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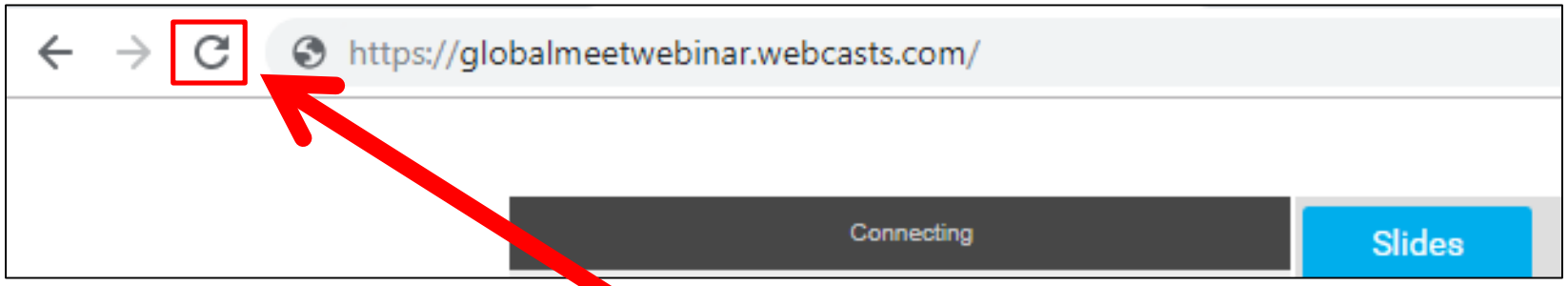

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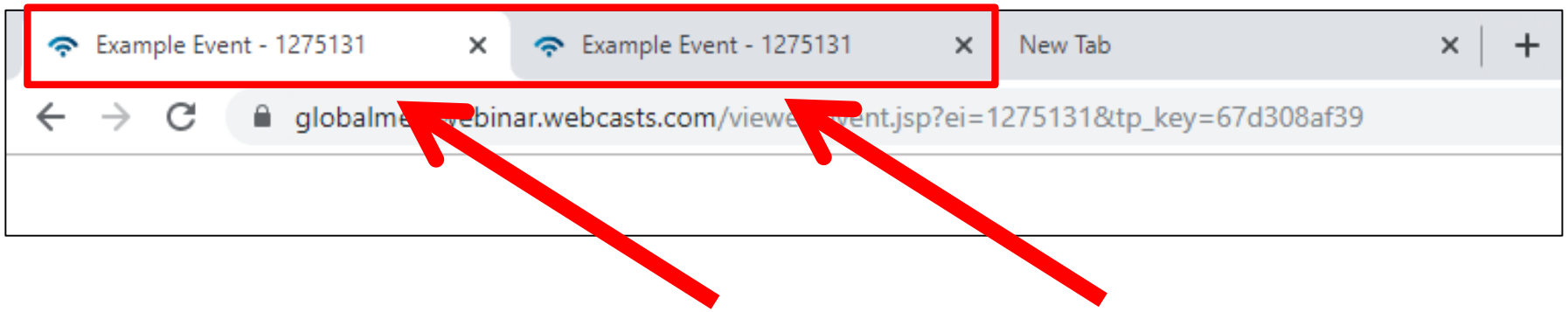

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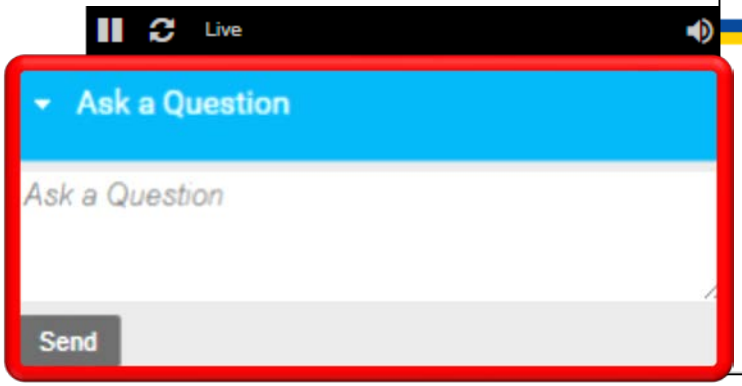


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Today's Presentation

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

February 12, 2020

Speakers

Bethany Bunch, MSHA
Program Lead, Hospital Value-Based Purchasing (VBP) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contract

Aaron Swaney, MPH
Hospital-Acquired Condition (HAC) Reduction Program Lead
Division of Value, Incentives, and Quality Reporting Program Support (DPS) Contract

Kristin Maurer, MPH
Hospital Readmissions Reduction Program (HRRP) Lead
DPS Contract

Purpose

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

Objectives

Participants will be able to:

- Locate publicly reported data for the CMS inpatient hospital pay-for-performance programs.
- Identify publicly reported data from previous years.
- Obtain comma-separated value (CSV) files of the publicly reported data.

Webinar Chat Questions

As time permits, we will answer questions pertinent to the webinar at the end of the presentation. Questions not answered then will be addressed in a questions-and-answers document published at a later date.

After the event, if you have additional questions, submit your question through the *QualityNet* Ask a Question tool at https://cmsqualitysupport.service-now.com/qnet_qa?id=ask_a_question.

Include the webinar name, slide number, and speaker name.

If you have a question unrelated to this webinar, search for it under Browse Program Articles at https://cmsqualitysupport.service-now.com/qnet_qa?id=kb_view2. If you do not find an answer, then submit your question to us via the Ask a Question tool. We will respond to questions as soon as possible.

Acronyms

ACA	Affordable Care Act	**HRRP**	Hospital Readmissions Reduction Program
AMI	acute myocardial infarction	**IPPS**	inpatient prospective payment system
CABG	coronary artery bypass grafting	**IQR**	Inpatient Quality Reporting
CAUTI	catheter-associated urinary tract infection	**LTCH**	long-term care hospital
CCN	CMS Certification Number	**MORT**	mortality
CDC	Centers for Disease Control and Prevention	**MRSA**	Methicillin-resistant *Staphylococcus aureus*
CDI	*Clostridium difficile* Infections	**MS-DRG**	Medicare Severity Diagnosis-Related Group
CLABSI	central-line associated bloodstream infection	**MSPB**	Medicare Spending per Beneficiary
CMS	Centers for Medicare & Medicaid Services	**NHSN**	National Healthcare Safety Network
CSV	comma-separated value	**NQF**	National Quality Forum
ERR	excess readmission ratio	**PC**	perinatal care
FFS	fee-for-service	**PN**	pneumonia
FY	fiscal year	**PPS**	prospective payment system
HAC	hospital-acquired condition	**PSI**	Patient Safety Indicator
HAI	healthcare-associated infections	**SSI**	surgical site infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**THA/TKA**	total hip/knee arthroplasty
HF	heart failure	**VBP**	value-based purchasing

Bethany Bunch, MSHA
Program Lead, Hospital VBP Program
Inpatient VIQR Outreach and Education Support Contractor

