Welcome!

- **Audio for this event is available via GlobalMeet® Internet streaming.**
- **Connect via Chrome.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please request a dial-in line via the "Ask a Question" box.**
- **This event is being recorded.**

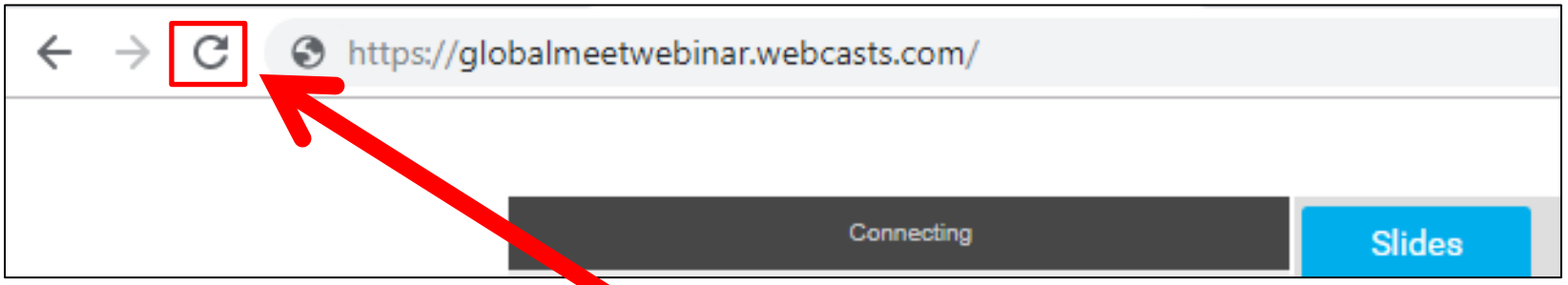
Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

Click Refresh
– or –
Press F5

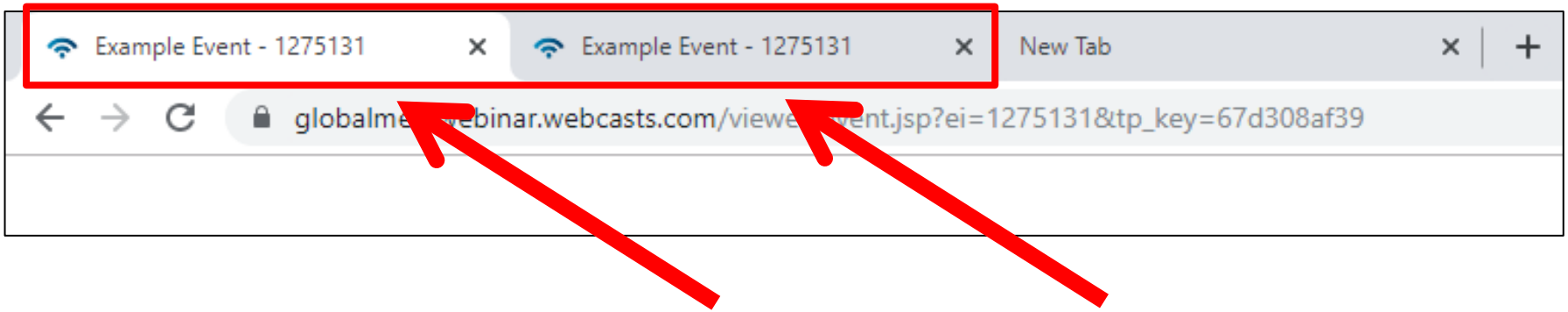
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

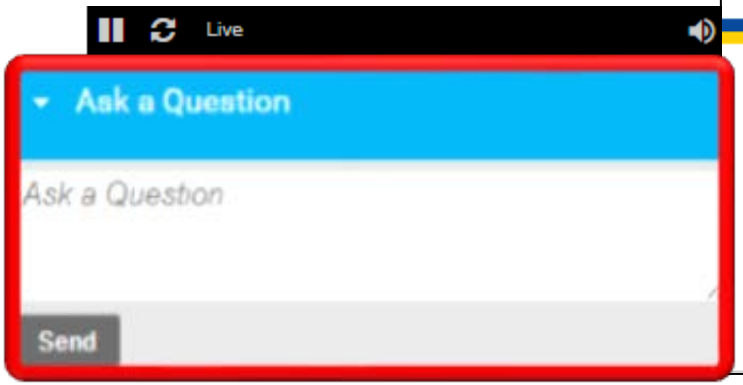
- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).**
- **Close all but one browser/tab and the echo will clear.**



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.



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

Today's Presentation

July 2022 Public Reporting Claims-Based Measures Hospital-Specific Report Overview

Hosted by:
Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

May 24, 2022

Speakers

Maria Gugliuzza, MBA
Program Lead
Inpatient VIQR Outreach and Education Support Contractor

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

Josh Gerrietts
Public Reporting Claims-Based Measures Project Manager
Hospital Quality Report Application Development Organization

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 2022, 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

Maria Gugliuzza, MBA
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 2022, so hospitals may preview their measure results prior to the public reporting of the results.

