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# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

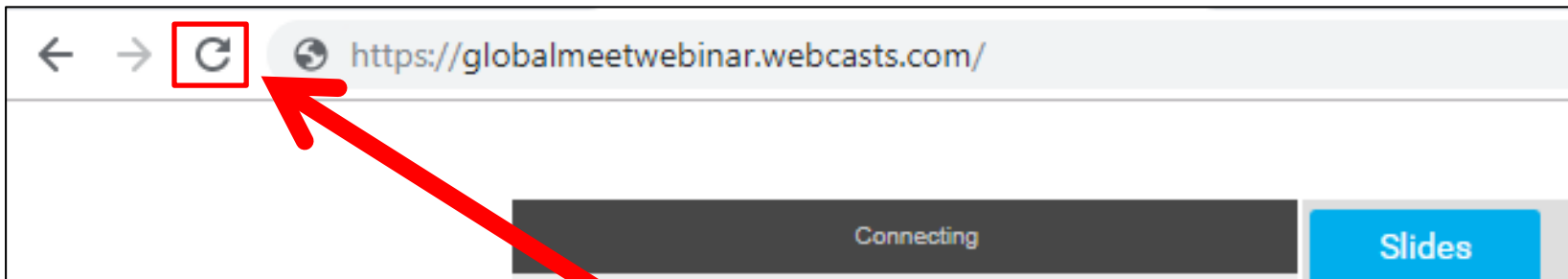
Click Refresh

– or –

Press F5



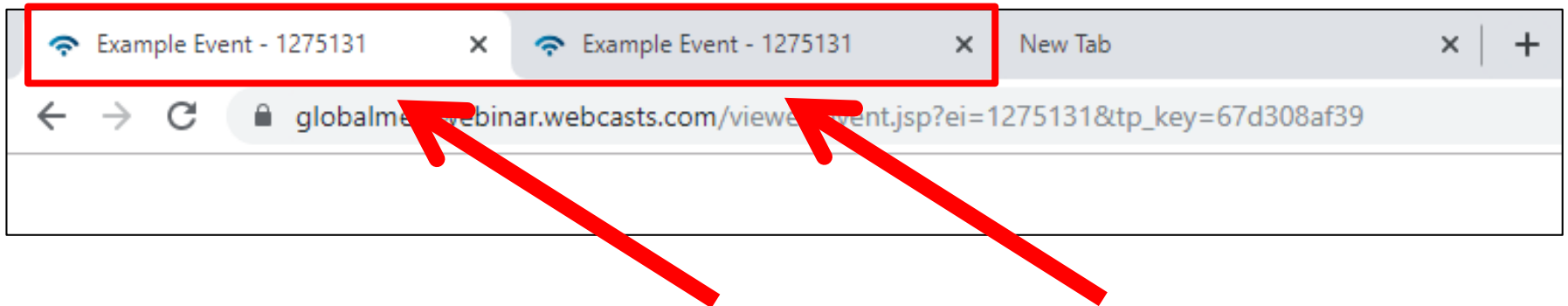
F5 Key  
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Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
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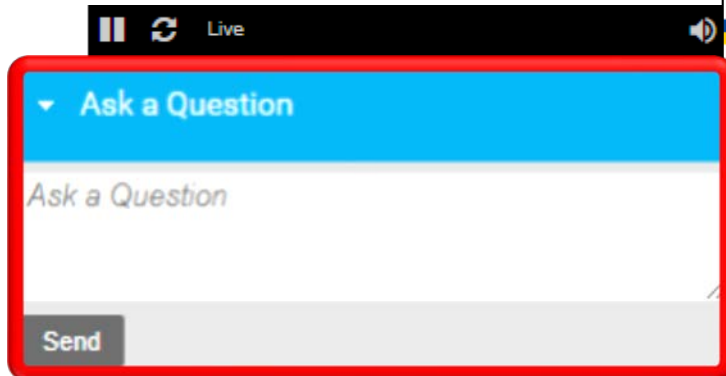
Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



**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 2021 Provider Data Catalog Refresh**

**Hosted by:  
Inpatient VIQR Outreach and Education Support Contractor**

**February 18, 2021**

# Speakers

## **Bethany Bunch, MSHA**

*Program Lead, Hospital Value-Based Purchasing (VBP) Program*  
Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor

## **Madeline Pearse, MPH**

*Program Manager, Hospital-Acquired Condition (HAC) Reduction Program*  
Division of Value, Incentives, and Quality Reporting Program Support (DPS) Contractor

## **Kristanna Peris, MPH**

*Lead Analyst, Hospital Readmissions Reduction Program (HRRP)*  
DPS Contractor

# Purpose

This event will provide an overview of publicly reported data for CMS inpatient hospital value-based purchasing 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 value-based purchasing programs in the Provider Data Catalog.
- Recall the changes to the inpatient hospital pay-for-performance programs from FY 2020 to FY 2021.
- Obtain comma-separated value (CSV) files of the publicly reported data.



# Webinar Chat Questions

Please submit any questions that are pertinent to the webinar topic via the Chat tool. As time permits, we will answer these questions at the end of the webinar. Pertinent questions not answered will be addressed in a questions-and-answers document, to be published at a later date.

**Note:** As a reminder, we do not use the raised-hand feature in the Chat tool during webinars.

If you have an additional question after this event, submit your question through the [QualityNet](#) Inpatient Questions and Answers tool, at [QualityNet Q&A Tool](#). Include the webinar name, slide number, and speaker name.

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 [QualityNet Q&A Tool](#). If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.

# Acronyms

AMI	acute myocardial infarction	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
API	Application Programming Interface	MS-DRG	Medicare Severity Diagnosis-Related Group
CABG	Coronary Artery Bypass Graft	MSPB	Medicare Spending per Beneficiary
CAUTI	catheter-associated urinary tract infection	NHSN	National Healthcare Safety Network
CNN	CMS Certification Number	NQF	National Quality Forum
CDI	<i>Clostridium difficile</i> infection	PAF	Payment Adjustment Factor
CLABSI	central line-associated bloodstream infection	PC	perinatal care
CMS	Centers for Medicare & Medicaid Services	PDC	Provider Data Catalog
COMP	complication	PN	pneumonia
COPD	chronic obstructive pulmonary disease	POA	Present On Admission
CSV	Comma Separated Value	PPS	prospective payment system
DPS	Division of Value, Incentives, and Quality Reporting Program Support	PSI	Patient Safety Indicator
ERR	Excess Readmission Ratio	Q&A	question and answer
HAC	Hospital-Acquired Condition	RSCR	Risk-Standardized Complication Rate
HAI	healthcare-associated infection	RSMR	Risk-Standardized Mortality Rate
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	SSI	surgical site infection
HF	heart failure	THA/TKA	Total Hip/Knee Arthroscopy
HRRP	Hospital Readmissions Reduction Program	TPS	Total Payment Score
IPPS	Inpatient Prospective Payment System	V	version
LTCH	Long-Term Care Hospital	VBP	value-based purchasing
MORT	mortality	VIQR	Value, Incentives, and Quality Reporting

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

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## **Provider Data Catalog and Data File Downloads**

# Introduction to the Provider Data Catalog

- As part of the eMedicare initiative, two tools were launched in early September 2020 to replace the eight existing quality compare tools:
  - **Care Compare on Medicare.gov**  
Presents a single user-friendly interface with quality, price, volume, and other data that help patients make informed decisions about their health care.
  - **Provider Data Catalog (PDC) on CMS.gov**  
Makes all current quality, price, and volume data accessible to industry stakeholders and replaces data.Medicare.gov.
- The eight original compare tools – like Hospital Compare, Nursing Home Compare, and Physician Compare – were retired on December 1, 2020.

