



Hospital Value-Based Purchasing (VBP) Program

Support Contractor

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

Presentation Transcript

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Donna Bullock: Hello and welcome to the Hospital Value-Based Purchasing, or VBP, Program, Hospital-Acquired Condition, or HAC, Reduction Program, and the Hospital Readmissions Reduction Program, or HRRP, webinar focusing on the Fiscal Year 2020 *Hospital Compare* Data Update. My name is Donna Bullock and I am with the Centers for Medicare & Medicaid Services Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, and I will be the moderator for today's event. Before we begin, I'd like to make our first few of our regular announcements. This program is being recorded. A transcript of the presentation, along with a summary of the questions asked today, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you registered for this event, a reminder email and a link to the slides were sent out to your email about two hours ago. If you did not receive that email, you can download the slides at www.QualityReportingCenter.com. This webinar has been approved for one Continuing Education Credit. If you would like to complete the survey after today's event, please stay on until the conclusion of today's event. After the question-and-answer session, we will display a link to the survey that you will need to complete to receive the continuing education credit. The survey will no longer automatically be available, if you leave the event early. If you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary email sent out one to two business days after the event.

I would now like to introduce today's speakers. Bethany Bunch is the Hospital Value-Based Purchasing Program Lead for the Centers for Medicare & Medicaid Services' Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Aaron Swaney is the Hospital-Acquired Condition, or HAC, Reduction Program Lead at the Centers for Medicare & Medicaid Services' Division of Value, Incentives, and Quality Reporting Program Support Contract. Kristin Maruer is the Hospital Readmissions Reduction Program Lead also at the Centers for Medicare & Medicaid Services' Division of Value, Incentives, and Quality Reporting Program Support Contract.

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Today's event will provide an overview of publicly reported data for the Centers for Medicare & Medicaid Services' inpatient hospital pay-for-performance programs, including the Hospital Value-Based Purchasing Program, the Hospital-Acquired Condition Reduction Program, and the Hospital Readmissions Reduction Program.

Participants will be able to locate publicly reported data for the Centers for Medicare & Medicaid Services inpatient hospital pay-for-performance programs, identify publicly reported data from previous years, and obtain comma-separated value, or CSV, files of the publicly reported data.

If you have questions as we move through the webinar, please type your question into the Ask a Question window with the slide number associated, and we will answer as many questions as time allows. Any questions that are not answered during the webinar will be posted to the www.QualityReportingCenter.com website in the upcoming weeks. After the event, if you have additional questions, submit your question through the *QualityNet* Questions and Answers tool. Please 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 on the *QualityNet* Questions and Answers tool. If you do not find an answer, then submit your question to us via the Ask a Question tool.

Here is a list of acronyms that will be used on today's call for your reference. I will now turn the call over to our first speaker. Bethany the floor is yours.

Bethany Bunch: Hello, and welcome everyone. In today's presentation, I will be covering the Hospital Value-Based Purchasing Program.

Before we cover *Hospital Compare* directly, I wanted to provide a short overview of the program measures, time periods, and some of the differences between data that you may see in the Hospital VBP Program tables versus those that you may see on the main *Compare* pages or within the HAC Reduction Program. The Hospital Value-Based Purchasing Program was set forth under Section 1886(o) of the Social Security Act.

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The Hospital Value-Based Purchasing Program was first adopted in fiscal year 2013 and CMS has used this program to adjust payments for every fiscal year subsequent. Fiscal year 2020 is the eighth year of the program. The Hospital Value-Based Purchasing Program was one of the first national inpatient pay-for-performance programs in which hospitals were paid for services based on the quality of care rather than the quantity of services provided. The Hospital VBP Program strives to pay for care that rewards better value, improved patient outcomes, innovations, and cost efficiencies over volume of services. The Hospital Value-Based Purchasing Program is an estimated budget neutral program that is funded through a percentage withheld from participating hospitals' DRG payments. Payment amounts will be redistributed based on the hospital's Total Performance Score and the Hospital Value-Based Purchasing Program in comparison to the distribution of all hospital total performance scores and the total estimated DRG payments available to fund the program. It is important to note that withholds and incentive payments are not made in a lump sum but through each Medicare claim made to CMS in that fiscal year. The funding for the fiscal year 2020 program, which we are focusing on today, will come from a 2 percent withhold from participating hospitals' base-operating DRG payment amounts. If you would like more background information on the Hospital VBP Program, I recommend checking out the Fiscal Year 2020 Percentage Payment Summary Report Overview webinar from August 2019 which is available in the Hospital VBP Program's archived events section on [QualityReportingCenter.com](https://www.qualityreportingcenter.com).