Included Measures (1 of 2)

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

Included Measures (2 of 2)

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

Updates for July 2022 Public Reporting

CMS made the following changes to the Public Reporting, outcome, payment, and CMS PSI measures for July 2022:

- CMS will delay reporting of the Pneumonia readmission and mortality measure results to allow for additional time to update the measure to account for COVID-19. As a result, the two measures are not included in this year's Publicly Reported Readmission and Mortality HSRs.
- CMS will delay reporting of the dual eligibility disparity methods for the readmission measure results to a later date. As a result, the two disparity tabs for Within Hospital and Across Hospital results are not included in this July 2022 Publicly Reported Readmission HSR. In addition, CMS will report dual eligibility disparity methods for the HWR measure, along with the Condition- and Procedure-Specific Readmission Measures results.
- CMS will not report the CMS PSI measure results to hospitals, nor will the results be refreshed on Care Compare as part of the IQR/PR July 2022 public reporting refresh.
- CMS updated the Planned Readmission Algorithm Version 4.0 2022 to incorporate new ICD-10-CM and ICD-10-PCS codes applicable to the 2022 measurement period.
- CMS updated the readmission, mortality, complication, payment, and EDAC measure risk models to account for whether any clinical patient risk factors were present on admission (POA) during the patient's index stay.
- Note: FY 2023 IPPS/LTCH PPS Proposed Rule: https://public-inspection.federalregister.gov/2022-08268.pdf

Updated Discharge Periods

- In response to the COVID-19 public health emergency CMS is not using 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 reporting periods for all Public Reporting measures apart from HWR have been updated to reflect this policy:

Measures	Updated Reporting Period*
AMI, COPD, HF, CABG, and THA/TKA readmission measures	July 1, 2018, through December 1, 2019, and July 1, 2020, through June 30, 2021
AMI, COPD, HF, stroke, and CABG mortality measures	
AMI, HF, and pneumonia payment measures	
AMI, HF, and pneumonia EDAC measures	
HWR measure	July 1, 2020, through June 30, 2021
THA/TKA complication and payment measures	April 1, 2018, through October 2, 2019, and July 1, 2020, through March 31, 2021

- 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 2022 Public Reporting HSRs were delivered **May 16, 2022**.
- The July 2022 Public Reporting preview period is **May 17–June 15, 2022**.

Coming Soon: Medicare Spending per Beneficiary (MSPB) HSRs

- CMS anticipates the MSPB HSRs will be delivered to hospitals in May/June 2022.
- CMS will provide notification of HSR delivery through the **HIQR Notify: Hospital Inpatient Quality Reporting (IQR) Program Notifications** and the **HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications** Program Notification Listserve groups.
  - Sign up for those Listserve groups on QualityNet: https://qualitynet.cms.gov/listserv-signup

Contacts for Questions

- 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 Service Center 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.

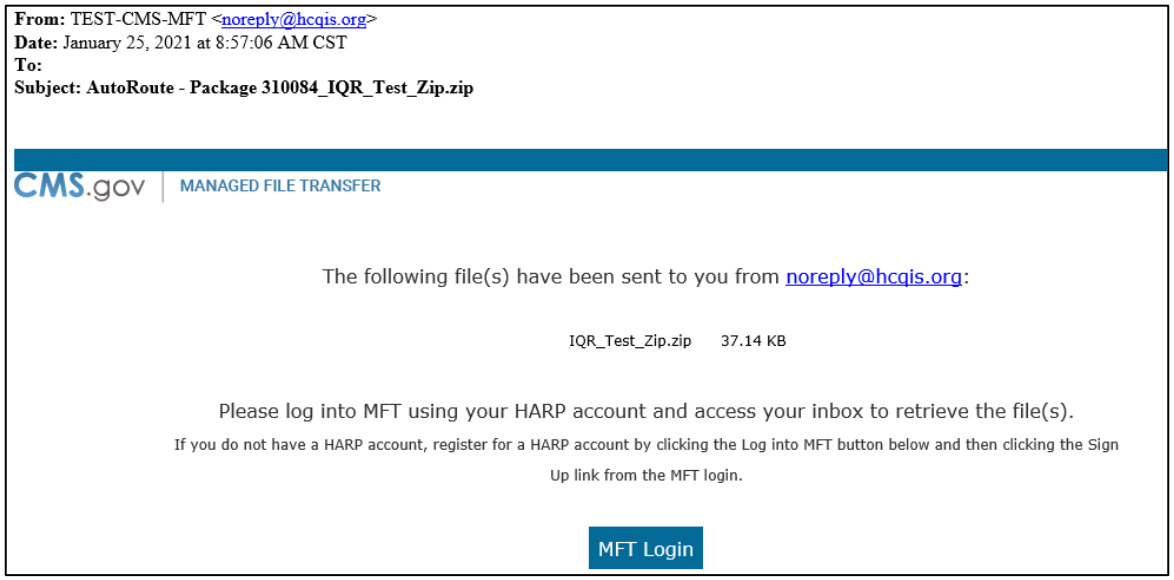
Maria Gugliuzza, MBA
Program Lead
Inpatient VIQR Outreach and Education Support Contractor

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.



