Hospital Value-Based Purchasing (VBP) Program

Support Contractor

Fiscal Year (FY) 2017 HAC Reduction Program, Hospital VBP Program, and HRRP: *Hospital Compare* Data Update

Presentation Transcript

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Bethany Wheeler-Bunch: Thank you, Matt. Thank you, everyone, for joining today's presentation titled, *Fiscal Year 2017 Hospital-Acquired Condition Reduction Program, Hospital Value-Based Purchasing Program and Hospital Readmissions Reduction Program: Hospital Compare Update*. My name is Bethany Wheeler-Bunch, and I am the Centers for Medicare & Medicaid Services, Value, Incentive, and Quality Reporting Support Contract Lead for the Hospital Value-Based Purchasing Program. And I will be your host and one of the presenters for today's event. In addition, we have two guest presenters today: Angie Goubeaux, the lead of the Hospital-Acquired Condition Reduction Program, and Casey Thompson, lead of the Hospital Readmissions Reduction Program, both from CMS's Hospital Quality Reporting Program Support Contract. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, www.qualityreportingcenter.com, and to the *QualityNet* site at a later date. If you registered for this event, a reminder email, as well as, the slides were sent out to your email about few hours ago. If you did not receive that email, you can download the slides at our inpatient website, www.qualityreportingcenter.com. If you have a question as we move through the webinar, please type your question into the chat window, and we will answer as many questions as we can at the end of the webinar. For the presenters to best answer your questions, we request that at the beginning of your question, please type the slide number into the chat window. Any questions that are not answered during our question-and-answer session at the end of the webinar will be posted to the qualityreportingcenter.com at a later date.

This event will provide an overview of the publically reported data and information available for the Centers for Medicare & Medicaid Services, inpatient hospital pay-for-performance programs, including the Hospital Value-Based Purchasing Program, also known as Hospital VBP; the HAC Reduction Program; and the Hospital Readmissions Reduction Program, also known as HRRP.

At the conclusion of this presentation, participants will be able to recall the location of the publically reported data for the CMS inpatient hospital pay-for-performance program, identify publically reported data from previous years, and obtain the comma-separated-value, also known as CSV, files of the publically reported data.

So we are going to start off with the Hospital Value-Based Purchasing Program, and then I will turn it over to Angie to cover the HAC Reduction Program, and then Casey for the Hospital Readmissions Reduction Program. On December 19, which is this coming Monday, we anticipate the *Hospital Compare* website will be refreshed with the data from the fiscal year 2017 inpatient pay-for-performance program data.

The Hospital Value-Based Purchasing Program is required by Congress, under section 1886(o) of the Social Security Act, as added by the Patient Protection and Affordable Care Act. The Hospital Value-Based Purchasing Program was first adopted for the fiscal year 2013 Hospital VBP Program, and CMS has used this program to adjust payments for every fiscal year subsequent. The Hospital Value-Based Purchasing 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 just the quantity of services provided. Like the second bullet point states, the Hospital VBP Program was built on the [Hospital] Inpatient Quality Reporting Program, also known as Hospital IQR, which is a pay-for-reporting program, rather than a pay-for-performance program. All measures in the Hospital VBP Program are collected under the Hospital IQR Program. The Hospital VBP Program pays for care that rewards better value, improved patient outcomes, innovations, and cost efficiencies over volume of services. CMS views value-based purchasing as an important driver of change, moving towards rewarding better value and improved patient outcome, which in turn, will lead to better care and healthier patients. The Hospital Value-Based Purchasing Program is an estimated budget intro program that is funded through a percentage-withhold from participating hospital DRG payments. Payment amounts will be redistributed, based on the hospital's Total Performance Score [TPS] in the Hospital Value-Based Purchasing Program, in comparison to

the distribution of all hospitals' Total Performance Scores and the total estimated DRG payment. It is important to note that withholds and incentive payments are not made in a lump sum, but through each Medicare claim made to CMS in that fiscal year. The funding from the fiscal year 2017 program, which we are focusing on today, will come from a 2 percent withhold from participating hospital's base operating DRG payment amount.

