CMS Replication Measures

Clinical Analytics has several measures replicating CMS' readmission and mortality measures. Based on the data you send, we are able to mimic many of the measure specifications to give you an idea of your up-to-date performance; however, we do not have data to replicate all aspects of those measures. This document details the similarities and differences between the Clinical Analytics measure values and CMS measures values.

Specifications Accounted for by Clinical Analytics' Measures

The following CMS specifications are accounted for in Clinical Analytics' calculation of these measures:

- Cohort-specific ICD-10 Diagnosis code specifications, including any POA designations
- Cohort-specific ICD-10 Procedure code specifications
- Admission source and discharge disposition inclusions/exclusions
  - Note that CMS defines these by the claims they receive, not by the codes on the encounters; Clinical Analytics uses the codes on the encounter
- Exclusion of same-day and next-day discharges for some cohorts, as this indicates a lower level of clinical severity
- Exclusion of planned readmissions, per the CMS algorithm
- Encounters discharged expired are excluded from readmission measures, but not mortality measures

Specifications Not Accounted for by Clinical Analytics' Measures

The biggest difference between Clinical Analytics calculations and CMS calculations is that Clinical Analytics is limited to the data sent to us by your facility. Only mortalities occurring in your facility and readmissions to your facility can be captured in these measures.

CMS has the advantage of using all beneficiary data, including readmissions to facilities outside of your health system and mortalities outside of healthcare facilities. Due to this difference, your Clinical Analytics measure values may be lower for these measures. Also note that external benchmark sources for these measures (NRD for readmissions and MedPAR for mortalities) are able to capture all readmissions and mortalities, which typically produces higher benchmark rates.

The following CMS specifications are not accounted for by the Clinical Analytics replications of these measures; the right column provides brief reason for each. Keep in mind: CMS measure values are based on one year of data; you can select a one-year Period in Clinical Analytics, if you'd like.

Specification	Reasoning
Medicare enrollment for 12 months prior to admission	Clinical Analytics does not receive Medicare enrollment data
Age 65+	We want to allow analytic flexibility for you to examine all patients, but you can account for this with a Profile Filter, if you choose
Medicare payer	We want to allow analytic flexibility for you to examine all patients, but you can account for this with a Profile Filter, if you choose
Readmission encounters cannot be index encounters	Clinical Analytics data are based on individual encounters, not an annual or person-level view, so all encounters in the cohort are considered an index visit for readmission measures, which can yield a higher readmission rate than CMS.
Only the first CABG encounter of the year is considered in the measures	Clinical Analytics data are based on individual encounters, not an annual or person-level view, so all encounters in the cohort are considered for these outcomes measures.
Mortality measures randomly select encounters from the year	Clinical Analytics data are based on individual encounters, not an annual or person-level view, so all encounters in the cohort are considered for mortality measures.

Available Readmission Measures

There are external benchmarks available for these measures with the HCUP NRD (National Readmission Database).

Hospital-Wide Readmissions

These measures are available throughout Clinical Analytics and are highlighted in the Scorecards Readmission Analytics section. Clinical Analytics' CMS Hospital-Wide Readmission measures include:

- 30 Day All Cause Readmission Rate – Cardio-Respiratory Cohort
- 30 Day All Cause Readmission Rate – Cardiovascular Cohort
- 30 Day All Cause Readmission Rate – Medical Cohort
- 30 Day All Cause Readmission Rate – Neurology Cohort
- 30 Day All Cause Readmission Rate – Surgical Cohort
- 30 Day All Cause Readmission Rate – Roll Up All Cohorts

The Roll-Up All Cohorts measure is a combination of the five cohorts above (Cardio-Respiratory, Cardiovascular, Medical, Neurology, and Surgical) and is the measure Clinical Analytics recommends for use as a hospital-wide readmission rate.

Condition- and Procedure-Specific Readmissions

These measures are available throughout Clinical Analytics and are highlighted in the Scorecards Readmission Analytics section. Clinical Analytics' CMS Condition- and Procedure-Specific Readmission measures include:

- 30 Day Readmission Rate – AMI Cohort
- 30 Day Readmission Rate – CABG Cohort
- 30 Day Readmission Rate – COPD Cohort
- 30 Day Readmission Rate – Heart Failure Cohort
- 30 Day Readmission Rate – Pneumonia Cohort
- 30 Day Readmission Rate – Stroke Cohort
- 30 Day Readmission Rate – THA/TKA Cohort

Readmission Benchmarks

External benchmarks for readmission measures available using the National Readmission Database (NRD). These data capture readmissions to any facility in the NRD. There are not MedPAR benchmarks available for these measures.

Available Mortality Rate Measures

These measures can only track in-house mortalities, as sent in your data; they account for mortalities during the current (in-cohort) or subsequent encounters within 30 days. Clinical Analytics' CMS Mortality Rate measures are available throughout Clinical Analytics and include:

- 30 Day Mortality Rate – AMI Cohort
- 30 Day Mortality Rate – CABG Cohort
- 30 Day Mortality Rate – COPD Cohort
- 30 Day Mortality Rate – Heart Failure Cohort
- 30 Day Mortality Rate – Pneumonia Cohort
- 30 Day Mortality Rate – Stroke Cohort

Mortality Benchmarks

Due to the nature of MedPAR data, external benchmarks are available for these measures and are able to capture mortalities within 30 days outside of the acute care setting. There are not All Payer benchmarks available for these measures.

Double-counting

Because these measure values are encounter-level, a mortality on a subsequent encounter will be flagged on the index (in-cohort) encounter as well as the subsequent (mortality) encounter. When aggregated, this will double-count the mortality and can inflate mortality rate values. Please keep this in mind when using these mortality measures.