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

Question and Answer Summary Document

Speaker

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

Question 1: **What calendar year (CY) data are included in the mandatory submission of the Hybrid Hospital-Wide Readmission (HWR) and Hospital Wide-Mortality (HWM) measures?**

The hospital-wide readmission measure will be required in fiscal year (FY) 2024, which would contain CY 2022 data. The hospital-wide mortality measure will be required in FY 2025, which would include CY 2023 discharges.

Question 2: **Are critical access hospitals (CAHs) required to submit the COVID-19 Health Care Personnel (HCP) vaccination measure to CMS?**

No, CAHs are not required to submit the COVID-19 HCP Vaccination measure data as they are not part of the Hospital IQR Program. However, both the Centers for Disease Control and Prevention (CDC) and CMS strongly encourage CAHs to submit this data.

Question 3: **Are CAHs also required to sign the Data Accuracy and Completeness Acknowledgement (DACA)? If so, how can I see who has signed ours in the past?**

No, CAHs are not required to sign the DACA since they are not included in the Hospital IQR Program.

Question 4: **The Maternal Morbidity Structural Measure attestation includes this verbiage: "…collaborative program...address complications, including, but not limited to hemorrhage, severe HTN/pre-e, or sepsis..." Our maternal collaborative does not specifically address sepsis. We have a hospital-wide sepsis protocol and bundle for care, but there is nothing specific to maternal sepsis. What is the expectation on this? Since sepsis reporting for the CMS Hospital IQR Program does not exclude maternal patients, is following this hospital-wide sepsis program acceptable? What else needs to be done to meet this attestation?**

CMS defines a statewide or national perinatal quality improvement (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. They also address mental health disparities and work to improve overall maternal health equity. 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. More information on the Maternal Morbidity Structural Measure can be found on QualityNet.

Question 5: **What is the reporting period for the COVID-19 HCP Vaccination measure, due on May 15, 2022?**

For quarter (Q)4 2021 data submission, May 16, 2022, is the deadline. This covers the October 1, 2021, through December 31, 2021 reporting period. Beginning FY 2024, which will be CY 2022, all four quarters will be included in the reporting period for this measure.

Per the final rule, the annual and Q4 submission deadline is typically May 15. However, if the deadline falls on a weekend or a holiday, then the deadline becomes the next business day. As such, this year's Q4 2021 and our annual submission deadline for the FY 2023 requirements will be on May 16, 2022.

Question 6: **Does the Notice of Participation (NOP) carry over from year to year?**

Once you have signed the NOP, it will carry over to subsequent years. This usually occurs right after the May 15 submission deadline. You do not need to redo your NOP unless your facility has changed status. It is the same with the optional public reporting NOP. Once it is signed, it will carry over from year to year until you withdraw it.

Question 7: **Is there a list to download that includes all facilities participating in the Hospital IQR Program?**

There is no one list that provides the names of all the facilities participating in the Hospital IQR Program. However, after every annual payment update (APU), we do post three lists of hospitals on the APU Recipients page of QualityNet. One lists all the hospitals that met their APU for that fiscal year. The second lists hospitals that that did not meet their APU. A third lists hospitals that have chosen not to participate in the program.

Question 8: **Do the Medicare and non-Medicare discharges include inpatient, observation, and/or outpatient discharges?**

For the Hospital IQR Program, the discharges include inpatient discharges only. However, for the chart-abstracted measures (like sepsis), we do state that the medical record must be abstracted as it was billed. As such, there may be cases where a patient started as an observation patient but changed to an inpatient status and discharged as an inpatient. Depending on how that episode of care was billed, there is the possibility then that the observation part of the care is included in the abstraction.

Question 9: **Will healthcare-associated infection (HAI) measures in the Hospital Value-Based Purchasing (VBP) Program split off into a separate validation process now that electronic clinical quality measures (eCQMs) are grouped with Hospital IQR Program validation? Infection Prevention/CDC National Healthcare Safety Network (NHSN) submitters would better manage the HAI measure templates and HAI measure validation.**

HAI measures, and validation of those measures, fall under the Hospital-Acquired Condition (HAC) Reduction Program. HAI measures, and validation of those measures, are not under the Hospital IQR Program nor the Hospital VBP Program.

Question 10: **Where can I sign up for email notifications on the Quality Reporting Center website?**

Requests for email notifications are not located on the Quality Reporting Center website. Requests for email notifications are on QualityNet.

Question 11: **Is the Medicare Promoting Interoperability Program for the Merit-based Incentive Payment System (MIPS) and eligible hospitals on the same site?**

The instructions and applications for the Medicare Promoting Interoperability Program hardship exception for eligible hospitals and critical access hospitals are available on the CMS.gov Medicare Promoting Interoperability Program page in the Scoring Payment Adjustment and Hardship section. Please refer questions related to the Medicare Promoting Interoperability Program to the CCSQ Service Center (previously known as the QualityNet Service Center) at QNetSupport@cms.hhs.gov.

Question 12: **For the COVID-19 HCP and Influenza HCP measures, what reports in the *Hospital Quality Reporting (HQR) Secure Portal* should we run to verify that NHSN received the data?**

There are two reports that you can run in the *HQR Secure Portal*. The Facility, State, and National (FSN) report in the *HQR Secure Portal* will display your actual measure rates. The Provider Participation Report (PPR) will display "Submitted" if you submitted those measures. It will also display the day that the report was last updated with measure results or other information from the CDC. The CDC transmits reports to CMS only periodically in the month prior to the submission deadline. Therefore, if you submitted data to NSHN today it could be a week or more before the information updates.

