Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program FY 2025 Provider Data Catalog Update Presentation Transcript

Speakers

Maria Gugliuzza, MBA
Program Lead, Hospital Value-Based Purchasing (VBP) Program
Division of Value, Incentives, and Quality Reporting Program Support (DPS) Contractor
Juliana Conway
Program Manager, Hospital-Acquired Condition (HAC) Reduction Program
DPS Contractor
Rebecca Silverman
Program Manager, Hospital Readmissions Reduction Program
DPS Contractor

Moderator

Brandi Bryant
Business Analyst, Hospital VBP Program
Inpatient and Outpatient Healthcare Quality Systems Development
and Program Support

March 5, 2025
2 p.m. Eastern Time

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the websites. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Brandi Bryant: Greetings. Thank you for joining us in today's webinar, focusing on the fiscal year 2025 Provider Data Catalog update for the Hospital VBP Program, HAC Reduction Program, and the Hospital Readmissions Reduction Program. I'm Brandi Bryant, representing the Division of Value, Incentives, and Quality Reporting Program Support Contractor, and I'll be moderating today's session. Before we dive in, I'd like to share a few important announcements. Firstly, please be aware that this program is being recorded. The presentation's transcript, along with a summary of today's questions, will be available on the inpatient website, www.QualityReportingCenter.com, in the coming weeks. For those who registered, a reminder email with a link to today's slides was sent out approximately two hours ago. If you haven't yet received it, you can download the slides directly from www.QualityReportingCenter.com. In the event that you must leave before the conclusion, a link to the survey will be included in the summary email sent out one to two business days after the webinar. We appreciate your participation in the survey and look forward to a fruitful session.

Let me now present our distinguished speakers for today. Maria Gugliuzza serves as the Program Lead for the Hospital Value-Based Purchasing Program DPS Contractor. Joining us is Juliana Conway, the HAC Reduction Program Manager from the DPS Contractor at the Centers for Medicare & Medicaid Services. We also have Rebecca Silverman, the Hospital Readmissions Reduction Program Manager, also part of the DPS Support Contract at the Centers for Medicare & Medicaid Services.

Today, we'll cover an overview of publicly reported data for CMS inpatient hospital pay-for-performance programs, including the Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program. Let's dive in and explore these initiatives together.

This slide outlines three key objectives for our participants: First, you'll be able to find publicly reported data for CMS inpatient hospital pay-for-performance programs. Second, you will recognize historical data for context and trend analysis. You will also learn how to obtain data in CSV format for flexible analysis.

During our webinar, we encourage your active participation and value your questions. Please utilize the Chat tool to submit any relevant questions related to today's topic. Towards the end of the webinar, time permitting, we'll address these questions. It's important to note that we won't be using the raised-hand feature in the Chat tool during this session. For any additional questions post-event, we recommend using the QualityNet Question and Answer Tool. When submitting questions, include the webinar name, slide number, and speaker name for a more efficient response. If your question is unrelated to the current webinar topic, we kindly request you to first search for the answer in the QualityNet Question and Answer Tool. If you can't find a solution, then feel free to then submit your question to us through the same tool. Rest assured, we'll strive to respond to your questions as promptly as possible, either during the webinar or through a comprehensive question-and-answer summary document. Thank you for your active engagement.

Before we dive into the details, please review some key acronyms for today's discussion. You can refer back to this slide if needed. I will now pass the presentation over to Maria, Maria, the floor is yours.

Maria Gugliuzza: Thank you, Brandi. Hello, everyone. I'm Maria Gugliuzza, serving as the Program Lead for the Hospital Value-Based Purchasing Program for the Division of Value, Incentives, and Quality Reporting Program Support Contractor. In this segment of our presentation, I will provide a brief overview of the Provider Data Catalog. Additionally, I'll guide you through navigating the Provider Data Catalog and address some commonly asked questions. Let's dive into this important aspect of our discussion.

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

The home screen of the Provider Data Catalog gives you a few different launch points to access the datasets you're seeking. You can search for key terms regardless of setting.

For example, if you search the term Survey, you currently will receive 26 datasets that include that include that term across all care settings. Because we are focusing on the Hospital Value-Based Purchasing Program today, I'll walk through how to display just the hospital care setting.

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

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

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

In the dataset explorer, you have the opportunity to filter the datasets without downloading the dataset into a CSV file. For example, if my hospital was in the state of Ohio, I may want to see only the state-level data for Ohio. Currently Alaska is displaying on my screen.