In fiscal year 2020, hospitals were evaluated based on four domains: Clinical Outcomes, Person and Community Engagement, Safety, and the Efficiency and Cost Reduction domain. The Clinical Outcomes domain consists of three 30-day mortality measures for AMI, heart failure, and pneumonia, in addition to the hip/knee complication measure. The Person and Community Engagement domain is evaluated through the use of eight HCAHPS Survey dimensions. The Safety domain contains the PC-01 measure and the five healthcare-associated infection measures of CLABSI, CAUTI, SSI, MRSA and CDI. The Efficiency and Cost

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Reduction domain contains the Medicare Spending per Beneficiary measure. Each domain was weighted at 25 percent of the Total Performance Score.

This slide contains the baseline and performance period dates for fiscal year 2020. The Hospital VBP Program uses the baseline period in addition to the performance period in order to calculate improvement and achievement points for each measure, rewarding the higher in comparison to the hospital as their measure score.

There was only one notable change in the domains and measures from the FY 2019 to FY 2020 program year. CMS renamed the Clinical Care domain to Clinical Outcomes. The measures included in the domain, however, remained consistent from year to year.

When comparing the Hospital VBP Program data to the main *Hospital Compare* pages for the HAC Reduction Program table, you may notice slightly different results. First, the HCAHPS Survey and the Hospital VBP Program use only the top-box responses in the rate calculations; whereas, those results are delineated on the main *Hospital Compare* pages. Second, 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. So, higher rates equal better results when reviewing those measures in the Hospital VBP Program. On a general note, performance periods may be different, so please reference the measurement periods when reviewing the data.

The Hospital VBP Program has three sets of data that are publicly reported. The payment adjustment factors for fiscal year 2020 were published on October 29, 2019 to CMS.gov. On January 29, two Hospital VBP Program data sets were published. The fiscal year 2020 data and scoring information, including measure, domain, and Total Performance Scores, were posted, in addition to the aggregate payment results from fiscal year 2018. I will cover each of these data sets in more detail in the next few slides.

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CMS posted the fiscal year 2020 payment adjustment factors in Table 16B on CMS.gov. Table 16B contains the actual payment adjustment factors by CMS Certification Number, or CCN, for each hospital that was eligible for the program. Please note that Table 16B will not include your CCN if you were excluded from the program. Exclusion reasons include your hospital not being a subsection (d) hospital, not meeting the minimum number of domains in order to receive a Total Performance Score, being subject to payment reductions under the Hospital IQR Program, and being a hospital located in the state of Maryland, just to name a few examples. If your hospital is a subsection (d) hospital, you can check your Percentage Payment Summary Report available to run through the *QualityNet Secure Portal* to verify your eligibility status and see any exclusion reasons your hospital may have assigned.

To locate the Hospital VBP results, once you are on the *Hospital Compare* main page, scroll down past the Find a Hospital screen. You will find a list of hyperlinks and options, as shown on the next slide.

The Hospital VBP Program data and scoring links for fiscal year 2020 will be located in Additional Information, which is the far right tab on the screen. By clicking on the Hospital Value-Based Purchasing Program, the link will take you to the fiscal year 2020 Hospital VBP Program scoring pages.

When redirected to the Hospital VBP Program page, you will be given several options on the left navigation screen. These options are the domains of the Hospital VBP Program and the Total Performance Score. Each of these sets of data are broken down into their own table for better usability. CMS will report for each measure: the hospital's baseline period rates, the performance period rates, and the benchmark and achievement thresholds. In addition, CMS will report that measure's improvement points, achievement points, and measure score. In the Total Performance Score table, the hospital's unweighted domain scores, weighted domain scores, and Total Performance Score will be displayed. Only eligible hospitals, meaning those that receive the Total Performance Score and were not excluded for any other reason, will be reported on the Hospital VBP Program tables. As you can see, the bottom bullet point and the bottom option on the navigation pane is for payment adjustments. We will discuss that in a few slides.

