



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

Overview of the FY 2022 HAC Reduction Program and HRRP

Questions and Answers

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August 19, 2021

2:00 p.m. Eastern Time (ET)

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Subject-matter experts researched and answered the following questions after the live webinar. The questions and answers may have been edited for grammar or clarity.

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Question 1: What will the performance period be for the fiscal year (FY) 2023 Hospital-Acquired Condition (HAC) Reduction Program?

For the FY 2022 HAC Reduction Program, the performance period for the CMS Patient Safety Indicator (PSI) 90 measure is July 1, 2018, through December 31, 2019. For the healthcare-associated infection (HAI) measures, it is January 1, 2019, through December 31, 2019.

For the FY 2023 HAC Reduction Program, the performance period for the CMS PSI 90 measure will be July 1, 2019, through December 31, 2019, and January 1, 2021, through June 30, 2021. For the HAI measures, the performance period will be January 1, 2021, through December 31, 2021.

These performance periods are impacted by the nationwide Extraordinary Circumstances Exception (ECE) granted by CMS on March 27, 2020, and updated in the September 2, 2020, COVID-19 interim final rule and measure suppression policy finalized in the FY 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule published August 13, 2021.

CMS will continue to use any data that hospitals optionally submitted for Quarter (Q)4 2019. However, CMS is excluding all calendar year 2020 data from program calculations for the HAC Reduction Program. As finalized in the September 2, 2020, COVID-19 interim final rule, CMS is automatically excluding all HAI and claims data representing Q1 and Q2 2020. CMS will also automatically exclude all HAI and claims data for Q3 and Q4 2020 as part of COVID-19 measure suppression policy finalized in the FY 2022 IPPS/LTCH PPS Final Rule. These data exclusions effectively shorten performance periods of future program years.

CMS made no methodological changes to the program because of the COVID-19 Public Health Emergency (PHE).

More information on the HAC Reduction Program performance periods and CMS's response to the COVID-19 PHE, including a graphic depiction of the impact of data exclusions on performance periods, can be found in the Frequently Asked Questions (FAQ) document on the Resources page of the QualityNet website: <https://qualitynet.cms.gov/inpatient/hac/resources>

Question 2: Our HAI data in the HAC report does not match the data pulled for the same reporting period using the National Healthcare Safety Network (NHSN) CMS report. There does not appear to be an issue related to these data in NHSN. Is there a contact on the HAC side that can help me troubleshoot this issue?

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Hospitals have the opportunity to submit, review, and correct the Centers for Disease Control and Prevention (CDC) NHSN HAI chart-abstracted and laboratory-identified data during the four and a half months after the end of the reporting quarter up until the CMS submission deadline. Immediately after the submission deadline, CDC creates a data file for CMS use for quality reporting and pay-for-performance programs. This data file is a snapshot of the data at the time of the submission deadline.

CMS understands that hospitals can update data within the NHSN system after the submission deadline. CMS does not, however, receive or use data entered or revised after the submission deadline. CMS expects hospitals to review and correct their data before the HAI submission deadline.

If you want to submit a request for the Scoring Calculations Review and Correction period or have questions or concerns about your hospital's calculations, please direct them to the Quality Q&A Tool before the final day of the Scoring Calculations Review and Correction period. When you enter the tool, select Ask a Question. Then, select HACRP – Hospital-Acquired Conditions Reduction Program under the program list. Then, choose HACRP Review and Correction Request as the topic. Finally, enter HACRP Scoring Calculations Review and Correction Inquiry on the subject line.

Question 3: Yesterday CMS sent out updated Hospital-Specific Reports (HSRs) for the PSI results released in May. Were the PSI 90 scores impacted? Will that require an update to the PSI 90 scores used in the HAC Reduction Program?

No, the PSI results in the FY 2022 HAC Reduction Program HSRs are not impacted by the updated public reporting PSI HSRs that were delivered on August 18, 2021. The CMS PSI HSRs for the July 2021 public reporting preview period, originally released on May 3, 2021, were redelivered on August 18, 2021, due to missing denominator exclusion codes for PSI 03 in the original HSRs. Only PSI 03 and PSI 90 scores were impacted by this issue. They now have corrected data. The CMS PSI 90 performance periods for the FY 2022 HAC Reduction Program HSRs, released on August 13, 2021, use the same performance period as the July 2021 public reporting HSR. Results for the CMS PSI 90 measure in the FY 2022 HAC Reduction Program are calculated with the updated PSI 03 denominator exclusion codes.

