

# Medicare Hospital-Acquired Condition (HAC) Analysis

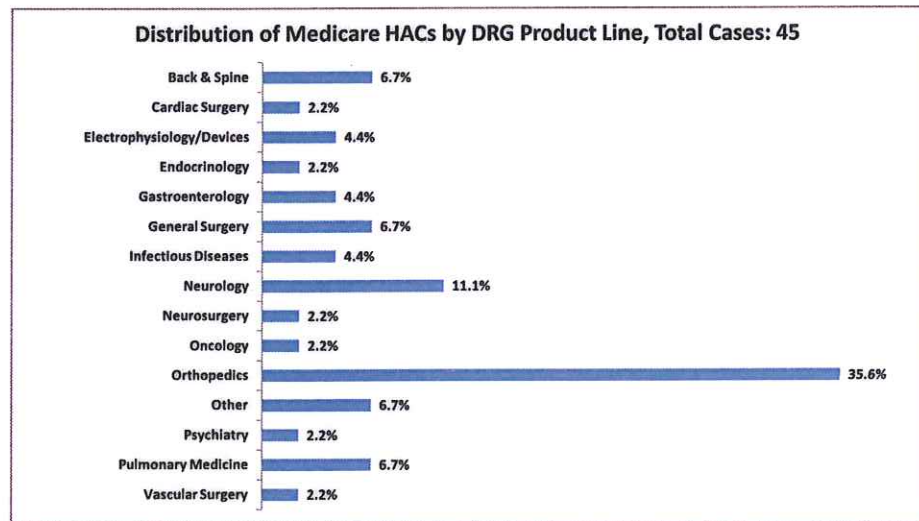
## Based on Federal Fiscal Year (FFY) 2009 Medicare Inpatient Claims Data

### Sample Hospital

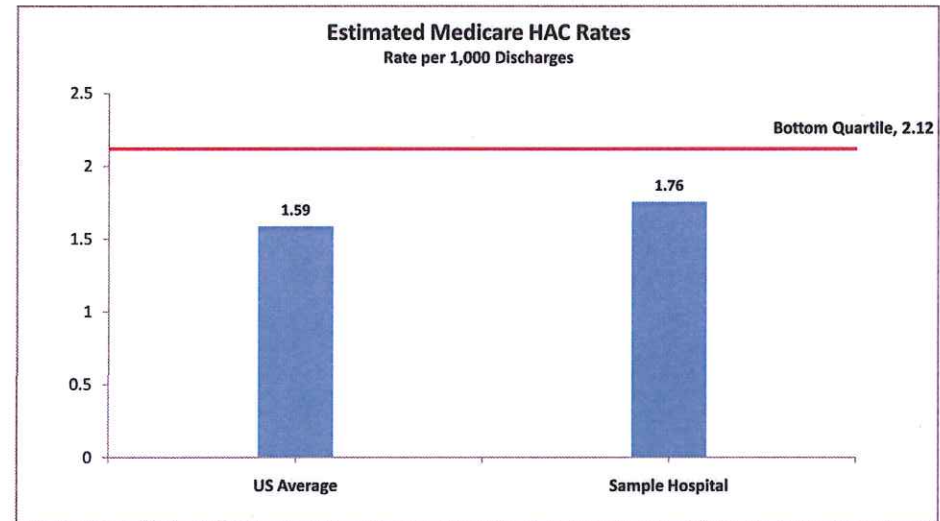


This report provides an analysis of the ten Medicare HAC categories recognized by the Centers for Medicare and Medicaid Services as preventable HACs. The Medicare program currently reduces payments to hospitals for certain cases where one of the conditions recognized under the HAC categories was not present on admission (POA) and, therefore, considered to be acquired in the hospital. Beginning in FFY 2012, CMS will publicly report eight of these HAC categories under the inpatient pay-for-reporting (RHQDAPU) program. In addition, beginning in FFY 2015, hospitals in the bottom quartile of risk-adjusted HAC rates will be subject to a 1.0% payment penalty under Medicare as mandated by the Affordable Care Act (ACA) of 2010.

	Foreign Object Retained After Surgery	Air Embolism	Blood Incompatibility	Pressure Ulcer	Falls & Trauma	Catheter Associated UTI	Vascular Catheter Associated Infection	Poor Glycemic Control	Surgical Site Infection	Orthopedic Procedure & PE/ DVT	Total
Medicare HACs Reported Using POA Indicator (Numerator)	No HACs Reported	No HACs Reported	No HACs Reported	7	13	9	3	2	3	8	45
Medicare Discharges Related to the HAC Category (Denominator)	7,844	25,628	25,628	25,628	25,628	25,628	25,628	6,262	723	1,113	25,628
	All Surgical Cases	All Cases	All Cases	All Cases	All Cases	All Cases	All Cases	All Diabetic Cases	Certain Ortho Procedures, Bariatric Surgery and CABG Cases	Hip and Knee Replacement Cases	All Cases
Estimated Medicare HAC Rate per 1,000 Discharges	0.00	0.00	0.00	0.27	0.51	0.35	0.12	0.32	4.15	7.19	1.76
Discharges Subject to Reduced Medicare Payment Because the HAC Reported was the Only Qualifying CC/MCC	0	0	0	0	0	0	0	0	0	0	0



This graph shows hospital's reported Medicare HACs, distributed by Diagnosis-Related Group (DRG) product line and may display a potential focus area.



This graph depicts average Medicare HAC rates per 1,000 discharges for the nation and hospital. A line representing the bottom quartile is also shown. As mandated by the ACA, hospitals with a HAC rate above this line would be at risk for a 1.0% Medicare inpatient payment penalty beginning in FFY 2015.

**Notes:**

- Data are from the FFY 2009 Medicare Inpatient claims file (MedPAR file), the latest publicly available data and the first full year in which POA indicators were used to identify HACs.
- The denominators used to calculate HAC rates in most instances are all Medicare cases. In instances where a subset of Medicare cases is clearly related to a HAC category, that subset is used as the denominator to calculate the HAC rate. The denominators used may not represent those that will ultimately be used by CMS to calculate HAC rates.