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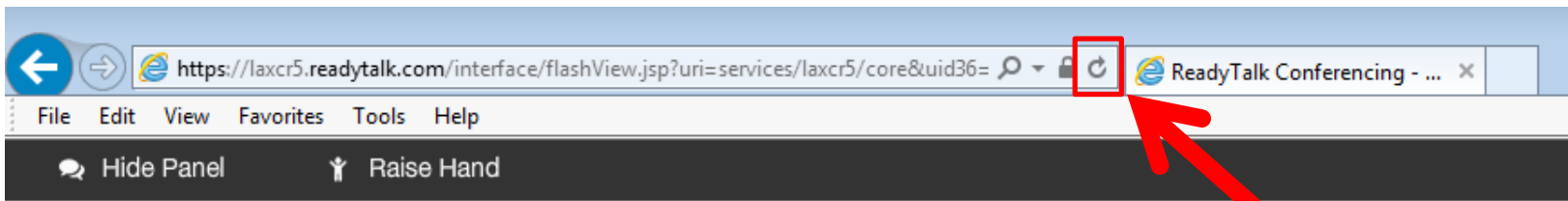


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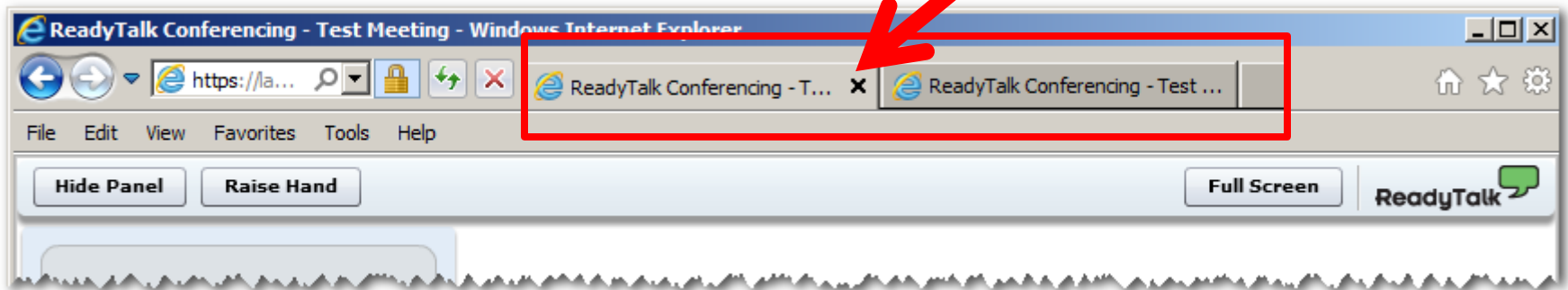


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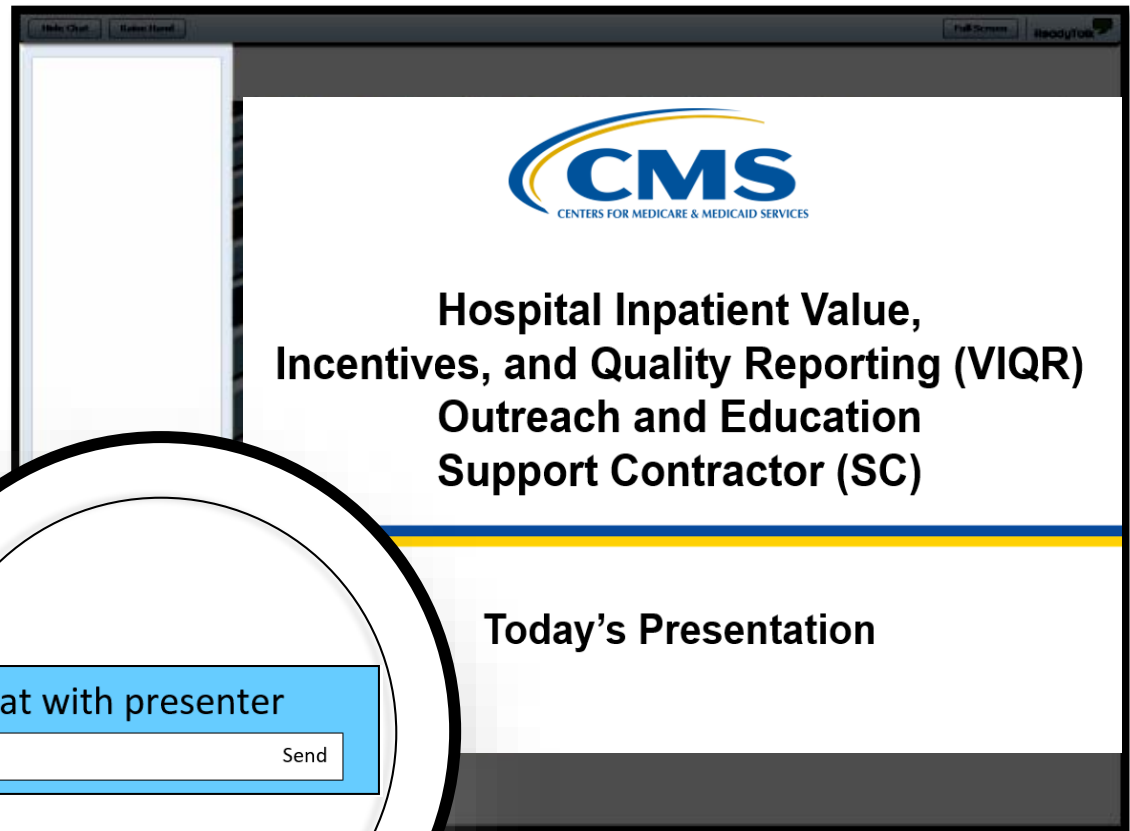
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Claims-Based Outcome and Payment Measures – Resources and Use of the NIH Stroke Scale

May 22, 2018

Speakers



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Moderator

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Agenda

- Claims-Based Outcome and Payment Measures – Resources
 - Presented by Tamara Mohammed, MHA, PMP
- Incorporating the NIH Stroke Scale into the Stroke Mortality Measure
 - Presented by Kendall Loh, BS

Objectives

Claims-Based Outcome and Payment Measures – Resources

- Introduce all the resource available for the claims-based measures
- Navigate to location of resources on *QualityNet*
(www.QualityNet.org)

Acronyms and Abbreviations

AMI	acute myocardial infarction	HWR	Hospital Wide Readmission
CABG	coronary artery bypass graft	ICD	International Classification of Diseases
CE	continuing education	IPPS	inpatient prospective payment system
CMS	Centers for Medicare & Medicaid Services	IQR	Inpatient Quality Reporting
COPD	chronic obstructive pulmonary disease	M	mortality
CORE	Center for Outcomes Research & Evaluation	M Perf	mortality performance
EDAC	excess days of acute care	NIH	National Institutes of Health
FAQ	Frequently Asked Questions	POA	present on admission
FFS	fee for service	SC	support contractor
FY	fiscal year	THA	total hip arthroplasty
HF	heart failure	TKA	total knee arthroplasty
HSR	Hospital-Specific Report	VIQR	Value, Incentives, and Quality Reporting

Tamara Mohammed, MHA, PMP

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Claims-Based Outcome and Payment Measures – Resources