From: TEST-CMS-MFT <noreply@hcqis.org>
Date: January 25, 2021 at 8:57:06 AM CST
To:
Subject: AutoRoute - Package 310084_IQR_Test_Zip.zip

CMS.gov | MANAGED FILE TRANSFER

The following file(s) have been sent to you from noreply@hcqis.org:

IQR_Test_Zip.zip 37.14 KB

Please log into MFT using your HARP account and access your inbox to retrieve the file(s).

If you do not have a HARP account, register for a HARP account by clicking the Log into MFT button below and then clicking the Sign Up link from the MFT login.

MFT Login

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_JULY2022_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 16, 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 16, 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 16, and you did not receive your report, please contact the QualityNet Service Center 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 2023 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.

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

Summer 2022 Public Reporting Outcome and Payment Claims-Based Measures (CBM) Methodology Updates and Results

2022 Measure Updates to CBMs: Cohort

Exclude index admissions with either:

- Principal diagnosis of COVID-19 (ICD-10-CM code U07.1)

OR

- Secondary diagnosis code of COVID-19 coded as Present on Admission (POA) on the index admission claim

2022 Measure Updates to CBMs: Outcome

Measures	Outcome
Mortality Measures	No change. Patients who died from COVID-19 are not excluded from the outcome since cause of death is unknown
Readmission Measures	Remove readmissions with a principal or with a secondary diagnosis of COVID-19 coded as Present on Admission (POA)
Hip/Knee Complications	Remove admissions with a principal or with a secondary diagnosis of COVID-19 coded as POA for the medical readmission outcomes only: • AMI • Pneumonia or other acute respiratory complication • Sepsis/septicemia/shock • Pulmonary Embolism Patients with principal or secondary diagnosis of COVID-19 and the following complications will remain in the outcome: mortality, mechanical and wound complication, or surgical site bleeding
EDAC Measures	Remove Emergency Department/Observation or readmissions with a principal or with a secondary diagnosis of COVID-19 coded as POA
Payment Measures	Remove any payments associated with a principal or with a secondary diagnosis of COVID-19 coded as POA (applies to inpatient and Skilled Nursing Facility claims only).

2022 Measure Updates to CBMs: Risk Adjustment

Risk adjust for a history of COVID-19 defined as either:

- ICD-10-CM code U07.1 as principal or secondary diagnosis on a historical claim

OR

- ICD-10-CM code Z86.16, personal history of COVID-19, as a secondary diagnosis on the index or historical claim

Revised Stroke Mortality Measure

- Starting this year, the Stroke Mortality measure will be risk adjusted for stroke severity using the National Institutes of Health (NIH) Stroke Scale.
  - NIH Stroke Scale is a 11-item neurologic exam used to evaluate stroke-related deficits experienced by patients. Hospitals submit NIH Stroke Scale scores on their administrative claims.
- CMS provided hospitals with confidential results in August 2021.
- More details can be found on *QualityNet*.

