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speakers breaking up?

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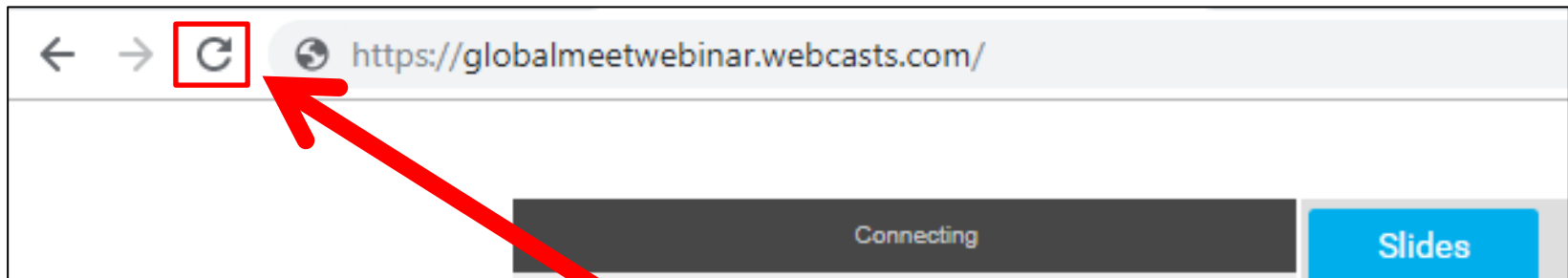
Click Refresh

– or –

Press F5



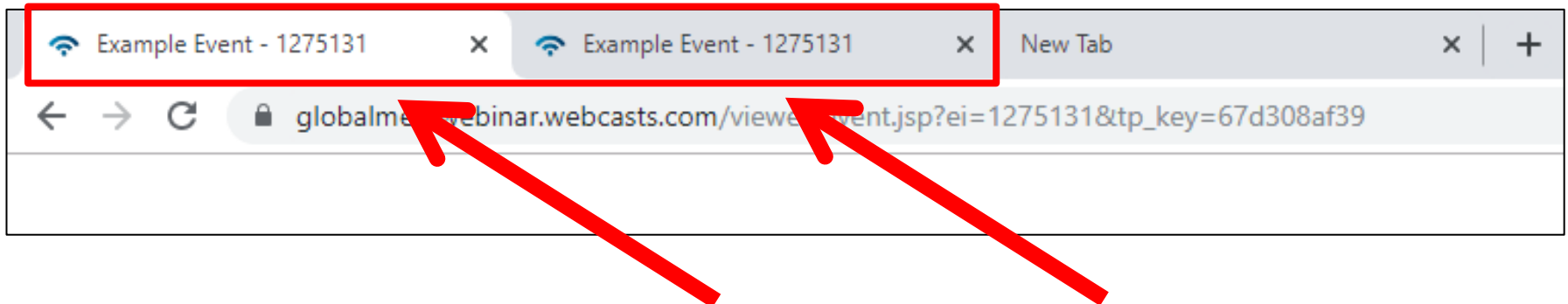
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

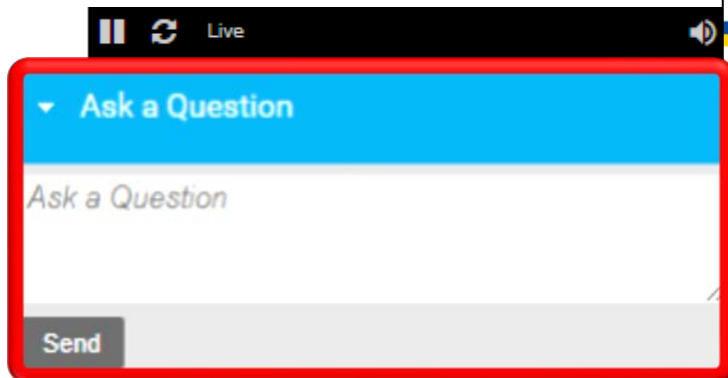
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
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Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



The screenshot shows a video player interface. At the top, there is a black bar with a pause icon, a refresh icon, the word "Live", and a speaker icon. Below this, a blue header bar contains a dropdown arrow and the text "Ask a Question". Underneath the header is a text input field with the placeholder text "Ask a Question". At the bottom left of the input field is a grey "Send" button. The entire "Ask a Question" section is highlighted with a red rectangular border.



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

Today's Presentation



July 2021 Public Reporting Claims-Based Measures Hospital-Specific Report Overview

Hosted by:

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

May 11, 2021

Speakers

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Program Lead

Inpatient VIQR Outreach and Education Support Contractor

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Josh Gerrietts

Public Reporting Claims-Based Measures Project Lead

Healthcare Quality Analytics and Reports Contractor

Purpose

This event will provide an overview of the hospital-specific reports (HSRs) for select claims-based measures that will be publicly reported in July 2021, including a summary of national results, steps to access and navigate the HSR, and an overview of measure calculations.

Objectives

Participants will be able to:

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

Acronyms

| | | | |
|--------------|---|-------------|--|
| AMI | Acute Myocardial Infarction | HWR | Hospital-Wide Readmission |
| CABG | Coronary Artery Bypass Graft | IQR | Inpatient Quality Reporting |
| CBM | claims-based measure | MFT | Managed File Transfer |
| CCN | CMS Certification Number | MSPB | Medicare Spending per Beneficiary |
| CMS | Centers for Medicare & Medicaid Services | PHI | protected health information |
| COPD | Chronic Obstructive Pulmonary Disease | PN | Pneumonia |
| ECE | Extraordinary Circumstances Exception | PSI | Patient Safety Indicator |
| EDAC | Excess Days in Acute Care | Q | quarter |
| FFS | Fee for Service | RSCR | Risk-Standardized Complication Rate |
| HARP | HCQIS Access Roles and Profile | RSMR | Risk-Standardized Mortality Rate |
| HF | heart failure | RSRR | Risk-Standardized Readmission Rate |
| HIPAA | Health Insurance Portability and Accountability Act of 1996 | SA/O | Security Administrator/Official |
| HQR | Hospital Quality Reporting | THA | Total Hip Arthroplasty |
| HSR | hospital-specific report | TKA | Total Knee Arthroplasty |
| HUG | HSR User Guide | VIQR | Value, Incentives, and Quality Reporting |

Bethany Bunch, MSHA

Program Lead

Inpatient VIQR Outreach and Education Support Contractor

Included Measures and Important Notes

HSR Overview

- **Purpose of Report:** HSRs are provided for claims-based measures (CBMs) that will be publicly reported in July 2021, so hospitals may preview their measure results prior to the public reporting of the results.