Results may be slightly different from the Public Reporting HSRs because national values in the Public Reporting HSRs include Veteran's Affairs hospitals, whereas HAC Reduction Program results are limited to subsection (d) hospitals.

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A new 30-day preview period for the July 2021 Public Reporting PSI HSRs began on August 18, 2021, when the recalculated HSRs were made available to hospitals. The period will end on September 17, 2021.

Question 4: **Why does the time period only go through December 1, 2019, for the Hospital Readmissions Reduction Program (HRRP)? Isn't It supposed to go through December 31, 2019? It says that it goes through Q4 of 2019.**

The FY 2022 performance period is impacted by the national ECE granted by CMS on March 27, 2020, and updated in the September 2, 2020, COVID-19 Interim Final Rule with Comment Period (CMS-3401-IFC) in response to the COVID-19 PHE. CMS will not use claims reflecting services provided January 1, 2020, through June 30, 2020 (Q 1 and Q2 2020) in its calculations for HRRP ([85 FR 54832](#)). The readmission measures used in HRRP identify readmissions within 30 days of each index stay; therefore, the performance period for HRRP will end 30 days before January 1, 2020, on December 1, 2019, so that no claims from Q1 and Q2 2020 are used in the measure or program calculations.

Question 5: **Can you explain the difference between predicted and expected readmission rates?**

The predicted readmission rate is the predicted 30-day readmission rate for your hospital based on its specific case mix (that is, the hospital-specific effect provided in your hospital's discharge-level data in your HSR). The expected readmission rate is the expected 30-day readmission rate for your hospital based on readmission rates at an average hospital with patient cases similar to your hospital's patient cases (that is, if patients with the same characteristics were treated at an average hospital rather than at your hospital.) For more information, please reference the HRRP FAQ document on QualityNet at <https://qualitynet.cms.gov/inpatient/hrrp/resources>.

Question 6: **In our HRRP HSR, two office visits were counted in a patient's readmission days. Can you explain what is counted as readmission days prior to hospitalization and following discharge?**

In order to answer your question fully, we would need to examine your hospital's data in detail. To facilitate a further review, your hospital should submit an inquiry via the Quality Q&A tool (instructions below).

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In HRRP's readmission measures, only an inpatient admission to an acute care bed in a short-term acute care hospital within 30 days of discharge from an eligible index admission can qualify as a readmission for potential capture in the readmission outcome.

If you want to submit a request for the Review and Correction period or have questions or concerns about your hospital's calculations, please direct them to the Quality Q&A Tool before the final day of the Review and Correction period. When you enter the tool, select Ask a Question. Then, select HRRP from the program list. Then, select HRRP Review & Correction Requests as the topic. Finally, enter HRRP Scoring Calculations Review and Correction Inquiry on the subject line.

Question 7: What is the difference between version (v)10.0 and v11.0 of the PSI software?

CMS PSI v11.0 software includes several updates from CMS v10.0 software. These include updates to the reference population time period, measure specifications, and CMS PSI 90 composite weights (volume component), and models:

Reference population time period: The reference population for CMS PSI v11.0 software consisted of 24 months of Medicare fee for service (FFS) discharge data (July 1, 2017 to June 30, 2019).

Measure specifications: CMS PSI v11.0 software incorporates updated measure technical specifications consistent with Agency for Healthcare Research and Quality (AHRQ) PSI software v2020 and is compatible with FY 2020 International Classification of Diseases-10-Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS) coding. These measure specification updates impact numerators and/or denominators for each CMS PSI. Details on measure specifications changes for each CMS PSI are available at <https://www.qualitynet.org/inpatient/measures/psi/resources>.

CMS PSI 90 composite weights: CMS PSI 90 composite weights include two components: harm and volume. The harm component did not change between CMS PSI v11.0 and CMS PSI v10.0 software, and it is the same as in the AHRQ v2020 software. For CMS PSI v11.0 software, updates to the volume component were based on the number of safety-related events for the component indicators in the v11.0 Medicare FFS reference population (July 1, 2017 to June 30, 2019).

To fully compare composite weights for PSI 90 from CMS PSI v10.0 to CMS PSI v11.0 software, please refer to the CMS PSI v11 Fact Sheet: https://qualitynet.cms.gov/files/60afe4bbd7f1cb001eab1201?filename=CMS_PSIv11.0_Fact_Sheet.pdf

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Models: In CMS v10.0, PSI 11 and PSI 13 were estimated using logistic regression models, and the other measures were estimated using Generalized Estimating Equation (GEE) models. In CMS v11.0, all measures were estimated using GEE models.

