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# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

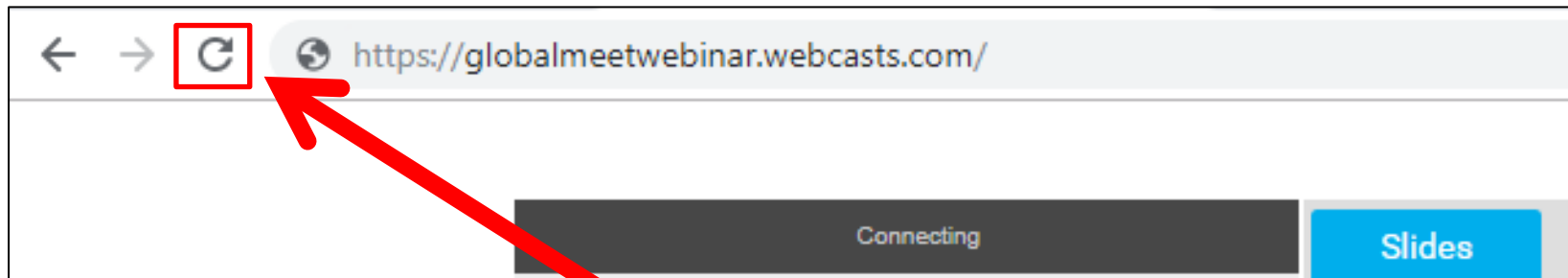
Click Refresh

– or –

Press F5



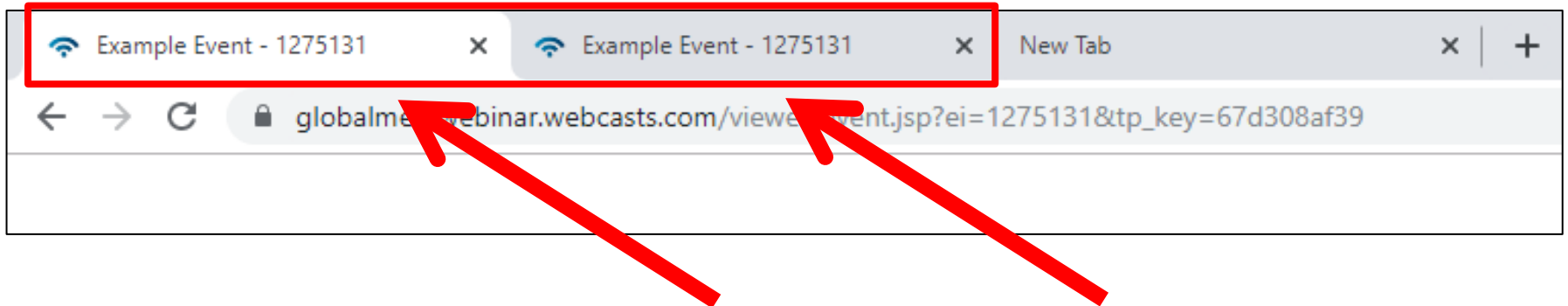
F5 Key  
Top Row of Keyboard



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).
- Close all but one browser/tab and the echo will clear.



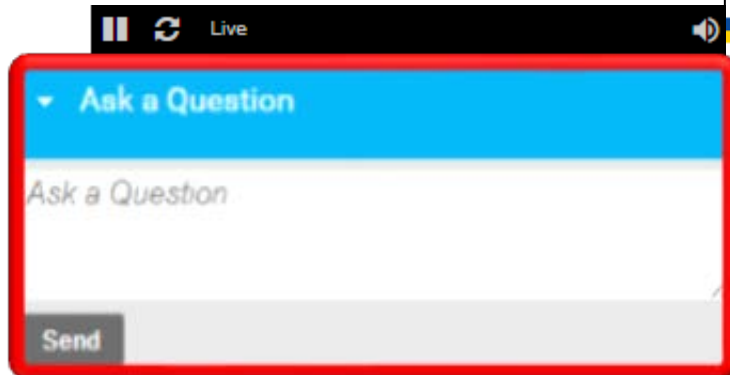
Example of Two Browsers/Tabs Open in Same Event

# 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 HRRP FY 2022 Provider Data Catalog Refresh**

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

**February 10, 2022**

# Speakers

## **Maria Gugliuzza, MBA**

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

## **Amy Gehrke, MS**

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

## **Kristanna Peris, MPH**

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

# Purpose

This event will provide an overview of publicly reported data for the Centers for Medicare & Medicaid Services (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 (PDC).
- Recall the changes to the inpatient hospital pay-for-performance programs from fiscal year (FY) 2021 to FY 2022.
- 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 for later publication.

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	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
API	Application Programming Interface	HF	heart failure
CABG	Coronary Artery Bypass Graft	HRRP	Hospital Readmissions Reduction Program
CAUTI	catheter-associated urinary tract infection	IPPS	Inpatient Prospective Payment System
CDI	<i>Clostridium difficile</i> infection	MORT	mortality
CLABSI	central line-associated bloodstream infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CMS	Centers for Medicare & Medicaid Services	MSPB	Medicare Spending per Beneficiary
COMP	complication	NHSN	National Healthcare Safety Network
COPD	chronic obstructive pulmonary disease	NQF	National Quality Forum
CSV	Comma Separated Value	PDC	Provider Data Catalog
DRG	Diagnosis-Related Group	PN	pneumonia
ECE	Extraordinary Circumstances Exception	PSI	Patient Safety Indicator
ERR	Excess Readmission Ratio	RSMR	Risk-Standardized Mortality Rate
FR	<i>Federal Register</i>	SSI	surgical site infection
FY	fiscal year	THA/TKA	Total Hip/Knee Arthroscopy
HAC	Hospital-Acquired Condition	TPS	Total Payment Score
HAI	healthcare-associated infection	VBP	value-based purchasing

Maria Gugliuzza, MBA  
Program Lead, Hospital VBP Program  
Inpatient VIQR Outreach and Education Support Contractor