This slide shows how to filter data in the HCAHPS-State survey tool. The dataset has over 4,000 rows, but we're narrowing it down to Missouri by applying a filter on the State column. We've set the condition to Equals and entered MO, so only Missouri data will be displayed. Additional filters can be added for more specific analysis. The Reset button clears all filters, while Apply 1 Filter updates the dataset. Filtering like this helps focus on relevant data for better insights. Under the table, additional information about the dataset is provided, including the release date for the dataset and who to contact if you have questions regarding the dataset.

To the right and below Additional Information, information regarding accessing the API is displayed.

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

From the Provider Data Catalog home screen, select Topics from the menu.

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

When selecting View Archived Data, the site will direct you to the listing of data from each of the refreshes from 2017 and forward.

Now, we will be shifting our focus to the three hospital value-based purchasing programs that had data refreshed on the Provider Data Catalog website in February. I will be reviewing the Hospital Value-Based Purchasing Program.

The Hospital Value-Based Purchasing Program, authorized under Section 1886(o) of the Social Security Act, promotes quality healthcare delivery while managing costs. Hospital payments are determined based on Total Performance Score, calculated from Achievement and Improvement Points across specific domains. In FY 2025, 2,489 hospitals face payment adjustments. CMS allows hospitals 30 days to review and correct data before public reporting, ensuring accuracy and transparency.

In fiscal year 2025, hospitals were evaluated on four domains: Clinical Outcomes, Person and Community Engagement, Safety, and the Efficiency and Cost Reduction domain. The Clinical Outcomes domain consisted of five 30-day mortality measures for AMI, COPD, heart failure, and pneumonia, in addition to the hip/knee complication measure. The Person and Community Engagement domain is evaluated through the use of eight HCAHPS Survey dimensions. The Safety domain contains the five healthcare-associated infection measures for CLABSI, CAUTI, SSI, MRSA and CDI. The Efficiency and Cost Reduction domain contains the Medicare Spending per Beneficiary measure. Each domain was weighted at 25 percent of the Total Performance Score.

This slide contains the baseline and performance measurement periods for fiscal year 2025. A reminder, Achievement points are awarded by comparing your hospital's measure rate in the performance period against set performance standards known as the benchmark and achievement threshold. Improvement Points are awarded by comparing your hospital's rate in the performance period against your own hospital's rate during the baseline period.

The Hospital VBP Program has three sets of data that are publicly reported. The payment adjustment factors for fiscal year 2021 were published in January of 2023 and will remain until the FY 2024 payment tables get updated in 2026.

CMS posted the fiscal year 2025 payment adjustment factors in Table 16B on CMS.gov. Table 16B contains the actual payment adjustment factors by CMS Certification Number for each hospital that was eligible for the program. Please note that Table 16B will not include your CCN if you were excluded from the program. Exclusion reasons include your hospital not being a subsection (d) hospital, not meeting the minimum number of domains in order to receive a Total Performance Score, being subject to payment reductions under the Hospital IQR Program, and being a hospital located in the state of Maryland, just to name a few examples.

If your hospital is a subsection (d) hospital, you can check your Percentage Payment Summary Report available to run through the *QualityNet Secure Portal* to verify your eligibility status and see any exclusion reasons you may have assigned.

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

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

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

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

On this slide, I listed resources available to assist in finding and understanding the data. The first link is to the homepage of the Provider Data Catalog. If you have any questions regarding the Provider Data Catalog or Care Compare websites, a great starting point is to submit your question through the QualityNet Question and Answer Tool. Please follow the instructions listed on the second bullet point to send your questions to the appropriate team. Background information on the Hospital VBP Program can be accessed on the Hospital VBP Program CMS.gov website. More comprehensive information on the program, including scoring methodology, calculations, and general information for many fiscal years can be accessed on the Hospital VBP Program QualityNet webpages.

If you have questions regarding the Hospital VBP Program specifically, please do not hesitate to contact us via the QualityNet Question and Answer Tool. Now, I would like to hand off the webinar to Juliana Conway to discuss the HAC Reduction Program.

Juliana Conway: Thank you, Maria. Hello, my name is Juliana Conway, and I am the Program Manager for the Hospital-Acquired Condition Reduction Program, or HAC Reduction Program, under the DVIQR Program Support contract. In this portion of the presentation, I will be reviewing the HAC Reduction Program and the publicly reported information that was recently released on the Provider Data Catalog.

