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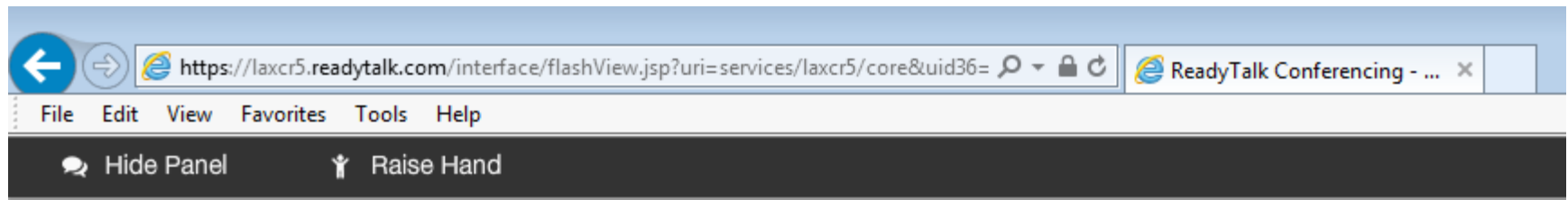
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computer speakers
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 F5 Key
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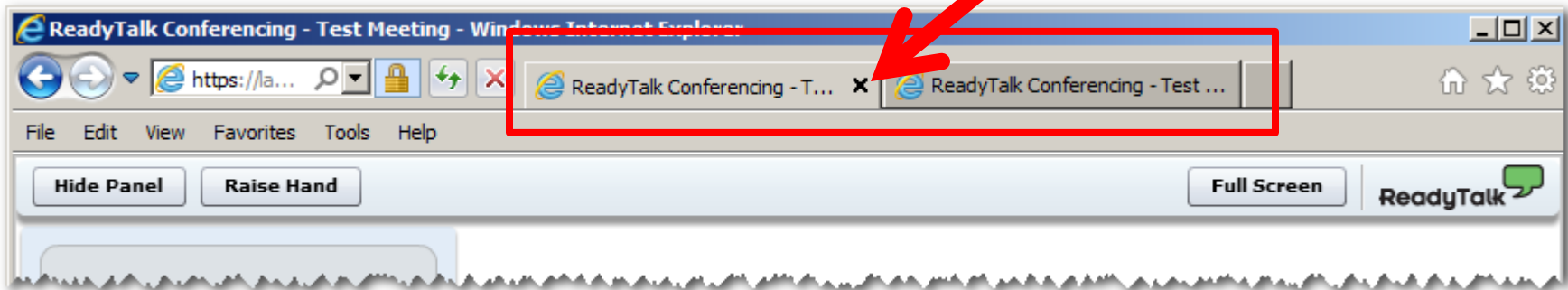


Location of Buttons

 Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
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Example of Two Browsers Tabs open in Same Event

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A screenshot of a web interface. The main content area features the CMS logo (Centers for Medicare & Medicaid Services) and a large heading "Welcome to Today's Event". Below this, a message reads "Thank you for joining us today! Our event will start shortly." In the bottom-left corner, there is a chat window titled "Chat with Presenter" containing a text input field with the placeholder "Type questions here." and a "Send" button. The top of the window has "Hide Chat" and "Raise Hand" buttons, and the bottom right has "Full Screen" and "ReadyToGo" buttons.



Hospital Inpatient Quality Reporting (IQR) and Hospital Value-Based Purchasing (VBP) Programs Claims-Based Measures Hospital-Specific Report (HSR) Overview and Updates

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April 11, 2017

Purpose

This presentation will provide an overview of the Claims-Based Measures Hospital-Specific Reports (HSRs) for the Hospital IQR Program and Hospital VBP Program.

This overview consists of the following: a summary of national rates and performance categories used in the Hospital IQR Program; details on receiving the HSRs; a review of claims-based measure calculations and reading of the HSRs; as well as, a description of the process of submitting a Review and Corrections request.

Objectives

At the conclusion of the presentation, participants will be able to perform the following tasks:

- Recall how performance categories are assigned using national rates
- Recognize how to access HSRs
- Interpret your HSRs and results
- Identify the process for submitting a Review and Corrections request

Hospital IQR Program

Fiscal Year (FY) 2018 Measurement Periods

Measure Set	Measurement Period
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) <ul style="list-style-type: none"> Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), Stroke (STK), Coronary Artery Bypass Graft (CABG) Surgery 	July 1, 2013 – June 30, 2016
Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) <ul style="list-style-type: none"> AMI, HF, PN, Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA), COPD, STK, CABG Hospital-Wide Readmission (HWR) 	July 1, 2013 – June 30, 2016 July 1, 2015 – June 30, 2016
Hospital-Level Risk-Standardized Complication Rate (RSCR) <ul style="list-style-type: none"> THA/TKA Complication 	April 1, 2013 – March 31, 2016
Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care <ul style="list-style-type: none"> AMI, HF, PN THA/TKA 	July 1, 2013 – June 30, 2016 April 1, 2013 – March 31, 2016
Excess Days in Acute Care (EDAC) <ul style="list-style-type: none"> AMI, HF 	July 1, 2013 – June 30, 2016

Note: The Patient Safety Indicator (PSI) 90 and PSI 4 measures will be refreshed on *Hospital Compare* in October 2017. HSRs containing the refreshed data will be available in July 2017.

Hospital VBP Program

FY 2018 Measurement Periods

Measure Set	Baseline Period	Performance Period
RSMR: AMI, HF, PN	October 1, 2009 – June 30, 2012	October 1, 2013 – June 30, 2016
PSI 90 Composite	July 1, 2010 – June 30, 2012	July 1, 2014 – September 30, 2015

Note: Only performance period data will be included in the HSR.

Tamara Mohammed, YNHH SC/CORE

FY 2018 Claims-Based Measure Results

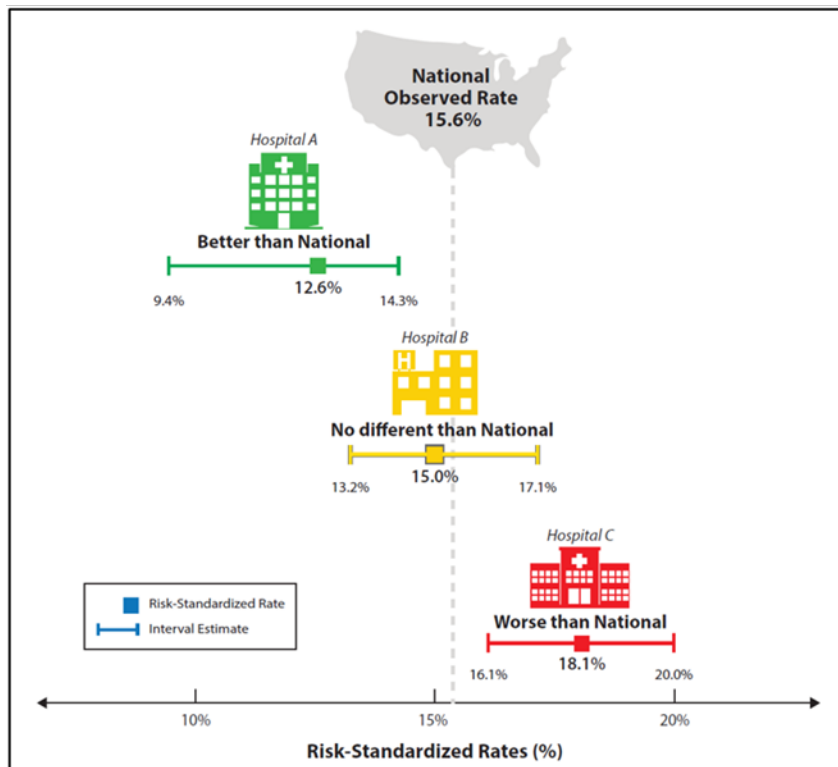
FY 2018 Claims-Based Measure Results

Measure Name	National Observed Result (FY 2018)	Change from FY 2017
Mortality Measures		
AMI Mortality	13.6%	- 0.5
COPD Mortality	8.0%	-
CABG Mortality	3.2%	-
HF Mortality	11.9%	- 0.2
Pneumonia Mortality	15.9%	- 0.4
Stroke Mortality	14.6%	- 0.3
Readmission Measures		
AMI Readmission	16.3%	- 0.5
COPD Readmission	19.8%	- 0.2
CABG Readmission	13.8%	- 0.6
HF Readmission	21.7%	- 0.2
Pneumonia Readmission	16.9%	- 0.2
Stroke Readmission	12.2%	- 0.3
THA/TKA Readmission	4.4%	- 0.2
Hospital-wide Readmission	15.3%	- 0.3
Complication Measure		
THA/TKA Complication	2.8%	- 0.2
Payment Measures		
AMI Payment	\$23,123	Indeterminable
HF Payment	\$16,243	Indeterminable
Pneumonia Payment	\$16,986	Indeterminable
THA/TKA Payment	\$22,686	Indeterminable
Excess Days in Acute Care Measures (National Mean EDAC)		
AMI EDAC	3.2 days	- 0.4 days
HF EDAC	3.6 days	- 0.2 days