## **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**

Care Compare 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**

PDC 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

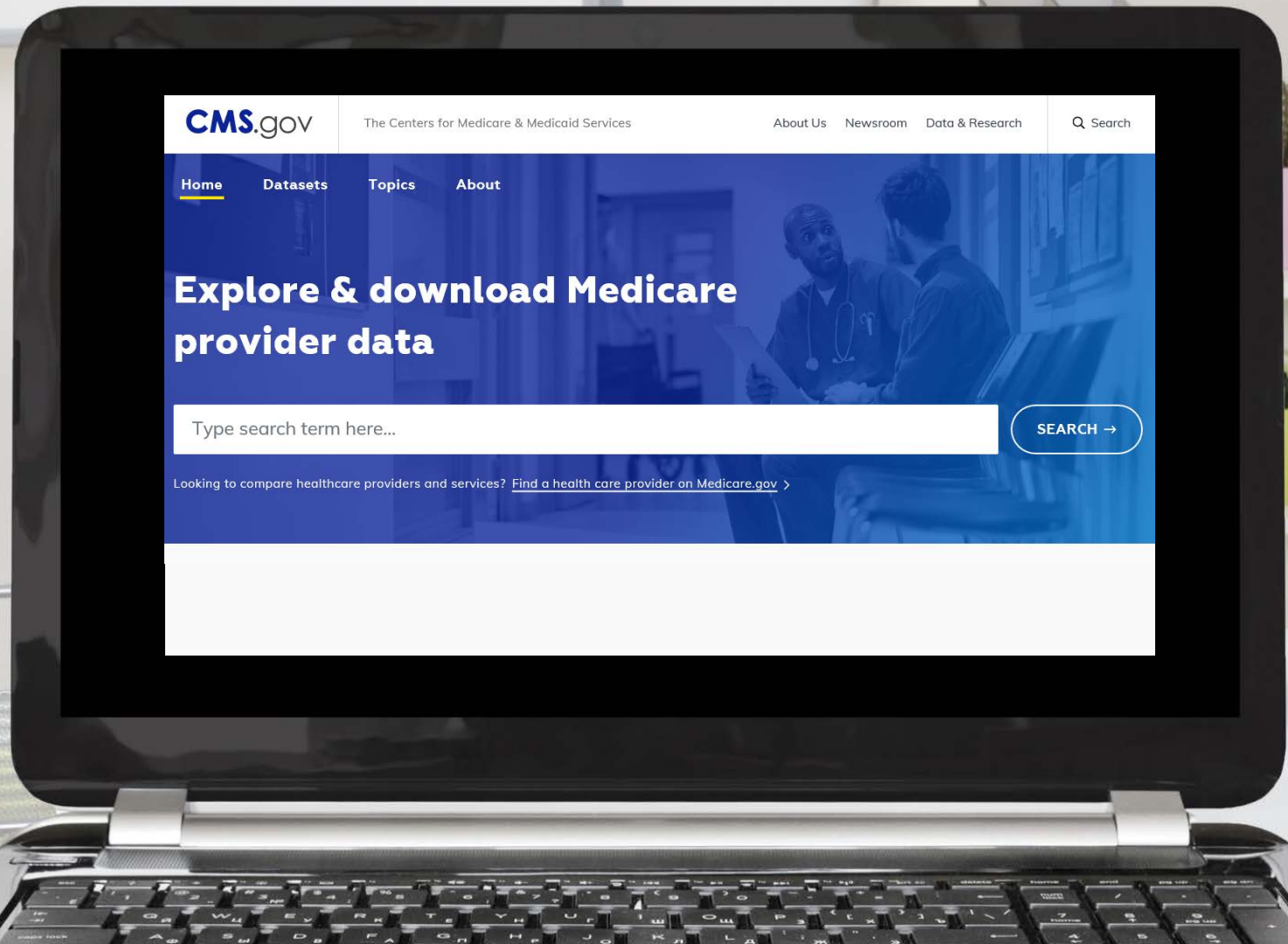
- The Provider Data Catalog gives you direct access to the CMS official data that are used on the Medicare.gov Compare websites and directories.
- You can:
  - View the data in your browser.
  - Download the data in a variety of formats.
  - Access the data through an Application Programming Interface, 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

The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo is on the left, and navigation links for 'About Us', 'Newsroom', and 'Data & Research' are on the right. A search bar is also present. Below the navigation bar, the 'Datasets' tab is selected. The main content area is titled 'Search' and features a search input field with the placeholder text 'Type search term here...'. Below the search field, it indicates '73 datasets found in Topics: Hospitals' and provides a 'Clear all filters' link. A list of search results is shown, with the first result titled 'Unplanned Hospital Visits - State' highlighted. This result includes a description: '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...'. It also shows the last update date as 'Aug 27, 2020' and a 'Download CSV' link. To the right of the search results, there are filter options under 'Sort by' and 'Topics'. The 'Topics' section lists several categories with radio buttons: 'Dialysis facilities (0)', 'Doctors and clinicians (0)', 'Home health services (0)', 'Hospice care (0)', 'Hospitals (73)', 'Inpatient rehabilitation facilities (0)', and 'Long-term care hospitals (0)'. The 'Hospitals (73)' option is selected.

# 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...	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
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

The screenshot shows a laptop screen with a data dashboard. The main title is "Unplanned Hospital Visits - State". Below the title is a descriptive paragraph: "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." It also states "Last updated Aug 27, 2020".

The "Dataset explorer" section shows "1 - 20 of 784 rows". Below this is a table with columns: State, Measure ID, Measure Na..., Number of H..., Number of H..., Number of H..., and Nu. Each column has a "Search 20 recor" button. The table contains 7 rows of data for the state of Alaska (AK).

On the right side of the dashboard, there are sections for "Hospitals" (with a "View topic details" link), "Downloads" (with a "Download this dataset CSV" link), "DATA DICTIONARIES" (with a "HospitalCompare-DataDict... PDF" link), and "Tags" (with tags for Hospital Compare, Unplanned Hospital Visits, Readmissions, Hospital Returns, EDAC, Excess Days in Acute Care, Unplanned, and State).

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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AK	OP_35_ED	Rate of emergen...	0	7	0	8
AK	OP_36	Ratio of unplann...	2	4	0	3

# 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	Search 14 recor	Search 14 recor	Search 14 recor	Search 14 recor	Search 14 recor	Search 14 recor
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](#)

**Try the API**

[View the dataset API >](#)

[View API documentation >](#)

