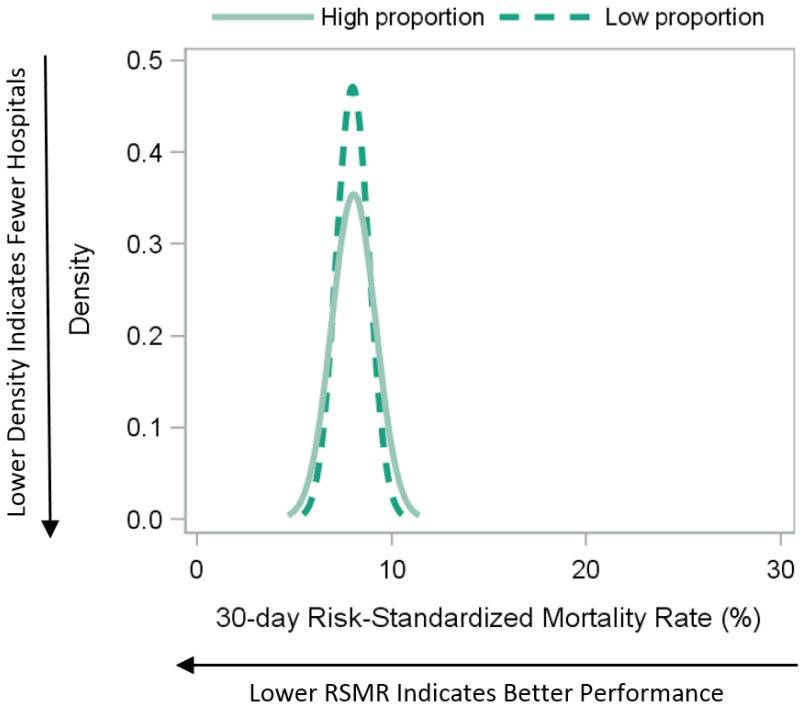
▶ **Performance on the chronic obstructive pulmonary disease mortality measure:** Hospitals that serve high and low proportions of Medicaid patients.

The Centers for Medicare & Medicaid Services (CMS) evaluates hospital performance in relation to the proportion of Medicaid patients served in order to monitor patterns, changes, and potential unintended consequences in the measure results. This information allows CMS to better understand the current state of care within U.S. hospitals.

The chronic obstructive pulmonary disease (COPD) mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of death from any cause within 30 days after the date of hospital admission for COPD [1].

CMS began publicly reporting 30-day risk-standardized mortality rates (RSMRs) following admissions for COPD in 2014 [2]. Publicly reported measure results are updated annually on the *Hospital Compare* website. The COPD mortality measure will be included in the Hospital Value-Based Purchasing (HVBP) program beginning in 2021 [3, 4].

FIGURE I. *Distributions of COPD RSMRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2013-June 2016.*



Variation in RSMRs reflects differences in performance among hospitals; lower RSMRs suggest better quality and higher RSMRs suggest worse quality. To understand how caring for Medicaid patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of Medicaid patients. We compared the COPD RSMRs for the 359 hospitals with ≤7.5% Medicaid admissions to the 359 hospitals with ≥31.8% Medicaid admissions for the July 2013 – June 2016 reporting period. We defined hospitals with low and high proportions of Medicaid admissions as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions (N= 3,587). The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2015 [5]. To ensure accurate assessment of each hospital, the COPD mortality measure uses a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have a strong relationship with the mortality outcome [1].

TABLE I. *Distributions of COPD RSMRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2013-June 2016.*

	COPD RSMR (%)	
	Hospital with low proportions (≤ 7.5%) of Medicaid admissions n = 359	Hospitals with high proportions (≥ 31.8%) of Medicaid admissions n = 359
Maximum	11.7	11.9
90%	9.1	9.6
75%	8.5	8.6
Median (50%)	7.9	7.9
25%	7.4	7.3
10%	7.1	6.8
Minimum	5.2	5.3

The median COPD RSMR for hospitals with low proportions of Medicaid admissions was 7.9% (interquartile range [IQR]: 7.4%- 8.5%; Figure 1 and Table 1). The median COPD RSMR for hospitals with high proportions of Medicaid admissions was 7.9% (IQR: 7.3%- 8.6%; Figure 1 and Table 1).

Hospitals with low proportions of Medicaid admissions had a median COPD RSMR that was equal to that of hospitals with high proportions.

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