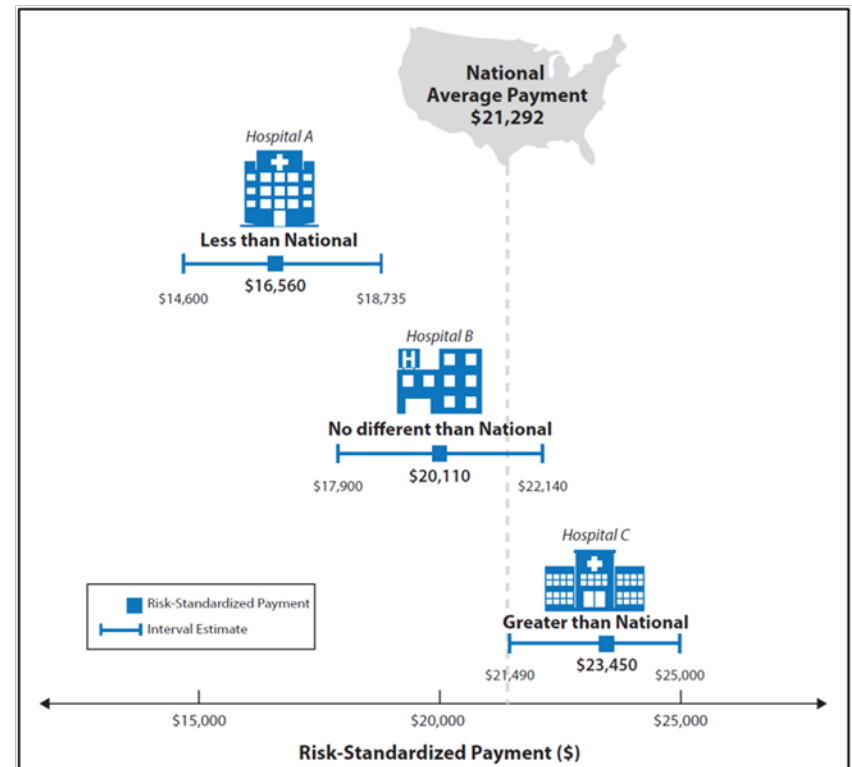
Interpreting Your Results

Performance Categories

Example Category Assignment: Outcome Measures (except EDAC)

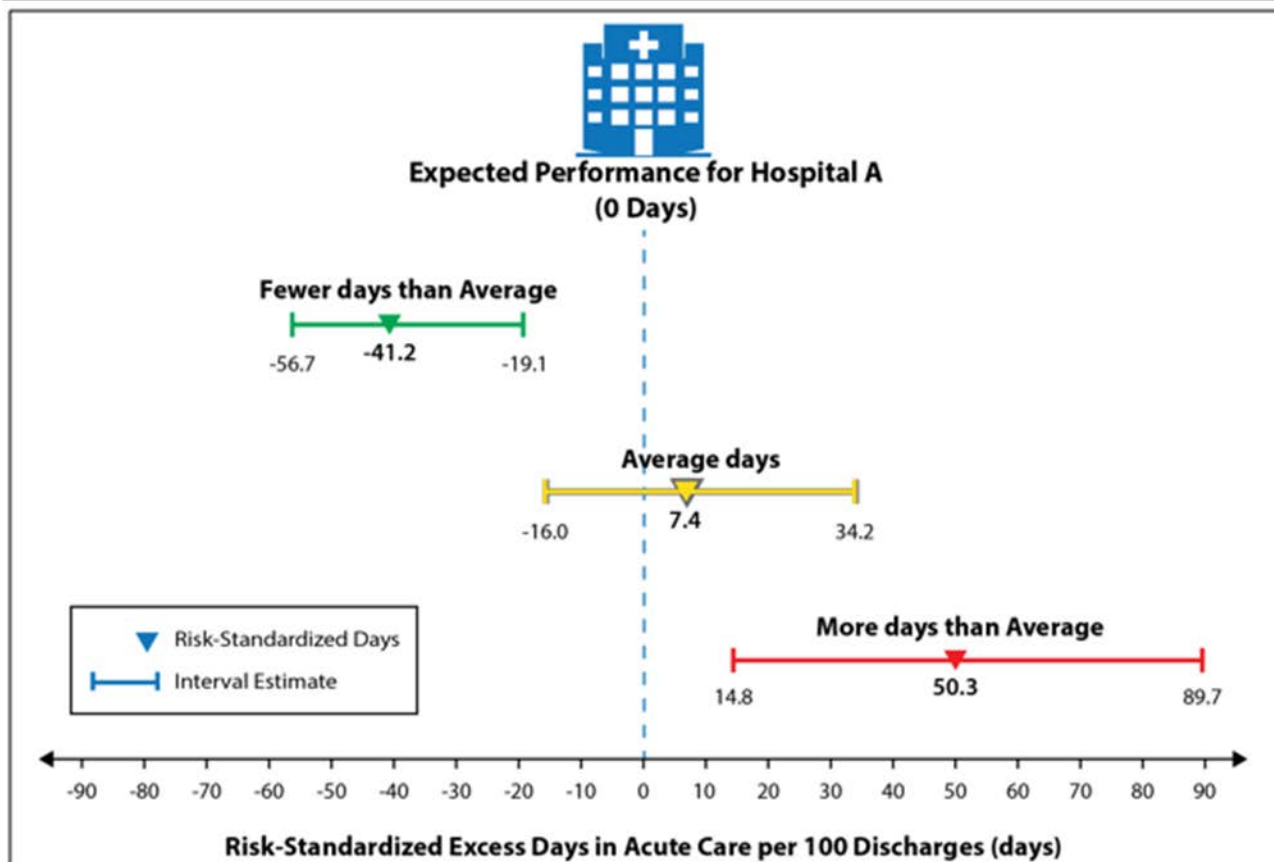


Example Category Assignment: Payment Measures



Interpreting Your Results Performance Categories

Example Category Assignment: Excess Days in Acute Care Measures



Angie Sour, GDIT/HCQAR

Hospital-Specific Reports (HSRs)

How to Receive Your Hospital-Specific Report

- How to know your report is available:
 - A *QualityNet* notification was sent via email to those who are registered for the notifications regarding the Hospital IQR Program. The notification indicated the reports are available.
- Who has access to the report:
 - Hospital users with the Hospital Reporting Feedback-Inpatient role and the File Exchange and Search role will have access to the HSRs and User Guide.
- How to access the report:
 - For those with the correct access, the HSRs and User Guide will be in their My *QualityNet* Secure File Transfer Inbox.

Hospital IQR and Hospital VBP Program HSR User Guide

The FY18_HVBP_HSR_UserGuide.pdf that accompanies your Agency for Healthcare Research and Quality (AHRQ) and Mortality HSRs includes additional information about the data in the HSRs, as well as, examples for the AHRQ and mortality replication process.

The FY2018_Hospital_IQR_Program_HUG.pdf that accompanies the IQR HSRs includes additional information about the data in the HSRs.

Angie Sour, GDIT/HCQAR

Hospital IQR Program HSR Overview

Hospital IQR Program HSR Bundle

Name	Size	Type
999999_IQR_I_Readmission_HSR.xls	210 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_II_HWR_HSR.xls	162 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_III_Mortality_HSR.xls	222 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_IV_Complication_HSR.xls	126 KB	Microsoft Excel 97-2003 Worksheet
999999_IQR_V_Payment_HSR.xlsx	91 KB	Microsoft Excel Worksheet
999999_IQR_VII_EDAC_HSR.xls	131 KB	Microsoft Excel 97-2003 Worksheet
FY18_IQR_AHRQ_PSI_Measures.docx	14 KB	Microsoft Word Document
FY2018_Hospital_IQR_Program_HUG.pdf	1,163 KB	Adobe Acrobat Document

Hospital IQR Program Updates for This Year

- AMI and HF EDAC measures will be publically reported this year.
- Payment measure for THA/TKA episodes-of-care will be publically reported this year.
- EDAC performance category descriptions were updated, based on consumer feedback.
- The Pneumonia payment cohort was expanded to align with the Pneumonia cohort that is used for the Mortality, Readmission, and EDAC measures.
- The measure cohorts, planned readmission algorithm, and risk factors were updated with ICD-10 specifications.

Hospital IQR Program HSR Content

Each of the Hospital IQR Program HSRs use the same basic structure for consistency, with tabs providing the following information:

- Your hospital's measure results
- The distribution of state and national performance categories
- The discharge-level data used to calculate your hospital's measure results
- Case mix comparison of the risk factors used for risk-adjusting the measures

Hospital IQR Program Measure Results

Table I.1: Your Hospital's Performance on 30-Day Risk-Standardized Readmission Measures for AMI, COPD, HF, Pneumonia, Stroke, CABG and THA/TKA

Hospital Name

Hospital Discharge Period: July 1, 2013 through June 30, 2016

Performance Information	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	Stroke 30-Day Readmission	CABG 30-Day Readmission
Your Hospital's Comparative Performance	No different than the national rate	No different than the national rate	No different than the national rate	No different than the national rate	No different than the national rate	No different than the national rate
Total Number of Eligible Discharges (Denominator) at Your Hospital	518	661	637	1,061	545	133
RSRR at Your Hospital	15.7%	19.6%	22.1%	16.6%	11.3%	12.1%
Lower Limit of 95% Interval Estimate	13.8%	17.3%	19.6%	14.7%	9.4%	9.1%
Upper Limit of 95% Interval Estimate	18.0%	22.1%	25.0%	18.6%	13.6%	15.6%
National Observed Readmission Rate (Numerator/ Denominator)	16.3%	19.8%	21.6%	16.9%	12.2%	13.8%
Total Number of Unplanned 30-Day Readmissions (Numerator) of Your Hospital [a]	79	137	150	179	61	12
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	15.3%	20.7%	23.5%	16.9%	11.2%	9.0%
Average RSRR in Your State [a]	16.0%	19.6%	21.6%	17.3%	12.4%	13.4%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a]	1,549	3,621	5,739	4,838	1,511	322
Number of Eligible Discharges (Denominator) in Your State [a]	9,285	18,176	25,937	27,563	11,596	2,402
Observed Readmission Rate (Numerator/ Denominator) in Your State [a]	16.7%	19.9%	22.1%	17.6%	13.0%	13.4%
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a]	80,709	164,471	250,269	241,453	61,830	18,571
Number of Eligible Discharges (Denominator) in the Nation [a]	496,028	831,033	1,156,733	1,427,419	507,770	134,721

Hospital IQR Program Distribution Tab

Table I.2: National and State Performance Categories for 30-Day Risk-Standardized Readmission Measures for AMI, COPD, HF, Pneumonia, Stroke, CABG and THA/TKA

