Welcome

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Audio from computer speakers breaking up?

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– or –
Click F5

F5 Key
Top Row of Keyboard

Location of Buttons
Refresh
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- Close all but one browser/tab and the echo will clear.

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

December 20, 2017
Speakers

Bethany Wheeler-Bunch, MSHA
Lead, Hospital Value-Based Purchasing (VBP) Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contract (SC)

Angie Goubeaux
Lead, Hospital-Acquired Condition (HAC) Reduction Program
Hospital Quality Reporting Program Support (HQRPS) Contract

Kati Michael
Lead, Hospital Readmissions Reduction Program (HRRP)
HQRPS Contract
Purpose

This event will provide an overview of the publicly reported data and information available for the CMS inpatient hospital pay-for-performance programs, including the Hospital VBP Program, the HAC Reduction Program, and the HRRP.
Objectives

Participants will be able to:

• Recall the location of the publicly reported data for the CMS inpatient hospital pay-for-performance programs.
• Identify publicly reported data from previous years.
• Obtain comma-separated value (CSV) files of the publicly reported data.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI</td>
<td>acute myocardial infarction</td>
<td>JSON</td>
<td>JavaScript Object Notation</td>
</tr>
<tr>
<td>CABG</td>
<td>coronary artery bypass grafting</td>
<td>MORT</td>
<td>mortality</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Catheter-Associated Urinary Tract Infection</td>
<td>MRSA</td>
<td>Methicillin-resistant Staphylococcus aureus</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
<td>MS-DRG</td>
<td>Medicare Severity-Diagnosis Related Group</td>
</tr>
<tr>
<td>CDI</td>
<td>Clostridium difficile Infection</td>
<td>MSPB</td>
<td>Medicare Spending per Beneficiary</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Central Line-Associated Bloodstream Infection</td>
<td>NHSN</td>
<td>National Healthcare Safety Network</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>NQF</td>
<td>National Quality Forum</td>
</tr>
<tr>
<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
<td>PC</td>
<td>Perinatal Care</td>
</tr>
<tr>
<td>CSV</td>
<td>comma-separated value</td>
<td>PCCEC/CC</td>
<td>Patient- and Caregiver-Centered Experience of Care/Care Coordination</td>
</tr>
<tr>
<td>FY</td>
<td>fiscal year</td>
<td>PN</td>
<td>pneumonia</td>
</tr>
<tr>
<td>HAC</td>
<td>hospital-acquired condition</td>
<td>PSI</td>
<td>Patient Safety Indicator</td>
</tr>
<tr>
<td>HAI</td>
<td>healthcare-associated infection</td>
<td>RDF</td>
<td>Resource Description Framework</td>
</tr>
<tr>
<td>HCAHPS</td>
<td>Hospital Consumer Assessment of Healthcare Providers and Systems</td>
<td>READM</td>
<td>readmission</td>
</tr>
<tr>
<td>HF</td>
<td>heart failure</td>
<td>RSS</td>
<td>Rich Site Summary</td>
</tr>
<tr>
<td>HQRPS</td>
<td>Hospital Quality Reporting Program Support</td>
<td>SSI</td>
<td>surgical site infection</td>
</tr>
<tr>
<td>HRRP</td>
<td>Hospital Readmissions Reduction Program</td>
<td>THA</td>
<td>total hip arthroplasty</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>The International Classification of Diseases, Ninth Revision, Clinical Modification</td>
<td>TKA</td>
<td>total knee arthroplasty</td>
</tr>
<tr>
<td>ICD-10-CM</td>
<td>The International Classification of Diseases, Tenth Revision, Clinical Modification</td>
<td>VBP</td>
<td>value-based purchasing</td>
</tr>
<tr>
<td>ICD-10-PCS</td>
<td>The International Classification of Disease, 10th revision, Procedure Classification System</td>
<td>VIQR SC</td>
<td>Value, Incentives, and Quality Reporting Support Contract</td>
</tr>
<tr>
<td>IQR</td>
<td>Inpatient Quality Reporting</td>
<td>XML</td>
<td>eXtensible Markup Language</td>
</tr>
</tbody>
</table>

12/20/2017
Background

• Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program.

• Quality incentive program built on the Hospital IQR Program measure reporting infrastructure.