For background, the HAC Reduction Program is a value-based purchasing program established under Section 1886(p) of the Social Security Act. As required by the Act, hospitals with a Total HAC Score in the worst-performing quartile of all subsection (d) hospitals receive a 1-percent reduction to their overall Medicare fee-for-service payments. Each program year, CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting HAC Reduction Program results on the Provider Data Catalog website. In fiscal year 2025, 729 hospitals are in the worst-performing quartile and receive the 1-percent reduction.

For the fiscal year 2025 program year, CMS used version 14 PSI software to calculate the CMS PSI 90 measure. CMS made non-substantive changes to the CMS PSI 90 component measure, CMS PSI 08, In-Hospital Fall-Associated Fracture Rate, to include all hospital fall-associated fractures, rather than only hospital fall-associated hip fractures. CMS also adopted a validation reconsideration policy to allow hospitals that fail to meet the validation requirement to request a reconsideration of this validation decision.

The fiscal year 2025 HAC Reduction Program includes six measures: one claims-based composite measure of Patient Safety Indicators, the CMS PSI 90 measure; and five chart-abstracted infection measures of healthcare-associated infections, the HAI measures.

Those are collected by the Centers for Disease Control and Prevention's National Healthcare Safety Network, or NHSN. These measures are CLABSI, CAUTI, SSI for abdominal hysterectomy and colon procedures, MRSA bacteremia, and CDI. This slide also includes the performance periods for each measure.

In February 2025, CMS released the fiscal year 2025 HAC Reduction Program results on the Provider Data Catalog on data.CMS.gov.

The HAC Reduction Program dataset includes individual measure results and Winsorized z-scores, or measure scores, for the CMS PSI 90 and HAI measures, Total HAC Scores, and payment reduction indicators.

Similar to Hospital VBP, to find the newly released HAC Reduction Program data, navigate to the Provider Data Catalog homepage. The homepage features a search bar for you to type your search term .

Alternatively, on the homepage, you can scroll down to the Topics and click on Hospitals, as seen in this slide.

Clicking on the Hospitals icon on the homepage will bring you to a page that allows you to search all Hospital datasets. In the search bar at the top of this page, type your search term to search for the HAC Reduction Program dataset, as shown in this slide. Once you have searched for the HAC Reduction Program dataset, you can immediately download the dataset as a CSV for Excel by clicking on Download CSV.

This slide lists several HAC Reduction Program resources, including a link to the fiscal year 2025 HAC Reduction Program dataset on the Provider Data Catalog. If you have questions about the program after this presentation, please submit questions via the QualityNet Question and Answer Tool, linked on this slide, and follow the navigation instructions to submit questions related to the Provider Data Catalog website or general inquiries about the program.

Thank you for your time. Now, I'll turn it over to Rebecca to talk about the Hospital Readmissions Reduction Program.

Rebecca Silverman: Thank you, Juliana. My name is Rebecca Silverman, and I am the Program Manager for the Hospital Readmissions Reduction Program under the DVIQR Program Support contract. In this portion of the presentation, I will be reviewing the Hospital Readmissions Reduction Program and the publicly reported information that was recently released on the Provider Data Catalog website.

The Hospital Readmissions Reduction Program is a Medicare value-based purchasing program established under Section 1886(q) of the Social Security Act. Under the Hospital Readmissions Reduction Program, subsection (d) hospitals with excess readmissions, relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full Medicaid benefits, have their payments reduced by up to 3 percent. Each program year, CMS provides hospitals 30 days to review and submit corrections prior to publicly reporting Hospital Readmissions Reduction Program results on the Provider Data Catalog website. In FY 2025, 83 percent of hospitals eligible for a payment reduction are receiving payment reductions.

The FY 2025 performance period for the Hospital Readmissions Reduction Program is July 1, 2020, to June 30, 2023. CMS did not make any substantive changes to the Hospital Readmissions Reduction Program for FY 2025.

This slide shows the claims-based readmission measures included in the FY 2025 Hospital Readmissions Reduction Program. The program includes four condition-specific readmission measures for AMI, COPD, heart failure, and pneumonia. The remaining two measures in the program are procedure-specific readmission measures for CABG surgery and elective hip and/or knee replacement.

