



July 2020 Publicly Reported Claims-Based Measures Hospital-Specific Report Overview

Hosted by:

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

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Purpose

This event will provide an overview of hospital-specific reports (HSRs) for select claims-based measures (CBMs) that will be publicly reported in July 2020, including a summary of national results, ways to receive and read the HSR, and measure calculations.

Objectives

Participants will be able to:

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

Webinar Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: July 2020 Publicly Reported Claims-Based Measures Hospital-Specific Report Overview
- Email Body: If your question pertains to a specific slide, please include the slide number

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Questions and Answers tool, at https://cmsqualitysupport.servicenowservices.com/qnet_qa. If you do not find an answer, then submit your question to us via the same tool.

Acronyms

AMI	acute myocardial infarction	MBI	Medicare Beneficiary Identifier
CABG	coronary artery bypass graft	MSPB	Medicare Spending per Beneficiary
CBM	claims-based measure	PCS	Procedure Coding System
CM	Clinical Modification	PHI	protected health information
CMS	Centers for Medicare & Medicaid Services	PII	personally identifiable information
COPD	chronic obstructive pulmonary disease	PN	pneumonia
DOB	date of birth	PSI	Patient Safety Indicators
ED	emergency department	PTCA	percutaneous transluminal coronary angioplasty
EDAC	Excess Days in Acute Care	RSCR	Risk-Standardized Complication Rate
HF	heart failure	RSMR	Risk-Standardized Mortality Rate
HICNO	Health Insurance Claim Number	RSRR	Risk-Standardized Readmission Rate
HIPAA	Health Insurance Portability and Accountability Act	STK	stroke
HSR	Hospital-Specific Reports	THA	Total Hip Arthroplasty
HUG	HSR User Guide	TKA	total knee arthroplasty
HWR	hospital-wide readmission	VBP	value-based purchasing
ICD	International Classification of Diseases	VIQR	Value, Incentives, and Quality Reporting
IQR	Inpatient Quality Reporting		

Bethany Bunch, MSHA

Program Lead

Inpatient VIQR Outreach and Education Support Contractor

Measures and Important Notes

July 2020 *Public Reporting* HSR Measurement Periods

Measure Set	Measurement Period
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) <ul style="list-style-type: none"> Acute Myocardial Infarction (AMI), Coronary Artery Bypass Graft (CABG) Surgery, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure (HF), Pneumonia (PN), Stroke (STK) 	July 1, 2016–June 30, 2019
Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) <ul style="list-style-type: none"> AMI, CABG, COPD, HF, PN, Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) 	July 1, 2016–June 30, 2019
<ul style="list-style-type: none"> Hospital-Wide Readmission (HWR) 	July 1, 2018–June 30, 2019
Hospital-Level Risk-Standardized Complication Rate (RSCR) <ul style="list-style-type: none"> THA/TKA 	April 1, 2016–March 31, 2019
Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care <ul style="list-style-type: none"> AMI, HF, PN 	July 1, 2016–June 30, 2019
<ul style="list-style-type: none"> THA/TKA 	April 1, 2016–March 31, 2019
Excess Days in Acute Care (EDAC) <ul style="list-style-type: none"> AMI, HF, PN 	July 1, 2016–June 30, 2019
CMS Patient Safety Indicators (CMS PSI) <ul style="list-style-type: none"> PSI 4, PSI 90 	July 1, 2017–June 30, 2019

July 2020 *Public Reporting* HSR Notes

- July 2020 *Public Reporting* HSRs were delivered **April 30–May 1, 2020.**
- The preview period for July 2020 *Public Reporting* is **May 4–June 3, 2020.**
- CMS now uses the anticipated *Public Reporting* release month (e.g., July 2020) instead of a fiscal year for identification of the data period for the *Public Reporting* HSRs.
- The 30-Day Risk-Standardized Readmission Measures for all conditions and procedures, except for the HWR measure, will include disparity method results, reflecting hospital performance based on patients' dual eligibility status.

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 May/June 2020.
- 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/listerv-signup>.

