FY 2020 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs

Presentation Transcript

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Candace Jackson: I would like to welcome everyone to today's presentation, titled "Fiscal Year 2020 IPPS/Long Term-Care Hospital Prospective Payment System Final Rule Overview for Hospital Quality Programs." I am Candace Jackson, the Inpatient Quality Reporting Program Project Lead at the CMS Inpatient VIQR 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 the answers to the questions asked today, will be posted to the inpatient website, www.QualityReportingCenter.com at a later date. If you've registered for this event, a reminder email and a copy of today's slides were sent out to your email about a few hours ago. If you did not receive that email, you can then view the slides at our inpatient website and, again, that is 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 questions as time allows at the end of the webinar. For the presenters to best answer your questions, we request, at the beginning of your question, please type the slide number associated in the chat window. Next slide, please.

Our speakers for today's event will be Grace Snyder, the CMS Program Lead for the Hospital IQR Program and Hospital Value-Based Purchasing Program; Michael Bray, the CMS Program Lead for the Hospital-Acquired Condition Reduction Program; and Erin Patton, the CMS Program Lead for the Hospital Readmissions Reduction Program. Next slide.

Today's presentation will provide participants with an overview of the fiscal year 2020 finalized changes for the Hospital Inpatient Quality Reporting Program, the Hospital Value-Based Purchasing Program, the Hospital-Acquired Condition Reduction Program, and the Hospital Readmissions Reduction Program as addressed in the recently released inpatient prospective payment system final rule. Next slide, please.

Today's presentation will provide participants with an overview of the fiscal year 2020 finalized changes for the programs that we have just

previously announced as addressed in the recently released inpatient prospective payment system final rule. Next slide, please.

On this slide, we just have a list of the acronyms that we will use throughout the presentation. Next slide, please.

I would now like to turn the presentation over to Grace Snyder who will address the changes related to the Hospital Inpatient Quality Reporting Program. Grace, the floor is yours. Grace.

Grace Snyder:	Again, thank you, Candace, and welcome to everyone for joining us on our webinar today. I appreciate this opportunity to share with you new policies for the Inpatient Quality Reporting Program, or IQR program, that were recently finalized in the *Federal Register,* which focus on two priority goals of advancing the use of EHR-based data for quality measurement and using quality measures to help improve patient safety related to opioid use. Next slide, please.

As a summary, we've adopted the following new policies for hospital quality reporting: adoption of one new electronic clinical quality measure, or eCQM, to the eCQM measure set for hospitals; eCQM reporting requirements for the calendar year 2020 through 2022 reporting periods; adoption of the Hybrid Hospital-Wide Readmission measure in a stepwise manner with two years of voluntary reporting followed by mandatory reporting of the measure; and removal of the claims-based version of the hospital-wide readmission measure when the hybrid version of the measure becomes mandatory. I'll go into more specific detail with the next set of slides. Next slide, please.

The Safe Use of Opioids–Concurrent Prescribing measure, which is an electronic clinical quality measure, or eCQM, is reported using EHRs and will be a new hospital measure added to the IQR and Promoting Interoperability Programs. This measure focuses on the proportion of patients age 18 and older who are prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge and was developed based on recommended clinical guidelines on concurrent prescribing. This

measure will become available as one of the eCQMs for reporting beginning with the calendar year 2021 reporting period. Hospitals and their vendors will have over two years to implement this measure in EHR systems before the first submission deadline for 2021 data in the spring of 2022. Then, beginning with the 2022 reporting periods, this measure will become required for all hospitals to report by the spring of 2023 data submission deadline. For more details on this measure, the electronic specifications are available on our eCQI Resource Center website at ecqi.healthit.gov. Next slide, please.

We had proposed in the *Federal Register*, but are not adopting at this time, the Hospital Harm–Opioid-Related Adverse Events measure, which is also an eCQM. We appreciate all the comments received from stakeholders on this measure, and we're taking the feedback into consideration as we improve and refine this measure to include in a future proposed rule. Next slide, please.

