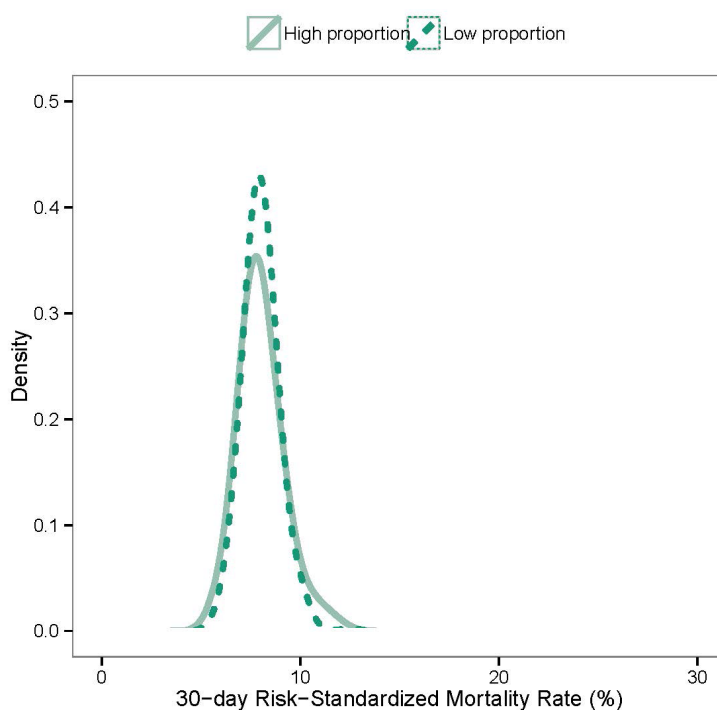


► **Performance on the chronic obstructive pulmonary disease mortality measure:** Hospitals that serve high and low proportions of Medicaid patients.

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following mortality measure: hospital-level 30-day risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) [1]. The COPD mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of death from any cause within 30 days after the date of hospital admission for COPD [2]. The COPD mortality measure has been publicly reported on [Hospital Compare](#) since 2014 [3]. In fiscal year 2021, the COPD mortality measure will be included in the Hospital Value-Based Purchasing (HVPB) [4, 5].

FIGURE I. Distributions of COPD RSMRs (%) for hospitals with the lowest and highest proportions of Medicaid admissions, July 2012–June 2015.



Variation in RSMRs reflects differences in performance among hospitals; lower RSMRs suggest better quality and higher RSMRs suggest worse quality. To understand how caring for Medicaid patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of Medicaid patients. Therefore, we compared the COPD RSMRs for the 369 hospitals with the lowest overall proportion of Medicaid admissions ($\leq 6.8\%$ of a hospital's admissions) to the 368 hospitals with the highest overall proportion of Medicaid admissions ($\geq 29.2\%$ 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 admissions, respectively. The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2014 [6]. To ensure accurate assessment of each hospital, the COPD mortality 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 mortality outcome [2].

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

	COPD RSMR (%)	
	Lowest proportion ($\leq 6.8\%$) Medicaid admissions; n=369	Highest proportion ($\geq 29.2\%$) Medicaid admissions; n=368
Maximum	12.5	12.1
90%	9.1	9.4
75%	8.5	8.6
Median (50%)	8.0	7.9
25%	7.4	7.2
10%	6.9	6.8
Minimum	5.6	5.6

The median COPD RSMR for hospitals with the lowest proportion of Medicaid admissions was 8.0% (interquartile range [IQR]: 7.4%-8.5%; Figure 1 and Table 1). The median COPD RSMR for hospitals with the highest proportion of Medicaid admissions was 7.9% (IQR: 7.2%- 8.6%; Figure 1 and Table 1).

Hospitals with the lowest proportion of Medicaid admissions had a median COPD RSMR that was 0.1 percentage points higher than that of hospitals with the highest proportion.

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