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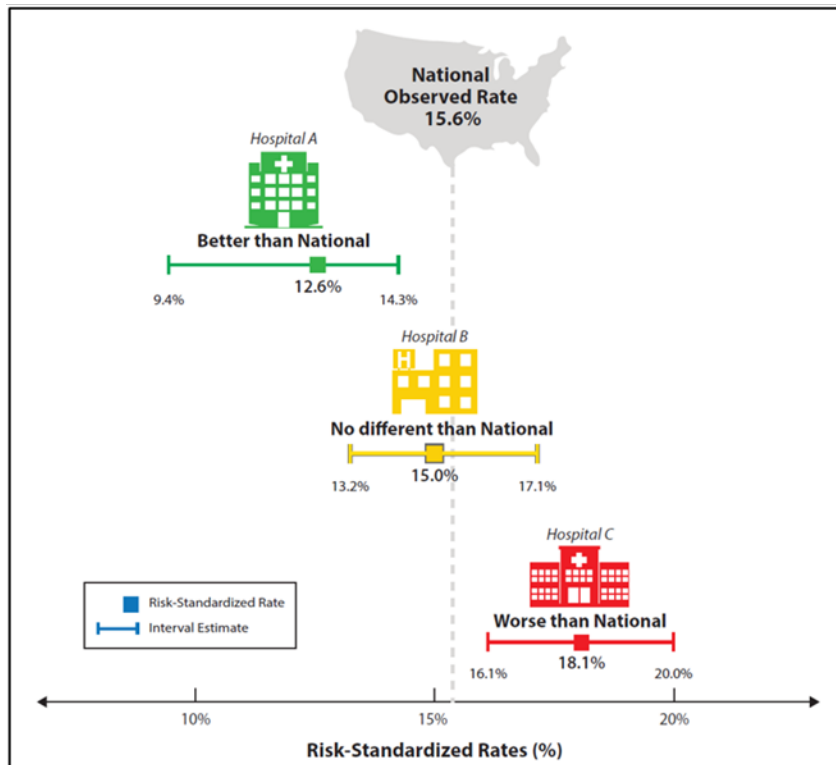
July 2020 *Public Reporting* Claims-Based Measures (CBM) Results

July 2020 *Public Reporting* CBM Results

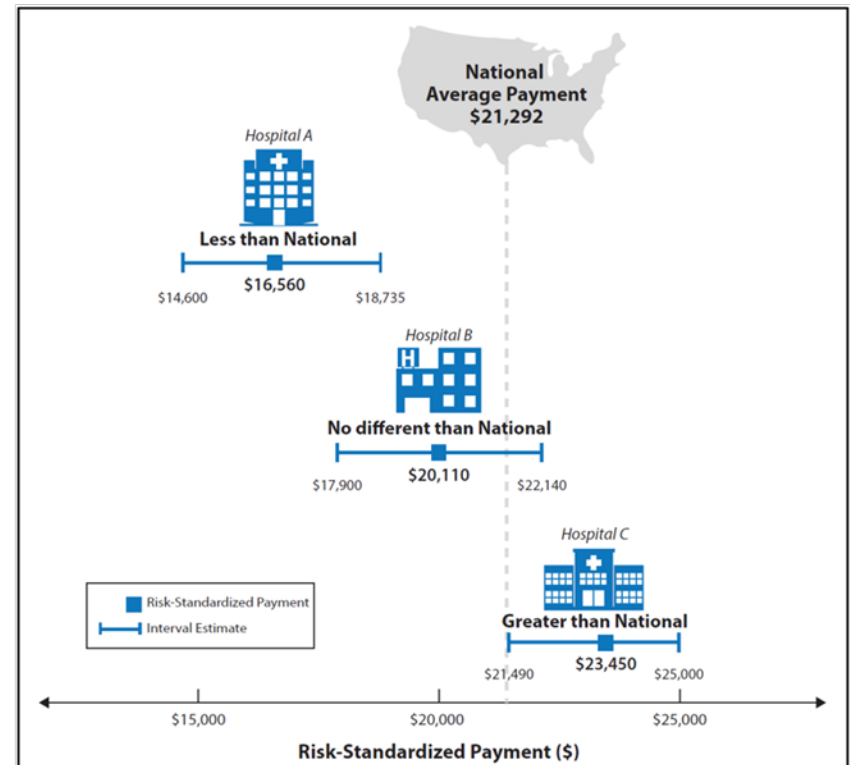
Measure Name	National Observed Result (2020)	Change from 2019
Mortality Measures		
AMI Mortality	12.7%	- 0.2%
CABG Mortality	3.0%	- 0.1%
COPD Mortality	8.4%	- 0.1%
HF Mortality	11.3%	- 0.2%
Pneumonia Mortality	15.4%	- 0.2%
Stroke Mortality	13.6%	- 0.2%
Readmission Measures		
AMI Readmission	16.1%	0.4%
CABG Readmission	12.7%	- 0.1%
COPD Readmission	19.6%	0.1%
HF Readmission	21.9%	0.3%
Pneumonia Readmission	16.6%	0.0%
THA/TKA Readmission	4.0%	0.0%
Hospital-wide Readmission	15.6%	0.3%
Complication Measure		
THA/TKA Complication	2.4%	- 0.1%
Payment Measures		
AMI Payment	\$ 25,526	Indeterminable
HF Payment	\$ 17,670	Indeterminable
Pneumonia Payment	\$ 18,322	Indeterminable
THA/TKA Payment	\$ 20,959	Indeterminable

