



July 2023 Public Reporting Claims-Based Measure Hospital-Specific Report Overview

Hosted by:

**Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

May 17, 2023

Speakers

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Purpose

This event will provide an overview of the Hospital-Specific Reports (HSRs) for select claims-based measures (CBMs) publicly reported in July 2023. This overview will include national results, steps to access and navigate the HSR, and measure calculations.

Objectives

Participants will be able to:

- Understand ways to determine performance categories.
- Access and preview the HSR.
- Submit questions during the preview period.

Acronyms

[Back](#)

AMI	Acute Myocardial Infarction	HWR	Hospital-Wide Readmission
CABG	Coronary Artery Bypass Graft	IPPS	Inpatient Prospective Payment System
CBM	claims-based measure	IQR	Inpatient Quality Reporting
CCN	CMS Certification Number	LTCH	Long-Term Care Hospital
CCSQ	Center for Clinical Standards and Quality	MFT	Managed File Transfer
CMS	Centers for Medicare & Medicaid Services	MSPB	Medicare Spending per Beneficiary
COPD	Chronic Obstructive Pulmonary Disease	PHI	protected health information
ECE	Extraordinary Circumstances Exception	PN	Pneumonia
EDAC	Excess Days in Acute Care	PPS	Prospective Payment System
FY	fiscal year	PSI	Patient Safety Indicator
HARP	HCQIS Access Roles and Profile	Q	quarter
HCQIS	Health Care Quality Information Systems	RSCR	Risk-Standardized Complication Rate
HF	heart failure	RSMR	Risk-Standardized Mortality Rate
HIPAA	Health Insurance Portability and Accountability Act	RSRR	Risk-Standardized Readmission Rate
HQR	Hospital Quality Reporting	THA/TKA	Total Hip/Knee Arthroplasty
HSR	hospital-specific report	VBP	Value-Based Purchasing
HUG	HSR User Guide	VIQR	Value, Incentives, and Quality Reporting

Maria Gugliuzza, MBA

Program Lead

Inpatient VIQR Outreach and Education Support Contractor

Measures and Notes

HSR Overview

HSRs are provided for CBMs that the Centers for Medicare & Medicaid Services (CMS) will publicly report in July 2023, so hospitals may preview their measure results prior to the public reporting of the results.

Included Measures

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)

Included Measures

- 30-Day Hospital-Wide, All-Cause Unplanned Readmission Measure (HWR)
- 30-Day Risk-Standardized Mortality Rate (RSMR) measures following AMI, COPD, HF, PN, Stroke hospitalizations, and 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

Updates for July 2023

Public Reporting

CMS made the following changes for July 2023:

- CMS expanded the THA/TKA Payment and Complication measures so the measure outcome will include 26 additional clinically-vetted mechanism complication ICD-10 codes. This change was finalized in [Fiscal Year \(FY\) 2023 Hospital Inpatient Prospective Payment System \(IPPS\) and Long-Term Care Hospitals Prospective Payment System \(LTCH PPS\) final rule](#).
- CMS increased the minimum number of eligible cases for the EDAC AMI measure to 50 (from 25) during the measurement period. The minimum number of eligible cases for the EDAC HF and EDAC PN measures remains at 25 during the discharge period. This change was finalized in [FY 2023 IPPS/LTCH PPS final rule](#).

Updated Discharge Periods

Measures	Updated Discharge Period*
AMI, COPD, HF, Pneumonia, CABG, THA/TKA readmission	July 1, 2019–December 1, 2019 and July 1, 2020–June 30, 2022
HWR measure	July 1, 2021, through June 30, 2022
AMI, COPD, HF, PN, Stroke, and CABG mortality	July 1, 2019–December 1, 2019 and July 1, 2020–June 30, 2022
THA/TKA complication measure	April 1, 2019–October 2, 2019 and July 1, 2020–March 31, 2022
AMI, HF, and Pneumonia payment measures	July 1, 2019–December 1, 2019 and July 1, 2020–June 30, 2022
THA/TKA payment measure	April 1, 2019–October 2, 2019 and July 1, 2020–March 31, 2022
AMI, HF, Pneumonia EDAC measures	July 1, 2019–December 1, 2019 and July 1, 2020–June 30, 2022

*The readmission, mortality, complication, payment, and EDAC measures include a 30-day window after each index stay to identify outcomes, and the THA/TKA payment 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 measure calculations.

Important Dates

- July 2023 Public Reporting HSRs were delivered **May 2, 2023**.
- The July 2023 Public Reporting preview period is **May 2–June 1, 2023**.

Coming Soon: Medicare Spending per Beneficiary (MSPB) HSRs

- CMS anticipates delivering the MSPB HSRs to hospitals in May/June 2023.
- CMS will provide notification of HSR delivery through the **HIQR Notify: Hospital Inpatient Quality Reporting (IQR) Program Notifications** and the **HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications** Program Notification Listserve groups.
 - Sign up for those Listserve groups on QualityNet: <https://qualitynet.cms.gov/listserv-signup>

Contacts for Questions

- You can submit questions regarding the measures and the HSRs through the Question & Answer Tool on QualityNet:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.
- When submitting the request, select Inpatient Claims-Based Measures for the Program. Select the relevant topic (Example: Excess Days in Acute Care), and please include your hospital's CMS Certification Number (CCN).
- If you experience issues accessing your HSR from HQR or requesting/reviewing your HARP permissions, contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912 (TRS 711), weekdays from 8:00 a.m. to 8:00 p.m. Eastern Time.
- 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.

