Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

FY 2019 IPPS Final Rule
Acute Care Hospital
Quality Reporting Programs Overview

Questions and Answers

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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: **If you did not finalize to remove patient safety indicator (PSI) 90 from the Hospital Value-Based Purchasing (VBP) Program, should it be on the graph? I am confused if it is part of the Hospital VBP Program before Fiscal Year (FY) 2023.**

In the FY 2018 inpatient prospective payment system (IPPS) final rule, we finalized two things, the removal from the Hospital VBP Program of the old version of the PSI 90 measure, which only used ICD-9 data.

Then, also in last year's rule, the second thing that we did was to finalize an updated version, or new version, of the PSI 90 measure, which is the same measure that is currently being used in the Hospital Inpatient Quality Reporting (IQR) Program and for which we recently published on the *Hospital Compare* website with the July *Hospital Compare* refresh, the most recent measure data, and the same measure, the new version of PSI 90, is now being used in the Hospital Acquired-Condition (HAC) Reduction Program.

For the Hospital VBP Program, because of the nature of this program, the Social Security Act requires any measures used for the Hospital VBP Program to have been publicly reported for at least a year.

There is that requirement for the Hospital VBP Program, as well as to establish a baseline period. For any new measures that we use in the Hospital VBP Program, there is always an unfortunate time lag, which is why we will not use the new version of PSI 90 until the FY 2023 program.

If we can go back to the FY 2023 measurement period slide (slide 45), if you look in the third row down for the Safety domain, the PSI 90 measure, you can see the baseline period and then what the performance period will be. The baseline period has already passed - October 1, 2015 through June 30, 2017. The performance period will begin next year July 1, 2019 through June 30, 2021.

Question 2: **Will the last abstracted Immunization (IMM)-2 measure be Quarter (Q) 4 2018 or will they continue to abstract the IMM-2 measure through Q1 2019?**

The very last quarter of IMM-2 data abstracted and then reported to CMS is Q4 2018 data. That is, from October 1 to December 31, 2018. I know it is a little bit confusing because it is halfway through the flu season, which we generally consider in Q4 and Q1 of the following year.

I know that that gets confusing and might not make sense exactly why we are removing the measure at that point. Mainly the reason is for purposes of the annual payment update (APU) determination for the Hospital IQR Program. The reporting periods [for purposes of APU determinations] begin with the beginning of the calendar year. So, there was not a way to be able to accommodate both. Otherwise, if we had also required continued reporting of the Q1 2019 data, we would be getting into the next fiscal payment determination year. We landed on the side of removing the measure sooner with the end of calendar year 2018 rather than require an additional quarter of reporting data for that measure. I know there are definitely several questions about this.

Question 3: **Will the major [measure] removals from the Hospital IQR Program impact public reporting, *Hospital Compare,* and the star ratings?**

For those measures that are being "de-duplicated", certainly we talked about how, especially with the Hospital IQR Program, about half of the measures we are removing from Hospital IQR Program are going to be removed from the program altogether, but there is another half of the measures that are going to stay in another program, for example, most of the mortality and readmission measures, as well as the healthcare-associated infection (HAI) measures. We are very committed to keeping that information available on *Hospital Compare* website without any interruptions, especially for all the members of the public that have come to rely on the information on *Hospital Compare*. We want to continue that reporting.

With that, we will continue to use that publicly reported data to calculate the star ratings. There are other activities going on with the star ratings methodology which I won't be able to address here in this presentation, but, in terms of the measures and the data sources, we will continue to use the publicly reported data for the star ratings calculation.

Question 4: **Will the readmission measures that are used in the Hospital Readmissions Reduction Program (HRRP) be reported as a hospital excess readmission ratio (ERR) only or will the Risk-Standardized Readmission Rate (RSRR) value from the current Hospital IQR Program readmission measures be added to the HRRP Hospital-Specific Reports (HSRs) in the future?**

Hospitals are receiving an IQR HSR for the readmission measures, which is a confidential report with each hospital's measure information. The report provides details on patient-level information and International Classification of Diseases (ICD) codes that we know many of you find very useful. CMS wants to be able to continue providing that information.

CMS is in the process of determining the best way to continue to provide that information, even if these measures are now only in the Hospital Readmissions Reduction Program.