# About the Provider Data Catalog

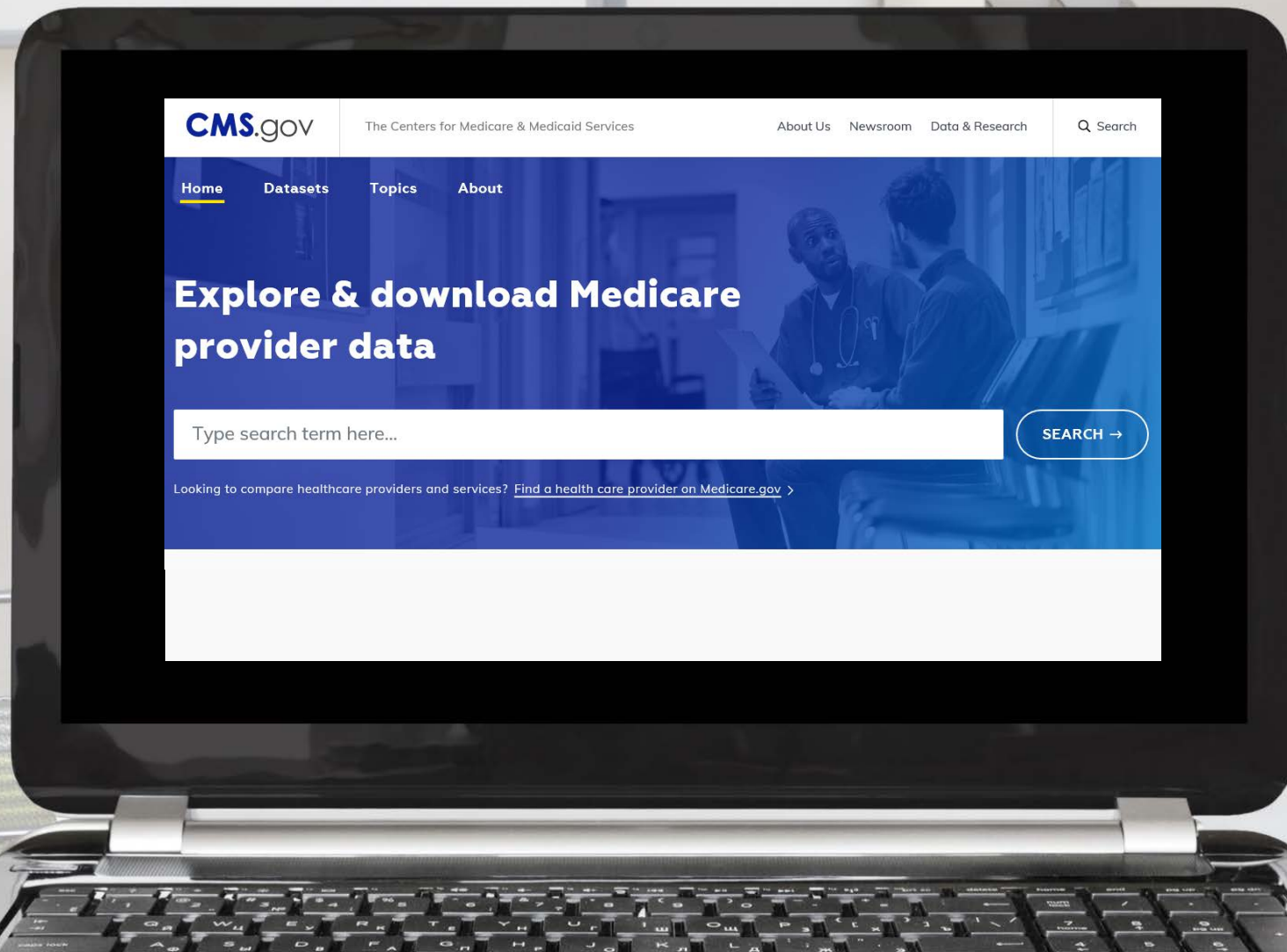
- The Provider Data Catalog gives you direct access to the CMS official data that are used on the Medicare.gov Compare websites and directories.
- You can:
  - View the data in your browser.
  - Download the data in a variety of formats.
  - Access the data through an Application Programming Interface, or API. An API lets developers connect other applications to the data in real time using the same data CMS uses to power the Medicare.gov website.

# Navigating to the *Provider Data Catalog*

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The Provider Data Catalog is available at this link:  
<https://data.cms.gov/provider-data/>

# Provider Data Catalog Home and Search



# Provider Data Catalog Topics

Explore, download, & investigate provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals



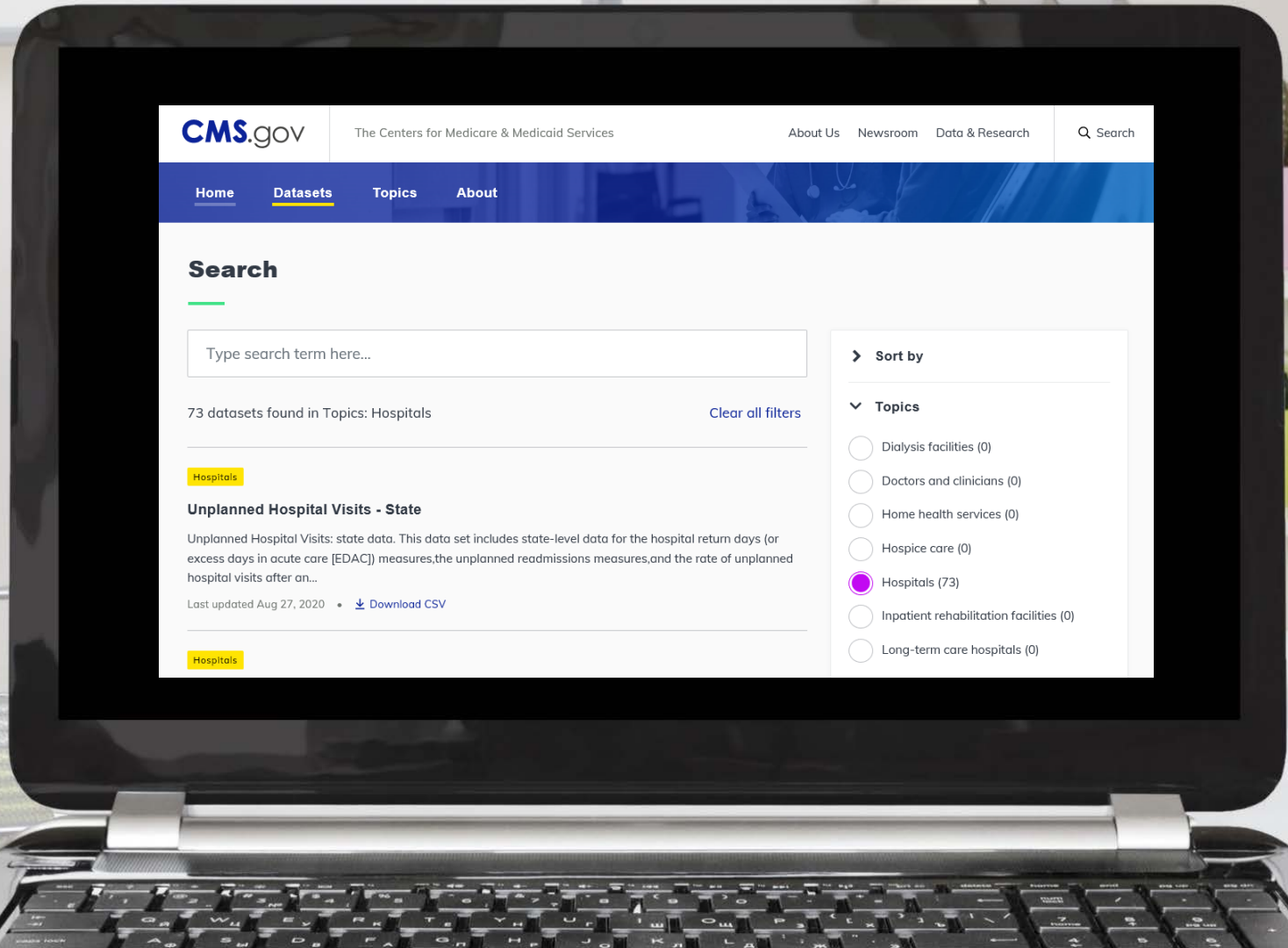
Nursing homes including rehab



Physician office visit costs



# Viewing and Selecting Datasets



# Downloading a Dataset

**Unplanned Hospital Visits - State**

Unplanned Hospital Visits: state data. This data set includes state-level data for the hospital return days (or excess days in acute care [EDAC]) measures, the unplanned readmissions measures, and the rate of unplanned hospital visits after an outpatient colonoscopy.

Last updated Aug 27, 2020

**Dataset explorer**

1 - 20 of 784 rows

State	Measure ID	Measure Na...	Number of H...	Number of H...	Number of H...	Number of H...
AK	EDAC_30_AMI	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Not Applicable
AK	EDAC_30_HF	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Not Applicable
AK	EDAC_30_PN	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Not Applicable
AK	OP_32	Rate of unplann...	0	8	0	7
AK	OP_35_ADM	Rate of inpatien...	0	7	0	8
AK	OP_35_ED	Rate of emergen...	0	7	0	8
AK	OP_36	Ratio of unplann...	2	4	0	3

**Hospitals**  
[View topic details >](#)

**Downloads**

**DATASET**

- [Download this dataset](#)  
CSV

**DATA DICTIONARIES**

- [HospitalCompare-DataDict...](#)  
PDF

**Tags**

- Hospital Compare
- Unplanned Hospital Visits
- Readmissions
- Hospital Returns EDAC
- Excess Days in Acute Care
- Unplanned State

# Filtering a Dataset

**Unplanned Hospital Visits - State**

Unplanned Hospital Visits: state data. This data set includes state-level data for the hospital return days (or excess days in acute care [EDAC]) measures, the unplanned readmissions measures, and the rate of unplanned hospital visits after an outpatient colonoscopy.