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Once you select one of the left-hand navigation options, you will be redirected to an embedded table on the web page. You can view the data for your hospital by scrolling through the embedded table or you can download the data by selecting Menu, then Download.

When downloading the data, you can choose to download data in the different formats listed on the slide. Towards the end of today's webinar, I will discuss another option to download all of the data from *Hospital Compare* for a specific release instead of just downloading one specific table or one table at a time.

Also, refreshed in January was the payment adjustment information for fiscal year 2018. These data are based on a different payment year than the scoring that we had just covered for fiscal year 2020. CMS reports the payment adjustment information in an aggregated form for the net change in base-operating DRG payment amounts, distribution of net change and base-operating DRG payments amounts, and the percent change in base-operating DRG payment amounts. In addition, there's also range fields for the value-based incentive payment amounts. This data, once again, are reported at an aggregate level and will not be broken down by CCN. If you are looking for your payment adjustment at the CCN level, we really recommend you going out to CMS.gov and looking at Table 16B or going out to the *QualityNet Secure Portal* and downloading your Percentage Payment Summary Report to view that information.

On this slide, I listed some resources available to help understand the data. The first link is to the home page of *Hospital Compare*. If you have any questions regarding the *Hospital Compare* web site, a great starting point is to contact the *Hospital Compare* email box, which is the third option listed on this slide. For general information on the Hospital VBP Program, I would recommend referencing the fourth link on this slide, which will direct you to the [QualityNet](#) web site. Finally, for specific questions regarding the Hospital VBP Program, you may use the Hospital Inpatient Q&A tool, which is the last link listed on this slide or call (844) 472-4477 to speak to a member on our team.

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Now, I would like to hand off the webinar to Aaron Swaney to present on the HAC Reduction Program. Before I do, I just want to remind everyone again, when submitting your questions to list the slide number you are referencing in the chat window. Also, if you would like a copy of the slide deck, you may download the slides from the QualityReportingCenter.com web site. Thank you, again. Aaron, the floor is now yours.

Aaron Swaney: Thank you, Bethany. Hello, everyone. My name is Aaron Swaney and I am the Program Lead for the Hospital-Acquired Condition Reduction Program under the DVIQR Program Support Contract. In my portion of the presentation, I will be reviewing the Hospital-Acquired Condition Reduction Program and the publicly-reported information that was recently released on the *Hospital Compare* website.

The Hospital-Acquired Condition, or HAC, Reduction Program is a pay-for-performance program established under Section 3008 of the Affordable Care Act. As required by the act, CMS applies a one percent reduction to overall Medicare fee-for-service payments for hospitals that rank in the worst-performing quartile on measures of hospital-acquired conditions. Payment reductions related to fiscal year 2020 HAC Reduction Program results will be applied to discharges from October 1, 2019 through September 30, 2020. All subsection (d) hospitals are subject to the HAC Reduction Program. Subsection (d) hospitals are broadly defined as short-term acute care hospitals. Each program year, CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

In the fiscal year 2020 HAC Reduction Program, CMS adopted the Equal Measure Weights approach to the HAC Reduction Program scoring methodology. This replaced the previous Domain Weights approach, which assigned measures to one of two domains. Each domain received a fixed weight, regardless of the number of measures within the domain that received a measure score.

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Under the new Equal Measure Weights approach, hospitals' Total HAC Scores are calculated as the equally weighted average of their measure scores.

Six measures are included in the fiscal year 2020 HAC Reduction Program. One, the CMS PSI 90, is a claims-based measure of patient safety. In the FY 2020 HAC Reduction Program, the CMS PSI 90 results are based on Medicare fee-for-service claims with discharges from July 1, 2016 through June 30, 2018. The other five measures are chart-abstracted measures of healthcare-associated infections collected by the Centers for Disease Control and Prevention's National Healthcare Safety Network. These measures include CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI. Results for these measures are based off surveillance data that hospitals submitted to the NHSN for discharges from January 1, 2017, through December 31, 2018.

Publicly reported data for the HAC Reduction Program include individual measure scores for each of the measures included in the program, the Total HAC Score (again, calculated as the equally weighted average of hospitals' measure scores), and hospitals' Payment Reduction Indicator, which denotes if the payment reduction will be applied to a hospital's Medicare fee-for-service discharges in fiscal year 2020. Hospital measure scores are calculated as the Winsorized z-score of their raw results. In order to calculate a hospital's measure score for a given measure, the national mean of measure results for all subsection (d) hospitals is subtracted from the hospital's measure results and this is divided by the standard deviation of measure results for all subsection (d) hospitals. Under this methodology, negative measure scores indicate better performance; whereas, positive measure scores indicate worse performance.

