome.
  - 2) Risk-adjust for patients with a history of principal or secondary diagnosis of COVID-19 in the 12 months prior to the index admission.

# FY 2023 Measures and Performance Periods

Claims-Based Readmission Measure	National Quality Forum (NQF) Number	FY 2023 Performance Period
Acute myocardial infarction (AMI)	NQF #0505	July 1, 2018–December 1, 2019, and July 1, 2020–June 30, 2021 <sup>1</sup>
Chronic obstructive pulmonary disease (COPD)	NQF #1891	July 1, 2018–December 1, 2019, and July 1, 2020–June 30, 2021 <sup>1</sup>
Heart failure (HF)	NQF #0330	July 1, 2018–December 1, 2019, and July 1, 2020–June 30, 2021 <sup>1</sup>
Pneumonia <sup>2</sup>	NQF #0506	July 1, 2018–December 1, 2019, and July 1, 2020–June 30, 2021 <sup>1</sup>
Coronary artery bypass graft surgery (CABG)	NQF #2515	July 1, 2018–December 1, 2019, and July 1, 2020–June 30, 2021 <sup>1</sup>
Elective primary total hip and/or total knee arthroplasty (THA/TKA)	NQF #1551	July 1, 2018–December 1, 2019, and July 1, 2020–June 30, 2021 <sup>1</sup>

<sup>1</sup>CMS updated the FY 2023 performance period in response to the COVID-19 PHE. See previous slide for details.

<sup>2</sup>CMS paused use of the pneumonia readmission measure in the FY 2023 payment reduction calculations but is still publicly reporting measure results in the dataset on the Provider Data Catalog.

# Provider Data Catalog

## January 2023 Release

In January 2023, CMS updated the Provider Data Catalog website to include the following information for each of the six readmission measures:

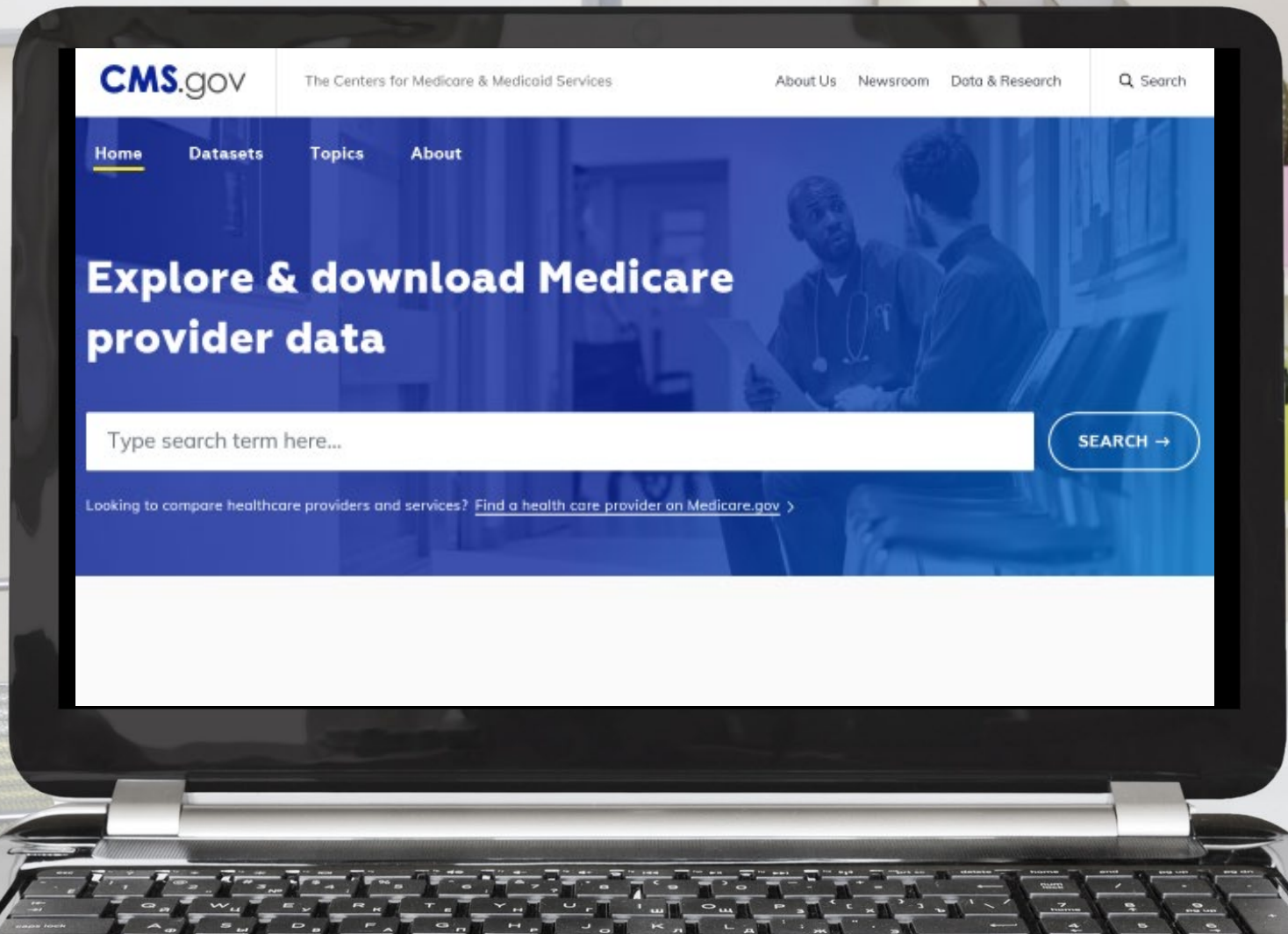
- Number of eligible discharges
- Number of readmissions  
(only if the hospital has 11 or more readmissions)
- Predicted readmission rate
- Expected readmission rate
- Excess readmission ratio (ERR)

