

Welcome!

- Audio for this event is available via ReadyTalk® Internet streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available.
Please send a chat message if needed.
- This event is being recorded.



Troubleshooting Audio

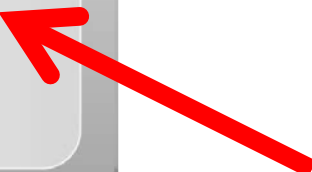
Audio from computer
speakers breaking up?
Audio suddenly stop?

Click Refresh

– or –

Press F5 key



 F5 Key
Top Row of Keyboard

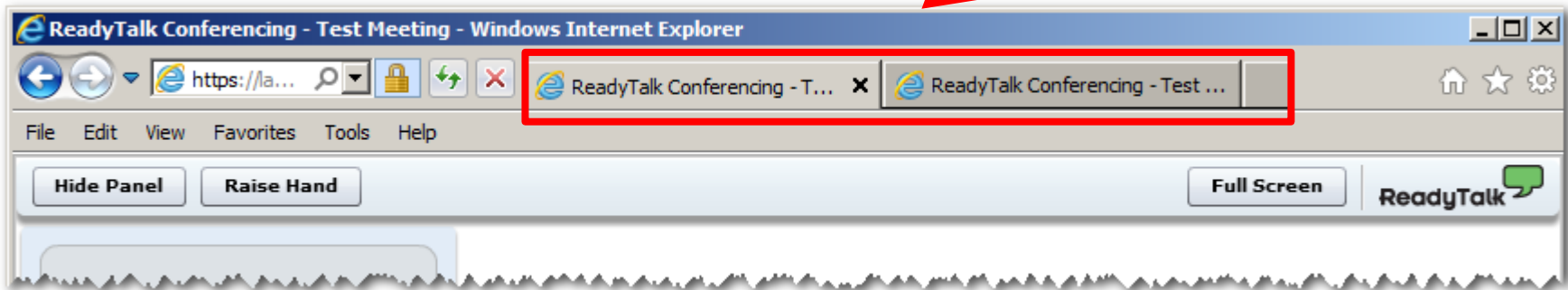


Location of Buttons

 Refresh

Troubleshooting Echo

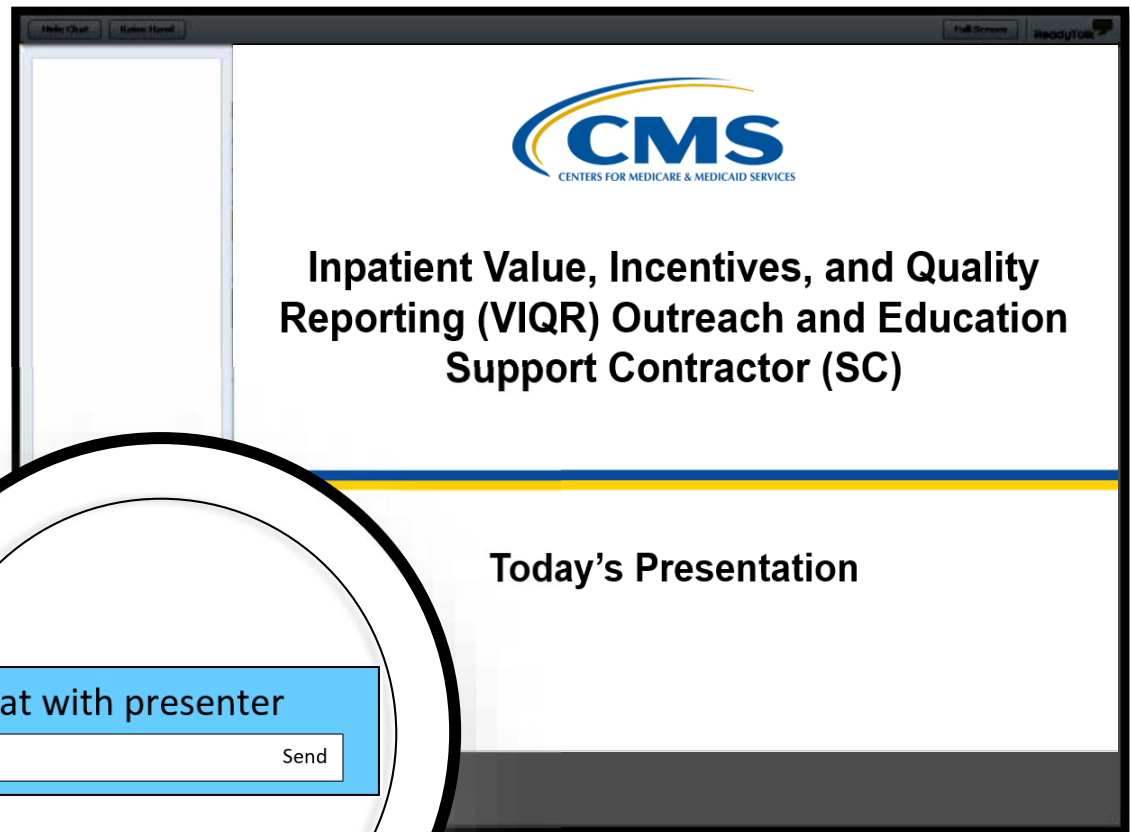
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



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.





Overview of the FY 2020 HAC Reduction Program and HRRP

April Compingbutra, MPH

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

Laura Blum, MPH

Program Lead, Hospital Readmissions Reduction Program (HRRP)
Hospital Quality Reporting Program Support Contractor

July 23, 2019

Purpose

This event will provide an overview of the fiscal year (FY) 2020 HAC Reduction Program and HRRP, including:

- Program updates
- Methodology
- Hospital-Specific Reports (HSRs)
- Review and corrections process

Objectives

Participants will be able to:

- Interpret the methodology used in both programs.
- Understand your hospital's program results in your HSR.
- Submit questions about your hospital's calculations during the following:
 - HAC Reduction Program Scoring Calculations Review and Corrections Period
 - HRRP Review and Corrections Period



April Compingbutra, MPH
Program Lead, HAC Reduction Program
Hospital Quality Reporting Program Support Contractor

FY 2020 HAC Reduction Program

HAC Reduction Program Background

- The HAC Reduction Program was established to incentivize hospitals to reduce the number of hospital-acquired conditions (HACs).
- HACs include patient safety events, such as falls, and healthcare-associated infections (HAIs), such as surgical site infections.
- Established under Section 1886(p) of the Social Security Act, CMS started applying payment adjustments with FY 2015 discharges (beginning October 1, 2014).
- Hospitals that rank in the worst-performing quartile (25%) of all subsection (d) hospitals receive a 1% payment reduction.

Eligible Hospitals

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:

- Critical access hospitals (CAHs)
- Rehabilitation hospitals and units
- Long-term care hospitals (LTCHs)
- Psychiatric hospitals and units
- Children's hospitals
- Prospective Payment System (PPS)-exempt cancer hospitals
- Veterans Affairs (VA) hospitals
- Short-term acute care hospitals located in U.S. territories (Guam, Puerto Rico, the U.S. Virgin Islands, the Northern Mariana Islands, and American Samoa)
- Religious nonmedical health care institutions (RNHCI)

Maryland hospitals are exempt from payment reductions under the HAC Reduction Program. These hospitals currently operate under a waiver agreement between CMS and the state of Maryland.

