



Hospital Value-Base Purchasing (VBP) Program

Support Contractor

Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program FY 2020 *Hospital Compare* Data Update

Questions and Answers

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

Question 1: Are critical access hospitals (CAHs) exempt from the Hospital Value-Based Purchasing (VBP) Program?

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

Question 2: How is the value-based incentive actually paid back to the hospital in the Hospital Value-Based Purchasing Program?

The value-based incentive payment adjustment factor is multiplied against the base operating diagnosis-related group (DRG) payment amount on each applicable claim during the fiscal year. The value-based incentive payment adjustment factor is a net value that incorporates the initial 2 percent reduction (withhold) and the hospital's earned incentive payment percentage. The fiscal year (FY) 2020 value-based incentive payment factors are displayed on the Percentage Payment Summary Report, available for hospitals to run in the *QualityNet Secure Portal* and publicly posted in Table 16B as one of the FY 2020 inpatient prospective payment system (IPPS) final rule tables available on CMS.gov. For additional information regarding your hospital's payments, contact your Medicare Administrative Contractor (MAC).

Question 3: When were the Hospital Value-Based Purchasing Program reports released for review?

The FY 2020 Hospital VBP Program Percentage Payment Summary Reports were made available through the *QualityNet Secure Portal* on July 30, 2019. The reports are still available to run in the *QualityNet Secure Portal* today. Following the release in late July, hospitals were given a 30-day period to review and request correction of the calculated scores, such as domain scores and the Total Performance Score.

Question 4: When will we receive the FY 2021 Hospital Value-Based Purchasing Program Reports?

CMS anticipates making the FY 2021 Hospital VBP Program Percentage Payment Summary Reports available by August 1, 2020.

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Question 5: What are HCAHPS “top box responses”?

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

Question 6: If your hospital is subject to penalties for both the Hospital Value-Based Purchasing and Hospital Readmissions Reduction Programs, are both penalties applied or is it just the largest one?

The payment adjustments would apply from both programs. So, in the scenario in which CMS determined a hospital would receive a reduction in the Hospital VBP Program and HRRP, both reductions would be applied.

Question 7: Can I calculate the 75th percentile of Total Hospital-Acquired Condition (HAC) Scores from publicly reported data on *Hospital Compare*?

The 75th percentile of Total HAC Scores cannot be calculated using the dataset available on *Hospital Compare* because not all hospitals’ results are publicly reported. The FY 2020 HAC Reduction Program’s 75th percentile can be found in the Hospital-Specific Report User Guide, which is publicly available on the [QualityNet website](#).

Question 8: In FY 2020, my hospital only received measure scores on CMS PSI 90, MRSA, and CDI. How does the Equal Measure Weights approach impact our Total HAC Score calculation compared to the Domain Weights approach?

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Under the previously used Domain Weights approach, CMS PSI 90 was weighted at 15 percent of a hospital's Total HAC Score and the HAI measures were weighted at 85 percent of a hospital's Total HAC Score, regardless of the number of HAI measures with a measure score. In your example the CMS PSI 90 would have contributed to 15 percent of your hospital's Total HAC Score and each of the two HAI measures would have contributed 42.5 percent (half of the 85 for all HAI measures) of your hospital's Total HAC Score.

Under the new Equal Measure Weights approach, all measures with a measure score contribute equally to a hospital's Total HAC Score. In your example, each measure will contribute to one-third, or 33.3 percent, of your hospital's Total HAC Score. If your hospital were to receive measure scores for five measures, each would contribute one-fifth, or 20 percent, of your hospital's Total HAC Score.

Question 9: When can my hospital review our HAC Reduction Program results?

Each year, during the Scoring Calculations Review and Corrections period, CMS provides hospitals 30 days to review their HAC Reduction Program data, submit questions about their calculations, and request corrections to their measure scores and Total HAC Scores. This period begins when Hospital-Specific Reports with detailed program results are made available to hospitals via the *QualityNet Secure Portal*. The Scoring Calculations Review and Corrections period for the FY 2020 HAC Reduction Program began on July 19, 2019 and ended on August 19, 2019.