National means and standard deviations for measure results, as well as the 75th percentile Total HAC Score, are not publicly reported in this *Hospital Compare* release of data but can be found within the fiscal year 2020 Hospital-Specific Report User Guide. This is publicly available on the *QualityNet* website, which can be found on the HAC Reduction Program Resources slide at the end of this section of the presentation.

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Similar to HVBP, to find the newly released HAC Reduction Program data, navigate to the *Hospital Compare* home page and select the Hospital-Acquired Condition Reduction Program link within the additional tab, as shown in the screen.

Selecting the HAC Reduction Program link takes you to the HAC Reduction Program home page, which contains the embedded data set for fiscal year 2020. To download the data from this page, click on Hospital-Acquired Condition Reduction Program underneath Data.Medicare.gov, or select Download from the menu options at top right, as shown in the screen shot on this slide.

Once you select Download from the menu, there are several options for the format of the file that you download. Clicking on a file type, CSV for Excel in this screenshot, will begin the download to an Excel file.

This slide lists additional resources about the HAC Reduction Program. If you have questions about the program after this presentation, please refer to the inquiry contacts listed on the slide and submit questions related to *Hospital Compare*, the HAC Reduction Program Methodology, or General Inquiries about the program. Next, Kristin is going to talk about the Hospital Readmissions Reduction Program.

Kristen Mauer: Thank you, Aaron. My name is Kristin Maurer and I am the Program Lead for the Hospital Readmissions Reduction Program under the DVIQR Program Support Contract. In this portion of the presentation, I will be reviewing the Hospital Readmissions Reduction Program and the publicly reported information that was recently released on the *Hospital Compare* website.

The Hospital Readmissions Reduction Program, or HRRP, is a Medicare value-based purchasing program that reduces payments to hospitals with excess readmissions. The program was established by Section 3025 of the Affordable Care Act and was first implemented in fiscal year 2013. Like the HAC Reduction Program, all subsection (d) hospitals are subject to the Hospital Readmissions Reduction Program. As of fiscal year 2015, the maximum payment reduction is 3 percent.

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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. Dual-eligibility for Medicare and Medicaid is an indicator of a patient's social risk. As of fiscal year 2019, CMS compares a hospital's performance against other hospitals with similar patient populations to reduce the financial burden on safety-net hospitals. Each program year, CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

This slide shows the six claims-based measures included in the fiscal year 2020 Hospital Readmissions Reduction Program. The program includes four condition-specific readmission measures for acute myocardial infarction (AMI), chronic obstructive pulmonary disease (COPD), heart failure (HF), and pneumonia. The remaining two measures in the program are procedure-specific measures for coronary artery bypass graft (CABG) surgery and elective primary total hip and/or total knee arthroplasty (THA/TKA). The fiscal year 2020 performance period for all six measures includes discharges from July 1, 2015 through June 30, 2018.

CMS publicly reports the data elements listed on the slide for each of the six Hospital Readmissions Reduction Program measures on *Hospital Compare*. For each measure, information is only reported for hospitals with 25 or more eligible discharges. The number of readmissions will only be reported if the hospital has 11 or more readmissions. CMS also reports hospital predicted readmission rates, expected readmission rates, and excess readmission ratios (ERRs). The ERR is a measure of a hospital's relative performance and is used in the payment adjustment factor formula to assess hospitals' excess readmissions for each of the conditions and procedures included in the program. CMS released the measure results for fiscal year 2020 Hospital Readmissions Reduction Program on *Hospital Compare* on January 29, 2020.

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In addition to the data posted on *Hospital Compare*, CMS also releases payment adjustment factor and component information in the fiscal year 2020 Final Rule Supplemental Data File. This file includes information that is not posted on *Hospital Compare*, including:

- Payment Adjustment Factors
- Dual Proportions
- Peer Group Assignments

CMS posted this file in September 2019 after the review and corrections period. To access the file, you can visit FY 2020 IPPS Final Rule home page, using the link shown on the slide.