• Next step in promoting higher quality of care for Medicare; pays for care that rewards better value and patient outcomes instead of just volume of services.

• Funded by a 2.00 percent reduction from participating hospitals’ base-operating MS-DRG payments for FY 2018.

• Hospital VBP Program uses measures that have been specified under the Hospital IQR Program and results published on Hospital Compare for at least one year.
FY 2018
Domain Weights and Measures

SAFETY
1. PSI 90: Complication/patient safety for selected indicators (composite)
2. CDI: Clostridium difficile Infection
3. CAUTI: Catheter-Associated Urinary Tract Infection
4. CLABSI: Central Line-Associated Bloodstream Infection
5. MRSA: Methicillin-resistant Staphylococcus aureus Bacteremia
6. SSI: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
7. PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation

CLINICAL CARE
1. MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate
3. MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate

EFFICIENCY AND COST REDUCTION
1. MSPB: Medicare Spending per Beneficiary (MSPB)

PATIENT- AND CAREGIVER-CENTERED EXPERIENCE OF CARE/CARE COORDINATION (Experience of Care)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:
1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition*
8. Overall Rating of Hospital

An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.
## FY 2018 Data Periods

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Baseline Period</th>
<th>Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td>PSI 90</td>
<td>7/1/2010–6/30/2012</td>
<td>7/1/2014–9/30/2015</td>
</tr>
</tbody>
</table>
Hospital VBP Program vs Hospital IQR and HAC Reduction Programs

The FY 2018 Hospital VBP Program uses measures that are included in the Hospital IQR Program; however, you may notice slightly different results between the two programs, for example:

- **HCAHPS**
  - The HCAHPS survey in the Hospital VBP Program uses the top-box responses only in the rate calculation.
  - The cleanliness and quietness questions are combined into one dimension in the Hospital VBP Program.
  - The pain management dimension was not used in the Hospital VBP Program in FY 2018.

- The 30-day mortality measures are displayed as survival rates in the Hospital VBP Program instead of a mortality rate.

- The baseline and performance periods may be different than many measures publicly reported on the Hospital Compare website for the Hospital IQR Program or used in the HAC Reduction Program.
Hospital VBP Program vs Hospital IQR and HAC Reduction Programs

(Continued)

• The Hospital IQR Program and HAC Reduction Program used an updated version of the PSI 90 Composite. Measure changes include the following:
  o Measure name
  o Number of component indicators (increased from eight to 10)
  o Specification changes in PSI 08, PSI 12, and PSI 15
  o Component weighting (now incorporates harm)
  o Component weights (more equally distributed among the component indicators)

• The CLABSI and CAUTI measures use data from select intensive care units only in the Hospital VBP Program; whereas, the Hospital IQR Program and HAC Reduction Program utilized expanded locations for FY 2018.

• The CLABSI, CAUTI, SSI, MRSA, and CDI measures utilize the current standard population (old baseline) in calculations for the Hospital VBP Program in FY 2018; whereas, the Hospital IQR Program and HAC Reduction Program utilized the new standard population (new baseline).
Overall Hospital Rating and Hospital VBP Program

• On *Hospital Compare*, the Overall Hospital Rating summarizes Hospital IQR and Hospital Outpatient Quality Reporting Program data.

• The Overall Hospital Rating calculations do not include Hospital VBP Program results.
Publicly Reported Data

• In early November 2017, CMS posted the FY 2018 payment adjustment factors to the cms.gov website.

• On December 20, 2017, CMS will update the data on the Hospital Compare website to include the following:
  - FY 2018 Hospital VBP Program data and scoring information
    - Measure/Dimension Scores
    - Domain Scores
    - Total Performance Scores
  - Actual FY 2016 Hospital VBP Program aggregate payment adjustments
Table 16B contains the actual payment adjustment factors by CMS Certification Number for each participating hospital under the Hospital VBP Program for FY 2018. These actual factors are based on the finalized baseline and performance period for FY 2018 and will be used to adjust base operating MS-DRG payments to eligible hospitals for discharges occurring in FY 2018.