Question 10: Can my hospital's claims data and National Healthcare Safety Network (NHSN) submissions be revised during the Scoring Calculations Review and Corrections Period?

No. The Scoring Calculations Review and Corrections period allows hospitals to review their HAC Reduction Program data, submit questions about their calculations, and request corrections to their measure scores and Total HAC Scores. Underlying claims data for the CMS PSI 90 and HAI measure submissions to the NHSN cannot be reviewed and revised during the Scoring Calculations Review and Corrections Period.

For the CMS PSI 90 measure and all other claims-based measures used in quality reporting programs except Medicare Spending per Beneficiary, CMS takes an annual "snapshot" of claims data to perform measure calculations for quality reporting programs on the final Friday in September. CMS received the snapshot of the data for the FY 2020 HAC Reduction Program on September 28, 2018. MACs must have processed all corrections to underlying Medicare FFS claims data by the snapshot date.

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Corrections to claims data after this data are not reflected in Hospital-Specific Reports or program results. For the NHSN HAI measures, hospitals can submit, review, and correct chart-abstracted or laboratory-identified data for four and a half months following the end of each reporting quarter up until the submission deadline. Each year, Quarter (Q)1 (i.e., January, February, and March) data are due on August 15; Q2 (i.e., April, May, and June) data are due on November 15; Q3 (i.e., July, August, and September) data are due on February 15 of the following year; and Q4 (i.e., October, November, and December) data are due on May 15 of the following year. The CDC creates a data file for CMS to use in quality reporting and pay-for-performance programs immediately following these submission deadlines. Updates after these deadlines are not reflected in hospital-specific reports or program results.

Question 11: **Why are my Hospital Readmissions Reduction Program readmission measure results different from the results on the main *Hospital Compare* pages?**

HRRP and the main *Hospital Compare* pages use the same readmission measure methodology and hospital performance period in each reporting cycle; however, each includes a different set of hospitals. HRRP includes subsection (d) hospitals, as well as hospitals in Maryland. By contrast, the measure results in the main *Hospital Compare* pages include non-subsection (d) hospitals, such as CAHs and hospitals in U.S. territories, along with subsection (d) hospitals. Most hospitals will have similar results for HRRP and in the main *Hospital Compare* pages.

Question 12: **How do I determine if my hospital was penalized for the Hospital Readmission Reductions Program in fiscal year 2020?**

CMS publishes hospitals' payment adjustment factors in the FY 2020 Final Rule Supplemental Data File. This file is posted on the FY 2020 IPPS Final Rule page on CMS.gov. This file includes hospitals subject to HRRP that have measure results for at least one measure in the program. Hospitals with a payment adjustment factor of less than 1 have a payment reduction in FY 2020. Hospitals with a payment adjustment factor equal to 1 do not have a payment reduction in FY 2020.

Question 13: **Do the Hospital Readmissions Reduction Program readmission measures count planned readmissions in the calculation of excess readmission ratios (ERRs)?**

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No, planned readmissions do not count as readmissions in the CMS 30-day readmission measures because they are not an indicator of the quality of care. CMS worked with experts in the medical community, as well as other stakeholders, to identify procedures and treatments that should be considered “planned” and excluded from readmissions. CMS uses an algorithm to identify admissions that are typically planned and may routinely occur within 30 days of discharge from the hospital. For more information, please refer to the measure methodology resources posted on the [QualityNet website](#).

Question 14: If a surgical hospital is not eligible for the Hospital VBP Program due to the number of clinical outcomes, is the 2 percent still withheld?

For the Clinical Outcomes domain, a hospital must have at least two measures with at least 25 eligible discharges. Any hospital that has been excluded from the Hospital VBP Program will not have 2 percent withheld. The hospital will also not be eligible to receive incentive payments. There will be no financial impact to the hospital due to the Hospital VBP Program.

Question 15: For the HAC Reduction Program, how often and when is a snapshot of CMS claims data taken for PSIs? Is this yearly or quarterly?

