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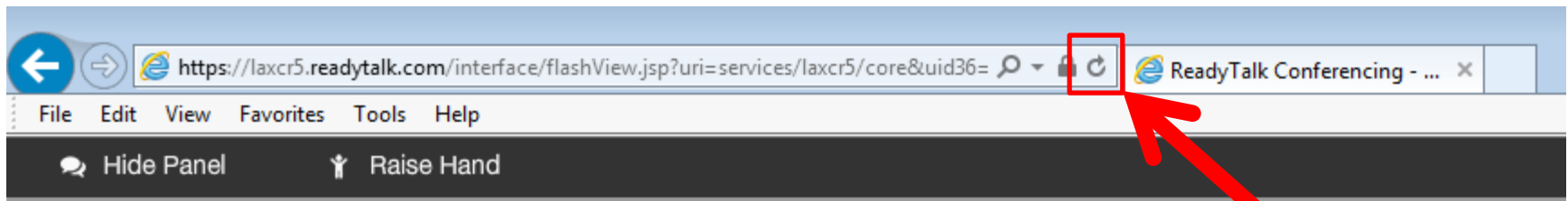**Audio from computer speakers breaking up?**

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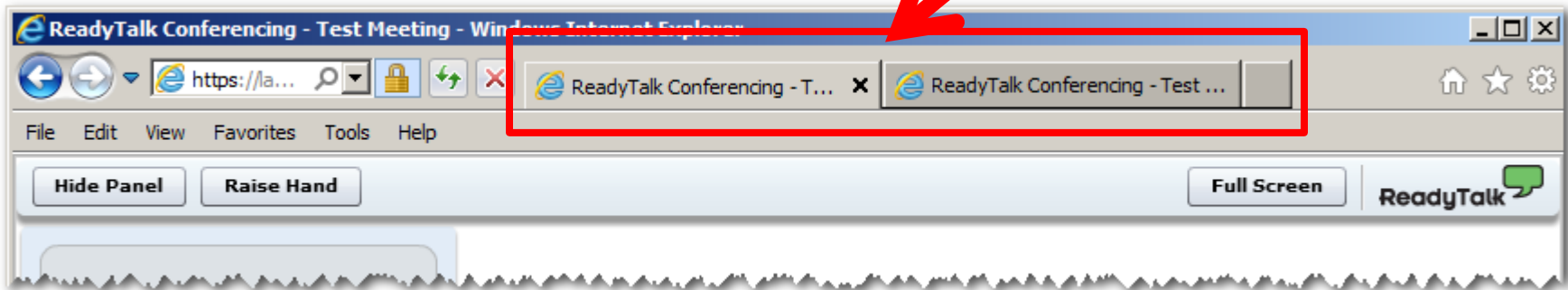
F5 Key
Top Row of Keyboard

Location of Buttons

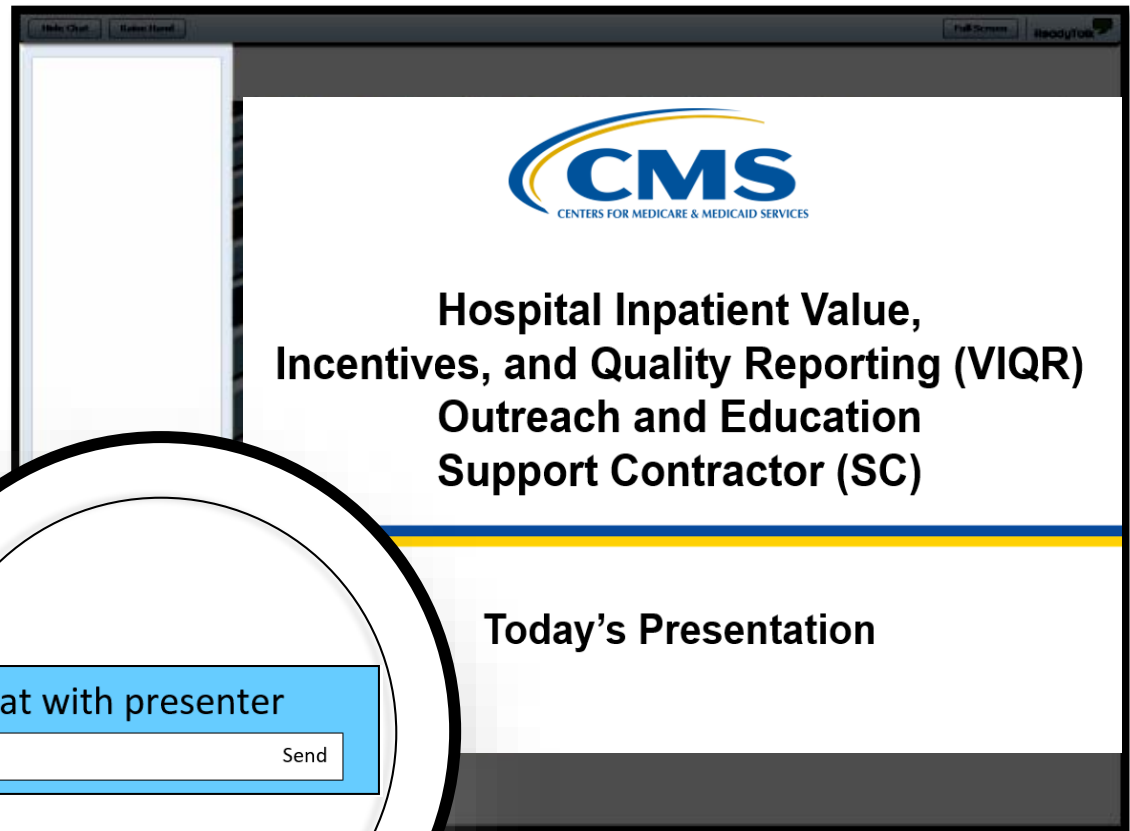Refresh

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

Today's Presentation

Chat with presenter

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Hospital Inpatient Quality Reporting (IQR) and Hospital Value-Based Purchasing (VBP) Programs: Reviewing Your Claims-Based Measures Hospital-Specific Reports

Tamara Mohammed, MHA, PMP
Measure Implementation and Stakeholder Communication Lead
Yale/Yale New Haven Health (YNHH)
Center for Outcomes Research & Evaluation (CORE)

Curtis Smith
Hospital Quality Reporting (HQR) Project Lead, Customer Value Partners (CVP)
Health Care Quality Analytics and Reporting (HCQAR) Contractor

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

April 17, 2018

Purpose

The webinar will provide an overview of the Claims-Based Measures Hospital Specific-Reports (HSRs) for the Hospital IQR Program and Hospital VBP Program. This overview consists of the following:

- A summary of national rates and performance categories used in the Hospital IQR Program

- Details on receiving the HSRs

- A review of claims-based measure calculations and reading of the HSRs

- A description of how to review measure calculations and requesting corrections in the Hospital VBP Program

Objectives

At the conclusion of the presentation, participants will be able to:

- Recall how performance categories are assigned using national rates.

- Recognize how to access HSRs.

- Interpret HSRs and results.

- Understand the process for submitting the Review and Corrections Request.