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

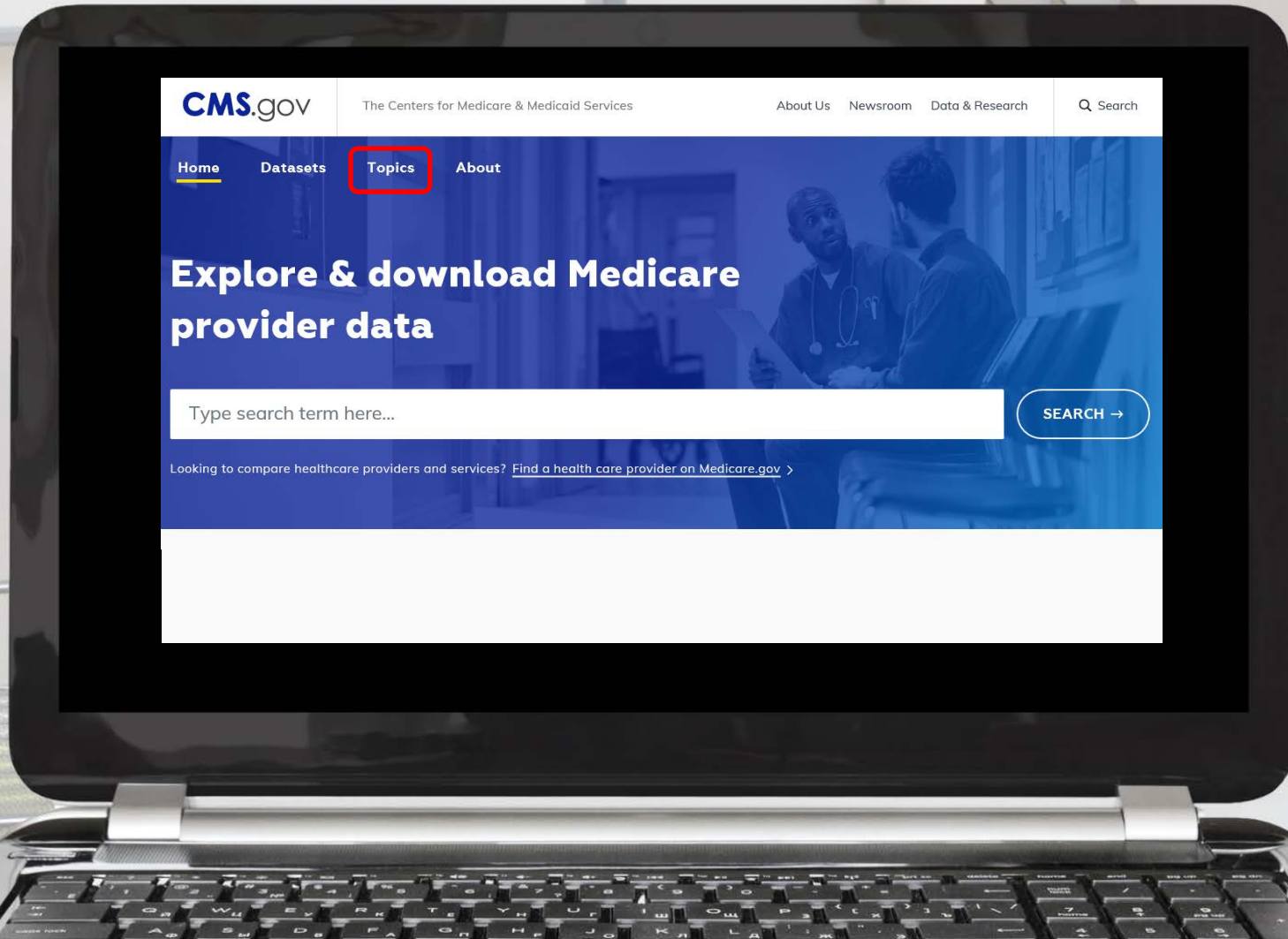
# Frequently Asked Questions

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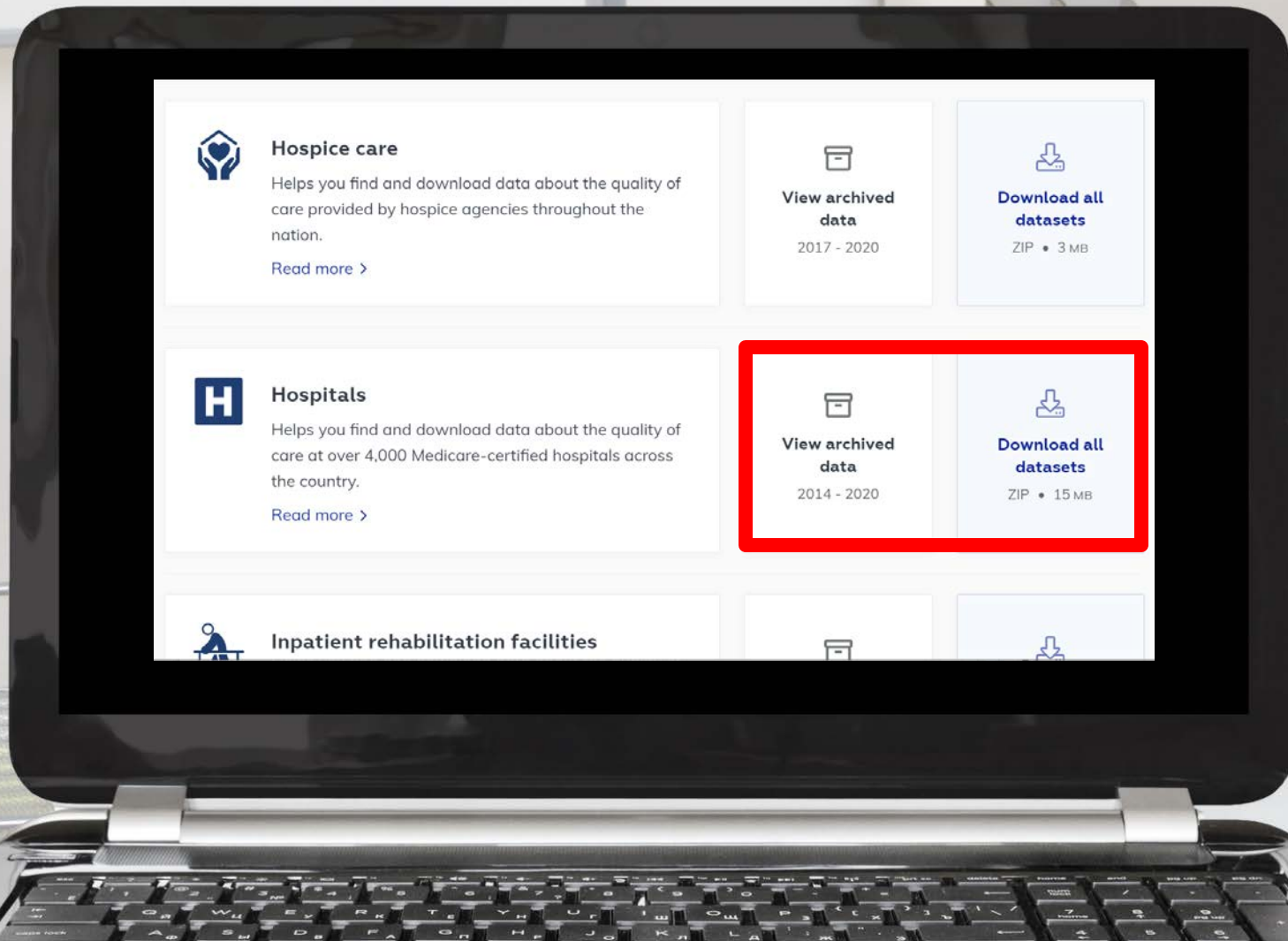
1. How do I download the entire hospital database instead of individual files?
2. How do I find previous releases (archived) hospital files?

# Provider Data Catalog

## Select Topics

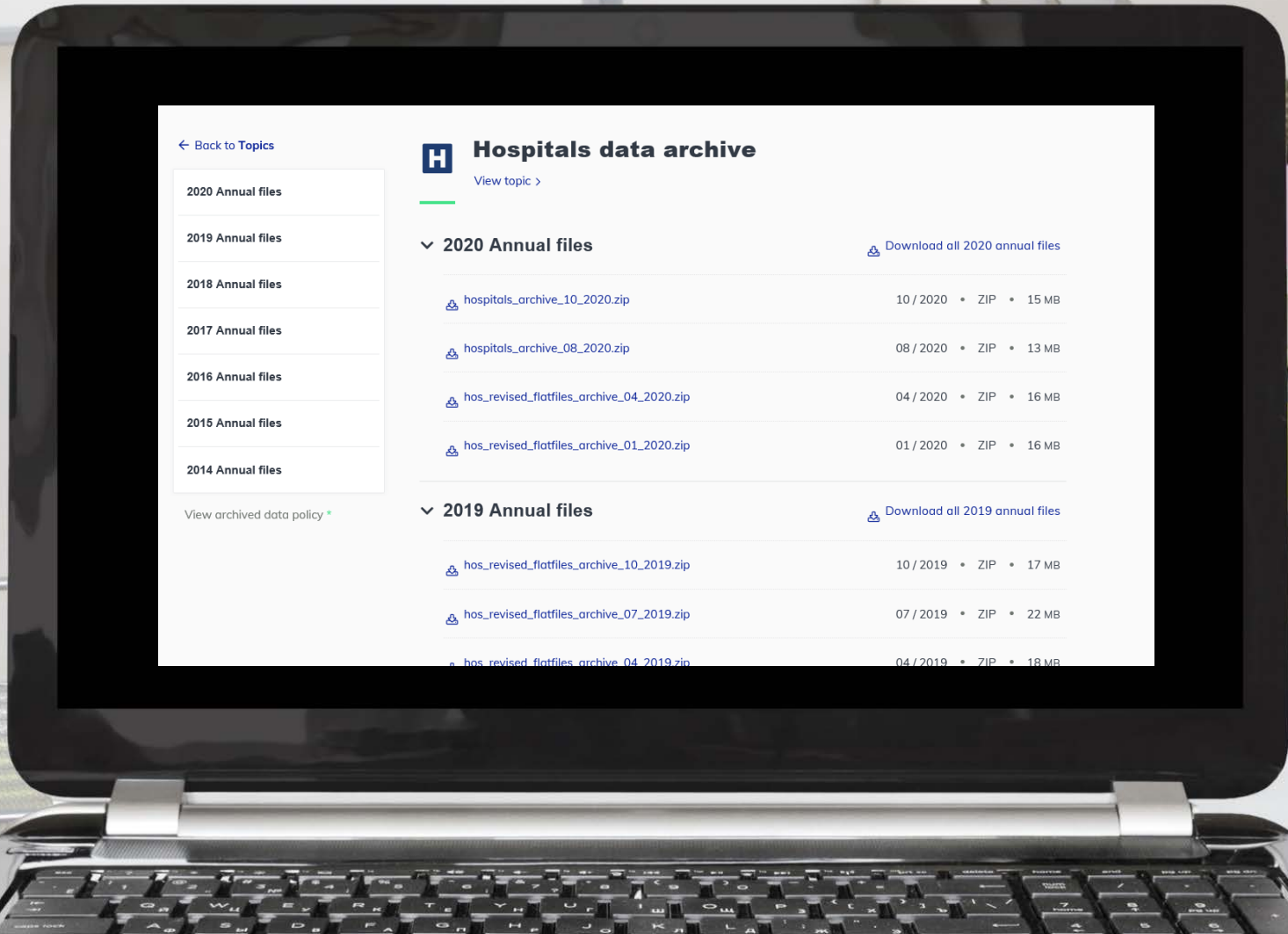


# View Archived Data and Download All Datasets





# Hospital Data Archive



Maria Gugliuzza, MBA  
Program Lead, Hospital VBP Program  
Inpatient VIQR Outreach and Education Support Contractor