Maria Gugliuzza, MBA

Program Lead

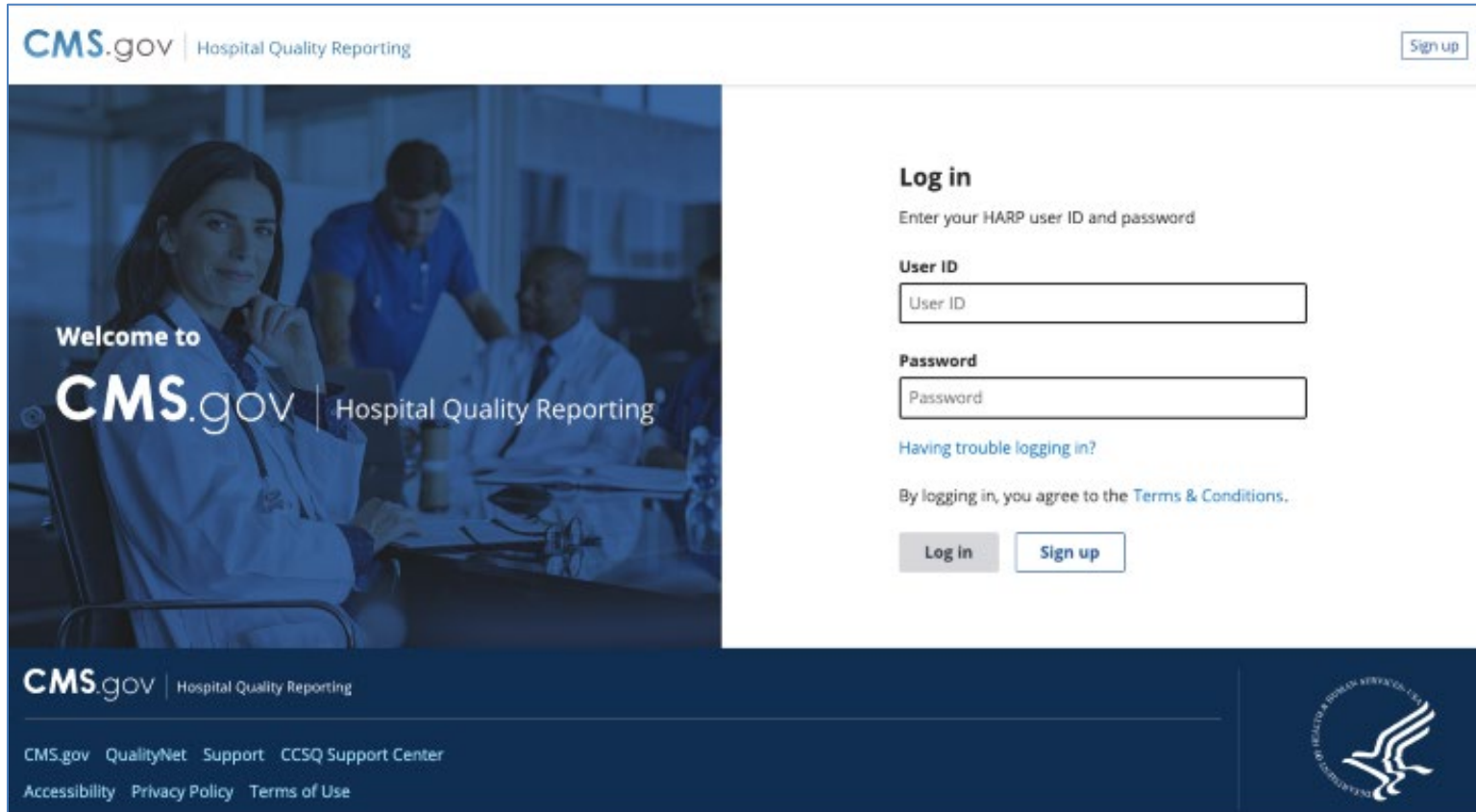
Inpatient VIQR Outreach and Education Support Contractor

Receiving the HSRs

How to Access Your HSR

- A Listserve communication was sent via email to those registered for QualityNet's **HIQR Notify: Hospital Inpatient Quality Reporting (IQR) Program Notifications** and **HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications** Listserve groups to announce that reports are available no later than May 4, 2023.
- You can now download the July 2023 Public Reporting HSRs directly from the Hospital Quality Reporting (HQR) System:
<https://hqr.cms.gov/hqrng/login>
- The HQR System requires users to have a Health Care Quality Improvement System (HCQIS) Access Roles and a Profile (HARP) account with access to Managed File Transfer (MFT) to log on.

Accessing Your HSR



The screenshot shows the login page for the CMS.gov Hospital Quality Reporting system. The page features a header with the CMS.gov logo and 'Hospital Quality Reporting' text, and a 'Sign up' button in the top right corner. A large blue-tinted image of healthcare professionals is on the left, with the text 'Welcome to CMS.gov Hospital Quality Reporting' overlaid. The main content area is titled 'Log in' and includes the instruction 'Enter your HARP user ID and password'. Below this are two input fields: 'User ID' and 'Password'. There is a link for 'Having trouble logging in?' and a statement 'By logging in, you agree to the Terms & Conditions.' at the bottom of the form area. At the very bottom of the page, there are links for 'CMS.gov', 'QualityNet', 'Support', and 'CCSQ Support Center', along with 'Accessibility', 'Privacy Policy', and 'Terms of Use'. The Department of Health & Human Services logo is in the bottom right corner.

CMS.gov | Hospital Quality Reporting [Sign up](#)

Welcome to
CMS.gov | Hospital Quality Reporting

Log in
Enter your HARP user ID and password

User ID


Password

[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#).

