Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program

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

July 17, 2020
Speakers

Aaron Swaney, MPH  
HAC Reduction Program Lead  
DVIQR Program Support (DPS) Contractor

Moderated by:  
Bethany Bunch, MSHA  
Program Lead  
Inpatient VIQR Outreach and Education SC
Purpose

This event will provide an overview of the fiscal year (FY) 2021 HAC Reduction Program, including:

- Program updates
- Methodology
- Hospital-Specific Reports (HSRs)
- Scoring Calculations Review and Correction period
Objectives

Participants will be able to:

• Interpret the scoring methodology used in the HAC Reduction Program

• Understand your hospital’s program results in your HSR

• Submit questions about your hospital’s calculations during the HAC Reduction Program Scoring Calculations Review and Correction period
Webinar Chat Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

• Subject Line: Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program
• Email Body: If your question pertains to a specific slide, please include the slide number

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers tool, at https://cmsqualitysupport.servicenowservices.com/qnet_qa. If you do not find an answer, then submit your question to us via the same tool.
HAC Reduction Program
Program Background

What is the HAC Reduction Program?

• A Medicare value-based purchasing program that reduces payments to hospitals based on their performance on measures of hospital-acquired conditions

• The program encourages hospitals to implement best practices to reduce their rates of healthcare-associated infections and improve patients’ safety
Program Background

How does the HAC Reduction Program work?

• CMS evaluates overall hospital performance by calculating Total HAC Scores as the equally weighted average of scores across measures included in the program.

• Hospitals with a Total HAC Score greater than the 75th percentile (that is, the worst-performing quartile) of all Total HAC Scores will be subject to a 1-percent payment reduction.
Eligible Hospitals

The HAC Reduction Program includes all subsection (d) hospitals

• Subsection (d) hospitals are broadly defined as general acute care hospitals

• Maryland hospitals are exempt from payment reductions under the HAC Reduction Program due to an agreement between CMS and Maryland
FY 2021 Program Information
Updates for FY 2021

For the FY 2021 HAC Reduction Program, CMS:

• Used v10.0 PSI software to calculate the CMS PSI 90
• Updated the performance period for CMS PSI 90 to include patient discharges from July 1, 2017 to June 30, 2019
• Updated the performance period for the CDC NHSN HAI measures to include patient discharges from January 1, 2018 through December 31, 2019

CMS did not change the scoring or measure methodology for the FY 2021 HAC Reduction Program
# Program Measures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS PSI 90 (Patient Safety and Adverse Events Composite)*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CLABSI (Central Line-Associated Bloodstream Infection)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CAUTI (Catheter-Associated Urinary Tract Infection)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>SSI (Surgical Site Infection for Abdominal Hysterectomy and Colon Procedures)</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>MRSA (Methicillin-resistant <em>Staphylococcus aureus</em>) bacteremia</td>
<td>--</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CDI (<em>Clostridium difficile</em> Infection)</td>
<td>--</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*CMS adopted the modified version of the CMS PSI 90 measure in the FY 2018 HAC Reduction Program*
FY 2021 Performance Periods

CMS PSI 90: patient discharges from July 1, 2017, to June 30, 2019

CDC NHSN HAI measures: patient discharges from January 1, 2018, to December 31, 2019

• **Note:** In a press release dated March 22, 2020, and a guidance memo issued March 27, 2020, CMS announced that it was excepting hospitals from CMS’s HAI data submission requirements for Q4 2019 because of the COVID-19 public health emergency to assist health care providers while they direct their resources toward caring for their patients and ensuring the health and safety of patients and staff. This memo also stated that data from the impacted quarters for the HAI measures will be used in the HAC Reduction Program if submitted, but that data submission is optional. If a hospital did not submit data for Q4 2019, the FY 2021 HAC Reduction Program measure results for the HAI measures rely on a performance period of Q1 2018 to Q3 2019 (that is, January 1, 2018, to September 30, 2019).
Scoring Methodology
Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
2. Calculating measure scores
3. Calculating Total HAC Scores
4. Determining the worst-performing quartile
Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
Determining Measure Results

A hospital’s measure result is the base value used to calculate performance for the program:

• For the **CMS PSI 90 measure** the measure result is the CMS PSI 90 composite value

• For the **CDC NHSN HAI measures** the measure result is the standardized infection ratio, calculated by CDC

• For measure results, lower values represent better performance
Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
2. Calculating measure scores
Calculating Measure Scores

CMS calculates a hospital’s measure score as the Winsorized z-score using measure results for the given measure. This involves two steps:

1. Winsorizing measure results
2. Calculating z-scores based on the Winsorized measure results
Calculating Measure Scores

Winsorization is a process that reduces the impact of extreme or outlying measure results but preserves hospitals’ relative results.

