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**CBE ID**

2579

**Title**

Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)

**Project**

Cost and Efficiency

**Endorsement Status**

Endorsed

**Is Under Review**

No

**Next Maintenance Cycle**

Spring 2026

**Previous Endorsement Cycle**

Spring 2021

**Initial Endorsement**

Mon, 12/29/2014 - 03:09

**Steward**

Centers for Medicare & Medicaid Services

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

This measure estimates hospital-level, risk-standardized payment for an eligible pneumonia episode of care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare fee-for-service (FFS) patients who are 65 years or older with a principal discharge diagnosis of pneumonia or principal discharge diagnosis of sepsis (not including severe sepsis) that have a secondary discharge diagnosis of pneumonia coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA.

**1.7 Measure Type**

Cost/Resource Use

## **1.8 Level of Analysis**

Facility

## **1.20 Types of Data Sources**

Claims Data

## **6.1.2 Current or Planned Use(s)**

Public Reporting, Payment Program

## **6.1.3 Current Use(s)**

Public Reporting, Payment Program

## **Measure Disclaimer**

N/A

## **Planned Use**

Public Reporting

## **Resource Use Measure Type**

Per episode

## **Risk Adjustment**

Statistical risk model

## **Use In Federal Program**

Hospital Compare, Hospital Inpatient Quality Reporting Program

## **Steward Organization**

Centers for Medicare & Medicaid Services

## **Steward POC email**

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