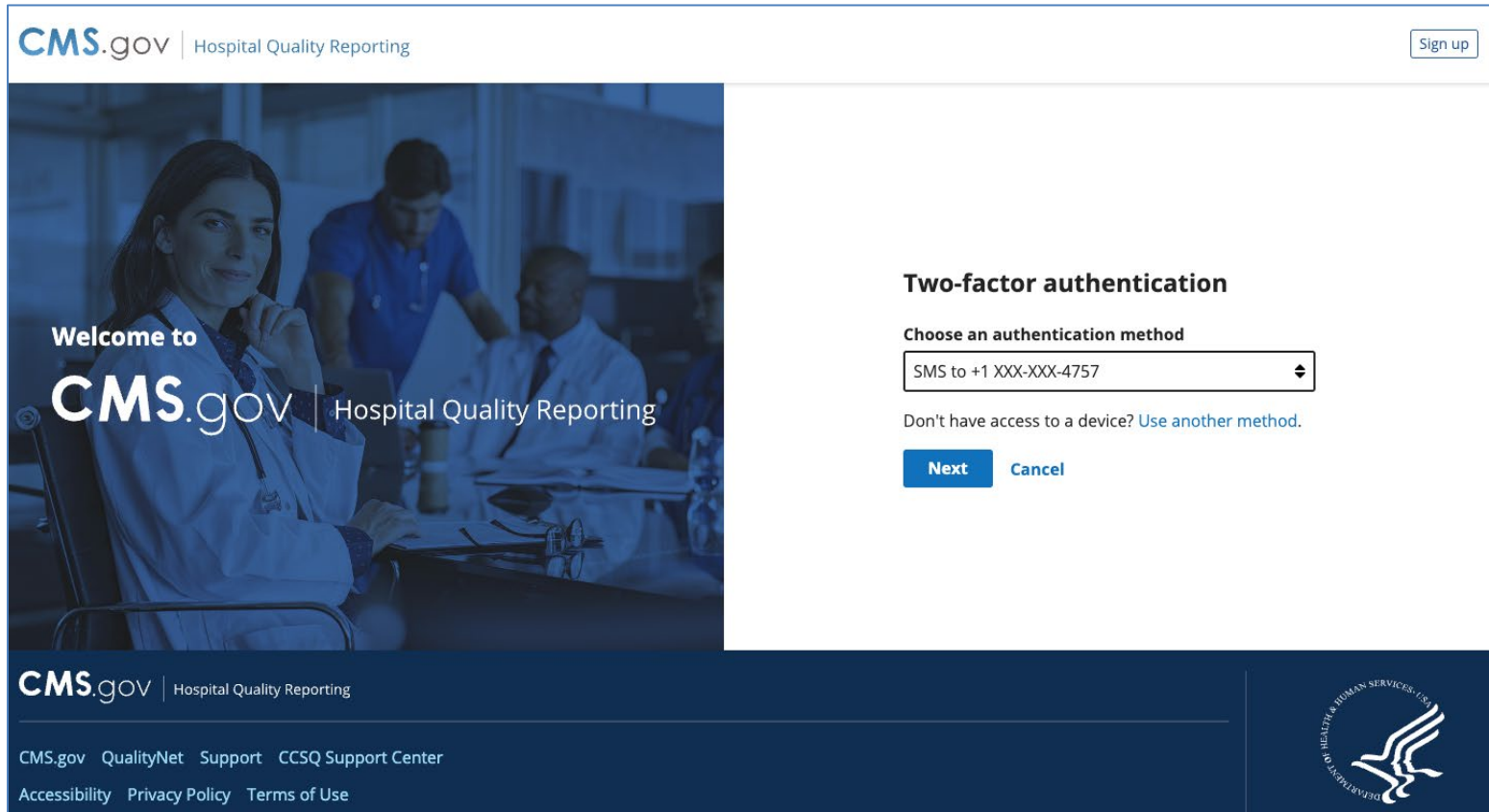
CMS.gov | Hospital Quality Reporting

[CMS.gov](#) [QualityNet](#) [Support](#) [CCSQ Support Center](#)
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)



Step 1a: Log into the HQR System using your HARP account.

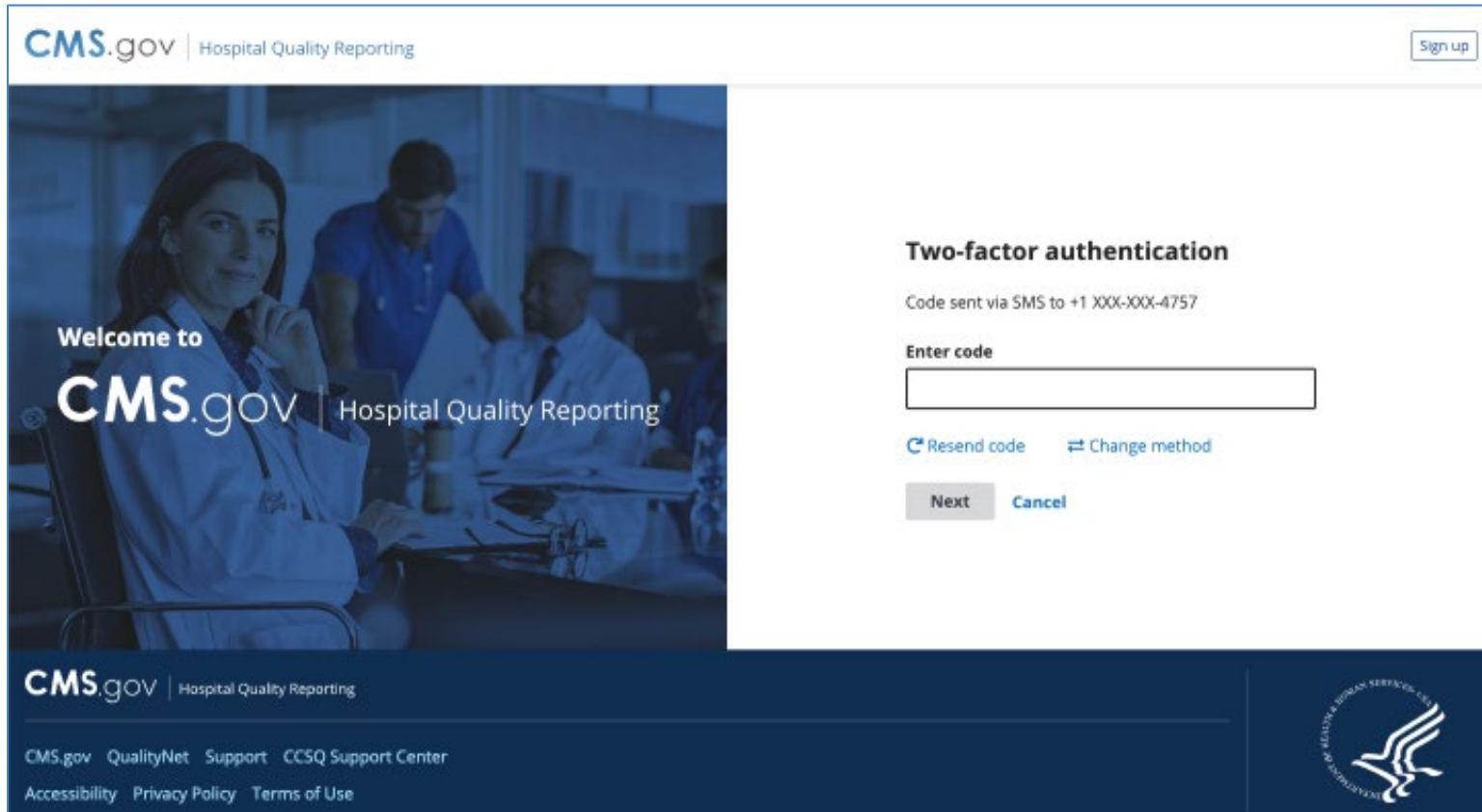
Accessing Your HSR



The screenshot shows the CMS.gov Hospital Quality Reporting login interface. On the left, there is a blue-tinted image of a doctor in a white coat sitting at a desk. Overlaid on this image is the text "Welcome to CMS.gov Hospital Quality Reporting". In the top right corner, there is a "Sign up" button. The main content area on the right is titled "Two-factor authentication" and contains the instruction "Choose an authentication method". Below this is a dropdown menu with the selected option "SMS to +1 XXX-XXX-4757". A link "Don't have access to a device? Use another method." is provided below the dropdown. At the bottom of the authentication section are two buttons: "Next" and "Cancel". The footer of the page includes the CMS.gov logo, navigation links for "QualityNet", "Support", and "CCSQ Support Center", and links for "Accessibility", "Privacy Policy", and "Terms of Use". The Department of Health & Human Services logo is also present in the bottom right corner.