The next set of slides focus on the upcoming eCQM reporting requirements under the IQR and Promoting Interoperability programs for hospitals. For the calendar year 2020 and 2021 reporting periods, we'll be extending the current requirements to report one calendar quarter of data for at least four of the eCQMs among the total set of eCQMs available in the program. Note that the new Safe Use of Opioids–Concurrent Prescribing measure will become available beginning with the 2021 reporting period. Next slide, please.

Then, beginning with the calendar year 2022 reporting period, the Safe Use of Opioids–Concurrent Prescribing measure will be required to be reported by all hospitals along with three additional eCQMs. As we stated previously in the *Federal Register*, our goal is to incrementally increase the use of EHRs and eCQMs for quality measurements and requiring all hospitals to report this opioid measure also supports improving patient safety related to opioid use. Next slide, please.

This slide summarizes the technical requirements for eCQM reporting, including EHR certification requirements, and continues previously

adopted requirements. Again, I also encourage everyone to go to our eCQI Resource Center at ecqi.healthit.gov for more information and resources about eCQM reporting, including the electronic measure specifications and the implementation guides. I'm sure many of you are working on collecting data for 2019 eCQMs right now. Well, I do have a newsflash. I want to let you all know that we just opened the CMS Hospital Quality Reporting system that's accessible through the *QualityNet Secure Portal* for 2019 eCQM data submissions. We'll be sending out a Listserve message about this as well within the coming days but wanted to provide this update to you right away. Both test and production QRDA files of 2019 eCQM data can now be submitted to CMS through the *QualityNet Secure Portal.* Also new, starting this year, if you navigate to the HQR Next Generation portion when you log into the *QualityNet Secure Portal,* there are several new features now available to help review eCQM file submissions and performance that were designed based on user feedback. For those of you who've been participating in the user design research, thank you so much for all of the great feedback and suggestions. Once logged in to the *QualityNet Secure Portal,* users can become familiar with these new features with previously submitted 2018 data, and we hope they'll be very useful for you as you start to submit 2019 eCQM data. Next slide, please.

This slide 17 lists the eight eCQMs that will be available for the calendar year 2020 reporting periods. Hospitals must report on four of them. Next slide, please.

Then, slide 18 lists the nine eCQMs that will be available for the calendar year 2021 reporting period, which includes the new Safe Use of Opioids–Concurrent Prescribing measure. Again, hospitals must report on four eCQMs for the 2021 reporting period. Next slide, please.

In the IPPS final rule that was published in August, we also describe the adoption of the hybrid version of the hospital-wide readmission measure. We refer to it as a hybrid measure because it uses a combination of claims and EHR data to calculate the measure. If you're familiar with the claim-based version of the measure that we've been using in the IQR program,

then it's very similar in that the measure focuses on unplanned readmissions that arise from acute clinical events requiring rehospitalization within 30 days of discharge. Planned readmissions, which are generally not signals of care quality, are not considered readmissions in the measure outcome. All unplanned readmissions are considered an outcome, regardless of cause. The main difference is that the hybrid version of the measure uses clinical data from EHRs as part of the risk adjustment. Next slide, please.

Specifically, for Medicare fee-for-service patients, age 65 and older, the measure uses from the EHR six vital signs–heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, and weight–and seven laboratory test results–hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatine, and glucose–as part of accounting for the different health profiles of each patient included in the measure, as well as six patient-identifiable linking variables to match the claims and EHR data together. Next slide, please.

We had a smaller voluntary reporting effort for this measure with participants submitting six months of 2018 EHR data that went very well. Many thanks to those of you who participated. Now, we'll have two more voluntary reporting periods that will be expanded to reporting a full year of EHR data that will then match with claims data to calculate the hospital-wide readmission rates. The first voluntary reporting period will be from July 2021 through June 2022, and the second voluntary reporting period will be from July 2022 through June 2023. The submission deadlines for the EHR data are noted on this slide, slide 21, and it is generally three months following the end of the reporting period. Then, the hybrid measure will become mandatory for all hospitals to report on beginning with the July 2023 through June 2024 reporting period and each subsequent year. Not reporting the EHR data would risk a hospital's annual payment update for fiscal year 2026 and each year thereafter. Next slide, please.

