## Hospital Value-Based Purchasing (VBP) Program

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

# Hospital VBP Program, HAC Reduction Program, and HRRP FY 2022 Provider Data Catalog Refresh

# Question and Answer Summary Document

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*This document provides questions from webinar attendees and responses from subject-matter experts. Questions and answers were edited for grammar and clarity.*

**Question 1:** **What are the performance periods for the fiscal year (FY) 2022 Hospital-Acquired Condition (HAC) Reduction Program?**

For the FY 2022 HAC Reduction Program, the Centers for Medicare & Medicaid Service's Patient Safety Indicator (PSI) 90 measure performance period is July 1, 2018, to December 31, 2019. The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) measure performance period is January 1, 2019, to December 31, 2019.

These performance periods are shorter than the previously finalized 2-year performance periods for the measures. In response to the COVID-19 Public Health Emergency (PHE), CMS excluded all calendar year (CY) 2020 data from future HAC Reduction Program calculations. This is part of the COVID-19 measure suppression policy for the HAC Reduction Program, which CMS finalized in the FY 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule. The exclusion of CY 2020 data will also be applied to the FY 2023 program year, which will use performance periods of July 1, 2019, to December 31, 2019, and January 1, 2021, to June 30, 2021, for the CMS PSI 90 measure and January 1, 2021, to December 31, 2021, for the HAI measures.

CMS is closely monitoring the dynamic situation of the PHE and will communicate further guidance as soon as it is available. CMS will announce any additional guidance via the CMS website and the QualityNet Listserves. If you do not receive the QualityNet Listserves, you can sign up for the email updates by going to the bottom of the QualityNet home page (http://qualitynet.cms.gov) and clicking Join Now.

**Question 2:** **Can I calculate the 75th percentile of Total HAC Scores from publicly reported data on the Provider Data Catalog?**

The 75th percentile of Total HAC Scores cannot be calculated using the dataset available on the Provider Data Catalog because not all hospital results are publicly reported. The FY 2022 HAC Reduction Program's 75th percentile can be found in the Hospital-Specific Report User Guide, publicly posted on the QualityNet website.

**Question 3:** **Where can I find the 75th percentile for the HAC Reduction Program?**

The 75th percentile value for a given program year can be found in the HAC Reduction Program FAQs, available on HAC Reduction Program's Resources page of the QualityNet website: https://qualitynet.cms.gov/inpatient/hac/resources

For the FY 2022 HAC Reduction Program, the 75th percentile Total HAC Score was 0.2998.

**Question 4:** **When can my hospital review our HAC Reduction Program results?**

Each year, during the Scoring Calculations Review and Corrections period, CMS provides hospitals 30 days to review their HAC Reduction 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 (HSRs) 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 2022 HAC Reduction Program was August 16, 2021, to September 14, 2021.

**Question 5:** **Can my hospital's claims data and NHSN submissions be revised during the Scoring Calculations Review and Corrections Period?**

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 measure and HAI data submissions to the NHSN cannot be reviewed and revised during the Scoring Calculations Review and Corrections Period because hospitals have the opportunity to review and correct those data before they are used in program calculations.

For the CMS PSI 90 measure and all other claims-based measures used in quality reporting programs except Medicare Spending Per Beneficiary (MSPB), 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 2022 HAC Reduction Program on September 25, 2020. Medicare Administrative Contractors must have processed all corrections to underlying Medicare Fee For Service claims data by the snapshot date. Corrections to claims data after this date are not reflected in HSRs or program results.

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 (Q)1 (January, February, and March) data are due on August 15. Q2 (April, May, and June) data are due on November 15. Q3 (July, August, and September) data are due on February 15 of the following year. Q4 (October, November, and 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 HSRs or program results.

**Question 6:** **Why does the FY 2022 Hospital Readmissions Reduction Program (HRRP) performance period end on December 1, 2019, instead of December 31, 2019?**

The FY 2022 performance period is impacted by the national Extraordinary Circumstance Exception (ECE) granted by CMS in response to the COVID-19 PHE. As discussed in the FY 2022 IPPS/LTCH PPS final rule, CMS will not use claims reflecting services provided January 1, 2020, through June 30, 2020 (Q1 and Q2 2020) in its calculations for HRRP (86 FR 45260–45261). The readmission measures used in HRRP identify readmissions within 30 days of each index stay; therefore, the performance period for HRRP ends 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.