Hospital IQR Program
Fiscal Year (FY) 2019 Measurement Periods

Measure Set	Measurement Period
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) • Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), Stroke (STK), Coronary Artery Bypass Graft (CABG) Surgery	July 1, 2014–June 30, 2017
Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) • AMI, HF, PN, Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA), COPD, STK, CABG	July 1, 2014–June 30, 2017
• Hospital-Wide Readmission (HWR)	July 1, 2016–June 30, 2017
Hospital-Level Risk-Standardized Complication Rate (RSCR) • THA/TKA Complication	April 1, 2014–March 31, 2017
Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care • AMI, HF, PN	July 1, 2014–June 30, 2017
• THA/TKA	April 1, 2014–March 31, 2017
Excess Days in Acute Care (EDAC) • AMI, HF, PN	July 1, 2014–June 30, 2017
Patient Safety Indicators (PSI) • PSI 4, PSI 90	October 1, 2015–June 30, 2017

Hospital VBP Program
FY 2019 Measurement Periods

Measure Set	Baseline Period	Performance Period
RSMR: AMI, HF, PN	July 1, 2009–June 30, 2012	July 1, 2014–June 30, 2017
RSCR:THA/TKA	July 1, 2010–June 30, 2013	January 1, 2015–June 30, 2017

Hospital VBP Program
HSR Notes

- Only performance period data will be included in the HSR for the Hospital VBP Program. Baseline period data are displayed on your hospital's Baseline Measures Report available to run in the *QualityNet Secure Portal*. The Baseline Measures Report was first made available in March 2017.

- The THA/TKA RSCR measure will be included in the Hospital VBP Program for the first time in FY 2019.

- The PN RSMR used in the FY 2019 Hospital VBP Program does not include the expanded cohort of:

  o Patients with a principal discharge diagnosis of aspiration pneumonia.

  o Patients with a principal discharge diagnosis of sepsis (not including severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA that is included in the updated version of the measure used in the FY 2019 Hospital IQR Program.

  Note: CMS will begin using the updated pneumonia cohort in the FY 2021 Hospital VBP Program.

- The Patient Safety for Selected Indicators (PSI 90) Composite was removed from the Hospital VBP Program beginning in FY 2019. The PSI 90 Composite will not be included in the Hospital VBP Program HSRs or the FY 2019 Percentage Payment Summary Report, although the measure is still displayed on your hospital's FY 2019 Baseline Measures Report.

Tamara Mohammed, MHA, PMP
Measure Implementation and Stakeholder Communication Lead
YNHH/CORE

FY 2019 Claims-Based Measure Results

FY 2019 Claims-Based Measure Results

Measure Name	National Observed Result (FY 2019)	Change from FY 2018
Mortality Measures		
AMI Mortality	13.2%	- 0.4
COPD Mortality	8.3%	+ 0.3
CABG Mortality	3.1%	- 0.1
HF Mortality	11.7%	- 0.2
Pneumonia Mortality	15.7%	- 0.2
Stroke Mortality	14.3%	- 0.3
Readmission Measures		
AMI Readmission	16.0%	- 0.3
COPD Readmission	19.6%	- 0.2
CABG Readmission	13.2%	- 0.6
HF Readmission	21.7%	0.0
Pneumonia Readmission	16.7%	- 0.2
Stroke Readmission	11.9%	- 0.3
THA/TKA Readmission	4.2%	- 0.2
Hospital-wide Readmission	15.3%	0.0
Complication Measure		
THA/TKA Complication	2.6%	- 0.2
Payment Measures		
AMI Payment	$23,745	Indeterminable
HF Payment	$16,632	Indeterminable
Pneumonia Payment	$17,415	Indeterminable
THA/TKA Payment	$21,953	Indeterminable

Interpreting Your Results
Performance Categories

Example Category Assignment: Outcome Measures (except EDAC)

National Observed Rate 15.6%

Hospital A
Better than National
12.6%
9.4% — 14.3%

Hospital B
No different than National
15.0%
13.2% — 17.1%

Hospital C
Worse than National
18.1%
16.1% — 20.0%

Risk-Standardized Rate
Interval Estimate

10%   15%   20%

Risk-Standardized Rates (%)
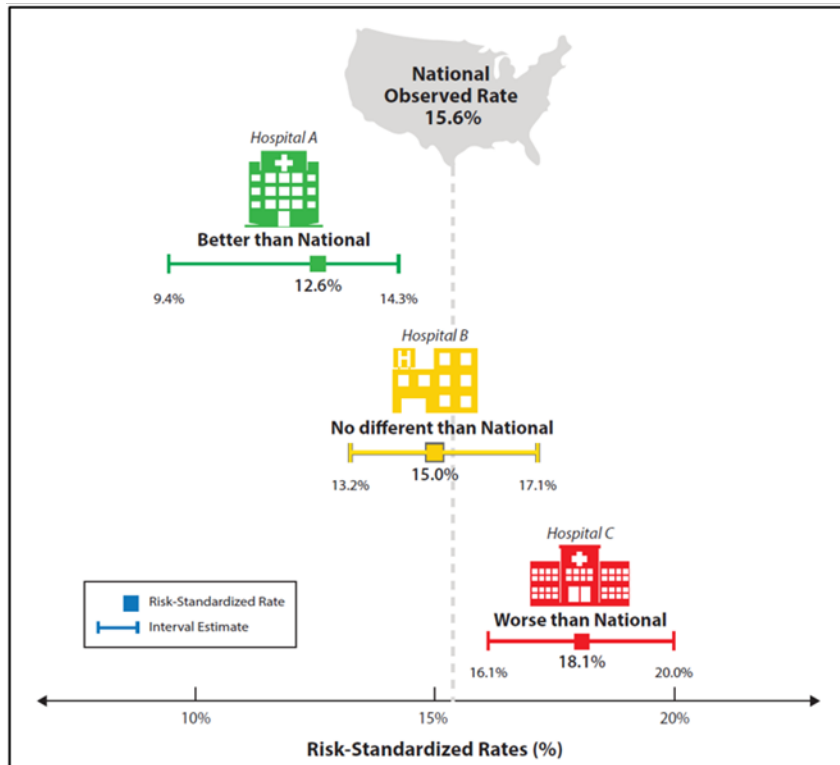
Example Category Assignment: Payment Measures