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1 - 20 of 784 rows

State	Measure ID	Measure Na...	Number of H...	Number of H...	Number of H...	Nu
AK	EDAC_30_AMI	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Nc
AK	EDAC_30_HF	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Nc
AK	EDAC_30_PN	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Nc
AK	OP_32	Rate of unplann...	0	8	0	7
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**Hospitals**  
[View topic details >](#)

**Downloads**

DATASET

[Download this dataset](#)  
CSV

DATA DICTIONARIES

[HospitalCompare-DataDict...](#)  
PDF

**Tags**

Hospital Compare

Unplanned Hospital Visits

Readmissions

Hospital Returns EDAC

Excess Days in Acute Care

Unplanned State

# Filtering a Dataset

## Unplanned Hospital Visits - State

Unplanned Hospital Visits: state data. This data set includes state-level data for the hospital return days (or excess days in acute care [EDAC]) measures, the unplanned readmissions measures, and the rate of unplanned hospital visits after an outpatient colonoscopy.

Last updated Aug 27, 2020

### Dataset explorer

1 - 14 of 14 rows

State	Measure ID	Measure Na...	Number of H...	Number of H...	Number of H...	Number of H...
MO	EDAC_30_AMI	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Not Applicable
MO	EDAC_30_HF	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Not Applicable
MO	EDAC_30_PN	Hospital return...	Not Applicable	Not Applicable	Not Applicable	Not Applicable
MO	OP_32	Rate of unplann...	1	96	0	3
MO	OP_35_ADM	Rate of inpatien...	3	42	0	41
MO	OP_35_ED	Rate of emergen...	1	43	1	41
MO	OP_36	Ratio of unplann...	0	66	5	23

### Hospitals

[View topic details >](#)

### Downloads

#### DATASET

[Download this dataset](#)  
CSV

#### DATA DICTIONARIES

[HospitalCompare-DataDict...](#)  
PDF

### Tags

Hospital Compare  
Unplanned Hospital Visits  
Readmissions  
Hospital Returns EDAC  
Excess Days in Acute Care  
Unplanned State

# About a Dataset

**Additional information**

Field	Value
Last Modified	2020-08-27
Publisher	Centers for Medicare & Medicaid Services (CMS)
Identifier	4gkm-5ypv
Issued	2020-08-27
Contact	Hospital Compare
Contact URL	<a href="https://cmsqualitysupport.servicenowservices.com/qnet_qa">https://cmsqualitysupport.servicenowservices.com/qnet_qa</a>
Public Access Level	public
Homepage URL	<a href="https://data.cms.gov/provider-data/dataset/4gkm-5ypv">https://data.cms.gov/provider-data/dataset/4gkm-5ypv</a>

**Try the API** [View API Specification >](#)

**Dataset**

`/provider-data/api/1/metastore/schemas/dataset/items/4gkm-5ypv` [Try it out](#)

**SQL Query**

`/provider-data/api/1/datastore/sql?query=[SELECT * FROM 21c39bb6-239c-5215-8337-b30a4ccc3700]` [Try it out](#)

**Medical Conditions:** COPD, Chronic Obstructive Pulmonary Disease, CABG, Coronary Artery Bypass Graft, THA, TKA, Total Knee Arthroplasty, Total Hip Arthroplasty, Colonoscopy, Chemotherapy, OP-32, OP-35, OP-36

# Frequently Asked Questions

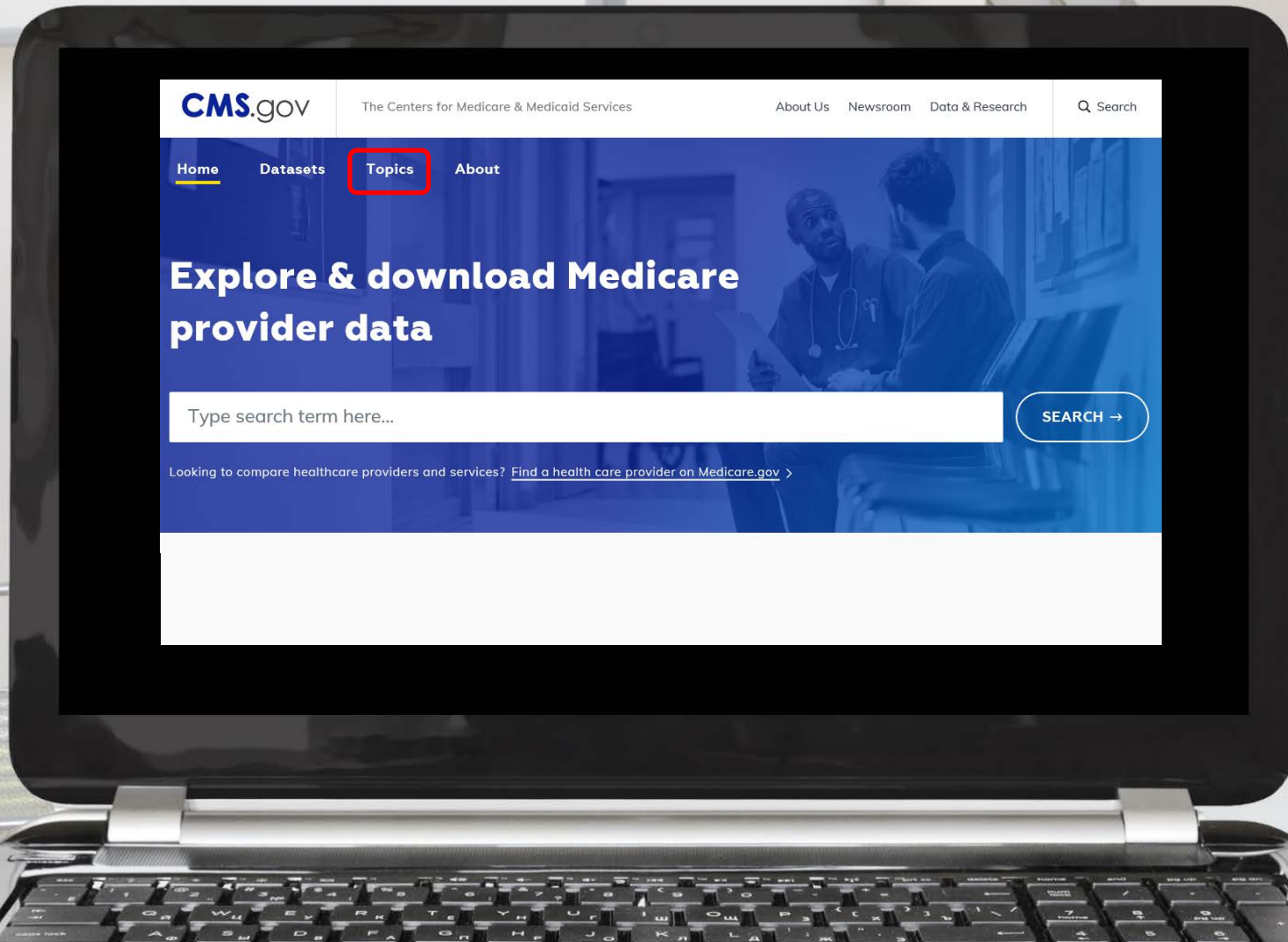
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1. How do I download the entire hospital database instead of individual files?
2. How do I find previous releases (archived) hospital files?