Interpreting Your Results: Performance Categories

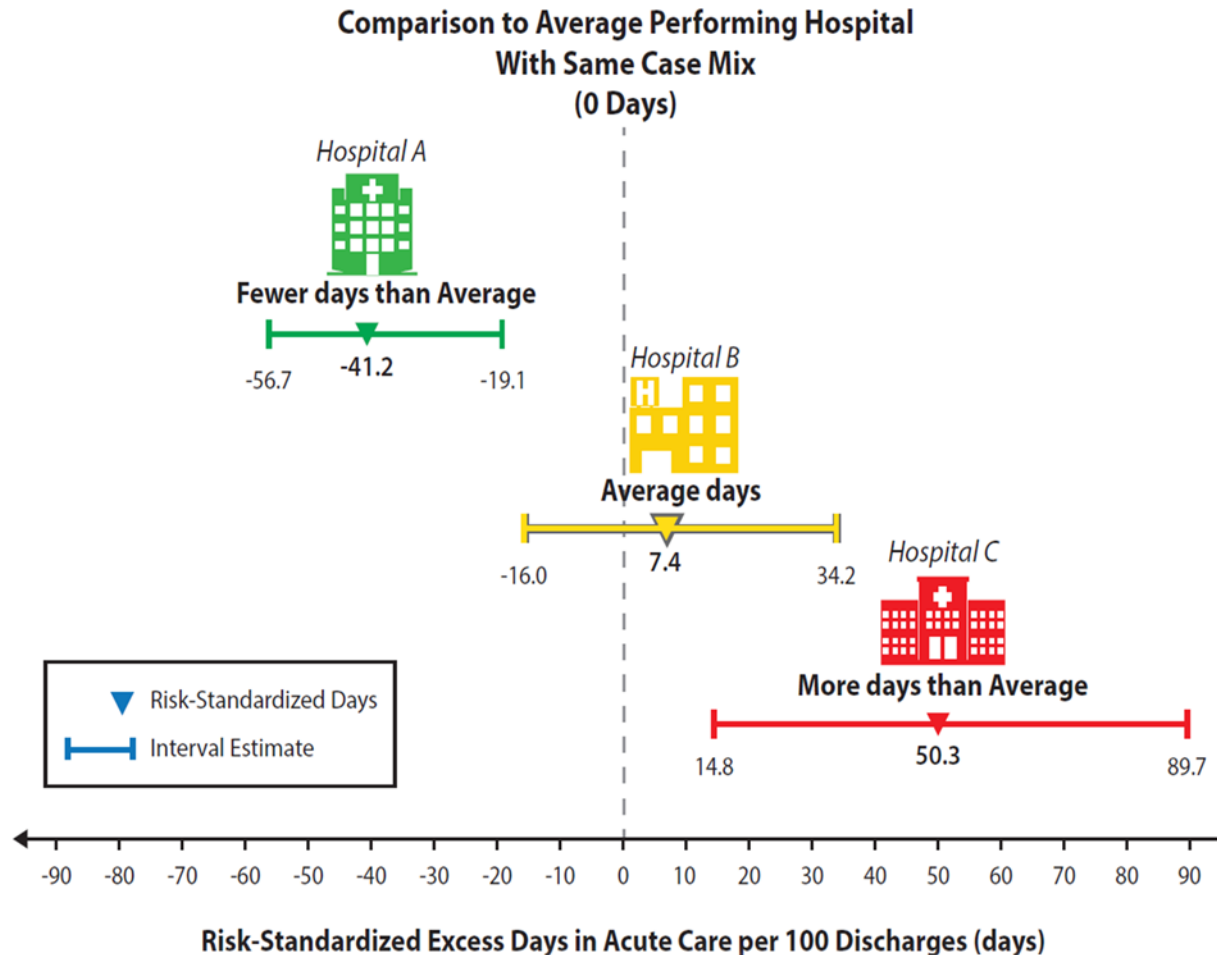
Example Category Assignment: Outcome Measures (except EDAC)



Example Category Assignment: Payment Measures



Interpreting Your Results: Performance Categories



Josh Gerrietts

Public Reporting Claims-Based Measures 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.