Hospital Name

Hospital Discharge Period: July 1, 2013 through June 30, 2016

Hospital Performance Category	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	Stroke 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Total Number of Hospitals in the Nation with Measure Results	4,164	4,626	4,606	4,661	4,386	1,184	3,461
Number of Hospitals in the Nation that Performed Better than the national rate	13	19	85	67	7	6	44
Number of Hospitals in the Nation that Performed No different than the national rate	2,142	3,641	3,536	3,987	2,566	1,020	2,732
Number of Hospitals in the Nation that Performed Worse than the national rate	16	63	118	177	45	8	35
Number of Hospitals in the Nation that had Too few cases	1,993	903	867	430	1,768	150	650
Total Number of Hospitals in Your State with Measure Results	44	47	47	47	46	11	45
Number of Hospitals in Your State that Performed Better than the national rate	0	0	3	1	0	0	2
Number of Hospitals in Your State that Performed No different than the national rate	38	45	39	38	41	10	38
Number of Hospitals in Your State that Performed Worse than the national rate	1	0	3	6	2	0	2
Number of Hospitals in Your State that had Too few cases	5	2	2	2	3	1	3

Notes:

- Total national and state hospital counts vary by measure. This is because each measure uses different cohort selection criteria and not every hospital has eligible cases for every measure.
- AMI = acute myocardial infarction; COPD = chronic obstructive pulmonary disease; HF= heart failure; CABG = coronary artery bypass graft; THA/TKA = total hip arthroplasty/total knee arthroplasty

Hospital IQR Program

Discharges Tab

Table I.3: Discharge-Level Information for the AMI, COPD, HF, Pneumonia, Stroke, CABG and THA/TKA Readmission Measures

Hospital Name

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

ID Number	Provider ID	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [a]	Inclusion/Exclusion Indicator	Principal Discharge Diagnosis of Index Stay	Unplanned Readmission within 30 Days (Yes/No)
1	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
2	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
3	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
4	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41041	Yes
5	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41021	Yes
6	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
7	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
8	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
9	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
10	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
11	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41011	Yes
12	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
13	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
14	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
15	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
16	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
17	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
18	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41011	Yes
19	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
20	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
21	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
22	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
23	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
24	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41011	Yes
25	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41011	Yes
26	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
27	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
28	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
29	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
30	999999	AMI	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes

Hospital IQR Program EDAC

Discharge-Level Summary of Events

Table VII.3: Your Hospital's Summary of Events for the EDAC after Hospitalization for AMI and HF Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

ID Number	Provider ID	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Inclusion/Exclusion Indicator	Event(s) within 30 Days Included in Measure (Yes/No)	Days from Index Discharge to First Event [a]	Number of ED Visits	Number of Observation Stays	Number of Unplanned Readmissions [b]
1	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	10	1	1	0
2	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	6	1	0	0
3	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	7	2	1	1
4	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	2	3	1
5	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	20	1	1	0
6	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	19	0	0	1
7	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	6	1	0	1
8	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	3	0	0
9	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	4	1	0	0
10	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
11	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
12	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
13	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
14	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
15	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
16	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
17	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
18	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
19	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
20	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
21	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
22	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
23	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
24	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
25	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
26	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
27	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0

Hospital IQR Program EDAC

Discharge-Level, Patient-Level Summary

Table VII.4: Your Hospital's Patient-level Summary for the EDAC after Hospitalization for AMI and HF Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2013 through June 30, 2016

This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

ID Number	Provider ID	Measure	HICNO	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Type Post-Discharge Event [a]	Start Date of Event	End Date of Event	Days per Event [b]
1	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	0.5
1	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
2	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
3	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	4
3	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
3	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
3	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	9
4	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	1
4	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	1
4	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
4	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	1
4	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
4	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	1
5	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	2
5	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
6	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	2
7	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	4
7	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
8	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
8	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
8	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
8	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
9	999999	AMI EDAC	999999999A	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5

Hospital IQR Program Payment Discharge-Level Index Stay and Summary

	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	2015 Dollars)														
2															
3															
4															
5	HE REAL HSR														
6	ring to these														
7	Discharge Date of Index Stay [a]	Inclusion/Exclusion Indicator	Transfer Start Date	Transfer End Date	Transfer Hospital ID [b]	Total Episode Payments	Total Index Admission Payments	Index Admission: % Total Episode Payments	Index Facility Payments	Facility: % Total Episode Payments	Index Physician Payments	Physician: % Total Episode Payments	Total Post-Acute Care Payments	Post-Acute Care: % Total Episode Payments	Death During Index Admission
8	99/99/9999	0	99/99/9999	99/99/9999	888888	\$10,018	\$9,899	98.8%	\$9,035	90.2%	\$865	8.6%	\$119	1.2%	No
9	99/99/9999	0	N/A	N/A	N/A	\$5,253	\$5,253	100.0%	\$4,503	85.7%	\$750	14.3%	\$0	0.0%	Yes
10	99/99/9999	0	N/A	N/A	N/A	\$3,094	\$3,094	100.0%	\$2,940	95.0%	\$154	5.0%	\$0	0.0%	Yes
11	99/99/9999	0	N/A	N/A	N/A	\$9,955	\$9,852	99.0%	\$9,424	94.7%	\$429	4.3%	\$103	1.0%	No
12	99/99/9999	0	99/99/9999	99/99/9999	888888	\$59,833	\$59,833	100.0%	\$52,734	88.1%	\$7,099	11.9%	\$0	0.0%	Yes
13	99/99/9999	0	99/99/9999	99/99/9999	888888	\$14,924	\$14,718	98.6%	\$13,930	93.3%	\$788	5.3%	\$206	1.4%	No
14	99/99/9999	0	N/A	N/A	N/A	\$12,184	\$4,447	36.5%	\$3,670	30.1%	\$777	6.4%	\$7,737	63.5%	No
15	99/99/9999	0	99/99/9999	99/99/9999	888888	\$18,279	\$17,744	97.1%	\$16,758	91.7%	\$986	5.4%	\$535	2.9%	No
16	99/99/9999	0	N/A	N/A	N/A	\$3,246	\$3,246	100.0%	\$3,043	93.7%	\$203	6.3%	\$0	0.0%	Yes
17	99/99/9999	0	N/A	N/A	N/A	\$7,625	\$5,978	78.4%	\$5,506	72.2%	\$472	6.2%	\$1,647	21.6%	No
18	99/99/9999	0	N/A	N/A	N/A	\$10,191	\$8,814	86.5%	\$8,425	82.7%	\$388	3.8%	\$1,377	13.5%	No
19	99/99/9999	0	N/A	N/A	N/A	\$7,369	\$5,986	81.2%	\$5,506	74.7%	\$480	6.5%	\$1,383	18.8%	No
20	99/99/9999	0	N/A	N/A	N/A	\$16,607	\$9,309	56.1%	\$8,680	52.3%	\$629	3.8%	\$7,298	43.9%	No
21	99/99/9999	0	N/A	N/A	N/A	\$6,438	\$6,229	96.8%	\$5,769	89.6%	\$460	7.1%	\$208	3.2%	No
22	99/99/9999	0	N/A	N/A	N/A	\$9,264	\$8,877	95.8%	\$8,689	93.8%	\$188	2.0%	\$387	4.2%	No
23	99/99/9999	0	N/A	N/A	N/A	\$8,757	\$8,757	100.0%	\$8,400	95.9%	\$356	4.1%	\$0	0.0%	Yes
24	99/99/9999	0	N/A	N/A	N/A	\$16,980	\$4,464	26.3%	\$3,847	22.7%	\$618	3.6%	\$12,516	73.7%	No
25	99/99/9999	0	N/A	N/A	N/A	\$6,549	\$6,148	93.9%	\$5,763	88.0%	\$385	5.9%	\$401	6.1%	No
26	99/99/9999	0	N/A	N/A	N/A	\$8,916	\$8,916	100.0%	\$8,704	97.6%	\$212	2.4%	\$0	0.0%	Yes
27	99/99/9999	0	N/A	N/A	N/A	\$6,395	\$6,395	100.0%	\$5,739	89.7%	\$656	10.3%	\$0	0.0%	Yes
28	99/99/9999	0	N/A	N/A	N/A	\$9,544	\$9,033	94.6%	\$8,714	91.3%	\$319	3.3%	\$512	5.4%	No
29	99/99/9999	0	N/A	N/A	N/A	\$24,995	\$6,249	25.0%	\$5,679	22.7%	\$570	2.3%	\$18,746	75.0%	No
30	99/99/9999	0	N/A	N/A	N/A	\$11,056	\$4,350	39.3%	\$3,978	36.0%	\$372	3.4%	\$6,706	60.7%	No
31	99/99/9999	0	N/A	N/A	N/A	\$22,905	\$9,552	41.7%	\$8,912	38.9%	\$641	2.8%	\$13,352	58.3%	No
32	99/99/9999	0	N/A	N/A	N/A	\$14,543	\$4,227	29.1%	\$3,892	26.8%	\$335	2.3%	\$10,316	70.9%	No
33	99/99/9999	0	N/A	N/A	N/A	\$20,439	\$4,253	20.8%	\$3,978	19.5%	\$275	1.3%	\$16,186	79.2%	No
34	99/99/9999	0	N/A	N/A	N/A	\$5,628	\$4,243	75.4%	\$3,847	68.3%	\$397	7.0%	\$1,385	24.6%	No
35	99/99/9999	0	N/A	N/A	N/A	\$23,012	\$6,070	26.4%	\$5,661	24.6%	\$410	1.8%	\$16,941	73.6%	No
36	99/99/9999	0	N/A	N/A	N/A	\$6,448	\$6,060	94.0%	\$5,531	85.8%	\$528	8.2%	\$388	6.0%	No
37	99/99/9999	0	99/99/9999	99/99/9999	888888	\$26,560	\$24,915	93.8%	\$21,044	79.2%	\$3,871	14.6%	\$1,645	6.2%	No