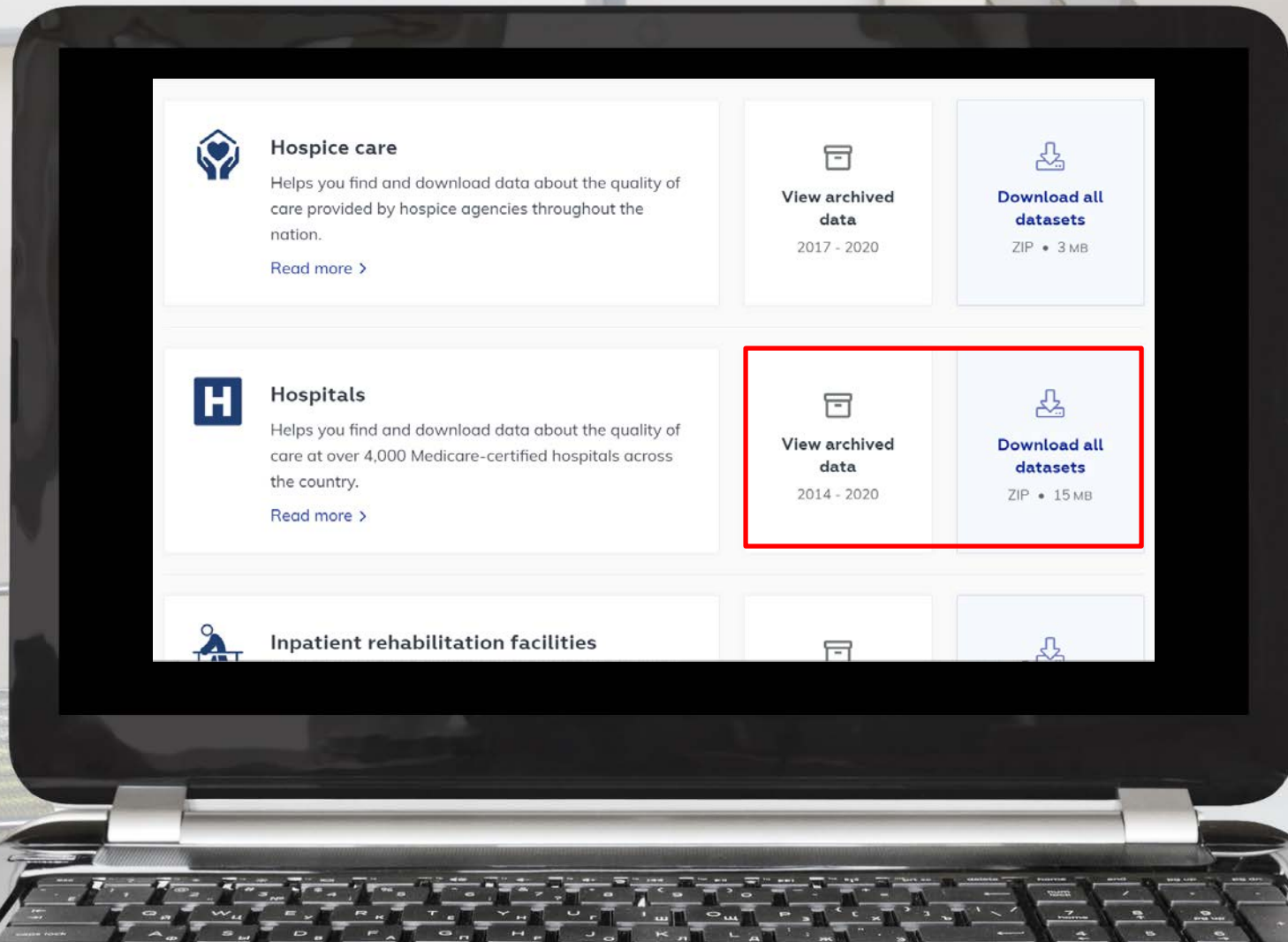


# Provider Data Catalog

## Select Topics

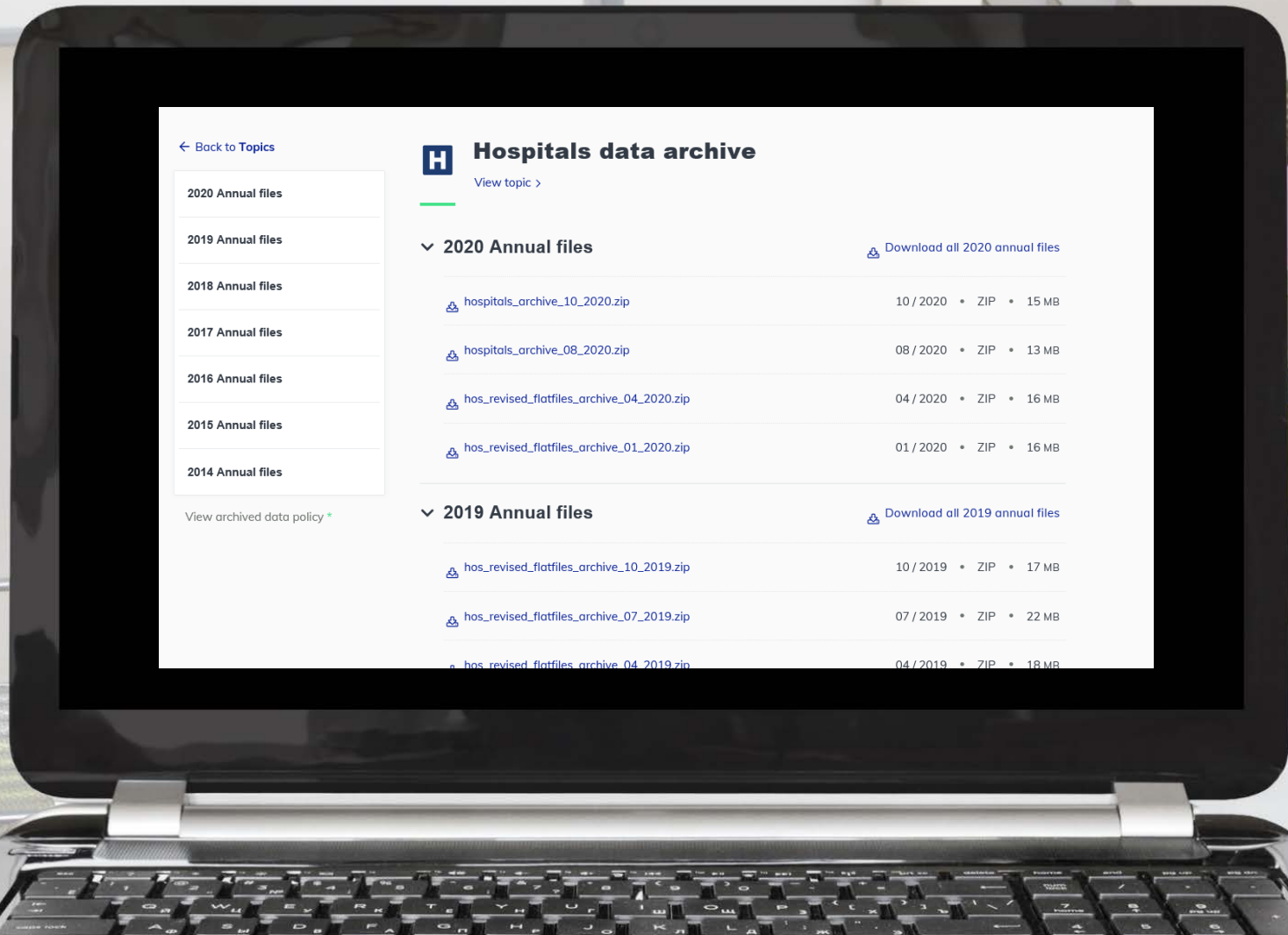


# View Archived Data and Download All Datasets





# Hospital Data Archive



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

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## **Hospital VBP Program**

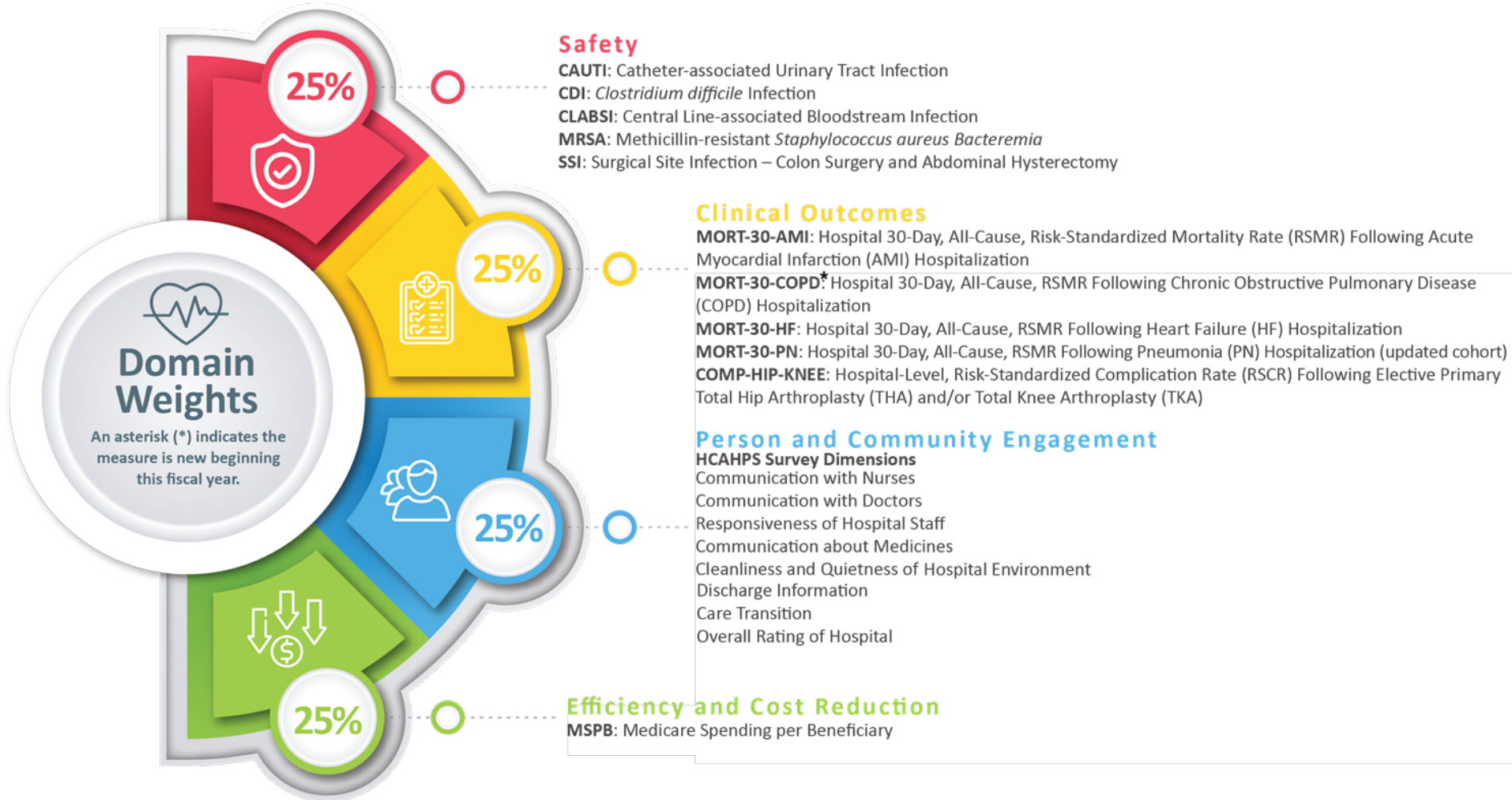
# Program Overview

- The Hospital VBP Program is a value-based purchasing program established under Section 1886(o) of the Social Security Act.
- Hospital value-based incentive payments are based on hospitals' Total Performance Scores (TPS).
  - TPS is determined by calculating a hospital's achievement and improvement points for each measure within each domain and summing weighted domain scores.
  - In FY 2021, more hospitals will have an increase in their Medicare payments than will have a decrease. In total, more than 1,450 hospitals (approximately 55 percent) will receive higher Medicare payments.
- CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

# Program Changes for FY 2021

- **MORT-30-COPD added to Clinical Outcomes Domain:**
  - MORT-30-COPD measure is included in the Hospital VBP Program for the first time in FY 2021.
- **MORT-30-PN updated with Expanded Cohort of:**
  - Patients with a principal discharge diagnosis of pneumonia (*the previously utilized cohort*).
  - Patients with a principal discharge diagnosis of aspiration pneumonia.
  - Patients with a principal discharge diagnosis of sepsis (not including severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA.
- **PC-01 removed from Safety Domain:**
  - The PC-01 measure is removed from the Safety Domain beginning FY 2021.

# FY 2021 Domains and Measures



# FY 2021 Measurement Periods

Domain and Measures	Baseline Period	Performance Period
Clinical Outcomes		
• Mortality Measures (AMI, COPD, HF)	July 1, 2011–June 30, 2014	July 1, 2016–June 30, 2019
• Mortality Measures (PN)	July 1, 2012–June 30, 2015	Sep. 1, 2017–June 30, 2019