Question 5: **Is it possible for hospitals to be selected for IQR validation and electronic clinical quality measure (eCQM) validation in the same year?**

No. We are trying to avoid having to participate in multiple validations. If you have any specific questions related to a specific year, I would encourage you to submit a question to the validation support contractor, and they will be able to assist you specifically based on specific years. You can reach them at validation@HCQIS.org.

Question 6: **Will chart-abstracted core measures in IQR be validated? If not, when will this discontinue?**

Any measures that are part of IQR that are chart-abstracted will still be part of validation - IQR chart-abstracted validation.

Question 7: **When are the CMS claims data snapshots for the calendar years identified?**

CMS will take a snapshot of Medicare fee-for-service (FFS) claims data used for claims-based measures for FY 2020 on September 28, 2018, except for the Medicare Spending Per Beneficiary (MSPB) measure, which will have a snapshot date of March 29, 2019, for FY 2020. CMS calculates claims-based measures on an annual basis, and the snapshot is taken once a year.

Question 8: **Please define dual eligibility for HRRP.**

In the Hospital Readmissions Reduction Program, dual eligibility refers to FFS or managed care patients that are also eligible for full benefits under Medicaid. CMS uses the month of discharge from the hospital as the basis for determining if the patient is dual-eligible.

Question 9: **I understand that the hybrid hospital-wide readmission measure was removed in the final rule. Should we still submit our 2018 data?**

For the hybrid hospital-wide readmission measure, we are right in the middle of the submission period for the core clinical data elements (CCDEs) that are derived directly from hospital electronic health record (EHR) systems. So, we highly encourage you to participate. This is a voluntary reporting effort, optional, not mandatory. We would love to have you participate and provide this opportunity for you to gain experience with collecting and reporting data for this measure.

Again, it is a voluntary reporting effort. We didn't technically remove it from the Hospital IQR Program. Again, I encourage you—there is still time to participate. The submission period is open through mid-December, and we also have a lot of education and outreach materials available, both on the Electronic Clinical Quality Improvement (eCQI) Resource Center, as well our *QualityNet* website for additional details.

Question 10: **Is the perinatal care (PC)-01 measure being removed only for the Hospital VBP Program and not the other hospital reporting programs?**

There are two versions of the PC-01 measure that we were using. There is a chart-abstracted form of the PC-01 measure we were using in both the Hospital IQR Program and the Hospital VBP Program. In this final rule, we are removing the PC-01 measure from the Hospital VBP Program. The Calendar Year 2018 performance period will be the last performance period using this measure, and that will impact FY 2020 payment adjustments. However, we are keeping the chart-abstracted PC-01 measure for public reporting under the Hospital IQR Program.

We want to mention that there is an eCQM version of the PC-01 measure that is part of the eCQM measure set in the Hospital IQR and Promoting Interoperability Programs. That eCQM version of the measure is finalized for removal. The 2018 and 2019 reporting periods are the last time the PC-01 eCQM measure is available to use specifically for the eCQM reporting requirements.

Subject-matter experts researched and answered the following questions after the live webinar. This content may have been edited.

Hospital IQR Program

Question 11: **Will 39 measures be removed from the Hospital IQR Program, and will half be retained for use with the HAC Reduction and Hospital VBP Programs?**

As per the final rule, a total of 39 measures will be removed or de-duplicated from the Hospital IQR Program over four fiscal years. De-duplicated measures will continue to be used in the HAC Reduction, Readmissions Reduction, and Hospital VBP Programs. Please refer to slides 71 through 80 of this presentation for a complete listing of the measures, their programs, and the fiscal year payment determinations in which they will apply.

Question 12: **Can you please repeat the last date of discharges for abstraction for emergency department (ED)-1, IMM-2 and venous thromboembolism (VTE)-6?**

The last discharge quarter for the abstraction of ED-1, IMM-2, and VTE-6 will be Q4 2018. This will include cases with a discharge date of December 31, 2018. The submission deadline for Q4 2018 population and sampling data is May 1, 2019 and the submission deadline for the clinical data is May 15, 2019. Beginning with January 1, 2019 discharges, these three measures will be removed from the Hospital IQR Program and will no longer be accepted into the CMS Clinical Warehouse.

