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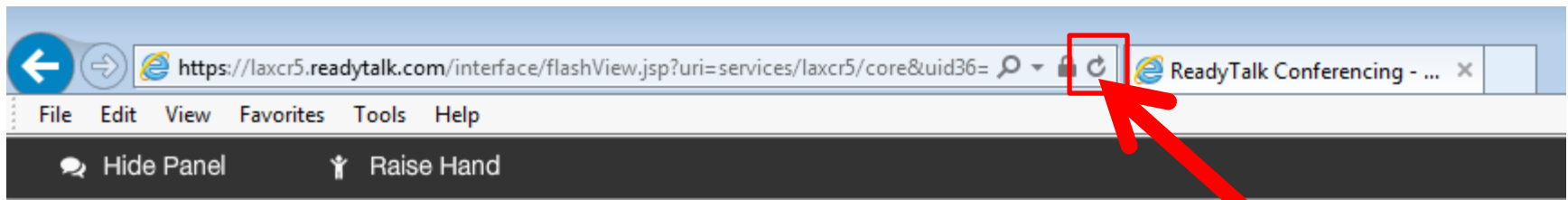
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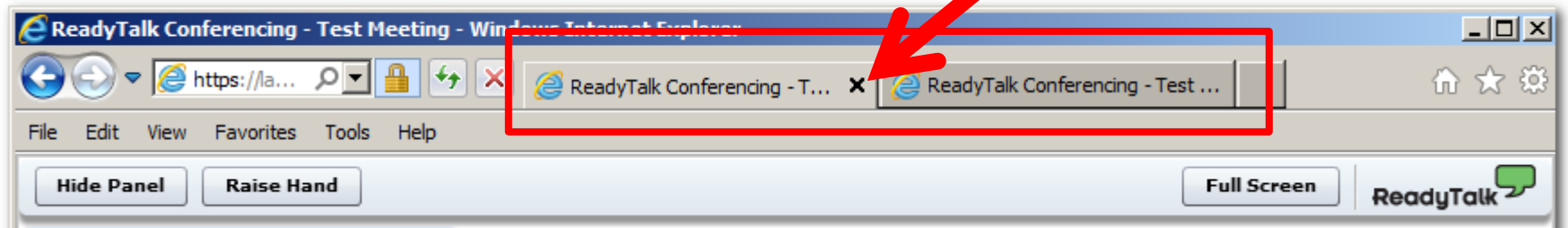