Table 16B link:

Fact Sheet link:
https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-11-03.html
Hospital Compare Home Page

https://www.medicare.gov/hospitalcompare/search.html
Hospital Compare Homepage Link to Hospital VBP Program

https://www.medicare.gov/hospitalcompare/Data/hospital-vbp.html
Hospital VBP Program Pages

- CMS breaks down the Hospital VBP Program measures into smaller tables based on the Domain.
- The Total Performance Score table also provides Domain Scores.
- A series of tables with actual aggregate payment adjustments from a previous fiscal year is available.
Hospital VBP Program
Data Pages

Download available as:
• CSV
• CSV for Excel
• JSON
• RDF
• RSS
• XML
FY 2016 Payment Adjustments

FY 2016 payment adjustment tables include the following:

- Net change in base-operating 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

Note: Data are in an aggregate form, not at an individual CMS Certification Number level.
Resources

Hospital Compare:
• https://www.medicare.gov/hospitalcompare/search.html

Hospital VBP Program page on Hospital Compare:
• https://www.medicare.gov/hospitalcompare/Data/hospital-vbp.html

General Hospital Compare inquiries:
• hospitalcompare@hsag.com

Hospital VBP Program information:
• https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937

Hospital VBP Program general inquiries:
• https://cms-ip.custhelp.com/
• Hospital Inpatient VIQR Outreach and Education SC at (844) 472-4477
Angie Goubeaux, Lead, HAC Reduction Program
HQRPS Contract

HAC Reduction Program
Overview

• The HAC Reduction Program is a pay-for-performance program.
• Section 1886(p)(6)(B) of the Social Security Act sets forth the statutory requirements for the HAC Reduction Program.
• CMS adjusts Medicare payments for hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals on key quality measures.
• Payment adjustments started with federal FY 2015 discharges (i.e., beginning on October 1, 2014). CMS reduces these hospitals’ payments by 1 percent of what would otherwise have been paid.
• Section 1886(p)(6)(B) of the Social Security Act requires the Secretary of Health and Human Services to ensure eligible hospitals can review and submit corrections for their HAC-related data before public reporting.
• CMS will no longer post the payment penalty file for the HAC Reduction Program on the cms.gov website. This information will appear on Hospital Compare.
On December 20, 2017, CMS will update the data on the Hospital Compare website to include the following FY 2018 HAC Reduction Program information:

- Modified Recalibrated PSI 90 Composite measure score
- CDC NHSN measure scores
  - CLABSI
  - CAUTI
  - SSI
  - MRSA Bacteremia
  - CDI measure scores
- Domain 1 and Domain 2 scores
- Total HAC Score
- Payment Reduction Indicator
FY 2018 Performance Periods

Calculations for FY 2018 HAC Reduction Program are based on the following performance periods:

• Domain 1
  The Modified Recalibrated PSI 90 Composite uses Medicare fee-for-service claims data from **July 1, 2014, through September 30, 2015.*

• Domain 2
  The CLABSI, CAUTI, SSI, MRSA Bacteremia, and CDI measures use chart-abstracted surveillance data from **January 1, 2015, through December 31, 2016.**

*This is a shortened data collection period for Domain 1, which only uses ICD-9-CM data.
Overall Hospital Rating

• On *Hospital Compare*, the Overall Hospital Rating summarizes Hospital IQR and Hospital Outpatient Quality Reporting Program data.

• The Overall Hospital Rating calculations do not include HAC Reduction Program results.
Hospital Compare Homepage Link to HAC Reduction Program

https://www.medicare.gov/hospitalcompare/search.html
Hospital Compare
HAC Reduction Program Page

https://www.medicare.gov/hospitalcompare/HAC-reduction-program.html

Hospital-Acquired Condition Reduction Program

In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst-performing quartile of subsection (d) hospitals with respect to hospital-acquired conditions (HACs). For the FY 2018 HAC Reduction Program, the worst-performing quartile is identified by calculating a Total HAC Score based on hospitals’ performance on six quality measures: the Recalibrated Patient Safety Indicators (PSI) 90 Composite, which is calculated using recalibrated version 6.0.2 of the PSI software, and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) (Colon Surgery and Abdominal Hysterectomy), Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia, and Clostridium difficile Infection (CDI) measures. Hospitals with a Total HAC Score greater than the 75th percentile of the Total HAC Score distribution will be subject to a payment reduction.

To learn more about the measures and scoring methodology for the HAC Reduction Program, please visit the QualityNet Website.