For the two voluntary reporting periods, hospitals will be provided confidential feedback reports on their own performance, but the data will

not otherwise be publicly available. Then, starting with the data collected for the July 2023 through June 2024 reporting period, when the hybrid measure becomes mandatory for all hospitals to report, we'll start publicly reporting the data on our *Hospital Compare* website and for each year thereafter. This public reporting will be on an annual basis. Next slide, please.

When the hybrid version of the hospital-wide readmission measure becomes mandatory, we will also remove the claims-based version of the measure from the IQR program. We're very excited about using the hybrid measure because it more directly incorporates patients clinical data from EHRs in calculating the quality measure; and, in terms of reporting the EHR data, hospitals can continue to use the QRDA Category I file format that we also use for reporting eCQMs. Next slide, please.

In this year's IPPS rule, we also asked for comments on the following new eCQMs for potentially adopting them in the future. We have a severe hypoglycemia measure, a pressure injury measure, and a Cesarean birth measure. Thank you to everyone who provided feedback. We would propose to adopt any new measures for the IQR program in a future proposed rule. Next slide, please.

Also, in the IPPS final rule that was published in August, we provided an update that this coming spring 2020 we'll be including additional information in hospitals' confidential reports on readmission rates for dual eligible and non-dual eligible patients for AMI, CABG, COPD, heart failure, and hip-knee arthroplasty readmission measures, as well as the pneumonia readmission measure, like we did earlier this April.
Next slide, please.

I'd now like to turn to the Hospital Value-Based Purchasing Program. Next slide, please.

Since fiscal year 2017 and this upcoming fiscal year 2020, we withhold 2 percent of hospital payments under the Inpatient Perspective Payment System, or IPPS, which we estimate for fiscal year 2020 to be approximately $1.9 billion and redistribute this amount back to

hospitals based on their performance in the Hospital VBP Program. Next slide, please.

Table 16A was posted on the CMS.gov website in connection with the IPPS final rule published in August and reflects estimated payment adjustment percentages for each hospital using last year's Total Performance Scores. The actual payment adjustment percentages for each participating hospital for fiscal year 2020 will be posted later this fall. So, please keep an eye out for an announcement when Table 16B will be posted with the actual payment adjustment percentages under the Hospital VBP Program. Next slide, please.

So, we have one new policy for the Hospital Value-Based Purchasing Program that will use the healthcare-associated infection measure data, or HAI measure data, that are reported through the CDC's National Healthcare Safety Network for the Hospital-Acquired Condition Reduction Program, or HAC Reduction Program, and we'll use that same data for the Hospital VBP Program. This means hospitals only need to submit their infection measure data once for use in both programs. There are no changes to submission deadlines or what needs to be reported to CMS. Next slide, please.

These next set of slides summarize the measures and measurement periods, both the baseline periods and the performance periods, for each measure that's used in the Hospital Value-Based Purchasing Program. This slide shows the domains and the measures for the fiscal year 2022 program year. Next slide, please.

This slide, slide 31, shows the measurement periods for each of the measures that will be used in fiscal year 2022. Next slide, please.

Slide 32 shows and summarizes the domains and measures for additional future years of the program from fiscal year 2023 through the fiscal year 2025. In the interest of time, I won't go into too much detail; but, please review this and the next set of slides at your leisure. Next slide, please.

So again, these next set of slides show more detail of the specific measurement periods. Next slide, please.

The slide 34 is for fiscal year 2024. Next slide, please.

This slide, slide 35, is fiscal year 2025 measurement period. Next slide, please.

So, that's it for the Hospital Value-Based Purchasing Program. I'd now like to turn the presentation over to my colleague, Michael Brea, to talk about the Hospital-Acquired Condition Reduction Program. Thank you.

Michael Brea: Thank you, Grace. I want to thank everyone for joining us today. As Grace mentioned, I'm Mike Brea. I'm the HAC Reduction Program Lead here at CMS, and I'm pleased to have this opportunity to talk with you about the recently published final rule as it relates to the HAC Reduction Program. As you saw with the proposed rule, I'm only going to provide a very high-level overview during this webinar because of time constraints, and I expect that some of you will have questions and want details that I'm not able to provide today. So, I encourage you to read the rule and reach out to our support contractor inboxes. Next slide, please.