National Average Payment $21,292

Hospital A
Less than National
$16,560
$14,600 — $18,735

Hospital B
No different than National
$20,110
$17,900 — $22,140

Hospital C
Greater than National
$23,450
$21,490 — $25,000

Risk-Standardized Payment
Interval Estimate

$15,000 $20,000 $25,000

Risk-Standardized Payment ($)
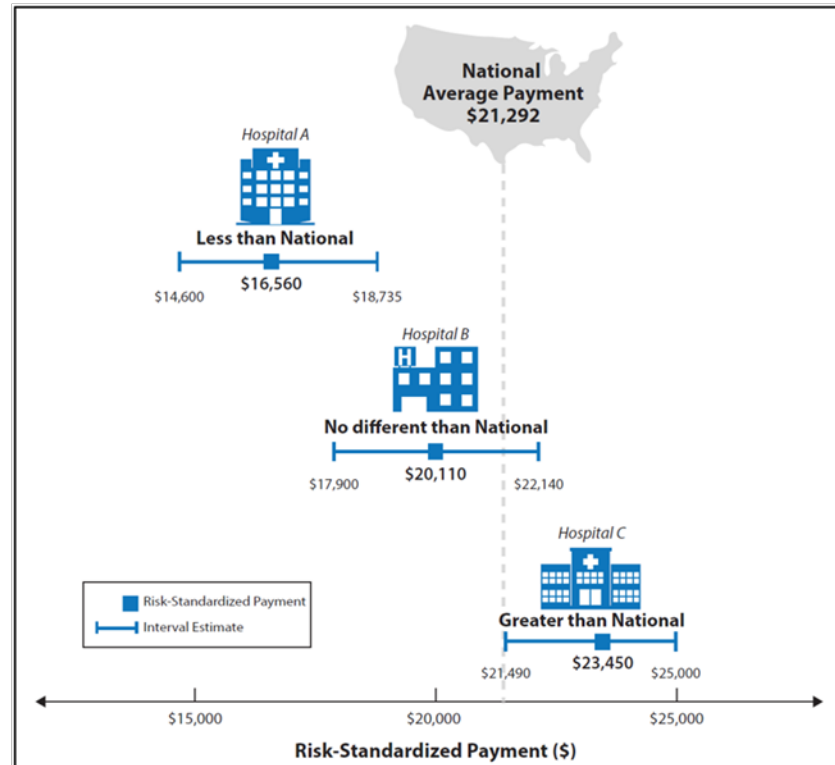
Interpreting Your Results
Performance Categories

Example Category Assignment:
Excess Days in Acute Care Measures
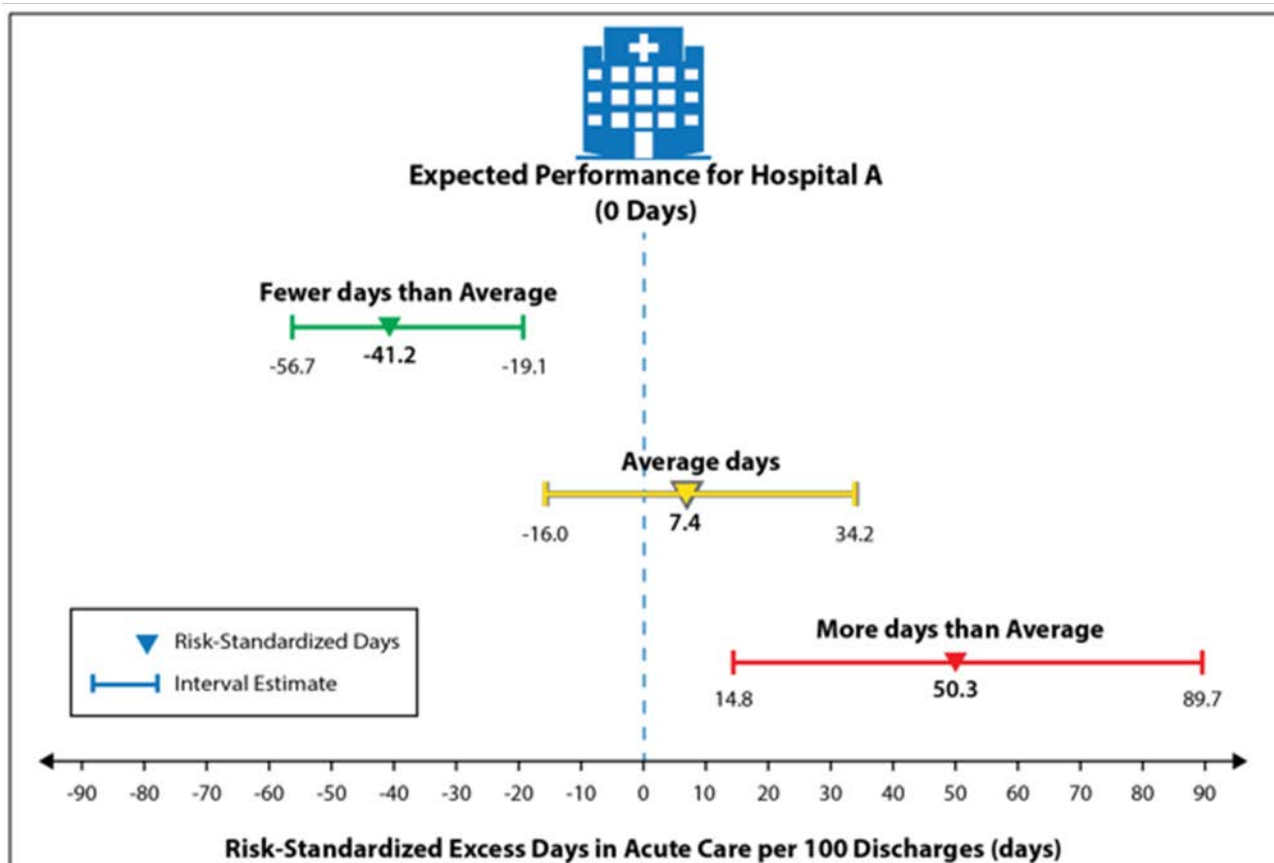
Curtis Smith
HQR Project Lead, CVP, HCQAR Contractor

How to Receive Your HSR

How to Receive Your HSRs

- How do I know when my report is available?
  - A *QualityNet* ListServe notification indicating the reports will soon be available was sent via email to those who are registered for Hospital IQR Program notifications.
- Who has access to the report?
  - Hospital users with the **Hospital Reporting Feedback - Inpatient** role and the **File Exchange and Search** role will have access to the HSRs and User Guide.
- How can I access the report?
  - For those with the correct access, the HSRs and User Guide will be in their My *QualityNet* Secure File Transfer Inbox.

IQR and HVBP HSR User Guide

The *FY2019_HVBP_HSR_UserGuide.pdf* that accompanies your complication and mortality HSRs includes additional information about the data in the HSRs and also includes examples for the complication and mortality replication process.

The *FY2019_Hospital_IQR_Program_HUG.pdf* that accompanies the IQR HSRs includes additional information about the data in the HSRs.

Curtis Smith
HQR Project Lead, CVP, HCQAR Contractor

IQR HSRs Overview

IQR HSR Bundle

IQR Updates for This Year

- The PN EDAC measure will be publically reported this year.

- The CMS PSI v8.0 software was updated for ICD-10 specifications.

- IQR mortality and readmission AMI, HF, and PN cohorts include Veterans Health Administration (VHA) data.

IQR HSR Content

Each of the IQR HSRs uses the same basic structure for consistency with tabs providing:

- Your hospital's measure results.

- The distribution of state and national performance categories.

- The discharge-level data used to calculate your hospital's measure results.

- A case-mix comparison of the risk factors used for risk adjusting the measures.