22 Inpatient Quality Reporting Outcome and Payment Measures

Measure outcome	Condition/procedure	Outcome follow-up timeframe	Measure abbreviation
Mortality	Acute Myocardial Infarction	30-day	AMI Mortality
	Coronary Artery Bypass Graft	30-day	CABG Mortality
	Chronic Obstructive Pulmonary Disease	30-day	COPD Mortality
	Heart Failure	30-day	HF Mortality
	Pneumonia	30-day	Pneumonia Mortality
	Acute Ischemic Stroke	30-day	Stroke Mortality
Readmission	Acute Myocardial Infarction	30-day	AMI Readmission
	Coronary Artery Bypass Graft	30-day	CABG Readmission
	Chronic Obstructive Pulmonary Disease	30-day	COPD Readmission
	Heart Failure	30-day	HF Readmission
	Hospital-Wide	30-day	HWR
	Pneumonia	30-day	Pneumonia Readmission
	Acute Ischemic Stroke	30-day	Stroke Readmission
	Primary, Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	30-day	THA/TKA Readmission
Complications	Primary, Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	90-day	THA/TKA Complication
Payment	Acute Myocardial Infarction	30-day	AMI Payment
	Heart Failure	30-day	HF Payment
	Pneumonia	30-day	Pneumonia Payment
	Primary, Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	90-day	THA/TKA Payment
Excess Days in Acute Care	Acute Myocardial Infarction	30-day	AMI EDAC
	Heart Failure	30-day	HF EDAC
	Pneumonia	30-day	Pneumonia EDAC

Current Resources Available

- ✓ Frequently Asked Questions (FAQ)
- ✓ Fact Sheets
- ✓ Hospital-Specific Reports (HSR) User Guide
- ✓ Mock HSRs
- ✓ Historical Public Reporting Timeline
- ✓ Measure Updates and Specifications Reports
- ✓ Condition Category Crosswalks
- ✓ Find My ICD-10 Code
- ✓ National Distribution of Payments
- ✓ Videos
 - EDAC Video
 - HSR Tutorial Video

Navigating to Resource Pages on *QualityNet*

www.QualityNet.org > Hospitals - Inpatient > Claims-Based and Hybrid Measure > Select mortality, readmission, payment, complication or EDAC measures > Resources


The screenshot displays the QualityNet website homepage. At the top, there is a navigation bar with the QualityNet logo, a search bar, and a "Log in to QualityNet Secure Portal" link. Below this is a secondary navigation menu with tabs for "Home", "My QualityNet", and "Help". The main navigation area features a grid of dropdown menus for various facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into several sections:

- QualityNet Registration:** A list of links for registration, including "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "QIOs".
- Getting Started with QualityNet:** A list of links for getting started, including "Registration", "Sign-In Instructions", "Security Statement", "Password Rules", "QualityNet System Security Policy, PDF", and "Log in to QualityNet Secure Portal".
- QualityNet News:** A section titled "QualityNet News" with a "More News >" link. It features a headline: "Hospital VBP FY 2020 Baseline Measures Report Now Available". The text below states: "The Hospital Value-Based Purchasing (VBP) Program Fiscal Year 2020 Baseline Measures Reports are now available from the Centers for Medicare & Medicaid Services (CMS). This report allows hospitals to monitor their baseline period performance for all domains and measures required for the Hospital VBP Program. Hospitals can access their Baseline Measures Report through the *QualityNet Secure Portal*." Below the headline is a "Full Article >" link.
- Headlines:** A list of news items, including "New CMS HSR tutorial video released", "CMS releases April 2018 Hospital Compare preview reports", "FY 2018 program results for three Value-Based Purchasing programs updated on Hospital Compare site", "Hospitals selected for FY 2020 inpatient quality reporting chart-abstracted data validation", "CY 2018 OPPS/ASC final rule with comment period", "CY 2018 OPPS/ASC Final Rule displayed", and "CMS grants exemptions for Quality Program participants in FEMA disaster areas affected by".
- Log in to QualityNet Secure Portal:** A section with a "Login" link and a list of links: "Download Symantec ID (required for login)", "Portal Resources", and "Secure File Transfer Resources".
- Questions & Answers:** A section with a list of links: "Ambulatory Surgical Centers", "End-Stage Renal Disease (ESRD) QIP", "Hospitals - Inpatient", "Hospitals - Outpatient", and "Inpatient Psychiatric Facilities".

Frequently Asked Questions (FAQs)

- Highlights 2018 measure updates and responds to commonly asked questions
- Intended audience: hospital administrative and clinical staff

 Frequently Asked Questions for the Risk-Standardized Outcome and Payment Measures For the Hospital Inpatient Quality Reporting (IQR) Program Fiscal Year 2019 (October 1, 2018 – September 30, 2019)		
CONTENTS:		
<u>FISCAL YEAR 2019 UPDATES</u> Updates to the Measures New Measures Preparing for Revised Stroke Mortality Measure Pg. 3	<u>COHORT</u> Inclusion/Exclusion Hospice & Cancer Patients Transferred Patients Pg. 7	<u>DATA SOURCES AND CODES</u> ICD-9-CM and ICD-10-CM Codes CCs to ICD-10 Crosswalk Data Sources Pg. 14
<u>IDENTIFYING AN OUTCOME</u> Defining a Readmission Defining a Complication Defining the Excess Days in Acute Care Outcome Defining Payments Outcome Timeframes Pg. 16	<u>MULTIPLE ADMISSIONS/READMISSIONS</u> For the Same Condition/Procedure For a Different Condition/Procedure On the Same Day For Planned & Unplanned Readmissions For Overlapping EDAC Outcome Events Pg. 24	<u>RESULTS</u> Results Calculations Prorating Payments & Days Results Categories Pg. 30
<u>RISK ADJUSTMENT</u> Approach to Risk Adjustment Adjustment for Social Risk Factors Pg. 39	<u>ACCESSING YOUR RESULTS & PUBLIC REPORTING</u> Preview Period Hospital-Specific Reports Hospitals Without Results QualityNet Pg. 41	<u>USING RESULTS</u> Results Replication For Quality Improvement Pg. 45
<u>HOSPITAL REIMBURSEMENT</u> Hospital Reimbursement Pg. 47	<u>BACKGROUND & CONTACTS</u> Programs Contacts Pg. 48	<u>GLOSSARY</u> Pg. 50

Please note that the following Frequently Asked Questions (FAQs) are applicable only to the risk-standardized outcome and payment measures publicly reported in Summer 2018 and used for payment determination for Fiscal Year 2019 (October 1, 2018 – September 30, 2019).

Frequently Asked Questions (FAQs)

Identifying an Outcome

Defining a Readmission

1. What is a readmission?

In the CMS readmission and [excess days in acute care](#) (EDAC) measures, a patient who had an eligible [index admission](#) is considered "readmitted" if he or she has one or more unplanned inpatient admissions at a short-term [acute care hospital](#) or critical access hospital within 30 days of discharge from the original index admission (regardless of whether the readmissions occurred at the same or a different hospital). Additionally, the AMI, HF and pneumonia readmission measures consider admissions to short-term acute care Veterans Affairs (VA) hospitals to be a readmission outcome if it is within 30 days of discharge from the original index admission. Please note that the Hospital Readmission Reduction Program (HRRP) does not consider admissions to critical access hospitals to be a readmission outcome.

