



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

FY 2020 IPPS/LTCH PPS Proposed Rule Overview for Hospital Quality Programs

Questions and Answers

Speakers

Grace H. Snyder, JD, MPH

Program Lead, Hospital IQR Program and Hospital Value-Based Purchasing (VBP) Program
Quality Measurement and Value-Based Incentives Group (QMVIG)
Center for Clinical Standards and Quality (CCSQ)
Centers for Medicare & Medicaid Services (CMS)

Michael Brea, MBA

Program Lead, Hospital-Acquired Condition (HAC) Reduction Program
QMVIG, CCSQ, CMS

Erin Patton, MPH, CHES

Program Lead, Hospital Readmissions Reduction Program
QMVIG, CCSQ, CMS

Moderator

Candace Jackson, ADN

Project Lead, Hospital IQR Program
Hospital Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

May 21, 2019

2 p.m. ET

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts researched and answered the following questions after the live webinar. The questions and answers have been edited for grammar.

Question 1: **If finalized, when will the specifications for the two new opioid proposed measures be available for vendors to develop and certify before having those available to hospitals to report for calendar year (CY) 2021, if they decide to do so?**

The measure specification for the Hospital Harm—Opioid-Related Adverse Events electronic clinical quality measure (eCQM) is available on the CMS Measure Methodology web page on the [CMS.gov](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html) website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>. The Safe Use of Opioids—Concurrent Prescribing eCQM (National Quality Forum [NQF] #3316e) specifications can be found in the NQF *Patient Safety, Fall 2017 Final Report* at http://www.qualityforum.org/Publications/2018/07/Patient_Safety_Fall_2017_Final_Report.aspx.

Question 2: **In the proposed rule, it is mentioned that the eCQM opioid measure reporting may be for a one-year period. Will one-year reporting of the opioid measure begin in CY 2023?**

The Fiscal Year (FY) 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) proposed rule proposes to add two opioid-related eCQMs to the eCQM measure set beginning with the CY 2021/FY 2023 payment determination. CMS has only proposed eCQM reporting and submission requirements through the CY 2022/FY 2024 payment determination.

Question 3: **Will the Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data (Hybrid HWR measure) replace the claims-based Hospital-Wide All-Cause Unplanned Readmission Measure?**

The Hybrid HWR measure is intended to replace the claims-based Hospital-Wide All-Cause Unplanned Readmission Measure (HWR claims-based measure). The proposal to remove the HWR claims-based measure is contingent upon the proposals for the Hybrid HWR measure being finalized. The removal of the HWR claims-based measure would coincide with the beginning of mandatory reporting of the Hybrid HWR measure (July 1, 2023 through June 30, 2024 reporting period, impacting the FY 2026 payment determination).

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Question 4: Slide 21. How will you determine what is a planned readmission for the Hybrid HWR measure and what is not?

The Hybrid HWR measure uses the planned readmission algorithm that is currently used by the original HWR claims-based measure ([FY 2013 IPPS/LTCH PPS final rule](#), 77 FR 53521 through 53528). Additionally, the algorithm and outcomes are the same as those used for the 2018 voluntary reporting period, although the algorithm is updated annually to reflect changes in the International Classification of Diseases, 10th Revision coding system and the Clinical Classifications Software map. The algorithm is available on the *QualityNet* website at <https://www.qualitynet.org/dcs/ContentServer?cid=1228774371008&pagename=QnetPublic%2FPage%2FQnetTier4&c=Page>.

Please reference the [FY 2020 IPPS/LTCH PPS proposed rule](#) (84 FR 19482) for more information on this proposal.

Question 5: Slide 22. Will this Hybrid HWR measure include only traditional Medicare patients (i.e., Part A and B)?

The intent of the measure is to capture Medicare fee-for-service patients aged 65 or older ([FY 2020 IPPS/LTCH PPS proposed rule](#), 84 FR 19482). Please visit the Voluntary Hybrid HWR Readmission Measure [Overview](#) web page on the *QualityNet* website for additional details. You're also encouraged to visit the [Quality Reporting Center](#) website to review the high-level overview of the Hybrid HWR measure, titled [Hospital IQR Program CY 2018 Voluntary Reporting—Hybrid Hospital-Wide 30-Day Readmission Measure Overview](#), presented April 18, 2018.

Question 6: Slide 22. Will the proposed Hybrid HWR measure include critical access hospitals (CAHs) in the requirement?

The proposed Hybrid HWR measure falls under the Hospital IQR Program. CAHs are strongly encouraged, but not required, to participate in the Hospital IQR Program.

Question 7: When will eCQM scores be assessed by CMS for reimbursement dollars/penalties instead of just satisfying the requirement by data submission? This could assist with process improvement.

CMS will signal in a future IPPS/LTCH PPS proposed rule when it intends to link eCQM scores to reimbursement.