The FY 2022 performance period for HRRP is July 1, 2017, through December 1, 2019.

**Question 7:** **Why are my HRRP readmission measure results different from the readmission measure results on the Provider Data Catalog?**

The readmission measure results in the Unplanned Hospital Visits dataset on the Provider Data Catalog are also posted on Medicare Care Compare. HRRP and Medicare Care Compare use the same readmission measure methodology and hospital performance period in a given reporting cycle; however, each includes a different set of hospitals. HRRP includes subsection (d) hospitals, as well as hospitals in Maryland. By contrast, the measure results on Medicare Care Compare 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 Medicare Care Compare.

**Question 8:** **How do I determine if my hospital was penalized for HRRP in FY 2022?**

CMS publishes hospital payment reduction percentages in the FY 2022 Final Rule Supplemental Data File. This file is posted on the FY 2022 IPPS/LTCH PPS 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 reduction percentage greater than 0 percent are penalized in FY 2022. Hospitals with a payment reduction percentage equal to 0 are not penalized in FY 2022.

**Question 9:** **When will we receive the FY 2022 Hospital Value-Based Purchasing (VBP) Program reports?**

CMS made the FY 2022 Hospital VBP Program Percentage Payment Summary Reports (PPSR) available in the *Hospital Quality Reporting (HQR) Secure Portal* in December of 2021.

**Question 10:** **Will CMS publish a FY 2023 Quick Reference Guide?**

The FY 2023 Hospital VBP Program Quick Reference Guide is available to download here: https://qualitynet.cms.gov/inpatient/hvbp/resources

**Question 11:** **Is PC-01 removed now from the Hospital VBP Program?**

The PC-01 measure was removed from the Hospital VBP Program beginning in FY 2021, meaning the measure was included in FY 2020 and not FY 2021. The performance period for the PC-01 measure in FY 2020 was January 1, 2018, through December 31, 2020. The PC-01 measure is still collected and reported on Care Compare for the Hospital Inpatient Quality Reporting (IQR) Program.

**Question 12:** **What is the advantage of accessing the FY 2019 payment tables?**

The FY 2019 payment datasets show the high-level impact of the Hospital VBP Program on hospital payments during the fiscal year. The information provided in these tables are at an aggregate level and are not displayed per hospital.

**Question 13:** **Previously, we were able to compare our data to the state and national averages for Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), but we no longer see those data points. Are they still available on Care Compare?**

Yes, on Care Compare, you can search for your hospital. On your hospital's page, select View Survey Details on the Patient Survey Rating section. For each dimension, you should see your hospital's HCAHPS rate, the national average, and your state's average.

**Question 14:** **Who can access HSRs for the HAC Reduction Program and the Hospital VBP Program?**

Users who experience problems accessing their HSR should direct any questions or concerns to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa

Select Ask a Question and choose the program from the list. Then, choose Hospital-Specific Reports & Requests from the Topic list.

For technical assistance related to accessing HSRs, please contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912, Monday–Friday, 7 a.m.–7 p.m. Central Time.

**Question 15:** **Are archive data available for all Care Compare measures?**

Yes, CMS regularly archives data that have been publicly reported during the quarterly refresh process. Archived data can be found on the Provider Data Catalog website: https://data.cms.gov/provider-data/archived-data/hospitals

**Question 16:** **Where can I find the slides for this webinar?**

A transcript of the presentation, the slides, a summary of the questions asked, and the responses will post to the Quality Reporting Center (www.QualityReportingCenter.com) in the upcoming weeks.

**Question 17:** **What dates does the FY 2022 Hospital VBP Program include?**

The FY 2022 Value-Based Purchasing Quick Reference Guide lists the major elements of the designated fiscal year's Hospital VBP Program including domains, domain weights, measures, baseline and performance period dates, and performance standards.

**Question 18:** **Slide 31: Are you updating the FY 2022 Hospital VBP Program domain data? Will CMS publicly report FY 2022 Hospital VBP Program domain data?**

In the FY 2022 IPPS/LTCH PPS final rule, issued in August 2021, CMS determined that circumstances caused by the COVID-19 PHE significantly affected NHSN HAI, HCAHPS survey, and the MSPB measures in the FY 2022 Hospital VBP Program. As a result, in the final rule, CMS suppressed those measures from the FY 2022 Hospital VBP Program.