Similar to HVBP and the HAC Reduction Program, to find the newly released Hospital Readmissions Reduction Program data, navigate to the *Hospital Compare* home page. As shown in the slide, the Additional Information panel includes a link to the Hospital Readmissions Reduction Program data. This slide shows the Hospital Readmissions Reduction Program page and embedded data set for fiscal year 2020. Similar to HVBP and HAC Reduction Program, the menu at the top right has an option to download the data set. Once you select Download from the menu, there are several options for the format of the file that you download, including CSV for Excel.

This slide lists additional resources for the Hospital Readmissions Reduction Program. If you have questions about the program after this presentation, please refer to the inquiry contacts listed on the slide to submit questions related to *Hospital Compare*, the measure methodology, or general inquiries about the program.

Now, I will turn it over to Bethany for downloading current and archived data.

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Bethany Bunch: Thank you, Kristin. Each of the programs presented how to individually download the data tables. However, there is a way to download all of the data contained on *Hospital Compare* at once, instead of downloading each table separately.

To download the current data displayed on *Hospital Compare*, go to the Data.Medicare.gov web site using the URL listed at the top of this slide. Once you are on this website, you will see nine options of data that you can access that are displayed on this slide. To access the *Hospital Compare* data in the pay-for-performance tables that we have covered today, you would select the *Hospital Compare* data option. Once you have selected the *Hospital Compare* data option, you will be taken to a list of various tables available to download. Just above that list of tables you will see the options available to you that are displayed on the right-hand side of this table: Download CSV Flat Files (Revised) Now and Get Archived Data. When selecting the CSV Flat File, you will download a zip file containing the tables in multiple CSV file format. To get previous releases and years of data, you can select Get Archived Data which will redirect you to a page listing the databases available for download all of the way back to 2005.

Another way to find archived data is available from the home screen of *Hospital Compare* by selecting Resources at the top option panel.

Once redirected to the Resources page, you would select Download the Data and select Get Archived Hospital Compare Data.

This is the page available that lists the archived data that are available. As there are many different releases, we advise you to reference the measures' date file in each of the databases to confirm which data you are viewing. I will now hand the presentation back to review the questions that were submitted during the webinar.

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Donna Bullock: Thank you, Bethany. We will now answer some of the questions that were submitted during the webinar. If you would like to submit additional questions at this time, please either include the slide number associated with your question or the program your questions is applicable. The first questions are for Bethany and the Hospital Value-Based Purchasing Program. Bethany, are critical access hospitals exempt from the Hospital Value-Based Purchasing Program?

Bethany Bunch: The Hospital VBP Program only includes subsection (d) hospitals. Critical access hospitals (CAHs) are excluded. Detailed information on eligibility is available on the Hospital VBP Program page on *QualityNet*.

Donna Bullock: Thank you. The next question: How is the value-based incentive actually paid back to the hospital in the Hospital Value-Based Purchasing Program? This question is for you, also, Bethany.

Bethany Bunch: Thanks for that question. The value-based incentive payment adjustment factor is multiplied against the base operating diagnosis-related group payment, or 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, or withhold, in the hospital's earned incentive payment percentage. The fiscal year 2020 value-based incentive payment adjustment 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 fiscal year 2020 IPPS final rule tables available on the CMS.gov website. For additional information regarding your hospital's payments, please contact your Medicare Administrative Contractor, or MAC.

Donna Bullock: Thank you. When were the Hospital Value-Based Purchasing Program reports released for review?

Bethany Bunch: The FY 2020 Hospital VBP Program Percentage Payment Summary Reports were made available through the *QualityNet Secure Portal* back 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

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given a 30-day period to review and request correction of the calculated scores, such as domain scores and the Total Performance Score.

Donna Bullock: When will we receive the Fiscal Year 2021 Hospital Value-Based Purchasing Program Reports?

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

Donna Bullock: What are HCAHPS “top box responses”?

Bethany Bunch: Good question! 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, or 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 the HCAHPS Survey items. The top-box response, for example, 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). The response is Yes for the Discharge Information Composite and 9 or 10, which is high, for the Overall Hospital Rating item. Finally, Definitely Yes is the top-box response if you would Recommend this Hospital item and Strongly Agree for the Care Transition Composite. For more information regarding the top-box responses, I recommend going out to the HCAHPS Online website.