IQR Measure Results

Table I.1: Your Hospital's Performance on 30-Day Risk-Standardized Readmission Measures for AMI, COPD, HF, Pneumonia, Stroke, CABG and THA/TKA
Hospital Name
Hospital Discharge Period: July 1, 2014 through June 30, 2017

Performance Information	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	Stroke 30-Day Readmission	CABG 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	No different than the national rate
Total Number of Eligible Discharges (Denominator) at Your Hospital	487	749	670	965	520	132
RSRR at Your Hospital	14.6%	20.7%	23.0%	16.4%	11.6%	11.3%
Lower Limit of 95% Interval Estimate	12.4%	18.5%	20.5%	14.6%	9.7%	8.5%
Upper Limit of 95% Interval Estimate	16.9%	23.1%	25.6%	18.5%	13.8%	14.7%
National Observed Readmission Rate (Numerator/ Denominator)	16.0%	19.6%	21.7%	16.7%	11.9%	13.2%
Total Number of Unplanned 30-Day Readmissions (Numerator) of Your Hospital [a]	68	168	165	163	62	11
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	14.0%	22.4%	24.6%	16.9%	11.9%	8.3%
Average RSRR in Your State [a]	15.7%	19.5%	21.3%	16.8%	12.0%	12.8%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a]	1,526	3,715	5,772	4,672	1,446	307
Number of Eligible Discharges (Denominator) in Your State [a]	9,319	18,824	26,728	27,680	11,676	2,445
Observed Readmission Rate (Numerator/ Denominator) in Your State [a]	16.4%	19.7%	21.6%	16.9%	12.4%	12.6%
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a]	81,717	166,998	265,096	238,430	59,979	17,692
Number of Eligible Discharges (Denominator) in the Nation [a]	509,573	852,039	1,220,237	1,425,261	503,895	133,947

IQR Distribution Tab

Table I.2: National and State Performance Categories for 30-Day Risk-Standardized Readmission Measures for AMI, COPD, HF, Pneumonia, Stroke, CABG and THA/TKA
Hospital Name
Hospital Discharge Period: July 1, 2014 through June 30, 2017

Hospital Performance Category	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	Stroke 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Total Number of Hospitals in the Nation with Measure Results	4,208	4,576	4,708	4,764	4,344	1,180	3,453
Number of Hospitals in the Nation that Performed Better than the national rate	24	18	127	61	7	8	44
Number of Hospitals in the Nation that Performed No different than the national rate	2,174	3,627	3,520	4,054	2,508	1,002	2,734
Number of Hospitals in the Nation that Performed Worse than the national rate	31	56	170	188	33	10	29
Number of Hospitals in the Nation that had Too few cases	1,979	875	891	461	1,796	160	646
Total Number of Hospitals in Your State with Measure Results	47	46	48	49	46	12	45
Number of Hospitals in Your State that Performed Better than the national rate	0	1	4	1	0	0	2
Number of Hospitals in Your State that Performed No different than the national rate	37	43	39	42	42	10	40
Number of Hospitals in Your State that Performed Worse than the national rate	1	1	3	3	1	0	0
Number of Hospitals in Your State that had Too few cases	9	1	2	3	3	2	3

IQR Discharges Tab

Table I.3: Discharge-Level Information for the AMI, COPD, HF, Pneumonia, Stroke, CABG and THA/TKA Readmission Measures
Hospital Name
Hospital Discharge Period: July 1, 2014 through June 30, 2017
This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

ID Number	Provider ID	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [a]	Inclusion/ Exclusion Indicator	Principal Discharge Diagnosis of Index Stay	Unplanned Readmission within 30 Days (Yes/No)
1	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
2	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
3	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
4	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
5	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
6	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
7	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
8	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
9	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
10	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
11	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
12	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
13	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
14	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41041	Yes
15	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
16	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
17	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
18	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41041	Yes
19	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
20	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
21	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
22	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
23	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
24	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
25	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
26	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
27	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
28	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
29	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes
30	999999	AMI	999999999A	M999999	99/99/9999	99/99/9999	99/99/9999	0	41071	Yes

IQR Complications Discharges Tab

Table IV.4: Discharge-Level Information for the THA/TKA Complication Measure
HOSPITAL NAME
Hospital Discharge Period: April 1, 2014 through March 31, 2017
This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE
REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION.
When referring to these documents use ID Numbers.

ID Number	Provider ID	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [a]	Additional Complication Record [b]	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	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	No	0	1	0	Yes	Mechanical complication
2	999999	THA/TKA	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	0	1	0	Yes	Pulmonary embolism
3	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	Yes	Pulmonary embolism
4	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
5	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
6	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
7	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
8	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
9	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
10	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
11	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
12	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
13	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
14	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
15	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
16	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
17	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
18	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
19	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
20	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
21	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
22	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
23	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
24	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
25	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
26	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
27	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
28	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
29	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
30	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
31	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
32	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	0	1	No	N/A
33	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
34	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
35	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A
36	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	0	1	0	No	N/A

IQR EDAC Discharge-Level Summary of Events

Table VII.3: Your Hospital's Summary of Events for the EDAC after Hospitalization for AMI, HF, and Pneumonia Measures
Hospital Name
Hospital Discharge Period: July 1, 2014 through June 30, 2017

This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

ID Number	Provider ID	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Inclusion/ Exclusion Indicator	Event(s) within 30 Days Included in Measure (Yes/No)	Days from Index Discharge to First Event [a]	Number of ED Visits	Number of Observation Stays	Number of Unplanned Readmissions [b]
1	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	10	1	1	0
2	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	6	1	0	0
3	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	7	2	1	1
4	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	2	3	0
5	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	20	1	1	0
6	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	19	0	0	1
7	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	6	1	0	1
8	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	1	3	0	0
9	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	4	1	0	0
10	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	25	0	0	1
11	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	6	2	0	0
12	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
13	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
14	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
15	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
16	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
17	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
18	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
19	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
20	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
21	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
22	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
23	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
24	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
25	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
26	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0
27	999999	AMI EDAC	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	0	No	N/A	0	0	0

IQR 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, 2014 through June 30, 2017
This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

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

IQR Payment Discharge-Level Index Stay and Summary

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

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IQR Payment Discharge-Level Post-Acute Care

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Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [a]	Care Setting	Incidences at Care Setting [b]	Number of Days Between Discharge and First Encounter	Total Days in Care Setting	Provider ID of Readmitting Hospital [c]	% Total Episode Payments
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	1	16	N/A	N/A	0.5%
99999A	99/99/9999	99/99/9999	99/99/9999	Other Outpatient Settings	0	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Miscellaneous	N/A	N/A	N/A	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility	1	12	8	888888	16.6%
99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician	N/A	N/A	N/A	N/A	3.1%
99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Hospice	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings	1	19	8	N/A	41.4%
99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay	0	N/A	0	N/A	0.0%
99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department	0	N/A	0	N/A	0.8%
99999A	99/99/9999	99/99/9999	99/99/9999	Outpatient Physician Visits	1	7	N/A	N/A	0.6%

IQR 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, Pneumonia and Stroke
Hospital Name
Hospital Discharge Period: July 1, 2014 through June 30, 2017