Hospital IQR Program Payment Discharge-Level Post-Acute Care

Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [a]	Care Setting	Incidences at Care Setting [b]	Incidences: Days 0-30	Incidences: Days 31-90	Number of Days Between Discharge and First Encounter	Total Days in Care Setting	Provider ID of Readmitting Hospital [c]	% Total Episode Payments by Care Setting
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A	N/A	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Rehabilitation	0	0	0	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Inpatient Rehabilitation	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Durable Medical Equipment	N/A	N/A	N/A	N/A	N/A	N/A	2.4%
99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	0	N/A	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	1	1	N/A	17	N/A	N/A	0.5%
99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	4	4	0	3	N/A	N/A	5.6%
99999A	99/99/9999	99/99/9999	99/99/9999	ED/Observation Stay	0	0	N/A	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	0	N/A	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	N/A	N/A	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A	N/A	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Rehabilitation	0	0	0	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Inpatient Rehabilitation	0	0	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Durable Medical Equipment	N/A	N/A	N/A	N/A	N/A	N/A	5.1%
99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	0	N/A	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	1	1	N/A	24	N/A	N/A	0.2%
99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	2	2	0	3	N/A	N/A	6.3%
99999A	99/99/9999	99/99/9999	99/99/9999	ED/Observation Stay	0	0	N/A	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	0	N/A	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	N/A	N/A	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	0	0	N/A	0	N/A	0.0%

Hospital IQR Program Case Mix Comparison

Table III 4: Distribution of Patient Risk Factors for the Condition-Specific 30-Day Risk Standardized Mortality Measures for AMI, COPD, HF, Pneumonia, and Stroke

HOSPITAL NAME

Hospital Discharge Period: July 1, 2013 through June 30, 2016

Risk Factor	AMI Mortality: Hospital	AMI Mortality: State	AMI Mortality: National	COPD Mortality: Hospital	COPD Mortality: State	COPD Mortality: National	HF Mortality: Hospital	HF Mortality: State	HF Mortality: National	Pneumonia Mortality: Hospital	Pneumonia Mortality: State	Pneumonia Mortality: National	Stroke Mortality: Hospital	Stroke Mortality: State	Stroke Mortality: National
Count of eligible discharges	329	9,080	487,646	211	16,755	713,373	436	19,593	975,527	236	26,467	1,351,459	318	10,692	519,732
Mean Age	76.9	77.4	78.6	75.1	75.8	76.9	78.9	79.7	81.1	78.2	79.2	80.6	77.8	78.8	80.1
Standard Deviation of Age	8.0	8.0	8.4	6.7	7.2	7.6	7.7	8.2	8.4	8.2	8.2	8.6	8.0	8.0	8.4
Male	52%	53%	53%	N/A	N/A	N/A	45%	45%	46%	48%	46%	47%	44%	42%	43%
History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (ICD-9 diagnosis code V45.82; ICD-9 procedure codes 00.66, 36.06, 36.07, ICD-10-CM codes Z95.5 and Z98.61; select ICD-10-PCS codes beginning with 027 [†])	17%	19%	18%	N/A	N/A	N/A	17%	15%	15%	6%	8%	8%	N/A	N/A	N/A
History of Coronary Artery Bypass Graft (CABG) Surgery (ICD-9 diagnosis code V45.81; ICD-9 procedure codes 36.10-36.16; ICD-10-CM code Z95.1; select ICD-10-PCS codes beginning with 021 [†])	12%	14%	13%	N/A	N/A	N/A	22%	19%	19%	11%	9%	9%	N/A	N/A	N/A
History of Mechanical Ventilation (ICD-9 procedure codes 93.90, 96.70, 96.71, 96.72; ICD-10-PCS codes 5A09[3-5]57 and 5A19[3-5]5Z)	N/A	N/A	N/A	10%	8%	9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Anterior Myocardial Infarction (ICD-9 diagnosis codes 410.00-410.12; ICD-10-CM codes I21.01, I21.02, and I21.09)	8%	8%	8%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Location of Myocardial Infarction (ICD-9 diagnosis codes 410.20-410.62; ICD-10-CM codes I21.11, I21.19, I21.21, I21.29, and I21.3)	16%	14%	13%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Severe Infection; Other Infectious Diseases (CC 1, 3-7)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19%	23%	27%
Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock (CC 2)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12%	9%	14%	N/A	N/A	N/A

Angie Sour, GDIT/HCQAR

Hospital VBP Program

PSI 90 HSR

Table 1

Hospital Results

Table 1: AHRQ PSI 90 Composite Results for the FY 2018 Hospital VBP Performance Period

HOSPITAL NAME

Hospital Discharge Period: July 1, 2014 through September 30, 2015

Measure	Performance Period Index Value [a]	Achievement Threshold [b]	Benchmark [c]
PSI 90 Composite	0.665941	0.964542	0.709498

[a] Performance Period Index Value = a weighted average of 8 individual Patient Safety Indicators (PSIs). The PSI 90 Composite should be interpreted by way of comparison, with lower PSI 90 Composite values corresponding to better quality. The target population is Medicare Fee-for-Service beneficiaries discharged from an inpatient prospective payment system (IPPS) hospital.

[b] Achievement Threshold = the median index value among all hospitals with measure results and minimum valid discharges during the FY 2018 baseline period (July 1, 2010 - June 30, 2012).

[c] Benchmark = the mean of the best performing decile of index values among all hospitals with measure results and minimum valid discharges during the FY 2018 baseline period (July 1, 2010 - June 30, 2012).

Notes:

1. Minimum case requirement of at least 3 valid discharges on any one underlying indicator.
2. N/A = Not available for calculation because there were not enough cases at the hospital to calculate rates for this measure. In order to receive an AHRQ PSI 90 Composite Index Value, a hospital must meet the minimum case requirement of at least 3 valid discharges on any one underlying indicator.
3. PSI = patient safety indicator

Table 2

AHRQ PSI Performance

Table 2: Additional Information for Replicating Your Hospital's AHRQ PSI 90 Composite Index Value for the FY 2018 Hospital VBP Performance Period

HOSPITAL NAME									
Hospital Discharge Period: July 1, 2014 through September 30, 2015									
	PSI 90 Composite [b] – Patient Safety for Selected Indicators	PSI 03 – Pressure Ulcer Rate	PSI 06 – Iatrogenic Pneumothorax Rate	PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate	PSI 08 – Postoperative Hip Fracture Rate	PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	PSI 13 – Postoperative Sepsis Rate	PSI 14 – Postoperative Wound Dehiscence Rate	PSI 15 – Accidental Puncture or Laceration Rate
Performance Information									
Total Number of Eligible Discharges (Denominator) at Your Hospital [a] [c]	-	2,631	6,998	5,630	1,084	1,746	N/A	150	7,420
Smoothed Rate per 1,000 Eligible Discharges [a]	-	0.03	0.32	0.12	0.04	4.05	N/A	2.37	0.96
National Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.10	0.26	0.05	0.04	4.18	11.06	2.00	0.92
Composite Index Value [b]	0.665941	-	-	-	-	-	-	-	-
Measure's Weight in Composite [c]	-	0.0391	0.0905	0.0301	0.0025	0.3570	0.0798	0.0183	0.3827
Number of Outcomes (Numerator) [c]	-	0	3	1	0	6	N/A	1	6
Observed Rate per 1,000 Eligible Discharges [c]	-	0.00	0.43	0.18	0.00	3.44	N/A	6.67	0.81
Risk-Adjusted Rate per 1,000 Eligible Discharges	-	0.00	0.47	0.23	0.00	3.98	N/A	6.64	0.98
Expected Rate per 1,000 Eligible Discharges [c]	-	0.49	0.37	0.16	0.07	4.97	N/A	2.49	1.37
Reliability Weight [c]	-	0.74	0.30	0.37	0.00	0.66	N/A	0.08	0.68

[a] The Total Number of Eligible Discharges and Smoothed Rate per 1,000 Eligible Discharges do not apply to the PSI 90 Composite measure.

[b] The PSI 90 Composite is calculated from PSI 03, 06, 07, 08, 12, 13, 14 and 15.

[c] These statistics are not shown on your hospital's Percentage Payment Summary Report, but we include them here for your reference.

Notes:

1. In order to receive an AHRQ PSI 90 Composite Index Value, a hospital must meet the minimum case requirement of at least 3 valid discharges on any one underlying indicator.
2. For more information on PSI calculations, including definitions of Observed, Expected, Risk-Adjusted, and Smoothed Rates, or Composite Values, please visit the Hospitals-Inpatient page of the QualityNet website.
3. N/A = Not available for calculation because there were not enough cases at the hospital to calculate rates for this measure. If any of the component PSI measures used for the PSI 90 Composite have fewer than three eligible cases, then the national risk-adjusted rate is used for that component PSI.
4. PSI = patient safety indicator

Table 3

AHRQ PSI Discharges

Table 3: Discharge-Level Information for the AHRQ PSI Measures for the FY 2018 Hospital VBP Program Performance Period							
HOSPITAL NAME							
Hospital Discharge Period: July 1, 2014 through September 30, 2015							
This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION.							
When referring to these documents use ID Numbers.							
ID Number	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date	Discharge Date	PSI Trigger Diagnoses or Procedures
1	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	5121
2	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	5121
3	IATROGENIC PNEUMOTHORAX RATE (PSI06)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	5121
4	CENTRAL VENOUS CATHETER-RELATED BLOODSTREAM INFECTION RATE (PSI07)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	99932
5	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	41511
6	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	41519
7	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	41519
8	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	45341
9	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	41519
10	PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE (PSI12)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	41519
11	POSTOPERATIVE WOUND DEHISCENCE RATE (PSI14)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	5461
12	ACCIDENTAL PUNCTURE/LACERATION RATE (PSI15)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	9982
13	ACCIDENTAL PUNCTURE/LACERATION RATE (PSI15)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	9982
14	ACCIDENTAL PUNCTURE/LACERATION RATE (PSI15)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	9982
15	ACCIDENTAL PUNCTURE/LACERATION RATE (PSI15)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	9982
16	ACCIDENTAL PUNCTURE/LACERATION RATE (PSI15)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	9982
17	ACCIDENTAL PUNCTURE/LACERATION RATE (PSI15)	999999999A	E999999999	99/99/9999	99/99/9999	99/99/9999	9982