Step 1b: Choose the authentication method.

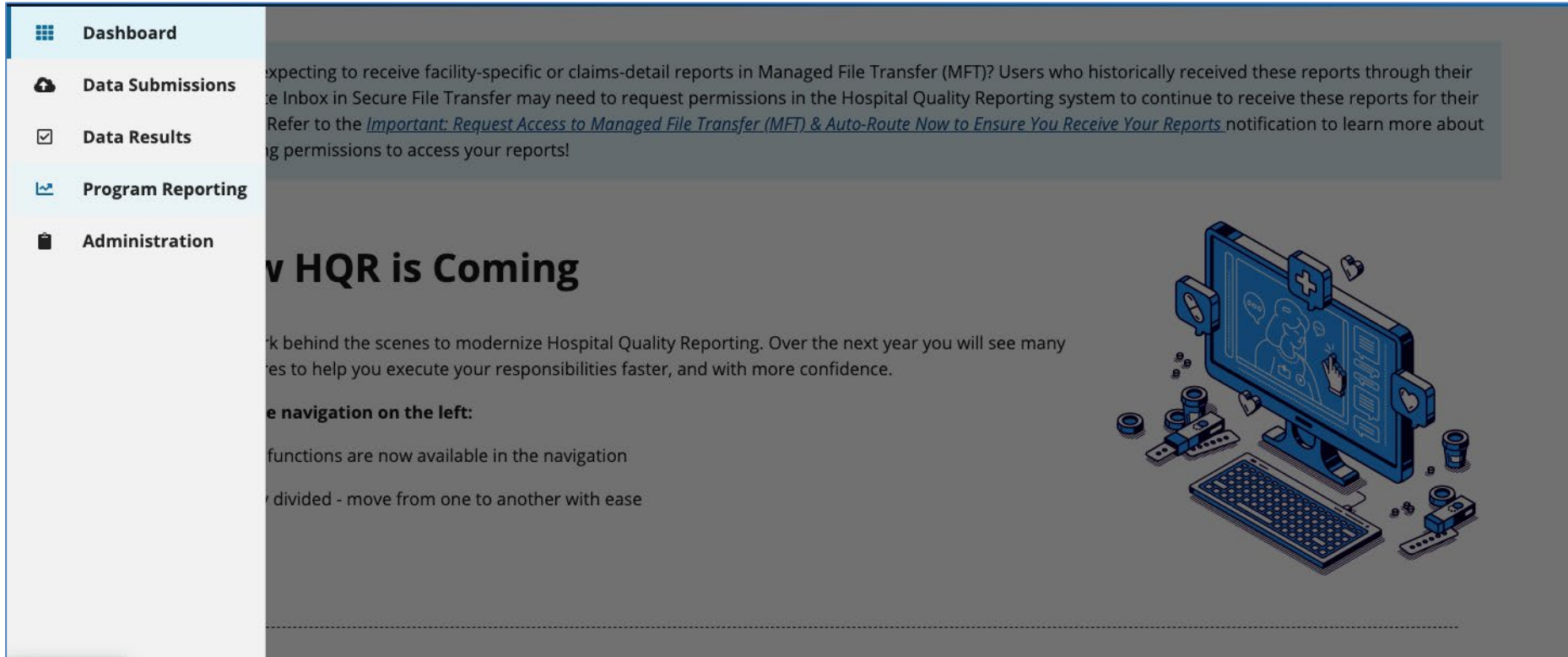
Accessing Your HSR



The screenshot shows the CMS.gov Hospital Quality Reporting login page. On the left, there is a blue-tinted image of healthcare professionals in a meeting. The text 'Welcome to CMS.gov Hospital Quality Reporting' is overlaid on the image. In the top right corner, there is a 'Sign up' button. The main content area is titled 'Two-factor authentication' and displays the message 'Code sent via SMS to +1 XXX-XXX-4757'. Below this is an 'Enter code' label and a text input field. There are two links: 'Resend code' and 'Change method'. At the bottom of the form area are 'Next' and 'Cancel' buttons. The footer contains the CMS.gov logo, navigation links (QualityNet, Support, CCSQ Support Center, Accessibility, Privacy Policy, Terms of Use), and the Department of Health & Human Services logo.

Step 1c: Enter your code.

Accessing Your HSR



The screenshot shows a web application interface. On the left is a navigation menu with the following items: Dashboard (with a grid icon), Data Submissions (with a cloud icon), Data Results (with a checkmark icon), Program Reporting (with a bar chart icon), and Administration (with a folder icon). The main content area has a grey background and contains a notification box at the top with text about Managed File Transfer (MFT) reports. Below the notification is a heading "v HQR is Coming" and a paragraph of text. At the bottom right of the main content area is an illustration of a computer monitor, keyboard, and mouse with various icons floating around them.

Expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their e Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facility. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about the steps and permissions to access your reports!

v HQR is Coming

Work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many updates to help you execute your responsibilities faster, and with more confidence.

Key navigation on the left:

Key functions are now available in the navigation menu. The interface is now divided - move from one to another with ease.

Step 2a: Go to the navigation menu on the left side of your screen.

Accessing Your HSR

Dashboard

Data Submissions

Data Results

Program Reporting

- Claims-based measures
- Reporting Requirements
- Performance Reports
- Program Credit
- Public Reporting
- Validation

Administration

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HQR is Coming

...hind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many o help you execute your responsibilities faster, and with more confidence.

Navigation on the left:

...tions are now available in the navigation

...ded - move from one to another with ease



Step 2b: Select Program Reporting. Then, select Claims-Based Measures.

Accessing Your HSR

IFMC - SDPS

Claims-based measures reports

View your Hospital Specific Reports (HSRs), Claims Detail Reports (CDRs), Facility Specific Reports (FSRs), and IPF-Specific Reports (ISRs).

Release year ⓘ

Program

Report

Step 2c: Select the Release Year, Program (Public Reporting), and Report (HSR).

Accessing the HSR

- You can now download the July 2023 Public Reporting HSR from the HQR System: <https://hqr.cms.gov/hqrng/login>
- The HQR System requires users to have a HARP account with access to MFT to log on.
- Follow the steps below to access your HSR in the HQR System:
 - Log into the HQR System using your HARP Account. Select Log in.
 - Choose the authentication method. Select Next.
 - Enter your code. Select Next.
 - Go to the navigation menu on the left side of your screen.
 - Select Program Reporting. Select Claims-Based Measures.
 - Select the Release Year (2023), Program (Public Reporting), and the report (HSR). Select Export.
- If your profile did have HCQIS Access Roles and a HARP account with access to MFT permissions prior to May 2, 2023, and you cannot download your report, please contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or call (866) 288.8912.

