



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

Presentation Transcript

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March 12, 2019

2 p.m. ET

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Maria Gugliuzza: I would like to welcome everyone to today's HVBP, HACRP, and HRRP presentation, titled *Fiscal Year 2019 Hospital Compare Data Update*. I am Maria Gugliuzza, the Education and Support Lead at the CMS Hospital Inpatient VIQR Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. The program is being recorded. A transcript of the presentation, along with the answers to the questions asked today, will be posted to the inpatient website, www.QualityReportingCenter.com, at a later date. If you registered for this event, a reminder email and a copy of today's slides were sent out to your email about a few hours ago. If you did not receive that email, you can download the slides at our inpatient website, www.QualityReportingCenter.com. If you have a question as we move through the webinar, please type your question into the chat window and we will answer questions as time allows at the end of the webinar. For the presenters to best answer your questions, we request, at the beginning of your question, please type the slide number associated in the chat window.

I would now like to welcome today's speakers. Bethany Bunch is the Hospital VBP Program Lead for CMS' Hospital Inpatient VIQR Outreach and Education Support Contractor. Angie Goubeaux is the HAC Reduction Program Lead for CMS' HQRPS Contract. And Kati Warren is the Hospital Readmissions Reduction Program Lead for HQRPS. Thank you for presenting today.

This event will provide an overview of the publicly reported data and information available for the CMS inpatient hospital pay-for-performance programs, including the Hospital VBP Program, the HAC Reduction Program, and the HRRP.

At the conclusion of the presentation, participants should be able to recall the location of the publicly reported data for the CMS inpatient hospital pay-for-performance programs, identify publicly reported data from previous years, and obtain comma-separated value—CSV—files of the publicly reported data.

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Here is a list of commonly used acronyms that we will use throughout the presentation. Just as one last reminder for those that are now just joining, slides are available for download at www.QualityReportingCenter.com. I would now like to turn the webinar to our first speaker. We all hope you enjoy today's event. Bethany Bunch, the floor is yours.

Bethany Bunch: Thank you, Maria. Hello and welcome everyone. In today's presentation, I will be covering the Hospital Value-Based Purchasing Program, and then I will turn it over to Angie Goubeaux to cover the HAC Reduction Program, and then Kati Warren for the Hospital Readmissions Reduction Program. Specifically, for each of these programs, we will be covering what you can expect to see on *Hospital Compare*, resulting from the refresh on February 28.

Before we cover *Hospital Compare* directly, I wanted to provide a short overview of the program measures, time periods, and some of the differences between data that you may see in the Hospital VBP Program table versus those that you may see on the main *Hospital Compare* pages, or within the HAC Reduction Program. The Hospital Value-Based Purchasing Program was set forth under Section 1886(o) of the Social Security Act. The Hospital Value-Based Purchasing Program was first adopted in fiscal year 2013, and CMS has used this program to adjust payments for every fiscal year subsequent. Fiscal year 2019 is the seventh year of the program. The Hospital Value-Based Purchasing Program was one of the first national inpatient pay-for-performance programs in which hospitals were paid for services based on the quality of care, rather than the quantity of services provided. The Hospital Value-Based Purchasing Program strives to pay for care that rewards better value, improved patient outcomes, innovations, and cost efficiencies over volume of services. The Hospital Value-Based Purchasing Program is an estimated budget-neutral program that is funded through a percentage withhold from participating hospitals' DRG payments. Payment amounts will be redistributed based on the hospitals' Total Performance Score in comparison to the distribution of all hospitals' Total Performance Scores and the total estimated DRG payments available to fund the program. It is important to note that withholds in incentive payments are not made in a lump sum, but

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through each Medicare claim made to CMS in that fiscal year. The funding for the fiscal year 2019 program, which we are focusing on today, will come from a 2 percent withhold from participating hospitals' base-operating DRG payment amount. If you'd like more background or information on the Hospital VBP Program, I recommend checking out the Fiscal Year 2019 Percentage Payment Summary Report Overview webinar from August 2018, which is available in the VBP archived-events section on *QualityReportingCenter.com*.

In fiscal year 2019, hospitals were evaluated based on four domains: Clinical Care, Person and Community Engagement, Safety, and the Efficiency and Cost Reduction domain. The Clinical Care domain consists of the three 30-day mortality measures for AMI, heart failure, and pneumonia, in addition to the hip/knee complication measure. The Person and Community Engagement domain is evaluated through the use of the HCAHPS[®] Survey dimensions. The Safety domain contains the PC-01 measure and the five healthcare-associated infection measures of CLABSI, CAUTI, SSI, MRSA, and C. diff. The Efficiency and Cost Reduction domain contains the Medicare spending-per-beneficiary measure. Each domain was weighted at 25 percent of the Total Performance Score.

