Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Claims-Based Outcome and Payment Measures — Resources and Use of the NIH Stroke Scale

Presentation Transcript

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Candace Jackson: Thank you everyone for joining today's presentation, titled *Claims-Based Outcome and Payment Measures — Resources and the Use of the National Institutes of Health (NIH) Stroke Scale.* I am Candace Jackson, the Project Lead for the Hospital Inpatient Quality Reporting Program with the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I would like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, *www.QualityReportingCenter.com*, and to the *QualityNet* site at a later date. If you are registered for this event, a reminder email, as well as supplies, was sent out to your email about a few hours ago. If you did not receive that email, you can download the slides at our inpatient website again at *www.QualityReportingCenter.com*. If you have a question as we move through the webinar, please type your question into the chat window. We will not be using the raised-hand feature for today's webinar. For presenters to best answer your questions, we request that, at the beginning of your question, please type the slide number into the chat window with it. If time allows, we will have a short answer-and-question session at the conclusion of the webinar. Applicable questions that are not answered during the question-and-answer (Q&A) session at the end of this webinar will be posted to the *QualityReportingCenter.com* website at a later date.

I would now like to welcome and introduce our quest speakers for today from Yale New Haven Health Center for Outcomes Research and Evaluation, Tamara Mohammed, Project Lead, and Kendall Loh, research associate. I would now like to turn the presentation over to Tamara Mohammed. Tamara the floor is yours.

Tamara Mohammed: Thanks, Candace. Hi, everyone. On the agenda for today's presentation, I will present to you first on the resources available to the claims-based outcome and payment measures. After this, Kendall Loh will present to

you on the future use of the NIH Stroke Scale, or the National Institutes of Health Stroke Scale, and the stroke mortality measures.

The objectives for the first half of today's presentation on the resources available for the claims-based outcome and payment measures are to introduce all the resources available for these measures, as well as provide you with information on how you can navigate to these resources on *QualityNet*.

Our presentation today includes a number of acronyms. We will try to define these acronyms whenever we use them, but we've also included a list here for your reference in case we miss anything.

So, let's get started by discussing the resources that are available to you on *QualityNet* for the claims-based outcome and payment measures.

When I refer to the claims-based outcome and payment measures, I'm really referring to the 22 measures you see listed here. That includes six mortality measures, things such as the AMI mortality measure, the CABG mortality measure, etc. That includes eight readmission measures, things like the hospital-wide readmission measure, the pneumonia readmission measure, the stroke readmission measure, etc. It includes the hip/knee complication measure or payment measures and three excess days in acute care, or EDAC, measures. The resources I'm going to be talking about today are relevant to these 22 measures only. Before I move onto discuss the actual resources, I just wanted to provide you with some context and let you know why we're presenting to you today on this topic. That's because several months ago, through some local stakeholders, we received feedback that there's a need for more communication around the kinds of resources that CMS makes available to hospitals. Now, CMS makes these resources available to hospitals to help them understand the measures and their performance on the measures. It's really important that hospitals know about them and know where to find them when they need them. That's why today we're going to go through what these resources are, what kinds of information are in them, and where you can find them.

To begin, this is a list of the resources that I'll be discussing today. Again, these resources are made available to help stakeholders understand the 22 measures I just described on the previous slide. I've listed all the resources here, and I'm going to go through them a bit more in detail. In some instances, I'll actually walk you through examples of some of these resources.

All the resources I'm going to be discussing today are actually located on the *QualityNet* website, and the *QualityNet* website is structured in such a way that there's a specific page for each measure group. So, there's a page for the mortality measures and there's a page for the readmission measures. There's a page for the complication measures, etc. Within each page, there's a number of subpages, and the vast majority of resources for these measures are actually located on the resources subpage for each measure group. So, I'm going to start by walking you through the resources available on that page first.

