Hospital Inpatient Quality Reporting (IQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Hospital Inpatient Quality Reporting 101: Your Guide to Successful Reporting

Presentation Transcript

Speaker

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Candace Jackson: Good afternoon. Welcome to the *Hospital Inpatient Quality Reporting 101: Your Guide to Successful Reporting* webinar. My name is Candace Jackson, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting and the speaker for today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with a question-and-answer summary, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you are registered for this event, a link to the slides were sent out a few hours ago. If you did not receive that email, you can download the slides. Again, that is www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link for the survey that you would need to complete for continuing education. The survey will no longer be available if you leave the event early. So, if you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary email one to two business days after the event. If you have questions as we move through the webinar, please type the questions into the Ask a Question window with the slide number associated, and we will answer questions as time allows after the event.

The purpose of this webinar is to provide an overview of the Hospital Inpatient Quality Reporting Program and requirements to help ensure successful reporting.

At the conclusion of this webinar, participants will be able to understand the Hospital Inpatient Quality Reporting Program, identify the quarterly and annual requirements for the Hospital IQR Program, and locate resources for the Hospital IQR Program to ensure successful reporting.

This slide lists the acronyms and abbreviations used in today's presentation.

As stated earlier, we will have a brief Q&A session at the conclusion of the webinar as time allows.

However, if we do not get to your question during the Q&A session, you can submit your question to the Q&A tool at the link provided on this slide.

We'll start today's presentation with a quick overview.

The Hospital Inpatient Quality Reporting (IQR) Program was developed as a result of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Section 5001(a) of Public Law 109-171 of the Deficit Reduction Act of 2005 provided new requirements for the Hospital IQR Program, which built on the voluntary Hospital Quality Initiative. It is known as a pay-for-reporting program because hospitals that participate in the program and successfully meet all requirements are paid more than hospitals that do not participate. This is known as the annual payment update, or APU. Hospitals that wish to participate in the IQR program notify CMS of this by signing a Notice of Participation. The Hospital IQR Program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients. The hospital quality of care information gathered through the program is available to consumers on the Care Compare website.

Hospital IQR Program reporting done for any calendar year affects the hospital's Medicare reimbursement during a future year. This future year is known as the fiscal year (FY), or the payment year (PY). For example, Hospital IQR Program data submissions related to calendar year (CY) 2022 discharges will affect the hospital's Medicare reimbursement between October 1, 2023, and September 30, 2024. The time frame between October 1, 2023, and September 30, 2024, is known as fiscal year 2024, or payment year 2024. For more information, refer to the infographic Understanding Calendar Year & Fiscal Year CMS Inpatient Quality Reporting Program at the link on this slide.

CMS uses a variety of measures from various data sources to determine the quality of care that patients receive.

This slide outlines the different type of measures that are used in the IQR program. The claims-based measures use claims data, so hospitals do not have to submit any additional information for these measures. The clinical process of care measures includes the sepsis, or SEP-1, measure and the perinatal care, or PC-01, measure. The public health registry measures include the healthcare personnel influenza and COVID-19 vaccination measures that are submitted to NHSN, and the structural measure includes the Maternal Morbidity [Structural] Measure.

We'll next provide an overview of the Hospital IQR Program.

The Hospital IQR Program is a quality reporting program with the goal of driving quality improvement through measurement and transparency. Hospitals participate by submitting data to CMS on measures of inpatient quality of care. CMS makes quality and cost measure data from the Hospital IQR Program available to the public. The Care Compare website presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Prior to the release of data on the public reporting website, hospitals are given the opportunity to review their data during a 30-day preview period via the *Hospital Quality Reporting Secure Portal*. Acute care hospitals paid for treating Medicare beneficiaries under the inpatient prospective payment system can receive the full Medicare annual payment update (APU). However, the Social Security Act requires that the APU will be reduced for any such "subsection (d) hospitals" that do not submit certain quality data in a form and manner, and at a time, specified by the Secretary under the Hospital IQR Program. Those subsection (d) hospitals that do not participate, or participate but fail to meet program requirements, are subject to a one-fourth reduction of the applicable percentage increase in their APU for the applicable fiscal year. Hospitals that are subject to payment reductions under the Hospital IQR Program are also excluded from the Hospital Value-Based Purchasing (VBP) Program.