Question 8: **One slide says FY 2022 data are based on 2019 data, but another slide says FY 2022 data for the 1 percent payment reduction are from October 1, 2021 through September 30, 2022. Which one is correct for FY 2022?**

The performance periods for the FY 2022 HAC Reduction Program, used to calculate the Total HAC Score, are July 1, 2018, through December 31, 2019, for the CMS PSI 90 measure, and January 1, 2019, through December 31, 2019, for the HAI measures.

For hospitals who rank in the worst-performing quartile of the FY 2022 HAC Reduction Program (that is, their Total HAC Score is above the 75th percentile of Total HAC Scores), the FY 2022 HAC Reduction Program payment adjustment will be applied to their Medicare fee-for-service discharges from October 1, 2021, to September 30, 2022

Question 9: **How does a hospital get patient-level data?**

Discharge-level data for numerator cases for the component PSI measures used in the CMS PSI 90 composite calculation can be found in Table 4 of your HAC Reduction Program HSRs.

Discharge-level data for stays included in measure calculations for the six readmission measures in HRRP can be found in Tables 3 through 8 of your HRRP HSRs.

Question 10: **We received new HSRs for the PSIs as the exclusions for the denominator were not on the original. I know this does not apply to the HAC report, but do you know where I can find the exclusions for PSIs on the HSR? I didn't see anything on the second report that wasn't on the first, and it did not seem to affect any scores.**

Technical specifications which contain numerator and denominator inclusion and exclusion criteria for the CMS PSI 90 measure and its component PSI measures can be found on the QualityNet website at <https://qualitynet.cms.gov/inpatient/measures/psi/resources>.

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Question 11: **Please repeat the method for the CMS PSI Performance.**

The FY 2022 HAC Reduction Program HSR User Guide contains step-by-step instructions for replicating your hospital’s CMS PSI 90 measure result, measure scores for all six measures, and Total HAC Score. The HSR User Guide can be found on the Program’s Reports page of the QualityNet website at <https://qualitynet.cms.gov/inpatient/hac/reports>.

Additionally, your hospital can request an Excel file that combines the steps, including formulas from the HAC Reduction Program Support Team, through the Quality Q&A Tool. Select Ask a Question. Then, select HACRP – Hospital-Acquired Conditions Reduction Program under the Program list. Finally, select HSR Replication Example from the Topic list.

Question 12: **If we have specific concerns about the specifications for a PSI and how the PSI is capturing cases that don’t meet the purpose of the PSI, where can we submit these concerns?**

Questions or comments on methodology for the CMS PSI 90 composite measure and its component PSI measures can be submitted through the Quality Q&A Tool. Select Ask a Question, then select Inpatient Claims-Based Measures as the Program. Then, choose Patient Safety Indicators (PSI) with Measure Methodology as the subtopic.

Question 13: **Will Q1 and Q2 2020 data on readmissions still be publicly reported on CMS’ Care Compare website?**

No, the consumer-oriented readmission measures publicly reported on the Care Compare website will not use data from Q1 and Q2 2020 due to the national ECE granted by CMS on March 27, 2020, and updated in the September 2, 2020, COVID-19 Interim Final Rule with Comment Period (CMS-3401-IFC) in response to the COVID-19 PHE. Generally, HRRP and the consumer-oriented readmission measures use the same readmission measure methodology and hospital discharge period in a given reporting cycle. The FY 2022 performance period for HRRP and the consumer-oriented readmission measures publicly reported in July 2021 both include hospital discharges that occurred from July 1, 2017, to December 1, 2019.

Question 14: **In the Provider Data Catalog for the HRRP data file, they do not list the PAF. This is last year’s results because FY 2022 data have not yet been publicly reported. However, I am curious why the HRRP doesn’t share the PAF, as the HVBP data shared the TPS and the HAC**

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Reduction Program shared the penalty reduction. Can I get the HRRP PAF file for FY 2021 HRRP data?

Payment adjustment factors (PAFs) for HRRP are not available on the Provider Data Catalog because HRRP PAFs are already publicly reported each year in Table 15 and the HRRP Supplemental file on the CMS.gov website.