Notes:

- This table includes information on discharges that were included in the numerator of one or more PSIs.
- PSI = patient safety indicator

Understanding the AHRQ Calculations Through Replication

The replication process for the AHRQ PSI 90 composite includes the following steps:

- Calculate the observed rate per 1,000 eligible discharges
- Calculate the risk-adjusted rate per 1,000 eligible discharges
- Calculate the smoothed rate per 1,000 eligible discharges
- Calculate the PSI 90 composite

Calculate the Observed Rate per 1,000 Eligible Discharges

	A	B	C	D	E	F	G
1	Table 2: Additional Information for Replicating Your Hospital's AHRQ PSI 90 Composite Index Value for the FY 2018 Hospital VBP Performance Period						
2	HOSPITAL NAME						
3	Hospital Discharge Period: July 1, 2014 through September 30, 2015						
4							
5	Performance Information	PSI 90 Composite [b] – Patient Safety for Selected Indicators	PSI 03 – Pressure Ulcer Rate	PSI 06 – Iatrogenic Pneumothorax Rate	PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate	PSI 08 – Postoperative Hip Fracture Rate	PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
6	Total Number of Eligible Discharges (Denominator) at Your Hospital [a] [c]	-	2,631	6,998	5,630	1,084	1,746
7	Smoothed Rate per 1,000 Eligible Discharges [a] [c]	-	0.03	0.32	0.12	0.04	4.05
8	National Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.10	0.26	0.05	0.04	4.18
9	Composite Index Value [b]	0.665941	-	-	-	-	-
10	Measure's Weight in Composite [c]	-	0.0391	0.0905	0.0301	0.0025	0.3570
11	Number of Outcomes (Numerator) [c]	-	0	3	1	0	6
12	Observed Rate per 1,000 Eligible Discharges [c]	-	0.00	0.43	0.18	0.00	3.44
13	Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.00	0.47	0.23	0.00	3.98
14	Expected Rate per 1,000 Eligible Discharges [c]	-	0.49	0.37	0.16	0.07	4.97
15	Reliability Weight [c]	-	0.74	0.30	0.37	0.00	0.66
16							
17	Observed Rate Calculations						
18	Divide Number of Outcomes by Eligible Discharges =D11/D6			0.000428694			
19	Multiply by 1,000 =D18*1000			0.428693913	= Observed Rate per 1,000 Eligible Discharges		
20							
21							

Calculate the Risk-Adjusted Rate per 1,000 Eligible Discharges

	A	B	C	D	E	F	G
1	Table 2: Additional Information for Replicating Your Hospital's AHRQ PSI 90 Composite Index Value for the FY 2018 Hospital VBP Performance Period						
2	HOSPITAL NAME						
3	Hospital Discharge Period: July 1, 2014 through September 30, 2015						
4							
5	Performance Information	PSI 90 Composite [b] – Patient Safety for Selected Indicators	PSI 03 – Pressure Ulcer Rate	PSI 06 – Iatrogenic Pneumothorax Rate	PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate	PSI 08 – Postoperative Hip Fracture Rate	PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
6	Total Number of Eligible Discharges (Denominator) at Your Hospital [a] [c]	-	2,631	6,998	5,630	1,084	1,746
7	Smoothed Rate per 1,000 Eligible Discharges [a] [c]	-	0.03	0.32	0.12	0.04	4.05
8	National Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.10	0.26	0.05	0.04	4.18
9	Composite Index Value [b]	0.665941	-	-	-	-	-
10	Measure's Weight in Composite [c]	-	0.0391	0.0905	0.0301	0.0025	0.3570
11	Number of Outcomes (Numerator) [c]	-	0	3	1	0	6
12	Observed Rate per 1,000 Eligible Discharges [c]	-	0.00	0.43	0.18	0.00	3.44
13	Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.00	0.47	0.23	0.00	3.98
14	Expected Rate per 1,000 Eligible Discharges [c]	-	0.49	0.37	0.16	0.07	4.97
15	Reliability Weight [c]	-	0.74	0.30	0.37	0.00	0.66
16							
17	Observed Rate Calculations						
18	Divide Number of Outcomes by Eligible Discharges =D11/D6			0.000428694			
19	Multiply by 1,000 =D18*1000			0.428693913	= Observed Rate per 1,000 Eligible Discharges		
20							
21	HCUP National Rate from the User Guide			0.000414094			
22							
23	Risk-Adjusted Rate Calculations						
24	Divide the <i>Unrounded</i> Observed Rate by the Expected Rate =D19/D14			1.145219311			
25	Multiply by the HCUP National Rate =D23*D20			0.000474229			
26	Multiply by 1,000 =D24*1000			0.474228712	= Risk-Adjusted Rate per 1,000 Eligible Discharges		
27							
28							

Calculate the Smoothed Rate per 1,000 Eligible Discharges

	A	B	C	D	E	F	G
1	Table 2: Additional Information for Replicating Your Hospital's AHRQ PSI 90 Composite Index Value for the FY 2018 Hospital VBP Performance Period						
2	HOSPITAL NAME						
3	Hospital Discharge Period: July 1, 2014 through September 30, 2015						
4							
5	Performance Information	PSI 90 Composite [b] – Patient Safety for Selected Indicators	PSI 03 – Pressure Ulcer Rate	PSI 06 – Iatrogenic Pneumothorax Rate	PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate	PSI 08 – Postoperative Hip Fracture Rate	PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
6	Total Number of Eligible Discharges (Denominator) at Your Hospital [a] [c]	-	2,631	6,998	5,630	1,084	1,746
7	Smoothed Rate per 1,000 Eligible Discharges [a] [c]	-	0.03	0.32	0.12	0.04	4.05
8	National Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.10	0.26	0.05	0.04	4.18
9	Composite Index Value [b]	0.665941	-	-	-	-	-
10	Measure's Weight in Composite [c]	-	0.0391	0.0905	0.0301	0.0025	0.3570
11	Number of Outcomes (Numerator) [c]	-	0	3	1	0	6
12	Observed Rate per 1,000 Eligible Discharges [c]	-	0.00	0.43	0.18	0.00	3.44
13	Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.00	0.47	0.23	0.00	3.98
14	Expected Rate per 1,000 Eligible Discharges [c]	-	0.49	0.37	0.16	0.07	4.97
15	Reliability Weight [c]	-	0.74	0.30	0.37	0.00	0.66
16							
17	Observed Rate Calculations						
18	Divide Number of Outcomes by Eligible Discharges	=D11/D6		0.000428694			
19	Multiply by 1,000	=D18*1000		0.428693913	= Observed Rate per 1,000 Eligible Discharges		
20							
21	HCUP National Rate from the User Guide			0.000414094			
22							
23	Risk-Adjusted Rate Calculations						
24	Divide the <i>Unrounded</i> Observed Rate by the Expected Rate	=D19/D14		1.145219311			
25	Multiply by the HCUP National Rate	=D23*D20		0.000474229			
26	Multiply by 1,000	=D24*1000		0.474228712	= Risk-Adjusted Rate per 1,000 Eligible Discharges		
27							
28	Smoothed Rate Calculations						
29	Multiply the <i>Unrounded</i> Risk-Adjusted Rate by the Reliability Rate	=D26*D15		0.143333142			
30	Multiply National Risk-Adjusted Rate by one minus the Reliability Rate	=D8*(1-D15)		0.178129124			
31		=D29+D30		0.321462266	= Smoothed Rate per 1,000 Eligible Discharges		

Calculate the PSI 90 Composite

	A	B	C	D	E	F	G	H	I	J
1	Table 2: Additional Information for Replicating Your Hospital's AHRQ PSI 90 Composite Index Value for the FY 2018 Hospital VBP Performance Period									
2	HOSPITAL NAME									
3	Hospital Discharge Period: July 1, 2014 through September 30, 2015									
4										
5	Performance Information	PSI 90 Composite [b] – Patient Safety for Selected Indicators	PSI 03 – Pressure Ulcer Rate	PSI 06 – Iatrogenic Pneumothorax Rate	PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate	PSI 08 – Postoperative Hip Fracture Rate	PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	PSI 13 – Postoperative Sepsis Rate	PSI 14 – Postoperative Wound Dehiscence Rate	PSI 15 – Accidental Puncture or Laceration Rate
6	Total Number of Eligible Discharges (Denominator) at Your Hospital [a] [c]	-	2,631	6,998	5,630	1,084	1,746	N/A	150	7,420
7	Smoothed Rate per 1,000 Eligible Discharges [a] [c]	-	0.03	0.32	0.12	0.04	4.05	N/A	2.37	0.96
8	National Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.10	0.26	0.05	0.04	4.18	11.06	2.00	0.92
9	Composite Index Value [b]	0.665941	-	-	-	-	-	-	-	-
10	Measure's Weight in Composite [c]	-	0.0391	0.0905	0.0301	0.0025	0.3570	0.0798	0.0183	0.3827
11	Number of Outcomes (Numerator) [c]	-	0	3	1	0	6	N/A	1	6
12	Observed Rate per 1,000 Eligible Discharges [c]	-	0.00	0.43	0.18	0.00	3.44	N/A	6.67	0.81
13	Risk-Adjusted Rate per 1,000 Eligible Discharges [c]	-	0.00	0.47	0.23	0.00	3.98	N/A	6.64	0.98
14	Expected Rate per 1,000 Eligible Discharges [c]	-	0.49	0.37	0.16	0.07	4.97	N/A	2.49	1.37
15	Reliability Weight [c]	-	0.74	0.30	0.37	0.00	0.66	N/A	0.08	0.68
16										
21	HCUP National Rate from the User Guide		0.000518316	0.000414094	0.000208035	0.000075036	0.005757621	0.010282695	0.002482998	0.001667515
31	Calculated Smoothed Rate		0.025564903	0.321462266	0.118533784	0.041303761	4.048818531	11.062107619	2.366180810	0.962499291
32										
33	Calculate PSI 90 Composite									
34	Divide the <i>Unrounded</i> Smoothed Rate by 1,000	=C31/1000	0.000025565	0.000321462	0.000118534	0.000041304	0.004048819	0.011062108	0.002366181	0.000962499
35	Divide by the HCUP National Rate	=C34/C21	0.049323024	0.776302205	0.569778706	0.550449212	0.703210342	1.075798507	0.952953048	0.577205735
36	Multiply by the Composite weight	=C35*C10	0.001928530	0.070255350	0.017150339	0.001376123	0.251046092	0.085848721	0.017439041	0.220896635
37	Sum the values and round to 6 decimal places	=SUM(C36:J36)	0.665941							
38										