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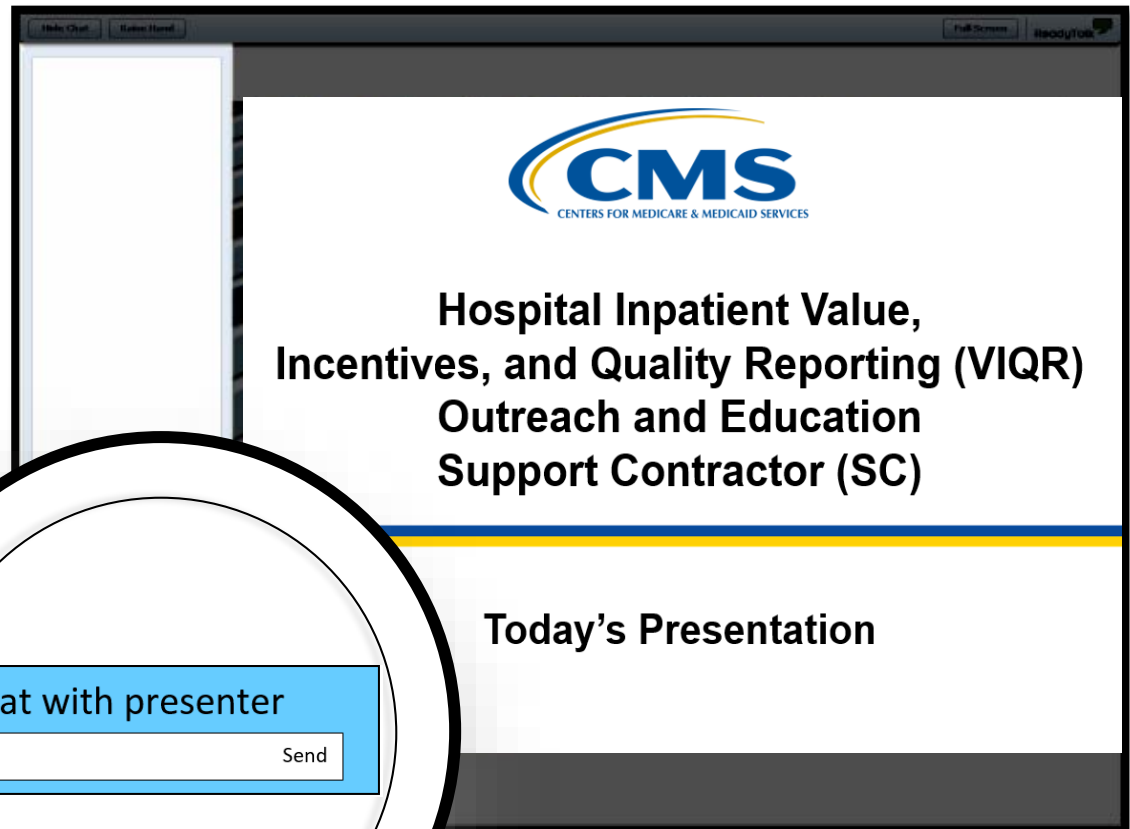
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Hospital Inpatient Quality Reporting Program Requirements for CY 2018 (FY 2020 Payment Determination)

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February 7, 2018

Purpose

- This presentation will provide insight into the calendar year (CY) 2018 Hospital IQR Program requirements.
- A portion of the webinar will also review the CY 2018 Hospital IQR Program and Medicare EHR Incentive Program areas of alignment.

Objectives

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

- Identify the quarterly and annual requirements for the Hospital IQR Program for CY 2018.
- Be familiar with the areas of alignment between the IQR and Medicare EHR Incentive Program requirements for CY 2018.
- Locate resources that are available for the Hospital IQR and Medicare EHR Incentive Programs.

Acronyms and Abbreviations

AA	Aortic Aneurysm	EDAC	Excess Days in Acute Care	NHSN	National Healthcare Safety Network
ACS	American College of Surgeons	EH	Eligible Hospital	NQF	National Quality Forum
AMI	Acute Myocardial Infarction	EHR	Electronic Health Record	ONC	Office of the National Healthcare Coordinator for Health IT
APU	Annual Payment Update	EHRIC	Electronic Health Record Information Center	PC	Perinatal Care
CABG	Coronary Artery Bypass Graft	FY	Fiscal Year	PN	Pneumonia
CAH	Critical Access Hospital	GI	Gastrointestinal	PPR	Provider Participation Report
CAUTI	Catheter-Associated Urinary Tract Infection	HAI	Healthcare-Associated Infection	PSI	Patient Safety Indicator
CDA	Clinical Document Architecture	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	PSVA	Pre-Submission Validation Application
CDC	Centers for Disease Control and Prevention	HCP	Healthcare Personnel	Q	Quarter
CDE	Common Duct Exploration	HF	Heart Failure	QRDA	Quality Reporting Document Architecture
CDI	<i>Clostridium difficile</i> Infection	HL7	Health Level Seven International	SA	Security Administrator
Chole	Cholecystectomy	HQR	Hospital Quality Reporting	SC	Support Contractor
CLABSI	Central Line-Associated Bloodstream Infection	HSR	Hospital-Specific Report	SEP	Sepsis
CMS	Centers for Medicare & Medicaid Services	HWR	Hospital-Wide Readmission	SFusion	Spinal Fusion
COPD	Chronic Obstructive Pulmonary Disease	ICU	Intensive Care Unit	SSI	Surgical Site Infection
CQM	Clinical Quality Measures	IMM	Immunization	STK	Stroke
CY	Calendar Year	IPP	Inpatient Patient Population	THA	Total Hip Arthroplasty
DACA	Data Accuracy and Completeness Acknowledgement	IPPS	Inpatient Prospective Payment System	TKA	Total Knee Arthroplasty
ECE	Extraordinary Circumstances Exceptions	IQR	[Hospital] Inpatient Quality Reporting	UTI	Urinary Tract Infection
eCQI	Electronic Clinical Quality Improvement	IT	Information Technology	VIQR	Value, Incentives, and Quality Reporting
eCQM	Electronic Clinical Quality Measure	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>	VTE	Venous Thromboembolism
ED	Emergency Department	MSPB	Medicare Spending Per Beneficiary	VSAC	Value Set Authority Center