Included Measures (1 of 3)

- 30-Day Risk-Standardized Readmission Rate (RSRR) following:
 - Acute Myocardial Infarction (AMI) Hospitalizations
 - Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations
 - Heart Failure (HF) Hospitalizations
 - Pneumonia (PN) Hospitalizations
 - Coronary Artery Bypass Graft (CABG)
 - Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)

Included Measures (2 of 3)

- 30-Day Hospital-Wide, All-Cause Unplanned Readmission Measure (HWR)
- 30-Day Risk-Standardized Mortality Rate (RSMR) following AMI, COPD, HF, PN, and Stroke hospitalizations and CABG
- 90-Day Risk-Standardized Complication Rate (RSCR) following THA/TKA
- Risk-Standardized Payment Measures Associated with a 30-Day Episode of Care for AMI, HF, and PN
- Risk-Standardized Payment Measures Associated with a 90-Day Episode of Care for THA/TKA
- 30-Day Risk-Standardized Excess Days in Acute Care (EDAC) measures for AMI, HF, and PN

Included Measures (3 of 3)

- CMS Patient Safety Indicator (PSI) measures:
 - PSI 04 – Death Rate Among Surgical Inpatients with Serious Treatable Complications
 - CMS PSI 90 – Patient Safety and Adverse Events Composite
 - PSI 03 – Pressure Ulcer Rate
 - PSI 06 – Iatrogenic Pneumothorax Rate
 - PSI 08 – In Hospital Fall with Hip Fracture
 - PSI 09 – Perioperative Hemorrhage or Hematoma Rate
 - PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate
 - PSI 11 – Postoperative Respiratory Failure Rate
 - PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
 - PSI 13 – Postoperative Sepsis Rate
 - PSI 14 – Postoperative Wound Dehiscence Rate
 - PSI 15 – Abdominopelvic Accidental Puncture or Laceration Rate

Updates for July 2021

Public Reporting

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

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

Updated Discharge Periods

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

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

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

Important Dates

- July 2021 Public Reporting HSRs were delivered **May 3, 2021**.
- The July 2021 Public Reporting preview period is **May 4–June 3, 2021**.

Coming Soon: Medicare Spending per Beneficiary (MSPB) HSRs

- CMS anticipates the MSPB HSRs will be delivered to hospitals in May/June 2021.
- CMS will provide notification of HSR delivery through the **HIQR Notify: Hospital Inpatient Quality Reporting (IQR) Program Notifications** and the **HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications** Program Notification Listserv groups.
 - Sign up for those Listserv groups on *QualityNet*:
<https://qualitynet.cms.gov/listserv-signup>

Contacts for Questions

- Questions regarding the measures and the HSRs can be submitted through the Questions and Answers tool on *QualityNet*:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.
- When submitting the request, select:
 - **Program:** Inpatient Claims-Based Measures
 - **Topic:** Select relevant topic (Example: Excess Days in Acute Care)
 - Please include your hospital's CMS Certification Number (CCN).
- If you experience issues accessing your HSR from Managed File Transfer (MFT) or requesting and reviewing your HCQIS Access Roles and Profile (HARP) permissions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or by phone at (866) 288-8912.
- Do **not** email HSR files or their contents. HSRs contain discharge-level data protected by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

Bethany Bunch, MSHA

Program Lead

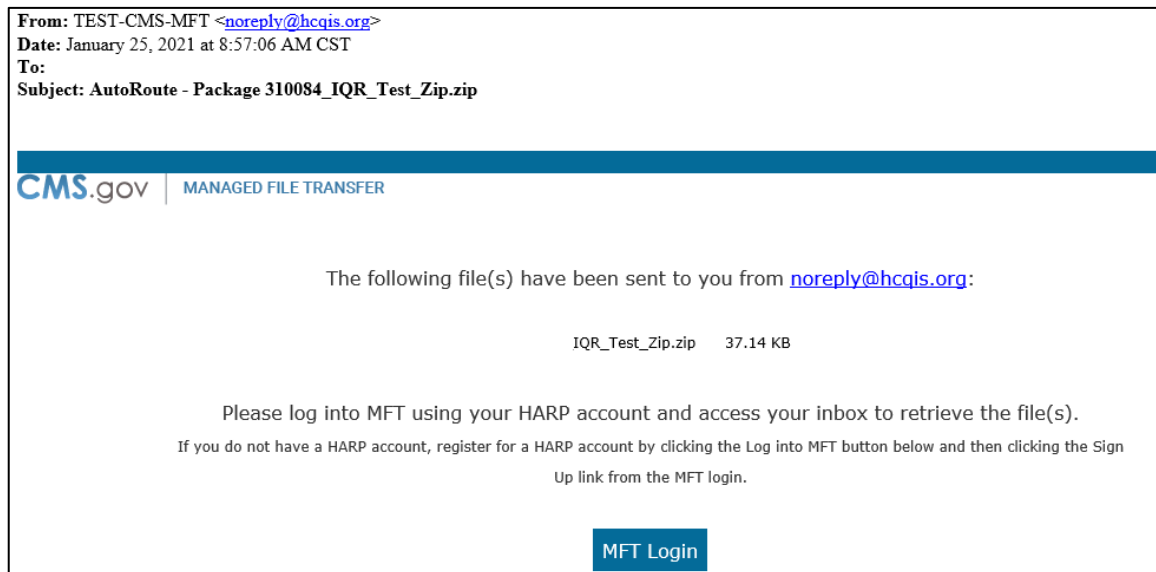
Inpatient VIQR Outreach and Education Support Contractor

Receiving the HSRs and User Guide

How to Receive Your HSR

How will I know my 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

- HSRs are provided to users with a hospital that have approved **Auto-Route (IQR)** and **Managed File Transfer** permissions associated with their Hospital Quality Reporting (HQR) Profile.
 - If you are not a Security Administrator/Official (SA/O) for your hospital or you have not recently taken action to request these permissions on your account, you **will not** have the permissions on your profile required to receive an HSR.
- Reference the *Important: Request Access to Managed File Transfer (MFT) & Auto-Route Now to Ensure You Receive Your Reports* notification for instructions to request these permissions or to confirm these permissions are active on your profile.
 - Link to notification:
<https://www.qualityreportingcenter.com/globalassets/2021/03/iqr/mft-permissions-announcement508.pdf>

Accessing Your HSR

When your hospital's report is delivered to your MFT mailbox, a notification is sent to the email address associated with your HARP account. HSRs will be available in your MFT mailbox for a 30-day period after delivery. Upon receipt of this notification, follow these steps to access your HSR in your MFT mailbox:

1. Navigate to the CMS Managed File Transfer page at:
<https://qnetmft.cms.gov/mft-signin/login>.
 2. Enter your HARP User ID and Password. Select the **I agree to the Terms and Conditions** checkbox. Then, select **Sign In**.
 3. You will be directed to the Two-Factor Authorization page. A preview of the device or email that will be sent a code will be displayed. Select **Send Code**. After selection, the Send Code button will update to **Sent**.
 4. After receipt of the code via your device or email, enter the code. Then, select **Verify**.
 5. Upon successful login, you will be directed to the MFT dashboard. Select **Mail** on the left-navigation pane to expand the mailbox.
 6. Select **Inbox** under the expanded **Mail** options.
 7. HSR will have a subject of AutoRoute – Package 999999_JULY2021_PR_HSR with your hospital's CCN replacing 999999. Click on that line to open the message with the HSR.
 8. Download the HSR by selecting the file in the **Attachments** section of the message.
- HSRs will be available in your MFT mailbox for a thirty (30) day period after delivery.

What if I didn't receive my HSR?

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

- If your profile did not have active Auto-Route (IQR) and MFT permissions prior to May 3, you may request these permissions now using the instructions in this *notification*:

<https://www.qualityreportingcenter.com/globalassets/2021/03/iqr/mft-permissions-announcement508.pdf>.

Your hospital's SA/O will review your requested permissions. Once you have been granted the proper permissions you will have access to any future report deliveries via MFT; however, this report will not be available unless a request to resend the report is submitted.

- If your profile did have active Auto-Route (IQR) and MFT permissions prior to May 3, and you did not receive your report, please contact the *QualityNet* Help Desk for further assistance at qnetsupport@hcqis.org.

How do I submit a request to resend my HSR?

- Requests to resend the HSR can be submitted through the Questions and Answers tool on QualityNet:

https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question

- When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select **Request for HVBP hospital-specific reports** from the HVBP Mortality & Complication topic drop-down menu. In the subject line, type **Request to Resend FY 2022 Hospital VBP Program Mortality and Complication Measures HSR**.
 - In the *please describe your question* text box, include your hospital's CCN.
- Do not email HSR files or their contents. HSRs contain discharge-level data protected by HIPAA. Any disclosure of PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law.

Tamara, Mohammed, MHA, PMP

Senior Health Services Outcome Researcher

Center for Outcomes Research and Evaluation; Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor

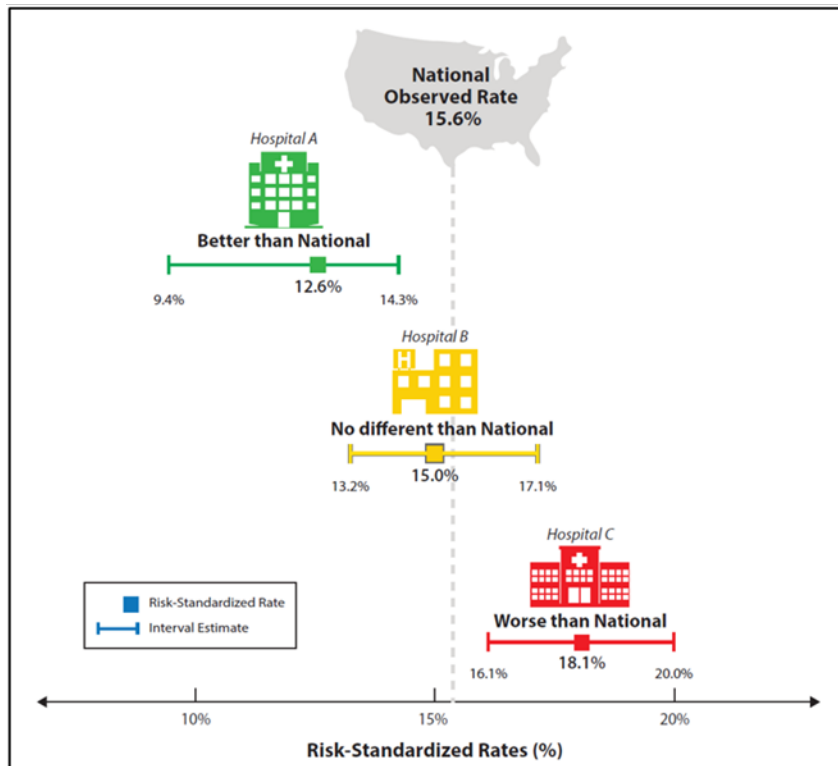
July 2021 Public Reporting CBM Results

July 2021 Public Reporting CBM Results

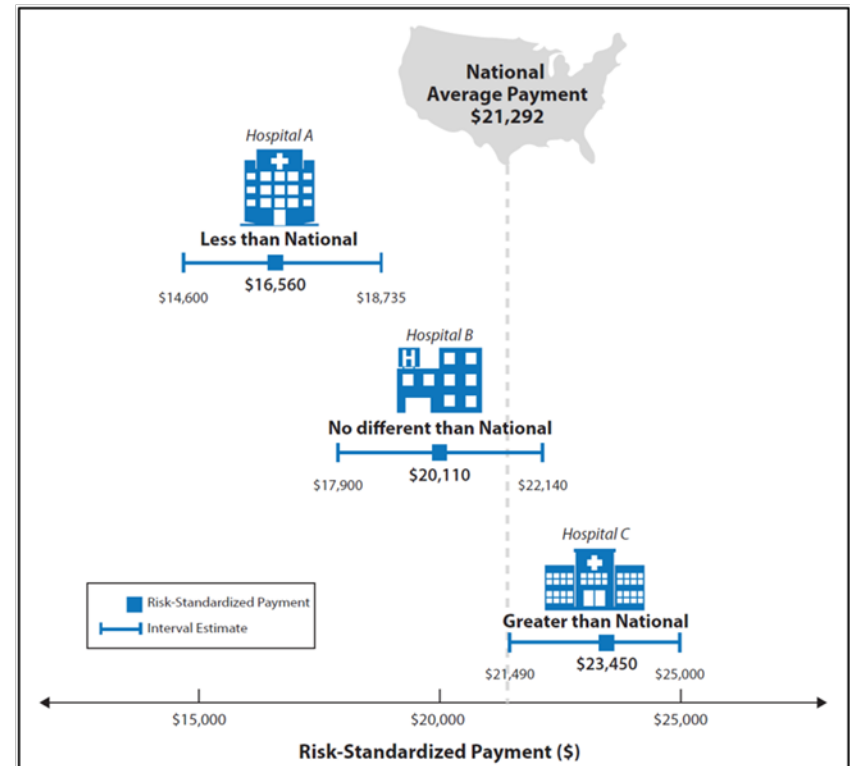
| Measure Name | National Observed Result (2021) | Change from 2020 |
|-----------------------------|---------------------------------|------------------|
| Mortality Measures | | |
| AMI Mortality | 12.3% | -0.4% |
| CABG Mortality | 2.9% | -0.1% |
| COPD Mortality | 8.1% | -0.3% |
| HF Mortality | 11.2% | -0.1% |
| Pneumonia Mortality | 15.3% | -0.1% |
| Stroke Mortality | 13.5% | -0.1% |
| Readmission Measures | | |
| AMI Readmission | 15.8% | -0.3% |
| CABG Readmission | 12.6% | -0.1% |
| COPD Readmission | 19.7% | 0.1% |
| HF Readmission | 21.9% | 0.0% |
| Pneumonia Readmission | 16.7% | 0.1% |
| THA/TKA Readmission | 4.0% | 0.0% |
| Hospital-wide Readmission | 15.5% | -0.1% |
| Complication Measure | | |
| THA/TKA Complication | 2.4% | 0.0% |
| Payment Measures | | |
| AMI Payment | \$ 26,304 | Indeterminable |
| HF Payment | \$ 18,060 | Indeterminable |
| Pneumonia Payment | \$ 18,776 | Indeterminable |
| THA/TKA Payment | \$ 20,839 | Indeterminable |