<table>
<thead>
<tr>
<th>Hospital’s measure result</th>
<th>Winsorized measure result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than the 5\textsuperscript{th} percentile</td>
<td>Equal to the 5\textsuperscript{th} percentile value</td>
</tr>
<tr>
<td>Between the 5\textsuperscript{th} and 95\textsuperscript{th} percentile</td>
<td>Equal to the measure result</td>
</tr>
<tr>
<td>Greater than the 95\textsuperscript{th} percentile</td>
<td>Equal to the 95\textsuperscript{th} percentile value</td>
</tr>
</tbody>
</table>

CMS determines the 5\textsuperscript{th} and 95\textsuperscript{th} percentiles based on the distribution of measure results from all eligible hospitals with measure results.
Calculating Measure Scores

CMS calculates a hospital’s Winsorized z-score, \( z \), for each measure as:

\[
Z = \frac{(x_i - \bar{x})}{S}
\]

- 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
Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
2. Calculating measure scores
3. Calculating Total HAC Scores
Calculating Total HAC Scores

CMS calculates each hospital’s Total HAC Score as the equally weighted average of the hospital’s measure scores (that is, the Winsorized z-scores)

• The Total HAC Score calculation includes only the measures for which a hospital receives a measure score

  ▪ Higher Total HAC Scores indicate worse overall performance
  ▪ Lower Total HAC Scores indicate better overall performance
## Measure Weighting

<table>
<thead>
<tr>
<th>Number of measures with a measure score</th>
<th>Weight applied to each measure score (as a percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>1</td>
<td>100.0</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>

CMS uses unrounded measure weights (for example, 1/6) when calculating each measure’s contribution to the Total HAC Score, not measure weights rounded to a percentage as shown above.
Scoring Methodology

The HAC Reduction Program scoring methodology consists of 4 high-level steps:

1. Determining measure results
2. Calculating measure scores
3. Calculating Total HAC Scores
4. Determining the worst-performing quartile
Determining the Worst-Performing Quartile

Hospitals whose Total HAC Score is greater than the 75\textsuperscript{th} percentile Total HAC Score among all eligible hospitals will receive a payment reduction for FY 2021

- CMS exempts Maryland hospitals from payment reductions under the HAC Reduction Program due to an agreement with Maryland, and excludes them from the distribution of hospitals used to determine the 75\textsuperscript{th} percentile
# Example Calculation

<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>Payment Reduction Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8485 CMS PSI 90</td>
<td>0.8485 CMS PSI 90</td>
<td>-0.3396 CMS PSI 90</td>
<td>16.7%</td>
<td>-0.0566 CMS PSI 90</td>
<td></td>
<td>No Payment Reduction</td>
</tr>
<tr>
<td>0.922 CLABSI</td>
<td>0.922 CLABSI</td>
<td>-0.7698 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>-1.8456 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>1.9476 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>0.7104 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>-0.1722 CDI</td>
<td>16.7%</td>
<td>-0.0287 CDI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total HAC Score: **0.0782**

75th Percentile of Total HAC Scores:

**0.3306**

*CMS includes all non-Maryland subsection (d) hospitals with a Total HAC Score in the calculation of the 75th percentile.*
Payment Reduction

The 1-percent payment reduction applies to the overall Medicare payment amount for all Medicare fee-for-service discharges during FY 2021 (that is, from October 1, 2020, to September 30, 2021)

• The payment reduction occurs when CMS pays hospital claims
Hospital-Specific Reports (HSRs) and Review and Correction
HSRs and Review and Correction

CMS provides hospitals with 30 days to review their program data, submit questions about calculations, and request corrections

• This known as the Scoring Calculations Review and Correction period

• Hospitals can review their data and results via the HSRs
The HAC Reduction Program HSR provides hospitals the necessary information to review their program results, replicate the program calculations, and submit correction requests.

- Hospitals should refer to the FY 2021 HSR User Guide (HUG) for instructions on replicating program results using the HSR.
How to Receive Your HSR

How will I know my report is available?

