Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

FY 2018 Inpatient Prospective Payment System (IPPS) Proposed Rule
Acute Care Hospital Quality Reporting Programs Overview

Questions & Answers

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Question 1: Why are the performance periods for [Hospital Readmissions Reduction Program] HRRP in three-year chunks and not one year annually?

The program uses a 36-month rolling data period to calculate the Excess Readmission Ratio (ERR). More data yields more precise estimates of hospital readmissions. Using a 36-month period results in reliable identification of variant in performance.

Question 2: Are results of the eCQM validation pilot available?

The QualityNet.org website provides summarized results from the electronic clinical quality measure (eCQM) validation pilot from spring/summer 2015. The information is available on the Data Validation - Resources tab on the Hospital-Inpatient page https://www.qualitynet.org/dcs/ContentServer?cid=1140537256076&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page.

Question 3: Are there any changes to the required chart-abstracted measures?

No, there are not any changes to the chart-abstracted measures in the FY 2018 IPPS/LTCH PPS proposed rule.

Question 4: Can you clarify if PSI 12 is pulmonary edema or pulmonary embolism?

The Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) 12 is PSI 12 Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate. The slides have been updated and are available on the Quality Reporting Center website.

Question 5: Can you repeat what “dual eligibility” means?

Dual eligibility are patients that are Medicare patients who are also enrolled in the Medicaid Program.
Question 6: Can you explain how the eCQM validation process works? What medical record are we sending to CDAC [Clinical Data Abstraction Center]?

CMS finalized the proposal that hospitals selected for validation of eCQM data would be required to submit timely and complete medical record information from the electronic health records (EHRs) for at least 75 percent of sampled cases but would not be scored on the basis of measure accuracy for FY 2020 payment determination.

**NOTE:** Critical access hospitals (CAHs) are not required to participate in the Hospital IQR Program, therefore, they are not eligible to be chosen to participate in the eCQM data-validation process.

CMS is requesting that sufficient patient-level information is available to match the requested medical record to the originally submitted eCQM measure data. This is defined as the entire medical record that sufficiently documents the eCQM measure data elements, which includes, but is not limited to, arrival date and time, inpatient admission date, and discharge date from the inpatient episode of care.

Question 7: Could you tell us what version of AHRQ is used for each FY and the source where we can find the versions?

In the FY 2018 Hospital IQR Program and HAC Reduction Program, CMS will use the new version of the AHRQ PSI 90 Composite, with a measurement period of July 1, 2014 through September 30, 2015. The Hospital IQR Program and HAC Reduction Program will use a recalibrated version of the 6.0 PSI software. The FY 2018 Hospital VBP Program will use the current version of the AHRQ PSI 90 Composite (recalibrated version of the 5.0.1 PSI software), with a performance period of July 1, 2014 through September 30, 2015 and a baseline period of July 1, 2010 through June 30, 2012.

The changes to the AHRQ PSI 90 Composite in relation to the Hospital IQR Program, HAC Reduction Program, and Hospital VBP Program can be referenced in the FY 2017 IPPS/LTCH PPS final rule. For general information regarding the PSI 90 Composite in CMS’s programs, the AHRQ Indicators QualityNet page may be referenced.

In the FY 2019 Hospital IQR Program and HAC Reduction Program, CMS will use the new version of the AHRQ PSI 90 Composite, with a measurement period of October 1, 2015, through June 30, 2017. CMS has not yet announced the
exact software version that will be used. In the FY 2018 IPPS/LTCH PPS proposed rule, CMS proposed the removal of the current AHRQ PSI 90 Composite from the Hospital VBP Program beginning with the FY 2019 program year (82 FR 19970).

Question 8: Did this rule give any insight into when eCQMs would start being publically reported?

The FY 2018 IPPS/LTCH PPS proposed rule does not signal a requirement for eCQM data to be publicly reported. CMS will provide further information in future rulemaking.

Question 9: Do you have the threshold and benchmark data for VBP for FY 2020? Since FY 2020 will be using FY 2018 as the performance period, we really need to know the threshold and benchmark data for FY 2020 to set up our internal target for all VBP-related measures for FY 2018.

The previously finalized and proposed performance standards for the FY 2020 Hospital VBP Program are available in the FY 2018 IPPS/LTCH PPS proposed rule (82 FR 19979-19980).

Question 10: For the VBP PN Payment measure, does that measure include the expanded PN cohort?

