



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program FY 2019 *Hospital Compare* Data Update

Questions and Answers

Speakers

Bethany Bunch, MSHA

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

Angie Goubeaux

Program Lead, Hospital-Acquired Condition (HAC) Reduction Program
Hospital Quality Reporting Program Support (HQRPS) Contractor

Kati Warren

Program Lead, Hospital Readmissions Reduction Program (HRRP)
HQRPS Contractor

Moderator

Maria Gugliuzza, MBA

Outreach and Education Lead
Hospital Inpatient VIQR Outreach and Education SC

March 12, 2019

2 p.m. ET

DISCLAIMER: This presentation question-and-answer summary document was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated.

The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: What software version was used for Patient Safety Indicator (PSI) 90 for the HAC Reduction Program?

The Centers for Medicare & Medicaid Services (CMS) used recalibrated CMS PSI software version 8.0 for the calculation of the CMS PSI 90 in fiscal year (FY) 2019.

Question 2: Are HRRP results included in the overall hospital star rating on *Hospital Compare*?

Measures that are publicly reported on *Hospital Compare* are considered for inclusion in the Hospital Overall Quality Star Ratings prior to each star ratings refresh. If a measure has been finalized for removal from one program, such as the Hospital Inpatient Quality Reporting (IQR) Program, but remains and is publicly reported in another, such as the Hospital VBP Program, HAC Reduction Program, or HRRP, it will continue to be considered for inclusion in the star ratings.

Question 3: Does the HAC Reduction Program include critical access hospitals (CAHs)?

No. The HAC Reduction Program only includes subsection (d) hospitals. CAHs are excluded.

Question 4: Are critical access hospitals exempt from the [Hospital] VBP program?

The Hospital VBP Program only includes subsection (d) hospitals. CAHs are excluded. Detailed information on eligibility is available on the Hospital VBP Program page on [QualityNet](#).

Question 5: How is the value-based incentive actually paid back to the hospital in the Hospital VBP Program?

The value-based incentive payment adjustment factor is multiplied against the base operating diagnosis-related group (DRG) payment amount on each applicable claim during the fiscal year. The value-based incentive payment adjustment factor is a net value that incorporates the initial 2 percent reduction (withhold) and the hospital's earned incentive payment percentage. The FY 2019 value-based incentive payment factors are displayed on the Percentage Payment Summary Report, available for hospitals to run in the *QualityNet Secure Portal*, and publicly posted in [Table 16B](#) as one of the FY 2019 IPPS final rule tables available on CMS.gov. For additional information regarding your hospital's payments, contact your [Medicare Administrative Contractor](#).



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Question 6: How can I tell if my hospital is subject to the HAC Reduction Program penalty?

For the HAC Reduction Program, the payment reduction indicator column on the *Hospital Compare* embedded dataset, as well as in your hospital-specific report (HSR), will display ‘yes,’ if your hospital is subject to a 1 percent payment reduction, or ‘no,’ if your hospital is not subject to a payment reduction.

Question 7: How does CMS apply the payment reductions under the Hospital Readmission Reduction Program?

For FY 2019, the payment reductions apply to all Medicare fee-for-service base operating DRG payments between October 1, 2018 and September 30, 2019. CMS reduces hospital payments for all discharges in the applicable fiscal year, regardless of condition.

Question 8: When were the Hospital VBP Program reports released for preview?

The FY 2019 Hospital VBP Program Percentage Payment Summary Reports were made available through the *QualityNet Secure Portal* on July 27, 2018. The reports are still available to run in the *QualityNet Secure Portal* today. Following the release in late July, hospitals were given a 30-day period to review and request correction of the calculated scores, such as domain scores and the Total Performance Score.

Question 9: When will we receive the FY 2020 HAC Reduction Program HSRs?

CMS anticipates distributing the FY 2020 HAC Reduction Program HSRs in mid-July of 2019.

Question 10: Do hospitals have an opportunity to review and correct their HRRP data before publicly reporting on *Hospital Compare*?

Yes. Each fiscal year, hospitals have a 30-day review and corrections period to review and correct the accuracy of their payment adjustment factor and component results for HRRP. For FY 2019, the review and corrections period was August 16, 2018 through September 15, 2018.

The review and corrections process does not allow hospitals to submit corrections to the underlying claims data or add new claims to the data extract. CMS cannot recalculate results based on finalized claims.