• A QualityNet email notification that reports are available is sent to those who are registered for the notifications regarding the program

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 HSR and HSR User Guide will be in their Secure File Transfer Inbox
The HAC Reduction Program HSR provides hospitals with the following information:

- Contact information for the program and additional resources
- FY 2021 payment reduction status
- Total HAC Score
- Winsorized z-scores for all measures in the Program
- Measure results for all measures in the Program
- Discharge-level information for CMS PSI 90
- Hospital-level information for the CDC NHSN HAI measures
# HSR Table 1 Total HAC Score

Table 1: Your Hospital's Total HAC Score Performance for the FY 2021 HAC Reduction Program

<table>
<thead>
<tr>
<th>Hospital Name</th>
<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 bacteremia 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></td>
<td>-0.1718</td>
<td>-0.0125</td>
<td>-0.1700</td>
<td>-0.2476</td>
<td>-0.2478</td>
<td>0.0165</td>
<td>-0.8332</td>
<td>0.3383</td>
<td>No</td>
</tr>
</tbody>
</table>

CMS PSI 90 Hospital Discharge Period: July 1, 2017 through June 30, 2019
CDC NHSN HAI CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI Measures Hospital Discharge Period: January 1, 2018 through December 31, 2019

7/17/2020
### Table 2: Your Hospital’s Measure Results and Winsorized z-scores for the FY 2021 HAC Reduction Program

**HOSPITAL NAME**

**CMS PSI 90 Hospital Discharge Period:** July 1, 2017 through June 30, 2019

**CDC NHSN HAI CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI Measures Hospital Discharge Period:** January 1, 2018 through December 31, 2019

<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>0.8348</td>
<td>0.7866</td>
<td>1.3262</td>
<td>0.8348</td>
<td>0.9832</td>
<td>0.1440</td>
<td>-1.0306</td>
<td>0.1667</td>
<td>-0.1718</td>
</tr>
<tr>
<td>CLABSI</td>
<td>0.6350</td>
<td>0.0000</td>
<td>1.7550</td>
<td>0.6350</td>
<td>0.6711</td>
<td>0.4808</td>
<td>-0.0751</td>
<td>0.1667</td>
<td>-0.0125</td>
</tr>
<tr>
<td>CAUTI</td>
<td>0.2540</td>
<td>0.0000</td>
<td>1.7700</td>
<td>0.2540</td>
<td>0.7413</td>
<td>0.4777</td>
<td>-1.0200</td>
<td>0.1667</td>
<td>-0.1700</td>
</tr>
<tr>
<td>SSI</td>
<td>0.0000</td>
<td>0.0000</td>
<td>1.9280</td>
<td>0.0000</td>
<td>0.8034</td>
<td>0.5408</td>
<td>-1.4855</td>
<td>0.1667</td>
<td>-0.2476</td>
</tr>
<tr>
<td>MRSA bacteremia</td>
<td>0.0000</td>
<td>0.0000</td>
<td>1.9800</td>
<td>0.0000</td>
<td>0.7985</td>
<td>0.8371</td>
<td>-1.4868</td>
<td>0.1667</td>
<td>-0.2478</td>
</tr>
<tr>
<td>CDI</td>
<td>0.6340</td>
<td>0.0000</td>
<td>1.2270</td>
<td>0.6340</td>
<td>0.6634</td>
<td>0.3101</td>
<td>0.0987</td>
<td>0.1667</td>
<td>0.0165</td>
</tr>
</tbody>
</table>
## HSR Table 3 CMS PSI Performance

Table 3: Your Hospital’s Performance on CMS PSI 90 for the FY 2021 NAC Reduction Program