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Question 8: **Slide 24. During the voluntary period, would the hospital receive its results regarding the Hybrid HWR measure after the EHR and the claims data are matched up?**

Under the proposal, hospitals that submit data for this measure during the voluntary reporting periods would receive confidential hospital-specific reports. CMS intends to deliver confidential hospital-specific feedback reports in the spring of 2023 and 2024, after CMS merges the electronic health record (EHR) data with the associated claims data for the same reporting period. These data are historically pulled from the CMS claims data system at the end of September following the end of the reporting period. Please reference the [FY 2020 IPPS/LTCH PPS proposed rule](#) (84 FR 19484) for more information on this proposal.

Question 9: **For the 13 core clinical data elements, are all vital signs and lab test results required to be submitted or the first after admission or the last before discharge?**

The core clinical data elements are intended to reflect a patient's clinical status when the patient first presents to an acute care hospital for treatment. The rationale is that the core clinical data elements are the most routinely and consistently captured in most adult inpatient records and can be electronically extracted from hospital EHRs.

Please visit the [Quality Reporting Center](#) website to review the high-level overview of the Hybrid HWR measure, titled [Hospital IQR Program CY 2018 Voluntary Reporting—Hybrid Hospital-Wide 30-Day Readmission Measure Overview](#), presented April 18, 2018.

Question 10: **Are there any proposed changes to the chart-abstracted measures for the Hospital IQR Program?**

CMS proposed no changes to the chart-abstracted measures. For a listing of the measures for FY 2022 and 2023 payment determination, please reference the [FY 2020 IPPS/LTCH PPS proposed rule](#) (84 FR 19485 through 19487).

Question 11: **Slide 32. For FY 2022, will the perinatal care (PC)-01 measure still be counted in the domains?**

CMS removed the PC-01 measure from the Hospital VBP Program beginning with the FY 2021 program year in the [FY 2019 IPPS/LTCH PPS final rule](#) (83 FR 41448 through 41449).

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Question 12: How is the new healthcare-associated infection (HAI) data proposal different from the past? The same measures were used in the FY 2019 program year from the National Healthcare Safety Network (NHSN), right?

In the [FY 2019 IPPS/LTCH PPS final rule](#) (83 FR 41553), beginning with the CY 2020 reporting period, the Hospital IQR Program finalized removal of the five Centers for Disease Control and Prevention (CDC) NHSN HAI measures that are used in both the Hospital VBP and HAC Reduction Programs. These five measures are as follows:

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

Since these measures were adopted in the Hospital VBP Program, the Hospital VBP Program has used the same data to calculate the CDC NHSN HAI measures that are used by the Hospital IQR Program.

In the [FY 2019 IPPS/LTCH PPS final rule](#) (83 FR 41475 through 41478), the HAC Reduction Program adopted data-collection policies for the CDC NHSN HAI measures, beginning on January 1, 2020 with CY 2020 submissions, which will use the same process as the Hospital IQR Program for hospitals to report, review, and correct CDC NHSN HAI measure data. Furthermore, the HAC Reduction Program also adopted processes to validate the CDC NHSN HAI measures used in the HAC Reduction Program beginning with quarter three 2020 discharges (83 FR 41478 through 41483).

To streamline and simplify processes across hospital programs, CMS is proposing that the Hospital VBP Program will use the same data to calculate the CDC NHSN HAI measures that the HAC Reduction Program uses for purposes of calculating the measures under that program, beginning on January 1, 2020 for CY 2020 data collection, which would apply to the Hospital VBP Program starting with data for the FY 2022 program year performance period.

This proposed start date aligns with the effective date of the removal of the measures from the Hospital IQR Program and the date when data on those measures will begin to be reported for the HAC Reduction Program. This

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allows for a seamless transition. The data used by the HAC Reduction Program will be the same data previously used by the Hospital IQR Program, and therefore, CMS does not anticipate any changes in the use of such data for the Hospital VBP Program.

Please reference the [FY 2020 IPPS/LTCH PPS proposed rule](#) (84 FR 19440) for more information on this proposal.

Question 13: Can you explain the “old cohort” for MORT-30-PN? How is this different from the “new”?

As part of the CMS measure reevaluation process, the Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization (MORT-30-PN) measure underwent a substantive revision that expanded the measure cohort to include (1) patients with a principal discharge diagnosis of pneumonia (the current reported cohort); (2) patients with a principal discharge diagnosis of aspiration pneumonia; and (3) patients with a principal discharge diagnosis of sepsis (excluding severe sepsis) with a secondary diagnosis of pneumonia coded as present on admission.

This cohort update was made to the measure calculations on the *Hospital Compare* website in July 2017; however, the update will not begin in the Hospital VBP Program until the FY 2021 program year.

Please reference the [FY 2017 IPPS/LTCH PPS final rule](#) (81 FR 56994 through 56996) for more information on the MORT-30-PN updated cohort.

Question 14: Slide 58. Is there any way to get an Excel spreadsheet that lists all the measures from the Summary of Measures by Quality Program section of the webinar to be more useful than on the slides?

Thank you for your question. CMS will take your request under consideration. However, the Acute Care Hospital Quality Improvement Program Measures document, which lists program measures for each fiscal year, can be found on the *QualityNet* website at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473>.