



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program

Presentation Transcript

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Bethany Bunch: Hello and thank you for tuning into the HAC Reduction Program On Demand webinar covering an overview of the FY 2021 program year.

My name is Bethany Bunch, and I am a Program Lead at CMS's Inpatient Value, Incentives and Quality Reporting Outreach and Education Support Contractor, and I will be your virtual host for the webinar today. I would like to introduce Aaron Swaney as today's speaker. Aaron Swaney is the HAC Reduction Program Lead at CMS's Division of Value, Incentives, and Quality Reporting Program Support Contractor.

The purpose of today's event is to provide an overview of the fiscal year (FY) 2021 HAC Reduction Program, including: program updates, methodology, hospital-Specific Reports, known as HSRs, and the scoring calculations Review and Correction period.

At the end of the event, participants should be able to interpret the scoring methodology used in the HAC Reduction Program, understand your hospital's program results in your HSR, and know how to submit questions about your hospital's calculations during the HAC Reduction Program Scoring Calculations Review and Correction period.

If you have questions during the webinar, you may submit them to the following email address, WebinarQuestions@hsag.com. When sending questions, please use the webinar title in the subject line. The webinar title is *Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program*. In the email body, please include your question and if your question pertains to a specific slide, please include the slide number for us to more efficiently assist you. We will answer your questions as soon as possible. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the *QualityNet* Inpatient Q&A tool. If you do not find a similar topic, feel free to use the tool to submit a new question.

That's it for my introductions. I will now turn the presentation over to Aaron Swaney.

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Aaron Swaney: Thank you, Bethany. As Bethany stated, my name is Aaron Swaney, and I am the HAC Reduction Program Lead for the Division of Value, Incentives, and Quality Reporting Program Support Contractor. Today, I am going to discuss background on the HAC Reduction Program and updates to the program for FY 2021, provide an overview of the scoring methodology for the program, and describe how hospitals can review their program results for the FY 2021 program year. Because this webinar is pre-recorded we will not have live questions, but I encourage you to send questions to the HAC Reduction Program Support Team, via the Quality Q&A tool. A link to the tool will be provided later on in the slides.

The HAC Reduction Program is a Medicare value-based purchasing program that reduces payments to hospitals based on their performance on measures of hospital-acquired conditions. This program was established by section 3008 of the Affordable Care Act, which requires that the Secretary of Health and Human Services reduce the overall Medicare payment by 1 percent for the worst-performing 25 percent of hospitals on hospital-acquired condition quality measures. The program encourages hospitals to implement best practices to reduce their rates of healthcare-associated infections (HAIs) and improve patient safety.

CMS evaluates overall hospital performance by calculating a Total HAC Score for each hospital, which is the equally weighted average of their scores across measures included in the program. Hospitals with a Total HAC Score greater than the 75th percentile of all Total HAC Scores (that is, the worst-performing 25 percent) will be subject to the 1-percent payment reduction.

The HAC Reduction Program includes all subsection (d) hospitals, which are broadly defined as general acute care hospitals. A complete list of the excluded hospital types, such as Critical Access Hospitals, can be found in the frequently asked questions (FAQs) for the FY 2021 HAC Reduction Program, available on the resources page of the *QualityNet* website. Maryland hospitals are exempt from payment reductions under the HAC Reduction Program due to an agreement between CMS and Maryland. More information on the Maryland Total Cost of Care Model can be found on the CMS website.

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First, I'll cover the updates to the program for the FY 2021 program year.

For the FY 2021 program year, CMS updated the version of the CMS PSI software used to calculate results for the CMS PSI 90 measure from V9 to V10, and advanced the performance periods for measures included in the program from the previous program year by one year. There were no methodological changes made to the program for the FY 2021 program year.

As shown in the table below, the six measures included in the FY 2021 HAC Reduction Program have remained the same since the FY 2018 program year. These include one claims-based composite measure of patient safety, the CMS PSI 90, and five chart-abstracted or laboratory-identified healthcare-associated infection surveillance measures based on data that hospitals submit to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN).

