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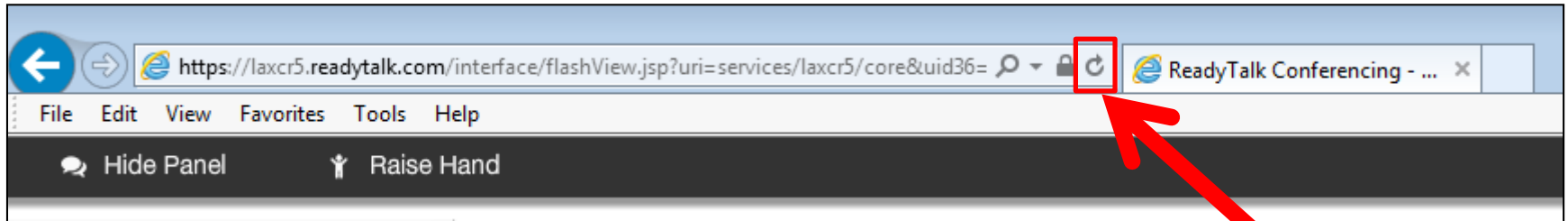- **This event is being recorded.**

Troubleshooting Audio

Audio from computer speakers breaking up?

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Click Refresh icon
– or –
Click F5
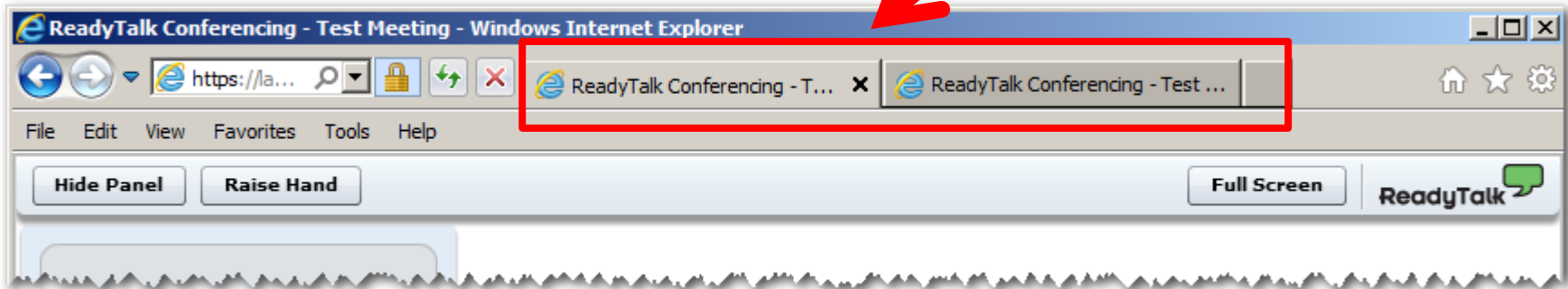

F5 Key
Top Row of Keyboard

Location of Buttons

Refresh

Troubleshooting Echo

- **Hear a bad echo on the call?**

- **Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).**

- **Close all but one browser/tab and the echo will clear.**

Example of Two Browser Tabs open in Same Event

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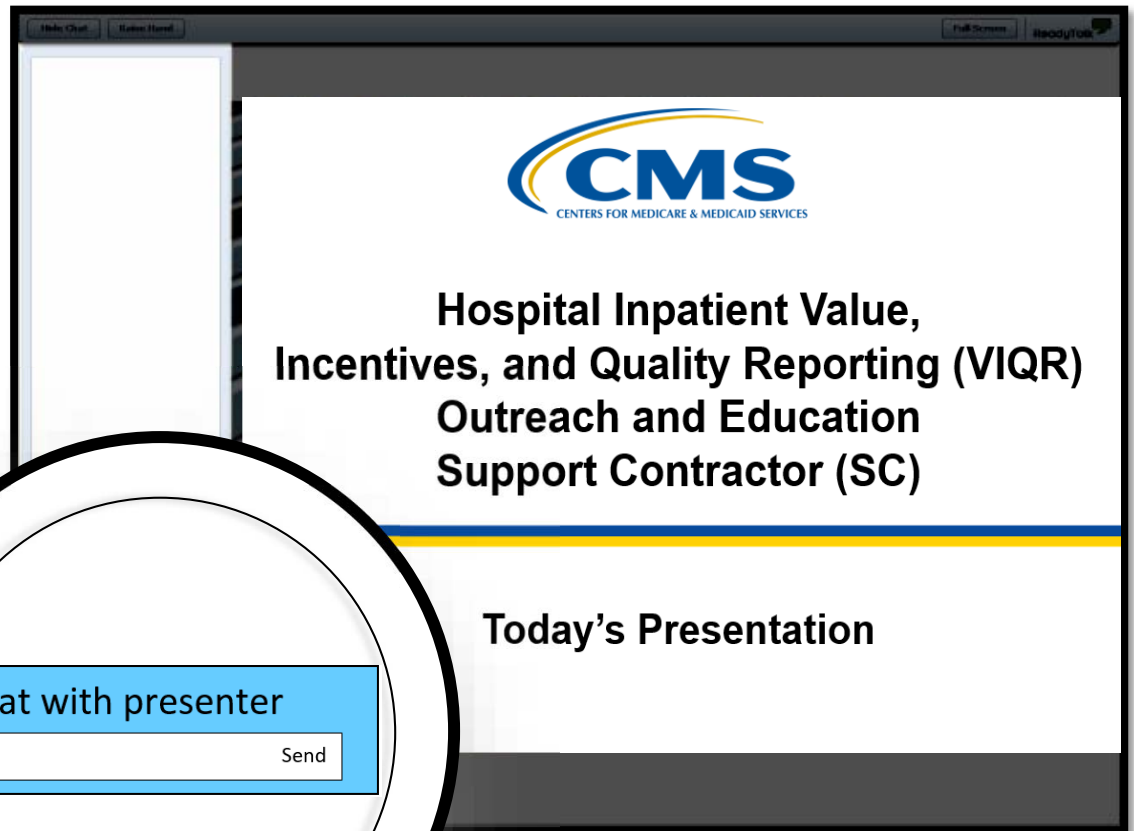
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Today's Presentation

Chat with presenter

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HSR Fast-Track

The Quickest and Easiest Way to Examine Your July 2019 *Hospital Compare* and FY 2020 Hospital VBP Claims-Based Measure Hospital-Specific Reports

May 8, 2019

Speakers

Bethany Bunch, MSHA
Hospital Value-Based Purchasing (VBP) Program Lead
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Kristina Burkholder, MS, CAS
Measure Implementation and Stakeholder Communication Lead
Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor

Bonnie Rebuck, MS
Claims-Based Measure (CBM) Project Lead
Healthcare Quality Analytics and Reports Contractor

Moderator

Maria Gugliuzza, MBA
Outreach and Education Lead
Hospital Inpatient VIQR Outreach and Education SC

Purpose

This event will provide an overview of hospital specific-reports (HSRs) for Claims-Based Measures (CBMs) publicly reported on *Hospital Compare* and used in the Hospital Value-Based Purchasing (VBP) Program, including a summary of national rates and performance categories, ways to receive and read HSRs, CBM calculations, and Hospital VBP Program measure calculation review and correction requests.

Objectives

Participants will be able to:

- Recall how performance categories are assigned using national rates.

- Access and interpret HSRs and results.

- Submit the Review and Corrections Request for the Hospital VBP Program measures.

Bethany Bunch, MSHA
Hospital VBP Program Lead
Hospital Inpatient VIQR Outreach and Education SC

Included Measures and Important Notes

Hospital VBP Program Fiscal Year (FY) 2020 Measurement Periods

Measure Set	Baseline Period	Performance Period
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) • Acute Myocardial Infarction (AMI) • Heart Failure (HF) • Pneumonia (PN)	July 1, 2010–June 30, 2013	July 1, 2015–June 30, 2018
Hospital-Level Risk-Standardized Complication Rate (RSCR) • Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	July 1, 2010–June 30, 2013	July 1, 2015–June 30, 2018

FY 2020 Hospital VBP Program HSR Notes

- Hospital VBP Program HSRs were delivered **April 29-30, 2019**.

- The review and correction period for FY 2020 Hospital VBP Program HSRs is **May 1–30, 2019**.

- Only performance period data will be included in the HSR for the Hospital VBP Program.
  - Baseline period data are displayed on your hospital's Baseline Measures Report available to run in the *QualityNet Secure Portal.*
  - The Baseline Measures Report was first made available in March 2018.

- Note:
  - The CMS PSI 90 Composite will not be included in the Hospital VBP Program HSRs or the FY 2020 Percentage Payment Summary Report.
  - CMS will begin using the CMS PSI 90 Composite in the FY 2023 Hospital VBP Program.

