

REGULATORY COMMITTEE INSIGHT

QualityNet mortality basics

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Mortality has been a publicly reported quality metric on [Medicare.gov](#) for nearly a decade. This metric allows for the comparison of death rates across various conditions, including hospital-wide and specific categories such as chronic obstructive pulmonary disease (COPD), heart attack, heart failure, pneumonia, stroke, and coronary artery bypass graft surgery (CABG). It reflects quality outcomes not only for patients currently in the hospital, but for those discharged within the last 30 days.

To gain a comprehensive understanding of this mortality metric, you can visit the [QualityNet website](#). This website, managed by the Centers for Medicare & Medicaid Services (CMS), provides an extensive overview of methodology, reports, and resources related to this measure. The overview page on QualityNet discusses the purpose of the metric, CMS's priority areas and goals, and how to submit questions through the QualityNet Q&A tool. This page sets the stage for understanding the breadth and depth of the mortality measure.

The methodology section of the QualityNet website offers detailed specifications for each measure in downloadable formats. These specifications include:

1. Cohort inclusions
2. Cohort exclusions
3. List of all risk variables
4. ICD-10 codes for risk variables
5. Table of complications of care
6. Summary of changes for each specific measure

Older versions of these specifications are also available for reference.

The report's page discusses the hospital-specific report sent to quality managers and CEOs of hospitals or entities with a CMS Certification Number (CCN). Additionally, there is a guide on how to interpret mortality reports, making it easier for stakeholders to understand and utilize the data effectively.

The resources page on QualityNet is a treasure trove of information to support understanding and application of the publicly reported mortality measure. Key resources include:

- Mortality factsheet
- Development factsheet
- Frequently asked questions
- Historical timelines
- Present-on-admission exempt codes

One especially important document for CDI professionals is the Condition Category (CC) defined risk variable crosswalk (available [here](#)). This detailed resource includes all ICD-10 codes with their descriptions and CC assignment details for each measure category, such as hospital-wide, COPD,

heart attack, heart failure, pneumonia, stroke, and CABG. The CC risk adjustment diagnoses, which are present on admission, are essential for risk adjustment; they influence the facility's expected mortality rate. This method has been key in providing a full understanding of patient risk profiles.

With the upcoming rollout of Version 28, this model is being significantly redefined. The new version requires providers to document with more detail. These documentation changes will reshape how chronic and complex conditions are grouped and scored. An important feature of Version 28 is the inclusion of the Community Deprivation Index variables, which cover aspects such as housing, transportation access, education, and employment. These variables aim to offer a more detailed socio-economic view of equity, ensuring a more balanced and fair assessment of mortality metrics.

CDI professionals must stay informed about these updates to maintain accuracy in documentation and risk adjustment. By understanding these changes, healthcare providers can improve the quality of data used for mortality metrics, thereby enhancing patient care and equity across various socio-economic dimensions. For further details and updates, professionals are encouraged to regularly consult the QualityNet website.