

# *CMS Hospital-Acquired Condition Measures for the Hospital Inpatient Quality Reporting Program*

## **FACT SHEET**

### **Background**

Section 5001(c) of the Deficit Reduction Act of 2005 requires the Secretary of the Department of Health and Human Services (DHHS) to identify hospital-acquired conditions (HACs) that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence based guidelines. On July 31, 2008, in the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2009 Final Rule, the Centers for Medicare & Medicaid Services (CMS) selected ten categories of conditions for a HAC payment provision. For discharges occurring on or after October 1, 2008, hospitals no longer receive additional payment for cases in which one of the selected conditions occurred but was not present on admission. That is, the case would be paid as though the condition were not present.

Recently, as part of the IPPS FY 2011 Final Rule, CMS adopted eight of the ten HACs for the Hospital Inpatient Quality Reporting Program (Reporting Program), formerly known as the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. The HAC measures complement the outcome and process-of-care quality measures that were previously adopted under the Reporting Program and are currently reported on *Hospital Compare*. One aim of HAC measure reporting is to provide useful information for consumer choice of care. Another aim is to assist hospitals in their quality improvement efforts and to encourage them to investigate their patient care and outcomes to assure that they are providing the right care for every patient, every time.

### **Hospital-Acquired Conditions**

CMS has adopted the following eight HAC measures under the Reporting Program. The following conditions are identified as a HAC if they appear as a secondary diagnosis (diagnoses 2-9) on a claim and were not coded as present on admission (POA).

1. Foreign object retained after surgery
2. Air embolism
3. Blood incompatibility
4. Stage III and IV pressure ulcers
5. Falls and trauma (including fracture, dislocation, intracranial injury, crushing injury, burn, and electric shock)
6. Vascular catheter-associated infection
7. Catheter-associated urinary tract infection
8. Manifestations of poor glycemic control (including diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, and secondary diabetes with hyperosmolality)

### **Public Reporting**

CMS anticipates posting hospital-specific data on these 8 HAC measures in a downloadable file accessible via the *Hospital Compare* website [<http://www.hospitalcompare.hhs.gov>] in the spring of 2011. Only hospitals participating in the Reporting Program and paid under the IPPS will be included in this file because these measures rely on POA coding, which is only required of IPPS hospitals. Additionally, these measures will not be shown as part of the consumer-oriented "Compare Hospitals" feature on *Hospital Compare* when posted in 2011; they will only reside in a separate downloadable file. For this reporting period, measures will be based on hospital claims data for discharges between October 1, 2008 and June 30, 2010.

## **Previous Calculation of HAC Measures**

In September 2010, CMS calculated and distributed HAC measure results based on hospital claims data for discharges from October 2008 through June 2009. With help from hospitals, CMS identified a discrepancy between the claims data that hospitals submitted and the CMS data file used to calculate the HAC measures. Specifically, this discrepancy led to incorrect HAC assignment in some cases in which a hospital reported an external cause of injury (e-code). Since then, CMS has corrected these discrepancies and recalculated HAC measures with corrected data.

## **More Information about HAC Measures**

Detailed information about the HAC measures adopted for the Reporting Program is available on the *QualityNet* website [<https://www.qualitynet.org>]. For more information on HAC rules and POA requirements, visit <http://www.cms.gov/HospitalAcqCond>.