Interpreting Your Results: Performance Categories

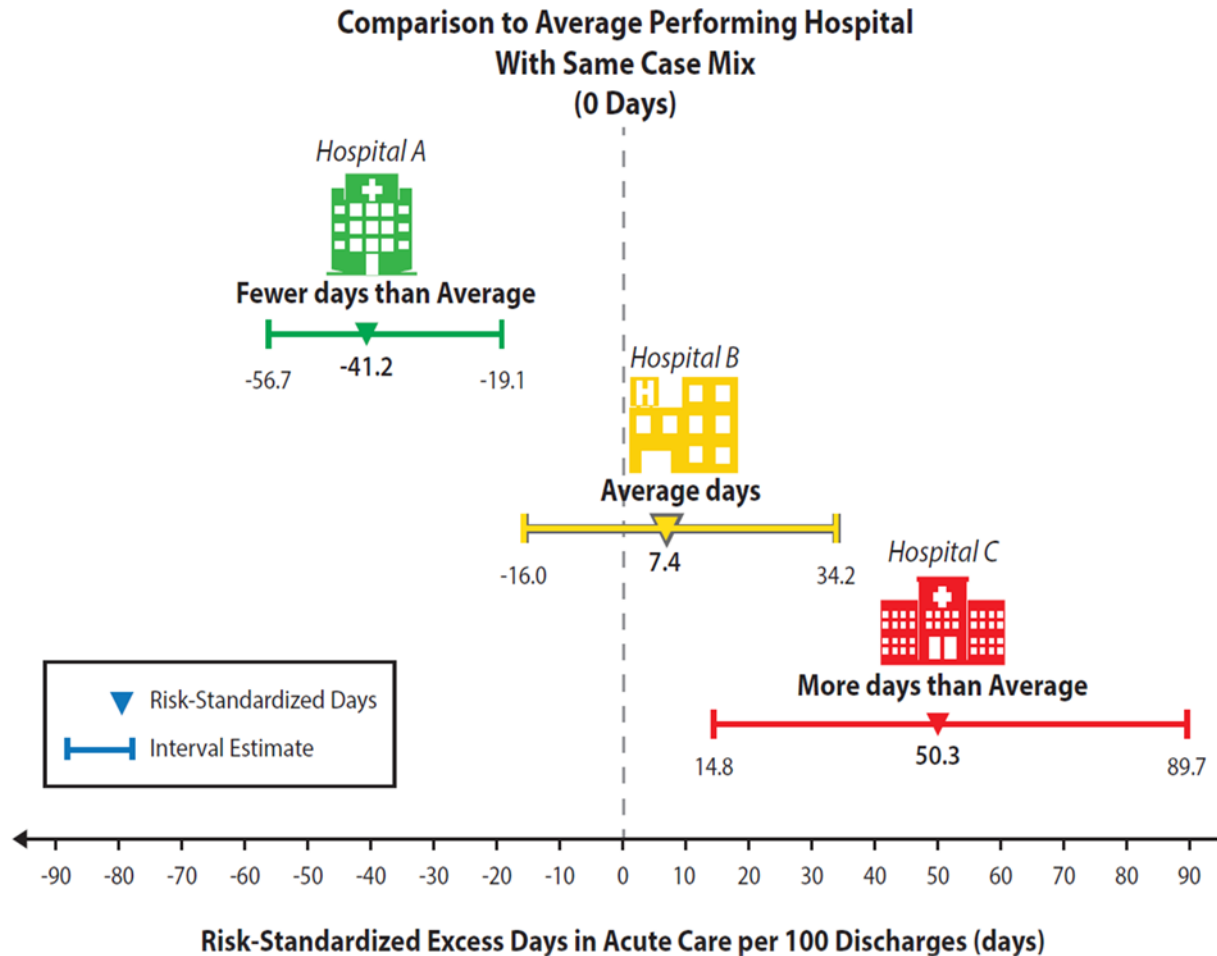
Example Category Assignment: Outcome Measures (except EDAC)



