



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

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**Hospital VBP Program, HAC Reduction Program, and  
Hospital Readmission Reduction Program  
FY 2023 Provider Data Catalog Refresh  
Presentation Transcript**

**Speakers**

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**Brandi Bryant:** Hello. Welcome to the Hospital VBP Program, HAC Reduction Program, and the Hospital Readmissions Reduction Program webinar, focusing on the fiscal year 2023 Provider Data Catalog refresh. My name is Brandi Bryant, and I am with the CMS 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 summary of the questions asked today, will be posted to the inpatient website, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com), in the upcoming weeks. If you registered for this event, a reminder email and a link to the slides were sent out to your email about two hours ago. If you did not receive that email, you can download the slides at [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com).

I would now like to introduce today's speakers. Maria Gugliuzza is the Hospital Value-Based Purchasing Program lead for the Centers for Medicare & Medicaid Services Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Renee Mc Kain is the HAC Reduction Program lead at the Centers for Medicare & Medicaid Services Division of Value, Incentives, & Quality Reporting Program Support Contract. Kristanna Peris is the Hospital Readmissions Reduction Program lead also at the Centers for Medicare & Medicaid Services Division of Value, Incentives, & Quality Reporting Program Support Contract.

Today's event will provide an overview of publicly reported data for CMS inpatient hospital value-based purchasing programs, including the Hospital VBP Program, the HAC Reduction Program, and the HRRP.

Participants will be able to locate publicly reported data for the CMS inpatient hospital value-based purchasing programs in the [Provider Data Catalog](#), recall the changes to the inpatient hospital pay-for-performance programs from fiscal year 2022 to fiscal year 2023, and obtain comma-separated value files of the publicly reported data.

As a reminder, we do not recognize the raised hand feature in the Chat tool during webinars.

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Instead, you can submit any questions, pertinent to the webinar topic, to us via the Chat tool. All questions received via the Chat tool during this webinar, that pertain to this webinar topic, will be reviewed, and a Q&A transcript will be made available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions. These questions will be addressed in a question-and-answers transcript, to be published at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the Chat tool, nor in the question-and-answer transcript for the webinar. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the [QualityNet Q&A Tool](#). You can access the Q&A tool using the link on this slide. There, you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the Q&A tool, which you can access at the link on this slide.

Here is a list of acronyms that will be used on today's call for your reference. I will now turn the call over to our first speaker. Maria, the floor is yours.

**Maria Gugliuzza:** Thank you, Brandi. Hello and welcome, everyone. In today's presentation, I will be covering the Hospital Value-Based Purchasing Program and responding to questions as time allows.

The Hospital Value-Based Purchasing Program was set forth under Section 1886(o) of the Social Security Act. The Hospital Value-Based Purchasing Program was first adopted in fiscal year 2013, and CMS has used this program to adjust payments for every fiscal year subsequent. The Hospital VBP 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. The program strives to pay for care that rewards better value, improved patient outcomes, innovations, and cost efficiencies over volume of services.

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In a normal year, the Hospital VBP Program works by awarding a hospital two types of scores for each measure included in the program: one for achievement and one for improvement. 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 an earlier period, known as the baseline period. The greater of a hospital's achievement and improvement points becomes the hospital's measure score. Measure scores are used in determining the hospital's domain scores, which is then rolled up into the hospital's Total Performance Score. In the FY 2023 Inpatient Prospective Payment System, IPPS, Final Rule, CMS determined that circumstances caused by the COVID-19 Public Health Emergency significantly continued to affect the NHSN HAI, HCAHPS Surveys, and the pneumonia mortality [PN-MORT] measure in the Clinical Outcomes domain in the FY 2023 Hospital VBP Program. As a result, in the final rule, CMS paused those measures from the FY 2023 Hospital VBP Program. Because CMS is pausing measures, CMS believes there will not be enough data to award a Total Performance Score to any hospital in 2023. As a result, no hospital will have a Total Performance Score calculated, and no hospital will have payments adjusted due to the Hospital VBP Program. If you would like more background information on the Hospital VBP Program and the COVID-19 pausal policy, I recommend watching the Fiscal Year 2023 Percentage Payment Summary Report Overview webinar from December 2022, which is available in the Hospital VBP Program's archived events section on the [QualityReportingCenter.com](https://QualityReportingCenter.com) website.