Because CMS is suppressing many measures, CMS believes there will not be enough data to award a Total Performance Score (TPS) to any hospital in FY 2022. As a result, no hospital will have a TPS calculated and no hospital will have payments adjusted due to the Hospital VBP Program in FY 2022. Therefore, we will not update the Provider Data Catalog at this time. CMS is planning to publicly report FY 2022 Hospital VBP Program data at a later time.

**Question 19:** **Has the FY 2024 Hospital VBP Program Quick Reference Guide published? If yes, where is it located?**

The FY 2024 Hospital VBP Program Quick Reference Guide has not published yet. When it publishes, the guide, along with other Hospital VBP Program resource documents, can be found here.

**Question 20:** **Why would someone want to download all data sets? Why would that be useful?**

The Topics page will direct you to two links for each care setting. One to view archived data and one to download all datasets. If you select Download All Datasets, you will download the current version of all datasets available for that care setting. Some prefer to download the entire hospital database instead of individual files one at a time.

**Question 21:** **Is the FY 2022 Hospital VBP Program payment a neutral payment, with no penalty and no bonus? What about FY 2023 and FY 2024, since there were Performance Periods?**

In the FY 2022 IPPS/LTCH PPS final rule, issued in August 2021, CMS determined that circumstances caused by the COVID-19 PHE significantly affected NHSN HAI, HCAHPS survey, and the MSPB measures in the FY 2022 Hospital VBP Program. As a result, in the final rule, CMS suppressed those measures from the FY 2022 Hospital VBP Program. Because CMS is suppressing many measures, CMS believes there will not be enough data to award a TPS to any hospital in FY 2022.

As a result, no hospital will have a TPS calculated and no hospital will have payments adjusted due to the Hospital VBP Program in FY 2022. Therefore, we will not update the Provider Data Catalog at this time. For future program changes, please refer to the final rules published each year around August 1.

**Question 22:** **Are the HAI measures in the HAC Reduction Program from the NHSN HAC Reduction Program surveillance list or claims data?**

The five HAI measures which CMS includes in the HAC Reduction Program rely on chart-abstracted and laboratory-identified surveillance data collected by the CDC's NHSN. They do not include claims data.

Each quarter, hospitals have the opportunity to submit, review, and correct the CDC NHSN HAI chart-abstracted or laboratory-identified data during the four and a half months, from the end of the reporting quarter up until the CMS submission deadline. Immediately following each quarterly submission deadline, CDC creates a data file for CMS to use in quality reporting and value-based purchasing programs. The quarterly deadlines are listed in the HAC Reduction Program Matrix of Key Dates: https://qualitynet.cms.gov/inpatient/hac/resources

**Question 23:** **What would be the PSI-90 performance period for FY 2023?**

The CMS PSI 90 performance period for the FY 2023 HAC Reduction Program will be July 1, 2019, to December 31, 2019, and January 1, 2021 to June 30, 2021.

**Question 24:** **When will CMS decide if it will suppressing data from subsequent COVID surges? We were not impacted during Q1 and Q2 of 2020 for the most part but greatly impacted 4Q20-1Q21 and again summer 2021 and Nov21-Jan22.**

At the present time, CMS has not made a decision to suppress data for quarters in CY 2021 or CY 2022. CMS is closely monitoring the dynamic situation of the PHE and will communicate further guidance as soon as it is available. Additional guidance would be announced via the cms.gov website and communicated through the QualityNet Listserves. If you are not receiving QualityNet Listserves, you can sign up for the email updates on the QualityNet home page (http://qualitynet.cms.gov) by clicking on Join Now. For future program proposals please refer to the FY 2023 IPPS Proposed Rule.

If your hospital believes that their performance continues to be adversely impacted by the COVID-19 PHE, you have the opportunity to submit an individual ECE Request Form to CMS for any of CMS's quality reporting a value-based purchasing programs within 90 days of the date of the extraordinary circumstance. The ECE Request Form and submission instructions are available on QualityNet: https://qualitynet.cms.gov/inpatient/iqr/participation#tab3

**Question 25:** **Does CMS plan to remove or account for COVID-19 cases in PSI 90 or risk modules to align with Agency for Healthcare Research and Quality (AHRQ) PSI technical specifications?**

At the present time, CMS has not made a decision to exclude patients with a COVID diagnosis from the measures in the HAC Reduction Program. For future program proposals please refer to the FY 2023 IPPS Proposed Rule.