This slide contains the baseline and performance period rates for fiscal year 2019. The Hospital VBP Program uses the baseline period, in addition to a performance period, in order to calculate improvement and achievement points for each measure, with the higher point value being awarded as the hospital's measure score.

This slide provides a high-level summary of changes that were made from the fiscal year 2018 Hospital VBP Program to the fiscal year 2019 program. The hip/knee complication measure was added to the Clinical Care domain. In addition, the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain name was changed to Person and Community Engagement.

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The other major changes to the program were the changes to the Safety domain, starting with the fiscal year 2019. The CLABSI and CAUTI measures were expanded to include select ward, or non-intensive care unit, location. In addition, the CDC updated the standard population data for all healthcare-associated infection measures to ensure the number of predicted infections reflected the current state of the healthcare-associated infections in the United States. One last significant change was the removal of the PSI 90 measure from the Hospital VBP Program. The PSI 90 measure, used in VBP from fiscal year 2015 through fiscal year 2018, 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 Safety domain for fiscal year 2019 through fiscal year 2022. As a result, CMS finalized their removal of the current PSI 90 measure, Patient Safety for Selected Indicators, in the Fiscal Year 2018 IPPS Final Rule after the 60-day comment period. In the Fiscal Year 2018 IPPS Final Rule, CMS also finalized their proposal to adopt a new version of PSI 90 beginning in fiscal year 2023. To summarize, CMS removed the current version of PSI 90 in fiscal year 2019 through fiscal year 2022, and adopted the new version of the measure for inclusion in the program beginning in fiscal year 2023.

When comparing the Hospital VBP Program data to the main *Hospital Compare* pages, or the HAC Reduction Program table, you may notice slightly different results. First, the HCAHPS Survey in the Hospital VBP Program uses only the top box responses in the rate calculations, whereas you see those results delineated on the main *Hospital Compare* pages. Second, the cleanliness and quietness questions are combined into one dimension in the Hospital VBP Program. The 30-day mortality measures are displayed as survival rates in the Hospital VBP Program instead of a mortality rate. So, higher rates equals better results in these measures in the Hospital VBP Program. On a general note, performance periods may be different. So, please reference the measurement periods when reviewing.

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This slide is meant for clarification or a reminder that the data calculated for the Hospital VBP Program is not used in Overall Hospital Star Rating.

The Hospital VBP Program has three sets of data that are publicly reported. The payment adjustment factors for fiscal year 2019 were published on December 3 to CMS.gov. On February 28, two data sets for the Hospital VBP Program were published. The fiscal year 2019 data and scoring information, including measure domain and Total Performance Scores were posted, in addition to the aggregate payment results from fiscal year 2017. I will cover each of these status sets in more detail in the next few slides.

CMS posted the fiscal year 2019 payment adjustment factors in Table 16B on CMS.gov. Table 16B contains the actual payment adjustment factors by CMS Certification Number, or CCN, for each hospital that was eligible for the program. Please note that Table 16B will not include your CCN if you are excluded from the program. Exclusion reasons include your hospital not being a Subsection D hospital, not meeting the minimum number of domains in order to receive a Total Performance Score, being subject to payment reductions under the Hospital IQR Program, and being located in the state of Maryland, just to name a few examples. If your hospital is a Subsection D hospital, you can check your Percentage Payment Summary Report, available to run through the *QualityNet Secure Portal*, to verify your eligibility status and see if any inclusion reasons were assigned.

Once you are on the *Hospital Compare* main page, if you scroll down past the find a hospital screen, you'll find a list of hyperlink options, as shown on the next slide.

The Hospital VBP Program data and scoring links for fiscal year 2019 will be located in the Additional Information, which is the far right tab on the screen. By clicking on the Hospital Value-Based Purchasing Program, the link will take you to the fiscal year 2019 Hospital VBP Program scoring pages.