Donna Bullock: Thanks, Bethany. The next question is for you also. If your hospital is subject to penalties for both Hospital Value-Based Purchasing and Hospital Readmissions Reduction Program, are both penalties applied or is it just the largest one?

Bethany Bunch: Thanks. The payment adjustments would apply for 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.

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- Donna Bullock:** Thank you, Bethany. Our next set of questions is for Aaron and the Hospital-Acquired Condition Reduction Program. Can I calculate the 75th percentile of Total HAC Scores from publicly reported data on *Hospital Compare*?
- Aaron Swaney:** No, 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.
- Donna Bullock:** In fiscal year 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?
- Aaron Swaney:** Thank you for the question. 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.
- Donna Bullock:** Thank you. When can my hospital review our Hospital-Acquired Condition Reduction Program results?
- Aaron Swaney:** Each year, during the Scoring Calculations Review and Corrections period, CMS provides hospitals 30 days to review their HAC Reduction

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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 a secure portal within the *QualityNet* website. 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.

Donna Bullock: Can my hospital's claims data and National Healthcare Safety Network, or NHSN, submission be revised during the Scoring Calculations Review and Corrections Period?

Aaron Swaney: Thank you for the question. In short, the answer is 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 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. Medicare Administrative Contractors, or MACs, must have processed all corrections to underlying Medicare fee for service claims by the snapshot date. Corrections to claims data after this date are not reflected in Hospital-Specific Reports or program results.

Likewise, 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. Each year, Quarter 1, January through March, data are due on August 15. Quarter 2, that's April through June, data are due on November 15. Quarter 3, July through September data, are due on February 15 of the following year, and Quarter

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4, that's October through 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.

Donna Bullock: Thank you, Aaron. Our next set of questions are for Kristin and the Hospital Readmissions Reduction Program. Why are my Hospital Readmissions Reduction Program readmission measure results different from the results on the main *Hospital Compare* pages?

Kristen Mauer: HRRP and the main *Hospital Compare* pages use the same readmission measure methodology and hospital performance period in a given reporting cycle; however, each includes a different set of hospitals. HRRP measure results 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 critical access hospitals and hospitals in U.S. territories. Most hospitals will have similar results for HRRP and in the main *Hospital Compare* pages.

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

Kristen Mauer: CMS publishes hospitals' payment adjustment factors in the Fiscal Year 2020 Final Rule Supplemental Data File. This file is posted on the Fiscal Year 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 less than 1 have a payment reduction in fiscal year 2020. Hospitals with a payment adjustment factor equal to 1 do not have a payment reduction in fiscal year 2020.

Donna Bullock: Our last question for today: Do the Hospital Readmissions Reduction Program readmission measures count planned readmissions in the calculation of excess readmission ratios?

Kristen Mauer: No, planned readmissions do not count as readmissions in the CMS 30-day readmission measures because they are not an indicator of the

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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 HRRP measure methodology resources posted on the *QualityNet* website.

Donna Bullock: Thank you. That’s all the time we have for questions today. If you have an urgent question that was not answered today, please submit your question through the question-and-answer tool on *QualityNet*. As a reminder, a recording of today’s webinar will be available shortly on the QualityReportingCenter.com website for on-demand viewing or if you would like to share today’s presentation with a colleague. All of our webinars produced, including detailed webinars on calculating the Hospital-Acquired Condition Reduction Program, Hospital Readmissions Reduction Program, and Hospital Value-Based Purchasing Program scores and results are available in the archived webinar section on the QualityReportingCenter.com website. If you would like to hear more about the upcoming years of these programs, CMS presented on a webinar focusing on the Fiscal Year 2020 IPPS Final Rule for these three programs and the Hospital IQR Program including the eCQM submission requirements. Be on the lookout for our future webinar announcements by signing up for the Listserve notification groups on *QualityNet*.

This webinar has been approved for one continuing education credit. If you would like to complete the survey after today’s event, please stay on until the conclusion of today’s event and do not close out the webinar. After this slide, we will display a link to the survey that you will need to complete to receive the continuing education credit. The survey will no longer automatically be available, if you leave the event early. If you do leave prior to the conclusion and don’t see the survey available, a link to the survey will be available in the summary email sent out one to two business days after the event.

Thank you for joining us today. That concludes our presentation.