## **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 2022, no hospital will have a Total Performance Score calculated and no hospital will have payments adjusted due to the COVID-19 Public Health Emergency and therefore we will not be updating the Provider Data Catalog.
  - CMS still provided hospitals 30 days to review and submit corrections prior to publicly reporting results.

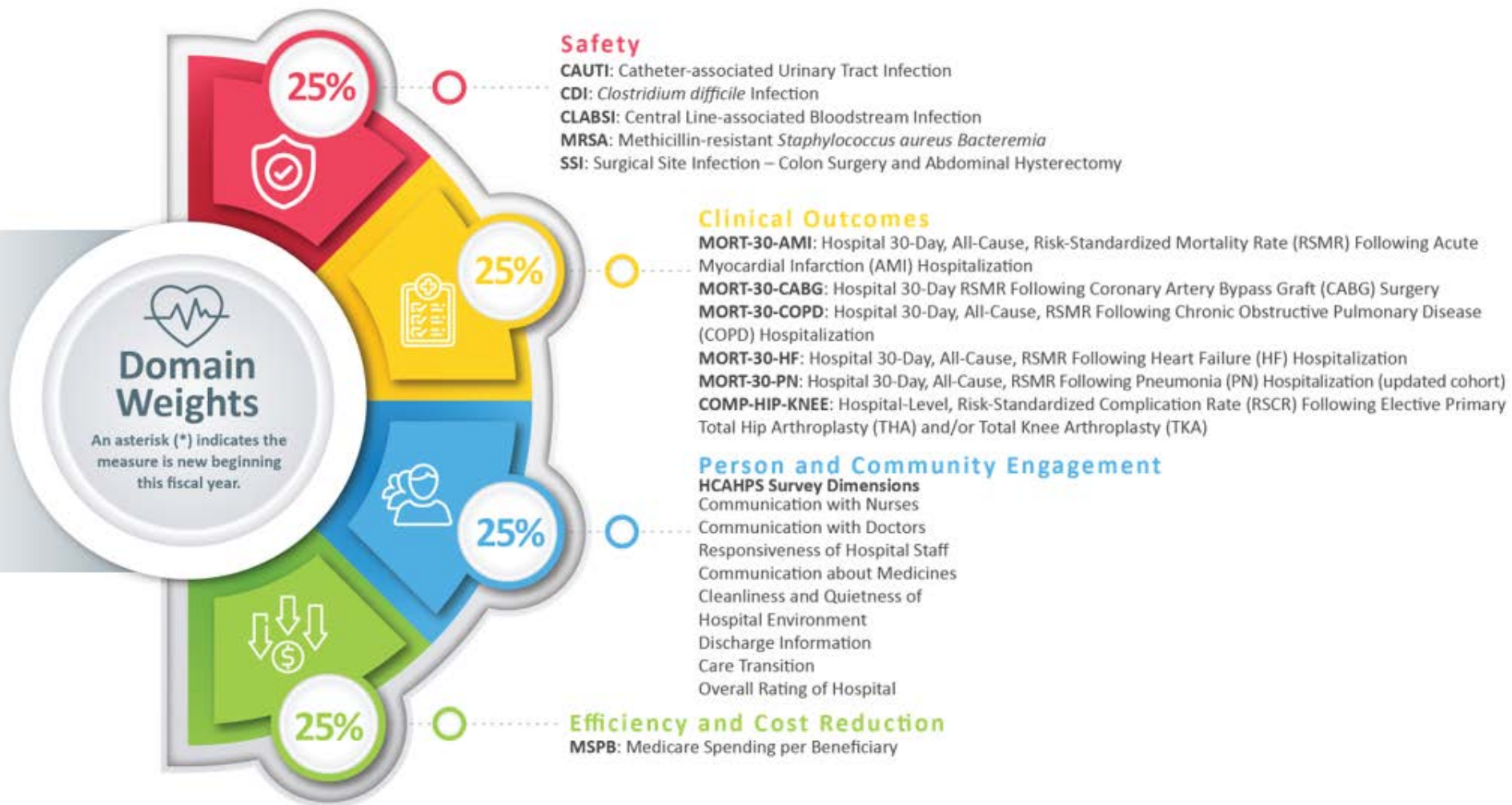
# Program Changes for FY 2022

## New Measure: MORT-30-CABG





The MORT-30-CABG measure was adopted to the Clinical Outcomes domain, beginning in FY 2022.

- The adoption of the MORT-30-CABG measure was finalized in the FY 2017 Inpatient Prospective Payment System (IPPS) Final Rule (81 FR 56996–56998). <https://www.govinfo.gov/content/pkg/FR-2016-08-22/pdf/2016-18476.pdf>
- The Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following CABG Surgery (National Quality Forum (NQF) #2558) measure is a risk-adjusted, NQF-endorsed mortality measure monitoring mortality rates following CABG hospitalizations.
- Measure includes Medicare Fee for Service patients aged 65 or older who receive a qualifying CABG procedure and assesses hospitals' 30-day, all-cause risk-standardized rate of mortality, beginning with the date of the index procedure.
- In general, the measure uses the same approach to risk adjustment as the 30-day outcome measures also adopted for the Hospital VBP Program.
- The measure is calculated using administrative claims data.

