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 Presentation Transcript

Speakers

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The transcript was edited for grammar and clarity. Subject-matter experts answered participant questions during the live event.

Brandi Bryant Hello. Welcome to the Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program webinar focusing on the fiscal year 2022 Provider Data Catalog Refresh. My name is Brandi Bryant, and I am with the CMS Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. A transcript of the presentation, along with a summary of the questions asked today, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you registered for this event, a reminder email and a link to the slides were sent out to your email about two hours ago. If you did not receive that email, you can download the slides at www.QualityReportingCenter.com.

I would now like to introduce today's speakers. Maria Gugliuzza is the Hospital Value-Based Purchasing Program Lead for the Centers for Medicare & Medicaid Services' Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Amy Gehrke is the HAC Reduction Program Lead at the Centers for Medicare & Medicaid Services' Division of Value, Incentives, and Quality Reporting Program Support Contract. Kristanna Peris is the Hospital Readmissions Reduction Program Lead also at the Centers for Medicare & Medicaid Services' Division of Value, Incentives, and Quality Reporting Program Support Contract.

Today's event will provide an overview of publicly reported data for CMS inpatient hospital value-based purchasing programs, including the Hospital VBP Program, the HAC Reduction Program, and the HRRP.

Participants will be able to locate publicly reported data for the CMS inpatient hospital value-based purchasing programs in the Provider Data Catalog, recall the changes to the inpatient hospital pay-for-performance programs from fiscal year 2021 to fiscal year 2022, and obtain comma-separated value (CSV) files of the publicly reported data.

As a reminder, we do not recognize the raised hand feature in the Chat tool during webinars. Instead, you can submit any questions, pertinent to the webinar topic, to us via the Chat tool. All questions received via the Chat tool during this webinar that pertain to this webinar topic will be reviewed and a Q&A transcript will be available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions. These questions will be addressed in a questions-and-answers transcript, to be published at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the Chat tool nor in the questions-and-answers transcript for the webinar. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the QualityNet Q&A Tool. You can access the Q&A tool using the link on this slide. There you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the Q&A tool, which, again you can access at the link on this slide.

Here is a list of acronyms used on today's call for your reference.

I will now turn the call over to our first speaker. Maria, the floor is yours.

Maria Gugliuzza Thank you, Brandi. In this portion of the presentation, since it's been a while, I will briefly review the shift from Hospital Compare to Care Compare and the Provider Data Catalog. I will also present how to navigate the Provider Data Catalog and respond to some frequently asked questions.

As part of the eMedicare initiative, two tools were launched in early September 2020 to replace the eight existing quality compare tools. Care Compare on Medicare.gov presents a single user-friendly interface with quality, price, volume, and other data that help patients make informed decisions about their health. This replaced the need for a user to locate multiple different sites based on the care setting, such as Hospital Compare, Nursing Home Compare, and Physician Compare, to access this information. The Care Compare site is focused in providing information to Medicare beneficiaries, patients, and consumers.

The Provider Data Catalog, the second tool, was also launched in early September 2020 replacing Data.Medicare.gov and is geared towards more data-minded stakeholders, such as academia, researchers, and parts of the healthcare industry. The PDC serves as a repository of the data included on the Care Compare website and additional datasets that are more complex and difficult for the intended focus groups of the Care Compare site to understand. These complex datasets include the results from the three inpatient hospital value-based purchasing programs that we're covering today, the Hospital Value-Based Purchasing Program, the Hospital-Acquired Condition Reduction Program, and the Hospital Readmissions Reduction Program. These datasets are not available on the Care Compare website.

The Provider Data Catalog gives you direct access to the data repository of CMS official data. When using the PDC, you can either view the data in a table form in your browser, download the data in a CSV format, or access the data through an API.

Now, we're going to take a quick walk through of the Provider Data Catalog. The link to the Provider Data Catalog is provided on this slide.

The home screen of the Provider Data Catalog gives you a few different launch points to access the datasets you're seeking. You can search for key terms regardless of setting. For example, if you search the term "survey," you currently will receive 26 datasets that include that include that term across all care settings. Because we are focusing on the hospital value-based purchasing programs today, I'll walk through how to display just the hospital care setting.