Updates for FY 2020

CMS implemented the following changes in the FY 2020 HAC Reduction Program:

- Calculated CMS PSI 90 using the CMS v9.0 PSI software
- Used a 24-month performance period for CMS PSI 90 which includes patient discharges from July 1, 2016 through June 30, 2018.
- Updated the performance period for the CDC NHSN HAI measures which includes patient discharges from January 1, 2017 through December 31, 2018.
- Removed domain weights from the HAC Reduction Program scoring methodology and adopted the Equal Measure Weights approach

HAC Reduction Program Measures

Measure	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Recalibrated Patient Safety Indicator (PSI) 90: Patient Safety of Selected Indicators Composite	✓	✓	✓			
CMS PSI 90: Patient Safety and Adverse Events Composite (modified version)				✓	✓	✓
Central Line-Associated Bloodstream Infection (CLABSI)	✓	✓	✓	✓	✓	✓
Catheter-Associated Urinary Tract Infection (CAUTI)	✓	✓	✓	✓	✓	✓
Surgical Site Infection (Abdominal Hysterectomy and Colon Procedures) (SSI)		✓	✓	✓	✓	✓
Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia			✓	✓	✓	✓
Clostridium difficile Infection (CDI)			✓	✓	✓	✓

Performance Periods

Fiscal Year	Measures Included	Performance Period	Weighting
2019	Domain 1: CMS PSI 90 Domain 2: CDC NHSN HAI Measures (CLABSI, CAUTI, SSI, MRSA & CDI)	Domain 1: 10/1/2015–06/30/2017* Domain 2: 1/1/2016–12/31/2017 *Shortened period using only ICD-10 data	Domain 1: 15% Domain 2: 85%
2020	<ul style="list-style-type: none"> • CMS PSI 90 • CDC NHSN HAI Measures (CLABSI, CAUTI, SSI, MRSA and CDI) 	CMS PSI 90: 7/1/2016–6/30/2018 CDC NHSN HAI: 1/1/2017–12/31/2018	Equal weight applied to each measure with a measure score*.

*CMS finalized the adoption of the Equal Measure Weights approach in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41486–41489 August 17, 2018).

HAC Reduction Program

Scoring Methodology

- In FY 2018, CMS adopted the Winsorized z-score methodology.
- To calculate the Winsorized z-score, CMS subtracts the mean Winsorized measure result for all eligible hospitals from a hospital's Winsorized measure result, and divides by the standard deviation of Winsorized measure results for all eligible hospitals.
- Hospitals that perform **worse** than the mean will earn a **positive** Winsorized z-score.
- Hospitals that perform **better** than the mean will earn a **negative** Winsorized z-score.

Equal Measure Weights

The Equal Measure Weights approach* applies an equal weight to each measure for which a hospital has a measure score.

- CMS implemented the Equal Measure Weights approach during the FY 2020 HAC Reduction Program.
- The Equal Measure Weights approach removes the two domains and applies an equal weight to each measure for which a hospital has a measure score.
- This approach addresses concerns about the disproportionate weight applied to CDC NHSN HAI measures for low-volume hospitals.

*CMS finalized the adoption of the Equal Measure Weights approach in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41486–41489 August 17, 2018).

Equal Measure Weights

Number of Measures with a Winsorized z-score	Weight Applied to Each Winsorized z-score (as a percentage)
0	N/A
1	100
2	50.0
3	33.3
4	25.0
5	20.0
6	16.7

HAC Reduction Program

Scoring Methodology

The FY 2020 scoring methodology consists of the following steps:

Measure Score Calculation (Winsorized z-scores)

1. Calculate Winsorized measure results for each measure.
2. Calculate Winsorized z-scores (i.e., measure scores) based on Winsorized measure results, national mean and standard deviation of Winsorized measure results for each measure.

Total HAC Score Calculation

3. Apply an equal weight for each measure for which a hospital has a measure score.
4. Multiply the measure score by the weight for each measure to obtain each measure's contribution to the Total HAC Score.
5. Sum the contributions of the measure scores to obtain the Total HAC Score.

Worst-Performing Quartile Determination

6. Determine the 75th percentile of Total HAC Scores.
7. Classify hospitals with a Total HAC Score greater than the 75th percentile in the worst-performing quartile.

Example Calculation

Example Calculation of Hospital A's Results Using Equal Measure Weights and Winsorized z-scores

Raw Measure Results	Winsorized Measure Results	Winsorized z-scores	Measure Weight	Contribution to Total HAC Score	Total HAC Score	Penalty Determination
0.8485 CMS PSI 90	0.8485 CMS PSI 90	-0.339 CMS PSI 90	16.7%	-0.0566 CMS PSI 90	-0.0782 Total HAC Score	NOT Penalized
0.922 CLABSI	0.922 CLABSI	-0.768 CLABSI	16.7%	-0.1283 CLABSI		
0.112 CAUTI	0.112 CAUTI	-1.842 CAUTI	16.7%	-0.3076 CAUTI		
2.795 SSI	2.353 SSI	1.944 SSI	16.7%	0.3246 SSI		
1.366 MRSA	1.366 MRSA	0.709 MRSA	16.7%	0.1184 MRSA		
0.919 CDI	0.919 CDI	-0.172 CDI	16.7%	-0.0287 CDI		
Sum of Contributions to Total HAC Score					-0.0782 Total HAC Score	0.345 75 th Percentile of Total HAC Scores ^d

^dCMS includes all eligible subsection (d) hospitals with a Total HAC Score in the calculation of the 75th percentile.

How to Receive Your FY 2020 HSR

- How will I know my report is available?
 - A *QualityNet* notification is sent via email to those who are registered for the notifications regarding the program.
 - The notification indicates the reports are available.
- Who has access to the HSRs and User Guide?
 - Hospital staff registered as *QualityNet Secure Portal* users with 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*
- Where can I access the report?
 - For those with the correct access, the HSRs and User Guide will be in their Secure File Transfer Inbox.

HAC Reduction Program

HSR Content

The HAC Reduction Program HSR provides hospitals with the following information:

- Contact information for the program and additional resources
- Performance on Total HAC Score
- Measure results and Winsorized z-scores for CMS PSI 90 and CDC NHSN HAI measures
- Discharge-level information for CMS PSI 90

FY 2020 HAC Reduction Program HSR:

Table 1

Table 1: Your Hospital's Performance on Total HAC Score for the FY 2020 HAC Reduction Program

HOSPITAL NAME

CMS PSI 90 Hospital Discharge Period: July 1, 2016 through June 30, 2018

CDC CLABSI, CAUTI, SSI, MRSA, and CDI Measures Hospital Discharge Period: January 1, 2017 through December 31, 2018

CMS PSI 90 Contribution to to Total HAC Score [a]	CLABSI Contribution to Total HAC Score [b]	CAUTI Contribution to Total HAC Score [c]	SSI Contribution to Total HAC Score [d]	MRSA Contribution to Total HAC Score [e]	CDI Contribution to Total HAC Score [f]	Total HAC Score for Your Hospital [g]	Payment Reduction Threshold (75th Percentile) [h]	Subject to Payment Reduction (Yes/No) [i]
-0.0677	-0.0683	NMS	0.3888	0.1417	-0.0345	0.3600	0.3799	No

Note: This is an example and is not the actual Payment Reduction Threshold (75th percentile).