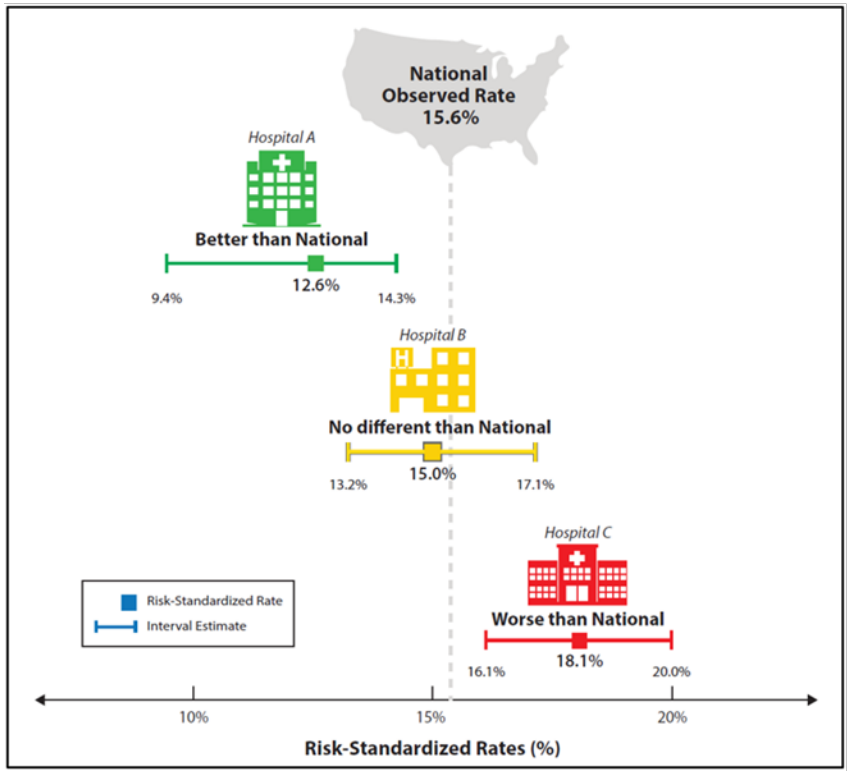
July 2022 Public Reporting CBM Results

Measure Name	National Observed Result (2022)	Change from 2021
Mortality Measures*		
AMI Mortality	12.4%	0.1%
CABG Mortality	2.9%	0.0%
COPD Mortality	8.4%	0.3%
HF Mortality	11.3%	0.1%
Stroke Mortality	13.6%	0.1%
Readmission Measures*		
AMI Readmission	15.0%	-0.8%
CABG Readmission	11.9%	-0.7%
COPD Readmission	19.8%	0.1%
HF Readmission	21.3%	-0.6%
THA/TKA Readmission	4.1%	0.1%
Hospital-wide Readmission	15.0%	-0.5%
Complication Measure		
THA/TKA Complication	2.4%	0.0%
Payment Measures		
AMI Payment	$ 26,800	Indeterminable
HF Payment	$ 18,280	Indeterminable
Pneumonia Payment	$ 19,490	Indeterminable
THA/TKA Payment	$ 20,793	Indeterminable

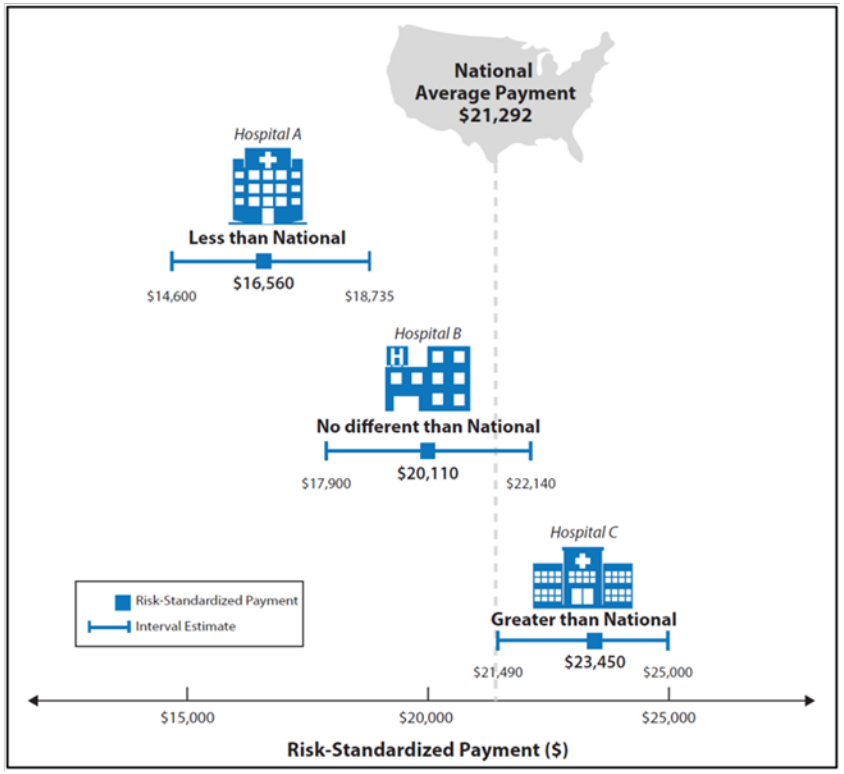
*Pneumonia mortality and readmission measures are delayed for 2022 public reporting.