FY 2020 Hospital VBP Program HSR Notes

- The 30-Day Risk-Standardized Mortality Rate for Pneumonia measure used in the FY 2020 Hospital VBP Program does not include the expanded cohort of:
  - o Patients with a principal discharge diagnosis of aspiration pneumonia.
  - o Patients with a principal discharge diagnosis of sepsis (not including severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA that is included in the updated version of the measure used in the FY 2019 Hospital Inpatient Quality Reporting (IQR) Program.

  NOTE: CMS will begin using the updated pneumonia cohort in the FY 2021 Hospital VBP Program. The updated pneumonia cohort is used on *Hospital Compare*.

July 2019 *Hospital Compare* HSR Measurement Periods

Measure Set	Measurement Period
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) • Acute Myocardial Infarction (AMI), Coronary Artery Bypass Graft (CABG) Surgery, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure (HF), Pneumonia (PN), Stroke (STK)	July 1, 2015–June 30, 2018
Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) • AMI, CABG, COPD, HF, PN, Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	July 1, 2015–June 30, 2018
• Hospital-Wide Readmission (HWR)	July 1, 2017–June 30, 2018
Hospital-Level Risk-Standardized Complication Rate (RSCR) • THA/TKA	April 1, 2015–March 31, 2018
Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care • AMI, HF, PN	July 1, 2015–June 30, 2018
• THA/TKA	April 1, 2015–March 31, 2018
Excess Days in Acute Care (EDAC) • AMI, HF, PN	July 1, 2015–June 30, 2018
CMS Patient Safety Indicators (CMS PSI) • PSI 4, PSI 90	July 1, 2016–June 30, 2018

July 2019 *Hospital Compare* HSR Notes

- July 2019 *Hospital Compare* HSRs were delivered **April 18–19, 2019**.

- The preview period for July 2019 *Hospital Compare* is **April 22–May 21, 2019**.

- CMS now uses the anticipated *Hospital Compare* release month (e.g., July 2019) instead of a fiscal year for identification of the data period for the *Hospital Compare* HSRs.

- The 30-Day Risk-Standardized Readmission Measure for Stroke will not be included in the HSR and will be removed from *Hospital Compare* in July 2019.

- The 30-Day Risk-Standardized Readmission Measure for Pneumonia will include disparity method results, reflecting hospital performance based on patients' dual eligibility status.

- Medicare Beneficiary Identifier (MBI) values will be included in the HSRs.

Coming Soon: Medicare Spending per Beneficiary (MSPB) HSRs

- MSPB HSRs will be delivered in a separate bundle.
- CMS anticipates the MSPB HSRs will be delivered to hospitals in June/July 2019.
- CMS will provide notification of HSR delivery through the **Hospital IQR and Improvement** and the **Hospital Inpatient VBP and Improvement** Program Notification ListServe groups.
  - Sign up for those ListServe groups on *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register.

Kristina Burkholder, MS, CAS
Measure Implementation and Stakeholder Communication Lead
Hospital Outcome Measure Development, Reevaluation, and
Implementation Contractor

July 2019 *Hospital Compare* CBM Results

July 2019 *Hospital Compare* CBM Results

Measure Name	National Observed Result (2019)	Change from 2018
Mortality Measures		
AMI Mortality	12.9%	- 0.3%
COPD Mortality	8.5%	+ 0.2%
CABG Mortality	3.1%	0.0%
HF Mortality	11.5%	- 0.2%
Pneumonia Mortality	15.6%	- 0.1%
Stroke Mortality	13.8%	- 0.5%
Readmission Measures		
AMI Readmission	15.7%	- 0.3%
COPD Readmission	19.5%	- 0.1%
CABG Readmission	12.8%	- 0.4%
HF Readmission	21.6%	- 0.1%
Pneumonia Readmission	16.6%	- 0.1%
THA/TKA Readmission	4.0%	- 0.2%
Hospital-wide Readmission	15.3%	0.0%
Complication Measure		
THA/TKA Complication	2.5%	-0.1%
Payment Measures		
AMI Payment	$ 24,627	Indeterminable
HF Payment	$ 17,217	Indeterminable
Pneumonia Payment	$ 17,858	Indeterminable
THA/TKA Payment	$ 21,392	Indeterminable

Interpreting Your Results: Performance Categories

Example Category Assignment: Outcome Measures (except EDAC)
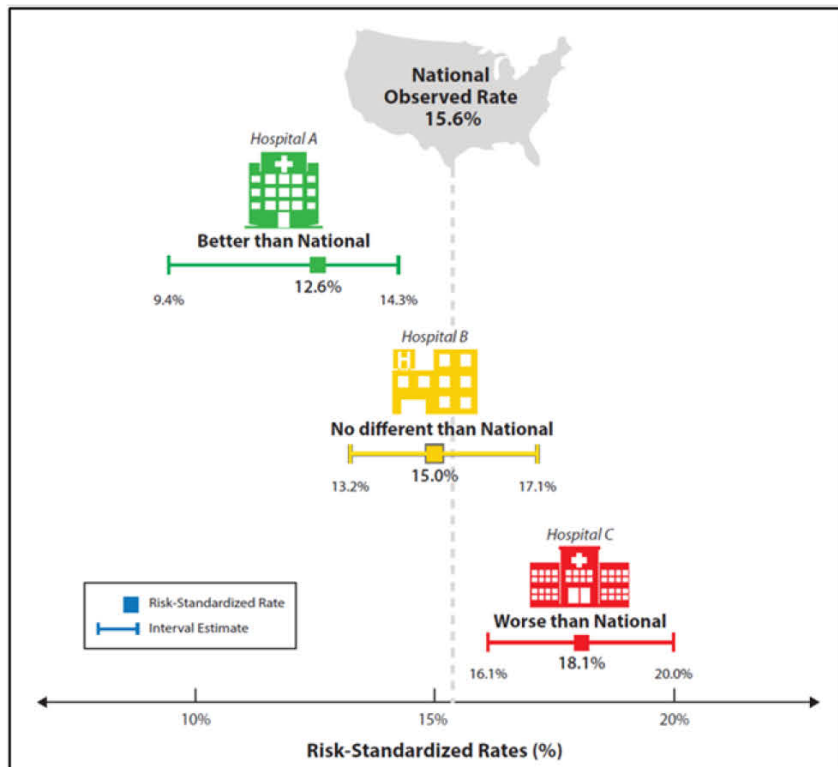
Example Category Assignment: Payment Measures
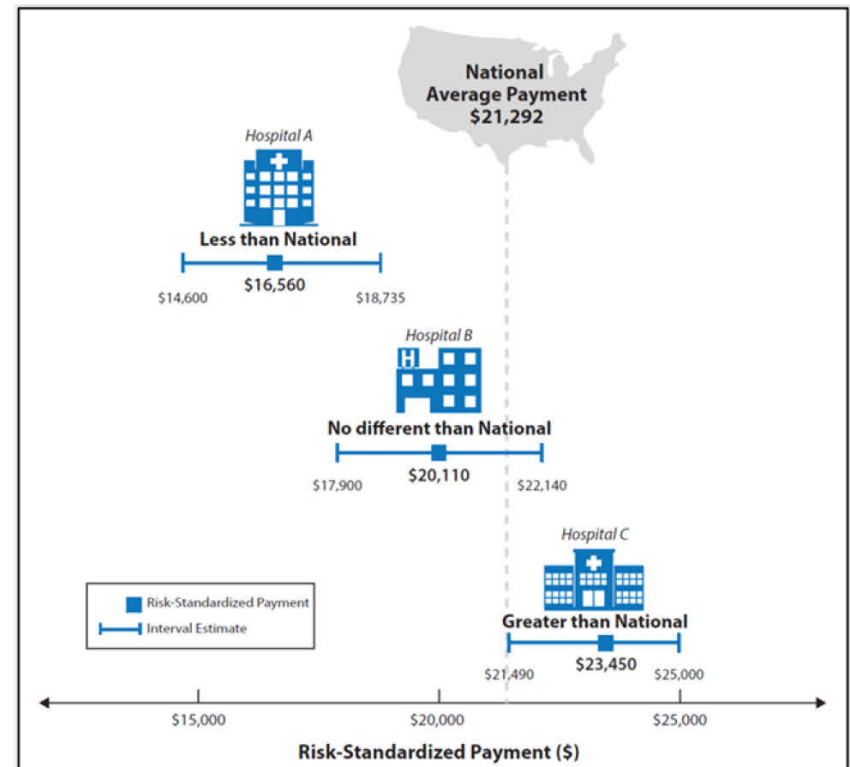
Interpreting Your Results: Performance Categories