# FY 2022 Domains and Measures



# FY 2022 Baseline and Performance Periods

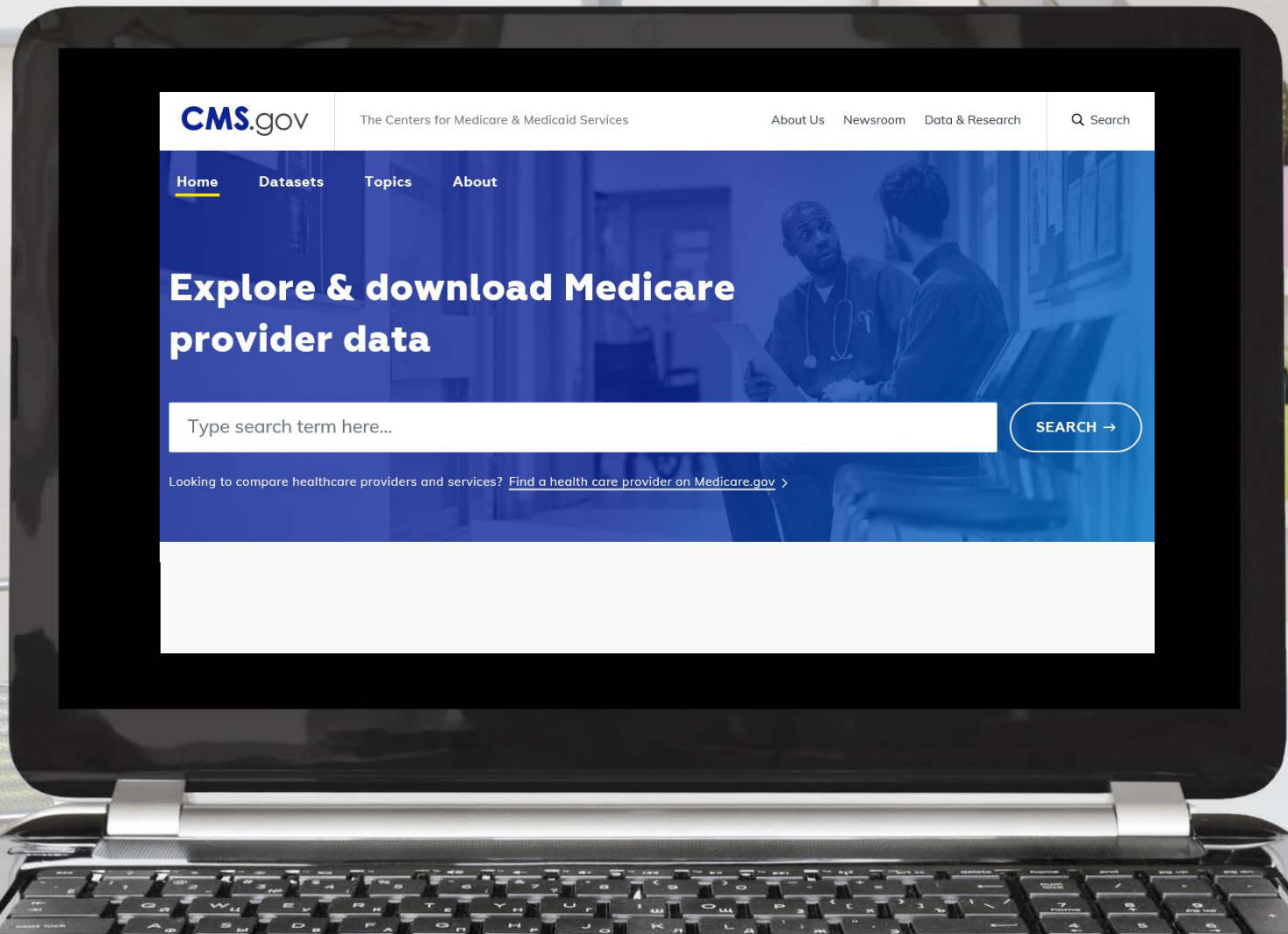
Domain	Measure	Baseline Period	Performance Period
 <b>Clinical Outcomes</b>	Mortality Measures (AMI, COPD, HF, CABG)	July 1, 2012– June 30, 2015	July 1, 2017– June 30, 2020*
	Mortality Measures (PN)	July 1, 2012– June 30, 2015	September 1, 2017– June 30, 2020*
	Complication Measure	April 1, 2012– March 31, 2015	April 1, 2017– March 31, 2020*
 <b>Person and Community Engagement</b>	HCAHPS Survey	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020*
 <b>Safety</b>	HAI Measures	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020*
 <b>Efficiency and Cost Reduction</b>	MSPB	January 1, 2018– December 31, 2018	January 1, 2020– December 31, 2020*

\*Deadlines for 4Q2019, 1Q2020, and 2Q2020 data submission are optional. Please refer to the CMS March 27, 2020, [Guidance Memo](#) for details.

# Publicly Reported Data

- The January PDC Refresh will not include updated FY 2022 Hospital VBP Program data.
- CMS is planning on publicly reporting the FY 2022 Hospital VBP Program data during the April 2022 PDC refresh.

# 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

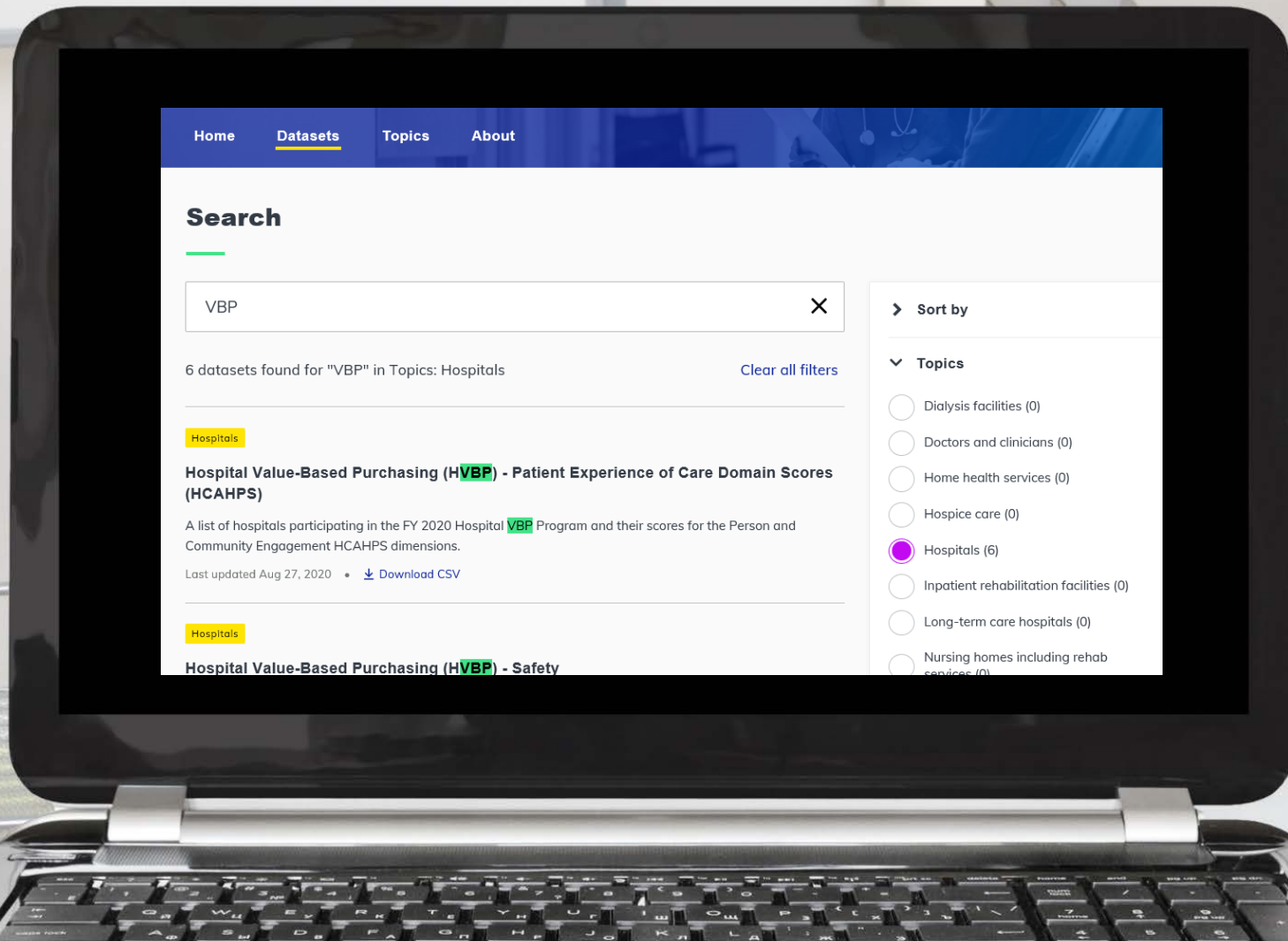


Nursing homes including rehab



Physician office visit costs

# Keyword Search: VBP



# Provider Data Catalog

## Hospital VBP Program Datasets

Hospital-level datasets 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
- ❖ Note: FY 2022 TPS Scores will not be available at this time.

