HOSPITAL QUALITY REPORTING

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Announcements:

Outpatient
November 1
- 2Q 2014 Clinical Data submission and Population & Sampling due by 11:59 PM PT
- Web-based measure submission period ends at 11:59 PM PT

Inpatient
November 1
- 2Q 2014 Population & Sampling due by 11:59 PM PT
- 2Q 2014 CLABSI/CAUTI Templates due for randomly selected hospitals selected for FY 2016 Validation
- **November 15**
- 2Q 2014 Inpatient Clinical Data and NHSN Data due by 11:59 PM PT

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Chronic Question: Medicare Part B Inpatient Billing in Hospitals

"Regarding inpatient stays billed or rebilled as outpatient stays: these were cases that were not intended to be in the data collection. If we are aware of cases that are rebilled as outpatient for partial payment, is it okay to delete or omit these cases from submission?"

The Short Answer: These cases should not be included in the outpatient population.

> *If a Medicare Part A claim for inpatient hospital services is denied because the inpatient admission was deemed not reasonable and necessary by a Medicare contractor or if a hospital on post-discharge self-audit finds an inpatient admission was not reasonable and necessary, the hospital (including a critical access hospital) may submit a subsequent Part B inpatient claim for any additional services not previously covered if such services would have been reasonable and necessary had the Medicare beneficiary been treated as a hospital outpatient, rather than admitted as an inpatient, unless those services specifically require an outpatient status.*
> *- Adapted from: CMS Manual, Pub 100-02 Medicare Benefit Policy, Transmittal 182, effective date April 21, 2014.*

The Long Reason: Hospitals are allowed to rebill the Part B payment when an inpatient short stay is denied "as not reasonable and necessary" due to the hospital's billing for the wrong setting, but once a patient is discharged, the patient's status cannot be changed from inpatient to outpatient. Sometimes, if these cases are rebilled as outpatient, they may appear on the Outpatient Claims Detail Report.

CMS directs that any record that may be abstracted for the Inpatient Quality Reporting Program should not be included in the Hospital OQR Program population, so these cases should be removed from the outpatient measures.

The What If: If these cases appear on your facility's Claims Detail Report and are included in your Medicare outpatient population, we suggest providing additional cases to meet reporting requirements by replacing these cases with non-Medicare cases meeting measure guidelines. If your facility does not have any additional cases for this quarter of submission,

you can make up the difference in subsequent reporting quarters if they are in the same reporting calendar year affecting the same annual payment update.

If your facility is unable to add additional cases to the measure count, please keep a record of the rebilled cases in question, as this documentation may be needed for reconsideration purposes.

Flu Season Data Submission Begins

Hospitals can now submit data for the Influenza Vaccination Coverage among Healthcare Professionals measure for both the inpatient and outpatient quality reporting programs beginning October 1, 2014. The submission period continues May 15, 2015, for data collected during the 2014/2015 flu season.

Data are to be submitted through the National Healthcare Safety Network (NHSN), part of the Centers for Disease Control and Prevention (CDC). Now would be a good time to ensure that your facility is registered with the NHSN.

Please remember that vaccination data entered into the NHSN are not automatically totaled for you. For example, if on October 31 you report that 150 healthcare personnel were vaccinated during October, and then on November 26 you enter that 75 were vaccinated during November, the NHSN would reflect only the 75 from your November input. You must enter a cumulative total each time you submit data, so November's entry should be 225 rather than 75.

We have developed some guidelines to assist you in collecting and submitting data for this and other web-based measures on the Resources and Tools page of the Hospital OQR section of www.qualityreportingcenter.com/outpatient/hospitaloqr/. The CDC also provides some assistance through their training webinars.

Webinars Not To Be Missed

Set your calendar alerts for the following educational sessions.
For OQR:
- November 19 (tentative) – CY 2015 OPPS/ASC Final Rule
- December – No scheduled education session

The webinar will be provided twice – at 10:00 AM ET and at 2:00 PM ET – and concludes with a live question and answer session. The afternoon session offers Relay Conference Captioning for the hearing impaired. Please contact the Hospital OQR Program at oqrsupport@hsag.com in advance to utilize this option.

For IQR:
- October 27 – Improvement Series: AHRQ PSI-90 Composite
- November 18 – Improvement Series: Medicare Spending per Beneficiary (MSPB)
- December – TBA – Improvement Series: Mortality Measures

October's webinar will be provided twice – at 10:00 AM ET and at 2:00 PM ET – and includes a live chat function. Beginning in November, we'll be presenting via online hosted meetings once a month. Please contact us at iqr@hsag.com for any questions.

If you have to miss a webinar, you can still stay in the loop. We record and archive all presentations and make them available at www.qualityreportingcenter.com.