CMS publicly reports the data elements listed on the slide for each of the six readmission measures. For each measure, information is only reported for hospitals with 25 or more eligible discharges, while the number of readmissions is only reported if the hospital has 11 or more readmissions.

The excess readmission ratio, or ERR, is a measure of a hospital's relative performance. The ERR is used in the Hospital Readmissions Reduction Program payment reduction formula to assess a hospital's excess readmissions for each of the conditions and procedures included in the program. CMS released the FY 2025 Hospital Readmissions Reduction Program measure results on the Provider Data Catalog website in mid-February.

In addition to the data posted on the Provider Data Catalog website, CMS also releases payment reduction percentages, peer grouping information, and other component results in the FY 2025 IPPS/LTCH PPS Final Rule Hospital Readmissions Reduction Program Supplemental Data File. CMS posted this file in September 2024 after completing the 30-day Hospital Readmissions Reduction Program Review and Correction period. To access the file, visit the FY 2025 IPPS final rule homepage using the link shown on the slide.

Similar to the Hospital VBP Program and the HAC Reduction Program, to find the newly released Hospital Readmissions Reduction Program data, navigate to the Provider Data Catalog homepage on data.cms.gov. The homepage features a search bar that you can use to type your search term.

Alternatively, on the homepage, you can scroll down to the Topics and click on Hospitals, as seen in this slide.

Clicking on the Hospitals icon on the homepage will bring you to a page that allows you to search all Hospital datasets. In the search bar at the top of this page, type your search term to search for the Hospital Readmissions Reduction Program dataset, as shown in this slide. Once you have searched for the Hospital Readmissions Reduction Program dataset, you can immediately download the dataset as a CSV for Excel by clicking on Download CSV.

This slide lists additional resources for the Hospital Readmissions Reduction Program, including a link to the FY 2025 Hospital Readmissions Reduction Program dataset on the Provider Data Catalog.

If you have questions about the program after this presentation, please submit questions via the QualityNet Question and Answer Tool, linked on this slide, and follow the navigation instructions to submit questions related to the Provider Data Catalog website, the measure methodology, or general inquiries about the program. Thank you for your time.

Brandi Bryant: Thank you, Rebecca. We will now answer some of the questions that were submitted during the webinar. If you would like to submit additional questions at this time, please include the slide number associated with your question. The first question is :Can you explain the difference between baseline period and performance period?

Maria Gugliuzza: Thank you, Brandi. The Hospital VBP Program is unique in that it allows hospitals to earn Improvement Points. Hospitals earn Improvement Points based on how it improved its own performance from the baseline period to the performance period. Hospitals can also earn Achievement Points. CMS awards these points to a hospital by comparing performance on a measure during the performance period with all hospitals' performance during the baseline period. The Hospital VBP Program uses two time periods, the baseline and performance periods, to calculate improvement scores. The baseline period rate represents a hospital's performance for each measure during the baseline period. The performance period rate is compared to the baseline period to score improvement points.

Brandi Bryant: When will we receive the fiscal year 2025 Hospital VBP Program reports?

Maria Gugliuzza: Thanks, Brandi. CMS made the FY 2025 Hospital VBP Program Percentage Payment Summary Reports available in the Hospital Quality Reporting system in late 2024.

Brandi Bryant: Will CMS publish a fiscal year. 2025 Quick Reference Guide?

Maria Gugliuzza: Thank you. The FY 2025 Hospital VBP Program Quick Reference Guide is available for download on QualityNet. The link is on slide 30.

Brandi Bryant: What is the advantage of accessing the fiscal year 2021 payment tables?

Maria Gugliuzza: Accessing the FY 2021 payment tables, including Table 16B on the CMS.gov website, offers several significant advantages. Table 16B provides the actual payment adjustment factors by CMS Certification Number for each participating hospital under the Hospital VBP Program for FY 2025. This information enables hospitals to understand the precise adjustments made to their base operating Medicare Severity Diagnosis-Related Group, or MS-DRG, payments. Facilitating better financial planning and management, hospitals can use these adjustment factors to forecast revenue and make informed budgeting decisions, crucial for maintaining financial stability.

Furthermore, the payment adjustment data allows hospitals to assess their performance relative to the metrics used by CMS, highlighting areas needing improvement and guiding quality enhancement initiatives. This level of detail promotes transparency and accountability, enabling hospitals to benchmark their performance against others and strive for better outcomes. Additionally, understanding the reasons for exclusion from the Hospital VBP Program will help hospitals identify compliance issues and clarify their eligibility status. In summary, accessing Table 16B provides hospitals with critical information necessary for financial management, performance evaluation, strategic planning, and operational transparency.

