

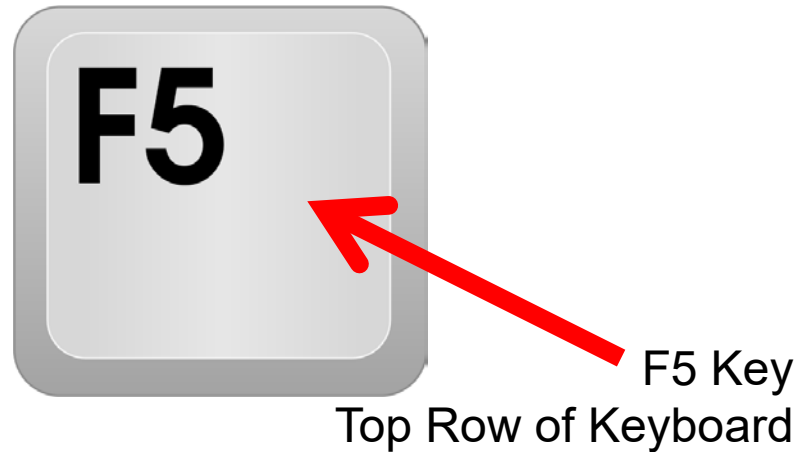
Welcome!

- **Audio for this event is available via ReadyTalk® Internet streaming.**
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Troubleshooting Audio

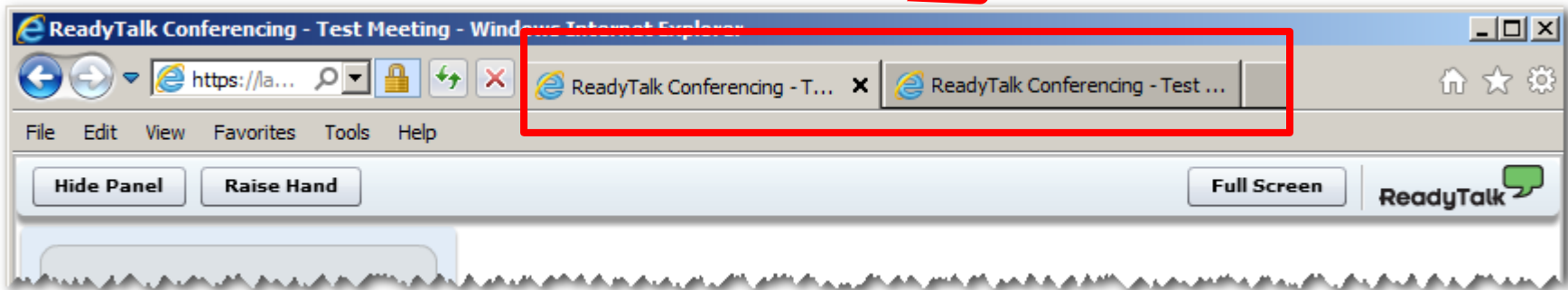
**Audio from computer speakers breaking up?
Audio suddenly stop?
Click Refresh icon
– or –
Press F5 key**



Location of Buttons

Troubleshooting Echo

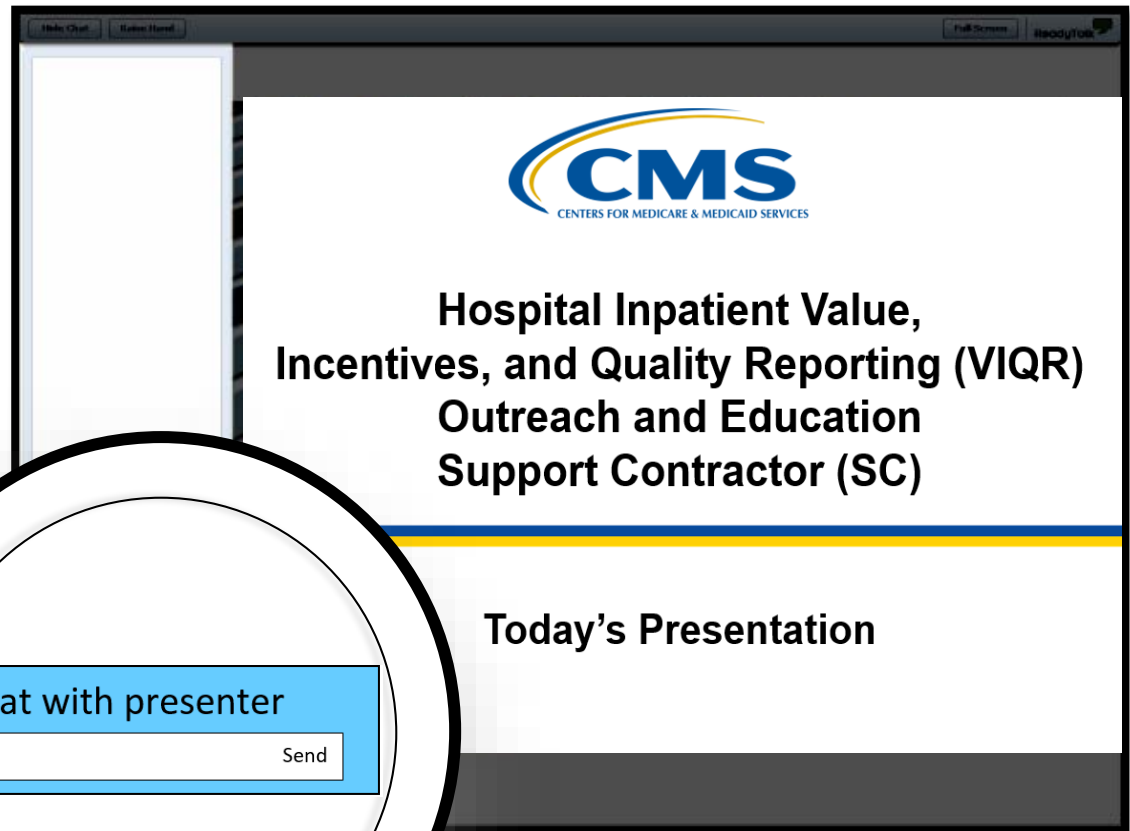
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds.)
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





Navigating *QualityNet* Pages and Reports: Inpatient Programs

Hosted by

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

January 31, 2019

Speakers

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Moderator

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Hospital Value-Based Purchasing (VBP) Program Support Contract Lead
Hospital Inpatient VIQR Outreach and Education SC

Purpose

This event will provide an overview of the resources available for the Centers for Medicare & Medicaid Services (CMS) inpatient quality programs on *QualityNet*. In addition, this event will provide an overview of how to retrieve reports through the *QualityNet Secure Portal*.

Objectives

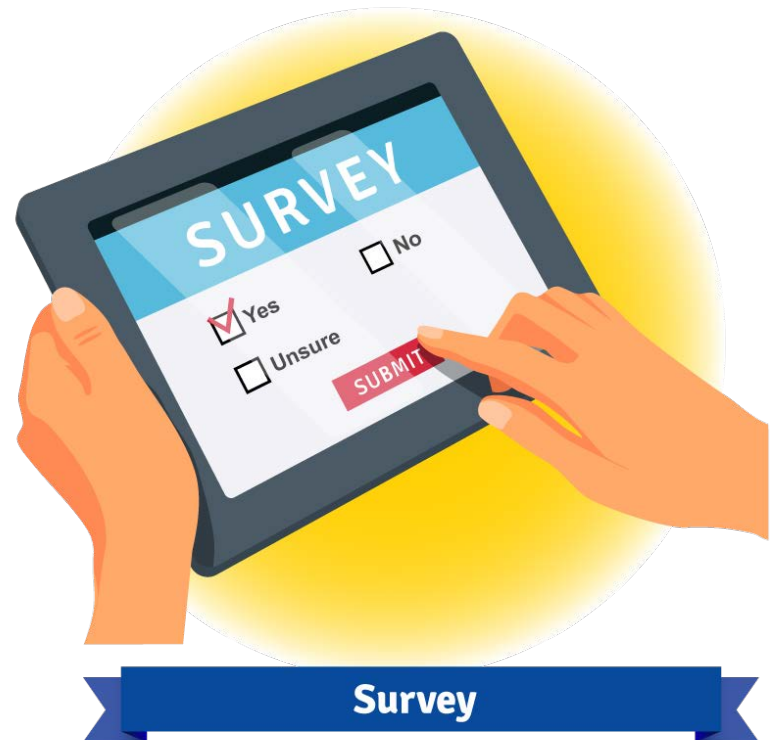
By the end of this presentation, participants will be able to:

- Find inpatient quality program *QualityNet* pages and other available resources.
- Run reports in the *QualityNet Secure Portal*.
- Retrieve reports from the Auto Route Inbox.

Audience Question

Where can I find up-to-date information on CMS inpatient programs?

1. *QualityNet*
2. *Quality Reporting Center*
3. Unsure



Candace Jackson, ADN

Project Lead, Hospital IQR Program, Hospital Inpatient
VIQR Outreach and Education SC

Hospital Inpatient Quality Reporting (IQR) Program Pages

Hospital IQR Program

The screenshot displays the QualityNet website interface. At the top left is the QualityNet logo. To its right is a navigation bar with a search box and a 'Log In' link. Below this is a main menu with tabs for 'Home', 'My QualityNet', and 'Help'. A secondary menu lists various facility types: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is titled 'Hospital Inpatient Quality Reporting (IQR) Program Overview'. It contains two paragraphs of text explaining the program's origin and purpose. Below the text are three columns of links and resources: a left sidebar with program-related links, a central 'Hospital IQR Program Resources' section with a 'Hospital Contact Change Form' link, and a right sidebar with 'Hospitals Selected for Inpatient Chart-Abstracted Data Validation' and 'Quality Reporting Center Newsletters' lists.

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Inpatient Quality Reporting (IQR) Program Overview

The Hospital Inpatient Quality Reporting (IQR) Program was developed as a result of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Section 5001(a) of Public Law 109-171 of the Deficit Reduction Act of 2005 provided new requirements for the Hospital IQR Program, which built on the voluntary Hospital Quality Initiative.

The Hospital IQR Program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients. The hospital quality of care information gathered through the program is available to consumers on the [Hospital Compare](#) website.

Hospital IQR Program Resources

Hospital Contact Change Form

- [Contact Change Form](#), PDF Fillable Form-122 KB (Updated 04/27/18) - Use to report any changes regarding key contacts at the hospital (e.g., CEO/administrator, IQR contact, medical records contact, National Healthcare Safety Network contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the Hospital IQR Program.

Hospital IQR Important Dates and Deadlines - Third Quarter 2017 through Fourth Quarter

Hospitals Selected for Inpatient Chart-Abstracted Data Validation

- FY 2020 List, PDF
- FY 2020 List, XLSX

Quality Reporting Center Newsletters

- Summer 2018 - Vol. 2, Issue 3, PDF
- Spring 2018 - Vol. 2, Issue 2, PDF
- Winter 2018 - Vol. 2, Issue 1, PDF
- Fall 2017 - Vol. 1, Issue 4, PDF
- Summer 2017 - Vol. 1, Issue 3, PDF

Hospital Inpatient Quality Reporting Program

- How to Participate
- Notice of Participation
- Measures
- APU Recipients
- APU Reconsideration
- QIN-QIO Contacts
- Web-Based Data Collection
- Extraordinary Circumstances Form
- Support Contact

Resource: Important Dates and Deadlines

| Hospital IQR Program Important Dates and Deadlines | | | | | | | |
|--|--|--|-----------------------------|----------------------------|--|--|--|
| Discharge Quarters | HCAHPS Submission | Population & Sampling Submission* | Clinical and HAI Submission | PC-01 Web-Based Submission | HAI Validation Templates** | Estimated CDAC Record Request** | Estimated Date Records Due to CDAC** |
| 3Q 2017 Jul 1–Sep 30 | 01-03-2018 | 02-01-2018 | 02-15-2018 | 01-01-2018–02-15-2018 | Targeted: 07-23-2018 | Targeted: 08-08-2018 | Targeted: 09-07-2018 |
| 4Q 2017 Oct 1–Dec 31 | 04-11-2018 (extended from 04-04-2018) | 05-01-2018 | 05-15-2018 | 04-01-2018–05-15-2018 | Targeted: 08-13-2018 | Targeted: 09-07-2018 | Targeted: 10-08-2018 |
| 1Q 2018 Jan 1–Mar 31 | 07-05-2018 | 08-01-2018 | 08-15-2018 | 07-01-2018–08-15-2018 | Random: 08-01-2018 Targeted: 08-31-2018 | Random: 09-04-2018 Targeted: 09-14-2018 | Random: 10-04-2018 Targeted: 10-15-2018 |
| 2Q 2018 Apr 1–Jun 30 | 10-03-2018 | 11-01-2018 | 11-15-2018 | 10-01-2018–11-15-2018 | Random & Targeted: 11-01-2018 | Random & Targeted: 11-29-2018 | Random & Targeted: 12-31-2018 |
| 3Q 2018 Jul 1–Sep 30 | 01-03-2019 | 02-01-2019 | 02-15-2019 | 01-01-2019–02-15-2019 | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD |
| 4Q 2018 Oct 1–Dec 31 | 04-03-2019 | 05-01-2019 | 05-15-2019 | 04-01-2019–05-15-2019 | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD | Random: TBD Targeted: TBD |
| FY 2020 APU (CY 2017 eCQM Validation) | | | | | | | |
| Measures | | Quarters Included | | | Estimated CDAC Record Request | Estimated Date Records Due to CDAC | |
| eCQMs (Hospital IQR Program alignment with Promoting Interoperability Program****) | | One self-selected quarter of data (1Q 2017, 2Q 2017, 3Q 2017, or 4Q 2017) | | | Random: 08-14-2018 | Random: 09-13-2018 | |
| Measures/Requirement | | Quarters/Dates Included | | | Submission Deadline/Period | | |
| eCQMs (Hospital IQR Program alignment with Promoting Interoperability Program****) | | One self-selected quarter of data (1Q 2018, 2Q 2018, 3Q 2018, or 4Q 2018) | | | Feb 28, 2019 | | |
| DACA | | January 1, 2018–December 31, 2018 | | | April 1, 2019–May 15, 2019 | | |
| Influenza Vaccination Coverage Among HCP | | October 1, 2017–March 31, 2018 | | | May 15, 2018 | | |

*Required for chart-abstracted measures only.
 **Validation for FY 2020 includes 3Q 2017, 4Q 2017, 1Q 2018, and 2Q 2018.
 ***For the Hospital IQR Program in FY 2020, hospitals must report at least four eCQMs from the same quarter.
NOTES: All dates are subject to change. Generally, data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline with the exception of HCAHPS, which must be submitted by 11:59 p.m. Central Time; validation medical records must be received by CDAC no later than 4:30 p.m. Eastern Time. Data for clinical and electronic measures, population and sampling, structural measures, DACA, and web-based measures are transmitted within the *QualityNet Secure Portal*. Data for HAI Validation Templates are transmitted within the *QualityNet Secure Portal* via Secure File Transfer. Data for HAI and HCP measures are submitted to the CDC through the NHSN. Medical records are submitted to the CDAC according to coversheet instructions.

Notice of Participation

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a link to the 'QualityNet Secure Portal (formerly MyQualityNet)' with a 'Log In' button. A search bar is located on the top right. Below the header is a navigation menu with tabs for 'Home', 'My QualityNet', and 'Help'. Underneath are several dropdown menus for different facility types: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is titled 'Notice of Participation' and 'Hospital Inpatient Quality Reporting (IQR) Program'. It contains several paragraphs of text explaining the requirements for participation. On the left side of the main content area, there is a vertical sidebar with a list of links: 'Hospital Inpatient Quality Reporting Program', 'How to Participate', 'Notice of Participation', 'Measures', 'APU Recipients', 'APU Reconsideration', 'QIN-QIO Contacts', 'Web-Based Data Collection', 'Extraordinary Circumstances Form', and 'Support Contact'. The 'Notice of Participation' link in this sidebar is highlighted with a blue circle.

