Publicly Reported DRA HAC Measures

Frequently Asked Questions

2020
CONTENTS

General Information .................................................................................................................................... 1
1. What is a hospital-acquired condition? .......................................................................................... 1
2. What is the history of reporting DRA HAC measures? ................................................................. 1
3. What is the DRA HAC payment provision? ................................................................................... 1
4. What are the Publicly Reported DRA HAC Measures? ............................................................... 1
5. What is the HAC Reduction Program? .......................................................................................... 2

Public Reporting ......................................................................................................................................... 2
6. Which DRA HAC measures will CMS report in August 2020? ...................................................... 2
7. Why is CMS reporting DRA HAC measures? ............................................................................... 2
8. Why is CMS reporting only four DRA HAC measures? ............................................................ 2
9. Can hospitals preview their results before public reporting? ........................................................ 3
10. What should a hospital do if a HAC is coded incorrectly? ......................................................... 3
11. When will CMS publicly release the DRA HAC data? ............................................................... 4

Measure Methodology and Calculation Information ............................................................................... 4
12. Which hospitals are included in the DRA HAC calculations? ..................................................... 4
13. How does CMS calculate the DRA HAC measures? .................................................................... 4
14. How will the DRA HAC results posted in August 2020 differ from the results from August 2019? ................................................................................................................................ 5
15. Does CMS adjust these measures based on a hospital’s patient case mix? ............................. 5
16. How does CMS process multiple HACs in the same claim when calculating hospital rates? ............................................................................................................................................. 5
17. Where can I find the ICD-10 codes used for the 2020 Publicly Reported DRA HAC Measures? .................................................................................................................................. 5
18. Where can I find more information? .......................................................................................... 6
1. What is a hospital-acquired condition?
A hospital-acquired condition (HAC) is one of several medical diagnoses a patient can develop during a hospital stay that was not present on admission (POA), such as a pressure sore or surgical site infection. The Centers for Medicare & Medicaid Services (CMS) has used this designation since October 1, 2008, as required by Section 5001(c) of the Deficit Reduction Act (DRA) of 2005.

2. What is the history of reporting DRA HAC measures?
Section 5001(c) of the DRA of 2005 requires the Secretary of the U.S. Department of Health and Human Services to identify HACs that (1) are high-cost, high-volume, or both; (2) result in higher claim payments to hospitals due to the presence of the HACs as a secondary diagnosis; and (3) could reasonably have been prevented through the application of evidence-based guidelines. For discharges occurring on or after October 1, 2008, hospitals will no longer receive additional payment for cases in which one of the identified HACs occurred but was not POA. Instead, the case will be paid as though the HAC was not present. This is known as the DRA HAC payment provision.

CMS selected 10 categories of HACs to which the DRA HAC payment provision would apply in the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2009 Final Rule. In the FY 2013 IPPS Final Rule, CMS added 4 more HAC categories, for a total of 14 HAC categories.


3. What is the DRA HAC payment provision?
Under the DRA HAC payment provision, established by Section 5001(c) of the DRA of 2005, hospitals no longer receive additional payment for cases in which one of the identified HACs occurred but was not POA. Instead, the case is paid as though the HAC was not present. This payment provision applies only to secondary diagnosis codes, given that the identified HACs are designated as a complication or comorbidity (CC) or a major complication or comorbidity (MCC) when reported as a secondary diagnosis. Payments will be adjusted only if no other CC/MCC conditions are reported on the claim.

4. What are the Publicly Reported DRA HAC Measures?
CMS calculates and reports rates for four of the conditions included in the DRA HAC payment provision; these are referred to as the Publicly Reported DRA HAC Measures.
These measures are only reported for informational and quality improvement purposes; the measures’ results do not impact payment. The public reporting of the DRA HAC measures is distinct from the HAC Reduction Program.

5. **What is the HAC Reduction Program?**

Established by Section 3008 of the Affordable Care Act of 2010, the HAC Reduction Program is a separate pay-for-performance program under Medicare that supports CMS’s long-standing effort to link Medicare payments to health care quality in the inpatient hospital setting.