Example Category Assignment:
Excess Days in Acute Care Measures
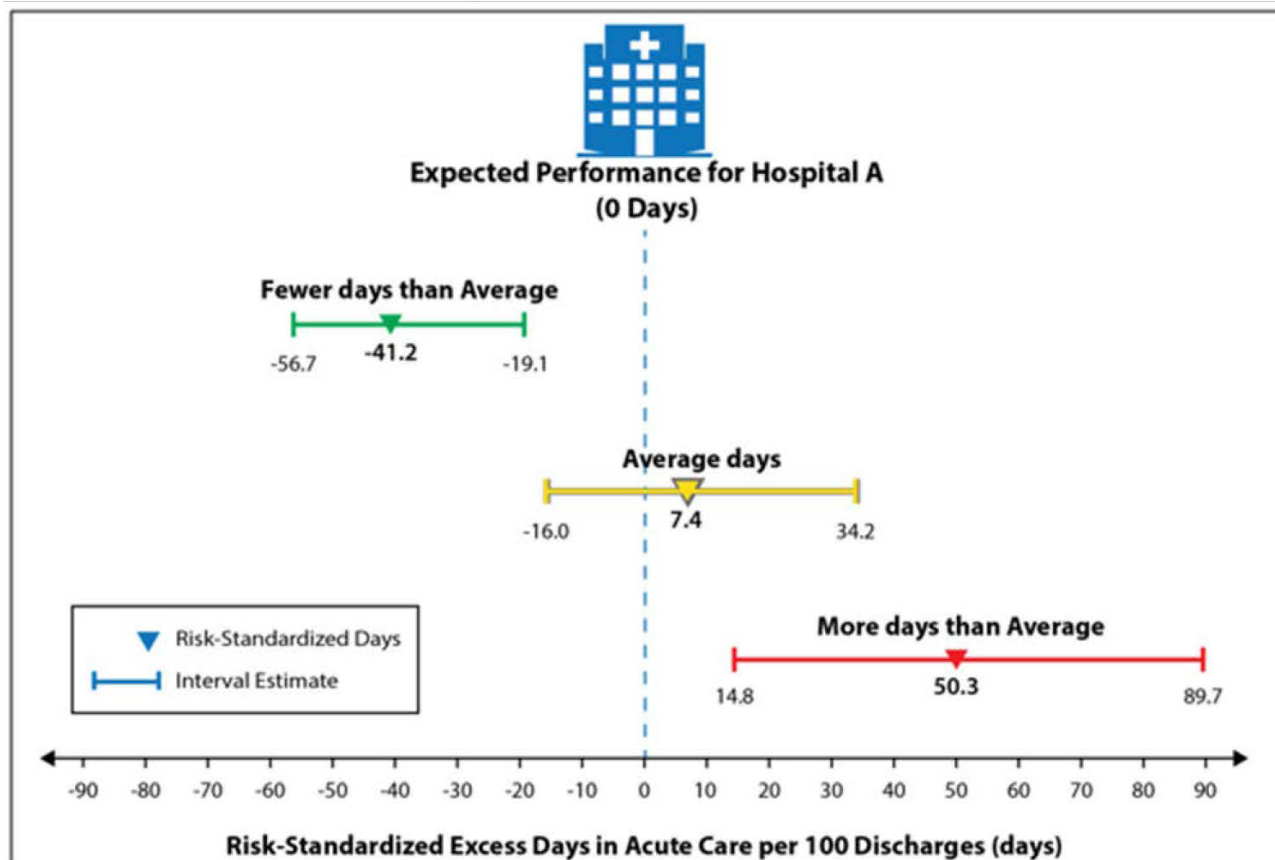
Bonnie Rebuck, MS
CBM Project Lead
Healthcare Quality Analytics and Reports Contractor

Receiving the HSRs and User Guide

How to Receive Your HSR

How to know your report is available:

- A ListServe communication was sent via email to those who are registered for the **Hospital IQR and Improvement** and the **Hospital Inpatient VBP and Improvement** Program Notification ListServe groups on *QualityNet*.

- An Auto Route File Delivery Notification will be sent to your e-mail once your hospital's HSR has been delivered to your account. Only hospital users with the appropriate roles will receive a report and the notification.

From: noreply@hcqis.org [mailto:noreply@hcqis.org]
Sent: Tuesday, August 14, 2018 2:52 PM
To:
Subject: Auto Route: You have received a new file

QualityNet   Secure File Transfer
Auto Route File
Delivery Notification

Dear QualityNet User;You have been sent a file (**Example_HSR.zip**) that is ready for your review. Please login to https://www.qualitynet.org/ with your QualityNet User ID and click on Secure File Transfer to retrieve your file from "**AutoRoute_inbox**" folder. If you have questions or concerns, please contact QualityNet help desk at gnetsupport@hcqis.org or (866) 288-8912.

How to Receive Your HSR

- Who has access to the report:

    o 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:

    o For those with the appropriate access, the HSRs and User Guide will be delivered to their *QualityNet* Secure File Transfer Inbox.

Hospital Compare and Hospital VBP Program HSR User Guide

The FY2020_HVBP_HUG.pdf that accompanies your Mortality and Complication HSRs includes additional information about the data in the HSRs and also includes examples for the Mortality and Complication measure replication process.

The July2019_HC_PR_HUG.pdf that accompanies the *Hospital Compare* HSRs includes additional information about the data in the HSRs.

NOTE: HUG=HSR User Guide, PR=public reporting

Bonnie Rebuck, MS
CBM Project Lead
Healthcare Quality Analytics and Reports Contractor

Hospital Compare HSRs

Hospital Compare HSR Bundle

HSR Content

Each of the *Hospital Compare* HSRs use the same basic structure for consistency with tabs providing 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 I.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, 2015 through June 30, 2018

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	No different than the national rate	No different than the national rate	No different than the national rate	No different than the national rate	Number of cases too small	No different than the national rate
Total Number of Eligible Discharges (Denominator) at Your Hospital	78	66	169	243	17	84
RSRR at Your Hospital	16.2%	19.0%	21.9%	17.7%	13.1%	3.9%
Lower Limit of 95% Interval Estimate	13.1%	15.9%	18.4%	15.1%	9.6%	2.6%
Upper Limit of 95% Interval Estimate	19.5%	22.5%	26.0%	20.8%	17.9%	5.7%
National Observed Readmission Rate (Numerator/ Denominator)	15.7%	19.5%	21.6%	16.6%	12.8%	4.0%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital [a]	18	13	40	52	4	3
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	23.1%	19.7%	23.7%	21.4%	23.5%	3.6%
Average RSRR in Your State [a]	15.8%	19.5%	21.8%	17.1%	12.6%	3.7%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a]	5,751	9,573	18,856	19,068	1,036	2,633
Number of Eligible Discharges (Denominator) in Your State [a]	34,532	48,671	85,533	108,639	7,796	72,438
Observed Readmission Rate (Numerator/ Denominator) in Your State [a]	16.7%	19.7%	22.0%	17.6%	13.3%	3.6%
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a]	78,965	161,252	270,911	232,020	17,032	41,575
Number of Eligible Discharges (Denominator) in the Nation [a]	502,198	828,227	1,252,347	1,395,870	133,256	1,029,310

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, 2015 through June 30, 2018

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	4,150	4,542	4,665	4,727	1,177	3,430
Number of Hospitals in the Nation that Performed Better than the national rate	17	15	120	44	10	44
Number of Hospitals in the Nation that Performed No different than the national rate	2,153	3,592	3,487	4,053	987	2,714
Number of Hospitals in the Nation that Performed Worse than the national rate	27	53	163	157	10	40
Number of Hospitals in the Nation that had Too few cases	1,953	882	895	473	170	632
Total Number of Hospitals in Your State with Measure Results	316	320	330	333	130	280
Number of Hospitals in Your State that Performed Better than the national rate	1	1	7	4	0	5
Number of Hospitals in Your State that Performed No different than the national rate	194	259	256	268	95	194
Number of Hospitals in Your State that Performed Worse than the national rate	2	3	15	22	0	2
Number of Hospitals in Your State that had Too few cases	119	57	52	39	35	79