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	487	9,319	509,573	749	18,824	852,039	670	26,728	1,220,237	965	27,680	1,425,261
Mean Age	77.0	78.2	78.1	75.8	76.8	76.7	80.6	80.3	80.6	79.7	80.5	80.4
Standard Deviation of Age	7.7	8.3	8.3	7.0	7.6	7.6	8.2	8.4	8.5	8.4	8.7	8.6
Male	51%	51%	54%	N/A	N/A	N/A	49%	45%	48%	47%	48%	48%
History of Coronary Artery Bypass Graft (CABG) Surgery (ICD-9-CM diagnosis code V45.81; ICD-9-CM procedure codes 36.10–36.16; Select ICD-10-CM and ICD-10-PCS codes†)	18%	14%	14%	N/A	N/A	N/A	28%	20%	19%	16%	9%	9%
History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (ICD-9-CM diagnosis code V45.82; ICD-9-CM procedure codes 00.66, 36.06, and 36.07; ICD-10-CM codes Z95.5 and Z98.61; Select ICD-10-PCS codes†)	22%	20%	20%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
History of Mechanical Ventilation (ICD-9 procedure codes 93.90, 96.70, 96.71, and 96.72; ICD-10-PCS codes 5A09[3-5]57 and 5A19[3-5]5Z)	N/A	N/A	N/A	9%	12%	11%	N/A	N/A	N/A	N/A	N/A	N/A
Sleep Apnea (ICD-9-CM diagnosis codes 327.20, 327.21, 327.23, 327.27, 327.29, 780.51, 780.53, and 780.57; ICD-10-CM codes G47.30, G47.31, G47.33, G47.37, and G47.39)	N/A	N/A	N/A	21%	22%	22%	N/A	N/A	N/A	N/A	N/A	N/A
Anterior Myocardial Infarction (ICD-9-CM diagnosis codes 410.00–410.12; ICD-10-CM codes I21.01, I21.02, and I21.09)	5%	7%	6%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-anterior Location of Myocardial Infarction (ICD-9-CM diagnosis codes 410.20–410.62; ICD-10-CM codes I21.11, I21.19, I21.21, I21.29, and I21.3)	13%	13%	12%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Severe Infection; Other Infectious Diseases (CC 1, 3-7)	24%	27%	26%	32%	33%	34%	N/A	N/A	N/A	37%	41%	41%
Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock (CC 2)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	16%	15%	16%

IQR Complications Detailed C Statistics Tab

Table IV.2: Number and Percent of All Eligible Admissions with Specific Complication
HOSPITAL NAME
Hospital Discharge Period: April 1, 2014 through March 31, 2017

Percent of All Eligible Admissions with Specific Complication (Number of Admissions with Specific Complication) [a]	Your Hospital [b]	State	National
AMI during index admission or within 7 days of admission	0.0% (0)	0.1%	0.2%
Pneumonia during index admission or within 7 days of admission	0.0% (0)	0.5%	0.5%
Sepsis/septicemia during index admission or within 7 days of admission	0.0% (0)	0.3%	0.3%
Surgical site bleeding during index admission or within 30 days of admission	0.0% (0)	0.0%	0.0%
Pulmonary embolism during index admission or within 30 days of admission	1.3% (2)	0.6%	0.5%
Death during index admission or within 30 days of admission	0.0% (0)	0.1%	0.2%
Mechanical complications during index admission or within 90 days of admission	0.7% (1)	0.5%	0.5%
Periprosthetic joint infection (PJI) or wound infection during index admission or within 90 days of admission	0.0% (0)	0.6%	0.7%

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

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

Curtis Smith
HQR Project Lead, CVP, HCQAR Contractor

Hospital VBP Mortality HSR

Table 1
Hospital Results

Table 1. 30-Day Mortality Measure Results for the FY 2019 Hospital VBP Performance Period
HOSPITAL NAME
Hospital Discharge Period: July 1, 2014 through June 30, 2017

Measure	Number of Eligible Discharges [a]	Performance Period Survival Rate [b]	Achievement Threshold [c]	Benchmark [d]
AMI 30-Day Mortality	8	0.865675	0.850671	0.873263
HF 30-Day Mortality	6	0.876252	0.883472	0.908094
Pneumonia 30-Day Mortality	6	0.889871	0.882334	0.907906

[a] Final number of discharges from your hospital used for measure calculation.
Results for hospitals with fewer than 25 eligible discharges will not be used to calculate the score for that measure for the FY 2019 Hospital Value-Based Purchasing Performance period; your results are presented here for your information.
[b] FY19 Performance Period Survival Rate = 1 – Risk Standardized Mortality Rate (RSMR). See Table 2 for RSMR.
[c] Achievement Threshold = the median survival rate among all hospitals with measure results and minimum case size (n=25) during the FY19 baseline period (July 1, 2009 - June 30, 2012).
[d] Benchmark = the mean of the top decile of survival rates among all hospitals with measure results and minimum case size (n=25) during the FY19 baseline period (July 1, 2009 - June 30, 2012).

Notes:
1. N/A = Your hospital had no qualifying discharges or results for that condition.
2. AMI = acute myocardial infarction; HF = heart failure
3. The 30-day risk-standardized pneumonia mortality measure used in the FY 2019 Hospital VBP Program does not include the expanded cohort.

Table 2
Additional Information

Table 2. Additional Information for Replicating Your Hospital's Risk-Standardized Mortality Results for the FY 2019 Hospital VBP Performance Period
HOSPITAL NAME
Hospital Discharge Period: July 1, 2014 through June 30, 2017

Measure	Number of Eligible Discharges [a]	Predicted Deaths [b]	Expected Deaths [c]	National Observed Mortality Rate [d]	Risk-Standardized Mortality Rate [e]	Performance Period Survival Rate [f]
AMI 30-Day Mortality	8	1.08	1.06	0.131427	0.134325	0.865675
HF 30-Day Mortality	6	0.82	0.78	0.117640	0.123748	0.876252
Pneumonia 30-Day Mortality	6	0.26	0.25	0.105849	0.110129	0.889871

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

[b] The number of predicted deaths within 30 days from admission, on the basis of your hospital's performance with its observed case mix and your hospital's estimated effect on mortality (provided in your hospital discharge-level data). The numbers of predicted deaths are not whole numbers because they are generated from a statistical model.

[c] The number of expected deaths within 30 days of admission, on the basis of average hospital performance with your hospital's case mix and the average hospital effect (provided in your hospital discharge-level data). The numbers of expected deaths are not whole numbers because they are generated from a statistical model.

[d] National Observed Mortality Rate = (Number of observed 30-day deaths nationally / Number of eligible discharges nationally).

[e] Risk-Standardized Mortality Rate (RSMR) = (Predicted Deaths / Expected Deaths) * National Observed Mortality Rate.

[f] Performance Period Survival Rate = (1 - Risk-Standardized Mortality Rate).

Notes:

1. The information in this table is provided only to help in replicating your hospital's survival rates in Table 1; other than the number of eligible discharges and the survival rate, information in this table will not be publicly reported.

2. See the Replication Instructions provided as part of the Hospital VBP Program HSR User Guide for more information for replicating your hospital's risk-standardized mortality results.

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

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

Table 3, 4, and 5
Discharge Columns

ID Number	HICNO	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay	Primary Diagnosis	Discharge Destination	Index Stay	Inclusion/ Exclusion Indicator
--	--	--	--	--	--	--	--	--	--
1	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41091	20	YES	0
2	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	1	YES	0
3	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41041	1	YES	0

- The discharge tables contain discharge-level data for all Part A Medicare fee-for-service (FFS) patient stays with a primary qualifying diagnosis of AMI, HF, or PN accordingly, that had a discharge date in the reporting period, for patients who were age 65 and above at the time of admission.

- The **ID Number** is provided to reference records in this table in an email or otherwise to avoid sharing Personally Identifiable Information (PII) or Protected Health Information (PHI).

Table 3, 4, and 5
Discharge Columns

Row 8 in the HSR contains the model coefficients for each risk factor, estimates over data for all hospitals.

Inclusion/ Exclusion Indicator	Death within 30 Days	Death Date	Age minus 65 (years above 65, continuous)	~	Major psychiatric disorders (CC 57-59)	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT
--	--	--	0.055335108		0.04544414821547	0.52773314443631	-3.029999772	-3.061412274
0	YES	99/99/9999	15		1	0	-	-
0	YES	99/99/9999	1		0	1	-	-
0	NO	--	21		0	0	-	-
0	NO	--	4		0	0	-	-
0	NO	--	4		0	0	-	-

Mortality Calculations Through Replication

The replication process for the mortality measures:

- Calculate predicted deaths.
- Calculate expected deaths.
- Calculate the RSMR.
- Calculate the Performance Period Survival Rate.

