

# *CMS Hospital-Acquired Condition (HAC) Measures for RHQDAPU*

## **FACT SHEET**

### **Overview**

Section 5001(c) of Deficit Reduction Act of 2005 requires the Secretary of the Department of Health and Human Services (DHHS) to identify hospital-acquired conditions (HACs) that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence based guidelines. On July 31, 2008, in the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2009 Final Rule, the Centers for Medicare & Medicaid Services (CMS) selected ten categories of conditions for a HAC payment provision. For discharges occurring on or after October 1, 2008, hospitals no longer receive additional payment for cases in which one of the selected conditions was not present on admission. That is, the case would be paid as though the secondary diagnosis were not present.

Recently, as part of the IPPS FY 2011 Final Rule, CMS adopted eight of the ten HACs for the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. The HAC measures complement the outcome and process-of-care quality measures that were previously adopted under the RHQDAPU program and are currently reported on *Hospital Compare*. The HAC measures increase the transparency of hospital care and provide useful information for consumer choice of care. To assist hospitals in their quality improvement efforts, CMS provides hospitals with information on their HAC measure results in a Hospital-Specific Report. This information is intended to encourage hospitals to investigate their patient care and outcomes to assure that they are providing the right care for every patient, every time.

### **Hospital-Acquired Conditions**

CMS has adopted the following eight HAC measures under the RHQDAPU program. The following conditions are identified as a HAC if they appear as a secondary diagnosis (diagnoses 2-9) on a claim, and were not coded as present on admission (POA).

1. Foreign object retained after surgery
2. Air embolism
3. Blood incompatibility
4. Stage III and IV pressure ulcers
5. Falls and trauma (including fractures, dislocations, intracranial injuries, crushing injuries, burns, and electric shocks)
6. Vascular catheter-associated infection
7. Catheter-associated urinary tract infection
8. Manifestations of poor glycemic control (including diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, and secondary diabetes with hyperosmolarity)

### **Public Reporting**

CMS anticipates posting hospital-specific data on these eight HAC measures in a downloadable file accessible via the *Hospital Compare* website [<http://www.hospitalcompare.hhs.gov>] in the fall of 2010. Only RHQDAPU-participating hospitals paid under the IPPS will be included in this file because these measures rely on POA coding, which is only required of IPPS hospitals. Additionally, these measures will not be shown as part of the consumer-oriented "Compare Hospitals" feature on Hospital Compare when posted in 2010; they will only reside in a separate downloadable file. For this reporting period, measures will be based on discharges between October 1, 2008 and June 30, 2009.

### **More Information about HAC Measures**

Detailed information about the HAC measures adopted for RHQDAPU is available on the *QualityNet* website [<https://www.qualitynet.org>]. For more information on HAC rules and POA requirements, visit <http://www.cms.gov/HospitalAcqCond>.