Question 13: **Are HAI measures based on the event date or the discharge month?**

The HAI measures are based on the event date (e.g., Catheter-Associated Urinary Tract Infection [CAUTI]) or the procedure date (e.g., Surgical Site Infection [SSI]) since the risk is associated with the procedure. For example, if the patient had a CAUTI event on June 28 but was not discharged until July 5, the case would be attributed to and included in the Q2 submission data. For SSI, if the patient had a procedure in mid-June but the event did not occur until April, the event would be attributed to and included in the Q2 submission data.

Question 14: **To clarify, if an HAI event occurs in July but the patient is discharged in October, when does the correction period end for this case? Is it four and a half months after calendar year (CY) Q3 in February or four and a half months after the December reporting quarter in May?**

As the event occurred in July, the case would be attributed to and included in the Q3 submission data. The review and correction period would run until the Q3 submission deadline of February 15.

Question 15: **The Centers for Disease Control and Prevention (CDC) came out with an article that the flu vaccine can be given to those that are allergic to eggs. Will there be any changes on the specification manuals for IMM-2 discharges starting October 1 through December 31, 2018?**

Currently, there are no plans to update the IMM-2 specifications. Please note that the IMM-2 measure will be removed from the Hospital IQR Program beginning with January 1, 2019 discharges and will no longer be accepted into the CMS Clinical Warehouse beginning with that date.

Question 16: **If VTE-6 is going away at the end of this year, why is it included in the 2019 manual?**

Version 5.5 of the *Specifications Manual for National Hospital Inpatient Quality Measures* (Specifications Manual), effective for January 1, 2019 through June 30, 2019 discharges, was posted on June 28, 2018, prior to the issuance of the FY 2019 IPPS/LTCH PPS Final Rule. There will be an addendum to the Specifications Manual, v5.5a, that will be posted late October or early November. The addendum will incorporate the removal of ED-1, IMM-2, and VTE-6 from the Hospital IQR Program.

Question 17: **Regarding slide 19, are there any changes to the Healthcare Personnel (HCP) Flu Vaccine measure for the Hospital IQR Program?**

In the FY 2019 IPPS/LTCH PPS Final Rule, CMS did not propose and/or finalize any changes to the HCP Flu Vaccine measure for the Hospital IQR Program. It remains one of the required measures for the program,

and hospitals should continue to submit data for this measure through the CDC's National Healthcare Safety Network (NHSN).

Question 18: **Stroke mortality and readmission measures do not appear to be included in any program. Could you please explain the rationale for the lack of attention on the fifth leading cause of death in the US?**

The Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke (MORT-30-STK) measure continues to be included in the Hospital IQR Program. Beginning with July 2022 public reporting of this measure on the *Hospital Compare* website (using a measurement period of July 1, 2018–June 30, 2021), the measure's risk adjustment will be calculated using the National Institutes of Health (NIH) stroke severity scale data obtained from ICD-10 codes in the claims.

The 30-Day Risk-Standardized Readmission Rate (RSRR) Following Stroke Hospitalization (READM-30-STK) is being removed from the Hospital IQR Program beginning with FY 2020. In other words, the last *Hospital Compare* refresh of this measure was in July 2018. We note that readmission data following inpatient hospitalizations for strokes are also captured in the neurology cohort of the Hospital-Wide All-Cause Unplanned Readmission Measure (HWR). Removing the READM-30-STK measure will help to reduce duplicative data and produce a more harmonized and streamlined measure set. Additional details regarding the measure removal are available in the FY 2019 IPPS/LTCH PPS Final Rule on pp. 41554–41556: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf.

Question 19: **What is the American College of Surgeons (ACS)-CDC Harmonized Procedure Specific SSI Outcome Measure? Where are the specifications for that measure?**

The Colon and Abdominal Hysterectomy SSI measure is data are collected by the CDC through the NHSN. Those data are then sent to CMS for use in the Hospital IQR, Hospital VBP, and Hospital-Acquired Condition Reduction Programs by the CDC four times a year immediately following the end of each quarterly submission deadline.