Hospital VBP Program

Foundation

- Set forth under Section 1886(o) of the Social Security Act
- When selecting new measures for the Hospital VBP Program, the measure must have been originally specified under the Hospital Inpatient Quality Reporting (IQR) Program
- CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted on *Hospital Compare* for at least one year
- Ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided
- Funded by a 2.00% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments

FY 2020 Domain Weights and Measures

Safety (25%)

Measures (Healthcare-Associated Infections)	Threshold	Benchmark
↓CAUTI	0.828	0.000
↓CDI	0.852	0.091
↓CLABSI	0.784	0.000
↓MRSA	0.815	0.000
↓PC-01	0.000	0.000
↓SSI: Colon	0.781	0.000
↓SSI: Abdominal Hysterectomy	0.722	0.000

Clinical Outcomes (25%)

Measures	Threshold	Benchmark
MORT-30-AMI	0.853715	0.875869
MORT-30-HF	0.881090	0.906068
MORT-30-PN	0.882266	0.909532
↓COMP-HIP-KNEE	0.032229	0.023178

↓ = Lower Values Indicate Better Performance

Efficiency and Cost Reduction (25%)

Measures	Threshold	Benchmark
↓MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period

Person and Community Engagement (25%)

	HCAHPS Performance Standards		
HCAHPS Survey Dimensions	Floor (%)	Threshold (%)	Benchmark(%)
Communication with Nurses	51.80	79.08	87.12
Communication with Doctors	50.67	80.41	88.44
Responsiveness of Hospital Staff	35.74	65.07	80.14
Communication about Medicines	26.16	63.30	73.86
Hospital Cleanliness and Quietness	41.92	65.72	79.42
Discharge Information	66.72	87.44	92.11
Care Transition	20.33	51.14	62.50
Overall Rating of Hospital	32.47	71.59	85.12

FY 2020 Measurement Periods

Domain	Measure	Baseline Period	Performance Period
Clinical Outcomes	Mortality Measures	July 1, 2010– June 30, 2013	July 1, 2015– June 30, 2018
	Complication Measure	July 1, 2010– June 30, 2013	July 1, 2015– June 30, 2018
Person and Community Engagement	HCAHPS Survey	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
Safety	Healthcare-associated infection (HAI) Measures	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
	PC-01	January 1, 2016– December 31, 2016	January 1, 2018– December 31, 2018
Efficiency and Cost Reduction	Medicare Spending per Beneficiary (MSPB)	January 1,2016– December 31, 2016	January 1,2018– December 31, 2018

Summary of Changes from FY 2019 to FY 2020

- **Clinical Outcomes Domain**
  - The Clinical Care Domain name was modified to Clinical Outcomes.
- **Person and Community Engagement Domain**
  - No changes to this Domain.
- **Efficiency and Cost Reduction Domain**
  - No changes to this Domain.
- **Safety Domain**
  - No changes to this Domain.

Hospital VBP Program vs HAC Reduction and Hospital IQR Programs

The FY 2020 Hospital VBP Program uses measures that are also included in the HAC Reduction Program and Hospital IQR Program; however, you may notice slightly different results between the two programs, for example:

- HCAHPS
  - The HCAHPS survey in the Hospital VBP Program uses the top-box responses only in the rate calculation.
  - The cleanliness and quietness questions are combined into one dimension in the Hospital VBP Program.
- The 30-day mortality measures are displayed as survival rates in the Hospital VBP Program instead of a mortality rate.
- The baseline and performance periods may be different than many measures publicly reported on the *Hospital Compare* website for the Hospital IQR Program or used in the HAC Reduction Program.

Publicly Reported Data

- On October 29, 2019, CMS posted the FY 2020 payment adjustment factors to the *CMS.gov* website.
- On January 29, 2020, CMS updated the data on the *Hospital Compare* website to include the following:
  - FY 2020 Hospital VBP Program data and scoring information
    - Measure/Dimension Scores
    - Domain Scores
    - Total Performance Scores
  - Actual FY 2018 Hospital VBP Program aggregate payment adjustments

FY 2020 Payment Adjustment File

Table 16B, available on the *CMS.gov* website, contains the actual payment adjustment factors by CMS Certification Number (CCN) for each participating hospital under the Hospital VBP Program for FY 2020. These actual factors are based on the finalized baseline and performance period for FY 2020 and are being used to adjust base operating Medicare Severity Diagnosis-Related Groups (MS-DRGs) payments to eligible hospitals for discharges occurring in FY 2020.

Table 16B link:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Tables

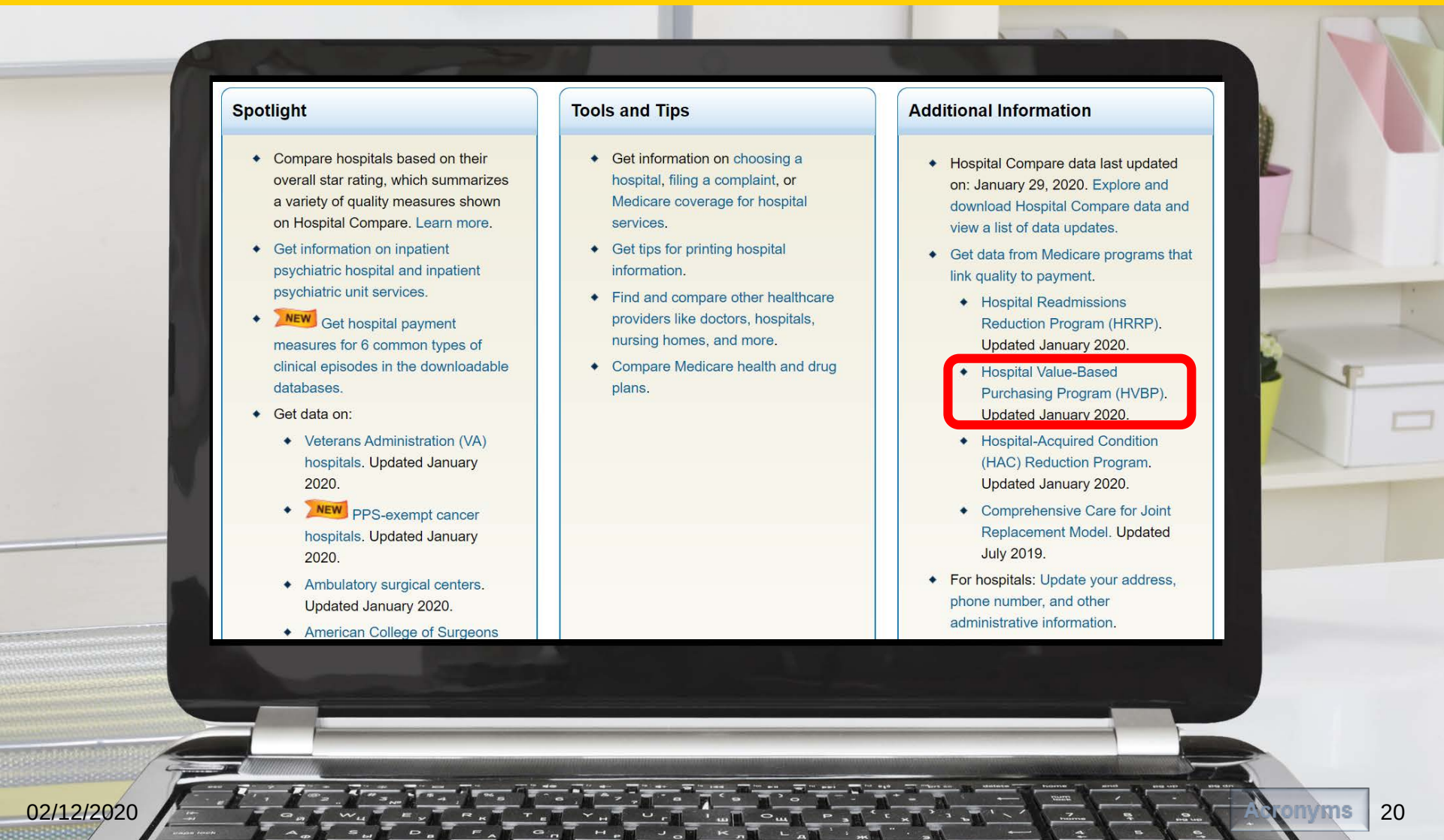
Fact Sheet link:

https://www.cms.gov/newsroom/fact-sheets/cms-hospital-value-based-purchasing-program-results-fiscal-year-2020

Hospital Compare Home Page

https://www.Medicare.gov/hospitalcompare/search.html

Hospital Compare Homepage Link to Hospital VBP Program

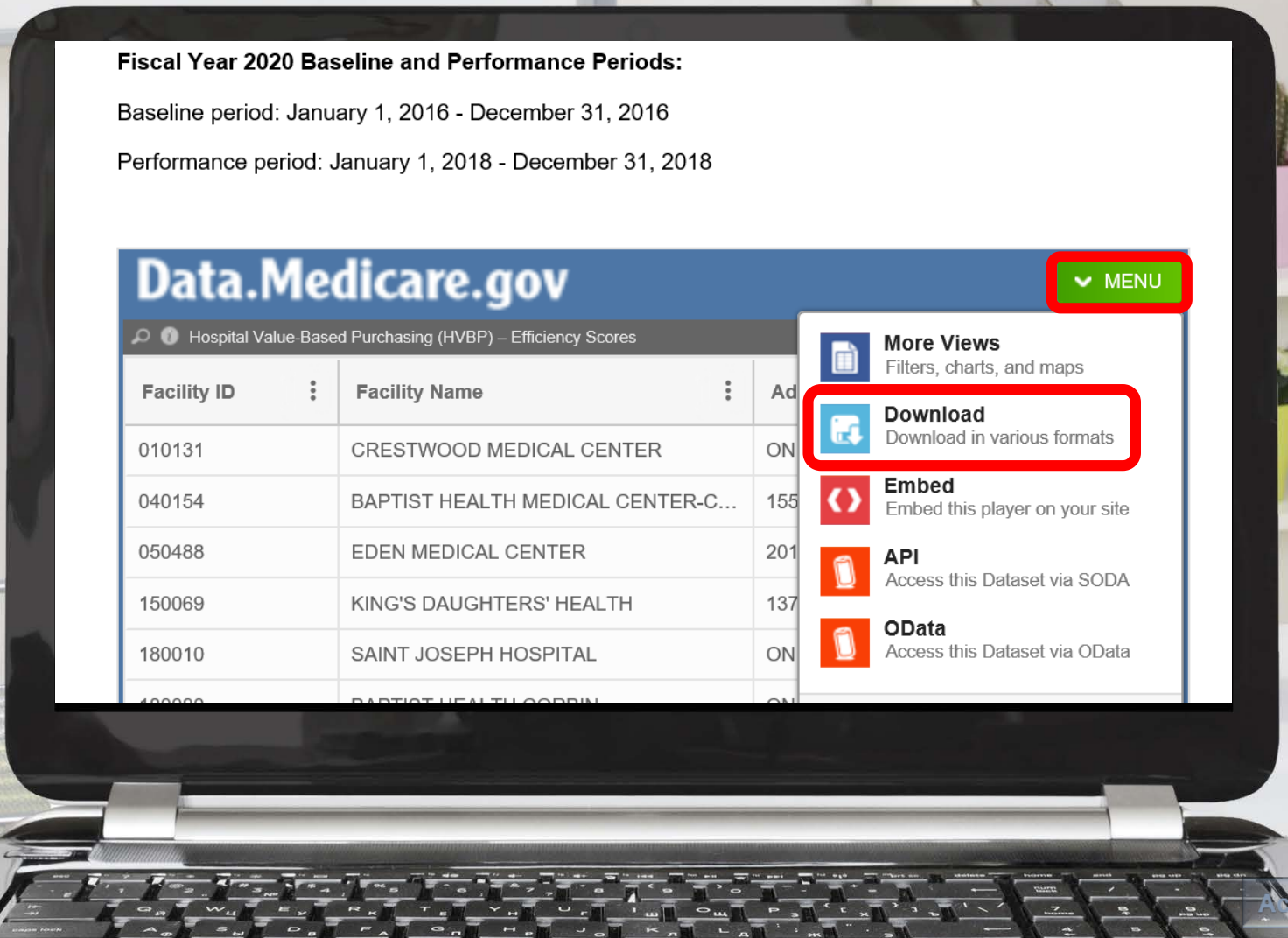


Hospital VBP Program Pages

https://www.medicare.gov/hospitalcompare/Data/hospital-vbp.html

- CMS breaks down the Hospital VBP Program measures into smaller tables based on the Domain.
- The Total Performance Score table also provides Domain Scores.
- A series of tables with actual aggregate payment adjustments from a previous fiscal year is available.

Hospital VBP Program Data Tables



Hospital VBP Program Download Data Table

Fiscal Year 2020 Baseline and Performance Periods:

Baseline period: January 1, 2016 - December 31, 2016

Performance period: January 1, 2018 - December 31, 2018

FY 2018 Payment Adjustments

FY 2018 payment adjustment tables include the following:

- Net change in base-operating DRG payment amount
- Distribution of net change in base-operating DRG payment amount
- Percent change in base-operating DRG payment amount
- Value-based incentive payment amount

Note: Data are in an aggregate form, not at an individual CCN level.

Resources

***Hospital Compare*:**

- https://www.medicare.gov/hospitalcompare/search.html

Hospital VBP Program page on *Hospital Compare*:

- https://www.medicare.gov/hospitalcompare/Data/hospital-vbp.html

General *Hospital Compare* inquiries:

- HospitalCompare@lantanagroup.com

Hospital VBP Program information:

- https://qualitynet.org/inpatient/hvbp

Hospital VBP Program general inquiries:

- https://cmsqualitysupport.service-now.com/qnet_qa
- Inpatient VIQR Outreach and Education Support Contractor at (844) 472-4477

Aaron Swaney, MPH
HAC Reduction Program Lead
DPS Contract

HAC Reduction Program

Program Overview

- The Hospital-Acquired Condition (HAC) Reduction Program is a pay-for-performance program established under Section 1886(p) of the Social Security Act. Under the Act, payments to applicable hospitals are adjusted to provide an incentive to reduce hospital-acquired conditions.