Question 11: Is PSI 90 still being reported on *Hospital Compare*?

The CMS PSI 90 measure was just removed from the Hospital VBP Program scoring calculations and payment determinations for fiscal year 2019 through fiscal year 2022. The new version of the PSI 90 measure is still being reported on the main pages of *Hospital Compare* and is still included in the HAC Reduction Program.

Question 12: When will we receive the FY 2020 HRRP HSRs?

CMS anticipates releasing the FY 2020 HRRP HSRs at the start of the review and corrections period in August 2019.

Question 13: When was *Hospital Compare* refreshed?

The *Hospital Compare* refresh that provided FY 2019 program data for the Hospital VBP, HAC Reduction, and HRRP programs occurred on February 28, 2019.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 14: For CAHs that are not included in the pay-for-performance programs or the Hospital IQR Program but do have their data reported on *Hospital Compare*, do they receive the preview reports?

CMS allows hospitals that are not eligible to participate in the Hospital IQR Program to voluntarily submit quality measure data that can be publicly reported. In order to have the opportunity to preview and publish quality measure data, a non-IQR participating hospital must complete an Inpatient Optional Public Reporting Notice of Participation agreement in the *QualityNet Secure Portal*. Hospitals that sign the Inpatient Optional Public Reporting Notice of Participation will have access to review their data in the Next Generation public reporting preview interface. More information on the Inpatient Optional Public Reporting Notice of Participation is available on [QualityNet](#).

Question 15: I understand PSI 90 has been recently updated. Will the new PSI 90 measure be included in the Hospital VBP Program as well as the HAC Reduction Program? In other words, is the PSI 90 measure used in the Hospital VBP Program compared to the HAC Reduction Program calculated the same way?

The PSI 90 measure underwent National Quality Forum maintenance review and re-endorsement in 2015, leading to several substantive measure changes. Due to statutory requirements in the Hospital VBP Program, CMS was unable to adopt the newly re-endorsed version of the PSI 90 measure into the Hospital VBP Program for FY 2019 through FY 2022.



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

As a result, CMS finalized the removal of the older version PSI 90 measure, Patient Safety for Selected Indicators, from the Hospital VBP Program for FY 2019 and subsequent fiscal years in the [FY 2018 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System \(IPPS/LTCH PPS\) Final Rule](#) (82 FR 38244).

Additionally, CMS adopted the updated version of CMS PSI 90 in the Hospital VBP Program for FY 2023 and subsequent fiscal years in the FY 2018 IPPS final rule (82 FR 38251-38256).

CMS adopted the updated version of the CMS PSI 90 measure for use in the HAC Reduction Program and Hospital IQR Program (the measure is now removed from the Hospital IQR Program, but will continue to be publicly reported on *Hospital Compare*).

The data, methods, and software CMS uses to calculate the CMS recalibrated PSIs vary by initiative. For more information on the CMS PSI calculations, resources on the measure are available on [QualityNet](#).

Question 16: **In terms of the recalibrated PSI 90, is a hospital's specific data recalibrated, or is it just the national database average recalibrated? How does the recalibration affect our hospital's PSI 90 score?**

The CMS PSIs are based on the Medicare Fee-for-Service (FFS) population and are categorized as “recalibrated” to differentiate them from the all-payer population used by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ PSIs focus on the all-payer population; however, the CMS PSIs in the hospital quality reporting programs focus on the Medicare FFS population. The Medicare FFS population is generally older and sicker than the all-payer population. Recalibration does not affect the measure specifications. The CMS PSIs identify numerator and denominator cases with the same measure specifications as in the all-payer version.

Recalibrated version 8.0 of the CMS PSI software uses an updated reference population (i.e., October 2015 to September 2016) of Medicare FFS discharges.

Question 17: **What does "select ward" include for the Hospital VBP Program CLABSI and CAUTI measures?**

Beginning with the FY 2019 Hospital VBP Program, CMS adopted an update to include selected ward—that is, non-intensive care unit (ICU)—locations in the Central Line-Associated Blood Stream Infection (CLABSI) and Catheter-Associated Urinary Tract Infection (CAUTI) measures.

The FY 2019 Hospital VBP Program locations now include—for CLABSI: Adult, Pediatric, and Neonatal ICUs, and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards; and for CAUTI: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards. For more technical questions regarding specific units and inclusions, we recommend e-mailing NHSN@cdc.gov.