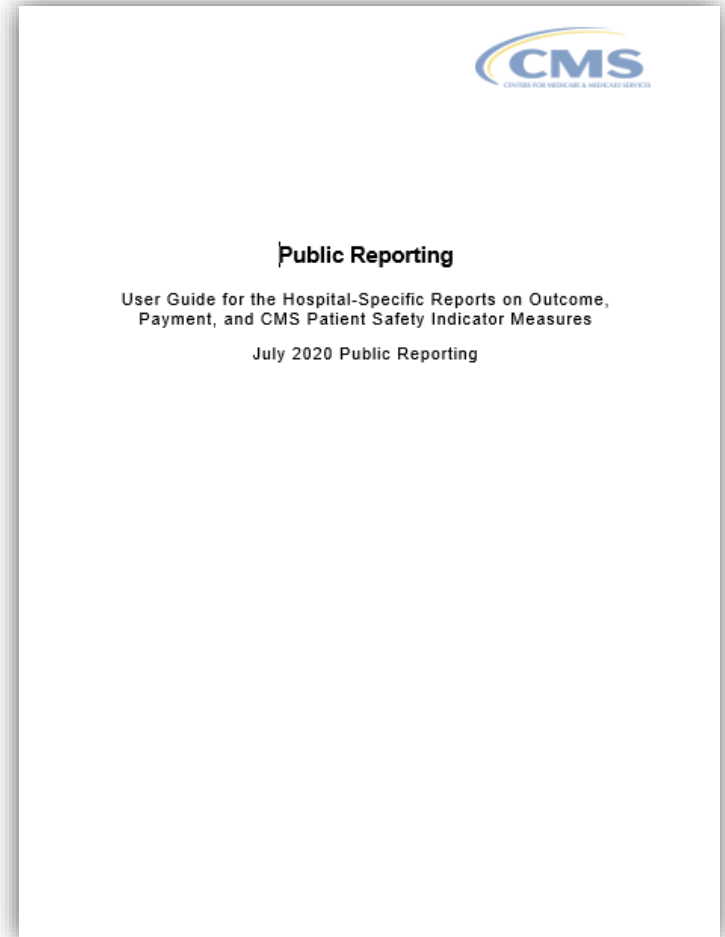
How to Receive Your HSR

- Who has access to the report:
 - Hospital users with the **Hospital Reporting Feedback-Inpatient** role and the **File Exchange and Search** role will have access to the HSRs and User Guide.
- How to access the report:
 - For those with the appropriate access, the HSRs and User Guide will be delivered to their *QualityNet* Secure File Transfer Inbox.

HSR User Guide

The July2020_PR_HUG.pdf that accompanies the *Public Reporting* HSRs includes additional information about the data in the HSRs.

The HSR User Guide (HUG) is also available on *QualityNet* at <https://www.qualitynet.org/infocus/patient-safety/measures/mortality/reports>.

