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F5 Key
Top Row of Keyboard

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

Today’s Presentation
Overview of the FY 2020 HAC Reduction Program and HRRP

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Hospital Quality Reporting Program Support Contractor

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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:
  o HAC Reduction Program Scoring Calculations Review and Corrections Period
  o HRRP Review and Corrections Period
FY 2020 HAC Reduction Program
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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recalibrated Patient Safety Indicator (PSI) 90: Patient Safety of Selected Indicators Composite</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS PSI 90: Patient Safety and Adverse Events Composite (modified version)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Central Line-Associated Bloodstream Infection (CLABSI)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Catheter-Associated Urinary Tract Infection (CAUTI)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Surgical Site Infection (Abdominal Hysterectomy and Colon Procedures) (SSI)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Clostridium difficile Infection (CDI)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>
### Performance Periods

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Measures Included</th>
<th>Performance Period</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td><strong>Domain 1:</strong> CMS PSI 90 &lt;br&gt;<strong>Domain 2:</strong> CDC NHSN HAI Measures (CLABSI, CAUTI, SSI, MRSA &amp; CDI)</td>
<td><strong>Domain 1:</strong> 10/1/2015–06/30/2017*&lt;br&gt;<strong>Domain 2:</strong> 1/1/2016–12/31/2017 *Shortened period using only ICD-10 data</td>
<td><strong>Domain 1:</strong> 15%  &lt;br&gt;<strong>Domain 2:</strong> 85%</td>
</tr>
<tr>
<td>2020</td>
<td>• CMS PSI 90 &lt;br&gt;• CDC NHSN HAI Measures (CLABSI, CAUTI, SSI, MRSA and CDI)</td>
<td><strong>CMS PSI 90:</strong> 7/1/2016–6/30/2018 &lt;br&gt;<strong>CDC NHSN HAI:</strong> 1/1/2017–12/31/2018</td>
<td>Equal weight applied to each measure with a measure score*</td>
</tr>
</tbody>
</table>
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.

## Equal Measure Weights

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

<table>
<thead>
<tr>
<th>Raw Measure Results</th>
<th>Winsorized Measure Results</th>
<th>Winsorized z-scores</th>
<th>Measure Weight</th>
<th>Contribution to Total HAC Score</th>
<th>Total HAC Score</th>
<th>Penalty Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8485 CMS PSI 90</td>
<td>0.8485 CMS PSI 90</td>
<td>-0.339 CMS PSI 90</td>
<td>16.7%</td>
<td>-0.0566 CMS PSI 90</td>
<td></td>
<td>NOT Penalized</td>
</tr>
<tr>
<td>0.922 CLABSI</td>
<td>0.922 CLABSI</td>
<td>-0.768 CLABSI</td>
<td>16.7%</td>
<td>-0.1283 CLABSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.112 CAUTI</td>
<td>0.112 CAUTI</td>
<td>-1.842 CAUTI</td>
<td>16.7%</td>
<td>-0.3076 CAUTI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.795 SSI</td>
<td>2.353 SSI</td>
<td>1.944 SSI</td>
<td>16.7%</td>
<td>0.3246 SSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.366 MRSA</td>
<td>1.366 MRSA</td>
<td>0.709 MRSA</td>
<td>16.7%</td>
<td>0.1184 MRSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.919 CDI</td>
<td>0.919 CDI</td>
<td>-0.172 CDI</td>
<td>16.7%</td>
<td>-0.0287 CDI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sum of Contributions to Total HAC Score**

-0.0782

**Total HAC Score**

0.345

**75th Percentile of Total HAC Scores**

-0.0782

---

- CMS 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?
  o A QualityNet notification is sent via email to those who are registered for the notifications regarding the program.
  o The notification indicates the reports are available.