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Inpatient Quality Reporting Program

Notice of Participation

Hospital Inpatient Quality Reporting (IQR) Program

To participate in the Hospital Inpatient Quality Reporting (IQR) Program, each hospital must complete a Notice of Participation using an online tool on the QualityNet Secure Portal.

New hospitals and existing hospitals that wish to participate in the Hospital IQR Program for the first time must complete a Notice of Participation pledge that includes the name and address of each hospital campus that shares the same Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN).

Hospitals that wish to participate in the Hospital IQR Program need to submit a Notice of Participation no later than 180 days from their Medicare Accept Date. These hospitals need to begin submitting program data starting with the first day of the quarter following the date when the hospital signed its Notice of Participation.

Hospitals that would like to participate in the program for the first time or that previously withdrew from the program and would like to participate again must complete a Notice of Participation by December 31 of the calendar year preceding the first quarter of the calendar year in which the Hospital IQR Program data submission is required for any given fiscal year.

A hospital that has previously indicated its intent to participate is considered an active participant until

How to Participate

Notice of Participation

Measures

APU Recipients

APU Reconsideration

QIN-QIO Contacts

Web-Based Data Collection

Extraordinary Circumstances Form

Support Contact

Measures

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login section with the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" and a "Log In" button. Further right is a search bar with a "Search" button. Below the header is a navigation menu with tabs for "Home", "My QualityNet", and "Help". Underneath are several dropdown menus for different facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is titled "Measures" and is divided into two columns. The left column is a sidebar menu for the "Hospital Inpatient Quality Reporting Program" with items: "How to Participate", "Notice of Participation", "Measures" (highlighted with a blue circle), "Archived Measure Resources", "APU Recipients", "APU Reconsideration", "QIN-QIO Contacts", "Web-Based Data Collection", and "Extraordinary".

The right column contains the following text:

Measures

Hospital Inpatient Quality Reporting (IQR) Program Measures by Fiscal Year (FY) Payment Determination/Calendar Year (CY) Reporting Period

The annual Hospital IQR Measures reference guide, for use specifically by participants in the Hospital IQR Program, indicates whether a measure is eligible for inclusion in the Hospital Value-Based Purchasing (VBP) Program and whether the measure is eligible for submission as an electronic Clinical Quality Measure (eCQM). Additionally, the guide indicates the measure data source and whether it will display on *Hospital Compare*.

- [Hospital IQR FY 2019 Measures](#), PDF-123 KB (Updated 10/31/17) – for CY 2017 reporting period
- [Hospital IQR FY 2020 Measures](#), PDF-121 KB (12/08/17) – for CY 2018 reporting period

Acute Care Hospital Quality Improvement Program Measures by FY Payment Determination

The annual Acute Care Hospital Quality Improvement Program Measures reference guide provides a comparison of measures for five Centers for Medicare & Medicaid Services (CMS) acute care hospital quality improvement programs, including the:

- Hospital IQR Program
- Hospital VBP Program

Resource: Hospital IQR Program Fiscal Year (FY) 2020 Measures



CMS HOSPITAL INPATIENT QUALITY REPORTING PROGRAM MEASURES FISCAL YEAR 2020 PAYMENT UPDATE

Measures Required to Meet Hospital IQR Program APU Requirements

| Healthcare-Associated Infection | | | |
|--------------------------------------|---|-------------|-------------------------------|
| Short Name | Measure Name | Data Source | Reported on Hospital Compare? |
| CAUTI | National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Outcome Measure | NHSN | Yes |
| CDI | National Healthcare Safety Network Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection Outcome Measure | NHSN | Yes |
| CLABSI | National Healthcare Safety Network Central Line-Associated Bloodstream Infection Outcome Measure | NHSN | Yes |
| Colon and Abdominal Hysterectomy SSI | American College of Surgeons – Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection Outcome Measure | NHSN | Yes |
| HCP | Influenza Vaccination Coverage Among Healthcare Personnel | NHSN | Yes |
| MRSA Bacteremia | National Healthcare Safety Network Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia Outcome Measure | NHSN | Yes |

| Chart-Abstracted Clinical Process of Care | | | Reported on |
|---|--|--|-------------|
| | | | |

Annual Payment Update (APU) Recipients

The screenshot displays the QualityNet website interface. At the top, the QualityNet logo is on the left, and the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" is on the right, with a "Log In" link and a search box. Below this is a navigation bar with "Home", "My QualityNet", and "Help" tabs. A secondary navigation bar lists various facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is titled "Hospital Inpatient Quality Reporting Program" and "APU Recipients". It includes a sidebar with a table of contents where "APU Recipients" is highlighted. The main text explains that hospitals eligible for the Hospital Inpatient Quality Reporting (IQR) Program are included annually in one of three lists:

- Hospitals **receiving full Annual Payment Update (APU)** – hospitals that satisfactorily met the requirements for the Hospital IQR Program. These hospitals will receive the full annual market basket update.
- Hospitals **not receiving full APU** – hospitals that did not satisfactorily meet the criteria for the Hospital IQR Program. These hospitals will receive their annual market basket update with a reduction by one-fourth of the applicable market basket update.
- Hospitals **choosing not to participate** – hospitals that actively chose not to participate. These hospitals will receive their annual market basket update with a reduction by one-fourth of the applicable market basket update.

Below this, it specifies "Fiscal Year (FY) 2019 (Updated 08/30/18)" and lists "Hospitals receiving full APU" with links to PDF or XLS files.

Extraordinary Circumstances Form

The screenshot shows the QualityNet website interface. At the top, there is a blue header with the QualityNet logo on the left, a login link "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button, and a search bar on the right. Below the header is a navigation menu with tabs for "Home", "My QualityNet", and "Help". Underneath are several dropdown menus for different facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is titled "Extraordinary Circumstances Exceptions (ECE) Policy" and "Hospital Inpatient Quality Reporting Program". It contains the following text:

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant extensions or exceptions with respect to the reporting of required quality data—including electronic Clinical Quality Measure (eCQM) data—when there are extraordinary circumstances beyond the control of the hospital.

Non-eCQM Related ECEs
Hospitals may request an extension of or exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data.

For non-eCQM related ECEs, hospitals must submit an [Extraordinary Circumstances Exceptions \(ECE\) Request Form](#) (PDF-71 KB), with **all** required sections completed **within 90 calendar days of the extraordinary circumstance**. The hospital may request consideration for an extension or exception of the requirement to submit quality data for one or more quarters. If the hospital requests an exception for validation, the hospital will only have the requested quarter included in validation if all requested medical records are submitted for the quarter.

eCQM Related ECEs

The left sidebar contains a list of links under the heading "Hospital Inpatient Quality Reporting Program":

- How to Participate
- Notice of Participation
- Measures
- APU Recipients
- APU Reconsideration
- QIN-QIO Contacts
- Web-Based Data Collection
- Extraordinary Circumstances Form** (circled in blue)
- Support Contact

Maria Gugliuzza, MBA

Outreach and Education Lead, Hospital Inpatient

VIQR Outreach and Education SC

Hospital Value-Based Purchasing (VBP) Program

Hospital VBP Program Landing Page

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a navigation bar with a search box and a 'Log In' button. Below this is a main menu with tabs for 'Home', 'My QualityNet', and 'Help'. A secondary menu lists various facility types: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is titled 'Hospital Value-Based Purchasing Overview' and contains a table of contents on the left and detailed text on the right.

| Hospital Value-Based Purchasing Overview | |
|---|--|
| Hospital Value-Based Purchasing (HVBP) | |
| Baseline and Performance Periods | |
| Eligibility | |
| Measures | |
| Scoring | |
| Reports | |
| Performance Standards | |
| Review and Corrections/Appeals | |
| Payments | |
| Extraordinary Circumstances Form | |

Background
Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital Value-Based Purchasing (VBP) Program. The program uses the hospital quality data reporting infrastructure developed for the Hospital Inpatient Quality Reporting (IQR) Program, which was authorized by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

The Hospital VBP Program is part of the Centers for Medicare & Medicaid Services' (CMS') long-standing effort to link Medicare's payment system to improve healthcare quality, including the quality of care provided in the inpatient hospital setting.

The program implements value-based purchasing to the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in approximately 3,000 hospitals across the country.

Hospitals are paid for inpatient acute care services based on the *quality of care*, not just *quantity of* the services they provide.

Purpose
The Hospital VBP Program is designed to promote better clinical outcomes for hospital patients, as well as improve their experience of care during hospital stays. Specifically, Hospital VBP seeks to

Resource: Immediate Jeopardy Quick Reference Guide

Immediate Jeopardy

Hospital VBP Program Quick Reference Guide

Eligibility for Participation in the Hospital VBP Program and Immediate Jeopardy Origination

The Centers for Medicare & Medicaid Services (CMS) Hospital Value-Based Purchasing (VBP) Program applies to subsection (d) hospitals, but excludes hospitals from participating for a fiscal year in which the following conditions apply:

1. A hospital that is subject to the payment reduction under section 1886(b)(3)(B)(viii)(I) of the Social Security Act (the Hospital Inpatient Quality Reporting Program)
2. A hospital for which, during the performance period for the fiscal year, the Secretary has cited deficiencies that pose immediate jeopardy to the health or safety of patients
3. A hospital for which there are not a minimum number of measures that apply to the hospital for the performance period for

Immediate Jeopardy Definition: Violation of a Condition of Participation (CoP)

CMS uses the Medicare State Survey and Certification process for citing deficiencies that pose immediate jeopardy to patients. Hospitals cited for deficiencies by this process during the performance period will be excluded from the Hospital VBP Program for the fiscal year. Hospitals excluded from the Hospital VBP Program would not incur the applicable withhold and would not be eligible to receive incentive payments for the fiscal year.

Immediate Jeopardy Definition: Emergency Medical Treatment and Labor Act (EMTALA) Violations

The CMS Regional Office determines whether there was an EMTALA violation after reviewing the State Survey Agency's report and an expert physician reviews the findings. Then it determines whether the violation constitutes an

Performance Periods for Purposes of Immediate Jeopardy (FY 2019- FY 2022)

| Fiscal Year | Performance Period |
|-------------|-------------------------|
| FY 2019 | 07/01/2014 – 12/31/2017 |
| FY 2020 | 07/01/2015 – 12/31/2018 |
| FY 2021 | 04/01/2016- 12/31/2019 |
| FY 2022 | 04/01/2017- 12/31/2020 |

CoP vs. EMTALA Citation Dates

- **CoP:** The survey end date generated in the Automated Survey Processing Environment (ASPEN) is used as the date for assignment of the immediate jeopardy citation to a particular performance period.
- **EMTALA:** The date of CMS' final issuance of Form CMS-2567 to the hospital is used as the date for assignment of the immediate

Baseline and Performance Periods

Hospital Value-Based Purchasing (HVBP)

Baseline and Performance Periods

- Baseline and Performance Periods - Previous Years

Eligibility

Measures

Scoring

Reports

Performance Standards

Review and Corrections/Appeals

Payments

Extraordinary Circumstances Form

Baseline and Performance Periods Hospital Value-Based Purchasing

In developing Hospital Value-Based Purchasing (VBP), the Centers for Medicare & Medicaid Services (CMS) conducted extensive research and stakeholder outreach. Information outlining Hospital VBP was published in the CMS Final Rules.

Among other topics, these final rules include details on:

- program structure, including quality and cost measure categories ("domains")
- quality and cost measures selected for the program
- criteria for participating and non-participating hospitals
- periods of performance for quality measurement
- performance standards for all quality measures
- scoring methodology

Fiscal Year (FY) 2020 Baseline and Performance Periods

| Domain | Baseline Period | Performance Period |
|--|------------------------------|------------------------------|
| Clinical Care: 30-Day Mortality Measures | July 1, 2010 – June 30, 2013 | July 1, 2015 – June 30, 2018 |
| Clinical Care: THA/TKA | July 1, 2010 – June 30, 2013 | July 1, 2015 – June 30, |

Eligibility

The screenshot shows a web application interface for Hospital Value-Based Purchasing (HVBP). The top navigation bar includes 'Home', 'My QualityNet', and 'Help'. Below this is a secondary navigation bar with dropdown menus for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The left sidebar contains a list of menu items: 'Hospital Value-Based Purchasing (HVBP)', 'Baseline and Performance Periods', 'Eligibility' (highlighted with a blue circle), 'Eligibility - Previous Years', 'Measures', 'Scoring', 'Reports', 'Performance Standards', 'Review and Corrections/Appeals', 'Payments', 'Extraordinary Circumstances Form', and 'Resources'. The main content area is titled 'Eligibility' and 'Hospital Value-Based Purchasing'. It contains a section for 'Minimum Cases and Measures' with a paragraph stating: 'CMS established the following minimum reporting requirements for number of cases, measures, and surveys:'. Below this is a section for 'FY 2018 Minimum Reporting Requirements' with a bulleted list of requirements.

| | | | | | | | |
|-----------------------|------------------------|-------------------|-----------------------------|-----------------------------|-----------------|----------------------------------|---------------------|
| Home | My QualityNet | Help | | | | | |
| Hospitals - Inpatient | Hospitals - Outpatient | Physician Offices | Ambulatory Surgical Centers | PPS-Exempt Cancer Hospitals | ESRD Facilities | Inpatient Psychiatric Facilities | Quality Improvement |

Hospital Value-Based Purchasing (HVBP)

- Baseline and Performance Periods
- Eligibility**
- Eligibility - Previous Years
- Measures
- Scoring
- Reports
- Performance Standards
- Review and Corrections/Appeals
- Payments
- Extraordinary Circumstances Form
- Resources

Eligibility

Hospital Value-Based Purchasing

Minimum Cases and Measures

CMS established the following minimum reporting requirements for number of cases, measures, and surveys:

FY 2018 Minimum Reporting Requirements

- Clinical Care: 25 cases in at least 2 of the 3 measures.
- Patient-and-Caregiver Centered Experience of Care/Care Coordination: 100 completed surveys.
- Safety: Hospitals must report the applicable case minimum for at least 3 of the 7 measures for the Safety domain.
 - AHRQ (PSI-90): 3 cases for any one of the underlying indicators.
 - CAUTI: 1 predicted infection.
 - CLABSI: 1 predicted infection.
 - CDI: 1 predicted infection.
 - MRSA: 1 predicted infection.
- SSI: A minimum of 1 predicted infection must be calculated in at least 1 of the 2 SSI strata in order to receive a SSI measure score.
 - SSI - Colon: 1 predicted infection.
 - SSI - Abdominal Hysterectomy: 1 predicted infection.
- PC-01: 10 cases.
- Efficiency and Cost Reduction: 25 episodes of care for the Medicare Spending per Beneficiary

Measures

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Value-Based Purchasing (HVBP)

Baseline and Performance Periods

Eligibility

Measures

- Previous Years' Measures

Scoring

Reports

Performance Standards

Review and Corrections/Appeals

Payments

Fiscal Years 2018 - 2023 Measures
Hospital Value-Based Purchasing

A hospital's performance in fiscal years (FY) 2018-FY 2023 Hospital Value-Based Purchasing (VBP) will be based on its performance according to the following measures:

Clinical Care Domain

| Measure ID* | Measure Description | FY 2018 | FY 2019 | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|-------------|---|---------|---------|---------|---------|---------|---------|
| MORT-30-AMI | Acute Myocardial Infarction (AMI) 30-Day Mortality Rate | Yes | Yes | Yes | Yes | Yes | Yes |
| MORT-30-HF | Heart Failure (HF) 30-Day Mortality Rate | Yes | Yes | Yes | Yes | Yes | Yes |
| MORT-30-PN | Pneumonia (PN) 30-Day Mortality Rate | Yes | Yes | Yes | No | No | No |

Scoring

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Value-Based Purchasing (HVBP)

- Baseline and Performance Periods
- Eligibility
- Measures
- Scoring**
- Achievement and Improvement
- Scoring - Previous Years
- Reports
- Performance Standards
- Review and Corrections/Appeals

Scoring
Hospital Value-Based Purchasing (VBP)

A hospital's performance in Hospital Value-Based Purchasing (VBP) is based on measures/dimensions for the domains per fiscal year (FY). The hospital's Total Performance Score (TPS) is composed of the following:

FY 2018 Scoring

| Domain | Weight |
|--|--------|
| Clinical Care | 25% |
| Patient- and Caregiver-Centered Experience of Care/Care Coordination | 25% |
| Safety | 25% |
| Efficiency and Cost Reduction | 25% |

FY 2019 & FY 2020 Scoring

| Domain | Weight |
|--------|--------|
|--------|--------|

Achievement and Improvement Scoring

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Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Value-Based Purchasing (HVBP)

- Baseline and Performance Periods
- Eligibility
- Measures
- Scoring
 - Achievement and Improvement**
 - Scoring - Previous Years
- Reports
- Performance Standards
- Review and Corrections/Appeals

Achievement and Improvement Scoring

Hospital Value-Based Purchasing

Hospitals will receive **two scores** on each measure and dimension: one for **achievement** and one for **improvement**.

