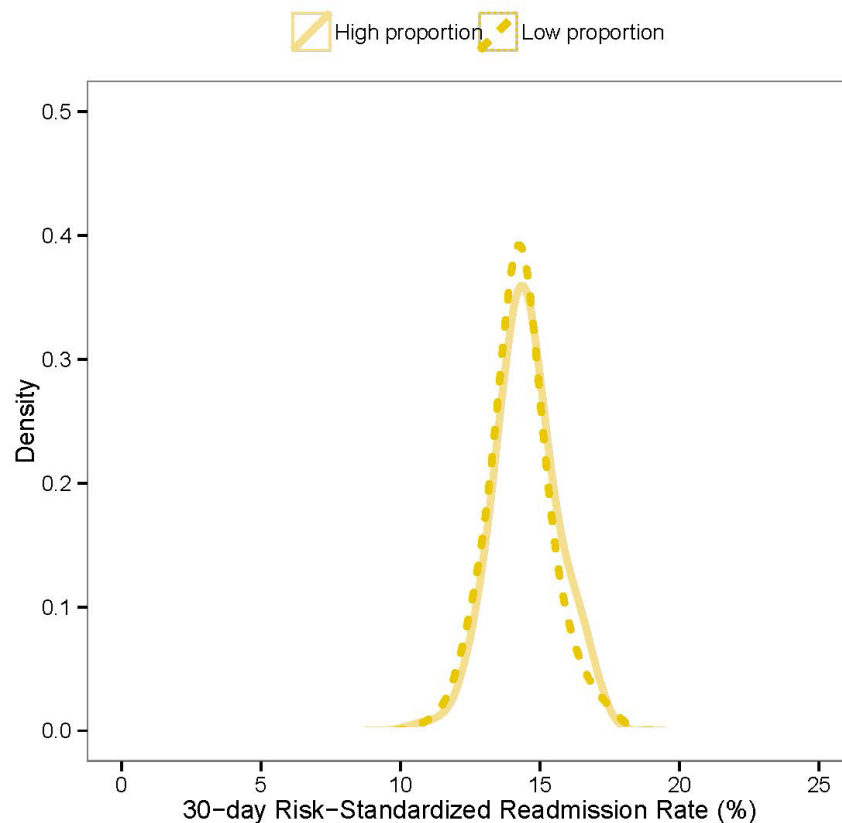


► **Performance on the isolated coronary artery bypass graft surgery readmission measure:**  
Hospitals that serve high and low proportions of Medicaid patients.

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following readmission measure: hospital-level 30-day risk-standardized readmission rate (RSRR) following isolated coronary artery bypass graft (CABG) surgery [1]. "Isolated" CABG procedures are those performed without concomitant high-risk cardiac and non-cardiac procedures, such as valve replacement [2]. The CABG readmission measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from hospitalization for CABG [2]. The CABG readmission measure has been publicly reported on [Hospital Compare](#) since 2015 and will be included in the Hospital Readmissions Reduction Program (HRRP) in Fiscal Year 2017 [3, 4].

**FIGURE I.** Distributions of isolated CABG RSRRs (%) for hospitals with the lowest and highest proportions of Medicaid admissions, July 2012-June 2015.



Variation in RSRRs reflects differences in performance among hospitals; lower RSRRs suggest better quality and higher RSRRs suggest worse quality. To understand how caring for Medicaid patients might impact a hospital's RSRR, we examined RSRRs among hospitals with high and low proportions of Medicaid patients. We compared the CABG RSRRs for the 103 hospitals with the lowest overall proportion of Medicaid admissions ( $\leq 8.0\%$  of a hospital's admissions) to the 103 hospitals with the highest overall proportion of Medicaid admissions ( $\geq 28.5\%$  of a hospital's admissions) for the July 2012 – June 2015 reporting period. We defined hospitals with the lowest and highest proportions of Medicaid admissions as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying discharges. The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2014 [5]. To ensure accurate assessment of each hospital, the CABG readmission measure uses a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have a strong relationship with the readmission outcome [2].

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**TABLE I.** Distributions of isolated CABG RSRRs (%) for hospitals with the lowest and highest proportions of Medicaid admissions, July 2012-June 2015.

|              | CABG RSRR (%)   |   |
|--------------|---|---|
|              | Lowest proportion ( $\leq 8.0\%$ )<br>Medicaid admissions;<br>n=103 | Highest proportion ( $\geq 28.5\%$ )<br>Medicaid admissions;<br>n=103 |
| Maximum      | 17.4  | 16.7  |
| 90%          | 15.6  | 16.2  |
| 75%          | 14.8  | 15.1  |
| Median (50%) | 14.3  | 14.4  |
| 25%          | 13.8  | 13.9  |
| 10%          | 13.0  | 13.2  |
| Minimum      | 11.2  | 10.9  |

The median CABG RSRR for hospitals with the lowest proportion of Medicaid admissions was 14.3% (interquartile range [IQR]: 13.8%-14.8%; Figure 1 and Table 1). The median CABG RSRR for hospitals with the highest proportion of Medicaid admissions was 14.4% (IQR: 13.9%-15.1%; Figure 1 and Table 1).

Hospitals with the lowest proportion of Medicaid admissions had a median CABG RSRR that was 0.1 percentage points lower than hospitals with the highest proportion.

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