• Who has access to the HSRs and User Guide?
  o 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?
  o 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
Table 1: Your Hospital’s Performance on Total HAC Score for the FY 2020 HAC Reduction Program

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

Note: This is an example and is not the actual Payment Reduction Threshold (75th percentile).
## FY 2020 HAC Reduction Program HSR:
### Table 2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS PSI 90</td>
<td>0.8485</td>
<td>0.6537</td>
<td>1.2977</td>
<td>0.8485</td>
<td>0.8885</td>
<td>0.1181</td>
<td>-0.3387</td>
<td>0.2000</td>
<td>-0.0677</td>
</tr>
<tr>
<td>CLABSI</td>
<td>0.9920</td>
<td>0.0000</td>
<td>1.3750</td>
<td>0.9920</td>
<td>1.0480</td>
<td>0.1640</td>
<td>-0.3415</td>
<td>0.2000</td>
<td>-0.0683</td>
</tr>
<tr>
<td>CAUTI</td>
<td>INS</td>
<td>0.0000</td>
<td>1.8080</td>
<td>INS</td>
<td>0.9980</td>
<td>0.4810</td>
<td>NMS</td>
<td>NMS</td>
<td>NMS</td>
</tr>
<tr>
<td>SSI</td>
<td>2.7950</td>
<td>0.0000</td>
<td>2.3530</td>
<td>2.3530</td>
<td>0.9650</td>
<td>0.7140</td>
<td>1.9440</td>
<td>0.2000</td>
<td>0.3888</td>
</tr>
<tr>
<td>MRSA</td>
<td>1.3660</td>
<td>0.0000</td>
<td>2.1420</td>
<td>1.3660</td>
<td>1.0010</td>
<td>0.5150</td>
<td>0.7087</td>
<td>0.2000</td>
<td>0.1417</td>
</tr>
<tr>
<td>CDI</td>
<td>0.9190</td>
<td>0.0000</td>
<td>1.6390</td>
<td>0.9190</td>
<td>0.9790</td>
<td>0.3480</td>
<td>-0.1724</td>
<td>0.2000</td>
<td>-0.0345</td>
</tr>
</tbody>
</table>
**FY 2020 HAC Reduction Program HSR: Table 3**

<table>
<thead>
<tr>
<th>Performance Information</th>
<th>CMS PSI 90 [a]</th>
<th>PSI 03 – Pressure Ulcer Rate</th>
<th>PSI 06 – Iatrogenic Pneumothorax Rate</th>
<th>PSI 08 – In-Hospital Fall with Hip Fracture</th>
<th>PSI 09 – Perioperative Hemorrhage or Hematoma Rate</th>
<th>PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate</th>
<th>PSI 11 – Postoperative Respiratory Failure Rate</th>
<th>PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate</th>
<th>PSI 13 – Postoperative Sepsis Rate</th>
<th>PSI 14 – Postoperative Wound Dehiscence Rate</th>
<th>PSI 15 – Unrecognized Abdominopelvic Puncture/Laceration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Composite Value</td>
<td>0.8485</td>
<td>4.135</td>
<td>10.255</td>
<td>1.774</td>
<td>5.125</td>
<td>2.356</td>
<td>766</td>
<td>2.671</td>
<td>INS</td>
<td>255</td>
<td>10.933</td>
</tr>
<tr>
<td>2. Total Number of Eligible** Discharges (Denominator) at Your Hospital [b]</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>INS</td>
<td>0</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>3. Number of Outcomes (Numerator) [b]</td>
<td>0</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>INS</td>
<td>0</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>4. Observed Rate per 1,000 Eligible** Discharges [b]</td>
<td>0.3705</td>
<td>0.9910</td>
<td>1.6853</td>
<td>0.8873</td>
<td>0.9683</td>
<td>0.8624</td>
<td>0.8278</td>
<td>0.5691</td>
<td>0.9670</td>
<td>0.8220</td>
<td></td>
</tr>
<tr>
<td>5. Expected Rate per 1,000 Eligible** Discharges [b]</td>
<td>0.5246</td>
<td>0.9636</td>
<td>1.3529</td>
<td>0.8347</td>
<td>0.9275</td>
<td>0.7531</td>
<td>0.7449</td>
<td>0.5651</td>
<td>0.9020</td>
<td>0.5148</td>
<td></td>
</tr>
<tr>
<td>6. Risk-Adjusted Rate per 1,000 Eligible** Discharges [b]</td>
<td>0.5348</td>
<td>0.9255</td>
<td>1.6601</td>
<td>0.8141</td>
<td>0.9742</td>
<td>0.8674</td>
<td>0.8187</td>
<td>0.5746</td>
<td>0.9762</td>
<td>0.5959</td>
<td></td>
</tr>
<tr>
<td>7. Smoothed Rate per 1,000 Eligible** Discharges [b]</td>
<td>0.0696</td>
<td>0.3586</td>
<td>0.2303</td>
<td>0.5756</td>
<td>0.8243</td>
<td>0.6452</td>
<td>3.0559</td>
<td>INS</td>
<td>1.4081</td>
<td>2.0673</td>
<td></td>
</tr>
<tr>
<td>8. National Composite Value [c]</td>
<td>0.8139</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. National Risk-Adjusted Rate per 1,000 Eligible** Discharges [b]</td>
<td>0.3348</td>
<td>0.3879</td>
<td>0.0869</td>
<td>0.0554</td>
<td>0.0165</td>
<td>1.2500</td>
<td>4.3500</td>
<td>9.7781</td>
<td>1.7048</td>
<td>1.9086</td>
<td></td>
</tr>
<tr>
<td>10. Measure's Weight in Composite [c]</td>
<td>0.0510</td>
<td>0.0541</td>
<td>0.0111</td>
<td>0.0611</td>
<td>0.0541</td>
<td>0.3115</td>
<td>0.1842</td>
<td>0.2522</td>
<td>0.0106</td>
<td>0.0050</td>
<td></td>
</tr>
<tr>
<td>11. Reliability Weight [b]</td>
<td>0.0811</td>
<td>0.3493</td>
<td>0.0083</td>
<td>0.0385</td>
<td>0.0036</td>
<td>0.1234</td>
<td>0.7788</td>
<td>INS</td>
<td>0.1741</td>
<td>0.0171</td>
<td></td>
</tr>
</tbody>
</table>
### 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 (PI) 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.