FY 2020 HAC Reduction Program HSR:

Table 2

Table 2: Your Hospital's Measure Results and Winsorized z-scores for the FY 2020 HAC Reduction Program

HOSPITAL NAME

CMS PSI 90 Hospital Discharge Period: July 1, 2016 through June 30, 2018

CDC CLABSI, CAUTI, SSI, MRSA, and CDI Measures Hospital Discharge Period: January 1, 2017 through December 31, 2018

Measure [a]	Measure Result [b]	5th Percentile Measure Result [c]	95th Percentile Measure Result [d]	Winsorized Measure Result [e]	Mean Winsorized Measure Result [f]	Standard Deviation of Winsorized Measure Results [g]	Winsorized z-score [h]	Weight of Winsorized z-score for Your Hospital [i]	Contribution of Winsorized z-score to Total HAC Score [j]
CMS PSI 90	0.8485	0.6537	1.2977	0.8485	0.8885	0.1181	-0.3387	0.2000	-0.0677
CLABSI	0.9920	0.0000	1.3750	0.9920	1.0480	0.1640	-0.3415	0.2000	-0.0683
CAUTI	INS	0.0000	1.8080	INS	0.9980	0.4810	NMS	NMS	NMS
SSI	2.7950	0.0000	2.3530	2.3530	0.9650	0.7140	1.9440	0.2000	0.3888
MRSA	1.3660	0.0000	2.1420	1.3660	1.0010	0.5150	0.7087	0.2000	0.1417
CDI	0.9190	0.0000	1.6390	0.9190	0.9790	0.3480	-0.1724	0.2000	-0.0345

FY 2020 HAC Reduction Program HSR:

Table 3

Table 3: Your Hospital's Performance on CMS PSI 90 for the FY 2020 HAC Reduction Program

HOSPITAL NAME

Discharge Period: July 1, 2016 through June 30, 2018

Performance Information	CMS PSI 90 [a]	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
1. Composite Value*	0.8485	—	—	—	—	—	—	—	—	—	—
2. Total Number of Eligible** Discharges (Denominator) at Your Hospital [b]	—	4,136	10,255	1,774	5,125	2,356	766	2,671	INS	255	10,933
3. Number of Outcomes (Numerator) [b]	—	0	3	0	1	0	4	8	INS	0	18
4. Observed Rate per 1,000 Eligible** Discharges [b]	—	0.5705	0.9910	1.6853	0.8873	0.9683	0.8624	0.8078	0.5691	0.9670	0.6020
5. Expected Rate per 1,000 Eligible** Discharges [b]	—	0.5246	0.9836	1.3529	0.8347	0.9275	0.7951	0.7449	0.5651	0.9020	0.5148
6. Risk-Adjusted Rate per 1,000 Eligible** Discharges [b]	—	0.5348	0.9755	1.6801	0.8141	0.9742	0.8674	0.8187	0.5746	0.9762	0.5969
7. Smoothed Rate per 1,000 Eligible** Discharges [b] [c]	—	0.0666	0.3586	0.2530	0.5756	0.8243	0.6452	3.0559	INS	1.4081	2.0673
8. National Composite Value [d]	0.8139	—	—	—	—	—	—	—	—	—	—
9. National Risk-Adjusted Rate per 1,000 Eligible** Discharges [b]	—	0.3348	0.3879	0.0869	0.0954	0.0765	1.2500	4.3500	9.7781	1.7048	1.8086
10. Measure's Weight in Composite [b]	—	0.0510	0.0541	0.0111	0.0661	0.0541	0.3115	0.1842	0.2522	0.0106	0.0050
11. Reliability Weight [b]	—	0.8011	0.3493	0.0083	0.0365	0.0036	0.1234	0.7788	INS	0.1741	0.8171

FY 2020 HAC Reduction Program HSR:

Table 4

Table 4: Your Hospital's Discharge-Level Information for CMS PSI 90 for the FY 2020 HAC Reduction Program

HOSPITAL NAME

Discharge Period: July 1, 2016 through June 30, 2018

Do NOT email the contents of this file. The file contains Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing these data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	Measure	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date	Discharge Date	PSI Trigger Diagnoses or Procedures	DX1	POA1	DX2	POA2
1	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	--	99999A	99/99/9999	99/99/9999	99/99/9999	5121	4414	Y	44329	Y
2	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	1EG4 TE5 MK73	A10002	99/99/9999	99/99/9999	99/99/9999	5121	42781	Y	5121	N
3	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	1EG4 TE5 MK73	A10003	99/99/9999	99/99/9999	99/99/9999	5121	99656	Y	5856	Y
4	PERIOPERATIVE HEMORRHAGE OR HEMATOMA RATE (PSI09)	999999999A	1EG4 TE5 MK73	A10004	99/99/9999	99/99/9999	99/99/9999	99811	0241	N	4440	Y
5	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10005	99/99/9999	99/99/9999	99/99/9999	51851	9671	N	--	--
6	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10006	99/99/9999	99/99/9999	99/99/9999	51851	9670	Y	--	--
7	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10007	99/99/9999	99/99/9999	99/99/9999	51853	9604	N	--	--
8	POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)	999999999A	1EG4 TE5 MK73	A10008	99/99/9999	99/99/9999	99/99/9999	51853	9671	N	--	--
9	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10009	99/99/9999	99/99/9999	99/99/9999	45341	V5482	--	2851	N
10	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10010	99/99/9999	99/99/9999	99/99/9999	41519	73342	Y	51881	N
11	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10011	99/99/9999	99/99/9999	99/99/9999	45341	4414	Y	2851	N
12	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10012	99/99/9999	99/99/9999	99/99/9999	45340	44024	Y	0389	N
13	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10013	99/99/9999	99/99/9999	99/99/9999	45341	99656	Y	5856	Y
14	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	1EG4 TE5 MK73	A10014	99/99/9999	99/99/9999	99/99/9999	45119, 45341	5523	Y	51881	N

Note: This is an example and is not the actual 75th percentile Total HAC Score.

