The hospital-specific reports (HSRs) for the July 2021 Public Reporting preview period will be delivered **no later than Monday, May 3, 2021**. The following measures are included in the reports:

- 30-Day Risk-Standardized Readmission Rate (RSRR) following:
  - Acute Myocardial Infarction (AMI) hospitalizations
  - Chronic Obstructive Pulmonary Disease (COPD) hospitalizations
  - Heart Failure (HF) hospitalizations
  - Pneumonia (PN) hospitalizations
  - Coronary Artery Bypass Graft (CABG)
  - Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)
- 30-Day Hospital-Wide, All-Cause Unplanned Readmission Measure (HWR)
- 30-Day Risk-Standardized Mortality Rate (RSMR) following:
  - AMI hospitalizations
  - COPD hospitalizations
  - HF hospitalizations
  - PN hospitalizations
  - Stroke hospitalizations
  - CABG
- 90-Day Risk-Standardized Complication Rate (RSCR) following THA/TKA
- Risk-Standardized Payment Measures Associated with a 30-Day Episode of Care for AMI, HF, and PN
- Risk-Standardized Payment Measures Associated with a 90-Day Episode of Care for THA/TKA
- 30-Day Risk-Standardized Excess Days in Acute Care (EDAC) measures for AMI, HF, and PN
- CMS Patient Safety Indicator (PSI) measures:
  - PSI 04 – Death Rate Among Surgical Inpatients with Serious Treatable Complications
  - CMS PSI 90 – Patient Safety and Adverse Events Composite
    - PSI 03 – Pressure Ulcer Rate
    - PSI 06 – Iatrogenic Pneumothorax Rate
    - PSI 08 – In Hospital Fall with Hip Fracture
    - PSI 09 – Perioperative Hemorrhage or Hematoma Rate
    - PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate
    - PSI 11 – Postoperative Respiratory Failure Rate
    - PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
    - PSI 13 – Postoperative Sepsis Rate
    - PSI 14 – Postoperative Wound Dehiscence Rate
    - PSI 15 – Abdominopelvic Accidental Puncture or Laceration Rate

Updates for July 2021 Public Reporting

CMS made the following changes to the Public Reporting, outcome, payment, and CMS PSI measures for July 2021:

- Calculated the CMS PSIs using the CMS v11.0 PSI software. The CMS PSI software parameters (risk-adjustment coefficients, signal variance, and component weights in CMS PSI 90) are derived from Medicare fee-for-service (FFS) claims data for July 1, 2018 through December 31, 2019.
- Updated the Planned Readmission Algorithm with ICD-10 code-based specifications to identify planned readmissions with Version 4.0 2020 (ICD-10) for the readmission measures.
- Updated the Within-Hospital and Across-Hospital Disparity Methods tabs of the Readmission HSR workbook, most notably removing decile rankings for hospitals, instituting performance categories, and applying a minimum threshold for the number of hospitals reporting. The changes to the performance categories were instituted to help make it easier for hospitals to understand how their performance compares to other hospitals. The minimum thresholds were instituted to confirm the samples of hospitals reporting are generally representative of all hospitals.

- In response to the COVID-19 public health emergency, CMS will not use claims data reflecting services provided January 1, 2020 – June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting programs.[1,2] Hospitals do not need to request an Extraordinary Circumstances Exception (ECE) for measures and submissions covered under the COVID-19 exception for Q1 and Q2 2020. The discharge periods have been updated to reflect this policy:

Measures	Updated Discharge Period
AMI, COPD, HF, PN, CABG, and THA/TKA readmission measures	July 1, 2017 through December 1, 2019
AMI, COPD, HF, PN, stroke, and CABG mortality measures	
AMI, HF, and PN payment measures	
AMI, HF, and PN EDAC measures	
HWR measure	July 1, 2019 through December 1, 2019
THA/TKA complication and payment measures	April 1, 2017 through October 2, 2019
CMS PSI measure	July 1, 2018 through December 31, 2019

The readmission, mortality, payment, and EDAC measures include a 30-day window after each index stay to identify outcomes, and the THA/TKA measure includes a 90-day window after each index stay to identify outcomes. Therefore, the performance periods for these measures end 30 days and 90 days, respectively, before January 1, 2020, so that no data from Q1 and Q2 2020 are used in the measures calculations.

Accessing the HSR

CMS will distribute the HSRs through CMS Managed File Transfer (MFT) no later than Monday, May 3, 2021. HSRs will be provided to users at a hospital that have approved Auto-Route (IQR) and Managed File Transfer permissions associated with their Hospital Quality Reporting (HQR) profile. If you are not a Security Administrator/Official (SA/O) for your hospital or you have not recently taken action to request these permissions on your account, you will not have the

permissions on your profile required to receive an HSR. Reference the *Important: Request Access to Managed File Transfer (MFT) & Auto-Route Now to Ensure You Receive Your Reports* notification released on March 18, 2021, for instructions to request these permissions or to confirm these permissions are active on your profile.