We can start playing the video and from there you can see, to find the Resources page, go to *www.QualityNet.org* and then click on the tab that says Hospitals-Inpatient. Then, from the drop-down option, click on Claims-Based and Hybrid Measure. This will open up another page with a gray panel on the left-hand side, and there you will see things like Mortality Measures, Readmission Measures, etc. If you use the Mortality Measures as an example, once you click on it, subpages appear in white, and, if you click on the Resources tab, then you will see links to all the resources available for all of the mortality measures. Once you click on the Resource link, you will be able to open that document. As you can see, this page contains resources such as FAQs [frequently asked questions], factsheets, etc., that we'll be discussing next.

A quick note, in the example here in the video, you have an older version of the *QualityNet* website. These pages have now been updated with the more recent 2018 information.

Once you're on the Resources page for a measure, one of the key resources that you have available to you is the frequently asked questions,

or FAQ, document. This document, of course, contains responses to frequently asked questions. Now, the FAQ document is designed to be one comprehensive resource for key information about all 22 measures. It's a really good place to look if you're trying to find information on multiple measures rather than just information on one specific measure. So, for example, if you look at the image on the right-hand side of the slide, it's a snapshot of the table of contents from the FAQ. Here, you can see that the FAQ contains information and all the updates for all the measures for 2018. It contains answers to questions about the cohort. It contains answers to questions about the data used to copy the measure, etc. This document is primarily intended for use by hospital staff trying to understand the measures, but, surely, it can be a resource of anyone looking to understand any key information about the measures.

As a quick example of the kinds of information that you can find within a FAQ, I have two images here. The image in the left-hand side shows you an example of questions that help you understand what a readmission is to help you define the readmission. What is a readmission and what is not a readmission? The image on the right-hand side is an example of a question that helps you to identify the time period for the measure. So, it tells you whether you're looking at 30-day measure or you're looking at a 90-day measure, and, notably, the FAQ is a document that contains several graphics. This is done to really help enhance understanding of the information we're trying to convey about the measures. So, as we can see, this image here is especially useful because it provides you information on whether the measure was a 30-day or a 90-day measure and then whether the outcome was observed for 30 or 90 days and also tells you when the 30-day or 90-day period begins.

The Resources page of *QualityNet* also contains another type of resource, the fact sheet. So, unlike the FAQs, the fact sheets focus on a specific group of measure, such as the readmission measures or the mortality measures or the EDAC measures. So, if you want to find the mortality fact sheet, you need to go to the Resources page for the morality measures. If you're looking for the readmission fact sheet, you need to go to the

Resources page for the readmission measures, etc. However, all of the fact sheets for all of the measures generally have a similar structure. As you can see here from this example, they talk about the national results of this year and where you can find your own unique hospital results. They tell you who is included in the measure, what date is used to calculate the measure. It tells you whether or not the measures are risk-adjusted measures, as well as what the outcome is for the measure. Finally, it also gives you information on key pieces of facts about the measures that might be helpful for you to know. As you can see, the fact sheets are high-level documents. They are meant to provide you a brief overview of the measures, and they don't really go into any significant detail about the measures. The intended audience is similar to FAQs, but we have also designed the fact sheets with the hope that hospital staff can use the information in these documents when they try to communicate information about the measures to build leadership or to clinicians. There are seven fact sheets that we have created for 2018, and I would like to point out that one of the fact sheets we have created is a fact sheet for the use of the NIH Stroke Scale, or the National Institutes of Health Stroke Scale and the stroke mortality measure which I'll speak to much later in this presentation.

The resources pages for the measures on *QualityNet* also contain infographics. This year we have built or created two new infographics. The first one is a Find My ICD-10 Resource infographic, and this infographic is really meant to help stakeholders identify where they can find the ICD-10 codes being used by the measure. We really recognize that stakeholders are having some trouble identifying where they can find the specific ICD-10 codes. They're looking for it, so we created an infographic that's really meant to provide them with guidance on this. If you look at the image on the top right-hand side of the screen, you can see, for example, if you are looking to find the ICD-10 codes used to define the cases that are included or excluded in the measure. You will see that the infographic shows you, by the blue pointing hand, that the inclusion codes are in the measure Updates and Specifications Report and the exclusion codes are in the supplemental files. The second infographic we've created

this year is a resource table which, in essence, lists the information that I am providing to you today in this presentation. It lists all the resources that are available, all of the mortality, readmission, complication, payments, and EDAC measures on the *QualityNet.* So, if after this presentation, you're looking for a comprehensive list of all of the resources for these measures, this is a great place for you to go. Again, it's located on the Resources page for every one of these measures. I do want to point out that two versions of this document exist. The version you see in front of you is available on the *QualityNet* website and the second version was distributed to hospitals along with the HSR. Both versions contain the exact same information. The content is the same. They just look different visually.