In the fiscal year 2017 Hospital VBP Program, hospitals were evaluated, based on four domains: Clinical Care, which was broken down into two subdomains, outcomes and process; the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain; Safety; and the Efficiency and Cost Reduction domain. The Clinical Care outcome subdomain consisted of the three 30-Day Mortality measures for AMI, heart failure, and pneumonia; and was weighted at 25 percent of the Total Performance Score. The Clinical Care process subdomain consisting of AMI 7a, IMM 2, and PC-01 was weighted at 5 percent of the Total Performance Score. The Patient- and Caregiver-Centered Experience of Care/Care Coordination domain is evaluated through the use of the HCAHPS Survey, and was weighted at 25 percent of the TPS. The Safety domain contained the AHRQ PSI-90 composite and the healthcare-associated infection measures of CLABSI, CAUTI, SSI, MRSA, and *C. diff*; and it was weighted at 20 percent of the TPS. And Efficiency and Cost Reduction domain contained the Medicare spending for beneficiary measure, and was weighted at 25 percent. For a more detailed explanation of the fiscal year 2017 program, including the measures, methodology, and scoring, we have recorded a webinar dated on July 26, 2016, which is available on the qualityreportingcenter.com website in the VBP Archived Events section.

A typical question that we receive is, what does fiscal year 2017 really mean? Does it mean data used in the program is from 2017? Does that mean performance or baselines? Does it mean when payments will be adjusted? Or does it mean when that data is reported? There is a lot of confusion and misconceptions out there, regarding dates used in the Hospital VBP Program, so I'm hoping this explanation will help. When I

reference the fiscal year 2017 Hospital VBP Program, I am referencing the year in which payments will be adjusted due to the program. So the fiscal year 2017 program will adjust payments for fiscal year '17, which is October 1, 2016 through September 30, 2017. Within the fiscal year 2017 program year, there are two sets of data used for calculations: one is known as the baseline period and the other is the performance period. The use of the baseline period is pretty unique to the Hospital VBP Program within the pay-for-performance programs, as CMS uses it as a comparison to know how hospitals performing at a later date, known as the performance period, in order to judge how much the hospital has improved by awarding improvement points. The baseline period for fiscal year 2017 varies by domain or measure type within the domain. For all the measures, except for the 30-Day Mortality measures and the AHRQ PSI-90 composite, the baseline period is calendar year 2013. The mortality measures and AHRQ composite utilize a longer period for reliability purposes, so they have an earlier start date, and also an earlier end date, to allow for claim maturity. The performance period uses those same types of trends but are a few years a later. For all measures, except for those mortality measures and AHRQ composite, the performance period is calendar year 2015. An easy way to remember what the general baseline period and performance periods are in the VBP Program is to go two years back from each period. For example, in FY 2017, CMS uses a performance period of calendar year '15 and a baseline period of calendar year '13.

The FY '18 program, for example, would use a performance period of calendar year '16 and a baseline period of calendar year '14. Of course, this is just a generalization and doesn't necessarily work for all measures, such as AHRQ PSI-90 and the mortality measures.

The FY 2017 Hospital VBP Program uses measures that are included in the Hospital IQR Program, as I stated earlier. However, you may notice slightly different results between the two programs and especially kind of what you see on the *Hospital Compare* pages. For example, the HCAHPS Survey in the Hospital VBP Program uses the top-box responses only in the rate calculation. Also, the Cleanliness and Quietness questions are

combined into one dimension in the Hospital VBP Program. The 30-Day Mortality measures are displayed as survival rates in the Hospital VBP Program instead of a mortality rate. So higher rates equal better results in these measures in the Hospital VBP Program. The AHRQ PSI-90 composite in the FY '17 uses a different software version and a different number of procedure and diagnosis codes in the calculations in comparison to the Hospital IQR Program. The CLABSI and CAUTI measures use ICU-only data in the Hospital VBP Program for FY '17, whereas the Hospital IQR Program utilized expanded locations in calendar year 2015. Also, the CLABSI, CAUTI, SSI, MRSA, and CDI measures utilize the current standard population, which means the old baseline, if you've been watching some of our previous webinars, one specifically from the CDC that focused on the rebaselining of the data. VBP uses the old baseline in fiscal year 2017. The baseline for the Hospital IQR Program was updated to calendar – in calendar year '15, so you should be seeing that data out on *Hospital Compare* with the new baseline. And finally, the baseline and performance periods may be different than many measures publically reported on the *Hospital Compare* website, in comparison to the Hospital IQR Program. So I really want to make note that you should reference the performance and baseline periods of the Hospital VBP Program, and the data that's reported on *Hospital Compare*, when you are trying to make comparisons between the two data sets.