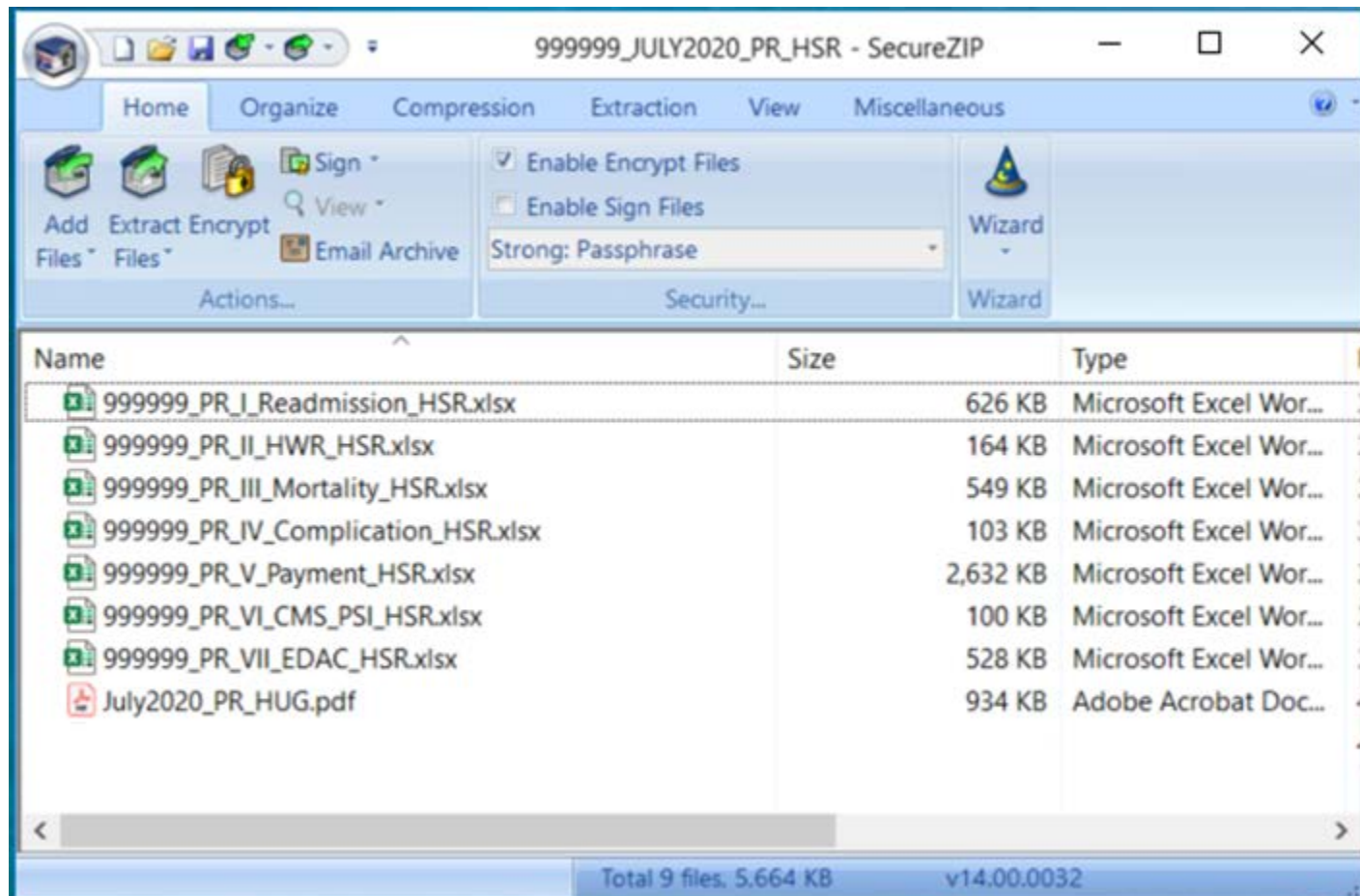


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Public Reporting HSRs

Public Reporting HSR Bundle



HSR Content

Each of the *Public Reporting* 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, 2016 through June 30, 2019

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	N/A	No different than the national rate
Total Number of Eligible Discharges (Denominator) at Your Hospital	82	109	164	143	N/A	475
RSRR at Your Hospital	15.3%	19.7%	20.8%	14.2%	N/A	3.9%
Lower Limit of 95% Interval Estimate	12.4%	16.5%	17.3%	11.6%	N/A	2.8%
Upper Limit of 95% Interval Estimate	19.1%	23.2%	24.7%	17.3%	N/A	5.3%
National Observed Readmission Rate (Numerator/ Denominator)	16.1%	19.6%	21.9%	16.6%	12.7%	4.0%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital [a]	8	22	30	10	N/A	18
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	9.8%	20.2%	18.3%	7.0%	N/A	3.8%
Average RSRR in Your State [a]	15.3%	18.9%	20.3%	15.8%	12.5%	3.5%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a]	618	1,109	1,887	1,612	143	605
Number of Eligible Discharges (Denominator) in Your State [a]	5,086	6,947	10,709	12,242	1,176	19,438
Observed Readmission Rate (Numerator/ Denominator) in Your State [a]	12.2%	16.0%	17.6%	13.2%	12.2%	3.1%
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a]	77,805	161,914	282,061	228,735	16,723	39,532
Number of Eligible Discharges (Denominator) in the Nation [a]	482,163	825,497	1,286,352	1,374,891	131,592	992,016

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, 2016 through June 30, 2019

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	4,074	4,643	4,642	4,697	1,160	3,412
Number of Hospitals in the Nation that Performed Better than the National Rate	17	14	110	44	6	44
Number of Hospitals in the Nation that Performed No Different than the National Rate	2,107	3,680	3,454	4,023	972	2,693
Number of Hospitals in the Nation that Performed Worse than the National Rate	18	52	149	143	14	24
Number of Hospitals in the Nation that had Too Few Cases [a]	1,932	897	929	487	168	651
Total Number of Hospitals in Your State with Measure Results	66	81	81	82	15	68
Number of Hospitals in Your State that Performed Better than the National Rate	0	1	5	2	0	1
Number of Hospitals in Your State that Performed No Different than the National Rate	34	53	49	65	14	54
Number of Hospitals in Your State that Performed Worse than the National Rate	0	0	0	0	0	0
Number of Hospitals in Your State that had Too Few Cases [a]	32	27	27	15	1	13

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, 2016 through June 30, 2019

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (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.