Calculate Predicted Deaths

	A	B	C	D	E	F	G	H	I	J	K
1	Table 3. Discharge-level Worksheet for AMI Mortality										
2	HOSPITAL NAME										
3	Hospital Discharge Period: July 1, 2014 through June 30, 2017										
4	This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.										
5	[Row 8 contains risk factor coefficients - see data beginning at column M.] Beginning in row 9 of the HSR, the file contains a 1 if the patient was identified as having that risk factor (and equals the years above 65 for the "Age minus 65" risk factor); 0 otherwise. The risk factor flags (1 or 0) will be in cells beginning in column N.										
6											
7	ID Number	HICNO	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay	Primary Diagnosis	Discharge Destination	Index Stay	Inclusion/ Exclusion Indicator	Death within 30 Days
8	--	--	--	--	--	--	--	--	--	--	--
9	1	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41091	20	YES	0	YES
10	2	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	1	YES	0	YES
11	3	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	41041	1	YES	0	NO
12	4	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	2	YES	0	NO
13	5	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	2	YES	0	NO
14	6	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	2	YES	0	NO
15	7	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	2	YES	0	NO
16	8	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	I214	1	YES	0	NO

Limit your replication calculations to rows where "INDEX STAY" (column I) equals "YES." In this example, "INDEX STAY" of "YES" is represented by discharges in rows 9–16.

Calculate Predicted Deaths

	I	J	K	L	M	N	O	P
7	Index Stay	Inclusion/ Exclusion Indicator	Death within 30 Days	Death Date	Age minus 65 (years above 65, continuous)	Male	History of percutaneous transluminal coronary angioplasty (PTCA) (ICD-9-CM diagnosis code V45.82; ICD-9-CM procedure codes 00.66, 36.06, and 36.07; ICD-10-CM codes Z95.5 and Z98.61; Select ICD-10-PCS codes†)	History of coronary artery bypass graft (CABG) surgery (ICD-9-CM diagnosis code V45.81; ICD-9-CM procedure codes 36.10-36.16; Select ICD-10-CM and ICD-10-PCS codes†)
8	--	--	--	--	0.055335108	0.10302194237984	-0.258712978911	0.04474801178599
9	YES	0	YES	99/99/9999	15	0	0	0
10	YES	0	YES	99/99/9999	1	1	1	0
11	YES	0	NO	--	21	0	0	0
12	YES	0	NO	--	4	1	0	0
13	YES	0	NO	--	4	1	0	0
14	YES	0	NO	--	17	0	1	0
15	YES	0	NO	--	8	0	1	0
16	YES	0	NO	--	0	1	0	0

Patient ID — Multiply each risk factor flag for the Index Stay='Yes' rows by the relevant coefficient found in row 8.

Patient ID			
1	=M$8*M9	=N$8*N9	=O$8*O9	0
2	=M$8*M10	=N$8*N10	-0.258712979	0
3	=M$8*M11	0	0	0
4	0.221340432	0.103021942	0	0
5	0.221340432	0.103021942	0	0
6	0.940696838	0	-0.258712979	0
7	0.442680865	0	-0.258712979	0
8	0	0.103021942	0	0

Calculate Predicted Deaths

	AJ	AK	AL	AM	AN	AO	AP	AQ
	Metastatic cancer, acute leukemia and other severe cancers (CC 8-9)	**Trauma; other injuries (CC 166-168, 170-174)**	**Major psychiatric disorders (CC 57-59)**	**Chronic liver disease (CC 27-29)**	**HOSP_EFFECT**	**AVG_EFFECT**		
8	0.65048908442269	0.02185931910566	0.04544414821547	0.52773314443631	-3.029999772	-3.061412274		
9	1	1	0	0	-	-		
10	0	0	0	0	-	-		
11	0	1	0	0	-	-		
12	0	0	0	0	-	-		
13	0	0	0	0	-	-		
14	0	0	0	0	-	-		
15	0	0	0	0	-	-		
16	0	0	1	0	-	-		
28								
29								**ADD**
30							**SUM**	**HOSP_EFFECT**
31	0.650489084	0.021859319	0	0			=SUM(M31:AM31)	=AP31+AN$8
32	0	0	0	0			-0.191744604	-3.221744376
33	0	0.021859319	0	0			1.995792546	-1.034207226
34	0	0	0	0			0.348994664	-2.681005109
35	0	0	0	0			0.324362375	-2.705637397
36	0	0	0	0			0.706616148	-2.323383624
37	0	0	0	0			-0.280229996	-3.310229768
38	0	0	0	0			-0.227970939	-3.257970711
39	0	0	0.045444148	0				
40								

Calculate Predicted Deaths

	AJ	AK	AL	AM	AN	AO		AP	AQ	AR
	Metastatic cancer, acute leukemia and other severe cancers (CC 8-9)	Trauma; other injuries (CC 166-168, 170-174)	Major psychiatric disorders (CC 57-59)	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT				
8	0.65048908442269	0.02185931910566	0.04544414821547	0.52773314443631	-3.029999772	-3.061412274				
9	1	1	0	0	-	-				
10	0	0	0	0	-	-				
11	0	1	0	0	-	-				
12	0	0	0	0	-	-				
13	0	0	0	0	-	-				
14	0	0	0	0	-	-				
15	0	0	0	0	-	-				
16	0	0	1	0	-	-				
28										
29									ADD	Predicted
30								SUM	HOSP_EFFECT	Probability
31	0.021859319	0	0					3.008415034	-0.021584738	=1/(1+EXP(-1*AQ31))
32	0	0	0					-0.191744604	-3.221744376	0.038355593
33	0.021859319	0	0					1.995792546	-1.034207226	0.262269259
34	0	0	0					0.348994664	-2.681005109	0.064103549
35	0	0	0					0.324362375	-2.705637397	0.062641525
36	0	0	0					0.706616148	-2.323383624	0.089204767
37	0	0	0					-0.280229996	-3.310229768	0.035221911
38	0	0.045444148	0					-0.227970939	-3.257970711	0.037041525
39										
40										
41										

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

Calculate Predicted Deaths

	AO	AP	AQ	AR
28				
29			**ADD**	**Predicted**
30		**SUM**	**HOSP_EFFECT**	**Probability**
31		3.008415034	-0.021584738	0.494604025
32		-0.191744604	-3.221744376	0.038355593
33		1.995792546	-1.034207226	0.262269259
34		0.348994664	-2.681005109	0.064103549
35		0.324362375	-2.705637397	0.062641525
36		0.706616148	-2.323383624	0.089204767
37		-0.280229996	-3.310229768	0.035221911
38		-0.227970939	-3.257970711	0.037041525
39				
40				**Predicted Deaths**
41			=SUM(AR31:AR38)	1.083442153
42			**Rounded**	1.08
43				
44				
45				