In fiscal year 2023, hospitals were evaluated based on four domains: Clinical Outcomes, Person and Community Engagement, Safety, and the Efficiency and Cost Reduction domain. The Clinical Care domain consists of the 30-day mortality measures. 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.

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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. As a reminder, for the fiscal year 2023, there will be no TPS calculated for any eligible Hospital VBP hospital.

This slide contains the baseline and performance period dates for fiscal year 2023. 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.

CMS finalized to pause the HCAHPS measure, the five HAI measures, and the mortality 30 pneumonia [MORT-30-PN] measure in the Clinical Outcomes domain. CMS also finalized the revisions to the scoring and payment methodology for 2023. Lastly, 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 beginning with this fiscal year 2023.

The Hospital VBP Program has three sets of data that are publicly reported. We will cover each of these data sets in more detail in the next few slides.

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.

To locate the current fiscal year 2023 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 in the search tool.

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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 includes 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. Again, for fiscal year 2023, the Total Performance Score will be displayed as an N/A. Currently, on PDC is the FY 2021 aggregate payment adjustments.

On this table are the names of the four aggregate payment adjustment table datasets that can be found in the Provider Data Catalog.

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 PDC or [Care Compare](#) websites, a great starting point is to submit your question through the QualityNet Question & Answer 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 web pages.

Now, I would like to hand off the webinar to Renee to discuss the HAC Reduction Program. Renee, the floor is yours.

**Renee Mc Kain:** Thank you, Maria. Hello, my name is Renee Mc Kain. I am the program lead for the Hospital-Acquired Condition Reduction Program, or HAC Reduction Program, under the DVIQR Program Support, or DPS, 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.

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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 FY 2023, the 30-day scoring calculation Review and Correction period was from August 15, 2022, to September 13, 2022.

The HAC Reduction Program implemented several changes for FY 2023. First, in response to the COVID-19 Public Health Emergency, CMS did not calculate the CMS Patient Safety and Adverse Events Composite, or CMS PSI 90, measure for any hospitals. CMS also did not calculate Winsorized z-scores for all six measures and did not calculate Total HAC Scores for any hospital. No hospital was ranked in the worst-performing quartile or subject to the 1-percent payment reduction for FY 2023. CMS still collected data, calculated hospital HAI and CMS PSI 90 measure results, and publicly reported those results on the Care Compare website to provide transparency to the public on important infection and patient safety metrics during the COVID-19 Public Health Emergency. Second, CMS began publicly reporting measure results for the measures included in the program. In FY 2023, only HAI measure results are publicly reported, due to the CMS PSI 90 measure not being included in the FY 2023 HAC Reduction Program.

Next, CMS updated the new hospital definition for HAI measures in the program. 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, for example, a Medicare Accept Date on or after January 1, 2021, for the FY 2023 program year. Fourth, CMS removed the No Mapped Location, or NML, designation from the program. Hospitals are required to submit data to the CDC's National Healthcare Safety Network.

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If hospitals do not have the applicable wards needed for the CLABSI and CAUTI measures, hospitals must now submit an IPPS Measure Exception Form to be exempt from HAI reporting requirements. This form is available on [the QualityNet website](#).

Finally, in response to the COVID-19 Public Health Emergency, CMS shortened the performance period for the five HAI measures by excluding all calendar year 2020 data from the calculations. As shown in the figure, CMS only used calendar year 2021 data to calculate the five HAI measures for the FY 2023 HAC Reduction Program. As previously noted, CMS did not include the CMS PSI 90 measure for the FY 2023 program year, so there is no performance period for the CMS PSI 90 measure.

This same measure information is shown here in table form. There is no performance period for the CMS PSI 90 measure for the FY 2023 program year. The FY 2023 performance period for all five HAI measures included data from January 1, 2021, through December 31, 2021.

