



Hospital Inpatient Quality Reporting Program Changes FY 2020 Payment Determination (CY 2018 Reporting Period)

Claims-Based Measures

Removal of Claims-Based Measures

In the following table, the 17 claims-based measures removed from the Hospital Inpatient Quality Reporting (IQR) Program beginning with the fiscal year (FY) 2020 payment determination/calendar year (CY) 2018 reporting period are provided, along with an indication as to which measures will continue to be used in other CMS hospital quality programs (i.e., Hospital Value-Based Purchasing (VBP) Program, Hospital Readmissions Reduction Program (HRRP), and Hospital-Acquired Condition Reduction Program (HACRP) and be publicly reported on the *Hospital Compare* website.

Table 1: Claims-Based Measures Removed from Hospital IQR Program

Measure ID	Measure Name	CMS Hospital Quality Program in Which Measure Will Continue to Be Used
PSI 90	Patient Safety and Adverse Events Composite Measure	HACRP and Hospital VBP (beginning in FY 2023)
READM-30-AMI	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate Following Acute Myocardial Infarction (AMI) Hospitalization	HRRP
READM-30-CABG	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate Following Coronary Artery Bypass Graft Surgery (CABG)	HRRP
READM-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	HRRP
READM-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Heart Failure (HF) Hospitalization	HRRP
READM-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Pneumonia Hospitalization	HRRP
READM-30-STK	30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization	N/A
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	HRRP
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial	Hospital VBP

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Measure ID	Measure Name	CMS Hospital Quality Program in Which Measure Will Continue to Be Used
	Infarction (AMI) Hospitalization	
MORT-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization	Hospital VBP
MSPB	Medicare Spending Per Beneficiary	Hospital VBP
AA Payment	Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure	N/A
Cellulitis Payment	Cellulitis Clinical Episode-Based Payment Measure	N/A
Chole and CDE Payment	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	N/A
GI Payment	Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure	N/A
Kidney/UTI Payment	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	N/A
SFusion Payment	Spinal Fusion Clinical Episode-Based Payment Measure	N/A

Refinements to Claims-Based Measures

Measure refinements were made to the **Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke (Stroke 30-Day Mortality Rate or MORT-30-STK) measure**, for the FY 2023 payment determination and subsequent years.

- Refinement of the risk-adjustment model to include stroke severity, based on the National Institutes of Health (NIH) Stroke Scale obtained from International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes in claims
- Confidential hospital-specific feedback reports in CY 2021, using claims data for discharges occurring from October 1, 2017 through June 30, 2020
- Public reporting, starting in CY 2022, using claims data for discharges occurring from July 1, 2018 through June 30, 2021; applicable for the FY 2023 payment determination

NOTE: Current stroke mortality measure (which does not use NIH stroke severity codes) will continue to be used in the Hospital IQR Program and publicly reported through CY 2021.

Structural Measures

Removal of Structural Measures

The following **two structural measures** have been removed beginning with the FY 2020 payment determination/CY 2018 reporting period:

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

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As a result, no structural measures remain in the Hospital IQR Program. Additionally, these measures will not be used in any other CMS hospital quality programs and will no longer be publicly reported on *Hospital Compare*.

Clinical Process of Care Measures

Chart-Abstracted Measure Submission

Chart-Abstracted Data Validation

CMS formalized the educational review process for chart-abstracted measure data, beginning with validation for the FY 2020 payment determination and subsequent years.

- Hospitals may use this process to correct quarterly scores for any of the first three quarters of validation in order to compute the final confidence interval.

For further information, please visit the [Chart-Abstracted Data Validation – Educational Reviews](#) web page on *QualityNet*.

Electronic Health Record (EHR)-Based Clinical Process of Care Measures (Electronic Clinical Quality Measures [eCQMs]) Submission

Mandatory eCQM Reporting Requirements

For the FY 2020 payment determination/ CY 2018 reporting period, hospitals must submit data for at least **four** of the **15** Hospital IQR Program eCQMs. For the FY 2020 payment determination/CY 2018 reporting period, hospitals must perform the following tasks:

- Self-select a minimum of **four** of the **15** available eCQMs
 - Hospitals must also chart-abstract required measures (ED-1, ED-2, IMM-2, PC-01, Sepsis, and VTE-6) even if those measures are self-selected and submitted as eCQMs.
- Report **one self-selected quarter (first, second, third, or fourth quarter 2018)** of data for the four eCQMs using the 2014 Edition of Certified Electronic Health Record Technology (CEHRT), the 2015 Edition of CEHRT, or a combination of both the 2014 and 2015 Editions of CEHRT
 - Hospitals using EHR technology certified to the 2014 and/or 2015 Edition—but not certified to all 15 available eCQMs available to report—will be required to have their EHR technology certified to all 15 eCQMs that are available to report in the Hospital IQR Program.
 - ✓ Hospitals' EHR technology certified to all 15 eCQMs will not need to be recertified each time specifications are updated to a more recent version of the eCQMs.
- Report using the most recent version of the eCQM specifications (namely, the Spring 2017 applicable addenda, available on the Electronic Clinical Quality Improvement (eCQI) Resource Center website at <https://ecqi.healthit.gov/eh>)
- Report using 2018 *CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>
- Submit through the *QualityNet Secure Portal* by **February 28, 2019, at 11:59 p.m. PT**
 - Fulfilling the Hospital IQR eCQM requirement also satisfies the clinical quality measure (CQM) reporting requirement for the Promoting Interoperability Program (formerly, the EHR Incentive Program).
 - CY 2018 reporting will apply to FY 2020 payment determination for inpatient

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prospective payment system (IPPS) hospitals.