Discharges Tab

Table I.3: Discharge-Level Information for the AMI, COPD, HF, Pneumonia, CABG and THA/TKA Readmission Measures
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018
Do NOT email the contents of this file. The file contains Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	Provider ID	Measure	HICNO	MBI [a]	Dual Eligible [b]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [c]	Inclusion/ Exclusion Indicator	Principal Discharge Diagnosis of Index Stay
1	999999	AMI	999999999A	--	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41011
2	999999	AMI	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071
3	999999	AMI	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071
4	999999	AMI	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	41071
5	999999	AMI	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	1,2	41041
6	999999	AMI	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	4	41001
7	999999	AMI	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	4,5	41071
8	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
9	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
10	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
11	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
12	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
13	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	51881
14	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
15	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
16	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	496
17	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
18	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
19	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
20	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
21	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
22	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	51884
23	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
24	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
25	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
26	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121
27	999999	COPD	999999999A	1EG4TE5MK73	N/A	99999A	99/99/9999	99/99/9999	99/99/9999	0	49121

Complication Discharges Tab

Table IV.4: Discharge-Level Information for the THA/TKA Complication Measure
HOSPITAL NAME
Hospital Discharge Period: April 1, 2015 through March 31, 2018
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ID Number	Measure	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [b]	Additional Complication Record (Yes/No) [c]	Inclusion/ Exclusion Indicator	Number of TKAs Performed (0, 1, or 2)	Number of THAs Performed (0, 1, or 2)	Patient Had a Complication (Yes/No)	Complication
1	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Mechanical complication
2	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Mechanical complication
3	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	0	0	1	Yes	Mechanical complication
4	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	Yes	Pulmonary embolism
5	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Pulmonary embolism
6	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
7	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
8	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
9	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
10	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
11	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
12	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
13	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
14	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
15	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
16	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
17	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
18	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
19	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
20	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
21	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
22	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
23	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
24	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
25	THA/TKA	999999999A	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A

EDAC Discharge Level Summary of Events

Table VII.3: Your Hospital's Summary of Events for the EDAC after Hospitalization for AMI, HF, and Pneumonia Measures
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018
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directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	Provider ID	Measure	HICNO	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	Number of Observation Stays	Number of Unplanned Readmissions [c]
1	999999	AMI EDAC	999999999A	--	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	5	0	0	1
2	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	30	0	0	1
3	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	7	0	0	1
4	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	4	1	0	0
5	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	6	1	0	1
6	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	9	3	0	0
7	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	3	1	0	1
8	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	0	0	1	0
9	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	3	1	3	0
10	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	7	0	0	2
11	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	26	1	0	0
12	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	3	0	0	2
13	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	0	0	2
14	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	20	1	0	0
15	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	3	2	0	2
16	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	5	3	0	2
17	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	5	1	0	1
18	999999	AMI EDAC	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	16	1	0	1

EDAC Discharge Level Patient-Level Summary

Table VII.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, 2015 through June 30, 2018
Do NOT email the contents of this file. The file contains Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	Provider ID	Measure	HICNO	MBI [a]	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Type Post-Discharge Event [b]	Start Date of Event	End Date of Event	Days per Event [c]
1	999999	AMI EDAC	999999999A	--	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	4
2	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	7
3	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	30
4	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
5	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
5	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	3
6	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
6	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
6	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
7	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	4
7	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
8	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	1
9	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	1.5
9	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
9	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	1
9	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	1
10	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	3
10	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	9
11	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
12	999999	AMI EDAC	999999999A	1EG4TE5MK73	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	4

Payment Discharge Level Index Stay and Summary

	Discharge Date of Index Stay [b]	Inclusion/ Exclusion Indicator	Transfer Start Date	Transfer End Date	Transfer Hospital ID [c]	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
	99/99/9999	0	99/99/9999	99/99/9999	888888	$17,926	$17,837	99.5%	$16,901	94.3%	$936	5.2%	$88	0.5%	No
	99/99/9999	0	99/99/9999	99/99/9999	888888	$19,685	$19,685	100.0%	$17,561	89.2%	$2,123	10.8%	$0	0.0%	Yes
	99/99/9999	0	N/A	N/A	N/A	$24,399	$8,989	36.8%	$8,567	35.1%	$422	1.7%	$15,410	63.2%	No
	99/99/9999	0	N/A	N/A	N/A	$8,968	$4,171	46.5%	$3,821	42.6%	$350	3.9%	$4,797	53.5%	No
	99/99/9999	0	N/A	N/A	N/A	$4,380	$3,988	91.1%	$3,845	87.8%	$143	3.3%	$391	8.9%	No
	99/99/9999	0	N/A	N/A	N/A	$9,981	$9,172	91.9%	$8,774	87.9%	$398	4.0%	$810	8.1%	No
	99/99/9999	0	N/A	N/A	N/A	$51,400	$7,748	15.1%	$7,294	14.2%	$454	0.9%	$43,651	84.9%	No
	99/99/9999	0	N/A	N/A	N/A	$20,073	$8,853	44.1%	$8,567	42.7%	$285	1.4%	$11,221	55.9%	No
	99/99/9999	0	N/A	N/A	N/A	$9,748	$8,995	92.3%	$8,567	87.9%	$428	4.4%	$753	7.7%	No
	99/99/9999	0	N/A	N/A	N/A	$9,383	$8,828	94.1%	$8,543	91.0%	$285	3.0%	$555	5.9%	No
	99/99/9999	0	N/A	N/A	N/A	$24,047	$6,423	26.7%	$6,014	25.0%	$409	1.7%	$17,624	73.3%	No
	99/99/9999	0	N/A	N/A	N/A	$7,786	$6,135	78.8%	$5,786	74.3%	$349	4.5%	$1,650	21.2%	No
	99/99/9999	0	N/A	N/A	N/A	$37,167	$9,149	24.6%	$8,729	23.5%	$419	1.1%	$28,019	75.4%	No
	99/99/9999	0	N/A	N/A	N/A	$4,528	$3,845	84.9%	$3,845	84.9%	$0	0.0%	$682	15.1%	No
	99/99/9999	0	N/A	N/A	N/A	$29,271	$8,971	30.6%	$8,543	29.2%	$428	1.5%	$20,301	69.4%	No
	99/99/9999	0	N/A	N/A	N/A	$3,994	$3,994	100.0%	$3,850	96.4%	$144	3.6%	$0	0.0%	No
	99/99/9999	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
	99/99/9999	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

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 2017 Dollars)
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018 for AMI, HF and Pneumonia measures
Hospital Discharge Period: April 1, 2015 through March 31, 2018 for THA/TKA measure
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ID Number	Provider ID	Measure	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [b]	Inclusion/ Exclusion Indicator	Transfer Start Date	Transfer End Date	Transfer Hospital ID [c]	Total Episode Payments
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	99/99/9999	99/99/9999	888888	$17,926
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	99/99/9999	99/99/9999	888888	$19,685
3	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$24,399
4	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$8,968
5	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$4,380
6	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$9,981
7	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$51,400
8	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$20,073
9	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$9,748
10	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$9,383
11	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$24,047
12	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$7,786
13	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$37,167
14	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$4,528
15	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	$29,271

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, 2015 through June 30, 2018
Do NOT email the contents of this file. The file contains Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	Provider ID	Measure	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [b]	Care Setting	Incidences at Care Setting [c]	Number of Days Between Discharge and First Encounter	Total Days in Care Setting
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	N/A	0
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A	N/A
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A	0
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	N/A	0
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	N/A	0
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	N/A	0
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	N/A	0
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	N/A	0
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	1	16	N/A
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	0	N/A	N/A
1	999999	AMI Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	N/A	N/A
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	1	12	8
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A	N/A
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A	0
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	N/A	0
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	N/A	0
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	1	19	8
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	N/A	0
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	N/A	0
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	1	7	N/A
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	1	7	N/A
2	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	N/A	N/A
3	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	N/A	0
3	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A	N/A
3	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A	0
3	999999	HF Payment	999999999A	1EG4TE5MK73	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	1	0	28

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, 2015 through June 30, 2018