Beginning with FY 2015 discharges (that is, effective October 1, 2014), the HAC Reduction Program began requiring the Secretary of Health and Human Services to adjust payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to select HAC quality measures. Hospitals with a Total HAC Score greater than the 75th percentile of all Total HAC Scores (the worst-performing quartile) will be subject to a 1 percent payment reduction. For more information, refer to the [HAC Reduction Program](#) pages on QualityNet.

**PUBLIC REPORTING**

6. **Which DRA HAC measures will CMS report in August 2020?**

For 2020, CMS will publicly report the following DRA HAC measures:

- Foreign Object Retained After Surgery
- Blood Incompatibility
- Air Embolism
- Falls and Trauma

7. **Why is CMS reporting DRA HAC measures?**

CMS is publicly reporting the DRA HAC measures to identify complications and undesirable conditions that patients experience in hospitals and that hospital-level changes could reasonably prevent. Ensuring safety and quality is a CMS priority and a key goal of quality improvement. The DRA HAC measures remain an important aspect of CMS’s commitment to safety and quality.

8. **Why is CMS reporting only four DRA HAC measures?**

CMS selected the four DRA HAC measures—Foreign Object Retained After Surgery, Blood Incompatibility, Air Embolism, and Falls and Trauma—because no measures in other CMS quality programs cover these topics.
Previously, CMS calculated and reported four other DRA HAC measures: (1) Pressure Ulcer Stages III or IV, (2) Manifestations of Poor Glycemic Control, (3) Catheter-Associated Urinary Tract Infections, and (4) Vascular Catheter-Associated Infections. CMS also previously calculated and reported Patient Safety Indicator (PSI) 11 (Postoperative Respiratory Failure Rate).

CMS no longer reports these other measures to reduce redundancy among its quality-reporting programs. Measures endorsed by the National Quality Forum address many of the same concepts. For example, the CMS PSI 90 measure covers two of the concepts (pressure ulcers and postoperative respiratory rate). Measures from the Centers for Disease Control and Prevention’s National Healthcare Safety Network also cover two of the concepts (central line-associated bloodstream infections and catheter-associated urinary tract infections).

9. Can hospitals preview their results before public reporting?

Yes, hospitals have 30 days to preview their DRA HAC data and submit questions about their result calculations before public reporting on the CMS website (https://data.cms.gov/) in August 2020. This is known as the Preview Period. CMS will provide a Hospital-Specific Report (HSR) via the QualityNet Secure Portal at the beginning of the 30-day Preview Period in June 2020.

During the Preview Period, hospitals may not submit additional corrections related to the underlying claims data or add new claims to the data extract used to calculate the rates.

Please direct any questions or concerns about your hospital’s calculations to the Quality Q&A Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa no later than 11:59 p.m. PT on the final day of the Preview Period. Select “Ask a Question,” then “DRA HAC – Deficit Reduction Act Hospital-Acquired Conditions” under the Program list, “DRA HAC Preview Period Request” under the Topic list, and enter “DRA HAC Preview Period Inquiry” on the Subject line.

Note that hospitals with no eligible discharges will not receive an HSR. These hospitals will also be excluded from CMS’s publicly reported data.

Note: The Microsoft Excel HSR file contains discharge-level data, which are protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information 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 the HSR, use the ID number.

10. What should a hospital do if a HAC is coded incorrectly?

A hospital has 60 days after the date of notice of the initial assignment of a discharge to a Medicare Severity-Diagnosis Related Group (MS-DRG) to request a review of that assignment,
as explained by CMS in the FY 2008 IPPS Final Rule (72 FR 47216), under 42 CFR 412.60(d). The hospital can submit additional information in its request. The hospital may request that its fiscal intermediary or Medicare Administrative Contractor (MAC) review the MS-DRG assignment, consistent with Section 412.60(d) of the regulations.