**HOSPITAL NAME**

Discharge Period: July 1, 2017 through June 30, 2019

<table>
<thead>
<tr>
<th>Performance Information</th>
<th>CMS PSI 90</th>
<th>PSI 03 – Pressure Ulcer Rate</th>
<th>PSI 06 – Iatrogenic Pneumothorax Rate</th>
<th>PSI 08 – In Hospital Fall with Hip Fracture Rate</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 – Perioperative 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 Accidental Puncture or Laceration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Composite Value*</td>
<td>0.8348</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2. Total Number of Eligible Discharges (Denominator) at Your Hospital</td>
<td>--</td>
<td>2.145</td>
<td>2.075</td>
<td>2.203</td>
<td>0.070</td>
<td>0.10</td>
<td>0.065</td>
<td>0.066</td>
<td>0.089</td>
<td>0.086</td>
<td>0.52</td>
</tr>
<tr>
<td>3. Number of Outcomes (Numerator)</td>
<td>--</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Observed Rate per 1,000 Eligible Discharges</td>
<td>--</td>
<td>0.4682</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
<td>1.6807</td>
<td>1.1038</td>
<td>1.6420</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>5. Expected Rate per 1,000 Eligible Discharges</td>
<td>--</td>
<td>0.8981</td>
<td>0.2381</td>
<td>0.1214</td>
<td>1.5176</td>
<td>0.3582</td>
<td>3.7588</td>
<td>3.6971</td>
<td>2.8835</td>
<td>0.3562</td>
<td>0.0281</td>
</tr>
<tr>
<td>6. Risk-Adjusted Rate per 1,000 Eligible Discharges</td>
<td>--</td>
<td>0.4027</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
<td>2.7526</td>
<td>1.1226</td>
<td>2.7224</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>7. Smoothed Rate per 1,000 Eligible Discharges</td>
<td>--</td>
<td>0.6958</td>
<td>0.2208</td>
<td>0.1042</td>
<td>2.2346</td>
<td>1.2886</td>
<td>4.7747</td>
<td>2.8182</td>
<td>4.3732</td>
<td>0.8999</td>
<td>1.0923</td>
</tr>
<tr>
<td>8. National Composite Value</td>
<td>--</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</td>
<td>--</td>
<td>0.6029</td>
<td>0.2534</td>
<td>0.1083</td>
<td>2.4918</td>
<td>1.3566</td>
<td>6.1529</td>
<td>3.7603</td>
<td>4.7951</td>
<td>0.9140</td>
<td>1.2920</td>
</tr>
<tr>
<td>10. Measure’s Weight in Composite</td>
<td>--</td>
<td>0.1086</td>
<td>0.0392</td>
<td>0.0154</td>
<td>0.0426</td>
<td>0.0812</td>
<td>0.1849</td>
<td>0.1879</td>
<td>0.2420</td>
<td>0.0083</td>
<td>0.0370</td>
</tr>
<tr>
<td>11. Reliability Weight</td>
<td>--</td>
<td>0.8948</td>
<td>0.7147</td>
<td>0.0375</td>
<td>0.1031</td>
<td>0.0516</td>
<td>0.4053</td>
<td>0.3572</td>
<td>0.1965</td>
<td>0.0154</td>
<td>0.1341</td>
</tr>
</tbody>
</table>
## HSR Table 4 CMS PSI Discharges

<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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IATROGENIC PNEUMOTHORAX RATE (PSI06)</td>
<td>9999999999A</td>
<td></td>
<td>99969A</td>
<td>99/99/9999</td>
<td>99/99/9999</td>
<td>99/99/9999</td>
<td>5121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IATROGENIC PNEUMOTHORAX RATE (PSI06)</td>
<td>9999999999A</td>
<td>1EG4 TE5 MK73</td>
<td>A10002</td>
<td>99/99/9999</td>
<td>99/99/9999</td>
<td>99/99/9999</td>
<td>5121</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td>PERIOPERATIVE HEMORRHAGE OR HEMATOMA RATE (PSI09)</td>
<td>9999999999A</td>
<td>1EG4 TE5 MK73</td>
<td>A10004</td>
<td>99/99/9999</td>
<td>99/99/9999</td>
<td>99/99/9999</td>
<td>98811</td>
<td>0241</td>
<td>N</td>
</tr>
<tr>
<td>Performance Information</td>
<td>CLABSI [a]</td>
<td>CAUTI [a]</td>
<td>SSI [a]</td>
<td>MRSA bacteremia [a]</td>
<td>CDI [a]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>------------</td>
<td>-----------</td>
<td>---------</td>
<td>---------------------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Reported Number of HAIs [b]</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Predicted Number of HAIs [c]</td>
<td>3.150</td>
<td>3.930</td>
<td>1.554</td>
<td>1.133</td>
<td>17.344</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Reported Central-line Days or Urinary Catheter Days; Surgical Procedures Performed; MRSA bacteremia Patient Days; CDI Patient Days [d]</td>
<td>4,433</td>
<td>5,563</td>
<td>61</td>
<td>32,456</td>
<td>32,456</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. SIR [e]</td>
<td>0.635</td>
<td>0.254</td>
<td>0.000</td>
<td>0.000</td>
<td>0.634</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. National SIR [f]</td>
<td>0.708</td>
<td>0.760</td>
<td>0.887</td>
<td>0.836</td>
<td>0.646</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Your Hospital's Performance on CDC NHSN HAI CAUTI, CLABSI, SSI, MRSA bacteremia, and CDI Measures for the FY 2021 HAC Reduction Program