When scrolling down past the initial search screen, care settings will display what can be selected. The hospital value-based purchasing programs are located in the Hospital Care Setting selection.

After clicking on the Hospital Care Setting, you will be directed to the searchable list of just hospital-related datasets. You can scroll through these datasets to find the specific tables you are seeking, or you can search using the search bar. Now, I'm going to open a dataset to display what options and information are available. For this example, I'm selecting the Unplanned Hospital Visits – State dataset.

When I open a dataset, I will see the name of the dataset, a brief description, and the last updated date at the top of the screen. To the right, I can confirm that this dataset relates to the Hospital Care Setting. I can also download the dataset in CSV format, and I can download the data dictionary.

In the dataset explorer, you have the opportunity to filter the datasets without downloading the dataset into a CSV file. For example, if my hospital was in the state of Missouri, I may want to see only the state-level data for Missouri. Currently, Alaska is displaying on my screen. You can filter by tipping into the search box under each column heading. For our example, I typed MO into the State Search box, which resulted in my screen displaying the state-level results for Missouri. You can perform similar types of actions for searching for your hospital's CMS Certification Number, or CCN, and filtering to a specific measure when a dataset has multiple measures included.

Under the table, additional information about the dataset is provided, including the release date for the dataset and who to contact if you have questions regarding the dataset. To the right and below additional information, information regarding accessing the API is displayed.

Here are some frequently asked questions that I've already received and (to be honest) had myself. How do I download the entire hospital database instead of individual files? How do I find previous releases or archived hospital files? These two questions have the same answer, and I'll walk through how to access them on the next few slides.

From the Provider Data Catalog home screen, select Topics from the menu. The topics page will direct you to two links for each care setting, one to view archived data and one to download all datasets. Download All Datasets will download the current version of the all datasets available for that care setting. So, that's our answer to the first question: How do I download the entire hospital database instead of individual files? The answer to the second question (How do I find previous releases (archived) hospital files?) can be found by selecting View Archived Data.

When selecting View Archived Data, the site will direct you to the listing of data from each of the refreshes from 2014 and forward.

Now, we will be shifting our focus to the two hospital value-based purchasing programs that had data refreshed on the Provider Data Catalog website in January. First, I would like to review why the Hospital Value-Based Purchasing Program wasn't updated during the January 2022 refresh.

The Hospital VBP Program was set forth under Section 1886(o) of the Social Security Act. The Hospital VBP Program was first adopted in fiscal year 2013 and CMS has used this program to adjust payments for every fiscal year subsequent. Fiscal year 2022 is the tenth year of the program. The Hospital VBP Program was one of the first national inpatient pay-for-performance programs in which hospitals were paid for services based on the quality of care rather than the quantity of services provided. The program strives to pay for care that rewards better value, improved patient outcomes, innovations, and cost efficiencies over volume of services. In a normal year, the Hospital VBP Program works by awarding a hospital two types of scores for each measure included in the program: one for achievement and one for improvement. Achievement points are awarded by comparing your hospital's measure rate in the performance period against set performance standards, known as the benchmark and achievement threshold. Improvement points are awarded by comparing your hospital's rate in the performance period against your own hospital's rate during an earlier period known as the baseline period. The greater of a hospital's achievement and improvement points becomes the hospital's measure score.

Measure scores are used in determining the hospital's domain scores which are then rolled up into the hospital's Total Performance Score. In the FY 2022 Inpatient Prospective Payment System (IPPS) Final Rule, issued in August 2021, CMS determined that circumstances caused by the COVID-19 Public Health Emergency significantly affected NHSN HAI, HCAHPS Survey, and the Medicare Spending per Beneficiary (MSPB) measures in the FY 2022 Hospital VBP Program. As a result, in the final rule, CMS suppressed those measures from the 2022 fiscal year Hospital VBP Program. Because CMS is suppressing many measures, CMS believes there will not be enough data to award a Total Performance Score 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 be updating the Provider Data Catalog. If you would like more background information on the Hospital VBP Program and the COVID-19 Public Health Emergency suppression policy, I recommend watching the Fiscal Year 2022 Percentage Payment Summary Report Overview webinar from December 2021, which is available in the Hospital VBP Program's archived events section on the QualityReportingCenter.com website.