Question 18: Slide 16: What are [HCAHPS] "top box responses?"

The top-box raw score, which is the unrounded percentage of a hospital's patients who chose the most positive, or "top-box," response to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) Survey items, is used for scoring the Hospital VBP Program's Person and Community Engagement Domain. The top-box is the most positive response to HCAHPS Survey items. The top-box response is "Always" for four HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, and Communication about Medicines) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment); "Yes" for the Discharge Information composite; "'9' or '10' (high)" for the Overall Hospital Rating item; "Definitely yes" for the Recommend the Hospital item; and "Strongly agree" for the Care Transition composite. More information is available on HCAHPS box scores on [HCAHPS Online](#).

Question 19: In the latest Star Rating Preview Report (February 2019), there are a bunch of readmission measures (overall readmission, readmission by diagnosis groups, etc.). We have always had "Same as National Average" as our results in the Star Rating Preview Report. However, when the HRRP report came out, we have been consistently subject to the HRRP readmission penalty for the last five years.

It's hard to explain to our leadership why there is such discrepancy. We understand the reporting period is different, but we use readmission metrics in the Star Rating Preview Report as a way to "predict" our performance on the HRRP, as the HRRP uses the older reporting period. For instance, for the FY 2019 February Star Rating Report, the reporting period for readmission metrics is July 2016 to June 2017, and the HRRP's reporting period for FY 2020 is July 2015 to June 2018. We understand the reporting time period doesn't match, but again, we use star rating readmission metrics as a way to "predict" our performance for HRRP. But it has never been right. In star rating readmission, we have always been "SAME as national average." In HRRP, we have already been subject to penalty. Any input in helping us understand better why there is such a discrepancy and how we should view the readmission metrics in the Star Rating Preview Report?



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Measures that are publicly reported on *Hospital Compare* are considered for inclusion in the Hospital Overall Quality Star Ratings prior to each star ratings refresh. If a measure has been finalized for removal from one program, such as the Hospital IQR Program, but remains and is publicly reported in another, such as the Hospital VBP Program, HAC Reduction Program, or HRRP, it will continue to be considered for inclusion in the star ratings.

HRRP includes 30-day risk standardized readmission measures for the following six conditions/procedures: acute myocardial infarction (AMI), chronic obstructive pulmonary disorder (COPD), heart failure (HF), pneumonia, coronary artery bypass graft surgery (CABG), and primary elective total hip arthroplasty and/or total knee arthroplasty (THA/TKA). The Star Ratings Program uses excess days in acute care (EDAC) measures for AMI, HF, and pneumonia instead of the readmission measures for these three conditions. Results between EDAC measures and 30-day readmission measures are related but not comparable.

The AMI, HF, and pneumonia EDAC measures complement the AMI, HF, and pneumonia readmission measures because they provide information on a broader range of unplanned acute care utilization following hospitalization. The EDAC measures expand on the readmission measures by including not only readmissions but also emergency department visits and observation stays to present a more comprehensive picture of acute care utilization. Moreover, by measuring days spent in acute care for any of these visits, the EDAC measures capture the burden of these events on patients.

Additionally, although HRRP and overall star ratings both include 30-day readmission measures for COPD, CABG, and THA/TKA, these measures are not calculated identically for several reasons.

As noted, the overall star rating includes measures reported on *Hospital Compare*. Different hospitals are included in the measure calculations for *Hospital Compare* and HRRP. HRRP only identifies admissions and readmissions at applicable hospitals—including subsection (d) and Maryland hospitals—in the measure calculation. Hospitalizations that occur at non-subsection (d) hospitals are not included as eligible index admissions or considered readmissions under HRRP. By contrast, *Hospital Compare* results include a larger group of hospitals, such as CAHs and hospitals in the U.S. territories that are not subsection (d) hospitals.

Question 20:

What report/location will show us the actual penalty or bonus by category and dollar amounts?

CMS does not publicly report the actual or estimated dollar amount of payment adjustments for individual hospitals under the Hospital VBP Program, HAC Reduction Program, and HRRP.

