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Important Dates:

February 1

- 3Q 2018 Population and Sampling for IQR Acute Care Hospitals

February 15

- 3Q 2018 Clinical, PC-01, and HAI Data Due for IQR Acute Care Hospitals
- 4Q 2017 Adjuvant Hormonal Therapy and 3Q 2018 HAI Data Due for PCHs

March 1

- CY 2018 NHSN Patient Safety Annual Survey Due for Inpatient Acute Care Hospitals and PCHs

March 14 (Extended from 2/28)

- Promoting Interoperability Program Attestation Due
- One Quarter of CY 2018 (1Q 2018, 2Q 2018, 3Q 2018, or 4Q 2018) eCQM Data Due for IQR Acute Care Hospitals

April 1

- eCQM ECE Deadline

Breaking News! CMS Extends the eCQM Submission and the Promoting Interoperability Program Submission and Attestation Deadline to March 14



Are You Ready? Tools and Resources for the eCQM Reporting Deadline

With the due date for reporting eCQMs right around the corner, we want to make sure you have everything you need to successfully meet the extended March 14, 2019 deadline for the Hospital IQR Program.

To assist with QRDA Category I file submissions, check out our handy [CY 2018 Preparation Checklist for Production Files](#). Submissions should be in the QRDA Category I file format and uploaded via Zip files through the Secure File Transfer in the *QualityNet Secure Portal*.

Hospitals and vendors can also continue to submit test files through the March 14, 2019 deadline. **Reminder:** Test data submissions are only for practice and **cannot** be used to fulfill Hospital IQR or Promoting Interoperability Program requirements. Need assistance with test file submissions? Please see our [CY 2018 Preparation Checklist for Test Files](#).

Are you using the PSVA tool before submitting test and production QRDA Category I files? It helps you catch and correct data errors prior to their submission to CMS and gives validation feedback once the files are submitted. Use the tool to separate and submit error-free QRDA Category I files. Then, use the tool to identify errors on files that still have trouble getting through the system. Download the PSVA tool from the Secure File Transfer in the *QualityNet Secure Portal*.

What are the steps to meet the CY 2018 eCQM reporting requirements for the FY 2020 payment determination for IQR-eligible hospitals?

- Select at least four of the 15 [CY 2018 \(FY 2020\) Available eCQMs](#) to report.
- Choose discharge data from one of the following calendar quarters: 1Q 2018, 2Q 2018, 3Q 2018, or 4Q 2018.
- Submit the data by March 14, 2019, 11:59 p.m. Pacific Time.

*****Bonus***** A successful submission meets eCQM requirements for the Hospital IQR Program and is one of the requirements for the Promoting Interoperability Program.

How do I successfully submit?

Data must be submitted through the *QualityNet Secure Portal* in any combination of the three reporting methods:

- **QRDA Category I Files** – Used with patients meeting the Initial Patient Population of the applicable measure(s)
- **Zero Denominator Declarations** – Used when a facility does not have patients who meet the denominator criteria for a specific eCQM. EHR must be certified to report the specific measure(s) in question.
- **Case Threshold Exemptions** – Used when a facility has five or fewer discharges for a specific eCQM during a reporting quarter. This exemption is optional. The facility may choose to submit these cases as QRDA Category I files. EHR must be certified to report the specific measures(s) in question.

Zero Denominator Declarations and/or **Case Threshold Exemptions** are entered in the *QualityNet Secure Portal*. Navigate to the “My Tasks” screen. Locate the box labeled “EHR Incentive Program Hospital eCQM Reporting.” Select **Denominator Declaration/QRDA File Deletion**. Click **Denominator Declaration** to navigate to the “Denominator Declaration for eCQMs” screen.

Need more information? Check out this one-page [CY 2018 eCQM Submission Information overview](#).

When is the deadline to submit an eCQM ECE for the Hospital IQR Program?

April 1, 2019 is the deadline for hospitals to submit an [ECE Request Form](#) for eCQM data collected for CY 2018 for the Hospital IQR Program. Hospitals may request this exception for the applicable program year when there are extraordinary circumstances beyond a hospital’s control that prevent the submission of data. The circumstances may include the following:

- Natural disasters
 - Hurricanes
 - Fires
 - Floods
- Issues with CMS data-collection systems that directly affect a facility’s ability to submit data
- Unforeseen circumstances, such as vendor issues outside of the hospital’s control (including a vendor product losing certification). Questions? Check out more information on the [QualityNet eCQM ECE webpage](#).