Critical access hospitals are not included in the Hospital IQR Program but are encouraged to participate in voluntary reporting and have their data publicly reported on the public reporting website.

To participate in voluntary reporting, critical access hospitals must let CMS know by submitting an Optional Public Reporting Notice of Participation, which may be submitted at any time. More information is available on the QualityNet website at the link provided on the slide. Please note that critical access hospitals are required to participate in the Medicare Promoting Interoperability Program, a separate but related program to the Hospital IQR Program.

One of the ways that CMS communicates important program information to hospitals is by email notifications. Make sure you are signed up for these communications and that we have your hospital's up-to-date contact information so that we may send you targeted communications. CMS regularly communicates Hospital IQR Program information to participants and stakeholders via email using contacts in the QualityNet Email Updates database. You can sign up for the different Listserves by going to the link on the slide. For the IQR program, you will want to make sure that you sign up for the EHR, HCAHPS, IQR, Public Reporting, and HVBP Listserves. You may also find the IQR Improvement Discussion group beneficial. The Hospital IQR Program Outreach and Education Support Team is responsible for maintaining the CMS provider contact database. This database contains contact information for key staff members in each Hospital IQR-participating hospital. Information in this database is used to provide critical targeted communications to hospitals about meeting the requirements of the Hospital IQR Program and other CMS quality reporting programs. Quality improvement staff members, infection preventionists, and C-suite personnel rely on our reminder emails and phone calls to help get their data submitted and program requirements met prior to the CMS deadlines. It is important to keep your hospital's contact information current, so you do not miss our reminders.

Data are submitted in different ways, depending on the measure type. They have different deadlines. Data submissions must be timely, complete, and accurate. Information on the Hospital IQR Program data submission deadlines and reporting quarters is available on the QualityNet and Quality Reporting Center websites.

For the IQR program, we have quarterly and annual requirements. These mandatory requirements are due quarterly: HCAHPS Survey data; population and sampling, which would be for the SEP-1 measure only; and clinical process of care measures, which includes the SEP-1 measure and the Elective Delivery (or PC-01) measure. The SEP-1 measure is patient-level data that is submitted through the *Hospital Quality Reporting Program Secure Portal*, and the PC-01 measure is submitted using the HQR web-based data form. It also includes the COVID-19 Vaccination Coverage Among Healthcare Personnel measure that is submitted through NHSN. The mandatory requirements that are due annually include the Data Accuracy and Completeness Acknowledgement, or DACA; the Maternal Morbidity Structural Measure; the Influenza Vaccination Coverage Among Healthcare Personnel measure, which is submitted through NHSN; and eCQMs.

To ensure that you meet your submission requirements, it is recommended that you submit your data early and do not wait until the last minute. This will ensure that your data is submitted and accurate. CMS typically allows four and a half months, from the end of the discharge quarter, to submit data. This is referred to as the review and correction period. During this time hospitals can submit new data or edit and resubmit existing data. Data cannot be submitted or edited after the submission deadline. For the measures that are submitted to NHSN, NHSN does allow data to be modified after the quarterly deadline; however, any data that are modified after the quarterly submission deadline will not be sent to CMS and are not used to meet program requirements and are not publicly reported. For HCAHPS, data may be corrected during the designated seven-day review and correction period following each submission deadline.

In this next section, we will briefly go over each of the [Hospital] IQR Program requirements.

Hospitals must register staff within the *Hospital Quality Reporting (HQR) Secure Portal* to submit a Notice of Participation and begin reporting data, regardless of the method used for submitting data.

The *HQR Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange. To register staff within the *HQR Secure Portal,* you can follow the steps outlined in the slide.

Hospitals submitting data via the *Hospital Quality Reporting Secure Portal,* or using a vendor to submit data on their behalf, are required to designate at least one QualityNet Security Official. It is recommended that Security Officials log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Once an account is disabled, the user must contact the QualityNet Service Center to have the account reset. As noted on the slide, it is highly recommended that hospitals designate at least two QualityNet Security Officials.