CMS takes a claims “snapshot” for the HAC Reduction Program once per year on the final Friday in September to perform measure calculations for quality reporting programs. For the FY 2020 HAC Reduction Program, which uses a performance period of July 1, 2016 through June 30, 2018, CMS performed the snapshot on September 28, 2018. The most recent snapshot, taken on September 27, 2019, will be used in calculations for the FY 2021 HAC Reduction Program. The next snapshot will occur on September 25, 2020. This snapshot apply to claims for FY 2022 HAC Reduction Program calculations.

Question 16: I understand that “snapshots” are taken for the HAC Reduction Program so that any billing resubmissions after this snapshot will not affect our HAC scores. When is this snapshot taken so we can ensure all of the quality review is completed by this time?

Each year, CMS takes the claims “snapshot” on the final Friday in September to perform measure calculations for quality reporting programs. For the FY 2020 HAC Reduction Program, which uses a performance period of July 1, 2016 through June 30, 2018, CMS received the snapshot on September 28, 2018. The most recent snapshot, on September 27, 2019, will be used in calculations for the FY 2021 HAC Reduction Program. The next snapshot will occur on September 25, 2020. This snapshot applies to claims for FY 2022 HAC Reduction Program calculations.

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Question 17: When do FY 2018 claims apply?

Without further information, we are unable to provide an accurate response to this question. Please submit your question via the *QualityNet* online [Q&A tool](#) for further assistance.

Question 18: When will the readmissions penalty and HAC penalty HSRs be released for FY 2021?

The FY 2021 HAC Reduction Program and HRRP reports are expected to be made available during the summer of 2020. More details will be announced during the following months on the *QualityNet* website.

Question 19: Does this get reported every quarter?

The Hospital VBP Program, HAC Reduction Program, and HRRP results are refreshed annually.

Question 20: The Hospital VBP Program FY 2020 domain weights slide has a centered comment indicating that lower values are better performance. Can you clarify if this is true for all measures?

The callout box is defining the down arrow footnote. The callout box and definition are only applicable to the measures with the down arrow footnote.

Question 21: Do the Data.Medicare.gov site and download feature allow a facility to download only their facility results or all hospital results?

The download function on the Data.Medicare.gov tables allows a user to download data for all hospitals displayed in the table. Users can then sort and filter for their hospital's results or the results of other hospitals based on other variables (e.g., state, city).

Question 22: What version of the Agency for Healthcare Research and Quality (AHRQ) Specifications will be used to calculate PSI-90?

The FY 2020 HAC Reduction Program used v9.0 of the CMS PSI 90 software for results calculations. Please note that CMS is the steward of the PSI 90 measure and related software for use in CMS' programs. CMS no longer uses the version maintained by AHRQ. Resources for the CMS PSI 90 measure are available on the *QualityNet* website here: <https://www.qualitynet.org/inpatient/measures/psi/resources>.

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Question 23: What is the correct date range for the performance period for the hip/knee complication measure? The date range for the performance period on the preview report says the date range is Q2 2015 through Q1 2018; but, slide 14 says it is through Q2 2018.

The Hospital VBP Program performance period for FY 2020 is: July 1, 2015–June 30, 2018. Measurement periods used in the Hospital VBP Program may not match those that were used in the *Hospital Compare* preview reports. For a list of the baseline and performance periods used in the Hospital VBP Program, you may reference this page:

<https://www.qualitynet.org/inpatient/hvbp/participation#tab2>.

Question 24: When will we see resources for FY 2022 and domains in the resource center?

The Hospital VBP Program quick reference guide for FY 2022 is available on the *QualityNet* website here:

<https://www.qualitynet.org/inpatient/hvbp/resources>.

Question 25: What is the primary difference in the new pneumonia cohort per the technical specifications for the measure?

The pneumonia mortality measure that will be used beginning with the FY 2021 Hospital VBP Program will use an expanded cohort that includes eligible admissions for:

- Patients with a principal discharge diagnosis of pneumonia.
- OR
- A principal discharge diagnosis of sepsis (not including severe sepsis) with a secondary diagnosis of pneumonia coded as present on admission and no secondary diagnosis of severe sepsis coded as present on admission (POA).