CMS is closely monitoring the dynamic situation of the PHE and will communicate further guidance as soon as it is available. CMS will announce additional guidance via the cms.gov website and QualityNet Listserves. If you do not receive QualityNet Listserves, you can sign up for the email updates by going to the bottom of the QualityNet home page (http://qualitynet.cms.gov) and clicking on Join Now.

**Question 26:** **Please explain dual eligibility.**

Dually-eligible patients are beneficiaries who qualify for both Medicare and full Medicaid benefits. Dually-eligible stays are stays for beneficiaries with Medicare and full Medicaid benefits for the month the beneficiary was discharged from the hospital. CMS makes an exception for a patient beneficiary who died in the month of discharge who also used the previous months' dual eligibility status. "Dual proportion" is the proportion of stays during the performance period for Medicare Fee For Service and managed care beneficiaries who were also eligible for full Medicaid benefits. CMS calculates the dual proportion using the same data period as the Excess Readmission Ratios (ERRs) to account for the influence of social risk factors on readmissions.

**Question 27:** **When the hybrid readmission electronic clinical quality measure (eCQM) becomes mandatory, does it mean that the HRRP and HSRs will end?**

As finalized in the FY 2020 IPPS/LTCH PPS final rule, the Hybrid Hospital-Wide Readmission (HWR) measure will be part of the Hospital Inpatient Quality Reporting (IQR) Program, beginning with two voluntary reporting periods. After the voluntary reporting periods, reporting of the Hybrid HWR measure becomes mandatory.

The Hybrid HWR measure is not included in HRRP; HRRP includes only claims-based condition and procedure-specific readmission measures. Therefore, the required reporting of the Hybrid HWR measure will not affect HRRP.

**Question 28:** **How is the HRRP aligned with the Hybrid HWR eCQM?**

The Hybrid HWR measure uses both claims data and clinical variables from electronic health records (EHR) for risk adjustment. The Hybrid HWR measure uses the same specifications as the claims-based HWR measure, but it also includes EHR data for more comprehensive risk adjustment. HRRP includes only claims-based condition and procedure-specific readmission measures. The calculation and reporting of the Hybrid HWR measure has no impact on the calculation and reporting of the HRRP readmission measures or the HRRP payment reduction percentage.

**Question 29:** **Does a higher ERR mean better performance or is it an inverse ratio?**

The ERR is a measure of a hospital's relative performance compared with all other HRRP hospitals. If a hospital performs better than the average hospital that admitted similar patients (patients with similar risk factors for readmission, such as age and comorbidities), the ERR will be less than 1.0. If a hospital performs worse than the average hospital, the ERR will be greater than 1.0.

**Question 30:** **Is the Provider Data Catalog (PDC) data our own hospital's data? Can we review cases for the HAC Reduction Program or HRRP?**

The HAC Reduction Program and HRRP datasets that are publicly reported on the PDC reflect program scores for a given program year. Prior to public reporting of all hospitals data, CMS provides hospitals with a HSR for each program. The HSR is a confidential report that CMS sends to each hospital at the beginning of the Scoring Calculations Review and Corrections period.

The HSR provides hospitals the opportunity to review their program calculations. The FY 2022 Scoring Calculations Review and Corrections period for HRRP was August 9, 2021, to September 8, 2021. For the HAC Reduction Program, it was August 16, 2021, to September 14, 2021. CMS expects HSRs for the FY 2023 program years to be released in mid- to late summer 2022. CMS will announce exact dates of the HSR release and 30-day review and correction period for the two programs via QualityNet Listserves. If you do not receive QualityNet Listserves, you can sign up for the email updates by going to the bottom of the QualityNet home page and clicking on Join Now.

Please note that during the Scoring Calculations Review and Corrections period, hospitals cannot request corrections to the underlying claims data for the CMS PSI 90 measure used in the HAC Reduction Program or the condition/procedure-specific readmissions measures used in HRRP, including adding new claims to the data extract CMS used to calculate the results. Also, hospitals cannot request corrections to the underlying claims data for the reported number of HAIs, SIRs, and reported central-line days, urinary catheter days, surgical procedures performed, or patient days for the CDC NHSN HAI measures used in the HAC Reduction Program.

Hospitals have the opportunity to, and are expected to, review and correct underlying claims and HAI data before HSRs are produced. CMS cannot regenerate HSRs to reflect claims and HAI data corrections submitted after the submission deadlines.