For the FY 2021 program year, the CMS PSI 90 measure includes all Medicare fee-for-service (FFS) patient discharges from July 1, 2017, to June 30, 2019. The five CDC NHSN HAI measures include all patient discharges from January 1, 2018, to December 31, 2019. In a press release dated March 22, 2020, and a guidance memo issued March 27, 2020, CMS announced that it was excepting all hospitals from CMS's HAI data submission requirements for Q4 2019 because of the COVID-19 public health emergency. Data submissions for Q4 2019 are relevant for the FY 2021 HAC Reduction Program. Although discharges and care delivery for Q4 2019 were not impacted by COVID-19, CMS excepted hospitals from reporting requirements because the submission deadline for the quarter fell on May 18, 2020, while hospitals were impacted by the public health emergency. CMS excepted hospitals to assist health care providers while they directed their resources toward caring for their patients and ensuring the health and safety and staff.

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It is important to note that this memo excepted hospitals from CMS's submission requirements for the quarter, but it did not exclude the use of data from the quarter. If data from the quarter was submitted to the NHSN by the submission deadline, it was used in scoring calculations for the program. If a hospital did not submit data for Q4 2019, their FY 2021 HAC Reduction Program measure results for the HAI measures rely on a performance period of January 1, 2018, to September 30, 2019.

Next, I will review the scoring methodology for the program. As noted previously, there were no updates to the scoring methodology for the FY 2021 program year.

The HAC Reduction Program scoring methodology consists of four high-level steps. Hospitals receive measure results for each of the measures included in the program. These measure results are then used to calculate measure scores. These measure scores are weighted and summed to calculate hospitals' Total HAC Scores, which evaluate overall performance. Once Total HAC Scores are calculated, CMS determines the worst-performing 25 percent of hospitals.

As stated, the first step in the scoring methodology is to determine measure results for each of the measures included in the program.

A hospital's measure result is the base value that is used to calculate their performance for the program. For the claims-based CMS PSI 90 measure, each hospital's measure result is their CMS PSI 90 composite value, which is a composite score based on 10 component Patient Safety Indicator measures. For the five healthcare-associated infection measures, each hospital's measure result is their Standardized Infection Ratio (SIR), which is calculated by CDC. The Standardized Infection Ratio is equal to the number of infections the hospital reports for the measure divided by the number of predicted infections for the measure, which CDC calculates based on hospital characteristics and case volume. For all of the measures included in the program, lower values mean better performance.

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Once measure results have been calculated, the next step in the scoring methodology is to calculate measure scores.

CMS calculates a hospital's measure score as the Winsorized z -score using measure results for the given measure. CMS adopted this approach to calculating measure scores beginning with the FY 2018 program year. Calculating Winsorized z -scores contains two steps: First, hospitals measure results are Winsorized, and then those are used to calculate z -scores. Let's review those steps.

Winsorization is a process that reduces the impact of extreme or outlying measure results but preserves hospitals' relative results. As shown in the table, hospitals with a measure result less than the 5th percentile of all measure results have their measure result reset to the 5th percentile value. Likewise, hospitals with a measure result greater than the 95th percentile of all measure results have their measure result reset to the 95th percentile value. For the vast majority of hospitals with results between 5th and 95th percentile values, Winsorization will not impact their measure results. After hospitals' measure results are Winsorized, they are used to calculate a measure score relative to all hospitals, their Winsorized z -score. The z -score evaluates hospital performance relative to the average performance across all eligible hospitals in terms of standard deviations. This is shown in the equation where the hospital's z -score, z , is equal to their Winsorized measure result minus the mean Winsorized measure result across all eligible hospitals, divided by the standard deviation of Winsorized measure results across all eligible hospitals. As a general principle, hospitals that perform worse than the mean will earn a positive Winsorized z -score, while hospitals that perform better than the mean will earn a negative Winsorized z -score.

Once measure scores have been calculated, these are the used to calculate hospitals' Total HAC Scores.

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CMS calculates each hospital's Total HAC Score as the equally weighted average of their measure scores. CMS adopted this approach to calculating Total HAC Scores beginning with the FY 2020 program year. The calculation of Total HAC Scores only includes measures for which a hospital receives a measure score. More information on scenarios where a hospital might not receive a measure score for one or more of the measures can be found in the frequently asked questions for the FY 2021 HAC Reduction Program, available on the Resources page of *QualityNet*. In general, higher Total HAC Scores indicate worse overall performance by hospitals, whereas lower Total HAC Scores indicate better overall performance.