2. What hospitalizations are *not* readmissions?

The following types of admissions are *not* considered readmissions in the measures:

- Planned readmissions (refer to [FAQ 22](#) for the definition of a planned readmission);
- Same-day readmissions to the same hospital for the same condition. This is because CMS rules already require [Prospective Payment System](#) hospitals to combine same-day, same-condition readmissions into a single claim. Thus, such readmissions are considered a continuation of the index admission;
- Observation stays and emergency department visits. These are not inpatient admissions and therefore are not considered potential readmissions (but are included in the EDAC measures);
- Admissions to facilities other than short-term acute care hospitals. Facilities such as rehabilitation centers, psychiatric hospitals, hospice facilities, long-term care or long-term acute care hospitals, and skilled nursing facilities do not meet the definition of a short-term acute hospital; and
- Admissions that occur at eligible short-term acute care hospitals but where the patient is admitted to a separate, non-inpatient unit that bills under a separate CMS Certification Number (CCN), such as separate units for rehabilitation, psychiatric care, hospice care, or long-term care. Such admissions are not inpatient admissions and therefore are not considered as readmissions.

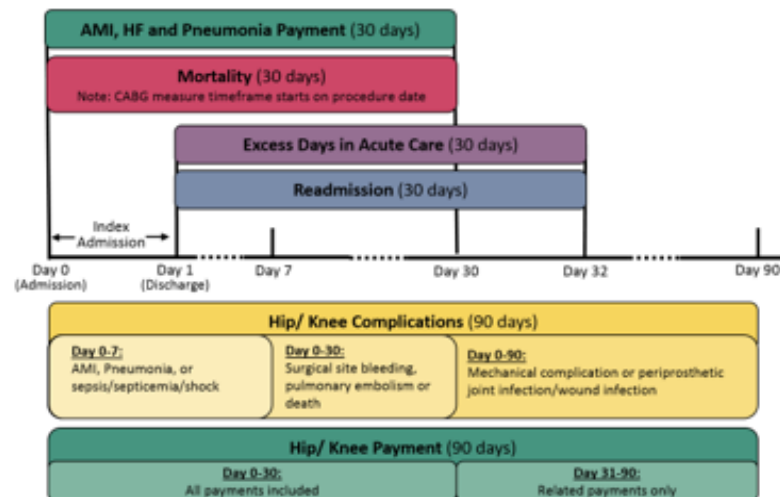
Outcome Timeframes

1. How long after the index admission are measure outcomes observed?

The readmission, mortality, complication, [excess days in acute care](#) (EDAC), and payment measures all use standardized timeframes to capture mortality, [unplanned readmissions](#), EDAC outcome events, and eligible complications. Similarly, the payment measures summarize eligible payments during a defined "episode of care" that spans across care settings. The measures assess the [outcome](#) (or payment) relative to the qualifying [index admission or procedure date for 30 or 90 days, starting from admission, procedure, or discharge date, depending on the measure](#).

The [outcome timeframes](#) are shown in [Figure 7](#) below. Note the differences in the measures' starting points.

Figure 7. Measure Outcome Timeframes



Fact Sheets

- Provides a high-level overview of measures
- Intended audience: hospital administrative and clinical staff
- There are 7 fact sheets for 2018:
 - Mortality
 - Readmission
 - Complication
 - Payment
 - EDAC
 - National Institutes of Health (NIH) Stroke Scale
 - Background

2018 Readmission Measures Facts

CMS's 30-Day Risk-Standardized Readmission Measures

What are the results?

Condition	Rate (%)
HF	21.7%
COPD	19.6%
Pneumonia	16.7%
AMI	16.0%
HWR	15.3%
CABG	13.2%
Stroke	11.9%
THA/TKA	4.2%

Where can I find my hospital's results?

- Publicly reported measure results can be found on [Hospital Compare](#). Publicly reported data for national, state, and hospital-level results can be found on [Data.Medicare.gov](#).
- Inpatient Hospital Compare preview reports contain high-level information about your results on all measures in the IQR program.
- Hospital-Specific Reports (HSRs) contain detailed discharge-level data on your Readmission results.

Please note that HSRs are shared with hospitals through the QualityNet Secure Portal. To access your results, please contact your hospital's designated administrator.

How are the measures calculated?

Who is included?

Patients:

- ✓ Enrolled in Medicare fee-for-service for 12 months prior to index admission
- ✓ 65 or older
- ✓ With a qualifying index admission
- ✓ Discharged alive, not against medical advice (AMA)

What data are used?

The 2018 readmission measures include index admissions that occurred between:

- ✓ **July 1, 2016 and June 30, 2017** for HWR, and
- ✓ **July 1, 2014 and June 30, 2017** for AMI, CABG, COPD, HF, pneumonia, Stroke and THA/TKA

Is there risk adjustment?

The measures are adjusted for differences in risk variables such as age and comorbidities.

What is the outcome?

The Readmission measures count a hospitalization as a readmission if it:

- ✓ Occurs within 30 days of discharge from a qualifying index admission
- ✓ Is to a Short-Term Acute Care facility
- ✓ Is unplanned
- ✓ Is for any cause, not just those that appear related to the initial admission

For additional methodology information, please see [the Annual Updates and Specifications Reports](#) on QualityNet.

Did you know?

The readmission measures do not exclude patients based on hospice use or status.

The AMI, HF, and pneumonia readmission measures include Veterans' Health Administration (VHA) data.

The readmission measures cannot be compared with the mortality measures because they have different cohorts.

More information?

For background information about the measures see the [Background Fact Sheet](#)
For additional questions, please see the [FAQs](#) or email us at cmsreadmissionmeasures@yale.edu

AMI: Acute Myocardial Infarction HF: Heart Failure COPD: Chronic Obstructive Pulmonary Disease CABG: Coronary Artery Bypass Graft THA/TKA: Total Hip Arthroplasty / Total Knee Arthroplasty HWR: Hospital Wide Readmission IQR: Inpatient Quality Reporting

New Infographics

Find My ICD-10 Resource

- Provides an overview of where the measure codes, including ICD-10 codes, can be found
- Intended audience: hospital administrative and clinical staff

Resource Table for Claims-Based Measures

- Identifies all the resources produced for the mortality, readmission, complication, payment, and EDAC measures on *QualityNet*
- Intended audience: hospital administrative and clinical staff

Find my ICD-10 code?

Identify the type of code you are looking for in the list below. Then use the diagram to see where the code can be found. For each measure, codes can be found in either the:

- Measure Updates and Specifications Report - Supplemental ICD-10 Code Lists
- Measure Updates and Specifications Report - Claims-Based and Hybrid Measure

These resources are located on the Measure Methodology tab on the QualityNet website at qualitynet.org > Inpatient Hospital > Claims-Based and Hybrid Measure > (Outcome or payment measure, for example: Mortality) > Measure Methodology

Cohort Inclusion Codes
These codes are used to define the conditions and procedures that qualify a hospitalization for inclusion in the measure cohort. A hospitalization is a part of the measure cohort only if it meets all measure inclusion and exclusion criteria.

Cohort Exclusion Codes
These codes are used to identify conditions and procedures that qualify a hospitalization for removal from the measure cohort. A hospitalization is a part of the measure cohort only if it meets all measure inclusion and exclusion criteria.