The denominator is the expected number of SSIs. The numerator is the number of deep incisional primary and organ/space SSIs during the 30-

day postoperative period among patients 18 years of age and older who undergo inpatient colon surgeries or abdominal hysterectomies. Additional information regarding the measure specifications and resources can be found on the NHSN website at https://www.cdc.gov/nhsn/index.html.

Question 20: **Why is the sepsis core measure not considered a high impact measure that would safeguard public health? Sepsis has a huge impact on many venues (e.g., readmission, mortality, quality of life) in addition to post-sepsis syndrome.**

Thank you for your question regarding the SEP-1 measure. We agree that SEP-1 is a high impact measure contributing to improvement in sepsis care, mortality, morbidity, and the general safeguarding of public health, in line with other patient safety measures. This presentation was focused on the finalized policies in the FY 2019 IPPS/LTCH PPS Final Rule in which we did not make any policy changes related to SEP-1. As part of the CMS Meaningful Measures framework, we strive to focus on areas addressing the highest priorities for quality measurement and improvement which entails assessing only those core issues that are the most critical to providing high-quality care and improving individual outcomes. The SEP-1 measure is included in the Hospital IQR Program because we believe it addresses such core issues.

Question 21: **Has The Joint Commission aligned its requirements with these changes?**

The Joint Commission strives to be as closely aligned as possible with the CMS Hospital IQR Program. The Joint Commission will share its 2019 ORYX performance measurement requirements in the next few weeks. Please visit The Joint Commission website for any updates at https://www.jointcommission.org/.

Question 22: **As a reminder for data submitters, will the changes be reflected on the quarterly checklists?**

Yes, the quarterly 2019 checklists will reflect the changes related to the FY 2019 IPPS/LTCH PPS Final Rule.

eCQMs

Question 23: **Regarding slide 23, is the CY 2020 reporting period January 2020 through December 2020?**

Yes, that is correct. The CY 2020 reporting period for eCQMs is from January 1, 2020 through December 31, 2020.

Question 24: **Is ED-1 being removed from IQR for FY 2019 as a chart-abstracted measure and added as an eCQM for FY 2020?**

The chart-abstracted ED-1 measure is being removed from the Hospital IQR Program beginning with January 1, 2019 discharges and will no longer be accepted into the CMS Clinical Warehouse. The last discharge quarter for the abstraction of ED-1 data will be Q4 2018. This will include cases with a discharge date of December 31, 2018. The submission deadline for Q4 2018 population and sampling data is May 1, 2019 and the submission deadline for the clinical data is May 15, 2019.

A hospital can electronically report the ED-1 eCQM measure, Median Time from ED Arrival to ED Departure for Admitted ED Patients (NQF #0495), to the Hospital IQR and Promoting Interoperability Programs for the CY 2018 and CY 2019 reporting periods. The ED-1 eCQM measure will not be available for electronic reporting for the CY 2020 reporting period and beyond. Locate pp. 41575–41577 of the FY 2019 IPPS/LTCH PPS Final Rule to review the Summary of Hospital IQR Program Measures Newly Finalized for Removal table: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf.

Question 25: **Regarding slide 25, how will the Hospital Harm—Opioid-Related Adverse Events eCQM be measured? Is it claims-based?**

The Hospital Harm—Opioid-Related Adverse Events measure intends to incentivize hospitals to closely monitor patients who receive opioids during their hospitalization to prevent respiratory depression or other symptoms of an opioid overdose. The measure will confirm if an instance of harm was identified if naloxone was administered to reverse symptoms of opioid overdose.

Reporting of the Hospital Harm—Opioid-Related Adverse Events measure is intended to be reported electronically from the EHR using a Quality Reporting Document Architecture (QRDA) Category I (patient-level) file. Additional details regarding the measure are available in the FY 2019 IPPS/LTCH PPS Final Rule on pp. 41588–41592: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf.

Question 26: **Will ED-1 and ED-2 continue to be choices for eCQM submission?**

A hospital can electronically report the ED-1 eCQM measure, Median Time from ED Arrival to ED Departure for Admitted ED Patients (NQF #0495), to the Hospital IQR and Promoting Interoperability Programs for CY 2018 and CY 2019 reporting. The ED-1 eCQM measure will not be available for electronic reporting for the CY 2020 reporting period and beyond.