Interpreting Your Results: Performance Categories

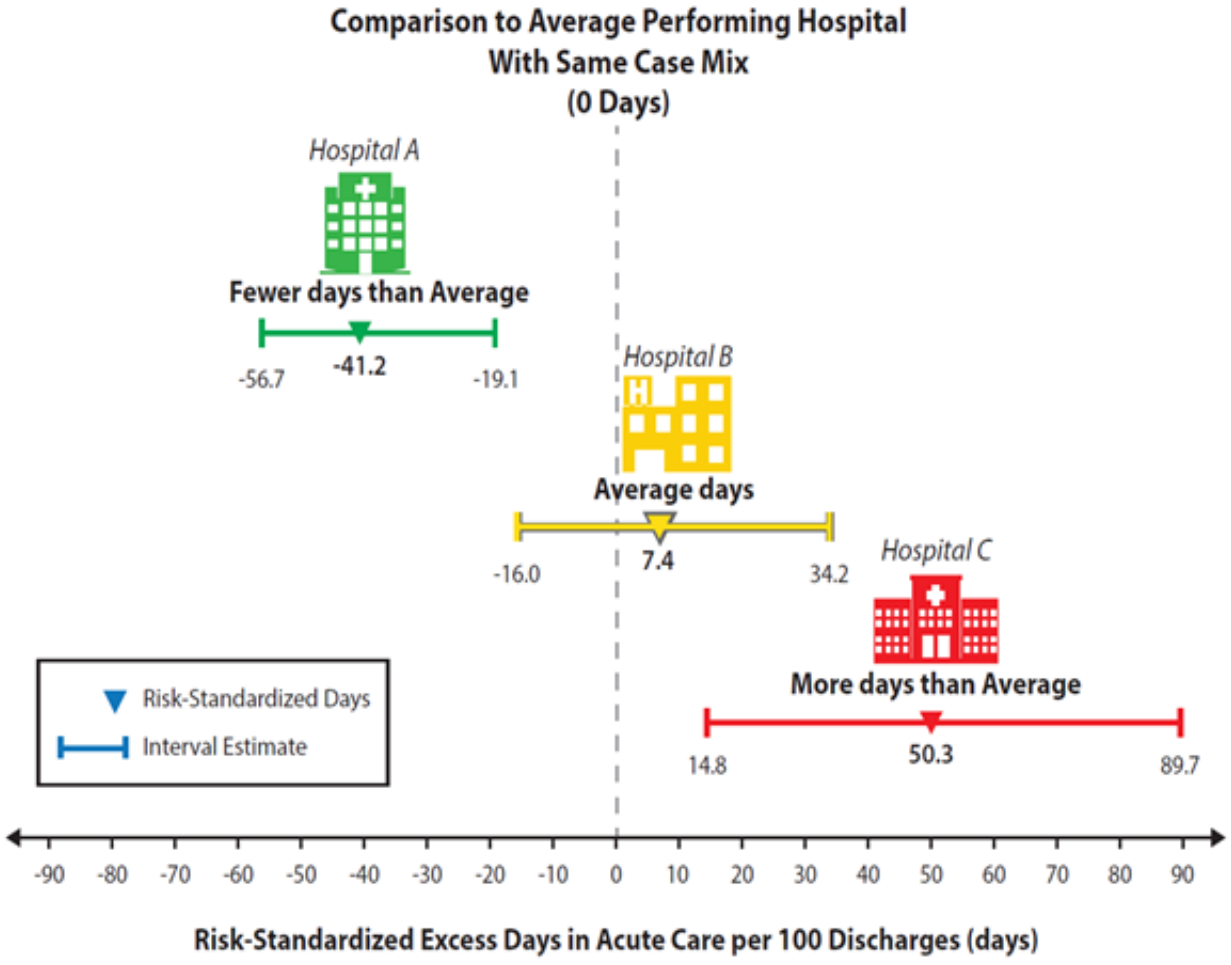
Example Category Assignment: Outcome Measures (except EDAC)



Example Category Assignment: Payment Measures



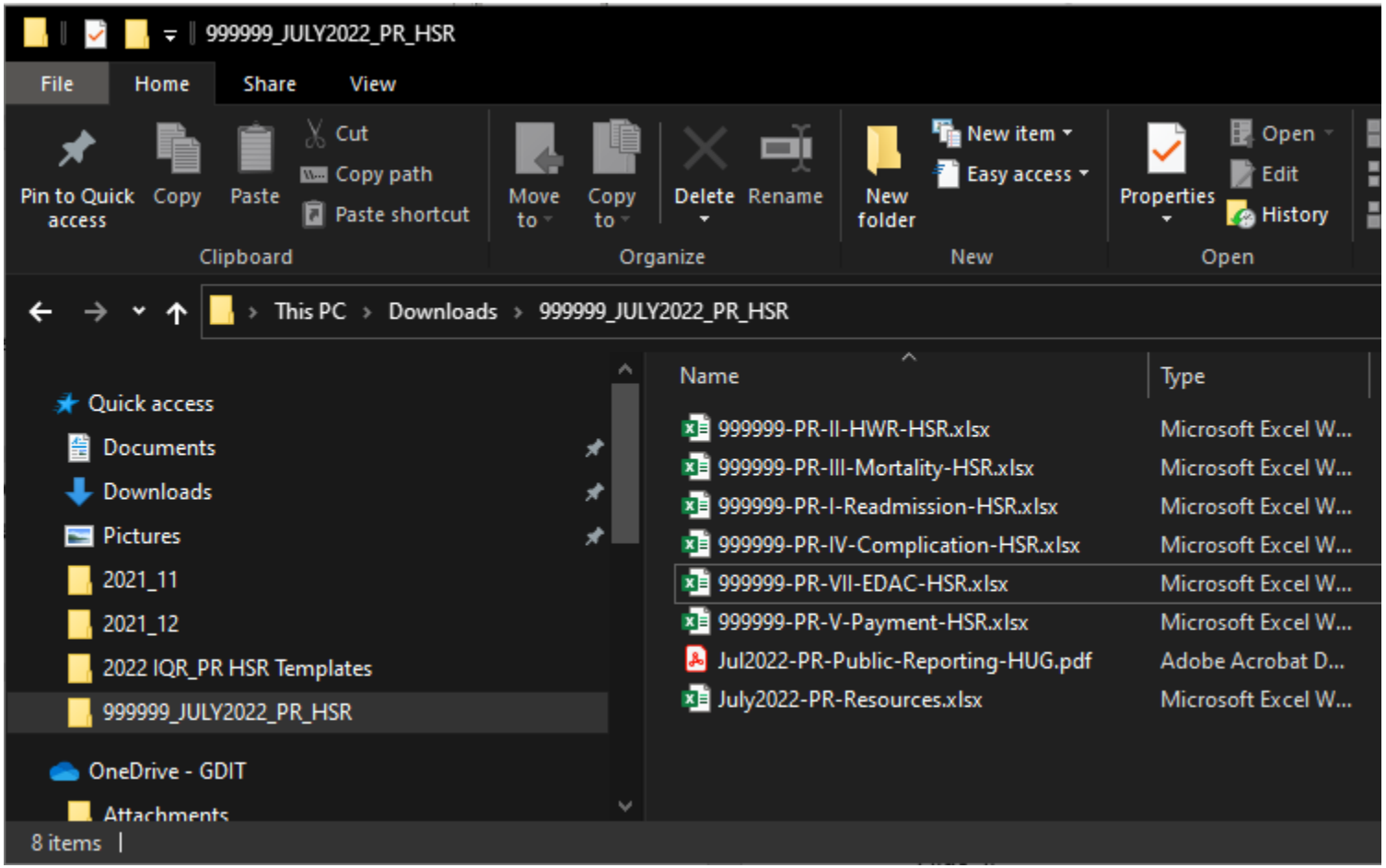
Interpreting Your Results: Performance Categories