In January 2023, CMS released the FY 2023 HAC Reduction Program results on the Provider Data Catalog website. 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. However, for the FY 2023 HAC Reduction Program, CMS did not calculate the CMS PSI 90 composite measure, Winsorized z-scores, or Total HAC Scores for any hospital, so the publicly reported information differs from typical program years. All hospitals received a value of N/A for their CMS PSI 90 composite value, Winsorized z-scores, and payment reduction indicator. All hospitals also received a Total HAC Score of 0. Finally, for the first time in FY 2023, hospitals have their HAI measure results, that is, their standardized infection ratios, or SIRs, displayed for all five HAI measures.

Similar to HVBP, to find the newly released HAC Reduction Program data, navigate to the Provider Data Catalog home page. The home page features a search bar where you can type your search term.



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

Clicking on the Hospitals icon on the home page 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 FY 2023 HAC Reduction Program dataset on the Provider Data Catalog. If you have questions about the program after this presentation, please submit questions via the Quality Question & 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 Kristanna to talk about the Hospital Readmissions Reduction Program.

**Kristanna Peris:** Thank you, Renee. My name is Kristanna Peris. I am the program lead for the Hospital Readmissions Reduction Program, under the DVIQR Program Support, or DPS 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 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.

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As of fiscal year 2019, CMS compares hospitals with similar patient populations to reduce the financial burden on safety-net hospitals caring for high proportions of dually eligible patients. 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 fiscal year 2023, the 30-day Review and Correction period was from August 8 to September 7, 2022.

Similar to FY 2022, the FY 2023 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 1, 2020, through June 30, 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 1, 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 2023 is July 1, 2018, through December 1, 2019, and July 1, 2020, through June 30, 2021. Additionally, CMS paused use of the pneumonia readmission measure in the fiscal year 2023 HRRP payment reduction calculations due to COVID-19's substantial impact on the measure. While CMS paused use of the pneumonia readmission measure in payment reduction calculations, the pneumonia measure results are still publicly reported in the HRRP dataset on the Provider Data Catalog website to provide transparency to the public on readmission metrics during the Public Health Emergency. Finally, CMS updated the specifications for all six readmission measures to exclude Medicare beneficiaries with a principal or secondary diagnosis of COVID-19 from the measures and to risk-adjust for patients with a history of COVID-19 in the 12 months prior to the index admission.

This slide shows the claims-based readmission measures included in the fiscal year 2023 Hospital Readmissions Reduction Program. The program includes four condition-specific readmission measures for AMI, COPD, heart failure, and pneumonia.

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The remaining two measures in the program are procedure-specific readmission measures for CABG surgery and elective hip and/or knee replacement.

CMS publicly reports the data elements listed on this 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 specifically 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 or procedures included in the program. CMS released the fiscal year 2023 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 percentage and component information in the Fiscal Year 2023 IPPS Final Rule Supplemental Data File. This file includes information that is not posted on the Provider Data Catalog, including a hospital's payment reduction percentage, a hospital's proportion of dually eligible patients dual (dual proportion), and a hospital's peer group assignment. CMS posted this file in September 2022 after completing the 30-day HRRP Review and Correction period. To access the file, visit the FY 2023 IPPS Final Rule home page using the link shown on the slide.

Similar to HVBP and the HAC Reduction Program, to find the newly released Hospital Readmissions Reduction Program data, navigate to the Provider Data Catalog home page. The home page features a search bar to enter your search term .

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

Clicking on the Hospitals icon on the home page will bring you to a page that allows you to search all Hospital datasets.

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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 on 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 fiscal year 2023 HRRP dataset on the Provider Data Catalog. If you have questions about the program after this presentation, please submit questions via the QualityNet Question & Answer Tool, linked on this slide, and follow the navigation instructions to submit questions related to Provider Data Catalog website, the measure methodology, or general inquiries about the program. Thank you for your time. I'll now turn it back to Brandi

**Brandi Bryant:** Thank you, Kristanna. 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: What changes were implemented to the fiscal year 2023 HAC Reduction Program in response to COVID-19 Public Health Emergency?