Calculate Expected Deaths

	Metastatic cancer, acute leukemia and other severe cancers (CC 8-9)	Trauma; other injuries (CC 166-168, 170-174)	Major psychiatric disorders (CC 57-59)	Chronic liver disease (CC 27-29)	HOSP_EFFECT	AVG_EFFECT		SUM	ADD AVG_EFFECT	Expected Probability
8	0.65048908442269	0.02185931910566	0.04544414821547	0.52773314443631	-3.029999772	-3.061412274				
9	1	1	0	0	-	-				
10	0	0	0	0	-	-				
11	0	1	0	0	-	-				
12	0	0	0	0	-	-				
13	0	0	0	0	-	-				
14	0	0	0	0	-	-				
15	0	0	0	0	-	-				
16	0	0	1	0	-	-				
28										
29									ADD	Expected
30								SUM	AVG_EFFECT	Probability
31	0.021859319	0	0					3.008415034	=AP31+AO$8	=1/(1+EXP(-1*AQ31))
32	0	0	0					-0.191744604	-3.253156877	0.037213615
33	0.021859319	0	0					1.995792546	-1.065619728	0.256236983
34	0	0	0					0.348994664	-2.71241761	0.062244586
35	0	0	0					0.324362375	-2.737049899	0.060822203
36	0	0	0					0.706616148	-2.354796126	0.086685305
37	0	0	0					-0.280229996	-3.341642269	0.034169917
38	0	0.045444148	0					-0.227970939	-3.289383213	0.035937209
39										
40										
41										

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

Calculate Expected Deaths

	SUM	ADD AVG_EFFECT	Expected Probability
	3.008415034	-0.052997239	0.48675379
	-0.191744604	-3.253156877	0.037213615
	1.995792546	-1.065619728	0.256236983
	0.348994664	-2.71241761	0.062244586
	0.324362375	-2.737049899	0.060822203
	0.706616148	-2.354796126	0.086685305
	-0.280229996	-3.341642269	0.034169917
	-0.227970939	-3.289383213	0.035937209
			Expected Deaths
		=SUM(AR31:AR38)	1.060063609
		Rounded	1.06

Calculate the Risk-Standardized Mortality Rate

	AP	AQ	AR	AS	AT	AU
28						
29		ADD	Predicted		ADD	Expected
30	SUM	HOSP_EFFECT	Probability		AVG_EFFECT	Probability
31	3.008415034	-0.021584738	0.494604025		-0.052997239	0.48675379
32	-0.191744604	-3.221744376	0.038355593		-3.253156877	0.037213615
33	1.995792546	-1.034207226	0.262269259		-1.065619728	0.256236983
34	0.348994664	-2.681005109	0.064103549		-2.71241761	0.062244586
35	0.324362375	-2.705637397	0.062641525		-2.737049899	0.060822203
36	0.706616148	-2.323383624	0.089204767		-2.354796126	0.086685305
37	-0.280229996	-3.310229768	0.035221911		-3.341642269	0.034169917
38	-0.227970939	-3.257970711	0.037041525		-3.289383213	0.035937209
39						
40			Predicted Deaths			Expected Deaths
41			1.083442153			1.060063609
42			1.08			1.06
43						
44						
45				=AR41/AU41	1.022053907	Standardized Mortality rate(SMR)
46					0.131426632	National Observed Mortality Rate from Table 2
47				=AT45*AT46	0.134325103	Risk Standardized Mortality rate (RSMR)

Calculate the Performance Period Survival Rate

	AP	AQ	AR	AS	AT	AU
28						
29		**ADD**	**Predicted**		**ADD**	**Expected**
30	**SUM**	**HOSP_EFFECT**	**Probability**		**AVG_EFFECT**	**Probability**
31	3.008415034	-0.021584738	0.494604025		-0.052997239	0.48675379
32	-0.191744604	-3.221744376	0.038355593		-3.253156877	0.037213615
33	1.995792546	-1.034207226	0.262269259		-1.065619728	0.256236983
34	0.348994664	-2.681005109	0.064103549		-2.71241761	0.062244586
35	0.324362375	-2.705637397	0.062641525		-2.737049899	0.060822203
36	0.706616148	-2.323383624	0.089204767		-2.354796126	0.086685305
37	-0.280229996	-3.310229768	0.035221911		-3.341642269	0.034169917
38	-0.227970939	-3.257970711	0.037041525		-3.289383213	0.035937209
39						
40			**Predicted Deaths**			**Expected Deaths**
41			1.083442153			1.060063609
42			1.08			1.06
43						
44						
45					1.022053907	**Standardized Mortality rate(SMR)**
46					0.131426632	**National Observed Mortality Rate from Table 2**
47					0.134325103	**Risk Standardized Mortality rate (RSMR)**
48						
49				=1-AT47	0.865674897	**Performance Period Survival Rate**

Curtis Smith
HQR Project Lead, CVP, HCQAR Contractor

Hospital VBP THA/TKA Complication HSR

Table 1
Hospital Results

Table 1. Risk-Standardized THA/TKA Complication Measure Results for the FY 2019 Hospital VBP Performance Period
HOSPITAL NAME
Hospital Discharge Period: January 1, 2015 through June 30, 2017

Measure	Number of Eligible Discharges [a]	Risk-Standardized Complication Rate [b]	Achievement Threshold [c]	Benchmark [d]
THA/TKA	12	0.025951	0.032229	0.023178

[a] Final number of discharges from your hospital used for measure calculation.
Results for hospitals with fewer than 25 eligible discharges will not be used to calculate the score for that measure for the FY 2019 Hospital Value-Based Purchasing Performance period; your results are presented here for your information.

[b] FY19 Risk-Standardized Complication Rate = (Predicted Admissions with a Complication / Expected Admissions with a Complication) * National Observed Complication Rate. See Table 2 for additional information.

[c] Achievement Threshold = the median complication rate among all hospitals with measure results and minimum case size (n=25) during the FY19 baseline period (July 1, 2010 - June 30, 2013).

[d] Benchmark = the mean of the top decile of complication rates among all hospitals with measure results and minimum case size (n=25) during the FY19 baseline period (July 1, 2010 - June 30, 2013).

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

Table 2
Additional Info

Table 2. Additional Information for Replicating Your Hospital's Risk-Standardized THA/TKA Complication Results for the FY 2019 Hospital VBP Performance Period
HOSPITAL NAME
Hospital Discharge Period: January 1, 2015 through June 30, 2017

Measure	Number of Eligible Discharges [a]	Predicted Admissions with a Complication [b]	Expected Admissions with a Complication [c]	National Observed Complication Rate [d]	Risk-Standardized Complication Rate [e]
THA/TKA	12	0.40	0.38	0.024347	0.025951

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

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

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

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

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

Notes:
1. The information in this table is provided only to help in replicating your hospital's complication rates in Table 1; other than the number of eligible discharges and the complication rate, information in this table will not be publicly reported.
2. See the Replication Instructions provided as part of the Hospital VBP Program HSR User Guide for more information for replicating your hospital's risk-standardized THA/TKA Complication results.
3. N/A = Your hospital had no qualifying discharges or results for that procedure.
4. THA/TKA = total hip arthroplasty/total knee arthroplasty

Table 3 Discharges

ID Number	HICNO	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay [a]	Index Stay	Additional Complication Record [b]	Inclusion/ Exclusion Indicator	Number of TKAs Performed (0, 1, or 2)	Number of THAs Performed (0, 1, or 2)	Patient Had a Complication (Yes/No)
--	--	--	--	--	--	--	--	--	--	--	--
1	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	No	0	1	0	Yes
2	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes
3	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes
4	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes
5	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0	No
6	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0	No
7	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0	No
8	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	0	1	No
9	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	0	1	No
10	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0	No

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

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

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

Table 3
Discharges - Complication Fields

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

THA/TKA Complication Calculations Through Replication

Table 3. Discharge-level Worksheet for Risk-Standardized THA/TKA Complication
HOSPITAL NAME
Hospital Discharge Period: January 1, 2015 through June 30, 2017

This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

[Row 8 contains risk factor coefficients - see data beginning at column R.]
Beginning in row 9 of the HSR, the file contains a 1 if the patient was identified as having that risk factor (and equals the years above 65 for the "Age minus 65" risk factor; 0 otherwise. The risk factor flags (1 or 0) will be in cells beginning in column S.