# 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 2023 IPPS Final Rule Supplemental Data File after completing the Review and Correction period. CMS posted this file on the [FY 2023 IPPS/LTCH PPS final rule home page](#). The file includes the following:

- Payment reduction percentage
- Payment adjustment factor (PAF)
- 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, 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: Hospital Readmissions Reduction Program

The screenshot shows a search interface with the following elements:

- Search Header:** "Search" with a green underline.
- Dataset Card:** "H Hospitals datasets" with a download icon, "Download filtered results", "1 dataset • ZIP • 318 KB", and links for "View topic", "View archived data", and "Download all datasets".
- Search Input:** "hospital readmissions reduction program" with a clear button (X).
- Results Summary:** "1 dataset found for 'hospital readmissions reduction program' in Topics: Hospitals" with a "Clear all filters" link.
- Filter:** "Hospitals" (highlighted in yellow).
- Section Header:** "Hospital Readmissions Reduction Program" (highlighted in green).
- Description:** "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..."
- Metadata:** "Last updated: Oct 5, 2022 • Released: Oct 26, 2022 • Download CSV"
- Footer:** "1-1 of 1 datasets", "10 per page" dropdown, and a purple box with the number "1".
- Sort by:** A dropdown menu currently showing "Sort by".
- Topics List:** A list of topics with radio buttons:
  - 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)



# Hospital Readmissions Reduction Program Resources

- **General Program and Payment Adjustment Information**
  - CMS.gov website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program>
  - QualityNet website: <https://qualitynet.cms.gov/inpatient/hrrp>
- **General Inquiries**
  - [QualityNet Question & Answer Tool](#): Navigate to the Ask a Question tab. Select HRRP – Hospital Readmissions Reduction Program under the Program list.
- **Measure Methodology Inquiries**
  - [QualityNet Question & Answer Tool](#): Navigate to the Ask a Question tab. Select Inpatient Claims-Based Measures under the Program list and select Readmission as the Topic.
- **Provider Data Catalog**
  - Website: <https://data.cms.gov/provider-data/>
    - [Dataset](#)
  - Inquiries: [QualityNet Question & 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 2023 Provider Data Catalog Refresh

## **Questions**

# Disclaimer

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