Subsection (d) hospitals that wish to participate in the Hospital IQR Program must complete a Hospital IQR Program Notice of Participation through the *Hospital Quality Reporting Secure Portal* online tool. During this process, hospitals must identify two contacts to receive notification of pledge changes. If you are a new hospital that wishes to participate, you must submit a Notice of Participation no later than 180 days from the hospital's Medicare accept date. These hospitals must start submitting Hospital IQR Program data for the quarter after they sign their NOP. For example, a hospital that signs the NOP in April 2022 (second quarter 2022) will begin submitting Hospital IQR Program data for third quarter 2022 discharges. They would submit discharges that occur between July 1, 2022, and September 30, 2022, and forward. Hospitals with Medicare accept dates greater than 180 days in the past may also participate in the Hospital IQR Program. These hospitals must complete a Notice of Participation by December 31 of the calendar year prior to the first quarter of the calendar year in which the Hospital IQR Program data submission is required for any given fiscal year. For example, a hospital not currently participating in the Hospital IQR Program has until December 31, 2022, to sign the NOP. The hospital would then begin submitting Hospital IQR Program data for 2023 discharges. So, they would start submitting data first quarter 2023 through fourth quarter 2023 and forward

Data submitted for 2023 discharges will affect a hospital's annual payment update from October 1, 2024, through September 30, 2025, which is also known as fiscal year 2025.

Hospitals may withdraw their participation in the Hospital IQR Program using the Notice of Participation tool in the *Hospital Quality Reporting Secure Portal*. When a hospital chooses to withdraw from the Hospital IQR Program, it must withdraw the NOP by May 15 prior to the start of the affected fiscal year. Hospitals choosing to withdraw from the Hospital IQR Program will automatically receive a one-fourth reduction of the applicable percentage increase of their annual payment update and will be excluded from the Hospital Value-Based Purchasing Program.

HCAHPS Survey data are collected monthly, and the data must be submitted no later than each quarterly submission deadline. The data can be submitted either by an approved HCAHPS Survey vendor that submits the data on the hospital's behalf or can be self-administered and submitted by the hospital. When using a vendor, it is important to remember that the hospital is still responsible for the accuracy and the timeliness of the submission.

Each quarter prior to the submission deadline, hospitals must submit aggregate population and sample size counts for chart-abstracted measures via the *Hospital Quality Reporting Secure Portal* Population and Sampling tool or Extensible Markup Language, or XML, file through the *Hospital Quality Reporting Secure Portal*. These counts include both Medicare and non-Medicare discharges. Hospitals submit the Medicare and non-Medicare Initial Patient Population size and the Medicare and non-Medicare Sample size for each month of the quarter. Calendar year 2022 reporting for the Hospital IQR Program requires entries for the sepsis measure set. As noted on the slide, if the hospital has no sepsis discharges, a 0 must be entered for each field. The fields cannot be left blank.

Each quarter prior to the submission deadline, hospitals must submit chart-abstracted data through the *HQR Secure Portal* for the clinical process of care measures which includes the PC-01 and SEP-1 measures.

Data submission using the *HQR Secure Portal* is the only CMS-approved method for the electronic transmission of private data between healthcare providers/vendors and CMS for the purposes of the Hospital IQR Program. Data are stored in the *HQR Secure Portal*. As we previously noted, hospitals can update or correct their submitted clinical data until the CMS submission deadline. The *HQR Secure Portal* will be locked immediately afterward. Any cases or updates submitted after the submission deadline will be rejected and will not be reflected in the data CMS uses. All files and data exchanged with CMS via the *HQR Secure Portal* are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The *HQR Secure Portal* meets all requirements of the current Health Insurance Portability and Accountability Act of 1996.

This inpatient web-based measure documents the number of patients with elective vaginal deliveries or elective Cesarean sections at more than or equal to 37 and less than 39 weeks of gestation completed. For PC-01, hospitals are required to submit aggregate data, population and sampling, narrator, denominator, and exclusion counts electronically via the *HQR Secure Portal* inpatient web-based measures collection tool. These data cannot be submitted via an XML file. Use the *Specifications Manual for Joint Commission National Quality Measures* for abstraction and sampling guidelines for the PC-01 measure, which is located on The Joint Commission website. Hospitals that do not deliver babies may opt out of reporting PC-01 measure data for the Hospital IQR Program by submitting an IPPS Quality Reporting Program Measure Exception Form. Hospitals seeking an exception would submit this form at least annually. Hospitals that do not deliver babies must enter a zero (0) for each of the PC-01 data-entry fields prior to each quarterly submission deadline unless they submit this form.

For SEP-1, providers must submit individual patient-level XML files through the *Hospital Quality Reporting Secure Portal*. For abstraction and sampling guidelines for these measures, use the *Specifications Manual for National Hospital Inpatient Quality Measures*.