Risk Variable Codes
These codes are used to risk adjust the measure for a number of variables that are clinically relevant and have relationships with the outcome.

Complication Outcome Codes
These codes are used to define complications that are counted in the total hip/knee arthroplasty complication measure.

Planned Readmission Algorithms (PRA) Codes
These codes are used as a set of criteria to determine if a readmission was planned or unplanned. Planned readmissions are not counted as outcomes. A flow chart that describes how each of the codes is used in the PRA can be found in Appendix E of the Readmission and Excess Days in Acute Care Measure Updates and Specifications Report.

What is code V97.33XD?
What is a CCS?
Clinical Classification Software (CCS) is a software maintained by the Agency for Healthcare Research and Quality (AHRQ) that groups thousands of individual procedure and diagnosis codes into clinically coherent, mutually exclusive procedure and diagnosis categories.

What are ECs?
Condition Categories (ECs) are groupings of ICD-9-CM/ICD-10-CM diagnosis codes in clinically relevant categories, from the International Classification of Diseases (ICD) system.

Cohort Codes
Inclusion Exclusion

Risk Variable Codes
CCs
CCs plus ICD-10 codes
CCs codes
Individual ICD-10 codes

Measure Updates and Specifications Report

Outcome Codes
Complication Outcome Codes
Planned Readmission Algorithm Codes
CCS codes
Individual ICD-10 codes

Supplemental File

LIST OF AVAILABLE RESOURCES FOR THE 2018 CLAIMS-BASED MEASURES

This document lists all the resources produced for the Mortality, Readmission, Complication, Payment and Excess Days in Acute Care (EDAC) measures on QualityNet.

The location of each resource on QualityNet is also listed. For your initial navigation, please use the following pathway: www.qualitynet.org > Hospitals-Inpatient > Claims-Based and Hybrid Measures >

Resources: All measures > Mortality (or Readmission or Payment or Complication or EDAC) Measures > Resources

For more details on how to navigate QualityNet see Figure 1.

Figure 1: QualityNet Navigation

Measure Updates and Specifications Reports
Technical reports that detail 2018 measure updates, measure specifications and measure calculation methodology. Used by researchers.
Mortality Measures > Measure Methodology
Readmission Measures > Measure Methodology
Complication Measure > Measure Methodology
Payment Measures > Measure Methodology
Excess Days in Acute Care (EDAC) Measures > Measure Methodology

Mock Hospital Specific Reports (HSRs)
Sample HSRs that contain real national results and simulated state and hospital results. Used by hospital administrative and clinical staff.
Mortality Measures > Hospital-Specific Reports
Readmission Measures > Hospital-Specific Reports
Complication Measure > Hospital-Specific Reports
Payment Measures > Hospital-Specific Reports
Excess Days in Acute Care (EDAC) Measures > Hospital-Specific Reports

Condition Category Crosswalks
Maps the ICD-10 and ICD-9 codes included in the condition categories. Used by hospital administrative and clinical staff.
Mortality (or Readmission or Payment or Complication or EDAC) Measures > Resources

National Distribution of Payments
Graphic overview of the national distribution of payments across care settings for 2018. Used by hospital administrative and clinical staff.
Payment Measures > Resources

Risk Calculator
A tool for predicting a patient's estimated risk of readmission or death. Used by hospital administrative and clinical staff.
Mortality Measures > Resources
AM, HF and Pneumonia Readmission Measures > Resources

Frequently Asked Questions (FAQs)
Highlights 2018 measure updates & responds to commonly asked questions. Used by hospital administrative and clinical staff.

Fact Sheets
Highlights 2018 measure updates and provides a high-level overview of each measure. Used by hospital administrative and clinical staff.

HSR User Guide
Provides instructions for interpreting each HSR. Used by hospital administrative and clinical staff.

Historical Public Reporting Timeline
A comprehensive timeline depicting when each measure was first run and added to the IQR, HSRP and/or HVBP program. Used by hospital administrative and clinical staff.

Videos
Animated informational videos on select measure topics. For hospital administration, clinical staff and patients.
Introduction to the EDAC Measures > Resources
EDAC Measures > Resources
HSR Tutorial Video > Resources

Find My ICD-10 Code
Provides an overview of where the measure codes, including ICD-10 codes, can be found

AM: Acute Myocardial Infarction HF: Heart Failure

Condition Category Crosswalks

- Maps the ICD-10 and ICD-9 codes included in the condition categories
- Intended audience: hospital administrative and clinical staff

AMI EDAC	ICD-9 CM code	ICD-9 CM code with decimal	Code description	V22 CC label
0010	001.0	001.0	Cholera due to vibrio cholerae	7 Other Infectious Diseases
0011	001.1	001.1	Cholera due to vibrio cholerae ei tor	7 Other Infectious Diseases
0019	001.9	001.9	Cholera, unspecified	7 Other Infectious Diseases
0020	002.0	002.0	Typhoid fever	7 Other Infectious Diseases
0021	002.1	002.1	Paratyphoid fever A	7 Other Infectious Diseases
0022	002.2	002.2	Paratyphoid fever B	7 Other Infectious Diseases
0023	002.3	002.3	Paratyphoid fever C	7 Other Infectious Diseases
0029	002.9	002.9	Paratyphoid fever, unspecified	7 Other Infectious Diseases
00211	002.11	002.11	Salmonella meningitis	5 Bacterial, Fungal, and Parasitic Central Nervous System Infections
00322	003.22	003.22	Salmonella pneumonia	115 Pneumococcal Pneumonia, Empyema, Lung Abscess
0050	005.0	005.0	Staphylococcal food poisoning	7 Other Infectious Diseases
0051	005.1	005.1	Botulism food poisoning	7 Other Infectious Diseases
0052	005.2	005.2	Food poisoning due to Clostridium perfringens (C. welchii)	7 Other Infectious Diseases
0053	005.3	005.3	Food poisoning due to other Clostridia	7 Other Infectious Diseases
0054	005.4	005.4	Food poisoning due to Vibrio parahaemolyticus	7 Other Infectious Diseases
00581	005.81	005.81	Food poisoning due to Vibrio vulnificus	7 Other Infectious Diseases
00589	005.89	005.89	Other bacterial food poisoning	7 Other Infectious Diseases
0059	005.9	005.9	Food poisoning, unspecified	7 Other Infectious Diseases
0060	006.0	006.0	Acute amebic dysentery without mention of abscess	7 Other Infectious Diseases
0061	006.1	006.1	Chronic intestinal amebiasis without mention of abscess	7 Other Infectious Diseases
0062	006.2	006.2	Amebic non dysenteric colitis	7 Other Infectious Diseases
0064	006.4	006.4	Amebic lung abscess	115 Pneumococcal Pneumonia, Empyema, Lung Abscess
0065	006.5	006.5	Amebic brain abscess	5 Bacterial, Fungal, and Parasitic Central Nervous System Infections
0068	006.8	006.8	Amebic infection of other sites	7 Other Infectious Diseases
0069	006.9	006.9	Amebiasis, unspecified	7 Other Infectious Diseases
0070	007.0	007.0	Bananaeiasis	7 Other Infectious Diseases
0071	007.1	007.1	Giardiasis	7 Other Infectious Diseases
0072	007.2	007.2	Coccidiosis	7 Other Infectious Diseases
0073	007.3	007.3	Intestinal trichomoniasis	7 Other Infectious Diseases
0074	007.4	007.4	Cryptosporidiosis	6 Opportunistic Infections
0075	007.5	007.5	Cyclosporiasis	7 Other Infectious Diseases
0078	007.8	007.8	Other specified protozoal intestinal diseases	7 Other Infectious Diseases
0079	007.9	007.9	Unspecified protozoal intestinal disease	7 Other Infectious Diseases
00861	008.61	008.61	Enteritis due to rotavirus	7 Other Infectious Diseases
00862	008.62	008.62	Enteritis due to adenovirus	7 Other Infectious Diseases
00863	008.63	008.63	Enteritis due to norwalk virus	7 Other Infectious Diseases
00864	008.64	008.64	Enteritis due to other small round viruses (SRV's)	7 Other Infectious Diseases
00865	008.65	008.65	Enteritis due to calicivirus	7 Other Infectious Diseases
00866	008.66	008.66	Enteritis due to astrovirus	7 Other Infectious Diseases
00867	008.67	008.67	Enteritis due to enterovirus nec	7 Other Infectious Diseases
00869	008.69	008.69	Enteritis due to other viral enteritis	7 Other Infectious Diseases
0088	008.8	008.8	Intestinal infection due to other organism, not elsewhere classified	7 Other Infectious Diseases
0090	009.0	009.0	Infectious colitis, enteritis, and gastroenteritis	7 Other Infectious Diseases
0091	009.1	009.1	Colitis, enteritis, and gastroenteritis of presumed infectious origin	7 Other Infectious Diseases
0092	009.2	009.2	Infectious diarrhea	7 Other Infectious Diseases
0093	009.3	009.3	Diarrhea of presumed infectious origin	7 Other Infectious Diseases