As noted, the Total HAC Score is the equally weighted average of their measure scores. If a hospital is missing a measure score for one or more measures, then the weight applied to each of the remaining measures increases, as shown in the table.

Once Total HAC Scores are calculated, CMS can use those scores to determine the worst-performing quartile.

As noted earlier, higher Total HAC Scores indicate worse overall performance. Hospitals with a Total HAC Score greater than the 75th percentile Total HAC Score among all eligible hospitals will receive a payment reduction for FY 2021. CMS exempts Maryland hospitals from payment reductions under the HAC Reduction Program due to an agreement with Maryland. Because of this, they are excluded from the distribution of hospitals used to determine the 75th percentile.

This slide shows the scoring calculation for a hypothetical hospital under the HAC Reduction Program. The values in this example are hypothetical and not actual values for the FY 2021 HAC Reduction Program. First, in the far-left row of boxes, the hospital receives raw measure results for each of the measures in the program. As noted earlier, the measure result for the CMS PSI 90 measure is the CMS PSI 90 composite value, while the measure result for each of the five HAI measures is the Standardized Infection Ratio. These measure results are then Winsorized to remove outlier values. In the example, the hospital's SSI measure result is above

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the 95th percentile threshold and so is reset to the 95th percentile value, while all other measures have the same value for the measure results and Winsorized measure results. The Winsorized measure results are used to calculate measure scores for the hospital as Winsorized z -scores. As noted earlier, if a hospital performs worse than the mean for a measure it will earn a positive Winsorized z -score for that measure, while hospitals that perform better than the mean will earn a negative Winsorized z -score. The example hospital performs better than the mean on the CMS PSI 90, CLABSI, CAUTI, and CDI measures and worse than the mean on the SSI and MRSA bacteremia measures. Next, the measure scores are used to calculate the Total HAC Score. Because the hospital receives a Winsorized z -score for all of the measures, their measure scores are all weighted at one-sixth and then summed to their Total HAC Score of -0.078. Finally, because the hospital's Total HAC Score is less than the hypothetical 75th percentile Total HAC Score, they will not be subject to the payment reduction.

For hospitals that are subject to the 1-percent payment reduction, this payment reduction is applied to the overall Medicare payment amount for all Medicare fee-for-service discharges during FY 2021, that is, from October 1, 2020, to September 30, 2021. This payment is applied when CMS pays facility claims.

Next, I am going to discuss how hospitals receive their results via the Hospital-Specific Reports, or HSRs, and how they can review those results and request corrections to their scoring, if appropriate.

Each year, CMS provides hospitals with 30 days to review their program data, submit questions about calculations, and request corrections to their scoring, if appropriate. This is known as the Scoring Calculations Review and Corrections period. Hospitals have the opportunity to review their data and results via the HSRs and should use this to guide their scoring calculations review.

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The HAC Reduction Program HSR provides hospitals with the necessary information to review their program results, replicate the program calculations, and submit correction requests, if applicable. Along with the HSRs, CMS delivers an HSR user guide, which can guide hospitals through the process of reviewing their data and replicating program results using the HSR.

Hospitals are delivered their HSRs via the *QualityNet Secure Portal*. All users registered for notifications regarding the program should receive an email notification that reports are available when they are delivered via the portal. Hospitals must have staff registered in two roles to receive the report: the reporting feedback role and the file exchange and search role. These staff will find the HSR and HSR User Guide in their Secure File Transfer Inbox. The HSR User Guide is also made publicly available on the *QualityNet* website. Hospitals that are having trouble accessing their HSRs should reach out via the Quality Q&A tool on the *QualityNet* website.

The HAC Reduction Program HSR contains the following information: contact information for the program and additional resources, their payment reduction status for FY 2021, their Total HAC Score, measure scores, measure results, discharge-level information for the claims-based CMS PSI 90, and hospital-level information for the HAI measures.

This is an example of Table 1 in the FY 2021 HAC Reduction Program HSR. Table 1 contains the contribution of each measure to the Total HAC Score, along with the Total HAC Score, the actual 75th percentile Total HAC Score for the FY 2021 program, and the payment reduction status for this example hospital. Each measure's contribution to the Total HAC Score is shown in Columns A through F. These sum to the Total HAC Score shown in Column G. Because the example hospital's Total HAC Score is less than the 75th percentile threshold in Column H, the hospital will not be subject to a payment reduction as shown in Column I.