In the FY 2022 Hospital VBP Program, the 30-Day Mortality Measure for CABG was adopted to the Clinical Outcomes domain. In the first bullet point, you can click the link to the FY 2017 IPPS Final Rule to learn more about CMS's adoption of the measure into the Hospital Value-Based Purchasing Program. Like the other mortality measures, the CABG measure includes Medicare Fee-for-Service patients aged 65 or older. The cohort specifically looks at those beneficiaries who receive a qualifying CABG procedure. The measure uses the same general approach for risk-adjustment as the other 30-day mortality measures.

The domains and measures for fiscal year 2022 are displayed on this slide. We have the Clinical Outcomes domain containing the 30-day mortality measures for AMI, CABG, COPD, Heart Failure, and Pneumonia, in addition to the THA/TKA Complication Rate. The Efficiency and Cost Reduction domain contains the Medicare Spending per Beneficiary Measure.

The Person and Community Engagement domain contains the eight HCAHPS Survey dimensions that you see listed on this slide. The Safety domain currently contains the five healthcare-associated infection measures collected under NHSN, the National Healthcare Safety Network.

The Hospital VBP Program is unique in that it allows hospitals to earn improvement [points], which are scored based on how a hospital improved in their own performance from the baseline period to the performance period, in addition to the opportunity for achievement, which is scored based on how a hospital compares versus all other hospitals in the country. We have two periods listed on this slide, baseline and performance, in order to calculate both of those scores. The HCAHPS Survey, HAI measures, and MSPB measure are calendar year measures and utilize a performance period of calendar year 2020 and a baseline period of calendar year 2018. The mortality measures and complication measures use multi-year baseline and performance periods that are listed on this slide.

This is another reminder that the January PDC refresh will not include updated FY 2022 Hospital VBP Program data. CMS still provided the FY 2022 Percentage Payment Summary Report as confidential feedback to hospitals to ensure they were made aware of the changes in performance rates. Although they did not report FY 2022 Hospital VBP Program improvement points, achievement points, domain scores, and the Total Performance Score, CMS is still planning to publicly report FY 2022 Hospital VBP [Program] performance data later in the year.

To locate the current FY 2021 Hospital VBP [Program] results, once you are on the Provider Data Catalog main page, scroll down past the search box. You will find a list of healthcare settings, as shown on the next slide.

Select the Hospitals healthcare setting in the Explore, Download, & Investigate Provider data menu.

You will be redirected to the current Hospital datasets. To quickly find the Hospital VBP Program datasets, type VBP into the search tool.

There are five datasets for the Hospital VBP Program, one for each of the four domains and one for the Total Performance Score. Each of the domain level datasets includes a hospital's baseline period rate, performance period rate, achievement points, improvement points, measure score, and performance standards for each measure or dimension. The Total Performance Score file contains a hospital's unweighted domain score, weighted domain score, and the Total Performance Score.

Currently on PDC is the FY 2019 aggregate payment adjustments. CMS is planning on updating this table to fiscal year 2020 later in the year.

These are the names of the four aggregate payment adjustment table datasets that can be found in the Provider Data Catalog. Again, the plan is to update these four payments tables later in the year.

On this slide, I listed resources available to assist in finding and understanding the data. The first link is to the home page of the Provider Data Catalog. If you have any questions regarding the Provider Data Catalog or Care Compare websites, a great starting point is to submit your question through the QualityNet Q&A Tool. Please follow the instructions listed on the second bullet point to send your questions to the appropriate team. Background information on the Hospital VBP Program can be accessed on the QualityNet Hospital VBP Program CMS.gov website. More comprehensive information on the program, including scoring methodology, calculations, and general information for many fiscal years, can be accessed on the Hospital VBP Program QualityNet pages. If you have questions regarding the Hospital VBP Program specifically, please do not hesitate to contact us via the QualityNet Q&A Tool, by phone, or by the chat feature. Now, I would like to hand the presentation off to Amy Gehrke to discuss the HAC Reduction Program. Amy, the floor is yours.

Amy Gehrke Thank you, Maria. Hello, my name is Amy Gehrke and I am the Hospital-Acquired Condition Reduction Program, or HAC Reduction Program, Program Lead under the DPS contract. I will be going over the program changes for the fiscal year 2022 program year and what data you can find on the Provider Data Catalog.