- The **achievement score** measures how the hospital performed compared to other hospitals.
- The **improvement score** measures how much a hospital has improved compared to its own previous performance.

Scores are determined based on the hospital's performance compared to achievement and improvement ranges for each measure/dimension. The Centers for Medicare & Medicaid Services (CMS) will use the greater of either achievement or improvement scores on each measure and dimension to calculate the hospital's overall total performance. When calculating achievement points and improvement points, CMS rounds the resulting value to the nearest whole number.

The Patient Experience of Care domain (FY 2013-FY 2016), the Patient- and Caregiver- Centered Experience of Care/Care Coordination domain (FY 2017 and FY 2018), or the Person and Community Engagement domain (FY 2019 and subsequent Fiscal Years) also includes a Consistency Score. Two scores — Base and Consistency — are calculated for this domain. The Base Score is based on the greater of improvement or achievement points for the eight or nine (FY-dependent) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey dimensions. Consistency Points are awarded based on a hospital's lowest HCAHPS dimension score during the

Reports

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a login link for the Secure Portal, and a search box. Below this is a secondary navigation bar with tabs for Home, My QualityNet, and Help. A main navigation menu lists various facility types: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. The main content area is titled 'Reports' and focuses on 'Hospital Value-Based Purchasing (HVBP)'. A left sidebar contains a list of links: Baseline and Performance Periods, Eligibility, Measures, Scoring, Reports (highlighted with a blue circle), Previous Years' Reports, Performance Standards, Review and Corrections/Appeals, and Payments. The main content area provides information about the CMS reports, including the Baseline Measures Report and the Percentage Payment Summary Report, and lists the roles required to access them: Hospital Reporting Feedback - Inpatient role and File Exchange & Search role. It also mentions report releases and the FY 2020 Hospital VBP Program Reports.

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Hospital Value-Based Purchasing (HVBP)

Baseline and Performance Periods

Eligibility

Measures

Scoring

Reports

- Previous Years' Reports

Performance Standards

Review and Corrections/Appeals

Payments

Reports

Hospital Value-Based Purchasing

The Centers for Medicare & Medicaid Services (CMS) provides hospitals with reports reflecting the Hospital Value-Based Purchasing (VBP) program's impact for each fiscal year (FY).

CMS provides the **Baseline Measures Report** and **Percentage Payment Summary Report** to hospitals each year. CMS anticipates the upcoming fiscal year Percentage Payment Summary Report to be available by August 1, prior to the start of the same fiscal year.

Reports are only available on the *QualityNet Secure Portal* to hospital users who are active, registered QualityNet users and assigned the following roles:

- Hospital Reporting Feedback - Inpatient role (required to receive the report)
- File Exchange & Search role (required to download the report from the secure portal)

Report releases

CMS previously provided or anticipates providing the following reports to hospitals:

FY 2020 Hospital VBP Program Reports

- CMS anticipates the release of the Hospital VBP Program FY 2020 Baseline Measures Report in 2018. The Baseline Measures Report allows hospitals to monitor their baseline period performance for all designated measures assigned for the Hospital VBP Program.

Performance Standards

| | |
|---|--|
| Hospital Value-Based Purchasing (HVBP) | Performance Standards |
| Baseline and Performance Periods | Hospital Value-Based Purchasing (HVBP) |
| Eligibility | CMS assesses each hospital's total performance by comparing its Achievement and Improvement scores for each applicable Hospital VBP measure. CMS uses a threshold (50th percentile) and benchmark (mean of the top decile) to determine how many points to award for the Achievement and Improvement scores. CMS compares the Achievement and Improvement scores and uses whichever is greater to determine the measure score. |
| Measures | Achievement points are awarded by comparing an individual hospital's rates during the performance period to all hospitals' rates from the baseline period: |
| Scoring | <ul style="list-style-type: none"> • Hospital rates at or better than the benchmark = 10 Achievement points • Hospital rates worse than the achievement threshold = 0 Achievement points • Hospital's rate is equal to or better than the achievement threshold and worse than the benchmark = 1-9 Achievement points |
| Reports | Improvement points are awarded by comparing an individual hospital's rates during the performance period to that same individual hospital's rates from the baseline period: |
| Performance Standards | <ul style="list-style-type: none"> • Hospital rates at or better than the benchmark = 9 Improvement points • Hospital rates at or worse than the baseline period rate = 0 Improvement points • Hospital's rate is between the baseline period rate and the benchmark = 0-9 Improvement points |
| • FY 2018 Performance Standards | Note: Hospitals with rates at or better than the benchmark, but not better than their baseline period rate (that is, they have a performance period rate below the baseline Period rate), will receive 0 improvement points, as no improvement was actually observed. |
| • FY 2019 Performance Standards | The Patient Experience of Care (FY 2013-FY 2016), Patient and Caregiver Centered Experience of Care/Care Coordination (FY 2017 -FY 2018), and Person and Community Engagement (FY 2019 and subsequent fiscal years) domain score is the sum of a hospital's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) base score and that hospital's HCAHPS Consistency |
| • FY 2020 Performance Standards | |
| • FY 2021 Performance Standards | |
| • FY 2022 Performance Standards | |
| Review and Corrections/Appeals | |
| Payments | |

Payments

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Hospital Value-Based Purchasing (HVBP)

- Baseline and Performance Periods
- Eligibility
- Measures
- Scoring
- Reports
- Performance Standards
- Review and Corrections/Appeals
- Payments**

Payments
Hospital Value-Based Purchasing (VBP)

Hospital Value-Based Purchasing (VBP) is funded through a reduction from participating hospitals' Diagnosis-Related Group (DRG) payments for the applicable fiscal year. The money that is withheld will be redistributed to hospitals based on their Total Performance Scores (TPS), as required by statute, and the actual amount earned by hospitals will depend on the actual range and distribution of all eligible/participating hospitals' TPSs. A hospital may earn back a value-based incentive payment percentage that is less than, equal to, or more than the applicable reduction for that program year.

Value-Based Incentive Payment Percentage by Program Fiscal Year

| Fiscal Year | Percent Reduction |
|-------------|-------------------|
| 2013 | 1.0 |
| 2014 | 1.25 |
| 2015 | 1.5 |

Resources

| Hospitals - Inpatient | Hospitals - Outpatient | Physician Offices | Ambulatory Surgical Centers | PPS-Exempt Cancer Hospitals | ESRD Facilities | Inpatient Psychiatric Facilities | Quality Improvement |
|-----------------------|------------------------|-------------------|-----------------------------|-----------------------------|-----------------|----------------------------------|---------------------|
|-----------------------|------------------------|-------------------|-----------------------------|-----------------------------|-----------------|----------------------------------|---------------------|

| |
|---|
| Hospital Value-Based Purchasing (HVBP) |
| Baseline and Performance Periods |
| Eligibility |
| Measures |
| Scoring |
| Reports |
| Performance Standards |
| Review and Corrections/Appeals |
| Payments |
| Extraordinary Circumstances Form |
| Resources |
| • Resources - Previous Years |
| Webinars/Calls |

Resources

Hospital Value-Based Purchasing

[Hospital Value-Based Purchasing \(CMS.gov\)](#) – the Centers for Medicare & Medicaid Services’ (CMS’) primary source of information about the Hospital Value-Based Purchasing (VBP) for hospitals, clinicians, and other stakeholders. Information includes:

- National Provider Call Presentations
- Fact Sheets
- Open Door Forums

How to Read Your Reports

The **How to Read Your Fiscal Year Baseline Measures Report** helps hospitals understand how to use the Baseline Measures Report to monitor their baseline performance for all domains and measures.

The **How to Read Your Fiscal Year Hospital Value-Based Purchasing (VBP) Payment Summary Report** provides participating hospitals with information on how to interpret the Percentage Payment Summary Report, which outlines a hospital’s value-based incentive payment percentage for each Medicare discharge.

- **Fiscal Year (FY) 2020**
 - [How to Read Your FY 2020 Baseline Measures Report](#), PDF-700 KB
- **FY 2019**
 - [How to Read Your FY 2019 Baseline Measures Report](#), PDF-957 KB
 - [How to Read Your FY 2019 Hospital Value-Based Purchasing \(VBP\) Program Percentage Payment Summary Report \(PPSR\)](#), PDF-6 MB
- **FY 2018**

Resources: Help Guides and Quick Reference Guides

Step-by-Step Calculations for Value-Based Purchasing
Understanding the Fiscal Year (FY) 2019 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)

Overview
Hospital participants in the Hospital VBP Program have the opportunity to receive their FY 2019 PPSR. This quick reference guide offers an overview of how CMS calculates scores and awards points based on performance standards. The step-by-step process below summarizes scoring methods that determine the Total Performance Score (TPS) located in a hospital's PPSR. The PPSR displays the hospital's VBP and value-based incentive payment adjustment factor that will be applied in FY 2019.

Step 1: Calculate Achievement Points and Improvement Points for Each Measure
Step 2: Determine the Measure or Dimension Score
Step 3: Calculate the Unweighted Domain Score
Step 4: Determine the Domain Weight
Step 5: Calculate the Weighted Domain Score
Step 6: Calculate the Total Performance Score

Please note the values displayed in this guide serve as examples and are not reflective of any specific hospital's PPSR.

Step 1: Calculate Achievement Points and Improvement Points for Each Measure
Hospitals will receive two scores on each measure and dimension: one for achievement and one for improvement. When calculating achievement points and improvement points, CMS rounds the resulting value to the nearest whole number. CMS will only score the measures that meet the minimum data requirements. The minimum data requirements are found on the [Hospital VBP Program](#) page on QualityNet. If a hospital only meets the minimum data required during the performance period (and not the baseline period), only achievement points will be scored. CMS finalized a modified version of achievement and improvement point formulas for calculating the Medicare Spending per Beneficiary (MSBP) measure in the FY 2012 repeat prospective payment system (RPPS) final rule (75 FR 51654-51656).

Achievement Points
Achievement points are awarded by comparing an individual hospital's rates during the performance period to all hospital's rates from the baseline period.
• Hospital rate at or above the benchmark = 10 achievement points
• Hospital rate below the achievement threshold = 0 achievement points

Improvement Points
Improvement points are awarded by comparing an individual hospital's rates during the performance period to the hospital rate equal to or greater than the achievement threshold but less than the benchmark = 1-9 achievement points, see the formula below:

$$\left(\frac{9 \times (\text{Performance Period Rate} - \text{Achievement Threshold})}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

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How to Read Your Fiscal Year (FY) 2019 Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)

Provided by the Hospital Inpatient Value, Incentives, and Quality Reporting (HIQIR) Outreach and Education Support Center for (OC)

Overview
This program summary highlights the major elements of the fiscal year (FY) 2019 Hospital Value-Based Purchasing (VBP) Program administered by the Centers for Medicare & Medicaid Services (CMS). The Hospital VBP Program is designed to improve the quality, efficiency, and safety of care that Medicare beneficiaries and all patients receive during acute care inpatient stays, as well as improve their experience of care during hospital stays by:

- Eliminating or reducing the occurrence of adverse events (e.g., healthcare errors resulting in patient harm).
- Adopting evidence-based care standards and protocols that result in the better outcomes for the greatest number of patients.
- Re-engineering hospital processes that improve patient experience of care.
- Increasing the transparency of care quality for consumers, clinicians, and others.
- Recognizing hospitals that are involved in the provision of high quality care at a lower cost to Medicare.

Hospital VBP Program Background
Section 1886 of the Social Security Act sets forth the Hospital VBP Program requirements, affecting Medicare rates for services provided for inpatient stays at approximately 2,000 hospitals across the country. This program is part of CMS' larger quality strategy to reform how health care is delivered and paid for by rewarding hospitals with incentive payments for the quality of care provided in the inpatient hospital setting.

Page 1 of 8 July 2018 CMS

Program Summary
Understanding the Fiscal Year 2019 Hospital Value-Based Purchasing Program

Overview
This program summary highlights the major elements of the fiscal year (FY) 2019 Hospital Value-Based Purchasing (VBP) Program administered by the Centers for Medicare & Medicaid Services (CMS). The Hospital VBP Program is designed to improve the quality, efficiency, and safety of care that Medicare beneficiaries and all patients receive during acute care inpatient stays, as well as improve their experience of care during hospital stays by:

- Eliminating or reducing the occurrence of adverse events (e.g., healthcare errors resulting in patient harm).
- Adopting evidence-based care standards and protocols that result in the better outcomes for the greatest number of patients.
- Re-engineering hospital processes that improve patient experience of care.
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FY 2019 Value-Based Purchasing Domain Weighting
(Payment adjustment effective for discharges from October 1, 2018 to September 30, 2019)
Version 2.01-11-2018

| Domain | Baseline Period | Performance Period | Threshold | Benchmark |
|--|---|-----------------------------------|-----------|-----------|
| Clinical Care (25%) | July 1, 2018-June 30, 2019 | July 1, 2018-June 30, 2017 | 1.00001 | 1.07500 |
| | 30-day mortality, acute myocardial infarction (AMI) (35-AMI); 30-day mortality, heart failure (HF) (35-HF); 30-day mortality, pneumonia (ICD9-CM-10-PN) | July 1, 2015-June 30, 2017 | 1.00002 | 1.00700 |
| Patient and Community Engagement (25%) | January 1, 2018-December 31, 2018 | January 1, 2017-December 31, 2017 | 0.00000 | 0.00000 |
| | CAHAP's Survey Assessments | CAHAP's Performance Standard | 0.00000 | 0.00000 |
| Efficiency and Cost Reduction (25%) | January 1, 2018-December 31, 2018 | January 1, 2017-December 31, 2017 | 0.00000 | 0.00000 |
| | MSBP | MSBP | 0.00000 | 0.00000 |
| Safety (25%) | January 1, 2018-December 31, 2018 | January 1, 2017-December 31, 2017 | 0.00000 | 0.00000 |
| | MSBP | MSBP | 0.00000 | 0.00000 |

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All on QualityNet

- Step-by-Step Calculations for Value-Based Purchasing
- How to Read Your FY 2019 Hospital VBP Program Percentage Payment Summary Report (PPSR)
- Program Summary
- FY 2019 Value-Based Purchasing Domain Weighting

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202>

April Compingbutra, MPH

Program Lead, HAC Reduction Program, HQRPSC

Hospital-Acquired Condition (HAC) Reduction Program

HAC Reduction Program Landing Page

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login link: "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button and a search box. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". A secondary navigation bar contains dropdown menus for "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into three columns:

- Left Column (Table of Contents):**
 - [Hospital-Acquired Condition \(HAC\) Reduction Program](#)
 - [Measures](#)
 - [Eligibility](#)
 - [Scoring Methodology](#)
 - [Review and Corrections Process](#)
 - [Payment Adjustment](#)
 - [Hospital-Specific Reports](#)
 - [Resources](#)
 - [Questions and Comments](#)
 - [Extraordinary](#)
- Middle Column (Overview):**

Overview

Hospital-Acquired Condition (HAC) Reduction Program

Section 1886(p) of the Social Security Act established the Hospital-Acquired Condition (HAC) Reduction Program to encourage hospitals to reduce HACs. Beginning with Federal Fiscal Year (FY) 2015 discharges (i.e., beginning on October 1, 2014), the HAC Reduction Program requires the Secretary of Health and Human Services (HHS) to adjust payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures. As set forth in the Affordable Care Act, the Centers for Medicare & Medicaid Services (CMS) may reduce these hospitals' payments by one percent.