This slide is meant for a clarification, or a reminder, that the data calculated for the Hospital VBP Program is not used in the overall hospital star ratings displayed on the *Hospital Compare* website.

So now, we are going to transition to where to find the Hospital VBP Program data on *Hospital Compare* and what data is available. I am sure many of you are aware of the *Hospital Compare* website, which allows the users to search hospitals, using the search interface on the home page, to compare up to three hospitals side-by-side. *Hospital Compare* can be found by using the URL www.medicare.gov/hospitalcompare. If you need that link, I will display that in a couple of slides down the road on our resources page.

Now, if you scroll down past the Find a hospital screen, you will find a list of hyperlinks and options. The Hospital VBP Program data and scoring links for FY 2017 will be located in the additional information (middle tab) on the screen. By clicking on either the Hospital Value-Based Purchasing Program or Fiscal Year 2017 data and scoring, the link will take you to the fiscal year 2017 Hospital VBP Program scoring pages. As a reminder, the FY 2017 data is anticipated to be up this coming Monday, December 19. So if you go out to the website now, the fiscal year 2016 program data will be displayed.

When redirected to the Hospital VBP Program page, you will be given several options on the left navigation screen. These options are the subdomains and domains of the Hospital VBP Program and the Total Performance Score. Each of these sets of data are broken down into their own table for better usability. CMS will report for each measure, the hospital baseline period rates, the performance period rates, the benchmark, achievement thresholds, and floor, if applicable. In addition, CMS will report that measure's improvement points, achievement points, and measure score. In the Total Performance Score table, the hospital's unweighted domain scores, weighted domain scores, and Total Performance Scores will be displayed. Only eligible hospitals, meaning those that received the Total Performance Score and were not excluded for any reason, will be reported in the VBP table. As you can see, the bottom bullet point and option on the navigation page is for payment adjustments. We will discuss that in a few slides.

Once you select one of the left-hand navigation options, you will be redirected to an embedded table on the web page. You can download that table directly from the web page by clicking on the Menu button on the table, and then selecting Download from that option list that appears. You can choose to download the data in the different formats listed on the slide. Later on in the presentation, we will discuss another option to download all of the data from the *Hospital Compare* website for a specific release, instead of just downloading one specific table, or one table at a time.

Also on December 19, the Payment Adjustment pages listed under the Hospital VBP Program pages will be updated to the fiscal year 2015

program year. This data is based on a different payment year than the scoring that we had just covered for fiscal year 2017. CMS reports the payment adjustment information and then aggregate, or arranged form, for the net change in base operating DRG payment amounts, distribution of net change in base operating DRG payment amount, the percent change in base operating DRG payment amount, and the value-based incentive payment amount. This data, once again, is reported at an aggregate level and will not be broken down by CCN.

Now, if you are looking for hospital payment adjustment factors at the CCN level, CMS does make that information available. The fiscal year 2017 payment adjustment factors are available on the cms.gov website, specifically on the fiscal year 2017 IPPS final rule table web page. Each hospital that was eligible in the Hospital VBP Program will have their payment adjustment factor listed in Table 16B.

On this slide, I've listed some resources available to help understand the data. The first link is to the home page of *Hospital Compare* that we discussed earlier. If you have any questions regarding the *Hospital Compare* website, a great starting point is to contact the *Hospital Compare* email box listed on the slide. For general information on the Hospital VBP Program, I would recommend referencing the third link on the slide, which will direct you to the *QualityNet* website. And finally, for specific questions regarding the Hospital VBP Program, you may use the hospital inpatient Q&A tool, which is the last link listed, or call (844) 472-4477 to speak to a member on our team. Now, I would like to hand off the webinar to Angie Goubeaux to present on the HAC Reduction Program. Before I do, I just want to remind everyone again, when submitting your questions, to list the slide number you are referencing in the chat window. Also, if you would like a copy of this slide deck, you may download the slides from the qualityreportingcenter.com website. Thank you, again. Angie, the floor is now yours.