This is an example of Table 2 in the FY 2021 HAC Reduction Program HSR. Table 2 contains measure results for each of the measures along with necessary information to calculate Winsorized z-scores. In this

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example, the hospital's measure results, shown in Column B, all fall between the 5th percentile and 95th percentile of measure results, shown in Columns C and D. Because of this, Winsorization does not impact their measure results, and their Winsorized measure results, shown in Column E, are equal to their measure results in Column B. Winsorized z -scores for each of the measures, shown in Column H, are equal to the Winsorized measure result from Column E minus the mean Winsorized measure result, shown in Column F, all divided by the standard deviation of Winsorized measure results, shown in Column G. As noted earlier, if a hospital performs worse than the mean for a measure, it will earn a positive Winsorized z -score for that measure, while a hospital that perform better than the mean will earn a negative Winsorized z -score. The example hospital performs better than the mean on the CMS PSI 90, CLABSI, CAUTI, SSI, and MRSA bacteremia measures and worse than the mean on the CDI measure. Because the example hospital receives a measure score for each of the six measures included in the program, they are all weighted at one-sixth, as shown in Column I. The contribution of each measure's Winsorized z -score to the Total HAC Score is shown in Column J and equals the value in Table 1 of the HSR.

This is an example of Table 3 in the FY 2021 HAC Reduction Program HSR. Table 3 in the HSR shows users the necessary information to reproduce their measure result for the CMS PSI 90 measure, the CMS PSI 90 composite value. The CMS PSI 90 is a composite measure that combines results from 10 component Patient Safety Indicator measures, shown in the top row of the table. Each component Patient Safety Indicator measure's smoothed rate is weighted to form the composite value. More information on the measure methodology for the CMS PSI 90 measure can be found on the *QualityNet* website. In the example, the hospital's CMS PSI 90 composite value can be found in top left, at 0.8348. In order to produce that value, the following values are listed for each of the component Patient Safety Indicator measures:

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- Total number of eligible discharges for the measure, shown in Row 2, which forms the denominator of the measure
- Total number of outcomes for the measure, shown in Row 3, which forms the numerator for the measure
- The observed rate per 1,000 eligible discharges for the measure, shown in Row 4
- The expected rate per 1,000 eligible discharges for the measure, shown in Row 5
- The risk-adjusted rate per 1,000 eligible discharges for the measure, shown in Row 6
- The smoothed rate per 1,000 eligible discharges for the measure, shown in Row 7
- The national risk-adjusted rate per 1,000 eligible discharges for the measure, shown in Row 9
- The measure's weight in the composite value, shown in Row 10
- The measure's reliability weight, shown in Row 11

As noted, more information on the CMS PSI 90 measure methodology and instructions for replicating the CMS PSI 90 composite value can be found in the HSR user guide.

This is an example of Table 4 in the FY 2021 HAC Reduction Program HSR. Table 4 shows discharge-level information for the CMS PSI 90 measure. If you are referring to information from this table when submitting review and correction requests, it is important that you do not share the Personally Identifiable Information (PII) that it contains. Please use the ID number, shown in Column A, when submitting the request.

This is an example of Table 5 in the FY 2021 HAC Reduction Program HSR. Table 5 shows hospital-level information for the five HAI measures.

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This includes the reported and predicted number of infections. The Standardized Infection Ratio, shown in Row 4 of the table, is equal to the reported number of infections divided by the predicted number of infections.

The Scoring Calculations Review and Corrections period for the FY 2021 HAC Reduction Program begins on July 20, 2020, and ends on August 18, 2020. Hospitals have this 30-day period to review their data, submit questions about the calculation of their results, and request corrections to calculation errors. Hospitals must submit correction requests to the HAC Reduction Program Support Team via the Quality Q&A tool no later than 11:59 p.m. Pacific Time on August 18, 2020, to be considered for Review and Corrections.

There is a very specific set of items that hospitals have the opportunity to request corrections to during the Scoring Calculations Review and Corrections period. Hospitals can request corrections to their measure result for the CMS PSI 90 measure, their measure score for all of the measures in the program based on the measure results presented in the HSR, their Total HAC Score, or their payment reduction status.