In the FY 2018 IPPS/LTCH PPS proposed rule (82 FR 19971- 19973), CMS proposed to include the Pneumonia (PN) Payment measure with the expanded cohort in the Hospital VBP Program beginning with the FY 2022 program year. The cohort for the expanded version of the PN Payment measure includes Medicare Fee-for-Service (FFS) patients aged 65 or older with: (1) a principal hospital discharge diagnosis of pneumonia, including not only viral or bacterial pneumonia but also aspiration pneumonia; or (2) a principal discharge diagnosis of sepsis (but not severe sepsis) with a secondary diagnosis of pneumonia (including viral or bacterial pneumonia and aspiration pneumonia) coded as present on admission.

Question 11: Does the eCQM data validation include Maryland hospitals?

Because Maryland hospitals participate in the Maryland All-Payer Model, they are not required to participate in eCQM validation.
Question 12: For educational review change of score, will it continue to just be for 75% or below or any score?

Educational reviews are offered to any hospital who would like to participate.

Question 13: I have a question on page 17 regarding "dual eligibility". Would you stratify out Medicaid only compared to all others? Or just Medi-Medi compared to all others?

Dual eligibility are Medicare patients who are also enrolled in the Medicaid Program. Our goal would be to be able to share differences in the measure rates, and the outcome rates, between a hospital’s dual eligible patients compared to their non-dual eligible patients.

Question 14: If a CAH chooses to participate do they have to submit via an xml or is the CART tool being updated? Right now we still submit for "meaningful use" which isn't meaningful use anymore but just have to attest as a whole but do not breakout specific patient information per line.

If the question pertains to electronically reporting CQMs for the Hospital IQR Program, CAHs would utilize the Quality Reporting Document Architecture (QRDA) Category I (patient-level) file to submit patient data.

The successful submission of eCQM data based on the Hospital IQR Program reporting requirements, provides credit for the electronic reporting portion of the Medicare EHR Incentive Program (Meaningful Use) for both eligible hospitals (EHs) and CAHs. Other portions of the Medicare EHR Incentive Program require attestation. Those details are available on the CMS.gov website specific to the Medicare EHR Incentive Program reporting requirements.

Question 15: If the first pain question is no pain, are the next two going to be dropped as N/A?

If the first pain question is responded to as “no,” then you will be directed to the next appropriate question. You would not respond to the next two pain questions.
Question 16: Are the clinical data elements needed for the proposed Hybrid HWR measure to be submitted for the index visit or the readmission or both?

For the proposed voluntary Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data (National Quality Forum [NQF] #2879)—aka Hybrid Hospital-Wide Readmission (HWR) measure or Hybrid HWR measure—the data elements from EHRs are only extracted from the index admission. The intent is to identify the first data value for patients’ vital signs and laboratory test results captured during the index hospital encounter to estimate their severity of illness at the time they enter the hospital for care. The measure includes these data values in the risk adjustment model to account for differences in hospitals’ patient mix. The measure does not include any EHR data from the readmissions captured in the measure outcome.

Question 17: Hospital IQR Quality measures — what mechanism will you use to determine the quality of the informed-consent document used by hospitals for elective procedures?

The quality of the informed-consent documents would be rated using an abstraction tool, an instrument that would evaluate a minimum standard that all informed-consent documents should meet. The abstraction tool was developed with substantial input from experts in survey development, the Measure Development Working Group and Technical Expert Panel, and involved iterative reliability and validity testing in a development sample of eight hospitals and in a testing sample of 25 distinct hospitals.

This testing also demonstrated the feasibility of this measure and expected burden to hospitals. Abstractors were trained to use the abstraction tool to assess the quality of informed consent documents and were able to abstract documents at a rate of approximately three minutes per document. We developed a rubric for scoring the abstraction tool. Document scores are aggregated to calculate hospital-level performance on the measure. We are considering that hospital results are presented as the percent meeting a quality threshold of 10 out of a possible 20 points. We invite feedback on this measure.
Question 18: The Hospital VBP Program is proposing to adopt the modified PSI 90 measure beginning with the FY 2023 program year. Why is this different than the HAC Reduction Program’s finalized policies regarding the modified PSI 90 measure?