The ED-2 eCQM measure, Median Admit Decision Time to ED Departure Time for Admitted Patients (NQF #0497), will continue to be available for electronic reporting to the Hospital IQR and Promoting Interoperability Programs. Locate pp. 41575–41577 of the FY 2019 IPPS/LTCH PPS Final Rule to review the Summary of Hospital IQR Program Measures Newly Finalized for Removal table: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf.

Hospital VBP Program

Question 27: **Can you clarify if the pain questions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey were removed from the Hospital VBP Program for FY 2019?**

The Pain Management dimension was not included in calculating hospitals' FY 2019 Total Performance Scores and incentive payment adjustments. Out of an abundance of caution, CMS removed the Pain Management dimension in the HCAHPS survey from the Hospital VBP Program beginning with the FY 2018 program. This removal was due to stakeholder concern about the potential impact of the Pain Management dimension on prescribing patterns and the public health concern about the ongoing prescription opioid overdose epidemic.

Question 28: **On slides 38 and 40, what does "cohort expansion" mean?**

As part of the CMS measure reevaluation process, the 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.

The expanded cohort for the MORT-30-PN measure is already used in the Hospital IQR Program for public reporting on the *Hospital Compare* website. It will begin to be used in the Hospital VBP Program beginning with the FY 2021 program year. For this measure, the FY 2021 program year will use a baseline period of July 1, 2012–June 30, 2015 and a performance period of September 1, 2017–June 30, 2019. For more information on the expanded cohort and revision to the measure as it applies to the Hospital VBP Program, please reference the FY 2017 IPPS/LTCH PPS final rule (81 FR 56994–56996).

Question 29: **For the Hospital VBP Program, slide 42 indicates using the old cohort for mortality (MORT-30-PN); however, slide 43 indicates using the updated cohort for this measure. Could you clarify which cohort is being used?**

The expanded cohort will be used in the Hospital VBP Program beginning with the FY 2021 program year. For the pneumonia mortality measure, the FY 2021 program year uses a baseline period of July 1, 2012–June 30, 2015 and a performance period of September 1, 2017–June 30, 2019.

Question 30: **Is there a FY 2021 Hospital VBP domain weights document yet? I could only find up to FY 2020 on *QualityNet*.**

The FY 2021 Hospital VBP Program Quick Reference Guide is now available on *QualityNet*.

HAC Reduction Program

Question 31: **Please clarify if the HAI measures will continue to be used in both the Hospital VBP and HAC Reduction Programs.**

Yes, HAI measures will remain in the Hospital VBP and HAC Reduction Programs.

Question 32: **For CMS PSI 90 data, are CMS claims snapshots taken annually?**

Yes, the claim snapshot occurs on an annual basis as this measure is calculated for hospitals on an annual basis. The CMS PSI 90 measure is based on Medicare FFS claims data. Approximately 90 days after the end of the reporting period, CMS effectively takes a snapshot of the claims data. The FY 2020 claims snapshot date is September 28, 2018.

Question 33: **How will the HAC Reduction Program validation selection be relayed to facilities?**

To notify hospitals selected for validation, CMS will follow the process currently defined under the Hospital IQR Program: CMS directly notifies hospitals of their selection via an email notification from the Validation Support Contractor. Additionally, CMS posts a News Article on the *QualityNet* website and releases a ListServe to notify the community that the selection has occurred.

Question 34: **Will the measure validation process begin with Q3 2020 events for FY 2022, not FY 2023 as noted on slide 53? Please clarify.**

HAI validation under the HAC Reduction Program will being with Q3 2020 events for FY 2023.

Question 35: **If the HAI measures are only in the HAC Reduction Program, will failing the program's validation affect a hospital's APU?**

No. Failing HAI validation will not impact a hospital's APU once the HAI measures are removed from the Hospital IQR Program. Please note the Hospital VBP Program will also continue to use the HAI measures.

Hospital Readmissions Reduction Program (HRRP)

Question 36: **For HRRP, are patients with billing code W2 removed from the denominator when calculating the ERR since these patients are no**

longer inpatients? (They were rebilled by the hospital as an outpatient and paid by CMS as an outpatient.)

Yes, patients with the billing code W2 are excluded when calculating the ERR.