Navigating to Measure Methodology Pages on *QualityNet*

www.QualityNet.org > Hospitals - Inpatient > Claims-Based and Hybrid Measure > Select mortality, readmission, payment, complication, or EDAC measures > Measure Methodology

The screenshot shows the QualityNet website homepage. The browser address bar displays the URL: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=1120143435363>. The page features the QualityNet logo and a search bar. A navigation menu includes 'Home', 'My QualityNet', and 'Help'. Below this, a secondary menu lists various facility types: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is divided into several sections: 'QualityNet Registration' (listing various facility types and QIOs), 'Getting Started with QualityNet' (listing registration, sign-in, security, and password rules), 'QualityNet News' (featuring a news article about CMS releases for HSRs for the Hospital VBP Program Risk-Standardized Mortality and Complication Measures), 'Headlines' (listing recent reports and updates), 'Log in to QualityNet Secure Portal' (with a login field and links to download Symantec ID, portal resources, and secure file transfer resources), and 'Questions & Answers' (listing topics like Ambulatory Surgical Centers, End-Stage Renal Disease (ESRD) QIP, and Inpatient/Outpatient facilities).

Measure Updates and Specifications Reports

- Technical reports that detail 2018 measure updates, measure specifications, and measure calculation methodology
- Intended audience: researchers and hospital staff
- Measure Updates and Specifications Reports are accompanied by a supplemental ICD-10 file.

2018 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Mortality Measures	
Acute Myocardial Infarction – Version 12.0 Chronic Obstructive Pulmonary Disease – Version 7.0 Heart Failure – Version 12.0 Pneumonia – Version 12.0 Stroke – Version 7.0	
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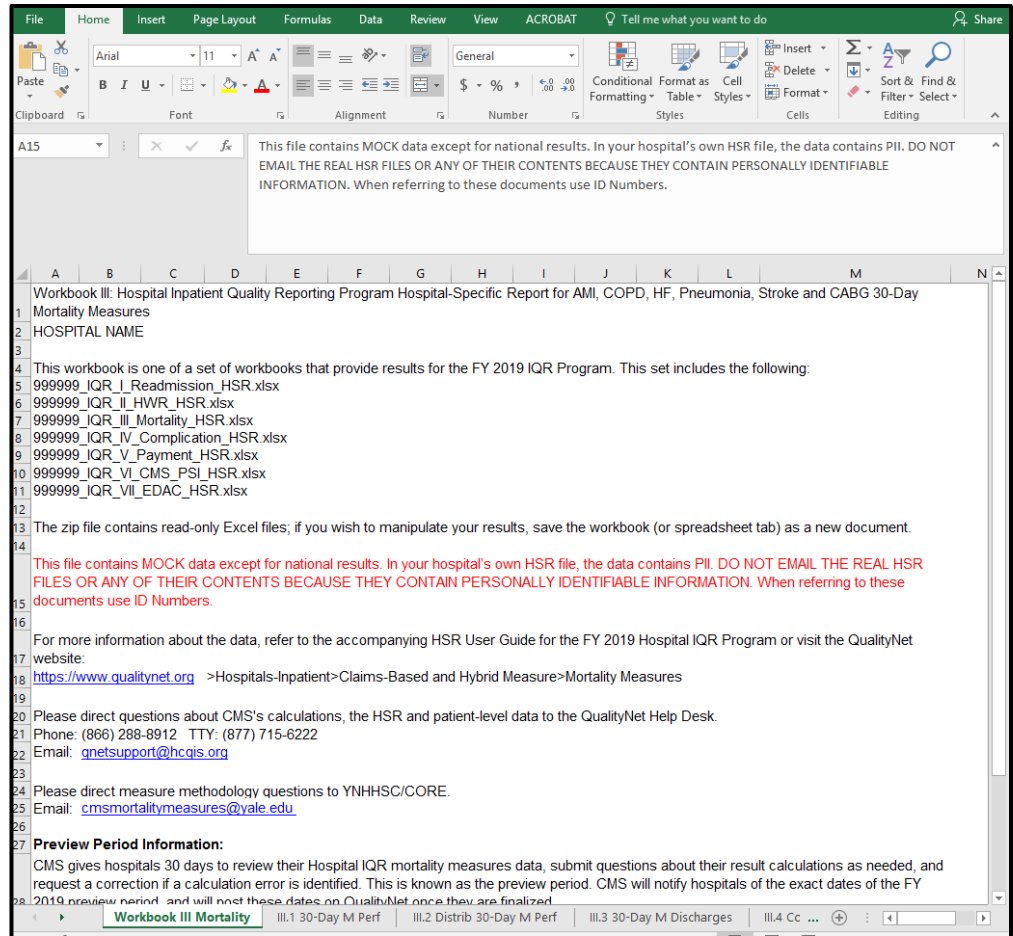
Navigating to HSR Pages

www.QualityNet.org > Hospitals - Inpatient > Claims-Based and Hybrid Measure > Select mortality, readmission, payment, complication or EDAC measures > Hospital Specific Reports

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo and a search box. Below this is a menu with tabs for Home, My QualityNet, and Help. A secondary menu lists various categories: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. The main content area is divided into several sections: QualityNet Registration (listing various user types), Getting Started with QualityNet (listing registration and sign-in instructions), QualityNet News (featuring a headline about CMS releases HSRs for the Hospital VBP Program Risk-Standardized Mortality and Complication Measures), and Log in to QualityNet Secure Portal (with a login field and links to resources). A sidebar on the right contains Questions & Answers with links to various topics.