Angie Goubeaux: Thank you. Hi, I am Angie Goubeaux. I am a program lead for the Hospital Acquired Condition Reduction Program under HQRPS Contract for CMS.

To give you a little background, the HAC Reduction Program is a CMS Medicare pay-for-performance program, established under section 3008 of the Affordable Care Act. This program adjusts payments for hospitals that rank in the worst performing 25 percent of all subsection (d) hospitals, based on key quality measures. Payment adjustments started with fiscal year 2015 discharges beginning on October 1, 2014. Hospitals that are subject to a payment adjustment will have payments reduced to 99 percent of what would have paid for such discharges. The Affordable Care Act ensures that an eligible hospital has the opportunity to review and submit corrections for their data before publically reporting on the *Hospital Compare* website.

The fiscal year 2017 HAC Reduction Program information that CMS will update on *Hospital Compare* on December 19 will include the AHRQ PSI-90 composite measure score, CDCs, NHSN, hospital-associated infection measure scores, which will include CLABSI, CAUTI, SSI, MRSA Bacteremia, and CDI; also Domain 1 and Domain 2 scores, and a total HAC score for each eligible hospital.

The calculations for fiscal year 2017 are based on a two-year performance period. The measures are grouped into two domains. Domain 1, which includes the PSI-90 composite, is calculated using hospitals' Medicare fee-for-service claims data from July 1, 2013 through June 30, 2015. Domain 2, which includes the CLABSI, CAUTI, SSI, MRSA Bacteremia, and CDI measures, are calculated from hospitals' chart-abstracted surveillance data from January 1, 2014 through December 31, 2015.

The fiscal year 2017 HAC Reduction Program uses the same PSI-90 composite and HAI measures of the Hospital IQR and VBP Programs. So a common question we receive is, how are measure results different for the HAC Reduction Program versus these other programs? A hospital's HAC Reduction Program results will likely differ from a hospital's VBP and IQR results due to differences in the applicable hospitals in the performance periods. There will also be differences in PSI-90 composite results between HVBP and the HAC Reduction Program, due to the version of the AHRQ PSI software used in each program, as well as, a difference in the number of diagnosis and procedure codes used for PSI-90.

This is just a reminder that HAC Reduction Program results are not used in the calculation of the overall hospital rating results.

This slide shows where you can find the link to the HAC Reduction Program information on the *Hospital Compare* home page under Additional Information.

After you click to the link to the HAC Reduction Program page, you will see the embedded data set. And, from here, you can either click on the Menu and download the data, or you can click on the HAC Reduction Program link at the top of the table, and it will all take you to the downloadable database on data.medicare.gov.

If you go to data.medicare.gov, it will give you a little bit of a different view; you can also search from here, or filter the results. If you click on the Export drop-down, you can download the data in various formats, like a CSV and Excel.

The file that contains the list of hospitals, and whether they are subject to a payment adjustment, will be available on the HAC Reduction Program page on the cms.gov website, under the Related Links section. The file will be located under the link called, Fiscal Year 2017 IPPS Final Rule: HAC Reduction Program Information. This file includes the hospital CMS Certification Number, the state, if the hospital is in the top 25 percentile or subject to a payment adjustment, and the hospital's total HAC score.

This is a list of additional resources for more information about the HAC Reduction Program. I'd like to point out our email address, which is hacrp@lantanagroup.com, located at the bottom.

And now, I will turn it over to Casey to talk about HRRP.

Casey Thompson: Thank you, Angie. My name is Casey Thompson and I will be discussing the Hospital Readmissions Reduction Program, also known as HRRP.

The Hospital Readmissions Reduction Program was established when section 3025 of the ACA added a new section to the Social Security Act.

Payment adjustments for the program began with discharges on October 1, 2012.

The Hospital Readmissions Reduction Program is an important part of the continued efforts of CMS to link payment to the quality of hospital care. It provides a strong financial incentive for hospitals to improve communication and care coordination efforts, and to better engage patients and caregivers in post-discharge planning.