FY 2022 HRRP PAFs will be available in the FY 2022 HRRP Supplemental File and the FY 2022 Table 15 on CMS.gov (<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipps-final-rule-home-page>) after the review and correction period.

FY 2021 PAFs are available in the FY 2021 HRRP Supplemental File and FY 2021 Table 15 available on CMS.gov: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipps-final-rule-home-page>.

Question 15: **Is the Predicted Readmission Rate the actual readmission rate a hospital had during the performance period? Example: 1000 CHF discharges and 10 CHF readmissions equal a 10 percent actual readmission rate. Would this be the same as the predicted readmission rate?**

The predicted readmission rate is not the same as the observed readmission rate for a hospital during the performance period. The predicted readmission rate is risk-adjusted for age and comorbid diseases that are clinically relevant and/or have strong relationships with readmissions. That is, it is the predicted 30-day readmission rate for a hospital based on its performance and its specific patient case mix. For more information on the predicted readmissions rate, please see the HRRP FAQ on QualityNet at <https://qualitynet.cms.gov/inpatient/hrrp/resources>.

Question 16: **Is the payment reduction only effective on the group DRG payment (for example, THA/TKA) or for all hospital DRGs (Medicare)?**

No, CMS applies the payment reduction to all Medicare fee-for-service (FFS) base operating DRG payments during the fiscal year.

Question 17: **What is the difference between the performance period and snapshot date?**

Performance periods are timeframes when data are collected to calculate a hospital's performance on a measure for a given program year. The

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snapshot date is the date the data for the performance period is finalized to begin scoring calculations.

Data corrections submitted after the snapshot date will not be reflected in results calculations or HSRs for the corresponding program year. For example, CMS took a snapshot of claims data for the CMS PSI 90 measure on September 25, 2020, to calculate results for the FY 2022 HAC Reduction Program. The FY 2022 CMS PSI 90 performance period however is July 1, 2018, through December 31, 2019.

Question 18: Will validations continue for FY 2020 data for the HAC Reduction Program?

Proposals regarding the HAC Reduction Program scoring rubric for FY 2023 were finalized within the FY 2022 IPPS/LTCH PPS Final Rule (86 FR 45302–45305). Therefore, CMS will use a HAC Reduction Program measure suppression policy analogous to the current Extraordinary Circumstances Exception (ECE) validation scoring protocol:

Hospitals will not be required to submit a request for an ECE and will not be required to submit validation-related data to CMS for the applicable validation requirements; however, CMS understands that some hospitals may choose to submit data for Q3 2020 and Q4 2020. To ensure these hospitals receive feedback based on the data they have submitted, CMS will evaluate all submitted data per the normal validation process.

- For those hospitals that choose not to submit requested data, for the purposes of final HAC Reduction Program payment adjustment, CMS will evaluate the final confidence interval (CI) without penalizing hospitals for choosing not to submit data.
- For those hospitals that choose to submit requested data despite the exception, for the purposes of final HAC Reduction Program payment adjustment, CMS will evaluate the final CI both with and without the submitted data, ultimately applying whichever method is in the hospital's favor.
- CMS is aware that submission deadlines for some hospitals may have already passed prior to the finalization of this policy, so their data will move through the normal validation process and quarterly feedback will be provided on Case Detail Reports; however, since only Q3 and Q4 2020 HAIs are validated under the HAC Reduction Program for the FY 2023 program year, all selected hospitals will receive a FY

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2023 confidence interval validation score of 100 percent for the HAI measures.

In summary, selected hospitals may choose to comply with requests for HAI Validation Templates and medical records and subsequently receive detailed individual case feedback per the normal validation process, or hospitals may choose to ignore these requests entirely. Neither option will negatively affect their end-of-year confidence interval score for the HAC Reduction Program.

Please note: Hospitals may still receive additional requests and email reminders up until the deadlines.

It is important to understand that although HAI measures validated under the HAC Reduction Program are not being scored to affect payment adjustment for the FY 2023 program year, hospitals are still required to submit and will be scored on clinical process of care cases selected for data validation under the Hospital IQR Program for FY 2023 payment determination.

Question 19: Should we include dual eligible patient discharges in HRRP? Should we include Managed Medicare patients?

CMS includes Medicare fee-for-service (FFS) stays in all components of the payment reduction calculations under HRRP, including the excess readmission ratios. CMS includes both Medicare FFS and Medicare managed care stays in the calculation of the dual proportion. The dual proportion is the proportion of Medicare FFS and managed care stays where the patient was dually eligible for Medicare and full Medicaid benefits. The dual proportion is used to stratify hospitals into one of five peer groups.

