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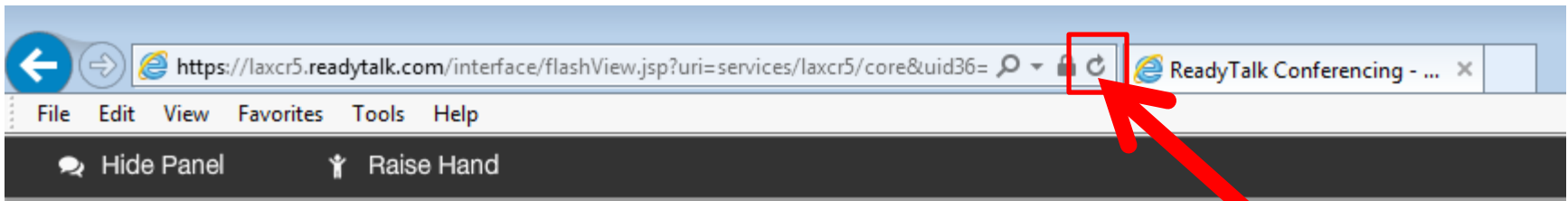- **This event is being recorded.**

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

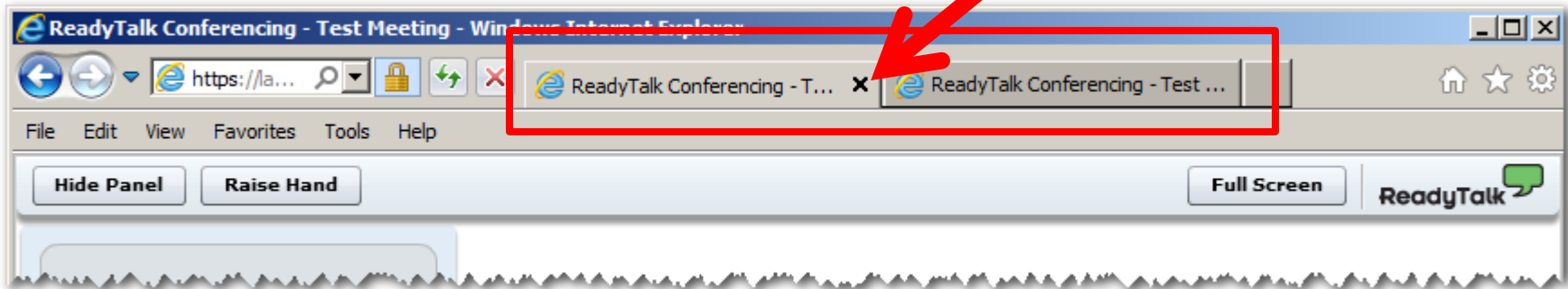- **Click <u>Refresh</u> icon – or- Click F5**

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Hospital Inpatient Quality Reporting (IQR) Program Requirements for Fiscal Year (FY) 2019 Payment Determination

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Purpose

This presentation will provide insight into the Hospital IQR Program requirements for FY 2019.

Objectives

By the end of the presentation, participants will be able to perform the following:

- Identify the requirements that are submitted quarterly and annually for the Hospital IQR Program for FY 2019

- Locate resources that are available for the Hospital IQR Program

Quarterly Hospital IQR Program Requirements for FY 2019

The following mandatory requirements are due quarterly:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Population and sampling (for chart-abstracted measures only)
- Clinical process of care measures
- Healthcare-associated infection (HAI) measures
- Perinatal care elective delivery measure (PC-01)

Population and Sampling

For FY 2019, hospitals will be required to submit the aggregate population and sampling for the following measure sets:

- Global Initial Patient Population
- Severe Sepsis and Septic Shock (SEP)
- Other venous thromboembolism only (VTE Sub-population 3)

Clinical Process of Care Measures

For FY 2019, hospitals will be required to submit the following chart-abstracted measures:

Short Name	Measure Name
ED-1	Median Time from ED Arrival to ED Departure for Admitted Patients
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
IMM-2	Influenza Immunization
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism
PC-01	Elective Delivery (Web-based aggregate measure)

Required HAI Measures

Short Name	Measure Name
CAUTI	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
CLABSI	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
MRSA Bacteremia	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure

New Hospital IQR Program Measures for FY 2019

CMS finalized the addition of four new claims-based measures to the Hospital IQR Program for the FY 2019 payment determination and subsequent years:

- Three clinical episode-based payment measures
  - Aortic Aneurysm Procedure Clinical Episode -Based Payment Measure
  - Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure
  - Spinal Fusion Clinical Episode-Based Payment Measure

- One outcome measure

  Excess Days in Acute Care after Hospitalization for Pneumonia

Annual Hospital IQR Program Requirements for FY 2019

The following mandatory requirements are due annually:

- Active *QualityNet* Security Administrator (SA)
- Structural measures
- Data Accuracy and Completeness Acknowledgement (DACA)
- Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure
- Electronic clinical quality measures (eCQMs)

Structural Measures

For FY 2019, hospitals will be required to submit the following structural measures:

Short Name	Measure Name
Patient Safety Culture	Hospital Survey on Patient Safety Culture
Safe Surgery Checklist	Safe Surgery Checklist Use

Structural Measures and DACA

Structural measures and DACA are submitted annually:

- The reporting year runs from January 1 through December 31.

- The submission deadline is May 15 for the previous reporting year.
    - Submission deadline for calendar year (CY) 2017 structural measures and DACA is May 15, 2018.
    - Data can be entered from April 1, 2018, through May 15, 2018.

- The data are entered through the *QualityNet Secure Portal.*

Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Measure

Where

HCP data is reported through the NHSN.

When

- Facilities are only required to report data once at the conclusion of the reporting period (October 1 to March 31).

- Data must be entered by May 15 for the flu season.

- Quarter four 2017 through quarter one 2018 data will need to be entered by May 15, 2018.

Electronic Clinical Quality Measures (eCQM) Requirements for FY 2019

- Submit eight self-selected eCQMs out of the available eCQMs in the Hospital IQR Program for the CY 2017 reporting period/FY 2019 payment determination.

- Submit a full calendar year, i.e., four quarters, of data by an annual submission deadline for eight of the available eCQMs.

Expansion of Validation Process for Hospital IQR Program Data

CMS finalized the expansion of the validation process beginning with the FY 2020 payment determination:

- Continue to include up to 600 hospitals for chart-abstracted validation
- Include up to 200 additional hospitals for eCQM validation
- Require submission of timely and complete medical record information for the Electronic Health Record (EHR) for at least 75 percent of sampled records

eCQM Validation: Number and Selection of Hospitals

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

- Up to 200 hospitals will be selected for eCQM validation via random sample. The following hospitals will be excluded:
  - Any hospital selected for chart-abstracted measure validation
  - Any hospital that has been granted a Hospital IQR Program Extraordinary Circumstances Exemption (ECE) for the applicable eCQM reporting period

Hospital IQR Program Resources

Hospital IQR Program General Questions

https://cms-ip.custhelp.com

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Questions?

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