Hospital-Acquired Condition Reduction Program data

Data.Medicare.gov

<table>
<thead>
<tr>
<th>Hospital_Name</th>
<th>Provider ID</th>
<th>State</th>
<th>Fiscal Year</th>
<th>Domain_1_Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTHEAST ALABAMA MEDICAL CENTER</td>
<td>010001</td>
<td>AL</td>
<td>2017</td>
<td>10.0</td>
</tr>
<tr>
<td>MARSHALL MEDICAL CENTERS</td>
<td>010005</td>
<td>AL</td>
<td>2017</td>
<td>5.0</td>
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<tr>
<td>ELIZA COFFEE MEMORIAL HOSPITAL</td>
<td>010006</td>
<td>AL</td>
<td>2017</td>
<td>7.0</td>
</tr>
<tr>
<td>MIZELL MEMORIAL HOSPITAL</td>
<td>010007</td>
<td>AL</td>
<td>2017</td>
<td>3.0</td>
</tr>
<tr>
<td>CRENshaw COMMUNITY HOSPITAL</td>
<td>010008</td>
<td>AL</td>
<td>2017</td>
<td>6.0</td>
</tr>
<tr>
<td>ST. VINCENT’S EAST</td>
<td>010011</td>
<td>AL</td>
<td>2017</td>
<td>8.0</td>
</tr>
</tbody>
</table>
HAC Reduction Program
Downloadable Database

To learn more about the measures and scoring methodology for the HAC Reduction Program, please visit the QualityNet Website.

Hospital-Acquired Condition Reduction Program data

Data.Medicare.gov

Download As

CSV
CSV for Excel
JSON
RDF
RSS
XML
HAC Reduction Program Resources

HAC Reduction Program methodology and general information:

- [www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166)
- [CMS.gov HAC Reduction Program:](http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html)

HAC Reduction Program results:

- [Medicare.gov Hospital Compare HAC Reduction Program:](http://www.medicare.gov/hospitalcompare/HAC-reduction-program.html)

Hospital Compare questions:

- [HospitalCompare@hsag.com](mailto:HospitalCompare@hsag.com)

HAC Reduction Program questions:

- [HACRP@lantanagroup.com](mailto:HACRP@lantanagroup.com)
- [QualityNet Question and Answer Tool:](https://cmsip.custhelp.com/app/homehacrp/p/842)
Hospital Readmissions Reduction Program
Background

• Section 1886(q) of the Social Security Act sets forth the statutory requirements for the HRRP.
• Payment adjustments began with discharges on October 1, 2012.
Purpose

• HRRP is an important part of continued efforts by CMS to link payment to the quality of hospital care.

• HRRP provides strong financial incentive for hospitals to improve communication, care coordination efforts, and engagement with patients and caregivers in post-discharge planning.
## FY 2018 Measures

<table>
<thead>
<tr>
<th>Claims-Based Readmission Measure</th>
<th>NQF Measure Number</th>
<th>FY 2018 Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>READM-30-PN</td>
<td>NQF #0506</td>
<td>July 1, 2013–June 30, 2016</td>
</tr>
<tr>
<td>READM-30-COPD</td>
<td>NQF #1891</td>
<td>July 1, 2013–June 30, 2016</td>
</tr>
</tbody>
</table>

Discharge diagnoses for each applicable condition are based on a list of specific ICD-9-CM or ICD-10-CM and ICD-10-PCS code sets.
For applicable hospitals with at least 25 eligible discharges, CMS is reporting the following data elements for each of the six HRRP readmission measures on Hospital Compare:

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

The FY 2018 HRRP measure results will be updated on the CMS Hospital Compare website on December 20, 2017.
FORMULAS TO CALCULATE THE READMISSIONS ADJUSTMENT FACTOR FOR FY 2018

Aggregate payments for excess readmissions =  
[sum of base operating DRG payments for AMI x (Excess Readmissions Ratio for AMI -1)]  
+  
[sum of base operating DRG payments for HF x (Excess Readmissions Ratio for HF -1)]  
+  
[sum of base operating DRG payments for PN x (Excess Readmissions Ratio for PN -1)]  
+  
[sum of base operating DRG payments for COPD x (Excess Readmissions Ratio for COPD -1)]  
+  
[sum of base operating DRG payments for THA/TKA x (Excess Readmissions Ratio for THA/TKA -1)]  
+  
[sum of base operating DRG payments for CABG x (Excess Readmissions Ratio for CABG -1)].