NOTE: The Hospital IQR Program is a separate program from the Promoting Interoperability Program (formerly known as the EHR Incentive Program). Requirements and hardship information are available on the Promoting Interoperability Program of CMS.gov. Hospitals requesting additional information on the Hardship Exception Application process and payment adjustments may email qnet-support@hcqis.org.

What eCQM reporting resources are available?

eCQM Technical Requirements Resources

Hospitals submitting eCQM data will need to:

- Use Health IT certified to the ONC 2014 Edition, 2015 Edition, or a combination of both. Visit the [CHPL](#) website to ensure the edition is certified to report all eCQMs.
- Use eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and 2018 addendum, available on the [eCQI Resource Center](#) website.
- Confirm the QRDA Category I file(s) are constructed per the [2018 CMS Implementation Guide for QRDA Category I Hospital Quality Reporting](#) and [2018 CMS QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting](#), available under the [Eligible Hospital/Critical Access Hospital eCQMs tab](#) of the [eCQI Resource Center](#).

Value Sets (Code Lists) for eCQMs VSAC Resources

Visit the [VSAC](#). To access the value sets, you must first obtain a free Unified Medical Language System® License to use the website at <https://uts.nlm.nih.gov/license.html>.

eCQM Resources

- For questions on the Hospital IQR Program and eCQM reporting requirements, contact the Hospital Inpatient Support Contract Team at (844) 472-4477, or visit <https://cms-ip.custhelp.com>.

- For questions on the *QualityNet Secure Portal*, PSVA, Promoting Interoperability Program (including the attestation process), and eCQM data submission process, contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.
- Submit eCQM implementation questions (eMeasure specifications, logic, code sets, and measure intent), to the [ONC JIRA eCQM Issue Tracker](#).
- Submit technical questions and issues identified during implementation and reporting with the QRDA Category I standard to the [ONC JIRA QRDA Issue Tracker](#).

HELPFUL TIPS

- To learn more about JIRA, check out the [JIRA Help Guide](#).
- Make sure you are signed up to receive the [EHR ListServes](#) for all items eCQM!

CY 2019 OPPS/ASC Final Rule

CMS published the [CY 2019 OPPS/ASC Final Rule](#) in the *Federal Register* on November 21, 2018. Program updates can be found on pages 59140-59149 for the Hospital IQR Program and pages 59149-59154 for the PCHQR Program.



CMS finalized the removal of the Communication About Pain questions from the HCAHPS survey for the Hospital IQR Program beginning with October 2019 discharges for the FY 2021 payment determination. In addition, all public reporting of these data will be discontinued.

For the PCHQR Program, CMS will retain both the CAUTI and CLABSI measures. Public reporting of these data is being deferred as CMS works with measure developers to standardize definitions and methodologies.

Important NHSN Deadline



Submit 2018 Patient Safety Component – Annual Hospital Survey by March 1, 2019

ATTENTION! The 2018 Patient Safety Component – Annual Hospital Survey became available January 2019 within NHSN. All enrolled inpatient acute care hospitals and PCHs using the Patient Safety Component must complete and submit the survey by **March 1, 2019**. Facilities that don't complete and submit the 2018 annual survey before **March 1, 2019** will not be able to enter their monthly reporting plans. Additionally, NHSN reports with elements from the annual survey will reference the most recently completed survey for 2018 data that used CDC risk-adjustment models. This is important to consider for the upcoming submission of 3Q 2018 data, due on February 15, 2019. Facilities that do not successfully complete the 2018 annual survey prior to the February 15, 2019 deadline will have their NHSN data risk adjusted using the 2017 survey. Therefore, the CDC strongly encourages facilities to submit the 2018 Patient Safety Component – Annual Hospital Survey before the 3Q 2018 HAI submission deadline.