**Renee Mc Kain:** The HAC Reduction Program implemented several changes for FY 2023 in response to the COVID-19 Public Health Emergency. First, CMS abbreviated the performance period of all five HAI measures by excluding calendar year 2020 data from the calculations. The performance period for the five HAI measures was January 1, 2021, to December 31, 2021. CMS finalized this policy in the FY 2022 IPPS/ LTCH PPS Final Rule.

Second, CMS did not calculate the CMS PSI 90 measure for any hospitals. CMS also did not calculate Winsorized z-scores for all six measures and did not calculate Total HAC Scores for any hospital. No hospital was ranked in the worst-performing quartile or subject to the 1-percent payment reduction for FY 2023. CMS finalized this policy in the FY 2023 IPPS/LTCH PPS Final Rule.

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CMS still collected data, calculated hospital CMS PSI 90 results, and publicly reported those results on the Care Compare website to provide transparency to the public on important patient safety metrics during the COVID-19 Public Health Emergency.

**Brandy Bryant:** What FY 2023 HAC Reduction Program results were publicly reported?

**Renee Mc Kain:** First, CMS did not calculate the CMS PSI 90 measure or Winsorized z-scores for any hospital, so all hospitals received a value of N/A for their CMS PSI 90 composite value and all six Winsorized z-scores. Second, CMS did not calculate Total HAC Scores for any hospital. For this reason, all hospitals received a Total HAC Score of 0. Third, no hospital was ranked in the worst-performing quartile or subject to the 1-percent payment reduction for FY 2023. Thus, all hospitals received a value of N/A for their payment reduction indicator. Finally, for the first time, in FY 2023, hospitals have their HAI measure results. That is, their standardized infection ratios, or SIRs, displayed for all five HAI measures. The HAI measure results are the only publicly reported calculations which are displayed for the FY 2023 program year.

**Brandy Bryant:** CMS said they would publicly report hospital PSI results. Where can I find them?

**Renee Mc Kain:** Although the FY 2023 HAC Reduction Program did not calculate the CMS PSI 90 measure, CMS still collected data, calculated hospital CMS PSI 90 results, and publicly reported those results to provide transparency to the public on important patient safety metrics during the COVID-19 Public Health Emergency. Hospital PSI 90 results are publicly available on Care Compare and in the Complications and Deaths – Hospital dataset on the Provider Data Catalog website. The current dataset displays PSI 90 results for an 18-month period. That is July 1, 2019, through December 31, 2019, and July 1, 2020, through June 30, 2021.

**Brandi Bryant:** When can my hospital review our HAC Reduction Program results?

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**Renee Mc Kain:** Before publicly reporting HAC Reduction Program results on the Provider Data Catalog, CMS provides hospitals 30 days to review their data. This is known as the 30-day Scoring Calculation Review and Correction period, or R&C period. During the R&C period, hospitals may submit questions about the HAC Reduction Program calculations and request corrections to their Winsorized  $z$ -scores and Total HAC Scores. Hospitals may not request corrections to any underlying data used to complete the program's calculations. The R&C period for the FY 2023 HAC Reduction Program was from August 15, 2022, to September 13, 2022. The FY 2024 R&C period is expected to occur in summer 2023. CMS will notify hospitals of the exact dates of the FY 2024 R&C period via the QualityNet Listserve. You can sign up for the email updates from the QualityNet Listserve by clicking on Join Now at the bottom of the QualityNet home page.

**Brandi Bryant:** What is the difference between a hospital's measure results and measure scores?

**Renee Mc Kain:** 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. The five CDC NHSN HAI measures report standardized infection ratios, or SIRs. The SIRs 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. For the first time, in January 2023, measure results for the HAC Reduction Program were publicly reported on the Provider Data Catalog website. Measure scores, or Winsorized  $z$ -scores, are the second step of the scoring methodology. 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.

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**Brandi Bryant:** Why does the fiscal year 2023 HRRP performance period stop in the middle, on December 1, 2019, instead of December 31, 2019?