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	78	34,532	502,198	66	48,671	828,227	169	85,533	1,252,347	243	108,639	1,395,870
Mean Age	77.6	78.4	77.9	80.3	77.8	76.7	78.2	80.9	80.5	81.6	81.2	80.3
Standard Deviation of Age	8.2	8.4	8.3	7.9	8.1	7.6	8.4	8.7	8.5	9.4	8.9	8.7
Male	41%	56%	55%	N/A	N/A	N/A	44%	49%	48%	40%	50%	49%
History of Coronary Artery Bypass Graft (CABG) Surgery (ICD-9-CM diagnosis code V45.81; ICD-9-CM procedure codes 36.10-36.16; Select ICD-10-CM and ICD-10-PCS codes†)	10%	16%	19%	N/A	N/A	N/A	19%	22%	24%	9%	10%	11%
History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (ICD-9-CM diagnosis code V45.82; ICD-9-CM procedure codes 00.66, 36.06, and 36.07; ICD-10-CM codes Z95.5 and Z98.61; Select ICD-10-PCS codes†)	22%	24%	27%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
History of Mechanical Ventilation (ICD-9-CM procedure codes 93.90, 96.70, 96.71, and 96.72; ICD-10-PCS codes 5A09[3-5]57 and 5A19[3-5]5Z)	N/A	N/A	N/A	32%	14%	12%	N/A	N/A	N/A	N/A	N/A	N/A
Sleep Apnea (ICD-9-CM diagnosis codes 327.20, 327.21, 327.23, 327.27, 327.29, 780.51, 780.53, and 780.57; ICD-10-CM codes G47.30, G47.31, G47.33, G47.37, and G47.39)	N/A	N/A	N/A	15%	19%	22%	N/A	N/A	N/A	N/A	N/A	N/A
Anterior Myocardial Infarction (ICD-9-CM diagnosis codes 410.00-410.12; ICD-10-CM codes I21.01, I21.02, and I21.09)	9%	7%	6%	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-9-CM diagnosis codes 410.20-410.62; ICD-10-CM codes I21.11, I21.19, I21.21, I21.29, I21.3, and I21.9)	10%	13%	13%	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)	46%	26%	26%	55%	35%	34%	N/A	N/A	N/A	55%	43%	41%

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, 2015 through March 31, 2018

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	0.0% (0)	0.2%	0.2%
Pneumonia during index admission or within 7 days of admission	0.0% (0)	0.5%	0.6%
Sepsis/septicemia during index admission or within 7 days of admission	0.0% (0)	0.3%	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	1.3% (2)	0.5%	0.5%
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	1.3% (2)	0.5%	0.5%
Periprosthetic joint infection (PJI) or wound infection during index admission or within 90 days of admission	0.0% (0)	0.6%	0.7%

[a] A patient may have more than one complication associated with an index admission, but only one complication is counted in the raw complication rate. Therefore, the percentages for the individual complications may not add up to the raw complication rate. However, if a patient has the same specific complication coded multiple times, this is only counted once in the specific complication rates provided (e.g. multiple readmissions with the principal discharge diagnosis of Periprosthetic joint infection (PJI) after the same index admission, PJI is only counted once above).
[b] The number in parentheses is the number of index admissions where the specified complication occurred.

Notes:
1. N/A = No data are available from the hospital for this measure.

Readmission Discharges Tab

Table I.3: Discharge-Level Information for the AMI, COPD, HF, Pneumonia, CABG and THA/TKA Readmission Measures
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018
Do NOT email the contents of this file. The file contains Personally Identifiable Information (PII) and Protected Health Information (PHI). Emailing this data is a security violation. If you have
Help Desk and they will provide directions for transmitting data. When referring to the contents of this document, use the ID Number.

ID Number	Provider ID	Measure	HICNO	MBI [a]	Dual Eligible [b]	Medical Record Number	Beneficiary DOB
94	999999	Pneumonia	999999999A	1EG4TE5MK73	Missing/Unknown	99999A	99/99/9999
95	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
96	999999	Pneumonia	999999999A	1EG4TE5MK73	Missing/Unknown	99999A	99/99/9999
97	999999	Pneumonia	999999999A	1EG4TE5MK73	No	99999A	99/99/9999
98	999999	Pneumonia	999999999A	1EG4TE5MK73	No	99999A	99/99/9999
99	999999	Pneumonia	999999999A	1EG4TE5MK73	No	99999A	99/99/9999
100	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
101	999999	Pneumonia	999999999A	1EG4TE5MK73	No	99999A	99/99/9999
102	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
103	999999	Pneumonia	999999999A	1EG4TE5MK73	Missing/Unknown	99999A	99/99/9999
104	999999	Pneumonia	999999999A	1EG4TE5MK73	No	99999A	99/99/9999
105	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
106	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
107	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
108	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
109	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999
110	999999	Pneumonia	999999999A	1EG4TE5MK73	Yes	99999A	99/99/9999

Readmission Within-Hospital Disparity Method Tab

Table I.6: Summary of Your Hospital's Performance on the **Within-Hospital Disparity Method** Applied to the Hospital-Level 30-Day Risk-Standardized Hospital Compare Pneumonia Readmission Measure

Social Risk Factor: Medicare and Medicaid Dual Eligibility
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018
NOTE: This worksheet contains confidential information that will NOT be publicly reported, but is included here for your reference.

Performance Information	Pneumonia 30-Day Readmission
Your Hospital's Performance Decile Ranking [a]	6
Your Hospital's Rate Difference	0.44%
Your Hospital's Absolute Value of the Rate Difference [b]	0.44%
Your Hospital's Average Predicted Readmission Rate for Duals [c]	17.92%
Your Hospital's Average Predicted Readmission Rate for Non-Duals	17.48%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Duals	44
Total Number of Eligible Discharges (Denominator) at Your Hospital - For Duals	206
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Non-Duals	8
Total Number of Eligible Discharges (Denominator) at Your Hospital - For Non-Duals	37
Maximum Rate Difference In Your State	2.08%
Minimum Rate Difference In Your State	-0.10%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State	19,068
Total Number of Eligible Discharges (Denominator) in Your State	108,639
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation	232,020
Total Number of Eligible Discharges (Denominator) in the Nation	1,395,870

[a] In your performance decile ranking, 1st decile indicates best performance, 10th decile indicates worst performance. Number of cases too small means there are too few cases to reliably tell how the hospital is performing. For the Within-Hospital Disparity Method this means there are fewer than 12 dual eligible patients, or fewer than 12 non-dual eligible patients, or the total number of patients is fewer than 25.
[b] Your Hospital's Absolute Value of the Rate Difference is used to assign your hospital a performance decile ranking.
[c] This result is not the same as the Risk-Standardized Readmission Rate (RSRR) for dual eligible patients.

Notes:
1. N/A = "Not Available." No data are available from the hospital for this measure.
2. The number of dual eligible and non-dual eligible patients may not sum to the total number of patients since a small number of patients have missing dual status information.

Readmission Across-Hospital Disparity Method Tab

Table I.7: Summary of Your Hospital's Performance on the **Across-Hospital Disparity Method** Applied to the Hospital-Level 30-Day Risk-Standardized Hospital Compare Pneumonia Readmission Measure

Social Risk Factor: Medicare and Medicaid Dual Eligibility

HOSPITAL NAME

Hospital Discharge Period: July 1, 2015 through June 30, 2018

NOTE: This worksheet contains confidential information that will NOT be publicly reported, but is included here for your reference.

Performance Information	Pneumonia 30-Day Readmission
Your Hospital's Performance Decile Ranking - For Duals [a]	8
Your Hospital's RSRR for Duals	19.54%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Duals	44
Total Number of Eligible Discharges (Denominator) at Your Hospital - For Duals	206
Observed Readmission Rate (Numerator/ Denominator) at Your Hospital - For Duals	21.36%
Maximum RSRR For Duals in Your State	25.63%
Minimum RSRR For Duals in Your State	15.77%
Total Number of Unplanned 30-Day Readmissions (Numerator) for Duals in Your State	8,546
Total Number of Eligible Discharges (Denominator) for Duals in Your State	43,013
Observed Readmission Rate (Numerator/ Denominator) in Your State - For Duals	19.87%
Total Number of Unplanned 30-Day Readmissions (Numerator) for Duals in the Nation	58,628
Total Number of Eligible Discharges (Denominator) for Duals in the Nation	312,084
National Observed Readmission Rate (Numerator/ Denominator) - For Duals	18.79%

[a] In your performance decile ranking, 1st decile indicates best performance, 10th decile indicates worst performance. Number of cases too small means there are too few cases to reliably tell how the hospital is performing. For the Across-Hospital Disparity Method this means there are at least one but fewer than 25 total dual eligible patients. Performance decile information is only provided for hospitals that meet the minimum case size criteria count.

Notes:
1. N/A = "Not Applicable." No data for dual eligible discharges are available for this measure.
2. RSRR = Risk-Standardized Readmission Rate
3. Counts and results presented in this table are for dual eligible patients only.

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Hospital VBP Program Mortality HSRs

Table 1 Hospital Results

Table 1. 30-Day Mortality Measure Results for the FY 2020 Hospital VBP Performance Period

HOSPITAL NAME

Hospital Discharge Period: July 1, 2015 through June 30, 2018

Measure	Number of Eligible Discharges [a]	Performance Period Survival Rate [b]	Achievement Threshold [c]	Benchmark [d]
AMI 30-Day Mortality	2	0.872865	0.853715	0.875869
HF 30-Day Mortality	2	0.885676	0.881090	0.906068
Pneumonia 30-Day Mortality	6	0.900890	0.882266	0.909532

[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 2020 Hospital VBP Performance period; your results are presented here for your information.