AHRQ Differences Across Programs

Differences in Hospital IQR and Hospital VBP Program results are due to the following:

- **Diagnosis and procedure codes**
FY 2018 Hospital VBP Program uses nine diagnoses and six procedure codes in order to be consistent with the baseline period; FY 2018 Hospital IQR Program uses 25.
- **Software versions**
FY 2018 Hospital VBP Program uses version 5.0.1 fully recalibrated software with Medicare population of the AHRQ software in order to be consistent with the baseline period; FY 2018 Hospital IQR Program uses 6.0.2 fully recalibrated with Medicare population.

Angie Sour, GDIT/HCQAR

Hospital VBP Program Mortality Measures HSR

Table 1

Hospital Results

Table 1. 30-Day Mortality Measure Results for the FY 2018 Hospital VBP Performance Period

HOSPITAL NAME

Hospital Discharge Period: October 1, 2013 through June 30, 2016

Measure	Number of Eligible Discharges [a]	Performance Period Survival Rate [b]	Achievement Threshold [c]	Benchmark [d]
AMI 30-Day Mortality	14	0.864744	0.850916	0.873053
HF 30-Day Mortality	25	0.874742	0.883421	0.907656
Pneumonia 30-Day Mortality	77	0.894852	0.882860	0.907900

[a] Final number of discharges from your hospital used for measure calculation.

Results for hospitals with fewer than 25 eligible discharges will not be used to calculate the score for that measure for the FY 2018 Hospital Value-Based Purchasing Performance period; your results are presented here for your information.

[b] FY18 Performance Period Survival Rate = 1 – Risk Standardized Mortality Rate (RSMR). See Table 2 for RSMR.

[c] Achievement Threshold = the median survival rate among all hospitals with measure results and minimum case size (n=25) during the FY18 baseline period (October 1, 2009 - June 30, 2012).

[d] Benchmark = the mean of the top decile of survival rates among all hospitals with measure results and minimum case size (n=25) during the FY18 baseline period (October 1, 2009 - June 30, 2012).

Notes:

1. N/A = Your hospital had no qualifying discharges or results for that condition.
2. AMI = acute myocardial infarction; HF= heart failure

Table 2

Additional Information

Table 2. Additional Information for Replicating Your Hospital's Risk-Standardized Mortality Results for the FY 2018 Hospital VBP Performance Period
 HOSPITAL NAME
 Hospital Discharge Period: October 1, 2013 through June 30, 2016

Measure	Number of Eligible Discharges [a]	Predicted Deaths [b]	Expected Deaths [c]	National Observed Mortality Rate [d]	Risk-Standardized Mortality Rate [e]	Performance Period Survival Rate [f]
AMI 30-Day Mortality	14	2.74	2.72	0.134320	0.135256	0.864744
HF 30-Day Mortality	25	3.37	3.16	0.117573	0.125258	0.874742
Pneumonia 30-Day Mortality	77	6.82	7.09	0.109274	0.105148	0.894852

[a] Final number of discharges from your hospital used for measure calculation.

[b] The number of predicted deaths within 30 days from admission, on the basis of your hospital's performance with its observed case mix and your hospital's estimated effect on mortality (provided in your hospital discharge-level data). The numbers of predicted are not whole numbers because they are generated from a statistical model.

[c] The number of expected deaths within 30 days of admission, on the basis of average hospital performance with your hospital's case mix and the average hospital effect (provided in your hospital discharge-level data). The numbers of expected deaths are not whole numbers because they are generated from a statistical model.

[d] National Observed Mortality Rate = (Number of observed 30-day deaths nationally / Number of eligible discharges nationally).

[e] Risk-Standardized Mortality Rate (RSMR) = (Predicted Deaths / Expected Deaths) * National Observed Mortality Rate.

[f] Performance Period Survival Rate = (1 - Risk-Standardized Mortality Rate).

Notes:

1. The information in this table is provided only to help in replicating your hospital's survival rates in Table 1; other than the number of eligible discharges and the survival rate, information in this table will not be publicly reported.
2. See the Replication Instructions provided as part of the Hospital VBP Program HSR User Guide for more information for replicating your hospital's risk-standardized mortality results.
3. N/A = Your hospital had no qualifying discharges or results for that condition.
4. AMI = acute myocardial infarction; HF= heart failure

Tables 3, 4 & 5

Discharge Columns

ID Number	HICNO	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay	Primary Diagnosis	Discharge Destination	Index Stay	Inclusion/Exclusion Indicator
--	--	--	--	--	--	--	--	--	--
1	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41091	20	YES	0
2	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	3	YES	0

- The discharge tables contain discharge-level data for all Part A Medicare Fee-for-Service (FFS) patient stays with a primary qualifying diagnosis of AMI, HF, or pneumonia accordingly, that had a discharge date in the reporting period, for patients who were age 65 and above at the time of admission.
- The **ID Number** is provided for use, if needed, to reference records in this table in an email or otherwise, so that sharing of personally identifiable information (PII) and/or protected health information (PHI) is avoided.

Tables 3, 4 & 5

Discharge Columns Continued

Inclusion/ Exclusion Indicator	Death within 30 Days	Death Date	Mean age minus 65 (SD) [or Age minus 65 (years above 65, continuous)]		Major psychiatric disorders (CC 57-59)	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT
--	--	--	0.05534619923664	~	0.06375583778139	0.4402197359037	-2.96010807557957	-2.96910754887957
0	YES	99/99/9999	11		0	0	-	-
0	YES	99/99/9999	30		0	0	-	-
0	YES	99/99/9999	24		0	0	-	-
0	NO	--	19		0	0	-	-
0	NO	--	15		0	0	-	-

Row eight in the HSR contains the model coefficients for each risk factor; estimates over data for all hospitals.

Understanding the Mortality Calculations Through Replication

The replication process for the mortality measures includes the following steps:

- Calculate predicted deaths
- Calculate expected deaths
- Calculate the risk-standardized mortality rate
- Calculate the performance period survival rate

Calculate Predicted Deaths

	A	B	C	D	E	F	G	H	I	J	K
1	Table 3. Discharge-level Worksheet for AMI Mortality										
2	HOSPITAL NAME										
3	Hospital Discharge Period: October 1, 2013 through June 30, 2016										
4	This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.										
5	[Row 8 contains risk factor coefficients - see data beginning at column M.] Beginning in row 9 of the HSR, the file contains a 1 if the patient was identified as having that risk factor (and equals the years above 65 for the AGE_65 variable); 0 otherwise. The risk factor flags (1 or 0) will be in cells beginning in column N.										
6											
7	ID Number	HICNO	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay	Primary Diagnosis	Discharge Destination	Index Stay	Inclusion/Exclusion Indicator	Death within 30 Days
8	--	--	--	--	--	--	--	--	--	--	--
9	1	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41091	2	YES	0	YES
10	2	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	20	YES	0	YES
11	3	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I213	50	YES	0	YES
12	4	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	3	YES	0	NO
13	5	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	6	YES	0	NO
14	6	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	2	YES	0	NO
15	7	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	2	YES	0	NO
16	8	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41091	2	YES	0	NO
17	9	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	3	YES	0	NO
18	10	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I2129	3	YES	0	NO
19	11	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	1	YES	0	NO
20	12	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	2	YES	0	NO
21	13	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I2129	3	YES	0	NO
22	14	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I2129	6	YES	0	NO
23	15	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41071	2	NO	1	NO
24	16	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41091	50	NO	6	NO
25											

Limit your replication calculations to rows where "Index Stay" (column I) equals "YES." In this example, "Index Stay" of "YES" is represented by discharges in rows 9–22.