Question 26: I understand that the HAC Reduction Program looks at NHSN measures as well as PSI 90 which includes AHRQ measures. How does the CMS list of HAC (HAC-01–HAC-14) factor into any of these programs?

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The public reporting of the Deficit Reduction Act (DRA) HAC (e.g., HAC-01, HAC-04) conditions is distinct from the HAC Reduction Program. The DRA HAC conditions are reported for information and quality improvement purposes but are not utilized in HAC Reduction Program scoring. More details about DRA HAC are available here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond>.

Question 27: **We are currently in FY 2020. Shouldn't we be referencing the FY 2021 Hospital VBP Program with 2019 data?**

This webinar is focusing on the data that were publicly reported on *Hospital Compare* in January 2020. We plan to present a webinar focusing on the FY 2021 Hospital VBP Program when the Percentage Payment Summary Reports are released around August 2020. If you would like an overview of the FY 2021 program, we have a recorded webinar from the release of the baseline measures report from 2019. Here is a direct link to that webinar page: <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2019-events/traveling-the-road-to-success-navigating-the-fy-2021-hospital-vbp-program-1ce/>.

Question 28: **Is the PSI 90 Composite Safety Score going to be added to the Hospital VBP Program again? If so, when will this take place and what will be the baseline periods and performance periods?**

CMS removed the Patient Safety for Selected Indicators Composite (PSI 90) from the Hospital VBP Program from FY 2019–FY 2022 due to operational constraints from the International Classification of Diseases, Tenth Revision (ICD-10) transition. CMS adopted the updated ICD-10 version of the CMS PSI 90 measure that will be used beginning with the FY 2023 Hospital VBP Program. For more information on the measure removal and adoption, reference the [FY 2018 IPPS/Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule](#) (82 FR 38242-38244) and (82 FR 38251-38256).

The baseline and performance periods for FY 2023–FY 2025 can be viewed here: <https://www.qualitynet.org/inpatient/hvbp/participation#tab2>.

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Question 29: We are a small hospital. Is there a minimum number of cases or measures within a domain that must be met in order to qualify for the Hospital VBP Program? For example, within the Clinical Outcomes domain, the only measure for which we ever have cases is the COMP-HIP-KNEE. Also, within the Safety domain, we have very few cases reported because our inpatient census is generally quite low. I noticed that our facility is not listed on the most recent Table 16B, Acute Inpatient PPS FY 2020, which is the reason for the question.

Yes, a minimum of two of four measures having at least 25 cases are required to receive a Clinical Outcomes domain score in FY 2020. In the Safety domain in FY 2020, a minimum of two of six measures receiving scores are required. In order to be eligible for the Hospital VBP Program, a hospital must be scored in at least three of the four domains. For more information on the specific measure and domain requirements for the Hospital VBP Program, reference *this QualityNet* page: <https://www.qualitynet.org/inpatient/hvbp/participation#tab3>.

Question 30: The FY 2020 HAC Reduction Program performance period is over. Why is this webinar focused on FY 2020?

This webinar is focusing on the data that were publicly reported on *Hospital Compare* in January 2020. We will focus on the FY 2021 HAC Reduction Program in a webinar during the summer, when FY 2021 results are made available on the *QualityNet* website. More information will be available via the *QualityNet* website over the coming months.

Question 31: Is there a worksheet/tool to predict payment reimbursement/reduction for the Hospital VBP Program, HAC Reduction Program, and HRRP?

CMS has not created or endorsed a tool or calculator to estimate the program results.

Question 32: How can you tell if a hospital received a HRRP penalty?

CMS has reported information on hospitals' HRRP payment adjustment factors for FY 2020 in the [FY 2020 IPPS/LTCH PPS Final Rule Supplemental Data File](#). Hospitals with a payment adjustment factor less than 1.0 in the supplemental file will receive a payment reduction.

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Question 33: **Is this data part of the [hospital] star ratings for facilities?**

Some measures are included in both the overall star ratings and in these pay-for-performance programs; however, there may be differences in the results used for the measure for various reasons (e.g., the hospitals included in the calculations of the measure and measurement periods).

