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## Important Dates:

### May 15

- 4Q 2018 Clinical, PC-01, and HAI Data Due for IQR-Eligible Hospitals
- FY 2020 DACA Due for IQR-Eligible Hospitals
- 4Q 2018 HAI Measures Due for PCHs
- 4Q 2018–1Q 2019 HCP Data Due for IQR-Eligible Hospitals and PCHs

## CMS Issues FY 2020 IPPS/LTCH PPS Proposed Rule



On April 23, 2019, CMS issued a proposed rule to update fiscal year (FY) 2020 Medicare payment policies and rates. Proposed changes build on the progress made over the last two years and further the agency's priority to transform the healthcare delivery system through competition and innovation while

providing patients with better value and results. The proposed rule would update Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for FY 2020 and advances two key CMS priorities, "Rethinking Rural Health" and "Unleashing Innovation," by proposing historic changes to the way Medicare pays hospitals.

The [FY 2020 IPPS/LTCH PPS Proposed Rule](#) went on display at the Office of the *Federal Register*'s Electronic Public Inspection Desk on April 23, 2019, and will be available until the regulation is published in the *Federal Register* on May 3, 2019. CMS will accept comments on the proposed rule until **Monday, June 24, 2019**.

Proposed changes to the Hospital IQR Program and other quality reporting programs are included in the regulation. Details regarding proposals for various quality programs can be found on the PDF pages listed below:

- HRRP: pages 935–954
- HVBP Program: pages 955–982
- HAC Reduction Program: pages 983–1003
- Hospital IQR Program: pages 1111–1209
- PCHQR Program: pages 1210–1248
- LTCH Quality Reporting Program: pages 1249–1409
- Medicare and Medicaid Promoting Interoperability Programs: pages 1410–1472

A [fact sheet](#) and [press release](#) on the proposed rule (CMS-1716-P) are also available.

## CMS Issues FY 2020 IPF PPS Proposed Rule

On April 23, 2019, the [FY 2020 IPF PPS Proposed Rule](#) was published in the *Federal Register* (84 FR 16948). CMS will accept comments on the proposed rule until **Monday, June 17, 2019**.

Information on the IPFQR Program is located on pages 16980–16987. A [fact sheet](#) on the proposed rule is also available.

## 2018–2019 Healthcare Personnel Flu Vaccine Data Submission Underway



Spring has sprung, and, as they say, “the early bird gets the worm.” Although the CMS NHSN data submission deadline isn’t until May 15, 2019, it’s not too early to enter the Healthcare Personnel (HCP) Influenza Vaccination data into NHSN. For tips on reporting the data, please reference the [Winter 2019 Newsletter](#). Providers who have questions may send an email to [NHSN@cdc.gov](mailto:NHSN@cdc.gov) and include “HCP Flu Summary” in the subject line.

## Keep Your *QualityNet* Security Administrator Account Active



Hospitals are required to maintain at least one active *QualityNet* Security Administrator (SA) at all times. This applies to hospitals that submit their own data via the *QualityNet Secure Portal* and those that use a vendor to submit data on their behalf. **BEST PRACTICE:** It is highly recommended that hospitals designate at least two *QualityNet* SAs, one to serve as the primary SA and the other to serve as a backup. The *QualityNet* SA facilitates the registration process for other users at the organization. **NOTE:** It is also recommended that facilities have at least two individuals who can abstract data from charts and submit to *QualityNet*. To keep an SA account active, log into the *QualityNet Secure Portal* on a regular basis. *QualityNet* tracks account activity based on the last log-in and takes the following steps to prevent accounts from being deactivated:

1. If an account is inactive for 60 days, users will receive an email reminder to log in and reset their password. **BEST PRACTICE:** Set a reminder to log in to the portal at least every 60 days to ensure you maintain an active SA status account. A *QualityNet Secure Portal* password reset is required every 60 days.
2. After 90 days, users will receive a second email reminder.
3. Once an account is inactive for 120 days, the account will be disabled, and the user will receive an email confirming that the account is fully disabled.
4. Once an account is disabled, contact the *QualityNet* Help Desk at (866) 288-8912 to reset the account.

## IPFQR Program Reminder

This spring, take some time to ensure that at least one active *QualityNet* SA exists and the IPFQR Program NOP status is “Participating” to meet two out of the four requirements for the IPFQR Program. For guidance on how to meet these requirements, refer to version 4.1 of the IPFQR Program Manual’s Section 3: *QualityNet* Registration and Section 5: Notice of Participation. The manual is available for download at the [QualityNet IPFQR Program Resources](#) or [Quality Reporting Center IPFQR Program Resources and Tools](#) web pages.

## Everything You Need to Know About CY 2018 (FY 2020) Hospital IQR Program DACA and Structural Measures

### Farewell to the Hospital IQR Program Structural Measures!

The following structural measures have been removed from the Hospital IQR Program and will not be used for FY 2020:

- Hospital Survey on Patient Safety Culture
- Safe Surgery Checklist Use

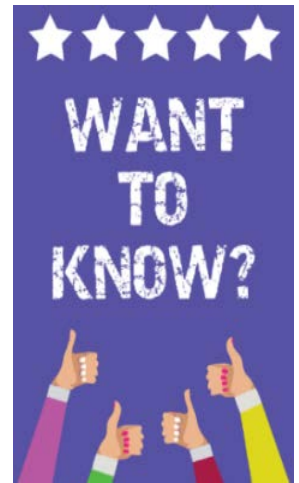
## What is the DACA?

The Data Accuracy and Completeness Acknowledgement (DACA) is an annual requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. For FY 2020, the open period for electronically signing and completing the DACA is April 1 through May 15, 2019, with respect to the reporting period of January 1 through December 31, 2018.