**Kristanna Peris:** The fiscal year 2023 performance period was impacted by the national Extraordinary Circumstance Exception, or ECE, granted by CMS in response to the COVID-19 Public Health Emergency. CMS did not use claims reflecting services provided January 1, 2020, through June 30, 2020, Quarter 1 and Quarter 2 of 2020, in its calculations for HRRP. 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 1, 2020, so no claims from Q1 and Q2 2020 are used in measure or program calculations.

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

**Kristanna Peris:** Both metrics use the same readmission measure methodology and hospital performance period. However, the readmission measure results on the Medicare Care Compare website, 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 Care Compare 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 Care Compare, but they may not align exactly due to the different hospitals included in the calculations.

Additionally, Care Compare 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.

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- Brandi Bryant:** How do I determine if my hospital was penalized for HRRP in fiscal year 2023?
- Kristanna Peris:** CMS publishes hospital payment reduction percentages in the Fiscal Year 2023 IPPS Final Rule Supplemental Data File. This file is posted on the Fiscal Year 2023 IPPS Final Rule page on CMS.gov. 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 0 percent are penalized in fiscal year 2023. Hospitals with a payment reduction percentage equal to 0 percent are not penalized in fiscal year 2023.
- Brandi Bryant:** How can I figure out which hospitals are in the same peer group as my hospital?
- Kristanna Peris:** CMS publishes hospital-level peer group assignments and dual proportions in the Fiscal Year 2023 IPPS Final Rule Supplemental Data File. This file is posted on the Fiscal Year 2023 IPPS Final Rule page on CMS.gov, as shown in the slides. You can use filters in the Supplemental Data File to show only hospitals in a specific peer group.
- Brandi Bryant:** Are my pneumonia readmission measure results for fiscal year 2023 reported on the Provider Data Catalog?
- Kristanna Peris:** Yes. Although CMS paused use of the pneumonia readmission measure in the fiscal year 2023 HRRP payment reduction calculations, the pneumonia readmission measure results are still being publicly reported to provide transparency to the public on readmission metrics during the Public Health Emergency.
- Brandi Bryant:** Are higher or lower ERRs better?
- Kristanna Peris:** A higher Excess Readmission Ratio indicates worse performance than a lower Excess Readmission Ratio, or ERR. The ERR is a measure of a hospital's relative performance compared with all other hospitals in HRRP. If a hospital performs better than the average hospital that admitted similar patients, the ERR will be less than 1.



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If a hospital performs worse than the average hospital that admitted similar patients, the ERR will be greater than 1.

**Brandi Bryant:** Why does CMS use a multi-year performance period to calculate ERRs?

**Kristanna Peris:** Although it might take longer for the Excess Readmission Ratios to reflect hospital improvements, CMS calculates the ERRs using a rolling multi-year performance period because using multiple years of data improves the reliability of the ERRs. This enables CMS to better identify variations in hospital performance. In addition, using multiple years of data allows the program to include more hospitals by increasing the number of discharges for a given hospital during the performance period.

**Brandi Bryant:** When will we receive the fiscal year 2023 Hospital Value-Based Purchasing Program reports?

**Maria Gugliuzza:** CMS made the fiscal year 2023 Hospital VBP Program Percentage Payment Summary Reports [available] in the *Hospital Quality Reporting Secure Portal* in December of 2023.

**Brandi Bryant:** Will CMS publish a fiscal year 2024 quick reference guide?

**Maria Gugliuzza:** The Fiscal Year 2024 Hospital VBP Program Quick Reference Guide is available to download from the QualityNet Hospital Value-Based Purchasing [Program] Resources [page](#).

**Brandi Bryant:** When was the PC-01 measure removed from the Hospital VBP Program?

**Maria Gugliuzza:** The PC-01 measure was removed from the Hospital VBP Program beginning in FY 2021, meaning the measure was included in fiscal year 2020 and not in FY 2021.

**Brandi Bryant:** What is the advantage of accessing the fiscal year 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 and are not displayed per hospital.

## **Hospital Value-Based Purchasing (VBP) Program**

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

**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:** That is all the time we have today for questions. If you still have questions related to the fiscal year 2023 PDC refresh, please use the QualityNet Ask a Question Tool link found on the previous slide. Thank you again for joining us today. Have a great day.