[b] FY 2020 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 FY 2020 baseline period (July 1, 2010 - June 30, 2013).

[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 FY 2020 baseline period (July 1, 2010 - June 30, 2013).

Notes:

1. N/A = Your hospital had no qualifying discharges or results for that condition.
2. AMI = acute myocardial infarction; HF = heart failure
3. The 30-day risk-standardized pneumonia mortality measure used in the FY 2020 Hospital VBP Program does not include the expanded cohort.

Table 2 Additional Information

Table 2. Additional Information for Replicating Your Hospital's Risk-Standardized Mortality Results for the FY 2020 Hospital VBP Performance Period

HOSPITAL NAME

Hospital Discharge Period: July 1, 2015 through June 30, 2018

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	2	0.19	0.19	0.127784	0.127135	0.872865
HF 30-Day Mortality	2	0.25	0.26	0.115654	0.114324	0.885676
Pneumonia 30-Day Mortality	6	0.43	0.44	0.101598	0.099110	0.900890

[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 deaths 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 - RSMR).

Notes:

1. The information in this table is provided only to help in replicating your hospital's survival rate 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 measure results.

3. N/A = Your hospital had no qualifying discharges or results for that condition.

4. AMI = acute myocardial infarction; HF = heart failure

Table 3, 4, and 5 Discharges Columns

ID Number	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay	Primary Diagnosis	Discharge Destination	Index Stay (Yes/No)	Inclusion/ Exclusion Indicator
--	--	--	--	--	--	--	--	--	--	--
1	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	41071	1	YES	0
2	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	I214	2	YES	0

- The discharge tables contain discharge-level data for all Part A Medicare Fee-for-Service (FFS) patients with a primary qualifying diagnosis of AMI, HF, or pneumonia accordingly; who had a discharge date in the reporting period; and 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) or protected health information (PHI) is avoided.

Table 3, 4, and 5 Discharges Columns

	Inclusion/ Exclusion Indicator	Death within 30 Days	Death Date	Age minus 65 (years above 65, continuous)		Trauma; other injuries (CC 166-168, 170-173, 174 (Modified))	Major psychiatric disorders (CC 57-59	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT
7										
8	--	--	--	0.05565226687739	~	0.00845809188819	0.02962221398036	0.55272480393624	-3.17531342551201	-3.16942179116867
9	0	NO	--	23		0	0	0	-	-
10	0	NO	--	1		1	0	0	-	-

Row 8 in the HSR contains the model coefficients for each risk factor, which are 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

	Table 5. Discharge-level Worksheet for Pneumonia Mortality
1	Table 5. Discharge-level Worksheet for Pneumonia Mortality
2	HOSPITAL NAME
3	Hospital Discharge Period: July 1, 2015 through June 30, 2018
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 ISR 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 N.] 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 minus 65" risk factor); 0 otherwise. The risk factor flags (1 or 0) will be in cells beginning in column O.
6	

	ID Number	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay	Primary Diagnosis	Discharge Destination	Index Stay (Yes/No)	Inclusion/ Exclusion Indicator	Death within 30 Days
9	1	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	486	1	YES	0	NO
10	2	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	486	1	YES	0	NO
11	3	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	4829	1	YES	0	NO
12	4	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	486	2	YES	0	NO
13	5	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	J189	2	YES	0	NO
14	6	999999999A	9999999999999	99999A	09/09/9999	09/09/9999	09/09/9999	J189	61	YES	0	NO

15	
16	[a] If a Medicare Beneficiary Identifier (MBI) is not available for a patient, then "--" will display in Column C. Please refer to the patient's HICNO in Column B.
17	
18	Note:
19	1. † = Includes select codes in the ICD-10-PCS/ICD-10-CM code category. The select lists of ICD-10-PCS/ICD-10-CM codes can be found in the supplemental ICD-10

Limit your replication calculations to rows where "INDEX STAY" (column J) equals "YES." In this example, "INDEX STAY" of "YES" is represented by discharges in rows 9–14.

Calculate Predicted Deaths

	A	J	K	L	N	O	P	Q
6								
7	ID Number	Index Stay (Yes/No)	Inclusion/ Exclusion Indicator	Death within 30 Days	Age minus 65 (years above 65, continuous)	Male	History of percutaneous transluminal coronary angioplasty (PTCA) (ICD-9-CM diagnosis code V45.82; ICD-9-CM procedure codes 00.66, 36.06, and 36.07; ICD-10-CM codes Z95.5 and Z98.61; Select ICD-10-PCS codes†)	History of coronary artery bypass graft (CABG) surgery (ICD-9-CM diagnosis code V45.81; ICD-9-CM procedure codes 36.10-36.16; Select ICD-10-CM and ICD-10-PCS codes†)
8	--	--	--	--	0.04716659773235	0.18356576288887	-0.11693636737175	0.02213815811504
9	1	YES	0	NO	9	0	1	0
10	2	YES	0	NO	17	0	0	0
11	3	YES	0	NO	10	0	0	0
12	4	YES	0	NO	17	1	0	0
13	5	YES	0	NO	13	1	0	0
14	6	YES	0	NO	8	1	0	0
15								
16				Patient ID	Multiply each risk factor flag where Index Stay = "YES" rows by the relevant coefficient found in Row 8			
17				1	=N$8*N9	=O$8*O9	=P$8*P9	0
18				2	=N$8*N10	=O$8*O10	0	0
19				3	=N$8*N11	0	0	0
20				4	0.801832161	0.183565763	0	0
21				5	0.613165771	0.183565763	0	0
22				6	0.377332782	0.183565763	0	0
23								

Calculate Predicted Deaths

	AU	AV	AW	AX	AY	AZ	BA
6							
7	Seizure disorders and convulsions (CC 79) ▾	Asthma (CC 113) ▾	Vertebral fractures without spinal cord injury (CC 169) ▾	HOSP_EFFECT ▾	AVG_EFFECT ▾		
8	0.04904689757359	-0.34178857852857	0.13052189116368	-3.85246419132749	-3.82533297899054		
9	0	0	0	-	-		
10	0	0	0	-	-		
11	0	0	0	-	-		
12	0	0	0	-	-		
13	0	0	0	-	-		
14	1	0	0	-	-		
15							
16						SUM	ADD HOSP_EFFECT
17	0	0	0			=SUM(N17:AW17)	=AZ17+AX$8
18	0	0	0			0.779144811	-3.07331938032175
19	0	0	0			1.117431307	-2.73503288457544
20	0	0	0			1.265415391	-2.58704880051716
21	0	0	0			1.398500837	-2.45396335468061
22	0.049046898	0	0			1.993394025	-1.85907016617794
23							

Calculate Predicted Deaths

	AU	AV	AW	AX	AY	AZ	BA	BB	B
6									
7	Seizure disorders and convulsions (CC 79) ▼	Asthma (CC 113) ▼	Vertebral fractures without spinal cord injury (CC 169) ▼	HOSP_EFFECT ▼	AVG_EFFECT ▼				
8	0.04904689757359	-0.34178857852857	0.13052189116368	-3.85246419132749	-3.82533297899054				
9	0	0	0	-	-				
10	0	0	0	-	-				
11	0	0	0	-	-				
12	0	0	0	-	-				
13	0	0	0	-	-				
14	1	0	0	-	-				
15									
16						SUM	ADD HOSP_EFFECT	Predicted Probability	
17	0	0	0			0.689906669	-3.16255752254901	=1/(1+EXP(-1*BA17))	
18	0	0	0			0.779144811	-3.07331938032175	0.044221319	
19	0	0	0			1.117431307	-2.73503288457544	0.060937523	
20	0	0	0			1.265415391	-2.58704880051716	0.069976603	
21	0	0	0			1.398500837	-2.45396335468061	0.079149199	
22	0.049046898	0	0			1.993394025	-1.85907016617794	0.134811468	

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

Calculate Predicted Deaths

	AZ	BA	BB	
14				
15				
16	**SUM**	**ADD HOSP_EFFECT**	**Predicted Probability**	
17	0.689906669	-3.16255752254901	0.040599318	
18	0.779144811	-3.07331938032175	0.044221319	
19	1.117431307	-2.73503288457544	0.060937523	
20	1.265415391	-2.58704880051716	0.069976603	
21	1.398500837	-2.45396335468061	0.079149199	
22	1.993394025	-1.85907016617794	0.134811468	
23				
24			**Predicted Deaths**	
25		=SUM(BB17:BB22)	0.429695431	
26		**Rounded**	0.43	