Question 34: **How often are the PSI 90 inclusion/exclusion rules reviewed and updated?**

The PSI 90 inclusion/exclusion rules are reviewed and updated annually. The review and update are typically done in the fall, based on fiscal year coding updates implemented on October 1 of that same year.

Question 35: **What are the quarterly snapshot time frames for the HAC Reduction Program?**

Under the HAC Reduction Program, eligible hospitals must submit healthcare-associated infection (HAI) chart-abstracted or laboratory-identified data to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). Hospitals can review and correct their CDC NHSN HAI data for a full 4.5 months following the end of the reporting quarter up until the submission deadline. Each year, submission deadlines for reporting quarters are as follows:

- Quarter 1 (January–March): August 15
- Quarter 2 (April–June): November 15
- Quarter 3 (July–September): February 15 of the following year
- Quarter 4 (October–December): May 15 of the following year

Any changes to the HAI measure data after these quarterly submission deadlines will not be reflected in the results and Total HAC Score calculations.

Question 36: **For the HAC Reduction Program, is there a list of codes that are included in this measure?**

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The HAC Reduction Program uses six measures to evaluate hospital performance. One, the CMS PSI 90, is a claims-based composite measure of patient safety indicators. The composite measure score is derived from 10 component PSI measure scores. The remaining five measures are chart-abstracted measures of healthcare-associated infections (HAIs) collected by the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). Those include Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI), Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia, and *Clostridium difficile* Infection (CDI). These measures are chart-abstracted and not based on coding. For more information on the inclusion and exclusion criteria for the HAI measures you can contact the NHSN at nhsn@cdc.gov.

The CMS PSI 90 is a composite measure. The list of excluded and included codes for the individual component PSI measures are available in the Technical Specifications of those measures. The CMS PSI 90 Resources page on the *QualityNet* website contains a link to the Technical Specifications, as well as a broader CMS PSI 90 fact sheet. For more information, visit <https://www.qualitynet.org/inpatient/measures/psi/resources>

For more information on the inclusion and exclusion codes for component PSI measures, you can contact the patient safety measure steward at PatientSafetyMeasures@impaqint.com.

Question 37:

For HRRP, where does it state that the excess readmission ratio needs to be 1.0 if my hospital has a 3 percent reduction?

CMS reported information on hospitals' HRRP payment adjustment factors for FY 2020 in the FY 2020 IPPS/LTCH PPS Final Rule Supplemental Data File available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Data-Files>.

Hospitals can calculate their payment reduction percentage using their payment adjustment factor (PAF). To determine the payment reduction percentage, hospitals must subtract the PAF from 1.0 and multiply the result by 100. A payment adjustment factor of 0.9700 indicates application of the maximum 3 percent payment reduction.

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The excess readmission ratio (ERR) is a measure of a hospital's relative performance and is used in the PAF formula to assess hospitals' excess readmissions for each of the conditions/procedures included in HRRP. If a hospital performs better than an average hospital that admitted similar patients (i.e., patients with similar risk factors for readmission, such as age and comorbidities), the ERR will be less than 1.0. If a hospital performs worse than average, the ERR will be greater than 1.0. However, this is simply an indication of a hospital's performance and 1.0 is no longer the threshold ERRs are compared to in the payment adjustment factor calculation. 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. CMS stratifies hospitals into one of five peer groups based on the proportion of dual-eligible stays within the three-year HRRP performance period. The peer group median ERR is the threshold that assesses hospital performance on each measure. Measures with 25 or more eligible discharges and an ERR above the peer group median ERR contribute to the PAF formula.

Question 38: **Regarding archived files, what is the name of HRRP files in the zip? I'm looking for the 2019 HRRP table.**

The name of the HRRP file in the zip files downloadable from the Archived Datasets page on Data.Medicare.gov is:
HOSPITAL_QUARTERLY_QUALITYMEASURE_RRP_HOSPITAL.csv.

Question 39: **What is the difference for us in the quality department between *Hospital Compare* and Data.Medicare.gov?**

The *Hospital Compare* site is a consumer-friendly website to find hospitals and compare the quality of their care. The Data.Medicare.gov website can be used to download the data and tables from all hospitals found on the *Hospital Compare* website.