CMS finalized measures and scoring methodology (vol 78, FR 50717) for this program in the FY 2014 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) Final Rule. CMS uses the Total HAC Score to determine the worst-performing quartile of all subsection (d) hospitals. CMS finalized and adopted the new Winsorized z-score methodology for the FY 2018 HAC Reduction Program in the [FY 2017 IPPS/LTCH PPS Final Rule](#). For FY 2019, the Total HAC Score is based on data for six quality measures in two domains:

 - Domain 1 – CMS Recalibrated Patient Safety Indicator (PSI) 90 (CMS PSI 90)
 - Domain 2 – National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) Measures
- Right Column (About HAC Reduction Program):**
 - [Frequently Asked Questions, PDF](#)
 - [Fact Sheet, PDF](#)
 - [Infographic, PDF](#)

Measures

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a login link for the Secure Portal, and a search box. Below this is a secondary navigation bar with tabs for Home, My QualityNet, and Help. A main navigation menu lists various categories: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. The main content area is titled 'Measures' and focuses on the 'Hospital-Acquired Condition (HAC) Reduction Program'. It includes a sidebar with a table of contents where 'Measures' is highlighted. The main text explains that CMS adopted certain measures in the FY 2017 payment system and lists 'FY 2019 Measures', starting with 'Domain 1 - CMS Recalibrated Patient Safety Indicator (PSI) 90'. A list of 15 PSI codes and their descriptions is provided.

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Hospital-Acquired Condition (HAC) Reduction Program

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Measures
Hospital-Acquired Condition (HAC) Reduction Program

In the [FY 2017 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System \(IPPS/LTCH PPS\) Final Rule](#), CMS adopted the following measures.

FY 2019 Measures

1. **Domain 1 – CMS Recalibrated Patient Safety Indicator (PSI) 90**
CMS calculates the CMS PSI 90 using Medicare Fee-for-service claims for discharges from **October 1, 2015 through June 30, 2017***. The CMS PSI 90 measure includes:

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

About HAC Reduction Program

- Frequently Asked Questions, PDF
- Fact Sheet, PDF
- Infographic, PDF

Eligibility

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a navigation bar with 'Log in to QualityNet Secure Portal (formerly MyQualityNet)' and a 'Log In' button. Further right is a search bar with a 'Search' button. Below this is a main navigation menu with 'Home', 'My QualityNet', and 'Help'. A secondary menu lists various facility types: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is titled 'Hospital-Acquired Condition (HAC) Reduction Program' and is divided into three sections: 'Measures', 'Eligibility', and 'About HAC Reduction Program'. The 'Eligibility' section is highlighted with a blue circle. It contains the following text: 'Program Eligibility Hospital-Acquired Condition (HAC) Reduction Program. As defined under the Social Security Act, all subsection (d) hospitals are subject to the HAC Reduction Program. CMS exempts certain hospitals and hospital units from the HAC Reduction Program. Exempted hospitals and units include:'. Below this is a bulleted list of exempted categories: Critical access hospitals (CAH), Rehabilitation hospitals and units, Long-term care hospitals (LTCH), Psychiatric hospitals and units, Children's hospitals, Prospective Payment System (PPS)-exempt cancer hospitals, Short-term acute care hospitals located in Guam, the U.S. Virgin Islands, the Northern Mariana Islands, and American Samoa, and Religious nonmedical health care institutions (RNHCI). A sidebar on the right contains 'About HAC Reduction Program' with links to 'Frequently Asked Questions, PDF', 'Fact Sheet, PDF', and 'Infographic, PDF'. At the bottom of the page, there is a note: 'For a full description of subsection (d) hospitals, refer to the Social Security Act on the Social Security'.

Scoring Methodology

The screenshot shows the QualityNet website interface. At the top, there is a blue header with the QualityNet logo on the left, a login prompt "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button, and a search bar on the right. Below the header is a navigation menu with tabs for "Home", "My QualityNet", and "Help". Underneath are several dropdown menus for facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is titled "Scoring Methodology" and "Hospital-Acquired Condition (HAC) Reduction Program". It contains a paragraph explaining the program's goal to reduce HACs and a section for "FY 2018 and 2019 Scoring Methodology". This section details that CMS calculates a Total HAC Score from two domains: Domain 1 (CMS Recalibrated Patient Safety Indicators) and Domain 2 (CDC NHSN HAI measures). Domain 2 includes CLABSI and CAUTI. A sidebar on the left lists navigation options, with "Scoring Methodology" highlighted in a blue circle. A sidebar on the right provides links for "About HAC Reduction Program", including "Frequently Asked Questions, PDF", "Fact Sheet, PDF", and "Infographic, PDF".

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Hospital-Acquired Condition (HAC) Reduction Program

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Scoring Methodology
Hospital-Acquired Condition (HAC) Reduction Program

The HAC Reduction Program encourages hospitals to reduce HACs, as stated in the Fiscal Year (FY) 2014 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) Final Rule. Beginning in FY 2018, the Centers for Medicare & Medicaid Services (CMS) implemented a new scoring methodology.

FY 2018 and 2019 Scoring Methodology

CMS calculates a Total HAC Score composed of two domains to identify the worst-performing quartile of hospitals.

Domain 1 – CMS Recalibrated Patient Safety Indicators (PSI) 90: Patient Safety and Adverse Events Composite

Domain 2 - Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) measures:

- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)

About HAC Reduction Program

- Frequently Asked Questions, PDF
- Fact Sheet, PDF
- Infographic, PDF

Payment Adjustment

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a search box, and a 'Log In' button. Below this is a secondary navigation bar with tabs for 'Home', 'My QualityNet', and 'Help'. A main menu contains several categories: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is titled 'Payment Adjustment' and 'Hospital-Acquired Condition (HAC) Reduction Program'. It includes a detailed description of the program, a list of payment adjustment steps, and a sidebar with links to 'Frequently Asked Questions, PDF', 'Fact Sheet, PDF', and 'Infographic, PDF'. The 'Payment Adjustment' link in the sidebar is highlighted with a blue circle.

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Hospital-Acquired Condition (HAC) Reduction Program

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Payment Adjustment
Hospital-Acquired Condition (HAC) Reduction Program

Subsection (d) hospitals with a Total HAC Score greater than the 75th percentile of all Total HAC Scores (i.e., the worst-performing quartile) will be subject to a 1 percent payment reduction. This payment reduction applies to all Medicare discharges between October 1, 2018 and September 30, 2019 (i.e., fiscal year 2019). The payment reduction occurs when CMS pays hospital claims. Hospitals that do not rank in the worst-performing quartile will not be subject to a payment reduction. In fiscal year (FY) 2019, CMS notified hospitals whether they will receive a payment reduction in the Hospital-Acquired Condition (HAC) Reduction Program Hospital-Specific Report (HSR). CMS delivered HSRs to hospitals via the *QualityNet Secure Portal* in July 2018.

CMS applies payment adjustments in the following order:

1. Hospital Value-Based Purchasing (VBP) Program payment adjustment
2. Hospital Readmissions Reduction Program (HRRP) payment adjustment
3. Disproportionate share hospital (DSH) and indirect medical education (IME)
4. HAC Reduction Program payment reduction

For example, if both the Hospital VBP and HRRP payment adjustments are based on a \$1,000,000 base operating diagnosis-related group (DRG) payment amount and the hospital loses 2 percent for

About HAC Reduction Program

- Frequently Asked Questions, PDF
- Fact Sheet, PDF
- Infographic, PDF

Hospital-Specific Reports

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Hospital-Acquired Condition (HAC) Reduction Program

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Hospital-Specific Reports

Hospital-Acquired Condition (HAC) Reduction Program

The Centers for Medicare and Medicaid Services (CMS) will generate a Fiscal Year (FY) 2019 Hospital-Specific Report (HSR) for each hospital eligible for the HAC Reduction Program. The HSR is a Microsoft Excel file that presents the following information:

- Total HAC Score
- Domain 1 and Domain 2 scores
- Measure result and Winsorized z-score for the CMS Recalibrated Patient Safety Indicator (PSI) 90 (CMS PSI 90)
- Discharge-level data used to calculate CMS PSI 90 measure results
- Measure results and Winsorized z-scores for the following Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) measures:
 - Central Line-Associated Bloodstream Infection (CLABSI)
 - Catheter-Associated Urinary Tract Infection (CAUTI)
 - Surgical Site Infection (SSI) – colon and hysterectomy
 - Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia

About HAC Reduction Program

- [Frequently Asked Questions, PDF](#)
- [Fact Sheet, PDF](#)
- [Infographic, PDF](#)

Resources

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button and a search box. Below this is a navigation bar with "Home", "My QualityNet", and "Help" tabs. A secondary navigation bar contains dropdown menus for "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into two columns. The left column is a sidebar menu for the "Hospital-Acquired Condition (HAC) Reduction Program" with items: Measures, Eligibility, Scoring Methodology, Review and Corrections Process, Payment Adjustment, Hospital-Specific Reports, Resources (highlighted with a blue circle), Questions and Comments, and Feedback. The right column is titled "Resources" and contains the following content:

Hospital-Acquired Condition (HAC) Reduction Program

Fiscal Year (FY) 2019 HAC Reduction Program

- [HAC Reduction Program Scoring Methodology Infographic](#), PDF-387 KB (03/22/17) – Overview of the HAC Reduction Program Scoring Methodology using Winsorized z-scores
- [FY 2019 Timeline](#), PDF-188 KB (07/25/18) – Timeline for the implementation of the FY 2018 HAC Reduction Program
- [FY 2019 HAC Reduction Program Frequently Asked Questions](#), PDF-949 KB (07/25/18) – List of questions and answers about the FY 2018 HAC Reduction Program.
- [FY 2019 HAC Reduction Program Fact Sheet](#), PDF-365 KB (07/25/18) – Overview of the HAC Reduction Program
- [HAC Reduction Program Matrix of Key Dates](#), PDF-81 KB (07/25/18) – Key information and dates for the measures in the FY 2019 HAC Reduction Program

FY 2018 HAC Reduction Program

- [HAC Reduction Program Scoring Methodology Infographic](#), PDF-387 KB (03/22/17) – Overview of the HAC Reduction Program Scoring Methodology using Winsorized z-scores
- [FY 2018 Timeline](#), PDF-188 KB (07/25/18) – Timeline for the implementation of the FY 2018 HAC

Resources: Scoring Methodology Infographic, Timeline, and Key Dates

HAC Reduction Program Scoring Methodology Using Winsorized z-scores

CMS
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WINSORIZATION:
Truncating the measure distributions at the 5th and 95th percentiles to reduce the impact of outliers

STEP 1

a Hospitals with a measure result between the minimum and the 5th percentile will receive the 5th percentile value for the measure.

b Hospitals with a measure result between the 95th percentile and the maximum will receive the 95th percentile value for the measure.

Winsorized measure result example calculations

Hospital A's SSI measure result of 2.795 is greater than the 95th percentile SSI measure result of 2.353; therefore, Hospital A's Winsorized SSI measure result will equal the 95th percentile value of 2.353.

Hospital A's SSI measure result = 2.795

Hospital A's Winsorized SSI measure result = 2.353

Hospital A's PSI 90 Composite, CLABSI, CAUTI, MRSA, and CDI measure results are between the 5th and 95th percentile values for those measures; therefore, Hospital A's Winsorized measure results will equal the hospital's measure results for these measures.

Hospital A's CDI measure result = 0.919

Hospital A's Winsorized CDI measure result = 0.919

Hypothetical calculations for Hospital A using Winsorized z-score approach*

Table 1: Hospital A's measure results, Winsorized measure results, and Winsorized z-scores

| Measure | Measure Result | 5th Percentile** | 95th Percentile** | Winsorized Measure Result | Mean** | Standard Deviation** | Winsorized z-score*** |
|---------|----------------|------------------|-------------------|---------------------------|--------|----------------------|-----------------------|
| PSI 90 | 0.8485 | 0.6537 | 1.2977 | 0.8485 | 0.8885 | 0.1181 | -0.339 |
| CLABSI | 0.922 | 0 | 1.375 | 0.922 | 1.048 | 0.164 | -0.768 |
| CAUTI | 0.112 | 0 | 1.808 | 0.112 | 0.998 | 0.481 | -1.842 |
| SSI | 2.795 | 0 | 2.353 | 2.353 | 0.965 | 0.714 | 1.944 |
| MRSA | 1.366 | 0 | 2.142 | 1.366 | 1.001 | 0.515 | 0.709 |
| CDI | 0.919 | 0 | 1.639 | 0.919 | 0.979 | 0.348 | -0.172 |

*Hypothetical values for illustrative purposes that are not based on real data
**Calculated across eligible subpopulation (d) hospitals with a measure result for the given measure
***Hospitals that do not submit data and do not have a wavier will receive the maximum Winsorized z-score for that measure

FY 2019 Hospital-Acquired Condition (HAC) Reduction Program Timeline

CMS
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Matrix of Key Dates

| Fiscal Year (FY) | Measures Included | Performance Period ¹ | Domain Weighting | Scoring Calculation Review and Correction Period ² | Medicare Discharge Payment Adjustment Dates ³ | Public Reporting on Hospital Compare |
|------------------|--|--|--------------------------------|---|---|--------------------------------------|
| FY 2018 | Domain 1: CMS PSI 90 Domain 2: CDC NISHS Measures (CAUTI, CLABSI, SSI, MRSA, CDI) | Domain 1: 7/1/2014 – 9/30/2015 Domain 2: 1/1/2015 – 12/31/2015 | Domain 1: 15% Domain 2: 85% | Domain 1: 1 st 7/19/2017 – 8/17/2017 Domain 2: 2 nd 9/14/2017 – 10/13/2017 | Payment adjustment applied to all Medicare discharges from: 10/1/2017 – 9/30/2018 | December 2017 |
| FY 2019 | Domain 1: CMS PSI 90 Domain 2: CDC NISHS Measures (CAUTI, CLABSI, SSI, MRSA, CDI) | Domain 1: 10/1/2015 – 6/30/2017 Domain 2: 1/1/2016 – 12/31/2017 | Domain 1: 15% Domain 2: 85% | 7/27/2018 – 8/27/2018 | Payment adjustment applied to all Medicare discharges from: 10/1/2018 – 9/30/2019 | January 2019 |

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Resources: CMS Patient Safety Indicators

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet)

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities

Claims-Based and Hybrid Measure

CMS Patient Safety Indicators (PSIs)

- Hospital-Specific Reports
- Resources**
- Archived Resources
- Questions and Comments

Mortality Measures

Hospital Value-Based Purchasing (VBP) Mortality and Complication Measures

Readmission Measures

Complication Measure

Medicare Spending Per Beneficiary (MSPB) Measure

Resources

CMS Patient Safety Indicators (PSIs)

The data, methods, and software CMS use to calculate the CMS recalibrated PSIs vary by initiative. This page supports the following initiatives:

- Hospital-Acquired Condition (HAC) Reduction Program
- Hospital Inpatient Quality Reporting (IQR) Program

Basic Summary of Methods and Software in Each Program

| Program/Software Specific Information | Fiscal Year (FY) 2019 Hospital IQR | FY 2019 HAC Reduction Program |
|--|--|--|
| CMS PSI Software Version | Recalibrated Version 8.0 | Recalibrated Version 8.0 |
| Discharge Period | 10/01/15 to 06/30/17** | 10/01/15 to 06/30/17** |
| Number of Diagnosis Codes | 25 | 25 |
| Number of Procedure Codes | 25 | 25 |
| Program-Specific Hospital-Specific Reports | FY 2019 Hospital IQR | FY 2019 HAC Reduction Program |
| Patient Safety Indicators Technical Specifications | Version 7.0 Technical Specifications , September 2017 (applies to ICD-10 recalibrated version 8.0) | Version 7.0 Technical Specifications , September 2017 (applies to ICD-10 recalibrated version 8.0) |

Laura Blum, MPH
Program Lead, HRRP, HQRPS

Hospital Readmissions Reduction Program (HRRP)