The PSI 90 measure previously adopted by the HAC Reduction Program, Hospital IQR Program, and Hospital VBP Program was revised to reflect the relative importance and harm associated with each component indicator and provide a more reliable and valid signal of patient safety events. This revised measure, the modified PSI 90 measure, was adopted by the HAC Reduction Program in the FY 2017 IPPS/LTCH PPS final rule. In the same rule, the HAC Reduction Program also adopted a 15-month performance period from July 1, 2014, through September 30, 2015, using only International Classification of Diseases, Ninth Revision (ICD–9) data for FY 2018 and a 21-month performance period, from October 1, 2015, through June 30, 2017, using only ICD–10 data, for FY 2019. CMS decided to use these truncated performance periods based on the recommendations of the measure steward; the feasibility of using a combination of ICD–9 and ICD–10 data; the impact of suspending the measure; ensuring program implementation timelines were met; and the importance of continuing to publicly report performance data on this measure.

However, CMS was unable to adopt the modified PSI 90 measure for the Hospital VBP Program in the FY 2017 IPPS/LTCH PPS final rule due to certain statutory requirements in the Hospital VBP Program that are not required in the Hospital IQR Program or the HAC Reduction Program. As CMS noted in the FY 2017 IPPS/LTCH PPS proposed rule, section 1886(o)(2)(A) of the Social Security Act requires the Hospital VBP Program to select measures that have been specified for the Hospital IQR Program. In addition, section 1886(o)(2)(C)(i) of the Social Security Act requires the Hospital VBP Program to refrain from beginning the performance period for a new measure until data on the measure have been posted on Hospital Compare for at least one year, a requirement that is not applicable to the HAC Reduction Program. Finally, section 1886(o)(3)(C) of the Social Security Act requires that the Hospital VBP Program establish performance standards for each measure no later than 60 days prior to the beginning of the performance period. The Hospital IQR Program finalized its proposal to adopt the modified PSI 90 measure in the FY 2017 IPPS final rule (81 FR 57128-57133), but measure data has not yet been posted on Hospital Compare. CMS anticipates data for this measure will be posted on Hospital Compare on or before July 2018.
CMS continues to believe the modified PSI 90 measure provides strong incentives for hospitals to ensure that patients are not harmed by the medical care they receive, which is a critical consideration in quality improvement. Unlike the Hospital VBP Program, the HAC Reduction Program does not have to establish a baseline period to establish the performance standards for the modified PSI 90 measure and instead chose to use truncated performance periods to address the issues associated with the ICD-10 transition. Therefore, in the FY 2018 IPPS/LTCH PPS proposed rule, CMS is proposing to remove the current PSI 90 measure from the Hospital VBP Program beginning with the FY 2019 program year, and to adopt the modified PSI 90 measure beginning with the FY 2023 program year, when the required baseline period can be established using only ICD-10 data. For more information on Hospital VBP Program proposals, please reference the FY 2018 IPPS/LTCH PPS proposed rule.

**Question 19:** Since the eCQM rule hasn't been finalized yet, when will we know if we have to report on eight eCQMs for full 2017 or six for two quarters?

The calendar year (CY) 2017 eCQM reporting requirements will be finalized in the FY 2018 IPPS/LTCH PPS final rule with an estimated publication time frame of August 1, 2017. Please keep in mind, the eCQM submission deadline would remain February 28, 2018. At this time, CMS is observing a public comment period on all portions of the FY 2018 proposed rule and welcomes feedback from the community.

**Question 20:** The FY 2017 IPPS/LTCH PPS final rule did include consideration of antibiotic stewardship. What does the FY 2018 IPPS proposed rule say about antibiotic stewardship programs for short-term, acute care hospital reporting?

The FY 2018 IPPS/LTCH PPS proposed rule does not address the antimicrobial use measure as a potential measure for the Hospital IQR Program, as was mentioned in the FY 2017 IPPS proposed and final rules.

**Question 21:** Slide 21. Does it still need to be the same eCQMs submitted for each quarter?

CMS has indicated the same measures should be submitted for each identified reporting period.
Question 22: These proposals would result in no PSI-90 for HVBP for FY19-22?

CMS proposed the removal of the current PSI 90 Composite beginning with FY 2019 and the addition of the modified PSI 90 Composite beginning in FY 2023.

Question 23: TOB and SUB are not currently required. Would these eCQMs be required or just options on the list of eCQMs to choose from?

CMS is inviting feedback on the three tobacco screening and treatment measures, as well as the substance-based screening and treatment measures as possible future eCQMs for the Hospital IQR Program and the Medicare EHR Incentive Program for EHs and CAHs. Any additional reporting requirements with respect to these or any other new eCQMs for these programs would be set forth through rulemaking.