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	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	41011
2	999999	CABG	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I2510
3	999999	COPD	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	51884
4	999999	HF	999999999A	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	0	42833
5	999999	Pneumonia	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	5070
6	999999	THA/TKA	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	M1712

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, 2016 through June 30, 2019

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	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	Stroke NIHSS Score [d]
1	999999	AMI	999999999A	9AA9AA9AA99	999999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2109	Yes	99/99/9999	N/A
2	999999	AMI	999999999A	9AA9AA9AA99	999999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999	N/A
3	999999	AMI	999999999A	9AA9AA9AA99	999999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999	N/A
4	999999	AMI	999999999A	9AA9AA9AA99	999999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999	N/A
5	999999	Stroke	999999999A	9AA9AA9AA99	999999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I639	Yes	99/99/9999	{0}
6	999999	Stroke	999999999A	9AA9AA9AA99	999999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I639	Yes	99/99/9999	{0}
7	999999	Stroke	999999999A	9AA9AA9AA99	999999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I63432	Yes	99/99/9999	{0}

[a] If a Medicare Beneficiary Identifier (MBI) is not available for a patient, then "--" will be displayed. In that case, please refer to the patient's HICNO in the previous column.

[b] The outcome timeframe of 30 days begins with the CABG procedure date for the CABG mortality measure, and is shown for that measure only.

[c] If a patient was transferred, the discharge date may be different from the discharge date associated with the index hospital stay.

[d] NIHSS scores are available as secondary diagnosis codes in claims on or after October 1, 2016. NIHSS scores will be used in risk-adjustment to calculate stroke mortality rates for payment determination in 2023 (based on discharges that occur between July 2018 and June 2021). The " {0} " indicates CMS will assign a NIHSS score of 0 to patients without a NIHSS score that have an admission date of index stay on or after October 1, 2016. The " * " indicates the NIHSS score displayed was randomly selected because there were multiple NIHSS scores and no associated Present on Admission (POA) code. Note: the randomly selected value receiving an " * " could also be 0.

Notes:

1. N/A = Case information is not applicable for this discharge.
2. Hospitals with zero discharges for fee-for-service patients aged 65 and older for these measures do not have discharge-level data in this worksheet.
3. AMI = acute myocardial infarction; COPD = chronic obstructive pulmonary disease; HF= heart failure; CABG = coronary artery bypass graft
4. Refer to the Public Reporting HSR User Guide for a list of inclusion/exclusion indicator values.
5. A patient may be listed more than once if they had multiple eligible discharges for a given measure(s) during the discharge period.

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, 2016 through March 31, 2019

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (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

ID Number	Provider ID	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	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Mechanical complication
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Mechanical complication
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	0	0	1	Yes	Mechanical complication
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Mechanical complication
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	Yes	Pulmonary embolism
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Pulmonary embolism
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	0	No	N/A

EDAC Discharge Level Summary of Events

Table VII.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, 2016 through June 30, 2019

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (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.

ID Number	Provider ID	Measure	H I C N	M B I	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]	Total Number of Eligible Acute Care Events	Total Days Included in Measure Outcome [d]
1	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	27	1	0	0	1	0.5
2	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	2	0	2	1	3	3.0
3	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	8	0	0	1	1	4.0
4	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	29	1	0	0	1	0.5
5	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	15	3	0	0	3	1.5
6	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	26	1	0	0	1	0.5
7	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	5	2	1	1	4	4.5
8	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	27	0	0	1	1	4.0
9	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	19	1	1	0	2	2.5
10	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	25	0	0	1	1	5.0
11	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	10	0	0	1	1	11.0
12	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	3	0	0	3	3	15.0
13	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	2	3	3	0	6	3.0
14	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	1	0	0	1	0.5
15	999999	AMI EDAC	9	9	99/99/9999	99/99/9999	99/99/9999	0	Yes	13	1	0	0	1	0.5

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, 2016 through June 30, 2019

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (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.