Tips for Reporting HCP Influenza Vaccination Data

Surely, we don't have to tell you that the 2018/2019 influenza season is upon us. Although the deadline for reporting HCP Influenza Vaccination measure data is not due until **May 15, 2019**, we have provided some useful information and reminders to help you get started. (And, don't call me Shirley!)



- The submission period corresponds to the flu season (October 1–March 31).
- Hospitals are encouraged to submit data well before the deadline to allow time for the CDC to transmit the data to CMS and be reflected in reports.
- HCP must be physically present in the facility for at least one working day from October 1 through March 31.
- HCP Influenza Vaccination measure is a facility-wide measure and does not separate out employees who only work in the inpatient or outpatient areas or work in both. Due to the burden of trying to separate out the counts for inpatient and outpatient, CMS allows facilities to collect and submit a single vaccination count to include all employees hospital-wide that meet the criteria, including all units/departments, inpatient and outpatient, that share the same CCN as the hospital and are affiliated with the acute care facility.

- Each time a user enters updated data for an influenza season, all previously entered data for that season are overwritten.

For questions related to HCP Influenza Vaccination measure summary data reporting, please email NHSN@cdc.gov and specify “HPS Flu Summary” in the subject line.

New to HCP Influenza Vaccination measure reporting? Activate the HPS Component

HCP Influenza Vaccination measure reporting is entered via the HPS Component in NHSN. The NHSN Facility Administrator must activate the HPS Component before a facility can report this measure’s data.

1. On the Home page, select **Facility**. Then, select **Add/Edit Component**.
2. Under Components Followed, check the box next to “Healthcare Personnel Safety.”
3. Add the HPS Component Primary Contact by entering the contact type, name, phone, and email address for the primary contact.

The Facility Administrator must ensure that *at least* one HPS Component user has administrative rights.

Create a Monthly Reporting Plan in the HPS Component

The CDC will only send data to CMS that have been included in the HPS Component monthly reporting plan. To enter a monthly reporting plan, go to the HPS Component Home page and:

1. Click **Reporting Plan**. Then, click **Add** in the navigation bar on the left-hand side.
2. Select the correct month and year from the drop-down menus.
3. Under “Healthcare Personnel Vaccination Module,” check the appropriate box (“Influenza Vaccination Summary for the Hospital” or “Influenza Vaccination Summary”).
4. Click **Save** when finished.

Enter only a single monthly reporting plan for the entire influenza season for each reporting program. When one month is selected on the reporting plan, the information is automatically filled on all the reporting plans for the entire influenza season.

Enter HCP Influenza Vaccination Measure Summary Data for the Entire Influenza Season

The HCP Influenza Vaccination Summary Form must be completed by each season’s reporting deadline (e.g., **May 15, 2019**) for the Hospital IQR and PCHQR Programs. **Each time a user enters updated data for an influenza season, all previously entered data for that season are overwritten.**

Collect data for the 2018/2019 influenza season according to the HCP Influenza Vaccination Summary Protocol. Report your HCP Influenza Vaccination measure summary data by selecting **Flu Summary**. Then, select **Add** in the navigation bar on the left-hand side, and click **Continue**. Select **2018/2019** in the “Flu Season” drop-down box when the summary form appears. Next, select **Hospital** in the “Locations” drop-down box. Enter your data on the data entry screen; then, click **Save**. Make sure to report data to NHSN on or before **May 15, 2019**.

IPFs No Longer Required to Submit HCP Measure Data



Starting with the 2018/2019 influenza season, IPFs in the IPFQR Program are not required to submit HCP Influenza Vaccination measure data into NHSN. This includes all free-standing IPFs and IPF units within acute care hospitals and CAHs that bill inpatient psychiatric services to the IPF PPS. CMS removed this requirement from the IPFQR Program in the FY 2019 IPF PPS Final Rule. **PLEASE NOTE: IPFs are still required to report IMM-2 measure data.**

Quality Reporting Tools and Resources



Check out the latest, greatest, and updated quality reporting tools and resources:

- [Hospital IQR Program Important Dates and Deadlines](#)
- [3Q 2018 Hospital IQR Program Checklist](#)
- [3Q 2018 Hospital IQR Program HAI Checklist](#)
- [Hospital IQR Program Guide \(formerly known as the Reference Checklist\) for FY 2020](#)
- [2019 NHSN HAI Data Survival Guide for Inpatient Acute Care Hospitals](#)
- [Hospital IQR Program Measures for the FY 2021 Payment Update](#)
- [Acute Care Hospital Quality Improvement Program Measures - FY 2021](#)
- [2018 PCHQR Program Manual](#)

NIH Stroke Scale

Reporting the NIH Stroke Scale? Check This Out!