In the FY 2020 final rule, we finalized all the proposed policies for the HAC Reduction Program. This includes the measure removal policy, the validation policies, and the data collection periods for FY 2022. Next slide.

These are the finalized measure removal factors. After consideration of the public comments we've received, we finalized our proposals to adopt for the HAC Reduction Program, the eight measure removal factors currently in the Hospital IQR Program and the Hospital Value-Based Purchasing Program beginning with the FY 2020 program year. The measure removal factor policy is a part of our ongoing efforts to ensure that the HAC Reduction Program measure set continues to promote improved health outcomes for beneficiaries while also minimizing the overall burden and costs associated with the program. In addition, the adoption and measure removal factors align the HAC Reduction Program with our other quality

reporting and quality payment programs and helps ensure consistency in our measure evaluation methodology across programs. I won't read them all for you. You can see them there on your screen and then the slides are downloadable for today's presentation. However, I do want to clarify that we intend to evaluate each measure on a case-by-case basis. These removal factors are intended to be considerations taken into account when deciding whether or not to remove measures, but they are not firm requirements or firm cases for removing measures from the program. Next slide.

CMS also finalized changes to the previously finalized Validation Selection Methodology and in the FY 19 IPPS final rule, we finalized our policy to select 200 additional hospitals for targeted validation and five targeting criteria. In this year's rule, we finalized the proposal to change the number of hospitals targeted from exactly 200 hospitals to up to 200 hospitals. We believe this change is necessary to provide flexibility in the selection process for the HAC Reduction Program so that we can implement a targeting process for validation of chart-abstracted measures in both the IQR program and HAC Reduction Program in a manner that does not unnecessarily subject hospitals to selection just to meet the 200 number. This policy allows us to only select hospitals that meet the targeting criteria and allow us to remove hospitals that do not have the prerequisite number of NHSN HAI events from the target validation pool. Next slide.

After consideration of the public comments we received, we were also finalizing our proposal to use the combined HAC Reduction Program and Hospital IQR Program validation pool of subsection (d) hospitals and use an aggregated random sample selection methodology. We clarified our selection process for both the random and targeted sample of subsection (d) hospitals subject to HAC Reduction Program validation. We also clarify that, in the HAC Reduction Program in conjunction with the Hospital IQR Program, we use aggregated sample selection methodology through which the validation team would select one pool of 400 subsection (d) hospitals for validation of the chart-abstracted measures in

both the IQR program and HAC Reduction Program. The pool of 400 hospitals will be selected randomly and validated for both the NHSN HAI measures for the HAC Reduction Program and IQR program's chart-abstracted measures. The HAC Reduction Program will include all subsection (d) hospitals, whereas the Hospital IQR Program will remove any subsection (d) hospitals without an active Notice of Participation in the Hospital IQR Program. Next slide.

We are also finalizing the proposed CLABSI and CAUTI validation filtering methodology to remove cases in which all positive blood or urine cultures were collected during the first or second day following admission. To better target true events for NHSN HAI validation, we clarified our approach for selecting CLABSI and CAUDI cases for chart-abstracted validation when NHSN AI validation, that is currently performed under the IQR program, migrates to the HAC Reduction Program, beginning with reporting of quarter three calendar year 2020 infections events. To date, our experience has shown us that many candidate cases selected for validation have all their positive cultures collected during the first or second day following admission and, as such, would be considered community onset events for CLABSI and CAUTI. Therefore, we will eliminate these candidate CLABSI and CAUTI cases from the NHSN HAI selection process prior to random case selection via a filtering method. The filtering method will eliminate any cases from the validation pool for which all positive blood or urine cultures were collected during the first or second day following admission. We estimate that, by implementing this filtering method, the number of true events validated for CLABSI and CAUTI will increase without increasing the sample size, which will help us better understand the over-reporting and under-reporting such events. Next slide.

We finalized the applicable period for FY 2022 HAC Reduction Program for the CMS PSI 90 measure as the 24-month period from July 1, 2018 through June 30, 2020 and the applicable period for the CDC NHSN and HAI measures as the 24-month period from January 1, 2019 through December 31, 2020. Next slide.

