

Deficit Reduction Act (DRA) Hospital-Acquired Condition (HAC) Measures Methodology

Which hospitals are included in the DRA HAC calculations?

Subsection (d) hospitals (that is, general acute-care hospitals paid under the Inpatient Prospective Payment System, as well as Maryland hospitals), must submit complete POA Indicator coding to CMS. Although other types of hospitals can report these codes, CMS calculates the Publicly Reported DRA HAC Measures only for subsection (d) hospitals, including Maryland hospitals. This is because the DRA HAC measures depend on complete and accurate coding of POA Indicator fields.

CMS's webpage on HAC POA Indicators provides a list of hospital types exempt from the DRA HAC payment provision: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/AffectedHospitals.html>.

How does CMS calculate the DRA HAC measures?

CMS used claims for Medicare fee-for-service (FFS) discharges between July 1, 2019, and December 31, 2019, and between July 1, 2020, and June 30, 2021, to calculate the Publicly Reported DRA HAC Measures for 2022.

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."

The available POA Indicator codes are as follows:

- Y: Diagnosis was present at time of inpatient admission
- N: Diagnosis was not present at time of inpatient admission
- U: Documentation was insufficient to determine whether diagnosis was present at time of inpatient admission
- W: Clinically undetermined whether diagnosis was present at time of inpatient admission
- 1: Diagnosis exempt from POA Indicator reporting

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

How will the DRA HAC results posted in 2022 differ from the results from 2021?

The 2022 Publicly Reported DRA HAC Measures will use an updated 18-month discharge period, covering discharges between July 1, 2019, and December 31, 2019, and between July 1, 2020, and June 30, 2021. The 2021 results were based on an 18-month discharge period, covering discharges between July 1, 2018, and December 31, 2019.

In response to the COVID-19 public health emergency CMS is not using claims data reflecting services provided between January 1, 2020, and June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting programs. The discharge period for the 2021 and 2022 Publicly Reported DRA HAC Measures was updated to reflect this policy.

Does CMS adjust these measures based on a hospital's patient case mix?

CMS does not adjust the results of the DRA HAC measures 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.

How does CMS assess 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 HAC category. However, if a discharge record contains multiple qualifying secondary diagnoses for the same identified HAC category, CMS will count the discharge record only one time.

Where can I find the ICD-10 codes used for the 2022 Publicly Reported DRA HAC Measures?

For the complete lists of ICD-10 codes, see the FY 2019, FY 2020, and FY 2021 ICD-10 HAC lists on the CMS website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html.

Discharges between July 1, 2019, and September 30, 2019, reference the FY 2019 ICD-10 HAC List. Discharges between October 1, 2019, and December 31, 2019, and between July 1, 2020, and September 30, 2020, reference the FY 2020 ICD-10 HAC List. Discharges between October 1, 2020, and June 30, 2021, reference the FY 2021 ICD-10 HAC List.

Where can I find more information?

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

Please direct any general questions on the Publicly Reported DRA HAC Measures to the QualityNet Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa. Select "Ask a Question" and then "DRA HAC – Deficit Reduction Act Hospital-Acquired Conditions" in the Program list.