Importantly, hospitals cannot request corrections that rely on corrections to the underlying data because hospitals have already had the opportunity to review and correct those data. For the CMS PSI 90 measure, this means the underlying claims data that are used to calculate results. This includes adding new claims to the data extract. For the five HAI measures, this includes the reported number of HAIs, the Standardized Infection Ratios, or the various volume variables for the HAI measures. All of these pieces of information for the HAI measures can be found on Table 5 of the HSR.

As noted, hospitals cannot request corrections to underlying data during the Scoring Calculations Review and Corrections period because hospitals already had the opportunity to review and correct those data. For the CMS PSI 90, CMS takes an annual snapshot of claims data to perform measure calculations for claims-based measures for all of their quality reporting and value-based purchasing programs.

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The snapshot for the FY 2021 program year occurred on September 27, 2019. All corrections to underlying claims must be processed by the snapshot date, and claim edits after that date are not reflected in program results. The next claims snapshot, for the FY 2022 program year, will occur on September 25, 2020.

This image demonstrates the flow of claims-based data for the CMS PSI 90 measure. The claims snapshot occurs approximately 90 days after the end of the performance period. Hospitals can review their calculations during the Scoring Calculations Review and Corrections period before their HAC Reduction Program results are publicly reported on *Hospital Compare* or the successor website in the following January.

As noted, hospitals cannot request corrections to underlying data during the Scoring Calculations Review and Corrections period because hospitals already had the opportunity to review and correct those data. For the HAI measures, hospitals have the opportunity to submit, review, and correct HAI data within the NHSN system for 4.5 months following the end of each reporting quarter. Immediately following this submission deadline, CDC takes a snapshot of the data for CMS to use in program calculations. CMS does not receive or use data entered after the NHSN submission deadline and expects hospitals to review and correct their data prior to the NHSN submission deadline.

As shown in the table below, the NHSN submission deadline occurs 4.5 months following the end of each reporting quarter. For reporting Quarter 1, that is, January, February, and March, the NHSN submission deadline is August 15. Likewise, the Quarter 2 submission deadline is November 15. The Quarter 3 deadline is February 15 of the following year, and the Quarter 4 deadline is May 15 of the following year. In all instances, if the 15th of the month falls on a Friday, Saturday, Sunday, or a federal holiday, the NHSN submission deadline is the following business day.

This image demonstrates the flow of the HAI data from submission to the NHSN through use in program scoring calculations and public reporting; 4.5 months from the end of the reporting quarter, CDC creates a snapshot

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of the data in NHSN to be used in CMS calculations. Hospitals can review their calculations during the Scoring Calculations Review and Corrections period before their HAC Reduction Program results are publicly reported on *Hospital Compare* or the successor website in the following January.

More information on the HSRs and Scoring Calculations Review and Corrections process is available on the *QualityNet* website. This includes the HSR User Guide and a mock version of the HSR. For more information on replicating results found in the HSRs, hospitals should refer to the HSR User Guide and submit any questions to the HAC Reduction Program Support Team via the Quality Q&A tool.

In early 2021, CMS will release the publicly report the following information for the FY 2021 HAC Reduction Program on *Hospital Compare* or its successor website:

- Measure scores (that is, Winsorized z-scores) for each of the measures included in the program
- Total HAC Score
- Payment reduction indicators

General information on the HAC Reduction program can be found in the HAC Reduction Program section of the *QualityNet* website. This includes information on program scoring methodology, the Scoring Calculations Review and Corrections process, and additional resources such as frequently asked questions and program fact sheets. As noted elsewhere, if you have questions about the HAC Reduction Program you can submit them directly to the HAC Reduction Program Support Team via the Quality Q&A tool. You do not need to register for an account to submit questions via this tool.

That concludes my presentation on the HAC Reduction Program and the FY 2021 scoring calculations review and corrections process. I will now hand the presentation back over to Bethany Bunch.

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Bethany Bunch: Thank you, Aaron. Because this event is On Demand only, Aaron has a few frequently asked questions that we can address during the presentation. The first question is, “Who do I contact for questions about the HAC Reduction Program?”

