



Hospital Inpatient Quality Program Measures Overview

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Purpose

This presentation will provide an overview of the *Specifications Manual for National Hospital Inpatient Quality Measures*.

Objectives

Participants will be able to locate and understand each section of the specifications manual.

Acronyms and Abbreviations

CART	CMS Abstraction & Reporting Tool	IPPS	inpatient prospective payment system
CCN	CMS Certification Number	IQR	Inpatient Quality Reporting
CM	Clinical Modification	MIF	Measure Information Form
CMS	Centers for Medicare & Medicaid Services	PCS	Procedure Coding System
EOC	episode of care	SEP	sepsis
HQR	Hospital Quality Reporting	UTD	unable to determine
ICD	International Classification of Diseases	VIQR	Value, Incentive, and Quality Reporting
ID	identification	XML	Extensible Markup Language
IPP	Initial Patient Population		

Webinar Questions

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- If your question is about a specific slide, please include the slide number.
- If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers Tool. If you do not find an answer, then submit your question to us via the same tool.

History

- 2003 – CMS and The Joint Commission began work to create a common set of measures.
- 2005 – *The Specifications Manual for National Hospital Inpatient Quality Measures* first published.
- 2021 – Alignment with The Joint Commission ended, and this became a CMS-only manual.

Specifications Manual Sections

- Using the Manual
- Section 1 – Data Dictionary
- Section 2 – Measurement Information
- Section 3 – Missing and Invalid Data
- Section 4 – Population and Sampling
- Section 9 – Data Transmission
- Section 10 – CMS Outcome/
Inpatient Web-Based Measures
- Appendices

Using the Manual

- Published bi-annually
 - Posted six months prior to the effective date
 - Periodic addendums published
- Initial selection of medical records
 - All units/areas of the hospital licensed under the hospital's acute CMS Certification Number (CCN)
 - All inpatient episodes of care billed under the hospital's acute care CCN
 - All payor sources

Section 1 – Data Dictionary

- The Data Dictionary describes the patient-level data elements required to capture and calculate individual measurements. It specifies those data elements that must be collected for each patient that falls into any of the selected Initial Patient Populations (IPPs) and those data elements needed for a specific measure set.
- The Data Dictionary includes the following:
 - Introduction to the Data Dictionary
 - Alphabetical Data Dictionary

Introduction to the Data Dictionary

The Introduction to the Data Dictionary includes the following:

- General data elements required for all cases
- Definition of an Episode of Care (EOC)
- General Abstraction Guidelines and Medical Record Documentation

Alphabetical Data Dictionary: Data Elements

Data Element Terms	Definition
Data Element Name	A short phrase identifying the data element
Collected For	Identifies the measure(s) and organizations that utilize this data element, e.g., CMS
Definition	A detailed explanation of the data element
Suggested Data Collection Question	A suggested wording for a data element question in a data abstraction tool
Format	<ul style="list-style-type: none"> Length – number of characters or digits allowed for the data element Type – numeric, alphanumeric, date, character, or time Occurs – number of times the data element occurs in a single EOC
Allowable Values	A list of acceptable responses for the data element
Notes for Abstraction	Guidance to assist the abstractor in the selection of the appropriate value for a data element
Suggested Data Sources	Source document from which data may be identified
Guidelines for Abstraction	Designed to assist abstractors in determining how a data element should be answered.

Section 2 – Measurement Information

- Divided by measure sets
 - Severe Sepsis and Septic Shock (SEP-1)
- Includes the Measure Information Form (MIF) for each measure
 - Information about the measure
 - Measure inclusions and exclusions
 - Measure algorithm
 - Narrative of the measure algorithm (required for 508 compliance)

Measure Information Form (MIF)

Term	Definition
Measure Set	The measure set to which an individual measure belongs (e.g., Sepsis)
Set Measure ID #	Unique alpha-numeric identifier assigned to a measure (e.g., SEP-1)
Performance Measure Name	Brief title that uniquely identifies the measure
Description	Brief explanation of the measure's focus
Rationale	Reason for performing a specified process to improve the quality-of-care outcome
Type of Measure	Either Process or Outcome
Improvement Noted As	Either an increase or decrease in the rate/score/number of occurrences
Numerator Statement	Represents the portion of the denominator that satisfies the conditions of the performance measure
Denominator Statement	Represents the population evaluated by the performance measure
Continuous Variable Statement	Describes an aggregate data measure in which the value of each measurement can fall anywhere along a continuous scale.

Measure Information Form

Continued

Term	Definition
Risk Adjustment	Indicates whether a measure is subject to the statistical process for reducing, removing, or clarifying the influences of confounding factors
Data Collection Approach	Recommended timing for when data should be collected for a measure
Model Validation	Process of verifying that all documents in a model are valid with respect to the model's definition documents.
Data Accuracy	Recommendations to reduce identifiable data errors
Measure Analysis Suggestions	Recommendation to assist in the process of interpreting data and drawing valid conclusions
Sampling	Indicates whether a measure can be sampled
Data Reported As	Either as a proportion, ratio, central tendency, or condition-specific, hospital-specific, or risk-standardized
Calculation Model	A description of the steps or statistical calculations used to derive the numerator and denominator, or continuous variable values required for a measure
Selected References	Specific literature references used to support the measure
Algorithm	Predefined set of rules that help to break down complex processes into simple, repetitive steps and to determine the outcome of a EOC for a specific measure

Algorithm Outcomes

Measure Outcomes are calculated measure results for each EOC that are processed through a measure algorithm.