On your screen, there are some general resources for the HAC Reduction Program. Please remember to check CMS.gov and *QualityNet* for the most up-to-date information. Now, we'll turn the presentation over to Erin Patton to discuss the Hospital Readmissions Reduction Program. Thank you.

Erin Patton: Thank you, Mike. Good afternoon. My name is Erin Patton and I am the CMS Program Lead and I will be presenting today on the Hospital Readmissions Reduction Program. Next slide, please.

On this slide, you will find a summary of the fiscal year 20 finalized rule for the Hospital Readmissions Reduction Program, or HRRP. I encourage you to reference the rule for additional details. The FY 2020 final rule includes establishing the applicable time period for fiscal year 2022, adoption of measure removal factors, an update to the previously finalized definition of "dual-eligible" starting in fiscal year 2021, a sub-regulatory process, and revisions to regulatory techs. Next slide, please.

HRRP includes six claims-based readmission measures that are listed here on the slide, including: acute myocardial infarction, heart failure, pneumonia, chronic obstructive pulmonary disease, total hip and total knee arthroplasty, and coronary artery bypass graft surgery. As finalized in this year's rule, all six measures will remain for fiscal year 2022. The applicable period for HRRP used three years of claims data, which is also the same time period applied to dual proportion and payment calculations. Next slide, please.

While we did not finalize to remove any measures from HRRP in the FY 20 final rule, we did, however, finalize to adopt a measure removal factor policy as part of our efforts to ensure that the HRRP measure set continues to promote improved health outcomes for beneficiaries while minimizing the overall burden and costs associated with the program. The adoption and measure removal factors would align the Hospital Readmissions Reduction Program with other quality reporting and quality payment programs and help ensure consistency in our measure evaluation methodology across programs. Next slide, please.

We believe that alignment between CMS quality programs is important to provide stakeholders with a clear, consistent, and transparent process. To align with our other quality reporting and quality payment programs, we finalized adopting the following removal factors listed here for the Hospital Readmissions Reduction Program. As a reminder, these factors are considerations taken into account when deciding whether or not to remove measures and are not firm requirements. Decisions on measure removal will be based on these factors that will be made on a case-by-case basis. Next slide, please.

Also finalized was the updated definition of "dual-eligible." This updated definition is necessary to account for misidentification of the dual-eligible status of patient beneficiaries who die in the month of discharge, which can occur under the current definition. We were not aware at the time that we'd finalized the previous definition of "dual-eligible" that there are times when the data source from the state MMA files may underreport the number of beneficiaries with dual-eligibility status for the month in which the beneficiary dies and, therefore, these data are not fully accurate reflections of dual-eligible status for the month in which a beneficiary dies. We have identified two situations that lead to the underreporting of dual-eligible patients. The dual-eligible status is not recorded in the month of death and the dual-eligible status changes from dual in months prior to death to non-dual in the month of death. While the number of misidentified beneficiaries is very small and do not have a substantive impact, we believe that using the most accurate information available is the most appropriate policy for the program and consistent with our initial rationale for using the state MMA files as the source to identify dual-eligibles. Next slide, please.

CMS finalized a sub-regulatory process for making non-substantive changes, updates, in HRRP. There are times when data sourcing and other technical aspects of the payment adjustment factor components change and require updating, even when those changes do not alter the intent of our previously finalized policies. HRRP relies on these payment adjustment factor components including, but not limited to, Dual

Proportion, Peer Group Assignment, Peer Group Median ERR, Neutrality Modifier, and Ratio of DRG Payments to Total Payments to determine hospital's payments in each fiscal year. Non-substantive updates are those that are technical in nature and include, but are not limited to, updates to file names or their locations, data processing through standard procedures and/or the correction of other minor discrepancies, and data preparation that are required to implement the program but do not change the intent of the previously finalized policies. Next slide, please.

We also finalized revisions to CFR text to update previously finalized definitions. Those definitions include aggregate payments for excess readmissions, applicable condition, and the base operating DRG payment. All definition updates can be found on this slide. Next slide, please.

This slide also contains more detailed resources on HRRP as well as resources for hospitals on reducing hospital readmissions. I thank you for your time and attention today, and I will hand it back over to Candace.

