Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Fiscal Year 2018
Hospital VBP Program, HAC Reduction Program and HRRP:
Hospital Compare Data Update

Questions and Answers

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Support Contractor

Question 1: **PSI 90 is still being used in another program though, correct?**

The PSI 90 measure is still included in the Hospital IQR Program and HAC Reduction Program for FY 2019.

Question 2: **Any idea when *Hospital Compare* will be updated? At an earlier date, it was said that it would be updated today. Any idea if that is still the case?**

The *Hospital Compare* site was refreshed December 21st.

Question 3: **Regarding slides 12 & 13, where can the same information for FY 2019, FY 2020 and FY 2021 be found (specifically)?**

The Hospital Value-Based Purchasing pages on *QualityNet* contain information regarding measures, performance standards, and measurement periods for upcoming years; link: Hospital Value-Based Purchasing on QualityNet.

Question 4: **How frequently are HRRP HSR reports released?**

Annually.

Question 5: **#12 - When will hospitals receive updated PSI90 performance? The latest is 9/30/2015.**

CMS removed the PSI 90 measure from the Hospital VBP Program beginning in FY 2019. CMS finalized their proposal to adopt the new version of the PSI 90 measure in the FY 2023 Hospital VBP Program; however, measure results will not be provided for a few years for that fiscal year. The modified version of the PSI 90 Composite is still included in the Hospital IQR Program and HAC Reduction Program in FY 2019. CMS anticipates providing hospital specific reports (HSR) in the Spring of 2018.

Question 6: **#27 - Is the Star Ratings using PSI 90 recalibrated?**

Yes, Star Ratings includes PSI 90, but not HACRP data.

Question 7: **#15 - please clarify: Changes to NHSN after the data submission deadline will**

not be reflected in CMS programs (VBP/HAC/etc.)?

Hospitals may submit, remove, or modify entries in NHSN after the CMS quarterly submission deadlines; however, CMS will not receive those updates made after the deadline.

Question 8: **Slide 14 indicates the "The 30-day mortality measures are displayed as survival rates in the Hospital VBP Program instead of a mortality rate." This is not the case for the complication and deaths table on data.medicare.gov, correct?**

That is correct. Survival rates are only displayed in the Hospital VBP Program tables.

Question 9: **PSI's are being dropped from the FY 2019 program, per the FY 2018 IPPS rule. Will it also be dropped from the HAC program? Will that be all infections measures in FY 2019?**

The HAC Reduction Program for FY 2019 will still include the modified Recalibrated PSI 90 Composite.

Question 10: **How about the EDAC Measures and its use in the HRRP?**

The EDAC measures are not included in HRRP.

Question 11: **Will the HACRP information posted on *Hospital Compare* contain information about the Winsorization cutoffs for each measure?**

This information can be found in the HSR or in the HSR User Guide located under FY 2018 HSR on *QualityNet* here: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298662

Question 12: **Why are the CMS tables not available for the HAC Reduction Program? In the past CMS posted Table 17, which had the data, this has not happened in recent years?**

The HACRP results sometimes referred to as the "penalty file" will not be posted on cms.gov for the first time this year. This same information (CCN, Total HAC Score, whether they are subject to a payment reduction) can be found in the downloadable database on *Hospital Compare*.

Question 13: **#37 - Our hospital system does a lot of transfers between our hospitals (different CMS license). One hospital discharges a patient and that same patient is admitted the same day to another hospital. Would that be counted as a readmission?**

Transfers are not considered a readmission.

Question 14: **Slide 38: What is the difference between predicted and expected readmissions?**

Predicted readmissions are the number of 30-day readmissions predicted for your hospital based on your hospital's performance with its observed case mix and its estimated effect on readmissions (the hospital-specific effect provided in your hospital discharge-level data). The predicted readmission term is also referred to as the Adjusted Actual Readmissions in Section 3025 of the Affordable Care Act. Expected readmissions are the number of 30-day readmissions expected for your hospital, based on the average hospital performance given your hospital's case mix and the average hospital effect (provided in your hospital discharge-level data).

Question 15: **Are we talking about all-cause readmissions or like readmissions?**

All-cause readmissions are not included in HRRP. HRRP only includes the condition/procedure specific measures.

Question 16: **What software version was used for PSI 90 for HACRP?**

The HAC Reduction Program used recalibrated Version 6.0.2 of the CMS PSI software for fiscal year 2018.

Question 17: **How does CMS adjust payments under the Hospital Readmission Reduction Program?**

CMS applies the adjustment factor to all discharges in the applicable fiscal year regardless of the condition. For fiscal year 2018, the payment adjustment will apply to payments for patients starting on or after October 1, 2017 through September 30, 2018.