Candace Jackson, ADN

Hospital IQR Program Requirements for CY 2018

Quarterly Hospital IQR Program Requirements for CY 2018

The following mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling (for chart-abstracted measures only)
- Clinical process of care measures
- HAI measures
- Perinatal care elective delivery measure (PC-01)
- Validation of medical records (if selected)

Population and Sampling

For CY 2018, hospitals will be required to submit the aggregate population and sampling for the following measure sets:

- Global Initial Patient Population (ED and IMM)
- Severe Sepsis and Septic Shock (SEP)
- Other VTE Only (sub-population 3)

Clinical Process of Care Measures

For CY 2018, 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 <i>Clostridium difficile</i> 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 <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure

Influenza Vaccination Coverage Among 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.
- For CY 2018, the measure covers a flu season from 4Q 2017 through 1Q 2018.
- Data will need to be entered by May 15, 2018.

Hospital IQR Program

Claims-Based Measures

Measure Set	Measures
Patient Safety	Hip/knee complications, PSI 04, PSI 90
Mortality Outcome	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following: AMI, CABG, COPD, HF, PN, STK
Coordination of Care	<ul style="list-style-type: none"> Hospital 30-Day Readmission Rate Following: AMI, CABG, COPD, HF, HWR, PN, STK, THA/TKA EDAC: AMI, HF, PN
Payment	Episode-of-Care Payment for: AMI, HF, PN, THA/TKA, MSPB, Cellulitis, GI, Kidney/UTI, AA, Chole and CDE, SFusion

Hospital IQR Program

CY 2018 Dates and Deadlines

Discharge Quarter	Reporting Period	HCAHPS	Population & Sampling	Clinical & HAI	PC-01
1Q 2018	Jan 1–Mar 31	07-05-2018	08-01-2018	08-15-2018	07-01-2018 — 08-15-2018
2Q 2018	Apr 1–Jun 30	10-03-2018	11-01-2018	11-15-2018	10-01-2018 — 11-15-2018
3Q 2018	Jul 1–Sep 30	01-2019	02-01-2019	02-15-2019	01-01-2019 — 02-15-2019
4Q 2018	Oct 1–Dec 31	04-2019	05-01-2019	05-15-2019	04-01-2019 — 05-15-2019

Chart-Abstracted Validation Number and Selection of Hospitals

- A random and targeted selection of IPPS hospitals are selected on an annual basis.
 - Random selection of 400 hospitals for FY 2020 occurred in December of 2017.
 - An additional targeted provider sample of up to 200 hospitals will be selected in April or May of 2018.
- The quarters included in FY 2020 validation are 3Q 2017, 4Q 2017, 1Q 2018, and 2Q 2018.

Chart-Abstracted Validation Number of Cases and Scoring

- All chart-abstracted measures, with the exception of PC-01, are included in the validation process.
- Case selection
 - Up to eight process of care cases per quarter
 - Up to ten candidate HAI cases per quarter
- Scoring
 - A total score, reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure, is calculated.
 - If the calculated confidence interval is 75 percent or higher, the hospital will pass the validation requirement.