Question 37: **Why would a patient be dual eligible? What makes this population the "most powerful predictor of poor healthcare outcomes among social risk factors"?**

Dual eligibility refers to patients that are eligible for both Medicare and Medicaid benefits. A patient may be dual eligible based on age, income, and/or disability. For HRRP, the methodology identifies full-benefit dual eligible patient stays for full-benefit dual status patients for the month the hospital discharged the beneficiary. Full-benefit refers to Medicaid coverage for comprehensive health services. Some states offer limited benefit packages that only cover some services (e.g., emergency services).

In the Office of the Assistant Secretary for Planning and Evaluation (ASPE) *Report to Congress: Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs*, ASPE analyzed the relationship between health outcomes and social risk factors recorded in claims data. Of the select social risk factors they examined, ASPE found that dual enrollment status was the most powerful predictor of poor outcomes. Please refer to the ASPE Report: https://aspe.hhs.gov/system/files/pdf/253971/ASPESESRTCfull.pdf

Other

Question 38: **What does FY mean vs. CY?**

CMS uses quality data that were reported by hospitals in a past calendar year (called a "CY" or "reporting year") to make payment decisions for a future year (called a "Fiscal Year [FY]" or "payment year" since payment rates under the IPPS are updated on a fiscal year basis). Every CY is associated with a specific FY. For example, CY 2018 reporting is associated to FY 2020 payment.

Question 39: **Is there a table that provides the dates for FY 2019, FY 2020, and future Fiscal Year performance periods? In other words, when the speaker says FY 2020, when does that start?**

The performance period (also sometimes referred to as the reporting period or the measurement period) varies depending upon the measure. A complete listing of the measures, their programs, and the measurement periods can be found in the Acute Care Hospital Program Measures document posted on the *QualityNet* Measures page at this direct link:

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473. Currently the document is available for the FY 2020 payment year and is updated with each fiscal year.

Question 40: **Across all these measure removals, in an effort of de-duplication, when it says removal for 2021 does that refer to performance or payment year? If it says FY 2021, is that a performance period starting October 1, 2018?**

For this presentation, it could be either the payment year or the performance period; the performance period varies depending upon the measure. For example, on slide 19, regarding the removal of the HAI measures from the Hospital IQR Program, the slide indicates that these measures will be removed beginning with January 1, 2020 events, which would be for FY or payment year 2022.

Question 41: **On slide 71, what are the discharge dates for IQR Program FYs 2019, 2020, and 2021?**

Slide 71 addresses the clinical process of care chart-abstracted measures. The discharge time periods are as follows:

- FY 2019: January 1, 2017 through December 31, 2017 discharges
- FY 2020: January 1, 2018 through December 31, 2018 discharges
- FY 2021: January 1, 2019 through December 31, 2019 discharges

Question 42: **Will IMM-2 also be removed from the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program global measures for inpatient psychiatric units?**

No, IMM-2 is not being removed from the IPFQR Program. Please refer to the FY 2019 IPF PPS Final Rule that was published on August 6, 2018,

to the *Federal Register*, at https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16518.pdf.

Question 43: **Where can I find the definition for outpatient vs. inpatient classification?**

Please refer to the Medicare Benefit Policy Manual for further guidance on the *CMS.gov* website at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html.

Chapter 1 - Inpatient Hospital Services Covered Under Part A states a Medicare beneficiary is considered an inpatient of a hospital if formally admitted as an inpatient pursuant to an order for inpatient admission by an ordering practitioner. This chapter provides the definition of inpatient services including covered inpatient hospital services and the hospital inpatient admission order.

Chapter 6 - Hospital Services Covered Under Part B states a hospital outpatient is a person who has not been admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services (rather than supplies) from the hospital or critical access hospital.

Question 44: **North Carolina, South Carolina, and Virginia are in hurricane disaster preparations. Will you present this webinar on another date?**

The slides, event recording, and presentation transcript are available on the *Quality Reporting Center* website at: https://www.qualityreportingcenter.com/inpatient/iqr/events/. For further questions, please contact the Hospital Inpatient VIQR Outreach and Education Support Team at https://cms-ip.custhelp.com or (844) 472-4477. CMS is unable to present another webinar at this time.