ID Number	Provider ID	Measure	HICNO	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	Days per Event [c]
1	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
2	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	2
2	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	1
2	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	1
3	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	4
4	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
5	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
5	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
5	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
6	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5
7	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	11/16/9999	11/16/9999	0.5
7	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Readmission	11/31/9999	12/04/9999	4
7	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	11/31/9999	11/31/9999	1
7	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	11/31/9999	11/31/9999	0.5
8	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	5
9	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	2.5
9	999999	AMI EDAC	999999999A	999AX9999X99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	0.5

Payment Discharge Level Index Stay and Summary

I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
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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	N/A	N/A	N/A	\$14,203	\$14,090	99.2%	\$12,430	87.5%	\$1,660	11.7%	\$113	0.8%	No
99/99/9999	0	N/A	N/A	N/A	\$34,199	\$31,362	91.7%	\$29,208	85.4%	\$2,154	6.3%	\$2,837	8.3%	No
99/99/9999	0	N/A	N/A	N/A	\$10,713	\$10,713	100.0%	\$9,917	92.6%	\$796	7.4%	\$0	0.0%	Yes
99/99/9999	0	N/A	N/A	N/A	\$7,948	\$6,862	86.3%	\$5,691	71.6%	\$1,171	14.7%	\$1,086	13.7%	No
99/99/9999	0	N/A	N/A	N/A	\$11,102	\$11,102	100.0%	\$10,404	93.7%	\$697	6.3%	\$0	0.0%	Yes
99/99/9999	0	N/A	N/A	N/A	\$14,735	\$13,960	94.7%	\$12,653	85.9%	\$1,306	8.9%	\$776	5.3%	No
99/99/9999	0	N/A	N/A	N/A	\$14,669	\$13,729	93.6%	\$12,430	84.7%	\$1,299	8.9%	\$940	6.4%	No
99/99/9999	0	N/A	N/A	N/A	\$34,750	\$12,621	36.3%	\$10,105	29.1%	\$2,516	7.2%	\$22,128	63.7%	No
99/99/9999	0	N/A	N/A	N/A	\$13,302	\$6,855	51.5%	\$5,665	42.6%	\$1,190	8.9%	\$6,448	48.5%	No
99/99/9999	0	N/A	N/A	N/A	\$51,909	\$21,648	41.7%	\$19,323	37.2%	\$2,324	4.5%	\$30,261	58.3%	No
99/99/9999	0	N/A	N/A	N/A	\$8,502	\$5,304	62.4%	\$4,475	52.6%	\$830	9.8%	\$3,198	37.6%	No
99/99/9999	0	N/A	N/A	N/A	\$21,927	\$7,387	33.7%	\$6,745	30.8%	\$642	2.9%	\$14,540	66.3%	No
99/99/9999	0	N/A	N/A	N/A	\$9,900	\$9,900	100.0%	\$9,890	99.9%	\$9	0.1%	\$0	0.0%	Yes
99/99/9999	0	N/A	N/A	N/A	\$14,194	\$13,785	97.1%	\$12,430	87.6%	\$1,355	9.5%	\$408	2.9%	No
99/99/9999	0	N/A	N/A	N/A	\$10,236	\$10,236	100.0%	\$9,892	96.6%	\$344	3.4%	\$0	0.0%	Yes
99/99/9999	0	N/A	N/A	N/A	\$6,428	\$6,137	95.5%	\$4,514	70.2%	\$1,623	25.3%	\$291	4.5%	No

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 2018 Dollars)

HOSPITAL NAME

Hospital Discharge Period: July 1, 2016 through June 30, 2019 for AMI, HF and Pneumonia measures

Hospital Discharge Period: April 1, 2016 through March 31, 2019 for THA/TKA measure

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$14,203
2	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$34,199
3	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$10,713
4	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$7,948
5	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$11,102
6	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$14,735
7	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$14,669
8	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$34,750
9	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$13,302
10	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$51,909
11	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$8,502
12	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$21,927
13	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$9,900
14	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$14,194
15	999999	HF Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	N/A	N/A	N/A	\$10,236

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, 2016 through June 30, 2019

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and

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
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	1	6
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	N/A
3	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	N/A
3	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A
3	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A
3	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	N/A

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, 2016 through June 30, 2019

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 5A0935[7-9], 5A0935B, 5A0935Z, 5A0945[7-9], 5A0945B, 5A0945Z, 5A0955[7-9], 5A0955B, 5A0955Z, 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-disordered Breathing (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												

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, 2016 through March 31, 2019

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%

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, 2016 through June 30, 2019

Note: The accompanying Microsoft® Excel® files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (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.