As a note, hospitals with five or fewer discharges, both Medicare and non-Medicare combined, in a quarter, for the sepsis measure, are not required to submit patient-level data. However, population and sampling data must still be entered for the sepsis measure set. In this case, you would enter zeros (0s) for all of the population and sampling data fields.

A hospital can contract with a third-party vendor to submit data on their behalf. This is a private contract between the hospital and the vendor. There is no contractual agreements between CMS and vendors. Thus, when a vendor submits data on behalf of a hospital, the hospital remains responsible for the accuracy and the timeliness of the submission. As such, even though a vendor may be submitting your data, it is recommended that you access and review the data forms and available reports within the *HQR Secure Portal* to verify that you have met your requirements. Abstraction paper tools are available on the QualityNet website to assist hospitals with abstracting their cases. The sepsis paper tools are available in a universal format, which includes all of the applicable data elements in alphabetical order, and in a CART format which follows the CMS Abstraction & Reporting Tool. Just remember, that if you use a paper tool, it must be converted into the appropriate XML file format to be able to submit it to the *HQR Secure Portal*.

For the COVID-19 Healthcare Personnel Vaccination measure, hospitals must collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and submit data to NHSN at least quarterly prior to each quarterly submission deadline.

Influenza Vaccination Coverage Among Healthcare Personnel (HCP) data are submitted to the CDC's NHSN. CDC transmits this data to CMS immediately following the annual submission deadline for use in CMS quality programs, as well as CDC surveillance programs. Hospitals must be enrolled in NHSN, and employees who submit healthcare personnel data in NHSN must have been granted access to it by CDC. Hospitals must collect and submit Influenza Vaccination Coverage Among Healthcare Personnel data annually.

The submission period corresponds to the typical flu season, October 1–March 31, and data for this measure are due annually by May 15 each year following the end of the flu season.

It is highly recommended that hospitals have at least two active NHSN users who have the ability to enter healthcare personnel data. This practice may help hospitals meet data submission deadlines in the event one of the NHSN users becomes unavailable. Make sure to allow ample time before the submission deadline to review and, if necessary, correct your healthcare personnel data. Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be publicly reported. As with other requirements, it is highly recommended that hospitals have at least two active NHSN users who have the ability to enter healthcare personnel data.

For the calendar year 2022 reporting period or fiscal year 2024 payment determination, hospitals must report a total of four electronic clinical quality measures, or eCQMs. Hospitals are required to submit the Safe Use of Opioids – Concurrent Prescribing eCQM and then self-select three other available eCQMs from the measure set. Hospitals will report three self-selected quarters, either first, second, third, or fourth quarter 2022, of data for four eCQMs using EHR technology certified to the Office of the National Coordinator for Health Information Technology's existing 2015 Edition certification criteria, or the 2015 Edition Cures Update criteria, or a combination of both. The eCQM data must be submitted via the *Hospital Quality Reporting Secure Portal* by February 28, 2023, at 11:59 p.m. Pacific Time. Fulfilling the Hospital IQR Program eCQM requirement also satisfies the clinical quality measure reporting requirement for the Medicare Promoting Interoperability Program. Calendar year 2022 reporting will apply to fiscal year 2024 payment determinations for subsection (d) hospitals.

This slide just lists the eCQMs that are available.

Beginning with fiscal year 2024, hospitals can voluntarily submit the Hybrid Hospital-Wide Readmission measure.

The Hybrid HWR measure differs from the claims-based [HWR] measure, as it merges electronic health record data elements with claims data to calculate the risk-standardized readmission rate.

The Data Accuracy and Completeness Acknowledgement is an annual requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. The open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. Hospitals are required to complete and sign the DACA on an annual basis by the May 15 deadline via the *Hospital Quality Reporting Secure Portal.*

Hospitals are required to complete the structural measure question on an annual basis also via the *Hospital Quality Reporting Secure Portal*. The submission period for completing the structural measure is between April 1 and May 15 with respect to the time period of January 1 through December 31.