For eligible hospitals with at least 25 discharges, CMS reports the following data elements for each of the six HRRP readmission measures on *Hospital Compare*: the number of eligible discharges, the number of readmissions, predicted readmissions, expected readmissions, and the excess readmission ratio, also known as the ERR. Fiscal year 2017 HRRP measure results will be updated on CMS's *Hospital Compare* website on December 19, 2016.

In October 2012, CMS began reducing Medicare payments for IPPS hospitals with excess readmissions. Excess readmissions are measured by a ratio: by dividing a hospital's number of predicted 30-day readmissions for each of the six measures by the number that would be expected, based on an average hospital with similar patients. A ratio greater than one indicates excess readmissions. If a hospital has an excess readmission ratio greater than one for any measure, 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 adjusted formula additively in calculating a hospital's readjustment factor. So each additional measure with an excess readmission ratio greater than one will increase the amount of the payment adjustment, up to a maximum 3 percent penalty. For more information on payment adjustments under the Hospital Readmissions Reduction Program, you could – you would see that HRRP information on the *QualityNet* website. The link is listed on the resources slide at the end of this section of presentation.

Hospitals can calculate their payment adjustment percentage, based on the payment adjustment factor. The payment adjustment factors for all hospitals are posted each year with the IPPS final rule in August. You just can download a supplemental data file to find the payment adjustment factor for their hospital on the CMS final rule website.

Although the Hospital Readmissions Reduction Program and the Hospital IQR Program use the same measure methodology and hospital discharge time period in a given reporting cycle, the two programs use different sets of hospitals.

The Hospital Readmissions Reduction Program includes subsection (d) hospitals, as well as, hospitals in Maryland participating in the all-payer model. By contrast, the Hospital IQR Program uses a more expansive group of hospitals, including critical access hospitals, cancer hospitals, 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 an adjusted readmission rate, in the Hospital Readmissions Reduction Program, compared to their results in the Hospital IQR Program. However, some hospitals may have a slightly higher number of readmissions, due to the differences in the applicable hospitals. And under very specific circumstances, HRRP-applicable hospitals may be assigned index admissions that were not assigned in the Hospital IQR Program. So some hospitals may see a small increase in the number of eligible admissions, or readmissions, as presented in the Hospital Readmissions Reduction Program.

And this slide is just a reminder that the HRRP results are not used in the calculation of the overall hospital star ratings results.

Looking at the page on *Hospital Compare*, you can find the link for the Hospital Readmissions Reduction Program under the Linking quality to payment bullet in the additional information section, under the Hospital VBP Program.

To download your HRRP information on *Hospital Compare*, simply click Download in the menu, once you land on the HRRP *Hospital Compare* page.

You can also export HRRP data from the data.medicare.gov page by clicking the light blue Export button on the page. You can download the data in various formats.

Thank you, all, for your interest in the Hospital Readmissions Reduction Program. Here is a list of resources if you have any further questions. *Hospital Compare* inquiries will go to the *Hospital Compare* address listed on the slide, and you'll see the *QualityNet* link at the bottom of the slide for further information on HRRP. There is also an email address for HRRP general inquiries if you have questions about the measure at lantanagroup.com. Now, I'll hand the presentation back to you, Bethany.

Bethany Wheeler-Bunch:

Thanks, Casey. As I stated earlier, we would discuss how to download the entire *Hospital Compare* data set instead of just one table at a time, if that interests you.

To download that data, there are two different routes that you can use. The first is going to the data.medicare.gov website, using the URL listed at the top of the slide. Once you are on this website, you will see six options of data that you access: Hospital Compare, Nursing Home Compare, Physician Compare, Home Health Compare, Dialysis Facility Compare, and Supplier Directory data. To access *Hospital Compare* and the pay-for-performance data that we have covered today, you would select the *Hospital Compare* data option. Once you have selected the *Hospital Compare* data option, you will be taken to a list of various tables available for download. Just above that list of tables, you will see the options available to you that are displayed at the bottom of this slide: Download Microsoft Access Database Now, Download CSV Flat Files (Revised) Now, and Get Archived Data. If you select [Download] Microsoft Access Database Now, you will start to download a ZIP file containing an access database of the tables on *Hospital Compare*. When selecting the CSV flat file, you will download a ZIP file containing the tables in multiple CSV files. Either of these options will provide the same data that is currently available on the *Hospital Compare* website. To get previous releases in years of data, you can select the Get Archived Data,

which will redirect you to a page listing the databases available for download, all the way back to 2005.