Question 21: **Last year, in one of the Hospital Quality Reporting Center newsletters, you provided a list of the HSRs and the approximate month when CMS expected to release them. When will such a schedule be available for 2019?**

Thank you for the feedback. Although we don't anticipate releasing the anticipated report delivery dates in the newsletter this year, CMS will notify hospitals when reports become available in the *QualityNet Secure Portal* through ListServe announcement. Registration for the program ListServe notifications is available on [QualityNet](#).

Question 22: **I don't understand slide 17—the Hospital VBP Program is not part of the ratings for *Hospital Compare*? I understood that the VBP program, such as readmissions measure group, is part of the *Hospital Compare* calculation.**

The Overall Hospital Quality Star Ratings summarize hospital quality data on the *Hospital Compare* website. These ratings reflect measures grouped across seven aspects of quality on *Hospital Compare*: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging. Although the same measures may be used in the star ratings calculations and the pay-for-performance programs, the pay-for-performance program results are not used in the calculations. There may also be some variances in the calculations of the measures between programs and Overall Hospital Quality Star Ratings. For more information on star ratings, please email cmsstarratings@lantanagroup.com.

Question 23: **Are there any changes to the Hospital VBP Program measures/domains for FY 2020 or FY 2021?**

For FY 2020, CMS updated the Clinical Care domain name to Clinical Outcomes.

For FY 2021, CMS finalized the adoption of the 30-Day Mortality Measure for COPD to the Clinical Outcomes domain, updated the 30-Day Mortality Measure for Pneumonia to use the updated measure cohort in the Clinical Outcomes domain, and removed the Perinatal Care (PC)-01 Measure, Elective Delivery, from the Safety domain. More information on the measures and domains used in the Hospital VBP Program is available on [QualityNet](#).



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Question 24:** **Slide 33: Is the HAC Reduction Program an additional 1 percent reduction?**
- Hospitals subject to a payment reduction under the HAC Reduction Program incur a 1 percent reduction to their payments. This reduction can be in addition to the adjustments resulting from the Hospital VBP Program and HRRP.
- Question 25:** **What are the weights for Domain 1 and Domain 2 in the HAC Reduction Program?**
- For FY 2019, Domain 1 is weighted at 15 percent and Domain 2 is weighted at 85 percent of the Total HAC Score.
- Question 26:** **Will HRRP data be updated on *Hospital Compare* every January/February?**
- CMS anticipates the HRRP data on *Hospital Compare* will be refreshed annually in January.
- Question 27:** **If your hospital is subject to penalties for both Hospital VBP and HRRP, are both penalties applied or is it just the largest one?**
- The payment adjustments would apply from both programs. So, in the scenario in which CMS determined a hospital would receive a reduction in the Hospital VBP Program and HRRP, both reductions would be applied.
- Question 28:** **Slide 44: Is there information available on the formulas used to calculate predicted readmissions and expected readmissions?**
- Yes. The [HRRP Hospital-Specific Report User Guide](#) provides instructions for replicating predicted and expected readmissions for each of the HRRP measures. More detailed information on readmission measure methodology is available on [QualityNet](#).
- Question 29:** **Can we get to the link for Table 16B on the *Hospital Compare* website?**
- The FY 2019 Hospital VBP Program payment adjustment results by CMS Certification Number (CCN) are publicly available in Table 16B and posted directly on CMS.gov as one of the FY 2019 IPPS final rule tables, available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>.

Question 30: **Will there be VBP, HRRP and HAC reports also provided, or do we need to use the data sets you've shown to find our results?**

HSRs for the HAC Reduction Program and HRRP, in addition to the Percentage Payment Summary Reports for the Hospital VBP Program, were made available in 2018 for FY 2019 in the *QualityNet Secure Portal*. The Percentage Payment Summary Reports are still available to download in the *QualityNet Secure Portal*. The HAC Reduction Program and HRRP HSRs may be requested by contacting the *QualityNet* Help Desk at qnetsupport@hcqis.org. Include the name and CCN of your hospital in the email.

Question 31: **The PSI reported on *Hospital Compare* shows a timeframe of 4Q 2015-2Q 2017 for the last few releases. When will that time frame change?**

The CMS PSI data reported as part of *Hospital Compare* Public Reporting is refreshed annually in July.

The CMS PSI measures will be refreshed on *Hospital Compare* this July as a part of July 2019 *Hospital Compare* reporting with a 24-month performance period of July 1, 2016 through June 30, 2018.