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

Maria Gugliuzza: Yes, on Care Compare you can search for your hospital. On your hospital's page, select View Survey Details on the Patient Survey Rating section. For each dimension, you should see your hospital's HCAHPS rate, the national average, and your state's average.

Brandi Bryant: Where can I find the slides for this webinar?

Maria Gugliuzza: A transcript of the presentation, the slides, a summary of the questions asked, and the responses will post to the Quality Reporting Center in the upcoming weeks.

Brandi Bryant: What is the difference between a hospital's measure results and measure scores?

Juliana Conway: Thanks. That's a good question. Measure results are the output of a measure's calculations and the first step of the scoring methodology. The HAC Reduction Program uses measure results from six total measures. Each of the five CDC's NHSN HAI measures report a standardized infection ratio, or an S-I-R. The S-I-Rs are calculated as the ratio of a hospital's observed HAIs to its predicted HAIs. The CMS PSI 90 measure reports a composite value, which is a weighted average of the risk- and reliability-adjusted rates of 10 component PSI measures.

Measure scores, or Winsorized *z*-scores, are used to calculate the Total HAC Score. The HAC Reduction Program completes Winsorization to limit the impact of outlier measure results, and then calculates Winsorized *z*-scores. The *z*-scores indicate how different a hospital's measure result is from the average measure result across all hospitals in the HAC Reduction Program. The weighted sum of a hospital's measure scores is then used to calculate the Total HAC Score. More information about the HAC Reduction Program's methodology can be found on the QualityNet website.

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

Juliana Conway: Thanks. That's a good question. The 75th percentile of Total HAC Scores cannot be calculated using the dataset available on the Provider Data Catalog because not all hospital results are publicly reported. However, you can find the fiscal year 2025 HAC Reduction Program's 75th percentile in the Hospital-Specific Report User Guide, which is publicly available on the QualityNet website.

Brandi Bryant: Why are my readmission measure results in the Hospital Readmissions Reduction Program dataset on the Provider Data Catalog different from the readmission measure results on Medicare.gov?

Rebecca Silverman: Both metrics use the same readmission measure methodology and hospital performance period. However, the readmission measure results on the Medicare.gov website, that is, Care Compare, which are also in the Unplanned Hospital Visits dataset on the Provider Data Catalog, are calculated using a different set of hospitals than the results for the Hospital Readmissions Reduction Program. The Hospital Readmissions Reduction Program includes subsection (d) hospitals, as well as hospitals in Maryland. By contrast, the measure results on Medicare.gov are calculated among a larger hospital population, including subsection (d) hospitals, Maryland hospitals, and non-subsection (d) hospitals, such as critical access hospitals and hospitals in U.S. territories. Most hospitals will have similar results for the Hospital Readmissions Reduction Program on Medicare.gov, but they may not align exactly due to the different hospitals included in the calculations.

Additionally, Medicare.gov reports the rate of readmission after discharge, while the Hospital Readmissions Reduction Program results report the excess readmission ratio. The rate of readmission is a risk-standardized readmission rate, which is equal to the excess readmission ratio multiplied by the national observed readmission rate. The excess readmission ratio is equal to a hospital's predicted readmission rate divided by its expected readmission rate.

Brandi Bryant: How do I determine if my hospital was penalized for the Hospital Readmissions Reduction Program in FY 2025?

Rebecca Silverman: Thanks. That's a great question. CMS publishes hospitals' payment reduction percentage in the FY 2025 IPPS/LTCH PPS Final Rule Hospital Readmissions Reduction Program Supplemental Data File. This file is posted on the FY 2025 IPPS Final Rule page on CMS.gov, as shown in the slides. This file includes hospitals subject to Hospital Readmissions Reduction Program that have measure results for at least one measure in the program. Hospitals with a payment reduction percentage greater than 0 percent are penalized in FY 2025. Hospitals with a payment reduction percentage equal to 0 percent are not penalized in FY 2025.

Brandi Bryant: That is all the time we have today for questions. If you still have any questions related to the fiscal year 2025 PDC Refresh, please use the QualityNet Ask a Question tool link found on the previous slide. Thank you again for joining us today, and we hope that you have a great day.