*We note that if a hospital’s excess readmissions ration for a condition is less than/equal to (≤) 1, there are no aggregate payments for excess readmissions for that condition included in this calculation.

Aggregate payments for all discharges = sum of base operating DRG payments for all discharges.

Ratio = 1 – (Aggregate payments for excess readmissions + Aggregate payments for all discharges).

Proposed Readmissions Adjustment Factor for FY 2018 is the higher of the ratio or 0.9700.

*Based on claims data from July 1, 2013 to June 30, 2016 for FY 2018.
The 21st Century Cures Act statute and finalized policy provision to assess performance relative to other hospitals with a similar proportion of dual-eligible patients will not be implemented until FY 2019 payment.
Supplemental Data File

Hospital FY 2018 HRRP payment adjustment factor information, based on data available as of the close of the review and corrections period, was made available to the public in August 2017 and posted as part of the final rule data files on the cms.gov website:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2018-IPPS-Final-Rule-Home-Page.html
Differences in Hospital IQR and HRRP

• Both use the same measure methodology and discharge time period, but the two programs use different sets of hospitals.

• HRRP uses subsection (d) hospitals and Maryland hospitals participating in the all-payer model.

• The Hospital IQR Program includes a more expansive group of hospitals that voluntarily participate, including critical access hospitals (CAHs), PPS-Exempt Cancer Hospitals (PCHs), and hospitals located in U.S. territories, which are not subsection (d) hospitals.

• Most hospitals will have similar results, or possibly a lower number of readmissions (or unadjusted readmission rate), in the HRRP compared to their results in the Hospital IQR Program. However, some hospitals may have a slightly higher number of readmissions (or unadjusted readmission rate) due to the difference in the applicable hospitals described above.
# Hospital Compare

**Homepage Link to HRRP**

https://www.medicare.gov/hospitalcompare/search.html

## Spotlight
- **NEW** View the new “Hospital Returns” tab for data on readmissions and extra days spent back in the hospital.
- Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. Learn more.
- Get data on:
  - **NEW** Department of Defense (DoD) Hospital Performance Data. Updated December 2017.
  - Veterans Administration (VA) hospitals. Updated December 2017.
  - **NEW** Inpatient Psychiatric Facility Quality Reporting measures. Updated December 2017.
  - American College of Surgeons National Surgical Quality Improvement Program® outcome measures. Updated December 2017.
  - The number of selected procedures hospital outpatient surgical departments perform.
  - View hospital survey (inspection) reports.

## Tools and Tips
- Get information on choosing a hospital, filing a complaint, or Medicare coverage for hospital services.
- Get tips for printing hospital information.
- Find and compare other healthcare providers like doctors, hospitals, nursing homes, and more.
- Compare Medicare health and drug plans.

## Additional Information
- Hospital Compare data last updated: October 25, 2017. Go to updates.
- Explore and download Hospital Compare data. Updated December 20, 2017. Beginning in July 2017, the downloadable database will be provided in CSV format only.
- **NEW** Get data from Medicare programs that link quality to payment.
- **NEW** Hospital Readmissions Reduction Program (HRRP). Updated December 2017.
- **NEW** Hospital Value-Based Purchasing Program (HVBP). Updated December 2017.
- For hospitals: Update your address, phone number, and other administrative information.
- For general questions regarding Hospital Compare and the data, email hospitalcompare@nsa.gov.
- View providers and suppliers that are terminated or are at risk for termination from Medicare.
Hospital Readmissions Reduction Program

In October 2012, CMS began reducing Medicare payments for Inpatient Prospective Payment System (IPPS) hospitals with excess readmissions. Excess readmissions are measured by a ratio, by dividing a hospital’s number of “predicted” 30-day readmissions for heart attack, heart failure, pneumonia, COPD, hip/knee replacement, and coronary artery bypass graft surgery by the number that would be “expected,” based on an average hospital with similar patients. A ratio greater than 1.0000 indicates excess readmissions.

More information on how payments are adjusted.

More on the calculations.