Calculate Expected Deaths

	AW	AX	AY	AZ	BA	BB	BC	BD	BE
6									
7	Vertebral fractures without spinal cord injury (CC 169) ▼	HOSP_EFFECT ▼	AVG_EFFECT ▼						
8	0.13052189116368	-3.85246419132749	-3.82533297899054						
9	0	-	-						
10	0	-	-						
11	0	-	-						
12	0	-	-						
13	0	-	-						
14	0	-	-						
15									
16				SUM	ADD HOSP_EFFECT	Predicted Probability		ADD AVG_EFFECT	Expected Probability
17	0			0.689906669	-3.16255752254901	0.040599318		=AZ17+AY$8	=1/(1+EXP(-1*BD17))
18	0			0.779144811	-3.07331938032175	0.044221319		-3.04618816798480	0.045382327
19	0			1.117431307	-2.73503288457544	0.060937523		-2.70790167223849	0.062508703
20	0			1.265415391	-2.58704880051716	0.069976603		-2.55991758818021	0.071763032
21	0			1.398500837	-2.45396335468061	0.079149199		-2.42683214234366	0.081149363
22	0			1.993394025	-1.85907016617794	0.134811468		-1.83193895384099	0.138007451

Expected probability for each discharge = (1/(1+exp(-1 * Add AVG_EFFECT results)))

Calculate Expected Deaths

	AZ	BD	BE
		ADD	**Expected**
16	**SUM**	**AVG_EFFECT**	**Probability**
17	0.689906669	-3.13542631021206	0.041669378
18	0.779144811	-3.04618816798480	0.045382327
19	1.117431307	-2.70790167223849	0.062508703
20	1.265415391	-2.55991758818021	0.071763032
21	1.398500837	-2.42683214234366	0.081149363
22	1.993394025	-1.83193895384099	0.138007451
23			
24			**Expected Deaths**
25		=SUM(BE17:BE22)	0.440480253
26		**Rounded**	0.44

Calculate the Risk-Standardized Mortality Rate

	AZ	BA	BB	BC	BD	BE	BF	BG	BH
16	SUM	ADD HOSP_EFFECT	Predicted Probability		ADD AVG_EFFECT	Expected Probability			
17	0.689906669	-3.16255752254901	0.040599318		-3.13542631021206	0.041669378			
18	0.779144811	-3.07331938032175	0.044221319		-3.04618816798480	0.045382327			
19	1.117431307	-2.73503288457544	0.060937523		-2.70790167223849	0.062508703			
20	1.265415391	-2.58704880051716	0.069976603		-2.55991758818021	0.071763032			
21	1.398500837	-2.45396335468061	0.079149199		-2.42683214234366	0.081149363			
22	1.993394025	-1.85907016617794	0.134811468		-1.83193895384099	0.138007451			
23									
24			Predicted Deaths			Expected Deaths			
25			0.429695431			0.440480253			
26			0.43			0.44			
27									
28			=BB25/BE25	0.975516		Standardized Mortality Rate (SMR)			
29				0.101598		National Observed Mortality Rate from Table 2			
30			=BD28*BD29	0.099110		Risk Standardized Mortality Rate (RSMR)			
31									

Calculate the Performance Period Survival Rate

	AZ	BA	BB	BC	BD	BE	BF	BG	BH
16	SUM	ADD HOSP_EFFECT	Predicted Probability		ADD AVG_EFFECT	Expected Probability			
17	0.689906669	-3.16255752254901	0.040599318		-3.13542631021206	0.041669378			
18	0.779144811	-3.07331938032175	0.044221319		-3.04618816798480	0.045382327			
19	1.117431307	-2.73503288457544	0.060937523		-2.70790167223849	0.062508703			
20	1.265415391	-2.58704880051716	0.069976603		-2.55991758818021	0.071763032			
21	1.398500837	-2.45396335468061	0.079149199		-2.42683214234366	0.081149363			
22	1.993394025	-1.85907016617794	0.134811468		-1.83193895384099	0.138007451			
23									
24			Predicted Deaths			Expected Deaths			
25			0.429695431			0.440480253			
26			0.43			0.44			
27									
28					0.975516	Standardized Mortality Rate (SMR)			
29					0.101598	National Observed Mortality Rate from Table 2			
30					0.099110	Risk Standardized Mortality Rate (RSMR)			
31									
32				=1-BD30	0.900890	Performance Period Survival Rate			
33									

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Hospital VBP Program Complication HSRs

Table 1 Hospital Results

Table 1. Risk-Standardized THA/TKA Complication Measure Results for the FY 2020 Hospital VBP Performance Period

HOSPITAL NAME

Hospital Discharge Period: July 1, 2015 through June 30, 2018

Measure	Number of Eligible Discharges [a]	Risk-Standardized Complication Rate [b]	Achievement Threshold [c]	Benchmark [d]
THA/TKA Complication	4	0.024775	0.032229	0.023178

[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 2020 Hospital VBP Performance period; your results are presented here for your information.

[b] FY 2020 Risk-Standardized Complication Rate = (Predicted Admissions with a Complication / Expected Admissions with a Complication) * National Observed Complication Rate. See Table 2 for additional information.

[c] Achievement Threshold = the median complication rate among all hospitals with measure results and minimum case size (n=25) during the FY 2020 baseline period (July 1, 2010 - June 30, 2013).

[d] Benchmark = the mean of the top decile of complication rates among all hospitals with measure results and minimum case size (n=25) during the FY 2020 baseline period (July 1, 2010 - June 30, 2013).

Notes:
1. N/A = Your hospital had no qualifying discharges or results for that condition.
2. THA/TKA = total hip arthroplasty/total knee arthroplasty

Table 2 Additional Information

Table 2. Additional Information for Replicating Your Hospital's Risk-Standardized THA/TKA Complication Results for the FY 2020 Hospital VBP Performance Period
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018

Measure	Number of Eligible Discharges [a]	Predicted Admissions with a Complication [b]	Expected Admissions with a Complication [c]	National Observed Complication Rate [d]	Risk-Standardized Complication Rate [e]
THA/TKA Complication	4	0.10	0.10	0.025055	0.024775

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

[b] The number of predicted complications within 90 days from the start of the index admission, on the basis of your hospital's performance with its observed case mix and your hospital's estimated effect on complications (provided in your hospital discharge-level data). The numbers of predicted complications are not whole numbers because they are generated from a statistical model. A patient may have more than one complication associated with an index admission, but only one complication is counted in the raw complication rate.

[c] The number of expected complications within 90 days of the index 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 complications are not whole numbers because they are generated from a statistical model. A patient may have more than one complication associated with an index admission, but only one complication is counted in the raw complication rate.

[d] National Observed Complication Rate = (Number of observed 90-day complications nationally / Number of eligible discharges nationally).

[e] Risk-Standardized Complication Rate = (Predicted Admissions with a Complication / Expected Admissions with a Complication) * National Observed Complication Rate.

Notes:

1. The information in this table is provided only to help in replicating your hospital's complication rate in Table 1; other than the number of eligible discharges and the complication 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 THA/TKA Complication results.

3. N/A = Your hospital had no qualifying discharges or results for that procedure.

4. THA/TKA = total hip arthroplasty/total knee arthroplasty

Table 3 Discharges

ID Number	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay [b]	Index Stay (Yes/No)	Additional Complication Record (Yes/No) [c]	Inclusion/ Exclusion Indicator	Number of TKAs Performed (0, 1, or 2)	Number of THAs Performed (0, 1, or 2)	Patient Had a Complication (Yes/No)
--	--	--	--	--	--	--	--	--	--	--	--	--
1	888888888A	888888888	888888A	08/08/8888	08/08/8888	08/08/8888	Yes	No	0	1	0	Yes
2	888888888A	888888888	888888A	08/08/8888	08/08/8888	08/08/8888	Yes	Yes	0	1	0	Yes
3	888888888A	888888888	888888A	08/08/8888	08/08/8888	08/08/8888	Yes	Yes	0	1	0	Yes
4	888888888A	888888888	888888A	08/08/8888	08/08/8888	08/08/8888	Yes	Yes	0	1	0	Yes
5	999999999A	999999999	999999A	09/09/9999	09/09/9999	09/09/9999	No	No	5	0	1	No
6	999999999A	999999999	999999A	09/09/9999	09/09/9999	09/09/9999	No	No	5	0	1	No
7	999999999A	999999999	999999A	09/09/9999	09/09/9999	09/09/9999	No	No	5	0	1	No
8	999999999A	999999999	999999A	09/09/9999	09/09/9999	09/09/9999	No	No	5	0	1	No
9	999999999A	999999999	999999A	09/09/9999	09/09/9999	09/09/9999	No	No	6	0	2	No
10	999999999A	999999999	999999A	09/09/9999	09/09/9999	09/09/9999	No	No	6	0	2	No
11	999999999A	999999999	999999A	09/09/9999	09/09/9999	09/09/9999	No	No	6,7	0	1	No

- Similar to the Mortality HSR, the discharge table contains discharge-level data for Part A Medicare FFS patient stays.