Then, the Resources page for the payment measures specifically contains a third infographic in addition to the other two infographics I just described. This is the National Distribution of Payment infographic. This infographic describes how national payments are distributed across care settings. It isn't a new infographic. It's been around for several years now, but an updated version of this is available this year on *QualityNet*.

The last type of resource available on the Resources page that I'm going to talk you about today is the condition category crosswalks. These are very frequently requested resources. They, in essence, map the ICD-10 and the ICD-9 codes to the condition categories used by the measures. A different crosswalk exists for each measure. So, there are 22 crosswalks in total, one for AMI readmission, one for heart failure readmission, one for hip/knee readmission, etc. So, they're specific to the measure you're talking about. The example in front of us here is for the AMI EDAC measure. If you look at row 3 here, then you can see that the ICD-9 code of 001.03 in cell B3 maps to CC, or the condition category, of 7 in cell C3. If you wanted similar information using ICD-10 codes, then you would just go to the other tab. At the bottom, you can see that there's the tab for ICD-10 codes and a tab for ICD-9 codes. Just select the tab that you want when using the crosswalk.

Okay, so that pretty much wraps us all the resources available to you on the Resources subpage for the measures on the *QualityNet.* Now, let's turn

our attention to the resources available to the measure methodology subpages for the measures. If you follow through on the video here, you can see, to get to these pages, the steps are similar. Go to the *QualityNet* website. That's *QualityNet.org*. Select Hospitals - Inpatient at the top left-hand side of the screen. From the drop-down options that appear, select Claims-Based and Hybrid Measure, and then once the measure group tab appears on the left-hand side of the screen in the gray bar, select the group you want, such as the mortality measures. Then, you will see a series of subpages, and, from there, you can click on Measure Methodology. There are only a couple of resources on this page, but they're very important resources for you to know about.

So, one of the most valuable resources available to you is the Measure Updates and Specifications Report. There are several Measure Updates and Specifications Reports, and each one contains all the information you will need on a specific set of measures. So, for example, on the image here on the right-hand side of the screen, if you look at the image in the background, you can see that it says 2018 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Mortality Measures. So, you can see it's speaking about the mortality measures, and then, beneath that, it lists really which specific mortality measures are included in this report, and, so you can see here, it's talking about AMI mortality, COPD mortality, heart failure mortality, pneumonia mortality, and stroke mortality. So, all these measures are contained in this report. This report provides you all the information you need to know about all updates, the measures in the current year, so that would be 2018 this year, the comprehensive measure specifications for all of these measures, and information how these measures are calculated. The image in the foreground, the page in the foreground, is a screenshot of what the table of contents looks like in this document, and you can see that there's a ton of information here; but, if for example, you were looking for information on how to define the cohort for these measures, then you'd go to Section 2.2.1. If you were looking for information on which risk variables are used in the measures, then you go to Section 2.2.3. The Measures Updates and Specifications Reports contain ICD-10 codes

relevant to the measure, but each report is also accompanied by a supplemental ICD-10 file which contains some of the ICD-10 codes relevant to the measures of the report as well. So, you have two locations in which you can find information on ICD-10 codes, either within in this report or in the accompanying supplemental ICD-10 file.

Okay, let's move onto the resources available to you through the HSR [Hospital-Specific Reports] pages for the measures on *QualityNet*. Again, the navigation is similar. If you follow through the video, you go to the *QualityNet* website, *QualityNet.org*. Select Hospitals - Inpatient at the top-left hand side of the screen. Then, from the drop-down option that appears, select Claims-Based and Hybrid Measure. Then, once the measure group tabs appear on the left-hand side of the screen in the gray bar, select the group you want, such as mortality measures, and then click on Hospital-Specific Reports. You have three resources available to you on these pages.