The CMS PSI measures were publicly reported under the FY 2019 Hospital IQR program on *Hospital Compare* in July 2018. CMS used a shortened data period of 21 months (i.e., October 1, 2015 to June 30, 2017) to include only ICD-10 data.

Question 32: **Under the Hospital VBP Program, how do hospitals with zero (0) infections get recognized for that? Instead, because a Standardized Infection Ratio (SIR) cannot be calculated unless there is at least one (1) [predicted] infection, the measure is not scored. Is there consideration for viewing these measures from a clinical perspective versus a statistical perspective?**

Hospitals need at least 1.000 predicted infection as calculated by the Centers for Disease Control and Prevention in order for a SIR to be calculated for reliability purposes. The calculation does not require an actual infection to be observed. All measures used in the Hospital VBP Program have minimum data requirements to have the measure be scored. For example, the 30-Day Mortality Measures and THA/TKA Complication measures need 25 eligible discharges, HCAHPS needs 100 surveys, PC-01 needs 10 cases, and the Medicare Spending per Beneficiary (MSPB) needs 25 episodes of care. The Healthcare-Associated Infection measures have a requirement of at least 1.000 predicted infection.

Question 33: **What are the dates that the next (new) HSRs will be released for FY 2020 for Hospital VBP, HAC Reduction Program, and HRRP this year?**



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital VBP Program: CMS anticipates releasing the FY 2020 Hospital VBP Program Percentage Payment Summary Reports at the start of the review and corrections period beginning by August 1, 2019.

HAC Reduction Program: CMS anticipates releasing the FY 2020 HAC Reduction Program HSRs at the start of the scoring calculations review and corrections period beginning in mid-July.

HRRP: CMS anticipates releasing the FY 2020 HRRP HSRs at the start of the review and corrections period beginning in August 2019.

Question 34: **How can I tell if my hospital will receive a HRRP penalty and how much the penalty will be?**

For each fiscal year, the payment adjustment factor for hospitals is provided in their HSR and is publicly reported in the [IPPS Final Rule: Hospital Readmissions Reduction Program Supplemental Data File](#). Hospitals can calculate their payment reduction percentage based on their payment adjustment factor. To determine the payment reduction percentage, hospitals must subtract the payment adjustment factor from 1.0000 and multiply the result by 100. If the payment adjustment factor is 1.0000, then the hospital will not receive a payment reduction.

Example: Hospital A has a readmission adjustment factor of 0.9750. To determine the payment reduction percentage, subtract Hospital A's readmission adjustment factor from 1.0000 and multiply by 100 (see below):
 $1.0000 - 0.9750 = 0.025 \times 100 = 2.5$ percent payment reduction.

Question 35: **Is CMS concerned about an increase in Medicare managed care patients and possible corresponding decrease in Medicare FFS patients impacting the percentage of Medicare patients actually included in the VBP, HRRP, and HAC Reduction Programs? Are there any projected changes to these programs as a result of this trend?**

CMS monitors the impact and any unintended consequences of hospital value-based purchasing programs. Changes to the programs occur through rulemaking and are published annually with the IPPS/LTCH PPS final rule following a public comment period.

Question 36: **When do we receive Hospital VBP Program baseline information for the next fiscal year?**

CMS released the FY 2021 Hospital VBP Program Baseline Reports on March 28, 2019. The Baseline Measures Reports are available to run in the *QualityNet Secure Portal*.

Question 37: How do we know which peer group our hospital belongs in under the Hospital Readmissions Reduction Program?

Peer group assignments for hospitals under the Hospital Readmissions Reduction Program are provided in their HSRs and publicly reported in the [IPPS Final Rule: Hospital Readmissions Reduction Program Supplemental Data File](#). CMS stratifies hospitals into five peer groups (i.e., quintiles) based on the proportion of patients that are dually eligible for Medicare and full-benefit Medicaid. Hospitals in the first peer group (i.e., peer group assignment 1) have the lowest dual proportions relative to other HRRP hospitals. Hospitals in the fifth peer group (i.e., peer group assignment 5) have the highest dual proportions relative to other HRRP hospitals.

Question 38: Aren't readmissions counted as 22 percent of the star rating?

Yes, readmission results from *Hospital Compare* do have a 22 percent weight in the star ratings hospital summary score. For more information, please contact the Star Ratings team at cmsstarratings@lantanagroup.com. The overall star rating is a summary of the measures reported on *Hospital Compare*. While HRRP and the IQR Program both include inpatient readmission measures, the readmission measures included in the overall hospital quality star rating differ from the HRRP measures in several ways.