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When redirected to the Hospital VBP Program page, you will be given several options on the left navigation screen. These options are the domains of the Hospital VBP Program and the Total Performance Score. Each of these sets of data are broken down into their own table for better usability. CMS will report for each measure the hospital's baseline period rate, the performance period rate, the benchmark, achievement threshold, and scores when applicable. In addition, CMS will report that measure's improvement points, achievement points, and measure score. In the Total Performance Score table, the hospitals' unweighted domain scores, weighted domain scores, and Total Performance Scores will be displayed. Only eligible hospitals, meaning those that received the Total Performance Score and were not excluded for any reason, will be reported on the Hospital VBP Program table. As you can see, the bottom bullet point and option on the navigation page is for payment adjustment. We will discuss that in a few slides.

Once you select one of the left-hand navigation options, you will be redirected to an embedded table on the web page. You can view the data for your hospital by scrolling through the embedded table, or—

—You can download that table directly from the web page by clicking on the menu button on the table and then selecting download from that option list that appears. You can choose to download data in the different formats listed on the slide. In a few slides, I will discuss another option to download all of the data from *Hospital Compare* for a specific release, instead of just downloading one specific table or one table at a time.

Also refreshed on February 27 was the payment adjustment information for fiscal year 2017. This data is based on a different payment year than the scoring that we had just covered for fiscal year 2019. CMS reports the payment adjustment information in an aggregated form for the net change in base-operating DRG payment amounts, the distribution of net change of the base-operating DRG payment amounts, and the percent change in the base-operating DRG payment amounts. In addition, there's also range fields for the value-based incentive payment amounts. This data, once again, is reported at an aggregate level and will not be broken down by

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CCN. If you're looking for your payment adjustment at the CCN level, we recommend going out to CMS.gov and looking at Table 16B, or going to the *QualityNet Secure Portal* and downloading your Fiscal Year 2019 Percentage Payment Summary Report to view that information.

On this slide, I listed some resources available to help understand the data. The first link is to the home page of *Hospital Compare* that we discussed earlier. If you have any questions regarding the *Hospital Compare* website, a great starting point is to contact the *Hospital Compare* email box listed on this slide. For general information on the Hospital VBP Program, I would recommend referencing the fourth link on this slide, which will direct you to the *QualityNet* website. And, finally, for specific questions regarding the Hospital VBP Program, you may use the Hospital Inpatient Q&A tool, which is the last link listed on this slide, or call 844-472-4477 to speak to a member on our team.

I will now cover how to download the entire *Hospital Compare* dataset instead of just one table at a time.

To download the data, there are two different routes that you can use. The first is going to the data.medicare.gov website using the URL listed at the top of this slide. Once you are on the website, you will see nine options of data that you can access that are displayed. To access the *Hospital Compare* pay-for-performance data that we have covered today, you would select the *Hospital Compare* data option. Once you've selected the *Hospital Compare* data options, you will be taken to a list of various tables available to download. Just above that list of tables, you'll see the options available that are displayed on the right-hand side of the slide. Those are Download CSV Flat Files (Revised) Now and Get Archived Data. When selecting the CSV Flat File, you will download a zip file that contains the tables and multiple CSV files. To get previous releases and years of data, you can select the Get Archived Data, which will redirect you to a page listing the databases available for download all the way back to 2005. Another way to find archived data is from the home screen of the *Hospital Compare* website, by selecting Resources at the top options panel.

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Once redirected to the Resources page, you would select Download[ing] the data, and then select Get archived *Hospital Compare* data.

This is the page available that lists the archived data that is available. As there are many different releases, we advise you to reference the measures date file in each of the databases to confirm what data you are reviewing. Now I would like to hand off the webinar to Angie Goubeaux to present on the HAC Reduction Program. Before I do, I just want to remind everyone again when submitting your questions to the chat window list the slide number you are referencing. Also, if you would like a copy of the slide deck, you may download the slides from the *QualityReportingCenter.com* website. Thank you again. Angie, the floor is now yours.

Angie Goubeaux: Thanks, Bethany. Hi, I'm Angie Goubeaux. I'm a Program Lead for the HAC Reduction Program under the Hospital Quality Reporting Program Support Contract for CMS.

This is a short overview of the program. The Hospital-Acquired Condition—HAC—Reduction Program is a pay-for-performance program established under section 3008 of the Affordable Care Act. CMS applies a 1 percent reduction to Medicare payments for hospitals that rank in the worst performing 25 percent of all Subsection D hospitals, based on key quality measures. Payment adjustment started with fiscal year 2015 discharges, beginning on October 1, 2014. Section 1886[p](6)(B) of the [Social Security] Act requires the Secretary of Health and Human Services to ensure eligible hospitals can review and submit corrections for their HAC Reduction Program results before public reporting. And, please note, that the 30-day scoring calculations review and corrections period does not allow hospitals to make changes to underlying claims data, or NHSN chart-abstracted data.