Program Changes for FY 2020

CMS adopted the Equal Measure Weights approach for the HAC Reduction Program scoring methodology:

- This replaced “Domain Weights” approach.
- Every measure for which a hospital receives a measure score has an equal weight in Total HAC Score calculation.

FY 2020 Measures and Performance Periods

Calculations for the FY 2020 HAC Reduction Program are based on the following measures and performance periods:

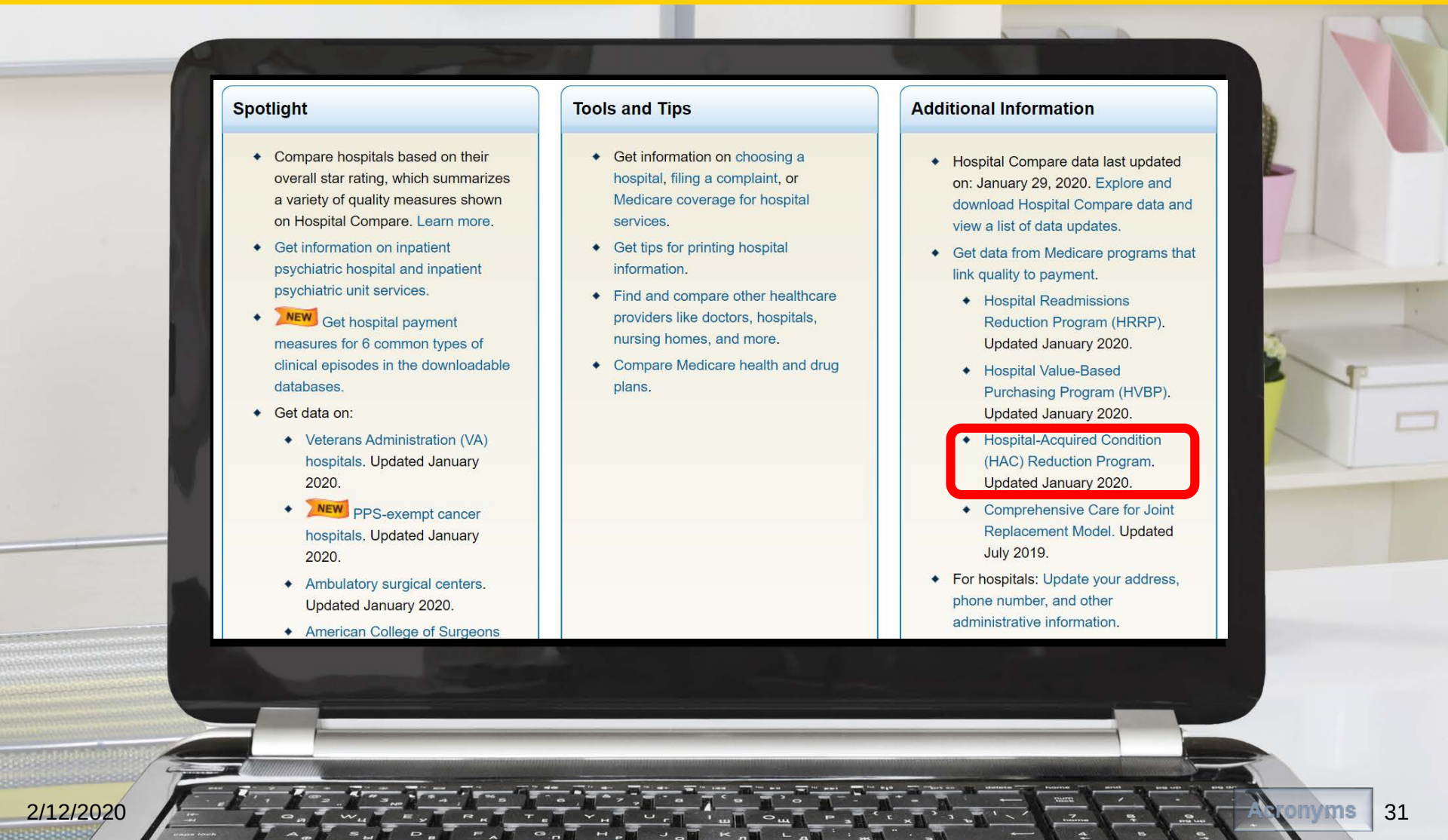
- CMS Patient Safety Indicator (PSI) 90 measure:
  - Medicare Fee-for-Service (FFS) claims data from **July 1, 2016 through June 30, 2018.**
- Five Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) HAI measures: CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI
  - Chart-abstracted surveillance data from **January 1, 2017 through December 31, 2018.**

Hospital Compare
January 2020 Release

On January 29, 2020, CMS updated the data on the *Hospital Compare* website to include the following FY 2020 HAC Reduction Program information:

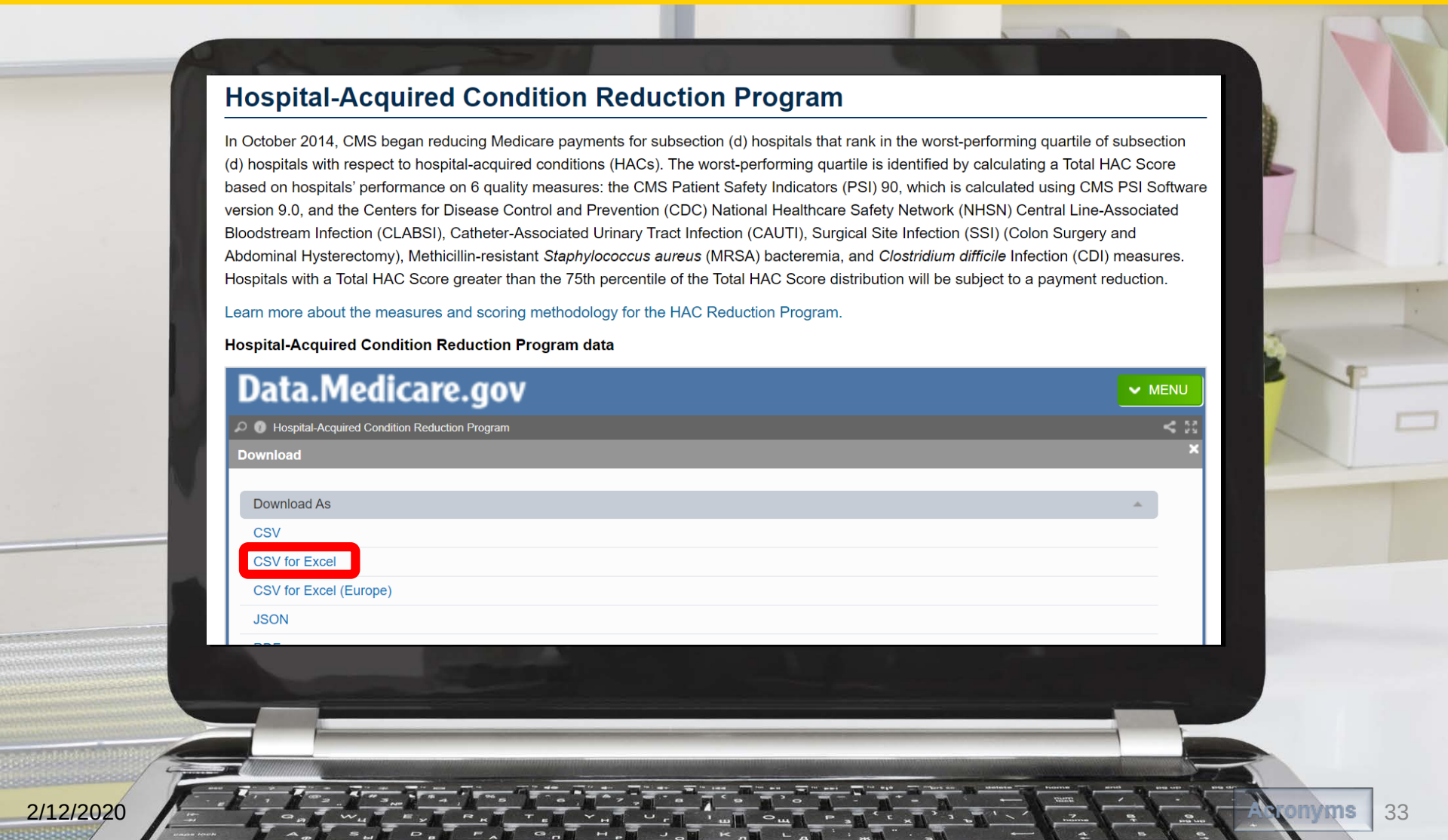
- CMS PSI 90 measure score
- CDC NHSN HAI measure scores:
  - CLABSI
  - CAUTI
  - SSI
  - MRSA
  - CDI
- Total HAC Score
- Payment Reduction Indicator