Candace Jackson: Thank you, Erin. Next slide, please.

On this slide, it provides you with a direct link to the Fiscal Year 2020 IPPS Final Rule and the pages for each of the specific programs. Next slide, please.

This next section identifies the measures that are included in each program through fiscal year 2024. Next slide.

This slide shows the excess days and acute care measures. Next slide.

This slide shows the applicable readmission measures. Next slide.

The mortality measures are listed on this slide. Next slide.

This slide shows the claims-based patient safety measures. Next slide.

The applicable payment measures are listed on this slide. Next slide.

The chart-abstracted clinical process of care measures are listed on this slide. Next slide.

On this slide is the applicable electronic clinical process of care measures. Next slide.

This slide shows the applicable HAI measures. Next slide.

This slide is for the Hybrid Hospital-Wide All-Cause Readmission measure. Next slide.

And lastly, this slide is for the HCAHPS measure. Next slide.

At this time, we do have some time that we will be able to address some of the questions that have come in through our chat box. Before we begin, I would like to thank Grace, Mike, and Erin again for providing the information for today's webinar. So, our first question is, "For an organization that has an eCQM exemption currently, is there any idea when exemptions will no longer be available?"

Grace Snyder: Thanks, Candace. This is Grace. So, by exemption, if you're referring to an Extraordinary Circumstance Exception that was granted under the IQR program for eCQM reporting, that only applies for the specific reporting periods that the exemption was granted for. So, if you do find you might need to request another exemption for the next reporting period, then you would need to make a new request. So, for each reporting period, a new exemption request would need to be made. Our exemption policy in general, it's still in place, and we didn't make any changes to it.

Candace Jackson: Thank you, Grace. For slide 17, if we could go that slide. "Are there only eight eCQM measure sets available for calendar year 2020 reporting?"

Grace Snyder: This is Grace and, yes, that is correct. In previous IPPS final rules, we did remove several eCQMs from the program. So, this 2019 eCQM reporting period is the last year with those additional eCQMs, for example E1 and PC-01, as examples. So, 2019 will be the last year that they're available

for reporting. Then, beginning with the 2020 reporting periods, we'll just have these eight available for reporting.

Candace Jackson: Thank you, Grace. One more here for eCQM reporting. "Can you select different quarters for different eCQMs to report or do all measures have to be the same quarter of data?"

Grace Snyder: This is Grace again. We do request that you pick one quarter. It can be the first, second, third, or fourth quarter of the year to report on your eCQM. So, we do request that they be the same.

Candace Jackson: A question here for the HWR hybrid measure. "Is the hybrid measure for critical access hospitals or is it voluntary for the critical access hospitals?"

Grace Snyder: Thanks, Candace. This is Grace again. So, the Hybrid Hospital-Wide Readmission Measure, we have adopted it for the IQR program. So, for critical access hospitals, they can certainly volunteer to submit the EHR data for the measure, and we'll combine them with claims. However, it won't be mandatory in the same way that it would be. It would become mandatory for subsection (d) hospitals, you know, after the voluntary reporting period ends.

Candace Jackson: Thank you, Grace. Question for HVBP: "The CMS PSI 90 measure was in the measure set and then taken out. I now see it will be back in the measures starting with fiscal year 2023. Can you provide rationale and changes with the CMS PSI 90 measure?"

Grace Snyder: Okay, thanks Candace. This is Grace again. So, in a previous IPPS final rule, we did propose and finalize adoption of the updated PSI 90 measure. So, there have been some changes from when we previously used the PSI 90 measure in the Hospital VBP Program. So, beginning with the fiscal year 2023 program year, we'll be using the same version of the PSI 90 measure that's currently used in the Hospital-Acquired Condition Reduction Program. So, we will be back in alignment with that program in terms of the PSI 90 measure. Again, I refer you to a previous final rule where there's a lot more detail in terms of that change, but it will be the same version of the measure that's currently used in the HAC Reduction Program.

Candace Jackson: Thank you, Grace. One more HVBP question: "I attended a CMS webinar recently that showed Safety 25 percent of VBP being removed in fiscal year 2021. Can you please comment?"