Question 18: **Another question for HRRP. Which claims do the payment adjustment apply to?**

The payment adjustment applies to all inpatient Medicare fee-for-service claims submitted by the hospital to CMS for the applicable fiscal year. This includes patients admitted for any condition, not just those under the program.

Question 19: **Are children's hospitals and critical access hospitals exempt from the VBP Program?**

Yes, only short-term acute care hospitals are included in the hospitals VBP Program. Children's hospitals and critical access hospitals are excluded.

Question 20: **Does the HAC Reduction Program include critical access hospitals?**

No. Similar to Hospital VBP, the HAC Reduction Program only includes Subsection (d) hospitals, so critical access hospitals are excluded.

Question 21: **How is the value-based incentive actually paid back to the hospital?**

The payment adjustment factor that you can find on either your hospital Percentage Payment Summary Report (PPSR) or in Table 16B, is multiplied against the base operating Diagnosis-Related Group (DRG) payment amount. For more specific information, we recommend contacting your MAC.

Question 22: **HACRP: How can I tell if my hospital is subject to penalty?**

The payment reduction indicator column on *Hospital Compare,* as well as in your HSR, will say “Yes” if your hospital is subject to a 1% payment reduction for the

HAC Reduction Program.

Question 23: **For the HRRP Program, what is the report name that we can use to validate our readmissions and what is the process to refute a readmission on the preliminary list?**

We would ask that you send questions regarding the hospital specific report (HSR) and the review and corrections process to the *QualityNet* help desk at QNetsupport@HCQIS.org.

Question 24: **When were the Hospital VBP Program reports released and where can I find them?**

The fiscal year 2018 hospital VBP Program Percentage Payment Summary Reports were made available through the *QualityNet Secure Portal* on July 27. They are still available to run in the *QualityNet Secure Portal*.

Question 25: **Can my hospitals suppress public reporting of Hospital Readmission Reduction Program data?**

No, applicable hospitals for HRRP may not suppress their results on *Hospital Compare*. CMS waived Maryland hospitals from fiscal year 2018, Hospital Readmissions Reduction Program. They will not receive a payment adjustment under the program, but they will include the calculations of the readmission measure results and those results will appear on *Hospital Compare*.

Question 26: **Will the PSI 90 composite be removed from the FY2019 Hospital VBP Program?**

CMS finalized its proposal to remove the old version of the PSI 90 composite from the hospital VBP Program effective for FY 2019 in the fiscal year 2018 IPPS final rule that was published this past August. CMS also finalized its proposal to add the new version of the PSI 90 composite to the hospital VBP Program in fiscal year 2023. For the fiscal year 2023 hospital VBP Program, the baseline period for PSI 90 will be October 1, 2015 through June 30, 2017. That performance period will be July 1, 2019 through June 30 of 2021. If you would like more information regarding CMS' finalized proposal, there is a webinar available under the archived resources on Quality Reporting Center where CMS presented their finalized proposals for the FY 2018 IPPS final rule.

Question 27: **Please restate the formula for calculating excess readmissions.**

Excess readmissions are measured as a ratio by dividing a hospital's number of "predicted" 30-day readmissions, for each measure, by the number that would be "expected" based on an average hospital with similar patients. A ratio greater than one indicates excess readmissions. CMS uses Medicare administrative data, including the Medicare Enrollment Database and Medicare Part A and Part B claims data, to calculate the excess readmission ratio (ERR). The Medicare claims are final action claims and were processed as of September 30, 2016. If a hospital has an excess readmission ratio greater than one for any measure (meaning the hospital performed worse than the average hospital with a similar case mix), then the hospital's excess readmission ratio, for that measure, will enter the payment adjustment formula. If a hospital's excess readmission ratio, for a measure, is less than or equal to one, then the excess readmission ratio for that measure is not included in the payment adjustment formula. Measures enter the payment adjustment formula additively in calculating a hospital's readjustment factor, so each additional measure with an excess readmission ratio greater than one increases the amount of the payment adjustment, up to a maximum of 3%.

Question 28: **Why is the HRRP ratio not on the hospital preview report?**

Starting in FY2019 the dual proportion, peer group assignment, and payment adjustment information will be available in the HRRP HSR. The HRRP information is not included in the preview report. For HRRP, HACRP, and HVBP we provide HSRs instead. Review & correction periods, instead of preview periods, are also the norm for HRRP, HACRP, and Hospital VBP programs.

Question 29: **Regarding the Readmission Penalty. We get these files each year which list every patient's status on numerous secondary risk factors. But the regression equations for the observed and expected both use these the same. The only factors that actually impact the OE are the "Hosp_Effect" and "Avg_Effect" factors. Can someone explain these factors in depth, not some vague description of them?**

The excess readmission ratio (ERR) is the ration of Predicted to Expected Readmissions.