The first resource is a mock HSR or mock Hospital-Specific Report. These mock HSRs are sample HSRs that contain real national results and simulated state- and hospital-specific [results]. These results are especially helpful to those hospitals who receive an HSR because this gives them a sense of what kind of information is provided in the HSR.

If you would open the mock HSR for the mortality measures, for example, and enter the second tab, this is an example of what you would see in there. It contains information on the hospital results. It tells you what your performance category was for each of the mortality measures. It tells you how many discharges are included in the calculations, what your risk-standardized mortality rate (RSMR) was, what your integral estimate was and also provides you with information on the state and for the nation as well. You will see in the mortality HSR, we have provided information on what proportion of your stroke admissions had a documented NIH, or N-I-H, Stroke Scale score included in it. You can see that in row 8 of this tab. Kendall will speak to you a bit more about this later, but I wanted to point out that this information is provided to you in a HSR for planning purposes only. It's meant to give you a sense of what proportion of your

stroke admissions contain information on the NIH Stroke Scale. We are not using this information in the calculation of the measure this year.

The HSR also contains detailed information on the patients included in the measure calculation. As you can see in this example, it's on tab 4, I believe, of the HSR. Again, you can see that we have included this year in one of the columns information on the NIH Stroke Scale. Again, this is included for your information only and for your planning purposes only, and this information is not being used for measure calculations this year.

Each HSR is accompanied by a Hospital-Specific Report User Guide, or HSR User Guide. One user guide exists for all the measures. It's also available on *QualityNet*, so a copy of this comes to you with your HSR, but a version of it also available on *QualityNet* for your reference. The HSR User Guide is meant to provide you with guidance on how to interpret the fields within your HSR. It's a useful resource for you when looking at your HSR.

Lastly on the HSR pages for the measures, we've pulled a couple of videos. The videos are brief, and they are animated, and they're focused on specific topics. We only have two videos available at this point in time. The video on the left-hand side of your screen is a video about the EDAC measures. They're located on the Resources page for the EDAC measures. They provide, they're targeted specifically at patients. They're meant to help patients understand the EDAC measures, but they also provide useful information to hospital staff seeking to learn a bit more about what the EDAC measures are for the first time. The second video we have is the HSR tutorial video on the right-hand side, and it's a video we've created and posted on all of the HSR pages to help stakeholders understand what information is in the HSR and how they should be able to use the HSR. That wraps up my presentation on the resources available for the claims-based quality measures, quality payment measures. So, I'm going to hand it over to Kendall now to give you information on the NIH Stroke Scale.

Kendall Loh: Thanks, Tamara. Hi, everyone. We're now going to transition to discuss incorporating the NIH Stroke Scale into the 30-day stroke mortality measure.

So, the main goal of outreach is to ensure the successful implementation of the revised stroke mortality measure while the targeted objective of today's presentation is to encourage consistent use of the NIH Stroke Scale in ICD-10 codes.

So, on slide 30, you'll see an outline of this portion of the presentation. We're going to run through a brief background and history section, detail specifics of the NIH Stroke Scale, talk a little bit about implementation of the enhanced measure, and then review some resources.

So, as a background, CMS enhanced the currently reported stroke mortality measure to incorporate a stroke severity assessment. Specifically, the revised measure includes NIH Stroke Scale which is coded in claims using ICD-10 codes. Incorporation of the NIH Stroke Scale was completed in response to stakeholder and clinician input. Research shows that the NIH Stroke Scale is the strongest clinical predictor of mortality in ischemic stroke patients.

Again, the addition of the NIH Stroke Scale comes in response to stakeholder and clinician input. Use of the NIH Stroke Scale for assessing stroke severity in ischemic stroke patients is a clinical guideline. As such, assessing stroke severity should be part of the usual clinical care. With this enhancement, patient stroke severity will be considered when hospital scores are calculated.