### DACA due May 15, 2019

Providers will sign the DACA electronically in the *QualityNet Secure Portal* by completing the below steps:

1. Log in to the *QualityNet Secure Portal*. Under *Quality Programs*, select *Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR*.
2. Under *My Tasks* and *Manage Measures*, select **View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)**.
3. Select the **Inpatient Structural Measures/DACA** program link.
4. Under *Payment Year*, select **2020** and then click **Continue**.
5. Select facility (if applicable).
6. Select the **DACA** hyperlink.
7. Complete the DACA by clicking on **“Yes, I Acknowledge”** and entering your **Position**. Then, select **Submit**.



## Make Sure to Download Your HVBP Program Baseline Measures Report

The HVBP Program FY 2021 Baseline Measures Reports are now available from CMS. This report allows hospitals to monitor their baseline period performance for all domains and measures required for the HVBP Program. Hospitals can access their Baseline Measures Report through the *QualityNet Secure Portal*. Reports will only be available to hospitals that:

- Are registered on *QualityNet*.
  - Have an active *QualityNet* account.
- AND**
- Have users assigned to the following *QualityNet* roles:
    - **Hospital Reporting Feedback-Inpatient** role (required to receive the report)
    - **File Exchange and Search** role (required to download the report from the *QualityNet Secure Portal*)



Hospitals use the HVBP Program Baseline Measures Reports to target opportunities for quality improvement activities.

Please refer to the [How to Read Your FY 2021 Baseline Measures Report](#) document on *QualityNet* for answers to questions related to the FY 2021 Baseline Measures Report. The document is under the “Hospitals - Inpatient” tab drop-down, the **HVBP** link, and then the **Resources** link on the left-hand side navigation pane.

## What's New in NHSN?

Check out the latest information available in the new [NHSN 2019 Patient Safety Component Manual](#):



- Two New Required Data Fields for Bloodstream Infection Reporting
- New 2018 Patient Safety Component Facility Survey
- 2019 Updates to the LabID MDRO and CDI Event Denominator Form
- Updates to HCP Influenza Vaccination Summary Reporting (for 2018–2019 Influenza Season)
- 2019 Patient Safety Component Annual Training
- New Quick Learn Training

All NHSN reporting resources may be found on the [CDC NHSN](#) website. For questions related to any of the NHSN updates, please send an email to [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

## Extraordinary Circumstances Exceptions Request Form



CMS uses the [ECE Request form](#) as a way for providers to request an exception with respect to quality data reporting requirements in the event of extraordinary circumstances beyond the control of the facility. The circumstances may include natural disasters such as fire, flood, or hurricane; issues with CMS data collection systems that directly affect a facility's ability to submit data; or EHR issues that would prevent facilities from reporting eCQM data. For all programs, except eCQM reporting for the Hospital IQR Program, this form must be submitted within 90 calendar days of the extraordinary circumstance.

**PLEASE NOTE:** Non-submission of some quality data may affect the HVBP Program, the HAC Reduction Program, and the HRRP. For example, if CMS grants an ECE related to the HVBP Program, the hospital will be excluded from the HVBP Program for the fiscal year in which the disaster or extraordinary circumstance occurred. Hospitals that are excluded from the HVBP Program are not subject to the 2.0 percentage point withholding of their base operating DRG payment. However, they are also not eligible to receive bonus value-based incentive payments related to the HVBP Program.

The ECE form may be submitted via the *QualityNet Secure Portal*; Secure File Transfer “WAIVER EXCEPTION WITHHOLDING” group; email to [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org); secure fax to (877) 789-4443; or mail to 3000 Bayport Drive, Suite 300, Tampa, FL 33607.

## Tools and Resources for Quality Reporting

Check out the latest, greatest, and updated quality reporting tools and resources:



- [Hospital IQR Program Important Dates and Deadlines](#)
- [4Q 2018 Hospital IQR Program Checklist](#)
- [4Q 2018 Hospital IQR Program HAI Checklist](#)
- [FY 2020 DACA Quick Reference Guide](#)
- [FY 2021 HCP Influenza Vaccination Checklist](#)

## Acronyms

Acronym	Term
<b>ASCQR</b>	Ambulatory Surgical Center Quality Reporting
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDI</b>	<i>Clostridium difficile</i> Infection
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CY</b>	Calendar Year
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement
<b>DRG</b>	Diagnosis-Related Group
<b>ECE</b>	Extraordinary Circumstances Exception
<b>eCQM</b>	Electronic Clinical Quality Measure
<b>EHR</b>	Electronic Health Record
<b>FY</b>	Fiscal Year
<b>HAC</b>	Hospital-Acquired Condition
<b>HAI</b>	Healthcare-Associated Infection
<b>HCP</b>	Healthcare Personnel
<b>HRRP</b>	Hospital Readmissions Reduction Program
<b>HVBP</b>	Hospital Value-Based Purchasing Program
<b>IPF</b>	Inpatient Psychiatric Facility
<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>IPPS</b>	Inpatient Prospective Payment System
<b>IQR</b>	Inpatient Quality Reporting
<b>LabID</b>	Laboratory-Identified
<b>LTCH</b>	Long-Term Care Hospital
<b>MDRO</b>	Multidrug-Resistant Organism
<b>NHSN</b>	National Healthcare Safety Network
<b>NOP</b>	Notice of Participation
<b>OQR</b>	Outpatient Quality Reporting
<b>PC</b>	Perinatal Care
<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>PDF</b>	Portable Document Format
<b>PPS</b>	Prospective Payment System
<b>Q</b>	Quarter
<b>SA</b>	Security Administrator