• Complication Measure	April 1, 2011–March 31, 2014	April 1, 2016–March 31, 2019
Person and Community Engagement (HCAHPS Survey)	Jan. 1, 2017–Dec. 31, 2017	Jan. 1, 2019–Dec. 31, 2019*
Safety (HAI Measures)	Jan. 1, 2017–Dec. 31, 2017	Jan. 1, 2019–Dec. 31, 2019*
Efficiency and Cost Reduction (MSPB Measure)	Jan. 1, 2017–Dec. 31, 2017	Jan. 1, 2019–Dec. 31, 2019

\*CMS excepted all hospitals from HAI and HCAHPS reporting requirements for Q4 2019 due to the COVID-19 public health emergency. All HAI data submitted to the National Healthcare Safety Network (NHSN) by the May 18, 2020 deadline and all HCAHPS data submitted to the Hospital Quality Reporting system by the April 1, 2020 deadline were used in program calculations.

# Publicly Reported Data

- In November 2020, CMS posted the FY 2021 payment adjustment factors to the CMS.gov website.
- In January 2021, CMS updated the data on the Provider Data Catalog website to include the following:
  - FY 2021 Hospital VBP Program data and scoring information
    - Measure/Dimension Scores
    - Domain Scores
    - Total Performance Scores
  - FY 2019 Hospital VBP Program aggregate payment adjustments

# FY 2021 Payment Adjustment Factor 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 2021. These actual factors are based on the finalized baseline and performance period for FY 2021 and are being used to adjust base operating Medicare Severity Diagnosis-Related Groups (MS-DRGs) payments to eligible hospitals for discharges occurring in FY 2021.

**Table 16B link:**

<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-pps-final-rule-home-page>

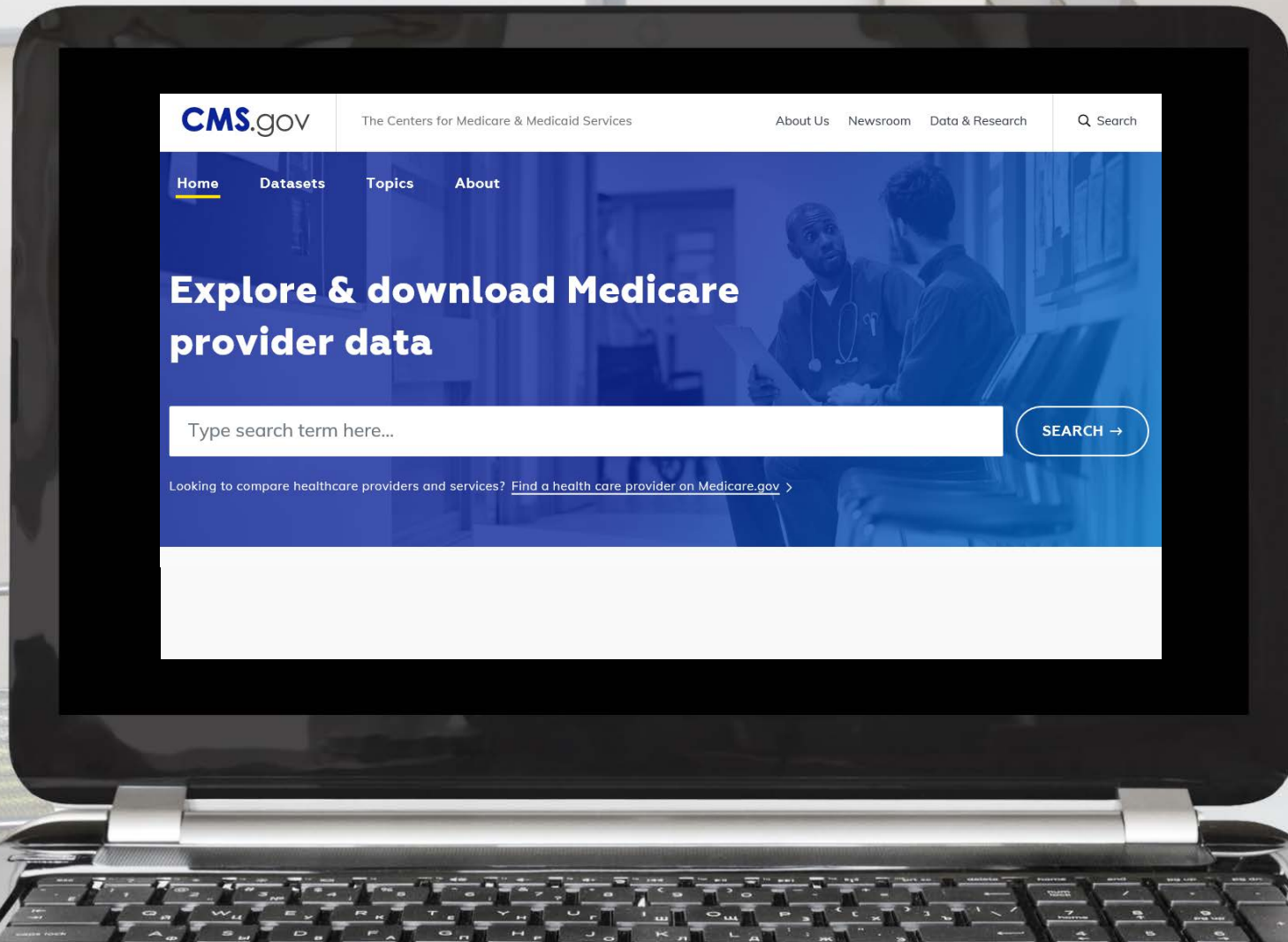
**Fact Sheet link:**

[https://qualitynet.cms.gov/files/5fbc260032efea0025a22f0d?filename=HVBP\\_FY2021\\_FactSheet.pdf](https://qualitynet.cms.gov/files/5fbc260032efea0025a22f0d?filename=HVBP_FY2021_FactSheet.pdf)



# Provider Data Catalog

## Home and Search



# Provider Data Catalog Topics

Explore, download, & investigate provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals

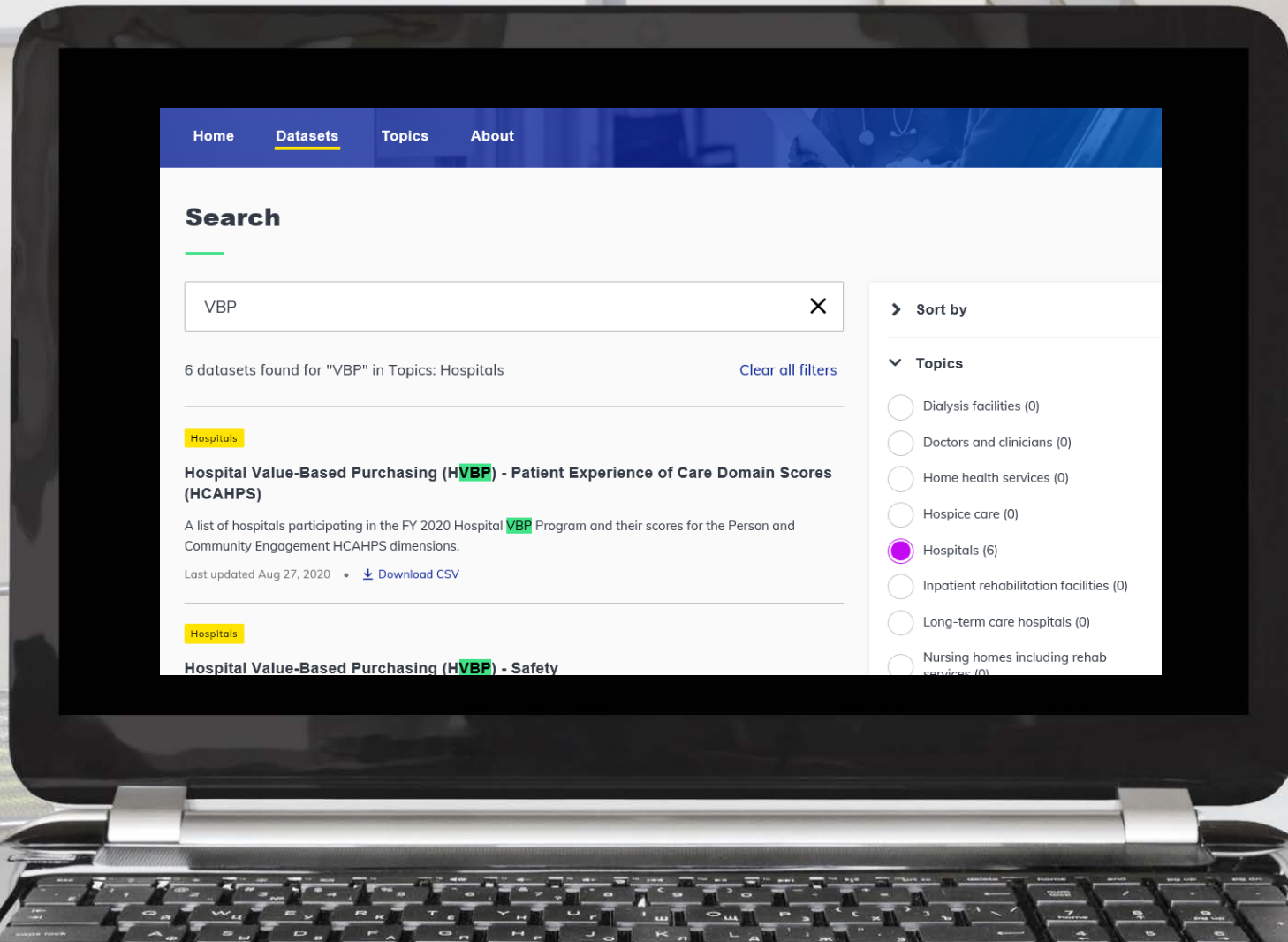


Nursing homes including rehab



Physician office visit costs

# Keyword Search: VBP



# Provider Data Catalog

## Hospital VBP Program Datasets

Hospital-level datasets that are available in the Provider Data Catalog for the Hospital VBP Program:

- Hospital Value-Based Purchasing (HVBP) – Clinical Outcomes Domain Scores
- Hospital Value-Based Purchasing (HVBP) – Person and Community Engagement Domain Scores (HCAHPS)
- Hospital Value-Based Purchasing (HVBP) – Safety
- Hospital Value-Based Purchasing (HVBP) – Efficiency Scores
- Hospital Value-Based Purchasing (HVBP) – Total Performance Score

# FY 2019 Aggregate Payment Adjustments

FY 2019 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

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

# FY 2019 Aggregate Payment Adjustment Tables

Aggregate Payment Adjustment datasets available in the Provider Data Catalog for the Hospital VBP Program:

- Table 1: FY2019 Net Change in Base Operating DRG Payment Amount
- Table 2: FY2019 Distribution of Net Change in Base Operating DRG Payment Amount
- Table 3: FY2019 Percent Change in Medicare Payments
- Table 4: FY2019 Value-Based Incentive Payment Amount

# Hospital VBP Program Resources

## Provider Data Catalog

- Website: <https://data.cms.gov/provider-data/topics/hospitals>
- Inquiries: Quality Q&A Tool [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)
  - Navigate to the “Ask a Question” tab and select “Hospital Compare – Hospital Compare Site support” under the Program list

## Hospital VBP Program Methodology and General Information

- Medicare.gov website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Hospital-Value-Based-Purchasing->
- *QualityNet* website: <https://qualitynet.cms.gov/inpatient/hvbp>

## Hospital VBP Program General Inquiries

- Quality Q&A Tool: [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)
  - Navigate to the “Ask a Question” tab and select “HVBP – Hospital Value Based Purchasing” under the Program list
- Phone, toll free: (844) 472-4477 or (866) 800-8765, weekdays from 8 a.m. to 8 p.m. ET.
- Chat (Talk to Us):  
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/>

Madeline Pearse, MPH  
Program Manager, HAC Reduction Program  
DPS Contractor

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## **HAC Reduction Program**



# Program Overview

- The HAC Reduction Program is a value-based purchasing program established under Section 1886(p) of the Social Security Act.
- Hospitals with a Total HAC Score in the worst-performing quartile of all subsection (d) hospitals receive a 1 percent reduction to Medicare payments.
- CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

# Program Changes for FY 2021

- There are no changes to the scoring methodology or the measure methodology for the FY 2021 HAC Reduction Program.
- Standard annual updates from the FY 2020 program year:
  - Used most recent version of CMS PSI software (v10.0) to calculate CMS PSI 90 results.
  - Advanced performance periods for the measures in the program by one year.

# FY 2021 Measures and Performance Period

Measure	Data Source	FY 2021 Performance Period
CMS Patient Safety and Adverse Events Composite (PSI 90)	Claims	July 1, 2017 - June 30, 2019
Central Line-Associated Bloodstream Infection (CLABSI)	Chart-abstracted	January 1, 2018 - December 31, 2019*
Catheter-Associated Urinary Tract Infection (CAUTI)	Chart-abstracted	January 1, 2018 - December 31, 2019*
Surgical Site Infection (SSI)	Chart-abstracted	January 1, 2018 - December 31, 2019*
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia	Chart-abstracted	January 1, 2018 - December 31, 2019*
<i>Clostridium difficile</i> infection (CDI)	Chart-abstracted	January 1, 2018 - December 31, 2019*

\*CMS excepted all hospitals from HAI reporting requirements for Q4 2019 due to the COVID-19 public health emergency. All HAI data submitted to the National Healthcare Safety Network (NHSN) by the May 18, 2020, deadline were used in program calculations.