Mock Hospital-Specific Reports

- Sample HSRs that contain real national results and simulated state and hospital results
- Intended audience: hospital administrative and clinical staff



Mock Hospital-Specific Reports

Table III.1 (30-Day M Perf) displays hospital, state, and national results for the 30-day risk-standardized mortality measures (death due to any cause within 30 days from the date of admission of the index hospitalization) for AMI, COPD, HF, pneumonia, stroke, and (death due to any cause within 30 days from the date of surgery) for CABG patients between July 1, 2014, and June 30, 2017.

A25 1. Number of cases too small = Number of cases too small (fewer than 25) to reliably tell how the hospital is performing. Rate will not be publicly reported.

Performance Information	AMI 30-Day Mortality	COPD 30-Day Mortality	HF 30-Day Mortality	Pneumonia 30-Day Mortality	Stroke 30-Day Mortality	CABG 30-Day Mortality
Your Hospital's Comparative Performance	Number of cases too small	No different than the national rate	No different than the national rate	No different than the national rate	Number of cases too small	N/A
Total Number of Eligible Discharges (Denominator) at Your Hospital	15	55	49	111	8	N/A
Total Number (and Percentage) of Eligible Discharges with a NIHSS Score at Your Hospital [a]	N/A	N/A	N/A	N/A	1 (25.0%)	N/A
RSMR at Your Hospital	12.3%	8.8%	10.7%	14.9%	14.0%	N/A
Lower Limit of 95% Interval Estimate	9.0%	5.9%	7.3%	11.2%	9.4%	N/A
Upper Limit of 95% Interval Estimate	16.5%	12.6%	15.1%	19.7%	20.4%	N/A
National Observed Mortality Rate (Numerator/Denominator)	13.2%	8.3%	11.7%	15.7%	14.3%	3.1%
Total Number of 30-Day Deaths (Numerator) at Your Hospital [a]	0	6	4	13	0	N/A
Raw Mortality Rate (Numerator/Denominator) at Your Hospital [a]	0.0%	10.9%	8.2%	11.7%	0.0%	N/A
Average RSMR in Your State [a]	12.2%	8.8%	11.6%	15.7%	15.7%	3.2%
Total Number of 30-Day Deaths (Numerator) in Your State [a]	325	292	481	1,065	347	16
Total Number of Eligible Discharges (Denominator) in Your State [a]	2,940	3,249	4,285	7,498	2,221	510
Observed Mortality Rate (Numerator/Denominator) in Your State [a]	11.0%	9.0%	11.2%	14.2%	15.6%	3.1%
Total Number of 30-Day Deaths (Numerator) in the Nation [a]	66,258	61,238	120,820	212,936	73,606	4,315
Total Number of Eligible Discharges (Denominator) in the Nation [a]	500,918	735,020	1,031,883	1,356,298	515,218	137,819

[a] These statistics are not shown on Hospital Compare, but are included here for your reference.

Notes:

- Number of cases too small = Number of cases too small (fewer than 25) to reliably tell how the hospital is performing. Rate will not be publicly reported.
- RSMR = Risk-Standardized Mortality Rate; the RSMR presented for the state is the weighted average of all hospitals' risk-standardized mortality rates in the state.
- N/A = No data are available from the hospital for this measure. No data will be reported on Hospital Compare.
- AMI = acute myocardial infarction; COPD = chronic obstructive pulmonary disease; HF = heart failure; CABG = coronary artery bypass graft
- NIHSS = National Institute of Health Stroke Scale

Mock Hospital-Specific Reports

Workbook III.3 (30-Day M Discharges) provides discharge-level data. It includes all discharges at your hospital for Medicare FFS patients 65 years or older, with a qualifying diagnosis for AMI, COPD, HF, pneumonia, stroke, or CABG between July 1, 2014, and June 30, 2017.

Table III.3: Discharge-Level Information for 30-Day Risk-Standardized Mortality Measures for AMI, COPD, HF, Pneumonia, Stroke and CABG

HOSPITAL NAME
 Hospital Discharge Period: July 1, 2014 through June 30, 2017
 This file contains MOCK data except for national results. In your hospital's own HSR file, the data contains PII. DO NOT EMAIL THE REAL HSR FILES OR ANY OF THEIR CONTENTS BECAUSE THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION. When referring to these documents use ID Numbers.

ID Number	Provider ID	Measure	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	CABG Procedure Date [a]	Discharge Date of Index Stay [b]	Inclusion/Exclusion Indicator	Death within 30 Days (Yes/No)	Death Date	Stroke NIHSS Score [c]
1	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
2	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
3	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
4	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
5	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
6	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
7	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
8	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
9	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
10	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
11	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
12	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
13	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
14	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
15	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
16	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
17	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
18	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
19	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
20	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
21	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	NO	N/A	N/A
22	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	2	YES	99/99/9999	N/A
23	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	1	NO	N/A	N/A
24	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	1	NO	N/A	N/A
25	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	1.3	NO	N/A	N/A
26	999999	AMI	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	2	NO	N/A	N/A
27	999999	COPD	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	YES	99/99/9999	N/A
28	999999	COPD	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	YES	99/99/9999	N/A
29	999999	COPD	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	YES	99/99/9999	N/A
30	999999	COPD	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	YES	99/99/9999	N/A
31	999999	COPD	999999999A	Q999999999	99/99/9999	99/99/9999	N/A	99/99/9999	0	YES	99/99/9999	N/A

Hospital-Specific Report User Guide

- Provides instructions for interpreting each HSR
- Intended audience: hospital administrative and clinical staff

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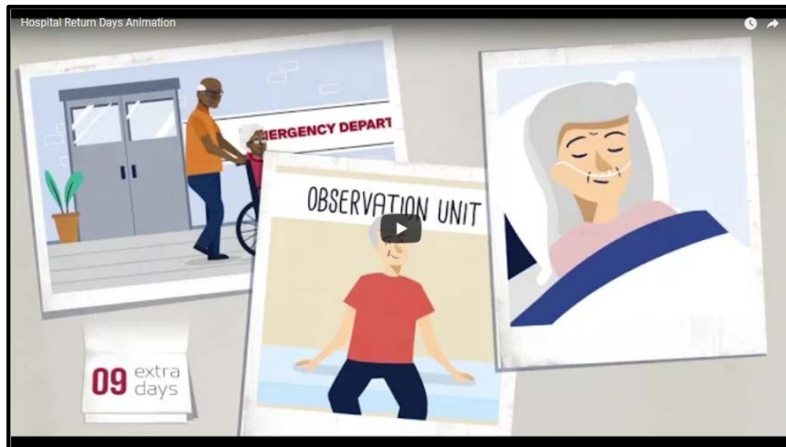
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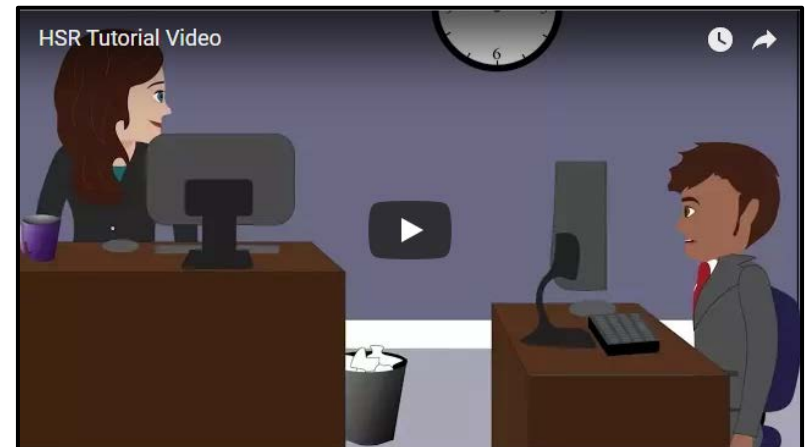
Videos