HRRP Landing Page

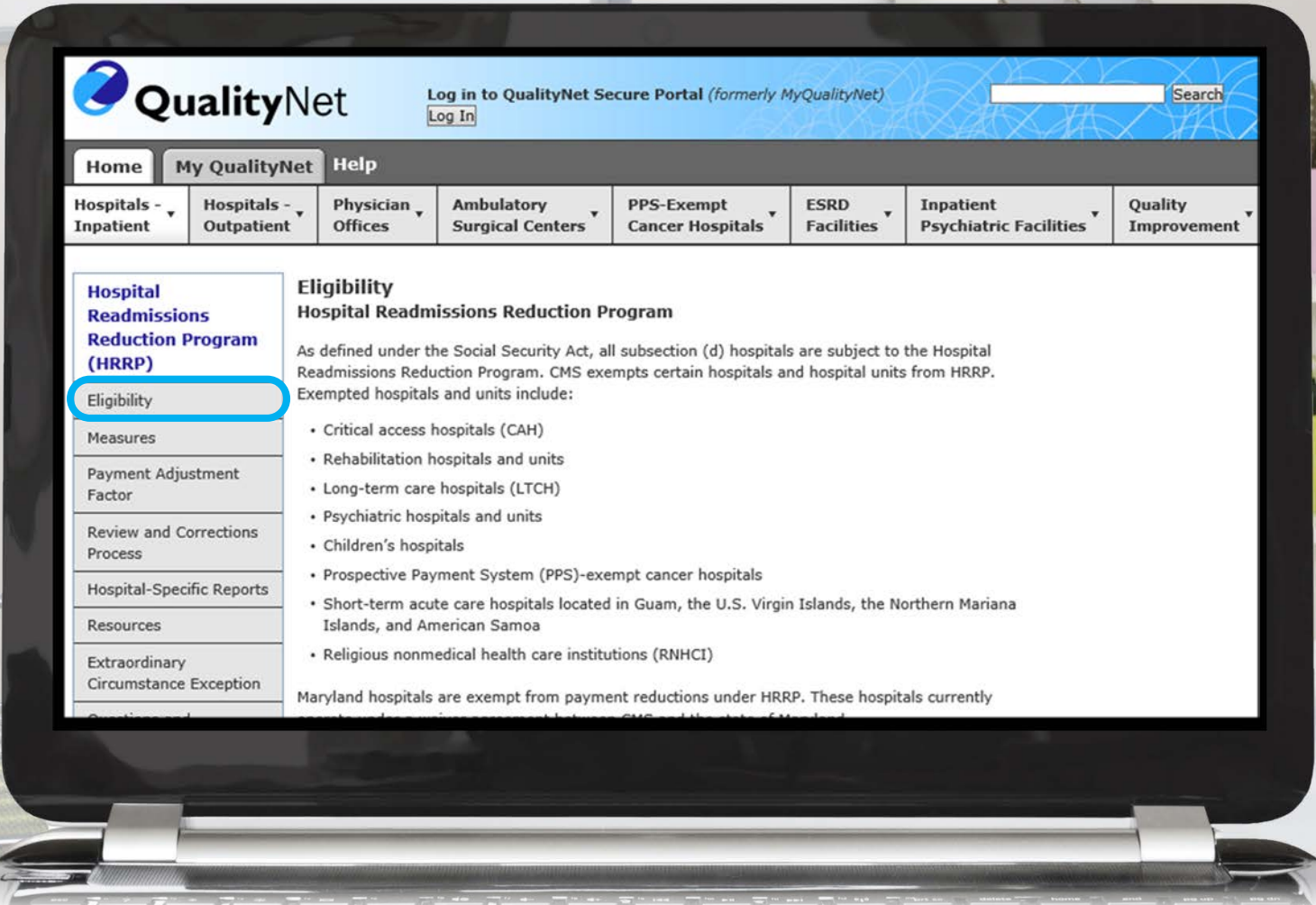
The screenshot shows the QualityNet website interface. At the top, there is a blue header with the QualityNet logo on the left, a login prompt "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button, and a search bar on the right. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Underneath is a horizontal menu with dropdown arrows for various categories: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into three columns. The left column is a sidebar menu with the following items: "Hospital Readmissions Reduction Program (HRRP)", "Eligibility", "Measures", "Payment Adjustment Factor", "Review and Corrections Process", "Hospital-Specific Reports", "Resources", and "Extraordinary Circumstance Exception".

The middle column is the main content area, titled "Overview Hospital Readmissions Reduction Program". It contains two paragraphs of text. The first paragraph discusses the requirements of Section 3025 of the 2010 Affordable Care Act. The second paragraph explains the program's goal of improving healthcare by linking payment to quality. The third paragraph discusses the 21st Century Cures Act requirements.

The right column is a sidebar titled "About Hospital Readmission Reductions Program" and contains two bullet points: "Frequently Asked Questions, PDF" and "Fact Sheet, PDF".

Eligibility



Measures

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Readmissions Reduction Program (HRRP)

- Eligibility
- Measures**
 - Excess Readmission Ratio
- Payment Adjustment Factor
- Review and Corrections Process
- Hospital-Specific Reports
- Resources

Measures
Hospital Readmissions Reduction Program

The FY 2019 Hospital Readmissions Reduction Program (HRRP) includes the following 30-day risk-standardized readmission measures:

| Effective Program Year | 30-day Risk Standardized Readmission Measures |
|------------------------|--|
| FY 2013 | <ul style="list-style-type: none">Acute myocardial infarction (AMI)Heart failure (HF)Pneumonia |
| FY 2015 | <ul style="list-style-type: none">Chronic obstructive pulmonary disease (COPD)Elective primary total hip and/or total knee arthroplasty (THA/TKA) |
| FY 2017 | <ul style="list-style-type: none">Coronary Artery Bypass Graft (CABG) Surgery |

Excess Readmission Ratio

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Readmissions Reduction Program (HRRP)

- Eligibility
- Measures
 - Excess Readmission Ratio**
- Payment Adjustment Factor
- Review and Corrections Process
- Hospital-Specific Reports
- Resources

Excess Readmission Ratio

Hospital Readmissions Reduction Program

The Centers for Medicare & Medicaid Services (CMS) calculates an excess readmission ratio (ERR) for each of the measures in the FY 2019 Hospital Readmissions Reduction Program (HRRP) to measure hospital performance. CMS uses the ERRs to determine hospitals' payment adjustment factors. ERRs are the ratio of predicted-to-expected readmissions for each measure in HRRP:

- **Predicted readmissions** are the number of unplanned readmissions CMS predicted based on a hospital's performance with its case mix and the estimated effect on readmissions (i.e., the hospital-specific effect). Section 3025 of the Affordable Care Act refers to predicted readmissions as "Adjusted Actual Readmissions".
- **Expected readmissions** are the number of unplanned readmissions CMS expected based on a hospital's average performance with its case mix and the average hospital effect.

The ERR is the ratio of a hospital's predicted-to-expected readmission rates for a given measure. The Affordable Care Act refers to the ERR as the Standardized Readmission Ratio. If a hospital performs better than an average hospital that admitted similar patients (i.e., patients with similar risk factors for readmission, like age and comorbidities), the ERR will be less than 1.0000. If a hospital performs worse than average, the ERR will be greater than 1.0000.

Payment Adjustment Factor

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a search bar, and a 'Log In' button. Below this is a secondary navigation bar with tabs for 'Home', 'My QualityNet', and 'Help'. A main navigation menu lists various categories: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is titled 'Payment Adjustment Factor Hospital Readmissions Reduction Program'. It includes a left sidebar with a table of contents where 'Payment Adjustment Factor' is highlighted. The main text explains that CMS calculates an excess readmission ratio (ERR) for each measure in the FY 2019 HRRP. It details how performance is assessed relative to peer groups and how a budget neutrality modifier is applied. A right sidebar provides links for 'Frequently Asked Questions, PDF' and 'Fact Sheet, PDF'. At the bottom of the main text, there is a link to an infographic on the 'Resources' page.

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Readmissions Reduction Program (HRRP)

- Eligibility
- Measures
- Payment Adjustment Factor**
- Review and Corrections Process
- Hospital-Specific Reports
- Resources
- Extraordinary Circumstance Exception

Payment Adjustment Factor Hospital Readmissions Reduction Program

The Centers for Medicare & Medicaid Services (CMS) calculates an excess readmission ratio (ERR) for each of the measures in the FY 2019 Hospital Readmissions Reduction Program. CMS uses the ERRs to determine the payment adjustment factor. CMS calculates the payment adjustment factor from historical data for Medicare fee-for-service (FFS) patients discharged with one or more conditions specified under the program.

CMS assesses performance relative to the performance of hospitals within the same peer group. Hospitals are stratified into five peer groups, or quintiles, based on the proportion of dual-eligible stays. A hospital's dual proportion is the proportion of Medicare FFS and managed care stays where the patient was dually eligible for Medicare and full-benefit Medicaid. The median ERR within the peer group is the threshold that assesses hospital performance on each measure. Measures with 25 or more eligible discharges and an ERR above the peer group median ERR enter the payment adjustment factor formula. A budget neutrality modifier is applied to scale payment adjustments to retain a similar amount of Medicare saving under the stratified and non-stratified methodologies. The payment adjustment factor formula determines the size of the payment reduction. CMS capped the payment reduction at 3% (i.e. a minimum payment adjustment factor of 0.97).

Please refer to the FY 2019 HRRP Payment Adjustment Determination Infographic on the [Resources](#)

About Hospital Readmission Reductions Program

- Frequently Asked Questions, PDF
- Fact Sheet, PDF

Hospital-Specific Reports

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Readmissions Reduction Program (HRRP)

- Eligibility
- Measures
- Payment Adjustment Factor
- Review and Corrections Process
- Hospital-Specific Reports**
 - Early Look Hospital-Specific Reports
- Resources

Hospital-Specific Reports
Hospital Readmissions Reduction Program

Hospitals can preview their data prior to public reporting. Hospitals receive a Hospital-Specific Report (HSR) with detailed information about their Payment Adjustment Factor and component results. The Centers for Medicare and Medicaid Services (CMS) produces HSRs for all hospitals participating in the Hospital Readmissions Reduction Program.

HSRs are available to hospital staff who register as QualityNet users and serve in one of two QualityNet roles:

- Hospital Reporting Feedback – Inpatient role — required to receive the report
- File Exchange & Search role — required to download the report from the *QualityNet Secure Portal*

For assistance downloading the HSR from the *QualityNet Secure Portal*, contact the QualityNet Help Desk at qnetssupport@hcqis.org, include your hospital's name and CMS Certification Number (CCN) in the request.

Fiscal Year (FY) 2019 Hospital-Specific Report (HSR)

- [FY 2019 Hospital Readmissions Reduction Program Mock HSR](#), XLS-113 KB (08/15/18) –This file provides an example HSR using mock data. The mock HSR shows how CMS presents measure

About Hospital Readmission Reductions Program

- Frequently Asked Questions, PDF
- Fact Sheet, PDF

Resources

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The main content area is titled "Resources" and "Hospital Readmissions Reduction Program". It features a left-hand sidebar with a table of contents:

| |
|---|
| Hospital Readmissions Reduction Program (HRRP) |
| Eligibility |
| Measures |
| Payment Adjustment Factor |
| Review and Corrections Process |
| Hospital-Specific Reports |
| Resources |
| • Archived Resources |
| Extraordinary |

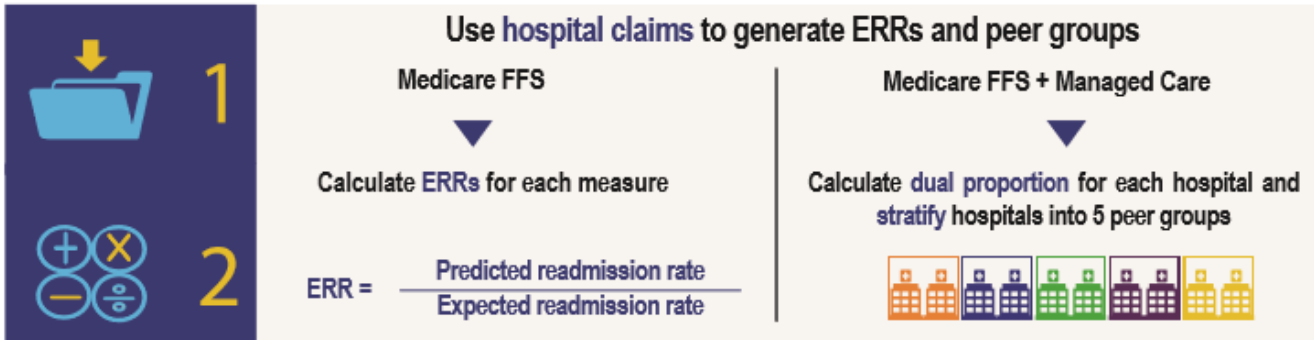
The "Resources" section contains the following information:

Fiscal Year (FY) 2019 Hospital Readmissions Reduction Program

- [FY 2019 Hospital Readmissions Reduction Program Frequently Asked Questions \(FAQs\)](#), PDF-156 KB (08/15/18) – A list of questions and answers (FAQs) regarding the calculation and public reporting of the Center for Medicare and Medicaid Services (CMS) 30-day Risk-Standardized Readmission measures for the FY 2018 Hospital Readmissions Reduction Program (HRRP).
- [FY 2019 Hospital Readmissions Reduction Program Fact Sheet](#), PDF-61 KB (08/15/18) – Overview of the Hospital Readmissions Reduction Program measures, as well as their development and purpose. This document is a helpful introduction to the project for hospital staff and executives.
- [Hospital Readmissions Reduction Program Matrix of Key Dates](#), PDF-47 KB (08/15/18) – This document covers important information regarding the program measures and key dates.
- [FY 2019 Hospital Readmissions Reduction Program Payment Adjustment Determination Infographic](#), PDF-94 KB (08/15/18) – Illustration of how CMS determines payment adjustment under the program.

Resources: FY 2019 HRRP Payment Adjustment Methodology and Matrix of Key Dates

FY 2019 Hospital Readmissions Reduction Program Payment Adjustment Methodology



Key Dates for Fiscal Years 2016 – 2019

| Fiscal Year (FY) | Measures Included | Performance Period ¹ | Claims Data "Snapshot" ² | Review and Corrections Period ³ | Payment Adjustment Dates ⁴ | Public Reporting on <i>Hospital Compare</i> |
|------------------|---|---------------------------------|-------------------------------------|--|---------------------------------------|---|
| FY 2018 | AMI, COPD, HF, Pneumonia, THA/TKA, CABG | 7/01/2013 – 6/30/2016 | 9/30/2016 | 6/01/2017 – 6/30/2017 | 10/01/2017 – 9/30/2018 | December 2017 |
| FY 2019 | AMI, COPD, HF, Pneumonia, THA/TKA, CABG | 7/01/2014 – 6/30/2017 | 9/29/2017 | 8/06/2018 – 9/05/2018 | 10/01/2018 – 9/30/2019 | January 2019 |

Maria Gugliuzza, MBA
Outreach and Education Lead, Hospital Inpatient
VIQR Outreach and Education SC

Retrieving Reports

Audience Question

Where in the *QualityNet Secure Portal* can you retrieve reports?