Grace Snyder: Sure. This is Grace again. So, I'm sorry. I don't know which webinar that was, but that is not correct. In the last year's IPPS rule, we had proposed removing the Safety domain and the associated measures from hospital VBP for the sake of reducing some burden to providers in terms of tracking the measures in multiple programs. However, we received a lot of public comments, which we appreciated, about the importance of keeping these measures and keeping the financial incentives that are available under the Hospital VBP Program. Continuing to incentivize improvements on reducing infections and patient adverse events is a high priority, very important, and so we ultimately did not finalize our proposal to remove the Safety domain. So, the Safety domain is still in the Hospital VBP Program. It is weighted at 25 percent of the Total Performance Score. We are continuing to use the CDC's National Healthcare Safety Network infection measures and, like in the previous question, beginning with the fiscal year 2023 program, we'll be bringing back the PSI 90 measure.

Candace Jackson: Thank you, Grace. Let's switch programs now and have a few questions for the HAC Reduction Program. First question: "Is the validation process for the HAC program separate from the IQR validation process? Will it be the same facilities for both and the same processes for both?"

Michael Brea: Hey, this is Mike. So, the process for validation will not change. What was the other part of the question?

Candace Jackson: "Is the HAC validation separate from the IQR validation process? Is it the same facilities that will be for both of those?" So, I think they're asking us, if they were selected for chart-abstracted validation, will they also be selected for the HAI validation for HAC?

Michael Brea: I'm not sure. I don't think the validation team is on, but we'll get back to you on that one.

Candace Jackson: Okay. We will provide a response when we post the Q&A summary. Thank you, Mike. One other question: "Why are the NHSN infection measures being used for both the VBP and the HAC program?"

Michael Brea: Well, I can't say why they are used in HVBP other than patient safety is important for both programs. HAC Reduction doesn't have an opportunity to reward improvement, whereas HVBP does. So, assume it's to give facilities the chance to get credit for improving.

Candace Jackson: Thank you, Mike. We'll go now and address the two questions for the Hospital Readmissions Reduction Program. First question is, "When will we receive our fiscal year 2020 performance for HRRP?"

Laura Blum: Hi, this is Laura Blum with the Hospital Readmissions Reduction Program. CMS distributes the Hospital Readmissions Reduction Program Hospital-Specific Reports via *QualityNet Secure Portal* accounts during the 30-day review and corrections period. For fiscal year 2020, the 30-day review and corrections period was August 9, 2019 through September 9, 2019. If you didn't receive an HSR during that time, go ahead and email us at hrrp@lantanagroup.com.

Candace Jackson: Thank you, Erin. Our next question: "How will CMS differentiate between unplanned and planned admissions from the claims data?"

Laura Blum: CMS uses an algorithm to identify admissions that are typically planned and may occur within 30 days of discharge from the hospital. Planned re-admission is defined as a non-acute readmission for a scheduled procedure. Some types of care are always considered planned, but these are limited to obstetric delivery, transplant surgery, maintenance, chemotherapy and immunotherapy, and rehabilitation. Admissions for acute illness or complications of care are never considered planned. For fiscal year 2020, CMS identified planned readmissions using version 4.0 of its planned readmission algorithm for the Hospital Readmissions Reduction Program. Details about the planned readmission algorithm can be found in the 2019 measure updates and specifications reports, which are posted on *QualityNet*.

Candace Jackson: Thank you, Erin, and we'll have time here for one last question. "Will EDAC data be included in the HRRP Program in the future?"

Erin Patton: Yeah, I'll take that. Yeah, this is Erin. We will take into consideration any changes to the program each year and any updates that we do decide to make or changes will be proposed through rulemaking as normal.

Candace Jackson: Thank you. That will conclude our Q&A session. Next slide, please.

Next slide, please.

This webinar has been approved for one CEU. For additional information regarding the CE process, please refer to the link on the slide. Next slide, please.

Again, I would like to thank our CMS speakers for today's presentation. As a reminder, all questions submitted during the webinar will be responded to and posted to the Quality Reporting Center website at a later date. We thank you for joining us today and hope you have a great rest of your day.