ID Number	HICNO	Medical Record Number	Beneficiary DOB	Admit Date of Index Stay	Discharge Date of Index Stay [a]	Index Stay	Additional Complication Record [b]	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)	Admit Date for Complication (If Not During Index Stay)
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
1	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	No	0	1	0	Yes	AMI	No	99/99/9999
2	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes	Pulmonary embolism	No	99/99/9999
3	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes	Pulmonary embolism	No	99/99/9999
4	888888888A	88888A	88/88/8888	88/88/8888	88/88/8888	Yes	Yes	0	1	0	Yes	Death	No	N/A
5	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No	0	1	0	No	N/A	N/A	N/A

- The replication process for the THA/TKA complication measure is the same as the mortality measures with one difference:
  o In the first step, when you limit your replication calculations to rows where "Index Stay" (column G) equals "Yes," you must also limit your replication calculations to rows where "Additional Complication Record [b]" (column H) equals "No."
- The rest of the replication process would follow the same steps as those laid out for the mortality measures.

Curtis Smith
HQR Project Lead, CVP, HCQAR Contractor

Review and Corrections Process

Review and Corrections Process

When is the Review and Corrections period?

- The Review and Corrections period for FY 2019 is **April 11, 2018–May 10, 2018**.

- The *QualityNet* ListServe notification indicating report availability also contained the timeline of the Review and Corrections period.

- Pay special attention to the deadline of the Review and Corrections period. Review and Correction requests sent after the deadline will not result in a calculations correction.

Review and Corrections Process

How do I submit a Review and Corrections request?

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

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

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

Review and Corrections Process

What can/cannot be submitted for a review and correction?

- Suspected calculation errors on your report **can** be submitted for review with the possibility of a correction.

- Requests for submission of new or corrected claims to the underlying data **are not** allowed.

- General questions about the HSRs, the mortality measures, or the CMS PSI measures may also be submitted. CMS recommends also contacting your Medicare Administrative Contractor (MAC) if you believe there is a claims data error.

Hospital IQR and Hospital VBP Programs:
Reviewing Your Claims-Based Measures Hospital-Specific Reports

Questions

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

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

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

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.

- After completion of the survey, click "Done" at the bottom of the screen.

- Another page will open that asks you to register in the HSAG Learning Management Center.

  o This is a separate registration from ReadyTalk®.

  o Please use your **personal** email so you can receive your certificate.

  o Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.

- Please go back to the **New User** link and register your personal email account.
  - o Personal emails do not have firewalls.

  *Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

CE Credit Process: Survey

○ No
Please provide any additional comments

[text field]

10. What is your overall level of satisfaction with this presentation?
○ Very satisfied
○ Somewhat satisfied
○ Neutral
○ Somewhat dissatisfied
○ Very dissatisfied
If you answered "very dissatisfied", please explain

[text field]

11. What topics would be of interest to you for future presentations?

[text field]

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

[text field]

[Done]

Powered by **SurveyMonkey**
Check out our sample surveys and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae
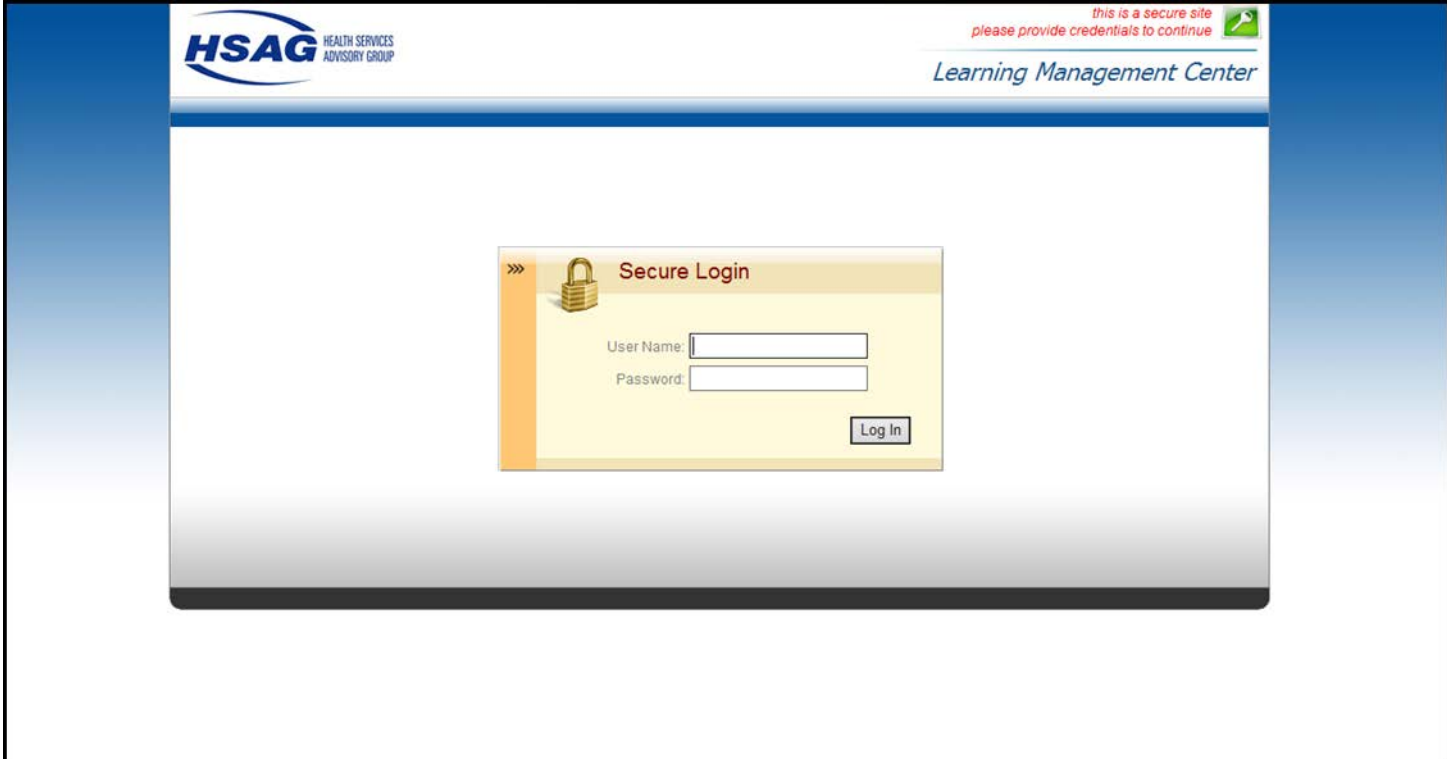
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

CE Credit Process: Existing User

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