FY 2020 HAC Reduction Program HSR:

Table 5

Table 5: Your Hospital's Performance on CDC CAUTI, CLABSI, SSI, MRSA, and CDI Measures for the FY 2020 HAC Reduction Program

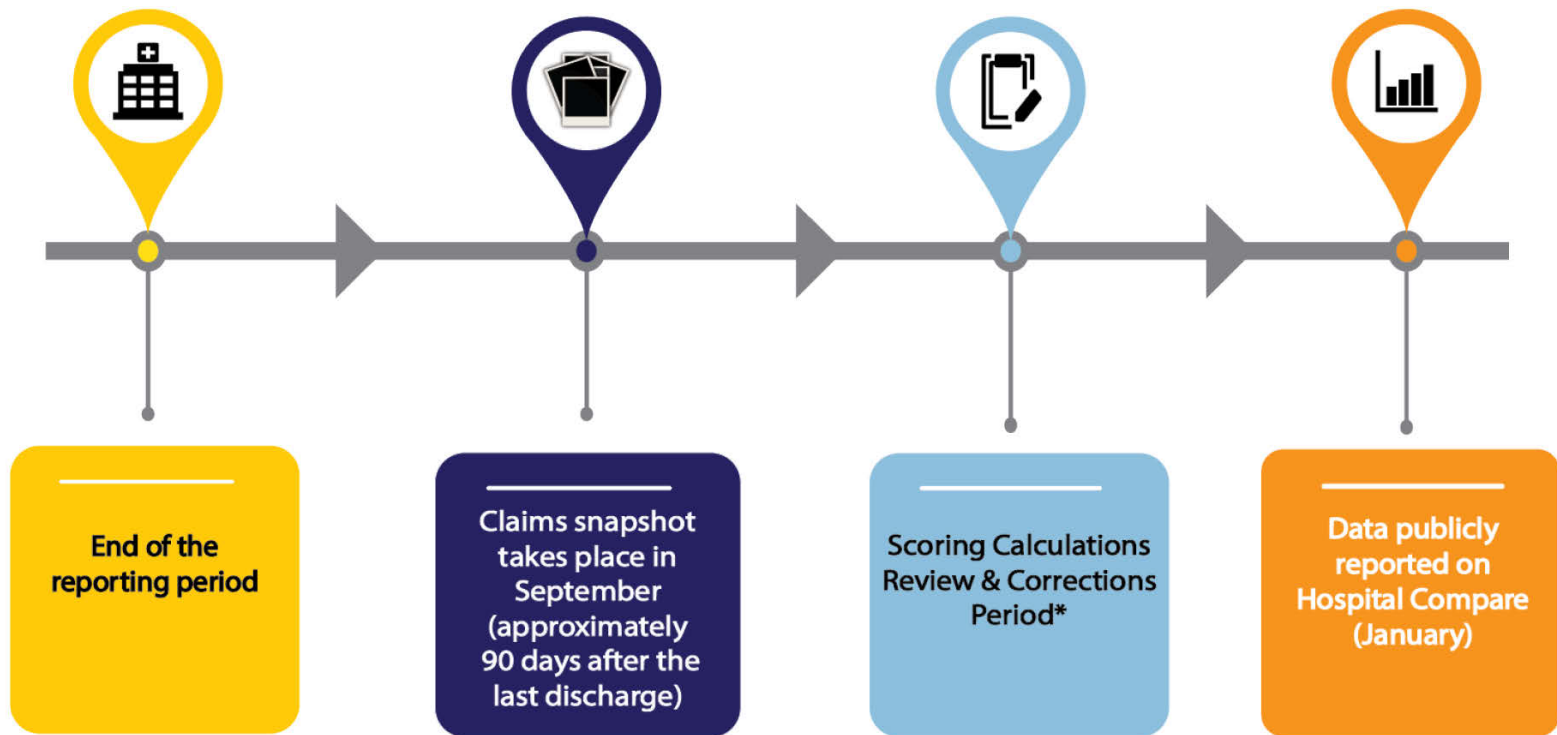
HOSPITAL NAME

Discharge Period: January 1, 2017 through December 31, 2018

Performance Information	CLABSI [a]	CAUTI [a]	SSI [a]	MRSA [a]	CDI [a]
1. Reported Number of HAIs [b]	2.480	2.408	8.385	2.000	1.838
2. Predicted Number of HAIs [c]	2.500	21.500	3.000	2.738	2.000
3. Reported Central-line Days or Urinary Catheter Days; Surgical Procedures Performed; MRSA Patient Days; CDI Patient Days [d]	10,768	12,769	335	45,000	38,000
4. SIR [e]	0.992	INS	2.795	1.366	0.919
5. National SIR [f]	1.048	0.481	0.714	0.515	0.348