- **Predicted:** Number of 30-day unplanned readmissions predicted based on a hospital's performance given the hospital's case mix and its estimated effect on readmissions (also referred to as "Adjusted Actual Readmissions").
- **Expected:** Number of 30-day unplanned readmissions expected based on a hospital's average performance given the hospital's case mix and the average hospital effect.

The calculation of the predicted and expected readmissions comes out of the results of the statistical model used to risk-adjust the readmission measures. For this reason, both the calculation of the predicted and expected readmissions is adjusted for the risk factors included in the HSR. The predicted and expected readmissions are essentially the sum of the predicted, and probability, of a readmission for each patient, based on their risk factors (comorbidities), the effect of that risk factor in the model, and hospital or average effects on the outcome. The risk factor coefficients, average, and hospital-specific effects, are calculated using data from all hospitals, and incorporate patient risk factors in their calculations. The hospital specific effect represents the underlying risk of a readmission at a hospital, after adjusting for patient risk. It varies for every hospital because it is an estimate of the hospital's own unique effect on readmission risk. The average hospital effect represents the underlying risk of a readmission at the average hospital, after accounting for patient risk. Additional details on the readmission measure methodology are available on the *QualityNet*

website at: HRRP Scoring Methodology.

Question 30: Are long term acute care facilities included in the Inpatient Rehab category?

Subsection (d) hospitals not included in the program include:

- Long-term care hospitals
- Critical access hospitals
- Rehabilitation hospitals and units
- Psychiatric hospitals and units
- Children's hospitals
- PPS-exempt cancer hospitals

Long Term Care Hospital (LTCH) facilities would not be included in HRRP.

Question 31: If an admission order states, "Planned Readmission for ..." Will this count against our readmission data?

Planned Readmissions: A readmission within 30 days of discharge from a short-term acute care hospital that is a scheduled part of the patient's plan of care. Planned readmissions are not captured in the outcomes of these measures.

The planned readmission algorithm uses a flowchart and four tables of specific procedure categories and discharge diagnosis categories to classify readmissions as planned. Readmissions are considered planned if any of the following occurs during readmission:

1. A procedure is performed that is in one of the procedure categories that are always planned regardless of diagnosis.
2. The principal diagnosis is in one of the diagnosis categories that are always planned.
3. A procedure is performed that is one of the potentially planned procedures and the principal diagnosis is not in the list of acute discharge diagnoses.

This information is in the Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures documents located on *QualityNet* here: Measure Methodology Reports-Readmission Measures

Question 32: **On the HRRP slide presentation, the speaker did not review the written verbiage that the excess readmission factor is being proposed to reduce to 0.9700 from 1. Can she please elaborate more on this proposal?**

The minimum readmission adjustment factor for FY 2018 is 0.9700 (3% reduction in payment) and the maximum is 1.0000 (no reduction in payment). The Hospital Readmissions Reduction Program has had the same minimum readmission reduction factor since FY 2015.

Question 33: **Are there any discussions about replacing HRRP measures with EDAC measures?**

Excess days in acute care (EDAC) measures summarize the time that patients spent in the Emergency Department, observation stays, or unplanned inpatient readmission for any reason within 30 days of discharge.

Question 34: **As part of this validation, am I going to be submitting data on total hip & total knee replacements? I thought the SSIs that would be included were only COLOs & abd hysts. Could you please clarify?**

For question regarding validation please contact the validation support contractor at validation@hcqis.org.

Question 35: **Are the payments withheld for all 3 programs (VBP, HRRP and HACRP) withheld from all Medicare patients or only Medicare fee-for-service patients?**

For all 3 programs, Hospital VBP, HRRP and the HACRP, the payment reductions apply to all Medicare fee-for-service (FFS) claims.

Question 36: **Regarding the *Hospital Compare* website, we are seeing issues with the website's security certificate being problematic ("The security certificate presented by this website was issued for a different website's address"), which results in difficulties in accessing the site to view the resources there. Is there an ETA on a "fix" for this issue?**

Please reach out to *Hospital Compare* regarding any website issues, hospitalcompare@hsag.com

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Question 37: **Are the claims-based measures collected for VBP (mortality, PSI-90, and MSPB) used for all Medicare patients or only Medicare fee-for-service programs? I also have the same question for HRRP and HACRP claims-based measures.**

For claim-based measures collected in HVBP, HRRP, and HAC Reduction Program, claims pulled and used in the measure calculations are for Medicare fee-for-service (FFS) only.