For the FY 2020 payment determination/CY 2018 reporting period and subsequent years:

- Hospitals may continue to use a third party to submit Quality Reporting Document Architecture (QRDA) Category I files on their behalf.
- Hospitals may continue to either use abstraction or pull the data from noncertified sources in order to then input these data into **CEHRT** for capture and reporting of QRDA Category I files.

For CY 2018 reporting, any data submitted as an eCQM **will not be posted** on the *Hospital Compare* website. Public reporting of eCQM data will be addressed in future rulemaking.

eCQM Data Validation

eCQM validation of CY 2017 reported eCQM data begins spring 2018 for the FY 2020 payment determination.

- CMS will continue to include up to **600** hospitals for chart-abstracted validation for the Hospital IQR Program.
- Up to **200** hospitals will be selected for eCQM validation via random sample. The following will be excluded:
 - Any hospital selected for chart-abstracted measure validation
 - Any hospital that has been granted a Hospital IQR Program Extraordinary Circumstances Exception (ECE) for the applicable eCQM reporting period
 - Any hospital that does not have at least five discharges for at least one reported eCQM
 - Episodes of care that are longer than 120 days
 - Cases with a zero denominator for each measure

NOTE: Criteria for exclusion will be applied **before** the random selection of 200 hospitals for eCQM data validation, meaning that the hospitals meeting any one of the aforementioned criteria are not eligible for selection.

- **Eight** cases (individual patient-level reports) will be randomly selected from the QRDA Category I files submitted per hospital selected for validation.
- Selected hospitals must submit at least 75 percent of sampled eCQM medical records within **30** days of the date listed on the Clinical Data Abstracting Center (CDAC) medical records request or will be subject to payment reduction for FY 2020.
- Hospitals are required to submit sufficient patient-level information necessary to match the requested medical record to the original submitted eCQM measure data.
 - Sufficient patient-level information is defined as the entire medical record that appropriately documents the eCQM measure data elements, including, but not limited to:
 - ✓ Arrival date and time
 - ✓ Inpatient admission date
 - ✓ Discharge date from inpatient episode of care
- The accuracy of eCQM data, i.e., the extent to which data abstracted for validation matches the data submitted in the QRDA Category I files that are submitted for validation, will **not affect** a hospital's validation score for the FY 2020 payment determination.

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Patient Experience of Care Survey Measure

Refinements to Experience of Care Survey Measure

Measure refinements were made to the **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measure**.

- Refine HCAHPS questions 12, 13, and 14 (see Table 1), to focus more directly on communication with patients about their pain during the hospital stay
- Update the name of the composite measure from “Pain Management” to “Communication About Pain”
- Be effective for FY 2020 payment determination and subsequent years (beginning with CY 2018 reporting)
- Be publicly reported for the first time on *Hospital Compare* in October 2020, using CY 2019 data
- Will provide performance results, based on CY 2018 data, in confidential preview reports as early as July 2019

Table 2: Previous and Newly Finalized HCAHPS Survey Pain Questions

Previous Pain Questions	Newly Finalized Pain Questions
<ul style="list-style-type: none"> • During this hospital stay, did you need medicine for pain? <input type="checkbox"/>Yes <input type="checkbox"/>No • During this hospital stay, how often was your pain well controlled? <input type="checkbox"/>Never <input type="checkbox"/>Sometimes <input type="checkbox"/>Usually <input type="checkbox"/>Always • During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? <input type="checkbox"/>Never <input type="checkbox"/>Sometimes <input type="checkbox"/>Usually <input type="checkbox"/>Always 	<ul style="list-style-type: none"> • During this hospital stay, did you have any pain? <input type="checkbox"/>Yes <input type="checkbox"/>No • During this hospital stay, how often did hospital staff talk with you about how much pain you had? <input type="checkbox"/>Never <input type="checkbox"/>Sometimes <input type="checkbox"/>Usually <input type="checkbox"/>Always • During this hospital stay, how often did hospital staff talk with you about how to treat your pain? <input type="checkbox"/>Never <input type="checkbox"/>Sometimes <input type="checkbox"/>Usually <input type="checkbox"/>Always

CY 2018 Voluntary Reporting on Hybrid Measure

Hybrid Hospital-Wide 30-Day Readmission (HWR) Measure

CMS adopted the **Hybrid HWR measure** as a voluntary measure for the CY 2018 reporting period.

- Data sources: Claims data and core clinical data elements from EHRs
- Measurement period: January 1, 2018 through June 30, 2018, on at least 50 percent of discharged Medicare fee-for-service (FFS) patients age 65 and older
- Submission period: September 27, 2018 through December 14, 2018
- Confidential hospital-specific reports (HSRs): Will be provided to participating hospitals

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- Hospital annual payment determination: Will not be impacted
- Public reporting: Will not be publicly displayed

EHR data should include the following elements:

- Thirteen core clinical data elements
 - Six vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
 - Seven laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
- Six linking variables to match patient EHR data to CMS claims data (CMS Certification Number [CCN], Health Insurance Claim [HIC] Number or Medicare Beneficiary Identifier [MBI], date of birth, sex, admission date, discharge date)

The measure is to be reported utilizing QRDA Category I files via the *QualityNet Secure Portal*.