Kristina Burkholder, MS, CAS

Measure Implementation and Stakeholder Communication, Lead
Hospital Outcome Measure Development, Reevaluation, and
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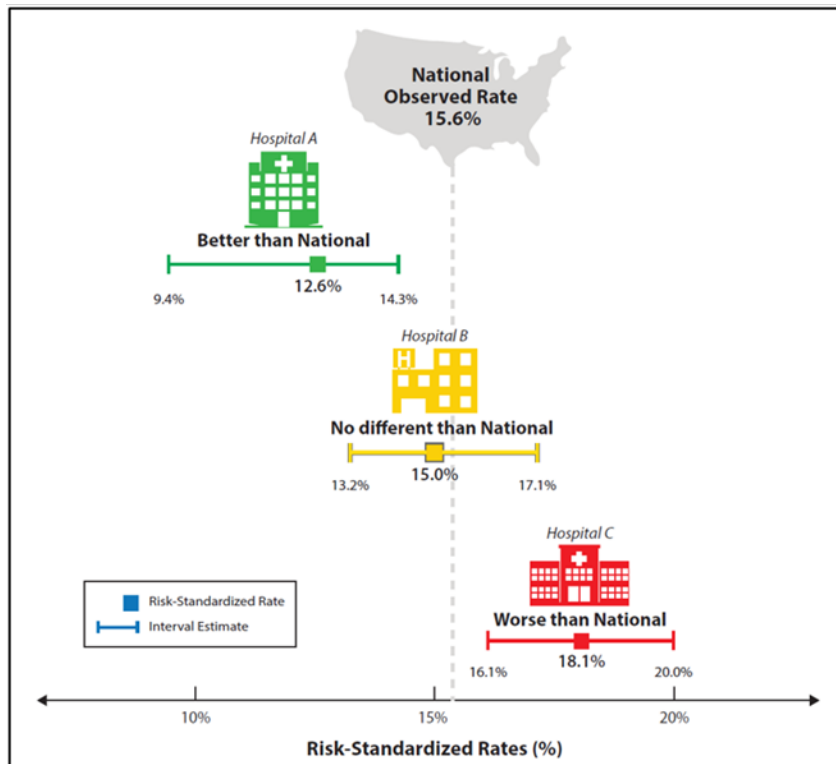
July 2023 Public Reporting Outcome and Payment CBM Results

July 2023 Public Reporting CBM Results

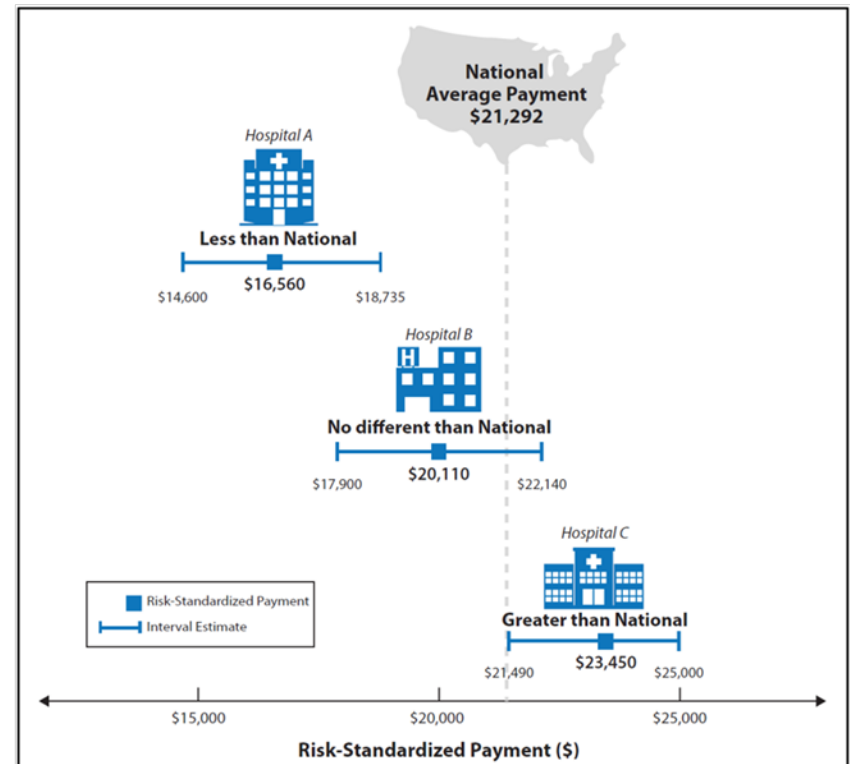
Measure Name	National Observed Result (2023)	Change from 2022
Mortality Measures		
AMI Mortality	12.6%	+0.2%
CABG Mortality	2.9%	0.0%
COPD Mortality	9.2%	+0.8%
HF Mortality	11.8%	+0.5%
Pneumonia Mortality	18.2%	+1.6%
Stroke Mortality	13.9%	+0.3%
Readmission Measures		
AMI Readmission	14.0%	-1.0%
CABG Readmission	11.0%	+0.9%
COPD Readmission	19.3%	-0.5%
HF Readmission	20.2%	-1.1%
THATKAReadmission	4.3%	+0.2%
Hospital-wide Readmission	14.6%	-0.4%
Pneumonia Readmission	16.9%	-0.1%
Complication Measure		
THATKAComplication	3.2%	+0.8%
Payment Measures		
AMI Payment	\$ 27,314	Indeterminable
HF Payment	\$ 18,764	Indeterminable
Pneumonia Payment	\$ 20,362	Indeterminable
THATKAPayment	\$ 21,247	Indeterminable