The DRA HAC results will only reflect edits that comply with the time limits and reopening and revision requirements described in the Medicare Claims Processing Manual: “Chapter 1—General Billing Requirements,” and “Chapter 34—Reopening and Revision of Claim Determinations and Decisions.”

Note that MACs must process all corrections to the underlying Medicare FFS claims data by the date when CMS takes its annual “snapshot” of the claims data. CMS takes these snapshots each year to perform measure calculations for quality-reporting programs. CMS extracted a snapshot of the data on September 27, 2019, to perform calculations for the 2020 Publicly Reported DRA HAC Measures. The next claims data snapshot will be September 25, 2020, for the 2021 Publicly Reported DRA HAC Measures.

The HSR will not reflect any claim edits processed after the date of the claims snapshot. CMS cannot recalculate any results in the HSR to reflect corrected claims.

11. When will CMS publicly release the DRA HAC data?

CMS will publicly report the hospital-level DRA HAC results on its website (https://data.cms.gov) in August 2020. CMS will publicly report the rate of each DRA HAC measure for each hospital with eligible discharges.

MEASURE METHODOLOGY AND CALCULATION INFORMATION

12. Which hospitals are included in the DRA HAC calculations?

The DRA HAC measures depend on complete and accurate coding of POA Indicator fields. Hospitals paid under the IPPS program and Maryland hospitals must submit complete POA Indicator coding to CMS. Although other types of hospitals can report these codes, CMS only calculates the DRA HAC measures for IPPS and Maryland hospitals.

CMS’s webpage on HAC POA Indicators provides a list of exempt hospital types: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/AffectedHospitals.html.

13. How does CMS calculate the DRA HAC measures?

CMS uses claims for Medicare fee-for-service (FFS) discharges between July 1, 2017, and June 30, 2019, to calculate the DRA HAC results for 2020.
CMS reports the DRA HAC measures as observed rates (per 1,000 discharges). CMS divides the count of observed HAC occurrences identified at a hospital (numerator) by the number of eligible discharges at that hospital (denominator) and multiplies by 1,000.

HAC occurrences are included in the DRA HAC numerator only if they are associated with the POA Indicator codes “N” or “U.”

DRA HAC measures do not exclude any HACs based on how they occurred.

14. How will the DRA HAC results posted in August 2020 differ from the results from August 2019?


15. Does CMS adjust these measures based on a hospital’s patient case mix?

CMS does not adjust the DRA HAC results based on patient case mix. CMS considers many of these HACs to be serious, reportable events that should not occur, regardless of a patient’s condition.

16. How does CMS process multiple HACs in the same claim when calculating hospital rates?

If a discharge record contains qualifying secondary diagnoses for multiple identified HAC categories, CMS will count the discharge record once for each unique identified HAC category. However, if a discharge record contains multiple qualifying secondary diagnoses for the same identified HAC category, CMS will only count the discharge record one time.

17. Where can I find the ICD-10 codes used for the 2020 Publicly Reported DRA HAC Measures?

For the complete lists of ICD-10 codes, see the FY 2017, FY 2018, and FY 2019 ICD-10 HAC lists on the CMS website (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html).


---

1 Available POA Indicator code options include the following:
- Y: diagnosis was present at time of inpatient admission
- N: diagnosis was not present at time of inpatient admission
- U: documentation insufficient to determine if diagnosis was present at time of admission
- W: clinically undetermined whether diagnosis was present at time of admission
- 1: diagnosis exempt from POA reporting
2018 ICD-10 HAC List. Discharges from October 1, 2018, through June 30, 2019, reference the FY 2019 ICD-10 HAC List.

18. Where can I find more information?

Visit CMS’s HAC POA Indicator page (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/index.html) for more information on the DRA HAC POA Indicators.

Please direct any general questions on the Publicly Reported DRA HAC Measures to the Quality Q&A Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa. Select “Ask a Question,” then “DRA HAC – Deficit Reduction Act Hospital-Acquired Conditions” in the Program list.