Hospital IQR Program

Best Practices and Tips

- Submit data early, at least 15 calendar days prior to the submission deadline, to correct problems identified from the review of the PPR and feedback reports. The *QualityNet Secure Portal* does not allow data to be submitted or corrected after the deadline. CMS typically allows 4.5 months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline. **Any updates made after the submission deadline will not be reflected in the data CMS uses and cannot be changed.**
- It is highly recommended that hospitals designate at least two *QualityNet* SAs.
- For the submission of population and sampling, leaving the fields blank does not fulfill the requirement. **A zero (0) must be submitted even when there are no discharges for a particular measure set.**
- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (ED, IMM, SEP, and/or VTE) in a quarter are not required to submit patient-level data for that measure set for that quarter.

Hospital IQR Program

IPPS Measure Exception Form

Measure Exception Forms must be renewed at least annually.

- ED
 - Hospital does not have an ED and does not provide emergency care.
 - If form is not submitted, then hospitals that do not have an ED must submit ED data each quarter.
 - Hospital does not include IMM.
- PC-01
 - Hospital does not deliver babies.
 - If form is not submitted, then hospitals that do not deliver babies must enter a zero (0) for each of the data entry fields each discharge quarter.
- SSI Colon and Abdominal Hysterectomy
 - Hospitals performed nine or fewer of any of the specified colon and abdominal hysterectomy combined in the calendar year prior to the reporting year.
- CAUTI/CLABSI
 - Hospitals have no units mapped as medical, surgical, medical/surgical, or ICU.

Note: For further guidance on SSI and CAUTI/CLABSI, please refer to the [NHSN Location Mapping Checklist](#) on *QualityNet*.

Annual Hospital IQR Program Requirements for CY 2018

The following mandatory requirements are due **annually**:

- Active *QualityNet* Security Administrator
- Structural measures
- Data Accuracy and Completeness Acknowledgement
- Influenza Vaccination Coverage Among HCP measure
- Electronic Clinical Quality Measures

Structural Measures

For CY 2018, 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.

- Reporting year runs from January 1 through December 31.
- Submission deadline is May 15 for the previous reporting year.
 - Submission deadline for CY 2018 structural measures and DACA is May 15, 2019.
 - Data can be entered from April 1, 2019, through May 15, 2019.
- Data are entered through the *QualityNet Secure Portal*.

Hospital IQR Program Resources

Hospital IQR Program General Questions

<https://cms-ip.custhelp.com>

(866) 800-8765 or (844) 472-4477, 7 a.m. to 7 p.m. ET
Monday through Friday (except holidays)

Inpatient Live Chat

www.QualityReportingCenter.com/Inpatient

Website and Monthly Web Conferences

www.QualityReportingCenter.com

Secure Fax

(877) 789-4443

ListServes

www.QualityNet.org

Hospital IQR Program

Useful Tools

[Quality Reporting Center](#)

- Checklists
- Population and Sampling data tutorial
- Accessing PPR tutorial
- Quick Support Reference Care
- Quick Start Guide: Accessing and Using Your PPR

[QualityNet](#)

- Important dates and deadlines
- IPPS Measure Exception Form
- Reporting quarter for FY 2020 payment determination
- Hospital IQR Program changes: FY 2020 payment determination
- Extraordinary Circumstances Exception (ECE) Form
- Hospital IQR FY 2020 measures
- Acute Care Hospital Quality Improvement Program measures – FY 2020

Artrina Sturges, EdD

CY 2018 eCQM Reporting Requirements for Hospital IQR Program

CY 2018 CQMs for Electronic Reporting to the Hospital IQR and Medicare EHR Incentive Programs