Question 40: **If the discharge for chronic heart failure (CHF) is in June 2018 with the readmission within 30 days in July 2018, will that readmission be included in the data? Does it go by the initial admission or the readmission?**

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The readmission measure assesses unplanned readmissions within a 30-day period from the date of discharge from an index admission. Therefore, an unplanned readmission that occurs within 30 days of the index admission but outside of the HRRP performance period would be included in the measure calculation.

Question 41: **Using predicted and expected readmissions can cause some confusion. Is there a simple distinction to help us avoid a million questions?**

The predicted readmission rate represents each hospital's specific performance while the expected readmission rate represents the average hospital performance. HRRP uses the ratio of predicted and expected readmissions to account for differences in patient case mix among hospitals.

The predicted 30-day readmission rate is the number of readmissions predicted based on your hospital's performance with its case mix.

The expected 30-day readmission rate is the number of readmissions expected based on average hospital performance with your hospital's case mix.

Question 42: **With all three programs applied, what is the total percent reduction a hospital could potentially receive?**

The maximum program reductions are 2 percent for the Hospital VBP Program, 3 percent for the HRRP, and 1 percent for the HAC Reduction Program. However, the listed percentages are not all applied in the same method, so the sum of adjustments should not be added to calculate the cumulative impact.

Question 43: **So we can validate data, how do we get the patient-level report showing index admission and readmission dates for hospital readmission data for our hospital?**

Hospitals receive discharge-level data, risk factor information, and measure results for the six condition/procedure 30-day risk-standardized unplanned readmission measures in their HRRP Hospital-Specific Report (HSR). The HSR also includes additional information, such as a hospital's payment adjustment factor, dual proportion, and peer group assignment. Hospitals can replicate their PAF and component results, including measure results, by following the instructions in the Hospital-Specific Report User Guide (HUG). The HUG is posted on the Reports

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page on the [QualityNet website](#) and is sent to hospitals with their HSRs. CMS distributed the FY 2020 HRRP HSRs to stakeholders on August 9, 2019 and plans to distribute the FY 2021 HSRs in early August 2020.

Subsection (d) and Maryland hospitals with eligible discharges that meet the HRRP inclusion/exclusion criteria for any of the six condition/procedure 30-day risk-standardized readmission measures will receive the HRRP HSR. In order to receive the HRRP HSR, a hospital must have an active *QualityNet Secure Portal* account with the two designated roles of Hospital Reporting Feedback-Inpatient role (to receive the report) and File Exchange and Search role (to download the report from the *QualityNet Secure Portal*).

Question 44: **In the HRRP, are the patients who expire during their index episode of care included or excluded?**

In HRRP, patients who expire during their index episode of care are excluded from the cohort for calculating readmission measures. In order for an index admission to be included in the measure cohort, among other factors, the patient must be discharged alive from a non-federal short-term acute care hospital.

Question 45: **When will the performance period for both mortality and readmission be changed from 3Q 2015 to 2Q 2018 in *Hospital Compare*, as this has not changed since July 2019?**

The mortality and readmission measures are refreshed annually on the *Hospital Compare* website in July. The Hospital VBP Program and HRRP program data are refreshed annually on the *Hospital Compare* website the following January.

Question 46: **Is there a monetary value that can be found for an individual PSI?**

A monetary value cannot be attached to each individual PSI under the HAC Reduction Program. Hospitals are not penalized for individual PSIs that occur but receive a 1 percent reduction on all Medicare fee-for-service claims for a given fiscal year if their Total HAC Score for the HAC Reduction Program that year is greater than the 75th percentile of all subsection (d) hospitals.

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A hospital's Total HAC Score is based on results from the claims-based CMS PSI 90 measure score and five chart-abstracted measures of HAIs collected by the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). For the FY 2020 HAC Reduction Program, the performance period is July 1, 2016 to June 30, 2018 for the CMS PSI 90 measure, and January 1, 2017 to December 31, 2018 for the HAI measures.

For more information on how payment reductions are applied, you can visit the HAC Reduction Program pages on *QualityNet* available here: <https://qualitynet.org/inpatient/hac/payment>.