Hospital Compare Homepage Link to HAC Reduction Program



Hospital Compare
HAC Reduction Program Page

HAC Reduction Program Downloadable Database



HAC Reduction Program Resources

***Hospital Compare*:**

- Website: https://www.medicare.gov/hospitalcompare/search.html
- Inquiries: hospitalcompare@lantanagroup.com

HAC Reduction Program Methodology and General Information:

- *Medicare.gov* website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program
- *QualityNet website:* https://www.qualitynet.org/inpatient/hac

HAC Reduction Program General Inquiries:

- HACRP@mathematica-mpr.com; or
- *QualityNet* Question and Answer tool:

  https://cmsqualitysupport.service-now.com/qnet_qa

Kristin Maurer, MPH
HRRP Lead
DPS Contract

Hospital Readmissions Reduction Program

Overview

- The Hospital Readmissions Reduction Program (HRRP) is a Medicare value-based purchasing program.
- All subsection (d) hospitals are subject to HRRP.
- As of FY 2015, the maximum payment reduction is 3 percent.
- 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 provided hospitals 30 days to review and submit corrections prior to publicly reporting results.

FY 2020 Measures and Performance Period

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

Hospital Compare January 2020 Release

CMS reports the following data elements for each of the six HRRP readmission measures on *Hospital Compare*:

- Number of eligible discharges
- Number of readmissions (only if the hospital has 11 or more readmissions)
- Predicted readmissions (also known as the adjusted actual readmissions)
- Expected readmissions
- Excess readmission ratio

CMS updated the FY 2020 HRRP measure results on *Hospital Compare* on January 29, 2020.

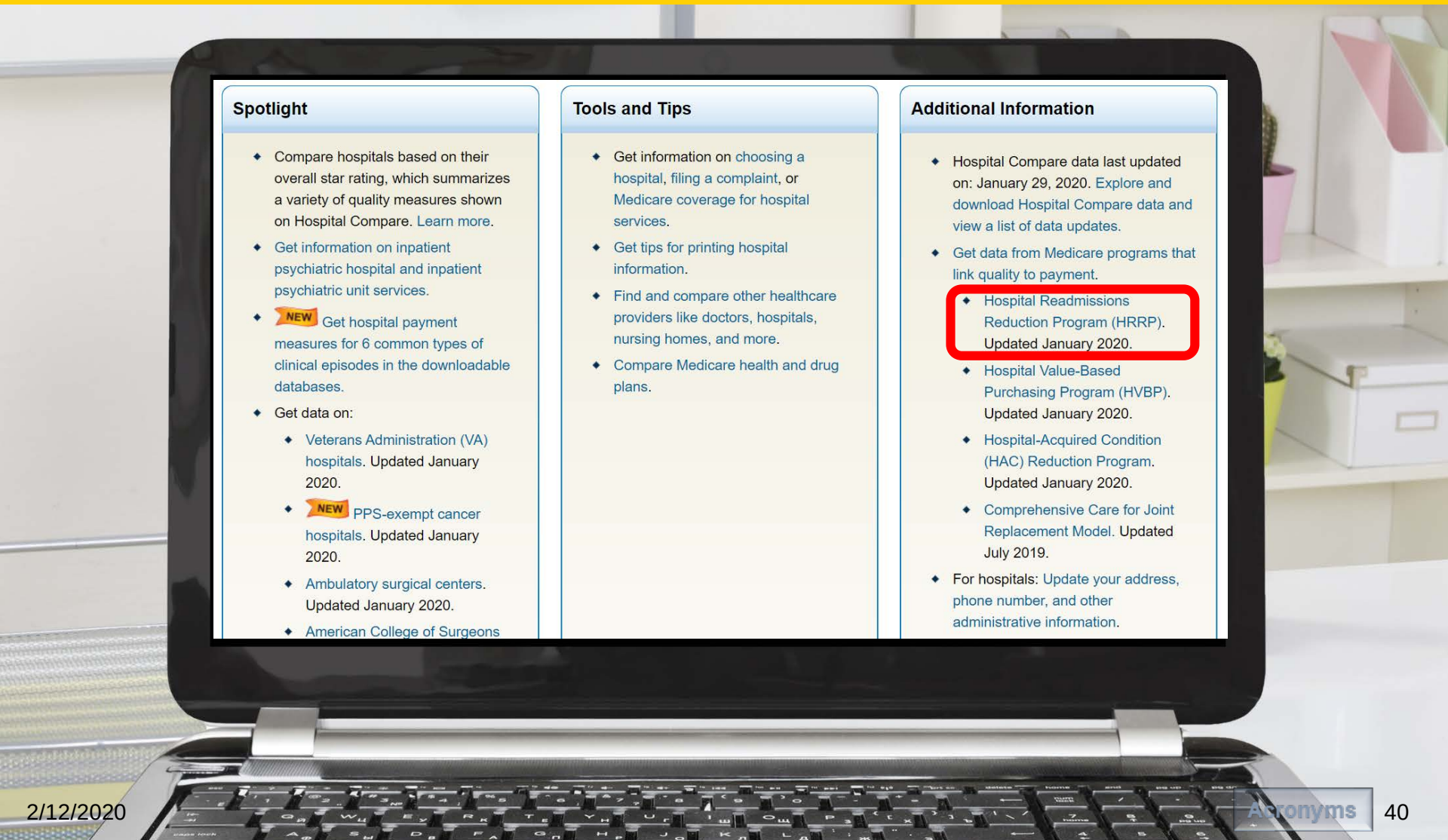
Supplemental Data File

In addition to the data posted on *Hospital Compare*, CMS also releases payment adjustment factor and component information in the FY 2020 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule Supplemental Data File after the review and correction period. The file includes the following:

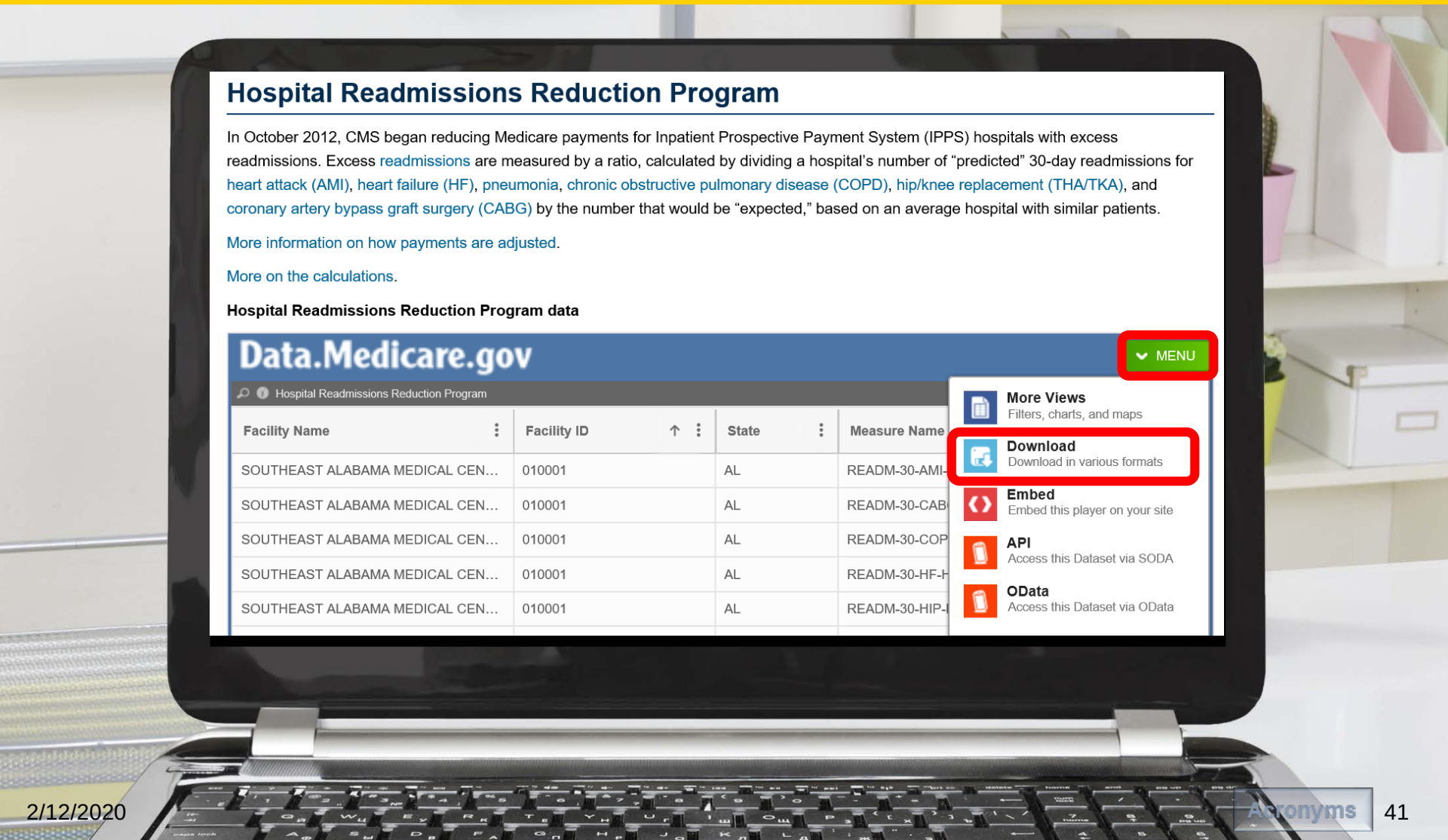
- Payment Adjustment Factor
- Dual Proportion
- Peer Group Assignment
- Neutrality Modifier
- Excess readmission ratio (ERR) for each measure
- Number of eligible discharges for each measure
- Peer Group Median ERR for each measure
- Penalty Indicator for each measure
- DRG Payment Ratio for each measure

CMS posted this file in September 2019 on the FY 2020 IPPS/LTCH PPS Final Rule home page: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Data-Files