To align data submission quarters, CMS will use Quarter 1 through Quarter 4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs. For fiscal year 2024 payment determinations, CMS will use data from Quarter 1 2021 through Quarter 4 2021. CMS will perform a random selection of up to 200 subsection (d) hospitals and up to 200 targeted subsection (d) hospitals. CMS will use one single sample of hospitals selected through random selection and one sample of hospitals selected using targeting criteria for both chart-abstracted measures and eCQMs. Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted measures and eCQMs. For the Hospital IQR Program, CMS will validate up to eight cases for chart-abstracted clinical process of care measures per quarter per hospital. Cases are randomly selected from data submitted to the CMS *HQR Secure Portal* by the hospital.

Information regarding the measures to be validated may be obtained from the Hospital IQR Program Data Management web page on QualityNet. Additionally, 16 cases, individual patient-level reports, [or] eight cases for each of the two selected quarters, will be randomly selected from the QRDA Category I files submitted per hospital selected for eCQM validation. When selecting validation cases, cases will be excluded prior to case selection if the episodes of care are longer than 120 days, and cases [are excluded] with a zero denominator for each measure. For eCQMs, elected hospitals must submit at least 75 percent of sampled eCQM medical records within 30 days of the date listed on the CDAC medical records request. Timely and complete submission of medical record information will impact fiscal year 2024 payment updates. Hospitals are required to submit sufficient patient-level information necessary to match the requested medical record to the original submitted eCQM data. Sufficient patient-level information is defined as the entire medical record that sufficiently documents the eCQM data element, including, but not limited to arrival date and time, inpatient admission date, and discharge date from inpatient episode of care. CMS calculates a total score across all quarters included in the validation fiscal year to determine the validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. If the upper bound of the confidence interval is less than 75 percent, the hospital will not meet the Hospital IQR Program validation requirement, which will impact the hospital's annual payment update determination. For fiscal year 2024, there will be a combined validation score for the validation of chart-abstracted and eCQM measures, with the eCQM portion of the combined score weighted at zero.

For validation, CMS requires the use of electronic file submission via a CMS-approved secure file transmission process. Beginning with Quarter 1 2021 data, submission of paper copies of medical records or copies on digital portable media such as CD, DVD, or flash drive are no longer allowed. Hospitals will be required to submit PDF copies of medical records using direct electronic file submission via a CMS-approved secure file transmission process.

I will continue by briefly going over the claims-based measures and public reporting.

CMS collects information for certain quality measures using the data that hospitals provide on their Part A and Part B claims for fee-for-service Medicare patients. These measures are called claims-based measures and are related to either patient outcomes or payments. No additional data submission by the hospital is necessary. CMS calculates the measure rates based solely on data provided by the hospitals on their claims. Hospital-Specific Reports (HSRs) for the claims-based measures are made available for hospitals via the *HQR Secure Portal*. Hospitals will find their HSRs in the *HQR Secure Portal* Manage File Transfer. The HSRs contain discharge-level data, hospital-specific results, and state and national results for the claims-based measures. HSRs will be accompanied by a user guide describing the details of the HSR. Please note, HSRs are only accessible for a specific period of time, depending on the HSR. They should be downloaded as soon as they are available. The HSRs contain personally identifiable information and protected health information.

The CMS public reporting website, Care Compare, presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Hospitals participating in the Hospital IQR Program are required to display quality data for public viewing on the Care Compare website. Prior to the public release of data, hospitals are given the opportunity to review their data during a 30-day preview period via the *HQR Secure Portal*. CMS has developed a methodology to calculate and display overall hospital-level quality using a star rating system. The overarching goal of the Overall Hospital Quality Star Ratings is to improve the usability and interpretability of information posted on the public reporting website, which is a website designed for consumers to use with their healthcare provider to make decisions on where to receive care. CMS developed this methodology with the input of a broad array of stakeholders to summarize results of many measures currently posted on the public reporting website.

The Overall Hospital Rating provides consumers with a simple overall rating generated by combining multiple dimensions of quality into a single summary score.

We'll conclude the presentation by going over the options that hospitals have when the Hospital IQR Program requirements are not met.

CMS offers a process for hospitals to request exceptions to the reporting of required quality data, including eCQM data, for one or more quarters when a hospital experiences an extraordinary circumstance beyond the hospital's control.

Hospitals may request an exception with respect to quality data reporting requirements in the event of extraordinary circumstances beyond the control of the hospital. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data-collection systems that directly affected the ability of the hospital to submit data. For non-eCQM ECEs, hospitals must submit a CMS Quality Program Extraordinary Circumstances Exceptions, or ECE, Request Form with all required fields completed within 90 calendar days of the extraordinary circumstance. The event may occur during the measurement period through the submission or reporting deadline. An approved ECE will except you from specific program requirements if you meet the other required non-excepted requirements.