1. Run Report Interface
2. Auto Route Inbox
3. Unsure



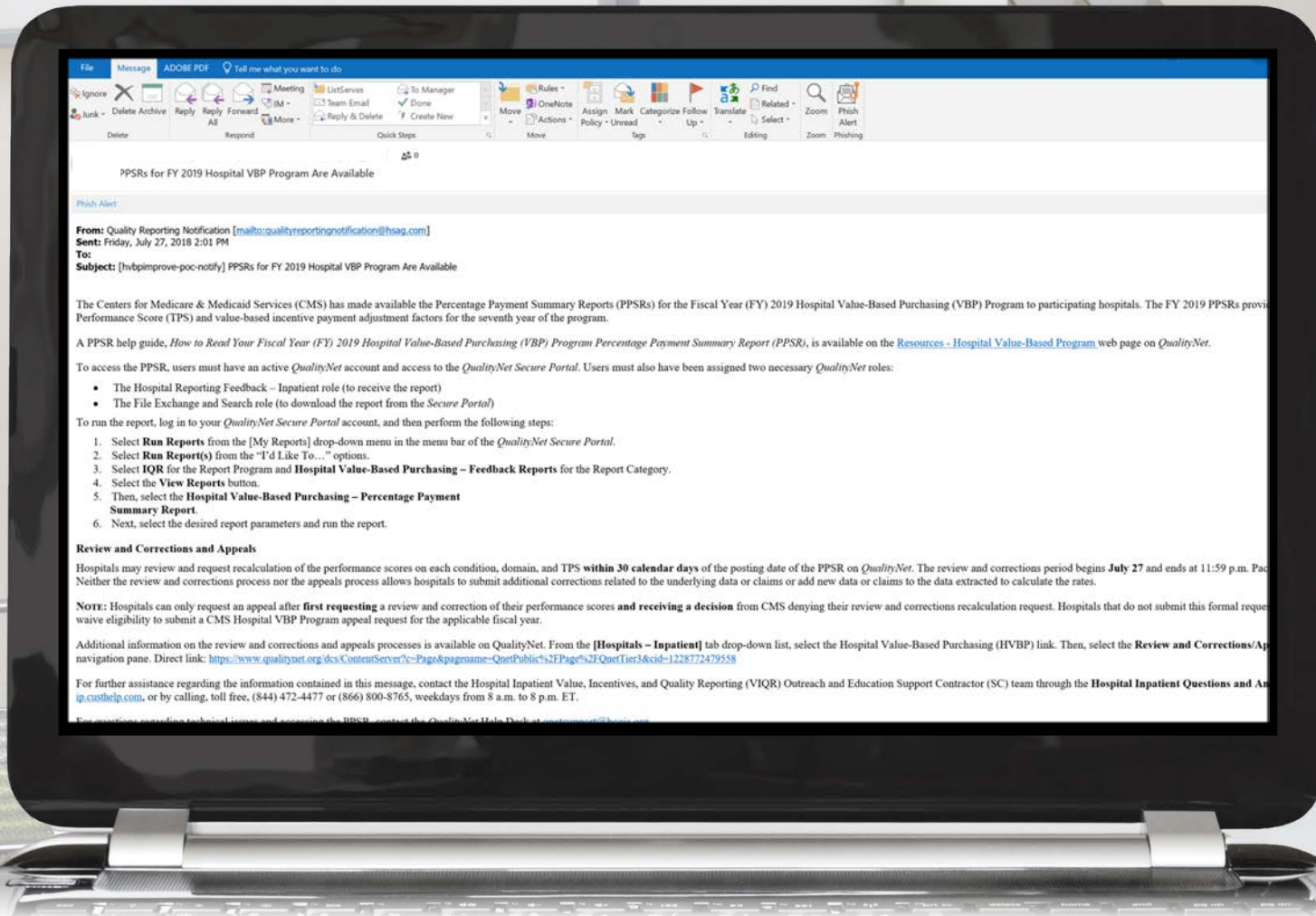
Retrieval Methods

- Run Reports
- *QualityNet* Secure File Transfer
Auto Route Inbox

QualityNet User Roles

- Hospital Reporting Feedback – Inpatient role
(Required to receive the report)
- File Exchange & Search role
(Required to download the report from the *QualityNet Secure Portal*)

ListServe Notification

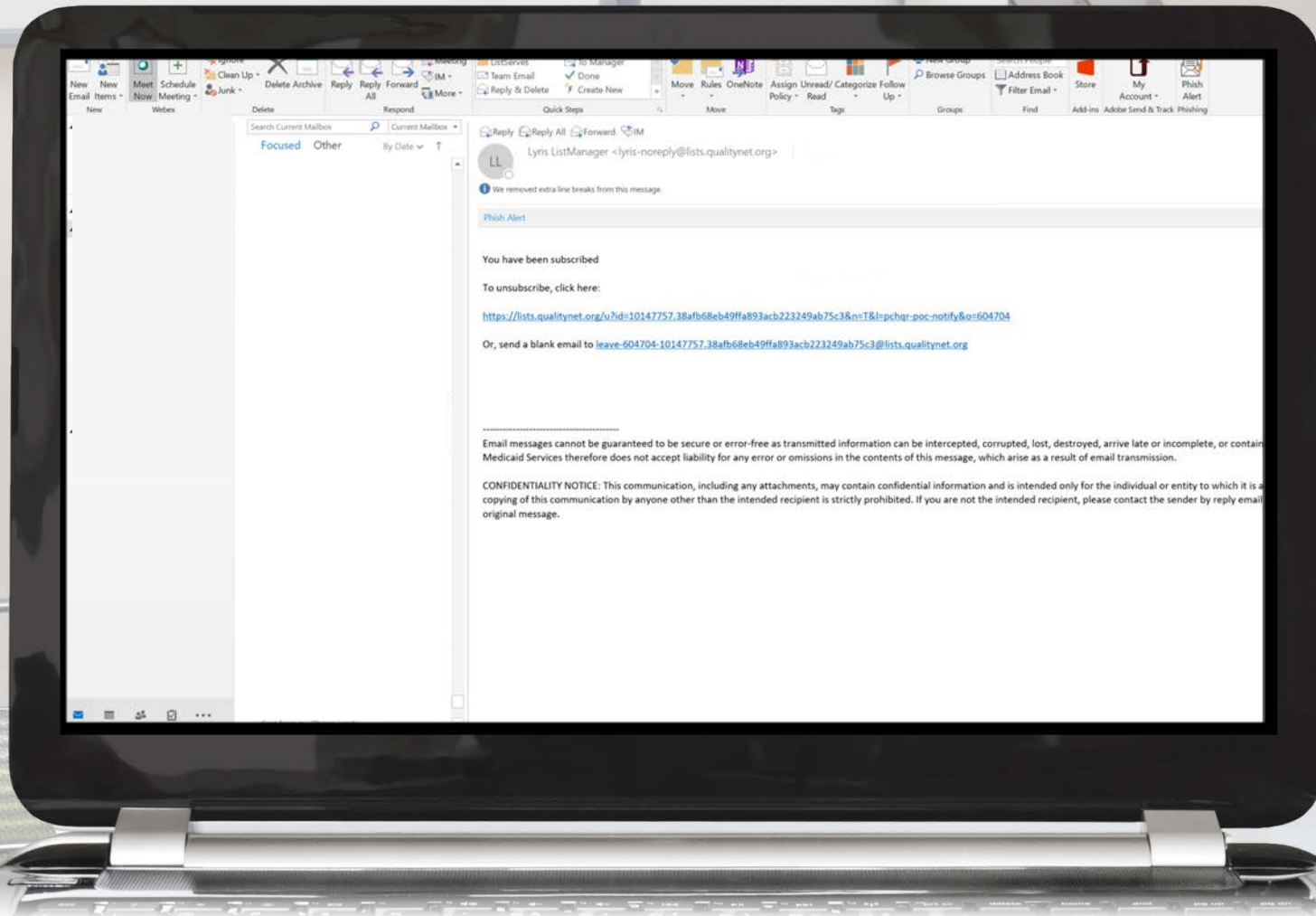


ListServe Registration

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with 'Home', 'My QualityNet', and 'Help' tabs. Below this is a menu with dropdowns for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is divided into several sections:

- QualityNet Registration:** A list of facility types including Hospitals - Inpatient, Hospitals - Outpatient, ASCs, Cancer Hospitals, ESRD Facilities, and Inpatient Psychiatric Facilities.
- Getting Started with QualityNet:** A list of links for Registration, Sign-In Instructions, Security Statement, Password Rules, and QualityNet System Security Policy, PDF.
- Join Listserves:** A call to action to sign up for notifications and discussions.
- QualityNet News:** A section with a 'More News >' link and a featured article titled 'Providers selected for Hospital OQR Program CY 2020 validation'. The article text states: 'The Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Quality Reporting (OQR) Program has selected up to 500 hospitals for validation of chart-abstracted measures for the calendar year (CY) 2020 Annual Payment Update (APU) determination.' Below the article is a 'Full Article >' link.
- Headlines:** A list of recent news items, including 'CMS releases HSRs for FY 2019 Readmissions Reduction Program; Review and Corrections period begins', 'CY 2019 OPPS/ASC Proposed Rule published, open for comment', 'Hospital VBP Program FY 2019 Percentage Payment Summary Report now available', 'CMS releases October 2018 Hospital Compare preview reports', 'CY 2019 OPPS/ASC Proposed Rule displayed, open for comment', 'FY 2019 HSRs for HAC Reduction Program Scoring Calculations Review and Corrections Period released', 'CMS will not update Hospital Compare Overall Hospital Quality Star Ratings Data in July 2018', 'MSPB, CEBC, and Corrected Pneumonia Mortality HSRs Now Available', 'FY 2020 IQR Program Targeted Hospitals Selected for Validation', and 'CMS Releases July 2018 Hospital Compare Preview Reports on May 4, 2018'.
- Log in to QualityNet Secure Portal:** A section with a 'Login' link and a list of resources: 'Download Symantec ID (required for login)', 'Portal Resources', 'Secure File Transfer Resources', and 'Secure Portal Enrollment Training, WMV'.
- Questions & Answers:** A list of topics including 'Ambulatory Surgical Centers', 'End-Stage Renal Disease (ESRD) QIP', 'Hospitals - Inpatient', 'Hospitals - Outpatient', and 'Inpatient Psychiatric Facilities'.

ListServe Confirmation



QualityNet News

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) [Log In](#)

[Home](#) [My QualityNet](#) [Help](#)

Hospitals - Inpatient | Hospitals - Outpatient | Physician Offices | Ambulatory Surgical Centers | PPS-Exempt Cancer Hospitals | ESRD Facilities | Inpatient Psychiatric Facilities

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

Getting Started with QualityNet

- Registration
- Sign-In Instructions
- Security Statement

QualityNet News [More News >](#)

[Providers selected for Hospital OQR Program CY 2020 validation](#)
The Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Quality Reporting (OQR) Program has selected up to 500 hospitals for validation of chart-abstracted measures for the calendar year (CY) 2020 Annual Payment Update (APU) determination.
[Full Article >](#)

Headlines

- [CMS releases HSRs for FY 2019 Readmissions Reduction Program; Review and Corrections period begins](#)
- [CY 2019 OPPS/ASC Proposed Rule published, open for comment](#)
- [Hospital VBP Program FY 2019 Percentage Payment Summary Report now available](#)
- [CMS releases October 2018 Hospital Compare preview reports](#)

Log in to Secure Portal

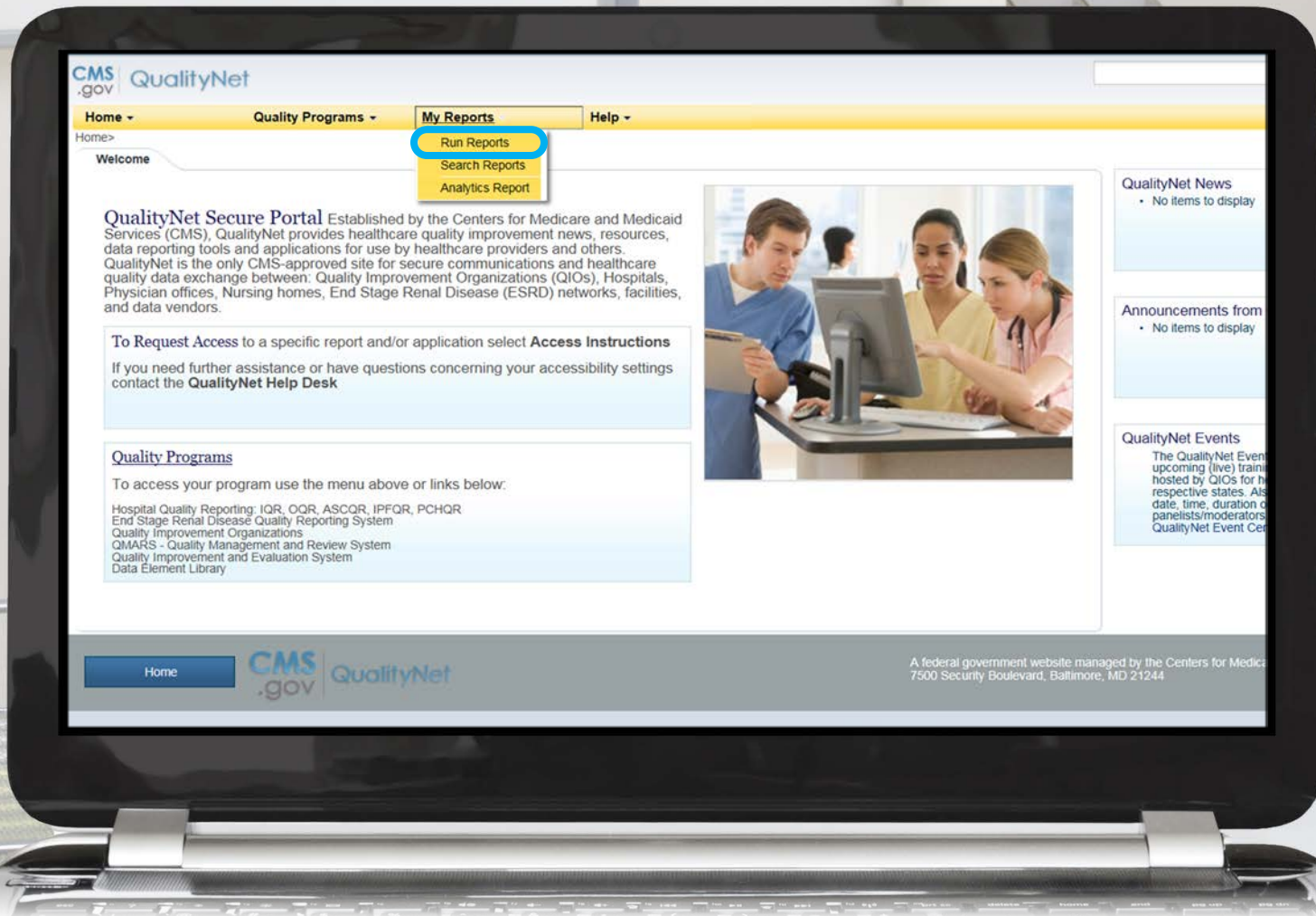
- [Download ID \(PDF\)](#)
- [Portals](#)
- [Security Resources](#)
- [Security Enrollment \(WMV\)](#)

Questions

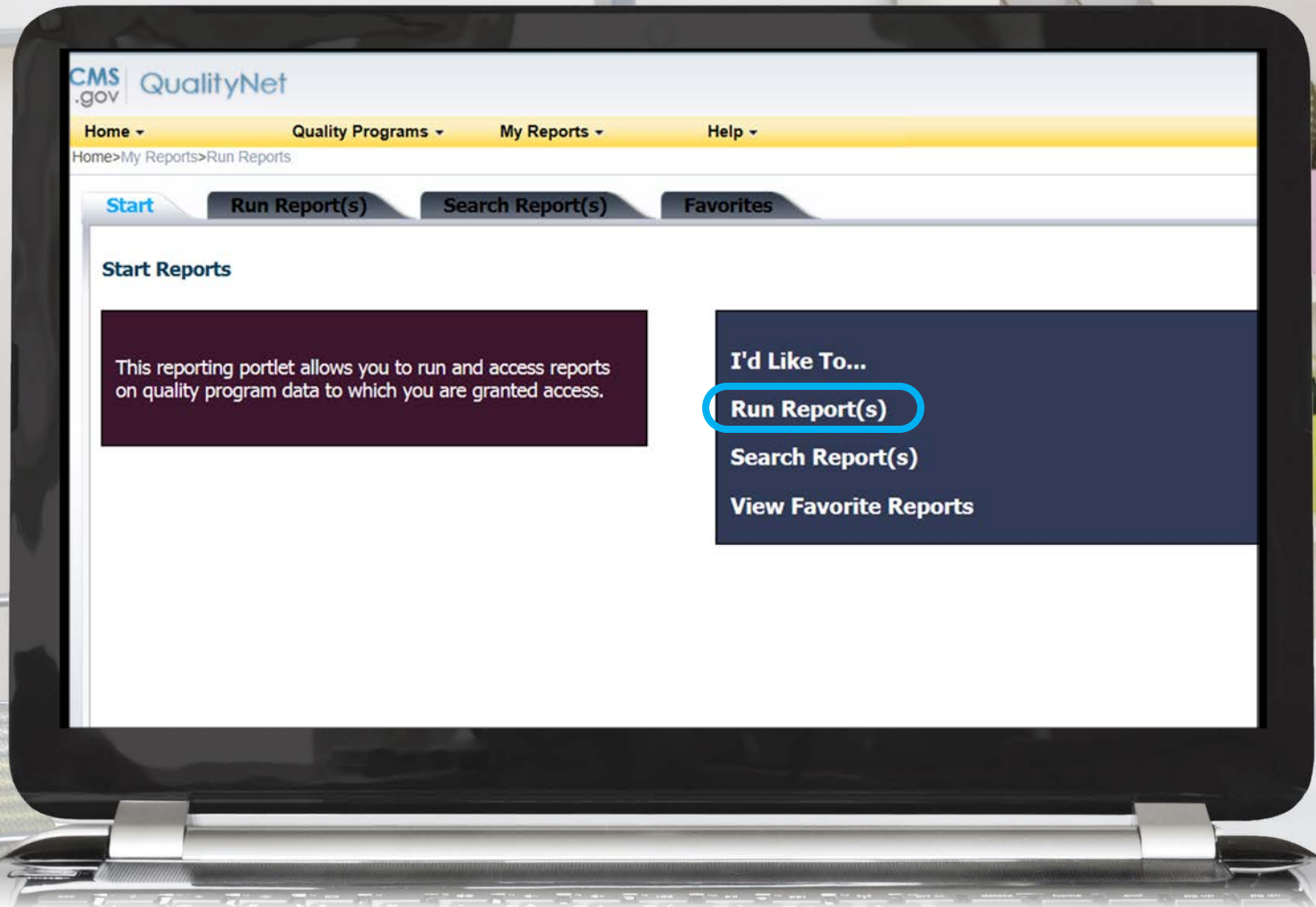
Running a Report: My Reports



Running a Report: Run Reports



Running a Report: Run Report(s)



Running a Report: Report Program

CMS QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category relationship is pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below.