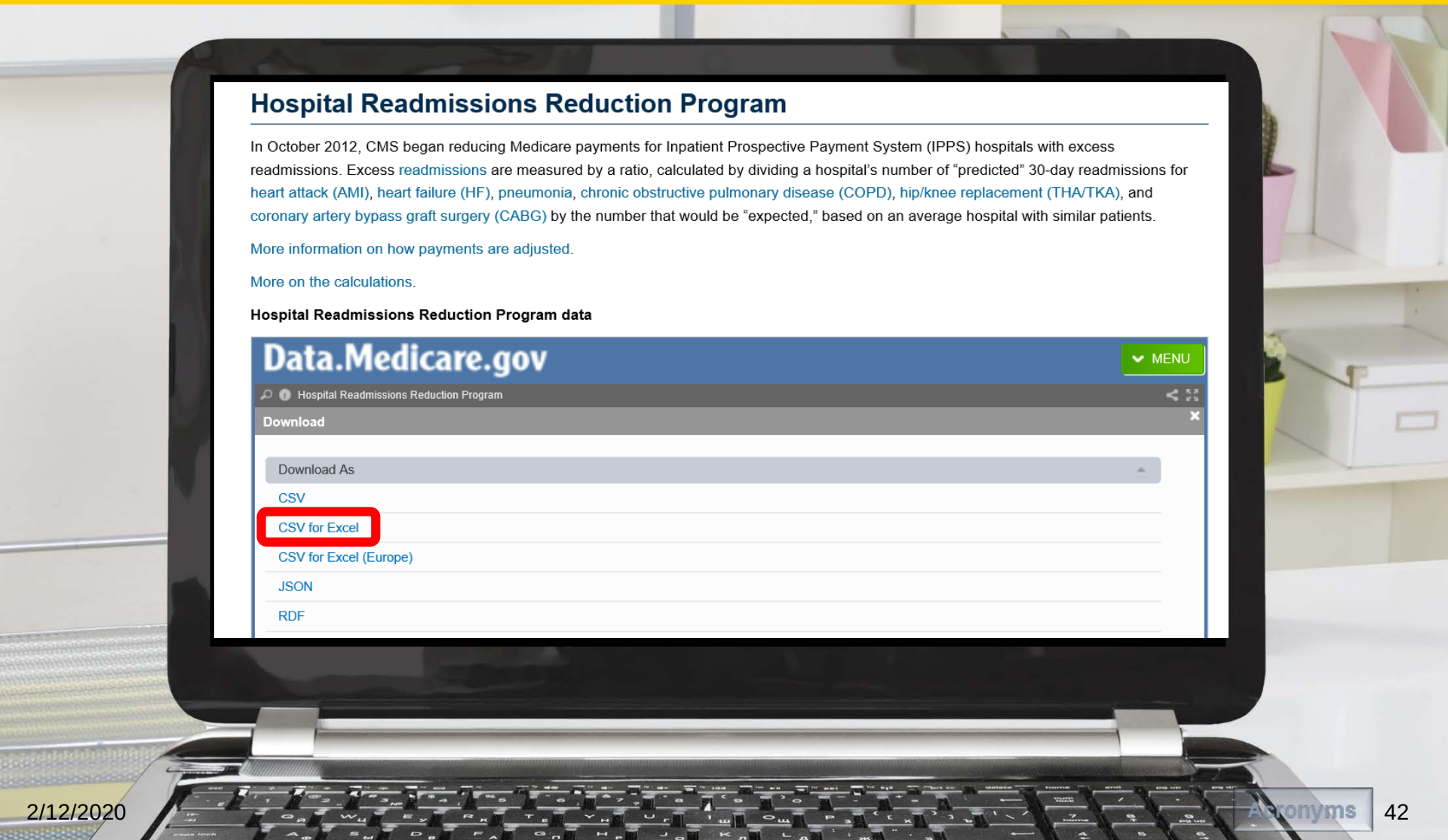
Hospital Compare Homepage Link to HRRP



Hospital Compare HRRP Page



HRRP Downloadable Database



HRRP Resources

***Hospital Compare*:**

- Website: https://www.medicare.gov/hospitalcompare/search.html
- Inquiries: hospitalcompare@lantanagroup.com

HRRP General Program and Payment Adjustment Information:

- *Medicare.gov*: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program
- *QualityNet*: https://qualitynet.org/inpatient/hrrp

HRRP General Inquiries:

- HRRP@mathematica-mpr.com; or
- *QualityNet* Question and Answer tool: https://cmsqualitysupport.service-now.com/qnet_qa

HRRP Measure Methodology

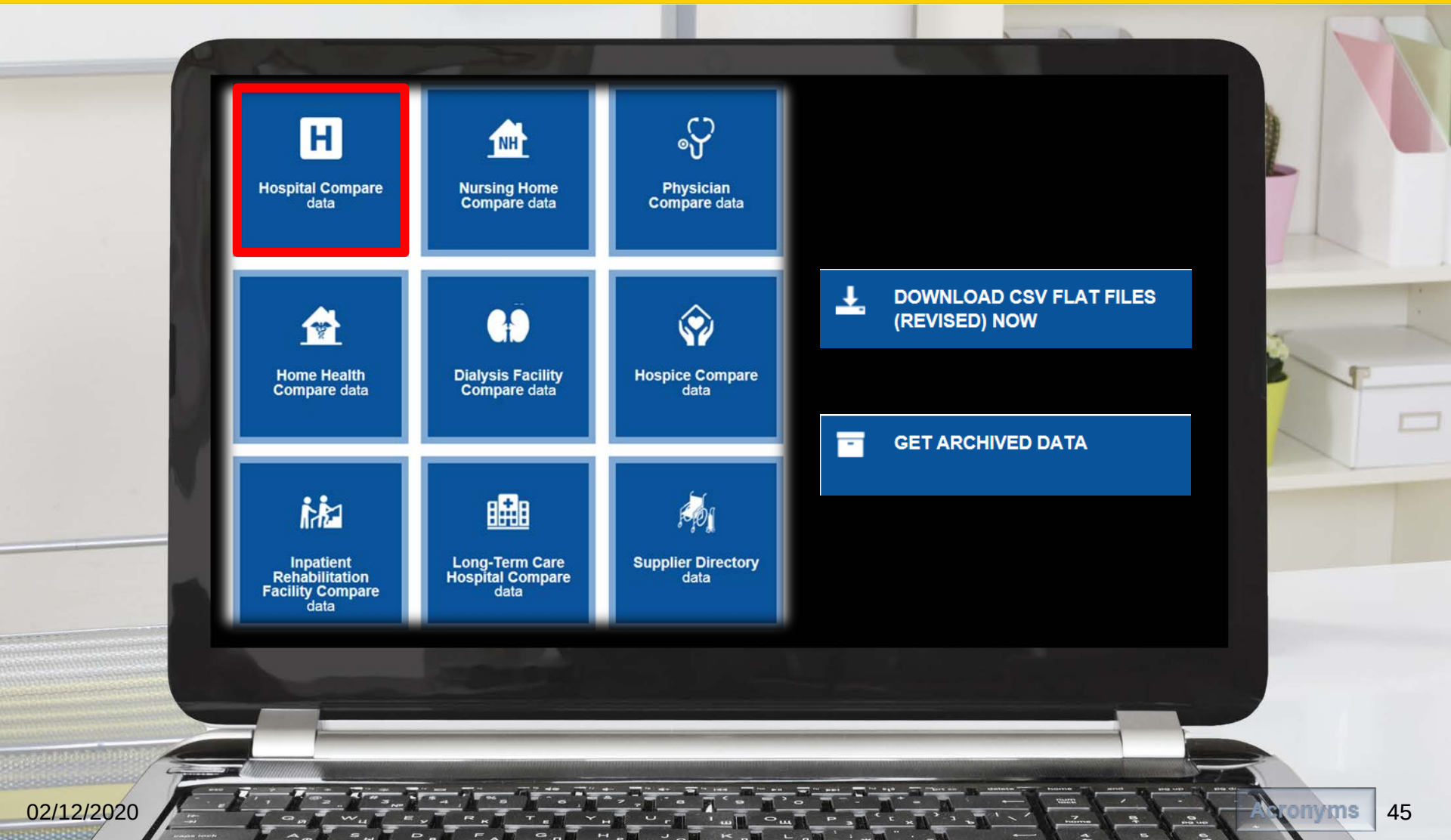
- Inquiries**:** cmsreadmissionmeasures@yale.edu
- Website: https://qualitynet.org/inpatient/measures/readmission

Bethany Bunch, MSHA
Program Lead, Hospital VBP Program
Inpatient VIQR Outreach and Education Support Contractor