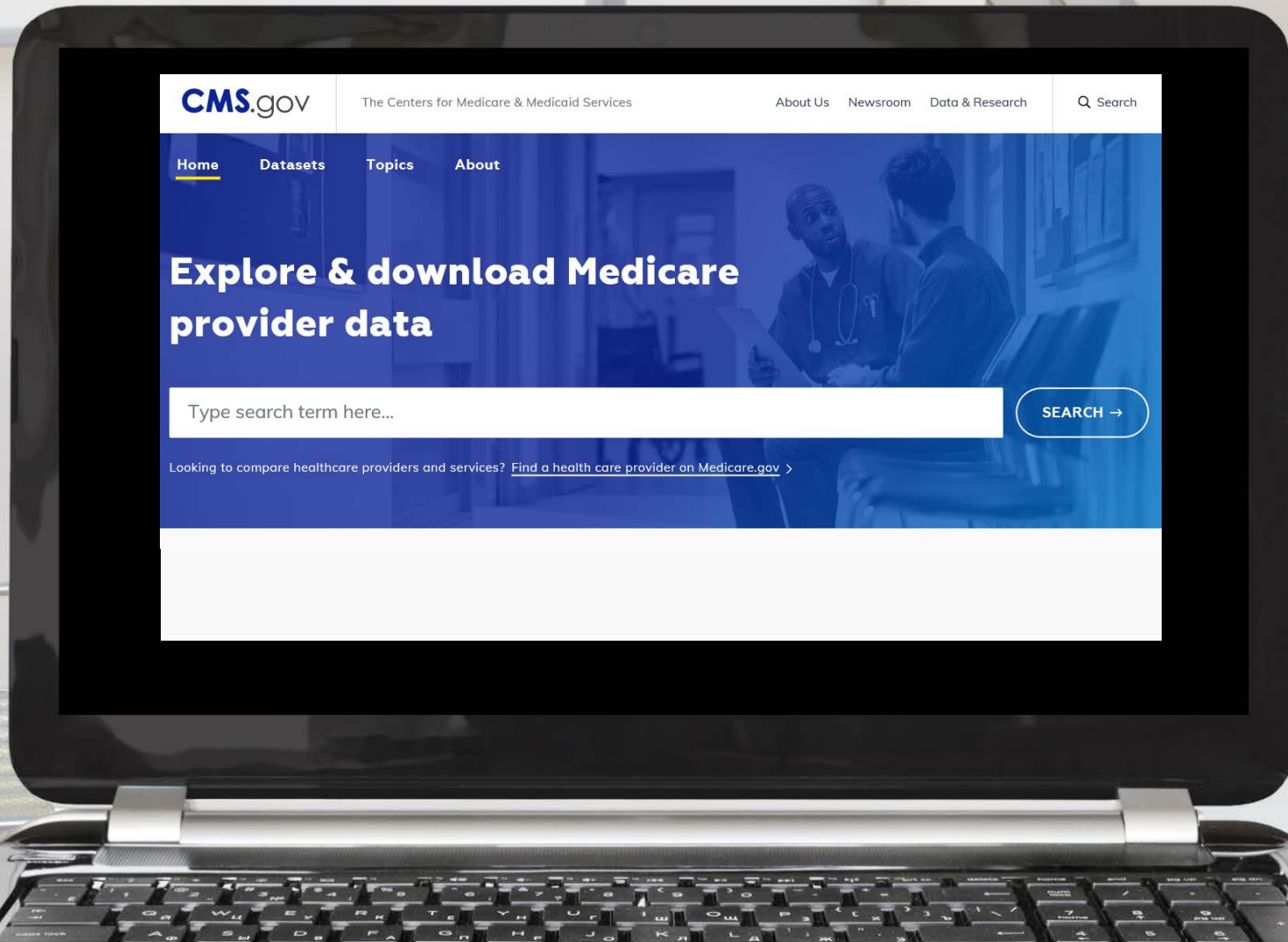
# Provider Data Catalog

## January 2021 Release

In January 2021, CMS updated the data on the Provider Data Catalog website to include the following FY 2021 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

# Provider Data Catalog Home and Search



# Provider Data Catalog Topics

Explore, download, & investigate provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals

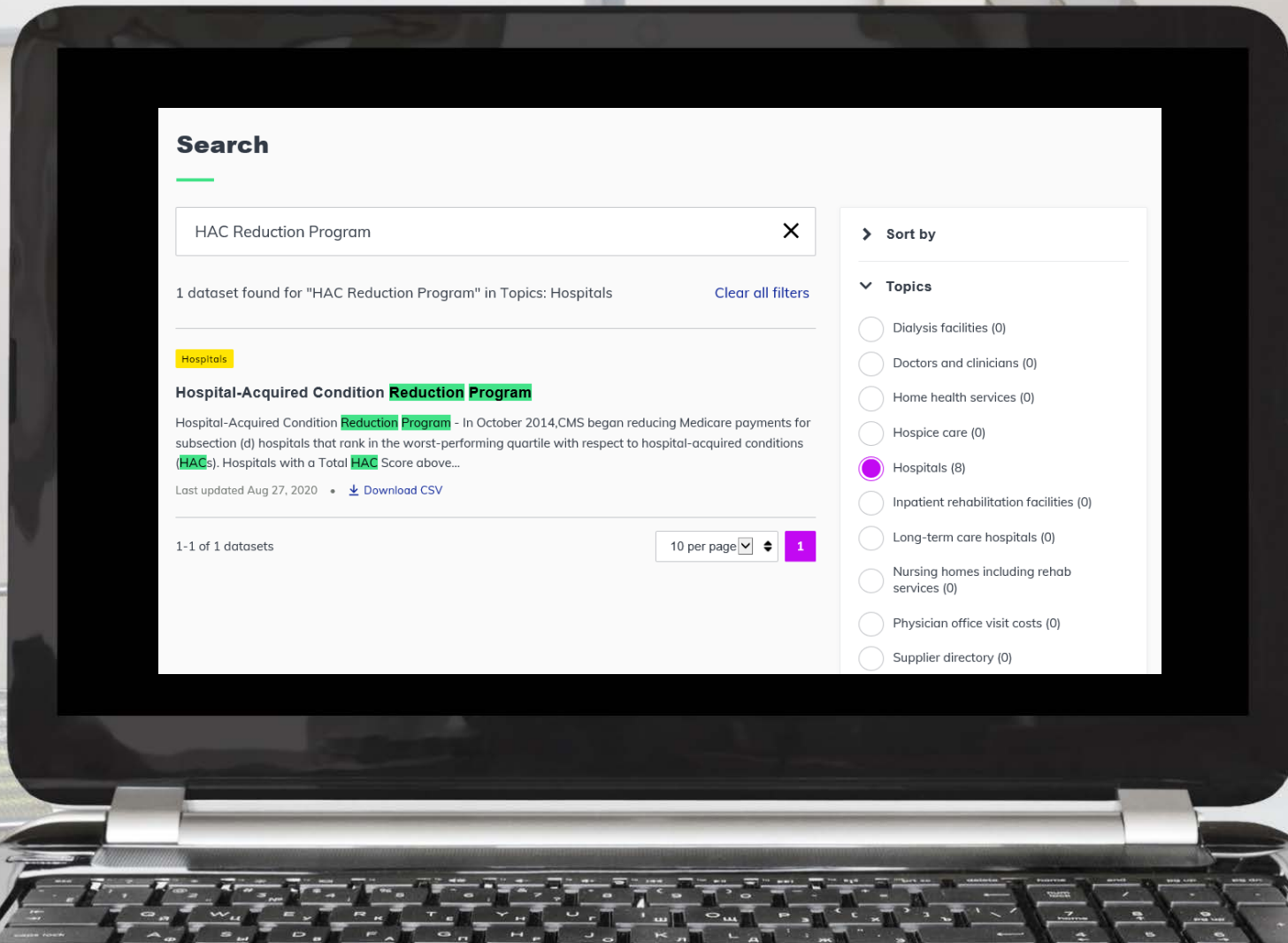


Nursing homes including rehab



Physician office visit costs

# Keyword Search: HAC Reduction Program



# HAC Reduction Program Resources

## Provider Data Catalog

- Website: <https://data.cms.gov/provider-data/topics/hospitals>
- Inquiries: Quality Q&A Tool  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)
  - Navigate to the “Ask a Question” tab and select “Hospital Compare – Hospital Compare Site support” under the Program list

## 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

- Quality Q&A Tool  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)
  - Navigate to the “Ask a Question” tab and select “HACRP – Hospital-Acquired Condition Reduction Program” under the Program list



Kristanna Peris, MPH  
Lead Analyst, HRRP  
DPS Contractor

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## **Hospital Readmissions Reduction Program**

# Overview

- The Hospital Readmissions Reduction Program (HRRP) is a Medicare value-based purchasing program established under Section 1886(q) of the Social Security Act.
- 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 Medicaid benefits.
- CMS provided hospitals 30 days to review and submit corrections prior to publicly reporting results.

# Program Changes for FY 2021

As finalized in the FY 2020 IPPS rule, for FY 2021, [\(84 FR 42614\)](#) CMS updated the definition of dual-eligibility used in the dual proportion calculations as such:

- **Previous definition:** Dual-eligible stays are defined as stays for Medicare beneficiaries with full Medicaid benefits for the month the beneficiary was discharged from the hospital.
- **New definition:** Dual-eligible stays are defined as stays for Medicare beneficiaries with full Medicaid benefits for the month the beneficiary was discharged from the hospital. The exceptions are for those patient beneficiaries who die in the month of discharge who are identified using the previous month's dual eligibility status.