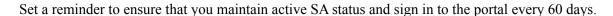## Keeping Your Security Administrator Account Active

CMS recommends that each provider maintain an active Security Administrator (SA) throughout the year, in order to ensure ease of access to the HCQIS QualityNet Secure Portal.

To keep an SA account active, you should sign in to the 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, the user will receive an email reminder to log in.
2. After 90 days, the user will receive a second email reminder.
3. If another 30 days elapse (120 total days) and there is still no activity, the account will be disabled, and the user will receive an e-mail confirming that the account is fully disabled.
4. Once an account is disabled, a request will need to come from an active SA to the QualityNet Help Desk (866-288-8912) to have the account reset.

Set a reminder to ensure that you maintain active SA status and sign in to the portal every 60 days.

HAI Data Submission

The Q2 2014 Healthcare-Associated Infection Data are due November 15, 2014. This is also the deadline for hospitals to submit the HAI Exception form.

To earn the full Medicare Annual Payment Update (APU), eligible IQR hospitals with an active Notice of Participation are required to complete the HAI Data Submissions using the NHSN application found at www.cdc.gov/nhsn/login.html.

If your facility does not meet the criteria necessary for having to report these data and has not renewed its HAI Exception status within the past year, please complete the HAI Exception form found at http://qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021 and submit it to our secure fax at 877-789-4443.

For guidance on ensuring your data are accurately sent to CMS for quality reporting purposes, please visit the CDC website and navigate to the appropriate section(s) for your facility type: www.cdc.gov/nhsn/cms/index.html.

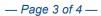If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov.

New from CMS: ICD-10 Guide

Directed toward small physician providers, CMS has developed the site "Road to 10" to help them jump-start the transition to ICD-10. The site provides an overview of ICD-10, pages specific to coding for different specialty practices, a templates library, and other resources that may be helpful for next October's transition.

CMS has also created an online resource page to compile the latest information about the ICD-10 transition to keep providers informed. Access the links below for more information.

- Road to 10 (www.roadto10.org/)
- CMS ICD-10 site (www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10)

Resources for Quality Reporting

You may have noticed that the Inpatient and Outpatient Quality Reporting Programs are now under one roof. As a result, some resources are being shared. The programs will continue to offer separate one-on-one support through telephone, email, the Q&A tool, and educational web training.

One shared resource will be our new website – www.qualityreportingcenter.com. Any links you have in online documents or in your favorites listing to oqrsupport.com will automatically take you to our new address.

Check the chart below for updated contact information for various quality reporting entities. We plan to keep you posted on quality reporting items of interest through newsletters that can respond to and explain program developments to help with your quality reporting concerns. If you have any suggestions for article topics, please contact us. Thank you for your feedback.

Hospital Inpatient Value, Incentives, and Quality Reporting Support Contractor	Phone: 844-472-4477 or 866-800-8765 Secure Fax: 877-789-4443 Email: IQR@hsag.com IPFqualityreporting@hcqis.org Q&A Tool: https://cms-ip.custhelp.com	Quality reporting outreach and education for IPPS Hospitals, Inpatient Psychiatric Hospitals, PPS-Exempt Cancer Hospitals, and Critical Access Hospitals
Hospital Outpatient Outreach and Education Support Contractor	Phone: 866-800-8756 Secure Fax: 877-789-4443 Email: OQRSupport@hsag.com Q&A Tool: https://cms-ocsq.custhelp.com	Quality reporting outreach and education for OPPS Hospitals, Ambulatory Surgical Centers, and Critical Access Hospitals
QualityNet Help Desk	Phone: 866-288-8912 Email: QNetSupport@HCQIS.org	Secure Portal access issues, data submission issues, and password resets
Clinical Data Abstraction Center (CDAC)	Phone: 717-718-1230 Email: CDACHelpDesk@hcqis.org	Data abstraction on medical records/information selected for validation under the Inpatient and Outpatient Quality Reporting Programs
Validation Contractor	Email: Validation@HCQIS.org	Technical assistance and education on validation processes for quality reporting programs
Centers for Disease Control and Prevention (CDC)	Email: NHSN@CDC.gov	Technical assistance on National Healthcare Safety Network (NHSN) enrollment and data reporting for CDC quality measures
Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance	Inpatient Q&A Tool: https://cms-ip.custhelp.com Outpatient Q&A Tool: https://cms-ocsq.custhelp.com	Development and maintenance of process and structural measures for the Inpatient and Outpatient Quality Reporting Programs, and provider technical assistance on measure specifications
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Phone: 888-884-4007 Email: hcahps@hcqis.org Website: http://www.hcahpsonline.org	Standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care