Josh Gerrietts
Public Reporting Claims-Based Measures Project Manager
Hospital Quality Report Application Development Organization

Public Reporting HSRs

Public Reporting HSR Bundle



HSR User Guide

The July2022_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

Changes to the Public Reporting and IQR Program Bundles and HSRs

- Disparity Stratification will not be reported in the Readmission HSRs distributed in May.
- History of COVID-19 risk factor was added to all 6 PR HSRs.
- COVID-19 exclusions have been added to all the PR HSRs.
- PSI HSRs will not be included.
- PN Results will not be included in the Mortality and Readmission HSRs. Payment will not have PN Value of Care.

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, CABG and THA/TKA
HOSPITAL NAME
Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

Performance Information	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 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	No different than the national rate
Total Number of Eligible Discharges (Denominator) at Your Hospital	173	182	373	44	143
RSRR at Your Hospital	15.3%	20.1%	20.3%	11.7%	4.7%
Lower Limit of 95% Interval Estimate	12.6%	16.9%	17.4%	8.4%	3.2%
Upper Limit of 95% Interval Estimate	18.6%	23.8%	23.4%	16.0%	6.8%
National Observed Readmission Rate (Numerator/ Denominator)	15.0%	19.8%	21.3%	11.9%	4.1%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital [a]	26	39	72	5	10
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	15.0%	21.4%	19.3%	11.4%	7.0%
Average RSRR in Your State [a]	14.8%	20.1%	21.0%	11.5%	4.0%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a]	1,962	3,302	9,336	450	1,094
Number of Eligible Discharges (Denominator) in Your State [a]	13,668	16,114	44,988	4,243	27,648
Observed Readmission Rate (Numerator/ Denominator) in Your State [a]	14.4%	20.5%	20.8%	10.6%	4.0%
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a]	49,484	79,823	199,928	11,627	22,956
Number of Eligible Discharges (Denominator) in the Nation [a]	329,448	403,074	937,761	97,312	562,306

Distribution Tab

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

HOSPITAL NAME

Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

Hospital Performance Category	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Total Number of Hospitals in the Nation with Measure Results	**3,784**	**4,563**	**4,584**	**1,126**	**3,433**
Number of Hospitals in the Nation that Performed Better than the National Rate	4	7	66	4	19
Number of Hospitals in the Nation that Performed No Different than the National Rate	1,864	3,063	3,225	902	2,509
Number of Hospitals in the Nation that Performed Worse than the National Rate	13	21	85	7	12
Number of Hospitals in the Nation that had Too Few Cases [a]	1,903	1,472	1,208	213	893
Total Number of Hospitals in Your State with Measure Results	**143**	**158**	**158**	**57**	**145**
Number of Hospitals in Your State that Performed Better than the National Rate	0	0	5	0	0
Number of Hospitals in Your State that Performed No Different than the National Rate	90	127	136	47	118
Number of Hospitals in Your State that Performed Worse than the National Rate	0	2	3	0	0
Number of Hospitals in Your State that had Too Few Cases [a]	53	29	14	10	27

Discharges Tab

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

HOSPITAL NAME

Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

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]	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	I2119
2	999999	AMI	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214
3	999999	AMI	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214
4	999999	AMI	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I2109
5	999999	AMI	999999999A	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214
6	999999	AMI	999999999A	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214

Mortality Discharges Tab

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

HOSPITAL NAME

Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

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	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2109	Yes	99/99/9999	N/A
2	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999	N/A
3	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999	N/A
4	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I214	Yes	99/99/9999	N/A
5	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2109	Yes	99/99/9999	N/A
6	999999	AMI	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	N/A	99/99/9999	0	I2119	Yes	99/99/9999	N/A

[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 CABG 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 are being used in risk-adjustment to calculate stroke mortality rates for July 2022 public reporting. The " {0} " indicates CMS will assign a NIHSS score of 0 to patients without a NIHSS score. 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, 2018 through October 2, 2019, and July 1, 2020 through March 31, 2021