Claims-Based Data

CMS PSI 90

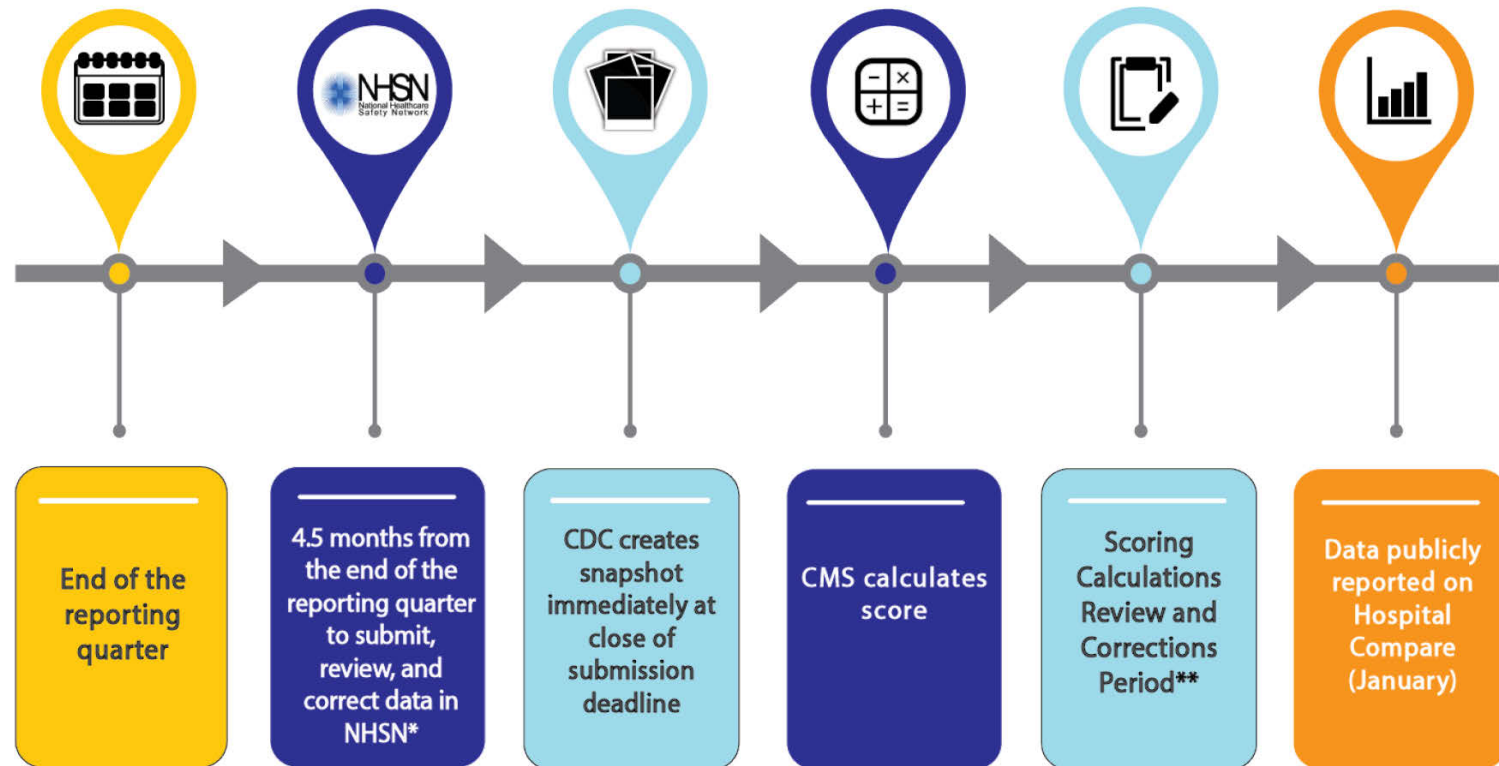


*Hospitals may not change underlying data during this period

CMS PSI 90

- Hospitals' results will only reflect edits that comply with the time limits in the Medicare Claims Processing Manual.
- The snapshot of the data which CMS used for FY 2020 was September 28, 2018.
- Only corrected claims processed by September 28, 2018 will be included for FY 2020. If a hospital submitted a corrected claim after the September 28, 2018 snapshot, the hospital's HSR results will not include the corrected claim data.

Healthcare-Associated Infection (HAI) Data Flow



*Eligible Hospitals have until May 15 of each year to submit an HAI exemption form for CLABSI, CAUTI, and SSI only.

** The Scoring Calculations Review and Corrections period does not allow hospitals to correct: (1) reported number of HAIs; (2) Standardized Infection Ratios (SIRs); and (3) reported central-line days, urinary catheter days, surgical procedures performed, or patient days.

CDC NHSN HAI Measures

- CMS calculates the CLABSI, CAUTI, SSI, MRSA, and CDI HAI measures using chart-abstracted data submitted by hospitals via the National Healthcare Safety Network (NHSN).
- Under the Hospital Inpatient Quality Reporting (IQR) Program, hospitals can submit, review, and correct the CDC NHSN HAI data for 4.5 months after the end of the reporting quarter.
- Immediately following the submission deadline, the CDC creates a snapshot of the data and sends this to CMS. CMS does not receive or use data submitted to NHSN after the deadline.
- Hospitals are strongly encouraged to review and correct their data prior to the HAI submission deadline.

Scoring Calculations

Review and Corrections Period

- The HAC Reduction Program Scoring Calculations Review and Corrections Period began July 19, 2019 and ends August 16, 2019. CMS will distribute HSRs via the *QualityNet Secure Portal*.
- Review your HAC Reduction Program data. You have 30 days to review, submit questions about the calculation of your results, and request corrections of calculation errors.
- Submit questions to the HAC Reduction Program Support Team via email at hacrp@lantangroup.com or via the *QualityNet* Q&A tool at <https://cms-ip.custhelp.com/app/homehacrp> as soon as possible, but no later than 11:59 PM PT on August 16, 2019.

What can hospitals correct?

Hospitals CAN:

- Review their HSR data
- Submit questions about the calculation of their results for:
 - CMS PSI 90 measure score
 - CMS PSI 90 Winsorized measure result
 - CLABSI measure score
 - CAUTI measure score
 - SSI measure score
 - MRSA bacteremia measure score
 - CDI measure score
 - Total HAC Score

Hospitals CANNOT:

- Submit additional corrections related to the underlying claims data for CMS PSI 90.
- Add new claims to the data extract used to calculate the results.
- Correct reported number of HAIs, Standardized Infection Ratios (SIRs), or reported central-line days, urinary catheter days, surgical procedures performed, or patient days for the CDC NHSN HAI measures.

More Information

- CMS releases a HAC Reduction Program HSR User Guide and a Mock HSR on the *QualityNet* website.
- For more information, hospitals can:
 - Request a copy of the Example Replication Instructions from the HAC Reduction Program Support Team.
 - Visit the *QualityNet* Scoring Calculations Review and Corrections webpage at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier3&cid=1228774298609>
 - Request a copy of the CMS v.9.0 PSI software from the HAC Reduction Program Support Team.
 - Refer to the FY 2020 Replication Instructions document on the *QualityNet* CMS PSI Resources webpage for instructions on how to use the CMS PSI Software: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1228695355425>

Payment Adjustments

- The 1% payment reduction applies to all Medicare fee-for-service (FFS) discharges between October 1, 2019 and September 30, 2020 (i.e., FY 2020).
- The payment reduction occurs when CMS pays hospital claims.
- CMS notifies hospitals whether they will receive a payment reduction in their HAC Reduction Program HSR.

Public Reporting on *Hospital Compare*

In January 2020, CMS will release the following
FY 2020 HAC Reduction Program information on
Hospital Compare:

- CMS PSI 90, CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measure scores
- Total HAC Score
- Payment Reduction Indicator

<https://www.medicare.gov/hospitalcompare/HAC-reduction-program.html>

HAC Reduction Program Resources

- General Information on *QualityNet*:
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166
- Scoring Methodology Information on *QualityNet*:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298601>
- Scoring Calculations Review and Corrections Information on *QualityNet*:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298609>
- FY 2020 HSR User Guide and Mock HSR on *QualityNet*:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298662>
- CMS PSI Resources on *QualityNet*:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1228695355425>
- Stakeholder questions can be directed to hacrp@lantanagroup.com or via the Q&A tool on *QualityNet*: <https://cms-ip.custhelp.com/app/homehacrp>.



Laura Blum, MPH

Program Lead, Hospital Readmissions Reduction Program
Hospital Quality Reporting Program Support Contract

Hospital Readmissions Reduction Program (HRRP): Fiscal Year 2020 Hospital Specific Report (HSR)

Hospital Readmissions Reduction Program (HRRP) Background

- HRRP is a Medicare value-based purchasing program that reduces payments to Inpatient Prospective Payment System (IPPS) hospitals with excess readmissions.
- Section 3025 of the 2010 Affordable Care Act required the Secretary of the Department of Health and Human Services (HHS) to establish HRRP.
- HRRP improves healthcare for Americans by linking payment to quality of hospital care.

Eligible Hospitals

- All subsection (d) hospitals are subject to HRRP, as defined under the Social Security Act.
- CMS exempts Maryland hospitals from payment reductions under HRRP. These hospitals operate under a waiver agreement between CMS and the state of Maryland.