For claims-based measures, CMS takes an annual snapshot of the claims data to perform measure calculations for quality reporting and value-based purchasing programs. CMS most recently took a snapshot of the data on September 24, 2021, to calculate results for the FY 2023 program year. The next claims snapshot for the claims-based measures will be on September 30, 2022, to calculate results for the FY 2024 program year.

For HAI measures, hospitals have the opportunity to submit, review, and correct the CDC NHSN HAI chart-abstracted or laboratory-identified data during the four and a half months after the end of a reporting quarter up until the CMS submission deadline. The quarterly deadlines are listed in the HAC Reduction Program Matrix of Key Dates: https://qualitynet.cms.gov/inpatient/hac/resources

**Question 31:** **How does an organization dispute a HAC Reduction Program case?**

CMS provides hospitals 30 days to review their HAC Reduction Program data (as reflected in their HSRs), submit questions about the calculation of their results, and request corrections. This is known as the Scoring Calculations Review and Corrections period.

The period begins when hospitals receive their HSR via the HQR System Managed File Transfer (MFT) inbox. HSRs are available for 30 days in the HQR System MFT inbox.

For the HAC Reduction Program, during the Scoring Calculations Review and Corrections period, your hospital can review and request corrections to measure result calculation for the CMS PSI 90 measure, measure score calculation for all measures in the program, Total HAC Score calculation, and payment reduction status,

During the Scoring Calculations Review and Corrections period, hospitals cannot request corrections to the underlying claims data for the CMS PSI 90 measure, including adding new claims to the data extract CMS used to calculate the results), and the reported number of HAIs, SIRs, and reported central-line days, urinary catheter days, surgical procedures performed, or patient days for the CDC NHSN HAI measures.

**Question 32:** **I see the Care Compare preview report includes the top 10 percent benchmark. Why is this value not included in the reports available for download?**

The HAC Reduction Program and HRRP datasets reflect data that are based on program scoring methodology calculations for each of the programs, neither of which use the top 10 percent of measure performance benchmark.

**Question 33:** **How will CMS use CY 2020 and CY 2021 data in the HRRP?**

Due to the ECE discussed in the FY 2022 IPPS/LTCH PPS final rule (86 FR 45260), CMS will not use claims data representing Q1 and Q2 2020 (reflecting services provided January 1, 2020, through June 30, 2020) in its calculations for HRRP.

The FY 2023 performance period includes hospital discharges that occurred from July 1, 2018, to December 1, 2019, or July 1, 2020, to June 30, 2021. The FY 2024 performance period will include hospital discharges that occurred from July 1, 2019, to December 1, 2019, or July 1, 2021 to June 30, 2022.

**Question 34:** **Why is the performance period always a few years back in the calculation?**

CMS uses a rolling multi-year performance period because using multiple years of data improves the reliability of program calculations and data reporting. In addition, using multiple years of data allows the HAC Reduction Program and HRRP to include more hospitals. The multi-year data period particularly helps small volume hospitals that would otherwise not have sufficient number of cases to meet volume threshold requirements for a given year.

**Question 35:** **Can we dispute a claim for the HAC Reduction Program before billing and before it leaves the organization?**

CMS takes an annual snapshot of the claims data to perform measure calculations for claims-based measures for quality reporting programs (including the CMS PSI 90). Hospitals have the opportunity to correct claims data up until the claims snapshot date for a given program year.

Medicare Administrative Contractors must have processed all corrections to underlying Medicare Fee For Service claims data by the snapshot date. The HSR will not reflect any claim edits processed after this date. Hospital results will only reflect edits that comply with the time limits and reopening and revision requirements outlined in Chapter 1, General Billing Requirements, and Chapter 34, Reopening and Revision of Claim Determinations and Decisions, of the Medicare Claims Processing Manual.

CMS most recently took a snapshot of the data on September 24, 2021, to calculate results for the FY 2023 HAC Reduction Program. The next claims snapshot for the claims-based measures is expected to take place on September 30, 2022, applicable to the FY 2024 HAC Reduction Program.

Errors in claims data submissions identified after the claims snapshot date cannot be corrected for HAC Reduction Program results calculations. However, your hospital may request to have a footnote applied to the publicly reported results: "The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data." In order to request a footnote, your hospital will need to complete a Request Form for Withholding/Footnoting Data for Public Reporting, available on the QualityNet Public Reporting Participation page (https://qualitynet.cms.gov/inpatient/public-reporting/public-reporting/participation) by the end of the Scoring Calculations Review and Corrections period.