Hospitals may use the same ECE request form to request an exception from the Hospital IQR Program eCQM reporting requirement for the applicable program year, based on hardships preventing the hospital from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (such as a hospital that is in an area without sufficient Internet access or unforeseen circumstances such as vendor issues outside of the hospital's control, including a vendor product losing certification). For eCQM-related ECE requests only, hospitals must submit an ECE request form, including supporting documentation, by April 1, following the end of the reporting period calendar year.

As an example, for data collection for the calendar 2022 reporting period, which goes through December 31, 2022, hospitals had until April 1, 2023, to submit an eCQM-related ECE request.

A reconsideration process is available for hospitals notified that they did not meet Hospital IQR Program requirements and are, therefore, not eligible to receive the full annual payment update. Information regarding the reconsideration process is available on the APU Reconsideration web page on QualityNet.

The Hospital IQR Program Support Team supports activities under the Hospital IQR Program, including assisting hospitals with quality data reporting.

This slide lists the resources that are available for assistance with the Hospital Inpatient Quality Reporting Program.

This slide lists a few additional resources.

We do have time for a brief Q&A session. Remember that all questions that have been submitted will be responded to and posted at a later date on both the Quality Reporting Center and the QualityNet website. So, we will go ahead and get started with our questions for today.

Our first question is, “Please specify what is the submission date and calendar year for the mandatory submission of the Hybrid Hospital-Wide Readmission and Hospital-Wide Mortality measures.” The Hospital-Wide Readmissions measures will be required beginning fiscal year 2024, which would contain calendar year 2022 data. The Hospital-Wide Mortality measure is required beginning fiscal year 2025, which would then entail the calendar year 2023 discharges.

We had a lot of questions about critical access hospitals and, as we noted on the slide, critical access hospitals are not included in the Hospital Inpatient Quality Reporting Program. Thus, they are not required to meet any of the IQR requirements. So, we also had the question: Are critical access hospitals required to submit the COVID-19 healthcare personnel vaccination measure to CMS?

We have been made aware that there is a lot of confusion out there as to whether the critical access hospitals have to submit this measure. No, they do not. Again, they're not part of the IQR program. So, they are not required to submit the COVID- 19 vaccination measure. However, both the CDC and CMS strongly encourage the critical access hospitals to submit that data.

Then, on that note, we also had questions asking if the critical access hospitals are required to sign the DACA. Again, no, they are not required to sign the DACA since they are not included in the IQR program. That would also include other such things as the Notice of Participation.

We had a question in regard to the Maternal Morbidity [Structural] Measure and it's stating, "This measure's attestation incorporates a collaborative program that addresses complication including, but not limited to, hemorrhage, severe hypertension, preeclampsia, or sepsis." This particular submitter says, "Our maternal collaborative does not specifically address sepsis. We have a hospital-wide sepsis protocol and bundle of care, but we have nothing specific to maternal sepsis. What is the expectation on this? As CMS IQR sepsis reporting does not exclude maternal patients, is following this hospital-like sepsis program acceptable? What else needs to be done to meet this attestation?"

So, CMS defines a statewide or national perinatal QI collaborative as a statewide or multi-state network working to improve maternal and child health outcomes by addressing the quality and safety of perinatal care. These collaboratives employ quality improvement practices and processes to address gaps in care, as well as collect and review performance data. Many of these collaboratives also advance the development and implementation of evidence-based maternal safety bundles and/or other patient safety best practices to reduce maternal morbidity and severe maternal morbidity, address mental health disparities, and improve overall maternal health equity. Through participation in such collaboratives, hospitals that have actively implemented patient care safety practices and/or bundles would meet the intent of the measure and would be able to select Yes.

Additional information can be found on QualityNet now regarding the Maternal Morbidity Structural Measure. We just recently posted a Maternal Morbidity [Structural Measure] Quick Reference Guide and a Maternal Morbidity Structural Measure Frequently Asked Questions document. Those can be found on QualityNet by going to the home page of QualityNet, selecting Hospitals-Inpatient, selecting Hospital Inpatient Quality Reporting Program, then selecting IQR Measures, and then selecting Web-Based Data Collection.