ED-1 CMS55v5 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i>	ED-2 CMS111v5 <i>Admit Decision Time to ED Departure Time for Admitted Patients</i>	ED-3* CMS32v6 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i>	STK -2 CMS104v5 <i>Discharged on Antithrombotic Therapy</i>	STK-3 CMS71v6 <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>	STK-5 CMS72v5 <i>Antithrombotic Therapy by the End of Hospital Day Two</i>
STK-6 CMS105v5 <i>Discharged on Statin Medication</i>	STK-8 CMS107v5 <i>Stroke Education</i>	STK-10 CMS102v5 <i>Assessed for Rehabilitation</i>	AMI-8a CMS53v5 <i>Primary PCI Received Within 90 Minutes of Hospital Arrival</i>	VTE-1 CMS108v5 <i>Venous Thromboembolism Prophylaxis</i>	VTE-2 CMS190v5 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>
PC-01 CMS113v5 <i>Elective Delivery</i>	PC-05 CMS9v5 <i>Exclusive Breast Milk Feeding</i>	CAC-3 CMS26v4 <i>Home Management Plan of Care Document Given to Patient/Caregiver</i>	EHDI-1a CMS31v5 <i>Hearing Screening Prior to Hospital Discharge</i>	* ED-3 is an Outpatient measure and is not applicable for IQR aligned credit.	

CY 2018 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.
- Report **one** self-selected calendar quarter in CY 2018 (Q1, Q2, Q3, or Q4).
- Submission deadline is February 28, 2019.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for EEs and CAHs **except outpatient measure ED-3, NQF #0496.**

CY 2018 Certification and Specification Policies

Technical Requirements

- Use EHR technology certified to the 2014 Edition, 2015 Edition, or a combination of both (ONC standards) and certified to all available eCQMs.
- Use eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and applicable addenda, available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>.
- Use *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>.

Defining Successful eCQM Submission for CY 2018 eCQM Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare EHR Incentive Programs, report them as any combination of:

- Accepted QRDA I files with patients meeting the IPP of the applicable measures,
- Zero denominator declarations, and
- Case threshold exemptions.

Note: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare EHR Incentive Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, structural, and claims-based measures.

Questions regarding the complete program requirements for the Medicare EHR Incentive Program should be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CY 2018 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 5 MB
- Files uploaded by ZIP file (.zip)
- Maximum submission of 15,000 files per ZIP file
(If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional ZIP files.)

CY 2018 Public Reporting of eCQM Data

- Public display of eCQM data on *Hospital Compare* continues to be delayed in conjunction with the implementation of the eCQM data validation process.
- Public display of eCQM data will be addressed in a future CMS IPPS rule.

CY 2018 eCQM Validation

Selection of Hospitals

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 ECE for the applicable eCQM reporting period
- Any hospital that does not have at least five discharges for at least one reported eCQM
- Episodes of care that are longer than 120 days
- Cases with a zero denominator for each measure

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

CY 2018 eCQM Validation Number of Cases and Scoring

- Hospitals selected for participation in eCQM data validation will be required to submit eight cases (eight cases x one quarter) from CY 2017 eCQM data (for the FY 2020 payment determination).
- The accuracy of eCQM data submitted for validation will not affect a hospital's validation score for FY 2020 payment determination.

Note: For more information, visit the *QualityNet.org* [Data Validation – Chart-Abstracted and eCQMs](#) page.

CY 2018 Voluntary Reporting on Hybrid HWR Measure

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

- CMS has access to the claims-based data.
- Hospitals would voluntarily submit the following data for at least 50 percent of these patients, utilizing a QRDA Category I file for submission via the *QualityNet Secure Portal*:
 - **13** core clinical data elements
 - **Six** vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
 - **Seven** laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
 - **Six** linking variables to assist CMS to match the EHR data to the CMS claims data (CMS Certification Number, Health Insurance Claim Number or Medicare Beneficiary Identifier, date of birth, sex, admission date, discharge date)
- CMS merges the EHR data elements with the claims data and calculates the risk-standardized readmission rate.