When your MFT mailbox receives your hospital's report, a notification will be sent to the email address associated with your HCQIS Access Roles and Profile (HARP) account. At that point, please follow the steps below to access your HSR in your MFT mailbox:

1. Navigate to the CMS Managed File Transfer page at https://qnetmft.cms.gov/mft-signin/login.
2. Enter your HARP User ID and Password. Select the **I agree to the Terms and Conditions** checkbox. Then, select **Sign In**.
3. You will be directed to the Two-Factor Authorization page. A preview of the device or email that will be sent a code will be displayed. Select **Send Code**. After selection, the Send Code button will update to **Sent.**
4. After receipt of the code via your device or email, enter the code. Then, select **Verify**.
5. Upon successful login, you will be directed to the MFT dashboard. Select **Mail** on the left-navigation pane to expand the mailbox.
6. Select **Inbox** under the expanded **Mail** options.
7. This HSR will have a subject of AutoRoute – Package 999999_JULY2021_PR_HSR with your hospital's six-digit CMS Certification Number (CCN) replacing 999999. Open the message containing the HSR by clicking on that line.
8. Download the HSR by selecting the file in the **Attachments** section of the message.

HSRs will be available in your MFT mailbox for thirty (30) days after delivery.

If, after May 3, you have not received an email notifying you of the report delivery and you believe your profile has the appropriate permissions, follow the instructions above to check if the report was delivered. If the report was not delivered, confirm that your profile has the permissions required to receive the report, as detailed above.

- If your profile did not have active Auto-Route (IQR) and MFT permissions prior to May 3, you may request these permissions now by following the instructions detailed in the previously mentioned *QualityNet* news article. Your hospital's SA/O will review your requested permissions. Once you have been granted the proper permissions you will have access to any future report deliveries via MFT; however, this report will not be available unless a request to resend the report is submitted.
- If your profile did have active Auto-Route (IQR) and MFT permissions prior to May 3, and you did not receive your report, please contact the *QualityNet* Help Desk for further assistance at qnetsupport@hcqis.org.

Requests to resend the report can be submitted through the Questions and Answers tool on *QualityNet*:

- When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select **Request for public reporting hospital-specific reports** from any of the applicable measures' topic drop-down menus.

- In the subject line, type **Request to Resend July 2021 Public Reporting HSR**. Please describe your question in the text box and include your hospital's CCN.

If you experience issues accessing your HSR from MFT or issues requesting and reviewing your HQR profile permissions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Preview Period Requests and Questions about Results
CMS is providing HSRs for the July 2021 public reporting preview period that begins Tuesday, May 4, 2021, and ends at 11:59 p.m. Pacific Time (PT) on Thursday, June 3, 2021. This preview period process does **not** allow hospitals to submit additional corrections related to the underlying claims data or add new claims to the data extract used to calculate the rates. The HSRs are designed to provide hospitals the opportunity to review measure results, check discharge data used in the calculation of the claims-based measures and replicate their results. Discrepancies or concerns regarding the claims or results included in the HSRs must be reported during the preview period (Tuesday, May 4, 2021–Thursday, June 3, 2021 at 11:59 p.m. PT) to be considered by CMS. Any requests for the adjustment of claims, measure results, measure scores, or notation of those measure results **will not be considered if the request is submitted after Thursday, June 3, 2021**.

Preview period questions regarding your hospital's results can be submitted through the Questions and Answers tool on *QualityNet*. When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select either **Preview period request** or **Question about results** from the applicable measure's topic drop-down menu. In the please describe your question text box, include your hospital's CCN and your question or request.

Note: Do not email HSR files or their contents. HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

Educational Webinar and Tutorial Video
On **Tuesday, May 11, 2021, at 2 p.m. Eastern Time (ET)**, CMS will host an educational webinar: *July 2021 Public Reporting Claims-Based Measures Hospital-Specific Report Overview*. The webinar will provide an overview of the HSRs for select claims-based measures that will be publicly reported in July 2021, including a summary of national results, steps to access and navigate the HSR, and an overview of measure calculations. You may register for the webinar here. The presentation slides and recording will be available after the presentation on the Hospital IQR Archived Events page of QualityReportingCenter.com.

This short video provides instruction on navigating and understanding each field of the HSR and will help hospitals understand the measures on which they are being evaluated, track their outcomes, and further their quality improvement efforts.

Contacts for Questions
Questions regarding the measures and the HSRs can be submitted through the Questions and Answers tool on *QualityNet*. When submitting the request, select **Inpatient Claims-Based**

Measures from the Program drop-down menu and select the topic that best represents your question. In the please describe your question text box and include your hospital's CCN.

If you experience issues accessing your HSR from MFT or requesting and reviewing your HARP permissions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Please do not respond directly to this email. For further assistance regarding the information contained in this message, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team by submitting a question through the Questions and Answers tool on *QualityNet* or by calling (844) 472-4477.

[1] https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf

[2] https://www.federalregister.gov/documents/2020/09/02/2020-19150/medicare-and-medicaid-programs-clinical-laboratory-improvement-amendments-clia-and-patient