Example Category Assignment: Payment Measures



Interpreting Your Results: Performance Categories

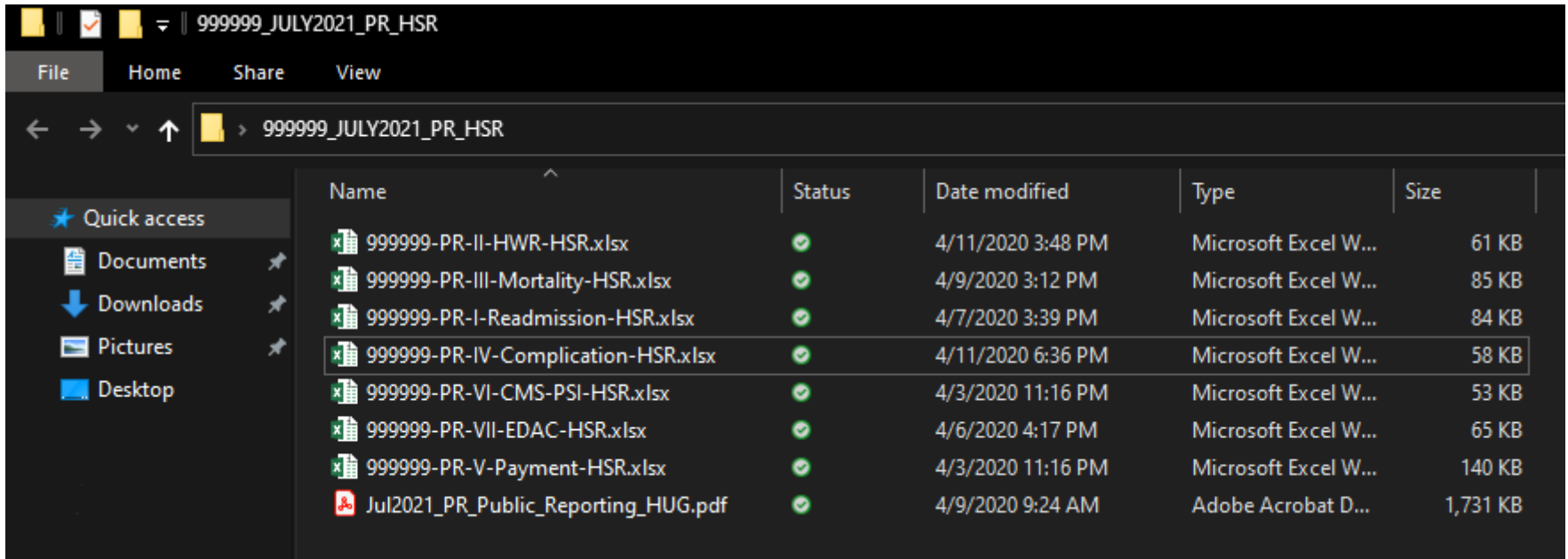


Josh Gerrietts

Public Reporting Claims-Based Measures Project Lead
Healthcare Quality Analytics and Reports Contractor

Public Reporting HSRs

Public Reporting HSR Bundle



| 999999_JULY2021_PR_HSR | | | | | |
|--------------------------------------|--------|-------------------|----------------------|----------|--|
| File Home Share View | | | | | |
| < > > 999999_JULY2021_PR_HSR | | | | | |
| Quick access | | | | | |
| Documents Downloads Pictures Desktop | | | | | |
| Name | Status | Date modified | Type | Size | |
| 999999-PR-II-HWR-HSR.xlsx | ✓ | 4/11/2020 3:48 PM | Microsoft Excel W... | 61 KB | |
| 999999-PR-III-Mortality-HSR.xlsx | ✓ | 4/9/2020 3:12 PM | Microsoft Excel W... | 85 KB | |
| 999999-PR-I-Readmission-HSR.xlsx | ✓ | 4/7/2020 3:39 PM | Microsoft Excel W... | 84 KB | |
| 999999-PR-IV-Complication-HSR.xlsx | ✓ | 4/11/2020 6:36 PM | Microsoft Excel W... | 58 KB | |
| 999999-PR-VI-CMS-PSI-HSR.xlsx | ✓ | 4/3/2020 11:16 PM | Microsoft Excel W... | 53 KB | |
| 999999-PR-VII-EDAC-HSR.xlsx | ✓ | 4/6/2020 4:17 PM | Microsoft Excel W... | 65 KB | |
| 999999-PR-V-Payment-HSR.xlsx | ✓ | 4/3/2020 11:16 PM | Microsoft Excel W... | 140 KB | |
| Jul2021_PR_Public_Reporting_HUG.pdf | ✓ | 4/9/2020 9:24 AM | Adobe Acrobat D... | 1,731 KB | |

HSR User Guide

The July2021_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*:
<https://qualitynet.cms.gov/inpatient/measures/mortality/reports>



Public Reporting

User Guide for the Hospital-Specific Reports on Outcome,
Payment, and CMS Patient Safety Indicator Measures

July 2021 Public Reporting

HSR Content

Each of the *Public Reporting* HSRs use the same basic structure for consistency and have 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, 2017 through December 1, 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 | Better than the national rate | No different than the national rate |
| Total Number of Eligible Discharges (Denominator) at Your Hospital | 868 | 272 | 1,340 | 471 | 676 | 207 |
| RSRR at Your Hospital | 16.2% | 20.7% | 21.5% | 16.4% | 8.7% | 4.0% |
| Lower Limit of 95% Interval Estimate | 14.3% | 17.7% | 19.7% | 14.1% | 7.1% | 2.7% |
| Upper Limit of 95% Interval Estimate | 18.2% | 23.7% | 23.5% | 18.8% | 10.6% | 5.7% |
| National Observed Readmission Rate (Numerator/ Denominator) | 15.8% | 19.7% | 21.9% | 16.7% | 12.6% | 4.0% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital [a] | 155 | 66 | 305 | 80 | 56 | 9 |
| Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a] | 17.9% | 24.3% | 22.8% | 17.0% | 8.3% | 4.3% |
| Average RSRR in Your State [a] | 16.1% | 20.2% | 22.6% | 17.1% | 9.1% | 3.9% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a] | 227 | 242 | 782 | 358 | 67 | 59 |
| Number of Eligible Discharges (Denominator) in Your State [a] | 1,279 | 1,119 | 3,233 | 2,027 | 724 | 1,632 |
| Observed Readmission Rate (Numerator/ Denominator) in Your State [a] | 17.7% | 21.6% | 24.2% | 17.7% | 9.3% | 3.6% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a] | 58,640 | 114,268 | 226,914 | 182,410 | 13,292 | 31,320 |
| Number of Eligible Discharges (Denominator) in the Nation [a] | 370,381 | 579,147 | 1,036,119 | 1,091,576 | 105,361 | 778,110 |

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, 2017 through December 1, 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 | 3,884 | 4,607 | 4,596 | 4,670 | 1,140 | 3,471 |
| Number of Hospitals in the Nation that Performed Better than the National Rate | 9 | 13 | 80 | 26 | 4 | 32 |
| Number of Hospitals in the Nation that Performed No Different than the National Rate | 1,960 | 3,459 | 3,336 | 3,932 | 928 | 2,680 |
| Number of Hospitals in the Nation that Performed Worse than the National Rate | 8 | 38 | 90 | 92 | 9 | 30 |
| Number of Hospitals in the Nation that had Too Few Cases [a] | 1,907 | 1,097 | 1,090 | 620 | 199 | 729 |
| Total Number of Hospitals in Your State with Measure Results | 8 | 8 | 8 | 8 | 3 | 7 |
| Number of Hospitals in Your State that Performed Better than the National Rate | 0 | 0 | 0 | 0 | 1 | 0 |
| Number of Hospitals in Your State that Performed No Different than the National Rate | 6 | 8 | 8 | 7 | 1 | 6 |
| Number of Hospitals in Your State that Performed Worse than the National Rate | 0 | 0 | 0 | 1 | 0 | 0 |
| Number of Hospitals in Your State that had Too Few Cases [a] | 2 | 0 | 0 | 0 | 1 | 1 |