Interpreting Your Results: Performance Categories

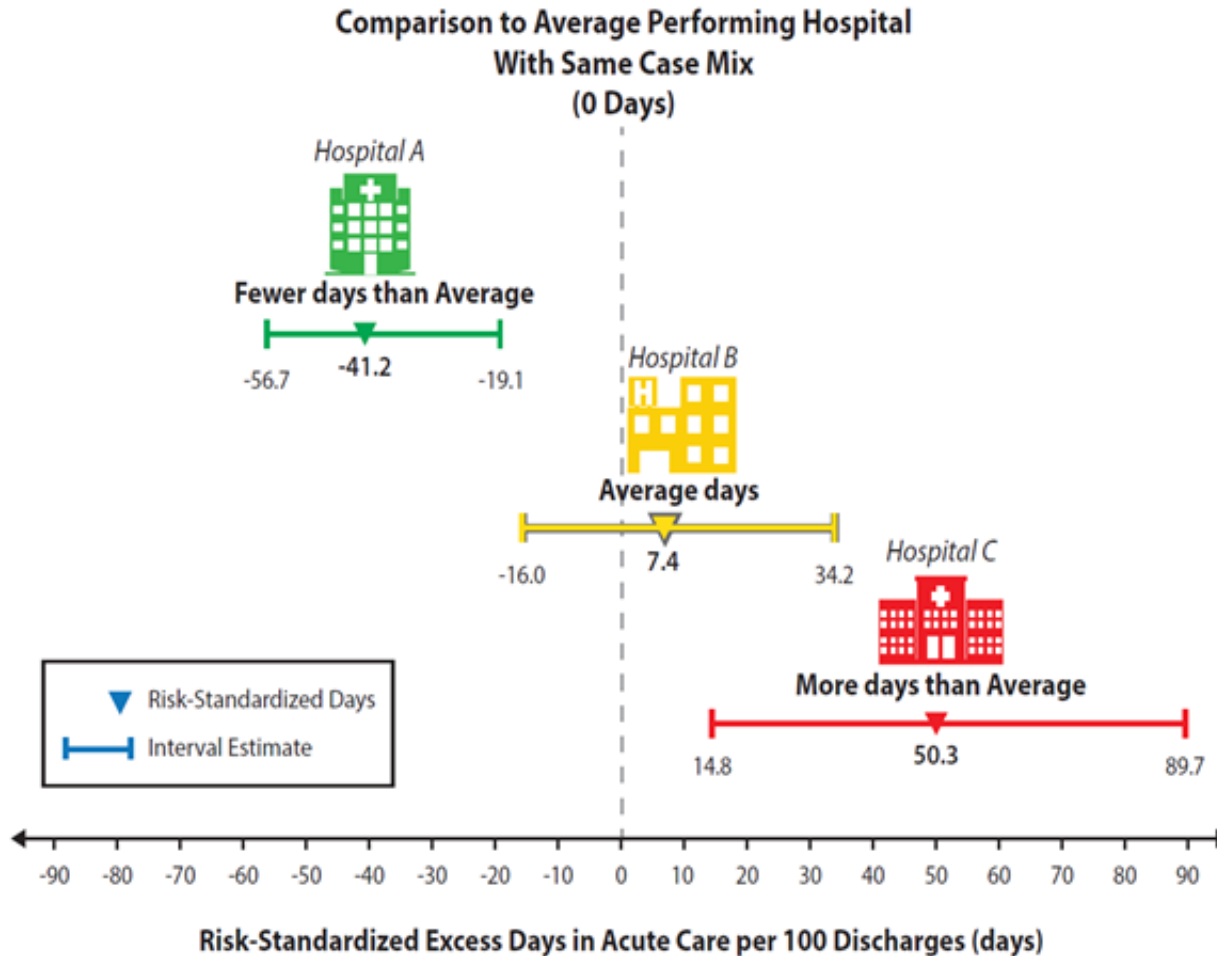
Example Category Assignment:
Outcome Measures (except EDAC)



Example Category Assignment:
Payment Measures



Interpreting Your Results: Performance Categories



2023 Confidentially Reported Results: CMS Disparity Methods

- Measure results stratified by patients who are **dually eligible for Medicare and Medicaid**:
 - AMI readmission
 - CABG readmission
 - COPD readmission
 - HF readmission
 - THA/TKA readmission
 - Pneumonia readmission
 - Hospital-wide readmission
- Measure results stratified by patient **race and ethnicity**:
 - Hospital-wide readmission

Angie Drake

Public Reporting Claims-Based Measures Delivery Manager
Hospital Quality Report Application Development Organization

Public Reporting HSRs

HSR User Guide

- The July2023_PR_HUG.pdf that accompanies the Public Reporting HSRs includes additional information about the data in the HSRs.
- The HSR User Guide (HUG) is available on QualityNet: <https://qualitynet.cms.gov/inpatient/measures/mortality/reports>

Public Reporting and Hospital IQR Program Bundle and HSR Changes

- Disparity stratification will be confidentially reported in the Readmission HSRs distributed in May.
- PSI HSRs will not be included.
- PN Results will be included in the Mortality and Readmission HSRs.

HSR Content

Each Public Reporting HSR uses the same structure to provide consistency. These tabs provide the following information:

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

Measure Results

Table 1.1: Your Hospital's Performance on 30-Day Risk-Standardized Readmission Measures for AMI, COPD, HF, Pneumonia, CABG and THA/TKA

HOSPITAL NAME

Hospital Discharge Period: July 1, 2019 through December 31, 2019 and July 1, 2020 through June 30, 2022

Performance Information	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Your Hospital's Comparative Performance	Number of cases too small	Number of cases too small	Number of cases too small	Number of cases too small	N/A	Number of cases too small
Total Number of Eligible Discharges (Denominator) at Your Hospital	1	4	6	9	N/A	3
RSRR at Your Hospital	14.0%	20.0%	20.2%	16.6%	N/A	4.5%
Lower Limit of 95% Interval Estimate	10.9%	15.7%	16.1%	13.3%	N/A	2.8%
Upper Limit of 95% Interval Estimate	17.6%	24.9%	25.3%	20.4%	N/A	7.2%
National Observed Readmission Rate (Numerator/Denominator)	14.0%	19.3%	20.2%	16.9%	11.0%	4.3%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital [a]	0	3	1	0	N/A	1
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	0.0%	75.0%	16.7%	0.0%	N/A	33.3%
Average RSRR in Your State [a]	13.8%	19.2%	19.9%	16.6%	11.0%	4.0%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a]	657	735	2,712	1,567	164	266
Number of Eligible Discharges (Denominator) in Your State [a]	5,279	4,525	14,642	10,567	1,599	7,190
Observed Readmission Rate (Numerator/ Denominator) in Your State [a]	12.4%	16.2%	18.5%	14.8%	10.3%	3.7%
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a]	40,866	53,811	168,372	117,360	9,720	14,808
Number of Eligible Discharges (Denominator) in the Nation [a]	291,126	279,209	831,922	695,154	88,147	348,352

Distribution Tab

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

HOSPITAL NAME

Hospital Discharge Period: July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022