HOSPITAL NAME
Discharge Period: January 1, 2018 through December 31, 2019
The HAC Reduction Program Scoring Calculations Review and Correction period begins July 20, 2020, and ends August 18, 2020

- Hospitals have 30 days to review their data, submit questions about the calculation of results, and request corrections to calculation errors
- CMS will distribute HSRs via the QualityNet Secure Portal prior to the start of the Review and Correction period

Submit questions and correction requests to the HAC Reduction Program Support Team via the Quality Q&A Tool as soon as possible, but no later than 11:59 PM PT on August 18, 2020.
What can hospitals correct?

Hospitals CAN request corrections to the following:

• Measure result for the CMS PSI 90 measure
• Measure scores for all measures in the program
• Total HAC Score
• Payment reduction status

Hospitals CANNOT request corrections to the following:

For the CMS PSI 90 measure:
• Underlying claims data used to calculate the results (this includes adding new claims to the data extract)

For the CDC NHSN HAI measures:
• Reported number of HAIs
• Standardized infection ratios
• Reported central-line days, urinary catheter days, surgical procedures performed, or MRSA or CDI patient days
Hospitals cannot correct underlying data during the Scoring Calculations Review and Correction period, because hospitals have already had the opportunity to review and correct those data.

For the CMS PSI 90:

- CMS takes an annual snapshot of claims data to perform measure calculations for claims-based measures.
- The snapshot for FY 2021 calculations occurred on September 27, 2019.
- Medicare Administrative Contractors must have processed all corrections to underlying claims by the snapshot date, and claim edits after this date will not be reflected in program results.
- The next claims snapshot (for FY 2022 calculations) will occur on September 25, 2020.
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
Hospitals **cannot** correct underlying data during the Scoring Calculations Review and Correction period, because hospitals have already had the opportunity to review and correct that data.

**For the CDC NHSN HAI measures:**

- Hospitals can submit, review, and correct the CDC NHSN HAI data for the full 4.5 months after the end of the reporting quarter.
- Immediately after the NHSN submission deadline, CDC creates a data file for CMS to use in HAC Reduction Program calculations.
- CMS does not receive or use data entered after the NHSN submission deadline.
- CMS expects hospitals to review and correct their data before the NHSN submission deadline.
# NHSN Submission Deadlines

<table>
<thead>
<tr>
<th>Reporting quarter</th>
<th>Applicable calendar months</th>
<th>NHSN submission deadline*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>January, February, March</td>
<td>August 15</td>
</tr>
<tr>
<td>Q2</td>
<td>April, May, June</td>
<td>November 15</td>
</tr>
<tr>
<td>Q3</td>
<td>July, August, September</td>
<td>February 15</td>
</tr>
<tr>
<td>Q4</td>
<td>October, November, December</td>
<td>May 15</td>
</tr>
</tbody>
</table>

*If the 15th of the month falls on a Friday, Saturday, Sunday, or a federal holiday the NHSN submission deadline is the following business day.*
*Eligible Hospitals have until the Q4 submission 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 releases a HAC Reduction Program HSR User Guide and a Mock HSR on the QualityNet website

For more information on replicating results, hospitals can contact the HAC Reduction Program Support Team via the Quality Q&A Tool to:

• Submit questions about the replication process
• Request a copy of the Example Replication Instructions
• Request a copy of v10.0 of the CMS PSI Software
• https://cmsqualitysupport.servicenowservices.com/qnet_qa

• 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/inpatient/measures/psi/resources
Public Reporting

In early 2021, CMS will release the following FY 2021 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 the HAC Reduction Program can be found on QualityNet: https://www.qualitynet.org/inpatient/hac

- Scoring Methodology Information on QualityNet: https://www.qualitynet.org/inpatient/hac/methodology
- Scoring Calculations Review and Correction Information on QualityNet: https://www.qualitynet.org/inpatient/hac/payment#tab2
- CMS PSI Resources on QualityNet: https://www.qualitynet.org/inpatient/measures/psi

Submit questions directly to HAC Reduction Program Support Team via the Quality Q&A Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
Questions
Webinar Chat Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

• Subject Line: Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program
• Email Body: If your question pertains to a specific slide, please include the slide number

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers tool, at https://cmsqualitysupport.servicenowservices.com/qnet_qa. If you do not find an answer, then submit your question to us via the same tool.
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.
Survey

Please click here to complete a short survey.