Another way to find archived data is available from the home screen of *Hospital Compare*, by selecting Resources at the top option panel. Once redirected to the Resources page, you would select Download the data, and select Get archived *Hospital Compare* data.

This is the page available that lists the archived data that is available. For many of the releases, especially the past few years of the releases, you can select either the access database version, or the CSV flat file version, of the database. The CSV flat file version will be annotated in the file name with Revised_FlatFiles. As there are many different releases, we advise you to reference the measure-based file in each of the databases to confirm what data you are reviewing. At this time, I would like to open our presentation to questions. As a reminder, any questions that you are submitting now, please list the slide number at the beginning of your question when you type it into the chat window. So our first question that we will be covering today is for the HAC Reduction Program. The question is, is the HAC penalty applied per discharge?

Angie Goubeaux: Yes, it is applied per discharge.

Bethany Wheeler-Bunch: Great, thank you. The next question is for VBP, and it's not necessarily directly related to what we are presenting on today. But the question is, where do you find the benchmarks and achievement thresholds for the hospital value-based purchasing for fiscal year 2018 and 2019? So the easiest place to find your benchmark and achievement threshold for HVBP in FY 2018 is by accessing your hospital's baseline measures report that is available in the *QualityNet Secure Portal* for download. That will give you your hospital's baseline period rates. It will also give you your, I guess, every hospital's benchmark, achievement threshold, and floor, when applicable, and that is only applicable in the HCAHPS dimension.

Another place that you can find the benchmark and achievement threshold is out on *QualityNet*, in the Hospital Value-Based Purchasing Resource[s]

page. There is a couple domain-weighting, quick reference guides. Right now, we have them available for FY 2017 and FY 2018. We should have FY 2019 out there soon. But these quick reference guides contain each of the measures that are included in the program, the domain weights, the time periods, and also those performance standards that you'd be looking for.

Also, the most official place that you can go and get those performance standards at, is in the IPPS final rule. Each of those final rules contains the performance standards for the upcoming periods. So if you are looking for FY 2018, most of those performance standards were published in the FY 2016 IPPS final rule. Now, there are some exceptions; the claims-based measures were generally published prior to FY 2016, but they should have been also republished in the FY 2016 rule. So I'd go out and check out those IPPS final rules, if you are having problems finding those performance standards.

I'd also like to make a note that the performance standards can be technically updated, such as the AHRQ PSI-90 composite. If and when CMS does issue a technical update, you can find those on the *QualityNet* website. Normally, they are announced in a *QualityNet* news article. The next question is for the HAC Reduction Program. Were final hospital-specific reports for the HAC Programs sent out through *QualityNet*? The last report we received was a preliminary report that was sent in August.

Angie Goubeaux: There was a revised HSR for the HAC Reduction Program sent out in September, due to an error with the CDI data-risk adjustment. So if you need to re-request that, you can send an email to the *QualityNet* Help Desk.

Bethany Wheeler-Bunch: Great, thank you. Our next question is for the Hospital Value-Based Purchasing Program, and it is in reference to slide 11, so I am going to go down and click on slide 11, so everyone can see what we are referencing. Okay.

The question is, what was the time frame for fiscal year 2017 again? So I wanted to go back and redisplay this slide. As you can recall from the

presentation, FY 2017 means the payment time period in which the program will impact your payment. So FY 2017 means that your payments will be impacted due to the programs from October 1, 2016 through September 30, 2017. Now, within the FY 2017 program, we have the performance period and the baseline period. And those dates are displayed on this slide. Our next question is for the HAC Reduction Program. And this is in reference to slide 30, so I am going to slide over to slide 30. Okay. The question is, when will the report mentioned on slide 30 be available?

Angie Goubeaux: That will be also available on Monday, December 19; it will be posted there on the CMS website.