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, 2017 through December 1, 2019

Note: The Microsoft Excel files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. 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 | 9AA9AA9AA99 | Yes | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | I214 |
| 2 | 999999 | CABG | 999999999A | 9AA9AA9AA99 | No | 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 | Yes | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | 6080 |
| 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, 2017 through December 1, 2019

Note: The Microsoft Excel files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. 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 | 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 | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | N/A | 99/99/9999 | 0 | I214 | Yes | 99/99/9999 | N/A |
| 2 | 999999 | CABG | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | I2510 | Yes | 99/99/9999 | N/A |
| 3 | 999999 | COPD | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | N/A | 99/99/9999 | 0 | J9621 | Yes | 99/99/9999 | N/A |
| 4 | 999999 | HF | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | N/A | 99/99/9999 | 0 | I130 | Yes | 99/99/9999 | N/A |
| 5 | 999999 | Pneumonia | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | N/A | 99/99/9999 | 0 | J690 | Yes | 99/99/9999 | N/A |
| 6 | 999999 | Stroke | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | N/A | 99/99/9999 | 0 | I63233 | Yes | 99/99/9999 | 20 |

[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 User Guide for the HSRs 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, 2017 through October 2, 2019

Note: The Microsoft Excel files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. 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] | 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 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 0 | 1 | Yes | AMI | Yes |
| 2 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 1 | 1 | Yes | Death | No |
| 3 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 1 | 0 | Yes | Pulmonary embolism | No |
| 4 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 1 | 0 | Yes | Infection | No |
| 5 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 1 | 0 | Yes | Death | No |
| 6 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Yes | 0 | 1 | 0 | Yes | Pulmonary embolism | No |
| 7 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Yes | 0 | 1 | 0 | Yes | Sepsis | No |
| 8 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 1 | 0 | Yes | Infection | No |
| 9 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 1 | 0 | Yes | Infection | No |
| 10 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Yes | 0 | 1 | 0 | Yes | Mechanical complication | No |
| 11 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 0 | 1 | Yes | Mechanical complication | Yes |
| 12 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 0 | 1 | Yes | Mechanical complication | No |
| 13 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 2 | 0 | Yes | Pneumonia | Yes |
| 14 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Yes | 0 | 2 | 0 | Yes | Sepsis | Yes |
| 15 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 0 | 1 | Yes | Mechanical complication | No |
| 16 | 999999 | THA/TKA | 999999999A | 9AA9AA9AA9 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | No | 0 | 2 | 0 | Yes | AMI | Yes |

EDAC Discharge Level Summary of Events

Table VII.3: Your Hospital's Index Stay and Summary for the EDAC after Hospitalization for AM

HOSPITAL NAME

Hospital Discharge Period: July 1, 2017 through December 1, 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

| ID Number | Provider ID | Measure | HICN | Medicaid | 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 | 17 | 2 | 0 | 0 | 2 | 1.0 |
| 2 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 21 | 1 | 0 | 0 | 1 | 0.5 |
| 3 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 20 | 0 | 0 | 1 | 1 | 9.0 |
| 4 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 24 | 1 | 0 | 0 | 1 | 0.5 |
| 5 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 5 | 0 | 0 | 1 | 1 | 26.0 |
| 6 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 17 | 1 | 0 | 1 | 2 | 1.5 |
| 7 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 2 | 1 | 2 | 0 | 3 | 7.0 |
| 8 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 1 | 1 | 0 | 0 | 1 | 0.5 |
| 9 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 5 | 3 | 2 | 1 | 6 | 6.5 |
| 10 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 11 | 1 | 0 | 0 | 1 | 0.5 |
| 11 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 2 | 0 | 0 | 1 | 1 | 6.0 |
| 12 | 999999 | AMI EDAC | 9 | 9 | 99/99/9999 | 99/99/9999 | 99/99/9999 | 0 | Yes | 18 | 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, 2017 through December 1, 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] | 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] | Principal Diagnosis of Event | Event at Same Hospital as Index Admission (Yes/No) | Provider ID of Event Hospital [d] |
|-----------|-------------|----------|------------|-------------|-----------------|------------------------------|------------------------------|----------------------------------|---------------------|-------------------|--------------------|------------------------------|--|-----------------------------------|
| 1 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R079 | Yes | 999999 |
| 1 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R1013 | Yes | 999999 |
| 2 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R040 | No | 888888 |
| 3 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission | 99/99/9999 | 99/99/9999 | 9 | A4189 | No | 888888 |
| 4 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | S300XXA | Yes | 999999 |
| 5 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission | 99/99/9999 | 99/99/9999 | 46 | I82411 | No | 888888 |
| 6 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R339 | No | 888888 |
| 6 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission | 99/99/9999 | 99/99/9999 | 1 | R0789 | No | 888888 |
| 7 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Observation Stay (Facility) | 99/99/9999 | 99/99/9999 | 6.5 | R4182 | Yes | 999999 |
| 7 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R4182 | Yes | 999999 |
| 7 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Observation Stay (Physician) | 99/99/9999 | 99/99/9999 | 1 | R079 | N/A | N/A |
| 8 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | M25562 | Yes | 999999 |
| 9 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission | 99/99/9999 | 99/99/9999 | 4 | I214 | Yes | 999999 |
| 9 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R079 | Yes | 999999 |
| 9 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R079 | Yes | 999999 |
| 9 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Observation Stay (Facility) | 99/99/9999 | 99/99/9999 | 1.5 | R079 | Yes | 999999 |
| 9 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R079 | Yes | 999999 |
| 9 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | Observation Stay (Physician) | 99/99/9999 | 99/99/9999 | 1 | R0789 | N/A | N/A |
| 10 | 999999 | AMI EDAC | 999999999A | 9AA9AA9AA99 | 99/99/9999 | 99/99/9999 | 99/99/9999 | ED Visit | 99/99/9999 | 99/99/9999 | 0.5 | R1013 | Yes | 999999 |