Aaron Swaney: Hospitals can contact the HAC Reduction Program Support Team through the [Quality Question and Answer \(Q&A\) tool](#). You can navigate to the tool from the *QualityNet* website, by selecting Help in the top right hand of the screen and then selecting Q&A Tool Main Page. Select Ask a Question. Then, select HACRP- Hospital-Acquired Conditions Program under the program list. The HAC Reduction Program Support Team can provide clarification on measure methodology, scoring methodology, program dates, and program eligibility, as well as assist hospitals in accessing their HSRs.

Bethany Bunch: Thank you. The next question is, “What is the 75th percentile threshold or cutoff for receiving a payment reduction for the HAC Reduction Program this year?”

Aaron Swaney: Thanks, Bethany. The FY 2021 HAC Reduction Program 75th percentile cutoff is 0.3383. Hospitals with Total HAC Scores greater than this value will be subject to the payment reduction on their Medicare fee-for-service discharges for FY 2021, that is, from October 1, 2020 to September 30, 2021.

Bethany Bunch: Thank you. The next frequently asked question: “How do we request version 10 of the CMS PSI 90 software?”

Aaron Swaney: Thank you, Bethany. Hospitals can contact the HAC Reduction Program Support Team via the Quality Q&A tool to request a copy of version 10 of the CMS PSI Software. The software is available in either SAS or Windows.

Bethany Bunch: How do we request the replication instructions?

Aaron Swaney: Thanks, Bethany. Hospitals can contact the HAC Reduction Program Support Team via the Quality Q&A tool to request a copy of the mock HSR with example replication instructions.

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Bethany Bunch: The next question: “How do we submit a Review and Correction request?”

Aaron Swaney: Hospitals can request a review of the calculations by submitting a request via the Quality Q&A tool no later than 11:59 p.m. Pacific Time on the final day of the Scoring Calculation Review and Corrections period. Select Ask a Question, then HACRP – Hospital-Acquired Conditions Reduction Program under the program list, then HACRP Review and Correction Request as the topic. Finally, enter HACRP: Scoring Calculations Review and Corrections Inquiry on the subject line. Hospitals should describe the reason for requesting a review and must include the following information in the ticket:

- CMS Certification Number (CCN)
- Hospital Name
- Hospital Address
- Contact person's name, phone number, and email address
- Score(s) to be reviewed (include all that apply)

Please note that you must not submit Personally Identifiable Information via the Quality Q&A tool. When referring to the contents of the HSR, use the ID Number.

Bethany Bunch: Thanks, Aaron. The next question is, “When is the next snapshot date for claims data?”

Aaron Swaney: Thanks, Bethany. The next claims snapshot date for claims data is September 25, 2020. Claims data from this snapshot date will be used for FY 2022 HAC Reduction Program scoring calculations.

Bethany Bunch: Thank you, next question: :How does the CMS decision to except all hospitals from reporting requirements for Q4 2019 affect FY 2021 scoring calculations?”

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Aaron Swaney: Thanks, Bethany. The HAC Reduction Program scoring methodology will remain the same for all hospitals. For the CDC NHSN HAI measures, hospitals that did not submit data will effectively have shortened performance periods for scoring calculations in future program years, for example Q1 2018 through Q3 2019 for the FY 2021 HAC Reduction Program.

Bethany Bunch: Thank you and our last question for today: “If a hospital is subject to the payment reduction, how much will it cost the hospital for FY 2021?”

Aaron Swaney: Thanks, Bethany. CMS applies the 1-percent payment reduction to the hospital when claims are paid. The payment adjustment for hospitals that rank in the worst-performing quartile in the FY 2021 HAC Reduction Program will be applied to Medicare FFS discharges from October 1, 2020, to September 30, 2021. We are unable to provide a dollar amount for the payment reduction on future claims, but an example of how payment reductions are calculated is found in the HAC Reduction Program FAQ document, available on the Resources page within the HAC Reduction Program section of the *QualityNet* website.

Bethany Bunch: Thank you, Aaron. That concludes our webinar for today.

If you have questions about this webinar that weren't addressed during the presentation, you may submit them to the following email address, WebinarQuestions@hsag.com. When sending questions, please use the webinar title in the subject line. The webinar title is *Overview of the FY 2021 Hospital-Acquired Condition (HAC) Reduction Program*. In the email body, please include your question, and, if your question pertains to a specific slide, please include the slide number for us to more efficiently assist you. We will answer your questions as soon as possible.

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