Bethany Wheeler-Bunch: Great, thank you. Our next question is a general question. I missed when the dates of the *Hospital Compare* site will be updated. As Larissa just mentioned, that is also going to be occurring next Monday, December 19. And, what we covered in today's webinar, the data from the Hospital Value-Based Purchasing Program, the HAC Reduction Program, and Hospital Readmissions Reduction Program will all be updated with the FY 2017 program data. Now, the next question is for the Hospital Value-Based Purchasing Program, on slide 12, so I will go back to slide 12.

The question is, can you please repeat the differences between value-based purchasing and IQR as related to CAUTI and CLABSI? So there's two main differences when we are talking about CAUTI and CLABSI, in terms of differences between Hospital Value-Based Purchasing and IQR.

The first is, CLABSI and CAUTI, in the Hospital Value-Based Purchasing Program for FY 2017, used data from ICU locations only. That's different than the Hospital IQR Program, because in calendar year 2015, which is the performance period also for the fiscal year 17 Hospital VBP Program, IQR started reporting on ICU locations plus selected wards. So they are using an expanded location set. So you are going to see a little bit of differences, difference, when you go out and compare your two data sets in between IQR and VBP for CLABSI and CAUTI.

The other difference in between IQR and VBP, when it comes to healthcare-associated infection measures, and this is including SSI, MRSA, and *C. diff*, in addition to CLABSI and CAUTI, is the new baseline for – that CDC uses to calculate the predicted number of infections, and thus the standardized infection ratio, is updated for Hospital IQR. And that will be refreshed this coming Monday, as well, for calendar year 2015. That is not the case for the Hospital Value-Based Purchasing Program.

For Hospital VBP, we are still using the old baseline for fiscal year 2017. CMS does not intend, or anticipate, updating to the new standard population for the Hospital Value-Based Purchasing Program, until the fiscal year 2019 program. And that is because the baseline period for fiscal year 2019 will finally move up into calendar year 2015, which is the first year that the baseline would have been recalculated for.

The next question that we have is also a Hospital Value-Based Purchasing question. Updates to the achievement threshold and benchmark values related to the NHSN rebaseline or when – when or where can we expect to see these values? That's a great question. So when we just talked about the FY 2019 possible VBP Program moving to the new baseline, in the IPPS final rule for 2017, CMS used the old baseline data to calculate those performance standards. So CMS does anticipate updating it through a technical update of those performance standards. I anticipate those being ready towards the beginning of 2017, but they will definitely be released prior to the release of the FY 2019 baseline reports.

I am scanning the chat window for some more questions.

Here is a question. For the Hospital Readmissions Reduction 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?

Casey Thompson: Hi, this is Casey. Yes, we ask that any questions about your HSR, the review and corrections process, be sent to the *QualityNet* Help Desk at qnetsupport@hcqis.org. I think I've responded to that person, so they have that email address.

Bethany Wheeler-Bunch:	Great, thank you. Again scanning through. There was a question that I am seeing that pertained to hospital participation in these programs. So I wonder if we can all go through and state the participation, or requirements, for each of our programs, and I can start with Hospital VBP.
	So Hospital Value-Based Purchasing includes subsection (d) hospitals, but we do have exclusions, and those exclusions include hospitals that are subject to payment reductions under the Hospital IQR Program for that same fiscal year. So if you did not participate in IQR, or failed a requirement in IQR for fiscal year 2017, you would be excluded from the Hospital Value-Based Purchasing Program in FY 2017.
	Also, any hospital that had three or more immediate jeopardy citations within the FY 2017 performance period would be excluded. All closed hospitals would be excluded. Hospitals that are like psychiatric hospitals, children asthma care hospitals, territory hospitals, such as Puerto Rico; all those hospitals are also excluded. Hospitals located in the state of Maryland are also receiving an exclusion from the Hospital VBP Program. HAC Reduction, would you mind explaining the participation requirements for your program?
Angie Goubeaux:	Sure. It's also subsection (d) hospitals. There are some hospitals and hospital units that are excluded, like you mentioned: critical access hospitals, rehab, long-term care, psychiatric, children's, PPS-exempt cancer hospitals, and hospitals in certain locations like Guam, Virgin Islands, etc.
Bethany Wheeler-Bunch:	And Casey, would you mind stating the requirements for the Hospital Readmissions Reduction Program?
Casey Thompson:	For the Hospital Readmissions Reduction Program, it includes subsection (d) hospitals, and hospitals in Maryland participating in the all-payer model. It does not include subsection (d) hospitals that are considered long-term care hospitals, critical access hospitals, rehabilitation hospitals

and units, psychiatric hospitals and units, children's hospitals, or PPS-exempt cancer hospitals.