Our next question asks, "What length of time is to be submitted for healthcare personnel COVID-19 reporting due on May 15?" For this submission, actually, the submission deadline for right now, for Quarter 4 2021, is May 16. It covers just October 1, 2021, through December 31, 2021, discharges, beginning fiscal year 2024, which will be calendar year 2022. Then, all four quarters will be required for this measure. Since they mentioned the May 15 deadline, please note that, per the rule, the annual and the fourth quarter deadline is on May 15. However, there are circumstances where, if the deadline falls on a weekend or a holiday, then the deadline is put to the next business day. So, this year, Quarter 4 2021 and our annual submission deadline for the fiscal year 2023 requirements will be on May 16, 2022.

Our next question is regarding the Notice of Participation. This person asks, "Does the Notice of Participation carry over from year to year, or do we have to redo it each year?" Once you have signed the Notice of Participation, it will carry over to subsequent years. This is usually done right after the May 15 submission deadline, and you do not have to go in and redo it unless you would have changed your status. That goes the same with the Optional Public Reporting Notice of Participation. Once you sign, it will carry over from year to year until you withdraw it.

Our next question is, "Is there a list available for download that includes all facilities participating in the Hospital IQR Program?" Technically, no, there is no actual list that lists all of them. However, after every annual payment update, we do post three lists of hospitals on QualityNet.

It is on the APU reconsideration page, and there is one list that lists all the hospitals that met their annual payment update for that fiscal year, a list of the hospitals that that did not meet their annual payment update, and then also a list of hospitals that have chosen not to participate in the program.

Moving on, we have a question that asks, "When talking about the Medicare and non-Medicare discharges, is that referring to inpatient only or does it also include observation or outpatient?" Again, yes, for the Hospital Inpatient Quality Reporting Program, all the measures reflect inpatient discharges only. Now, please keep in mind, like sepsis, we do state that the medical record must be abstracted as it was billed. So, there may be cases where a patient started out as observation and then was changed to inpatient and discharged as an inpatient. Depending on how that episode of care was billed, there is the possibility then that you would be including the observation part of their care also in the abstraction.

Our next question is, "Are the HAI validations for value-based purchasing going to be split off into a separate validation process now that eCQMs are grouped with IQR validation?" The HAI templates and HAI validation would be better managed by infection prevention CDC NHSN submitters. So, please remember that the HAI measures and validation of those measures are no longer under the [Hospital] IQR Program. They are completely separate, and they are not part of value-based purchasing. The validation of HAI only affects the HAC, or the Hospital-Acquired Condition, Reduction Program.

We have a question here asking, "Where on the website of QualityReportingCenter.com can I sign up for email notifications?" The email notifications are not on the QualityReportingCenter.com website. They are on QualityNet, and I would refer you back to the slide where we list the link as to where you can locate that area on the QualityNet website.

We have time for a few more questions. This person asks, "Is the Promoting Interoperability Program for MIPS and eligible hospitals on the same site? We had a hard time finding the link to submit a hardship for eligible hospitals for the Medicare Promoting Interoperability Program by the deadline of December 3."

The instructions and applications for the Medicare Promoting Interoperative Program hardship exception for eligible hospitals and critical access hospitals are available on the Scoring, Payment Adjustment, and Hardship Information page in the Medicare Promoting Operability section of the CMS.gov website. If you do have questions related to the Promoting Interoperability Program, we would ask you to please contact the CCSQ, or which used to be referred to as the QualityNet Help Desk.

We have time here for one more question: "For COVID-19 healthcare personnel and influenza healthcare personnel, what reports in HQR should we run to verify the COVID-19 healthcare personnel and influenza measures have been received from NHSN?" There are two reports that you can run in the *HQR Secure Portal* that will assist you with this. You can run the Provider Participation Report. On that report, if you have submitted those measures, it will say Submitted. Then, it will also say the last time that the report was updated with results from that measure or what we have received from the CDC. Now, please remember that the CDC does not submit a report to CMS on a daily basis. They start giving reports, transmitting reports, to CMS about a month prior to the submission deadline. Then, it's periodically up until about a week before the submission deadline. So, if you submitted data to NHSN today, it could be a week before it may show up on the HQR report. The other report that you can run in *HQR Secure Portal* is the Facility, State, and National Report. That report will give you your actual rates.

That concludes our webinar today. We thank you very much for joining us, and we hope you have a great day. Thank you.