Payment Discharge Level Index Stay and Summary

| Total Episode Payments | Total Index Admission Payments | Index Admission: % Total Episode Payments | Index Facility Payments | Facility: % Total Episode Payments | Index Physician Payments | Physician: % Total Episode Payments | Total Post-Acute Care Payments | Post-Acute Care: % Total Episode Payments |
|------------------------|--------------------------------|---|-------------------------|------------------------------------|--------------------------|-------------------------------------|--------------------------------|---|
| \$10,742 | \$10,742 | 100.0% | \$10,403 | 96.8% | \$340 | 3.2% | \$0 | 0.0% |
| \$11,452 | \$6,349 | 55.4% | \$5,889 | 51.4% | \$460 | 4.0% | \$5,103 | 44.6% |
| \$16,386 | \$10,770 | 65.7% | \$10,298 | 62.8% | \$472 | 2.9% | \$5,617 | 34.3% |
| \$36,669 | \$10,856 | 29.6% | \$10,294 | 28.1% | \$562 | 1.5% | \$25,813 | 70.4% |
| \$27,602 | \$7,075 | 25.6% | \$6,129 | 22.2% | \$946 | 3.4% | \$20,528 | 74.4% |
| \$9,165 | \$5,203 | 56.8% | \$4,612 | 50.3% | \$591 | 6.5% | \$3,962 | 43.2% |
| \$11,344 | \$11,344 | 100.0% | \$10,825 | 95.4% | \$518 | 4.6% | \$0 | 0.0% |
| \$3,683 | \$3,683 | 100.0% | \$3,370 | 91.5% | \$312 | 8.5% | \$0 | 0.0% |
| \$64,632 | \$57,409 | 88.8% | \$50,502 | 78.1% | \$6,907 | 10.7% | \$7,224 | 11.2% |
| \$12,796 | \$11,759 | 91.9% | \$10,748 | 84.0% | \$1,012 | 7.9% | \$1,037 | 8.1% |
| \$25,932 | \$25,336 | 97.7% | \$24,157 | 93.2% | \$1,179 | 4.5% | \$596 | 2.3% |
| \$11,828 | \$11,701 | 98.9% | \$9,905 | 83.7% | \$1,796 | 15.2% | \$127 | 1.1% |
| \$10,999 | \$10,999 | 100.0% | \$10,644 | 96.8% | \$355 | 3.2% | \$0 | 0.0% |
| \$17,783 | \$15,950 | 89.7% | \$14,933 | 84.0% | \$1,016 | 5.7% | \$1,834 | 10.3% |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| \$21,339 | \$8,559 | 40.1% | \$8,263 | 38.7% | \$296 | 1.4% | \$12,780 | 59.9% |
| \$24,803 | \$6,453 | 26.0% | \$5,968 | 24.1% | \$485 | 2.0% | \$18,351 | 74.0% |
| \$12,211 | \$9,867 | 80.8% | \$8,944 | 73.2% | \$922 | 7.6% | \$2,344 | 19.2% |
| \$11,183 | \$9,805 | 87.7% | \$9,171 | 82.0% | \$634 | 5.7% | \$1,378 | 12.3% |
| \$18,408 | \$9,664 | 52.5% | \$8,944 | 48.6% | \$720 | 3.9% | \$8,744 | 47.5% |
| \$5,029 | \$4,604 | 91.5% | \$4,201 | 83.5% | \$403 | 8.0% | \$425 | 8.5% |
| \$33,670 | \$9,571 | 28.4% | \$8,917 | 26.5% | \$654 | 1.9% | \$24,099 | 71.6% |
| \$7,023 | \$6,210 | 88.4% | \$5,531 | 78.8% | \$679 | 9.7% | \$814 | 11.6% |
| \$29,764 | \$6,394 | 21.5% | \$5,861 | 19.7% | \$533 | 1.8% | \$23,370 | 78.5% |
| \$22,601 | \$16,865 | 74.6% | \$14,970 | 66.2% | \$1,896 | 8.4% | \$5,736 | 25.4% |

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 2019 Dollars)

HOSPITAL NAME

Hospital Discharge Period: July 1, 2017 through December 1, 2019 for AMI, HF and Pneumonia measures

Hospital Discharge Period: April 1, 2017 through October 2, 2019 for THA/TKA measure

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

| ID Number | Provider ID | Measure | HICNO | MBI [a] | Medical Record Number | Beneficiary DOB | Admission Date of Index Stay | Discharge Date of Index Stay [b] |
|-----------|-------------|-------------|------------|-------------|-----------------------|-----------------|------------------------------|----------------------------------|
| 1 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 5 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 6 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 7 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 8 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |
| 9 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 99999A | 99/99/9999 | 99/99/9999 | 99/99/9999 |

Payment Discharge Level Post-Acute Care

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

HOSPITAL NAME

Hospital Discharge Period: July 1, 2017 through December 1, 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 | Discharge Date of Index Stay [b] | Care Setting | Incidences at Care Setting [c] | Number of Days Between Discharge and First Encounter |
|-----------|-------------|-------------|------------|-------------|-----------------------|-----------------|------------------------------|----------------------------------|------------------------------|--------------------------------|--|
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission Facility | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission Physician | N/A | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Skilled Nursing Facility | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Hospice | 1 | 2 |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Home Health Agency | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Non-Acute Inpatient Settings | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Observation Stay | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Emergency Department | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Outpatient Physician Visits | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Other Outpatient Settings | 0 | N/A |
| 2 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Miscellaneous | N/A | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission Facility | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission Physician | N/A | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Skilled Nursing Facility | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Hospice | 1 | 0 |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Home Health Agency | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Non-Acute Inpatient Settings | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Observation Stay | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Emergency Department | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Outpatient Physician Visits | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Other Outpatient Settings | 0 | N/A |
| 3 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Miscellaneous | N/A | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission Facility | 1 | 8 |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Readmission Physician | N/A | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Skilled Nursing Facility | 0 | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Hospice | 1 | 12 |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Home Health Agency | 0 | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Non-Acute Inpatient Settings | 0 | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Observation Stay | 0 | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Emergency Department | 3 | 1 |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Outpatient Physician Visits | 0 | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Other Outpatient Settings | 0 | N/A |
| 4 | 999999 | AMI Payment | 999999999A | 9AA9AA9AA99 | 999999A | 99/99/9999 | 99/99/9999 | 99/99/9999 | Miscellaneous | N/A | 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, 2017 through December 1, 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 | 868 | 1,279 | 370,365 | 272 | 1,119 | 579,013 | 1,340 | 3,233 | 1,035,987 | 471 | 2,027 | 1,091,356 |
| Mean Age | 76.3 | 76.6 | 77.5 | 75.7 | 75.6 | 76.4 | 77.2 | 77.6 | 80.4 | 77.7 | 79.2 | 80.1 |
| Standard Deviation of Age | 7.2 | 7.8 | 8.2 | 7.8 | 8.1 | 7.5 | 8.0 | 8.5 | 8.6 | 8.9 | 9.2 | 8.7 |
| Male | 54% | 57% | 57% | N/A | N/A | N/A | 46% | 53% | 48% | 42% | 51% | 49% |
| History of Coronary Artery Bypass Graft (CABG) Surgery (Select ICD-10-CM and ICD-10-PCS codes†) | 18% | 18% | 18% | N/A | N/A | N/A | 21% | 18% | 23% | 7% | 7% | 11% |
| History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (Select ICD-10-CM and ICD-10-PCS codes†) | 29% | 29% | 28% | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| History of Mechanical Ventilation (ICD-10-PCS codes 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 | 21% | 16% | 13% | N/A | N/A | N/A | N/A | N/A | N/A |
| Sleep-disordered Breathing (ICD-10-CM codes G47.30, G47.31, G47.33- G47.37, and G47.39) | N/A | N/A | N/A | 21% | 21% | 25% | N/A | N/A | N/A | N/A | N/A | N/A |
| Anterior Myocardial Infarction (ICD-10-CM codes I21.01, I21.02, and I21.09) | 7% | 6% | 7% | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