Hospital Performance Category	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Total Number of Hospitals in the Nation with Measure Results	3,752	4,500	4,521	4,609	1,097	3,344
Number of Hospitals in the Nation that Performed Better than the National Rate	6	2	58	10	0	21
Number of Hospitals in the Nation that Performed No Different than the National Rate	1,504	2,645	3,066	3,544	878	2,085
Number of Hospitals in the Nation that Performed Worse than the National Rate	12	17	63	39	4	4
Number of Hospitals in the Nation that had Too Few Cases [a]	2,230	1,836	1,334	1,016	215	1,234
Total Number of Hospitals in Your State with Measure Results	108	125	124	125	28	103
Number of Hospitals in Your State that Performed Better than the National Rate	0	0	0	0	0	0
Number of Hospitals in Your State that Performed No Different than the National Rate	31	62	91	92	20	54
Number of Hospitals in Your State that Performed Worse than the National Rate	0	1	1	0	0	0
Number of Hospitals in Your State that had Too Few Cases [a]	77	62	32	33	8	49

Discharges Tab

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

HOSPITAL NAME

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Number of Hospitals in Your State that had Too Few Cases [a]	77	62	32	33	8	49

Mortality Discharges Tab

Table III.3: Discharge-Level Information for 30-Day Risk-Standardized Mortality Measures for AMI, COPD, HF, Pneumonia, Stroke and CABG

HOSPITAL NAME

Hospital Discharge Period: July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022

Note: This file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should be in accordance with, and only to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, use the ID number.

ID Number	Provider ID	Measure	HICNO [a]	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	CABG Procedure Date [b]	Discharge Date of Index Stay [c]	Inclusion/Exclusion Indicator	Principal Discharge Diagnosis of Index Stay	Death within 30 Days (Yes/No)	Death Date
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I213	Yes	99/99/9999
2	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
3	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2129	Yes	99/99/9999
4	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I213	Yes	99/99/9999
5	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2119	Yes	99/99/9999
6	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
7	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
8	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
9	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
10	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2109	Yes	99/99/9999
11	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2102	Yes	99/99/9999
12	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2102	Yes	99/99/9999
13	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I213	Yes	99/99/9999
14	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
15	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
16	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
17	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2121	Yes	99/99/9999
18	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2111	Yes	99/99/9999
19	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I213	Yes	99/99/9999
20	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
21	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2102	Yes	99/99/9999
22	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
23	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999
24	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2109	Yes	99/99/9999

Complication Discharges Tab

Table IV.4: Discharge-Level Information for the Risk-Standardized Complication Measure following THA/TKA

HOSPITAL NAME

Hospital Discharge Period: April 1, 2019 through October 2, 2019 and July 1, 2020 through March 31, 2022

Note: This file contains MOCK data except for national results. Your hospital's HSR workbook contains 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. When referring to the contents of your hospital's HSR workbook, use the ID Number.

ID Number	Provider ID	Measure	HICNO [a]	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Additional Complication Record (Yes/No) [b]	Complication Excluded Due to COVID-19 (Yes/No) [c]	Inclusion/Exclusion Indicator	Number of TKAs Performed (0, 1, or 2)	Number of THAs Performed (0, 1, or 2)
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0
2	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0
3	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1
4	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1
5	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	0	1
6	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1
7	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0
8	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1
9	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1
10	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1
11	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1
12	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0
13	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
14	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0
15	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
16	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
17	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
18	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
19	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
20	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
21	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0
22	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1
23	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0
24	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0
25	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1

EDAC Discharge Level Summary of Events

Table VI.3: Your Hospital's Index Stay and Summary for the EDAC after Hospitalization for AMI, HF, and Pneumonia Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2019 through December 1, 2019, and July 1, 2020 through June 30, 2022

Note: This file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should be in accordance with, and only to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, use the ID number.

ID Number	Provider ID	Measure	HICNO [a]	MBI [a]	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 [b]	Number of ED Visits Counted [c]
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	2	0
2	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	18	1
3	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	13	1
4	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	0	0
5	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	15	1
6	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	3	0
7	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	1
8	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	16	1
9	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	7	0
10	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
11	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
12	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
13	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
14	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
15	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
16	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
17	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
18	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
19	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
20	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0
21	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0

EDAC Discharge Level Patient-Level Summary

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

HOSPITAL NAME

Hospital Discharge Period: July 1, 2019 through December 1, 2019, and July 1, 2020 through June 30, 2022

Note: This file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should be in accordance with, and only to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, use the ID number.

ID Number	Provider ID	Measure	HICNO [a]	MBI [a]	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Type Post-Discharge of Event [b]	Start Date of Event	End Date of Event	Event Included in Outcome (Yes/N/A-COVID Patient) [c]	Days per Event [d]
1	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	6
2	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
3	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
4	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	1
5	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
6	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	3
7	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	4
7	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
8	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
9	999999	AMI	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	2
99	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	Yes	1
99	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
100	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
101	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
102	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5
103	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	3
104	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	12
104	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	Yes	1
105	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	4
105	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	Yes	1
105	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	1
106	999999	HF	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5

Payment Discharge Level Index Stay and Summary

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
\$11,946	\$11,051	92.5%	\$10,273	86.0%	\$778	6.5%	\$895	7.5%
\$19,013	\$8,768	46.1%	\$8,196	43.1%	\$571	3.0%	\$10,246	53.9%
\$11,487	\$9,122	79.4%	\$8,476	73.8%	\$646	5.6%	\$2,365	20.6%
\$11,364	\$7,975	70.2%	\$7,800	68.6%	\$175	1.5%	\$3,389	29.8%
\$8,995	\$8,295	92.2%	\$7,770	86.4%	\$525	5.8%	\$700	7.8%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$10,798	\$9,537	88.3%	\$8,562	79.3%	\$975	9.0%	\$1,261	11.7%
\$24,925	\$8,602	34.5%	\$8,286	33.2%	\$317	1.3%	\$16,323	65.5%
\$6,832	\$5,947	87.0%	\$5,728	83.8%	\$220	3.2%	\$885	13.0%
\$10,941	\$8,320	76.0%	\$7,871	71.9%	\$449	4.1%	\$2,621	24.0%
\$11,736	\$8,855	75.4%	\$8,067	68.7%	\$787	6.7%	\$2,882	24.6%
\$9,903	\$9,099	91.9%	\$8,508	85.9%	\$591	6.0%	\$804	8.1%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Payment Discharge Level Post-Acute Care

Table V.3: Your Hospital's Index Stay and Summary for the AMI, HF, Pneumonia and THA/TKA Payment Measures (reported in 2021 Dollars)

HOSPITAL NAME

Hospital Discharge Period: July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022 for AMI, HF and Pneumonia measures

Hospital Discharge Period: April 1, 2019 through October 2, 2019 and July 1, 2020 through March 31, 2022 for THA/TKA measure

Note: This file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should be in accordance with, and only to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, use the ID number.