As a brief history of the measure, the currently reported 30-day stroke mortality measure was finalized in the 2014 IPPS final rule and then implemented in the IQR program in 2016. The revised 30-day stroke mortality measure was finalized in the 2018 IPPS final rule for implementation in the 2023 IQR program. This means that data collected starting in July of 2018 will be used for fiscal year 2023 payment determination.

Slide 34 provides additional details for the implementation timeline. There are two key points for this slide. One, you'll see on the timeline Fiscal Year implementation for 2023 based on claims data from July 2018 to June of 2021. The second key point is a confidential report will be generated for hospitals in Calendar Year 2021 based on claims data from October of 2017 to June of 2020.

Incorporating the NIH Stroke Scale into the 30-day stroke mortality measure brings some major benefits. Administration of the NIH Stroke Scale aligns with clinical guidelines provided by the American Heart Association and American Stroke Association. The use of the scale ensures that the quality measure accounts for stroke severity while, at the same time, improving the measure discrimination which allows for even more rigorous risk adjustment. In addition, the enhanced stroke mortality measure also maintains low burden on hospitals.

On this next slide, you'll see a screenshot of what the NIH Stroke Scale actually looks like. It's a 15-item neurologic examination which provides a measure of stoke severity.

On slide 37, you'll see this slide provides additional guidance on how to code the NIH Stroke Scale filed in the ICD-10 codes. In terms of reporting, there are 43 new ICD-10 codes designated solely for stroke severity. Hospitals should report the initial NIH Stroke Scale score documented, or, if multiple scores are available, use POA [Present on Admission] codes to capture the initial assessment. Again, we want the initial NIH Stroke Scale documented.

On slide 38, you'll see a month-by-month take on the total percentage of ischemic stroke admission with an NIH Stroke Scale score. The percentage is trending up, but overall rates are still quite low. As you'll see in the graph, just a bit over 30 percent of admissions have an NIH Stroke Scale score as of December of last year. Importantly, only 10 percent of hospitals include the scale data in claims for at least half of their patients. So, as a takeaway, there's progress, but there's definitely still work to do. Our goal is to see 100 percent of ischemic stroke admissions with an NIH SS score.

Now, on the next couple of slides, we'll walk through some resources available. So, on slide 39, you'll see information will be available via the HSR and HSR User Guides on *QualityNet* this month. Which means each hospital will be able to download a report from *QualityNet* and the stroke mortality HSR will have information regarding the NIH Stroke Scale.

We also have an email inbox, cmsmortalitymeasures@yale.edu, to answer any questions you may have. Additionally, there's also official guidance on coding. The NIH Stroke Scale is available at the link below and a few more *QualityNet* resources, specifically the annual Updates and Specifications Report and fact sheet on the NIH Stroke Scale which will be available at the end of the May. Now, with that being said, I'll hand it back over to Candace Jackson.

Candace Jackson: Thank you, Kendall and Tamara, for providing all of that information. I'm sure it will be beneficial for all of those who are participating. We do now have time to do a Q&A session. We will be asking questions in no particular order or how they came into the chat box. Please remember, if we not get to your question that you submitted today, all questions and responses will be posted to our Quality Reporting Center website at a later date. So, we will go ahead now and start with our Q&A.

Our first question is on slide 16. We'll go to that slide. There is a list of seven fact sheets. I cannot locate the last two fact sheets, National Institutes of Health (NIH) Stroke Scale and Background. Where are these located?

Tamara Mohammed: Hi, this is Tamara form Yale CORE. If you go to slide 13, you will see a pathway indicated at the top of that slide. So, if you're looking for the NIH Stroke Scale fact sheet, you'll follow the pathway. You go to *QualityNet.org*, Hospitals - Inpatient, Claims-Based and Hybrid Measures, and then select mortality measure. Then, you go to the Resources tab and you will find the NIH Stroke Scale fact sheet there. The background fact sheet should also be on that tab. It's also located on the Resources tab for any of the other measure groups, readmission, payment, complication, etc.