**Question 36:** **When will the Confidence Interval for validation for the HAC Reduction Program become available for FY 2023?**

Contacts at hospitals selected for FY 2023 data validation efforts should have received an email notification during the week of February 21, 2022. The notification communicated the following information regarding your Confidence Interval Reports:

In light of the finalization of proposals within the FY 2022 IPPS/LTCH PPS final rule (86 FR 45302–45305) regarding the HAC Reduction Program scoring rubric for FY 2023, CMS intends to follow a process for the HAC Reduction Program measure suppression policy analogous to the current ECE validation scoring protocol. Since only Q3 and Q4 2020 HAIs are validated under the HAC Reduction Program for the FY 2023 program year, all selected hospitals have received a FY 2023 confidence interval validation score of 100 percent for the HAI measures. The score of 100 percent should not be used as an indicator of true hospital performance in reporting.

The FY 2023 HAC Reduction Program Confidence Interval Report will not be available in the *HQR Secure Portal*. For validation questions, reach out to the Validation Support Contractor at validation@telligen.com.

**Question 37:** **What measures make up the PSI 90 composite measure? Where can I find this info?**

The CMS PSI 90 measure is a claims-based composite measure of your hospital's performance based on 10 component measures of patient safety. A hospital's measure result for the CMS PSI 90 measure is their CMS PSI 90 composite value.

The CMS PSI 90 composite value is a weighted average of the risk- and reliability-adjusted rates (also known as smoothed rates) of the 10 component PSI measures: PSI 03 – Pressure Ulcer Rate; PSI 06 – Iatrogenic Pneumothorax Rate; PSI 08 – In Hospital Fall with Hip Fracture Rate; PSI 09 – Perioperative Hemorrhage or Hematoma Rate; PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate; PSI 11 – Postoperative Respiratory Failure Rate; PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate; PSI 13 – Postoperative Sepsis Rate; PSI 14 – Postoperative Wound Dehiscence Rate; and PSI 15 – Abdominopelvic Accidental Puncture or Laceration Rate.

More information on the CMS PSI 90 measure can be found on the QualityNet CMS PSI Resources page:
https://qualitynet.cms.gov/inpatient/measures/psi/resources

**Question 38:** **When will HRRP and HAC Reduction Program reports become available to hospitals?**

CMS expects the FY 2023 HSRs for the HAC Reduction Program and HRRP to be released in mid to late summer 2022.

CMS will announce the HSR release date and 30-day review and correction period for the two programs via QualityNet Listserves. If you do not receive QualityNet Listserves, up for the email updates by going to the bottom of the QualityNet home page (https://qualitynet.cms.gov) and clicking on Join Now.

**Question 39:** **How do hospitals receive payment based on their performance? Do they pay a penalty later or is there a reduction to their Medicare payment for the services they provided to Medicare patients?**

When CMS pays claims for the given fiscal year, it applies any payment adjustments based on program performance. For instance, CMS will apply payment adjustments for the FY 2022 program year when it pays claims for discharges from October 1, 2021, to September 30, 2022 (FY 2022). The specific payment adjustment amount and point of application depends on the program.

The Hospital VBP Program is an estimated budget-neutral program and is funded through a percentage withhold or reduction from participating hospital diagnosis related group (DRG) payments. Incentive payments will be redistributed based on the hospital's Total Performance Score in comparison to the distribution of all hospitals' Total Performance Scores and total estimated DRG payments. Please note that withholds and incentive payments are not made in a lump sum,; they are paid through each eligible Medicare claim made to CMS. The funding from the FY 2021 program will come from a 2-percent withhold from participating hospitals' base operating DRG payment amount.

In HRRP, hospitals may receive a payment reduction (the payment adjustment factor) between 0 and 3 precent, depending on their performance. The HRRP reduction is applied to the base operating DRG payment of the claim. In the HAC Reduction Program, hospitals with a Total HAC Score greater than the 75th percentile of all Total HAC Scores (hospitals in the worst-performing quartile) will receive a payment reduction of 1 percent on overall Medicare Fee For Service payments. CMS applies the 1-percent payment reduction as the final adjustment (after all other adjustments) when hospital claims are paid.

**Question 40:** **Do you have a crosswalk calendar of CMS fiscal years and the equivalent calendar years?**

A helpful resource document explaining fiscal years and calendar years can be found on the Quality Reporting Center website.