Downloading Current and Archived Data

Downloading Data

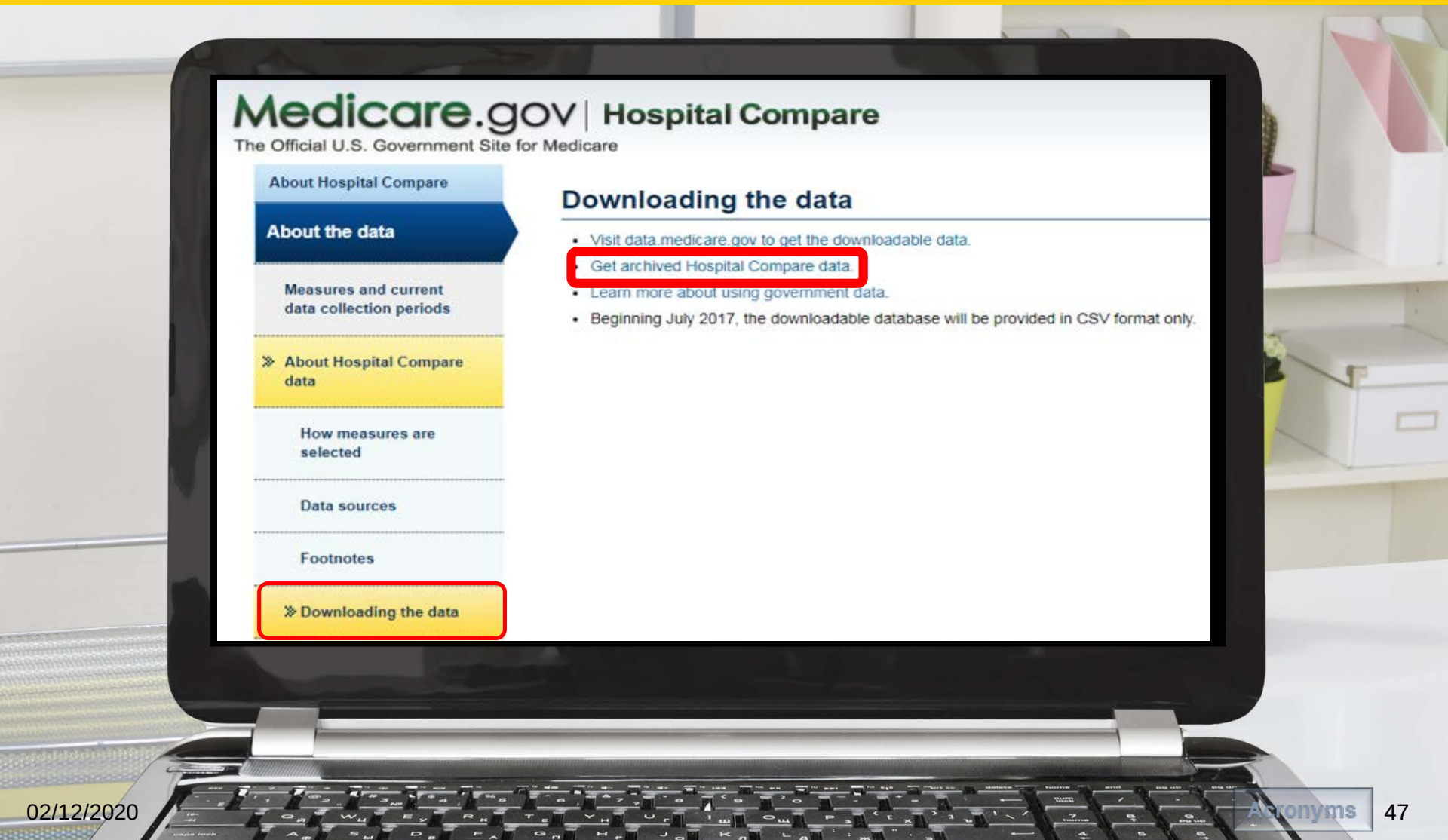
https://Data.Medicare.gov/



Archived Data

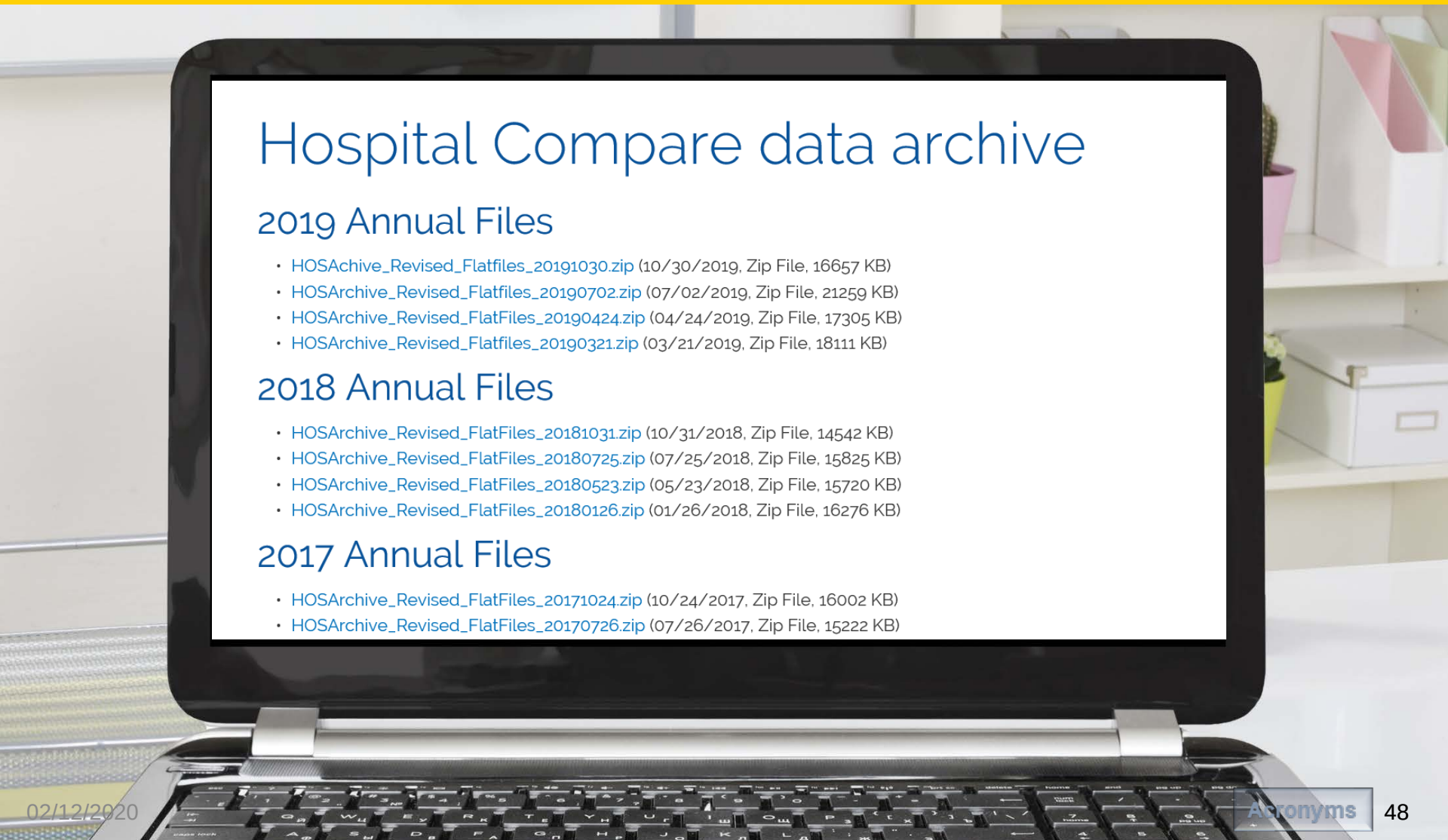
https://www.medicare.gov/hospitalcompare/search.html

Archived Data



Archived Data

https://Data.Medicare.gov/data/archives/hospital-compare



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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