Report Program Report Program is required. Use the arrow keys to select one value from the dropdown list

IQR VIEW REPORTS

| REPORT NAME | REPORT DESCRIPTION |
|---------------------------|--------------------|
| No Reports are available. | |

Running a Report: Report Category

Report Program
IQR

Report Category

- EHR Hospital Reporting - Feedback Reports
- EHR Hospital Reporting - Submission Reports
- HCAHPS Warehouse Feedback Reports
- Hospital Reporting - Annual Payment Update Reports
- Hospital Reporting - Data Validation Reports
- Hospital Reporting - Feedback Reports
- Hospital Reporting - QIC Feedback Reports
- Hospital Value-Based Purchasing - Feedback Reports**
- Public Reporting - Preview Reports

Report Category is required. Use the arrow keys to select one value from the dropdown list

[VIEW REPORTS](#)

| REPORT NAME | REPORT DESCRIPTION |
|---------------------------|--------------------|
| No Reports are available. | |

Running a Report: View Reports

CMS .gov QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selection will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on the report name.

Report Program
IQR ▾

Report Category
Hospital Value-Based Purchasing - Feedback Report ▾

VIEW REPORTS

▸ Search Report

| REPORT NAME | REPORT DESCRIPTION |
|---------------------------|--------------------|
| No Reports are available. | |

Running a Report: Percentage Payment Summary Report

CMS .gov QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category report will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below.

Report Program
IQR ▾

Report Category
Hospital Value-Based Purchasing - Feedback Report ▾

VIEW REPORTS

▷ Search Report

| REPORT NAME | REPORT DESCRIPTION |
|---|--|
| Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report | The Hospital Value-Based Purchasing - Value-Based Percentage Payment percentage information for the Hospital Value-Based Purchasing program. |
| Hospital Value-Based Purchasing - Baseline Measures Report | The Hospital Value-Based Purchasing - Baseline Measures Report allow domains and measures included in the Hospital Value Based Purchasing |

Running a Report: Baseline Measures Report

CMS .gov QualityNet

Home - Quality Programs - My Reports - Help -

Home>My Reports>Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category report will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below.

Report Program
IQR

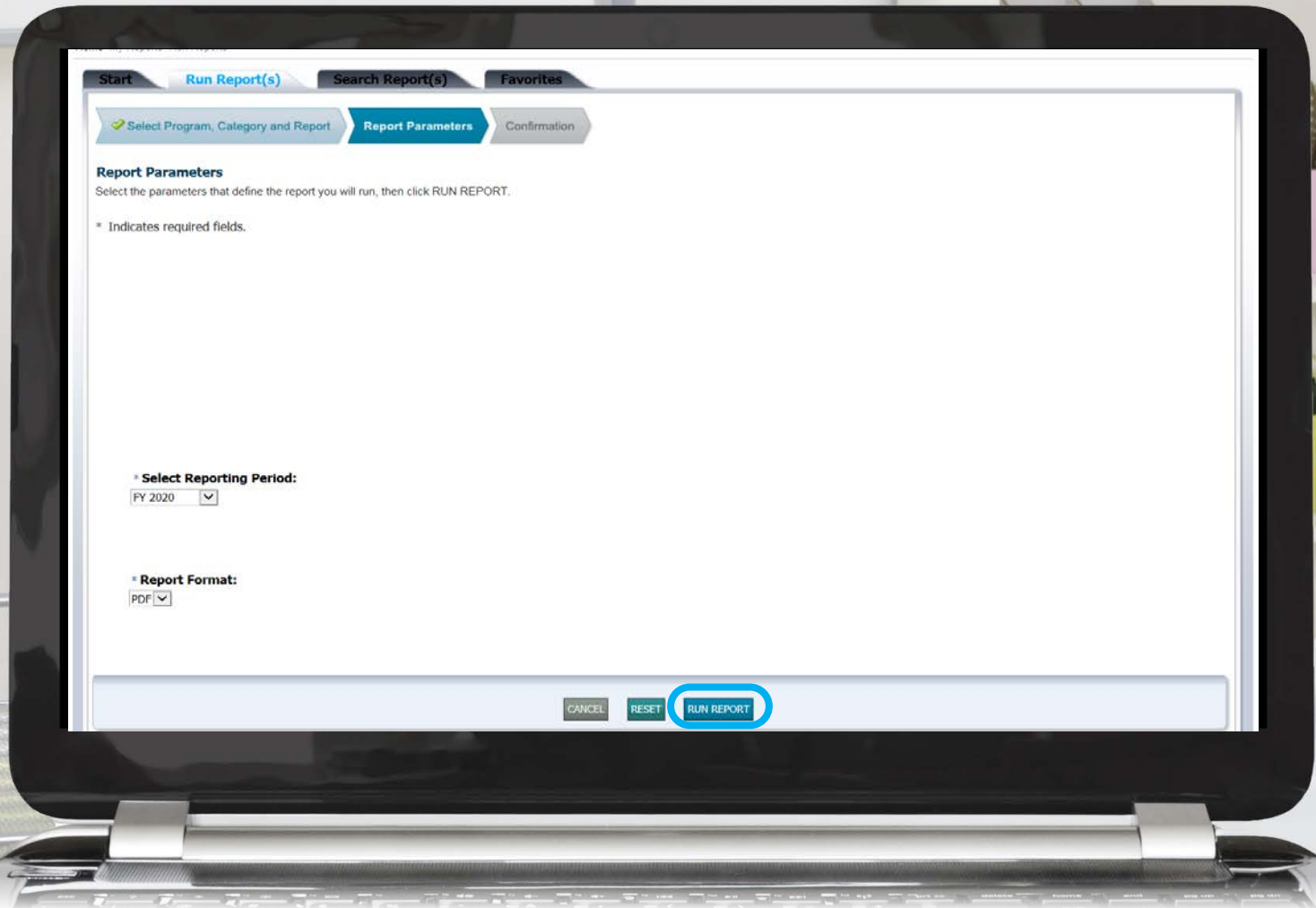
Report Category
Hospital Value-Based Purchasing - Feedback Report:

VIEW REPORTS

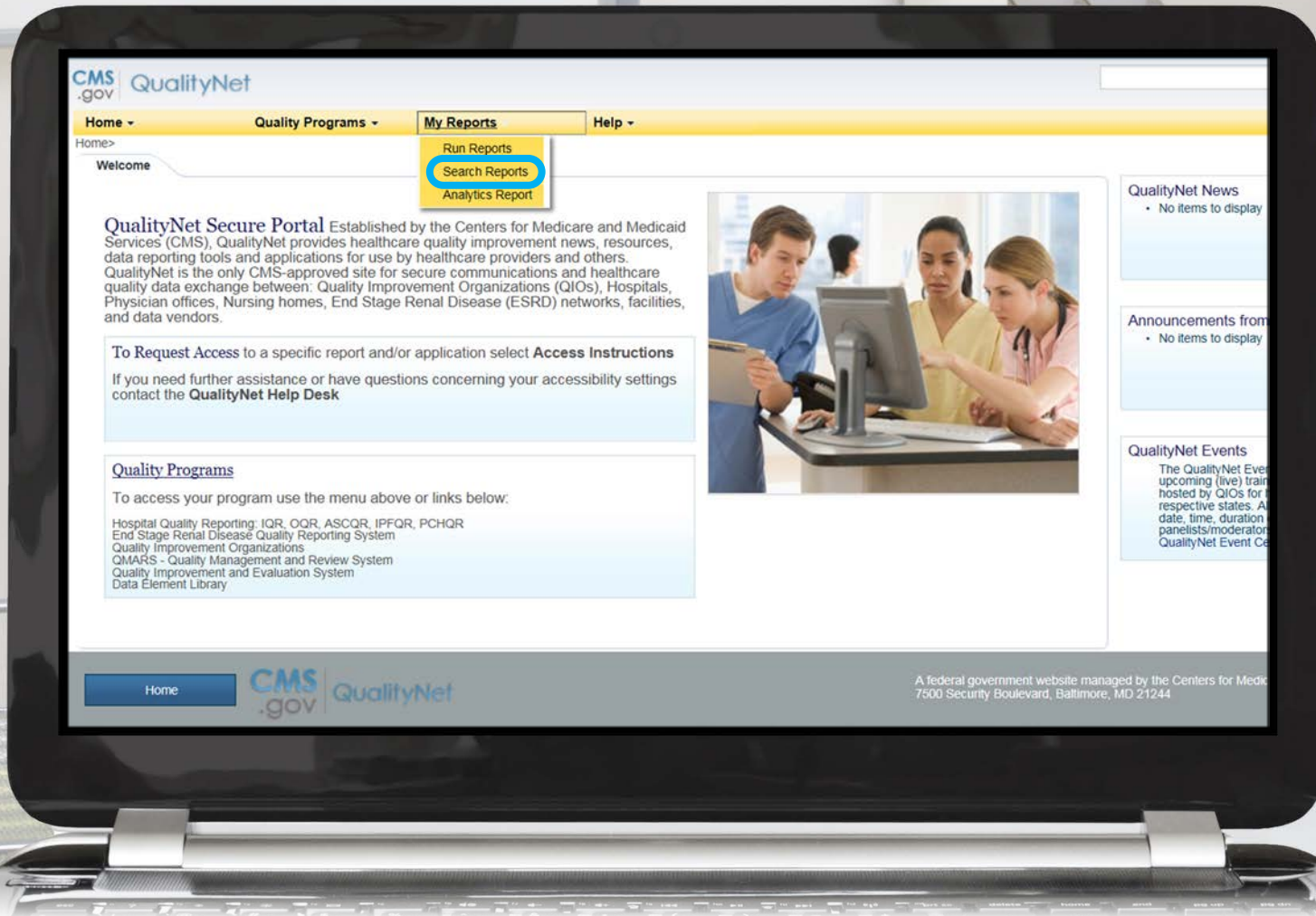
Search Report

| REPORT NAME | REPORT DESCRIPTION |
|---|---|
| Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report | The Hospital Value-Based Purchasing - Value-Based Percentage Payment summary report provides percentage information for the Hospital Value-Based Purchasing program. |
| Hospital Value-Based Purchasing ♦ Baseline Measures Report | The Hospital Value-Based Purchasing ♦ Baseline Measures Report allows users to view the domains and measures included in the Hospital Value Based Purchasing program. |