Question 13: **Will the data that are voluntarily submitted by CAHs appear on Care Compare?**

CMS encourages hospitals that are not eligible to participate in the Hospital IQR Program to voluntarily submit quality measure data that can be publicly reported. A hospital that is not participating in the Hospital IQR Program must complete an Inpatient Optional Public Reporting Notice of Participation agreement via the *HQR Secure Portal* to preview and have CMS publish their quality measure data.

By entering the Optional Public Reporting Notice of Participation in the online tool on the *HQR Secure Portal*, the provider agrees to transmit data (or have data transmitted) to the *HQR Secure Portal* and permits CMS to publicly report its performance information beginning with discharges for a quarter specified by the hospital.

The Optional Public Reporting Notice of Participation agreement sets forth that the hospital will have at least 30 days to preview performance information before the data become public; the agreement will remain in force and cover current and future measures or measurement sets; the hospital may withdraw from the agreement at any time by entering a withdrawal in the online tool on the *HQR Secure Portal*; and the hospital has an option to withhold data from public reporting on Care Compare. The option to request suppression (withholding) of data from Care Compare is only available to hospitals during the 30-day preview period.

Hospitals that want CMS to withhold data they submitted for a specific measure from public reporting for the applicable reporting period must complete the Request Form for Withholding/Footnoting Data for Public Reporting. This form is updated every quarter to coincide with each Care Compare preview period and subsequent data release.

Question 14: **Is the NOP optional and for hospital use only?**

The NOP is required for any subsection (d) hospital (short-term acute-care hospital) that wishes to participate in the Hospital IQR Program. The NOP must be submitted no later than 180 days from the hospital's Medicare Acceptance Date. Subsection (d) hospitals with Medicare accept dates greater than 180 days in the past may also participate in the Hospital IQR Program. They must complete a NOP 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.

Hospitals that do not meet the initial requirement, withdraw from the Hospital IQR program, or do not complete their NOP will automatically receive a one-fourth reduction of the applicable percentage increase of their APU and will be excluded from the Hospital Value-Based Purchasing Program.

Question 15: **Is the exception form submitted annually? What is the deadline? Is it submitted for the current reporting year or the upcoming year?**

The Inpatient Prospective Payment System (IPPS) Measure Exception form must be submitted, for any given year, before the Q4 submission deadline. For example, if you are submitting the exception form for CY 2022 it must be submitted by May 15, 2023.

Question 16: **Are there any webinars specific to the hybrid readmission measure?**

The *Reporting the Hybrid Hospital-Wide Readmission Measure to the Hospital IQR Program* webinar was held on May 18, 2021. The presentation, transcript, and slide deck can be found on the Quality Reporting Program website.

Question 17: **When is the Safe Use of Opioids eCQM measure required?**

All hospitals eligible for the Hospital IQR Program are required to report this measure beginning with the CY 2022 reporting period (FY 2024 payment determination).

Question 18: **How is a targeted hospital selected?**

Targeted hospitals are selected based on CMS criteria outlined in the FY 2014 and FY 2019 IPPS/Long-Term Care Hospital Prospective Payment System Final Rule (78 FR 50833–50834 and 83 FR 41480).

Question 19: **Is the validation passing score based on an aggregate of all four quarters of validation or would a failure in one quarter result in a failure for the entire year?**

For the Hospital IQR Program, beginning with FY 2024, after the validation of all quarters of the fiscal year have been completed, CMS will calculate a combined reliability score reflecting the validation results of both the chart-abstracted clinical process of care and eCQM measure types. This single score will reflect a weighted combination of a hospital's validation performance for chart-abstracted clinical process of care measures and eCQMs. Since eCQMs are not currently validated for accuracy, eCQMs will receive a weight of zero and the chart-abstracted clinical process of care measures will receive a weight of 100 percent (85 FR 58952). Although the accuracy of eCQM data and the validation of eCQM measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will pass or fail the eCQM validation criteria based on the timely and complete submission of at least 75 percent of the eCQM records CMS requests**.**

Question 20: **If a hospital is selected for validation, when would hospitals need to submit PDF copies of medical records?**

As finalized in the FY 2021 IPPS/LTCH PPS Final Rule (85 FR 58864 through 58865), for FY 2024 validation efforts, beginning with record requests of Q1 2021 discharge data, paper copies and removable media will no longer be submission options for medical records submitted to the Clinical Data Abstraction Center (CDAC); hospitals will be required to submit PDF copies of medical records electronically via the CMS Managed File Transfer (MFT) web-based application.

Question 21: **If we are unable to report Q3 and Q4 2022 Hospital IQR Program data, when does the Extraordinary Circumstance Exception (ECE) form need to be submitted?**

For the Hospital IQR Program, non-eCQM related requests would need to be submitted within 90 calendar days from when you determined that the extraordinary event occurred. The event may occur during the measurement period through the submission or reporting deadline.

Question 22: **Is there a checklist or timeline showing the requirements for each type of facility?**

There isn't a checklist and/or timeline that encompasses all of the different CMS quality reporting and payment programs. Each program provides their own resource documents.

Quarterly checklists, timelines, and additional resources for the Hospital IQR Program can be found on both the Quality Reporting Center and QualityNet Hospital IQR Program websites.