# FY 2021 Measures and Performance Period

Claims-Based Readmission Measures	National Quality Forum (NQF) Measure Number	FY 2021 Performance Period
Acute myocardial infarction (AMI)	NQF #0505	July 1, 2016–June 30, 2019
Chronic obstructive pulmonary disease (COPD)	NQF #1891	July 1, 2016–June 30, 2019
Heart failure (HF)	NQF #0330	July 1, 2016–June 30, 2019
Pneumonia	NQF #0506	July 1, 2016–June 30, 2019
Coronary artery bypass graft surgery (CABG)	NQF #2515	July 1, 2016–June 30, 2019
Elective primary total hip and/or total knee arthroplasty (THA/TKA)	NQF #1551	July 1, 2016–June 30, 2019

# Provider Data Catalog

## 2021 Release

In January 2021, CMS updated the Provider Data Catalog website to include the following information for each of the six HRRP readmission measures:

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

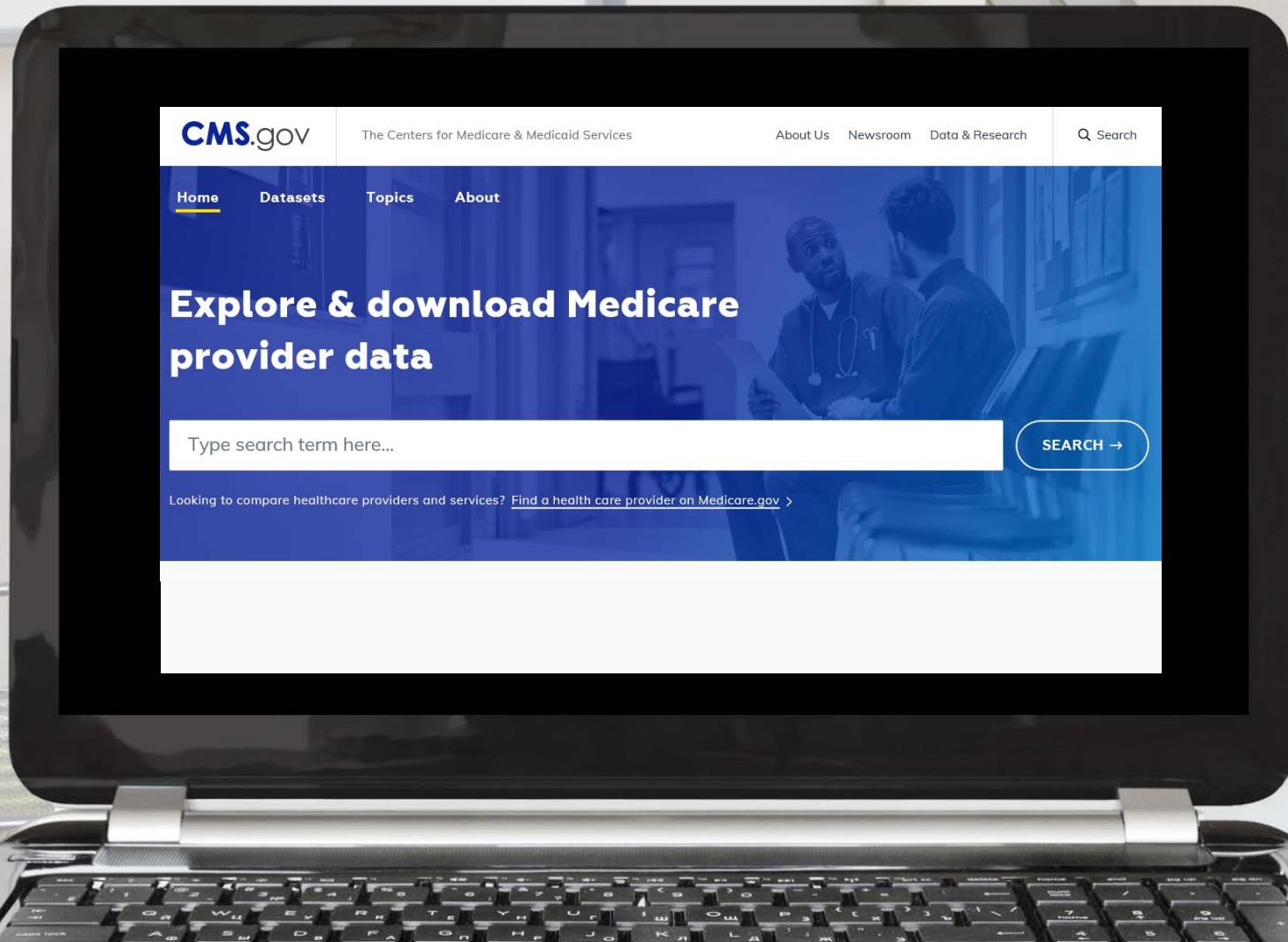
# Supplemental Data File

In addition to the data posted on the Provider Data Catalog, CMS also released payment adjustment factor and component information in the FY 2021 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 (PAF)
- Dual proportion
- Peer group assignment
- Neutrality modifier
- 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 on the FY 2021 IPPS/LTCH PPS Final Rule home page:  
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-final-rule-home-page#Data>

# Provider Data Catalog Home and Search



# Provider Data Catalog Topics

Explore, download, & investigate provider data on:



Dialysis facilities



Doctors and clinicians



Home health services



Hospice care



Hospitals



Inpatient rehabilitation facilities



Long-term care hospitals



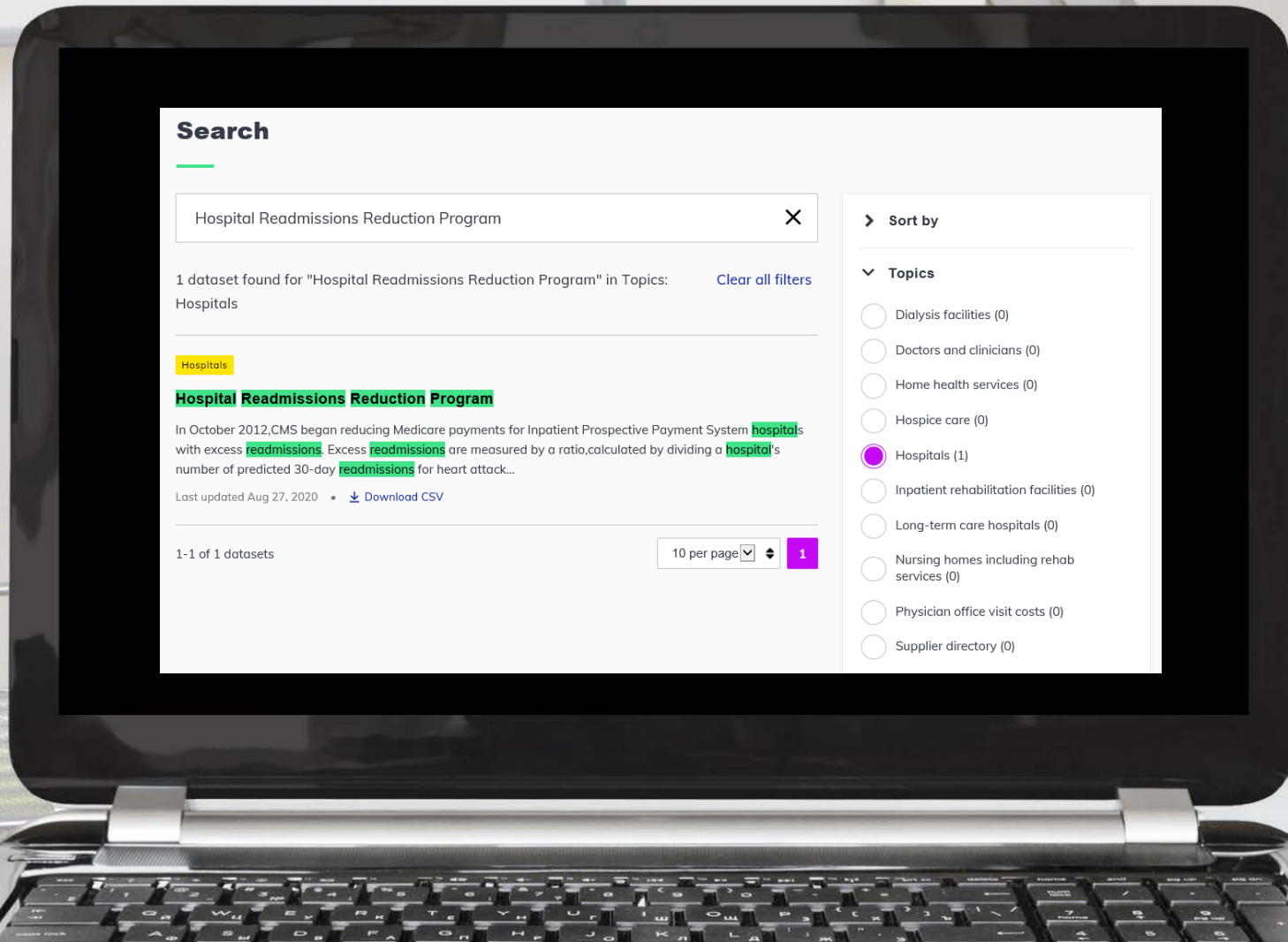
Nursing homes including rehab



Physician office visit costs



# Keyword Search: Hospital Readmissions Reduction Program



# HRRP Resources

## Provider Data Catalog

- Website: <https://data.cms.gov/provider-data/>
- Inquiries: Quality Q&A Tool  
[https://cmsqualitysupport.servicenow.com/qnet\\_qa](https://cmsqualitysupport.servicenow.com/qnet_qa)
  - Navigate to the “Ask a Question” tab and select “Hospital Compare – Hospital Compare Site support” under the Program list

## HRRP General Program and Payment Adjustment Information

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

## HRRP General Inquiries

- [Quality Q&A Tool](#): Navigate to the “Ask a Question” tab and select “HRRP – Hospital Readmissions Reduction Program” under the Program list

## HRRP Measure Methodology Inquiries

- [Quality Q&A Tool](#): Navigate to the “Ask a Question” tab, select “Inpatient Claims-Based Measures” under the Program list, and select Readmissions as the Topic

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# Questions

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