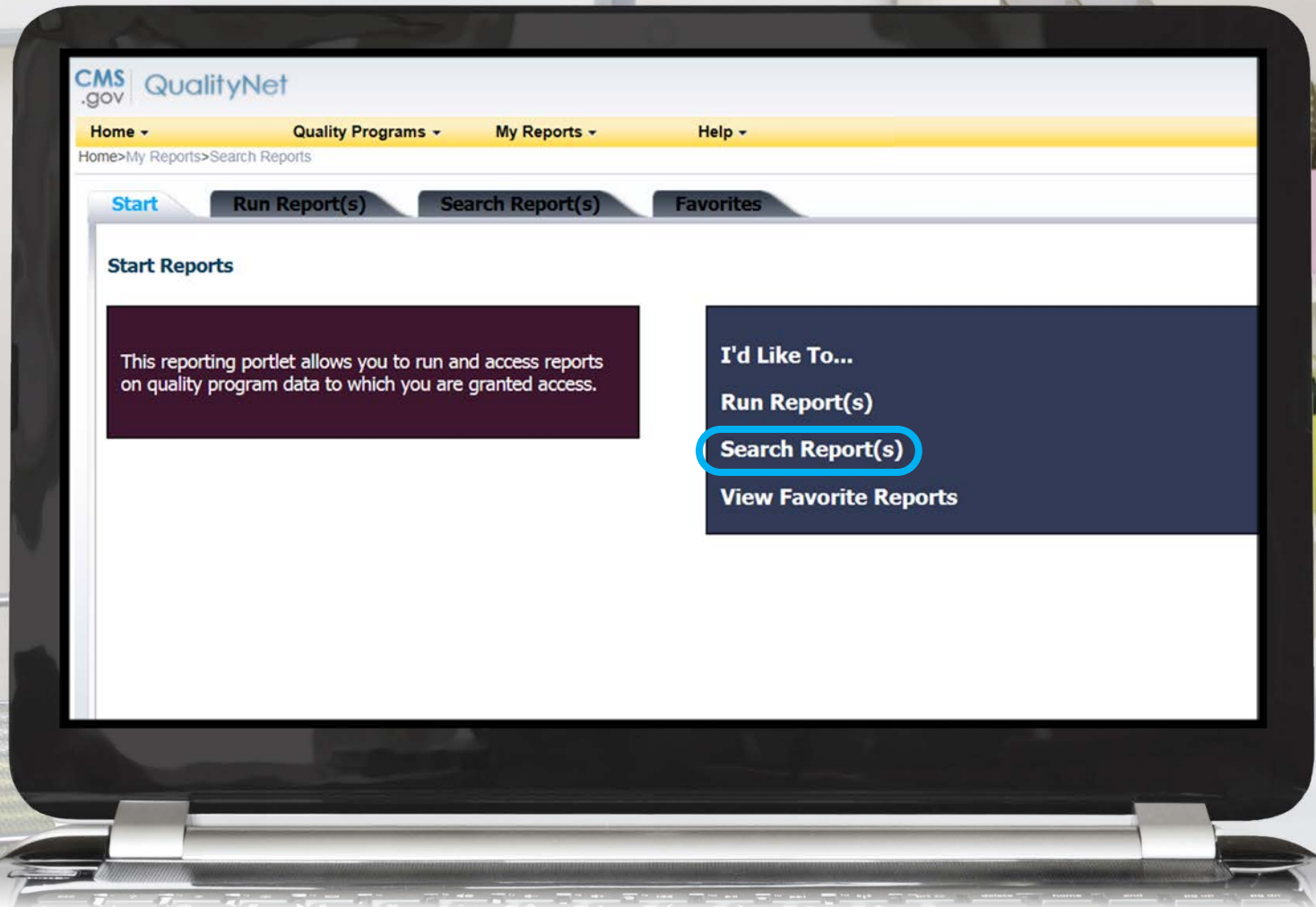
Running a Report: Run Report



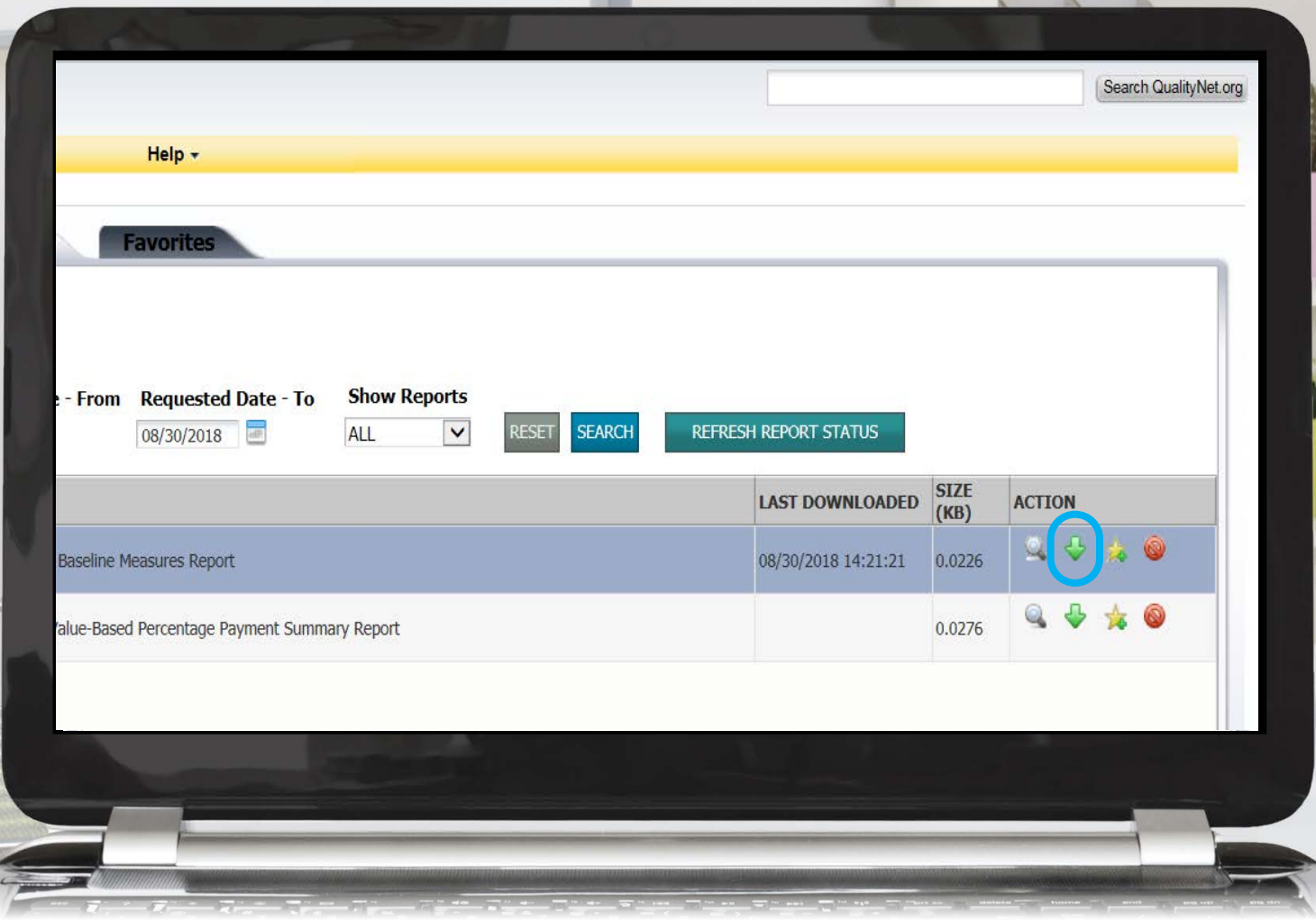
Locating Reports



Locating Reports: Search Report(s)



Locating Reports: Download Report

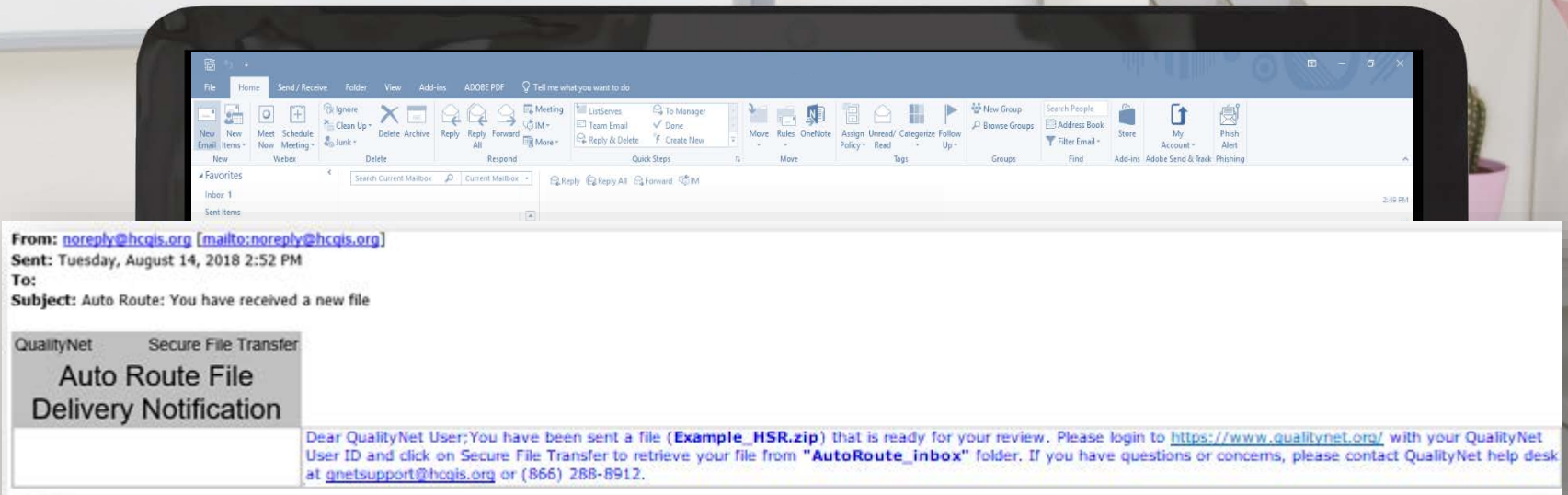


Locating the Reports: Open/Save

The screenshot displays a web application interface for searching reports. At the top, there is a 'Search Reports' section with a search bar and filters for 'Requested Date - From', 'Requested Date - To', and 'Show Reports'. Below this is a table with columns for 'STATUS', 'DATE REQUESTED', 'REPORT NAME', 'LAST DOWNLOADED', 'SIZE (KB)', and 'ACTION'. Two reports are listed, both with a green checkmark status. A modal dialog is open in the foreground, asking 'Do you want to open or save Hospital Value-Based Purchasing - Baseline Measures Report.PDF from cportal.qualitynet.org?'. The dialog has three buttons: 'Open', 'Save', and 'Cancel'. The 'Save' button is highlighted with a blue circle. A smaller version of the same dialog is visible in the background of the application window.

| STATUS | DATE REQUESTED | REPORT NAME | LAST DOWNLOADED | SIZE (KB) | ACTION |
|--------|---------------------|---|---------------------|-----------|---------|
| ✓ | 08/30/2018 14:16:18 | Hospital Value-Based Purchasing - Baseline Measures Report | 08/30/2018 14:21:21 | 0.0226 | [Icons] |
| ✓ | 08/30/2018 14:14:13 | Hospital Value-Based Purchasing - Value-Based Percentage Payment Summary Report | | 0.0276 | [Icons] |

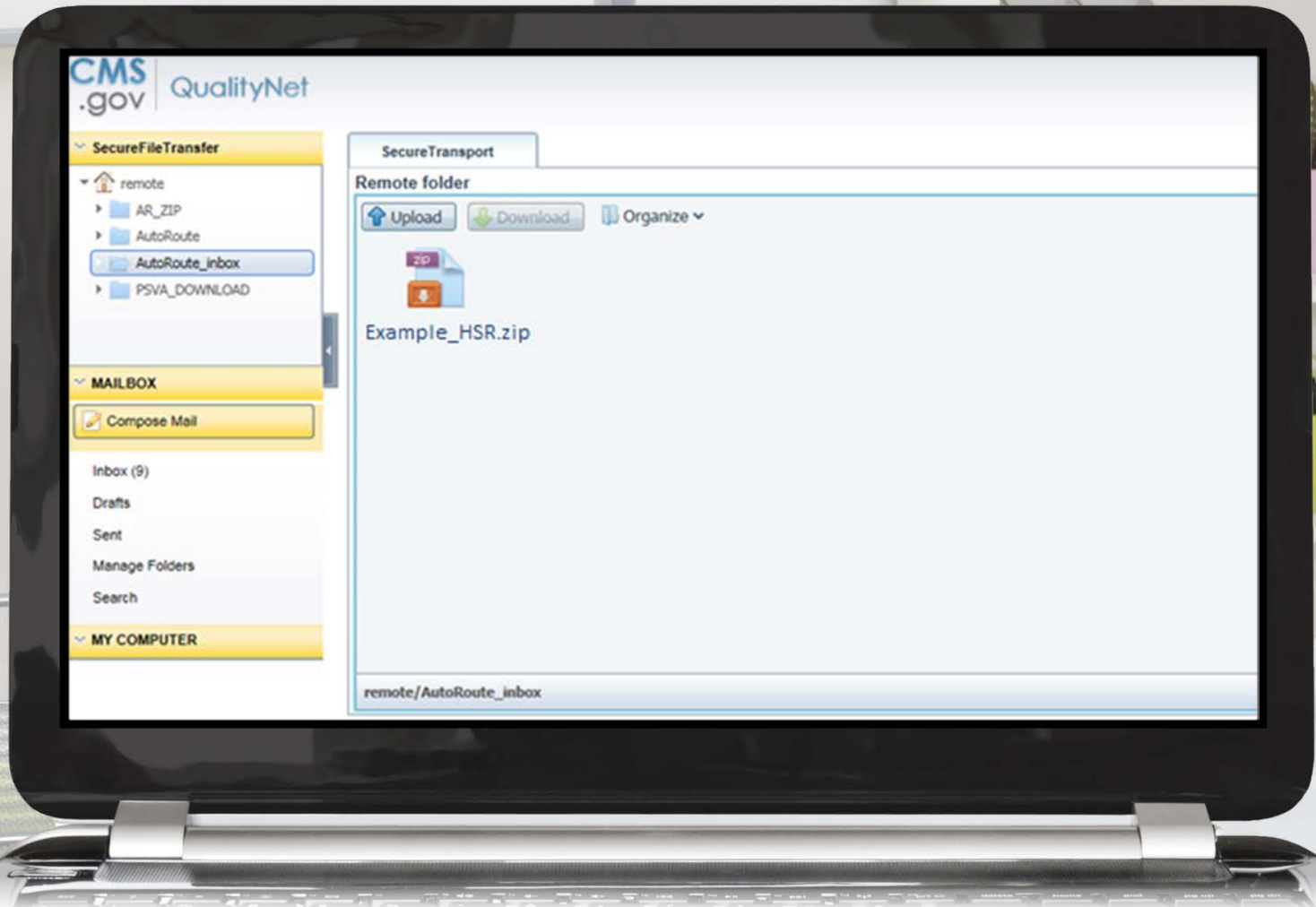
Auto Route E-mail Notification



Secure File Transfer



Auto Route Inbox



Resources

- Technical questions or issues related to accessing reports
 - Email the *QualityNet* Help Desk at qnetsupport@HCQIS.org
 - Call the *QualityNet* Help Desk at (866) 288-8912
- Questions related to the Hospital IQR and VBP Programs
 - Submit questions via the Hospital Inpatient Questions and Answers (Q&A) tool at <https://cms-ip.custhelp.com>
 - Call the Hospital Inpatient VIQR Outreach and Education Support Contract Team at (844) 472-4477
- Questions related to the HAC Reduction Program
 - Email hacrp@lantanagroup.com
- Questions related to the HRRP
 - Email hrrp@lantanagroup.com
- *Hospital Compare* website
 - Direct Link: <https://www.medicare.gov/hospitalcompare/>
 - For general questions regarding *Hospital Compare* and the data, email HospitalCompare@lantanagroup.com

Questions

Continuing Education Approval

This program has been approved for continuing education (CE) credit for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk[®] survey that will pop up after the webinar.
2. Register on the HSAG Learning Management Center for the certificate.
3. Print out your certificate.



NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

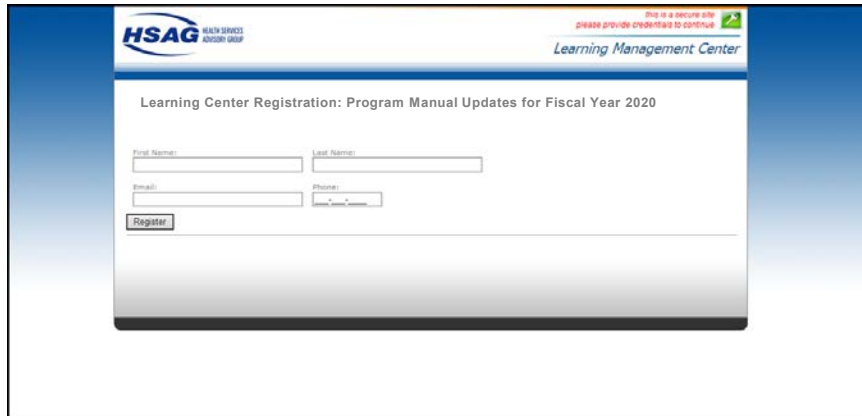
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User

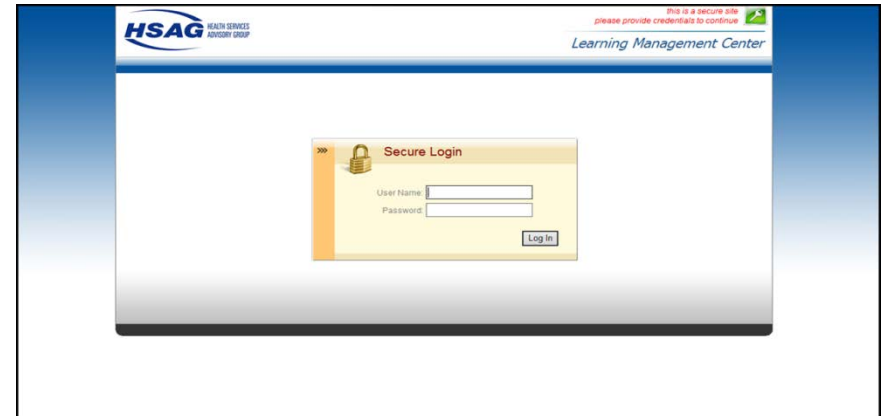
Use personal email and phone.
Go to email address and
finish process.



The screenshot shows the 'Learning Management Center' registration page. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, it says 'This is a secure site please provide credentials to continue' with a green checkmark icon. Below the logo, it says 'Learning Management Center'. The main heading is 'Learning Center Registration: Program Manual Updates for Fiscal Year 2020'. The registration form includes fields for 'First Name', 'Last Name', 'Email', and 'Phone'. A 'Register' button is located at the bottom left of the form area.

Existing User

Entire email is your user name.
You can reset your password.



The screenshot shows the 'Secure Login' page. At the top left is the HSAG logo. At the top right, it says 'This is a secure site please provide credentials to continue' with a green checkmark icon. Below the logo, it says 'Learning Management Center'. The main heading is 'Secure Login'. The login form includes fields for 'User Name' and 'Password'. A 'Log In' button is located at the bottom right of the form area.

Thank You for Attending

Disclaimer

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