# FY 2019 Aggregate Payment Adjustments

- FY 2019 payment adjustment tables include the following:
  - Net change in base-operating diagnosis-related group (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 CMS Certification Number 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: FY 2019 Percent Change in Medicare Payments
- Table 4: FY 2019 Value-Based Incentive Payment Amount

# Hospital VBP Program Resources

## Provider Data Catalog

- Website: <https://data.cms.gov/provider-data/topics/hospitals>
- 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: (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/>

Amy Gehrke, MS  
Program Lead, 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 2022

- There are no changes to scoring or measure methodology.
- The program used the most recent version of CMS Patient Safety Indicator (PSI) software (version 11.0) to calculate CMS PSI 90 results.
- The program shortened performance periods by excluding all calendar year (CY) 2020 data from HAC Reduction Program scoring calculations in response to the COVID-19 Public Health Emergency.

Original and Updated FY 2022 HAC Reduction Program Performance Periods

CY 2018		CY 2019				CY 2020			
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CMS PSI 90 7/1/18 – 12/31/19						Data excluded			
		HAI Measures 1/1/19 – 12/31/19		Option to submit		Data excluded			

# FY 2022 Measures and Performance Periods

Measure	Data Source	FY 2022 Performance Period
CMS Patient Safety and Adverse Events Composite (PSI 90)	Claims	July 1, 2018–December 31, 2019 <sup>1</sup>
Central Line-Associated Bloodstream Infection (CLABSI)	Chart-abstracted	January 1, 2019–December 31, 2019 <sup>1,2,3</sup>
Catheter-Associated Urinary Tract Infection (CAUTI)	Chart-abstracted	January 1, 2019–December 31, 2019 <sup>1,2,3</sup>
Surgical Site Infection (SSI)	Chart-abstracted	January 1, 2019–December 31, 2019 <sup>1,2,3</sup>
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia	Chart-abstracted	January 1, 2019–December 31, 2019 <sup>1,2,3</sup>
<i>Clostridium difficile</i> infection (CDI)	Chart-abstracted	January 1, 2019–December 31, 2019 <sup>1,2,3</sup>

<sup>1</sup> CMS is automatically excluding all HAI and claims data representing Q1 2020 and Q2 2020 from future program calculations as finalized in the interim final rule published on September 2, 2020 (85 FR 54830–54832).

<sup>2</sup> As noted in the interim final rule (85 FR 54830–54832) CMS will continue using any HAI data that hospitals optionally submitted for Q4 2019; for those hospitals that chose not to submit Q4 2019 HAI data, CMS used data from January 1, 2019, through September 30, 2019, for program calculations.

<sup>3</sup> CMS is automatically excluding all HAI and claims data representing Q3 2020 and Q4 2020 from future program calculations as part of the COVID-19 measure suppression policy finalized in the FY 2022 IPPS Final Rule (86 FR 45300–45307).

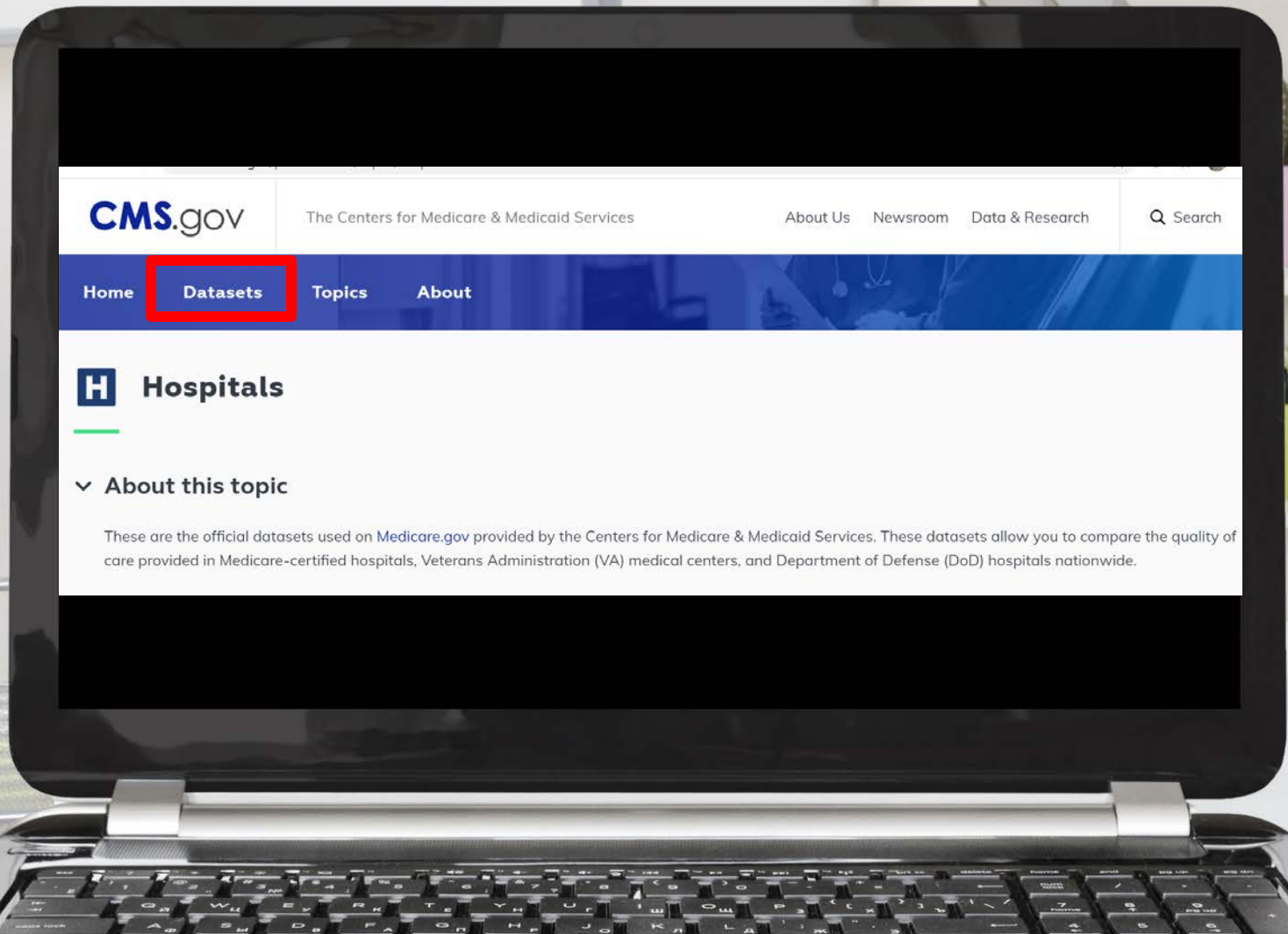
# Provider Data Catalog

## January 2022 Release

In January 2022, CMS updated the data on the Provider Data Catalog website to include the following FY 2022 HAC Reduction Program information:

- CMS PSI 90 measure score
- National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measure scores (CLABSI, CAUTI, SSI, MRSA, and CDI)
- Total HAC Score
- Payment Reduction Indicator

# Provider Data Catalog Homepage Link to Data Sets



# Provider Data Catalog

## HAC Reduction Program Page

The screenshot shows a web page with a blue navigation bar containing 'Home', 'Datasets', 'Topics', and 'About'. Below the navigation bar is a 'Back to results' link. The main heading is 'Hospital-Acquired Condition Reduction Program'. The text below the heading explains the program: 'Hospital-Acquired Condition Reduction Program - In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst-performing quartile with respect to hospital-acquired conditions (HACs). Hospitals with a Total HAC Score above the 75th percentile of the Total HAC Score distribution will be subject to the payment reduction. This table contains hospitals' measure and Total HAC scores. The Total HAC Score is calculated as the equally weighted average of hospitals' individual measure scores.' It also states 'Last updated Aug 27, 2020'. Below this is a 'Dataset explorer' section with '21 - 40 of 3224 rows', 'Rows per page: 20', and 'Display density' options. A table header is visible with columns: Facility Name, Facility ID, State, and Payment Reduction. On the right side, there is a 'Downloads' section with 'DATASET' and 'Download this dataset CSV' link, and 'DATA DICTIONARIES' with 'HospitalCompare-DataDic... PDF' link.