HRRP Performance Period

30-Day Risk-Standardized Unplanned Readmission Measure	NQF Measure Number	FY 2020 Performance Period
Acute myocardial infarction (AMI)	NQF #0505	July 1, 2015 – June 30, 2018
Heart failure (HF)	NQF #0330	July 1, 2015 – June 30, 2018
Pneumonia	NQF #0506	July 1, 2015 – June 30, 2018
Chronic obstructive pulmonary disease (COPD)	NQF #1891	July 1, 2015 – June 30, 2018
Elective primary total hip and/or total knee arthroplasty (THA/TKA)	NQF #1551	July 1, 2015 – June 30, 2018
Coronary artery bypass graft surgery (CABG)	NQF #2515	July 1, 2015 – June 30, 2018

21st Century Cures Act Provisions for HRRP

- The 21st Century Cures Act requires CMS to assess a hospital's performance relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full-benefit Medicaid.
- The 21st Century Cures Act also requires estimated payments under the non-stratified methodology (i.e., FY 2013 to FY 2018) to be equal to payments under the stratified methodology (i.e., FY 2019 and subsequent years) to maintain budget neutrality.

Excess Readmission Ratios (ERRs), Dual Proportion, and Peer Groups

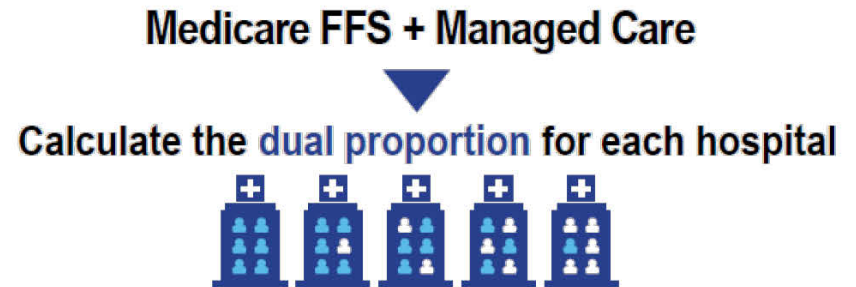
1. Use hospital claims to generate ERRs and dual proportions

Medicare FFS

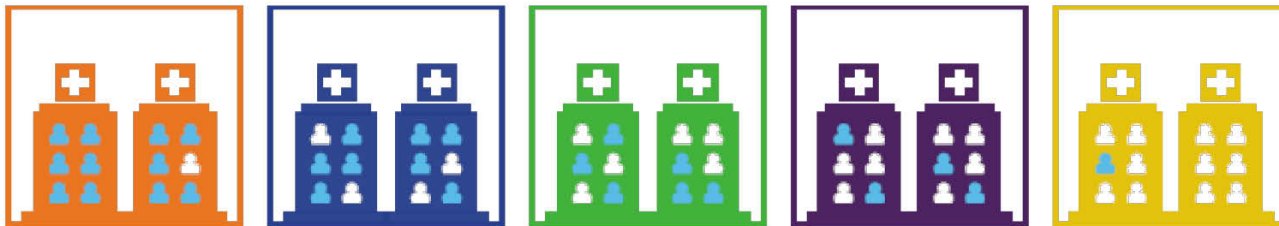
▼

Calculate ERRs for each measure

$$\text{ERR} = \frac{\text{Predicted readmission rate}}{\text{Expected readmission rate}}$$



2. Stratify hospitals into 5 peer groups based on the hospitals' dual proportions



Dual Proportion Definition

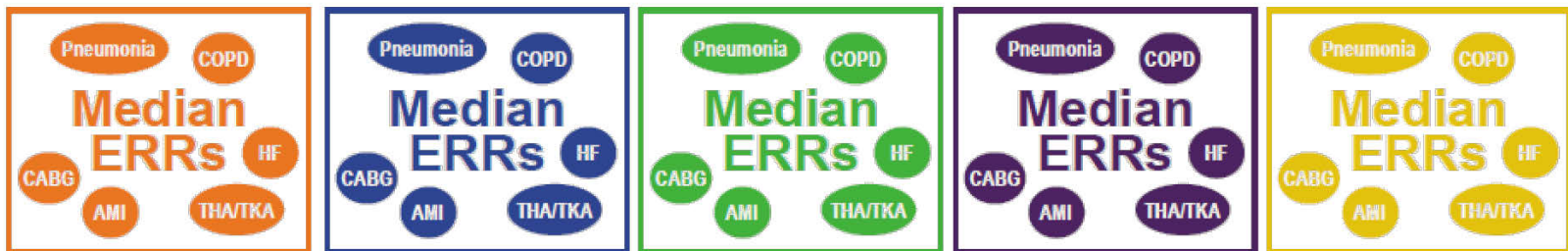
Dual proportion is defined as the number of full-benefit dual-eligible Medicare FFS and managed care* stays divided by the total number of Medicare inpatient stays during the HRRP performance period.

- **Numerator:** All Medicare FFS and managed care stays where a beneficiary was dually eligible for Medicare and full-benefit Medicaid (i.e., dual stays).
- **Denominator:** All eligible Medicare FFS and managed care stays.

*CMS includes managed care inpatient stays due to variation in the size of hospitals' managed care population. This more accurately reflects the proportion of dual-eligible patients for all hospitals.

Thresholds and Performance Assessment

- Determine each measure's median ERR for each peer group

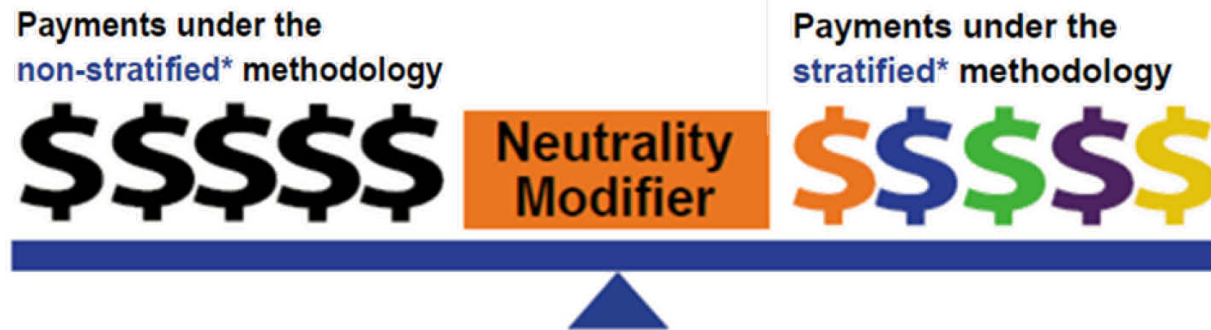


- Determine which ERRs enter the payment adjustment factor formula



Budget Neutrality Modifier

5. Calculate the neutrality modifier

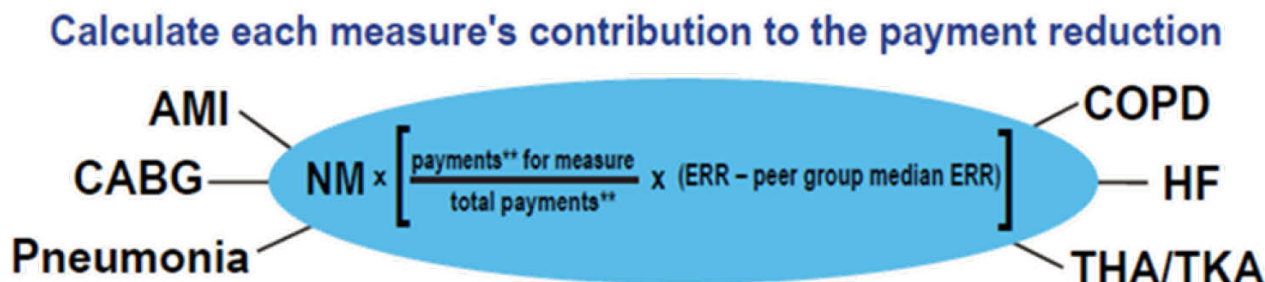


The neutrality modifier is the multiplicative factor that, when applied to hospital payment reductions, equates total Medicare savings under the non-stratified* and stratified* methodologies.