For some background on the program, the HAC Reduction Program is a value-based purchasing program established under Section 1886(p) of the Social Security Act. As required by the act, hospitals with a Total HAC Score in the worst-performing quartile of all subsection (d) hospitals receive a 1-percent reduction to overall Medicare Fee-For-Service payments. Each year CMS provides hospitals 30 days to review and submit corrections to their program results prior to publicly reporting results. The scoring calculation review and correction period for the fiscal year 2022 HAC Reduction Program occurred August 16, 2021–September 14, 2021.

The Fiscal Year 2022 HAC Reduction Program includes six measures, one claims-based composite measure of Patient Safety Indicators, the CMS PSI 90, and five chart-abstracted infection measures of healthcare-associated infections, the HAI measures, which are collected by the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network, or NHSN. These measures are CLABSI, CAUTI, SSI for abdominal hysterectomy and colon procedures, MRSA bacteremia, and CDI. There were no changes to the scoring methodology or the measure methodology for the fiscal year 2022 program year. Updates that occurred from the fiscal year 2021 program year include using the most recent version of CMS PSI software (v11.0) to calculate CMS PSI 90 results. In response to the COVID-19 Public Health Emergency, CMS shortened the performance periods for the measures by excluding all HAI and claims data for calendar year 2020. All Quarter 4 2019 HAI data optionally submitted to NHSN by the May 18, 2020, deadline were used in program calculations.

The fiscal year 2022 performance period for the CMS PSI 90 measure was from July 1, 2018–December 31, 2019. The five chart-abstracted measure performance period for fiscal year 2022 was from January 1, 2019 through December 31, 2019.

In fiscal year 2022, CMS updated the data on the Provider Data Catalog website to include publicly reported data for the HAC Reduction Program.

This includes individual measure scores for the CMS PSI 90 and CDC NHSN HAI measures; Total HAC Score, which is calculated as the equally weighted average of hospital measure scores; and hospital Payment Reduction Indicator, which denotes if the payment reduction will be applied to a hospital's overall Medicare Fee-For-Service payments in fiscal year 2022. Hospital measure scores are calculated as the Winsorized z-score of their raw measure results. In order to calculate a hospital's measure score for a given measure, the national mean of measure results for all subsection (d) hospitals is subtracted from the hospital's measure results. This is divided by the standard deviation of measure results for all subsection (d) hospitals. National means and standard deviations for measure results, as well as the 75th percentile Total HAC Score, are not publicly reported in this Provider Data Catalog release of data, but they can be found within the Fiscal Year 2022 Hospital-Specific Report User Guide. This is publicly available on the QualityNet website, which can be found on the HAC Reduction Program Resources slide at the end of this section of the presentation.

Similar to the [Hospital] VBP [Program], to find the HAC [Reduction Program] data sets on the Provider Data Catalog, you can navigate to the Provider Data Catalog home page and select Datasets.

You can search HAC Reduction Program in the search bar and click the Hospital-Acquired Condition Reduction Program link. This will bring you to the HAC Reduction Program page, where you can access the downloadable dataset.

To access the dataset with HAC Reduction Program data, click Download This Dataset under the Downloads column on the right-hand side of the program page.

Here you can find several HAC Reduction Program resources including links to the PDC website, the program methodology, and general information about the program on Quality Net.

We encourage hospitals to submit questions via the Quality Q&A Tool. You can find instructions on this slide for how to submit questions related to the Provider Data Catalog or general inquiries about the program. Now, I'll turn it over to Kristanna to talk about the Hospital Readmissions Reduction Program.

Kristanna Peris Thank you, Amy. My name is Kristanna Peris, and I am the Program Lead for the Hospital Readmissions Reduction Program under the DPS contract. In this portion of the presentation, I will be reviewing the Hospital Readmissions Reduction Program and the publicly reported information that was recently released on the Provider Data Catalog website.