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	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	0	41011
2	999999	CABG	999999999A	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	0	I2510
3	999999	COPD	999999999A	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	0	51884
4	999999	HF	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	42833
5	999999	Pneumonia	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	5070
6	999999	THA/TKA	999999999A	9AA9AA9AA99	Missing/Unknown	99999A	99/99/9999	99/99/9999	99/99/9999	0	M1712

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 Readmission Measures for AMI, COPD, HF, Pneumonia, CABG and THA/TKA

Social Risk Factor: Medicare and Medicaid Dual Eligibility

HOSPITAL NAME

Hospital Discharge Period: July 1, 2016 through June 30, 2019

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

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 Performance Decile Ranking [a]	3	7	6	4	Number of Cases Too Small	8
Your Hospital's Rate Difference	0.88%	0.95%	0.70%	0.34%	2.76%	0.85%
Your Hospital's Absolute Value of the Rate Difference [b]	0.88%	0.95%	0.70%	0.34%	2.76%	0.85%
Your Hospital's Average Predicted Readmission Rate for Duals [c]	16.35%	18.84%	24.55%	15.78%	12.97%	4.68%
Your Hospital's Average Predicted Readmission Rate for Non-Duals	15.47%	17.88%	23.85%	15.45%	10.22%	3.83%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Duals	6	4	12	5	2	2
Total Number of Eligible Discharges (Denominator) at Your Hospital - For Duals	29	12	34	35	9	26
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Non-Duals	64	19	133	52	21	32
Total Number of Eligible Discharges (Denominator) at Your Hospital - For Non-Duals	307	103	471	276	180	719
Maximum Rate Difference In Your State	2.23%	2.51%	1.81%	1.53%	3.83%	1.07%
Minimum Rate Difference In Your State	-0.04%	0.19%	-0.02%	-0.37%	2.44%	0.58%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State	5,670	10,281	18,948	16,083	1,460	2,611
Total Number of Eligible Discharges (Denominator) in Your State	33,917	53,975	85,168	97,444	10,653	60,965
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation	77,665	161,480	281,359	228,267	16,720	39,529
Total Number of Eligible Discharges (Denominator) in the Nation	481,528	823,097	1,283,209	1,372,289	131,569	991,953

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 Readmission Measures for AMI, COPD, HF, Pneumonia, CABG and THA/TKA

Social Risk Factor: Medicare and Medicaid Dual Eligibility

HOSPITAL NAME

Hospital Discharge Period: July 1, 2016 through June 30, 2019

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

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 Performance Decile Ranking - For Duals [a]	5	Number of Cases Too Small	8	3	Number of Cases Too Small	8
Your Hospital's RSRR for Duals	21.01%	23.17%	25.67%	18.18%	19.29%	6.18%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Duals	6	4	12	5	2	2
Total Number of Eligible Discharges (Denominator) at Your Hospital - For Duals	29	12	34	35	9	26
Observed Readmission Rate (Numerator/ Denominator) at Your Hospital - For Duals	20.69%	33.33%	35.29%	14.29%	22.22%	7.69%
Maximum RSRR For Duals in Your State	24.37%	27.51%	29.01%	22.29%	19.77%	6.33%
Minimum RSRR For Duals in Your State	19.05%	19.66%	22.46%	15.32%	18.77%	5.60%
Total Number of Unplanned 30-Day Readmissions (Numerator) for Duals in Your State	816	1,847	3,088	3,487	104	102
Total Number of Eligible Discharges (Denominator) for Duals in Your State	3,798	8,358	12,273	19,380	543	1,752
Observed Readmission Rate (Numerator/ Denominator) in Your State - For Duals	21.48%	22.10%	25.16%	17.99%	19.15%	5.82%
Total Number of Unplanned 30-Day Readmissions (Numerator) for Duals in the Nation	12,559	39,023	54,122	57,161	1,543	2,412
Total Number of Eligible Discharges (Denominator) for Duals in the Nation	59,512	172,180	218,127	303,919	8,019	39,411
National Observed Readmission Rate (Numerator/ Denominator) - For Duals	21.10%	22.66%	24.81%	18.81%	19.24%	6.12%

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HSR Preview Period Questions

Preview Period Questions

Questions can be submitted via:

- Email to qnetsupport@hcqis.org
- *QualityNet* Help Desk phone line at (866) 288-8912
TTY: (877) 715-6222
- *QualityNet* Inpatient Questions & Answers tool at
<https://www.qualitynet.org> >Help>Question and Answer
Tools: “Hospitals - Inpatient”>Ask a Question
 - Program: Inpatient Claims-Based Measures
 - Select relevant topic (i.e. Excess Days in Acute Care)

Preview Period Questions

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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.

Questions

Webinar Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: July 2020 Publicly Reported Claims-Based Measures Hospital-Specific Report Overview
- Email Body: If your question pertains to a specific slide, please include the slide number

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Questions and Answers tool, at https://cmsqualitysupport.servicenowservices.com/qnet_qa. If you do not find an answer, then submit your question to us via the same tool.

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Survey

- Please [click here](#) to complete a short survey.