On February 28, 2019, CMS updated the following fiscal year 2019 HAC Reduction Program data on the *Hospital Compare* website, which is the recalibrated CMS PSI 90 measure score; the CDC NHSN measure scores, including CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI; the Domain

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1 and Domain 2 scores; the Total HAC Score; and the Payment Reduction Indicator, which tells hospitals if they are subject to a payment reduction.

The calculations for the Fiscal Year '19 HAC Reduction Program are based on the following performance periods. And the measures are included in two domains. Domain 1, which includes CMS PSI 90, is calculated using hospitals' Medicare fee-for-service claims data from October 1, 2015 through June 30, 2017. Domain 1, which only uses ICD-10 data, has a shortened data collection period for fiscal year 2019.

Domain 2, which includes the CLABSI, CAUTI, SSI, MRSA bacteremia and CDI measures, are calculated from hospitals' chart-abstracted surveillance data from January 1, 2016 through December 31, 2017.

Domain 1 is weighted at 15 percent of the total HAC score. And Domain 2 is weighted at 85 percent.

And this is just a reminder that HAC Reduction Program results are not used in the calculation of the overall hospital rating results.

And this slide shows where you can find a link to the HAC Reduction Program information on the *Hospital Compare* home page under Additional Information. And, again, the URL to this home page is [medicare.gov/hospitalcompare](https://www.medicare.gov/hospitalcompare).

After you click the link to the HAC Reduction Program page, you will see the embedded dataset. And, from here, you can search through the data or also click on the menu and download the data.

Once you click on Download, you can download the data in various formats like a CSV file in Excel.

This is a list of additional resources for more information about the HAC Reduction Program. I'd like to point out our email address for program-related questions, which is HACRP@lantanagroup.com located at the bottom. Or you can submit questions to us via the question-answer tool on the *QualityNet* website. And now I would like to turn it over to Kati to talk about HRRP. Thank you.

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Kati Warren: Thank you, Angie. Good afternoon. My name is Kati Warren, and I am a Program Lead for the Hospital Readmissions Reduction Program, also known as HRRP, under HQRPS Contract for CMS.

HRRP is a Medicare value-based purchasing program established under Section 3025 of the Affordable Care Act. HRRP supports CMS' national goal of improving healthcare for Americans by linking payment to quality of hospital care. Payment adjustments for HRRP started with fiscal year 2013 discharges. In other words, discharges beginning October 1, 2012. In 2016, the 21st Century Cures Act required CMS to begin assessing a hospital's performance under HRRP relative to other hospitals with a similar proportion of patients who are duly eligible for Medicare and full benefit Medicaid.

This table shows details on the 30-day risk standardized readmission measures for six conditions and procedures included in HRRP for fiscal year 2019, which are the following: acute myocardial infarction; chronic obstructive pulmonary disease; heart failure; pneumonia; coronary artery bypass graft surgery; and elective primary total hip and/or total knee arthroplasty. The fiscal year 2019 performance period covered discharges occurring from July 1, 2014 through June 30, 2017.

CMS publicly reports the following data elements for each of the six measures on *Hospital Compare* annually: Number of eligible discharges; number of readmissions, if the hospital has 11 or more readmissions; predicted readmissions, also known as the adjusted actual readmissions; expected readmissions; and the excess readmission ratio, or ERR. The HRRP measure results for fiscal year 2019 was updated on *Hospital Compare* on Feb 28, 2019.

The *Hospital Compare* website includes an overall hospital rating calculation that summarizes the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program data. The overall hospital rating calculations on *Hospital Compare* do not include the HRRP results.

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Hospitals can calculate their payment reduction percentage based on the payment adjustment factors located in the HRRP supplemental data file. Each fiscal year, CMS releases all hospital payment adjustment factor and component results in the supplemental data file, along with the IPPS final rule. This file is downloaded from the CMS final rule website, which is shown here on the bottom of this slide.

The HRRP data can be located at the following link under the Additional Information section, Hospital Readmissions Reduction Program, located on the right.

To download the data on data.medicare.gov, click on the link in the header of the table, or select the menu option and click Download as seen here.

In the Download drop-down, there are multiple format options to choose from, which makes accessing your public data easier.

Shown here is a list of additional resources for further information on the Hospital Readmissions Reduction Program and *Hospital Compare*. Again, please note that the email address for the *Hospital Compare* inquiries has changed. Thank you for your time. Now, back to you, Maria.