Candace Jackson: Thank you. Our next question: Who can document the National Institutes of Health Stroke Scale score?

Tamara Mohammed: So, I presume that you are asking who can add it to the claim. I think it would just be any hospital coder can add it to the NIH Stroke Scale score to the claim.

Candace Jackson: Thank you. Our next question: When does the National Institutes of Health Stroke Scale need to be documented, on day of admission, within 12 hours? The second part to this question: Which is The Joint Commission standard for the comprehensive stroke programs?

Tamara Mohammed: So, we don't actually issue guidance on when you need to capture information on the NIH Stroke Scale. All you need to do is have the NIH Stroke Scale documented on the claims. So, whenever you submit the claim to CMS, you should have the NIH Stroke Scale information on that claim, but we don't issue guidance on when you need to clinically capture that information. So, we'd expect that you'd adhere to any clinical guidelines relevant.

Candace Jackson: Thank you. Our next question: Does the stroke diagnosis need to [have a] present on admission [indicator] of Yes or No?

Tamara Mohammed: To be in the stroke mortality measure, a stroke diagnosis has to be in the primary discharge diagnosis field. With regard to the NIH Stroke Scale, it just needs to be coded on the claim in order to be captured by us in the measure. If you have multiple NIH Stroke Scales on your claim, then we will use the NIH Stroke Scale associated with the POA of Yes. So, you'd use a POA of Yes, and then we'd use the NIH Stroke Scale there.

Candace Jackson: Thank you. Our next question is in regard to Slide 16. What is included in the Background fact sheet, and where is it located? Are the Resources, for

example, fact sheet for the NIH Stroke Scale on the *QualityNet* website? If so, where?

Tamara Mohammed: Sure. So, the Background fact sheet contains information on why we developed our common payment measures. It tells you something about how we determine which conditions or procedures to build measures around. It tells you which programs or measures they're in, and it provides you some additional key pieces of information on the measures. They are, again, if you go back to slide 13, they are located on the Resources tab of each of the measures. So, you can go to the Readmission tab. You'll go the Resources tab. You'll find the Background fact sheet there. If you go to the Resources tab for payment, you'll find it there. If you're looking specifically for the NIH Stroke Scale fact sheet, you will need to go to the Resources page, and then to the mortality page, and then navigate to the Resources tab, and you will find the NIH Stroke Scale factsheet there.

Candace Jackson: Thank you. Our next question is on slide 17. Where is the infographic found and where is the general fact sheet you referred to in your first slide? You may have already just covered this, Tamara.

Tamara Mohammed: Yes, so again, all the background fact sheets can be found on the Resources tab of any of the measure groups, again, using the pathway on slide 13. These resources are also located there as well. So, if you go to any Resources tab for any of the measure groups, you will find both of these infographics there.

Candace Jackson: Thank you. Our next question: When clicking on the HSR User Guide for July 2018 public reporting, I am getting an error message. I'm not sure if this is on our end or yours. I can access the other links.

Tamara Mohammed: So, the most likely reason why you are getting an error measure when you try to download the HSR User Guide is probably because of the browser you're using. The *QualityNet* website works best when you use the Internet

	Explorer browser. So, if you're potentially using Chrome or something else, that may be that reasons why you're getting the error message.
Candace Jackson:	Our next question is in regard to slide 25 and mock Hospital-Specific Reports on the NIH Stroke Scale. Has this HSR been released already or is it coming in the future?
Tamara Mohammed:	Yes. So, the HSRs contain the information on the NIH Stroke Scale, so there is no one HSR only for the NIH Stroke Scale, but there is a mortality HSR that contains information on the NIH Stroke Scale. That has already been released. It will be in the IQR HSR that were released, I believe, on May 4. So, you should already have access to this HSR.
Candace Jackson:	Thank you. Our next question is in regard to Slide 27. When outpatient services performed within 72 hours of a hospitalization are bundled to the inpatient admissions for payment purposes, does the counter for readmissions within 30 days post-discharge use the bundled outpatient service date as start date for a readmission event?
Tamara Mohammed:	Yes. So, when you have a bundled claim, we will use whatever is the "claim from" date on that claim. So, if that occurs within a 30-day claim period, then it certainly will be considered to be a readmission outcome, but, yes, we will use the full bundled claim and we will specifically be looking at the "claim from" date within that claim.
Candace Jackson:	Thank you. Our next question: Under what tab is the user guide located?
Tamara Mohammed:	So. again, go to slide 13. I think that's the HSR tab. Let me just figure out the slide for you. There's an HSR tab for every measure. So, if you go the mortality page, there's an HSR tab within that. If you go to the readmission page, there's an HSR tab within that. Once you go to that HSR tab, then you should actually be able to find the HSR User Guide. Sorry, the pathway is on slide 22. I apologize.