Question 24: What would be the baseline period for the new pain items for HCAHPS for the FY2020 payment year?

CMS did not propose that the Communication about Pain dimension be included in the Hospital VBP Program in the FY 2018 IPPS/LTCH PPS proposed rule. The proposal is for the Hospital IQR Program, which does not use a baseline period.

Question 25: When calculating mortality rates, are patients with a DNR status excluded?

The mortality measures do not exclude patients with do not resuscitate (DNR) orders. Clinically, DNR orders are an unreliable marker of health status or frailty as they are chosen by patients in a variety of clinical situations. DNR orders among patients are also largely impacted by provider-care variation.

Question 26: When will the Hospital VBP Program be associated with pain communication questions?

CMS did not propose the Communication about Pain dimension be included in the Hospital VBP Program in the FY 2018 IPPS/LTCH PPS proposed rule. Consideration of adding this measure to the Hospital VBP Program would be through future rulemaking.
Question 27: **When will the modified PSI-90 measure be included in the IQR Program?**

The modified PSI 90 Composite will be included in the Hospital IQR Program for the FY 2018 payment determination. Modified PSI 90 measure data from the Hospital IQR Program is anticipated to be posted on Hospital Compare in October 2017.

Question 28: **Why propose to decrease the number of eCQMs required this late in the year?**

Since the finalization of CY 2017 eCQM reporting requirements in the FY 2017 IPPS/LTCH PPS final rule, CMS continued to receive feedback from hospitals and EHR vendors about ongoing challenges of implementing eCQM reporting, including but not limited to, challenges associated with hospitals transitioning to new EHR systems or products, upgrading to EHR technology certified to the 2015 Edition, modifying workflows, and addressing data-element mapping. CMS felt in order to help reduce reporting burdens while supporting the long-term goals of the Hospital IQR and EHR Incentive programs for EHs and CAHs, they included proposals to reduce the number of eCQMs required to be reported, as well as to shorten the eCQM reporting period regarding the CY 2017 eCQM reporting requirements for the Hospital IQR and Medicare EHR Incentive programs for EHs and CAHs in the FY 2018 IPPS/LTCH PPS proposed rule. With the submission deadline for CY 2017 eCQM data not until February 28, 2018, CMS does not anticipate these proposals for modified eCQM reporting requirements to affect FY 2019 payment determinations for hospitals under these programs.

Question 29: **Will you publish a data dictionary for eCQMs like the IQR has? Without it, there is a huge amount confusion regarding definitions.**

Measure definitions for hospital electronic measures are posted on the eCQI Resource Center, located at [https://ecqi.ahrqstg.org/eh](https://ecqi.ahrqstg.org/eh).

Question 30: **Will 30-Day STK MORT be adopted in FY 2020 (a year after the regulatory mandate in the IQRP)?**

The current Stroke 30-Day Mortality Rate measure was finalized in the Hospital IQR Program in the FY 2014 IPPS/LTCH PPS final rule (78 FR 50798). The proposed refinement for this measure would be for the FY 2023 payment determination and subsequent years.
Question 31: Would [Nursing] Skill mix and NHPPD [Nursing Hours Per Patient Day] be self-reported?

These structural measures use management data from payroll or staffing records. These measures are NQF endorsed and additional information about their specifications can be found on the National Quality Forum website:

Measure: Skill Mix 0204:
http://www.qualityforum.org/QPS/QPSTool.aspx?m=1127&e=1#qpsPageState=%7B%22TabType%22%3A1,%22TabContentType%22%3A2,%22ItemsToCompare%22%3A%5B%5D,%22StandardID%22%3A1127,%22EntityTypeID%22%3A1%7D

Measure: Nursing Hours per Patient Day 0205:
http://www.qualityforum.org/QPS/QPSTool.aspx?m=1128&e=1#qpsPageState=%7B%22TabType%22%3A1,%22TabContentType%22%3A2,%22ItemsToCompare%22%3A%5B%5D,%22StandardID%22%3A1128,%22EntityTypeID%22%3A1%7D

Question 32: Slides 16 and 17. Would the Hybrid HWR measure include all patients or certain diseases?

The proposed voluntary Hybrid HWR measure includes only Medicare FFS beneficiaries who are 65 and older. This hospital-wide readmission measure is not specific to a certain condition or procedure.