*Non-Stratified Methodology = FY 2013 to 2018;
Stratified Methodology = FY 2019 and subsequent FYs

Payment Reduction and Payment Adjustment Factor

6. Calculate the payment reduction



Sum the measure contributions and apply the 3% cap

AMI + CABG + COPD + HF + Pneumonia + THA/TKA

If payment reduction > 0.03 ► Cap at 3%

7. Determine the payment adjustment factor

Payment Adjustment Factor = 1 - Payment Reduction

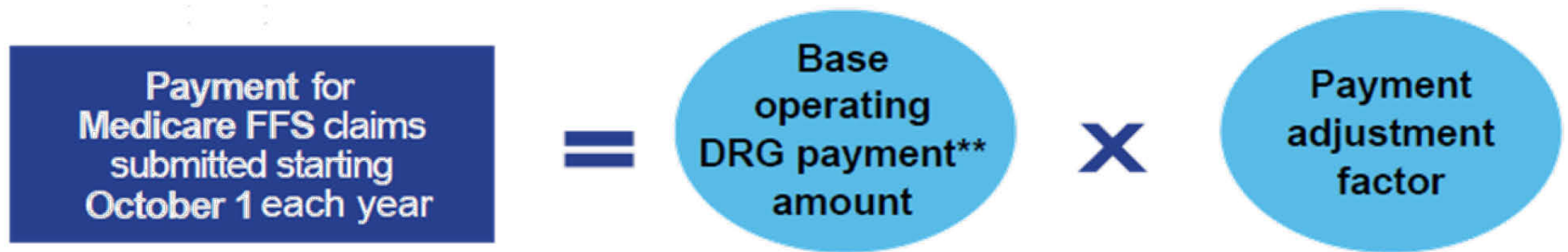
HRRP Payment Adjustment Factor Formula

Payment adjustment factor =

$$1 - \min\{.03, \sum_{dx} \frac{NM * Payment(dx) * \max\{ERR(dx) - Median\ peer\ group\ ERR(dx), 0\}}{All\ Payments}\}$$

Payment Determination

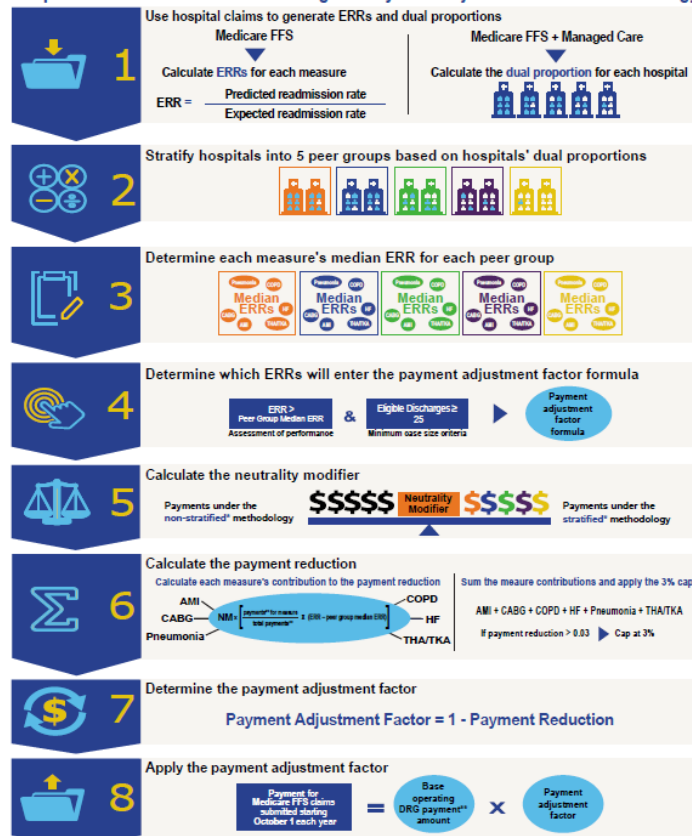
8. Apply the payment adjustment factor



****Payments are the Medicare FFS base operating Diagnosis-Related Group (DRG) payments without any add-on payments (e.g., Disproportionate Share Hospital [DSH] and Indirect Medical Education [IME] payments).**

HRRP Payment Adjustment Factor Methodology

Hospital Readmissions Reduction Program Payment Adjustment Factor Methodology



AMI = Acute Myocardial Infarction; CABG = Coronary Artery Bypass Graft Surgery; COPD = Chronic Obstructive Pulmonary Disease; DRG = Diagnosis-Related Group; ERR = Excess Readmission Ratio; FFS = Fee-for-Service; FY = Fiscal Year; HF = Heart Failure; NM = Neutrality Modifier; THA/TKA = Elective Primary Total Hip and/or Total Knee Arthroplasty

*Non-stratified Methodology = FY 2013 to 2018; Stratified Methodology = FY 2019 and subsequent FYs

**In general, payments are the Medicare FFS base operating DRG payments without any add-on payments (e.g. Disproportionate Share Hospital (DSH) and Indirect Medical Education (IME) payments)

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772412995>

HRRP HSR Content

The HRRP HSRs contains tabs that provide hospitals with the following information:

- Contact information for the program and additional resources
- Payment Adjustment Factor
- Hospital Results
- Discharge Data
- Dual Stays

Table 1: Payment Adjustment

Table 1: Your Hospital's Payment Adjustment Factor Information

HOSPITAL NAME

Hospital Discharge Period: July 1, 2015 through June 30, 2018

Number of Dual Eligible Stays (Numerator) [a]	Number of Eligible Stays (Denominator) [b]	Dual Proportion [c]	Peer Group Assignment [d]	Neutrality Modifier [e]	Payment Adjustment Factor [f]
3,294	17,150	0.1921	3	0.9534	0.9998

Mock HSR (illustrative data)

Table 2: Hospital Results

Table 2: Your Hospital's Performance on 30-Day All-Cause Unplanned Risk-Standardized Readmission for AMI, COPD, HF, Pneumonia, CABG, and THA/TKA
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018