Home Datasets Topics About

[← Back to results](#)

### Hospital-Acquired Condition Reduction Program

Hospital-Acquired Condition Reduction Program - In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst-performing quartile with respect to hospital-acquired conditions (HACs). Hospitals with a Total HAC Score above the 75th percentile of the Total HAC Score distribution will be subject to the payment reduction. This table contains hospitals' measure and Total HAC scores. The Total HAC Score is calculated as the equally weighted average of hospitals' individual measure scores.

Last updated Aug 27, 2020

#### Dataset explorer

21 - 40 of 3224 rows Rows per page: 20 Display density: Manage columns

Facility Name	Facility ID	State	Payment Reduction
---------------	-------------	-------	-------------------

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

**Downloads**

**DATASET**  
[Download this dataset CSV](#)

**DATA DICTIONARIES**  
[HospitalCompare-DataDic... PDF](#)

# Provider Data Catalog

## Downloadable Database

The screenshot shows a web browser displaying the 'Hospital-Acquired Condition Reduction Program' dataset page. The page has a blue navigation bar with 'Home', 'Datasets', 'Topics', and 'About'. Below the navigation bar, there is a 'Back to results' link. The main heading is 'Hospital-Acquired Condition Reduction Program'. The description states: 'Hospital-Acquired Condition Reduction Program - In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst-performing quartile with respect to hospital-acquired conditions (HACs). Hospitals with a Total HAC Score above the 75th percentile of the Total HAC Score distribution will be subject to the payment reduction. This table contains hospitals' measure and Total HAC scores. The Total HAC Score is calculated as the equally weighted average of hospitals' individual measure scores.' The page was last updated on Aug 27, 2020. Below the description is a 'Dataset explorer' section with a table view showing 21 - 40 of 3224 rows. The table has columns for Facility Name, Facility ID, State, and Payment Reduction. On the right side, there is a sidebar with a 'Hospitals' topic card and a 'Downloads' section. The 'Downloads' section has a red box around the 'DATASET' section, which includes a link to 'Download this dataset CSV'. Below that, there is a 'DATA DICTIONARIES' section with a link to 'HospitalCompare-DataDic... PDF'.

Home Datasets Topics About

← Back to results

### Hospital-Acquired Condition Reduction Program

Hospital-Acquired Condition Reduction Program - In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst-performing quartile with respect to hospital-acquired conditions (HACs). Hospitals with a Total HAC Score above the 75th percentile of the Total HAC Score distribution will be subject to the payment reduction. This table contains hospitals' measure and Total HAC scores. The Total HAC Score is calculated as the equally weighted average of hospitals' individual measure scores.

Last updated Aug 27, 2020

#### Dataset explorer

21 - 40 of 3224 rows Rows per page: 20 Display density: Manage columns

Facility Name	Facility ID	State	Payment Reduction
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**H** Hospitals  
View topic details >

#### Downloads

**DATASET**

Download this dataset CSV

**DATA DICTIONARIES**

HospitalCompare-DataDic... PDF

# HAC Reduction Program Resources

- **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.cms.gov/inpatient/hac>
- **HAC Reduction Program General Inquiries**
  - [Quality Q&A Tool](#) - Navigate to the Ask a Question tab and select HACRP – Hospital-Acquired Condition Reduction Program under the Program list.
- **Provider Data Catalog**
  - Website: <https://data.cms.gov/provider-data/topics/hospitals>
  - Inquiries: [Quality Q&A Tool](#) - Navigate to the Ask a Question tab and select Hospital Care Compare Site Support under the Program list.

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**Program Lead, 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, excluding hospitals in Maryland, are subject to HRRP.
- In FY 2022, 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 provides hospitals 30 days to review and submit corrections prior to publicly reporting results.

# Program Changes for FY 2022

- CMS excluded data for Q1 and Q2 2020 from HRRP calculations as part of the national Extraordinary Circumstances Exception (ECE) granted in response to the COVID-19 Public Health Emergency.
  - This was finalized in the interim final rule published September 2, 2020 ([85 FR 54832–54833](#)).
- The FY 2022 performance period for all measures is July 1, 2017–December 1, 2019.
  - ❖ Note: The readmission, mortality, payment, and EDAC measures include a 30-day window after each index stay to identify outcomes, and the THATKA measure includes a 90-day window after each index stay to identify outcomes. Therefore, the performance periods for these measures end 30 days and 90 days, respectively, before January 1, 2020, so that no data from Q1 and Q2 2020 are used in the measure calculations.

# FY 2022 Measures and Performance Period

Claims-Based Readmission Measure	NQF Measure Number	FY 2022 Performance Period
Acute myocardial infarction (AMI)	NQF #0505	July 1, 2017–December 1, 2019*
Chronic obstructive pulmonary disease (COPD)	NQF #1891	July 1, 2017–December 1, 2019*
Heart failure (HF)	NQF #0330	July 1, 2017–December 1, 2019*
Pneumonia	NQF #0506	July 1, 2017–December 1, 2019*
Coronary artery bypass graft surgery (CABG)	NQF #2515	July 1, 2017–December 1, 2019*
Elective primary total hip and/or total knee arthroplasty (THA/TKA)	NQF #1551	July 1, 2017–December 1, 2019*

\*CMS updated the FY 2022 performance period in response to COVID-19. See previous slide for details.

# Provider Data Catalog

## 2022 Release

In January 2022, CMS updated the Provider Data Catalog website to include the following information for each of the six HRRP readmission measures:

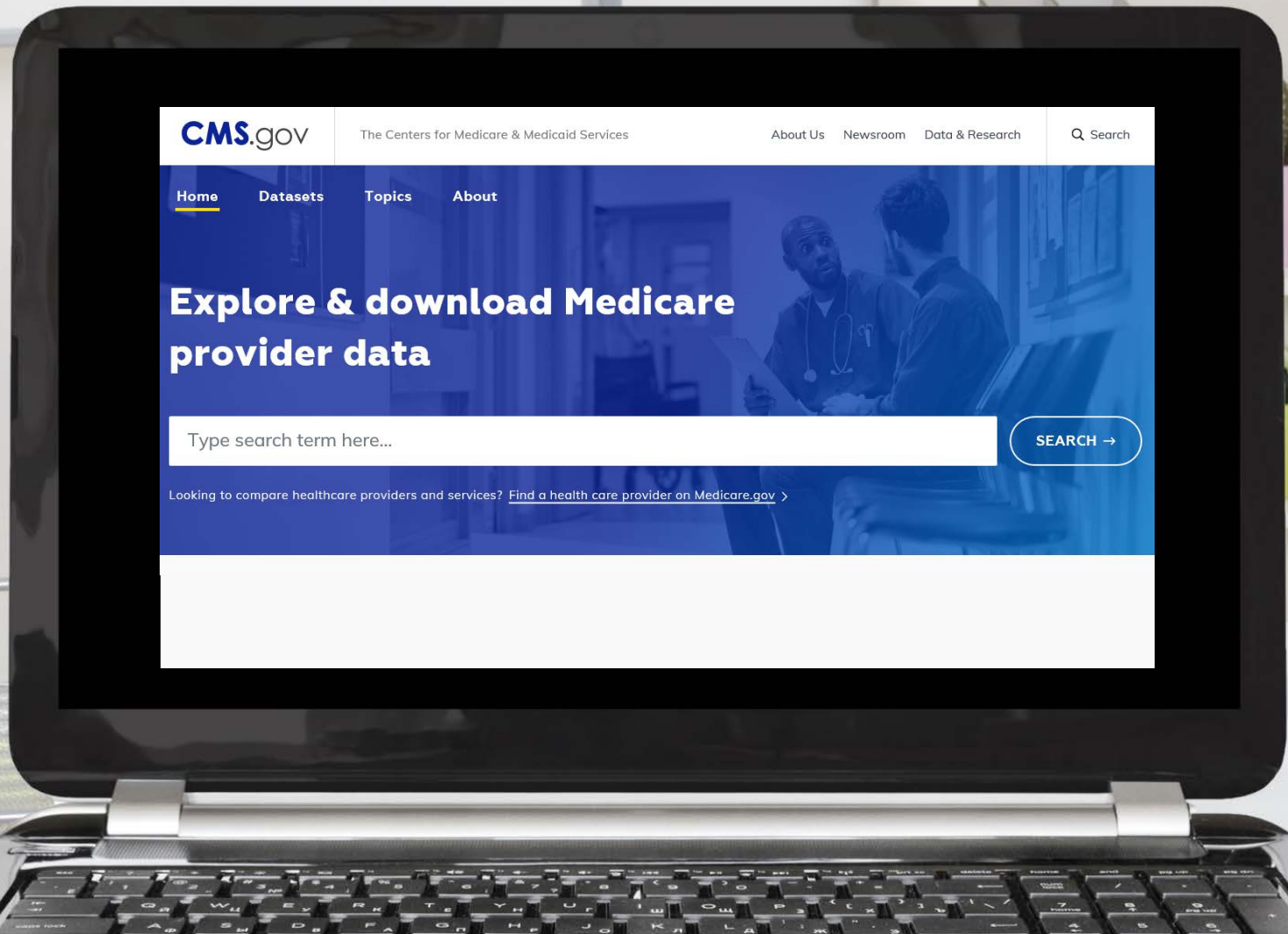
- Number of eligible discharges
- Number of readmissions (only if the hospital has 11 or more readmissions)
- Predicted readmission rate (also known as the adjusted actual readmissions)
- Expected readmission rate
- Excess readmission ratio (ERR)

# Supplemental Data File

In addition to the data posted on the Provider Data Catalog, CMS also released the payment reduction percentage and component information in the FY 2022 IPPS Final Rule Supplemental Data File after the Review and Correction period. CMS posted this file on the [FY 2022 IPPS Final Rule home page](#). The file includes the following:

- Payment reduction percentage
- 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

# 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

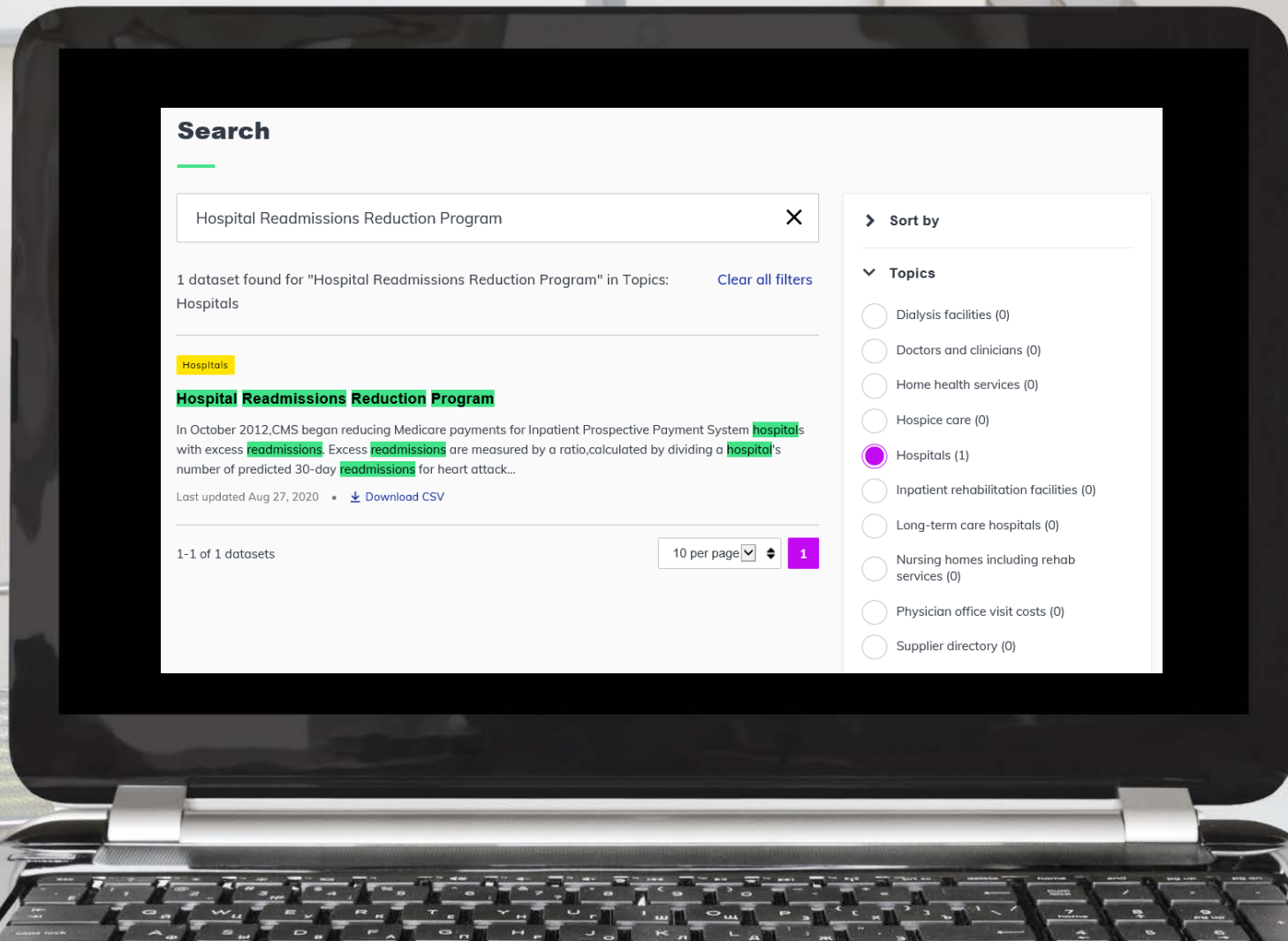


Nursing homes including rehab



Physician office visit costs

# Keyword Search: Hospital Readmissions Reduction Program



## Search

Hospital Readmissions Reduction Program



1 dataset found for "Hospital Readmissions Reduction Program" in Topics: [Clear all filters](#)  
Hospitals

Hospitals

### Hospital Readmissions Reduction Program

In October 2012, CMS began reducing Medicare payments for Inpatient Prospective Payment System hospitals with excess readmissions. Excess readmissions are measured by a ratio, calculated by dividing a hospital's number of predicted 30-day readmissions for heart attack...

Last updated Aug 27, 2020 • [Download CSV](#)

1-1 of 1 datasets

10 per page

1

## Sort by

### Topics

- Dialysis facilities (0)
- Doctors and clinicians (0)
- Home health services (0)
- Hospice care (0)
- Hospitals (1)
- Inpatient rehabilitation facilities (0)
- Long-term care hospitals (0)
- Nursing homes including rehab services (0)
- Physician office visit costs (0)
- Supplier directory (0)



# HRRP Resources

- **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 Readmission as the Topic.
- **Provider Data Catalog**
  - Website: <https://data.cms.gov/provider-data/>
  - Inquiries: [Quality Q&A Tool](#): Navigate to the Ask a Question tab and select Hospital Care Compare Site Support under the Program list.

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# Questions

# Disclaimer

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