- There are several additional columns unique to the THA/TKA Complication HSR.

- The same stay can appear multiple times on your Discharges tab if the patient has more than one complication. However, the stay is only included once in the calculation of the measure.

Table 3 Discharges Complication Fields

Patient Had a Complication (Yes/No)	Complication	Complication Occurred During Index Stay (Yes/No)	Admit Date for Complication (If Not During Index Stay)	Death Date	Readmission to Same Hospital (Yes/No)	Provider ID of Readmitting Hospital [d]
--	--	--	--	--	--	--
Yes	AMI	No	99/99/9999	N/A	No	999999
Yes	Sepsis	No	99/99/9999	N/A	No	999999
Yes	Pulmonary embolism	No	99/99/9999	N/A	No	999999
Yes	Death	No	N/A	99/99/9999	N/A	N/A
No	N/A	N/A	N/A	N/A	N/A	N/A
No	N/A	N/A	N/A	N/A	N/A	N/A
No	N/A	N/A	N/A	N/A	N/A	N/A
No	N/A	N/A	N/A	N/A	N/A	N/A
No	N/A	N/A	N/A	N/A	N/A	N/A
No	N/A	N/A	N/A	N/A	N/A	N/A
No	N/A	N/A	N/A	N/A	N/A	N/A

Understanding the Calculations Through Replication

Table 3. Discharge-level Worksheet for Risk-Standardized THA/TKA Complication
HOSPITAL NAME
Hospital Discharge Period: July 1, 2015 through June 30, 2018
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 ISR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

[Row 8 contains risk factor coefficients - see data beginning at column T.]
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 minus 65" risk factor); 0 otherwise. The risk factor flags (1 or 0) will be in cells beginning in column U.

ID Number	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay [b]	Index Stay (Yes/No)	Additional Complication Record (Yes/No) [c]	Inclusion/ Exclusion Indicator	Number of TKAs Performed (0, 1, or 2)	Number of THAs Performed (0, 1, or 2)	Patient Had a Complication (Yes/No)	Complication	Complication Occurred During Index Stay (Yes/No)
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
1	888888888A	888888888	888888A	88/88/8888	88/88/8888	88/88/8888	Yes	No	0	1	0	Yes	AMI	No
2	888888888A	888888888	888888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes	Sepsis	No
3	888888888A	888888888	888888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes	Pulmonary embolism	No
4	888888888A	888888888	888888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes	Death	No
5	999999999A	999999999	999999A	99/99/9999	99/99/9999	99/99/9999	No	No	5	0	1	No	N/A	N/A
6	999999999A	999999999	999999A	99/99/9999	99/99/9999	99/99/9999	No	No	5	0	1	No	N/A	N/A
7	999999999A	999999999	999999A	99/99/9999	99/99/9999	99/99/9999	No	No	5	0	1	No	N/A	N/A
8	999999999A	999999999	999999A	99/99/9999	99/99/9999	99/99/9999	No	No	5	0	1	No	N/A	N/A
9	999999999A	999999999	999999A	99/99/9999	99/99/9999	99/99/9999	No	No	6	0	2	No	N/A	N/A
10	999999999A	999999999	999999A	99/99/9999	99/99/9999	99/99/9999	No	No	6	0	2	No	N/A	N/A
11	999999999A	999999999	999999A	99/99/9999	99/99/9999	99/99/9999	No	No	6,7	0	1	No	N/A	N/A

The replication process for the THA/TKA Complication measure is the same as the Mortality measures with one difference:

In the first step, when you limit your replication calculations to rows where "Index Stay" (column H) equals "Yes," you must also limit them to rows where "Additional Complication Record [c]" (column I) equals "No."

The rest of the replication process would follow the same steps as those laid out for the Mortality measures.

Bonnie Rebuck, MS
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Hospital VBP Program HSR Review and Correction Requests

Review and Corrections Process

- The review and correction period for FY 2020 Hospital VBP Program HSRs is **May 1–30, 2019**.

- A ListServe notification was sent informing hospitals of when HSRs would be available, the review and correction request deadline, and instructions for submitting a review and correction request.

- Review and correction requests sent after the deadline will **not** result in a correction.

- The review and correction period and process are only applicable to the Hospital VBP Program HSRs and do not apply to the *Hospital Compare* HSRs.

Review and Corrections Process

How to submit a review and correction request:

- Requests can be submitted via email to qnetsupport@hcqis.org, over the phone at (866) 288-8912, or over TTY at (877) 715-6222.

- When emailing a request for Mortality measures, please include "Hospital VBP Program Mortality Review and Corrections Inquiry" in the subject line to aid in the help desk process.

- When emailing a request for the THA/TKA Complication measure, please include "Hospital VBP Program Complication Review and Corrections Inquiry" in the subject line to aid in the help desk process.

NOTE: TTY=Text Telephone

Review and Corrections Process

The HSRs contain PII and PHI. Emailing such data is a security violation. If you have questions on transmitting data, please contact the *QualityNet* Help Desk. Use the ID number found within the HSR when referring to the contents of that report.

Review and Corrections Process

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; they **cannot** be submitted.

- General questions about the HSRs, the Mortality measures, or the CMS PSI measures **can** be submitted.

HSR Fast-Track: The Quickest and Easiest Way to Examine Your July 2019 *Hospital Compare* and FY 2020 Hospital VBP Claims-Based Measure Hospital-Specific Reports

Questions

Continuing Education (CE) Approval

This program has been approved for CE credit for the following boards:

- **National credit**
  - o Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - o Board of Registered Nursing
  - o Board of Nursing Home Administrators
  - o Board of Dietetics and Nutrition Practice Council
  - o Board of Pharmacy

NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk® survey that will pop up after the webinar.

2. Register on the HSAG Learning Management Center for the certificate.

3. Print out your certificate.

NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

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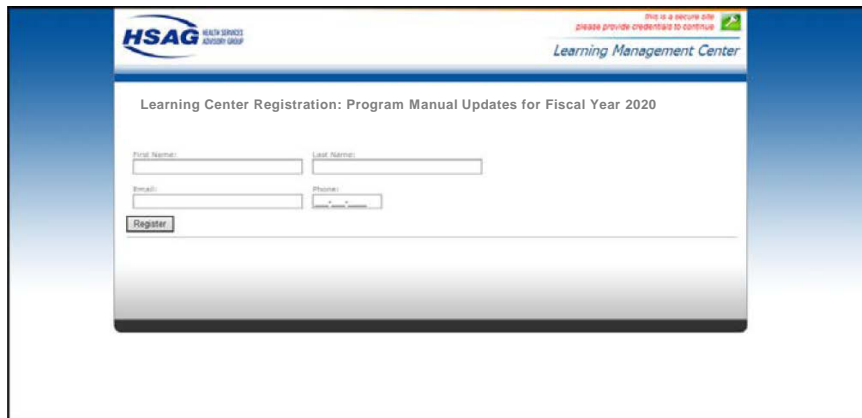
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User
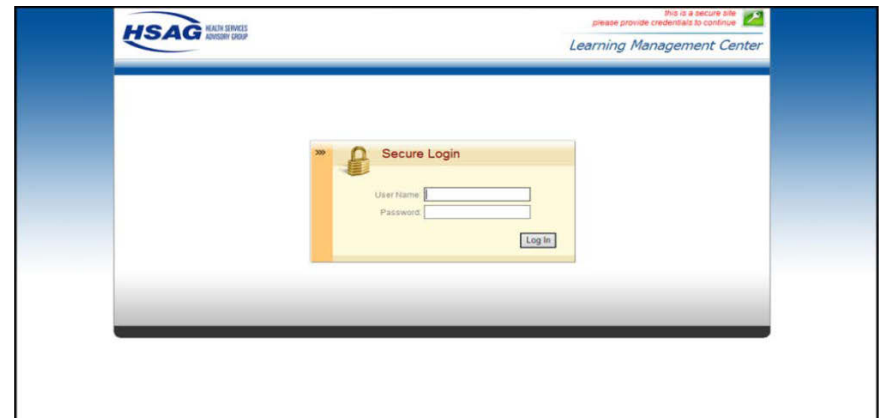
Use personal email and phone.

Go to email address and finish process.

Existing User

Entire email is your user name.

You can reset your password.

Thank You for Attending

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