ID	Measure Outcome	Definition
B	Not in Measure Population	EOC is not a member of a measure's population and is excluded from the denominator.
D	In Measure Population	EOC record is a member of the measure's population, and the intent of the measure was not met.
E	In Numerator Population	EOC record is a member of the measure population, and the intent of the measure was met.
X	Data Are Missing	Data are missing that are required to calculate the measure. Record will be rejected.
Y	Unable to Calculate	EOC record is a member of the measure's population; however, it contains a Date, Time, or Numeric data element with a value of "UTD."

Section 3 – Missing and Invalid Data

- Missing data are:
 - Required data elements with no values present.
 - Rejected when submitted to the *Hospital Quality Reporting (HQR) Secure Portal*.
- Invalid data are:
 - Data element values that fall outside the range of allowable values.
 - Rejected when submitted to the *HQR Secure Portal*.
- All data elements have an Unable to Determine (UTD) option:
 - If the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select UTD as the answer.

Section 4 – Population and Sampling Specifications

- Section 4 provides general guidance on defining the measure set's IPP and gives examples on the order of data flow, sample size requirements, sampling approaches, and the transmission of the IPP and sample data elements.
- Specific measure set sample size requirement tables are in the Measure Information section.

Initial Patient Population (IPP)

- The IPP is all patients (Medicare and non-Medicare) who share a common set of specified, administratively derived data elements, with a length of stay less than or equal to 120 days.
- All cases identified in the IPP are eligible to be sampled and submitted to the *HQR Secure Portal*.

Sampling

- Sampling is:
 - A fraction of the population that is selected for further study.
 - Done by measure set, i.e., Sepsis.
 - Completed by either the simple random sampling approach or the systematic random sampling approach.
 - Submitted quarterly or monthly.
- Sampling must include at least the minimum required sample size.
- Hospitals that have five or fewer discharges for a measure set are not required to submit patient level data.

Submission of Population and Sampling

- Submitted quarterly either by entering data directly into the *HQR Secure Portal* Population and Sampling tool or via an XML file through the *HQR Secure Portal*
- Required data elements:
 - Initial Patient Population Size – Medicare Only and Non-Medicare Only
 - Sampling Frequency
 - Sample Size – Medicare Only and Non-Medicare Only

Section 9 – Data Transmission

Section	Information Provided
CMS Data Transmission	Provides the data standards for submission to the <i>HQR Secure Portal</i>
Guidelines for Submission of Data	Includes an overview of the data required to be submitted to the <i>HQR Secure Portal</i> , as well as the Hospital Clinical Data XML file layout and the Hospital Initial Patient Population Data XML file layout
Transmission Alphabetical Data Dictionary	Describes the data elements that are used to identify the hospital and measure set associated the transmitted data

Section 10 – CMS Outcome/ Inpatient Web-Based Measures

- Includes an overview of the claims-based and web-based/structural measures collected for the Hospital IQR Program
- Provides links to measure information and resources to ask questions

Appendices

Appendix	Appendix Name	Description
A	ICD-10 Code Tables	Contains the ICD-10-CM diagnosis and ICD-10-PCS procedure codes that are either used to define a measure set population, are used in a specific algorithm, or are used to assist in abstracting a specific data element
C	Medication Tables	Are provided to facilitate appropriate data collection of applicable medications for a specific measure
D	Glossary of Terms and Acronyms	Contains terms and definitions and acronyms used throughout the specification manual
E	Overview of Measure Information Form and Flowchart Formats	Explains each of the terms used on the MIF and provides a brief introduction to flowcharting, including an explanation of flowchart symbols
F	Measure Name Crosswalk	Identifies where there are differences between the measure names within the specification manual and the (IPPS) final rule
G	Resources	Contains resources for those using the specifications manual.
P	Preview Section	Is intended to provide an overview or display of any future measures CMS plans to collect (This information is not to be programmed or submitted.)

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification

ICD-10-PCS=International Classification of Diseases, Tenth Revision Procedure Coding System

IPPS=inpatient prospective payment system

Release Notes and Tidbits

- For each version of the manual, Release Notes are posted to outline the specific changes associated with that manual.
- In addition to being called out specifically in the Release Notes document, additions in the specifications manual are yellow highlighted.
- Paper tools for use in abstracting data for each measure set/measure are available on QualityNet.
 - Universal: Lists all data elements required to abstract the measure(s) in alphabetical order
 - CART: Lists all data elements required to abstract the measure(s) as they display in the CART tool. The CART tool order typically follows the measure algorithm.

CART=CMS Abstraction & Reporting Tool

Specifications Manual for National Hospital Inpatient Quality Measures Overview

Thank You

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