Hospital Acquired Condition Analysis Training Video

Version 1

Hello and thank you for listening. Today we will be going over DataGen's Hospital Acquired Condition Reduction program analysis that you receive through your State Hospital Association or corporate health system. For those who are not familiar, DataGen is a for-profit subsidiary of the Healthcare Association of New York State that analyzes Medicare fee-for-service reimbursement for providers throughout the country.

The Hospital Acquired Condition Reduction Program analysis, or HAC for short, evaluates a hospital's performance on the Inpatient Prospective Payment System HAC program and can be used to indicate where performance improvement is needed and also budget for potential loses based on the most recent data available. The analysis can also be used to track if improvement efforts between performance years improved hospital scores.

It is important to note that the analysis of the upcoming program year does not use the actual data the Centers for Medicare and Medicaid Services, otherwise known as CMS, will use to calculate final HAC scores and Medicare inpatient payment redistributions. This data will not be publicly available until on or around the date that the official program is implemented.

The Performance Scorecard tab of the analysis compares two years of actual HAC performance to estimates of the potential impact for the upcoming program year, using the most recent data available from the CMS Care Compare website. The data periods analyzed between this analysis and the actual program will not be the same. The top portion of the tab shows a hospital's Total HAC Score compared to the national distribution of Total HAC Scores in a graph. The green portion of the line is where hospitals are estimated not to receive a penalty and the red portion is the estimated penalty bucket. Where the vertical line falls within the distribution is where the hospital is estimated based on the most recent data available. The filters on the left can be used to change the year display of the graph.

The table below the graph shows individual measure performance and whether or not the hospital received a penalty or is estimated to receive one for the upcoming program year. Additionally, the table also shows the estimated impacts for all three program years. Performance is trended using arrows to indicate if performance improved or declined between two periods. A red arrow pointing up indicates performance worsened and a green arrow pointing down indicates performance improved. The arrows throughout the report compare the column to the left of the arrow to the previous year.

The Measure Detail tab of the analysis focuses on the upcoming year and shows all the components of the measure score calculations that were used to estimate performance in a graph and table per measure. These graphs show the distribution of all scores for each measure, where the green area is below the mean and indicates better performance and the red area is above the mean and indicates worse performance. The vertical line represents the hospital score.

Z-scores, mean performance, and standard deviation are calculated after nationwide hospital performance has been winsorized. Winsorization is intended to remove the effects of extreme outliers from a data set by selecting a specific interval of data and assigning outliers to the minimum or maximum of that interval. The winsorization method adopted by CMS sets all values below the 5th percentile to the 5th percentile value. Likewise, all values above the 95th percentile are set to the 95th percentile value. This is indicated by the gray areas of the national distribution in the graph.

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The third and fourth tabs of the analysis provides you with definitions for each abbreviation used throughout the analysis, data sources used, timeframes, and other pertinent information. A table of the time periods analyzed in this analysis compared to the exact time periods that will be evaluated under the actual program by measure is also included.

When a measure is missing or blank, it represents that either no data is available, or the hospital does not meet case count requirements.

Estimated upcoming program year HAC scores and all dollar impacts in this analysis may differ slightly from analyses provided by other organizations due to differences in data source and analytic methods.

If you have any questions, please reach out to your State Hospital Association or system representative. Thank you and have a great day.

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