Maria Gugliuzza: Thank you, Kati. We are now going to start the question-and-answer portion of today's presentation. The first question: What software version was used for PSI 90 for the HACRP?

Angie Goubeaux: Hi, this is Angie. For fiscal year '19, HACRP used recalibrated version 8.0 of the CMS PSI software.

Maria Gugliuzza: Great, thank you. The next question: Are HRRP results included in the Overall Hospital Star Rating on *Hospital Compare*?

Bethany Bunch: No. For fiscal year 2019, hospitals reported data to CMS through the IQR Program and the OQR Program for the *Hospital Compare* Overall Hospital Star Ratings calculations. HRRP measure results are posted on *Hospital Compare*, but they are not included in the overall hospital ratings.

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- Maria Gugliuzza:** Great, thank you. Next question: Does the HAC Reduction Program include critical access hospitals?
- Angie Goubeaux:** No. The HAC Reduction Program only includes Subsection D hospitals. So critical access hospitals are excluded.
- Maria Gugliuzza:** Great. Next question, Bethany, for you: Are critical access hospitals exempt from the VBP program?
- Bethany Bunch:** No. Critical access hospitals are also excluded from VBP. Only short-term acute care hospitals are included.
- Maria Gugliuzza:** Great. Next question for you, Bethany: How is the value-based incentive actually paid back to the hospital?
- Bethany Bunch:** Good question. The payment adjustment factor that you can find either on your hospital's Percentage Payment Summary Report or in Table 16B that we covered today is multiplied against the base operating diagnosis-related group payment amount. The payments are made on a fiscal year basis. So, the information that we just provided today relates to fiscal year 2019, which began on October 1, 2018, and runs through September 30 of 2019. If you're looking for more specific information, we recommend contacting your MAC.
- Maria Gugliuzza:** Great, thank you. Angie, next question for you: How can I tell if my hospital is subject to a penalty?
- Angie Goubeaux:** For HACRP, the payment reduction indicator column on *Hospital Compare* embedded dataset, as well as in your HSR, will say "yes," if your hospital is subject to a 1 percent payment reduction, or "no," if you are not subject to a payment reduction.
- Maria Gugliuzza:** Thank you. Kati, how does CMS apply the payment reductions under the Hospital Readmission Reduction Program?
- Kati Warren:** For fiscal year 2019, the payment reductions apply to all Medicare fee-for-service DRG payments between October 1, 2018 through September 30,

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2019. The program lowers hospitals' payments for every Medicare patient's stay, regardless of readmission.

Maria Gugliuzza: Great, next question: When were the Hospital VBP Program reports released for preview? Bethany, this one for you?

Bethany Bunch: Thanks, Maria. The fiscal year 2019 Hospital VBP Program Percentage Payment Summary Reports were made available through the *QualityNet Secure Portal* in late July 2018. They 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 scores calculated from the measure rate.

Maria Gugliuzza: Thank you. Angie, next question for you: When will we receive the FY 2020 HACRP HSRs?

Angie Goubeaux: And CMS will distribute the fiscal year 2020 HACRP HSRs in mid-July this year.

Maria Gugliuzza: Great. Kati, next question for you: Do hospitals have an opportunity to review and correct their HRRP data before publicly reporting on *Hospital Compare*?

Kati Warren: 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 fiscal year 2019, the review and corrections period was August 16 through September 15, 2018. But, just as a reminder, the review and corrections process does not allow hospitals to submit additional corrections to the underlying claims data or add new claims to the data extract. CMS cannot recalculate results based on finalized claims.

Maria Gugliuzza: Okay. The next question for you, Bethany: Is PSI 90 still being reported on *Hospital Compare*?

Bethany Bunch: Yes, the PSI 90 measure was just removed from the Hospital VBP Program for fiscal year '19 through fiscal year 2022. The new version of

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the PSI 90 measure is still displaying on the main pages of *Hospital Compare* and is still included in the HAC Reduction Program.

Maria Gugliuzza: All right. Next question for you, Kati: When will we receive the FY 2020 HRRP HSRs?

Kati Warren: CMS will release the fiscal year 2020 HRRP HSRs in early August of this year.

Maria Gugliuzza: Thank you. Next question, Bethany: When was *Hospital Compare* refreshed?

Bethany Bunch: Thank you, Maria. The *Hospital Compare* refresh occurred on February 28.

Maria Gugliuzza: Great. That looks like all the questions we have time for today. I'd like to thank everybody for their participation and for presenting today. Thank you. Have a great day.