<table>
<thead>
<tr>
<th>ID Number</th>
<th>Measure</th>
<th>HICNO</th>
<th>MBI [a]</th>
<th>Medical Record Number</th>
<th>Beneficiary DOB</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>PSI Trigger Diagnoses or Procedures</th>
<th>DX1</th>
<th>POA1</th>
<th>DX2</th>
<th>POA2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IATROGENIC PNEUMOTHORAX RATE (PSI05)</td>
<td>9999999999A</td>
<td>--</td>
<td>99999A</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>5121</td>
<td>4414</td>
<td>Y</td>
<td>44329</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>IATROGENIC PNEUMOTHORAX RATE (PSI06)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0002</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>5121</td>
<td>42781</td>
<td>Y</td>
<td>5121</td>
<td>N</td>
</tr>
<tr>
<td>3</td>
<td>IATROGENIC PNEUMOTHORAX RATE (PSI06)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0003</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>5121</td>
<td>59656</td>
<td>Y</td>
<td>5950</td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td>PERIOPERATIVE HEMORRHAGE OR HEMATOMA RATE (PSI03)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0004</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>59656</td>
<td>Y</td>
<td>5950</td>
</tr>
<tr>
<td>5</td>
<td>POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0005</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>59656</td>
<td>Y</td>
<td>5950</td>
</tr>
<tr>
<td>6</td>
<td>POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0006</td>
<td>999999999</td>
<td>999999999</td>
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<td>999999999</td>
<td>999999999</td>
<td>59656</td>
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<td>5950</td>
</tr>
<tr>
<td>7</td>
<td>POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0007</td>
<td>999999999</td>
<td>999999999</td>
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<td>59656</td>
<td>Y</td>
<td>5950</td>
</tr>
<tr>
<td>8</td>
<td>POSTOPERATIVE RESPIRATORY FAILURE RATE (PSI11)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0008</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
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<td>59656</td>
<td>Y</td>
<td>5950</td>
</tr>
<tr>
<td>9</td>
<td>PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0009</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>45341</td>
<td>54582</td>
<td>--</td>
<td>2851</td>
<td>N</td>
</tr>
<tr>
<td>10</td>
<td>PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0010</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>41519</td>
<td>73342</td>
<td>Y</td>
<td>51881</td>
<td>N</td>
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<tr>
<td>11</td>
<td>PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0011</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>45341</td>
<td>4414</td>
<td>Y</td>
<td>2851</td>
<td>N</td>
</tr>
<tr>
<td>12</td>
<td>PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0012</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>45340</td>
<td>44024</td>
<td>Y</td>
<td>0389</td>
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<tr>
<td>13</td>
<td>PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
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<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>45341</td>
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<td>5856</td>
<td>Y</td>
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<tr>
<td>14</td>
<td>PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)</td>
<td>9999999999A</td>
<td>1E34 TE5 MK73</td>
<td>1A0014</td>
<td>999999999</td>
<td>999999999</td>
<td>999999999</td>
<td>45119, 45341</td>
<td>5523</td>
<td>Y</td>
<td>51881</td>
<td>N</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Performance Information</th>
<th>CLABSI [a]</th>
<th>CAUTI [a]</th>
<th>SSI [a]</th>
<th>MRSA [a]</th>
<th>CDI [a]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reported Number of HAI [b]</td>
<td>2.480</td>
<td>2.408</td>
<td>8.385</td>
<td>2.000</td>
<td>1.838</td>
</tr>
<tr>
<td>2. Predicted Number of HAI [c]</td>
<td>2.500</td>
<td>21.500</td>
<td>3.000</td>
<td>2.738</td>
<td>2.000</td>
</tr>
<tr>
<td>3. Reported Central-line Days or Urinary Catheter Days; Surgical Procedures Performed; MRSA Patient Days; CDI Patient Days [d]</td>
<td>10,768</td>
<td>12,769</td>
<td>335</td>
<td>45,000</td>
<td>38,000</td>
</tr>
<tr>
<td>4. SIR [e]</td>
<td>0.992</td>
<td>INS</td>
<td>2.795</td>
<td>1.366</td>
<td>0.919</td>
</tr>
<tr>
<td>5. National SIR [f]</td>
<td>1.048</td>
<td>0.481</td>
<td>0.714</td>
<td>0.515</td>
<td>0.348</td>
</tr>
</tbody>
</table>
Claims-Based Data
CMS PSI 90