The Hospital Readmissions Reduction Program, or HRRP, which began in fiscal year 2013, is a Medicare value-based purchasing program that reduces payments to subsection (d) hospitals with excess readmissions. As of fiscal year 2015, the maximum payment reduction is 3 percent. The 21st Century Cures Act required 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. Dual-eligibility for Medicare and full Medicaid benefits is an indicator of a patient's social risk. As of fiscal year 2019, CMS compares a hospital's performance against other hospitals with similar patient populations to reduce the financial burden on safety-net hospitals. Each program year, CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting results. For fiscal year 2022, the Hospital Readmissions Reduction Program 30-day review and correction period was from August 9, 2021, to September 8, 2021.

The fiscal year 2022 performance period is impacted by the Extraordinary Circumstance Exception granted by CMS on March 27, 2020, and updated in the September 2, 2020, COVID-19 Interim Final Rule with Comment Period in response to the COVID-19 Public Health Emergency. CMS will not use claims reflecting services provided January 1, 2020, through June 30, 2020. The performance period for fiscal year 2022 is July 1, 2017, through December 1, 2019. 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.

This slide shows the six claims-based measures included in the fiscal year 2022 Hospital Readmissions Reduction Program. The program includes four condition-specific readmission measures for acute myocardial infarction, chronic obstructive pulmonary disease, heart failure, and pneumonia. The remaining two measures in the program are procedure-specific measures for coronary artery bypass graft surgery and elective primary total hip and/or total knee arthroplasty. The fiscal year 2022 performance period for all six measures includes discharges from July 1, 2017, through December 1, 2019, as explained on the previous slide.

CMS publicly reports the data elements listed on the slide for each of the six Hospital Readmissions Reduction Program measures on the Provider Data Catalog. For each measure, information is only reported for hospitals with 25 or more eligible discharges, while the number of readmissions, specifically, will only be reported if the hospital has 11 or more readmissions. CMS also reports hospitals' predicted readmission rate, expected readmission rate, and excess readmission ratio, or ERR. The ERR is a measure of a hospital's relative performance and is used in the Hospital Readmissions Reduction Program payment reduction formula to assess that hospital's excess readmissions for each of the conditions or procedures included in the program. CMS released the measure results for fiscal year 2022 Hospital Readmissions Reduction Program on the Provider Data Catalog in January.

In addition to the data posted on the Provider Data Catalog, CMS also releases payment reduction percentage and component information in the Fiscal Year 2022 Final Rule Supplemental Data File. This file includes information that is not posted on the Provider Data Catalog, including a hospital's payment reduction percentage, a hospital's dual proportion, and Peer Group Assignments

CMS posted this file in September 2021 after the review and correction period. To access the file, you can visit the Fiscal Year 2022 IPPS Final Rule home page, using the link shown on the slide.

Similar to the [Hospital] VBP and the HAC Reduction Programs, to find the newly released Hospital Readmissions Reduction Program data, navigate to the Provider Data Catalog home page. The home page features a search bar where you can type your search term.

Alternatively, on the home page, you can scroll down to the topics and click on Hospitals, seen in this slide.

Clicking on the Hospital topic icon on the home page will bring you to a page that allows you to search all Hospital datasets. In the search bar at the top of this page, type the keyword search term to search for the Hospital Readmissions Reduction Program dataset, as shown in this slide. You can download the dataset as a CSV for Excel by clicking on Download CSV.

This slide lists additional resources for the Hospital Readmissions Reduction Program. If you have questions about the program after this presentation, please submit questions via the Quality Q&A Tool, linked on this slide. Follow the navigation instructions to submit questions related to Provider Data Catalog, the measure methodology, or general inquiries about the program. Thank you for your time. I'll now turn it back to Brandi.

Brandi Bryant Thank you. We will now answer some of the questions that were submitted during the webinar. If you would like to submit additional questions at this time, please include the slide number associated with your question. The first question: What are the performance periods for the fiscal year 2022 HAC Reduction Program?

Amy Gehrke The CMS PSI 90 measure's performance period is July 1, 2018, to December 31, 2019. The CDC NHSN HAI measures' performance period is January 1, 2019, to December 31, 2019. These performance periods are shorter than the previously finalized two-year performance periods for the measures.