Question 20: Many hospitals experienced high COVID-19 patient volume in 2021 as well. Is CMS considering possible suppression of 2021 data for FY 2023?

CMS is closely monitoring the dynamic situation of the COVID-19 Public Health Emergency and will communicate further guidance as it is available. Additional guidance would be announced via the cms.gov website and communicated through the QualityNet Listservs. If you are not signed up for the QualityNet Listservs, sign up for the email updates

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by going to the bottom of the QualityNet home page (qualitynet.cms.gov), and by clicking on Join Now.

Question 21: Why are the HACRP and HRRP programs discussed together?

The HAC Reduction Program and HRRP are two of the four hospital inpatient quality programs under CMS. Both programs reduce payments based on hospital performance. The programs support the CMS' goal of improving health care for Americans by linking payment to the quality of hospital care.

Question 22: Are payment adjustments for the HAC Reduction Program and HRRP different? Is one applied to base payments before any other modifiers and is the other (HAC Reduction Program) “total” payments?

Under HRRP, CMS applies the payment adjustment factor to all Medicare fee-for-service (FFS) base operating DRG payments during the fiscal year. For the HAC Reduction Program, as required by the Social Security Act, CMS applies a 1-percent payment reduction to the overall Medicare FFS payments for the period of this fiscal year for hospitals that rank in worst-performing quartile.

Question 23: There was a proposal to use MedPAR data beginning with the FY 2023 program year. Was that passed in the final rule and does that mean that both Medicare FFS patient outcomes and Medicare Advantage patient outcomes will be used for HRRP?

CMS uses claims data from the Medicare Provider Analysis and Review (MedPAR) files to identify stays and payment information for its HRRP calculations. In the FY 2022 IPSP/LTCH PPS Final Rule, CMS finalized a policy to identify aggregate payments for each condition/procedure and all discharges for the FY 2022 applicable period using data from the applicable MedPAR files. In addition, CMS finalized a policy to automatically adopt the use of MedPAR data corresponding to the applicable period for HRRP calculations for FY 2023 and all subsequent program years.

The stays included in HRRP calculations will not change with the automatic adoption of the MedPAR files. While the dual proportion includes all Medicare FFS and managed care stays, the other components of the calculations only include Medicare FFS stays.

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Question 24: **There are account numbers for PSIs listed on the HSR. Why are the HAIs not listed by account number on this report?**

Discharge-level data are not available for the HAI measures for several reasons:

- HAI measure results are based on chart-abstracted and laboratory-identified data that hospitals submit to the CDC via the NHSN reporting system. Of the five HAI measures used in the HAC Reduction Program, CDC only collects discharge-level data from hospitals for the Surgical Site Infection measure. For the other four HAI measures, hospitals report unit-level or hospital-level data to the CDC.
- For all HAI measures, the CDC submits to CMS each hospital's reported number of infections, predicted number of infections, standardized infection ratios, and volume variables (that is, reported central-line days, urinary catheter days, surgical procedures performed, or total patient days) for the entire performance period of a given program year.
- Hospitals have the opportunity to submit, review, and correct their HAI data within the NHSN system during the four and half months after the end of the reporting quarter, up until the CMS submission deadline. CMS expects hospitals to review and correct their data before the submission deadline, and hospitals cannot request corrections to the underlying HAI data during the Scoring Calculations Review and Correction period.

Question 25: **What was the website that showed the effects of the COVID-19 pandemic on CMS programs?**

The graphic displayed during the presentation depicted the impact of CMS's exclusion of all CY 2020 data from program calculations in response to the COVID-19 Public Health Emergency on FY 2022 and FY 2023 performance periods.

The bold outlines show the original performance periods for the CMS PSI 90 measure and HAI measures for the program years. CY 2020 data exclusions applied to the original performance periods are shown in red. In yellow, we marked the optional data submission for Q4 2019 granted by the national March 2020 ECE. Note, if your hospital submitted data for Q4 2019, they will still be used in program calculations. The updated effective

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performance periods are shown in blue and light gray for the CMS PSI 90 and HAI measures, respectively.

Additional information is available in the FY 2022 HAC Reduction Program Frequently Asked Questions document on the Program's Resources page of the QualityNet website at <https://qualitynet.cms.gov/inpatient/hac/resources>.