- Animated informational videos on select measure topics
- Intended audience: hospital administration, clinical staff, and patients

Introduction to the EDAC Measures



HSR Tutorial Video



Kendall Loh, BS

Yale/Yale New Haven Health

Center for Outcomes Research & Evaluation (CORE)

Incorporating the NIH Stroke Scale into the Stroke Mortality Measure

Objectives

Overarching Goal

- Ensure the successful implementation of the revised stroke mortality measure

Targeted Objectives

- Encourage consistent use of the NIH Stroke Scale in ICD-10-CM codes

Outline

- Background
- NIH Stroke Scale
- Implementation
- Resources

Background

CMS enhanced the stroke mortality measure to incorporate the stroke severity assessment.

- Revised measure includes the NIH Stroke Scale, which is coded in claims using ICD-10-CM codes.
- Incorporation of the NIH Stroke Scale was completed in response to stakeholder and clinician input.
- The NIH Stroke Scale is the strongest clinical predictor of mortality in ischemic stroke patients.

Rationale

CMS enhanced the stroke mortality measure in response to stakeholders' and clinicians' input.

- Use of the NIH Stroke Scale for assessing stroke severity in ischemic stroke is a clinical guideline.
- Assessing stroke severity should be part of usual clinical care.
- With this enhancement, patient stroke severity will be taken into account when hospital scores are calculated.

History

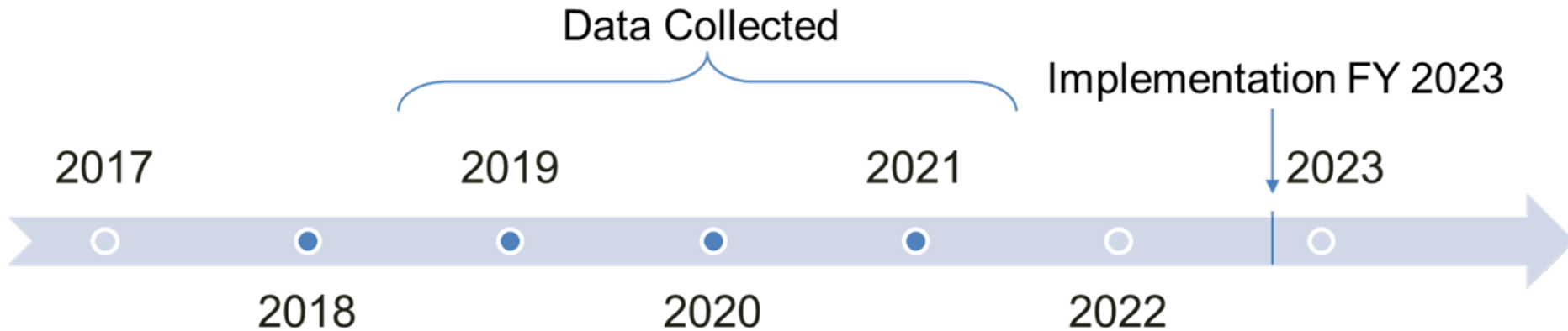
Currently reported 30-day stroke mortality measure

- CMS finalized reporting of current stroke mortality measure in the 2014 inpatient prospective payment system (IPPS) final rule.
- Current measure was implemented in the FY 2016 Hospital Inpatient Quality Reporting (IQR) Program.

Revised 30-day stroke mortality measure

- In the 2018 IPPS final rule CMS finalized use of the enhanced measure for implementation in the **FY 2023 IQR program**.
- Data for 2023 payment determination includes stroke admissions starting July 2018.

Implementation Timeline



Implementation for FY 2023 payment determination and subsequent years

- Based on claims data from July 2018 to June 2021
- CMS will include measure in the Hospital IQR Program
- Public reporting July 2022 for payment determination FY 2023
- Confidential reporting of results to hospitals CY 2021

Benefits of Incorporating the NIH Stroke Scale

Major improvements for the revised stroke mortality measure

- Aligns with clinical guidelines
- Ensures the quality measure accounts for severity of patient stroke
- Maintains low burden on hospitals
- Improves discrimination of the stroke mortality measure, which allows for more rigorous risk adjustment

NIH Stroke Scale

- A 15-item neurologic examination providing a measure of stroke severity
- Available in ICD-10-CM codes as secondary diagnosis codes since October 2016