Measure [a]	Number of Eligible Discharges [b]*	Number of Readmissions Among Eligible Discharges [c]*	Predicted Readmission Rate [d]*	Expected Readmission Rate [e]*	Excess Readmission Ratio (ERR) [f]*	Peer Group Median ERR [g]	Penalty Indicator (Yes/No) [h]	Ratio of DRG Payments Per Measure to Total Payments [i]	National Observed Readmission Rate [j]
AMI	7	0	16.7138%	17.0476%	0.9804	0.9928	No	0.0030	15.3%
COPD	35	1	14.4393%	15.2871%	0.9445	0.9942	No	0.0131	19.5%
HF	25	3	16.2365%	16.5407%	0.9816	0.9848	No	0.0095	21.4%
Pneumonia	88	6	13.0377%	14.2060%	0.9178	0.9875	No	0.0446	16.6%
CABG	NQ	NQ	NQ	NQ	NQ	0.9803	No	NQ	12.6%
THA/TKA	332	14	3.9218%	3.7233%	1.0533	0.9841	Yes	0.2414	4.0%

Mock HSR (illustrative data)

Tables 3–8: Discharges

Table 3: Discharge-Level Information for the AMI 30-Day All-Cause Unplanned Risk-Standardized Readmission Measure

HOSPITAL NAME

Hospital Discharge Period: July 1, 2015 through June 30, 2018

Do NOT email the contents of this file. This file contains PII and PHI. Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

[Please note row 8 contains risk factor coefficients beginning in column S. The list of the hospital discharges begins on row 9.]

ID Number	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [b]	Inclusion/Exclusion Indicator
--	--	--	--	--	--	--	--
1	1234567891	1EG4TE5MK73	A001	02/18/1933	09/09/9999	09/09/9999	0
2	1234567892	1EG4TE5MK73	A002	01/02/1931	09/09/9999	09/09/9999	0
3	1234567893	1EG4TE5MK73	A003	02/14/1930	09/09/9999	09/09/9999	0
4	1234567894	1EG4TE5MK73	A004	05/12/1922	09/09/9999	09/09/9999	0
5	1234567895	1EG4TE5MK73	A005	02/18/1935	09/09/9999	09/09/9999	0
6	1234567897	1EG4TE5MK73	A007	04/25/1931	09/09/9999	09/09/9999	0

Mock HSR (illustrative data)

Tables 3–8: Discharges (Continued)

Index Stay (Yes/No)	Principal Discharge Diagnosis of Index Stay	Discharge Destination	Unplanned Readmission within 30 Days (Yes/No)	Planned Readmission (Yes/No)
--	--	--	--	--
Yes	41071	1	Yes	No
Yes	41071	1	Yes	No
Yes	41071	1	Yes	No
Yes	41071	3	No	Yes
Yes	41071	1	No	No
Yes	41071	3	No	No

Mock HSR (illustrative data)

Tables 3–8: Discharges (Continued)

Readmission Date	Discharge Date of Readmission	Principal Discharge Diagnosis of Readmission	Readmission to Same Hospital (Yes/No)	Provider ID of Readmitting Hospital [c]	HOSP_EFFECT	AVG_EFFECT
--	--	--	--	--	-2.2141263367241	-2.26036624643463
09/09/9999	09/09/9999	5789	Yes	111111	N/A	N/A
09/09/9999	09/09/9999	41071	Yes	111111	N/A	N/A
09/09/9999	09/09/9999	41071	Yes	111111	N/A	N/A
09/09/9999	09/09/9999	41071	Yes	111111	N/A	N/A
09/09/9999	09/09/9999	N/A	N/A	N/A	N/A	N/A
09/09/9999	09/09/9999	N/A	N/A	N/A	N/A	N/A

Mock HSR (illustrative data)

Table 9: Dual Stays

Table 9: Stay-Level Information for Dual Eligibles (dual proportion numerator)

HOSPITAL NAME

Hospital Discharge Period: July 1, 2015 through June 30, 2018

Do NOT email the contents of this file. This file contains PII and PHI. Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	HICNO	MBI	Beneficiary DOB	Admission Date	Discharge Date	Claim Type
1	1234567891	1EG4TE5MK73	02/18/1933	09/09/9999	09/09/9999	Fee for Service
2	1234567892	1EG4TE5MK73	01/02/1931	09/09/9999	09/09/9999	Managed Care
3	1234567893	1EG4TE5MK73	02/14/1930	09/09/9999	09/09/9999	Fee for Service
4	1234567894	1EG4TE5MK73	05/12/1922	09/09/9999	09/09/9999	Fee for Service
5	1234567895	1EG4TE5MK73	02/18/1935	09/09/9999	09/09/9999	Fee for Service
6	1234567897	1EG4TE5MK73	04/25/1931	09/09/9999	09/09/9999	Fee for Service

Mock HSR (illustrative data)

Review and Corrections Period

- The Review and Corrections period begins when CMS distributes HSRs via *QualityNet Secure Portal* accounts. For FY 2020, the Review and Corrections period extends from August 9, 2019 through September 9, 2019.
- HRRP grants hospitals 30 days to review their HRRP data, submit questions about their result calculations, and request a correction if a calculation error is identified.
- If hospitals identify potential discrepancies in their payment adjustment factor and component results, they can request a review of the calculations by emailing hrrp@lantanagroup.com with the subject line “HRRP Review and Corrections Inquiry” no later than 11:59 pm PT on the final day of the Review and Corrections period.

What can hospitals correct?

Hospitals CAN:

- Review their HSR data.
- Submit questions about the calculation of their results for:
 - Payment Adjustment
 - Dual Stays (Numerator)
 - Dual Proportion
 - Peer Group Assignment
 - Neutrality Modifier
 - ERR(s)
 - Peer Group Median ERR(s)

Hospitals CANNOT:

- Submit additional corrections related to the underlying claims data.
- Add new claims to the data extract used to calculate the rates.

Public Reporting

For hospitals with at least 25 discharges, CMS reports the following data elements for each of the 30-day risk-standardized unplanned readmission measures on *Hospital Compare*:

- Number of eligible discharges
- Number of readmissions for hospitals with 11 or more readmissions
- Predicted readmissions (i.e., adjusted actual readmissions)
- Expected readmissions
- ERR

Public Reporting (Continued)

CMS releases data elements in the IPPS/LTCH PPS Final Rule Supplemental Data File, including:

- Hospital Payment Adjustment Factor
- Hospital Dual Proportion
- Hospital Peer Group Assignment
- ERR for each measure
- Number of eligible discharges for each measure
- Peer Group Median ERR for each measure
- Penalty Indicator for each measure
- DRG payment ratio for each measure

Updates for FY 2020 HRRP

- CMS will publicly report FY 2020 HRRP data on *Hospital Compare* in early 2020.
- Beginning with FY 2020, the readmission measures removed from the Hospital Inpatient Quality Reporting (IQR) Program will be under HRRP.

HRRP Resources

Program information:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458>

HSR User Guide, Mock HSR, and Replication Example:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772412669>

Program inquiries: Email HRRP@lantanagroup.com or use the *QualityNet* Question and Answer Tool (<https://cms-ip.custhelp.com/app/homehrrp/p/843>)

30-day risk-standardized unplanned readmission measure information:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273>

30-day risk-standardized unplanned readmission measure methodology inquiries: Email cmsreadmissionmeasures@yale.edu

Questions?

Continuing Education (CE) Approval

This program has been approved for [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.

Disclaimer

This presentation 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 this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation 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 presentation 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.