Hospital Readmissions Reduction Program data

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Provider Number</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTHEAST ALABAMA MEDICAL CENTER</td>
<td>010001</td>
<td>AL</td>
</tr>
<tr>
<td>SOUTHEAST ALABAMA MEDICAL CENTER</td>
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</tr>
<tr>
<td>MARSHALL MEDICAL CENTER SOUTH</td>
<td>019005</td>
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</tbody>
</table>
HRRP Downloadable Database

To learn more about the measures and scoring methodology for the HAC Reduction Program, please visit the QualityNet Website.

Hospital-Acquired Condition Reduction Program data

Data.Medicare.gov

Download

- CSV
- CSV for Excel
- JSON
- RDF
- RSS
- XML
HRRP Resources

**Hospital Compare:**
- [https://www.medicare.gov/hospitalcompare/search.html?](https://www.medicare.gov/hospitalcompare/search.html?)

**Hospital Compare inquiries:**
- [hospitalcompare@hsag.com](mailto:hospitalcompare@hsag.com)

**HRRP Program information:**
- [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458)

**HRRP general inquiries:**
- [HRRP@lantanagroup.com](mailto:HRRP@lantanagroup.com)
- *QualityNet Question and Answer Tool*
  - [https://cms-ip.custhelp.com/app/homehrrp/p/843](https://cms-ip.custhelp.com/app/homehrrp/p/843)

**HRRP measure methodology inquiries:**
- [cmsreadmissionmeasures@yale.edu](mailto:cmsreadmissionmeasures@yale.edu)

**More program and payment adjustment information:**

**Readmission measures:**
- [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273)
Bethany Wheeler-Bunch, MSHA, Lead, Hospital VBP Program
Hospital Inpatient VIQR Outreach and Education SC

Downloading Current and Archived Data
Data.Medicare.Gov and Downloading Data

https://data.medicare.gov/

- Hospital Compare data
- Nursing Home Compare data
- Physician Compare data
- Home Health Compare data
- Dialysis Facility Compare data
- Hospice Compare data
- Inpatient Rehabilitation Facility Compare data
- Long-Term Care Hospital Compare data
- Supplier Directory data

DOWNLOAD CSV FLAT FILES (REVISED) NOW

GET ARCHIVED DATA

12/20/2017
Archived Data

https://www.medicare.gov/hospitalcompare/search.html
Archived Data

Download the data

• Visit data.medicare.gov to get the downloadable data.
• Get archived Hospital Compare data.
• Learn more about using government data.
Archived Data

https://data.medicare.gov/data/archives/hospital-compare

Hospital Compare data archive

2017 Annual Files
- HOSArchive_Revised_FlatFiles_20170726.zip (07/26/2017, Zip File, 15222 KB)
- HOSArchive_20170428.zip (04/28/2017, Zip File, 50684 KB)
- HOSArchive_Revised_Flatfiles_20170428.zip (04/28/2017, Zip File, 14930 KB)

2016 Annual Files
- HOSArchive_20161219.zip (12/19/2016, Zip File, 41114 KB)
- HOSArchive_Revised_Flatfiles_20161219.zip (12/19/2016, Zip File, 15608 KB)
- Hospital_20161110.zip (11/10/2016, Zip File, 52138 KB)
- Hospital_Revised_FlatFiles_20161110 (11/10/2016, Zip File, 15473 KB)
- VA_Data_10192016 (10/19/2016, Zip File, 342 KB)
- HOSArchive_20160810.zip (08/10/2016, Zip File, 43056 KB)
- HOSArchive_Revised_FlatFiles_20160810.zip (08/10/2016, Zip File, 14900 KB)
Questions
Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**
  - Board of Registered Nursing (Provider #16578)

- **Florida**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.
CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.
CE Certificate Problems

• If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.

• Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.
CE Credit Process: Survey

10. What is your overall level of satisfaction with this presentation?
- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain:

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.
CE Credit Process: Certificate

Thank you for completing our survey!
Please click on one of the links below to obtain your certificate for your state licensure.
You must be registered with the learning management site.

New User Link:
https://lmc.hshapps.com/register/default.aspx?id=da0a12bc-db39-408f-b429-d6f6b9cc1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?id=da0a12bc-db39-408f-b429-d6f6b9cc1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.
CE Credit Process: New User


First Name: [Input Field]
Last Name: [Input Field]
Email: [Input Field]
Phone: [Input Field]

Register
CE Credit Process: Existing User
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