CY 2018 Voluntary Reporting on Hybrid Measure

- Measurement period: January 1–June 30, 2018 (Q1 + Q2 of CY 2018)
- Submission period: Anticipated to be late summer through fall 2018
- Measure cohort: Medicare Fee-For-Service patients, aged 65 or older, discharged from non-federal acute care hospitals
- Confidential hospital-specific reports (HSRs)
 - Detail submission results from the reporting period, including accuracy of the EHR data and the hybrid measure results

CY 2018 Voluntary Reporting on Hybrid Measure

- Will not impact a hospital's APU determination.
- Will not be publicly displayed on *Hospital Compare*.
- Outreach and Education webinars were held December 2017. Webinar-related materials, eMeasure specifications, measure methodology details, and contact information are posted on the QualityNet.org [Voluntary Hybrid HWR Measure Overview](#) page.
- To register for upcoming webinars and locate archived IQR-EHR Incentive Program Alignment webinar materials, please visit QualityReportingCenter.com.

Artrina Sturges, EdD

CY 2018 eCQM Reporting Requirements for Medicare and Medicaid EHR Incentive Program

Medicare EHR Incentive Programs CQM Reporting Requirements for CY 2018

For EHs and CAHs reporting **electronically** for the Medicare EHR Incentive Program in CY 2018:

- The reporting period is **one** self-selected quarter of CQM if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2018.
- Report on **at least four** (self-selected) of the available CQMs.
- The Medicare EHR Incentive Program submission deadline is February 28, 2019 (two months following the close of the calendar year).

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for EHs and CAHs **except outpatient measure ED-3, NQF #0496.**

Medicare EHR Incentive Programs CQM Reporting Requirements for CY 2018

Attestation is only an option available for EHs and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program:

- Full CY 2018, consisting of four quarterly data reporting periods
- Report on all 16 available CQMs via the *QualityNet Secure Portal*
- Submission deadline: February 28, 2019

Note: For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid EHR Incentive Program, the reporting period is any continuous 90-day period within CY 2018. Visit the CMS.gov EHR Incentive Programs [Eligible Hospital Information](#) page for additional details.

Medicare EHR Incentive Programs Attestation via *QualityNet Secure Portal* for CY 2018

- On January 2, 2018, EHs and CAHs began submitting meaningful use attestations through the *QualityNet Secure Portal* with the CY 2017 reporting period.
- Visit the [CMS EHR Incentive Programs website](#) on *CMS.gov* for more details, updated reference guides, webinar presentation materials, etc.
- Submit questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CQM Reporting Form and Manner for Hospital IQR and Medicare EHR Incentive Programs CY 2018

This requires the following:

- Use of QRDA Category I for CQM electronic submissions
- EHR technology certified to the 2014 or 2015 Edition
 - Required to have the EHR technology certified to all 16 available CQMs
 - **Would not** require recertification each time updated to the most recent version of CQMs and continues to meet 2015 Edition certification criteria

The technical requirements are:

- Use of eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and any applicable addenda; available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>.
- *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I for Hospital Quality Reporting*; available at <https://ecqi.healthit.gov/qrda>.

Note: QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>.

CY 2018 Medicaid EHR Incentive Program

- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if they wish to allow reporting through attestation.
- Visit the CMS.gov EHR Incentive Programs [Medicaid State Information](#) page for details.

eCQM Reporting Tools and Tips

- [CY 2018 Available eCQMs for IQR and the EHR Incentive Program – QualityReportingCenter.com](#)
- [HL7 Implementation Guide for Clinical Document Architecture \(CDA\) Release 2: QRDA Category I, Release I, Standard for Trial Use, Release 4-US Realm – Health Level Seven® International](#)
- [2018 CMS QRDA I Schematrons and Sample Files for HQR – eCQI Resource Center](#)
- [Technical Guides – eCQI Resource Center](#)
- [Value Sets and Data Element Catalog – VSAC](#)

Resources

- **QualityNet Help Desk** – PSVA, Data Upload, and EHR Incentive Program Attestation
gnetsupport@hcqis.org
(866) 288-8912
7 a.m. to 7 p.m. CT Monday through Friday (except holidays)
- **eCQM General Program Questions** – Hospital IQR Program and Policy
<https://cms-ip.custhelp.com>
(866) 800-8765 or (844) 472-4477
8 a.m. to 8 p.m. ET Monday through Friday (except holidays)

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