HRRP includes 30-day risk standardized readmission measures for the following six conditions/procedures: AMI, COPD, HF, pneumonia, CABG, and primary elective THA/TKA. The Star Ratings Program uses EDAC measures for AMI, HF, and pneumonia. Results between EDAC measures and 30-day readmission measures are not comparable. Although HRRP and overall star ratings both include 30-day readmission measures for COPD, CABG, and THA/TKA, these measures are not comparable for several reasons.

As noted, the overall star rating includes measures reported on *Hospital Compare* for the Hospital IQR Program. Different hospitals are eligible for the IQR Program and HRRP. HRRP only identifies admissions and readmissions at applicable hospitals—including subsection (d) and Maryland hospitals—in the measure calculation. Hospitalizations that occur at non-subsection (d) hospitals are not included as eligible index admissions or considered readmissions under HRRP. By contrast, the Hospital IQR Program measure results include a larger group of hospitals, such as CAHs and hospitals in the U.S. territories, that are not subsection (d) hospitals.

Additionally, the 21st Century Cures Act requires CMS to assess a hospital's performance under HRRP relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full-benefit Medicaid. HRRP compares the performance of hospitals on the readmission measures to other hospitals in the same peer group. The Hospital IQR Program compares the performance of hospitals to a national benchmark.



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Question 39: Could you please explain how the order of payment adjustments for each program is applied (e.g., 1st, VBP, 2nd, HRRP, and, lastly, HAC)? Each fiscal year, CMS applies payment adjustments in the following order:

1. Hospital VBP Program payment adjustment (increase or reduction) (applied to base operating DRG payments)
2. HRRP payment reduction (applied to base operating DRG payments)
3. Disproportionate share hospital (DSH) and indirect medical education (IME)
4. HAC Reduction Program payment reduction (applied to overall payments)

For example, if both the Hospital VBP and HRRP payment adjustments are based on a \$1 million base operating DRG payment amount and the hospital loses 2 percent for Hospital VBP and 2 percent for HRRP, the net loss is \$40,000. If the hospital is also subject to the HAC Reduction Program payment reduction, then CMS bases the 1 percent reduction on \$960,000 (instead of \$1 million).

For more information about how CMS calculates hospital payments, please refer to: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/acutepaymtrysfctsht.pdf>

Question 40: Have the benchmarks, achievement thresholds, and other data needed to estimate FY 2021 Hospital VBP Program performance been posted yet? If so, where? If not, is there an anticipated time when it will be posted?

The calculated performance standards (benchmarks and achievement thresholds) for the Hospital VBP Program are available on [QualityNet](#) and in this [quick reference guide](#), as well as the IPPS final rule. The performance standards for FY 2021 are also displayed on the FY 2021 Baseline Measures Reports available in the *QualityNet Secure Portal*.

Question 41: Where can I find the SIR and number of infections included in the HAC Reduction Program score for FY 2019?

You can find this in your hospital's FY 2019 HAC Reduction Program HSR, made available via *QualityNet Secure Portal*. The HAC Reduction Program HSRs may be requested by contacting the *QualityNet* Help Desk at qnetssupport@hcqis.org. Include the name and CCN of your hospital in the email.

Question 42: How can I find my hospital's CCN number?

Refer to the IPPS Hospital Look-up Tool at:
<https://data.cms.gov/inpatient-provider-lookup>.

Question 43: What is the performance period for the PSI 90 measure for the FY 2023 Hospital VBP Program?

For the FY 2023 Hospital VBP Program, the CMS PSI 90 measure has a baseline period of October 1, 2015 through June 30, 2017 and a performance period of July 1, 2019 through June 30, 2021.

Question 44: When is the data snapshot for the next release of HSRs?

CMS takes a “snapshot” of Medicare FFS claims data annually to perform measure calculations for quality reporting programs. CMS took a snapshot of Medicare FFS claims-based data used for the FY 2020 HAC Reduction Program, Hospital VBP Program (except MSPB), and HRRP on September 28, 2018. For FY 2021, the claims snapshot date is anticipated to be September 27, 2019. CMS will take a snapshot of Medicare FFS claims data used for the MSPB claims-based measure for FY 2020 on March 29, 2019.