ID Number	Provider ID	Measure	HICNO [a]	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
3	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
4	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
5	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
6	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
7	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
8	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
9	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
10	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
11	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
12	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
13	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
14	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
15	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
16	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
17	999999	Pneumonia	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
18	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999

Payment Discharge Level Post-Acute Care

Table V.4: Post-Acute Care Information for the AMI, HF and Pneumonia Payment Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022

Note: This file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should be in accordance with, and only to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, use the ID number.

ID Number	Provider ID	Measure	HICNO [a]	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
1	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
2	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
3	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
3	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
3	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
3	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
3	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999
3	999999	HF	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999

Case Mix Comparison

Table I.4: Distribution of Patient Risk Factors for the Condition-Specific 30-Day Risk-Standardized Readmission Measures for AMI, COPD, HF and Pneumonia												
HOSPITAL NAME												
Hospital Discharge Period: July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022												
Risk Factor	AMI Readmission: Hospital	AMI Readmission: State	AMI Readmission: National	COPD Readmission: Hospital	COPD Readmission: State	COPD Readmission: National	HF Readmission: Hospital	HF Readmission: State	HF Readmission: National	Pneumonia Readmission: Hospital	Pneumonia Readmission: State	Pneumonia Readmission: National
Count of Eligible Discharges	1	5,279	291,126	4	4,525	279,209	6	14,642	831,922	9	10,567	695,154
Mean Age	71.0	77.3	77.4	80.0	75.6	76.1	82.3	80.6	80.4	82.9	79.4	79.7
Standard Deviation of Age	-	8.2	8.0	7.2	7.3	7.3	9.8	8.6	8.5	9.7	8.7	8.5
Male	100%	58%	57%	N/A	N/A	N/A	83%	48%	49%	67%	53%	51%
History of Coronary Artery Bypass Graft (CABG) Surgery (Select ICD-10-CM and ICD-10-PCS codes)	100%	17%	16%	N/A	N/A	N/A	17%	20%	20%	0%	10%	10%
History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (Select ICD-10-CM and ICD-10-PCS codes)	0%	25%	26%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
History of Mechanical Ventilation (ICD-10-PCS codes 5A09357, 5A09358, 5A09359, 5A0935B, 5A0935Z, 5A09457, 5A09458, 5A09459, 5A0945B, 5A0945Z, 5A09557, 5A09558, 5A09559, 5A0955B, 5A0955Z, 5A09557, 5A09557 and 5A09557)	N/A	N/A	N/A	0%	9%	13%	N/A	N/A	N/A	N/A	N/A	N/A
Sleep-disordered Breathing (ICD-10-CM codes G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.37, and G47.38)	N/A	N/A	N/A	50%	27%	26%	N/A	N/A	N/A	N/A	N/A	N/A
Anterior Myocardial Infarction (ICD-10-CM codes I21.01, I21.02, and I21.09)	0%	7%	7%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-anterior Location of Myocardial Infarction (ICD-10-CM codes I21.11, I21.19, I21.21, I21.29, I21.3, and I21.9)	0%	15%	14%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
History of COVID-19 (ICD-10-CM codes U07.1, Z86.16, U09.9 and J12.82)	0%	5%	6%	0%	8%	8%	17%	8%	9%	22%	9%	11%
Severe Infection; Other Infectious Diseases (CC 1, 3-7)	0%	23%	22%	50%	33%	34%	N/A	N/A	N/A	22%	44%	43%
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	0%	15%	18%
Metastatic Cancer and Acute Leukemia (CC 8)	0%	3%	2%	0%	3%	4%	0%	3%	3%	0%	8%	7%
Lung and Other Severe Cancers (CC 9)	N/A	N/A	N/A	0%	9%	9%	N/A	N/A	N/A	0%	10%	10%
Cancer (CC 9-14)	0%	20%	19%	N/A	N/A	N/A	17%	21%	22%	N/A	N/A	N/A
Lymphoma: other cancers (CC 10-12)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11%	18%	18%

Complications

Detailed C Statistics Tab

Table IV.2: Number and Percent of All Eligible Admissions with Specific Complications

HOSPITAL NAME

Hospital Discharge Period: April 1, 2019 through October 2, 2019 and July 1, 2020 through March 31, 2022

Percent of All Eligible Admissions with Specific Complication (Number of Admissions with Specific Complication) [a]	Your Hospital [b]	State	National
AMI during index admission or within 7 days of admission [c]	0.2% (1)	0.1%	0.1%
Pneumonia during index admission or within 7 days of admission [c]	0.4% (2)	0.5%	0.5%
Sepsis/septicemia during index admission or within 7 days of admission [c]	0.2% (1)	0.4%	0.3%
Surgical site bleeding during index admission or within 30 days of admission	0.0% (0)	0.0%	0.0%
Pulmonary embolism during index admission or within 30 days of admission [c]	0.0% (0)	0.3%	0.4%
Death during index admission or within 30 days of admission	0.0% (0)	0.2%	0.2%
Mechanical complications during index admission or within 90 days of admission	1.0% (5)	1.2%	1.2%
Periprosthetic joint infection (PJI) or wound infection during index admission or within 90 days of admission	0.2% (1)	0.8%	0.8%

Angie Drake

Public Reporting Claims-Based Measures Delivery Manager
Hospital Quality Report Application Development Organization

HSR Preview Period Questions

Preview Period Questions

Submit questions three ways:

- Email: QNetSupport@cms.hhs.gov
- CCSQ Service Center: (866) 288-8912 (TTY: 877-715-6222)
- QualityNet Inpatient Question & Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
> Help > Question and Answer Tools: Hospitals – Inpatient > Ask a Question
 - Choose Inpatient Claims-Based Measures for Topic.
 - Select relevant topic (Example: Excess Days in Acute Care).

*Please include your hospital's six-digit CCN when submitting your request.

Submitting Preview Period Questions

Do not email HSR files or their contents. HSRs contain discharge-level data protected by HIPAA. Any disclosure of 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.

Underlying Claims

The public reporting preview period does **not** allow hospitals to submit corrections related to the underlying claims data, or to add new claims to the data extract used to calculate results.

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Questions

Contacts for Questions

- You can submit questions regarding the measures and the HSRs through the Question & Answer Tool on QualityNet:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.
- When submitting the request, select Inpatient Claims-Based Measures for the Program. Select the relevant topic (Example: Excess Days in Acute Care), and please include your hospital's CCN.
- If you experience issues accessing your HSR from HQR or requesting/reviewing your HARP permissions, contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912.
- Do **not** email HSR files or their contents. HSRs contain discharge-level data protected by HIPAA. Any disclosure of 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.

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