Figure 2. National Institutes of Health Stroke Scale

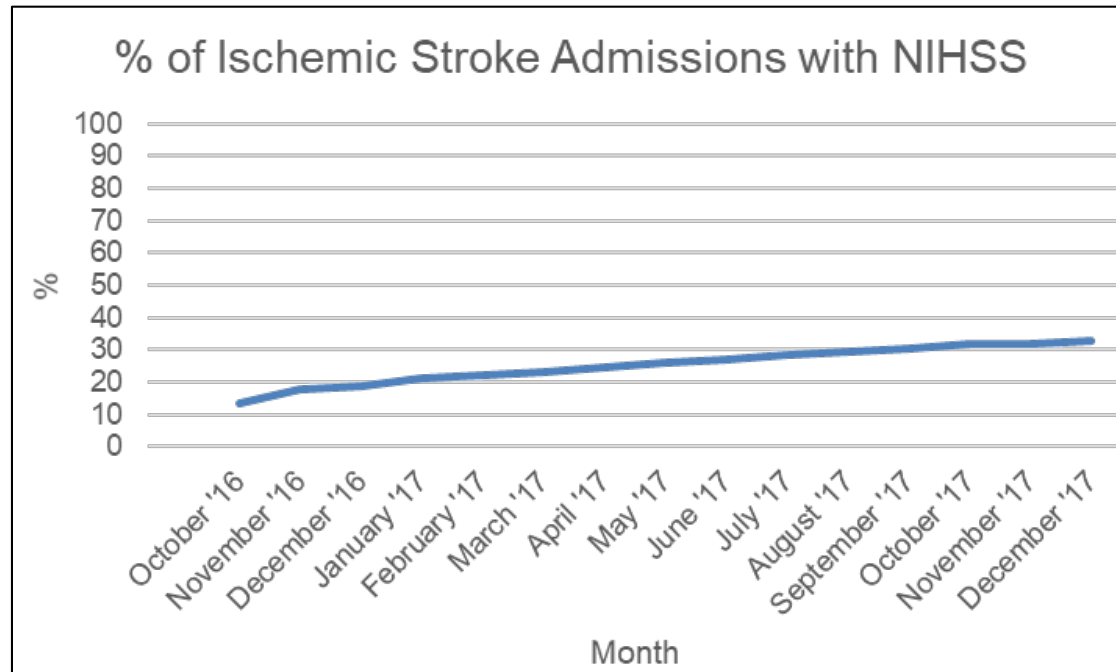
Category	Score	Time	Score
1a. Level of Consciousness (LOC) (Alert, drowsy, etc.)	0 = 1 = 2 = 3 =	Alert Drowsy Stuporous Coma	
1b. LOC Questions (Month, age)	0 = 1 = 2 =	Answers both correctly Answers one correctly Incorrect	
1c. LOC Commands (Open/close eyes, make fist & let go)	0 = 1 = 2 =	Obeys both correctly Obeys one correctly Incorrect	
2. Best Gaze (Eyes open - pt follows examiner's fingers or face)	0 = 1 = 2 =	Normal Partial gaze palsy Forced deviation	
3. Visual (Introduce visual stimulus/threat to pt's visual field quadrants. Cover 1 eye and hold up fingers in all 4 quadrants.)	0 = 1 = 2 = 3 =	No visual loss Partial hemianopsia Complete hemianopsia Bilateral hemianopsia	
4. Facial Palsy (Show teeth, raise eyebrows and squeeze eyes tightly shut.)	0 = 1 = 2 = 3 =	Normal Minor Partial Complete	
5a. Motor Arm - Left (Elevate extremity to 90 degrees and score drift/movement. Count to 10 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion (Explain)	
5b. Motor Arm - Right (Elevate extremity to 90 degrees and score drift/movement. Count to 10 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion (Explain)	
6a. Motor Leg - Left (Elevate extremity to 30 degrees and score drift/movement. Count to 5 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion	
6b. Motor Leg - Right (Elevate extremity to 30 degrees and score drift/movement. Count to 5 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion (Explain)	
7. Limb ataxia (Finger to nose, heel down shin)	0 = 1 = 2 =	Absent Present in one limb Present in two limbs	
8. Sensory (Pin prick to face, arms, trunk, and legs -compare sharpness side to side, or no feeling at all.)	0 = 1 = 2 =	Normal Partial loss Severe loss	
9. Best Language (Name items, describe picture, and read sentences. Don't forget glasses if they normally wear them.)	0 = 1 = 2 = 3 =	No aphasia Mild to moderate aphasia Severe aphasia Mute	
10. Dysarthria (Evaluate speech clarity by pt reading or repeating words on list.)	0 = 1 = 2 = NT	Normal articulation Mild to moderate dysarthria Near to unintelligible or worse Intubated or other physical barrier	
11. Extinction and Inattention (Use information from prior testing or double simultaneous stimuli testing to identify neglect. Face, arms, legs and visual fields.)	0 = 1 = 2 =	No neglect Partial neglect Complete neglect	
NT= Not Testable acceptable as noted above			
TOTAL SCORE:			

Reporting the NIH Stroke Scale in ICD-10

- 43 new codes
- Hospitals should report the **initial NIH Stroke Scale** score documented or use POA codes to capture the initial assessment if multiple scores are available

Current Reporting Rate

- Hospitals recently increased the use of NIH Stroke Scale codes, but overall reporting rates are still low.
- Only 10% of hospitals include the NIH Stroke Scale data in claims for at least half of their patients.



Resources to Support Reporting in Claims

HSRs and HSR User Guides

- Provides hospital- and patient-level information on reporting of the NIH Stroke Scale in claims
- Available in May 2018 on *QualityNet* (www.QualityNet.org)

Other Resources

- Email inbox: CMSmortalitymeasures@yale.edu
- [ICD-10-CM Official Guidelines for Coding and Reporting – FY 2018](#)
- [QualityNet](#) resources
 - Annual Updates and Specification Report
 - Factsheet on the NIH Stroke Scale

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

Questions

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

Continuing Education

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk®.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue and yellow border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

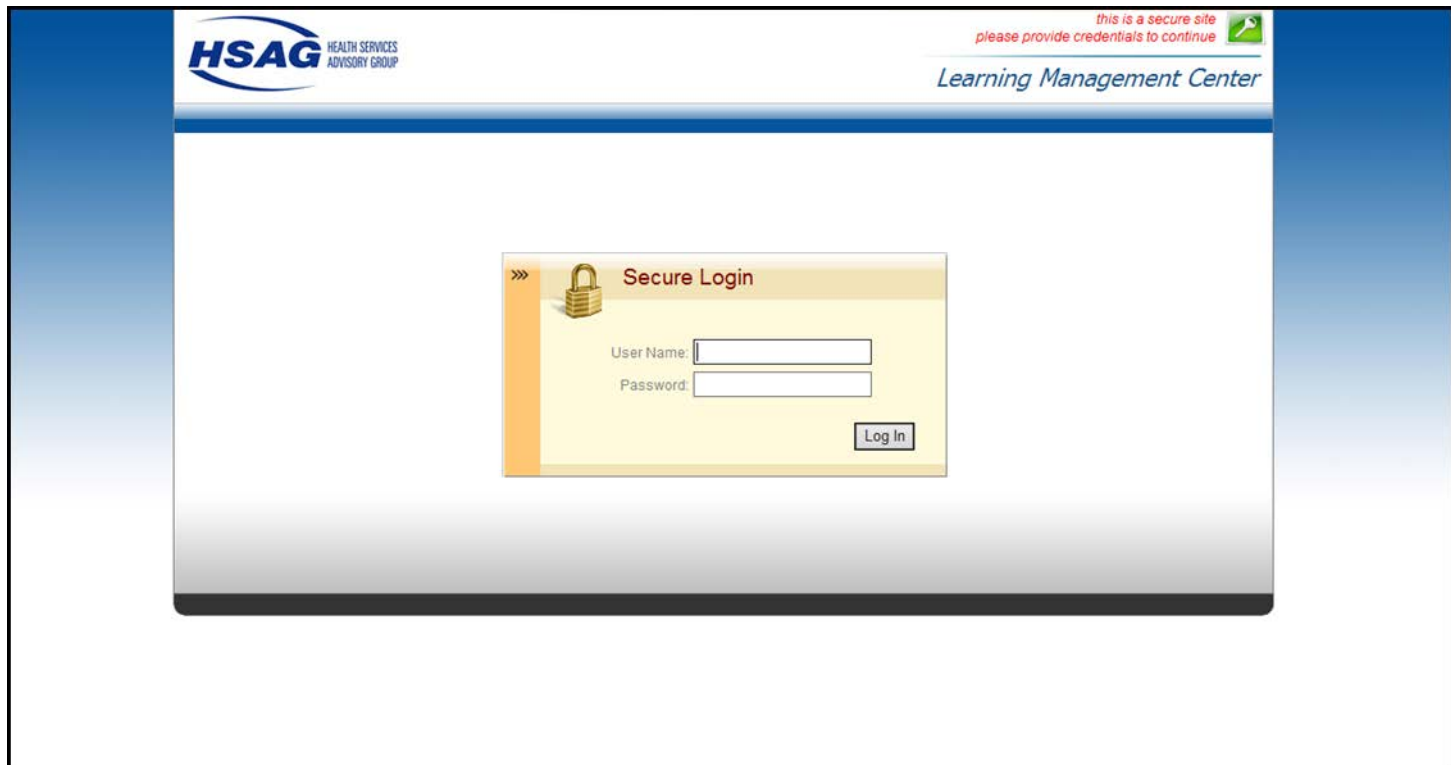
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red warning message reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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

Thank You