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

ID Number	Provider ID	Measure	HICNO	MBI [a]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Additional Complication Record (Yes/No) [b]	Complication Excluded Due to COVID-19 (Yes/No) [c]	Inclusion/ Exclusion Indicator	Number of TKAs Performed (0, 1, or 2)	Number of THAs Performed (0, 1, or 2)	Patient Had a Complication (Yes/No)	Complication
1	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Pulmonary embolism
2	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Pulmonary embolism
3	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Sepsis
4	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
5	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
6	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
7	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1	Yes	Mechanical complication
8	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
9	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0	Yes	Infection
10	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
11	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
12	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Pulmonary embolism
13	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Pulmonary embolism
14	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	0	1	Yes	Infection
15	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
16	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
17	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Mechanical complication
18	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
19	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0	Yes	Infection
20	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	No	0	1	0	Yes	Infection
21	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0	No	N/A
22	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1	No	N/A
23	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0	No	N/A
24	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1	No	N/A
25	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1	No	N/A
26	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1	No	N/A
27	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1	No	N/A
28	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	1	0	No	N/A
29	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1	No	N/A
30	999999	THA/TKA	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	No	N/A	0	0	1	No	N/A

EDAC Discharge Level Summary of Events

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

HOSPITAL NAME

Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

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

ID Number	Provider ID	Measure	HIC NO	MBI [a]	Medical Re	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Inclusion/ Exclusion Indicator	Event(s) within 30 Days Included in Measure (Yes/No)	Days from Index Discharge to First Event [b]	Number of ED Visits Counted [c]	Number of Observation Stays Counted [c]	Number of Unplanned Readmissions Counted [c] [	Total Number of Eligible Acute Care Events	Total Days Included in Measure Outcome [e]
1	999999	AMI EDAC	999	9A	999	99/99/9999	99/99/9999	99/99/9999	0	Yes	17	1	0	1	2	1.5
2	999999	AMI EDAC	999	9A	999	99/99/9999	99/99/9999	99/99/9999	0	Yes	2	1	2	0	3	7.0
3	999999	AMI EDAC	999	9A	999	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	1	0	0	1	0.5
4	999999	AMI EDAC	999	9A	999	99/99/9999	99/99/9999	99/99/9999	0	Yes	5	3	2	1	6	6.5
5	999999	AMI EDAC	999	9A	999	99/99/9999	99/99/9999	99/99/9999	0	Yes	11	1	0	0	1	0.5
6	999999	AMI EDAC	999	9A	999	99/99/9999	99/99/9999	99/99/9999	0	Yes	2	0	0	1	1	6.0
7	999999	AMI EDAC	999	9A	999	99/99/9999	99/99/9999	99/99/9999	0	Yes	18	1	0	0	1	0.5
8	999999	AMI EDAC	999	9A	999	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 VI.4: Your Hospital's Patient-level Summary for the EDAC after Hospitalization for AMI, HF, and Pneumonia Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

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	Event Included in Outcome (Yes/N/A-COVID Patient) [c]	Days per Event [d]	Principal Diagnosis of Event	Event at Same Hospital as Index Admission (Yes/No)	Provider ID of Event Hospital [e]
4	999999	AMI EDAC	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	4	I214	Yes	999999
4	999999	AMI EDAC	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5	R079	Yes	999999
4	999999	AMI EDAC	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5	R079	Yes	999999
4	999999	AMI EDAC	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Facility)	99/99/9999	99/99/9999	Yes	1.5	R079	Yes	999999
4	999999	AMI EDAC	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	0.5	R079	Yes	999999
4	999999	AMI EDAC	999999999A	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Observation Stay (Physician)	99/99/9999	99/99/9999	Yes	1	R0789	N/A	N/A

Payment Discharge Level Index Stay and Summary

O	P	Q	R	S	T	U	V	W
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
$26,135	$11,487	44.0%	$10,359	39.6%	$1,127	4.3%	$14,649	56.0%
$18,779	$18,563	98.8%	$17,276	92.0%	$1,287	6.9%	$216	1.2%
$5,855	$5,855	100.0%	$4,566	78.0%	$1,289	22.0%	$0	0.0%
$11,917	$11,917	100.0%	$11,039	92.6%	$878	7.4%	$0	0.0%
$44,473	$43,651	98.2%	$39,881	89.7%	$3,770	8.5%	$821	1.8%
$22,218	$7,084	31.9%	$6,088	27.4%	$996	4.5%	$15,134	68.1%
$11,121	$7,016	63.1%	$6,006	54.0%	$1,009	9.1%	$4,105	36.9%
$58,432	$58,432	100.0%	$52,921	90.6%	$5,511	9.4%	$0	0.0%
$13,287	$13,271	99.9%	$12,476	93.9%	$795	6.0%	$16	0.1%
$87,872	$65,115	74.1%	$55,841	63.5%	$9,274	10.6%	$22,757	25.9%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
$20,247	$9,108	45.0%	$8,239	40.7%	$869	4.3%	$11,138	55.0%
$17,903	$9,019	50.4%	$8,448	47.2%	$572	3.2%	$8,884	49.6%
$6,291	$5,913	94.0%	$5,641	89.7%	$272	4.3%	$378	6.0%
$24,434	$9,037	37.0%	$8,388	34.3%	$649	2.7%	$15,397	63.0%
$12,366	$9,073	73.4%	$8,446	68.3%	$627	5.1%	$3,293	26.6%
$13,067	$8,563	65.5%	$8,039	61.5%	$524	4.0%	$4,504	34.5%
$22,912	$9,271	40.5%	$8,039	35.1%	$1,233	5.4%	$13,641	59.5%
$22,021	$10,373	47.1%	$9,083	41.2%	$1,290	5.9%	$11,648	52.9%
$10,051	$9,579	95.3%	$8,474	84.3%	$1,105	11.0%	$471	4.7%
$11,511	$11,511	100.0%	$9,111	79.1%	$2,401	20.9%	$0	0.0%
$23,878	$9,009	37.7%	$8,211	34.4%	$798	3.3%	$14,869	62.3%
$6,618	$6,401	96.7%	$5,641	85.2%	$760	11.5%	$217	3.3%
$24,436	$10,816	44.3%	$8,416	34.4%	$2,400	9.8%	$13,619	55.7%
$28,231	$27,226	96.4%	$26,701	94.6%	$525	1.9%	$1,005	3.6%
$11,159	$9,522	85.3%	$8,283	74.2%	$1,239	11.1%	$1,637	14.7%
$11,943	$7,905	66.2%	$7,252	60.7%	$653	5.5%	$4,039	33.8%
$9,391	$8,759	93.3%	$8,239	87.7%	$520	5.5%	$632	6.7%