Calculate Predicted Deaths

Continued

	I	J	K	L	M	N	O	P	Q	R	
1											
5											
6											
7	Index Stay	Inclusion/Exclusion Indicator	Death within 30 Days	Death Date	Mean age minus 65 (SD) [or Age minus 65 (years above 65, continuous)]	Male (%) [or Male]	History of percutaneous transluminal coronary angioplasty (PTCA) (ICD-9 diagnosis code V45.82; ICD-9 procedure codes 00.66, 36.06, 36.07; ICD-10-CM codes Z95.5 and Z98.61; Select ICD-10-PCS codes beginning with 027 ¹)	History of coronary artery bypass graft (CABG) surgery (ICD-9 diagnosis code V45.81; ICD-9 procedure codes 36.10-36.16; ICD-10-CM code Z95.1; Select ICD-10-PCS codes beginning with 021 ¹)	Other location of myocardial infarction (ICD-9 diagnosis codes 410.20-410.62; ICD-10-CM codes I21.11, I21.19, I21.21, I21.29, and I21.3)	Anterior myocardial infarction (ICD-9 diagnosis codes 410.00-410.12; ICD-10-CM codes I21.01, I21.02, and I21.09)	
8	--	--	--	--	0.05534619923664	0.10505397006626	-0.2683782076844	0.05455672668529	0.65311106212435	0.8893391475203	
9	YES	0	YES	99/99/9999	11	1	0	0	0	0	
10	YES	0	YES	99/99/9999	30	0	0	0	0	0	
11	YES	0	YES	99/99/9999	24	1	0	0	1	0	
12	YES	0	NO	--	19	1	0	0	0	0	
13	YES	0	NO	--	15	1	0	0	0	0	
14	YES	0	NO	--	20	1	0	1	0	0	
15	YES	0	NO	--	8	0	0	1	0	0	
16	YES	0	NO	--	8	0	0	0	0	0	
17	YES	0	NO	--	6	0	0	0	0	0	
18	YES	0	NO	--	29	1	0	1	1	0	
19	YES	0	NO	--	21	1	0	0	0	0	
20	YES	0	NO	--	2	1	0	1	0	0	
21	YES	0	NO	--	16	0	0	1	1	0	
22	YES	0	NO	--	19	1	0	0	1	0	
25											
26					Multiply each risk factor flag for the Index Stay="YES" rows by the relevant coefficient found in row 8.						
27		=M\$8*M9			0.608808192	0.10505397	0	0	0	0	
28					1.660385977	0	0	0	0	0	
29					1.328308782	0.10505397	0	0	0.653111062	0	
30					1.051577785	0.10505397	0	0	0	0	
31					0.830192989	0.10505397	0	0	0	0	
32					1.106923985	0.10505397	0	0.054556727	0	0	
33					0.442769594	0	0	0.054556727	0	0	
34					0.442769594	0	0	0	0	0	
35					0.332077195	0	0	0	0	0	
36					1.605039778	0.10505397	0	0.054556727	0.653111062	0	
37					1.162270184	0.10505397	0	0	0	0	
38					0.110692398	0.10505397	0	0.054556727	0	0	
39					0.885539188	0	0	0.054556727	0.653111062	0	
40											
41					1.051577785	0.10505397	0	0	0.653111062	0	

Calculate Predicted Deaths

Continued

	AJ	AK	AL	AM	AN	AO	AP	AQ
	Metastatic cancer, acute leukemia and other severe cancers (CC 8-9)	Trauma; other injuries (CC 166-168, 170-174)	Major psychiatric disorders (CC 57-59)	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT		
7								
8	0.6492091786428	0.01688928521341	0.06375583778139	0.4402197359037	-2.96010807557957	-2.96910754887957		
9	0	0	0	0	-	-		
10	0	0	0	0	-	-		
11	0	0	0	0	-	-		
12	0	1	0	0	-	-		
13	0	0	0	0	-	-		
14	0	1	1	0	-	-		
15	0	0	0	0	-	-		
16	0	1	0	0	-	-		
17	1	0	1	0	-	-		
18	0	0	0	0	-	-		
19	0	0	0	0	-	-		
20	0	0	0	1	-	-		
21	0	1	1	0	-	-		
22	0	0	0	0	-	-		
25							=SUM(M27:AM27)	=AP27+AN\$8
							Add	
26							SUM	HOSP_EFFECT
27	0	0	0	0			0.707366720	-2.252741355
28	0	0	0	0			2.206720913	-0.753387163
29	0	0	0	0			1.501159586	-1.458948490
30	0	0.016889285	0	0			1.731462922	-1.228645153
31	0	0	0	0			1.356838749	-1.603269327
32	0	0.016889285	0.063755838	0			1.125786552	-1.834321524
33	0	0	0	0			0.512267459	-2.447840616
34	0	0.016889285	0	0			0.682436616	-2.277671460
35	0.649209179	0	0.063755838	0			1.230399568	-1.729708508
36	0	0	0	0			2.300853294	-0.659254782
37	0	0	0	0			2.011919589	-0.948188487
38	0	0	0	0.440219736			2.013116116	-0.946991959
39	0	0.016889285	0.063755838	0			1.651406262	-1.308701813
40	0	0	0	0			1.332804158	-1.627303918
41								

Calculate Predicted Deaths Continued

	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
	Metastatic cancer, acute leukemia and other severe cancers (CC 8-9)	Trauma; other injuries (CC 166-168, 170-174)	Major psychiatric disorders (CC 57-59)	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT			
7									
8	0.6492091786428	0.01688928521341	0.06375583778139	0.4402197359037	-2.96010807557957	-2.96910754887957			
9	0	0	0	0	-	-			
10	0	0	0	0	-	-			
11	0	0	0	0	-	-			
12	0	1	0	0	-	-			
13	0	0	0	0	-	-			
14	0	1	1	0	-	-			
15	0	0	0	0	-	-			
16	0	1	0	0	-	-			
17	1	0	1	0	-	-			
18	0	0	0	0	-	-			
19	0	0	0	0	-	-			
20	0	0	0	1	-	-			
21	0	1	1	0	-	-			
22	0	0	0	0	-	-			
25							=SUM(M27:AM27)	=AP27+AN\$8	=1/(1+EXP(-1*AQ27))
26							SUM	Add	Predicted
27	0	0	0	0			0.707366720	-2.252741355	0.095113263
28	0	0	0	0			2.206720913	-0.753387163	0.320083703
29	0	0	0	0			1.501159586	-1.458948490	0.188628204
30	0	0.016889285	0	0			1.731462922	-1.228645153	0.226418644
31	0	0	0	0			1.356838749	-1.603269327	0.167525177
32	0	0.016889285	0.063755838	0			1.125786552	-1.834321524	0.137724261
33	0	0	0	0			0.512267459	-2.447840616	0.079596604
34	0	0.016889285	0	0			0.682436616	-2.277671460	0.092989161
35	0.649209179	0	0.063755838	0			1.230399568	-1.729708508	0.150624869
36	0	0	0	0			2.300853294	-0.659254782	0.340907034
37	0	0	0	0			2.011919589	-0.948188487	0.279249278
38	0	0	0	0.440219736			2.013116116	-0.946991959	0.279490165
39	0	0.016889285	0.063755838	0			1.651406262	-1.308701813	0.212704159
40	0	0	0	0			1.332804158	-1.627303918	0.164200032

Predicted probability for each discharge = (1/(1+EXP(-1 * Add HOSP_EFFECT results)))

Calculate Predicted Deaths Continued

	AO	AP	AQ	AR
			Add	Predicted
26		SUM	HOSP_EFFECT	probability
27		0.707366720	-2.252741355	0.095113263
28		2.206720913	-0.753387163	0.320083703
29		1.501159586	-1.458948490	0.188628204
30		1.731462922	-1.228645153	0.226418644
31		1.356838749	-1.603269327	0.167525177
32		1.125786552	-1.834321524	0.137724261
33		0.512267459	-2.447840616	0.079596604
34		0.682436616	-2.277671460	0.092989161
35		1.230399568	-1.729708508	0.150624869
36		2.300853294	-0.659254782	0.340907034
37		2.011919589	-0.948188487	0.279249278
38		2.013116116	-0.946991959	0.279490165
39		1.651406262	-1.308701813	0.212704159
40		1.332804158	-1.627303918	0.164200032
41				
42				Predicted Deaths
43			=SUM(AR27:AR40)	2.735254555
44			Rounded	2.74
45				

Calculate Expected Deaths Continued

	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU
	Major psychiatric disorders (CC 57-59)	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT						
7										
8	0.06375583778139	0.4402197359037	-2.96010807557957	-2.96910754887957						
9	0	0	-	-						
10	0	0	-	-						
11	0	0	-	-						
12	0	0	-	-						
13	0	0	-	-						
14	1	0	-	-						
15	0	0	-	-						
16	0	0	-	-						
17	1	0	-	-						
18	0	0	-	-						
19	0	0	-	-						
20	0	1	-	-						
21	1	0	-	-						
22	0	0	-	-						
25										
26										
27	0	0			SUM	Add	Predicted		Add	Expected
28	0	0			0.7073866720	HOSP_EFFECT	probability	AVG_EFFECT	Probability	
29	0	0			2.206720913					
30	0	0			1.501159586					
31	0	0			1.731462922					
32	0.063755838	0			1.356838749					
33	0	0			1.125786552					
34	0	0			-1.834321524					
35	0.063755838	0			0.512267459					
36	0	0			-2.447840616					
37	0	0			0.682436616					
38	0	0.440219736			-2.277671460					
39	0.063755838	0			1.230399568					
40	0	0			-1.729708508					
41					2.300853294					
					-0.659254782					
					2.011919589					
					-0.948188487					
					2.013116116					
					-0.946991959					
					1.651406262					
					-1.308701813					
					1.332804158					
					-1.627303918					

$$=AP27+AO\$8 =1/(1+EXP(-1*AT27))$$

Expected probability for each discharge = $(1/(1+\exp(-1 * \text{Add AVG_EFFECT results})))$

Calculate Expected Deaths Continued

	AP	AQ	AR	AS	AT	AU	AV	AW
		Add	Predicted		Add	Expected		
26	SUM	HOSP_EFFECT	probability		AVG_EFFECT	Probability		
27	0.707366720	-2.252741355	0.095113263		-2.261740828	0.094341525		
28	2.206720913	-0.753387163	0.320083703		-0.762386636	0.318128326		
29	1.501159586	-1.458948490	0.188628204		-1.467947963	0.187254714		
30	1.731462922	-1.228645153	0.226418644		-1.237644627	0.224846239		
31	1.356838749	-1.603269327	0.167525177		-1.612268800	0.166273859		
32	1.125786552	-1.834321524	0.137724261		-1.843320997	0.136658997		
33	0.512267459	-2.447840616	0.079596604		-2.456840090	0.078939783		
34	0.682436616	-2.277671460	0.092989161		-2.286670933	0.092232901		
35	1.230399568	-1.729708508	0.150624869		-1.738707981	0.149477119		
36	2.300853294	-0.659254782	0.340907034		-0.668254255	0.338887852		
37	2.011919589	-0.948188487	0.279249278		-0.957187960	0.277441565		
38	2.013116116	-0.946991959	0.279490165		-0.955991433	0.277681494		
39	1.651406262	-1.308701813	0.212704159		-1.317701287	0.211200994		
40	1.332804158	-1.627303918	0.164200032		-1.636303391	0.162968689		
41								
42			Predicted Deaths			Expected Deaths		
43			2.735254555			2.716334058	=SUM(AU27:AU40)	
44			2.74			2.72	Rounded	
45								
46								