Candace Jackson: Our next question: What disciplines are allowed to document the National Institutes of Health Stroke Scale for coding to abstract?

Tamara Mohammed: So, these are clinical decisions and we have made no recommendations around what disciplines are allowed to code the NIH Stroke Scale. We simply will look at whatever is submitted on the claim, but it's a clinical decision based on guidelines who can actually document the NIH.

Candace Jackson: Thank you. The next question: Can you tell me where to find or what specific ICD-10 codes are used for this measure? I believe, then, you'd be asking in regard to the stroke mortality measure.

Tamara Mohammed: Yes, so there is ICD-10 guideline Fiscal Year 2017 and Fiscal Year 2018. If you look that up online, it's available publicly, I believe. It will give you the 42, I believe, codes associated, sorry, 43 codes, ICD-10 codes associated with the NIH Stroke Scale.

Candace Jackson: Thank you. Our next question: If the RSMR at a hospital is higher than the raw mortality rate, would that be an indicator that risk factors may not be captured in documentation in the claim?

Tamara Mohammed: Unfortunately, I don't think I can adequately answer that question, but I don't think you can assume that, because the risk-standardized rate is higher than the raw rate, you are missing information on the risk factors. The model we have is certainly more complex, and if you submit a question to us, we can try and get you a comprehensive answer, but for now, I think that's the short answer.

Candace Jackson: Thank you, Tamara. Our next question: If you do not have a full electronic health record (HER), how is the stroke scale picked up?

Tamara Mohammed: So, we are looking for information on the NIH Stroke Scale using claims information. So, when you submit a claim to CMS, we'll find the

information on the NIH Stroke Scale within that. So, it does not depend on the existence of an HSR with any hospital.

Candace Jackson: Thank you. Our next question: Do coders have to determine if the NIH is utilized and apply ICD-10 as applicable?

Tamara Mohammed: I think certainly, yes, someone within the hospital will need to determine whether or not the information on the NIH Stroke Scale was captured and then identify the relevant code associated with that NIH Stroke Scale score, and then submit that on the claim.

Candace Jackson: Thank you. Our next question: Do you know if critical access hospitals (CAHs) will have the NIH Stroke Scale measure reported in Hospital-Specific Reports?

Tamara Mohammed: Yes. So, when critical access hospitals receive their Hospital-Specific Reports, specifically the mortality Hospital-Specific Report, then the information on the NIH Stroke Scale will be contained in that, and, again, those were distributed, I believe, on May 4.

Candace Jackson: Thank you. Next question: What should coders use for patients transferring into the facility. the initial at the transferring facility or the score when they arrive at our hospital?

Tamara Mohammed: Yes, again, this is a really excellent question, and I think, certainly, you should abide by coding guidelines. Not being a coding expert myself, I would expect that you're probably going to use the POA code, but I think you should use whatever the coding guidelines say with regard to documenting NIH Stroke Scale codes.

Candace Jackson: Thank you. Our next question: Will lack of NIH affect payment?

Tamara Mohammed: At this point in time, currently, no, I think they are expected, tentatively, to be used for payment determination in the future in that the NIH Stroke Scale will influence your risk standardized mortality rate (RSMR) and when that measure is being used in a payment program, I believe for payment determination in 2023, then it will indirectly affect your payment, potentially.