End of the reporting period

Claims snapshot takes place in September (approximately 90 days after the last discharge)

Scoring Calculations Review & Corrections Period*

Data publicly reported on Hospital Compare (January)

*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.
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.
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 HAI, 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:
  o Request a copy of the Example Replication Instructions from the HAC Reduction Program Support Team.
  o Visit the QualityNet Scoring Calculations Review and Corrections webpage at https://www.qualitynet.org/dcs/ContentServer?c=Page&papagen=QnetPublic/Page/QnetTier3&cid=1228774298609
  o Request a copy of the CMS v.9.0 PSI software from the HAC Reduction Program Support Team.
  o 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&papagen=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.
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

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

\[
\text{ERR} = \frac{\text{Predicted readmission rate}}{\text{Expected readmission rate}}
\]

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

3. Determine each measure's median ERR for each peer group

4. Determine which ERRs enter the payment adjustment factor formula

- **ERR > Peer Group Median ERR**
- **Eligible Discharges ≥ 25**
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

\[
\text{Payment Reduction} = \text{NM} \times \left( \frac{\text{payments}^{**} \text{ for measure}}{\text{total payments}^{**}} \right) \times (\text{ERR} - \text{peer group median ERR})
\]

Sum the measure contributions and apply the 3% cap

\[
\text{AMI + CABG + COPD + HF + Pneumonia + THA/TKA}
\]

If payment reduction > 0.03 \( \rightarrow \) Cap at 3%

7. Determine the payment adjustment factor

\[
\text{Payment Adjustment Factor} = 1 - \text{Payment Reduction}
\]
Payment adjustment factor =

\[ 1 - \min\{0.03, \sum_{dx} \frac{NM \cdot Payment(dx) \cdot \max\{(ERR(dx) - \text{Median peer group ERR (dx)}, 0\)}{All Payments} \} \]
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