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 2020 Dollars)
HOSPITAL NAME
Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021 for AMI, HF and Pneumonia measures
Hospital Discharge Period: April 1, 2018 through October 2, 2019, and July 1, 2020 through March 31, 2021 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
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, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

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	Care Setting	Incidences at Care Setting [b]	Incidences not Counted Due to COVID-19	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	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	1	0	0
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	2	0	16
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	0	0	N/A
1	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	0	N/A
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	2	0	19
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	1	0	4
2	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	1	0	17
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	0	0	N/A
5	999999	AMI Payment	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	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, and HF

HOSPITAL NAME

Hospital Discharge Period: July 1, 2018 through December 1, 2019, and July 1, 2020 through June 30, 2021

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
Count of Eligible Discharges	173	13,668	329,448	182	16,114	403,074	373	44,988	937,761
Mean Age	76.9	77.4	77.4	75.0	75.7	76.2	80.2	80.8	80.3
Standard Deviation of Age	7.7	8.2	8.1	6.5	7.4	7.4	7.9	8.7	8.5
Male	52%	57%	57%	N/A	N/A	N/A	52%	49%	49%
History of Coronary Artery Bypass Graft (CABG) Surgery (Select ICD-10-CM and ICD-10-PCS codes†)	17%	17%	17%	N/A	N/A	N/A	25%	22%	21%
History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (Select ICD-10-CM and ICD-10-PCS codes†)	29%	28%	27%	N/A	N/A	N/A	N/A	N/A	N/A
History of Mechanical Ventilation (ICD-10-PCS codes 5A09357, 5A09358, 5A09359, 5A0935B, 5A0935Z, 5A09457, 5A09458, 5A09459, 5A0945B, 5A0945Z, 5A09557, 5A09558, 5A09559, 5A0955B, 5A0955Z, 5A1935Z, 5A1945Z, and 5A19555Z)	N/A	N/A	N/A	18%	12%	13%	N/A	N/A	N/A
Sleep-disordered Breathing (ICD-10-CM codes G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.37, and G47.39)	N/A	N/A	N/A	32%	26%	26%	N/A	N/A	N/A
Anterior Myocardial Infarction (ICD-10-CM codes I21.01, I21.02, and I21.09)	8%	7%	7%	N/A	N/A	N/A	N/A	N/A	N/A
Non-anterior Location of Myocardial Infarction (ICD-10-CM codes I21.11, I21.19, I21.21, I21.29, I21.3, and I21.9)	20%	15%	14%	N/A	N/A	N/A	N/A	N/A	N/A
History of COVID-19 (U07.1 "COVID-19"--principal or secondary diagnosis on a historical claim; or Z86.16									

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, 2018 through October 2, 2019, and July 1, 2020 through March 31, 2021

Percent of All Eligible Admissions with Specific Complication (Number of Admissions with Specific Complication) [a]	Your Hospital [b]	State	National
AMI during index admission or within 7 days of admission [c]	0.0% (0)	0.2%	0.1%
Pneumonia during index admission or within 7 days of admission [c]	0.0% (0)	0.5%	0.5%
Sepsis/septicemia during index admission or within 7 days of admission [c]	0.1% (1)	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 [c]	0.3% (4)	0.4%	0.4%
Death during index admission or within 30 days of admission	0.0% (0)	0.3%	0.2%
Mechanical complications during index admission or within 90 days of admission	0.1% (2)	0.5%	0.5%
Periprosthetic joint infection (PJI) or wound infection during index admission or within 90 days of admission	0.8% (11)	0.9%	0.7%

Josh Gerrietts
Public Reporting Claims-Based Measures Project Manager
Hospital Quality Report Application Development Organization

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.

Submitting Preview Period Questions

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

Underlying Claims

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

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 Service Center 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 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.

Disclaimer

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

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.