In response to the COVID-19 Public Health Emergency, CMS is excluding all calendar year 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 Fiscal Year 2022 IPPS/LTCH PPS Final Rule. The exclusion of calendar year 2020 data will also be applied to the fiscal year 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 Public Health Emergency and will communicate further guidance as soon as it is available. Additional guidance would be announced via the CMS website and communicated through the QualityNet Listserves. If you are not signed up for the QualityNet Listserves, you can sign up for the email updates by going to the bottom of the QualityNet home page, at QualityNet.cms.gov, and clicking on Join Now.

Brandi Bryant Can I calculate the 75th percentile of Total HAC Scores from publicly reported data on Provider Data Catalog?

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

Brandi Bryant When can my hospital review our HAC Reduction Program results?

Amy Gehrke Each year, during the Scoring Calculations Review and Correction 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 with detailed program results are made available to hospitals via a secure portal within the QualityNet website.

The Scoring Calculations Review and Correction period for the fiscal year 2022 HAC Reduction Program was from August 16, 2021–September 14, 2021.

Brandi Bryant Can my hospital's claims data and NHSN submissions be revised during the Scoring Calculations Review and Correction period?

Amy Gehrke No. The Scoring Calculations Review and Correction period allows hospitals to review their HAC Reduction Program data, submit questions about their calculations, and request corrections to their measure scores and Total HAC Scores. Underlying claims data for the CMS PSI 90 and HAI measure submissions to the NHSN cannot be reviewed and revised during the Scoring Calculations Review and Correction 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, 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 fiscal year 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 Hospital-Specific Reports 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 1 (January, February, and March) data are due on August 15; Quarter 2 (April, May, and June) data are due on November 15; Quarter 3 (July, August, and September) data are due on February 15 of the following year; and Quarter 4 (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 Hospital-Specific Reports or program results.

Brandi Bryant Why does the fiscal year 2022 HRRP performance period end on December 1, 2019, instead of December 31, 2019?

Kristanna Peris The fiscal year 2022 performance period is impacted by the national Extraordinary Circumstance Exception 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 Public Health Emergency. CMS will not use claims reflecting services provided January 1, 2020, through June 30, 2020 (Quarter 1 and Quarter 2 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.

Brandi Bryant Why are my HRRP readmission measure results different from the readmission measure results on the Provider Data Catalog?

Kristanna Peris 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. The Hospital Readmissions Reduction Program includes subsection (d) hospitals, as well as hospitals in Maryland. By contrast, the measure results on Medicare Care Compare include non-subsection (d) hospitals as well, such as Critical Access Hospitals and hospitals in U.S. territories. Most hospitals will have similar results for HRRP and Medicare Care Compare.

Brandi Bryant How do I determine if my hospital was penalized for HRRP in fiscal year 2022?

Kristanna Peris CMS publishes hospital payment reduction percentage in the Fiscal Year 2022 Final Rule Supplemental Data File. This file is posted on the FY 2022 IPPS Final Rule page on CMS.gov. This file includes hospitals subject to HRRP that have measure results for at least one measure in the program. Hospitals with a payment reduction percentage greater than 0 percent are penalized in fiscal year 2022. Hospitals with a payment reduction percentage equal to 0 are not penalized in fiscal year 2022.

Brandi Bryant When will we receive the fiscal year 2022 Hospital Value-Based Purchasing Program reports?

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

Brandi Bryant Will a Fiscal year 2023 quick reference guide be published?

Maria Gugliuzza Yes. The Fiscal Year 2023 Hospital VBP Program Quick Reference Guide is available to download here: qualitynet.cms.gov/inpatient/hvbp/resources

Brandi Bryant Is PC-01 removed now from the [Hospital] VBP Program?

Maria Gugliuzza The PC-01 measure was removed from the Hospital VBP Program beginning in fiscal year 2021, meaning the measure was included in fiscal year 2020 and not fiscal year 2021. The performance period for the PC-01 measure in fiscal year 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.

Brandi Bryant What is the advantage of accessing the fiscal year 2019 payment tables?

Maria Gugliuzza The fiscal year 2019 payment datasets provide a 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.

Brandi Bryant Previously we were able to compare our data to the state and national averages for HCAHPS, and we no longer see those data points. Are they still available on Care Compare?

Maria Gugliuzza Yes. On Care Compare, you can search for your hospital. On your hospital's page, you can 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.

Brandi Bryant That is all the time we have for questions today. Thank you for your participation in our webinar.