**Bethany
Wheeler-Bunch:** Thank you. We have another question related to AHRQ PSI-90. The question is, which software versions were used in FY 2017 for the Hospital Value-Based Purchasing Program and HAC Reduction Program. For the Hospital Value-Based Purchasing Program, software version 4.5a was used. Angie, could you state which software version was used for the HAC Reduction Program?

Angie Goubeaux: Yes, we used fully recalibrated version 5.0.1.

**Bethany
Wheeler-Bunch:** Thank you. And a follow-up question, I'm just guessing, based on our population, you may be asking why a different software version was used in between the two programs. The main reason that the Hospital Value-Based Purchasing Program uses a different software version than what's typically used in the HAC Reduction Program or Hospital IQR Program, is because Hospital Value-Based Purchasing also has to take into account the baseline period. And the baseline period reports are typically released a year prior to the performance reports either for IQR, HAC Reduction, or VBP. So in order for us to use a consistent software in between each of the baseline period, and the performance period, and the performance standards, we have to use an earlier period because we need to utilize it for the baseline period and the performance standard calculations.

I think that's all the time that we have for today for questions. But please note, if your question was not answered, our teams will be working together to provide those answers back to you all.

Please check back at the qualityreportingcenter.com website for that Q&A transcript in the future. I just wanted to thank everyone for joining. And, everyone have happy holidays and a great New Year. And, I will be checking back in with you all in 2017. I will now hand off the presentation to Deb Price to present on continuing education. Thank you, everyone.

Deb Price: Well, thank you, Bethany. Today's webinar has been approved for one continuing education credit; actually this slide says 1.5, but it is one continuing education credit, by the boards listed on the slide. And since we are now a registered nursing provider, actually a national registered nursing provider, you would use the number on the bottom there, Provider Number 16578. That is the number you would use to send in your credits.

We now have an online certificate process, and you can receive your certificate two different times. Right now, if you are still on the call, and you take your survey, you can get your certificate at that time. However, if you don't have time right now, we will be sending out another survey within the next 48 hours. And, you can take the survey, and actually send it to other people that are in the room with you, and they would take the survey, as well. And then, at the bottom of the survey, is another link for you to get to your certificate.

If you do not immediately receive a response to the email that you registered with, you will – that means that, either you have a firewall up on your computer that you didn't have before, or perhaps our link is going into your spam, or your trash. So what we ask is, for you to go back into the email that we sent out and register as a new user.

So this is what the survey – the end of the survey looks like. And you note at the very bottom right-hand corner is a little gray button. When you hit the gray button, don't close your computer out.

Because this page will be coming to your computer. And there are two separate links on this page. The one is the New User link and the second one is the Existing User link. The Existing User link is the one you are going to use if you have not had any difficulty getting your certificate. If you have had any difficulty getting your certificate, please use the New User link.

And when you use the New User link, this is the page that pops up. You put in your first name, your last name, and we're asking you to put in a personal email, and a personal phone number, because then we know that you won't have any firewall issues, and you won't be calling us, and

everything will work out. And again, if you haven't had any problems using your hospital email, continue using that. We don't have a problem with it. But a lot of people have problems with firewalls.

This is what the page, that is linked to the existing user, pops up. Your username is your complete email address, including what is after the @ sign. So again, your username is your complete email address; and whatever password that you created, put under password. If you forgot your password, just click in the box and a message will show up, and that will take you to a place to create a new email, excuse me, a new password.

And now, we would like to thank everyone for your time and participation in today's program. We hope that what we talked about will – you will find that beneficial. And we'd like to, again, I would like to reiterate what Bethany said, and hope you have a great rest of the day, and rest of the year, and great holidays. So goodbye, everyone.