Get Ready to Report the NIH Stroke Scale in Claims for the Stroke Mortality Measure!

What is the National Institutes of Health (NIH) Stroke Scale?

The NIH Stroke Scale is an 11-item neurologic exam used to evaluate stroke-related deficit experienced by patients.

NIH Stroke Scale and the Stroke Mortality Measure

CMS has decided to revise the currently reported stroke mortality measure by incorporating the NIH Stroke Scale into the risk-adjustment methodology.

Why should your hospital submit data on the NIH Stroke Scale?

- 1 You asked for it**
 Responds to stakeholder requests to include assessment of stroke severity in the measure's risk adjustment.
- 2 Aligns with clinical guidelines**
 Recording the NIH Stroke Scale to measure stroke severity is a Class I recommendation by the American Heart Association & American Stroke Association.
- 3 More rigorous risk adjustment**
 The NIH Stroke Scale is the strongest predictor of mortality in ischemic stroke patients.
- 4 Impacts payment determination**
 The revised stroke mortality measure, which includes the NIH Stroke Scale, will be publicly reported in calendar year (CY) 2022.
- 5 Easy to report**
 The NIH Stroke Scale is incorporated into patient claims.
- 6 Get credit for sick patients**
 Make sure the measure accounts for the severity of your patients.

What else do I need to know?



- 1. When will this affect my payment?**
 In CY 2022, using claims data from July 2018 to June 2021, CMS will switch to the revised stroke mortality measure in public reporting.
- 2. What do I need to do?**
 Include the ICD-10 code for the NIH Stroke Scale score on submitted claims.
- 3. What if the NIH Stroke Scale is documented more than once?**
 Only the first captured score should be reported in claims. If multiple scores are reported, associate the first captured score with a present on admission (POA) code.
- 4. How will I know how my hospital is doing?**
 NIH Stroke Scale scores are being reported in stroke mortality Hospital-Specific Reports (HSRs) in CYs 2018 & 2019.

ARE YOU READY FOR THE FUTURE? Let CMS help!

Learn About The Revised Measure

Check out the revised stroke mortality measure report for an overview of the measure.

Stroke Mortality Technical Report
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>



Get the Support You Need

Go to QualityNet.org to find helpful resources including the NIH Stroke Scale Fact Sheet.

NIH Stroke Scale Fact Sheet
[QualityNet.org > Hospitals-Inpatient > Claims-based and Hybrid Measure > Mortality Measures > Resources](#)



Need More Information?

Send your questions our way using our Mortality Measure Inbox.

Mortality Measure Inbox
cmsmortalitymeasures@yale.edu



Acronyms

Acronym	Term
ASC	ambulatory surgical center
CAH	critical access hospital
CAUTI	Catheter-Associated Urinary Tract Infection
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CHPL	Certified Health IT Product List
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
CY	calendar year
ECE	Extraordinary Circumstances Exception
eCQI	Electronic Clinical Quality Improvement
eCQM	electronic clinical quality measure
EHR	electronic health record
FFS	Fee-for-Service
FY	fiscal year
HAI	Healthcare-Associated Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HPS	Healthcare Personnel Safety
HSRs	Hospital-Specific Reports
ICD	International Classification of Diseases
IPF	inpatient psychiatric facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IQR	[Hospital] Inpatient Quality Reporting
MACs	Medicare Administrative Contractors
MSPB	Medicare Spending Per Beneficiary
NHSN	National Healthcare Safety Network
NIH	National Institutes of Health
ONC	Office of the National Coordinator for Health Information Technology
OPPS	Outpatient Prospective Payment System
PC	Perinatal Care
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PPS	prospective payment system
PSVA	Pre-Submission Validation Application
Q	quarter
QRDA	Quality Reporting Document Architecture
VSAC	Value Set Authority Center