Calculate the Risk-Standardized Mortality Rate

	AP	AQ	AR	AS	AT	AU	AV	AW
	SUM	Add HOSP_EFFECT	Predicted probability		Add AVG_EFFECT	Expected Probability		
26								
27	0.707366720	-2.252741355	0.095113263		-2.261740828	0.094341525		
28	2.206720913	-0.753387163	0.320083703		-0.762386636	0.318128326		
29	1.501159586	-1.458948490	0.188628204		-1.467947963	0.187254714		
30	1.731462922	-1.228645153	0.226418644		-1.237644627	0.224846239		
31	1.356838749	-1.603269327	0.167525177		-1.612268800	0.166273859		
32	1.125786552	-1.834321524	0.137724261		-1.843320997	0.136658997		
33	0.512267459	-2.447840616	0.079596604		-2.456840090	0.078939783		
34	0.682436616	-2.277671460	0.092989161		-2.286670933	0.092232901		
35	1.230399568	-1.729708508	0.150624869		-1.738707981	0.149477119		
36	2.300853294	-0.659254782	0.340907034		-0.668254255	0.338887852		
37	2.011919589	-0.948188487	0.279249278		-0.957187960	0.277441565		
38	2.013116116	-0.946991959	0.279490165		-0.955991433	0.277681494		
39	1.651406262	-1.308701813	0.212704159		-1.317701287	0.211200994		
40	1.332804158	-1.627303918	0.164200032		-1.636303391	0.162968689		
41								
42			Predicted Deaths			Expected Deaths		
43			2.735254555			2.716334058		
44			2.74			2.72		
45								
46								
47					=AR43/AU43	1.006965		Standardized Mortality Ratio (SMR)
48						0.134320		National Observed Mortality Rate from table 2
49					=AT47*AT48	0.135255		Risk Standardized Mortality Rate (RSMR)
50								
51								

Calculate the Performance Period Survival Rate

	AP	AQ	AR	AS	AT	AU	AV	AW
		Add	Predicted		Add	Expected		
26	SUM	HOSP_EFFECT	probability		AVG_EFFECT	Probability		
27	0.707366720	-2.252741355	0.095113263		-2.261740828	0.094341525		
28	2.206720913	-0.753387163	0.320083703		-0.762386636	0.318128326		
29	1.501159586	-1.458948490	0.188628204		-1.467947963	0.187254714		
30	1.731462922	-1.228645153	0.226418644		-1.237644627	0.224846239		
31	1.356838749	-1.603269327	0.167525177		-1.612268800	0.166273859		
32	1.125786552	-1.834321524	0.137724261		-1.843320997	0.136658997		
33	0.512267459	-2.447840616	0.079596604		-2.456840090	0.078939783		
34	0.682436616	-2.277671460	0.092989161		-2.286670933	0.092232901		
35	1.230399568	-1.729708508	0.150624869		-1.738707981	0.149477119		
36	2.300853294	-0.659254782	0.340907034		-0.668254255	0.338887852		
37	2.011919589	-0.948188487	0.279249278		-0.957187960	0.277441565		
38	2.013116116	-0.946991959	0.279490165		-0.955991433	0.277681494		
39	1.651406262	-1.308701813	0.212704159		-1.317701287	0.211200994		
40	1.332804158	-1.627303918	0.164200032		-1.636303391	0.162968689		
41								
42			Predicted Deaths			Expected Deaths		
43			2.735254555			2.716334058		
44			2.74			2.72		
45								
46								
47					1.006965	Standardized Mortality Ratio (SMR)		
48					0.134320	National Observed Mortality Rate from table 2		
49					0.135255	Risk Standardized Mortality Rate (RSMR)		
50								
51				=1-AT49	0.864745	Performance Period Survival Rate		

Angie Sour, GDIT/HCQAR

Hospital VBP Program Review and Corrections Process

Review and Corrections Process

When is the review and corrections period?

- The notification that was sent to indicate the reports were available also contained the timeline of the review and corrections period.
- Pay special attention to the deadline of the review and corrections period. Review and Corrections requests sent after the deadline will not result in a correction.
- The review and corrections period for FY 2018 is April 11, 2017 – May 10, 2017.

Review and Corrections Process Continued

How to submit a Review and Corrections request:

- Requests can be submitted via email to qnetsupport@hcqis.org, over the phone at (866) 288-8912, or over teletypewriter (TTY) at (877) 715-6222.
- When emailing a request, include “Hospital VBP” in the subject line to aid in the help desk process.

Review and Corrections Process Continued

What can/cannot be submitted for a review and correction:

- Suspected calculation errors on your report **can** be submitted for review with the possibility of a correction.
- Requests for submission of new or corrected claims to the underlying data **are not** allowed.
 - If you would like to submit a new claim or correct a submitted claim, contact your Medicare Administrative Contractor (MAC).
- General questions about the HSRs, the mortality measures, or the AHRQ measures may also be submitted.

Hospital IQR & VBP Programs: Claims-Based Measures
Hospital-Specific Report Overview and Updates

Continuing Education

Continuing Education Approval

This program has been approved for 1.5 continuing education (CE) units for the following professional boards:

- Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Dietetics and Nutrition Practice Council
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

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

CE Certificate Problems?

- If you do not **immediately** receive a response to the email that you signed up with in the HSAG Learning Management Center, you have a firewall up that is blocking the link that is sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

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

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

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

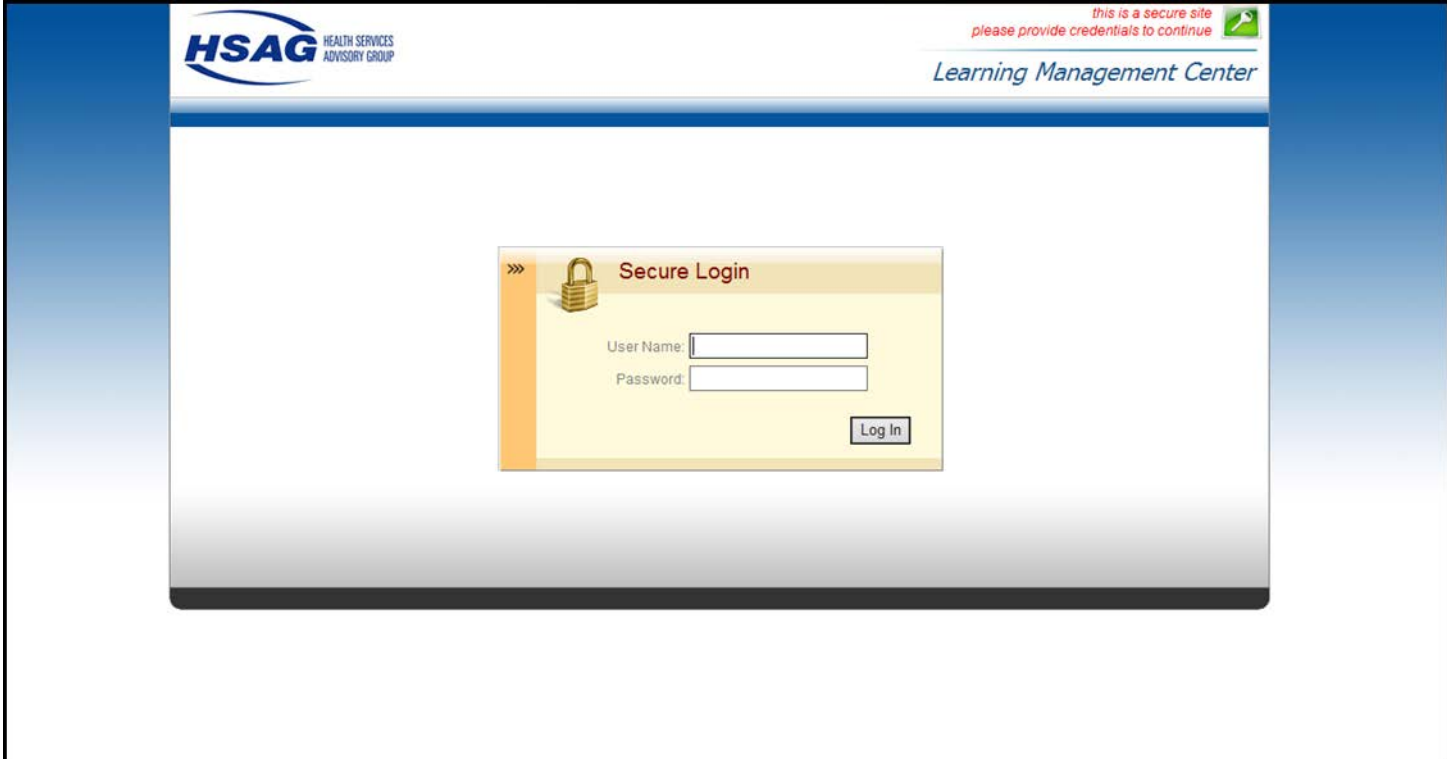
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security notice: "this is a secure site please provide credentials to continue" with a small green padlock icon. Below this, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

Hospital IQR & VBP Programs: Claims-Based Measures
Hospital-Specific Report Overview and Updates

Questions?

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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