Candace Jackson: Thank you. Our next question: What type of strokes are NIH SS used on, ischemic, SAH, ICH, or all?

Tamara Mohammed: I believe it's ischemic.

Candace Jackson: Thank you. Our next question: Are there NIH Stroke Scale HSRs available on *QualityNet* now?

Tamara Mohammed: Again, there are no specific HSRs to the NIH Stroke Scale. There is a mortality HSR, and the NIH Stroke Scale information is contained within that mortality HSR, but, yes, that HSR is currently available on *QualityNet* now.

Candace Jackson: Our next question: Are only 10 to 30 percent of hospitals coding or reporting the NIH SS present on admission? We do the NIH SS. Can it be that coders are not including it?

Tamara Mohammed: Seriously, you're right that around 30 percent of hospitals are coding, currently reporting, NIH Stroke Scales on their claims. If you believe that your specific hospital is collecting more than 30 percent, it could be potentially that you're right that the coders are not including it, but I think you would need to examine the circumstances at your unique hospital to determine that.

Candace Jackson: Our next question: How will the stroke metric be captured in the claim?

Tamara Mohammed: I presume you're asking how we will identify the NIH Stroke Scale. There's a score, ICD score, associated with each of the NIH Stroke Scale scores. So, we will be able to look in the claims for that ICD-10 code.

Candace Jackson: Our next question: We receive stroke patient transfers from our telestroke program. The sending hospital provides an NIH SS prior to treatment with TPA. Can we capture that initial score at the outside hospital prior to our direction to administer TPA?

Tamara Mohammed: Again, I think this is certainly a matter of coding guidelines, and I think I would look to the coding guidelines to tell you how you should be coding NIH Stroke Scale scores when there is a transfer scenario occurring. I think you would look to that. We, as measure developers, don't tell you how to code the NIH Stroke Scale.

Candace Jackson: Thank you. Our next question: Where in the medical record should the NIH SS be documented? Should it be in the ED record?

Tamara Mohammed: I think when you are really submitting that claim to CMS, and we'll certainly be looking at inpatient claims for the stroke measure. They'll be looking at the inpatient claim. So, if it's on that inpatient claim, then we will see that information, but, if it's only in an ED claim, I don't think we'll be able to see that.

Candace Jackson: Our next question: Does the provider actually have to document the entire NIH SS exam in the record, or can they just document the total NIH SS score to be able to be abstracted by the coder?

Tamara Mohammed: I mean, again, I'm not a coding expert. I would imagine that, because there is an ICD code associated with each stroke scale score, they need just the score to identify the associated ICD code. Again, I think that's an internal hospital decision. I can't say for sure.

Candace Jackson:	Thank you. Our next question and we have time for one or two more questions. Is the measure to ensure the hospitals are using the scale or to see how well the different scores do on mortality? The NIH score may change during this stay.
Tamara Mohammed:	I think that the intent in using the NIH Stroke Scale to risk adjust in the mortality measure is to help assess at the point at which the patient arrived at the hospital, how severe the patient's stroke was, so we can appropriately assess the risk and adjust for that in the measure.
Candace Jackson:	Okay. We have one more question here. Again, I'd like to remind everyone that, if your question did not get answered during today's call, all questions and responses will be posted at a later date to our Quality Reporting Center website. Our last question: What evidence is used to indicate documenting the NIH Stroke Scale improves outcomes?
Tamara Mohammed:	I'm certainly, again, not familiar with the history behind it. If you submit your question to us, we will look into it and get you a more thorough response. I just don't have the answer on hand today.
Candace Jackson:	All right. Again, I'd like to thank Tamara and Kendall for providing this information to us today. I would now like to turn the presentation over to Dr. Debra Price who will be going over our CEU process.
Dr. Debra Price:	Well, thank you very much. Today's webinar has been approved for one continuing education (CE) credit by the boards listed on this slide. We are now a nationally accredited nursing provider. As such, all nurses report their own credits to their boards using the national provider number 16578. It is your responsibility to submit this number to your own accrediting body for your credit.
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