1. Use hospital claims to generate ERRs and dual proportions.
   Medicare FFS → Calculate ERRs for each measure
   Medicare FFS + Managed Care
   Predicted readmission rate
   Expected readmission rate
   Calculate the dual proportion for each hospital
   Determine the dual proportion for each hospital

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

3. Determine each measure's median ERR for each peer group.

4. Determine which ERRs will enter the payment adjustment factor formula.

5. Calculate the neutrality modifier.

6. Calculate the payment reduction.
   Sum the measure contributions and apply the 3% cap
   Add COPD, CABG, and TKA payments

7. Determine the payment adjustment factor.
   Payment Adjustment Factor = 1 - Payment Reduction

8. Apply the payment adjustment factor.

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772412995
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>
<thead>
<tr>
<th>Number of Dual Eligible Stays (Numerator) [a]</th>
<th>Number of Eligible Stays (Denominator) [b]</th>
<th>Dual Proportion [c]</th>
<th>Peer Group Assignment [d]</th>
<th>Neutrality Modifier [e]</th>
<th>Payment Adjustment Factor [f]</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,294</td>
<td>17,150</td>
<td>0.1921</td>
<td>3</td>
<td>0.9534</td>
<td>0.9998</td>
</tr>
</tbody>
</table>

Mock HSR (illustrative data)

HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018
<table>
<thead>
<tr>
<th>Measure [a]</th>
<th>Number of Eligible Discharges [b]*</th>
<th>Number of Readmissions Among Eligible Discharges [c]*</th>
<th>Predicted Readmission Rate [d]*</th>
<th>Expected Readmission Rate [e]*</th>
<th>Excess Readmission Ratio (ERR) [f]*</th>
<th>Peer Group Median ERR [g]</th>
<th>Penalty Indicator (Yes/No) [h]</th>
<th>Ratio of DRG Payments Per Measure to Total Payments [i]</th>
<th>National Observed Readmission Rate [j]</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI</td>
<td>7</td>
<td>0</td>
<td>16.7138%</td>
<td>17.0476%</td>
<td>0.9804</td>
<td>0.9928</td>
<td>No</td>
<td>0.0030</td>
<td>15.3%</td>
</tr>
<tr>
<td>COPD</td>
<td>35</td>
<td>1</td>
<td>14.4393%</td>
<td>15.2871%</td>
<td>0.9445</td>
<td>0.9942</td>
<td>No</td>
<td>0.0131</td>
<td>19.5%</td>
</tr>
<tr>
<td>HF</td>
<td>25</td>
<td>3</td>
<td>16.2365%</td>
<td>16.5407%</td>
<td>0.9816</td>
<td>0.9848</td>
<td>No</td>
<td>0.0095</td>
<td>21.4%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>88</td>
<td>6</td>
<td>13.0377%</td>
<td>14.2060%</td>
<td>0.9178</td>
<td>0.9875</td>
<td>No</td>
<td>0.0446</td>
<td>16.6%</td>
</tr>
<tr>
<td>CABG</td>
<td>NQ</td>
<td>NQ</td>
<td>NQ</td>
<td>NQ</td>
<td>NQ</td>
<td>0.9803</td>
<td>No</td>
<td>NQ</td>
<td>12.6%</td>
</tr>
<tr>
<td>THA/TKA</td>
<td>332</td>
<td>14</td>
<td>3.9218%</td>
<td>3.7233%</td>
<td>1.0533</td>
<td>0.9841</td>
<td>Yes</td>
<td>0.2414</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

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.]

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

Mock HSR (illustrative data)
### Tables 3–8: Discharges (Continued)

<table>
<thead>
<tr>
<th>Index Stay (Yes/No)</th>
<th>Principal Discharge Diagnosis of Index Stay</th>
<th>Discharge Destination</th>
<th>Unplanned Readmission within 30 Days (Yes/No)</th>
<th>Planned Readmission (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Yes</td>
<td>41071</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
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<td>1</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Yes</td>
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<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
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<td>1</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
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<td>41071</td>
<td>3</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Mock HSR (illustrative data)
Tables 3–8: Discharges (Continued)

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

Mock HSR (illustrative data)
Table 9: Dual Stays

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

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

Mock HSR (illustrative data)
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@lantanaigroup.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
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.
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