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, 2017 through October 2, 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 | 0.2% (2) | 0.2% | 0.2% |
| Pneumonia during index admission or within 7 days of admission | 0.2% (2) | 0.4% | 0.5% |
| Sepsis/septicemia during index admission or within 7 days of admission | 0.4% (4) | 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 | 0.4% (4) | 0.4% | 0.4% |
| Death during index admission or within 30 days of admission | 0.3% (3) | 0.2% | 0.2% |
| Mechanical complications during index admission or within 90 days of admission | 1.1% (12) | 1.0% | 1.1% |
| Periprosthetic joint infection (PJI) or wound infection during index admission or within 90 days of admission | 0.6% (7) | 0.8% | 0.7% |

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, 2017 through December 1, 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 Comparative Performance [a] | Worse outcomes for dual eligible patients | Worse outcomes for dual eligible patients | Similar outcomes for dual eligible and non-dual eligible patients | Similar outcomes for dual eligible and non-dual eligible patients | Worse outcomes for dual eligible patients | Similar outcomes for dual eligible and non-dual eligible patients |
| Your Hospital's Rate Difference | 1.14% | 1.35% | 0.64% | 0.53% | 1.58% | 0.66% |
| Your Hospital's Average Predicted Readmission Rate for Duals [b] | 15.96% | 20.41% | 21.26% | 15.82% | 9.49% | 4.18% |
| Your Hospital's Average Predicted Readmission Rate for Non-Duals | 14.82% | 19.06% | 20.62% | 15.29% | 7.91% | 3.53% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Duals | 20 | 39 | 91 | 39 | 4 | 1 |
| Total Number of Eligible Discharges (Denominator) at Your Hospital - For Duals | 94 | 137 | 358 | 196 | 32 | 25 |
| Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Non-Duals | 135 | 27 | 214 | 41 | 52 | 8 |
| Total Number of Eligible Discharges (Denominator) at Your Hospital - For Non-Duals | 774 | 135 | 982 | 275 | 644 | 182 |
| Average Rate Difference in Your State | 1.14% | 1.02% | 0.83% | 0.56% | 2.08% | 0.67% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State | 227 | 242 | 782 | 358 | 67 | 59 |
| Total Number of Eligible Discharges (Denominator) in Your State | 1,279 | 1,119 | 3,233 | 2,027 | 724 | 1,632 |
| Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation | 58,640 | 114,268 | 226,914 | 182,410 | 13,292 | 31,320 |
| Total Number of Eligible Discharges (Denominator) in the Nation | 370,381 | 579,147 | 1,036,119 | 1,091,576 | 105,361 | 778,110 |

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, 2017 through December 1, 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 Comparative Performance For Duals [a] | No different than the national rate | Worse than the national rate | No different than the national rate | No different than the national rate | No different than the national rate | No different than the national rate |
| Your Hospital's RSRR - For Duals | 20.69% | 24.47% | 24.12% | 19.02% | 17.55% | 5.95% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital - For Duals | 20 | 39 | 91 | 39 | 4 | 1 |
| Total Number of Eligible Discharges (Denominator) at Your Hospital - For Duals | 94 | 137 | 358 | 196 | 32 | 25 |
| Observed Readmission Rate (Numerator/ Denominator) at Your Hospital - For Duals | 21.28% | 28.47% | 25.42% | 19.90% | 12.50% | 4.00% |
| Average RSRR in Your State - For Duals | 20.82% | 23.55% | 25.77% | 19.37% | 17.99% | 5.99% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) for Duals in Your State | 40 | 119 | 251 | 135 | 4 | 4 |
| Total Number of Eligible Discharges (Denominator) for Duals in Your State | 175 | 421 | 856 | 624 | 35 | 90 |
| Observed Readmission Rate (Numerator/ Denominator) in Your State - For Duals | 22.86% | 28.27% | 29.32% | 21.63% | 11.43% | 4.44% |
| Total Number of Unplanned 30-Day Readmissions (Numerator) for Duals in the Nation | 9,157 | 27,586 | 43,378 | 45,100 | 1,134 | 1,806 |
| Total Number of Eligible Discharges (Denominator) for Duals in the Nation | 44,008 | 121,064 | 174,619 | 239,092 | 6,196 | 30,049 |
| National Observed Readmission Rate (Numerator/ Denominator) - For Duals | 20.81% | 22.79% | 24.84% | 18.86% | 18.30% | 6.01% |

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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 or TTY at (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 (Example: Excess Days in Acute Care)

*Please include your hospital's 6-digit CCN when submitting your request.

Preview Period Questions

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

Underlying Claims

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

Questions

Contacts for Questions

- Questions regarding the measures and the HSRs can be submitted through the Questions and Answers tool on *QualityNet*:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.
- When submitting the request, select:
 - **Program:** Inpatient Claims-Based Measures
 - **Topic:** Select relevant topic (Example: Excess Days in Acute Care)
 - Please include your hospital's CCN.
- If you experience issues accessing your HSR from MFT or requesting and reviewing your HARP permissions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or by phone at (866) 288-8912.
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